

OPUS2

Manchester Arena Inquiry

Day 142

September 8, 2021

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1 Wednesday, 8 September 2021
 2 (9.30 am)
 3 Housekeeping
 4 SIR JOHN SAUNDERS: Mr de la Poer, good morning.
 5 MR DE LA POER: Sir, good morning. We are joined today by
 6 the inquiry—instructed Fire and Rescue service expert,
 7 Mr Hall. Before he is sworn, I'm aware, sir, there's
 8 something you wanted to say about the timetable for the
 9 next week and a half.
 10 SIR JOHN SAUNDERS: Yes, thank you.
 11 It's really vital that when we're doing the experts,
 12 we keep absolutely strictly to the timetable. I'm not
 13 just addressing you, Mr Cooper, but thank you for
 14 standing up. The reason for that is that the next stage
 15 is chapter 12. Chapter 12 will be, for the families and
 16 others, an intensely emotional time and it is vital, it
 17 seems to me, that we reach that part of the evidence and
 18 their particular part when we have said we are going to.
 19 It's only fair for them for preparation.
 20 Mr de la Poer tells me that everybody has been given
 21 the amount of time that they have asked for for asking
 22 questions. You're all extremely distinguished and
 23 experienced counsel. You're all now very experienced at
 24 timetables being set. Fortunately, when I was at the
 25 bar we didn't have such things, really, and I am aware

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1 of the difficulties because something crops up and you
 2 get taken down some passageway, but please, please, keep
 3 strictly to the timetable. That applies to counsel to
 4 the inquiry just as much as it applies to everybody
 5 else. I am not going to be like the Supreme Court in
 6 America, there won't be a bell go after half an hour and
 7 you just get cut off, but it may be quite close to it.
 8 MR COOPER: Sir, I'm leading as far as this expert is
 9 concerned and we put a time estimate in which is very
 10 much a worst—case scenario and I would anticipate,
 11 clearly again with the skill of CTI, many of the issues
 12 we would anticipate would have been dealt with. So I'm
 13 hoping that ours is a worst—case scenario.
 14 SIR JOHN SAUNDERS: Thank you. You'll appreciate I'm not
 15 trying to stop reasonable questioning or important
 16 questions, it's just important that, particularly at
 17 this stage, we do stick to the timetable.
 18 MR COOPER: I understand.
 19 SIR JOHN SAUNDERS: Thank you.
 20 MR DE LA POER: Sir, that having been said, may I now please
 21 invite the witness to be sworn.
 22 MR MATTHEW HALL (sworn)
 23 Questions from MR DE LA POER
 24 SIR JOHN SAUNDERS: Do sit down, Mr Hall. Before we start,
 25 thank you very much for your reports, all of which

2

1 of course I have read.
 2 MR DE LA POER: Please can you state your full name?
 3 A. Matthew William Hall.
 4 Q. Mr Hall, for your benefit and for the benefit of
 5 everyone else, I am going to headline the structure of
 6 my questions because they will certainly take us into
 7 the afternoon. There's a lot of material for us to get
 8 through, and I hope to do so in a way that everybody is
 9 able to follow, but that will be easier if I identify
 10 the topic areas in advance.
 11 We will begin with my topic 1, which is to introduce
 12 you and to introduce Mr Lawrie. We will then, my
 13 topic 2, introduce your written work in the inquiry. At
 14 3 we will establish some overarching concepts from your
 15 overview report. At 4, we will together consider some
 16 of the principles of JESIP. My topic 5, we will look at
 17 the issue of command structure. 6, the approach of
 18 a Fire and Rescue Service to risk. 7, we will briefly
 19 touch on the issue of control rooms, but I make clear
 20 that when we get to that stage, having invited you to
 21 headline some preliminary comments, I am going to invite
 22 you to undertake a piece of written work on that subject
 23 as it is not an issue which is well developed as
 24 an isolated topic in your reports, and that's no
 25 criticism of you at all.

3

1 At 8 we will look at the issue of preparedness of
 2 Greater Manchester Fire and Rescue Service for an event
 3 of the type which eventuated. At 9 we will consider the
 4 Fire and Rescue Service's emergency response on the
 5 night of the 22nd. And at 10 we will just take a step
 6 back and consider together the bigger picture of the
 7 emergency response as a whole.
 8 Plainly, some of those are shorter topics, others
 9 are longer, but hopefully that having been said,
 10 everybody will be able to follow my questions.
 11 Topic 1, Mr Hall, is to introduce you and then to
 12 introduce Mr Lawrie and explain what his role is.
 13 Can you begin, please, by confirming that you were
 14 instructed on behalf of the chairman to the inquiry —
 15 he in fact was the coroner and they were inquests at the
 16 time — by who is now the solicitor to the inquiry to
 17 prepare reports addressing issues arising from
 18 22 May 2017?
 19 A. That's correct.
 20 Q. As to who you are, and at my topic 2 we'll come to the
 21 reports that you have produced, is it right that between
 22 1984 and 1989 you served in the Royal Navy?
 23 A. I did.
 24 Q. Having left the Royal Navy in 1990, you joined the
 25 London Fire Brigade?

4

1 A. I did.
 2 Q. Between 1990 and 2005, you progressed your career in the
 3 London Fire Brigade?
 4 A. Correct.
 5 Q. In the course of that period, you became a graduate of
 6 the Institute of Fire Engineers?
 7 A. I did.
 8 Q. Could I ask you to speak up a little bit?
 9 A. Sorry. Yes, I did.
 10 Q. You became an instructor?
 11 A. Correct.
 12 Q. Between 2002 and 2005, you held the rank of station
 13 manager?
 14 A. Yes.
 15 Q. And in that role, you conducted a review on behalf of
 16 the London Fire Brigade into the emergency response to
 17 the Marchioness sinking in the River Thames following
 18 Lord Justice Clarke's inquiry?
 19 A. Yes.
 20 Q. Did you also qualify as a commander in that period?
 21 A. I did, yes.
 22 Q. Was that as a Silver commander?
 23 A. Yes.
 24 Q. Did you qualify in that period as a Gold commander or
 25 did that come later?

5

1 A. That came slightly later.
 2 Q. We will come to that in its proper place. That has
 3 taken us to 2005 and just identified some of the key
 4 features of your career development.
 5 Between 2005 and 2006, did you join the special
 6 operations group at the London Fire Brigade?
 7 A. Yes, I did.
 8 Q. Did you form part of the team who were conducting
 9 a review following the 7/7 attack and subsequent 21/7
 10 attempted attack?
 11 A. Yes, I did.
 12 Q. Did you attend the Barnes Inquiry on behalf of the
 13 London Fire Brigade?
 14 A. Yes, I did.
 15 Q. Not everybody will be familiar with that. Could you
 16 tell us what the Barnes Inquiry was?
 17 A. It was effectively a local and close to the event
 18 inquiry looking at the emergency response to the events
 19 of 7/7 and the bombings in London.
 20 Q. And was your particular focus on the impact of the
 21 emergency response on survivor treatment and victims'
 22 families?
 23 A. Yes. I was asked to attend in particular the survivors'
 24 evidence and days so that I could more fully understand
 25 the impact of such an atrocity on people that were

6

1 involved at the time.
 2 SIR JOHN SAUNDERS: Can you all hear all right at the back?
 3 Okay. Thank you.
 4 MR DE LA POER: That takes us to early 2006. Did you then
 5 have a 6-month period seconded to the Department for
 6 Communities and Local Government?
 7 A. I did.
 8 Q. Was that undertaking an assessment of the operational
 9 service delivery for the UK Fire and Rescue Service?
 10 A. It was.
 11 Q. From the back-end of 2006 into 2008, were you a staff
 12 officer to the deputy commissioner?
 13 A. I was.
 14 Q. 2008 to 2011. Were you promoted to the rank of group
 15 manager within the London Fire Brigade?
 16 A. Yes.
 17 Q. Did you take the lead on a number of special projects?
 18 A. Yes.
 19 Q. And were you the London Fire Brigade's strategic
 20 response arrangements and Gold commander training --
 21 forgive me, that was a bad question.
 22 Were you involved in the LFB's strategic response
 23 arrangements and also in Gold commander training?
 24 A. In the drafting of the LFB strategic response
 25 arrangements policy, yes, and the Gold commander that

7

1 subsequently followed from that.
 2 Q. And did you also become what was known at the time as an
 3 inter-agency liaison officer?
 4 A. I did, yes.
 5 Q. From 2011 to 2014, were you a deputy assistant
 6 commissioner?
 7 A. I was.
 8 Q. Were you also the national inter-agency liaison officer
 9 coordinator?
 10 A. Yes, I was.
 11 Q. Did that give you a position of responsibility which was
 12 national?
 13 A. It did, yes.
 14 Q. Were you a member of and the Fire and Rescue Service
 15 representative to the multi-agency joint operational
 16 group for MTFA response?
 17 A. I was.
 18 Q. So is it about this time that the concept of an MTFA and
 19 the emergency service response was the subject of very
 20 significant development?
 21 A. It was indeed, yes, and the project led to -- ahead of
 22 the Olympics in 2012, to deliver that capability where
 23 possible.
 24 Q. Indeed, were you the Fire Service lead for the
 25 development and delivery of the role of the Fire and

8

1 Rescue Service within the London Olympics?
 2 A. Within the National Olympic Coordination Centre, which
 3 was responsible for the safe delivery and safety of the
 4 games, yes.
 5 Q. Were you also a contributor to the joint operating
 6 principles as then was?
 7 A. I was part of that team, yes.
 8 Q. Reaching the end of your career with the London Fire
 9 Brigade and just dealing with the last 2 years, did you
 10 continue in the rank of deputy assistant commissioner
 11 between 2014 and 2016?
 12 A. I did.
 13 Q. Were you involved in the technical and support services
 14 branch of the London Fire Brigade?
 15 A. I was, yes.
 16 Q. Essentially was that ensuring that the London Fire
 17 Brigade was at the cutting edge in relation to
 18 equipment?
 19 A. Yes, and technology and development and a more effective
 20 and efficient means of responding to emergencies
 21 generally.
 22 Q. Did you leave the London Fire Brigade in 2016?
 23 A. I did.
 24 Q. But did you maintain a relationship with them as an
 25 associate of the London Fire Brigade Enterprise Limited,

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1 which is the training arm of the LFB?
 2 A. I did.
 3 Q. Does that involve, among other things, you delivering
 4 NILO courses?
 5 A. It did up until the start of this inquiry process, where
 6 I have since ceased to be an associate, so that I could
 7 focus solely on this work.
 8 Q. Concurrent with that from 2016, have you been acting as
 9 a consultant in private practice?
 10 A. I have.
 11 Q. Does your consultancy service include offering training
 12 and support to a variety of bodies including
 13 Her Majesty's armed forces and government departments?
 14 A. Yes.
 15 Q. Does that include the delivery of such training and
 16 support in relation to multi-agency emergency response
 17 and interoperability?
 18 A. It does.
 19 Q. That's all I'm going to say by way of introduction to
 20 you and your background and expertise. I'm going to
 21 turn next, please, to a gentleman who is mentioned in
 22 your reports, that is John Lawrie, and for this can
 23 I please invite Mr Suter, who's assisting us with the
 24 presentation materials today, to go to {INQ032503/1},
 25 where you deal with Mr Lawrie in your second report.

10

1 I understand that we've had to make an adjustment to
 2 the technology today, it's nobody's fault at all and
 3 Mr Suter is assisting us with this, but it will mean
 4 there will be a slight delay when we come to put up
 5 materials. I'm hopeful it won't be a very long delay.
 6 (Pause)
 7 We will do it another way because I'm hoping that
 8 the technology will allow me to bring it up on my screen
 9 and I know this is something you are very familiar with
 10 and I can perhaps read it out to you and you can confirm
 11 it.
 12 Is it right that Mr Lawrie is described in your
 13 second report as a researcher and analyst?
 14 A. That's correct, yes.
 15 Q. So is the position that in relation to all the reports
 16 you have done, but the first one you have done, which is
 17 described as an overview report, you were assisted by
 18 Mr Lawrie?
 19 A. That's correct.
 20 Q. But so far as the opinions which are offered in there,
 21 are they your opinions?
 22 A. They are.
 23 Q. So what you say in your reports, and I'll read it out so
 24 everybody understands who Mr Lawrie is, do you
 25 understand as you put in your report that Mr Lawrie

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1 worked for 25 years in law enforcement and for most of
 2 that period was engaged in specialist roles?
 3 A. I do.
 4 Q. That he has held the positions of staff officer,
 5 emergency planning officer and contingency planner?
 6 A. Yes.
 7 Q. He has been a firearms instructor, a tactical adviser in
 8 two national forces as well as the National Crime
 9 Agency, Regional Crime Squad and the London Flying
 10 Squad?
 11 A. Yes.
 12 Q. He's delivered firearms command and control processes to
 13 police forces since 1990s?
 14 A. Yes.
 15 Q. And that he was engaged in operations throughout one of
 16 the busiest periods of counter-terrorist operations in
 17 the UK?
 18 A. That's correct.
 19 Q. And having completed that work, do you understand that
 20 he worked as an intelligence analyst in Whitehall for
 21 several years researching and authoring a number of
 22 cross-government reports?
 23 A. Yes.
 24 Q. And has acted as a delegate to the United States, the
 25 Middle East and Europe?

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1 A. Yes.
 2 Q. And do you understand Mr Lawrie now operates as
 3 a consultant, that he has delivered services throughout
 4 the UK as well as Norway, and he is a keynote speaker to
 5 the UK national inter-agency liaison officer courses and
 6 has lectured extensively, including to the European
 7 Commission?
 8 A. He has, yes.
 9 Q. Finally that he specialises in threat, risk and
 10 political and religious extremism?
 11 A. Correct.
 12 Q. Mr Lawrie is present in the hearing room today; is that
 13 correct?
 14 A. That's correct, he is.
 15 Q. In the interests of complete transparency, can I make
 16 clear what the inquiry legal team proposes that
 17 Mr Lawrie's role is during the course of your evidence.
 18 It is this: that during the breaks, if you, Mr Hall,
 19 feel that you need to call upon him in the role that he
 20 assisted you when writing the reports, namely as an
 21 assistant or a researcher, then you would be permitted
 22 to do so, but that in the event that you do do so,
 23 you will inform the inquiry legal team of what passes
 24 between you so that we can consider whether anything
 25 that is said is disclosable to core participants. Do

13

1 you understand that's the process that we are proposing
 2 to adopt?
 3 A. That's what I understand and what I will do, yes.
 4 Q. That concludes my first topic. Let's move to the
 5 second, which we can deal with very briefly. That is
 6 simply to identify, principally for the members of the
 7 public, exactly how you come to sit in the witness box
 8 today with the opinions that you hold.
 9 Is it correct that your first report was described
 10 as an overview of the role of the Fire and Rescue
 11 Service at major incidents and that that was dated
 12 October 2019?
 13 A. That's correct.
 14 Q. That is an 84-page report.
 15 A. It is.
 16 Q. And that, as we have covered already, was not a report
 17 which you were assisted in the preparation of by
 18 Mr Lawrie?
 19 A. Correct.
 20 Q. Did you next, in May 2020, provide an independent report
 21 into the Greater Manchester Fire and Rescue Service and
 22 North West Fire Control response to the Manchester Arena
 23 response?
 24 A. I did.
 25 Q. That being 56 pages plus a further 19 pages of

14

1 appendices?
 2 A. Correct.
 3 Q. Did you provide, subsequent to that, an addendum to your
 4 report, dated July 2020, in which you responded to
 5 questions which had been posed to you by core
 6 participants?
 7 A. I did.
 8 Q. A further 36 pages?
 9 A. Correct.
 10 Q. Penultimately, were you a contributor to what is
 11 described as the emergency response capping report dated
 12 August 2020 and being 15 pages?
 13 A. I was.
 14 Q. And did you do that in collaboration with the other
 15 emergency response experts?
 16 A. I did.
 17 Q. Finally, and what will be an important document for
 18 today's purpose, did you prepare a response to the list
 19 of central issues, as it was described to you, in
 20 August 2021?
 21 A. I did.
 22 Q. Is that a document which is 25 pages, consisting of
 23 answers to 29 questions in relation to
 24 Greater Manchester Fire and Rescue Service, 26 in
 25 relation to North West Fire Control, and one in relation

15

1 to your capping report?
 2 A. That's correct.
 3 Q. Does that document capture your views in answer to those
 4 questions following the oral evidence that you have
 5 heard?
 6 A. It does.
 7 Q. And have you made it your business during the oral
 8 evidence hearings to ensure that you have heard and
 9 considered all of the oral evidence as it touches upon
 10 the Fire and Rescue Service?
 11 A. I have.
 12 Q. So that everybody understands -- the core participants
 13 already know this -- that 25-page document will be
 14 published on the inquiry's website. It can be taken as
 15 read by all questioners and I will be asking you to
 16 focus on particular issues within it.
 17 Topic 3, overarching principles from your overview
 18 report. There are just four that I want to take you to.
 19 I'll just see whether or not the technology now permits
 20 us to do so. It does. So Mr Suter or Mr Dunlay, please
 21 could we have {INQ025471/1}. I'm very grateful for you
 22 addressing that without causing --
 23 SIR JOHN SAUNDERS: Don't speak too soon! Let's wait until
 24 something comes up. We're on the concluding remarks
 25 now.

16

1 MR DE LA POER: Yes. I'm going to take you to four
 2 paragraphs, which you put in your report. I'll read
 3 each of them into the record, they are only short.
 4 MR COOPER: I think we did speak too soon. I see
 5 Mr Atkinson...
 6 MR DE LA POER: Is your monitor on, Mr Cooper?
 7 (Pause)
 8 Four of these paragraphs. 244 {INQ025471/82}:
 9 "The Fire and Rescue Service, along with its
 10 partners agencies, has a key role to play in the
 11 management and resolution of many kinds of incidents
 12 in addition to its primary roles of firefighting and
 13 rescue."
 14 I'm sure that that might be thought to be
 15 a statement of the obvious, but it is an important
 16 statement; do you agree?
 17 A. I do agree, yes.
 18 Q. And do those incidents include incidents of the type
 19 which occurred on 22 May 2017?
 20 A. They do.
 21 Q. 247, a second principle to draw your attention to as
 22 stated here:
 23 "No single agency has the necessary capability to
 24 resolve a major incident on its own due to its
 25 complexity, number of casualties and other associated

17

1 threats and risks that may be present. Joint working,
 2 co-location, coordination and communication between all
 3 agencies attending is therefore essential."
 4 A. Yes.
 5 Q. Do you stand by that?
 6 A. I do.
 7 Q. Again, is that an important principle?
 8 A. I believe so, yes.
 9 Q. 248, focusing on the control room:
 10 "The role of the control room, whether single agency
 11 or shared, in assimilating and sharing key information
 12 across all agencies cannot be understated."
 13 You say "understated" there and I wonder whether you
 14 might mean "overstated".
 15 A. Perhaps I do.
 16 Q. Do you mean that it is very important?
 17 A. I mean that it's very important.
 18 Q. "Whichever agency receives the information or
 19 intelligence needs to share that information with its
 20 partners at the earliest opportunity to ensure a joint
 21 understanding of risk and shared situational awareness."
 22 Again, another important principle so far as the
 23 role of a control room?
 24 A. I believe so, yes.
 25 Q. And finally paragraph 255, which is over the page

18

1 {INQ025471/83}, please. Here, the reference to "they",
 2 the third word, is to commanders, which is in the
 3 previous paragraph; can you confirm that?
 4 A. That's correct.
 5 Q. So I'll read it out:
 6 "The decisions [the commanders] make, particularly
 7 in the early stages of an incident, can determine the
 8 effectiveness of any subsequent response, so it is
 9 essential they obtain accurate and up-to-date
 10 information and intelligence and share that with their
 11 partners at the earliest opportunity."
 12 Again, a number of facets to that, but all of that,
 13 do you stand by as being correct?
 14 A. I do, yes.
 15 SIR JOHN SAUNDERS: So that means recovery from a mistake
 16 can be extremely difficult?
 17 A. Absolutely, sir, yes.
 18 SIR JOHN SAUNDERS: This may be perhaps something which will
 19 become apparent from the evidence you are going to give
 20 generally.
 21 A. Indeed, sir.
 22 MR DE LA POER: Thank you very much indeed, Mr Suter.
 23 We are going to move now to my topic 4 with those
 24 matters in mind.
 25 SIR JOHN SAUNDERS: Are the monitors working? No. If it

19

1 becomes difficult for you or impossible, please tell me
 2 and we'll obviously break off.
 3 MR COOPER: Mr Dunlay is going to broadcast it on that
 4 screen for us for the time being.
 5 SIR JOHN SAUNDERS: If there is a problem, please do tell
 6 me.
 7 MR DE LA POER: Thank you very much indeed, Mr Cooper, and
 8 those who are bearing with us. There are some documents
 9 that we do need to look at, but I'm certain that none of
 10 them will take anyone in this room by surprise at all.
 11 One of those matters which you mentioned Mr Hall was
 12 the importance of joint working; do you agree?
 13 A. I agree, yes.
 14 Q. And is the touchstone for joint working JESIP?
 15 A. I believe so, yes.
 16 Q. We'll come at the end of this section to your views
 17 about JESIP more generally, but in summary form, having
 18 heard all the evidence, do you regard JESIP as still
 19 being relevant and important?
 20 A. I do, yes.
 21 Q. Let's have a look and see what you say about it, please,
 22 in one of your reports. {INQ025471/1}. Again, there's
 23 not too much to read out here, and bearing in mind not
 24 everybody can see it clearly, I will endeavour to read
 25 it out. We'll begin by looking at the five JESIP

20

1 principles as they are known. Page 36 {INQ025471/36}.

2 Thank you.

3 Have you taken these from the JESIP joint doctrine

4 document?

