Manchester Arena Inquiry

Day 140

September 6, 2021

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Monday, 6 September 2021

(9.30 am)

SIR JOHN SAUNDERS: Good morning. Welcome back to everyone. I hope you've all had a good break. Give it 24 hours and it'll feel like you've never been away.

MS CARTWRIGHT: Could I start at the outset by identifying the gentleman in the witness box as Mr Blezard.

SIR JOHN SAUNDERS: Good morning, Mr Blezard.

MS CARTWRIGHT: Before he is sworn, can I indicate at the outset, sir, so all core participants are clear, that for good reasons known to the inquiry legal team we will need to take breaks at a period of certainly no more than an hour and it may be that Mr Blezard will request comfort breaks sooner.

SIR JOHN SAUNDERS: You just tell us if you need a break.

MS CARTWRIGHT: For that reason additionally, Mr Blezard has now provided six witness statements to the inquiry and to ensure maximum evidence and questioning by core participants who have made their bids, we will upload all six of those witness statements, so hopefully that will enable the questioning of CTI to be shortened in the context of the upload of the statements.

SIR JOHN SAUNDERS: Obviously I will have read all the statements. Does anyone have a problem with any of that? Okay. Thank you very much.

MS CARTWRIGHT: Secondly, there is a logistical problem this morning. The live transcript, which we know in particular that certain family members at the family centre use to follow the proceedings, is not working at the moment. We can assure everyone watching as soon as we can get that live transcript back up and running, we will. But in the circumstances, we're going to proceed this morning before having rectified that issue. So apologies for those who will be inconvenienced by that this morning.

SIR JOHN SAUNDERS: It makes it even more important that everyone speaks as clearly as they can because I do know that some people in the court look at it when they are not entirely clear what people have said.

MS CARTWRIGHT: Thank you. First, can Mr Blezard be sworn, please.

MR GERARD BLEZARD (sworn)

Questions from MS CARTWRIGHT

MS CARTWRIGHT: Could you please tell the inquiry your full name?

A. Gerard Anthony Blezard.

Q. Thank you. You have provided six witness statements to the inquiry and because of the approach that has just been indicated about the upload of your statements I want to identify each of those statements now and ask

you to confirm that the contents are true and accurate to the best of your knowledge and belief.

Your first witness statement is dated 11 December 2019, which is {INQ026738/1}. Are the contents of that detailed witness statement true to the best of your knowledge and belief?

A. Yes, they are.

Q. Your second witness statement is dated 5 June 2020. Are the contents of that witness statement true to the best of your knowledge and belief?

A. Yes.

Q. Sir, the INQ for that statement is {INQ032849/1}.

You then provided a third witness statement dated 18 August 2020. Are the contents of that witness statement true to the best of your knowledge and belief?

A. Yes, they are.

Q. Sir, the INQ for that statement is {INQ035377/1}.

Your fourth witness statement is dated 28 June 2021, {INQ041597/1}. Are the contents of that witness statement true to the best of your knowledge and belief?

A. Yes, they are.

Q. More recently, in the last month or so, you provided two further witness statements. The fifth witness statement is dated 2 August 2021, {INQ041836/1}. Are the contents of that witness statement true to the best of your

knowledge and belief?

A. Yes, they are.

Q. Finally, your sixth witness statement dated 2 September 2021, {INQ041990/1}. Are the contents of that witness statement true to the best of your knowledge and belief?

A. Yes, they are.

Q. Could we start then just by identifying your background with NWAS but also the predecessor to NWAS, GMAS. Is it correct that you will have worked for NWAS and its predecessor for 35 years this November?

A. Yes, that's correct.

Q. That you started as a care assistant within the Patient Transport Service?

A. Yes.

Q. Then in 1991, you qualified as a paramedic?

A. Yes.

Q. In 2000, you moved into operations management and then to the head of service?

A. Yes.

Q. In February 2016 you became the acting director of operations?

A. Yes.

Q. And then in September 2016 you became the director of operations for NWAS?

A. That's correct.
Q. That's a role in which you're currently continuing to act?
A. Yes.
Q. In that role are you the accountable emergency officer for NWAS?
A. I am.
Q. Is it correct also that you are the strategic lead for JESIP in NWAS?
A. I am, yes.
Q. Thank you. Turning then -- I want to ask some questions about the JESIP issue that's identified in the witness statements. Having identified that you were the strategic lead for JESIP, within your witness statements you identify that the training cycle for JESIP lapsed in 2017 to 2018. Can you assist us as to why that happened, please?
A. There was a difficulty in getting all three partner agencies together to deliver the training. Obviously, it has to be done as a tri-service element because all three services need to deliver the training at the same time to make sure there is consistency in the delivery of that. NWAS tried very hard to get the two other partner agencies to deliver the training but unfortunately we weren't able to do that.

SIR JOHN SAUNDERS: Can everybody hear all right? Thank you.
MS CARTWRIGHT: Who would have been receiving that training who would have fallen under the remit of that JESIP training that didn't receive it in 2017 and 2018?
A. That would have been for all three emergency services, so the police, fire and ambulance.
Q. When that wasn't taking place, particularly at a period of time where plainly JESIP, in the context of attacks that had happened, terrorist attacks, what efforts were taken to try and progress to ensure that that training took place?
A. There was a number of meetings trying to get all -- because obviously we need to do it as a tri-service delivery of it -- there was changes in personnel within Greater Manchester Police, I believe, and that's what was causing the delay there: we'd lost contact with the lead aid(?) person within GMP. We tried to make several efforts to get the training back up and running. Once I think the person was replaced, then we got the training realigned.
Q. Can I then ask you a specific question, please, about site-specific plans for the arena. It's been identified that there wasn't a detailed site-specific plan and when we come on to look at the learning, I think subsequently

now there's a form of operational order that's in place. Can you assist as to why it had not been identified, particularly with the arena and the function and roles that it performed, why there was not a need for a site-specific plan?
A. So NWAS has taken the approach of having a major incident response plan that was generic enough to respond to all types of incidents. As you can imagine, we cover the whole of the north-west, we cover a large amount of venues. To cover each venue with a site-specific plan would be very difficult -- we adopted the approach of having a major incident response plan for -- that was generic plan that could be responded to at all arenas or venues. Some of the more high profile or larger capacity venues, such as football events, would have site-specific plans, but that would be because we were providing the medical cover at these events.
Q. So was the site-specific plan for stadia, football stadia, because you were providing paramedics?
A. Mostly, but because of that, because we're actually there providing that care, we would have our plans in place, but also we were contracted to do that. In terms of venues such as Manchester Arena and other venues we did have some generic plans -- there was a plan for, an

operational plan for the arena, but it wasn't a detailed one.
Q. Can I ask you then because you've already identified that the major incident response plan that NWAS had at the time does identify that stadia could have a separate site-specific plan. But at any point was there any consideration for Manchester Arena, bearing in mind the nature of that site, that that was something that required a specific plan bearing in mind it was an arena, it was sat on a car park, and it was fed into by a major transport hub?
A. We did have a briefing document that told us what are the entry and exit, the capacity of the event or the venue was, so we did have a brief plan. For us to cover all events, we do cover the whole of the north-west region, so it would be very, very difficult. We've not got the resources to plan for every single venue.
Q. Can I then touch upon the medical provider at the arena because from what's contained within the witness statements it can be seen that there was some work done subsequent to the attack by way of training to ETUK and I think in particular in with respect of METHANE; is that correct?
A. Yes.
Q. So pre-attack, was there any knowledge or liaison with

ETUK as the arena medical provider?
A. Not with ETUK that I'm aware of. We would be involved with them via meetings with SMG and meetings at the venue. We did have some meetings with their predecessor which were -- AAA, I think they were called.
Q. What was the nature of the meetings with AAA at the arena?
A. We provided some of the cover at Manchester Evening News Arena, as it was called at the time, so we would provide a liaison officer who would work alongside AAA -- previous to them it would have been St John's Ambulance Service -- to coordinate resources and incidents that occurred there.
Q. Why did that ambulance liaison role come to an end?
A. I wasn't directly involved in that so I'd be guessing, but there was an incident there in 2003, I think it was, where we were involved with it. From that point on, we insisted on having ambulance cover there, so we started to provide a manager or a commander and an ambulance, but shortly after that, we were no longer requested to provide that cover.
Q. Can I move then to ask some questions about the major incident response plan. That major incident response plan that was in place at the time, it feeds into the action cards that were in place at the time at NWAS. So

I'm just going to display on the screen, rather than going into the document, the relevant major incident response plan.
Mr Lopez, please could we display {INQ013132/1}.
Is this the relevant major incident response plan at the time of the arena attack?
A. It is, yes.
Q. It's right, isn't it, that within that response plan it identifies the various command structures within NWAS but also the various functional roles that are supported by action cards?
A. It does.
Q. And the action cards themselves are a separate document?
A. Yes.
Q. I'm not going to go through the detail of what's contained within the response plan, but can you assist in respect of a number of matters that relate to what we can see in the plan but also in the action cards that sit alongside it?
We can see from your witness statements that at the relevant time there was not an action card for the HART team leader. Can you assist as to why NWAS had not identified a specific action card for that role?
A. There was a NARU team leader action card that -- I think was published in 2013 -- and that was within the NARU

action card set that was published at that point in time. They were never updated from 2013, I believe, and therefore we did not continue to publish that within our major incident response plan. But there has never actually been a HART team leader course that I am aware of. There was in the initial set-up of HART, but then it's quickly finished, they no longer continued to deliver that course. But I believe that they are now looking at reinstating that course.
Q. Can I just explore that a little further? The NARU action card, I think it is 16, that applied for HART team leader -- and, sir, I'm not asking for it to be displayed, that's {INQ019194/1}. Incidentally, that seems to be an action card from October 2015.
Certainly it seems that the NARU action cards, broadly speaking, found their way into the NWAS action cards; would that be a fair analysis?
A. Yes. You're quite right, there was an update in 2015, I do apologise. There was no updates from that point on. But we didn't deliver -- we haven't put that into the major incident response plan because the HART team leader sits slightly outside of the major incident response plan. What we have done since then, though, is we have recognised that this was an omission, we have delivered the HART team leader action card to all HART

team leaders, done some training and exercising on that, and it is available on all HART vehicles.
Q. And we'll see that when we look at some of the learning following on the attack that there is now to be a HART team leader action card as part of NWAS action cards?
A. It is, yes. They've actually been issued independently to all the HART teams but we're about to revise -- it's due for a revision, the major incident response plan, so it will be part of that. But we've put it out as an addendum to it.
SIR JOHN SAUNDERS: Can you just help me with something you have just said which relates -- you said the HART team and their response wasn't part of the major incident plans.
A. In terms of their actions, their actions and how they delivered their service, for want of a better word, is not in the major incident plan in terms of actions. They are a specialist team that sits slightly outside of that. They do have their own actions on how they carry out their duties but it's not within the plan. It does refer to it.
SIR JOHN SAUNDERS: Because they seem to be very much -- might be part of a major incident.
A. Yes.
SIR JOHN SAUNDERS: Right, thank you.

MS CARTWRIGHT: Can I just understand then, when the action cards, the relevant action cards at the time of the arena attack, were collated, was it then a conscious decision not to include an action card for the HART team leader?
A. I honestly can't say that. I don't know why it isn't there. It's before I became responsible for that. I have tried to find out why it wasn't included there, but I haven't been able to establish that yet.
Q. Can I then ask a number of other questions about action cards that were in existence at the time, where you've identified from your witness statement issues. We know from evidence that the inquiry has heard already that a safety officer was not appointed on 22 May 2017. We can see that there was the action card for the safety officer but also the description of the role of the safety officer within the major incident response plan. You've identified within your witness statements that at the time of the arena attack, NWAS did not have trained safety officers.
A. That's correct, yes.
Q. So can you assist as to when NWAS have created an action card for a safety officer and it's a role in particular that's identified, an important role identified by the response plan, but also a key individual that the

operational commander should appoint, how it came about that NWAS had not trained safety officers?
A. In respect of all the action cards, certainly from the operational commander, they would have had specific training, but in terms of parking, loading, we wouldn't have delivered a training course for each of them action cards for the functional roles. What we have learned going through this process is maybe we need to do that and highlight the importance of that. So NWAS now have a safety officer training course, we've trained 35 of them, we have actually tested them in real life incidents since that. We've introduced them and learned from that, that we actually need to have a greater number because we cover the whole of the north–west. We need to have quite a large amount of them because if there's only two or three on call and the incident is quite a long distance away, it would take some time for a safety officer to get there so we are actually increasing our numbers up to 50 now.
SIR JOHN SAUNDERS: We know on this occasion no safety officer was appointed, whether they were trained or not may be slightly irrelevant except for the fact that if there was specific training for safety officers it might have been rather more in people's consciousness that you need one.

A. Yes, I think that's quite correct. That's why we've sort of increased the visibility of a safety officer by doing the courses. But also since the arena incident each of –– at the mandatory training for the commanders the functional roles, JESIP and all the key issues are reiterated at every session.
MS CARTWRIGHT: So can you assist then when training was delivered on the action cards, how were staff at all instructed in how they would discharge the role of the safety officer?
A. In terms of what we do now?
Q. No, at the time.
A. There wouldn't be a specific –– they will follow that action card and take the appropriate actions. Some of the roles are rehearsed at the larger sporting events that we cover, so when we go to a pre–planned event or sports event we would allocate these roles and people would be given the action cards and told to prepare to deliver that function.
But there is an element of rehearsal going through that –– we simulate that at events and incidents and training exercises, but on the evening, I'm guessing that Dan Smith, when he did ask people to carry out the functional roles, he would just say, please can you carry out that role. We do know that all commanders do

carry a copy of them –– they have a small pocket book that has all of the action cards in their pockets but obviously on the evening in question they failed to refer to them.
Q. Would you accept, certainly if you look at the importance of the safety officer role particularly in respect of risk assessment, and it can be seen also that the safety officer is identified as someone that should liaise also with the HART team leader, that that really was clearly a role that needed specific training bearing in mind the importance of a safety officer around risk assessment in major incidents?
A. Yes, I think we accept that obviously we didn't appoint that role. It is a key function that needs to make sure –– it is the safety of the responders but also the safety of patients and other emergency services. It is an omission that we have failed to do. We have now put that right by delivering the training.
SIR JOHN SAUNDERS: Let's relate it to the events of 22 May 2017. One of the issues is whether paramedics, and if so which paramedics in which category, should have gone into the City Room. It would have been part of a safety officer's job to have played a part in making that decision?
A. I think the safety officer would help to inform the

operational commander but ultimately it would be the operational commander's decision.
SIR JOHN SAUNDERS: He would make the decision, but the safety officer, one of his jobs would be to have input?
A. He would help with a risk assessment and give some considerations for the commander to take into account.
SIR JOHN SAUNDERS: Thank you.
MS CARTWRIGHT: Is it correct also that it's identified that the safety officer should also liaise with the safety officer of other inter-agencies, so with the equivalent in the police and also in the Fire and Rescue Service?
A. Yes. There should be a joint situational awareness, a joint understanding of the risk.
Q. So following on from the question the chairman just asked, that would have been a key individual that could have been looking at the interoperability between -- to have an understanding and a joint assessment of risk and situational awareness?
A. Yes.
Q. And so the fact that there wasn't a safety officer on 22 May 2017, would you accept, was a significant omission in the functional roles that night?
A. I think it was obviously an omission. I think the fact of the risk assessment of the City Room was pretty much predetermined by the JOPs saying that it was a warm

zone. So that would assist the commander in making the right decision. But however, having a dedicated safety officer would have been of benefit.
Q. We know there wasn't an equipment officer also appointed on 22 May. When I asked you the questions a moment ago about the safety officer and training, you went on to reference other roles that had not had specific training and you included parking as one of those that had not had specific training.
A. Yes.
Q. Had there been specific training in NWAS before the arena attack in the equipment officer role?
A. No.
Q. Again, why had that not taken place?
A. I don't really think it needs specific training. I think in terms of the equipment officer's role, it would be -- if you appointed somebody to do that, it would be to gather the equipment, make sure we've got the appropriate equipment, consider what other options are available to us. In terms of a training of that element, I don't really feel that's necessary but we do it (overspeaking).
SIR JOHN SAUNDERS: So there are some jobs which the general training of a paramedic in association with following the action cards would not require specific training for

that function?
A. Yes.
SIR JOHN SAUNDERS: And you say the equipment officer comes into that category, but the safety officer, you would accept, required some specific training?
A. Yes, I would do and I think that's born out by --
SIR JOHN SAUNDERS: It's been changed?
A. Yes.
SIR JOHN SAUNDERS: Thank you.
MS CARTWRIGHT: Can I ask a follow-on question then because you indicate that people should know what the equipment is and what the resources are. But would you accept that one of the issues identified by the debrief was that there was not the appropriate allocation of the resources of NWAS or, equally, requesting the resources of other partners such as the Fire and Rescue Service and their specialist response vehicles?
A. I think in terms of not enough ambulance resources, I think we're quite clear that it was a busy night -- Mondays are always busy for us. In terms of our operational commitments to a busy night, of the 86 vehicles that were working within the Greater Manchester area that night, I think there were 77 already committed on incidents. It does take us some time to release our resources from other incidents and hospitals to try and

get vehicles to scene.
SIR JOHN SAUNDERS: I think we understand about ambulances in general terms. But special equipment vehicles, we're talking I think about specialist vehicles and them not being asked for.
A. In terms of the specialist vehicles, obviously I think you may be referring to the National Capabilities Mass Casualty Vehicle. That wasn't requested, it was an oversight. It would have had some contribution to the -- or enhanced the response if it had got there in a timely manner. It does carry additional medical equipment, but it doesn't carry stretchers and things like that, it just carries medical equipment and specialist drugs.
SIR JOHN SAUNDERS: I think we're aware of the limitations of some of these vehicles; we've probably heard that. But you would have accepted that on this night it should have been requested and got to the scene because if it's not going to be used on that sort of occasion, when is it going to be used?
A. I think obviously if it is identified very early on -- because these resources take some time to organise and bring in, but yes, I think if it had been identified earlier on in the process it would have offered an enhancement. We have again made some changes to that in

terms of our computerised dispatch system will suggest these types of resources. We have now a PDA so if there's a major incident declared, there's a long list of resources that you must send. So we have done that. We've also delivered additional training to all commanders on what resources are available.
SIR JOHN SAUNDERS: Thank you.
MS CARTWRIGHT: So can I just check, so there's absolute clarity: on the National Capabilities Mass Casualty Vehicle, is it your position that there would have been no canvas stretchers on that vehicle?
A. At that point in time I don't think there were. There are now because we've distributed a number of our stretchers across all our specialist vehicle fleet so that no matter which resource you call to the scene, there will be an element of canvas stretchers available.
SIR JOHN SAUNDERS: If there's any doubt about it, if you could check it for us.
A. I will double-check it, but I'm almost certain there was none.
MS CARTWRIGHT: We know public support vehicles had canvas stretchers on them at the time.
A. Yes.
Q. So again in terms of equipment officer knowledge, there were public support vehicles that were there that had

been brought to the scene by the HART team but those canvas stretchers were not taken off those vehicles.
A. The public support vehicle that went to scene was -- it's difficult to describe but it wasn't a public support vehicle, what it was was a HART vehicle. The HART vehicle had broken down -- it was called the recce vehicle -- and we stripped the public support vehicle and we put the HART equipment into the public support vehicle as a substitute because of a breakdown. So that came with -- whilst the vehicle's title is a public support unit, it actually had HART equipment on it, the heavy lifting equipment vehicle.
Q. My understanding was that two were brought to the scene, there was I think Mr English and Mr Priest, when they left the job in Stockport, went back to the depot and actually picked up the second vehicle as well. That's my understanding.
A. It is but it was the -- while it's labelled the public support unit, the vehicle was carrying -- it was carrying a HART kit in it which was for the heavy lifting -- so that included the mass oxygen delivery system, the cubes for mass casualty treatment of patients. So I think there's a confusion in terms of the call sign that was allocated to that vehicle.
SIR JOHN SAUNDERS: "Did it have canvas stretchers on" is

the question?
A. I don't think so, no.
MS CARTWRIGHT: So would those canvas stretchers then have been taken off at the depot before they proceeded to the arena?
A. Yes, the change had already been done on the night of the evening. The vehicle had broken down previously, but we'd taken all the public support equipment off and put the HART equipment on to make do for the short term while we got the vehicle repaired.
Q. In respect of the mass casualty vehicle can I take you to one document please just to confirm if it's the position of NWAS also. {INQ019275/34}.
This is the NHS England NARU interoperable capabilities review into NWAS from November of 2017.
In respect of the mass casualty vehicles, we can see that this document sets out in the third column:
"The national MCV assets based in NWAS were not sent to the Manchester Arena mass casualty incident. Though the trust coped well with the resources they had at the scene, there is no doubt that according to the national specification and expectation the MCVs should have been mobilised and were not."
So looking at that assessment, does NWAS accept that position?

A. Yes, I think we should have deployed that vehicle.
Q. And in terms of the action cards that identify individuals that should have been looking at that deployment, it's right, isn't it, that it's looked at by the tactical commander's action card?
A. Yes.
Q. By the EOC manager's action card?
A. Yes.
Q. But also again equipment officer, it would have been a role for them about the resources at the scene?
A. Yes.
Q. Thank you. That can be taken down, please.
Can I ask then two further questions about identified learning around the action cards. Are you okay to continue?
A. Yes.
Q. You've also identified in your witness statement that for the action card for the strategic medical adviser that at the time of the arena attack, there were no rostered strategic medical advisers.
A. That's correct. I think it was an aspiration at that point in time. There was some changes in contractual things and we needed to have that in place by April 2018, so we were building up to having strategic medical advisers in place.

Q. So again, having a major incident response plan that identifies strategic medical adviser and an action card that identifies that individual's role and the importance of them advising the strategic commander, why when that action card and plan was published were staff not rostered into that role?
A. I think we did fulfil that role on the evening: David Ratcliffe, who was our medical director at that time, did fulfil that role.
SIR JOHN SAUNDERS: It was slightly coincidental, wasn't it, that he was there to fulfil that role? I seem to remember he went of his own accord.
A. Yes, he wasn't on the on-call.
SIR JOHN SAUNDERS: And he wasn't particularly appointed to that role but he did it.
A. He self-deployed to the ROCC when some of the actions were being carried out to command the scene.
MS CARTWRIGHT: Again, what the action plan envisages is that that medical adviser co-locates with the strategic commander, not in a separate location at the ROCC; would that be correct?
A. Yes, he should have gone to the police force HQ.
Q. So had any consideration been given in your role, particularly around JESIP, of ensuring that there were the necessary staff rostered on for key roles that were

identified in the plan and by the action cards?
A. Yes. There was quite a concerted effort to recruit people into these roles and we were constantly trying to recruit -- there's a specific number, I can't remember what the number was that we needed to achieve, but we couldn't actually get to that. It's very difficult for us to recruit people into these specific roles.
Q. Can I ask then a question around the EOC officer because we can see from the action plan and from the response plan as well that at the time there was just one action card for a EOC officer and we'll come to look at the fact that now there are, I think, four action cards for various EOC staff. So had there been any identification pre-attack that there needed to be more functional roles identified for EOC staff to manage incidents?
A. Not that I'm aware of. We do know that the vast majority of the actions on the EOC action card were completed. I think about 90% of them were completed. We did understand following the incident the -- there was quite a significant amount of work being pushed to one individual so we did recognise the fact that we needed to take away some of the roles and responsibilities and share that amongst a wider team, so I think you're right, I think there's either three or four action cards for EOC now to split out the actions

to make sure that all of them are carried out.
Q. You've indicated that the majority of the actions for the EOC officer were completed. But I think -- would you accept that two significant things that weren't done by the EOC officer that are identified by the action card was the sharing of METHANE messages with partners?
A. There were attempts -- I do know that we tried to call the force duty officer for GMP within a minute of the incident. We also did speak with North West Fire Control. However, I don't think the information in terms was passed in a METHANE format.
Q. Is it also accepted that the EOC officer also had a role to communicate the declaration of the major incident and that that didn't take place on the night?
A. Yes, I do accept that.
Q. Those are quite significant parts of the task of the EOC officer that were not completed on the night that would have aided interoperability?
A. Obviously the declaration of the major incident would have gained the attention of the other services without a doubt, yes.
Q. In terms of the declaration of a major incident, it's correct, isn't it, that once a major incident is declared, NWAS as a statutory NHS service is then responsible for the management of the NHS response to

the incident?
A. Yes.
Q. It's also correct, isn't it, that NWAS are the statutory body that retains the lead responsibility for the management of casualties at the incident?
A. Yes.
Q. So can I come on now to ask you some questions, please, about command and issues of the command structure on the night that have been identified by the debrief but also by the learning and changes subsequently.
SIR JOHN SAUNDERS: Are we leaving action cards?
MS CARTWRIGHT: I was going to, yes, sir.
SIR JOHN SAUNDERS: I just wanted to clarify something. This comes from your first statement. I just want to know how the situation changed after this in relation to action cards. As I understand it, on the night the action cards can be found attached to the major incident plan.
A. Yes.
SIR JOHN SAUNDERS: But also there was a pocket book, as it were, of action plans?
A. Yes.
SIR JOHN SAUNDERS: Which is in reality what people would have at the scene to refer to because you can't take the major incident plan around with you.