5 A. I have, yes.

6 Q. We can see them all set out there. Everybody who's been

7 following our process will be extremely familiar with

8 them. I wanted to, having put those up, just see what

9 you have said about them in your report. At

10 paragraph 108, you say:

11 "If the principles are followed then the result

12 should be a jointly agreed working strategy where all

13 parties understand what is going to happen, when and by

14 who."

15 Then you list what the strategy should include,

16 a question the chairman in particular has asked of

17 a number of witnesses. You have said the result should

18 be a jointly agreed working strategy. What occurs if

19 agreement cannot be reached?

20 A. I think, as has been demonstrated through the evidence

21 thus far, if it doesn't play out in the way that the

22 principles were envisaged, then that contributes to

23 significant difficulty in resolving an incident. I do

24 state earlier in the report around no single agency can

25 resolve an incident like this on their own, so the

21

1 emphasis and the priority is on those agencies to meet

2 together to co-locate through the five principles and to

3 agree together, within their own spheres of operation,

4 the best way to proceed with a multi-agency plan,

5 accepting that some individual agencies may be in

6 attendance earlier than others and there will be a point

7 in the initial early stages of a major incident where

8 the information and intelligence will be somewhat

9 chaotic and their ability to grip and plan will develop

10 hopefully over a relatively short period of time. But

11 the principle stands that to achieve the best outcome,

12 you need to agree with the partner agencies how you're

13 going to deliver that effect on the ground.

14 SIR JOHN SAUNDERS: Let's just get right to a central issue:

15 all the people at the top of the particular rescue

16 agencies have all said JESIP is vital, really important.

17 It has consistently failed. Not just here, but there

18 are other occasions when JESIP just hasn't worked. The

19 question is why. One of the reasons may be that

20 although it is accepted at a high level the need for

21 JESIP, at other levels, the people on the ground don't

22 accept it is right or don't understand the principles or

23 don't operate them, or there is a failing within JESIP,

24 which is: it depends on agreement. If you can't agree,

25 then JESIP fails. They couldn't agree on 22 May 2017

22

1 and JESIP did fail. So what's the resolution for that?

2 A. I think if I can begin to answer that with another

3 question.

4 SIR JOHN SAUNDERS: Not to me, you can't, I'm afraid.

5 A. Perhaps a comment on that is that the question I asked

6 to myself in reviewing the evidence is: did JESIP

7 actually fail or was JESIP not totally or completely

8 applied in the way in which it was envisaged? I think

9 they're two slightly different things.

10 SIR JOHN SAUNDERS: Right. We can obviously develop that in

11 due course.

12 A. Yes.

13 SIR JOHN SAUNDERS: But in your view can it be fixed? Can

14 it be made to work?

15 A. In my view I believe it can, sir. There's an element

16 around taking something that can be seen as potentially

17 niche or specialist that is known by some, the planners,

18 the strategic entities within an organisation, and

19 somehow in my view, through training and testing and

20 exercising in a variety of scenarios and situations, the

21 principles need to become business as usual. The muscle

22 memory, if you will, needs to be in every responder and

23 every officer and almost your day-to-day approach in the

24 office before an incident happens is to be thinking

25 through and responding to information and intelligence,

23

1 assessing risk and devising strategies and plans and

2 delivering that and reviewing what happens as a matter of

3 course.

4 I think only then will it become so natural and so

5 embedded that it no longer needs to be thought of or

6 handed out in an aide-memoire so that somebody has to

7 think "I had better think about my JESIP principles".

8 If you will, you're almost living the JESIP principles.

9 SIR JOHN SAUNDERS: We've been trying to get it to work

10 since 7/7, so you can convince us and tell us how we are

11 going to get it to work and what recommendations we

12 should make, but we'll obviously look in more detail at

13 those aspects in the evidence.

14 MR DE LA POER: Certainly, sir, I do propose, before I leave

15 this topic area, just to come back to that as

16 a substantial issue within it.

17 Can I continue with you, please, reviewing what

18 you have said about it in this report because again it

19 will provide the context for what you say subsequently.

20 Paragraph 109:

21 "The application of JESIP and the concepts

22 underpinning it provide all emergency response agencies

23 with a shared and joint understanding of risk and a

24 shared situational awareness, which can then enable the

25 agencies to appropriately and effectively deploy their

24

1 individual resources ..."

2 You then go on to talk about a five-stage risk

3 assessment process detailed within it, which:

4 "... promotes the essential requirement for the

5 joint understanding of risk by employing a comprehensive

6 framework enabling all responders to engage in

7 consistent risk assessment process."

8 We're going to pause there and just have a look at

9 this issue of risk because I asked you a general

10 question about what if people don't agree and we're

11 going to look specifically at what if people don't agree

12 about what the risk is because risk, do you agree, can

13 be a big driver of behaviour?

14 A. It can, yes.

15 Q. We're going to have a look at the joint doctrine now,

16 please, Mr Suter. {INQ004542/7} at the bottom.

17 Edition 2, July 2016. The joint doctrine document,

18 which begins, as I am sure you can confirm, with the

19 five principles and then sets out a great deal more

20 detail around different aspects of it. When considering

21 the issue of a joint understanding of risk it begins by

22 saying:

23 "Different responder agencies may see, understand

24 and treat risks differently."

25 A. Yes.

25

1 Q. So do you agree that JESIP appears to begin or at least

2 recognise in the course of its process that different

3 emergency responders may view risk differently?

4 A. It does. It recognises, in my view, the nuances and the

5 core roles, in fact, of the different agencies that are

6 likely to respond to an incident.

7 Q. And it goes on to indicate that:

8 "Each agency should carry out their own dynamic risk

9 assessment and then share the results so that they can

10 plan control measures and contingencies together more

11 effectively."

12 So we're going to come to the issue of the approach

13 to risk as a separate topic, but at this stage, do you

14 agree that, on the face of it, each of the emergency

15 services, whether corporately or individuals within it,

16 did on 22 May appear to conduct some form of dynamic

17 risk assessment?

18 A. Yes.

19 Q. So the first part of what is envisaged does appear to

20 have occurred?

21 A. It does, yes.

22 Q. And the first sentence, recognising that people might

23 see risk differently also, do you agree, appears to have

24 occurred?

25 A. I do, yes.

26

1 Q. But it envisages then the sharing of results so that

2 they can plan control measures and contingencies

3 together more effectively and it goes on to say:

4 "... by jointly understanding risks and the

5 associated mitigating actions, organisations can promote

6 the safety of the responders and reduce the impact that

7 risks may have on members of the public, infrastructure

8 and the environment."

9 Have you in your review of the evidence, applying

10 your expert opinion, identified occasions on which there

11 was any sharing of the risk assessment by the Fire and

12 Rescue Service with anyone else?

13 A. Not that I have seen.

14 Q. So if one were to break this down into the three parts,

15 the first sentence, the first part of the second

16 sentence and then the second part of the second

17 sentence, does it appear that 1 and 2 did occur but

18 where on the risk assessment side it has fallen down,

19 the third part didn't?

20 A. It would appear so, yes.

21 Q. Had that occurred, based upon your experience, would you

22 have expected the differences which existed before to

23 have been discussed?

24 A. I would, yes.

25 Q. Again, in your experience, have you encountered

27

1 situations where that constructive discussion occurs

2 where still agreement has not been reached?

3 A. Yes, I have.

4 Q. So even though JESIP envisages that third step, which

5 doesn't appear to have taken place here, that may still

6 not result in agreement about risk?

7 A. It may not because individual or organisational

8 understanding of specific risk may be different. For

9 example, armed policing will look at confronting and

10 neutralising an armed threat in a different way to the

11 Fire and Rescue Service or the Ambulance Service, so

12 therefore their tactics and their deployment and their

13 equipment would be different. So their appetite for

14 risk to resolve that particular aspect of an incident

15 would be different to fire or ambulance. So there'd be

16 a discussion around, "We are going to go here", for

17 example, and fire will look for an alternative position,

18 which would not be in the same place --

19 SIR JOHN SAUNDERS: Sorry, just to cut you off, I understand

20 that the armed police will be prepared to go into that

21 sort of area because they're armed with guns and that's

22 what they do.

23 A. Of course.

24 SIR JOHN SAUNDERS: It's difficult to understand how the

25 Fire Service should have a different understanding of

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1 how the police should look at that risk. They may not
 2 be prepared to go to the same place because they haven't
 3 got the guns, but how can't they both share what the
 4 nature of the risk is when it's the police who know.
 5 A. Absolutely, sir. I may have misdirected that. They
 6 should absolutely share the risk. I think the issue for
 7 me is whether the individual aspects/elements of risk
 8 are shared in the round, and this is the piece around
 9 the need to co-locate and have the professional
 10 discussions so that everybody can understand the same
 11 risk and why they would put plans in place to deal with
 12 the incident at those different stages as appropriate.
 13 SIR JOHN SAUNDERS: Okay. It's a very grand plan: let's all
 14 co-locate. This all broke down before we got there. So
 15 it's communications before you even co-locate to decide
 16 where you're going to co-locate?
 17 A. Indeed, sir, and it goes right back to the first point
 18 of -- I don't know if I'm jumping ahead into other areas
 19 here, but it goes right back to the point of how the
 20 information and intelligence is handled at minute 1 and
 21 from there how it's disseminated and from there how that
 22 response is coordinated and from there, once the assets
 23 are at the scene, how that then is equally joined up and
 24 coordinated on the ground to develop and improve the
 25 tactical plan, which will always be evolving as more

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1 information and intelligence is known.
 2 SIR JOHN SAUNDERS: So you have to have communication before
 3 you can actually agree about anything --
 4 A. It's absolutely key, yes.
 5 SIR JOHN SAUNDERS: -- in order to talk about it? So let's
 6 assume that we get over that first hurdle, which we
 7 never did on 22 May, and we still hit the problem, don't
 8 we, we just don't agree and we can't move forward, so we
 9 can't agree on the RVP? We can't proceed without
 10 an RVP, the whole thing breaks down without it. Don't
 11 we need to have to say: if you can't agree, someone has
 12 to say, "You're going there", and someone has to be able
 13 to say, whatever force it is, "I'm in charge, you will
 14 do what I say"?
 15 A. I did see some of Mr Thomas' evidence yesterday, so
 16 you'll probably anticipate my response. I'm in
 17 agreement with him insofar as I believe it is -- that's
 18 a difficult thing to achieve. I'm not qualified to say
 19 whether it's possible or not, but it's certainly
 20 challenging. The main reason it's challenging is that
 21 no single agency has any authority in law, is my
 22 understanding -- and I'm absolutely not a lawyer, but
 23 it's my understanding under their statutory
 24 responsibilities that they do not have authority to
 25 control and command another organisation's resources.

30

1 So they may have a strong view about it's perfectly
 2 safe for fire to go forward. If I am having that
 3 conversation on the ground with an OFC or TFC, I'm going
 4 to say, "Fine, but what I will do is I'm not going to go
 5 there, but I will go here".

6 Normally what you would hope, and I think what the
 7 principles anticipate, is that that conversation,
 8 because of the shared understanding of risk, will allow
 9 for that clarity of judgement, but you have to be in the
 10 same place.

11 So we know each other, if it were the three of us
 12 that were at the RVP, and we agree together this is the
 13 best plan that we can do -- but I fully accept your
 14 point, if you don't even get to an RVP, let alone agree
 15 a plan, that becomes very difficult.

16 SIR JOHN SAUNDERS: Let's assume we've got to an RVP but we
 17 can't agree. Let's forget what the law provides for at
 18 the moment. The reality is here there was a lot of
 19 disagreements between the various services and the
 20 result of that was that JESIP failed. Now, do we not
 21 need to have a fallback position? Do we not need -- if
 22 the position is that if you can't agree someone in law
 23 has the right to tell you to do it?

24 A. I'd probably have to reflect a little longer on that,
 25 sir, if I may.

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1 SIR JOHN SAUNDERS: Yes. It's a pretty central issue so
 2 you have plenty of time.

3 Sorry, Mr de la Poer.

4 MR DE LA POER: Not at all. I'm sure that we will come back
 5 to some aspects of that and your answers will develop
 6 in relation to parts of it.

7 I would like, please, to look now at an aspect that
 8 hasn't received a substantial introduction in this
 9 inquiry yet and so you're going to help us to understand
 10 it. Some have mentioned it, it was mentioned by
 11 Mr Thomas yesterday, he described it as the national
 12 decision model, which is how it's referred to in
 13 policing. Within JESIP it's described as the joint
 14 decision model. We're just going to have a look at that
 15 and you're going to explain to us how it should work in
 16 principle and then assist us with whether or not it is
 17 practical.

18 {INQ004542/15}. Again, just reading into the record
 19 for those that might not have it immediately in front of
 20 them:

21 "One of the difficulties facing commanders from
 22 different responder agencies is how to bring together
 23 the available information, reconcile potentially
 24 differing priorities, and then make effective decisions
 25 together. The joint decision model shown below was

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1 developed to resolve this issue.”
 2 On the face of it, Mr Hall, the situation that the
 3 chairman was positing to you, namely different people
 4 have different perspectives, they’ve come together,
 5 this, within the joint doctrine, appears to be described
 6 as the solution to that; do you agree?
 7 A. I do, yes.
 8 Q. Let’s have a look and see how that potential solution
 9 might work. Could you, rather than me doing any more
 10 reading for the time being, just talk us through the
 11 joint decision model, please?
 12 A. Yes. And I think, actually, reflecting on the
 13 chairman’s question of a moment ago, to a degree this
 14 should be the driver and authority that makes everybody
 15 pull together and work. In a way — and I will try and
 16 explain what I mean by that. At the centre of the hub,
 17 if you look at it as a kind of wheel, the statement
 18 “Working together, saving lives and reducing harm” is
 19 the core driver for all of the responders and should be
 20 effectively the touchstone of any decisions that are
 21 made, any plans that are put in place, and this is a —
 22 whilst the arrows go round similar to a clock face this
 23 isn’t a “do this once” model, this is a continuous and
 24 living, if you will, model to be used throughout the
 25 lifetime of an incident until its resolution.

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1 So at the very heart of that is this concept of: is
 2 the decision I’m going to make — is this — how does
 3 this information and intelligence add into the overall
 4 premise of working together with my partner agencies,
 5 saving lives and reducing harm to those that have been
 6 affected? Those are the key principles that must drive
 7 everything that comes out of that. This is the broad
 8 (overspeaking) —
 9 SIR JOHN SAUNDERS: So we all agree that’s the result, if
 10 you all do it?
 11 A. Correct.
 12 SIR JOHN SAUNDERS: That’s your incentive for doing it?
 13 A. Yes, sir, and individual agencies alongside that can
 14 challenge their own plans and thoughts and intelligence
 15 and information and say: is my contribution to this plan
 16 in line with these principles? And perhaps I can give
 17 some examples later.
 18 MR DE LA POER: If you want to talk us through it by
 19 reference to an example scenario, if that’s going to be
 20 the easiest way for you to convey how this works, then
 21 please do so.
 22 A. So fundamentally it starts at the top in the “gather
 23 information and intelligence” box. You cannot do —
 24 effectively cannot do any of the rest of the planning
 25 without — you have to have a reason for being. So

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1 whether that’s a phone call from a member of the public,
 2 whether it’s officers or people from an organisation at
 3 a scene when something develops, however that comes in,
 4 whether it’s in through a control room or somebody
 5 knocking on the front door of a fire station, for
 6 example, there will be some information and intelligence
 7 about an incident that requires a joint response to
 8 resolve it that feeds into that first area of the mix.
 9 Information and intelligence in and of itself is not
 10 enough to just react to, so there’s a process of
 11 assessing that risk and developing a working strategy.
 12 So what that means is: based on the information and
 13 intelligence I now have, what’s the impact of that, what
 14 risks are there to the public and those involved and
 15 equally organisational responsibilities /duty of care,
 16 what are the other risks associated and what might be
 17 external risks to that? For example, the location of
 18 it, other processes that may be going on around,
 19 population density, transport hubs, whatever it is.
 20 Then from that to develop a working strategy. Now,
 21 that may organisationally take the form of something
 22 like a PDA, so fire services will know that if we have
 23 a fire in a house, we will — over long years of
 24 history, it’s estimated that we will send two or three
 25 pumping appliances and, where required, there may be

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1 officer cover to go to that because they know to assess
 2 the risk of that and develop a working strategy, that’s
 3 a commensurate resource to send to an incident to deal
 4 with that.
 5 In the framework that JESIP envisages around a major
 6 incident, there may be many more or different risks to
 7 that which require a more bespoke plan and a more
 8 bespoke working strategy, depending on those situations
 9 given by the information and intelligence.
 10 Alongside that — I appreciate this is going to
 11 sound as if it is a very long process to go through. It
 12 happens in reality much quicker.
 13 SIR JOHN SAUNDERS: Let’s go through it and we’ll talk about
 14 the practicalities after you have gone through them, the
 15 main structure.
 16 A. Within that, every organisation, fire, police,
 17 ambulance, have certain policies, power and procedures
 18 that they need to lawfully operate under but also may
 19 give guidance for how certain things are done. It may
 20 be levels of personal protective equipment, for example,
 21 it may be using a certain kind of means to access
 22 a premise. It may require a specialist at-height
 23 vehicle. These are just examples of different things.
 24 They’ll have policies that underpin how that effect is
 25 delivered on the ground.

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1 Equally, and I won't speak to policing or ambulance
 2 in any sense as an expert, but in how they deploy, they
 3 will also have other powers and policies and things that
 4 guide and influence how they may respond and resolve the
 5 incident. So that's a consideration around — with the
 6 information and intelligence I have, having assessed the
 7 risks and coming up with a working strategy, is all of
 8 this — does all of this sit within my powers, policies
 9 and procedures? So I'm not stepping outside of what has
 10 been agreed or what may be statutorily required, still
 11 with everything feeding back into the middle for
 12 "working together, reducing harm and saving lives" as
 13 the check.

14 So far we have information, we have assessed the
 15 risk, we have developed a strategy, we have considered
 16 that we are operating and agree that we are operating
 17 within powers and policies and procedures and whether we
 18 need to augment that or step outside of that is
 19 a conscious thought—through decision.

20 You're then identifying options and contingencies so
 21 you're able to say: right, in light of all of that
 22 stuff, we can now do this and this. And if that goes
 23 wrong, the contingency is: we'll consider doing that.
 24 So it's an opportunity there to reflect on how you'll
 25 take everything that's proceeded and deliver that effect

1 on the ground or wherever it's required.

2 Once those options and contingencies are decided on,
 3 you then obviously have to do it. A plan's no good if
 4 you don't do it. Planning is the key. The plan can
 5 fail, but the fact that you've gone through this process
 6 means you're more likely to succeed because you'll come
 7 back up again and you'll challenge again the things that
 8 aren't working out in the way you thought they would.

9 So you have to take action, execute the plan and
 10 then review what happened: did that work? So my plan is
 11 to go here and meet these people at this place and take
 12 out this activity to save life. Has any of that
 13 actually worked or am I now in a different place and
 14 it's not having the effect because I've found I was
 15 going to drive down street A and I can't do that now
 16 because a building's collapsed on it, so that plan is
 17 clearly not going to work. What I need to do then is
 18 drop that information and intelligence back into the box
 19 and go round again.

20 So that in principle, sir, if I can be brief as
 21 I can is how I envisage it working.

22 SIR JOHN SAUNDERS: Let's deal with the practicalities.

23 There is an explosion at a major factory in a built-up
 24 residential area. So you have a large fire going, which
 25 has a risk of spreading, you may have people injured who

1 require the help of the Ambulance Service, you may need
 2 people to be moved from out of their houses in the
 3 locality, so you need the police involved.

4 So the first thing the fire are rung, a 999 call,
 5 people get into their fire engines and roar off to the
 6 scene. Policemen, ambulance also are called and they
 7 roar off to the scene. Where in practice and how does
 8 this work?

9 A. It works because, before JESIP, all organisations have
 10 a risk assessment tool as part of the operational
 11 commander training, as part of incident command
 12 training, it's standard custom and practice to assess
 13 the risk. You have to ask questions of the information
 14 that is coming in at the top, so if — let's take that
 15 example and that's very resonant and common and it's
 16 something I've been involved in several times over the
 17 years.

18 The information that comes in that case from
 19 a control room to state what's happened, you'd begin
 20 this process by checking and confirming and critical
 21 questioning: is there a safe route to approach, what
 22 else is there about that, you say people involved, how
 23 many people?

24 SIR JOHN SAUNDERS: So you're questioning the control room?

25 A. Yes, in that case. If that's your source of information

1 and intelligence, critical questioning is key because
 2 you don't want to delay the response but you do want to
 3 try and understand what you're going to, because
 4 you have a duty of care as your statute, as a Fire and
 5 Rescue Service, to carry out rescues, of course, and
 6 deal with the fire but you equally have a duty of care
 7 to the responders from your employer (overspeaking) —

8 SIR JOHN SAUNDERS: Do you do that before you actually
 9 dispatch the fire engine?

10 A. It would depend. In the case of the station, so a fire
 11 engine receiving the call, if the response is in line
 12 with the predetermined attendance, then once that
 13 station is notified they will have the information that
 14 control has, be that electronically nowadays or on
 15 a printer roll in older times, they will have the
 16 address, they will have if there's anything within the
 17 risk register attached to that premises that they need
 18 to be aware of — so there may be cylinders involved,
 19 there may be gas — and they will have — if persons are
 20 reported or numbers known, and they'll have an address
 21 and they'll have other agencies attending. So that's
 22 their first information and intelligence.