A. Yes, that's correct.
SIR JOHN SAUNDERS: I understand that was then abandoned, having that pocket book, from looking at your statement.
A. It was, yes. Over the last few years we have seen quite a lot of revisions of major incident plans and action cards. One of the things that we have realised is that when we come across a particular issue that needs addressing we tend to just bolt other bullet point on the end of it, so if you've got 27 actions we just put another one, 28 actions. My personal view, and this is what I've asked our resilience team to look at, is how we develop action plans in a different way where we have principles and considerations rather than having a number of bullet points.
Traditionally, people would go from bullet point 1 to 27, so you get to 27 and you're not completing -- well, actually, some of these are done out of order, not always done in that sequence, some of them aren't done at all because... We need to write them in a more usable format, I think, and that's what we're looking at. It's not something that NWAS can do independently, I think it's NWAS -- we follow national guidance in terms of our all major incident response plans are broadly in line with NARU and national guidance but we are of a view that we can't just continually keep

adding on and adding on actions, because if we are not completing them in the first place then just adding another action is not the right approach to that.
SIR JOHN SAUNDERS: Okay. Are they not added on to the major incident plan?
A. Sorry?
SIR JOHN SAUNDERS: These --
A. Yes, they are, but what we're doing is if we... I'm trying to think of an example. If we find a particular issue and rather than addressing it as a whole, just stick another bullet point on the end of an action card and put it the plan, that may not necessarily be the best way of dealing with it.
SIR JOHN SAUNDERS: So as I understand it now, instead of having these pocket action cards which everybody had, there are now NARU cards which are in the ambulance?
A. We have -- every vehicle has a set of major incident plan action cards, every single vehicle has them on them, so when we update them we update them for the vehicle so everyone has access to them.
The NARU action cards that were last published in 2015, I am not aware that they have ever been updated since then. So all of the additions to our action cards are from our own experiences or what we shared with other ambulance services.

SIR JOHN SAUNDERS: But they are your action cards but they are now put in the ambulances rather than being given to everybody? Is that the difference?
A. Yes. There's a copy on every vehicle. Also we have electronic devices on vehicles now so they can electronically access them.
We have the JESIP app is on everybody's -- all the vehicles have the JESIP app on them so they can refer to it. So we're delivering it in different ways.
SIR JOHN SAUNDERS: I well understand the reason for action cards, I just wonder: does it work in practice? Do you really have to sit there going through your 28 actions to do? And can people really do that standing at the scene of a major emergency going, "We need to do this, we need to do that, we need to appoint a safety officer", is that what they really do?
A. Well, some of them did do and some of the tactical commanders who had the time and space to do that did go through the action cards. Some of the commanders did make a very quick reference to them and that's why I think we need to move to principles and guidelines rather than a checklist.
SIR JOHN SAUNDERS: So move to someone making an assessment of what is needed on this particular occasion and going for that? Of course there's then the danger that people

forget things. No doubt the safety officer was forgotten on this particular occasion despite the fact that it's on the action cards. I just wonder what is the right solution to make the most effective saving of lives.
A. Some of the things we are doing is we have -- the control room now has the ability that it will suggest resource types and vehicles and roles to people. The use of information and technology is one way of going forward with that.
SIR JOHN SAUNDERS: Right. The people who actually have the time -- okay, the operational commander at the scene can actually see what's going on. He knows best, he or she, what is happening. But the person who actually has or the people who have the time to actually look through the actions, consider the actions and have more time to do that are the strategic commander and the tactical commander who are away from the scene. And then they could communicate with the operational ones and say, "Have you thought of this, have you thought of that?" Is that done? I don't think it was done on the night.
A. It wasn't done on the night. One of the -- there's a couple of things that we are doing to assist that. On the night, the tactical adviser can offer assistance to the tactical commander, "Have you considered X, Y or Z?"

—— SIR JOHN SAUNDERS: The operational commander? A. The tactical commander normally situates —— the tactical adviser situates themselves with the —— SIR JOHN SAUNDERS: The tactical adviser? A. What we are looking at doing is we are trying to increase our number of tactical advisers so we've got enough to have one to act as a NILO to communicate with other services, one to act as tactical adviser to the tactical commander, but one to be deployed to scene to assist the commander in the tactical options or operational options and resources available to them. So that's something that we're aspiring to. We've already increased the numbers but we need to get to a critical mass of numbers so we can permanently have three on call at any one time. SIR JOHN SAUNDERS: So is it accepted by NWAS in principle that the idea of the operational commander, when an actual major incident is taking place, going through a series of action cards is really impractical? A. I think in the initial response phase probably, yes. There is a lot of information being given to the commander of actions they need to ensure are carried out. Mentally they will have a rough idea of what they need to do, but the actions of getting a card out and

just double—checking sometimes gets overlooked because of the amount of information and actions that they need to carry out. SIR JOHN SAUNDERS: Absolutely. Okay, thank you. MS CARTWRIGHT: Can I ask you then about the command structure. It's clear from the plan that the structure in place at NWAS at the time was structured in a way so it was the strategic, the tactical and the operational commander. And certainly in terms of the on—scene command, it's right, isn't it, that the operational commander is really a key commander and an important commander? A. Yes. Very much so, the most important commander really. Q. Can I ask then, can you assist us, we know that NWAS did have an on—call system for the operational commanders and we know that on call that night was Derek Poland and Matthew Calderbank. A. Yes. Q. Is it also correct when you look at the plans but also the various policies about deployment that NWAS structures worked on the theory that if there's an incident, the first port of call should be for the operational commander to have come from someone that was on call? A. They'd be the first people you'd notify because

obviously they're the ones that you know are going to be available. They may not necessarily be the operational commander. If someone else who gets there who's suitably trained and qualified to deal with it gets there earlier, they could take command of the incident. Q. So can I ask you, you mentioned about if someone that's suitably trained gets there earlier they could then be the operational commander. We know that Dan Smith was the operational commander, he deployed to the scene having had a conversation with Annemarie Rooney. If we look at the timings of the arrival, Dan Smith, from the interrogation of the ambulance, arrived at 22.58.58 and Derek Poland arrived 2 seconds later. So broadly speaking, they both arrived on scene at the same time.

Dan Smith wasn't an operational commander at the time, was he? A. Not at that point, no. Q. And is it right also that Derek Poland also had additional extra training because he was part of the AIT uplift, the specific individuals that deal with MTFA response? A. Yes. An AIT role, though, doesn't necessarily impact on you being an operational commander. Q. No, no.

A. Okay. Q. But in terms of Derek Poland being the on—call operational commander, arriving at the scene at the same time, broadly speaking, as Daniel Smith, can you assist as to what analysis there has been at NWAS as to why it was that the operational commander role then went to someone that wasn't on call but equally wasn't an operational commander at the time? A. In terms —— within our roles, our deployment plan, tactical commanders can act down to operational commanders. That's quite —— that's written within our plan. Mr Smith had previously been an operational commander. I think his training pre—dated the NARU courses though, so they may not show up as the NARU operational command course. He would have been competent as a commander. He would have commanded pre—planned events, sporting events, things like that, so he would have a wealth of experience of things like that so I don't see that as being a particular problem. Q. Can I ask you just to assist a little further then when you have the operational commander who's on call at the scene at the same time. Can I take you to NWAS's incident deployment guidance, please. {INQ023556/15}.

If we look at paragraph 2.5.3 of the policy that was in place at the time of the attack, from February 2017,

that sets out:

"Out of hours, the operational commanders on call should be reserved wherever possible for incidents which require their specific level of skill and experience."

Just pausing there, there's no dispute that Derek Poland had the necessary skill and experience to discharge the function of the operational commander?

A. Yes, that's correct.

Q. "Those managers already on duty should be considered first for deployment to avoid conflicts with duties the following day."

So again, if we don't just look at this guidance but also the plan, looking at those documents, on the face of what NWAS set out for staff on duty and on call, and with the relevant training, should it not have been that Derek Poland was the operational commander at scene?

A. No, not necessarily. I understand the point that he was reserved for operational command, but the on-call managers don't just deal with major incidents, they deal with a whole host of other types of incidents or staff issues and things like that. I think it was fortunate that Dan did volunteer and responded, which only added to the response because it was an additional commander that we had on scene. But I don't have any issues with Dan taking command and Derek becoming the parking

officer. I don't think that's an issue.

SIR JOHN SAUNDERS: Within the police we've been told it's role, not rank. Here, it does seem to have been rank, not role. I know you're saying he has been an operational commander, therefore he would have been perfectly capable of doing it. Actually, if you're looking at suitable roles, if you looked at it completely logically, you might think that Derek Poland being the operational commander and actually Dan Smith helping as a tactical adviser, which was something that was distinctly lacking at the scene.

A. But Dan Smith wasn't trained as a tactical adviser, he was trained as a tactical commander. There is a difference.

SIR JOHN SAUNDERS: He wouldn't be able to be a tactical adviser because of his training as a tactical commander?

A. No, it's a different function.

SIR JOHN SAUNDERS: Right, thank you.

MS CARTWRIGHT: If we look at what is accepted did not take place on the night by way of JESIP failures, Dan Smith did not identify a forward command point -- post.

A. That's correct, but in the JOPs at that time it was the responsibility of the police force.

Q. It may be the responsibility of the police force, but when it's clear from JOPs that there needs to be this

location where there is co-location of the three services, or however many services are involved, the fact that Dan Smith has not looked to identify where that forward command point -- was a significant omission, would you accept?

A. I -- yeah, I openly admit that he didn't consider the position of a forward command post. I think he actually positioned them in the ideal point for the forward command post, but yes, I think he said that in his oral evidence, that he neglected to do that.

Q. You'll have seen that the ambulance experts commented on the fact that he positioned himself outside the station does not stand in lieu of appointing or an allocation of a forward command point and that's just what did not take place on the night.

A. No, it didn't.

Q. And during all of the time when Daniel Smith was the operational commander there was not any form of JESIP huddle?

A. No.

Q. That only occurred when Stephen Hynes took over as operational commander?

A. Yes, that's correct.

Q. And again in terms of what's required for an operational commander responding to a major incident, JESIP huddles

are key to a joint assessment of risk and a situational awareness?

A. Yes, that's correct, yes.

Q. In terms of then also allocation of resources, when one looks at the role of the HART team, it's right, isn't it, that the HART team were the specialist resource that had the ability to operate within a warm zone --

A. Yes.

Q. -- in a Plato incident? And again, the role of the operational commander is essentially to liaise with the HART team leader to ensure the appropriate allocation of NWAS staff to respond to an incident?

A. Yes, that's correct.

Q. So would you also accept that the fact that Daniel Smith did not command the HART team that were present to go into the City Room where they could operate as a specialist trained resource with the relevant PPE was again a significant omission?

A. I think on the initial -- obviously the HART team arrived in two halves. The first element where they deployed two operatives into the City Room, I think Dan Smith was involved in that discussion with Simon. But the second half, when the second half of the team arrived, it's a little unclear whether he was involved in that decision.

Q. I suppose it's more than the second half. We know that Mr Hargreaves arrived with Mr Beswick, who was acting as the HART team leader that night. Mr Beswick didn't go into the City Room.
A. Yes. I think there's a decision -- a range of options for Si Beswick to take at that point in time. Obviously to deploy some operatives in the City Room was the right decision. Obviously, the second half were due to arrive shortly after. He would need to brief them and make decisions on how they were deployed and there were a range of things he could have done. He could have deployed more operatives into the City Room, he could have asked them to set up the CCS, he may want to keep them in reserve as a rescue team, because HART quite often practice where they don't always deploy all the team, they keep an element in reserve to rescue operatives.
SIR JOHN SAUNDERS: I've heard and we've all heard, as I am sure you know, a lot of evidence of police officers, unarmed police officers, desperately trying to treat people who were in an appalling, desperate state, and needed expert assistance and they were crying out for paramedics. And you have there, downstairs, a number of HART operatives, trained to operate and equipped to operate in a warm zone and they were not all got up

there as soon as possible. Do NWAS not accept that actually they should have been got up there, with the benefit of hindsight?
A. I think what we now know is that if we'd deployed the second half of the HART team up there, Chris Hargreaves and Lea Vaughan would have been completing the final triage of the patients. So in terms of triaging of the patients, with what we now know, that would have offered a great deal of enhancement. Obviously we didn't know that at the time of the deployment.
When we kept them down and set up the CCS, there were some key functions that they did that normal staff wouldn't be able to do. So the mass oxygen delivery system is quite a sophisticated piece of kit that delivers oxygen to up to 48 patients at a time. It's only carried in HART vehicles, so they had to get that vehicle into position, deploy the kit, and set up what are called cubes: these are bags that fold out with lots of kit for helping mass casualty incidents.
SIR JOHN SAUNDERS: And do ordinary paramedics don't know how to set that out?
A. They certainly wouldn't know about the mass oxygen. It's quite a sophisticated piece of kit and it is quite a large piece of kit. The cubes, there are various ones so there is green and red, depending on what the

scenario is. Normal paramedics wouldn't know about what they are for or where they are located on the vehicles.
We do have some staff and AIT staff who could have assisted with that, but at that point in time there was only one AIT member of staff at scene and they were actively employed in giving life-saving treatment to a patient at that point in time.
But I take the point, from a public perspective you would expect, public confidence, to see that room with as many HART operatives as you can do, but there was a range of decisions for Si to make in real time. He was making decisions, not in retrospect.
SIR JOHN SAUNDERS: I'm saying this with the benefit of hindsight.
A. I think deploying there may have been one of the options (inaudible: distorted) top of that list.
SIR JOHN SAUNDERS: Okay.
MS CARTWRIGHT: Sir, we've been going an hour. Could we take a short break, please?
SIR JOHN SAUNDERS: Okay, we'll have a 10-minute break. Is that enough for you?
A. Yes, thank you.
SIR JOHN SAUNDERS: Are we going to have a coffee break, in which case we need 15 minutes? We'll have a quarter of an hour. Thank you.

(10.30 am)
(A short break)
(10.50 am)
MS CARTWRIGHT: Mr Blezard, I'm going to continue the questions around the deployment of the HART team or non-deployment of the HART team into the City Room. You have provided with your sixth witness statement a timeline that uses an analysis from 23.22. Could I ask, please, to be displayed, Mr Lopez, {INQ041991/1}. I hope that's the correct reference.
Can I ask, first of all, did you undertake the work that led to the creation of this document?
A. I didn't personally oversee it, but I do agree with the contents.
Q. Can I ask then, because we can see that what has been created is a timeline from HART's arrival at 23.22, and what's sought then to be identified is the number of patients that remained in the City Room at that time.
But can I ask, first of all, why that time of 23.22, bearing in mind that's the last time a member of the HART team arrived, was used rather than performing the analysis at the different times when the HART team arrived?
A. I think obviously that's when the second HART team, the second part of the HART team arrived, and it was to show

the shifting balance of patients who were in the City Room to the CCS. But shortly after, within a couple of minutes of the HART team arriving, the balance of patients had shifted into the CCS, where obviously the biggest focus of patients would be and the concentration. That's the time that's been chosen for that reason.

Q. But can I ask, though, again in terms of statistics and analysis of what it shows and what it supports, certainly if you look at the fact that Mr Beswick was on scene at 23.07.26 and then Ian Devine, another member of the HART team, arrived at 23.14.52, so the time around shortly after 23.14 was given and it was identified that another pair to perform a triage sieve had been dispatched into the City Room, and again the casualty numbers would look very different, wouldn't they, there would be far more patients in the City Room at that time?

A. Yes, there would be more patients in the City Room, yes.

Q. So again, that analysis would show that another pair of HART paramedics operating in the City Room performing the triage sieve would present different statistics to those using the backstop time of the last time a member of a HART team arrived?

A. I'm not really sure what you mean by that, sorry.

Q. Well, it seems that this analysis has been performed to suggest or limit the role that HART could have played in the City Room.

A. Yes.

Q. Is that the purpose of the creation of this document?

A. Yes, I think it's for -- Si Beswick was making the real time decisions of where to deploy his staff and obviously I wasn't there, I haven't spoken to Si Beswick --

SIR JOHN SAUNDERS: I think all that's being suggested to you is if you actually took when the second pair were there who could have gone into there, it wouldn't look like this and it would look rather different?

A. It would have done, yes.

MS CARTWRIGHT: So we can take that down without looking at the analysis around priority 1 and priority 2. Certainly in terms of those that were in the City Room, have you viewed any of the footage from the City Room at the time when the first pair of HART paramedics were deployed into the room?

A. I have done, yes.

Q. So if we look at what was in the major incident response plan, please, {INQ013132/40}. I'm afraid I don't have a page number, Mr Lopez. It's paragraph 9.1 within that. I do apologise.

We can see under "Treatment at the scene" the response plan makes clear:

"Within the inner cordon treatment is aimed at preventing further deterioration of life-threatening injuries."

Then Mr Lopez, if we could move forward, please, another two pages to 9.5.2 {INQ013132/42}:

"The plan makes clear that the purpose of a HART response is to provide life-saving medical care within the inner cordon at a range of emergency incidents."

So in terms of the specific team that could operate within a warm zone, if that's what it was at that time, there was a real need for HART to be there to provide that life-saving immediate treatment that's needed as part of a triage sieve?

A. Yes. One of the main purposes of HART is to triage, also to apply CAT tourniquets, arrest major haemorrhage and basic airway manoeuvres.

Q. And, if needed, apply splints?

A. Not necessarily splint. I wouldn't say that was a life-saving intervention. It's more of the basics which is arrest any haemorrhage, to stop the patients from deteriorating, and make sure they've got an appropriate airway so the patient is breathing. In terms of -- further treatment wouldn't necessarily be

carried out in that situation.

Q. So just looking at what the plan envisaged and having an area within the arena where there were patients with injuries that were life threatening, eg catastrophic bleed, whether you need hindsight or otherwise, would you not accept that there was a clear need for the HART team, as they arrived, to be deployed into that City Room?

A. Yes. You know, obviously the initial team was sent up there. As more operatives arrived that was a decision that could have been made to deploy more into the City Room to assist, yes.

SIR JOHN SAUNDERS: I think it's being suggested it goes a bit further than "could" and, with the benefit of hindsight, the answer should have been "should".

A. I think, though, if we'd deployed more into there then we may have found difficulties with setting up of the CCS in terms of the some of the specialist equipment.

SIR JOHN SAUNDERS: Okay. It's odd that on 9.5.2 it says nothing about the HART team's -- part of its responsibility is setting up their own specialist equipment as soon as possible as they arrive. It actually says/suggests to get them into the inner cordon.

A. Yes. I don't dispute we could have deployed more in

there, yes.
SIR JOHN SAUNDERS: Can I also make clear at this stage that we are dealing with it and there is no reason why you shouldn't deal with it, and I am not asking you to deal with it in any other way, on the basis that at the time, after the armed officers had gone through the scene, that we were dealing with a warm zone, there will be evidence before the inquiry, whether accepted or not, that actually it should have been correctly said to have been a cold zone after it had been cleared by armed police and armed police were there protecting it. But it's not for you to comment on that. I just make it clear at this stage that we have throughout the inquiry talked about it as being a warm zone at that stage, whereas some of the evidence would suggest it might not be.
MS CARTWRIGHT: That's the point I am going to come on to again in respect of what the operational commander didn't do. We know that from a very early stage there are non-specialist Greater Manchester Police staff operating within that City Room, there are non-specialist British Transport Police, there are members of the public, there are travel safety officers, and many others that are operating freely within that City Room. So would you accept that it was significant

that there was not a joint assessment of risk because, had that taken place, it may well have been that not just HART operatives should have been deployed urgently into the City Room but also the arriving ambulances/paramedics if it was not a warm zone and was a cold zone where the ambulance staff arriving could be deployed rapidly?
A. I agree that there should have been a joint risk assessment to decide what was the appropriate zoning. I don't think having a large mass of paramedics operating in the City Room would be the right decision. I think there is information, whether there's secondary devices or the primary device had fully exploded or not, we don't know --
SIR JOHN SAUNDERS: I'm really sorry to stop you. This is on the presumption that it is a cold zone. We all know that there may be unexploded devices. Are you saying that the paramedics would not go in there even if it was a cold zone?
A. If it's a cold zone we can deploy paramedics there. Is it an appropriate assessment because of the debris, the contamination and other things? Is it an appropriate setting for treating patients? Some of the procedures that we would carry out need to be clinically sterile, so laying out kit in literally a bomb site may not

necessarily be the best place to do that because you need to --
SIR JOHN SAUNDERS: No, no, I think we all understand that. But there are basic things that could be done as immediate life-saving activities --
A. Yes.
SIR JOHN SAUNDERS: -- which -- the reality will always be that paramedics are better at dealing with than ordinary members of the public. I'm sure you'd accept that if you could get paramedics in there to provide that sort of equipment, one would?
A. I think so, yes. Yes, I think in certain scenarios you may deploy paramedics into areas that were warm and now cold or whatever. For this particular scenario, I think there are some added difficulties of the debris and things like that on the floor. But in general, yes.
SIR JOHN SAUNDERS: Thank you.
MS CARTWRIGHT: So as the statutory body that had the lead responsibility for management of patients at the scene, it's right, isn't it, even before extricating or evacuating a patient, in the ordinary course of events there should be an assessment that injuries are stable so actually the act of moving a patient is not making the situation worse for that patient?
A. Yes, I think the opportunities within the City Room were

to stay by patients as best as possible and then obviously extricate them to a place where you can deliver more definitive care. Yes, they should be as stable as possible.
Q. Certainly from the time when we know the pair of HART paramedics went into the City Room and the single advanced paramedic, Mr Ennis, because of the number of casualties present, it was just not physically possible for them to have performed a triage on every person that was in that room, was it?
A. No, I don't believe they did triage every individual in there. I think they got the vast majority of them, but they didn't do all of them. I think some patients were taken away or taken down to the City Room -- to the CCS prior to being triaged.
Q. Can I then, please, just deal with another graph that has been provided with your sixth witness statement. It's {INQ041992/1}, please.
Again can I just ask, did you perform the analysis to create this document?
A. I didn't, no, but I do agree it's factual.
Q. In terms of the numbers that we see, just so we are clear, that is ambulances that were at the arena itself rather than ambulances that were at the rendezvous point at Thompson Street Fire Station?

A. My understanding is it's at Hunts Bank.
Q. And it does not include other forms of rapid response vehicles or other paramedic employees that have arrived?
A. Yes, I believe it's all patient−carrying vehicles.
Q. One of the issues of extrication, and we'll come on to look at these figures in a minute, is the fact that there was not, in accordance with METHANE and the E of METHANE identifying other services present, utilisation of the specialist resources of the Fire and Rescue Service or an identification that they weren't there assisting. So has any of the work that's been done by NWAS identified why none of those present at the arena were not calling for either the SRT or the TRU to assist bearing in mind the joint working that had taken place between the HART teams and those specialist teams, specifically around evacuation/extrication?
A. In terms of identifying why it didn't happen there's not a specific piece of work done on that, but what we have done is tried to ensure that commanders are aware of specialist resources from the Fire Service. Obviously you're aware the tri−service video has been produced, that's been shared out to all our operational staff so they're aware of what is available. We've been doing a lot of work with GMFRS and GMP in terms of JESIP training and some of the AITC type training of recent.