23 So the classic picture of firefighters sliding down
 24 a pole, jumping on a fire truck and going will still
 25 look very much like an incident response. And you may

1 rightly challenge, sir: well, who is doing all that
 2 planning then? But a lot of that is sat within the
 3 pre-loading of that information, if that makes sense.
 4 SIR JOHN SAUNDERS: Yes, that's fine. Now on my example,
 5 how do we get -- do we wait until we all arrive at the
 6 scene, police, ambulance and fire, or are people in the
 7 background doing the planning, talking? Where is it
 8 happening?
 9 A. In the case that you've -- the example you have used,
 10 sir, a situation like that would attract more than just
 11 a PDA of a couple of pumps. One of the attributes
 12 within the Fire and Rescue Service is command support,
 13 so that provides effectively an RVP at the scene. There
 14 may well be another RVP physically where you're going to
 15 co-locate, there may be a marshalling area where you're
 16 going to put a large number of resources before you
 17 deploy into the scene, but the command unit historically
 18 would be the focal point to which other agencies would
 19 come.
 20 In the example you've used, sir, it would be --
 21 primarily in the initial stages of a Fire and Rescue --
 22 a fire-led operation -- and I don't know how helpful
 23 it is to get into primacy really because I'm not sure
 24 (overspeaking) --
 25 SIR JOHN SAUNDERS: Let's do it from this example. In the

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1 example I'm using, is the RVP set by fire?
 2 A. We would -- I say "we" -- the Fire Service would pass
 3 back, via control, where they would set up and then
 4 approach (overspeaking) --
 5 SIR JOHN SAUNDERS: And then you'd expect the
 6 Ambulance Service and the police to turn up there?
 7 A. Yes. And representatives of the local authority,
 8 traffic --
 9 SIR JOHN SAUNDERS: I'm not interested in anybody else.
 10 A. Whoever else, yes.
 11 SIR JOHN SAUNDERS: Essentially you have said that's the RVP
 12 and they come?
 13 A. They would. That's also my operational experience, that
 14 it happens. The representative may change because
 15 in the early stages of an incident it may be -- and
 16 I mean nothing derogatory by way of rank here at all,
 17 but it may be just be a local police officer who happens
 18 to be in the area or a PCSO, but the police response,
 19 having been notified and having had information from the
 20 scene, may be to augment that with a much more senior
 21 officer or to apply a Bronze structure or whatever. But
 22 that's the coalition point.
 23 SIR JOHN SAUNDERS: So because someone has actually said,
 24 "This will be the RVP", and you're going there, that
 25 gets everyone to the scene?

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1 A. Correct.
 2 SIR JOHN SAUNDERS: So then they can co-locate?
 3 A. Yes, sir.
 4 SIR JOHN SAUNDERS: Then they can go through this joint
 5 decision model together?
 6 A. Yes, sir.
 7 SIR JOHN SAUNDERS: Okay, thank you.
 8 MR DE LA POER: Would you, in the case of people making
 9 command decisions before they get to the scene, if
 10 that is required on their way to the scene perhaps,
 11 would you expect those commanders to be using this
 12 process to inform their own thinking about how they're
 13 going to approach it or is this only used once you have
 14 a group of people together talking through how they are
 15 going to approach it?
 16 A. No, I think this goes back to my previous point around
 17 the embedding of business as usual. Once you are
 18 familiar with and use a model like this it's very hard
 19 to step out of it. My answer to you would be -- I think
 20 it would depend on how, currently at least, who and on
 21 what level those decisions have been made. By that
 22 I mean the level of JESIP training that they have
 23 received and their familiarity with it as opposed to
 24 what may be a more local decision model for example.
 25 Q. Let's just be specific on the facts of 22 May. A person

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1 in Mr Berry's position, being called as a NILO as he was
 2 before there was a deployment, is it your view that this
 3 is something that he might have used to help him, that
 4 he should have used, or should he be using a different
 5 way of reaching the conclusion as to what needs to
 6 happen?
 7 A. In my opinion he absolutely should have used that as
 8 a model and it's also taught throughout the NILO course
 9 as the go-to joint decision model to be used in the
 10 event specifically actually of an MTFA but in any major
 11 incident and indeed to be part of the NILO's thinking.
 12 SIR JOHN SAUNDERS: So in practice, in your experience, do
 13 people actually use it? Is it embedded that on all
 14 occasions people do use it or actually is it shortcut or
 15 not enough talking to other people or what?
 16 A. I think it's hard to comment on every individual case,
 17 but in principle every commander that responds to an
 18 incident of this type, who can show evidence that
 19 they've received JESIP training, should at the very
 20 least be considering this as their model. I don't know
 21 that I'm qualified to say, but my personal belief
 22 is that that would not happen across the board with
 23 every single person reliably, which is why I think there
 24 needs to be a greater perhaps emphasis or a review of --
 25 I don't mean that necessarily in its entirety, but

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1 questions asked of how is this embedded into business as
 2 usual, what needs to be done to ensure that that
 3 question that you rightly ask, sir, is not in people's
 4 minds? Because there's evidence that -- obviously
 5 they've followed it, you can see they've done that, but
 6 they hit a problem here which was different to another
 7 (inaudible) one that they had anticipated.
 8 SIR JOHN SAUNDERS: So that may be some area where we need
 9 to be saying there needs to be more work making sure
 10 that everybody does actually use this joint decision
 11 model when things happen?
 12 A. And in extremis it will always be difficult and the
 13 JESIP principles recognise that. The early stages of
 14 a major incident are a very difficult place to operate
 15 in by definition, but that's recognised.
 16 SIR JOHN SAUNDERS: Because the instinct, apart from
 17 anything else, is to rush in and do what you can to
 18 help.
 19 A. Yes, of course.
 20 SIR JOHN SAUNDERS: Thank you.
 21 MR DE LA POER: Just before we leave this topic, once we've
 22 got our co-located huddle of commanders, and we'll talk
 23 in a moment about rendezvous points and forward command
 24 points or forward control points, do you expect them to
 25 in fact talk round this circle expressly? Would you

1 expect somebody to say, "All right, what do we know?
 2 Okay?"
 3 A. Yes.
 4 Q. Is it in fact, and I don't mean this in a critical way,
 5 that mechanical by reference to this that people are
 6 actually talking round the circle expressly or does it
 7 happen in a different way?
 8 A. Yes, it's absolutely designed to be that simple. It's
 9 designed to, if you will, engineer out the need for
 10 people to overthink the issue, but just to simply ask
 11 the question of themselves, of their own organisation
 12 and critically of their colleagues from other
 13 organisations. If my thinking and planning around
 14 intelligence and information is this, does that align
 15 with yours? If it doesn't, what can we do to resolve
 16 that? What else do we need to do then in the process to
 17 achieve the outcome we need to meet our core values that
 18 we've set in the middle?
 19 So it is exactly meant to be simplistic, in the most
 20 positive use of that word, because you're trying to
 21 remove these factors of anxiety, human emotion and
 22 confusion from the decision makers at the earliest point
 23 possible in the incident so they can make as clear
 24 a decision as they can in the circumstances.
 25 Q. Mr Hall, unless there's anything you feel you haven't

1 said about this, I was proposing that we would move on
 2 from the JDM.
 3 A. Thank you.
 4 Q. The second specific aspect arising out of JESIP, one
 5 that we have touched on a number of times, is the
 6 concept of a rendezvous point and, in particular, a term
 7 you've already used, primacy. In the context of
 8 a building fire, you've indicated that primacy would go
 9 to the Fire and Rescue Service; is that right?
 10 A. Yes, in the sense that -- so if there was a Silver
 11 meeting within that structure or regular updates and
 12 briefings to be delivered at an RVP, fire would lead on
 13 that. That doesn't preclude contribution from or
 14 addition to the plan from ambulance or police, but it
 15 does focus on the main effort of the incident at that
 16 time, which in this case is a fire and explosion and
 17 people that need rescuing so it helps to spearhead that
 18 response.
 19 Q. In the case of an incident such as occurred on 22 May
 20 who, in your opinion, would take the lead?
 21 A. In my opinion it would be the police given that it was
 22 declared as an MTFA, which by definition would be
 23 a terrorist incident. However, there may well be
 24 supporting roles within that for ambulance and fire to
 25 contribute to.

1 Q. You have said it's declared as a MTFA, what we must
 2 remember is that, as far as the partner agencies were
 3 concerned, Operation Plato, the declaration, was not
 4 communicated until later in the evening. Does that
 5 matter in the event that everyone's working assumption
 6 is that this is a terrorist act of some kind?
 7 A. In my opinion, it does matter because the declaration of
 8 Operation Plato means something to those organisations
 9 responding. In terms of the resource and the management
 10 of that resource and what they allocate to the scene
 11 are -- those things are triggered by that declaration
 12 that may not be there in the normal, if I can use that
 13 expression, in the more usual response to an incident.
 14 So for example, if there's a specialist response
 15 asset in terms of a vehicle that has equipment, that has
 16 certain people that are trained to work in a warm zone,
 17 for example, in and of itself that response may not be
 18 triggered unless Operation Plato is declared and that's
 19 communicated.
 20 SIR JOHN SAUNDERS: I think the simple question in relation
 21 to RVPs is -- I'm much relieved to know that if it's
 22 a fire you all go to where the Fire Brigade say you
 23 should go for an RVP. In this particular case you
 24 should go to where the police say because it's a police
 25 incident, as I understand it.

1 A. That's my understanding too, sir.
 2 SIR JOHN SAUNDERS: But would it make a difference to
 3 whether you had to comply with it whether or not
 4 Operation Plato had been declared? So you actually had
 5 to go to the specified RVP by the police.
 6 A. Within the JOPs guidance, the RVP and the FCP become
 7 very important because they are linked to the zones and
 8 the proximity to them.
 9 SIR JOHN SAUNDERS: Sorry, I'm just really trying -- you
 10 know that I am concerned about the fact that no one
 11 appears to be able to say if there was disagreement, you
 12 go there and do this. I have now understood that in
 13 a fire, if the Fire Service say, "You go there", they go
 14 there subject to them saying to the fire, "Well, look,
 15 we think it's a bad idea because of so--and--so", but you
 16 still need to do what the Fire Service say having made
 17 your objection, as I understand it.
 18 A. Yes.
 19 SIR JOHN SAUNDERS: We know in this particular case the
 20 police nominated an RVP, the Fire Service did not follow
 21 that RVP because they didn't think it was safe. Was it
 22 right or were they entitled to do that or did they
 23 really have to follow what the police said and would it
 24 have made any difference to whether they had to follow
 25 it whether Plato had been declared or not?

1 A. For the second part, just responding to an RVP that has
 2 been nominated by a trusted partner agency with,
 3 choosing my words carefully, better situational
 4 awareness, shall we say, of how the incident occurred,
 5 I can see no reason why any other responding agency
 6 would not have gone to that RVP.
 7 There's some assumptions in that and we talk often,
 8 and I know it has been heard again from Mr Thomas
 9 yesterday, around assumptions and facts, and that can be
 10 tricky. But what goes along with that is if it's the
 11 police, in this case GMP, saying, "We have declared
 12 an RVP at the cathedral car park in that vicinity", if
 13 I'm receiving that information as a Fire Service officer
 14 I would imbue that information with a level of trust
 15 that they are not sending me to somewhere that is
 16 extremely unsafe to go to.
 17 They may not have yet swept it for secondary
 18 devices, there may be further work to do, but it's
 19 a high-risk environment being responded to by
 20 risk-takers who are equipped with personal protective
 21 equipment and training and policies and procedures and
 22 hierarchical tiers of oversight to minimise or maximise
 23 the safety of those people responding.
 24 To answer your question, sir, yes, they should go
 25 regardless of whether it's Plato or not.

1 SIR JOHN SAUNDERS: So as matter of practice you would
 2 expect them to go?
 3 A. I would.
 4 SIR JOHN SAUNDERS: Would there be actually a requirement by
 5 the Fire Service on their own officers in that
 6 circumstance to follow what was being directed by the
 7 police? It's in effect an order: someone is making that
 8 decision and it has to be followed?
 9 A. I just -- in the practical application of that, that
 10 question isn't viewed in quite that way, if I may. So
 11 it was more that the police have nominated and therefore
 12 recommended this as an RVP.
 13 SIR JOHN SAUNDERS: And you should trust that --
 14 A. And you should trust that.
 15 SIR JOHN SAUNDERS: Thank you.
 16 MR DE LA POER: And also, in that way, there will be
 17 co-location?
 18 A. Correct. It's the first opportunity to physically,
 19 notwithstanding the control room supervisors being able
 20 to communicate and the potential for TCGs and SCGs being
 21 set up, again remotely but further down the line in the
 22 incident, the coalescing at an RVP is the first and
 23 arguably the most important opportunity to begin to gain
 24 that situational awareness.
 25 Q. So if you have at the centre of your thinking, as the

1 JDM, if you're using it suggests you should, among other
 2 things working together, choosing not to go to the place
 3 where you're going to co-locate but to a place where you
 4 know there will not be other emergency agencies is not
 5 promoting that? Is that fair or would you have
 6 a different perspective on that?
 7 A. I think that is fair to say that. If you had
 8 a significant reason why you felt that that was so much
 9 of a bad plan, if you will, for want of a better
 10 expression, then that needs to be communicated so that's
 11 understood. Because it may be that you have some
 12 information from your own plans, your own local
 13 knowledge, that perhaps the police weren't aware of. So
 14 you can actually add value to that, say: okay,
 15 I recognise you have nominated this as the RVP, however
 16 did you know that next to this area there's a, I don't
 17 know, let's say a Calor Gas storage plant, which should
 18 that become involved is going to compromise our ability
 19 to work together, so I suggest we relocate 500 yards
 20 across the street the other way. That's the kind of
 21 professional dialogue I'm talking about that needs to
 22 happen. So you may disagree but you'd still need to be
 23 together to have that conversation.
 24 Q. Can I turn then to the question of the forward control
 25 point. This will segue into the final part of JESIP and

1 I think probably take us to the break. {INQ004542/6}.

2 Again we're looking at the joint doctrine. If we

3 could scroll towards the top, I think, if my reference

4 is correct. Yes, the first paragraph under the heading

5 co-location:

6 "When commanders are co-located they can perform the

7 functions of command, control and coordination

8 face-to-face. They should meet as early as possible, at

9 a jointly agreed location at the scene that is known as

10 the forward command post. This allows them to establish

11 jointly agreed objectives and a coordinated plan,

12 resulting in more effective incident resolution. The

13 benefits of co-location apply equally at all levels of

14 command."

15 So far so very familiar to everybody who's been

16 following our proceedings. I would like to focus,

17 please, on the phrase "as early as possible" and to

18 invite you in that context to consider some of the

19 evidence that the inquiry has heard about the practical

20 difficulties that individuals on the front line found

21 themselves facing with a scene of this magnitude and

22 devastation about forming a forward command post early.

23 So JESIP says as early as possible.

24 A. Mm-hm.

25 Q. The question is: what in practical terms should that

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1 mean in your experience? And we've asked witnesses

2 about whether or not within the first half hour or first

3 60 minutes a forward command post was realistic and the

4 inquiry has received differing evidence on the subject.

5 What is your opinion as an expert and someone who has

6 looked very closely at all of this about what it is

7 reasonable to expect of people who have been properly

8 trained in terms of co-locating at a forward command

9 post and discussing as JESIP envisages?

10 A. I think my view here is that the first hour is critical ,

11 and I know that the inquiry has heard evidence from

12 others around -- and some of that for various reasons.

13 But the initial response is key and that's why when you

14 get to this forward command post issue it's almost

15 predicated on the fact that the other factors are in

16 place. So the incident scene is known, the RVP is

17 nominated, the responding agencies are at the RVP, plans

18 are in place for that to be augmented, so there may be

19 specialist equipment or vehicles or responders coming to

20 support that initial response and I think it's important

21 to distinguish between the initial operational response,

22 which may be relatively small against the scale of the

23 incident, because they're your immediate responders that

24 are responding locally and those numbers will gradually

25 increase and that will take a period of time. As

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1 situational awareness improves, people understand the

2 breadth and depth and the issues faced by those that

3 have been affected by it, then that response will be

4 augmented.

5 But the initial responders can begin this process,

6 so your first person of command, effectively from

7 police, fire and ambulance, whilst they will undoubtedly

8 have an enormous amount to do in very difficult

9 circumstances because they will be physically impacted

10 not least by just the scene and trying to understand

11 what's happened and trying to work out a plan and

12 whether there's any additional or residual threat, those

13 people should very quickly -- and that is within that

14 first hour or hopefully respond within the first half

15 hour, have effectively -- it's known colloquially in

16 some planning and training as an over-the-bonnet

17 conversation.

18 The commanders that are there come together and say:

19 what have we got, what are we dealing with here, what

20 are we looking at? It doesn't sound very technical and

21 it doesn't sound very precise, but it is really about

22 trying to grip, in the earliest stages possible, the

23 nature and extent of the incident and what you're going

24 to need to do to resolve it. Because clearly something

25 has happened, clearly it's not going to resolve itself

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1 without intervention, so the sooner -- and this is what

2 this section speaks to really: the sooner those

3 commanders can co-locate and start that communication

4 piece, the sooner an effective response is going to help

5 the people that have been affected by it.

6 Q. So in your view it's not an unrealistic expectation, in

7 fact it is a necessary act in the hierarchy of things

8 that commanders need to do in order to ensure the

9 effectiveness of the response?

10 A. It is. Fully accepting, of course, higher levels of

11 command from all of the agencies will subsequently

12 become involved and contribute to the overall plan. But

13 the impetus needs to start from those first responders

14 coming together and beginning to put a structure around

15 that response and that plan, not to work in isolation

16 because, as I stated before, no single agency can

17 resolve this on their own. There will be elements of an

18 incident of this type that require the thinking, the

19 resources, the understanding, the training of each

20 element of the emergency response.

21 SIR JOHN SAUNDERS: Do you agree that a sensible forward

22 control point here was just outside the station?

23 A. I do, yes.

24 SIR JOHN SAUNDERS: So I'm just trying to think of the

25 practicalities of this. Mr Dexter arrives on the scene

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1 at ground control, he is concerned principally with the
 2 firearm people. So you'd expect him to go forward with
 3 his team of firearms officers to clear the area of any
 4 terrorist that there may be or gunmen that may be there,
 5 so you'd expect him to go past that point?
 6 A. Or indeed from that point, sir, yes, if you will. So
 7 wherever they've arrived at, an FCP is in effect
 8 a jumping-off point, a point where you're going to then
 9 proceed into the incident from --
 10 SIR JOHN SAUNDERS: When he arrives, there is no forward
 11 control point so should he stand at the end of the
 12 station and say: here we are, this is base point 1, put
 13 in my flag, as it were, and then rush off forward? How
 14 is it going to work in practice?
 15 A. In practice historically it has been where you find the
 16 armed response vehicle with its door open, because that
 17 is where they have left from, and that's the point where
 18 you can coalesce together and there will be information
 19 as more people --
 20 SIR JOHN SAUNDERS: That's the over--the--bonnet bit?
 21 A. As more ARVs or others support that incident, you begin
 22 to build that structure. So I do accept your point and
 23 it is ragged and absolutely you would expect the initial
 24 armed response in a terrorist incident to pursue,
 25 confront and neutralise the threat. That's exactly what

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1 they're there to do. If it were me, so far as that's
 2 relevant, I would have no issue with seeing all of the
 3 armed police running towards that, but what I would know
 4 is that they've started from here and we can begin to
 5 build a richer picture and at some point those
 6 communications will come together.
 7 SIR JOHN SAUNDERS: So would someone be left there of the
 8 armed police group? Would you expect Mr Dexter to stay
 9 there? Would you expect him to go in and come back?
 10 How does this work in practice?
 11 A. I think that's possibly a question more for the policing
 12 expert. I'm not trying to duck it, I am just simply
 13 saying that --
 14 SIR JOHN SAUNDERS: That's perfectly all right.
 15 Unfortunately, as it happens, the Fire Service didn't
 16 turn up until a lot later. I'm leaving them out of this
 17 as it were.
 18 A. In principle, to answer your question, if I could
 19 approach it that way, it would probably depend on the
 20 resources, and I don't want to stray into anything
 21 operationally sensitive, but depending on the number of
 22 armed response, armed firearms officers, authorised
 23 firearms officers that travel together, there may be --
 24 and I emphasise that -- a contingency for someone to
 25 remain with communications, anticipating that the other

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1 agencies are going to come and join. But I'm not
 2 qualified to speak on behalf of national policing.
 3 SIR JOHN SAUNDERS: So if you had a spare firearms officer
 4 of some sort and he was in radio contact with the
 5 ground--assigned tactical firearms commander who has gone
 6 forward, as you'd expect, that would serve your purpose?
 7 A. It would, sir, yes, or indeed AN Other officer that
 8 could speak into police control and perhaps get an
 9 update and inform me that way.
 10 SIR JOHN SAUNDERS: He needs to have communication one way
 11 or another with the ground control?
 12 A. Yes, and it would be by any means and every means at
 13 that point just to try and get that information and
 14 intelligence picture at the beginning.
 15 MR DE LA POER: Just then to conclude and to in a sense
 16 circle back to where we began with JESIP and the way in
 17 which you have framed the issue you have been following
 18 closely in the inquiry about whether it's fit for
 19 purpose and I think you have said that, actually, was it
 20 implemented, is really the way you look at this and you
 21 don't regard it as having been implemented. How far one
 22 couches it, is it realistic in your opinion that from
 23 minute 1, as you've termed it, it's a JESIP response or
 24 does some time need to pass for human beings, however
 25 well trained, to get round to thinking about it and

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1 starting to act upon it?
 2 A. I think to refer back to my earlier response, I think
 3 currently it's the second of those two. There is
 4 a delay while people apply their local response and
 5 their local plans and then perhaps JESIP is in effect
 6 overlaid on to an incident. But I think that's
 7 different to what may be able to be achieved and perhaps
 8 it needs to be looked at into how you can do that -- is
 9 it -- if everyone started at the point of thinking that
 10 way then, almost by osmosis, the emergency services
 11 would all respond in that way. Bear in mind the JESIP
 12 is all about major incident. Primarily it was written
 13 to look at an incident where all of the emergency
 14 services would have to be together and would need to
 15 work together to achieve an outcome.
 16 We have to recognise that there are some incidents,
 17 day by day, that happen here in Manchester and
 18 everywhere else around the UK and the world where
 19 a single agency will perfectly adequately respond and
 20 resolve an incident on their own. JESIP was designed to
 21 look at where that isn't the norm, but, that said, it's
 22 my view at least that the principles within it can and
 23 should be trained and embedded into business as usual so
 24 that they are the go-to thought process.
 25 SIR JOHN SAUNDERS: Some of the evidence we've heard,

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1 interestingly , people have said actually we do it every
 2 day of the week.
 3 A. Indeed, yes.
 4 SIR JOHN SAUNDERS: And it works perfectly all right when
 5 it 's on a small enough scale and we're all there and we
 6 just do it. It 's the big incidents, the unusual
 7 incident, the panic-type incidents -- I'm not saying
 8 that people panicked on this occasion -- but just
 9 rushing in to do what you can, maybe. But somehow, we
 10 need to make it -- someone needs to make it work in some
 11 way because it just hasn't worked on major emergencies
 12 on a number of occasions.
 13 A. Yes, and there's a --
 14 SIR JOHN SAUNDERS: It's a grand plan, but it's got to work.
 15 A. It has, yes. Some of that is the individual application
 16 of the grand plan, as you put it. But equally, there's
 17 some... I know we're not moving into recommendations at
 18 this stage.
 19 SIR JOHN SAUNDERS: We'll come back to that. There are
 20 things we can do, is what you're saying?
 21 A. I think there are things that could be considered, yes.
 22 MR DE LA POER: Sir, if you don't mind, I will certainly
 23 come back to that.
 24 SIR JOHN SAUNDERS: I am sorry if I am taking you off --
 25 MR DE LA POER: Not at all. We are nearly at the 90-minute

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1 stage, I am about to move to another topic. I wonder if
 2 we could take a break slightly earlier than scheduled
 3 but keep it to 15 minutes and --
 4 SIR JOHN SAUNDERS: Am I delaying you sufficiently to put
 5 you off course?
 6 MR DE LA POER: No, I will achieve what I need to achieve.
 7 SIR JOHN SAUNDERS: Thank you. A quarter of an hour.
 8 (10.54 am)
 9 (A short break)
 10 (11.15 am)
 11 MR DE LA POER: Mr Hall, just one matter to pick up on
 12 in relation to a topic before the break. When being
 13 asked questions about the forward command post, there
 14 was a discussion between you and the chairman about the
 15 ground--assigned tactical firearms commander and where
 16 they might be. Bearing in mind your expertise as
 17 against the policing experts' expertise, would you defer
 18 to them in terms of where a person with that role ought
 19 to be at an incident?
 20 A. I absolutely would, yes.
 21 SIR JOHN SAUNDERS: I was trying to use an example of
 22 a police commander. I'm aware there's an issue about
 23 who would be in that role and whether there should be
 24 somebody else. But it was just for example only without
 25 concluding anything about it.

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1 MR DE LA POER: Certainly, sir. I wasn't meaning to imply
 2 any criticism at all. No one thought that I was. But
 3 in the case of that role, given that it is an unarmed
 4 role, there is a view about where they should be.
 5 SIR JOHN SAUNDERS: I understand. Thank you.
 6 MR DE LA POER: Command structure, my topic number 5,
 7 Mr Hall. As has been established by the evidence the
 8 inquiry has heard, Greater Manchester Fire and Rescue
 9 Service operated a command structure, certainly for
 10 business as usual, which was triggered by reference to
 11 attendance at an incident; do you agree?
 12 A. I do, yes.
 13 Q. And that in summary worked in this way: the most senior
 14 person attending the incident ground would assume the
 15 role of incident commander and that as more senior
 16 people attended, that person would be relieved of that
 17 command on a rank basis?
 18 A. That's correct. It's a successive handover/takeover
 19 process unless it's a predefined incident.
 20 Q. Is that type of command structure development
 21 a conventional one for Fire and Rescue Services to
 22 adopt?
 23 A. Yes, it is.
 24 Q. Do you agree that it is a different approach to the
 25 development of a command structure to that of the police

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1 and ambulance services?
 2 A. Fundamentally, yes, in that each asset has its own
 3 command structure, effectively, so each pumping
 4 appliance has an officer in charge who's capable of
 5 taking command of an incident, commensurate with their
 6 experience and rank and incident command training.
 7 Q. I'm not meaning to imply any criticism of the fact of
 8 difference, but because it is different, we need to
 9 consider whether or not in the circumstances of a major
 10 incident, and in that I include a potential
 11 Operation Plato, whether or not that command structure
 12 is capable of integrating effectively with command
 13 structures which are populated in a different way. So
 14 it's upon that that I'll begin by seeking your opinion.
 15 Can you explain to us, please, how in practice, if
 16 the incident commander is, as you say, being developed
 17 by this handover/takeover process, how that will
 18 interact, that person or other people, with the
 19 well-recognised Gold/Silver/Bronze structure or
 20 strategic/tactical/operational structure?
 21 A. Yes. There are probably two strands to this, and one is
 22 what happens at the incident physically in the terms of
 23 co-location as we've already discussed. And then how
 24 the Fire and Rescue Service would support additional
 25 structures like, for example, the tactical coordinating

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1 group, which may not be at the scene, and equally the
 2 strategic coordinating group.
 3 So it's not that you would expect the incident
 4 commander for the Fire Service operations at the scene
 5 to somehow be able to replicate themselves in other
 6 structures, but the Fire Service per se would have
 7 representatives in and at each level of those other
 8 bodies that require Fire Service representation.
 9 So an officer -- somebody would be nominated to
 10 attend the TCG or SCG commensurate again with their
 11 training and rank and position in the organisation to
 12 represent and feed from and to the incident ground where
 13 the incident commander for fire -- I know this can
 14 appear confusing and I hope I don't muddy the waters
 15 further -- but in technical terms the incident commander
 16 for fire would be known as the Silver commander because
 17 they are in overall command of the tactics of
 18 firefighting, if that's what's happening at the
 19 incident, on behalf of their Fire Service, which is
 20 slightly at odds with how police and the Ambulance
 21 Service may structure their response on the ground.
 22 That's an accepted fact that's worked with every day in
 23 all the services.
 24 Q. So in terms of the limits of what the commander is
 25 expected to contemplate and action, it's at a tactical

1 level?
 2 A. Correct.
 3 Q. That's the incident commander within the Fire and Rescue
 4 Service. In terms of those other major incident
 5 structures that you've mentioned, such as the strategic
 6 coordinating group and the tactical coordinating group,
 7 would you expect that the people who would take up that
 8 role on behalf of the Fire and Rescue Service would be
 9 predetermined in the sense that as they come on shift
 10 they would know that that is their role or would you
 11 expect that that was something that would effectively
 12 develop once the incident had started?
 13 A. I think that depends because -- and I just caveat that
 14 because it's not uniform across every Fire and Rescue
 15 Service in the UK to the best of my knowledge and
 16 belief. But some Fire and Rescue Services have embedded
 17 or nominated officers that already work in the likely
 18 venues where an SCG or a TCG would be established.
 19 Where that's the case and they're on duty, it's likely
 20 to be that person that will be the initial Fire Service
 21 representative at that location. But there's nothing to
 22 preclude any on-duty individual being nominated to
 23 attend that on behalf of their Fire and Rescue Service.
 24 So for example, if there are sufficient numbers of
 25 tactical command-trained officers available or strategic

1 commanders, which all Fire and Rescue Services maintain
 2 on a rota basis, then it would be expected that those
 3 individuals would fulfil that role in those bodies once
 4 they are established, which may be of course some time
 5 later in the incident rather than right at the
 6 beginning.
 7 Q. Is there any good reason why there wouldn't be certainty
 8 before a shift starts as to who would take up those two
 9 levels of role, whether it's because they are embedded
 10 or they're on call or some other mechanism by which
 11 it is known at the start of any given shift: if
 12 a substantial incident occurs, it will be your job to go
 13 and take up those positions?
 14 A. My understanding is that in most cases that is pre-known
 15 and that role is clear and there would have been an
 16 element of training and exercising, perhaps through the
 17 LRF, but by whatever means, where that person would be
 18 familiar with the role, the location, the equipment,
 19 where they would need to go, and it would just be a case
 20 of saying: it has occurred on your shift, you're going.
 21 So it may not be a nominated person by name per se, but
 22 the role would go to where it's required.
 23 Q. It may be thought that if it is known in advance that
 24 that -- an advantage may be that it will occur more
 25 quickly because any particular given individual will not

1 get sucked into the incident because they will know
 2 their role is to go and co-locate with those other
 3 levels of command and gain additional situational
 4 awareness through that means?
 5 A. That's correct, and I agree. One of the -- and I don't
 6 want to stray into what's unhelpful or irrelevant for
 7 this inquiry, but one of the reasons we did draft the
 8 strategic response arrangements was to speak to exactly
 9 that scenario you have just outlined there, so that you
 10 know, in the event that an incident happens, you go to
 11 this location because you are the brigade liaison or the
 12 brigade coordination, whatever the function is, but
 13 these roles are known ahead of time rather than when the
 14 incident's happened.
 15 Q. We're going to just dip into one aspect of events of
 16 22 May at this point because it's conveniently dealt
 17 with at this stage. Have you formed an opinion about
 18 whether or not Greater Manchester Fire and Rescue
 19 Service's response in terms of somebody at the Gold or
 20 strategic level going to GMP was adequate in terms of
 21 timing and representation?
 22 A. I believe I stated in the reports, I can't point to it
 23 immediately, but I'm sure it's there, that in my
 24 personal view I believe it would have been more
 25 effective had that strategic representation physically

1 gone and met with their partners earlier in that
 2 incident, because I think it relates really to
 3 specifically what we were talking about prior to the
 4 break around this speed and efficiency of co-location.
 5 Those principles, because they are the basic principles,
 6 apply at every level.
 7 So whilst you may not expect or indeed it may not be
 8 possible to achieve strategic commanders, your chief
 9 fire officers, if you will, or your chief constables, to
 10 physically go to a scene and be there in minutes few,
 11 the principle is still the same, that where enough
 12 information is known and the incident is sufficiently
 13 complex that it's likely to indicate the need of an SCG
 14 and subsequently a TCG to support that, then those
 15 individuals, in my view, should be moving themselves
 16 into the place where that's most likely to happen
 17 quickest, if that's not a very clumsy sentence.
 18 Q. Again, on our facts, we know that, through North West
 19 Fire Control and subsequently at 22.40 when that
 20 information that we know at that time was passed on in
 21 the telephone call to Andy Berry and therefore GMFRS,
 22 that an explosion involving multiple casualties had
 23 occurred. Is that sufficient information at that early
 24 stage for it to be obvious that a person will need to be
 25 making their way to co-locate, whether at a Silver or

1 Gold level, or does more information than that need to
 2 be known?
 3 A. No, I think -- and as difficult as that early
 4 information is, that's sufficient to trigger or to
 5 indicate, perhaps, that it's going to be a multi-agency
 6 response for one thing, therefore that response needs to
 7 be coordinated at all levels, and equally, with
 8 particular emphasis, as the priority, on the fact that
 9 there are casualty numbers and people have been injured
 10 and impacted by this, then the overarching priority
 11 is -- that sits at the centre of the wheel we looked at
 12 earlier, to save life, reduce harm and protect and add
 13 value to that incident as quickly as possible. That
 14 will happen, has to happen, with the commensurate levels
 15 of operational, tactical and strategic command.
 16 So the earlier you can -- accepting there may be
 17 delay through time of day, location, there may be
 18 a number of factors, people may be in other places, but
 19 the principles are key in my view here and that is that
 20 people should be moving towards achieving that as soon
 21 as physically possible.
 22 And in this day and age with communications -- and
 23 the principles do allow for this where physically it
 24 can't happen immediately -- there should at least be
 25 some robust communications at those different levels

1 going on to say in very simple language, "What do you
 2 know about it, what's happening? What are police doing
 3 at the moment? We're sending resources to scene, we've
 4 got this number of extra people coming in, we've got
 5 mutual aid rolling, ambulance are on scene, we've got
 6 a Bronze commander", whatever that information is. Even
 7 if you're physically travelling to a location or you're
 8 not there yet, you can still share and exchange that and
 9 begin to build that richer situational awareness at
 10 those levels.
 11 Q. One aspect about the incident commander role that
 12 I would like to deal with before we move on to the
 13 question of NIOs is how, in your opinion, incident
 14 commanders should be interacting with the command
 15 support room in terms of who has command, who should be
 16 making decisions. How should that relationship work?
 17 A. I think in its simplest form, the definitions or the
 18 titles are helpful in and of themselves: the incident
 19 commander commands the incident, the command support
 20 room function supports all elements of command. So that
 21 can be outward-looking: what's the impact, wider impact
 22 of this incident on the brigade or the Fire and Rescue
 23 Service more generally, perhaps nationally, depending on
 24 what assets are being deployed? What additional
 25 resources do we have available at this moment in time

1 that we could suggest or push forward or pre-mobilise to
 2 a holding area that will support this if this incident
 3 develops?
 4 Those kind of issues, really: who is the incident
 5 commander? What's their rank, role and experience
 6 in the context of this incident? Do they require
 7 additional support? So one is very much a -- and then
 8 with the impact on authority, a fire authority, there
 9 may be communications and other things that need to be
 10 communicated out within local government or perhaps
 11 escalated even further through to ultimately COBR or
 12 many other bodies that may have interests, and part of
 13 the command support function is to take some of those
 14 pressures off the incident commander to support them in
 15 their ability to resolve the incident on the ground, so
 16 effectively reducing their span of control. So rather
 17 than one person at the scene having to try and juggle
 18 all of that and field those issues and address them
 19 while trying to have an operational effect, the command
 20 support role is very much there to both receive, but
 21 also transmit, information that will support the
 22 incident, if that helps.
 23 Q. One of the issues that the inquiry is investigating
 24 around this question of incident commander is who the
 25 incident commander was. Having heard all of the

1 evidence and different witnesses have given their own
 2 views on the subject, up until about 23.50, where there
 3 is evidence at least that Ben Levy assumed that role.
 4 A. Yes.
 5 Q. Have you identified whether GMFRS did or did not have an
 6 incident commander?
 7 A. In my opinion, substantively no incident commander was
 8 present until Mr Levy declared himself as incident
 9 commander. I think from evidence heard, there may have
 10 been some assumptions — and I add no criticism.
 11 I think that appears to me, from the evidence, what
 12 happened. For example, several of the officers even
 13 at the command support room at least entered the command
 14 support room with an assumption that Greater Manchester
 15 had already responded to the scene, which was
 16 subsequently found to not be the case.
 17 So it follows that there would be a reasonable
 18 assumption that an incident commander would have been
 19 present because it would have been the first or most
 20 senior incident commander of the appliances that
 21 attended the scene. I also think that in some way it's
 22 unusual for that — so unusual for that not to have
 23 happened that it's perhaps, again, reasonably
 24 understandable why perhaps it wasn't immediately
 25 challenged, because the idea that you'd have an incident

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1 of this nature without a Fire Service presence,
 2 therefore quid pro quo without an incident commander in
 3 place, would probably not be — and I am speculating
 4 here — in most senior commanders' thinking.
 5 SIR JOHN SAUNDERS: Okay. Can I say, I understand that, but
 6 doesn't that indicate a failure — sorry to take over —
 7 in the system? So if you define your incident commander
 8 by who gets to the scene and nobody gets to the scene
 9 for goodness knows how long, you are left without the
 10 normal nomination of an incident commander. So doesn't
 11 the system need to provide for someone to be the
 12 incident commander before appliances arrive at the
 13 scene?
 14 A. I think that's a very reasonable observation, sir, but
 15 I think the difficulty is when we talk about incident
 16 command, by definition you have to be at an incident to
 17 be in command of it.
 18 SIR JOHN SAUNDERS: Or there needs to be an incident to have
 19 a commander rather than have to be at it.
 20 A. Indeed. So once that incident is known, and I think
 21 there's — perhaps the evidence has helped us understand
 22 it in this way: there was a point in the evening where
 23 exactly what you're suggesting happened did happen. The
 24 incident was gripped and command decisions were made
 25 that impacted on resources attending and offering

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1 support to the incident.
 2 There's a view that I've considered that perhaps
 3 that process can happen earlier if you haven't got
 4 resources at a scene because it's reasonable, again, to
 5 suggest that as long as the information and intelligence
 6 is being communicated, which is a fairly large caveat to
 7 some degree, but if that information has been
 8 communicated there's no reason why a remote commander,
 9 if you will, or somebody sitting in the command support
 10 room of commensurate experience and incident command
 11 training, could go through that process and say, "Hang
 12 on a minute, what we are expecting here", this is going
 13 back to take action and review, "isn't happening, the
 14 plan that we thought was the case is not the case,
 15 therefore we need to take action to remedy that".
 16 SIR JOHN SAUNDERS: Who should have done that?
 17 A. Anybody that received that information that felt it was
 18 at odds with what should have been happening.
 19 SIR JOHN SAUNDERS: Isn't that too vague? Don't we need
 20 some system to allow for it?
 21 A. I certainly don't mean to be vague, sir, so I apologise.
 22 SIR JOHN SAUNDERS: It's not you being vague, it's the idea
 23 that's being vague.
 24 A. If I can clarify, perhaps what I mean is that those
 25 decisions can only be made at the point that that

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1 information is received. So you could look at who knew
 2 what and when. And at the point that information comes
 3 in, what did they then do with that piece of
 4 information? So the point I was trying to make, perhaps
 5 clumsily, was that there are probably many points before
 6 it gets to the need for the chief to say, "We'll do that
 7 then", where somebody could perhaps intervene and
 8 refresh the plan and press the reset button, if
 9 you will, on what's happening.
 10 SIR JOHN SAUNDERS: I think we will need to come back to
 11 that because I think a recommendation may need to look
 12 at that if we think the system needs changing.
 13 My other concern about the system of the incident
 14 commander is the most senior fire engine commander who
 15 is there on the scene — that does involve and can
 16 easily involve a change in the incident commander
 17 happening on a regular basis.
 18 A. It does, sir, yes. It can.
 19 SIR JOHN SAUNDERS: Is that really consistent with JESIP
 20 operating properly when you can have a change of command
 21 on a regular basis?
 22 A. My experience is it does work because it's probably the
 23 more normal sequence of events on the majority of
 24 incidents that occur within the Fire and Rescue Service.
 25 Fires are extinguished and people are rescued and people

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1 are rescued from road traffic collisions every day and
 2 night across the UK on the basis of that command
 3 structure. So I think it's probably going too far to
 4 say it doesn't work. I think the key issue is — again,
 5 when you're going through the decision model, however
 6 that is, whether you're using the JESIP JDM or another
 7 way of assessing risks and hazards and what you're going
 8 to do about them. As a commander standing at the back
 9 of a command unit, I would be asking the question at
 10 regular intervals: what have we got, what's outstanding,
 11 what have we done about it?

12 A more senior officer coming on because the incident
 13 has grown in nature or it attracts a more senior level
 14 of command — if I was taking over an incident from
 15 a more junior officer, my training and my personal
 16 approach would be to join them at the point of their
 17 next briefing when you arrive, gather that situational
 18 awareness for myself, gather that intelligence picture
 19 and an understanding of the threats and risks and the
 20 work currently underway, so then when I formally take
 21 over, and it is a form of words, "I am now taking over",
 22 that information's passed to control, they know I'm the
 23 incident commander and this person is taking on another
 24 function within the incident, I've got the information
 25 that person had. There may be minutiae they had in the

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1 hour or half hour they've been in charge but
 2 fundamentally I hit the ground running with the same
 3 information.
 4 Then I have a choice to either adopt and continue
 5 and adapt to that plan — sorry, adopt and continue that
 6 plan or, in my view and my risk assessment, I adapt that
 7 plan because I can see or I'm aware of information that
 8 might change the nature and the shape of the incident so
 9 I'm going to resolve it in a slightly different way.
 10 So whilst I can fully appreciate it may appear
 11 somewhat cumbersome or inefficient to have to repeat
 12 information, actually in reality it has almost the
 13 opposite effect, in that it confirms, you're confirming
 14 and challenging what is known, what the plan is, how
 15 effective the plan is being: do you have the adequate
 16 resources there to execute that plan?
 17 SIR JOHN SAUNDERS: Okay. It doesn't arise in this case
 18 because —
 19 A. Indeed.
 20 SIR JOHN SAUNDERS: — fire didn't arrive.
 21 MR DE LA POER: Perhaps you'll want to think about this, but
 22 a solution based on the way in which Greater Manchester
 23 Fire and Rescue Service structured things is that they
 24 had a duty group manager.
 25 A. Yes.

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1 Q. And if you want to think about this please do say. If
 2 you have an immediate response which you feel is
 3 reliable, please do give us that.

4 But one way to approach this vacuum is to say that
 5 at any incident where resources are not deployed to the
 6 incident, the duty group manager is the incident
 7 commander until they nominate someone else. In those
 8 circumstances, you have that responsibility vesting in
 9 an identified individual who will know that they must
 10 grip it and that they must identify someone more
 11 appropriate than themselves. Does that make sense at
 12 least as a concept?

13 A. It does make sense. I think that's both feasible and
 14 achievable. I know we're going to come to talk about
 15 NILOs, so I don't want to get ahead of myself there. In
 16 theory, the concept is similar to a duty NILO as in
 17 a point of contact, if you will, or a point of
 18 information holding and a point of decision—making that
 19 allows the organisation to respond. So if the response
 20 hasn't been perhaps as expected or if other information
 21 has come in which has meant the response has been
 22 different, you have the power and authority vested in an
 23 individual to say, "Right, the initial plan is now this,
 24 this is what we're going to do".