So the awareness is greater, so we hope that that will have filled that gap.
SIR JOHN SAUNDERS: Are you able to tell me from this graph −− we can see how many at a particular scene at a time. When does the first ambulance leave?
A. I think the first crew leave, but they don't leave from Hunts Bank, they leave from Trinity Way, around about 23.15.
SIR JOHN SAUNDERS: Let's forget about them, let's talk about the Hunts Bank one. It looks like from these figures, it's difficult to say because people can be coming and going...
MS CARTWRIGHT: Sir, my interpretation is that A344 that was crewed by Yates and Littler is not included in the five for the 23.10. So that would have been −−
SIR JOHN SAUNDERS: Okay. Of the ones at Hunts Bank which are lined up there ready to go, when does the first one leave? Have you any idea?
A. Well, I'm only going off the graph. We can find that information specifically for you, but I would imagine between 23.40 and 23.50.
SIR JOHN SAUNDERS: Well, that may be right or it may be wrong depending on whether people come and go.
MS ROBERTS: I think if we refer to the CCS map and key, which is {INQ041267} −−

SIR JOHN SAUNDERS: Just tell us the answer.
MS ROBERTS: 23.42.
SIR JOHN SAUNDERS: What may have struck people just looking at the ambulances, generally getting people to the hospital plan, getting them to the right place, seems to work really well. Obviously, the idea is to get people away, out of the building to hospital, to get the best possible treatment as quickly as possible provided they're stabilised to go.
A. Yes, to a certain degree, but you wouldn't want to take everybody all to hospital. You have got to make sure the hospital is prepared, patients are going to be right hospital −−
SIR JOHN SAUNDERS: Okay. I understand that, sorry. The point I'm coming to is what we were told is one of the problems getting people away first is because the first 19 ambulances who are there, the crews all come out to help at the casualty station, so they are not then available to drive ambulances away to the hospital. And it just −− is there not a way, is it beyond the wit of man to have some way whereby those first ambulances could be used, and if necessary other people used as drivers, or just some way of getting people away quicker? Is this something you have looked at?
A. It is something that we've looked at in terms of if we

had more available resource at that time that we would have been able to evacuate patients or transport them to hospital quicker. But the transport phase is the last element of the acronym CSCATT that we apply. Some of that is about when we are stabilising patients in the CCS, it's about making sure that they are ready, it's an awful term, but packaged and ready to go. Just because they're there, taking them straightaway may not necessarily be the best thing for the individuals: they may need some specific treatment that we can give, pain relief, drug therapy −−
SIR JOHN SAUNDERS: Sorry to cut across you, I understand all that, but one of the factors we've been told about as to why people couldn't be got away quicker was because they didn't have the people to man the ambulances because they were on the −− so can that be solved, that particular issue, in some way? Can other people be used to drive ambulances?
A. We have used −− in the past we've utilised police to drive vehicles. Some of it will be that the stretchers are being utilised within the CCS. So I think there are ways that we could look at a more rapid removal of patients to the hospitals. But one of the things is if we've got five patients with head injuries, we don't want five patients ending up at the neuro centre all at

the same time.
SIR JOHN SAUNDERS: I well understand that. And that worked well?
A. Yes. But I fully agree, if we'd have operationally had more available resource we may have been able to do it ourselves independently. The utilisation of other drivers is something that we have done in the past on limited occasions, but ambulances aren't just a van, they've quite a lot of different settings and things and switches and how they operate and are not like a normal vehicle. I know it sounds a bit unfeasible.
SIR JOHN SAUNDERS: It does a bit.
A. They are quite a sophisticated piece of equipment.
SIR JOHN SAUNDERS: Are you saying the difficulty of getting police officers who would be able to drive them, although that has been achieved on other occasions, you don't think (overspeaking) ——
A. On rare occasions. I think it is something we can look at, but it's about do they know where to go to the hospital, do they know where the A&E department is or where we go to the neuro or whatever. But I think it's something worth considering.
SIR JOHN SAUNDERS: Okay. It may be a bit concerning to some people to hear you saying, "It's something we could look at", ie we're going to look at it in the future.

A. Yes.
SIR JOHN SAUNDERS: Okay, thank you, Mr Blezard.
MS CARTWRIGHT: But as of 22 May 2017, it had been looked at in the mass casualty dispersal plan which had identified the hospitals to receive P1 patients, P2s, and the number that could be received at any given time. It was a plan that had been trialled in Operation Socrates and, certainly from the evidence the inquiry's received from the hospitals, it does suggest that the hospitals were ready to receive patients.
A. Oh yes, I fully agree. But you wouldn't necessarily —— if they say, "We can take 10 P1s", you wouldn't turn up at the front door with 10 P1s all in one go because in A&E resuscitation room they probably have five beds at the most.
SIR JOHN SAUNDERS: So you have to coordinate with the hospital that they're ready for people and I think we understand that.
A. It needs to be sustained because a particular patient may take up to 10 doctors to look at that one patient. You couldn't deliver five of them all at the same time and expect 50 doctors there.
MS CARTWRIGHT: Can I ask then what liaison has taken place with the hospitals? Certainly from the evidence that has been received from the MRI they had six trauma

teams, each having specialist doctors, anaesthetists, and medical staff, ready to receive patients. So it wasn't a case of shortage of doctors, there were teams waiting in the departments, in the resus, to receive patients. So was there an understanding in NWAS that when the plan is activated there are specialist trauma teams ready and waiting to receive patients?
A. Yes. So right from near enough the incident being declared, we would have informed the hospitals to start their preparations. Once we had declared a major incident, they would start making plans to clear their A&E departments, bring in staff, clear or set the theatres up, if that was what was required, depending on their speciality. So they would have been preparing.
Then when we enact the plan, they hopefully are in the right state to start receiving patients.
SIR JOHN SAUNDERS: My understanding is this is, except for the fact that you're saying this may be a cause of delay and we understand that, my concern has been about having a load of ambulances sitting there with a load of patients sitting there and you can't get them to the hospital because there's no one to drive them or take them in the ambulances. That's my concern and you've done what you can to answer that.
A. Also some of the equipment that's in these vehicles is

sat there treating the patients in the CCS ——
SIR JOHN SAUNDERS: They're absolutely doing the treatment, I quite understand that.
A. But to transport the patient, you may need ——
SIR JOHN SAUNDERS: You may need to split them, have someone else doing the driving, who's not a paramedic and then use a paramedic to treat patients. I well understand that.
A. If the paramedic goes with the patient, we would take the kit with the patient and then there's no kit to treat the patients coming down into the CCS.
SIR JOHN SAUNDERS: And this cannot be resolved, are you saying?
A. No, I'm not saying it cannot be resolved but I am saying there is a bit more ——
SIR JOHN SAUNDERS: A bit more to it than I am saying? I'm being a bit simplistic, you're saying?
A. Yes.
SIR JOHN SAUNDERS: Okay.
MS CARTWRIGHT: Finally, just to complete this topic, you have provided a Greater Manchester communications document, I think, it's {INQ041691/7}.
Can I ask you, because we can see when patients were down in the casualty clearing station, we can see from the graph the ambulances that are ready, we know from

the mass casualty draft plan the system that was in place. But can you assist as to this? We can see for 23.45.44, Dan Smith had a conversation with Annemarie Rooney requesting an update on number of vehicles so they can start making decisions on movement of patients.

Again in terms of delay, making a decision at 23.45, and it's accepted that patients, a number of patients, a small number, had gone to hospital, but why is it only at 23.45 when decisions are then being made to move patients?

A. Obviously I can't speak for Dan, but I would imagine that he needed to have a full understanding of what the patients were in terms of priority and what their specific injuries were so he could ensure patients go to the right hospital with the right type of injury, that that patient gets the best chance in terms of the dedicated care that they require.

Q. Thank you. Then can I ask again —— the inquiry has heard lots of evidence about significant delays once patients made their way into the casualty clearing station, of hours, up to 2 hours and longer, where they have got significant injuries. We've heard evidence about that experience: the feelings of pain, the absence —— of the cold. So particularly where patients

are in a situation where there's a risk of hypothermia as well, how has NWAS looked at that to ensure speedier dispatch of patients to hospital?

A. Of course we understand that from a patient's perspective, that, you know, is unacceptable that you're waiting longer than they feel necessary. I think what —— some of the things that we have done is that when you look at the dispersal plan, the patients —— the vast majority of patients who went early on in that process were the P1 patients, so it's about treating the patients with the highest priority first. I think there has been a suggestion and the chair has mentioned about looking at other ways of transporting patients may be something that could have assisted with that. I think from a patient's perspective that wait is unacceptable, I fully accept that, but we have to do it in an organised way. We need to make sure that the right patient goes to the right hospital for the right type of care, otherwise that could delay the care. If we just take the patient to the nearest hospital and that's not the right care then they are delayed at that hospital and then they need a secondary transfer.

So it's about finding the right time slot to get them to the right hospital, but I do accept from a patient's perspective that must have seemed to them

like a lifetime.

Q. Can I ask a follow—up question about the use of MERIT doctors and BASICS doctors. It seems that there was a small number of doctors actually present at the casualty clearing station and certainly the evidence of Mr Gleeson, the on—call MERIT doctor, was that he was only contacted and collected very late. Has NWAS looked at the use of the doctors and deployment of doctors as part of the work that's been done?

A. Yes, I think there was seven of our doctors on scene, ranging from A&E consultants to intensive care and BASICS. I can't remember specific times, but obviously Dr Daley was there very early on. We have looked at how we can do that and we have a bigger cadre now of doctors we can call upon so there is more available to us. Obviously that will help us activate them quicker to get them on scene.

I'm also aware there were a number of other doctors who offered their support on the evening and supported us there. I think there was 13 doctors in total operating in the CCS.

Q. Can I just ask on that MERIT doctor point because certainly Mr Gleeson's statement suggested that he thought he would have been deployed to work alongside the tactical commander in that role.

A. Yes, I believe that's what the intention was. However, I'm not sure what the reason would be for why he was taken to the scene.

Q. Again, as well as there needing to be some form of medical adviser to the strategic commander, the plan also envisages that the tactical commander should have the assistance and advice of a doctor.

A. Yes.

Q. And that didn't take place either on the night?

A. No, it didn't.

Q. Can I then, please, just finally, work through with you the document that you provided to your June 2021 statement, please, by way of the learning.

SIR JOHN SAUNDERS: Just before you do that, do you mind if I take something up?

Have you got all your statements there?

A. I've got the first four.

SIR JOHN SAUNDERS: If you have the first one, it's the one I want you to just look at.

A. Yes.

SIR JOHN SAUNDERS: Could you just look at paragraph 156 and then paragraph 157 having looked at that. This is all to do with the casualty clearing station. I just didn't understand this, really:

"There was no casualty clearing station medical lead

set up on the night of the arena incident as the number of casualties and the formulation of the mass casualty deployment plan negated the need for a casualty clearing station."

Is that right? There was a casualty clearing station.

A. I think that's an error.

SIR JOHN SAUNDERS: Maybe it should be "casualty clearing station medical lead" perhaps.

A. Yes.

SIR JOHN SAUNDERS: Okay.

A. Yes.

SIR JOHN SAUNDERS: Thank you.

MS CARTWRIGHT: Thank you.

Please, Mr Lopez, can I ask for {INQ041597/4}.

You have provided this by way of an update as to the work that NWAS has done post the debriefs but also the learning that's arisen from the arena incident.

A. Yes.

Q. I'm not going to take you through the debrief and, I think, the 26 recommendations that flowed out of the debrief, but in part some of these arise from that debrief work; is that correct?

A. Yes.

Q. Before we just work through a number of these, can I ask

you one question though, please. The main part of the debrief process is to capture the learning and what did go well and what didn't go well, but we have received a second witness statement from Annemarie Rooney, who we know played a significant and key role on the night as tactical commander, but she completed none of the formal debrief documentation for that debrief. To what extent when NWAS are debriefing is there a requirement for individuals who were performing a key and important role to ensure that their experience is captured to feed into the learning?

A. You're absolutely right, there has been -- since the arena we have a debriefing policy procedure now that's been developed. Actually, we've also recruited a new employee to look at debriefing and learning and making sure that the learning is embedded within the trust.

Since I have had sight of Ms Rooney's statement, I've asked for that to be checked because some of the learning that she put in that statement or ideas or recommendations, I've asked that to be double-checked to make sure they've all been captured.

Q. Thank you. So in terms of this, if we could work through, please, what you've fed in in terms of the learning that's taken place. We've already addressed there's been an updated version of the major incident

response plan and I think there are updated action cards that identify the additional roles for the EOC. There are three extra roles?

A. Yes.

Q. Sir, we have not yet disclosed out those additional action cards, but we have received them today and they will be disclosed. I am not going to deal with the detail of those roles; they should be self-explanatory from the action cards.

You have then set out emergency planning at the arena and detailed the work that's been done around the operational order. Can you just give a summary about that work, please?

A. We've done several pieces of work. So following the incident, obviously we worked with ETUK and developed the METHANE messaging then. We've also had an operational order that was developed and subsequent to that, now we have a site-specific quick reference sheet which details all the specific information that's required to attend an incident at the arena. That's been shared with all the stakeholders, GMP, GMFRS and SMG, and that's now kept in a central repository. In terms of the control room, they can access that via an electronic method so they have quick access to see what is required and what are the criteria around the arena.

Q. Can I ask you, bearing in mind NWAS had done work post-incident with ETUK, part of the -- one of the documents that was included in your pack was a witness statement from Jeremy Cowen relating to the issue of medical providers. For your reference, sir, that's {INQ041868/1}.

And he recommends within his statement the need for creating a formal national occupational standard for those required to operate as medical managers at events. Does NWAS have any view around that recommendation?

A. We do, actually. I was going to raise that as an issue if I was asked for recommendations at the end of this. But I wholeheartedly support what Mr Cowen's put in his statement and there are further recommendations I think we would...

SIR JOHN SAUNDERS: Right. So before they re-opened at the arena, you talked to the arena, you talked to ETUK, and you did some training for them, and no doubt you worked out with them that if something terrible like this were to happen again how it would be best to coordinate your activities with theirs --

A. Yes.

SIR JOHN SAUNDERS: -- which the evidence we've had suggests there wasn't much coordination on the night. That's catching up, as it were, the arena. This looks like

it's something which is maybe a national problem, so we're looking at where we've got large arenas where the training of the staff, first aid training, whether they've got the adequate training and who's actually going to look at it. Are NWAS looking at this as a national, potential national problem, the first aid provision at major arenas and how you can link into it?
A. I think there needs to be some sort of regulation or licensing body that has some enforcement powers because NWAS as an entity don't have any enforcement powers, so I think that restricts us. And we're not really commissioned to do that type of thing in terms of ——
SIR JOHN SAUNDERS: So you think there should be a licensing body who licence whether there is adequate first aid provision at a major site?
A. I think so, yes. And I think there should be somebody who —— like the Fire Service will go and do inspections on buildings to see if they've got adequate fire alarm systems, there should be some regulatory body that enforces that. I think the Purple Guide and the Green Guide have been around for quite some time. The whole sort of medical scene has evolved quite a lot since then. A good example is the Green Guide talks about sporting events only up to a capacity of 40,0000 ——

MR COOPER: Sir, we are particularly interested in this and I wonder if the witness could slow down slightly.
SIR JOHN SAUNDERS: Okay, thank you.
I am going to ask Mr Blezard at the end of this to, where he has got recommendations, put it in a statement form because there's obviously going to be quite a lot of detail here and it's something I would like to look at later as well so hopefully we will get it in writing as well.
Let's slow down a bit. So the Green Guide isn't satisfactory either because it's dealing with too small numbers?
A. Yes, because the stadia now have capacity of up to 80,000. The Purple Guide talks about festivals, but there's a bit of a gap in terms of events —— like the arena, does it come under an entertainment licence or a sporting licence?
SIR JOHN SAUNDERS: The Purple Guide and the Green Guide, I'm just going to encapsulate it at the moment, do not provide coverage or sufficient guidance for people to know what sort of first aid provision they need at an individual site?
A. I think they do because they have been updated continually, but the base document, when it was done in 1984, I think they started, maybe we need to revise ——

does it need to be —— should it be one document and then, depending on what type of event, as you go down the events of a venue, whether you go down sports or whether you go down festivals —— I think it needs (inaudible) because at the point it was written as well there was no thought of terrorism built into them risk assessments, so I think a review of them would be helpful.
SIR JOHN SAUNDERS: Okay. That's a good idea and, as I say, I would ask you to put these recommendations in writing if you would be so good. The other angle to this, as it were, is we've been told really in the first half hour after an incident you can't expect the state to be there to help, paramedics are unlikely to be on the scene ready to help. But as soon as the first half hour is over, as soon as you arrive, you need to hit the ground running and you do that better if you have cooperation with the local first aid people, they know what you want, and there's some system in place and you have liaised with them. Has that been thought of as well?
A. What we tend to do at the bigger, more organised events —— I'll take Manchester United, Old Trafford —— we have far in excess of what the guide says. The actual club pay for additional support and we actually have HART operatives there as well. So when you have

a good, regular liaison with the organiser, that works extremely well. Some of the bigger festivals, Parklife, things like that, we may not cover the event but we'll have an operational commander on site that will coordinate things as a liaison point. They tend to run a lot smoother. Whether the legislation allows for —— I don't know —— events over 10,000, there must be a full —time professional ambulance person there to —— not to cover the event but to organise and liaise, I think them types of things are where you'll see a more coordinated response to these types of incident.
SIR JOHN SAUNDERS: Right. These are clearly your ideas, which are good. Is there any official NWAS response to this or ...
A. It's not something that we can enforce. We do do these types of events with the more responsible event organisers. So if you had a regulatory body that looks after the event organisers, they would have the powers to force —— to engage with us and, to be fair, there are some very good operators out there that do do this, but there's no obligation for them to do that.
SIR JOHN SAUNDERS: Thank you.
MS CARTWRIGHT: Please can we display again {INQ041597/4}.
We can see that the next learning that's been identified is formal records of training for commanders,

and you indicate that commander assessments using a new framework are to commence this month. Has that started now?
A. It is just about to. What that is -- we've learned that -- we continue to make the same mistakes over and over again and we've looked at: is this the way we're delivering the training? Because we quite clearly do identify what the problem is, we try to address it in the way we train commanders, however it isn't being embedded, so we are looking in a different way of -- traditionally the Ambulance Service has done -- you go and do a classroom setting and then you do a knowledge check or some kind of assessment at the end of it, but we're now taking that further to look at where we have peer-to-peer discussions, different ways of testing people's knowledge to make sure that it's embedded, so that will be implemented this month.
Q. One of the suggestions that's been made in the second witness statement that Annemarie Rooney provided is that rather than having an on-call rota, there should be allocated commanders into the roles of tactical, strategic and operational. Do you have any views on that suggestion from someone who's lived the experience of being a tactical commander?
A. Yes, that suggestion has come from a couple of

commanders actually about should we have a small but dedicated team that deal with this. I think it's a good idea but the issue we have is we cover the whole of the north-west and if you've only got small numbers, some incidents could take a long time before they get a response. It's something we're considering, it's about the logistics of how we would deliver that from -- obviously we cover from the borders of Scotland down to Wales. We've got to ensure that whatever we deliver is equitable across the north-west, we can't just focus it on one geographical area.
Q. Turn over the page, please, Mr Lopez {INQ041597/5}, the next learning that's been identified. There are documents in your proposal that identify that it has been reiterated to NWAS staff that there should not be self-deployment in major incidents because of the impact that has on the NWAS response.
A. Yes. There's several reasons why commanders shouldn't self-deploy. One is we need to have business continuity, so if we commit everyone to it and then it goes on, like it's a protracted incident, who does the day-to-day business the next day? How do we know who's at scene if they are self-deploying and then if there's a further explosion or something happens then we can't account for who's there.

So we've reinforced that -- I've wrote personally to all the commanders, we have reinforced it within the major incident response plan, it's within the deployment guidance, but we've also introduced a new system called Cascade, where if there's an incident we page out to all commanders, whether you're on call or not, we'll page out, email and text message. If they are available to respond, they ring in to a certain number, we take the information, and then we deploy them there. We don't give them the information that we can self-deploy. So it's a better way of us managing our resources.
Q. So in terms of the individuals that fall into the need for this recommendation, does that include the deployment of Daniel Smith?
A. It would do. It's all commanders and all our executive team are in on this and we've tested it several times -- we've not tested it in the live environment because we've not had the opportunity to utilise it for a live incident, but in terms of -- it has been tested quite regularly going forward.
Q. And then can I ask as well as identifying Daniel Smith, we know that shortly after midnight, Steve Hynes took over the tabard of operational commander from Dan Smith. Would he fall into the category of commanders who should not have self-deployed?

A. Yes.
Q. Has NWAS been able to identify the reason why Steve Hynes, who I think was the strategic commander, took over the operational commander from Daniel Smith?
A. Yes. I mean, I... I think all commanders want to help, that's part of why we join NWAS, because we want to help people. I think it's motivated by wanting to enhance the response. Obviously, when he arrived on scene there was a brief discussion between him and Dan Smith. I am unclear on the reasons why Hynes took over command, however I'm of the view that that shouldn't have happened.
Q. Shouldn't have happened?
A. No.
Q. Would it be right that you have seen that the tactical commander, Annemarie Rooney, in her second statement has identified that Steve Hynes undertaking that she believes, in her opinion, compromised her ability to perform the role of the tactical commander?
A. Yes, I understand that.
SIR JOHN SAUNDERS: Let's make it perfectly clear: Mr Hynes did seem to make a lot of sensible decisions and actually did set up communication with other people.
MS CARTWRIGHT: Absolutely, sir, and it's right that the first JESIP huddle took place at the time Mr Hynes took

over.
SIR JOHN SAUNDERS: Thank you.
MS CARTWRIGHT: In terms of annual commander training you have identified that there was a need for additional training in 2018. Can you just identify that, please?
A. Not just because of the arena, I have taken responsibility of the resilience team and we needed to give more protected time to all commanders in terms of how they receive their training in terms of JESIP, but there was lots of revisions of the JOPs at that point in time -- I think it was revised three times shortly after the arena -- so we have increased the amount of training time for commanders, we've changed the assessment. Before we get to the new educational framework, we've actually changed the assessment process as well, so we've put more emphasis on actual training but how we assess that people are competent as well.
Q. Can we then, please, move over the page {INQ041597/6} --
SIR JOHN SAUNDERS: And can we shorten stuff as much as we can, bearing in mind the time?
MS CARTWRIGHT: Yes.
We can see the next one is the action cards. I'm not going through with you any of the detail but I think it identifies the three additional EOC roles that have now been included in the action cards. Those, sir, will

be disclosed out.
So was it just thought there was a need for far greater support in the emergency operation control in major incident?
A. It was, and some of the complications were that at that point in time, Plato was relatively a secret. The control managers had the Plato cards but they were kept in a sealed envelope. What we have done is we've incorporated Plato actions into the major incident response plan as part of it, so it makes it simpler to follow: you're not going to find a separate set of action cards, it's actually within the major incident response plan.
Q. Looking at the next identified learning, there's been additional work that NWAS have done to make sure the Emergency Operational Control understand how a major incident works alongside a Plato incident.
A. Yes, and we've also created a new resilience manager post dedicated just for the EOC to ensure that they're trained, exercised and competent.
Q. I'm not going to go through the next few, obviously others can if they wish. Can I move to page 8 {INQ041597/8}, please.
Can I seek clarification on the JESIP training. You set out there that the training cycle in

Greater Manchester lapsed between 2017 and 2018 and that formed the basis of my questions right at the start of your evidence. But can I just be clear because in your witness statement -- and I'm not asking you to turn it up or show it, {INQ032649/6} -- you indicate that in fact that within Greater Manchester no multi-agency JESIP training had been undertaken between 2014 and 2018.
A. I think that's an error. We commenced the JESIP training in 2014. I think we delivered it by the end of 2015. But then there would have been a gap because it's a 3-year cycle, so we should have restarted in 2017. There was the issue I mentioned earlier where we couldn't get all the services around the table to deliver it. Once we started in 2019, we have delivered it and we completed it in June this year, despite the COVID issues that we've had.
Q. I'm next going to ask you about the last recommendation on that page around the multi-agency Airwave Talk Group. The inquiry has heard a lot of evidence about the work around having a tri-service interoperable communication between the control rooms but also for use by the commanders. Just at a high level, bearing in mind you've had that responsibility for JESIP, from your perspective at NWAS why did it take so long to resolve

this issue, which was plainly an issue on 22 May?
A. Obviously there was a solution already there, but it wasn't utilised. I think we've got ourselves into a much better position with the easy control Talk Group that we have now, that is tested on a regular basis, and that is audited.
I accept that that should have been better utilised on the night. It wasn't. But we've took steps to improve that.
Q. Let me turn over the page to page 9 {INQ041597/9}, please, and I am being selective of these various learnings, but the learned chairman has them.
You've identified there's a change now to operational support functions because as well as the HART team there was also the AIT staff but SORT staff that do not seem to have been utilised at the arena, but you tell us about NARU's new projects, so there is a new enhanced SORT team. Can you explain what that is and how that's been implemented in NWAS?
A. So previously there was SORT staff, which dealt with the contamination and AIT staff, which dealt with MTFA or MTA incidents. They've been combined now, so they are one role. It's not a specific, dedicated role: these are over and above being a normal paramedic. So these are a cadre of staff that will be on duty at any one

time. We've been asked to deliver 290 staff by April of next year, which will help us ensure that we have a significant number, a minimum of 35 on duty at any one time. But these will be spread out across the north—west, they had won't be in a specific conurbation, but they are there for us to call upon so we are now (inaudible: distorted) in terms of recruiting these and training these staff.

Q. Thank you. Can we move over the page to {INQ041597/10}. Can I ask you —— we know that Mr Beswick was acting up, I think —— I think he had acted up in training exercises but it was his first time acting as the HART team leader. We can see at (viii) one of the matters that's been identified is that:

"The Manchester HART team operated without a substantive HART team leader on 22 May and changes have been made to ensure that situation does not occur again."

So was it identified that there was an impact on there not being a substantive HART team leader operating at the arena on 22 May?

A. I think that there were opportunities for us to deal with this in a different way. There was a substantive HART team leader and a person who'd had experience of being a HART team leader in the Mersey team, so we could

have split them. What we have done to reconcile that is we now have a HART team leader development process, so people who want to be heart team leader go through a workbook and an assessment process so that they are ready to do the role once there is a vacancy. So we've strengthened that so we should have appropriately trained people who can deal with that role.

Q. Finally from my perspective, can I just ask —— you identified the HART team leader radio, the HART team leader should not operate a second radio and become distracted by the multi—agency Talk Group, so essentially that the HART team should remain on the HART Talk Group. So can I ask, the NWAS major incident response plan indicates that once crews are deployed to the incident they should go on to a Talk Group for the incident. But then how does it operate if HART are on a separate Talk Group? How do they have an understanding of, first of all, what NWAS is doing, but also then have an understanding of what's happening interoperably if they're only on a HART radio?

A. So HART deal with some specific functions that only they need to be aware of. No secrets, but just so they have their own Talk Group that isn't being cluttered with everybody else's conversations. What we would do is that the HART team leader —— depending on the scenario

or the incident, they would co—locate with the operational commander, so if they're —— with the operational commander they've got the information in terms of what's going on for the overall incident but they can also command the HART team. We do know from experience that having two radios is nigh on impossible to listen to two —— it's like trying to listen to the radio and watch the telly at the same time. You cannot ——

SIR JOHN SAUNDERS: Okay. This is not unique to NWAS, it has been coming up on a number of occasions where on the one hand you need to know what's going on generally and on the other hand you need to be able to talk to you particular group and obviously there are compromises that need to be made and as far as NWAS are concerned, the right compromise is to have a specialist HART group dealing with it ——

A. Yes.

SIR JOHN SAUNDERS: —— and they go back to old—fashioned communicating by speaking to people.

MS CARTWRIGHT: Then finally from my perspective, one of the things that was acknowledged from the opening statement of NWAS was the necessary learning from exercises had not necessarily been responded to or acted upon. Within the expert report of the —— in figure 7, I can take you

to it if need be —— the experts perform an analysis of what the earlier training exercises had revealed by way of issues that were repeated on the night. Have you had an opportunity to review that analysis that the ambulance experts performed?

A. I have, yes.

Q. Would you agree that the contents of what they identify is the issues that then were identified from earlier training exercises but then repeated on 22 May 2017 is a fair analysis from those training exercises?

A. Yes, I think obviously the same issues are recurring. What I would say is some of the training that we deliver is national training, so we are following a national set syllabus, which is the same for all three services and all three services are continuing to make the same errors or omissions, so maybe we need to look at how we deliver and embed that training. I am aware that JESIP are looking at the next wave of training and how that can be changed to help with that situation.

MS CARTWRIGHT: Sir, for your note, that exercise analysis and lessons table is in the expert report, {INQ032665/58}.

SIR JOHN SAUNDERS: Thank you.

MS CARTWRIGHT: So how, pre—incident, pre—22 May, did NWAS ensure that learning from training exercises was then

responded to, actioned, but also cascaded to staff to ensure it was not repeated?
A. Obviously we have a debrief after each training exercise or incident. We try and gather and capture what went well, what didn't go so as well, and what we can learn from. The action plan is created and people will be given the responsibility of ensuring that these actions are undertaken and hopefully embedded, so we do have a record of that and we have a process where these are now reported up to our trust board to make sure that there is true oversight and clarity of what we're doing.
We have since then as well -- I think I mentioned it earlier -- we've created a new position within the trust, a resilience manager, who's responsible for the quality and assurance of resilience and training and debriefing. So we've invested quite heavily in how we do that. That's only more recent, that's within the last year that we've put that new post in, but we've always had a debrief process in place which is in line with the College of Policing which is deemed as best practice.
So we have processes in place. It's not that we don't identify what we need to do differently; I think our issue is that we are not really embedding the learning that we need to do.

MS CARTWRIGHT: Thank you. That would conclude my section of questioning. We've been going over an hour. I don't know whether you have any questions before we take a further break.
SIR JOHN SAUNDERS: Just a couple of things. Paragraph 102 in your first statement. This is dealing with the SCG.
A. Okay.
SIR JOHN SAUNDERS: I was just querying whether it was correct or not:
"The SCG chair is often a senior police officer but this is not always the case and is incident dependent. This role should not be confused with the police strategic commander who, like other participants, is there to represent their own organisation."
I don't think that matches with the evidence we've heard so far, which is that the police strategic commander is the person who chairs the SCG.
A. Almost certainly it does follow that format, but when commanders do their strategic commander training, all the strategic commanders are given the opportunity to chair the SCG. Predominantly they are police led, but if it was a fire-specific incident that we were responding to --
SIR JOHN SAUNDERS: Sorry, that's not quite the point I was getting to. It's rather suggesting that the SCG chair

would be different from the police strategic commander, the Gold commander. That's not my understanding, but maybe I got confused.
A. It's not a situation I've come across, but it may not necessarily ... I think ... I hear the point you're making and you may well be right, but it's ...
SIR JOHN SAUNDERS: Okay.
A. Yes.
SIR JOHN SAUNDERS: One other point. When you're dealing with the operational commander in your first statement, you are dealing with the fact that there is often a need for a sector commander, and we have heard the suggestion that in this case, in relation to the Ambulance Service, there should have been a sector commander in the City Room. Do you agree?
A. I don't think it's a binary yes or no. It's an option that was available to us.
SIR JOHN SAUNDERS: Would it have helped?
A. Yes.
SIR JOHN SAUNDERS: If we're looking at recommendations for the future and looking with the benefit of hindsight and all of rest of it, would it have helped?
A. I think a HART team leader may have been more appropriate than Paddy Ennis to be in there.
SIR JOHN SAUNDERS: Thank you.

MS CARTWRIGHT: I think that's the ambulance expert's opinion, that the HART team leader should have performed the sector commander role in the City Room rather than setting up the casualty clearing station at the furthest part from the incident outside the arena. You'd agree with that?
A. In terms of Si Beswick going into the City Room, yes. There is an element where the CCS -- there's certainly, specifically the mass oxygen delivery system is a very specialist thing that we needed to do and that was utilised on the night and I have seen CCTV to confirm that --
SIR JOHN SAUNDERS: It may be that other people could be trained to set that up, so you don't use HART operatives to do something rather than going into the inner cordon.
A. Quite right, and other people were trained but there was only one available, who was engaged in treating a patient.
SIR JOHN SAUNDERS: Okay. We're going to have a 10-minute break.
MS CARTWRIGHT: Please, and then I think we'll be commencing with Mr Welch's questions on behalf of the families, please.
SIR JOHN SAUNDERS: Ten minutes; is that enough for you?
A. Yes, thanks.

(11.51 am)
(A short break)
(12.01 pm)
MS CARTWRIGHT: Sir, can I apologise for the confusion. I think it's Mr Gozem Queen's Counsel who's asking the questions on behalf of the families. Can I ask him to ask his questions now.
Questions from MR GOZEM
MR GOZEM: Good morning.
SIR JOHN SAUNDERS: Well, it's afternoon, just.
MR GOZEM: Sorry for that inaccuracy. I hope I improve as the day wears on.
SIR JOHN SAUNDERS: Thank you, Mr Gozem. We can see you and hear you.
MR GOZEM: Good, thank you, sir.
Mr Blezard, I'm going to be asking you questions on behalf of the families. I'm not going to go through in detail all the various lessons learned. Principally my concerns are what went wrong in relation to the City Room and in relation to the deployment of resources, both physical and human.
We can agree, I think, that by 10.31 NWAS got a telephone call from a chap called Ron Blake which gave a very full account of what had happened at the arena. You've heard that, have you?

A. I have, yes.
Q. Within a very few minutes, the information that there had been an explosion and, in his words, that "loads of people were injured" was with NWAS and Annemarie Rooney was informed. Within a very short space of time she seems to have asked for HART to be deployed, within about 6 or 7 minutes; yes?
A. Yes.
Q. Have you looked into, and can you explain why the Liverpool HART team weren't contacted for 40 minutes?
A. Yes. We have looked into that and we've put in place a remedy so if a major incident is declared or a major incident standby is put in place, the second HART team will be either notified or asked to move to a position, an RVP nearer to the site of the incident. So we have learned from that and we accept that the activation of that team was delayed and we could have utilised them earlier on in the process.
Q. Do you know why it was delayed?
A. I don't know. I would have expected them to have been notified, at least notified, but what we tend to do is bring them to a halfway point between Manchester and Liverpool as a deployment point in case there are other incidents. So that's what I would have expected, but no, I don't know why it didn't happen.

SIR JOHN SAUNDERS: Who should have arranged for their notification?
A. I would have expected the control room to notify them.
MR GOZEM: Well, they were sent to a rendezvous point. But they were left there, they never were called to the scene. Do you know why that happened?
A. I believe the correct process is to send them to an RVP, so we do know they were sent to Thompson Street. I think that is a correct process because we don't know if it's a multi-sited incident or, you know, there's secondary devices or whatever. So we don't necessarily commit our resources straightaway in that respect. I think that's appropriate.
I think we could have brought them to scene earlier. I think they were sat at Thompson Street for a period of time longer than necessary and we could have brought them forward. That then would have given us more options in terms of deployment of HART into the City Room. So I accept that we should have notified them earlier and then once they were available we could have deployed them earlier in the process.
Q. So how has that been remedied?
A. As I said earlier, now if -- we have a new deployment plan that's a predetermined attendance plan, so if a major incident standby is declared, the second HART

team, depending where the scenario is, they will be notified. If it's a major incident declared, they will be mobilised to an RVP point close to the site of the incident in readiness to be deployed if they're required. That's been put in, so we have -- it's an electronic system, but there's also a paper-based system within the control room, they will go through that.
Q. Right. What about mass casualty vehicles?
SIR JOHN SAUNDERS: Sorry, just to follow up on that, was a major incident declared by the Ambulance Service?
A. Yes.
SIR JOHN SAUNDERS: At what time?
A. (Overspeaking) 46.
SIR JOHN SAUNDERS: Thank you.
MR GOZEM: What about deployment of the mass casualty vehicle, because this, on the face of it, even from that phone call at 22.31, appears to have been a major incident involving mass casualties, doesn't it?
A. It does, and we received lots of calls that evening and we treated it as a major incident prior to it actually being declared, so before actually anyone declared a major incident, we'd already allocated 11 resources to the incident. We accept that the mass casualty vehicle would have been beneficial to have been deployed. It was an oversight and that's been built into the

predetermined attendance for a major incident, a major incident standby, that them resources are now identified and should be mobilised. That's reinforced with the commanders as well. We've done a lot of training with the commanders to ensure that they are aware of what specialist assets are available and systems are in place to ensure that they are utilised.
Q. Who should have done it on the night? Who should have called for it or ordered its attendance?
A. I think there were several people should have considered it. There was the tactical commander, the operational commander and the control room commander, the control room manager.
Q. And are you confident that it will be used should something like this happen again?
A. We have done some testing. We've not had an opportunity to test it in a real life scenario, but we have done some mobilisation tests to see how it works. We have learned from that as well and made some changes as we're refining the process. But yes, I think we are in a better position.
Q. Moving on then from those two points, next I want to ask you about this issue of self-deployment. A lot of those who self-deployed actually performed a valuable service, didn't they?

A. They did, yes.
Q. And had it not been for their self-deployment, there would have been an even greater wait than there was for assistance for those people in the City Room?
A. There would have been. We're not against self-deployment, it's more of a controlled understanding of who is making themselves available. We have put a system in place which commanders who want to make themselves available for an incident will ring a specific number, we'll get their skill sets of what they can and can't do, and that's given to the strategic commander to make the decision of who he wants to deploy. So self-deployment in itself isn't a bad thing but it needs to be done in a controlled way.
Q. Right. So your letter dealing with self-deployment, did it make that clear, do you think?
A. It goes into some of the reasons. What it is missing in terms of the letter, because it was written, I think it was 2018 or maybe early 2019 -- the cascade system where we can notify commanders if they want to respond hadn't been developed at that point in time. So that will be an omission in there. But all commanders are now aware of the cascade system, it has been tested regularly over the last few months because it has been a difficult journey to try and get this piece of software developed,

but yes, we are confident now that managers are aware and it is tested on a regular basis.
Q. Just to summarise, as opposed to what's in your letter, self-deployment isn't prohibited but reporting of the fact of self-deployment is encouraged?
A. Yes. Maybe I should try and make this a little bit clearer. Commanders shouldn't self-deploy --
SIR JOHN SAUNDERS: As I understand it, if you're a commander who is willing and able to go, you ring in and ask them, "Do you want me?"
A. Yes.
SIR JOHN SAUNDERS: If they then say, "Yes, we want you", they can then go and deploy?
A. Yes, that's correct.
SIR JOHN SAUNDERS: It's not really self-deployment, I don't think.
A. Yes.
MR GOZEM: All right, thank you.
Would it be right to say that a bigger problem on the evening may have been self-appointment rather than self-deployment in the sense that Dan Smith effectively appointed himself operational Bronze commander and Steve Hynes came and displaced him and appointed himself operational commander?
A. I think Dan Smith was in a good position to appoint

himself as the operational commander. I don't have any issues with that.
SIR JOHN SAUNDERS: My recollection is it was done in conjunction with Annemarie Rooney.
A. She asked him to mobilise. Then there was a discussion with Derek Poland on arrival and it was decided amongst them.
SIR JOHN SAUNDERS: Okay.
A. In terms of Mr Hynes' self-deployment, as I said earlier, it shouldn't have happened. It's my view that he shouldn't have taken operational command from Dan Smith, but I think, as we are aware, he did enhance the response. He was the first person to manage to get a JESIP huddle together. So while it's not something we would advocate, it did enhance some of the response.
MR GOZEM: All right. Moving on then, one of the things that you have been asked about and you've agreed with, I think, are the failures to appoint certain individuals in particular roles, ie safety officer, equipment officer and so on and so forth; yes?
A. Yes.
Q. In part, is that related to action cards and the failure of individuals to consider what the action cards provide?
A. My understanding is that the commanders on scene, some

of them made conscious decisions not to apply some of these roles and some of them were omissions. I agree, it would have been better that we did fulfil these or put people into these functional roles and that's partly the reason why we've taken the steps to have dedicated safety officer training courses so that it is at the forefront of people's minds that there are people who have that skill set. But if there is an incident, they can actually say to the operational commander, "I am trained as a safety officer", so we have taken steps for that.

SIR JOHN SAUNDERS: Just before we go on, are you able to tell me which of these roles were a deliberate decision not to appoint?

A. I can't remember.

SIR JOHN SAUNDERS: If not, you can come back to me.

A. It was in Dan Smith's oral evidence, he made some...

SIR JOHN SAUNDERS: Well, I'm afraid I ——

A. I think you asked him some specific questions on that and he said it was a conscious decision or ——

SIR JOHN SAUNDERS: We can check on his evidence. Thank you, Mr Gozem.

MR GOZEM: Not at all.

Appointing and training up safety officers is one, I suppose, potential solution to the problem, but I want

to ask you about the use of action cards, and first of all to ask you to explain to us the role of a loggist who might be present at the scene with an operational commander. What is the aim and do you expect there to be a loggist, do you expect the operational commander to record the reasons for their decisions?

A. So we wouldn't expect a loggist to be deployed to the scene of an incident. There are some logistical issues: they'd have to be on call, how would they get there, is it safe for them to be deployed there. I think Mr Smith's evidence was quite strong on this, that he said they wouldn't be able to keep up with what was being said and the actions being taken. Obviously, the role of a loggist is to record accurately and contemporaneously the actions being taken. There are other ways of recording this. We have dictaphones, all commanders have dictaphones. We actually have a dictaphone procedure now, which we developed to ensure that commanders are aware of it, and what we've advocated now is when we do any training and exercising that they actually use dictaphones —— rather than just saying you would do it, they are actually using them as part of the debrief process. So we have tried to get a better way of recording the actions of the commanders.

Q. Right. What's the position now, finally, please?

Forgive me if I didn't properly understand this. What's the position now with action cards and the provision of those to, for instance, an operational commander like Dan Smith?

A. All operational commanders have a copy of the major incident response plan and the action cards. All vehicles have them and everybody, we know —— we've asked them to actually physically sign to say they've got them. We are looking at how we can deliver action cards in a different way going forward. I've asked for them to revise a way in terms of having just a list of actions that people should do there should be more considerations and principles or key principles that we need to do but everybody has access to them, has them electronically, so each commanders can access them on their mobile phones now, but they also have other electronic devices.

So the availability of action cards are there for them. But more importantly, it's how they utilise them. How they use them is the key for me.

Q. Absolutely. You would have considered what the ambulance experts have said about NWAS' performance generally and by and large they've rated the training as at least adequate, but it's the application of the training by the individuals on the evening where there

seems to be something of a problem or an issue. Do you agree with that point generally, first of all?

A. I do agree that they weren't referred to as much as they should have done. I think it sometimes may be unrealistic to get an action card out if you're deemed —— there is an awful lot of information coming to you and misinformation, you've got to try and decipher that, you've got to make plans and decisions in real time, very quickly, and it's always an often—changing information at that time. So to work your way through an action plan or an action log or a list is sometimes quite difficult.

Q. Yes, of course it may be difficult, but it may be extraordinarily important. Concentrating on those people who were in the City Room, for instance, we know that there were many people in the City Room who weren't injured, whether police, your paramedics, three of them, and so on. But many people who were injured who were in desperate need of assistance and how to deliver that to them. It may have been of assistance to Dan Smith to look at the action cards and consider the appointment of a sector commander. Do you agree?

A. It is something that he should have considered. I think it may have been beneficial if we had done that and most probably the person might have been the HART team leader

to fulfil that role.
Q. Mr Blezard, it's not really, is it, just the fact that it may have been beneficial, it would have been undoubtedly beneficial for there to have been somebody in direct communication with Dan Smith from the City Room to explain to him what was needed and what was happening?
A. I think communications definitely could have been improved on scene. There was some communication -- we know that because we were asked and requested to take additional kit up there for the HART operatives, so there was communication there. That could have been improved.
Q. But my question was: it would definitely have made a difference, wouldn't it, if he had appointed a sector commander?
A. I'm not certain that's correct. I think the role that Patrick Ennis fulfilled was good. I think having a sector commander would not have delivered anything more than what Paddy Ennis did.
Q. Well, I'm going to ask you to reconsider that answer. It's not fair, is it, to ask Patrick Ennis, on the one hand, to act as a primary triage officer, assisting those people who are injured, and at the same time to assess all that's going on in the City Room and give

frequent updates and reports to Dan Smith?
A. I think if we were to replace Paddy Ennis with the HART team leader, Paddy Ennis had an awful lot of information that was going on in that scene. That information could have been lost. He knew which patients he had visually triaged, he knew which patients were deteriorating, so he could have considered that. Replacing him with someone else may have deteriorated the command of it, because it was somebody new who would have had to go through that process again.
Q. Why would it have been necessary to replace him? Why wouldn't Mr Beswick have gone in as an additional response?
A. It's my view that Patrick Ennis shouldn't have been deployed there in the first place because he wasn't a specialist operative.
Q. Sorry?
A. Paddy Ennis shouldn't have been in there in the first place because he wasn't a HART-trained specialist operative.
Q. How does that answer my question?
A. Well, if we'd sent a HART team leader up there, it would have enhanced it as well as Paddy Ennis being in there.
SIR JOHN SAUNDERS: It's a bit alarming that on the one hand you're saying, well, yeah, maybe more of the HART team

might have been there, but it's a bit of a difficult decision because they've got other things they can do, and on the other hand definitely the one paramedic we've actually got there doing anything shouldn't have been there at all. So actually, you're saying the real position in your view is shouldn't have had any.
A. [redacted]
SIR JOHN SAUNDERS: Mr Gozem.
MR GOZEM: Let's see if we can agree about this. As operational commander, it was the responsibility of Dan Smith to ensure that he had sufficient information about what was going on, what was needed, in the City Room, wasn't it?
A. Yes, it was.
Q. And do you agree with me that it was unfair of him to expect those three paramedics to do what they were doing and at the same time to give him updates to the requirement for stretchers and further assistance and so on and so forth?
A. I believe paramedics all the time on a daily business (sic) are very well used to communicating what is required. So if a paramedic goes out to an incident and they feel it's beyond their scope of practice, they will

ask for clinical supervision and ask for support. So staff from the ground level up are very well rehearsed in asking for support and help. If Patrick Ennis or the HART team needed support, they would have asked for that. It is something that is embedded into staff right from day one: if it's beyond your scope of practice or you are overwhelmed, you ask for support.
I think communication between Dan, Paddy and the HART operatives should have been better than it was. But if there was any difficulties, they would have asked for support.
Q. Let's just examine that then, Mr Blezard. Your guidance to the first individual who arrives at the scene, who is perhaps a paramedic, is not to get hands-on but to gain situational awareness and to report; do you agree?
A. Yes.
Q. Is that because going hands-on with a patient minimises or diminishes the opportunity to gain full situational awareness and to report back?
A. It does, yes.
Q. So it's not really right, is it, for you to say that those three who were in the City Room, Mr Ennis and the two HART operatives, could have provided Dan Smith with the information that he needed; it required somebody hands-off, didn't it?

A. I'm not sure what more information Dan Smith required. He knew there was a number of patients up there that were severely injured. The operational plan was already in place in terms of extricating patients as quickly as possible into the CCS and dealing with the patients down there. What more information would Dan require?
SIR JOHN SAUNDERS: What he really needed was a risk assessment, isn't it?
A. Yes, but I think that's predetermined within the JOPs. Everybody commonly agreed it was a warm zone and that was the risk assessment that was applied.
SIR JOHN SAUNDERS: Okay.
MR GOZEM: You say that the operational plan was already in existence and was being followed. In effect, that was purely ad hoc, wasn't it, because police officers and others were simply using crowd barriers and putting people on them, literally carting them down to the station concourse? That wasn't any part of an NWAS operational plan, was it? It's just what happened.
A. Yes, I believe that that was already happening when Dan Smith had arrived and Paddy Ennis were having their because patients were already being extricated utilising whatever was available. I accept that isn't the best methodology of transporting patients, but it was an effective one. From my understanding, Dan agreed that

bringing a patient down as quickly as possible is in the best interests of the patient. But yes, if we'd had a more appropriate way of dealing with that, yes, I agree that we could have dealt with that in a different way.
Q. The failure to converse, to arrange an FCP, for instance, didn't help either, did it, because the information wasn't coming out of the City Room and it wasn't coming from any other resource, police officer or whoever, at a forward control point to Dan Smith?
A. Yes, I totally agree that an FCP would have enhanced the response on behalf of all services.
Q. But you still, do you, baulk at the idea of the appointment of a sector commander?
A. We tend to utilise them when we've got patients distributed over a large area, so the classic example in all the training manuals is when you have a train crash and each carriage becomes a sector because you can deal with it —— this was a single—sited incident where we knew mostly what was going on there. Obviously there was some discussion between Paddy and Dan when he came down the stairs, a brief discussion about what was going on up there, a brief discussion about numbers. Paddy went back —— I believe they truly believed there was some conversation between them during the incident but

there is no recorded evidence of that. The only explanation I can offer on that is whether they've done it on point—to—point on the radios, which isn't recorded —— it's a way of communicating direct by radio to individuals. But I think there must have been some flow of information because at some point a request for additional triage cards to go back up there was made and received, so there must have been communication.
Q. Well, it was HART who brought the triage cards, wasn't it?
A. It was, yes.
Q. So that may have been HART contacting HART?
A. That's correct, yes.
Q. Yes. The point I'm making, really, is this —— and I'm not sure whether you've answered it, tell me if you think you did —— do you still baulk at the idea that there should have been a sector commander appointed to report what was happening and what was needed?
A. No, I think there could have been, yes, it would have been better if we'd sent one up there, yes.
Q. Is it just there could have been, it would have been better, or should it have happened?
A. It would have made things better. I'm not entirely convinced it should have happened because the information that we were dealing with was flowing back

to Dan. A plan had been created —— whether it's by accident or design, there was a plan in action that seemed to be working. I'm not really clear on what more information Dan would require.
Q. Do you accept that there should have been more resources, more HART paramedics, in the City Room?
A. Yes. I think we discussed this earlier: where there was an opportunity where we could deploy some more HART operatives into the City Room, there was a decision made not to do that. That isn't —— the option that Si Beswick chose wasn't unreasonable for him to do. Some of the specialist kit that they had to set up. Some of the other decisions behind it may have been he wanted to keep people in reserve because sometimes HART do keep operatives in reserve to go in as a rescue team, but I think the better option may have been to deploy more HART operatives into the City Room.
Q. And do you agree that the best decisions are generally informed decisions?
A. Yes.
Q. And do you agree that it's likely that had the information about what was happening in the City Room and what was needed in the City Room been passed on, either to Beswick or to Dan Smith, that there would have been more HART operatives in the City Room?