25 This is obviously for each Fire and Rescue Service

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1 to decide for themselves how they manage that, but
 2 I think in principle the concept that you always have
 3 a recognised and identified contact point in the event
 4 of incidents that are perhaps outwith or different to
 5 the day-to-day is an idea of some merit.
 6 Q. Perhaps we can come back to that on recommendations, but
 7 we'll move now to the NILO role. Is it right that this
 8 was originally a role developed by the London Fire
 9 Brigade with its origins as long ago as 2001?
 10 A. That's correct. It came out of an exercise testing
 11 multi-agency response and it was an attempt then to
 12 bridge the gaps that were identified at that point
 13 within a London-based exercise, multi-agency.
 14 Q. In May 2017 was the person occupying the duty NILO role
 15 a command position, an adviser, something else or does
 16 it depend upon the local arrangement?
 17 A. There's a couple of parts to that answer, if I may. The
 18 fundamental NILO role is a tactical adviser, who is able
 19 to bridge the intelligence gap between other agencies
 20 and represent their organisation because it's not only
 21 fire, there are ambulance and indeed there are some
 22 police NILOs and some members of the military who have
 23 attended and passed the course also. But predominantly
 24 it started in the Fire Service and is a Fire
 25 Service—heavy asset, if you will, compared to the other

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1 agencies. But the role has always been to gather
 2 information to reduce risk and then to act as a tactical
 3 adviser to the commanders to be able to be a conduit to
 4 share and inform and enable commanders to command.
 5 So in its inception, it has always been a tactical
 6 command role — a tactical adviser, sorry. The reason
 7 I said there's a couple of parts is written into the
 8 JOPs specifically for fire was when we looked at — the
 9 teams putting all the JOPs together looked at, "How will
 10 we do this practically on the ground?" and the concept
 11 of the on-scene commander, which the inquiry will be
 12 familiar with, as the representative of each
 13 organisation that comes together to plan and deploy
 14 resources forward, it was decided for the most part, and
 15 there may be exceptions, but for the most part within
 16 the Fire and Rescue Service it would be the NILO at the
 17 scene that would take on the role as on-scene commander.
 18 I have heard evidence, and there has been — there's
 19 potential for some confusion here. That is not to say
 20 that the NILO is the incident commander of the scene.
 21 The on-scene commander has got some quite tight role
 22 definitions around it, which is basically the gaining of
 23 the information that's happening at the FCP, if there is
 24 one, ensuring that the Fire and Rescue resources that
 25 are at the scene are adequately briefed about what their

1 role is and deploying those resources forward into the
 2 warm zone or the cold zone, whatever the plan is that's
 3 coming up between fire, police and ambulance.
 4 In Fire and Rescue Service generic incident command
 5 parlance, that probably fits more into the incident
 6 command model as a sector commander. I know the
 7 inquiry's seen it through the reports, the concept of an
 8 incident commander for the entire incident and then
 9 within that you may have different areas of operation,
 10 and I think it has been alluded to in recent evidence
 11 around a train crash and how you perhaps might identify
 12 each carriage as a separate scene of operations
 13 depending on what the requirement is.
 14 So in a similar vein, the FCP and the NILO role as
 15 on-scene command will be dealing very much with the
 16 inward-looking response to the incident based on the
 17 specialist resources that they had available to deploy.
 18 SIR JOHN SAUNDERS: Is this defined somewhere?
 19 A. It's within the JOPs MTFA training that's delivered.
 20 It's considered, I think, probably as a best fit rather
 21 than a prescribed thing because some agencies will not
 22 use the NILO — in fact, to my knowledge, the
 23 Ambulance Service wouldn't necessarily say that their
 24 on-scene commander has to be a NILO, an ambulance NILO,
 25 it might be a different level of commander. It was

1 really trying to assist with the understanding of the
 2 role at the scene so you didn't get this multiple "Who's
 3 in command then?" So you can have your whole suite of
 4 incident command resources in the background and forward
 5 at the deployment point you've got an on-scene commander
 6 who's linked into the firearms activity, who's linked
 7 into the clinical plan for casualty extrication or treat
 8 and leave or treat and recover, and has those Fire and
 9 Rescue Service-trained assets available to them to
 10 deploy forward into that space.
 11 SIR JOHN SAUNDERS: This is something that would be readily
 12 understood by firefighters at the scene, would it, the
 13 role of NILOs?
 14 A. I think in reality, sir, it's probably best and better
 15 understood by the specialists that have trained and
 16 exercised that. So there is potential for less
 17 understanding for non-specialist trained firefighters
 18 who might — may not have had the opportunity to
 19 rehearse and practice those activities.
 20 MR DE LA POER: So in answer to the question, does the NILO
 21 have a command role, in summary is this right, that,
 22 yes, at the scene of an MTFA, at the forward command
 23 point, in relation to specialist MTFA assets?
 24 A. That's certainly how the principle was structured, yes.
 25 Q. In this case we know that the NILO was the first point

1 of contact for North West Fire Control.
 2 A. Yes.
 3 Q. In those circumstances, was it appropriate or
 4 inappropriate for a NILO to be making deployment
 5 decisions, in other words command decisions?
 6 A. In this particular case, if the NILO was contacted in
 7 line with the action plan, so the first action of
 8 control was to rightly contact the duty NILO to seek
 9 information prior to mobilisation, then that is the
 10 agreed position between GMFRS and NWFC that that is how
 11 they would resolve that type of incident.
 12 Q. We know that —
 13 A. If that makes sense.
 14 Q. It does. We know that if the Plato standby plan was
 15 activated, then that is exactly what North West Fire
 16 Control are told to do. By contrast, if it's the
 17 explosion action plan, then that is not what the action
 18 plan requires. Where does that —
 19 A. That's correct.
 20 Q. Where does that leave the NILO in circumstances where
 21 they only have command authority if it's in accordance
 22 with a particular plan?
 23 A. I think the role of the NILO as the bridge for
 24 information and intelligence gap — there needs to be
 25 a reason why the NILO's been asked the question. It's

1 because it's not clear perhaps — there are probably
 2 a number of reasons and this is not exhaustive, but
 3 there may not be information about the incident that's
 4 clear enough, it may be in the view of some that the
 5 information that is being received is significantly
 6 different to the norm that further reference and
 7 requesting of information from a NILO is an appropriate
 8 course of action. It may be that that information
 9 hasn't come through a control room at all, it's come
 10 from another agency. It may be information about an
 11 incident or an operation that the police are carrying
 12 out that they've requested the Fire and Rescue Service
 13 assistance with, which happens many times around the
 14 country.

15 So the NILO has to hold this tension, and it is
 16 talked about on the course, the tension about what
 17 you're there to do: you are a Fire Service officer —
 18 I appreciate there are ambulance and police, but I can
 19 only speak to fire obviously. First and foremost,
 20 you're a Fire Service officer. If you're selected for
 21 the NILO role, you'd be experienced, you'd be incident
 22 command—trained, you are likely to have had — it
 23 varies, people's age and length of service is not as
 24 relevant as the individual, but you won't have just come
 25 to work one morning and somebody's told you you're

1 a NILO. There's a process of selection and there's
 2 a national training course that you attend.

3 Part of the tension that the NILO holds is the
 4 ability to say, "Well, I've got information here that
 5 isn't readily available or I have been asked to only
 6 disclose part of, how do I ensure that that relevant
 7 information comes into the organisation so that we can
 8 deploy effectively?" And that works the other way
 9 round. So when they're getting information about an
 10 incident, whilst the NILO isn't acting immediately as
 11 the incident commander, they are in effect
 12 sense-checking or looking to bridge any gap. So hence
 13 a response could be: I'll contact the police and I'll
 14 just clarify that for you. A simple enough task and
 15 a simple enough action, it would appear.

16 So that's a way of the NILO adding value and
 17 contributing, but not necessarily commanding, in fact
 18 not commanding the incident, they are literally bridging
 19 the intelligence gap. So that's absolutely the NILO
 20 fulfilling their function. Whether that's effective,
 21 whether that happens in the way it was anticipated
 22 become wider issues to consider as to the efficacy of
 23 how that role actually works in practice.

24 Q. On our facts, at the end of the conversation that
 25 Station Manager Berry had with Michelle Gregson,

1 everything he knew about the incident had in fact come
 2 from her.

3 A. Correct.

4 Q. He wasn't a holder prior to that conversation of any
 5 knowledge at all about the incident and his strategy was
 6 to contact the FDO. We'll come to look at the
 7 decision—making process in due course, but contact of
 8 the FDO is not something which requires you to be a NILO
 9 in order to be able to do?

10 A. Absolutely not. Any officer with access to — and many
 11 officers who are not NILOs work alongside police and
 12 ambulance colleagues in maybe a planning capacity or
 13 other operational capacity and will know them
 14 professionally and oftentimes socially as well. It's
 15 not designed to be an exclusive role in that sense that
 16 they're the only people who can talk to another agency.

17 Q. Let's just have a look at all of this through the last
 18 point I want to raise with you about NILOs. You are
 19 aware that Dan Stephens has provided a witness statement
 20 to the inquiry, which includes the offering of an
 21 opinion, his opinion, about the NILO role?

22 A. I do, I'm aware of that, yes.

23 Q. Who is Dan Stephens? He is the former chief fire
 24 officer of Merseyside; is that correct?

25 A. That's correct.

1 Q. Indeed, was he the chief fire officer of Merseyside
 2 at the time at which Merseyside opted out of North West
 3 Fire Control, as you understand it?

4 A. That's my understanding, yes.

5 Q. As to what he was doing on 22 May 2017, he was the
 6 national strategic adviser that night; is that correct?

7 A. That's correct.

8 Q. And he was, at the time of his statement and may still
 9 be, the chair of the National Fire Chiefs Council's
 10 operations coordination committee?

11 A. That's my understanding from his statement, yes.

12 Q. From his statement. So we're just going to bring up
 13 parts of his statement for you to consider, please. You
 14 should find it around page 8 {INQ041921/8}. I'm looking
 15 for paragraph 48.

16 MR COOPER: I'm sorry to rise, I think we've lost our
 17 monitor again on this side of the room. We can carry
 18 on, obviously, if it's displayed on the screen as
 19 before, but just to alert.

20 MR DE LA POER: We'll look to do that.

21 (Pause)

22 We're just going to look at some of what he says.
 23 I hope I'm not quoting him out of the context. I know
 24 you've read his whole statement so you understand what
 25 he's saying. At 48 he says:

1 "I can see no rationale for NILOs being prescribed
 2 in any command role in the response to an incident."
 3 And then Mr Suter, can you just confirm that we'll
 4 be all right to go over the page {INQ041921/9}. Looking
 5 at paragraph 50, please, he goes on to say in the first
 6 sentence:
 7 "As I have stated previously whilst I can see the
 8 logic for using NILOs in the pre-planning stages of any
 9 operation, I am strongly of the view that the response
 10 arrangements for any sudden-onset incident, CT or
 11 otherwise, should be consistent and standardised. That
 12 is to say, on receipt of the call, Fire Control mobilise
 13 the PDA to the incident or RVP as determined by the
 14 Police. For life-risk incidents this PDA will typically
 15 include a middle manager (station or group Manager)
 16 responding as the incident commander, irrespective of
 17 whether they happen to be a NILO."
 18 Then 53, Mr Suter, if we can look at that:
 19 "I would strongly recommend therefore that all FRS
 20 national doctrine is reviewed to ensure that it is made
 21 clear that there is no requirement or expectation that
 22 the incident commander at any incident is a NILO or that
 23 NILOs are required to make mobilisation decisions that
 24 could be at odds with multi-agency JOPs."
 25 Now, I have been obviously selective there and

1 I have absolute confidence in you, Mr Hall, that
 2 you will tell me if I have taken anything of what he
 3 said out of context, but he is making a strong
 4 recommendation there, isn't he, which is contrary to the
 5 practice that there was in 2017?
 6 A. That's my understanding of his statement, yes.
 7 Q. What is your view, to assist the chairman with weighing
 8 that recommendation from somebody who speaks with
 9 a substantial degree of authority, what is your view
 10 about his opinion?
 11 A. I think ... My... I've asked myself the question about
 12 this particular point of view in terms of what is it
 13 that Dan is trying to achieve, and it's very hard
 14 without asking him that. But as I've worked through the
 15 process of his statement, and it appears to me that the
 16 end result is he's trying to remove the possibility that
 17 somebody -- in this case a NILO, but potentially
 18 anybody -- could interfere with a predetermined
 19 mobilising decision which will deliver a Fire and Rescue
 20 Service's resources to an incident.
 21 I draw from his comments a view that he believes
 22 that the NILO disrupted or at least intervened with that
 23 mobilising process that, in his view, should have
 24 happened, and that in some way the prescription of
 25 a NILO to be the go-to person is actually potentially

1 a delaying factor to have written into your policies and
 2 procedures.
 3 Again, please understand, I'm not trying to speak
 4 for Dan, he's more than able to speak for himself, but
 5 perhaps the thought here is: should the NILO role be
 6 reserved only to that proactive role of pre-planning and
 7 gaining information and not be used as the person to
 8 safety check a predetermined attendance, which would get
 9 your resources to the incident regardless of whatever
 10 else was going on?
 11 Q. Assuming it to be right that that is his view, do you
 12 agree with that view or do you disagree with it?
 13 A. I wish by no means to be unhelpful, but I kind of agree
 14 and disagree with it in as much as I don't believe there
 15 should be anything that interrupts the mobilisation
 16 process based on, and this is important, based on the
 17 information and intelligence that you've received from
 18 a third party, be that verifiable from the police or
 19 sufficient information from elsewhere. Once that has
 20 been assessed and a predetermined attendance or
 21 a mobilising option is identified, the proviso being as
 22 long as that work has been done beforehand between the
 23 Fire Service and a control room, that should be an
 24 agreed position.
 25 SIR JOHN SAUNDERS: I just want to look at the problem from

1 what I hope is going to be an accurate assessment of
 2 what actually happened. No doubt it will be simplistic
 3 but let me do my best. North West Fire Control contact
 4 the NILO because they are uncertain which card they
 5 should be following. I hope that's accurate. Is there
 6 anything wrong with them doing that?
 7 A. There's not, sir, and I hope I've stated, because it's
 8 certainly my belief, that there was absolutely nothing
 9 wrong with NWFC contacting the duty NILO, a perfectly
 10 appropriate thing to do.
 11 SIR JOHN SAUNDERS: Because they're uncertain what to do.
 12 In order to resolve the uncertainty of which card we are
 13 going on and what to mobilise, it's decided more
 14 information is required, more intelligence, so the duty
 15 NILO decides to contact the FDO. Anything wrong with
 16 that?
 17 A. In principle, that would have been an efficient way to
 18 resolve the intelligence gap, yes.
 19 SIR JOHN SAUNDERS: Had he got through to the FDO and the
 20 FDO had said, "This is the situation, this is the
 21 intelligence you need", presumably what would then have
 22 happened is that the duty NILO would have contacted NWFC
 23 and said, "This is the information, on that basis the
 24 action card is so-and-so, carry on"?
 25 A. Yes, that could well have been an outcome.

1 SIR JOHN SAUNDERS: Then we get an incident controller
 2 because there will have been a predetermined
 3 mobilisation attendance at the scene and then it goes
 4 over to be the incident commander who then takes over;
 5 is that correct?
 6 A. Yes, that's correct.
 7 SIR JOHN SAUNDERS: Nothing wrong with any of that if it
 8 works?
 9 A. And that's the very important statement, sir: if it
 10 works.
 11 SIR JOHN SAUNDERS: So the failure to get contact with the
 12 FDO allows, in some way, the whole thing to stall and
 13 for effectively the NILO to become the guy who's
 14 actually running the incident?
 15 A. In effect, sir, that in my view is what happened, yes.
 16 SIR JOHN SAUNDERS: And that's where it goes wrong?
 17 A. That's where it needed unpicking from that point --
 18 SIR JOHN SAUNDERS: Absolutely.
 19 A. -- in recognition that it was going wrong.
 20 SIR JOHN SAUNDERS: Yes. Then it just drifts?
 21 A. Indeed, yes.
 22 SIR JOHN SAUNDERS: Okay. I hope my simplistic analysis
 23 hasn't upset too many people.
 24 MR DE LA POER: No, and can I reassure everybody that we're
 25 going to return to this, with Mr Hall, probably after

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1 lunch when we look at what I will be describing as the
 2 four key decisions that led us to that point.
 3 SIR JOHN SAUNDERS: Okay. I'm sorry if I pre-empted.
 4 MR DE LA POER: Not at all. It will mean we can be more
 5 efficient, I hope.
 6 Let's conclude the issue of command structure
 7 because you offer an opinion in your response to the
 8 list of issues -- for everybody following it is FRS5 --
 9 and you conclude that the approach to the command
 10 structure, this notion that an incident commander will
 11 be triggered by the attendance at the incident, was an
 12 adequate approach on GMFRS' part; is that right?
 13 A. Yes.
 14 Q. So in principle, the structure is in place that should
 15 work?
 16 A. That's correct, and I believe does work 24 hours a day
 17 in Manchester to this day.
 18 Q. The consequence of that structure, do you agree, is
 19 exactly what eventuated? If you don't get to the
 20 incident, you don't get an incident commander?
 21 A. In this case, that is correct, yes.
 22 Q. So really, we're coming back, and I don't want to
 23 retread the ground that we had with matters for
 24 recommendations, but does the command structure need to
 25 cater for that possibility in order, in fact, to be

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1 adequate?
 2 A. I think the evidence has shown that it does, yes.
 3 SIR JOHN SAUNDERS: And the group manager, do you think, is
 4 quite a good idea?
 5 A. It's a sensible suggestion, sir.
 6 SIR JOHN SAUNDERS: Okay.
 7 MR DE LA POER: All right. Let's move on and deal with the
 8 next two topics, I hope before lunch. I think that
 9 we will be able to achieve that. My topic 6 is the
 10 approach to risk.
 11 We heard much about this from Mr Thomas in terms of
 12 what is said in the JOPs. You have also dealt with it
 13 in considerable detail in response in particular, do you
 14 agree, to segmented questions in relation to North West
 15 Fire Control, where you have been asked to consider
 16 a number of issues on your route to reaching
 17 a conclusion about risk more generally? So I want to
 18 try and cut through all of that, but if I'm going too
 19 fast or missing anything out, you must say, Mr Hall,
 20 because it's your evidence that's important.
 21 Do you recognise, not being a lawyer but
 22 understanding these things, that there is an obligation
 23 under Article 2 on Fire and Rescue Services to save
 24 life?
 25 A. I do. That's my understanding.

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1 Q. Again, not being a lawyer, but do you also recognise
 2 that under the Health and Safety at Work Act there is
 3 a duty of care placed upon employers towards their
 4 employees?
 5 A. Yes, indeed.
 6 Q. That is framed as ensuring their health and safety so
 7 far as is reasonably practicable, if one looks at
 8 section 2 of that act. So how then, in your view,
 9 is that apparent tension resolved in relation to risky
 10 situations?
 11 A. I think the resolution comes in the reason for the
 12 organisation, so the definition of an emergency service,
 13 who by that definition, be it Fire and Rescue or
 14 ambulance or policing, is likely or empowered or indeed
 15 mandated under the Civil Contingencies Act to respond to
 16 emergencies.
 17 So the fact that an organisation understands that
 18 means that they then have a responsibility to train and
 19 equip and practice and exercise and test their ability
 20 to do that against a set of criteria and to ensure that
 21 that is done, the LUP(?) principle that runs through all
 22 of health and safety legislation that I've had any
 23 reason to review is the risk never goes away, it is
 24 about reducing it to as low as reasonably practicable.
 25 So the way an organisation, for example like fire, a

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1 Fire and Rescue Service, would achieve that is through
 2 a safe system of work. You cannot say that there is no
 3 risk in attending a building fire, so it falls right
 4 at the first point if your decision is, "My risk
 5 assessment is we won't go there because that's too
 6 dangerous", so you can't fulfil your statutory
 7 obligation as a Fire Service to extinguish fire, you
 8 can't protect the Article 2 rights of others who may be
 9 affected by that in terms of they need rescuing or
 10 they're trapped by smoke, whatever else it is. So to be
 11 able to execute your statutory responsibilities as
 12 a fire authority or Fire Service you need to have
 13 a means to deploy your people into a risk area but
 14 within a safe system of work which is not the same as
 15 saying blindly push people forward with no regard for
 16 their health and safety or well-being, but it is saying
 17 that the organisation recognises that there is going to
 18 be an element of risk attached to this response.

19 Something may go wrong and history sadly shows
 20 a number of firefighter fatalities which, to some
 21 degree, have driven revisions and reviews of health and
 22 safety legislation for fires, fire services, and
 23 resulted in, in part at least — and again, as you've
 24 rightly pointed out, I'm not a lawyer so I do sit here
 25 to be corrected by any that know better, but my

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1 understanding is that documents like "Striking the
 2 Balance", that was a joint understanding between the
 3 Health and Safety Executive and the Fire Service per se
 4 to say: okay, we recognise you've got a job to do, but
 5 you're doing it in an environment that we wouldn't
 6 recommend people to work in, so how do we make those two
 7 things compatible?

8 And it's the recognition that there is a balance to
 9 be struck between taking risks and exposing your
 10 employees and others to potential harm, but equally
 11 supporting that with a safe system of work, PPE,
 12 training, equipment, et cetera, so that they can achieve
 13 their statutory purpose.

14 Q. Let's just headline, please, your conclusions on the
 15 subject of risk about the approach by GMFRS and North
 16 West Fire Control. As we do so, may I reassure
 17 everybody listening and reassure you that we will return
 18 to these questions once we have looked at the detail of
 19 what transpired. But you have captured them in summary
 20 form.

21 Firstly, at FRS29, again for anyone who's following
 22 the document which will be on the website, your
 23 conclusion is that Greater Manchester Fire and Rescue
 24 Service was risk averse rather than risk aware; is that
 25 right?

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1 A. Yes.

2 Q. And is there a substantial amount of detail that you
 3 would like to add to that in due course when we come to
 4 look at the incident so that you can explain exactly
 5 what you mean?

6 A. I would like that opportunity, sir, yes.

7 Q. That's the bald statement that you have made there and
 8 we will return to it.

9 You also included, having followed that segmented
 10 series of questions, that ultimately your view is that
 11 North West Fire Control's approach to risk was not
 12 appropriate?