A. I think the way HART train is if people are deployed and they want further support or assistance, they would ask for it. There was no request made. Whether that decision should have been taken out of their hands and made by a HART team leader other the operational commander at scene, you know, that is an area for debate that maybe they should have sent them up anyway. To reaffirm that, I think that's something that should have been considered. Whether it was considered or not, I don't know, I wasn't there, I can't speak on their behalf.
Q. Yes, but do you agree that an informed decision would likely have resulted in more HART operatives being sent up there?
A. I think so, yes.
Q. Yes. You see, it's not really hindsight, is it, in the sense that the situation existed at the time of multiple injured people lying on the floor in the City Room, waiting for treatment? That's a fact. It's not a question of hindsight, it's a question of lack of information emerging from the City Room to Dan Smith and to Simon Beswick, isn't it?
A. It is, but at the time that decision was being made, there was also a number of critically ill patients in the CCS. What we are aware of, irrespective of

knowing the actual numbers, there was a decreasing number of patients in the City Room and an increasing number of patients in the CCS. That's something that you need to consider, that by deploying people up there and they're not necessarily required, they could have been deployed in the CCS. There is a balance. I think on the yellow and red table there is a balance where there's a shift from the numbers in the City Room are less than what they are in the CCS and there's -- 2 or 3 minutes after that there's a shift in where the further bulk of the patients are.
Q. I'm not going to go over it, but you know very well, don't you, that Ms Cartwright pointed out to you the deficiencies in that table and the way that it had been prepared?
A. She did, yes.
Q. Yes. So it's not truly representative of what might have been the position, is it?
SIR JOHN SAUNDERS: Well, it's representative of one particular aspect but it might have been better to have both.
MR GOZEM: Thank you, sir, I agree.
I want to ask you this, please: in relation to these action cards, would it be possible to have specific major incident action cards or is that what you already

have?
A. We already have -- the action cards there are for the major incident response plan, so they're specific to major incidents. I'm not sure whether you mean to different types of incidents.
SIR JOHN SAUNDERS: I think that's fine.
MR GOZEM: Yes. Given that they are available electronically, would it be difficult to devise a system whereby the operational commander, for instance, simply electronically entered a tick saying he had considered, for instance, an equipment officer, a safety officer, a sector commander?
A. We haven't got that available now. We have what's called the JESIP app, it's been forced on to all trust phones so everybody has access to it, and there are checklists on there where you can say what you have done, what you haven't done, who you have contacted and make some brief notes. That is an app that's generic to the whole of the Ambulance Service and the police and fire. It's one size fits all. We haven't got that available for NWAS action cards because not all -- each ambulance trust has a slight variation on their action plans or their action cards because there's been no national update since 2015 that I'm aware of. But it is something that may be achievable, but we're looking at

changing -- or my view is we should look at how we deliver the action cards anyway.
Q. There was talk, and I think the chairman asked you questions about moving to guidelines and what might be the most effective way, and there was discussion of whether the strategic or the tactical commander might point out to the operational commander the advantages of a particular appointment. Did that happen, should it happen, will it happen in future?
A. I think it should happen. I think we are looking at dealing with it in a different way. We're looking at trying to increase our amount of tactical advisers so that there is enough capacity to have a tactical adviser to attend scene and support the operational commander in a number of things. The operational commander has a significant amount of responsibility to deal with information coming in, making decisions and getting it out. But having a tactical adviser that can support the operational commander, take away some of them considerations for them, that is the way we are looking at dealing with that.
We've already made some positive steps to get to the numbers that are required but we still need to do some further work on that.
Q. That would be a tactical adviser who would be deployed

together with the operational commander, say for instance, "Have you considered the appointment of an equipment officer", or whatever, "that would help us"?
A. Yes, and numerous other things. They will have a much more in-depth knowledge of what HART can deliver, the more of -- the specialist type resources that are available. All our tactical advisers are also dual trained as a NILO so they may have a better understanding of the police and fire special resources. Also, they can drive the JESIP huddle. Where the operational commander is looking at setting up command and control of the scene, the tactical adviser could assist in pushing forward the JESIP agenda in terms of coordinate, communicate, co-locate.
Q. Well, given that the tactical adviser exists at the moment and is and will remain, as I understand it, both a tactical adviser and a NILO, is the change then specifically that the tactical adviser will henceforth go to the scene rather than to the SCG or wherever, to police headquarters?
A. I think our preferred method is that we increase the numbers so there's enough: one to go to the SCG to advise the tactical commander, one to go to scene to advise the operational commander, and the third tactical adviser or NILO would do the inter-agency liaison so we

would have three available to us. So that's what we're aiming to do.
Q. That third one, would that third one be at the scene?
A. No, the way we operate at the moment is the one that deals with the communicating stays at home because you can't make notes and logs, so that one would stay wherever they're situated and do the inter-agency liaison.
Q. Just forgive me for one moment, please, because I'm very close to finishing my questions for you.
Forgive me if I asked you this earlier but it's a question I intended to ask: do you know why the Liverpool HART team were never deployed from the RVP that they were sent to?
A. They were. My understanding is that they were deployed from Thompson Street, late on in the incident, I think, and they arrived at around about 00.15, I think, from the top of my head.
SIR JOHN SAUNDERS: That's my recollection, Mr Gozem, that they did arrive pretty late, having stayed at the RVP for some time. It's just my recollection.
MR GOZEM: It was a poor question: do you know, Mr Blezard -- forgive me, I'll rephrase it -- why they weren't sent to assist earlier than they were? Because effectively, by the time they got there, most of what

they might have assisted with, particularly in the City Room, was done.
A. Yes, I think I touched on this earlier. I think we were late to deploy them from the HART base in Liverpool to the RVP and then pretty much delayed in sending them from the RVP to the scene.
SIR JOHN SAUNDERS: I think the question is why and I think you have said you couldn't say why.
A. I don't know. My expectation was that they would have been notified that the incident had been declared a major incident and that action should have taken place then, not later on.
SIR JOHN SAUNDERS: And whose job should it have been to send them from the RVP?
A. I would have expected either Si Beswick or Dan Smith to call them down saying, "We want further support here". I think the decision could have been from either of them.
SIR JOHN SAUNDERS: So they would have been informed, would they, "The Liverpool team are here, ready to go", and then it was for them to say go?
A. Yes. There must have been some communication because somebody did request them to attend there but I do accept that that should have been earlier on.
MR GOZEM: Yes, thank you, sir. I have no more questions

for Mr Blezard.
SIR JOHN SAUNDERS: Thank you very much, Mr Gozem.
MS CARTWRIGHT: Sir, I don't know whether it assists by way of clarification, but I checked the evidence of Dan Smith from 26 May 2021, and his evidence was that he did not appoint a secondary triage officer, a safety officer was not appointed. He indicated that was an omission, he'd never been at a scene where a safety officer was in place. He did look at the action card later and take notes. There was no safety officer, but didn't appoint one, and his evidence was he wasn't convinced he would have been better informed by a safety officer. He also did not appoint an equipment officer or a forward doctor.
SIR JOHN SAUNDERS: Did he say why?
MS CARTWRIGHT: No.
SIR JOHN SAUNDERS: Okay, thank you.
MS CARTWRIGHT: Could I ask then if Ms Roberts could ask her questions, please?
MS ROBERTS: Thank you very much.
SIR JOHN SAUNDERS: We'll obviously break off for lunch. Are you happy to go for another 10 minutes or so, quarter of an hour?
A. Yes.

Questions from MR ROBERTS

MS ROBERTS: Thank you. Mr Blezard, it might help if we have a little bit of context first of all. At the very beginning of your questions with Ms Cartwright you were asked about the predetermined attendance and about site specific plans and so forth. You said this:

"We cover the whole of the north-west."

Just by comparison, please, with, for example, GMP, do you know what the area is that you cover?

A. Just over 5,500 square miles.

Q. Thank you. So far as staff numbers are concerned, do you have a comparison between the staff that you employ as an organisation compared with the staff numbers that GMP employ?

A. Yes. In terms of operational paramedics and operational emergency staff, it's around about 3,500 staff for the whole of the north-west. I believe GMP employ around about 6,500 officers within a 500 square mile --

Q. 500 square miles?

A. Yes, I think so.

Q. You touched on the kind of provision that is afforded to sports stadia, for example taking Old Trafford, which is a stadium with which I think you have some familiarity, and you were differentiating between that and the provision that is afforded or certainly was afforded

at the time to the arena. As I understand it, there was an arrangement -- was that up to about 2003 -- between the arena and NWAS in its previous guise?

A. Yes. In the very early days, we just provided an operational commander that functioned as a liaison and if there were any incidents there they would deal with them. Because all our commanders are paramedics as well, we would provide some additional treatment. There was an incident there, I think it was 2002, where we then decided that we didn't want to be there with just a commander, we wanted to have some operational presence there because of conflicting -- dealing with a major incident and dealing with patients. That was put in place for a very short period of time.

I wasn't directly involved with any discussions around that, but shortly after we increased our resources and our commitment there that we no longer provided any cover there and I think it was EMT UK or AAA, whatever they were called at the time, who took on the sole responsibility.

SIR JOHN SAUNDERS: Do you mind if I just pursue that slightly?

MS ROBERTS: Of course, yes.

SIR JOHN SAUNDERS: Presumably this is a financial agreement between you and the arena?

A. Yes.

SIR JOHN SAUNDERS: If you provide an operational commander, they would pay for that operational commander?

A. Yes. Basically, yes, they would pay.

SIR JOHN SAUNDERS: And that person would direct their own first aid people on site or not?

A. What we tended to do is make sure that -- I actually fulfilled that role on several occasions. We would make sure that were appropriate numbers -- at the point I did it it was St John, it wasn't AAA -- the right amount of St John people there, they were all in position, and we would communicate with whichever of Whiskey Control or Sierra, I can't remember which one it was.

If there was an incident I would allocate people to it and if it was a complicated incident or maybe it was beyond the skills of St John we would go down and advise and if it needed a requirement for an ambulance, we would arrange an ambulance to come in and take the patient away.

SIR JOHN SAUNDERS: So you were essentially managing the in-house team?

A. Yes.

SIR JOHN SAUNDERS: Right. And then you said that was decided that wasn't enough. Was that decided by you or by the arena or jointly?

A. My understanding -- I wasn't directly involved. My understanding is that following an incident where we felt exposed there, we said we will only provide cover if it's a paramedic crew and a commander. That was in place for possibly a year or so and obviously that was an increased cost to SMG --

SIR JOHN SAUNDERS: Yes.

A. -- and then at some point that was terminated.

SIR JOHN SAUNDERS: So they paid for some paramedics to be there --

A. Yes.

SIR JOHN SAUNDERS: -- in addition to their in-house first aid team?

A. Yes, they were supplementary. That's commonplace in lots of events. So Old Trafford will have --

SIR JOHN SAUNDERS: Okay. Sorry, I think I understand. Then that was stopped for financial reasons?

A. I'd only be guessing.

SIR JOHN SAUNDERS: Okay. We don't want you to guess about that. Thank you.

MS ROBERTS: So we can be clear, is it a decision when providing cover, NWAS cover at events, is it you that picks and chooses which venues you provide cover at? Is it a subjective test applied by you or is it what the particular venue wants and them contacting you to

arrange that? How does it work?
A. It varies from different types of events. So at Premier League football clubs they are mandated to have certain things, they have to have pitch paramedics, they have to have full-time professional paramedics, not necessarily a statutory Ambulance Service, but they have to have full-time paramedics and they have to have a statutory ambulance commander there. So them type of events are pretty much standard what happens.
There are concerts that happen where there may be a medical provider who will engage with NWAS, ask us to be involved in the safety advisory group, advise them on what was the appropriate levels of resources, what hospitals are the nearest.
SIR JOHN SAUNDERS: This is all voluntary and it comes from the concert provider in the first place, there's no statutory requirement?
A. Usually the event organiser or the medical provider will contact NWAS. We're not obligated to do any of this.
SIR JOHN SAUNDERS: It's a contractual matter between you and them?
A. Yes.
SIR JOHN SAUNDERS: Sorry to cut across you.
MS ROBERTS: Perhaps by way of reassurance to the people of the north-west, when there is, for example, a home

fixture at Old Trafford and there is an NWAS presence there, does that in any way detract from the service that you provide and are obliged to provide across the north-west? Does it detract in any way from the business as usual?
A. No, the resources that go there are over and above our core fleet. Part of that is to -- if there is an incident there, it doesn't impact on the day-to-day business. But it's also ... They can be quite challenging, some of these events, so if it's a derby match, things like that, we have to put a load of plans in place in terms of rival fans going to different hospitals, if the police are involved, they go to a third. So it's about minimising the impact on the wider NHS. We try to -- it's paid for by the club, basically, that they buy in the resource and we provide it, but it's over and above any NHS contractual work, if that makes sense.
SIR JOHN SAUNDERS: So that's actually correct, is it, that if you've got an incident or something happens at a football match, you would always send rival supporters to different hospitals?
A. We try to, yes. We plan that so you don't get fighting at the hospitals.
SIR JOHN SAUNDERS: I do understand the reason. It's just

surprising.
A. We send the police to a third hospital, so we try to plan around that.
MS ROBERTS: We're reassured by that. I want to ask you, please, now about, we'll confront it head-on if we may, you've been asked a number of times about your view about why it was that more paramedics were not deployed into or did not go into the City Room. What you have said a number of times, Mr Blezard, is in your view it was a warm zone and, according to the JOPs that was in operation at the time, non-specialist responders should not have been deployed into the City Room. Have I summarised what you said this morning?
A. Yes, that's correct.
SIR JOHN SAUNDERS: I really want to understand the terms for this, really. So the question of whether it is a warm zone or a cold zone is something which would need to be decided on a risk assessment at the site. One of the things I'm going to have to decide is whether there was such a sufficient risk assessment taking place. Are you able -- are you saying you now, at this distance of time, can carry out that sort of risk assessment?
A. It's generally led by the police, that type of thing.
SIR JOHN SAUNDERS: It's led by people who are there essentially as well.

A. It is. I think on the night, Inspector Smith hadn't been trained in JOPs. So was he making an informed decision about whether it's warm or cold and whether you should deploy police in there? There's provision in the JOPs for police to be deployed, non-specialist operatives within the police to be deployed within warm zones. That's a clear provision within there.
SIR JOHN SAUNDERS: Okay. Sorry to stop you again. When I was asking questions about this, that was on the basis of the police experts looking at all of the information that they have and they have decided that actually it was properly a cold zone on the evidence that they have seen. We know it was being treated and certainly being treated by NWAS as a warm zone and I'm not criticising that particularly. What I'm concerned about is: are you being asked to give your own expert opinion on what sort of zone it was? And if so, are you in a position to do that?
A. I think trying to negate the benefit of hindsight, if I was on scene I would have treated that as a warm zone.
SIR JOHN SAUNDERS: Because of?
A. There'd been an explosion. There'd been terrorists in there. We weren't clear that there was going to be a return of terrorists. Nobody knew whether there was one or more of them. There could have been multiple

devices. The device that went off could have only partially detonated and could have exploded further. So there certainly was a risk there. So from my personal opinion, on the night I would have treated it as a warm zone.

SIR JOHN SAUNDERS: So the police experts say, armed police get in there very quickly, they make sure there are no armed terrorists or terrorists in there, so they clear it of any shooter that there may be and they then guard the area to stop anyone coming into it. So on that basis they say, so far as shooters are concerned, it's a cold zone because they are preventing the risk of anyone returning. Also they say you disregard -- as the police have said in their evidence already, you have to disregard the question there that may be another device there and that's not taken into account by the police anyway, as I understand it, and I hope I've remembered it correctly as to whether it's a warm zone or a cold zone. So that's the basis on which they say that. Are you saying, in your expert opinion, they are wrong?

A. I would have treated it as a warm zone. If I'd received information that the police now consider it cold zone, then I would reconsider the plan. I think that Inspector Dexter was a bit unclear, he was using the words "warmish" or "cooling".

SIR JOHN SAUNDERS: Sorry, I don't think I need your comment on Mr Dexter. I'm really asking: are you saying it's warm on the basis of the possibility of unexploded devices?

A. Yes, and there could -- yes.

SIR JOHN SAUNDERS: And the police disregard it. This is something which again can lead to confusion if NWAS are looking at it on one basis, whether it's warm or cold, and the police are saying it on another.

A. Yes, and I think in the latest JOPs as well it talks about if you've had --

SIR JOHN SAUNDERS: Stop for a moment. Are we going to go into forbidden territory now?

MS ROBERTS: I don't know.

SIR JOHN SAUNDERS: I think we'd better not do it and someone can find out over lunchtime. There are certainly -- when we deal with the updated JOPs at least in part, we're going to have to deal with it in restricted session. So we'll park that for the moment.

MS ROBERTS: Leaving that to one side, deploying extra paramedics, whatever the zoning and whatever the JOPs, deploying them into the City Room presupposes having the extra paramedics there, doesn't it?

A. Yes.

Q. Have you, as part of your evidential preparation and as

part of your knowledge of the case, looked at the number of paramedics who were actually on scene between the arrival and the deployment of Paddy Ennis into the City Room and the extrication of the final casualties out of the City Room?

A. Yes. We have produced a table, I believe, or a chart that indicates in 10-minute slices the amount of resources that were on scene. I don't think it's appropriate for paramedics to be treating patients in the City Room because of the reasons I explained earlier. But if you were to do that and those patients have been extricated down into the CCS, who's going to care for those patients in the CCS because we have only got a limited amount of resources or staff to deal with that. There may be a point in time when you get to a critical mass where you've got enough, but early on in that phase, if you deploy more people into the City Room, once the people are extricated, who's going to care for them and where's the kit because you've taken all of your kit? That's been contaminated in the City Room.

MS ROBERTS: I am going to get on to that in a moment. So it is then a question of numbers, isn't it, and as I think has already been said today, accepting the difficulties and the unlikelihood of being able to have

paramedics there within, say, the first half an hour of an incident like this, what is the solution, if there is one, to having more of them there from that half an hour point onwards? Is there a solution to that?

A. I would say in terms of not just NWAS, all ambulance trusts, we work on a basis that patients wait in the community, so our resources are utilised fully all of the time. We don't have capacity in terms of spare capacity to respond to these type of incidents. So obviously, having more resource will benefit. I think there are ways that we can fill the gap in terms of CitizenAID that we've heard and I know that Figen Murray has put forward a good suggestion that we're willing to engage with and work at.

But in terms of operational resources, we don't have physically in our core fleet, whether events like this actually contract in NWAS to deliver some of the care or an appropriate care provider that could deliver that, that would be better, but just having an NWAS presence at the larger events would be good because then we have a better situational awareness and have feet on the ground right from the start of the incident.

Q. So within that first half an hour or so?

A. Well, if we're on site, we'd be there as soon as post-detonation.

Q. It seems to be from what you're saying a combination of things. It's a question of having people on site, in situ, as per the football stadia that you have told us about, it's a question of arming people, by which I mean citizens, with the type of information and knowledge and skills that we heard from the brigadier and I think you mentioned Figen Murray's most recent statement well?
A. Yes, the trauma kits, I think it's an excellent solution. I think it needs to be thought through and looked at in more detail, but I think there are opportunities. Certainly from an NWAS perspective we're quite happy to work in collaboration with that but on a wider -- whether that becomes a wider piece of work... Yes, I definitely think there's scope to develop that further.
Q. All right.
SIR JOHN SAUNDERS: Shall we break off for lunch?
MS ROBERTS: Yes, please.
SIR JOHN SAUNDERS: 2 o'clock, just after. Thank you.
(1.04 pm)
(The lunch adjournment)
(2.04 pm)
SIR JOHN SAUNDERS: Ms Roberts, thank you.
MS ROBERTS: One or two more questions, please, about the

City Room and the deployment of paramedics or the non-deployment of paramedics into the City Room.
You have told us about your view in relation to JOPs and the zone. You have told us about your view in relation to the numbers that were there and could have been there at that time.
I'm going to ask you now, please, about, really hypothetically, had there been more there and had they been able to deploy into the City Room, what is the actual treatment? Because we have heard the phrase treatment a number of times. What treatment can and should be done within that environment?
A. The treatment afforded to patients should be of a minimum nature, really, just life-saving, arrest of haemorrhage, make sure that the airway is protected, and then it should be removal to somewhere safe where they can carry out, whether that be a CCS or CCP, where further definitive treatment can be given. I think that's quite clear in terms of triage, sort and sieve. The sort element is where you do just a rapid element of treatment, just so the patient survives, and get them to a place of safety where you can -- and a more clinically appropriate place where you can deliver more care.
Q. Safe for whom?
A. For the patient and for the responders.

Q. You told us earlier about the need to keep the kit that is being used, by which I mean the medical equipment that is being used on a particular patient, the need to keep that sterile.
A. Yes. There's obviously, listening to the evidence that's been provided, a lot of talk about giving pain relief. That's normally given intravenously, so you have to insert needles into a patient, they need to be sterile, you don't want them being contaminated with things, so that would need to be in a more sterile area, I'm not saying you'd ever get anywhere totally appropriate for it but there would be a better area to do that.
Q. Mr Blezard, is it possible to move a tiny bit closer? I am sure it is just me, but I'm struggling a little bit. Thank you.
I'd like to turn now, please, to the equipment that was at scene. I think you've accepted, made concessions in relation to the NCMCV. I want to ask you about the equipment that was on the HART vehicles that was brought to scene and which is, as I understand it, the vehicle and the equipment which necessitated two of HART part 2 going back to their base to pick up that kit and vehicle. Right?
A. Yes.

Q. On that vehicle, you told us that there was something called a mass oxygen delivery system known, as if one needed another acronym, as MODS.
A. That's correct.
Q. Right. You told us also about the cubes, the red and blue cubes that are contained on that vehicle. What I would like you to do, please, for the benefit of those who are listening and plainly take an interest in this, to explain, first of all, in relation to the mass oxygen delivery system why that was important and what it enabled to happen.
A. So the mass oxygen delivery system is a piece of apparatus, quite substantial in weight in terms of... I'm trying to... about 25 stone potentially. This is quite significant. It has 4 or 6 really large oxygen cylinders on it. Then it has some sort of valve system that operates the delivery of the oxygen. What is then plugged into it I can only describe as tentacles which are just long arms where you can deliver oxygen to multiple patients. Each arm can deliver oxygen up to 12 patients and I think there are four arms, so it is a maximum of 48 patients.
The significance of that is that patients who are haemorrhaging, have got severe blood loss, one of ways of treating it other than replacing the fluids that

they're losing is to give them oxygen because oxygen is important in terms of survival. So if you have a lack of blood to try and compensate you oxygenate the blood that's already there.
Q. Right. So it isn't simply a question of stemming the bleeding, my phrase I'm afraid, but it's also a question of getting oxygen into that patient?
A. It is, yes. So the preferred method is obviously to stop the haemorrhage, then if you can replace the fluids through fluid therapy then we can do that.
Q. Yes.
A. But also while you're doing that to compensate with oxygen to help lessen the work rate of the heart.
Q. What difference does that oxygen make in stark terms to the patient?
A. Ultimately, patients need oxygen to survive. If there's lack of oxygen to the brain they become what's termed hypoxic, patients becomes combative, disorientated. So delivering oxygen helps to deliver that patient, make them calmer, because the brain gets oxygenated. But again it compensates, so essentially it will keep the patient alive.
Q. You have told us about the weight of that machine. Is it carried in or is it wheeled in?
A. It's on a —— it's on wheels and it's carried on

a vehicle with a tail lift. It's not something you can lift down. It's quite substantial and it is not a case of switching it on and then it just operates, there's a number of valves and things that you need to do and alarm systems. It's not something that you could go and utilise without having any prior knowledge. Obviously, HART are well trained and rehearsed in dealing with this piece of kit and that's why it was appropriate for them to deal with that specific task.
Q. Just following on from that, was it used?
A. Yes. I've reviewed CCTV footage —— so where the casualty clearing station was set up, there were some mats put out, red and amber mats, for the patients for the P1 and P2 patients and it is only a very brief CCTV —— it was a body—worn camera because there's no actual fixed CCTV, but you can see them rolling the equipment out and we do know that a number of severely patients were treated on the mats there, so it was utilised.
Q. Right. And the kind of kit that, as you say, is capable of treating up to 48 patients?
A. Yes.
Q. Is it equipment that can be activated and operated by non—specialist paramedics, ordinary paramedics, as they're sometimes referred to?

A. Your everyday paramedic wouldn't be able to operate that kit, no.
SIR JOHN SAUNDERS: They wouldn't be able to administer oxygen with it?
A. No, they wouldn't be able to —— once it's set up they can do ——
SIR JOHN SAUNDERS: So the setting—up needs someone with particular skills for setting it up?
A. Yes.
SIR JOHN SAUNDERS: But once it's there, the administering of the oxygen can be done by any paramedic?
A. I would think so. It's just a line what you fix into it and give oxygen from.
MS ROBERTS: Thank you.
I'm going to ask you now, please, about the cubes. What did those cubes contain at the time?
A. So on that vehicle there were four cubes, two were green, two were red bags. The red bags carry equipment for mass casualties, so it'll be tourniquets, haemostatic dressings, a number of things to deal with mass casualty incidents. The other two would have been —— the blue bags were for decontamination, so if it was a chemical incident they would be contaminated ——
SIR JOHN SAUNDERS: So we're not concerned with that one ——
A. No.

SIR JOHN SAUNDERS: —— so we can stick with the red bag.
A. We have reviewed the CCTV footage again and both the red bags were deployed and the element that I have seen, one's actually open and being used, the other is ready to be used.
MS ROBERTS: Those are the ones on this HART vehicle that you have told us about?
A. Yes.
Q. Again, people might want to know why couldn't an ordinary paramedic (a) get these cubes and (b) use the equipment that was within them?
A. Ultimately, the kit could have been used by any paramedic. Everyday operational staff wouldn't be aware of them and they wouldn't be aware of the colour difference. So in terms of the HART operatives taking them off the vehicle, because it wasn't —— the vehicle was a temporary —— a vehicle being used temporarily because it was for the vehicle that was off the road, they were put in cages and secured in the back of the vehicle in an unusual fashion that we wouldn't normally deploy. So they would need HART operatives to understand that and understand which are the appropriate bags to be deployed.
Q. All right. You've been asked a series of questions about the deployment or the failure to deploy the second

part of that HART team, the first HART team that arrived from the other side of Stockport. Again, have you had the opportunity to review what footage there is of the actions undertaken by those other members of the HART team?

A. Yes, I've looked at all three individuals of the second half of the HART team. Almost immediately some of them are engaged in life-saving interventions for patients -- and I mean within seconds of arriving, patients are being brought out down to the CCS, placed on the floor, almost at the feet of the HART operatives as they arrive, so they've engaged in that treatment straightaway. Some of these patients have been brought down by the police or bystanders with no medical care, they've just been brought down. That would have been the first intervention after being in the City Room.

SIR JOHN SAUNDERS: Let's just stop there immediately and say: was that a sensible use of a HART operative's time?

A. Having looked at the timeline of where people were at that time, there weren't a vast amount of, for want of a better word, ordinary paramedics to deliver that care. HART paramedics are extremely well trained and well rehearsed in delivering trauma -- dealing with trauma patients. I'm not saying they are better than ordinary paramedics but they are much better trained and drilled

in that so I think, yes, if it saves a life it is a good use of that --

SIR JOHN SAUNDERS: I'm not disputing that, but as you will be aware they can work in a warm zone, the others can't, so hopefully you get the HART operatives working in the warm zone and where someone could be treated in a cold zone, or whatever it was being called, then you would get an ordinary paramedic.

A. Yes. I take the point, they could have been utilised elsewhere, but what they were doing was dealing with critically ill patients.

SIR JOHN SAUNDERS: I'm not suggesting for a moment that they're not doing their absolute best to save lives. It is just whether it was the most sensible -- not perhaps by them but somebody in charge should have been saying, "You're up there".

A. I think in the very initial phases, this was before -- this is when literally they've got out of the vehicle and it happened. There was no conscious decision, these patients were presented to them almost immediately. So I don't think it was just a knee-jerk reaction, for want of a better word, but I take it that later on a more informed decision could have been made about the utilisation.

MS ROBERTS: Thank you. Could we have on the screen the

location of patients at scene, {INQ041991/1}.

You've been asked about this document, Mr Blezard. You have said in your statement that the collation of the information into this chart is by means of information, exhibits and so forth that have already been supplied to the inquiry.

A. Yes.

Q. You've been asked about the start time of 23.22. I'm going to refer to another document in a moment or so. Is it your understanding that 23.22 was selected because at 23.21.55, video footage captures:

"Nick Priest and Stephen English walking over to meet with Simon Beswick and Ian Devine (stationary) on the road outside the war memorial entrance"?

In other words, those four individuals are captured together for the first time just shy of 23.22?

A. Yes, that was the first opportunity that they were sighted, yes.

Q. And just looking at that document, therefore we can see that at 23.22, with those four downstairs, and the two HART operatives in the City Room, there were 18 either P1 or P2 within the City Room and, at the same time, there were 16 either P1 or P2 within the CCS.

A. Yes, that's correct.

Q. Moving through that document, we can see that, for

obvious reasons, the numbers on one side of the document diminish as the numbers on the other side of the document go up as those patients were extricated from the City Room. You've been asked about why the time of 23.22 was chosen when Mr Devine arrived at scene at 23.14.

Could we just look, please, at the HART timeline, which is {INQ040616/5}.

Three boxes down, we've got Mr Devine arriving at scene at 23.14.52. He is at the bottom of Hunts Bank and it says this:

"... and puts on ballistic kit before walking towards Victoria Station Approach. His next sighting is outside Victoria Station at 23.21.55."

Just pausing there, there is, I suppose, an argument for saying that (1), he may have chosen not to put on his ballistic kit because my recollection of the evidence of Lea Vaughan and Chris Hargreaves is they didn't, they went straight in, and (2), we don't know precisely at this stage what was happening between 23.14.52, allowing for some time to get his ballistic kit on, and his being captured shortly before 23.22 with his colleagues outside the war memorial entrance.

So that's Mr Devine. Just moving down that particular chart, at some point, as I say at 23.15.10,

we have Lea Vaughan and Chris Hargreaves going into the City Room, dealing with Paddy Ennis, and thereafter, within a few seconds or so, beginning their forward triage.

It's not until 23.18 that Mr Priest arrives at scene and at 23.21 we've got Nick Priest and Stephen English walking up to Hunts Bank approximately 200 to 300 yards away and thereafter, the box below that, them being captured on the footage. Let's wind back if we can just to take 23.14. Allowing some time, as I think realistically we must, for Mr Devine, had he chosen not to put on his ballistic kit but walked up from the bottom of Hunts Bank to Victoria Station, had he gone into the City Room at that stage, being realistic, allowing him 2 minutes or so to get into the City Room, at least, that would take the time to about 23.16.52.

Sir, I don't think we need the CCS map and key on the screen. For those who want a reference it's {INQ041267/1}. But at 23.16, is it right that at that stage, there were in the CCS 10 P1 and P2 patients? Do you have the CCS map and key with you as a paper document or not?

A. I have somewhere, but yes.

Q. If I am wrong about that, I will be corrected. But at 23.16, as I say, 10 P1 and P2 patients, and we know the

number of P1 and P2 at the 23.22 position.

That can come down from the screen, thank you, Mr Lopez.

SIR JOHN SAUNDERS: Just before we go, I just want to look at the position of Simon Beswick. He's the team leader. I think you've accepted that ideally he would have been up there as a sector commander. Is there any reason, particular reason, to do with how NWAS should operate for him not going up with the other two?

A. So, and I'm only second-guessing his thought process, he may have been thinking, "I need to brief the second half of the team when they get here and deploy them". I know that can be done via the radio, but sometimes when you're asking people to do some difficult tasks --

SIR JOHN SAUNDERS: I'm not actually asking you to second-guess him; we have had his evidence anyway. I'm just asking: is there any reason within how NWAS would expect people to operate to prevent him from going up with the other two? Is he told: you must remain downstairs for the rest of your team to come?

A. No, I think it was a decision he's made. I don't think it's outwith the procedures. Often HART will deploy HART teams and the team leader on certain scenarios will stay out away from scene, particularly if they are using extended breathing apparatus and things like that, so

it's not unusual for the team leader not to deploy.

Funnily enough, in preparation for this, I spoke to a number of team leaders, some said they would deploy, some said they wouldn't deploy. It was down to a personal view on whether they felt adequately briefed on what was going on. Some would say, "I'd go up there and have a look at what we are dealing with", and some would say, "I'm quite happy", and work from there. So it was very much a mixed approach by the team leaders.

SIR JOHN SAUNDERS: Thank you.

MS ROBERTS: I want to just ask you a question, we don't need to look at it now, but it's in relation to the graph that's been --

SIR JOHN SAUNDERS: It can come down now.

MS ROBERTS: The reference, sir, is {INQ041992/1} and it shows the arrival of the ambulances at scene, by which we mean Hunts Bank, I think it's at 10-minute intervals. You were asked a series of questions, quite understandably, about why it was, when those vehicles had arrived, deploying the paramedics or the paramedics entering the building of their own volition, as it were, that appears on the face of it to have left a gap. So you've got the paramedics treating the patients as they are coming down from the City Room, you've got the ambulances outside and there's a need to get the

patients to hospital. I just want you to help us understand why that didn't happen immediately.

A. So there's an awful lot of patient assessment needs to take place. There may be -- they would have had a very brief assessment up in the City Room and it would be a quick head to toe, and then when they're brought down they need to have a more thorough examination. So with that, there would be -- and you'll have seen them pulling people's clothes off, examining, treatment may be applied. Some of the resources that arrived were given other functional roles, so two of the teams were utilised for doing triage in the CCS.

So there's a certain amount of time spent dealing with the patients themselves, making sure that they're being appropriately assessed. Very early on there was not enough paramedics or more patients than paramedics, so they were utilising the police and whoever they could do, so there would be an element of them trying to coordinate that response as well, making sure, "Are you okay with that patient? Do you need anything?" There's a number of things where them crews who were dealing with that weren't in a position to pick a patient and go -- one, because that needs to be coordinated and we need to make sure we have our log of these patients, have they gone to the appropriate place, but we need to

make sure that —— crews would automatically just pick the patient up and go to the nearest A&E and we need to make sure that not everybody goes to the nearest A&E, you may actually want to bypass somewhere and go to a further one if that's the most appropriate case. So it's about stabilising patients.

SIR JOHN SAUNDERS: I really readily understand all that. It's just looking at it from the other side of it, you've got this row of empty ambulances unable to take people away from the scene, and we had this from the people on —— they were saying we couldn't send them there because we had to wait for more ambulances to come before anyone could use an ambulance to take them away because you couldn't use the ones that were sitting there. And we know Monday night is a busy night so it took time to get more ambulances around and it's really saying: are you satisfied that there actually was no better way of organising this to get people away quicker?

A. I think if there was a very straightforward simple solution we would have done it. The vehicles that were left outside, the vast majority of them would have had all the kit removed (inaudible). But some of the patients that were being transported would have needed continuing treatment and that wouldn't have been

available because the kit is inside with other patients. Having more vehicles, fully kitted vehicles, makes that a little bit easier. But I fully accept, from a patient's perspective, any delay is unacceptable.

SIR JOHN SAUNDERS: Well, I'm just saying from an objective —— I am saying to you really, if this were to happen again, heaven forbid obviously, would the same delay occur?

A. Potentially, because the resources aren't available.

SIR JOHN SAUNDERS: Thank you.

MS ROBERTS: What's the answer? Is there one?

A. Obviously, having more resources available in the first place. Ambulance services are stretched, we work on a prioritisation system, some patients are continually waiting until we get a quieter period where we can deal with them but that's why the calls are graded from, at that point in time, red 1, red 2 and green 1 to 4. There's new systems in place, but the system is designed that patients do wait because there is —— the demand sometimes exceeds the resources.

Q. Again just so we can be clear about this, it may already be apparent to everybody, but when the ambulance sets off, so once a patient has been loaded on to the ambulance and it sets off for hospital, where do the two paramedics sit? Obviously one's driving. Where is the

other one?

A. So the second one would be in the back delivering care. But it's not just a case of driving a vehicle ——

Q. No, I understand.

A. —— it's quite a —— notifying the hospital —— there's quite a sophisticated computer system in there and if you don't know how to actually start a vehicle [redacted] They are —— this is what I was trying to explain earlier, probably clumsily, but driving an ambulance isn't the same as driving a van.

SIR JOHN SAUNDERS: No, I do understand it.

A. But the paramedic in the back will be delivering continual care en route to hospital.

MS ROBERTS: So even if there were a way of solving who drives the vehicle and having people have a general understanding of how the ambulance works, which is, with great respect, perhaps not beyond the wit of man and not beyond the wit of other emergency responders, in terms of providing that care within the back of the ambulance so there isn't, for example, a deterioration of the patient, that has to be delivered by a paramedic, does it?

A. Ideally, yes, specifically if they're trauma-related cases where we can ——

Q. Thank you. You have dealt with the mass casualty distribution plan. Can I just ask you about self-deployment. I think in answer to one of Ms Cartwright's questions you agreed that Dan Smith had self-deployed. Did he self-deploy?

A. No, I apologise for that. He was requested to attend by the tactical commander.

Q. And did so?

A. Yes.

Q. Thank you. I think it was suggested to you by Mr Gozem that the call from Ron Blake at 22.31 had come in to you, that is you organisational you, namely NWAS. That's not in fact correct. It was GMP who got the call. The reference is {INQ023493/19}.

SIR JOHN SAUNDERS: I'm aware that's entirely correct. It's an unfortunate mistake to be made. You actually agreed with it, which is perhaps doubly unfortunate! But it is all right.

A. Just as I heard it, I wish I had done, but yes, you're quite right.

SIR JOHN SAUNDERS: Don't worry, it's all right.

MS ROBERTS: Just finally, this, if I may. I've been asked to cover this with you by those representing the

families and it's this: to have a better understanding, if we can, about the covering of patients within the City Room. We've heard quite a bit of evidence about that and you'll recall some of it I'm sure, if not all of it.

Did this, that's the police covering, not necessarily just the police but anyway the covering of patients thought then to be deceased within the City Room —— did that affect or might it have affected the NWAS triage process?

A. It shouldn't do. It's quite specific within the plan that when you are triaging, going round the scene, patients that are perceived to be deceased should be triaged in process. So it shouldn't have done. I don't know if it did on the evening or not, but it shouldn't do. It's quite clear, that.

MS ROBERTS: Right. I'm going to leave that for chapter 12, sir, in those circumstances. Thank you very much.

SIR JOHN SAUNDERS: Thank you.

Further questions from MS CARTWRIGHT

MS CARTWRIGHT: Just one additional question, please. We've dealt with the lost opportunity, if we can call it that, of Greater Manchester Fire and Rescue Service to assist in the extrication of casualties, but it's right, isn't it, that at this time there was a partnership in place

between NWAS and Greater Manchester Fire and Rescue Service by reference to cardiac arrest calls?

A. I think at that point in time it may have stopped.

Q. Whether it ——

A. There certainly was an arrangement.

Q. So there had been an arrangement. So if a cardiac arrest call came in and it was quicker for the Fire and Rescue Service to respond, because it was acknowledged that Greater Manchester Fire and Rescue Service had trauma trained firefighters as well as trauma technicians, they also had skills to assist in that sort of patient treatment?

A. Yes.

Q. And in addition, they obviously had the training that they'd had through NWAS in respect of the SRT?

A. Yes.

Q. So would it be fair to say that had there been a proper consideration of METHANE in the absence of the Greater Manchester Fire and Rescue Service, the Fire Service had a real role to play in assisting also in patient and casualty treatment at the scene, bearing in mind the broad range of skills that firefighters have?

A. I certainly undoubtedly think that had the Fire Service attended, it would have enhanced the response in a number of ways in terms of extrication of patients

into the —— from the City Room into the CCS. And they could have provided and assisted in delivering care.

Q. And certainly in terms of the system where HART paramedics work in pairs, the system that would have been put in place with the training was that a HART paramedic could be crewed with one of these SRT specialists, so they could be working as the pairs, so it doesn't have to be two HARTs, it could be a HART with an SRT?

A. Yes, I think they are trained and certainly trained in the application of tourniquets and things like that and it would assist. I think one of the things is about triage, it says ideally it should be done in pairs, it doesn't have to be done in pairs, but ideally it would be done.

MS CARTWRIGHT: Thank you.

Sir, that concludes all the questions, unless you have any questions of this witness.

SIR JOHN SAUNDERS: No, I don't, thank you. You have said that you have —— you have given us some already —— recommendations. It would help me, if you had the time and could do this, to put your recommendations in a written form.

A. Yes.

SIR JOHN SAUNDERS: It's often easier to take them on board

that way, if that's all right.

A. Certainly, yes.

SIR JOHN SAUNDERS: And I'm very grateful for your evidence and obviously the care you have looked at this situation with.

A. Thank you.

MS CARTWRIGHT: Mr de la Poer is calling the next witness. We'll need a few moments to clear the decks. Could we ask for 5 minutes? Thank you.

SIR JOHN SAUNDERS: Yes.

(2.35 pm)

(A short break)

(2.40 pm)

CHIEF SUPERINTENDENT PAUL CLEMENTS (sworn)

Questions from MR DE LA POER

MR DE LA POER: Please state your full name.

A. Paul Clements.

Q. And your rank?

A. Chief superintendent.

Q. Do you hold that rank within GMP?

A. I do.

Q. Did you join Greater Manchester Police on promotion from the Metropolitan Police Service in August 2019?

A. Yes.

Q. Did you join into the rank of chief superintendent?

A. Yes.
Q. Is your current role the branch commander of the OCB?
A. Yes.
Q. Meaning that you have overall responsibility for the Force Operations Centre, as it is known?
A. Yes.
Q. And that in layman's terms, that means that you oversee the communications branch of Greater Manchester Police?
A. Yes.
Q. Did you take up that role when you joined in August 2019 or was it after the time at which you joined that you entered that role?
A. I was posted into that role at the beginning.
Q. At the beginning. So you have had a period of now 2 years since August 2019 to oversee some of the changes which have been made during that period?
A. Yes.
Q. But we, of course, remind ourselves that for the period prior to August 2019, you weren't even in fact part of GMP?
A. No.
Q. One of the roles within the force operations centre is that of the force duty officer; is that correct?
A. Correct.
Q. And given that you are the branch commander, does that

mean that you have a particular knowledge and understanding of how that role works in practice?
A. Yes.
Q. And how that role has been developed to today's date to be able to respond to an incident of the type which occurred in May 2017?
A. Yes.
Q. What we're going to do together, please, chief superintendent, is consider a timeline of what are described as operational improvements post May 2017.
Mr Lopez, the reference is {INQ041624/1}.
I know this is a document with which you are very familiar, chief superintendent. We'll run through each of those entries, many will speak for themselves, but it's important given the time and effort that has been put in to make these changes that we review each of them.
The first is identified as occurring in May 2017. I think we know from other evidence that that is a date in May post the attack by a couple of days. And this is the institution of what has been redacted out as operationally sensitive of a Talk Group which is multi-agency in nature and is between control rooms. Is that correct?
A. That's correct.

Q. That is the same Talk Group that your colleagues, including Ms Hoyte and Ms Lewis, had been developing the agreed method of operation for in the months running up to the attack; is that correct?
A. That's correct. It's probably worth saying that it's the testing of the Talk Group that commenced on the date that we're talking about. The Talk Group itself was in existence prior to the attack.
Q. Yes. It had been used at a tactical or Silver commander level, is that right, previously?
A. Yes.
Q. And what effectively was occurring was that it was being repurposed for a control room level of communication?
A. Correct.
Q. And what was instituted immediately post-attack was a testing regime to make sure that all control rooms were listening; is that right?
A. That's correct.
Q. And agreement was reached as to the circumstances in which it would be used and how it would be used?
A. That's right.
Q. Item 2 on your list, concurrent in terms of the month, the Plato action cards. What it says there against that entry is:
"Significant programme of work led by the specialist

operations branch to constantly review the action cards, revise them, following national policy guidance from the Home Office, NaCTSO, National Counter-terrorism Policing HQ and GMP organisational learning."
They were cascaded to staff via supervisory channels and were updated on Sherlock after each iteration and the current version is May 2021. Did that process that's being spoken about there, did that begin in May 2017 so far as you're aware?
A. That's my understanding, yes.
Q. We know that those action cards had been created or some action cards had been created prior to the attack and distributed by email, I think the state of the evidence is, but the deputy chief constable accepted that they had not been embedded. Is that what we see here, the process of embedding them to make sure that they are in active use or under active consideration and development?
A. Since I've taken up my post, there has been a sustained programme of embedding the use of the action cards and also feeding back from practitioners on the efficacy of their use.
Q. I think we're going to see that at a later entry within the period of your tenure. Is this, as we see at item 2, the start of that process at least?

A. Yes.
Q. A year later, May 2018, the force coordination centre, coordinating the force-wide response to demand, risk, critical incidents and vulnerability, subsequently evolved into the force operations centre with a specific focus to support the initial response to critical and major incidents. So what was occurring here in terms of practically on the ground in May 2018, as you understand it?
A. As I understand it, this was a project which was to establish a force coordination centre which had a broad remit, as I've described there, responding at an organisational level to demand, risk, critical incidents and vulnerability. The mission of the force coordination centre was felt to be too broad and did not give sufficient focus on the initial support and response to major incidents, so the scope was narrowed to make sure that that particular element was prioritised.
Q. And from that, did the force operations centre emerge and the other items that we are to see shortly?
A. Correct.
Q. October 2019, a very substantial date so far as GMP was concerned. We know that in May 2017, the force duty officer was at a different location to force HQ, which

certainly, on some of the evidence, suggested that there were difficulties. In October 2019, was that role within force HQ?
A. Yes.
SIR JOHN SAUNDERS: How does the force operations centre relate to the force command module? Are they different things?
A. Yes, they are different.
MR DE LA POER: I think we're going to come back to the force command module, as I've already indicated to you.
We can see, dated September 2018, but in the chronology you may have meant 2019, I don't know, you tell me, the introduction of force critical incident managers.
A. The first of the force critical incident managers was appointed in 2018. The full cadre were recruited, it did take some time, and that was completed in 2019.
Q. So before the force duty officer was permanently located within force HQ, you began the process of the force critical incident manager recruitment, but it wasn't until after that relocation that the full cadre was established; is that right?
A. And the force critical incident managers, when I assumed my role in GMP, came under the command of the specialist operations branch and subsequent to my taking over as

branch commander, the force critical incident managers were moved to OCB for completeness. The force operations centre, as well as being the name of a team, which I'm sure we'll get on to, as well as being a specific team, is now synonymous with the force duty officers, the assistant force duty officers, the FCIMs and the force operations centre.
Q. We're going to unpick some of that because there's a lot of quite dense information there. Let's begin by just you explaining to us, please, what a force critical incident manager is. What is their role?
A. The force critical incident manager, their principal role is as a tactical firearms commander, a fully accredited occupationally and operationally competent tactical firearms commander. The model is that when a spontaneous firearms incident occurs, the force duty officer will take command of the initial response to that firearms incident. The force duty officers are initial tactical firearms commander trained, which is roughly half the level of accreditation as a full tactical firearms commander, and if it becomes clear that the firearms incident is going to be a protracted incident, so for example if a firearms incident develops into an armed siege, for example, or there are a number of sites, if it is clear that it won't be resolved by an

initial deployment of authorised firearms officers, command of that firearms incident will transfer to the FCIM for them to command the full firearms incident.
The other elements of their role include taking a corporate or organisational view of risk and demand across the piece. So for example, they are a decision maker around moving assets, moving units or resources from one part of the force to another, and also, whilst they are not involved in pre-planned firearms incidents, as a routine part of their duties if some intelligence that pertained to firearms incidents came in and needed to be developed with a tactical firearms commander, they would assume that role as well, the real time management of response to risk coming from intelligence for a firearms incident.
SIR JOHN SAUNDERS: Can you explain to me how this differs from the tactical firearms commander that we have heard of from May 2017? So again the initial tactical firearms commander was the FDO, but the idea was that he would hand over to a tactical firearms commander in the reasonably foreseeable future as soon as possible. So how is that role of the tactical firearms commander going to differ from the force critical incident manager?
A. The principal difference is that the tactical firearms

commander as part of the TFC cadre is an on-call function, so they are not co-located with the force operations centre and the force duty officer. The FCIM is co-located, which makes the transition from initial tactical firearms commander of an incident to the full tactical firearms command of the FCIM much more efficient.

SIR JOHN SAUNDERS: Are they on duty all the time?

A. 24/7, yes.

SIR JOHN SAUNDERS: Right. Why is it a benefit therefore to have the FDO having the initial firearms command as opposed to the force critical incident manager?

A. It's not unusual for a number of firearms incidents to occur during one shift. It is not beyond the realms of possibility to have concurrent firearms operations on an initial level. Therefore it's really important that if an incident is clear that it's going to become protracted, we move it from the initial firearms command of the FDO. It's also important to remember that whilst the FDO post has been significantly supported by the introduction of the assistant FDO, there are a number of high-risk operational incidents that could be going on at that time that the FDO would still be dealing with at that point.

So the FCIM gives an extra level of support by

taking away protracted incidents from the FDO in a really efficient way because they're co-located.

MR DE LA POER: If we look at the factors there were in May 2017, the on-call TFC was Chief Inspector Buckle. She had to travel in, she reached force HQ, my recollection fails me, but it would be within 10 minutes of 11.30. She then didn't take up the role and it wasn't until after midnight that Superintendent Thompson took up the role of TFC. Under the current model would that transfer of responsibility so far as firearms is concerned have occurred much quicker?

A. Yes.

Q. And they are, as I have seen the diagram, I think I've interpreted it correctly, just desks away, these two roles?

A. That's right, correct.

Q. That's the force critical incident manager. Then we come to the force operations centre, which is a new term, if I've understood it correctly, that GMP has to describe this emerging unit that is being developed as at June 2020; is that right?

A. Yes, that's right.

Q. That force operations centre includes, as you've told us, the force duty officer, the FCIM, force critical incident manager. Does it also include a team of radio

operators?

A. Yes.

Q. What is their function within it?

A. So initially, when we were replacing the force coordination centre with the force operations centre, it was important to draw a line between the roles and responsibilities of a force coordination centre and that's why I was really clear that I wanted a new name as well. So branding internally is really important to get across the new roles and responsibilities.

As we've evolved as the force operations centre, initially the force operations centre was that inspector, the sergeant and the PCs providing that secretariat function, that support function. As we've evolved, it's become synonymous with the broader operational response, so including the FDO, the FCIMs, the assistant FDOs, the radio channels, as we said. So the radio channels being the force-wide channels there, so the radio operators that don't focus specifically on the events in a particular district on a particular radio channel, but they deal with force-wide resources such as dogs, the dogs unit for example, or they deal with force-wide capabilities such as the automatic number plate recognition system.

Q. That means that the FDO, or whoever within that team is

wishing to develop something operationally, will have access to that information a desk away?