13 A. Yes, that's correct.

14 Q. Again, I'm sure that there is more that you would like
 15 to say about that and why you reached those conclusions.

16 A. Yes.

17 Q. But we've dealt with risk and you've dealt with how you
 18 see that risk being managed and the importance of a safe
 19 system of work. Let us leave risk for the time being,
 20 remembering that we will return to it after lunch, and
 21 deal briefly with the issue of control rooms.

22 In fairness to everybody listening and in particular
 23 in fairness to the interests of North West Fire Control,
 24 is it fair to say that in your various reports you have
 25 never been asked to deal directly and expressly with

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1 whether or not a regional control room, as is the case
 2 for North West Fire Control, is a good idea in
 3 principle?

4 A. I've not been asked to consider that, but I'm happy to
 5 at some point if that's helpful.

6 Q. Well, we're just going to headline this, a phrase I've
 7 used before, and then move on. We will ask you to set
 8 out your views because various people have commented
 9 upon it and you ought to commit to writing and everybody
 10 should have an opportunity to consider that and see
 11 whether they agree or disagree with it.

12 But in principle, what are, as you see it, the
 13 advantages and disadvantages of a regional control room?

14 A. I think there's some advantages to it, which, when the
 15 regional control programme originally was looking to be
 16 introduced, there were economies of scale, I think,
 17 around Fire and Rescue Services — given that the
 18 mobilising function of course still sits within the fire
 19 authority, it's part of the reason for doing it. So how
 20 you deliver that effect, so how you get your resources
 21 to an incident is broadly speaking through — delivered
 22 through a mobilising function, through a control room.
 23 The information coming in, appliance disposition,
 24 brigade-wide, Fire and Rescue Service-wide and then an
 25 allocation of resource. So it's inextricably linked to

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1 the function of firefighting .
 2 So historically , control rooms have sat within
 3 a Fire and Rescue Service. So Greater Manchester Fire
 4 and Rescue Service has the Greater Manchester control
 5 room to deliver that effect for them. Where you look at
 6 brings those things together under the regionalisation
 7 agenda, where perhaps within a geographical region other
 8 fire authorities are less resource-rich, shall we say,
 9 there may be some economies there and some efficiencies
 10 there by joining a mobilising function and control
 11 function, accepting it's more than just mobilising
 12 appliances, but bringing that function together that
 13 will then serve more than one FRS. So I can see that
 14 there can be value there.

15 Q. What are the risks around it?
 16 A. I think the risks , as I understand them, and as we have
 17 heard to some degree in others' evidence, I think
 18 there's a potential , at least , for losing the
 19 geographical and physical familiarity with an area.
 20 That would largely be dependent on physically how close
 21 or otherwise the people that worked in control were to
 22 the Fire and Rescue Service that they were responsible
 23 for mobilising.
 24 So for example, if I lived in Birmingham but I was
 25 mobilising resources in Scotland, the concept that my

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1 local geographical knowledge would be commensurate with
 2 my own patch is, I think, potentially problematic.
 3 Q. Can I stop you there? I'm sure there are other things,
 4 but is there a risk that that concern can be overstated?
 5 Let me give you the reason why I ask that question and
 6 you can tell us whether you think there is that risk or
 7 there isn't, because not every control room operator
 8 will have an encyclopaedic knowledge of their local
 9 area; do you agree?
 10 A. I do agree, yes.
 11 Q. And furthermore, in these days of global positioning
 12 satellite images and the internet, which allows one to
 13 find addresses very quickly and also algorithms which
 14 can help plan routes from one destination to another, in
 15 those circumstances how important is it that individuals
 16 sitting in that control room have a good local
 17 knowledge?
 18 A. I think that is the point about the modern control room
 19 and the examples you've given actually go a long way to
 20 removing that as an issue, because as long as the
 21 information and the data that is being fed into
 22 whichever systems are being used is accurate, you will
 23 get an accurate result in the same way that people use
 24 it for navigating themselves around on a day-to-day
 25 basis in an unfamiliar city on their phone.

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1 The technology is second to none these days as
 2 compared to how it was. So I accept that -- I'm in no
 3 way suggesting that it cannot work because you don't
 4 physically know the area, but there are some localism
 5 issues which, if I may, I'll go on to.

6 Q. Please do.
 7 A. One of the benefits of proximity, shall we say, is that
 8 you get to know the people you work with. So this is
 9 both a good thing in my view but also less helpful for
 10 the reason I'll -- it's important to understand and to
 11 build trust and rapport so that when things are
 12 in extremis and very difficult, the likelihood, just on
 13 human factors alone, the likelihood is you're probably
 14 going to put more weight with the individual that's
 15 talking to you because you know who they are, you've
 16 trained together, you've worked together, you have an
 17 understanding, and that can remove some delay, it can
 18 remove some anomalies.

19 The difficulty with it is it starts to make the
 20 organisation rely on individuals and that can be
 21 problematic because all individuals, all human beings,
 22 are potentially points of failure or what if isn't the
 23 person you know who's on duty that night so you then
 24 have a different relationship with somebody over an
 25 operational incident? So I'm not suggesting that's the

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1 perfect way, I just think there can be a more robust
 2 sense of organisation and partnership and being in the
 3 same group when you have a control and a Fire Service
 4 that are coterminous.

5 Q. Ultimately, is it possible to say that the idea of
 6 a regional control room is an unequivocally good thing
 7 or an unequivocally bad thing or does so much depend
 8 upon how it is executed on the ground?
 9 A. I think it's the latter, yes. It's how it's delivered.
 10 Q. That's all I want to ask you about regional control
 11 rooms, although this is a related issue, let's move away
 12 from that as a concept and address a matter that others
 13 have raised in the course of the evidence. This is the
 14 concept of a single joint emergency services control
 15 room, which plainly could occur at any level, from
 16 national down to regional down to identified areas
 17 within a region.

18 What views do you have about the advantages and
 19 disadvantages of a single emergency service control room
 20 for a particular area?

21 A. I recognise the challenges with that, but my personal
 22 view -- and this is based on, again, personal experience
 23 working within a multi-agency grouping and whilst that
 24 wasn't specifically a control environment, if I may,
 25 it's the principle I am talking to here, which is that

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1 if you can co-locate with your partner agencies, whether
2 that's in an operational function or in a command and
3 control and communication function, that needn't
4 necessarily be all together in one room like this, but
5 proximate in a building or with very easy access, the
6 information flow in my experience is virtually
7 immediate.

8 So I can think of many instances through incidents,
9 major incidents like riots in London or major fires or
10 strikes or other areas where we've had to co-locate to
11 manage the impact on the capital, where that's exactly
12 the best place for that to have worked. So I could walk
13 across to a colleague from another agency or they would
14 have some information that might impact on fire, and
15 rather than going all the way through, perhaps
16 a slightly elongated process, they could walk across and
17 say, "Matt, this is what's happening, you need to know
18 this".

19 I've talked a lot about simplistic ideas, but in my
20 opinion they're often the best because they're much more
21 difficult to break. So if you widen that concept
22 slightly to say, "Is it feasible to have a control room
23 function representative of the emergency services linked
24 together where there's easy access physically and
25 geographically?" then I think that's certainly an idea

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1 that's considered worthy of further consideration.

2 I would use, if I can just reflect back to the
3 Manchester incident, more the comments made by some of
4 the NWFC and the GMFRS staff giving their evidence.
5 There appeared to be a real support for the fact that
6 a GMFRS officer could come in and work in or speak to or
7 be available to attend in the event of a significant
8 incident to support that control function. That in a
9 microcosm is an example of how multi-agency control room
10 can work to improve things in my view because you have
11 the accessibility, you have the experience, you may --
12 it's for organisations to decide how they deliver that,
13 but in principle I think that would be ideal, accepting
14 that structures are different, organisations, policing,
15 funding, budget heads, many of those things are
16 different, the ambulance trust status is set up in
17 a certain way which is different and other than Fire and
18 Rescue Service, police services again structured and
19 funded in a slightly different way. So I'm absolutely
20 not painting an easy fix here, but I'm suggesting that
21 that's something that would perhaps be helpful to look
22 at again and review.

23 MR DE LA POER: Sir, I propose to use the remaining time to
24 move on to the next topic unless you have any questions
25 for Mr Hall on that topic, bearing in mind that we will

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1 certainly asking him to set those views out in writing
2 and perhaps add a bit more detail around it.

3 SIR JOHN SAUNDERS: It's hugely expensive to do --

4 A. Indeed, sir.

5 SIR JOHN SAUNDERS: -- and people will be saying in response
6 to it: well, actually, if your communications are good
7 enough, you don't need to be in the same place. If you
8 don't mind me saying so, I think the example of having
9 a GMFRS officer in the room is slightly different --

10 A. It is, sir.

11 SIR JOHN SAUNDERS: -- because that's using their expertise
12 rather than having the ability to communicate directly.
13 So there will be, without a doubt, an advantage. How
14 great it is is quite difficult to predict and dependent.
15 I say "obviously there would be", just the fact that
16 you're close together will always make communication
17 that bit easier however good the communication systems
18 are.

19 A. Yes.

20 MR DE LA POER: Mr Hall, before the lunch break, which is
21 currently timetabled to be in about 20 minutes or so,
22 I would like to move to the first of three parts of my
23 questioning. This is topic 8 -- there are only three
24 left -- namely, the preparedness of GMFRS and North West
25 Fire Control for an event of the type which occurred.

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1 With one area for development in particular, I think
2 you have quite a straightforward view on each of those
3 organisations, which you have put in your response: (a)
4 GMFRS was adequately prepared in your view; is that
5 right?

6 A. Yes, that's correct.

7 Q. And with one topic to develop, you have unequivocally
8 expressed the view that North West Fire Control was
9 adequately prepared?

10 A. Yes.

11 Q. You did indicate at your North West Fire Control
12 answers 5 and 6 that you thought that North West Fire
13 Control could benefit from exercising.

14 A. Yes, I did.

15 Q. That's certainly been a view that has been expressed by
16 witnesses who worked for North West Fire Control at the
17 time.

18 Thank you very much indeed, Mr Suter. We've brought
19 up the answers there. They will be published on the
20 website, but perhaps you would like to explain to us
21 what again might be quite obvious, and certainly we've
22 had a deal of evidence on it, why would North West Fire
23 Control in your view have benefited from exercising?

24 A. I think there's an enormous benefit in the people who
25 are first responsible, your initial information

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1 receivers , broadly speaking, being able to have absolute
2 confidence in their abilities , be that individually or
3 as a team within a control room, in the same way that
4 Fire and Rescue Services would and to have known that
5 they can demonstrate that confidence because they have
6 exercised and tested and been trained against their
7 expected outcomes, their core outcomes.

8 My concern is around where control rooms are
9 sometimes -- and I don't believe this happens
10 intentionally in the sense that it's a plan to exclude
11 them, but I think in reality , and experience has shown,
12 that often times control rooms can be overlooked or
13 brought into a scenario for testing and exercising later
14 in the piece or just to perform a fairly perfunctory
15 administrative role to facilitate the exercise happening
16 rather than replicating what would happen for real, as
17 in they're the people who are going to get the first
18 piece of information, so what are you going to do with
19 it , and then how are you going to communicate that
20 onwards, what does that look like, how does that plan
21 develop, where does the role of the supervisor fit into
22 that, where does the communication between the teams
23 come from, what's the escalation policy within the
24 control room in the event -- and so on and so on.
25 A series of things.

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1 I think sometimes this happens because the role of
2 control is again, perhaps for no nefarious reason,
3 fundamentally underestimated as to how important that
4 role is. The control room function is absolutely key
5 because they are essentially the first point of success
6 of an incident with the information being communicated
7 and appropriate mobilisations made and partner agencies
8 informed, but they're equally, consequently the first
9 point of failure when that doesn't happen. That's by
10 virtue of -- they are the holders of the initial
11 information. So there's a big responsibility on control
12 operators and their managers and supervisors to manage
13 and deliver that.

14 SIR JOHN SAUNDERS: We talked a bit about this yesterday,
15 not in terms of NWFC necessarily, but it was being said,
16 actually, it's impractical to have a live exercise that
17 covers it all because it doesn't allow for business as
18 usual; is that right or not?

19 A. I think there's an element of truth to that. I think
20 there are options again. This is about how you manage
21 the team and how you set things up. For example, you
22 may -- as we just alluded recently, just before, to
23 a command officer from Greater Manchester Fire and
24 Rescue Service going into the control room to add that
25 support and incident command experience into an

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1 environment that is not fundamentally set up to command
2 an incident, it's a control room.

3 I think there's a quid pro quo there, and for the
4 exercising and testing and the training people, to have
5 somebody, at least a representative from control, within
6 that group. So if you can't physically use everybody
7 within the control room on a given shift to partake in
8 an exercise, at the very least you can ensure that the
9 key issues for a control room are included into the
10 exercise objectives, so they are getting exposure at the
11 appropriate point to the information they would expect
12 to get and they are having an opportunity to contribute
13 in real life to the outcome of that incident rather than
14 just a paper feed.

15 I do accept the chief superintendent's evidence that
16 I did see part of, where he was talking about the
17 difficulty of maintaining business as usual whilst in
18 a fully immersive no-notice exercise, but I do have
19 a slight view on that. I don't know if this is the time
20 to deal with this --

21 SIR JOHN SAUNDERS: I think it is.

22 A. I think one of the protocols you build into the exercise
23 build is you have the facility to call, effectively, and
24 there's an old military term of "no duff", effectively
25 it's a real incident going on now, all of this stops and

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1 you resume your business as usual.

2 So I accept his comment and he's in a much better
3 place than I to comment on how the OCB works with the
4 pressures that's under but I think there are ways that
5 can be assisted to work better than it currently does
6 through some of that.

7 MR DE LA POER: On a sheer volume of calls basis, we know
8 from the evidence that North West Fire Control, which
9 covers a very similar geographical area, I hope
10 I remember these statistics correctly, receives
11 approximately 10% of the calls that North West Ambulance
12 Service receives for the same area.

13 A. Yes.

14 Q. So in terms of how busy the control centres are, how
15 many staff are committed in order to staff it on any
16 given shift, it's a smaller scale, is that right, so far
17 as specifically North West Fire Control is concerned as
18 compared to North West Ambulance Service or perhaps, as
19 we heard from the chief superintendent, the OCB?

20 A. I think it's a different scale and looking at the
21 service agreement and structure, NWFC and
22 Greater Manchester Fire and Rescue have agreed on
23 a staffing model to deliver that function, so you've got
24 who you've got, that is the organisational structure.
25 So any planning or testing and exercising has to be

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1 cognisant at least of the potential impact on business
 2 as usual if you suddenly extract people from that role.
 3 I think perhaps in concluding this bit to a degree
 4 is that there is an onus on organisations here to
 5 consider what they want to fund, without wishing to put
 6 it in crudest terms. If you're going to expect someone
 7 to undertake the training and have the opportunity to do
 8 the exercising, it's not always going to follow that
 9 they can do that just by coming to work in their normal
 10 shift and doing that on a computer-led learning portal.
 11 If that person needs to be extracted, there's obviously
 12 a commensurate cost attached to that, so I think part of
 13 this issue in terms of resolution of why do we see these
 14 issues coming out after exercises, perhaps repeatedly,
 15 historically, is on of -- well, if you want that level
 16 of buy-in and you want to achieve that effect, then
 17 there has to be some recognition that there's going to
 18 be pressures elsewhere in the organisation to achieve
 19 that. I think that's perhaps something that
 20 organisations could consider how they could best support
 21 that activity to ensure that their people are the best
 22 trained and the best prepared they could possibly be.
 23 Q. I just want to conclude this by just laying two of your
 24 conclusions side by side and seeing if you can help the
 25 chairman. Ultimately, it will be a matter for him to

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1 determine the adequacy or otherwise. But you've been
 2 asked to offer an opinion on it and you do so from
 3 a position of expertise.
 4 Firstly, is exercising, in your mind, part of being
 5 prepared?
 6 A. Yes, it is.
 7 Q. The answer to the question, "Was NWFC adequately
 8 prepared for a terrorist attack?" you gave was, "Yes",
 9 full stop, and then you went on to give some further
 10 information. We can look at that detail if you think in
 11 answering this question we need to.
 12 Then in answer to NWFC5, "Should NWFC have been
 13 involved in multi-agency training exercises prior to
 14 22 May 2017?" you also say yes.
 15 A. Yes.
 16 Q. And there is further detail around it. I'm not trying
 17 to prevent you from referring to that detail if you feel
 18 it necessary. Some might think there's a bit of
 19 a tension there and it's really just for you to help us
 20 resolve how you see it. On one view, you may say it's
 21 adequate, but doing more would have improved things.
 22 A. Mm.
 23 Q. On another view you say the fact they didn't do that
 24 meant they were inadequately prepared. Do you see those
 25 are two possible interpretations? You may have others.

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1 Can you just help us to lay those two answers side by
 2 side and just explain what your thinking is behind each
 3 of them?
 4 A. I'll certainly try to. I think it's more towards the
 5 former of your suggestions in that there was evidence
 6 that people were engaged, the SPOC process between NWFC
 7 and Greater Manchester Fire and Rescue appears robust
 8 and healthy. There was an exchange of emails and
 9 opportunities, invitations from GMFRS into NWFC to
 10 attend exercising and different presentations. There
 11 was evidence of indeed training and presentation being
 12 given to North West Fire Control. So in terms --
 13 I suppose for me it is the balance or the level. Had
 14 there been none at all, I think I would have to find
 15 that that preparation was inadequate. But the fact that
 16 there was understanding and participation was indicative
 17 to me, at least, of a working relationship that
 18 included, perhaps not in every case, but it included
 19 NWFC within the thinking of the planners and the
 20 exercisers. So I believe that's why I gave that answer.
 21 In answering the NWFC5, I think it's -- the key
 22 thing for me is how much should their involvement have
 23 been structured in the active participation from the
 24 point of call. That's something slightly different to
 25 what was in place and what was happening; that's why

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1 I go on to say that they should have been involved. On
 2 the one hand there's this level of activity and buy-in
 3 and attendance by some but not all and there's also an
 4 opportunity to improve that and to ensure that going
 5 forward there's a much more reciprocal arrangement and
 6 a much more inclusive arrangement that covers all of the
 7 needs of North West Fire Control to be able to function
 8 at every point along the line, if that makes sense.
 9 MR DE LA POER: It certainly does to me.
 10 Sir, unless you have any questions about that, I am
 11 about to move on to my ninth and most substantial topic,
 12 although I remain confident that I will complete within
 13 the time. I wonder if we might take lunch 10 minutes
 14 earlier than we scheduled but to return 10 minutes
 15 earlier than we scheduled as well.
 16 SIR JOHN SAUNDERS: We'll break until 1.35. Is that going
 17 to be convenient to people or does that create
 18 difficulty in getting lunch?
 19 MR COOPER: As far as I'm aware, it shouldn't do, sir.
 20 SIR JOHN SAUNDERS: Let's do that then. Thank you.
 21 (12.36 pm)
 22 (The lunch adjournment)
 23 (1.35 pm)
 24 MR DE LA POER: Mr Hall, we are now going to move to my
 25 topic 9 of 10, the emergency response where we are

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1 together going to consider in chronological order the
2 emergency response with a particular spotlight on the
3 Fire and Rescue Service and North West Fire Control for
4 22 May 2017.

5 But before we do, because this will involve, do you
6 agree, you expressing some adverse criticism of either
7 individuals or those organisations, there are some
8 positive matters that we should highlight?

9 A. Very much so, sir, yes.

10 Q. Two of those, one in respect of each of those
11 organisations, you identify in your report. Here,
12 we are looking at matters which, in your view, are
13 unequivocal positives. The first of those, Ms Quick,
14 please, at {INQ041857/1}, is FRS30, the page reference
15 for which is page 8 {INQ041857/8}.

16 It's where you are invited by the questions that
17 were posed whether you had anything to add. Because
18 we are going to spend a bit of time, you and I, looking
19 at adverse criticisms that you have, I think in fairness
20 to the organisation we should read this into the record:

21 "Every GMFRS officer who gave evidence to the
22 inquiry admitted that whilst they believed they had been
23 well prepared prior to 22 May 2017, their response to
24 the arena was inadequate and ineffective. They
25 expressed great remorse for this and provided evidence,

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1 particularly from ACFO Keelan, that GMFRS as an
2 organisation have taken steps to rectify policy,
3 procedures and training to ensure, as far as possible,
4 that any identified gaps have been addressed. There is
5 further work ongoing, but this in my opinion represents
6 an organisation made up of professional people who are
7 seeking to learn lessons from this incident and ensure
8 that improvements are made and embedded in the event of
9 similar incidents occurring in the future."

10 That's what you wrote last month. Do you stand by
11 that?

12 A. I do, yes.

13 Q. Next in materially highly similar terms, North West Fire
14 Control, please. Here we are going to look at NWFC26,
15 which is to be found at page 23 {INQ041857/23}. Again:

16 "Not at this time except to note that during
17 evidence given to the inquiry NWFC accepted and
18 apologised for their failing to communicate and manage
19 the incident in an adequate and effective manner."

20 "There is further work ongoing within NWFC and this
21 in my opinion represents an organisation made up of
22 professional people who are seeking to learn lessons
23 from this incident and ensure that improvements are made
24 and embedded in the event of similar incidents occurring
25 in the future."

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1 Again, that is what you wrote in August; do you
2 stand by that?

3 A. I do.

4 Q. There are three other matters that I would invite your
5 consideration of in relation to unequivocally positive
6 aspects.

7 The first is this: have you identified in the
8 evidence, bringing to bear your very considerable
9 experience and expertise, any evidence whatsoever that
10 casts doubt on the proposition that everybody involved,
11 North West Fire Control and Greater Manchester Fire and
12 Rescue Service, took this incident extremely seriously?

13 A. Absolutely not, I have found no evidence that they did
14 anything other than that.

15 Q. Next, again bringing that same experience and expertise
16 to bear, have you identified within the evidence any
17 indication that all of those people were doing other
18 than acting in good faith, seeking to do their best?