A. One desk away, yes.

Q. You have mentioned this already and it occurred just a month later. The assistant force duty officer came into being in July 2020; is that right?

A. Correct, yes.

Q. And that is at inspector rank?

A. Yes.

Q. We know from the evidence of, as he is now, Chief Inspector Sexton, that he was an inspector when he undertook the FDO role. Is it still the case, that is to say in September 2021, that the FDO is an inspector or do they need to be a more senior rank?

A. With the introduction of the assistant force duty officers in summer 2020, the training that assistant force duty officers go through is the same as the force duty officer with regard to managing risk and demand in particular incidents, with the exception of the initial tactical firearms command. It was felt that because of the extra risk, the extra training and accreditation that was required from the FDO role, that a difference in rank was reasonable. And also, the assistant force duty officer, although they take control of their own incidents, high-risk missing people for example, the

force duty officer remains the senior officer in charge of that function. So it's on that basis, on that two points there, that we decided, the force decided that a chief inspector rank for force duty officers was more appropriate.

Q. Just completing the timeline before coming back to one or two of these matters, the Plato action cards simulation test, you have already touched upon this, this was an innovation particular to you, I think you have told us, August 202. What the text there tells us is that that's when it went live and it is currently triggered four times a week.

A. Correct.

Q. I would like to just pause here and just invite you, please, to consider your witness statement and, in particular, paragraph 17. It'd be easier if we just summarise each of these because a very substantial issue within the inquiry's investigation is whether or not the force duty officer became overwhelmed, overburdened, in some form or other, whether or not they should have been operating to action cards, whether those action cards that were in place would have been adequate in terms of the burden that they placed upon the force duty officer, and I know that you are aware of all of those issues having emerged.

Please just talk us through, by reference to paragraph 17, the developments that there have been in the Plato action cards, in particular in relation to how they may address those particular concerns in this inquiry.

A. I guess the overarching comment that I would like around the action cards is that they are living documents, so they pertain to OCB's response to a marauding terrorist attack and we are currently on version 1.10, which means there have been nine previous versions. So there is a programme of review, a constantly programme of review, and iteration of improvements, both emanating from the testing that we've put in place, the feedback from practitioners, users of the cards, and also updated with changes in national guidance as well.

So there was already a process of work underway when I arrived at GMP, which is led by the specialist operations branch, which are the owners of the action cards, being the owners of the Op Plato plan. That work was relatively mature by the time I came in terms of looking at the balance of actions which would be required in the event of an attack for different roles.

Now, clearly, as we've put in more roles, so the force critical incident manager and the assistant force duty officer, there has been more flexibility to share

out the roles at a more appropriate level. One of the key differences, I understand, from where we were previous to my service at GMP is that the FDO's responsibilities have contracted and there are fewer of them in number and they are the more important of the actions. The force has been really careful to make sure that there is a specific requirement for the declaration of major incidents alongside Operation Plato.

SIR JOHN SAUNDERS: Wasn't that the position before?

A. I think what has been put into the action cards is a specific action, not only to keep that under review but also to communicate it and how to communicate it and who to communicate it to other agencies as well.

I don't know whether we'll get on to the cards, but the broadcast of Operation Plato, a METHANE message, for example, is an assistant FDO responsibility using the regional Talk Group to the other control rooms in the region. So that stipulation, that prescription is a new prescription subsequent to the attack.

MR DE LA POER: I should just indicate that I'm not proposing to take you to the detailed of the cards, so if there's something from within them that you want to speak to, please don't work on the assumption that we're going to look at them. What really I'm seeking to capture from you, and I may well have achieved that ——

I don't know, you'll tell me —— is just reassurance for the public watching this, for the bereaved families and anyone else with an interest in our process, that GMP has identified issues which have emerged with clarity in our process and have taken active steps to address them. Do you feel you are able to give that reassurance?

A. I do.

SIR JOHN SAUNDERS: I want to look at (c). There's been a lot of discussion about —— just let me read (c) out so everyone knows what I'm talking about:

"A reminder for the FDO to keep the Plato declaration under review and rescind the declaration if it becomes apparent that the Plato criteria are not in fact met. The FDO card also states that the fact that Plato has been rescinded must be shared with all relevant agencies."

We've obviously had a significant amount of discussion about that during the inquiry. What has struck me, and this may be incorrect and obviously I'll be persuaded by argument, is that when Plato is declared then you'll be talking about a largish area. If you have a terrorist attack in Manchester, wherever the terrorist bombing happens to be located, the Plato is likely to be the whole of Manchester because there could be follow—up attacks.

So it's not so much necessarily that you need to keep looking at rescinding Plato because it may be that the threat is still there, whereas the threat has been removed from the individual place where it happened, the bombing happened, so in this particular case, so the bombing happens at the arena, armed police go in very quickly and they clear the scene and effectively, there may have been faults in how this was done, effectively declare it to be safe.

That doesn't mean, or does it, tell me, sorry —— some people have said you now rescind Plato but the threat may well and was likely to still exist in other parts of Manchester. So it's really to do, not so much with rescinding Plato, it's actually the zoning, which is vital.

I just wonder (a) if you agree with that analysis and (b) whether your action cards have enough analysis on that basis that really the critical thing is zoning. But please say if you disagree with that.

A. So the detail of the force—wide response to an Operation Plato, including zoning and whether the conditions for Plato are met, are not my primary, principal area of expertise.

SIR JOHN SAUNDERS: Okay.

A. The policy and the protocols are owned by the special

operations branch, as are indeed the action cards. I do have, obviously, an interest in the action cards and I have a responsibility to make sure that, from an OCB perspective, from my own branch's perspective, they are set out in as clear a way as possible.

I do take your point around the importance of the zoning —— and the zoning and whether a zone area is classified as hot, warm or cold is a responsibility —— a multi—agency responsibility, in fact, which would in practice be coordinated by operational commanders on the scene in consultation with the control room.

SIR JOHN SAUNDERS: And the FDO's responsibility to declare zoning?

A. The action cards say that, if practical, the force duty officer should have an initial view on setting the zones, which is important because the forward command point and the rendezvous point would be set as early as practicable.

SIR JOHN SAUNDERS: Somebody has to do the first one, haven't they?

A. Yes, but the detailed information about where those zones or the status of those zones I would expect the ground—assigned TFC, in collaboration with the other agencies responding, to make that decision on the ground.

SIR JOHN SAUNDERS: Okay. We will be hearing more about it in due course from the police experts when we can discuss it further. Thank you anyway for that.

MR DE LA POER: I'm going to move on from the Plato action cards and just complete the remaining three items on our timeline.

Plato learning package. Can I just be clear, who is that Plato learning package for? Is it for people within your branch or is it force—wide?

A. This is specifically for OCB staff.

Q. So this is to ensure that people who perhaps were in Mr Myerscough's position, namely somebody who got drawn into answering a telephone line because (inaudible: distorted) they were needed, they would have a proper understanding of Plato should they find themselves having such a conversation?

A. Yes. It's to make sure that everybody who is on operational duty in OCB, in whatever role they find themselves, is familiar with the existence of the action cards, knows how to access their action card, and knows how to fulfil the requirements of their role as set out in the action card.

Q. Back to Talk Groups. The regional multi—agency control room Talk Group. How does this differ from the first Talk Group that we spoke about and what is its value?

A. This is a Talk Group with many more participants than the original Talk Group. The original Talk Group is a tri—service Talk Group with GMP, GMFRS and the control room for Fire and Rescue and also North West Ambulance Service. This regional multi—agency control group has those participants, but in addition other police forces, Cheshire, Lancashire, Merseyside, for example, and their control rooms.

Q. You've already mentioned that that is on —— the use of that Talk Group appears on the current iteration of an action card. What is the value of being able to use that?

A. Well, if we imagine the type of incident that we're talking about, a major incident, it's likely that resources would be pooled or would be requested from different police forces, for example, potentially different Fire and Rescue Services as well. So what happened is, and this is consistent with the JESIP principles, is that there is a shared understanding of what the incident is and what the key developments are. So for example, I would expect the circumstances of the incident, as well as the METHANE message, to be broadcast on that so that all regional partners had a shared awareness of what the incident was and any likely impact on them.

Q. Some may think that you've set out a compelling justification for the existence of such a Talk Group. But if that is right, why did it take until September 2020 for it to come into being?
A. My understanding is that the development and the evolution of this regional multi-agency control room Talk Group is a national initiative that was set nationally and each region responded accordingly.
Q. And does September 2020 represent the time at which the region, which includes GMP, had reached the stage where each agency was taking a turn per month leading the test, and we can see when you are scheduled to lead the test?
A. Correct.
Q. Finally, the dedicated media line. We can see the month given there, May 2021, and the establishment of a new media line number direct to the FOC out of hours and a memorandum of understanding between GMP and the media.
I would just like to bring up some transcript, please, Mr Lopez. It's the transcript for Day 97, which is 5 May 2021.
Chief superintendent, you will not have failed to notice the date I have just given and the fact that it matches the date you have given in your timeline.
Could we go to page 9 in that transcript and line 9

{Day97/9:9}? We'll just remind ourselves of what was said on 5 May. This is the evidence of, as he was at the time, Chief Inspector Dale Sexton, the FDO on the night.
We can see at the beginning of Mr Greaney's question at page 9, line 9, but at 17 {Day97/9:17}:
"Question: Let me give you an example: certainly at an early stage you were repeatedly receiving calls in your FDO role from the media?
"Answer: Yes, that's correct.
"Question: Was that something you could have done without?
"Answer: Very much so."
And if we go over the page {Day97/10:8} we can see the chairman asked:
"Has that changed now?"
To which the answer was?
"Answer: I don't believe it has..."
Obviously, Chief Inspector Sexton was simply giving, when put on the spot, what his belief was about the current state of affairs. But we can see from your timeline that May 2021 is when that designated media line came in. Would it be a correct or incorrect inference from those timings that it was following Chief Inspector Sexton's evidence that the change we can

see there in your timeline was made?
A. Correct.
Q. It was following his evidence? And was that because his evidence highlighted to the people who needed to know that particular problem?
A. I think it's fair to say that we have, as I described earlier -- we've gone through a continuing -- we go through a continuous process of looking at how we can improve things. The key structural differences that we brought in have made the real difference. But we are constantly looking for areas where we can remove obstacles or make things more efficient.
SIR JOHN SAUNDERS: Mr Clements, do you mind if I interrupt here for a moment? I have no doubt everyone must have been well aware of the difficulties which were caused by the press ringing directly into the FDO on any occasion which was causing some publicity and he had plenty of other things to do. Perhaps it might be fair to say that his answers provided an incentive to change them or is that being too cynical?
A. It had not come across my desk, the need -- the burden on FDOs from any particular incident or any particular organisational learning debrief that we've had on any incident that a key constraint to the FDO in my time at GMP had been media calls coming through. So that had

not come through any specific incident, but the testimony that Chief Inspector Sexton gave was a trigger to look at the functionality.
SIR JOHN SAUNDERS: Was it actually checked out then? Is this done entirely on what Mr Sexton has said in his evidence or did you find that other FDOs were actually agreeing with that?
A. We undertook -- we gave the issue to a small team to look at, what the status quo was, and to come up with some scenarios of what could happen and it was important for me to get a feel of what would happen and put myself in the position of a force duty officer, in the context of the assistant being there and the FOC being there and we came up with a new design where media calls outside office hours, where the corporate communications department would not be able to field them, would be done by the force operations centre.
SIR JOHN SAUNDERS: Okay, thank you.
MR DE LA POER: Would you agree with these propositions? Firstly, that there's no doubt that GMP has invested a lot of time and effort in reviewing the events of 22 May with a view to making improvements? Is that a fair statement?
A. Yes.
Q. Is it also fair to say that, from an early stage, GMP

had access to the transcripts of the FDO line and to Mr Sexton's dictaphone, which showed that he was speaking during that critical early period to the media?
A. Yes, I understand that that's the case, yes.
Q. So when you set alongside the time and the effort and the energy to make improvements, to get things right, against the fact that this was there, apparent from a relatively early stage for anybody who was looking at it and analysing it critically, again doing the best you can, bearing in mind you came in in August 2019 and you fixed it as soon as it came across your desk, how does the public understand how that problem didn't get fixed until somebody came several years later and sat in a witness box and said it out loud?
A. I don't feel qualified to answer why it hadn't been done post May 2017 and pre-August 2019 because I wasn't here. As I say, no specific incident or no specific feedback from any of the force duty officers came across my desk to indicate that it was a problem at that point. But I take the point that the transcript does show a different thing from the night.
Q. So might it, and you tell me if you feel qualified or whether you disagree, might it come back to the effectiveness of the debrief process, for example, that someone will need to identify it in that process in

order for action to be taken on it?
A. Organisational learning is, in my judgement, really strong in GMP, probably as strong as the other forces that I've served in, and we use a structured process, which is sometimes coordinated by the College of Policing, which is good practice, and I'm confident that some of the -- I'll give you an example. We're currently going through the authorisation process for version 11 of the Plato action cards and some of the changes that we are considering bringing in have been as a direct result of debriefing and organisational learning between practitioners on the use of the action cards. So I'm content that the organisational learning structures and processes are strong in GMP.
Q. I am going to move to one of two remaining issues?
SIR JOHN SAUNDERS: Before you do that, does it work? Some members of the press, none of whom are reporting on this inquiry, but other members of the press who aren't here sometimes find a way of getting round these sort of requirements and getting to talk to the man they most want to talk to rather than talking to the person they are meant to, so does it actually work in practice?
A. I have had no information to suggest that it's not working.
SIR JOHN SAUNDERS: Have you enquired --

A. We've been really clear with the press, we have a memorandum of understanding which sets out our expectations really clearly.
SIR JOHN SAUNDERS: So far as you're concerned it works?
A. If I'd heard of somebody going direct to the force duty officer, I would have heard about it.
SIR JOHN SAUNDERS: That's very good to hear. Thank you.
MR DE LA POER: I said I'd return to this and it's the first of the remaining issues I want to deal with. The setting-up, as it's been termed in our process, of the Silver room. Again, I would like to remind everybody, you included, chief superintendent, of the evidence of Ian Randall.
Day 99, please, Mr Lopez, page 186, and it's line 10 we'll go to {Day99/186:10}.
As this is coming up, we will remind ourselves again that Mr Randall was not at force headquarters and we know he had to make a journey. But this is going into the practicalities. If we look at the question:
"Question: What I was really driving at, and it'll be my bad question, Mr Randall, is whether there was a plan, so in other words, when everybody went on shift that night was it known that if there was an incident, these people will set up Silver?
"Answer: No.

"Question: But it was known that somebody would need to set up Silver?
"Answer: Yes, sir.
"Question: But there had been no exercising as to how that might work in practice; is that correct?
"Answer: Correct.
"Question: And in fact, there had been -- had there been any discussion about who might do it?
"Answer: On the evening?
"Question: Before the evening.
"Answer: No.
"Question: And having had the experience that you have had, do you think that having such a plan in place about the people or the roles that might be expected to be the first to go to Silver, possibly a plan with some resilience so that there were fallback options, would have helped on the night?
"Answer: Yes, it would."
And then the chairman intervened.
SIR JOHN SAUNDERS: To ask an unintelligible question!
MR DE LA POER: Sought clarity on what was plainly a bad question on my part as I conceded at line 15!
But you see the point I was asking Mr Randall about, namely -- again, another area of investigation for the inquiry was whether Ian Randall was the right person to

set up Silver in the circumstances he found himself in and, if he was, whether the time that he left the OCR in order to go and do so was the right time. I'm not going to seek your comment on that at all, you weren't even part of GMP at the time, what I'm looking at is the current situation which is that we have within force HQ, the FOC, force operations centre, which contains people, including the force duty supervisor, the role that Mr Randall had on the night. Does GMP have a plan as to who will go and set up the Silver room should the need arise?
A. Yes, a clear plan.
Q. Does that plan extend to telling individuals when they come on shift, "If this occurs, you will be one of the people to go"?
A. It does, and in fact it is prescribed in one of the Plato action cards whose responsibility that will be to set up the force command module.
Q. Does it extend to assisting with the decision-making about when the person should leave? In other words, should they go straightaway or should there come a particular point in the incident, do they need the authorisation of anybody, is that how it works?
A. Yes. It does, yes.
Q. That's all been thought about in advance, planned, and

so should it occur, people will be able to refer to an action card and know what to do?
A. Yes, and I participated in a test of that function myself.
Q. That's the setting up of the Silver room, as we have been terming it. The final topic that I have on your statement is the role of the Night Silver or the night duty superintendent. Again, you will know that there is an issue of whether or not Mr Nawaz, who held that role on the night, should have gone to force HQ to set up the Silver room or participate in that or gone to the scene. Again, I'm not going to seek your comment on that. What I would like to do is ask you to turn to paragraph 5(f) where you deal with this in your statement.
Then looking at what the set-up is now, the first thing we see from that, if you just have that in front of you, is that unlike the position that Mr Nawaz was in on the night namely that he was remote from force HQ at the time, is the position now that the Night Silver sits in force HQ?
A. Yes.
Q. In fact do they sit effectively with the force duty officer?
A. They sit in the FOC a couple of desk banks down from the force duty officer, yes.

Q. And I think that there are some particular operational exceptions to that which may necessitate a person of that rank being elsewhere for short periods of time, it's to be hoped, but otherwise their usual position, is it, is close to the FDO?
A. Yes.
Q. Does that mean then that they are in a position to take over the unarmed side of an incident should the need arise?
A. The night duty superintendent's responsibilities are quite broad in terms of business as usual. So for an example, the superintendent has responsibilities under the Police and Criminal Evidence Act to perform the role of the extender of custody of somebody beyond the 24 hours. They also have responsibilities under the Regulation of Investigatory Powers Act.
When we have a major incident of this type, I'd anticipate that the night duty superintendent would fulfil an organisational Silver role, so there would be a Gold on duty, which is an assistant chief constable rank in GMP, and the night duty superintendent will perform a Silver rank. So they would go to the force command module, assist in the coordination of multi-agency effort, and then at some point sit on the TCG, the tactical coordinating group, with other

partners as well. So their role would be one of coordinating resources, ensuring that those structures were being set up for example.
The difference with other roles that would happen is that the night duty superintendent isn't a specific accredited role in the same way that a tactical firearms commander or a strategic firearms commander is. They are on a separate rota, so the SFC, the strategic firearms commander, which would have a specific role in an attack, would not be fulfilling the role of night duty superintendent, they're separate. So they wouldn't be doing the functions that require that accreditation, firearms. Public order command is another example.
Q. If we were to put the names of the people that we are all so familiar with from May 2017 and place them within the current structure, we would have the person playing Mr Sexton's role, the FDO, within force HQ; is that right?
A. That's correct.
Q. A couple of desks away we would have the force critical incident manager, whose duties would include those which Chief Inspector Buckle, the tactical firearms commander who was on call on the night, would have had. So instead of being on call, the person fulfilling those role is a couple of desks away from the FDO; is that

right?
A. Correct. So in terms of the tactical firearms commander in a marauding terrorist attack, there would be a headquarters−based TFC, which would be the FCIM, the force critical incident manager, and the TFC from the cadre. The tactical firearms from the cadre would be deployed to the scene to be the on−scene tactical firearms commander.
Q. And then −−
SIR JOHN SAUNDERS: Is that the same as ground−assigned?
A. Yes, that's right.
MR DE LA POER: In terms of the unarmed side, Mr Nawaz was not at force HQ when he first received notice. But in the current set−up his desk would also be a couple of desks away from the force duty officer?
A. Correct.
Q. And he would be a short walk from the Silver room, should the need arise?
A. That's right. The force command module is on the third floor at headquarters so it's just a short walk down.
Q. In your description, both in your statement and orally, you've described how, if that person, the night duty superintendent, was to take up a Silver role, they would go to the force command module or the Silver room. Did the plans contemplate that that person may be best

placed at the scene and therefore, if they're going to take that role up, they go to the scene, or do all of the plans send the person straight to the force command module?
A. I have not seen any plan that calls specifically for the night duty superintendent to go to the scene of an attack.
Q. Because the major incident plan as it existed back in 2017 contemplated that the Silver commander may in certain circumstances be at the scene. That's no longer the position, is that −−
A. If we're specifically talking about a marauding terrorist attack, the stipulation is that there will be a ground−assigned tactical firearms commander to take command at the scene and not for any other rank of any other officer to be there.
Q. Well, we'll no doubt hear from the policing experts next week as to what their view about the current set−up is and I'm sure that you and your colleagues will be listening with care.
SIR JOHN SAUNDERS: I'm sure this would now never happen, but one of the things that has come out is that Superintendent Nawaz as the Night Silver −− and I'm not blaming him, it may not be his fault −− actually didn't know what Operation Plato was. Presumably you can now

assure me that any Night Silver would now be well aware of what Operation Plato was?
A. I do know that all superintendents have received Op Plato training. As well as being a strategic firearms commander, I'm well aware of my responsibilities for an MTA, a marauding terrorist attack, with regard to my firearms commander responsibilities. In addition to that I've had the general training as well. So it would be my expectation that every superintendent and chief superintendent would be aware.
MR DE LA POER: I would like to conclude my questioning by taking a step back because over the last 2 years you have introduced new roles, you've restructured, you have effectively re−branded a department so that everyone can understand this is different, this is better, this is improved. To what degree have you or GMP more generally shared the learning that you've derived from this and the improvements that you have made around the resilience of the FDO role more widely, nationally or to other local forces, or does all of this knowledge just remain within GMP?
A. No, we've shared the journey that we've been on with other police forces in terms of the restructuring and the lessons learned. We'd share it regionally with our

partners with our regional collaboration where we have a regional firearms collaboration. But in addition we've been talking to forces wider than that around not only our current structure but also what the good practice is in testing that resilience. So we are in planning at the moment with another force from outside our region who will come in and they will coordinate a test of our resilience. So we are constantly talking and discussing in the context of what good practice is from other forces to take a look at what we've got and also sharing our experience and that extends to testing in real terms. I put in my statement some of the major incidents that have been called and how well that has progressed and been dealt with due to the force operations centre structure.
MR DE LA POER: Thank you very much indeed, chief superintendent.
Sir, unless at this stage you have any questions, that concludes my questioning.
I think, just looking at the notifications that I've had, that it's Mr Weatherby Queen's Counsel on behalf of the bereaved families who is to ask you questions next, please.
Questions from MR WEATHERBY
MR WEATHERBY: Mr Clements, can you see and hear me?

A. Yes, I can.
Q. Thank you very much. It would be right to say, I think, that the changes that you've described this afternoon are a sea change with respect to what was in place before your time in 2017; is that right?
A. Yes.
Q. And although you weren't there in 2017, you have, I am assuming, a fairly good idea of what was in place at that point?
A. My understanding is I'm the fourth branch commander since the time of the attack, so I know that a number of workstreams that have led to where we are now were already in train before I started.
Q. I'm not trying to catch you out with anything here, but just in general terms you know what the set-up was on 22 May in respect of the OCB?
A. Yes.
Q. So just again in headlines, would you agree with me that the key changes from then to now are that the OCB is now managed by you as a chief superintendent whereas in 2017 it was managed by a chief inspector?
A. I can't answer that. My understanding was that there was still a chief superintendent responsible for the OCB at that time.
Q. I see. In terms of the operation of the OCB, the key

changes, correct me if I'm wrong, are that the FDO and the team has relocated to HQ, where they are effectively co-located with the force command module?
A. Correct.
Q. And the FDO is now of a higher rank than in 2017 in recognition of the substantial nature of the FDO's position; yes?
A. And the introduction of the assistant FDO, yes.
Q. I'm coming to that. But just taking them in turn, that's a key factor, the move and the co-location and the higher rank of the FDO.
Next, as you say, and we'll come to this again in a little more detail in a moment, there is now substantially more support for the FDO; yes?
A. Yes.
Q. That support includes the pre-determined delegation that is set out on multiple action cards?
A. Yes.
Q. And also a lot of work has been done on Talk Groups, particularly multi-agency communication Talk Groups?
A. Yes, lots of work, yes.
Q. Those are the key headline differences between then and now; is that right?
A. And the existence of the force operations centre, so yes, the support that you said to the FDO yes.

Q. We'll come to that. I was including that as support, but of course you are right to mention that. And of course the other points are important, the media line and things like that, but those are the headlines; would you agree?
A. Yes.
Q. You mentioned in passing, I think really, the testing of the situation. In your statement you've set out that there have been a number of significant incidents or even some major incidents where you can see that this set-up has worked; is that fair?
A. Yes.
Q. What you haven't mentioned, so far as I can see, and you'll correct me if I'm wrong, is exercising. Is that right, you haven't mentioned whether this new, completely new set-up has been subject to a full exercise?
A. I haven't mentioned that, no, but I can expand if you would like.
Q. Okay. I absolutely don't want to close you down, but let me just put it in some context. Mr Pilling, the deputy chief constable, was asked about exercising the new arrangements and he, on Day 131 for anyone who's keeping a note, page 11, line 8 {Day131/11:8}, described it as it would be desirable to have an exercise, and he

said that it had been "talked about". He also said that an exercise to test the OCB arrangements should also include the way that emergency service partners fitted in to the new arrangements that had been made. So that's the context of it.
Now, please tell us about exercising. First of all, has there been a substantial exercise in respect of the new arrangements?
A. So the exercising regime is owned principally by the SOPU, the Specialist Operations Planning Unit, which comes under the specialist operations branch. They are responsible for a wide and broad range of exercises on a number of different subjects where the OCB and the force operations participate.
A couple of examples: there are exercises that simulate multi-agency responses for incidents at the airport, for example, hijacked planes. There are also exercises that test the dissemination of information and the coordination of responses using the local resilience forum and other agencies.
Another example would be an example of a multi-agency response as a result to a simulated major incident, which includes testing the dissemination of the METHANE message.
That's the force. There are organisational level

exercises of which the OCB is a participant. In terms of the exercises that test it from an OCB perspective, we've got the tests that I described for the communication channels and one of those is around the dissemination of the test. There has been discussion about whether the participation of the OCB and the force operations centre in those wider multi-agency organisational level exercises is enough and we have looked outside the force to another force who have written an exercise which is specifically for their own OCB equivalent, testing their own major incident response from a solely OCB perspective, and we are, as I mentioned earlier in my evidence, in discussions with that force around how we can replicate that in GMP. But it's fair to say that there is a regular frequent programme of exercises which we participate in.

Q. Yes, okay. So you've talked about another force coming in at some point in the future. You have talked about specific testing, particularly with the communications Talk Groups that is an ongoing testing regime, and you have talked about specific exercises of general operation. Has there been a Plato exercise which has involved GMP and their new arrangements in the OCB and emergency service partners since 2017?

A. I am aware of an exercise that tested our response to

a marauding terrorist attack. I was in, because of my role as a strategic firearms commander, invited to observe it. I know there are a couple of those that have happened. I'm also aware of an exercise which was based on a marauding terrorist firearms attack, which was based in a northern district of Manchester, which was participated in by the force duty officers as well and I also participated in that. So there have been -- I don't know whether there has been an involvement of multi-agency partners. As I said, the specialist operations branch is responsible for the array of different tests that the organisation does.

Q. I'm not trying to catch you out and it may be just me that's not understanding you and it may be that you're being completely clear here. Can I have one more go at this?

What I'm trying to ask you about is that you've set out, and we'll go into a little more detail in a moment, the new arrangements which are completely different to the 2017 arrangements in the OCB. And what I'm asking is whether there has been a Plato exercise which has involved the new arrangements, ie not just the FDO but the full support for the FDO and emergency service partners. Has there been an exercise which has tested the response under these new arrangements that you've

described since they've come in?

A. I don't think there has been an exercise. As I said, you know, there have been actual instances where a major incident has been called where the coordination between the Fire Service and the co-located NILO of the Fire Service, for example, and our communication of our messages to other agencies has been tested, but in real life. But I don't think there has been a simulation which has involved other agencies beyond the exercises that I've already described.

SIR JOHN SAUNDERS: We've heard a lot about an exercise called Winchester Accord. If you've been following the inquiry, you may be aware of it. That was obviously a large scale exercise involving a large number of people, it came about, I think, because a relicensing of the military was the reason for it, but nothing like that has happened, nothing on that scale?

A. So Winchester Accord, as I understand it, happened before I arrived, was a tabletop exercise involving different agencies based on a theoretical major incident.

SIR JOHN SAUNDERS: It wasn't tabletop. It was a live exercise and did show up quite a lot of problems which did recur on 17 May, problems which no one thought would actually occur. So I think the point that's being made

is until you actually do something like that, and it may be you can only do something like that when you're relicensing the military, that you actually get to know where the pinch points and the problems may be. I'm sorry to have asked that, Mr Weatherby. Is that fair enough?

MR WEATHERBY: My next question was about Winchester Accord, so you've gone exactly where I was going.

SIR JOHN SAUNDERS: (Overspeaking) ask the next question for the advocate, they enjoy it enormously. Thank you.

A. (Overspeaking) another exercise on the scale of Winchester Accord in the 2 years since I've been here.

MR WEATHERBY: The headline changes from a lay perspective look to have completely changed the way that the OCB reacts to a Plato and, from a lay perspective, one might think it extremely positive. But would you agree, until they're fully tested in a proper exercise, none of us can actually know to what extent they will work in practice? And that's why something like Winchester Accord or perhaps a Winchester Accord Plus, given that Winchester Accord didn't in fact involve the whole of the OCB, but an exercise, a Plato exercise involving partners and the new arrangements is needed or desirable?

A. I don't think that's the only way of testing the

structures and processes that we have now. I think there is value in testing them in real life major incidents, as I've put out in my statement. I think there's real value in that. I don't think that there have been -- there's been an exercise, but as I say we are considering it and I think that there would be value in the scale of the exercise that you talk about, but I wouldn't agree with the assertion that there hasn't been testing of the structure and processes, and I would say I think the best testing is actually when we call a major incident for real. I think that's where the real value can be gleaned.

SIR JOHN SAUNDERS: I think we do understand but it would be nice to kn ow it was going to work before the real incident occurred I think is the reason for having a test, Mr Weatherby.

MR WEATHERBY: Sorry, I thought that was to the witness.

Indeed. I will move on in one moment. But we're going to, I think, look at some restricted documents tomorrow, so I'm not going to raise those with you, save to say in general terms under the new versions of Plato and JOPs, exercising is expressly mentioned, the necessity for not just review and testing but also exercising.

A. I think with the exception of the large scale exercise

simulation that you've described, there hasn't been in the past 2 years, I think that I am -- I would like to get across to the inquiry that the level of testing of various components and the testing of our entire function when we call a major incident is actually quite -- has been quite rigorous. The testing of the communication channels, each of them, with multi-agency partners, the testing of action cards and their utility, the constant testing and reiteration of different versions of those action cards, really crucial, and the test of our response when we call a major incident of the types that I describe in paragraph 9, I think there has been real benefit and real value from those.

Q. I will move on to those changes and I'll do it in short order because your statement is quite comprehensive.

In terms of the support to the FDO, you have brought in the new post of an assistant FDO and that's at inspector level. So you've increased the rank of the FDO and brought in another role at the old level, if you like, the inspector level; yes?

A. Yes, correct.

Q. So just on that one change, you've effectively doubled the ranking support for that role in respect of a response to an incident like 22 May. That's without considering any of the other changes.

A. That's right, yes.

Q. The force duty supervisor, that's not a new role, and that was in existence and that's at sergeant level. But you have changed that role to give the force duty supervisor particular roles to shave off, if I can put it that way, some of the important roles from the force duty officer; is that right?

A. The force duty supervisor is either at police sergeant or at police supervisor sergeant equivalent, police staff level. There are now specific roles and responsibilities with regard to a marauding terrorist attack that the force duty supervisor would be expected -- and that's set out on their action card.

Q. Yes. One of the very important roles that are now expressly delegated on the action cards to the force duty supervisor is to coordinate the mutual aid from other police forces and to notify the counter-terrorist partners; yes?

A. Yes.

Q. That takes, under the supervision of the FDO, quite a chunk of the time-consuming administrative role, if you like, of the FDO away from the FDO, and that's the purpose of doing that; is that right?

A. Yes, and supplemented by the responsibilities of the assistant force duty officer as well.

Q. Yes. Then you've brought in again the completely new role that you talked about, the FCIM, force critical incident manager, and again that's at chief inspector level. So at the level of the FDO, you've more than tripled the personpower at that level?

A. Yes.

Q. Just one detail about the FCIM that you haven't mentioned. You have mentioned that they are supposed to be fully accredited TFCs. But in your statement you refer to the majority of them being fully accredited but some are not yet fully accredited. Is this something that really ought to have been sorted sooner than 4 years after the incident that we are all here looking at?

A. The process of accreditation for a tactical firearms commander is a lengthy one, it is pass or fail, and it comprises a College of Policing-led occupational input to a course that needs to be passed or failed as well as an operational accreditation, which is done in force. It's not until the force is satisfied with -- it's not until the individual has passed the occupational element and that the force is satisfied through a process of mentoring and monitoring their firearms command that they'll be signed off operationally.

Some people recruited to the FCIM role, and this is

the same across the country, do not pass that accreditation or their accreditation takes longer than others. But there is a plan in process, there's a plan in place for where a force critical incident manager is not a TFC at the moment. So the current situation is that two of the seven FCIMs in the force are undergoing accreditation. You will obviously be aware that there's some turnover, so it's not possible to fully accredit before we recruit into role. That's why we have this process where if an individual is not TFC accredited there is always a TFC cadre to fulfil that role.

Q. That's helpful, thank you. You refer in your statement again to the force operations centre team. This is overseen by a chief inspector, has an inspector, five sergeants and ten PCs, and they support the FDO. Can you just clarify that for us? This is in addition to the FCIM and the assistant FDO and the FDS? This is, I think you called it a secretariat before; is that right?

A. As I say, part of my job is to put in place structures and processes and then monitor them to see the efficacy of them in progress. What became clear is that one of the superintendents in the OCB is responsible for line managing the chief inspectors. That in terms of a span

of responsibility and control is quite significant given there are eight FDOs, seven FCIMs and the other chief inspector.

So we listened to the experiences of the FDOs and the FCIMs and the broader teams, so the one inspector, the six sergeants, the 15 PCs that make up the core FOC team, and there was definitely a need for another chief inspector to sit and look at the coordination of shift patterns, welfare and well-being, resourcing, training, et cetera. That's the role of that chief inspector: they don't fulfil an operational role in a major terrorist attack. In a marauding terrorist attack, they don't cover for FCIMs or FDOs, there's a separate role, which is -- it is looking at the administration and the organisation of the force operations centre.

Q. And the utility of that in terms of what we're discussing here is partly it takes away the administrative roles that might otherwise get in the way of a Plato response?

A. It certainly has taken away some of the administrative burden of FCIMs and force duty officers from, for example, the organisation of their shift patterns, leave and training, for example. So the recruitment as well, which had been done by that team hitherto, so it has

reduced that burden as well.

Q. Does this secretariat have a role in terms of the setting-up of the force control module?

A. The FOC core team -- the responsibility of an individual PC would be to set up the force command module. That's tested on a weekly basis and it's set out in one of the action cards as well.

Q. Yes. Just finally on these changes to the FOC, the co-location of emergency service partners. Am I right that the Fire and Rescue Service are permanently staffing a seat within the FOC during normal business hours and provide a real contact number out of hours?

A. Correct.

Q. And that means that they are embedded within the responding team and familiar with the IT and things like that?

A. Correct.

Q. Can you help us with NWAS? Does the same apply with NWAS?

A. There's slightly more complexity with NWAS because they cover different police forces, so the NWAS decision has not been to co-locate their NILO in the GMP force operations centre in the same way that Greater Manchester Fire and Rescue Service has. However, the force operations centre are furnished daily

with names and the contact number of the NWAS NILO.

Q. So for resourcing reasons, NWAS aren't staffing their position within the OCB room, but they have done the next best thing, which is provide real contact details?

A. I don't feel qualified to answer on behalf of NWAS as to the decisions they've made, but we have -- if you imagine the force operations centre, there's a board there, where I have been in only last week and I've seen that day's NWAS named NILO liaison officer.

Q. So you're confident that the improvement in terms of the emergency service partners is that you either have somebody from the Fire and Rescue Service there or you have the real ability to contact key personnel with whom to coordinate a response?

A. Yes, and the understanding of how to contact NWAS, for example, the NILO from NWAS is shared across the force operations centre. Yes, I'm comfortable.

Q. Finally, can I move on to communications, and can I just -- I don't want to go into any detail here, but can you just -- again I'm not sure whether it's just me or whether it is complicated, but there seemed to be a number of different Talk Groups. There certainly were Talk Groups in existence in 2017 and we've heard a deal of evidence about that. I'm not going to ask you about that. But for one reason or another, they weren't used

between GMP and the emergency service partners.

Now there appear to be quite a number of different Talk Groups and from your statement, from paragraph 11 onwards, there appears to be a police Hailing group, an operational multi−agency Hailing group, a tactical multi−agency Talk Group, and a regional multi−agency control room Talk Group. Have I correctly listed four different Talk Groups there?

A. I think my statement points out that there are Five Talk groups and on the operational multi−agency Talk Group, paragraph 12(c), there are three available channels on that Talk Group.

Q. Is there a danger here −− again I don't want to delve into detail that we don't need to go into −− but is there a danger here where we have the experience of an event where there was, certainly on one view, a complete failure to set up multi−agency communications, is there a danger of overcomplicating it with so many different Talk Groups?

A. The way we get around any difficulties in understanding which Talk Group is that the principal Talk Group in a major incident is this regional multi−agency control room Talk Group. That is the principal and the first route by which we disseminate the situation, the incident, to other partners in the region. And as

a result of that, we appoint different operational level commanders, and the other Talk Groups facilitate the management of the major incident.

So at the point at which a major incident is called, the control rooms, this regional multi−agency control room Talk Group is the most important Talk Group and that is stipulated in the action cards, for example, there is a broad understanding if that is where that first message is circulated.

For example, we talked earlier about a ground−assigned tactical firearms commander. That tactical firearms commander, on the scene, in conjunction and coordination with their counterparts from, for example, NWAS and the Fire Service, will use the multi−agency tactical Talk Group for the tactical level coordination of the operation. Given the fact that there may well be different scenes, there is a need to ensure that there are a number of Talk Groups available for contingencies. For example, one of the contingencies might be that there is a need −− if there is a large cordon, for example, there may be a need for some multi−agency discussions around the cordon. In the rendezvous point there may well be the need for some multi−agency channels to coordinate the reception for different agency staff or equipment. If there are

casualties there may be a separate Talk Group and it may well be −− multi−agency needed for the coordination of those casualties. Those are all operational level necessities that will utilise these different Talk Groups.

Q. So primarily it's the regional multi−agency control room Talk Group which links to the main emergency service partners and surrounding police forces? That's the central multi−agency Talk Group which is essential for interoperability?

A. Yes. The first one, the principal one, and the one that's (overspeaking).

Q. And then perhaps the second most important is the tactical multi−agency Talk Group, which is of use to the tactical commanders on scene; is that right?

A. Yes.

Q. And then after that, as you've just explained, there is the need for other Talk Groups as the need arises?

A. That's right. I've set them out in my statement for completeness, really. It might assist the inquiry if I talk about the first one, the police Hailing Talk Group. This is a Talk Group that other forces will have. If there is a police pursuit, for example, which is nearing a border of Greater Manchester, another force coming into our area could call up on that Talk Group to

advise us and we could coordinate a response on that basis. That happens across the country.

SIR JOHN SAUNDERS: And that's been going for long time?

A. Yes.

SIR JOHN SAUNDERS: Just unfortunately it wasn't known to BTP, as I understand it, at the time.

A. I can't comment on that. I can comment on the fact that they do know about it now.

SIR JOHN SAUNDERS: Thank you.

MR WEATHERBY: That's very helpful. Finally on this, is this an example where exercising would be very important, the number of potential Talk Groups and who uses them and where they use them? Is this not precisely the sort of thing that ought to be subjected to a multi−agency Plato exercise with the involvement of the OCB?

A. I think I talked and described in my statement the routine and frequent testing of the channels themselves and they are multi−agency participants in those tests. I think if we had an exercise −− when we do an exercise of the scale that you're talking about, they would play a part in that, of course.

Q. Yes. I said that was my final point. There is just one more I want to touch on. You have indicated that the current policy is that the FCIM will take over as the

TFC at the HQ in a protracted spontaneous firearms incident or a Plato; yes?
A. Correct.
Q. And the duty cadre TFC or the on−call cadre TFC will be sent to scene to be the ground−assigned TFC?
A. That's correct.
Q. That's the current policy as you understand it and as is set out in the OCB action cards, I think.
In terms of the TFC going to the scene, the TFC would be expected to use the tactical multi−agency Talk Group; is that right?
A. The TFC ground−assigned will be with their −− will be monitoring the multi−agency tactical Talk Group. They'll also have a firearms channel as well.
Q. I was just about to say, they will also be using the firearms channel because of course they are the commander for the −− the tactical commander for the firearms operation. But do they also need to use the non−firearms channel for any command duty they may have over unarmed officers or don't you know?
A. I think I'm not best qualified to answer the specific questions around a TFC and how that would work in practice.
Q. Okay.
SIR JOHN SAUNDERS: But it's a fair point, isn't it, that

you'd also find it useful to have a number of Talk Groups, but then you may find individuals who need to be on a number of Talk Groups, which actually becomes impossible and sometimes they need to switch one off in order to go on the other. So it can be tempting to have lots of Talk Groups, but it may not in the end work most efficiently.
A. There are... I can talk most in terms that I'm more comfortable with in how it works in OCB.
SIR JOHN SAUNDERS: Okay.
A. So we have access to these Talk Groups, but it's not the force duty officer, as the initial tactical firearms commander, monitoring all of these Talk Groups, which wouldn't be practicable. It wouldn't be practical if they are commanding that firearms incident. So in the FOC we have various roles which are assigned where individual teams are monitoring different channels, the AFDO, the FDS and the Team 3 operators as well.
SIR JOHN SAUNDERS: So you can do that, but obviously for operational officers at the scene, that becomes impossible?
A. Well, the TFC −− I know that the TFC, once ground−assigned −− and again there would be others who would be able for the inquiry to go into more detail, but have advisers there and a loggist. So there are

other roles there that wouldn't be just the TFC.
SIR JOHN SAUNDERS: Thank you.
MR WEATHERBY: Yes. Those are my questions. Thank you very much.
SIR JOHN SAUNDERS: Thank you very much, Mr Weatherby.
MR DE LA POER: Sir, we've been going slightly longer than 90 minutes so far, but Mr Suter has contacted the transcriber, who has very kindly indicated a willingness to continue, so could I conclude by calling upon Mr Horwell QC on behalf of GMP.
SIR JOHN SAUNDERS: I am very grateful to the transcriber, as ever. Thank you.
Mr Horwell.

Questions from MR HORWELL

MR HORWELL: I will be as quick as I can. I'm very grateful too.
The topic of Talk Groups. You have been asked whether or not there is the possibility for confusion because of the number. There are six Talk Groups with which we have become familiar. There are the two Hailing channels, the police Hailing channel and the multi−agency Hailing channel, both in existence at the time of the attack and they had been in existence for some time before.
In addition, there are four other Talk Groups about

which we have heard. One is referred to as the tactical Talk Group and this was available at the time of the attack. It was being considered at the time of the attack as the channel to link control rooms and went on to become that channel.
Then finally, there are three Talk Groups that are referred to as the operational channels and those three are the three Talk Groups referred to in Mr Sexton's aide−memoire. So those are the ones about which we have heard and, no doubt, if matters hadn't changed, the tactical Talk Group, which became the link between the control rooms, would still be used for that purpose. But there was a change to police procedure and we may hear something of this tomorrow from Richard Thomas.
You won't have seen this, but one of the documents in his evidence proposal is a letter from Lucy D'Orsi, then the deputy assistant commissioner, dated December 2020. It refers to communication connectivity between control rooms, reflecting recent changes to Operational Communications in Policing −− and the acronym for that is OCIP −− guidance regarding how the three emergency service control rooms communicate with each other.
So this Talk Group, the one you have referred to as the regional multi−agency control room Talk Group was

the one that was introduced after this attack and was that a national -- I'm not suggesting the channel is national because it would be very much regional, but was that a national recommendation?
A. That's my understanding, yes.
Q. So after this attack, notwithstanding the efforts that GMP had made, together with other emergency services, there subsequently was a national recommendation which has resulted in the regional multi-agency control room Talk Group?
A. Correct.
Q. You've been asked about exercising and you've been asked about Winchester Accord. You weren't at GMP at the time of that exercise and apart from whatever you might have heard about it in the course of this inquiry, you know nothing about Winchester Accord?
A. No.
Q. One of the problems with it could be said to be the fact that it didn't replicate what would happen in real life. You've been asked about exercises and whether or not it would be possible to replicate the current set-up in the operation room. Unless it's identical, it's not going to be a test of the current set-up. This may be or it may not be a matter about which you have considered in the past, but is that a viable proposition

to replicate the control room as it currently stands?
A. In its entirety and to maintain daily business, no.
Q. You have said that in your view -- everyone accepts the importance of exercising, so don't misunderstand the questions that I ask. But you have said that the action cards, for example, are frequently tested and feedback is used to update them, and we're currently on the tenth version --
A. Yes.
Q. -- and an 11th version is under review at the moment.
A. Correct.
SIR JOHN SAUNDERS: I understand entirely what you say about the difficulty of replicating for an exercise something when you've got -- it's business as usual going on as well. One of the criticisms of Winchester Accord has been that it didn't include the call-out, so it didn't actually start from the beginning, and by and large people have agreed that it would have been a very good idea if it did. Are you saying that's therefore impossible to do, you cannot exercise the call-out?
A. No. We undertake a number of exercises that I have described. So we have the exercise where we simulate a Plato event and that message is disseminated to the call handlers and to the crime recorders and to the radio channels, both the radio channel that is the

specific site of the simulated attack and all of the other radio channels as well. There are slightly different responsibilities and roles for each action cardholder depending on where they sit and we do that during daily business.
We also go through the exercises of testing the radio channels, as we talked about, the Talk Groups, and also testing of the stetting-up of the force command module. That all happens during daily business. So there is scope to do the exercises while we are having -- I think there would be... if we... As the question was put to me, if we tried to replicate entirely using the same number of staff in a separate exercise for any length of time it would present challenges due to the need to fulfil operational business.
SIR JOHN SAUNDERS: Okay. So you pick a time when you can predict it will be particularly light? It must be possible. You may not be able to get exactly there, but everyone's emphasised to me continually the need for exercising and exercising with as many people as possible, and no one's said, "Well, actually, you can't do it".
A. No, I'm not saying that it can't be done. This is my -- we haven't done the detailed planning about what this

would look like yet, but we would probably abstract a certain number of individuals to perform the roles, the certain roles that would be performed in a force operations centre if we had an attack, and we would backfill their roles with other individuals when we did that exercise.
SIR JOHN SAUNDERS: Okay, thank you.
MR HORWELL: So you've referred to frequent testing of the action cards and in your witness statement -- I'm not going to take you through all of it, obviously, it is there in evidence for us to refer to in the future. But at paragraph 9 of your witness statement, you have written:
"Since its inception in July 2020, the FOC has set up the FCIM on five occasions in relation to the following incidents: a large industrial fire, a chemical leak, a suspected terrorist attack involving a fake suicide vest, an illegal rave, and an incident involving an organised crime group in possession of weapons."
So it has been tested in real life?
A. Correct.
Q. Was it found fit for purpose?
A. It was.
Q. You were asked as to whether or not there was a chief superintendent responsible for the OCB at the

time of the attack. In evidence your reply was that you thought that there was and indeed it is Chief Superintendent Hill who was responsible for the OCB at the time of the attack.
SIR JOHN SAUNDERS: Sorry, just before you continue with that. Do you happen to know -- I mean, obviously it's going to be a chief superintendent or someone of that sort of rank overall in charge. But degrees of being in control can vary. Was he as hands-on with it as you have been?
A. I can't answer that.
SIR JOHN SAUNDERS: Or, because of the problems which were experienced in May 2017, more significance has been given to it?
A. I can't answer that, I'm afraid.
SIR JOHN SAUNDERS: Okay, thank you.
Perhaps you can tell me at some stage, not you personally, but perhaps GMP could tell me whether it's really carrying out exactly the same function.
MR HORWELL: I'm confident in saying the answer to your question must be yes, but I can't say that --
SIR JOHN SAUNDERS: Because you don't like to ask a question you don't know the answer to.
MR HORWELL: I can't say that formally but I will get confirmation. It's common sense, it must have made

a difference and one would hope that it did.
You were asked a number of questions about Silver and the fact that the Night Silver, the night superintendent, under the plans that have been drawn up, would remain at force headquarters if there was another attack.
A. Correct.
Q. I'm not going to take you to the detail of the action cards, but under the proposals now in force the initial police on-scene commander, so the police on-scene commander before the GATFC, under the plans set out, the initial police on-scene commander would be the duty inspector?
A. Correct.
Q. And that is set out, I think, on at least two of the action cards that are appended to your statement. You were asked a number of questions about media calls and what happened on the night.
Sir, there certainly were media calls to the operations room. It is very much my understanding, both of the dictaphone and of the enormous sequence of events that is available, that none of those calls were taken by Sexton. I will check that and again confirm, but that is very much my understanding of the evidence.
SIR JOHN SAUNDERS: Thank you very much.

MR HORWELL: Mr Clements, thank you very much.
SIR JOHN SAUNDERS: Thank you.
MR DE LA POER: Sir, unless you have any questions, that concludes this witness's evidence.
SIR JOHN SAUNDERS: No, I don't.
Thank you very much for the very clear evidence you have given us, which has been readily understood, so thank you very much.
MR DE LA POER: That just leaves the arrangements for tomorrow as that concludes the live evidence for today. I think it's 9.30 starting with Mr Thomas.
SIR JOHN SAUNDERS: Thank you.
(4.28 pm)
(The inquiry adjourned until 9.30 am on Tuesday, 7 September 2021)

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