19 A. No.

20 Q. Thirdly, bringing to bear that expertise and experience,
21 have you identified anything within the evidence which
22 would cast doubt on the proposition that there was
23 a clear determination by front line officers to get to
24 the scene, despite the danger they may have faced once
25 they got there?

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1 A. No, I haven't.

2 Q. Let's now look at that timeline. I'm going to invite us
3 to do so by reference to what I have termed three
4 phases. Let me identify those phases for you and see
5 whether or not that is a framework with which you are
6 content to work.

7 Phase 1, in my terminology, the initial response,
8 which incorporates the deployment to Philips Park.
9 Phase 2, the period following the initial response,
10 which might be termed the Philips Park period. And
11 phase 3, the change to the initial response, namely the
12 deployment from Philips Park. Is that a structure,
13 those three phases, that you think you can answer
14 questions within?

15 A. It is, yes.

16 Q. So let's look at phase 1, the initial response. If
17 people want to put times on this it is 22.31, the point
18 of detonation, through to somewhere in the region of
19 22.45.

20 I'm going to list these for you, but my question at
21 the end of it, so that you have it in mind when I ask
22 it, is whether or not you agree that in that initial
23 period, phase 1, there were four key decisions. Let me
24 tell you what I am going to suggest to you were the four
25 key decisions, you can agree or disagree with it.

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1 Decision 1, that by David Ellis at North West Fire
2 Control to select the explosion action plan.
3 Decision 2, the decision by Michelle Gregson and/or
4 Lisa Owen to stop the mobilisation of resources to the
5 arena or, to put it another way, to tell David Ellis not
6 to start the mobilisation in accordance with that action
7 plan.
8 Decision 3, the decision by Michelle Gregson and/or
9 Lisa Owen to contact the NILO.
10 Decision 4, within that initial period, the decision
11 by Andy Berry of Greater Manchester Fire and Rescue
12 Service to send resources to Philips Park as opposed to
13 anywhere else.
14 So can I invite you to consider those four as being
15 the four key decisions within that initial time period
16 that I've identified. Do you agree or disagree with
17 that?
18 A. I agree with that.
19 Q. So what I'm going to do is just deal with each of those
20 decisions and seek your opinion about whether or not in
21 your view the right or the wrong decision was taken and
22 just discuss some of the considerations around each of
23 those.
24 Decision 1 within this first phase, that by
25 David Ellis to select the explosion action plan. In

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1 your view, based on the information that he had
2 available to him and what you understand about how those
3 action plans operate, was that the correct or incorrect
4 decision by David Ellis?
5 A. I believe based on those factors and his own evidence of
6 the process that he followed, that that was the correct
7 procedure to take.
8 Q. It may be thought that that's not a particularly
9 controversial view. But in case it is, could you just
10 expand on it a little bit about why it's your view that
11 that was the correct decision?
12 A. Yes, because subject to supplementary information that
13 became available later than the time that he undertook
14 that activity within control, there appears from the
15 evidence to have been sufficient and adequate
16 information received by him to formulate a mobilising
17 option to enable GMFRS to respond to the information
18 that he was given, namely that there had been an
19 explosion, that there were a significant number of
20 casualties, and indeed that there had been an RVP
21 nominated.
22 Just within the — having considered the logs and
23 seen those delivered in evidence, it appears that with
24 the system in the way that it was set up to work, the
25 option was presented to him for an incident type of

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1 explosion, which then triggered the potential for
2 a predetermined attendance, which then could be
3 mobilised to at least begin a response to GMFRS. And as
4 I believe I stated earlier, before lunch, that may not
5 have been the final and total response, but it would
6 have been an initial response to begin that process of
7 responding to this incident.
8 Q. You are not critical in an adverse way of Mr Ellis for
9 having done that?
10 A. Absolutely not.
11 Q. He having done that, do you agree that in the ordinary
12 course of expected events, under the system that was in
13 place, that would have led to a predetermined
14 mobilisation to the incident ground?
15 A. Yes.
16 Q. But that didn't happen, did it?
17 A. That's correct.
18 Q. Again I don't think it is controversial to suggest that
19 the reason that didn't happen was because there was an
20 intervention by the team leaders, or a team leader —
21 I'm not seeking for you to engage in exactly who made
22 that, but there was undoubtedly an intervention which
23 told him not to do that?
24 A. That's my understanding from the evidence given, yes.
25 Q. Would you be critical of him for following that

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1 instruction?
2 A. No. There's a supervisory and management structure
3 within North West Fire Control which defaults for advice
4 or guidance to a supervisor or a more senior member of
5 the control room team and it would be absolutely
6 appropriate for Mr Ellis to have followed any decision
7 or order effectively given by that person of a more
8 senior position.
9 Q. Let's set Mr Ellis aside in those circumstances, others
10 can return to him if they wish to, and focus upon the
11 decision, not the person, but the decision to interrupt,
12 if that's I hope not a pejorative word, what would
13 otherwise have occurred had Mr Ellis continued with the
14 process that he had started.
15 Do you regard the decision not to mobilise in
16 accordance with the explosion action plan as being
17 a reasonable one or an unreasonable one?
18 A. In my view, to halt the PDA, and therefore the
19 consequent mobilisation, was an unreasonable one in the
20 circumstances.
21 Perhaps if I can give a slight explanation of that.
22 The prerequisite to a response being effective is to
23 have resources at or in the vicinity of the incident.
24 I don't believe, and I stand to be corrected, there has
25 ever been a major incident that's been resolved

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1 remotely. Therefore it follows that the sooner you can
 2 get resources to either a nominated RVP or the incident,
 3 then the quicker you're going to be able to assist the
 4 people that have been impacted by that, which is the
 5 priority, to save life.
 6 Q. We're going to come back to that decision, all right,
 7 because that's a very important decision. But we're
 8 only going to do so once we have completed this sequence
 9 of four decisions.
 10 The third decision is the decision by
 11 Michelle Gregson and/or Lisa Owen to contact the NILO,
 12 which is in fact what Michelle Gregson did. Just on its
 13 own, the concept of the team leader at North West Fire
 14 Control contacting the NILO at this point in the
 15 incident, is that a reasonable or unreasonable decision?
 16 A. In my view that's a completely reasonable decision.
 17 Q. When considered free-standing; is that right?
 18 A. When considered free-standing.
 19 Q. So no problem in principle with doing that, but you are
 20 critical, when you take those two parts together, of the
 21 totality of it, namely doing that rather than the
 22 predetermined deployment in accordance with the action
 23 plan?
 24 A. Yes. If we reflect back on my earlier evidence around
 25 the reviewing -- taking action and reviewing what

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1 happened, the reason of my criticism is around the
 2 consequence, the impact on not initiating a mobilisation
 3 to scene. In my view, if that's something that's
 4 helpful at this stage, there should have been
 5 concurrency. So the mobilisation of the PDA, whilst
 6 either Ms Gregson or AN Other concurrently contacted the
 7 duty NILO to seek the additional information that they
 8 required.
 9 SIR JOHN SAUNDERS: So whether free-standing or along with
 10 the other decision to interrupt, as it were, it was
 11 still -- sorry, had the right decision been made, as you
 12 see it, to actually direct mobilisation in accordance
 13 with the explosion, it still would have been the right
 14 decision to contact the NILO?
 15 A. I think, sir, yes, in short and I believe the evidence
 16 suggests that there were -- we are on a timeline and
 17 there was additional information subsequently coming
 18 into the control room that absolutely justified further
 19 discussion with -- in the case of the way
 20 Greater Manchester Fire and Rescue Service organises its
 21 response in that case would have been the duty NILO or
 22 somebody who was able to access that information.
 23 SIR JOHN SAUNDERS: Thank you.
 24 MR DE LA POER: We're going to come back to various factors
 25 around this and I'm going to suggest some matters to

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1 seek your views on, but the fourth decision, as I have
 2 identified it and you have agreed, was that of
 3 Andy Berry, Station Manager Andy Berry, in that
 4 conversation with Michelle Gregson at just after 22.40,
 5 to send resources to Philips Park rather than the
 6 cathedral car park or indeed the immediate vicinity of
 7 the arena.
 8 In your view, was the decision by Station Manager
 9 Berry to send resources to Philips Park a reasonable one
 10 or an unreasonable one?
 11 A. In my view, having considered again the evidence and
 12 also reflected on that, I think it was unreasonable for
 13 him to decide that in those initial stages of the
 14 information that was available to him.
 15 Q. I want to come back to -- you have given those answers,
 16 which absolutely accord with what you said, subject to
 17 Mr Berry's subjective mind state, and we'll talk about
 18 that when we come to look at it. I would like to go
 19 back to the first decision you are critical of, namely
 20 that to stop what David Ellis otherwise on his training
 21 would have done.
 22 Do you agree that in fairness to that decision
 23 maker, they weren't stopping a deployment for all time,
 24 instead they were stopping that deployment subject to
 25 speaking to somebody?

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1 A. I do agree, and again on reflection of the evidence and
 2 having written what I've written about that, I do
 3 recognise that I didn't perhaps clearly include that
 4 specific in the answers that I -- in the responses that
 5 I've written. What I mean by that is I wouldn't want
 6 the inquiry to think I was implying that in some way
 7 this single decision could never be revoked or reversed,
 8 nor was it a decision that was for all time. The point
 9 I'm really trying to explore is that there was an
 10 intervention outwith the normal mobilising process that
 11 did impact on Greater Manchester Fire and Rescue
 12 Service's ability to respond in a timely fashion, if
 13 that makes sense.
 14 Q. Because of course if in her telephone call with
 15 Andy Berry -- there is no reason to suppose, do you
 16 agree on the evidence, that had she been told 2 minutes
 17 or so after that first decision, "No, mobilise straight
 18 to the incident ground", or, "Mobilise to the RVP", that
 19 the delay caused by that first decision would have been
 20 measurable in that time period, namely 2 minutes or so?
 21 A. That's correct. There's no indication that there was
 22 any intention from North West Fire Control to not follow
 23 a decision or advice or an order to mobilise, merely one
 24 to seek additional information.
 25 Q. Would a person in Michelle Gregson's position be

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1 entitled to assume that a NILO would tell her if she was
 2 obviously wrong in the decision not to mobilise
 3 immediately?
 4 A. I think that is a reasonable assumption and I base that
 5 on the evidence that has been seen of the level of
 6 training and information and interaction between the
 7 NILO cadre within Greater Manchester Fire and Rescue
 8 Service and operators and managers within North West
 9 Fire Control, by which I mean there was clearly an
 10 intention to inform control room operators that if there
 11 were a certain set of criteria or there was any doubt
 12 around some of these perhaps more challenging or
 13 non-conventional incidents, then the person they should
 14 look to to seek further information and resolution of
 15 that is the NILO. So I can fully understand, and it is
 16 a projection on my part, but I can fully understand
 17 someone in Michelle Gregson's position may even
 18 automatically think, well, this I need to speak to
 19 a NILO about this because that is what I have been told
 20 is the way to go.
 21 Q. You accept when analysing all of this that
 22 Michelle Gregson would be entitled to assume that if she
 23 was obviously wrong that her mistake, if that's what it
 24 was, would be corrected within a matter of minutes,
 25 thereby causing minutes only of delay?

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1 A. I think that's a reasonable assumption.
 2 Q. Given that, and accepting that, let's just go back to
 3 your conclusion that it was unreasonable for her to call
 4 the NILO. So if the cost of her behaviour, if she was
 5 making an obviously wrong decision, was that it would be
 6 countermanded within minutes, why do you think it was
 7 unreasonable for her to take that step rather than start
 8 the mobilisation process in accordance with the
 9 explosion action plan?
 10 A. I am not sure whether I've heard that correctly.
 11 I believe what I said was the unreasonable decision was
 12 around intervening of the mobilising.
 13 Q. Indeed. By stopping that mobilisation, that's the
 14 decision you criticise?
 15 A. Yes.
 16 Q. But that stop, I think you've agreed, is in
 17 circumstances where, if she was obviously wrong about
 18 that, she'd be entitled to expect that that error would
 19 be corrected within a very short period of time?
 20 A. Yes.
 21 Q. Thereby causing -- the error was capable of causing in
 22 her mind, it might be thought, only a couple of minutes'
 23 delay if that assumption was one that she made?
 24 A. That's certainly possible, yes.
 25 SIR JOHN SAUNDERS: Does that render the decision

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1 reasonable, the fact that it would only cause a couple
 2 of minutes of delay, I think is the point?
 3 MR DE LA POER: Yes.
 4 A. I see. I'm not trying to be in any way unhelpful with
 5 it, but I think for me, if that is the case, then it
 6 removes this concept of concurrency because there are
 7 two acts: there's an act of stopping the mobilisation
 8 and an act of calling the NILO, in my view.
 9 SIR JOHN SAUNDERS: So you still think it's unreasonable
 10 despite the fact that she hoped it could be corrected
 11 very rapidly?
 12 A. And indeed even if that were a consideration at play
 13 at the time, and it clearly happened, if the
 14 conversation with the NILO was just to say, "Look, this
 15 doesn't feel right to me, I don't know what it is, but
 16 I'm recommending we don't mobilise", then that would
 17 have been a conversation perhaps that would have played
 18 out in a different way to the conversation that actually
 19 did happen where it was presented as a fait accompli
 20 saying, "Obviously we haven't mobilised".
 21 So I believe, and I'm happy to be corrected with
 22 anything that I've said, but it appears to me at least
 23 that the decision was a separate decision to not
 24 mobilise and a separate decision to contact the duty
 25 NILO and I believe that led to some consequences further

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1 down the line.
 2 MR DE LA POER: I suppose we could turn it on its head,
 3 couldn't we, Mr Hall, and look at it a different way:
 4 had Michelle Gregson and/or Lisa Owen's decision been to
 5 allow David Ellis to click the mobilise button and had
 6 phoned the NILO at that point, would she have been
 7 entitled to assume that if that was obviously the wrong
 8 decision, in other words mobilisation, that that would
 9 be corrected?
 10 A. Indeed, yes. I think the question, if I may, is perhaps
 11 one about process and following the agreed protocols and
 12 then checking and confirming if there's any doubt,
 13 because the one -- the agreed protocol for any incident
 14 type, gets the Fire and Rescue Service moving down the
 15 road. That can be halted, there can be a message sent
 16 from control to say, "Stop, reverse your route, go to
 17 a safe area". It can be countermanded, enhanced, but it
 18 begins the process. And I think my concern has always
 19 been throughout the inquiry up to this point that the
 20 lack of that initiator of getting what would be
 21 recognised as a reasonably standard response to an
 22 incident where there is clearly a significant point of
 23 need on behalf of those that have been affected by it.
 24 Q. If it were to be suggested that, look, someone in
 25 Michelle Gregson's position owes a duty of care or has

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1 legitimate grounds to believe that she owes a duty of
 2 care to those firefighters , would that in any way impact
 3 upon your conclusion that she decided to stop something
 4 happening and check as opposed to starting something
 5 happening and then checking?
 6 A. I don't believe it would, really , because the evidence
 7 we reviewed earlier around the safe systems of work that
 8 are put in place to manage the risk and exposure -- and
 9 I think that gives me -- excuse me -- there does need to
 10 be some distinction between -- there's almost a higher
 11 level of expectation of the emergency services. They
 12 are just men and women, they're not superhuman, but they
 13 do actively work and are trained and are equipped to
 14 work in environments that contain more risk than it may
 15 be reasonably expected a member of the public who does
 16 a different role or profession to would be exposed to on
 17 a daily basis.

18 So I think there must be some allowance in the fact
 19 that the systems have been pressure tested over many
 20 years, that's not to say they're infallible , that's not
 21 to say there can't be improvements, but your primary
 22 response is to get your assets to where they are needed
 23 and the safe system of work that sits around that allows
 24 that to happen in a manageable way or for the risk to be
 25 managed in a reasonable way.

1 Q. To tease out one other aspect arising from what you have
 2 said a few moments ago, I think you were positing
 3 a scenario where you connected the way in which
 4 Michelle Gregson spoke to Andy Berry with the decision
 5 not to mobilise. I think you were suggesting that you
 6 might have a slightly different view or more nuanced
 7 view if she'd made the decision not to mobilise and then
 8 addressed him in a different way. Did I understand
 9 that?
 10 A. Yes, I think sometimes certainly in command, in my own
 11 command experience, which is -- many people have
 12 different experiences. But to a degree, unless I have
 13 specific knowledge about something that's happening from
 14 elsewhere, I can really only make a decision based on
 15 the information that's given to me and what somebody
 16 tells me. I don't think it's unreasonable to draw
 17 conclusions that are based on how that language is
 18 couched and how that information comes to you. So it's
 19 possible to say in using the terminology, "Obviously
 20 we are not mobilising", and we've talked about fact and
 21 assumption to a degree, but there's an argument to be
 22 made there to say: well, they clearly know something
 23 about this that I don't, therefore let's take the next
 24 step.

25 I think that's a different conversation, slightly ,

1 and the nuance is there, as opposed to saying, "Look,
 2 I've taken this step initially but what do you think
 3 because I'm not sure that -- I just didn't want to
 4 expose people to excessive risk, it does say
 5 'explosion', we would normally do that, is that what you
 6 want us to do?" It sounds like I'm being something of
 7 a pedant but it's not that, it's more about how the
 8 information you are given is -- you're able to process
 9 that and then make a reasonable balanced decision off
 10 the back of it , if that makes sense.

11 Q. It does. Let's look at the other side of that
 12 conversation. Andy Berry receives that information
 13 in the way in which it is delivered to him. What are
 14 his obligations when he receives that information?

15 A. He will be receiving that information as the duty NILO
 16 because he was -- I mean, there could have been a number
 17 of reasons why he was phoned as an officer, but he was
 18 told, "We're ringing you as the duty NILO". And the
 19 request -- I am not quoting verbatim here -- was
 20 essentially : could you contact the police to fill that
 21 gap for us? Essentially do the NILO's role, bridge that
 22 intelligence gap that I talked about previously.

23 So his obligations under that, on one level, are
 24 just to do exactly that: okay, I've got the request,
 25 I will make that contact and I'll come back to you with

1 the information that you need and we can begin to build
 2 this bigger picture.

3 I think there's another slightly more subtle
 4 obligation on him, which is to challenge, by which
 5 I don't mean to imply that the information is incorrect ,
 6 but to critically challenge why that is the case. We
 7 talked about the dialogue between control rooms and
 8 mobilising an officer and my own experience of that
 9 would be in most cases to ask the question, "So why
 10 haven't we mobilised then? What else do we know about
 11 it that's stopping us do that?" Because that allows him
 12 at that point in time to perhaps countermand and say,
 13 "That's a good call, let's keep it like that while
 14 I check this out", or to absolutely insist , "No, no, get
 15 the PDA there while I'm doing this, I know what you
 16 say". So those options are also an obligation on him to
 17 take that activity .

18 Q. Did you see within the language used evidence of that
 19 critical challenge that you say he was under an
 20 obligation to do?

21 A. No, I didn't see any evidence of that. I saw evidence
 22 of Mr Berry coming up with a form of a tactical plan and
 23 making some decisions in terms of the location of
 24 resources and the number of resources and where they
 25 should go. I don't recall anything in his evidence or

1 in evidence of others that says he critically challenged
 2 that initial position.
 3 Q. And you've obviously had the opportunity to listen to
 4 the audio of that as many times as you like and indeed
 5 there's a transcript.
 6 A. Yes, I have, yes.
 7 Q. And is it there so far as what your expectation is?
 8 A. Not as far as my expectation is concerned.
 9 Q. You have talked about Mr Berry doing his literal role of
 10 getting information, that what's his plan was so far as
 11 as the police were concerned. What about his decision
 12 around the deployment? Because there are two parts,
 13 aren't there, to it? Firstly, "I'll find out what you
 14 want to know", but there's a second part to that
 15 conversation, where he gives instruction to
 16 Michelle Gregson in terms of where resources should go;
 17 is that right?
 18 A. That is my understanding, yes.
 19 Q. Was that something that, in your view, he should have
 20 been doing in principle, saying: this is where you need
 21 to send the resources?
 22 A. I think in principle there's less of a problem with it.
 23 In terms of outcome and whether that was the right
 24 decision or not I think that's a slightly different
 25 thing.

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1 Q. Let's separate the notion of where he sent resources
 2 because he could have said they could go to any one of a
 3 number of places: "Yes, send them to the RVP", "No, send
 4 them to the arena itself", "Send them to Philips Park",
 5 and no doubt people can conceive of other scenarios.
 6 Let's take out where he said to send them. In
 7 principle, was it legitimate for him in your view, in
 8 circumstances where he's being told we're not deployed,
 9 to say, "You should deploy to X place"?
 10 A. Yes, it was, because if you look at the -- as
 11 I understand the action plan and the relationship
 12 between GMFRS and NWFC, which those plans are agreed or
 13 accepting that subsequently things may have changed, but
 14 back at this point in time there were options within
 15 other plans that said prior to mobilisation, contact the
 16 duty NILO, get an RVP and wait to hear, basically. So
 17 it would be unreasonable to suggest that Mr Berry should
 18 never have made a decision about any of those factors
 19 because by definition those plans would imply that
 20 that's exactly what he should do.
 21 SIR JOHN SAUNDERS: So just being entirely simplistic, it
 22 did actually get things going?
 23 A. Yes.
 24 MR DE LA POER: So he was under an obligation by the sound
 25 of it, you tell me if I've framed it incorrectly, in

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1 circumstances where he was being presented with a
 2 situation where resources weren't going anywhere to
 3 direct resources somewhere?
 4 A. Yes, I agree.
 5 Q. So then the question comes down to teasing out what
 6 it is that you are adversely critical about, setting
 7 aside whether he should have asked questions in
 8 a different way or sought more information. Is it the
 9 fact that his deployment decision was to Philips Park
 10 that you take issue with as a reasonable decision?
 11 A. It is, yes. It's the decision to mobilise resources
 12 away from the incident as opposed to either an RVP or to
 13 attend the incident as is the norm, which may, as
 14 Mr Berry's given evidence -- it was predicated on his
 15 world view, if you will, at the time. And it would
 16 appear that he was overlaying a scenario where he felt
 17 the imperative was to muster. Yes, to mobilise and
 18 gather GMFRS resources, but do that at a location which
 19 was perhaps in his view, without speaking for him, more
 20 safe than that which was recommended to him.
 21 Q. Let's just have a look at -- he sent them, those
 22 resources, to Philips Park in circumstances where there
 23 can be no doubt that he was told that there was
 24 a rendezvous point provided by the police.
 25 A. Correct.

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1 Q. If he was wrong to send them to Philips Park, where
 2 should he have sent them?
 3 A. To the rendezvous point.
 4 Q. Is there any room for legitimate debate in your mind
 5 about that?
 6 A. In terms of the action, I think there's room for
 7 clarification. We're back to the professional dialogue
 8 between control, information provider and the responder.
 9 So there's time and room for that conversation to
 10 happen. But the overarching principle has to be to save
 11 life and reduce harm. You cannot do that 3 miles,
 12 2 miles away from the incident. So the imperative
 13 should always be "How are we going to get resources to
 14 scene" as a default in my view.
 15 Q. Now, one of the points that has been raised in
 16 questioning, which I would like you to consider, is the
 17 notion that under blue lights, although 3 miles might
 18 sound like a very long time, under blue lights the
 19 difference when you factor in people getting into their
 20 vehicles, turning on engines and gearing up and leaving,
 21 the difference may not be as much as a layperson would
 22 assume. So goes the line of suggestion: the fact that
 23 it's away from the scene in the case of units that would
 24 be at Thompson Street is not really the right way to
 25 look at it, the question is: were they within

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1 a reasonable striking distance of the scene? What
 2 do you say about that thought process and whether that's
 3 a legitimate one or what your view on it is?
 4 A. Factually, you're correct. You can usually make way in
 5 an efficient and effective way under blue light
 6 conditions, depending of course on road closures or
 7 diversions, whatever else might be in place. But
 8 broadly speaking, yes, that's correct, you can make
 9 reasonable progress. But obviously, there has to be, of
 10 whatever degree that is, an inbuilt delay by being
 11 further away from the scene than you originally were or
 12 potentially could have been.
 13 So I think it has some difficulty to say that that
 14 was perfectly fine because you could just get there
 15 quickly under blue light conditions.
 16 Q. What about considering that line of reasoning by
 17 reference to JESIP and a multi-agency response? Is that
 18 a relevant issue when considering whether or not going
 19 to the designated rendezvous point, setting aside for
 20 a moment that in fact nobody else went there?
 21 A. Yes.
 22 Q. But at 22.40 that's what was being suggested as the
 23 rendezvous point by the police. Is that a relevant
 24 consideration when deciding about whether it's a red
 25 herring that the distance was 3 miles rather than 1 mile

1 or half a mile?
 2 A. I think it is relevant because one of the other factors
 3 in that decision to move to Philips Park was, of course,
 4 that it almost inevitably developed a silo — it's not
 5 even an RVP, a muster point of one element of the
 6 response capability on its own, remote from police and
 7 ambulance.
 8 So if you looked at the alternative, where the
 9 decision was even to move the same number and type of
 10 resources but put them to or towards the RVP, the
 11 principle would have been that the other agencies would
 12 have met there, notwithstanding your comment that
 13 actually in fact nobody actually used that. But other
 14 resources did get to the scene and in my view, by even
 15 travelling towards that RVP — and in incident command
 16 training it's very often called the drive-in, which is
 17 this process of approaching an incident and you begin to
 18 build situational awareness of perhaps how people are
 19 responding, of the tempo, of the feel, the fact that
 20 other emergency services are there, that there's clearly
 21 activity.
 22 All of these become operational cues that reinforce
 23 your decision that this is the place we need to be.
 24 Even if then subsequently you review and revise an RVP
 25 or you move an FCP, you get all of that information by

1 closing the scene, effectively. Where you are less
 2 likely to get that is remotely on your own, detached
 3 from any of that that's happening.
 4 Q. One final aspect I would like you to consider about the
 5 decision Mr Berry made as we kind of identified in terms
 6 of your criticism to send to Philips Park. Was he
 7 entitled to assume that if he spoke to the force duty
 8 officer, he would immediately be told if Philips Park
 9 was the wrong place for those resources to go?
 10 A. I pause because I find that slightly difficult to answer
 11 on behalf of the FDO, his knowledge of where
 12 Philips Park was and whether that was indeed a good or
 13 not good RVP.
 14 SIR JOHN SAUNDERS: Can we put it in more general terms?
 15 Was he entitled to think that once he had got the
 16 information from the FDO, he could form a better
 17 judgement of how safe it was to go anywhere closer than
 18 Philips Park?
 19 A. That's a much better way to put it, sir, I agree.
 20 SIR JOHN SAUNDERS: I had longer to think about it.
 21 MR DE LA POER: I agree with that for what it is worth.
 22 There we are.
 23 So in a sense, in the way that Michelle Gregson was
 24 entitled to assume that there was some sort of safety
 25 net beneath her decision—making if she was obviously

1 wrong or had made a decision that people with better
 2 information could improve, you would say the same for
 3 Andy Berry albeit in the terms that you have just
 4 phrased it, that he was entitled to assume that there
 5 would be a safety net of sorts to his decision?
 6 A. Yes, absolutely. The point of inter-agency
 7 communication is exactly that: you haven't got the
 8 answer, otherwise you'd do it, so you need to speak to
 9 somebody else to get that information for you to either
 10 confirm or rule in or rule out your decision.
 11 Q. So does it follow then that when assessing the
 12 reasonableness or otherwise of Mr Berry's decision to
 13 say, "Go to Philips Park", we need to bear in mind that
 14 he would have been entitled to assume that that could
 15 have been improved if there was an obvious improvement
 16 to make once he spoke to the FDO?
 17 A. Yes, in my view the FDO could have said to him, "This is
 18 absolutely the RVP, we've got everything there, this is
 19 what we've told ambulance". It could have been nuanced
 20 in a number of ways, but yes, it would have helped.
 21 MR DE LA POER: Sir, we are just going to move to my
 22 phase 2. Do you have any other questions —
 23 SIR JOHN SAUNDERS: No.
 24 MR DE LA POER: — before I move on to my phase 2, as I am
 25 terming it? In other words the Philips Park phase —

1 and by that I'm not suggesting that everybody was
 2 mustered at Philips Park from the very start of this
 3 phase but it was during that phase that Philips Park was
 4 the muster point and here we are talking about a period
 5 starting shortly before 22.45 and concluding around
 6 23.45. So it's approximately an hour and I am sure if
 7 people feel those minutes are important they will say
 8 so, but that's what I'm going to invite you to consider
 9 now.

10 As we enter that second Philips Park phase, let's
 11 just have a look. The plan at that stage that Mr Berry
 12 has has two parts: one, speak to the FDO; two, in the
 13 meantime resources go to Philips Park. In a nutshell;
 14 is that right?

- 15 A. That's correct as I understand it, yes.
- 16 Q. It becomes apparent and is revealed by a conversation
 17 at, I think, 22.47 between Mr Berry and Mr Casey --
 18 someone will tell me, no doubt, by email if I have got
 19 that wrong -- but within minutes of the conclusion of
 20 that call with Michelle Gregson, 5 or so, Mr Berry's
 21 saying, "I can't get through to the FDO", which is
 22 understandable and -- I'm paraphrasing -- do you know
 23 the call I am talking about?
- 24 A. I recall that, yes.
- 25 Q. So the plan which had two parts, go to Philips Park

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1 whilst I get better information the FDO, is that plan
 2 working at that point in your view?

- 3 A. In my view, no, it's not.
- 4 Q. The fact that it's not working -- and we're only talking
 5 here at that stage about the first 5 minutes after the
 6 plan had been formulated -- is that a reason to
 7 persevere with the plan or to change the plan?
- 8 A. I think it's reasonable initially to perhaps have
 9 a second go, but a different way, if I could put it like
 10 that. So for example, Mr Berry could have said at that
 11 point, "Look, we really need to get hold of the FDO",
 12 this is to somebody in North West Fire Control, perhaps,
 13 or a supervisor, or AN Other GMFRS senior officer,
 14 perhaps, "This is my plan it's really important they've
 15 got information we haven't got, I'm struggling to get
 16 through, somebody else make the call and let me know
 17 when you have spoken to them and let me know what the
 18 issue is because I've tried four, five, six times",
 19 however many, "and it's not working". So I think that's
 20 an option is to persevere with the same plan but try
 21 a different communication route to achieve the same end.

22 The second option, of course, is to review the plan
 23 and change it. So perhaps say: look, this isn't
 24 working, is there somebody nearer, could we mobilise
 25 perhaps a reduced but controlled resource, an officer to

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1 the RVP, and see if that's -- the situation is still the
 2 same? I'm not suggesting any one of these should have
 3 happened, I'm saying there are -- there's an opportunity
 4 there to review the plan and perhaps look at solving the
 5 issue in a different way.

6 It's a truism that I think probably dates back to
 7 the 19th century from a German field marshal that no
 8 plan withstands first contact with the enemy, and the
 9 military training still to this day has that as
 10 a factor. You could have a great plan, but you must be
 11 prepared for that plan to fail. As this inquiry has
 12 heard many times over: if that plan fails what is the
 13 next one and what is perhaps the next one after that?

- 14 If we come full circle to the JDM piece, that
 15 process allows you to do that. It doesn't say your one
 16 and only plan is sacrosanct and will work, it says,
 17 "Well, what if it doesn't?" and it says, "Is it
 18 working?" and it brings you back to that place.
- 19 Q. In that second phase that I'm talking about did you see
 20 within the evidence any evidence which in your opinion
 21 indicates that those different options were taken, that
 22 the plan was changed in some way by Mr Berry?
- 23 A. No. To my view of the evidence, he persisted with that
 24 plan for some time.
- 25 Q. I'm going to add a caveat to that answer in a moment and

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1 to your next one, but before we do ask can I just ask
 2 this direct question: in your view, was that reasonable?

- 3 A. To continue with the plan unchanged?
- 4 Q. Yes, for the next approximately hour?
- 5 A. No, I don't believe it was. I believe there should have
 6 been a point of recognition, by either himself or
 7 others, that things clearly weren't happening in the way
 8 they were expecting them to, accepting that there were
 9 other factors that impacted on his ability to do certain
 10 things. As a general principle the plan was clearly not
 11 achieving its objective and should have been challenged
 12 and/or changed sooner than that.
- 13 Q. We'll come back to other people in a moment. Focusing
 14 on Mr Berry for a moment and there is going to be
 15 a caveat to this, but in your view, having issued that
 16 instruction, that command decision, in terms of deploy
 17 to Philips Park, did he have the authority, had he
 18 wished to exercise it to, to change that and say: I have
 19 not got through to the FDO, you should now direct
 20 resources either to the RVP or to the incident ground?
- 21 A. Yes, I think at that stage he could easily have done
 22 that. In the same way that he set the plan up, the
 23 information feed was still looking to the NILO for
 24 answers whilst other supporting mechanisms were being
 25 set up and he could have quite easily said: this isn't

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1 working, let 's just change it, let 's do this a different
 2 way.
 3 Q. My caveat is this and it has been termed the plan B. In
 4 other words — GMFRS corporately, have you seen any
 5 evidence of a plan B, in other words that if that
 6 contact with the FDO fails, that commanders are trained
 7 or these with command responsibility are trained to
 8 think again and say: okay, we need to do X or Y?
 9 A. In terms of specific actions, I think that's more
 10 difficult to be categorical about, but in terms of
 11 decision-making principles, that sits within incident
 12 command: if the plan isn't working, review the plan,
 13 change the plan. So any GMFRS officer who's involved in
 14 the incident and aware of the situation could have taken
 15 that course of action.
 16 Q. So does it follow from that that the absence of a GMFRS
 17 written plan for, "If you can't contact the FDO in these
 18 circumstances, you should do A or B specific thing",
 19 isn't a total antidote to the responsibility that
 20 Mr Berry was under as a command decision maker at that
 21 time?
 22 A. Not a total antidote, no. There were other options
 23 available to him without any change to extant policy
 24 at the time, namely try phoning someone else, getting
 25 NWFC to make direct contact with the police control

1 room, any number of — not any number, that sounds
 2 exaggerating, but there were options available to him
 3 that he could have chosen to get the response he was
 4 trying to get from the FDO, albeit it that might have
 5 been an adjunct and he may have had to go through one
 6 office and transfer — the communications were there
 7 at the time, from the evidence that I have seen, so that
 8 it would have been possible to establish that
 9 communication.
 10 Q. Let's move on from Mr Berry specifically and obviously
 11 we've considered that period of an hour.
 12 In Group Manager Dean Nankivell's case, he was the
 13 duty group manager and his first point of information
 14 began at 22.52, so a little later by just over
 15 10 minutes than Andy Berry. We know that he was told,
 16 among other things, about the paramedic Bronze being on
 17 the scene in the course of that call. But whether
 18 that is an important detail or not to your mind, please
 19 could you answer this question firstly? In your view,
 20 as duty group manager, did Mr Nankivell, when told that
 21 the deployment was to Philips Park, have the command
 22 authority to change that?
 23 A. I've heard Mr Nankivell's evidence and I know that the
 24 intention of a command support function is not to
 25 command, as we discussed earlier. That said, the duty

1 group manager role is — the command support room and
 2 the setting-up of that is one element, but he is also
 3 a ranking group manager on duty, on behalf of
 4 Greater Manchester Fire and Rescue Service. So I think
 5 there's an opportunity there to at least have, at the
 6 very least, have a professional discussion with Mr Berry
 7 and find out more about what was going on and also to
 8 ensure that he had the information: hang on, you may be
 9 over here, this may be the plan to be over here, but
 10 I've just had some confirmation that NWS have
 11 a paramedic Bronze on scene, so let's discuss how that's
 12 going to work and maybe we need to redirect, or
 13 whatever, however that conversation would have played
 14 out, because as we know, it didn't happen in that way.
 15 But in principle he could have stepped in at that point.
 16 Q. That's really what I wanted to come down to because at
 17 this stage, 22.52, when he is first notified and it's
 18 a conversation that lasts some minutes with Ms Haslam,
 19 there isn't an incident commander, is there?
 20 A. Not at this time, no.
 21 Q. So what there is is a duty NILO who's made an initial
 22 command decision and his senior, in terms of rank, and
 23 somebody who is, by reason of a predetermined plan, in
 24 place to receive such calls has had what is happening
 25 relayed to them. Is that all right?

1 A. Yes.
 2 Q. What was happening, you help us, within the sphere of
 3 what the Fire and Rescue Service expect to do in any
 4 given situation, was what was happening out of the
 5 ordinary or not?
 6 A. I think it was out of the ordinary to the extent of the
 7 time because the incident response is time-critical and
 8 there's an acceptance, and there's an acceptance within
 9 the guidance and within the doctrine and within policy
 10 and procedure that the very early stages, the initial
 11 stages of an incident can be somewhat chaotic,
 12 information may be contradictory, it may not be clear,
 13 it may be coming from multiple sources, but there's
 14 still, at the risk of repeating myself, an impetus to
 15 respond and then that on-scene response builds a richer
 16 picture.
 17 So it begins to deconflict, it begins to clarify, it
 18 begins to challenge and it begins to deliver
 19 a meaningful effect on the ground. And whilst it takes
 20 time to build other elements in particular for a major
 21 incident, you wouldn't ordinarily expect a response to
 22 a scene to take an hour for Fire and Rescue Service.
 23 That is unusual, I believe anywhere — potentially
 24 anywhere in the world but certainly in the UK. And
 25 against Manchester's own times it was clearly unusual

1 for Manchester in the norm of response.
 2 Q. Of course we must be careful because in Mr Nankivell's
 3 case, assuming he had a very clear idea of precisely
 4 when the explosion was, he was being contacted just over
 5 20 minutes after the incident and was told that
 6 resources were travelling to Philips Park, so in those
 7 circumstances —
 8 A. Yes, absolutely.
 9 Q. — is that sufficiently outwith what would be expected
 10 to demand a response from him of some sort, whether to
 11 countermand or seek further information, or was it
 12 acceptable for him simply to allow things to run their
 13 course at that stage?
 14 A. It's a personal view, but I think he would have been
 15 better served to have the conversation and to challenge,
 16 the critical challenge, which I know is something GMFRS
 17 have put in place subsequently, to try and improve their
 18 professional dialogue around decision-making. But to
 19 not do that left, I think, the remainder of the officers
 20 as they joined into that command support area in the
 21 same position that they started, albeit later in the
 22 day.
 23 Q. Let's move on from Mr Nankivell because at 23.09, he
 24 contacted Area Manager Paul Etches, who was the on-call
 25 APO, assistant principal officer. Again, in terms of

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1 authority, in your view did Mr Etches have the authority
 2 as duty or on-call APO and area manager to countermand
 3 the deployment to Philips Park?
 4 A. Absolutely he did, yes.
 5 Q. Upon receiving that information, we are now over
 6 35 minutes since the incident. Again assuming that
 7 he had a clear idea of precisely when it occurred, what
 8 would you have expected of him, a man with that
 9 authority, to have done when provided with the
 10 information that rather than the incident ground or any
 11 agreed rendezvous point, it was Philips Park that the
 12 deployment was taking place to?
 13 A. I think it's reasonable to expect him to have challenged
 14 or questioned that, just to — and that's not
 15 necessarily in a negative way, this is about: let me
 16 understand why we're doing this and not that because
 17 I expected that, we're doing this, why has that
 18 happened? So gain that understanding, which is not
 19 a lengthy process, and then he would be empowered at his
 20 level to make a decision about: well, actually, we're
 21 not going to do that because we're not responding in the
 22 way that I think we should.
 23 Because with that increased seniority comes that
 24 ability to — it moves from incident-only command, if
 25 that's not a too clumsy way of putting it, to brigade

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1 command: you've got a responsibility for the resources,
 2 the response of Manchester, the emergency services
 3 there. So you have the commensurate authority to say:
 4 well, that's not how we're responding in this case, why
 5 are we doing that? And those questions would not have
 6 been unreasonable to ask in the circumstances.
 7 Q. Of course we do need to pause, don't we, to recognise
 8 something, although you'll tell me if I'm wrong about
 9 this, that obviously being notified of an incident late
 10 at night and immediately countermanding what somebody of
 11 relatively senior rank has decided should happen is
 12 plainly an extremely risky thing to do without good
 13 information; is that fair?
 14 A. That is fair and it would be a very unusual thing to do
 15 because most of the operational responses are predicated
 16 on either pre-agreed plans or predetermined attendances
 17 and work. So the likelihood that anybody in the
 18 subsequent officer chain needs to completely countermand
 19 an initial action is, in my opinion, very rare, if at
 20 all, in the Fire Service. I can't think off the top of
 21 my head when that would have happened before.
 22 Q. So it wouldn't be right to criticise either of those two
 23 people for not immediately countermanding what
 24 Andy Berry had decided? I think what you're suggesting
 25 is that what their obligation was was to challenge, to

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1 investigate and, if they felt they had received enough
 2 information, to make a better decision?
 3 A. Yes.
 4 Q. Two more to deal with, again just focusing on this
 5 question of authority. At 23.10, Group Manager
 6 Carlos Meakin, having been deployed by the pager as one
 7 of the NILOs that night, spoke to Rochelle Fallon. In
 8 principle, did Mr Meakin, at group manager level,
 9 activated as he was as a NILO, have the authority at
 10 23.10 to countermand what Station Manager Berry had
 11 said?
 12 A. In theory as a group manager, yes, he certainly could
 13 have contributed to that.
 14 Q. In terms of the importance of being careful and not
 15 reversing a senior officer's decision without good
 16 information, do we need to bear that in mind in his case
 17 too?
 18 A. I think we do and I think the evidence has shown quite
 19 clearly that there were opportunities for several
 20 interventions that, for the reasons stated in evidence,
 21 were not taken. And that was either through the time
 22 that the information was there or the lack of critical
 23 challenge or the lack of professional discussion. But
 24 nobody changed that decision until later on.
 25 Q. Group Manager Meakin, I'm not singling him out

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1 particularly because others became aware of the
2 information shortly after him, but in his case he was
3 the first of the NIOs to be told, upon his arrival at
4 Philips Park, at around 23.30, that those officers who
5 had already mustered there were aware of the presence of
6 the Ambulance Service at Thompson Street.

7 A. Correct.

8 Q. Again, he's empowered in theory to countermand
9 a decision. Upon being given that information, is that
10 sufficient, in your view, to have expected him to
11 countermand the decision at that stage or some other
12 answer?

13 A. I think it is sufficient to act and, in my view, I think
14 a conversation to confirm with — ideally back into
15 North West Fire Control, because this is information
16 that's come from people assembled at Philips Park
17 through another means, some clarification around that,
18 you know: we are hearing reports that there are
19 ambulances at the scene; is this correct? And again
20 North West Fire Control, with their links into NWAS
21 could confirm whether or not and in what numbers they
22 were there.

23 So I think in short, yes, he could have
24 countermanded at that point and said: if this
25 information is true and it's accurate then we — that's

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1 another indicator that not only are the police on scene
2 but the ambulance are on scene and why are we here,
3 let's look at that, let's review that and see if that is
4 still an adequate place for us to be and respond.

5 Q. And if it is members of the Fire and Rescue Service who
6 are saying, "We've seen this with our own eyes", is that
7 reliable enough information for him to make a decision
8 on the basis of?

9 A. In my opinion it would be, yes. They're literally
10 saying to my recollection of the evidence, "As we turned
11 out of the station, ambulances were turning in", which
12 would be an unusual thing to say if that was not the
13 case.

14 Q. Finally in this second phase in terms of GMFRS, we know
15 that Mr Levy was mobilised at the same time as
16 Carlos Meakin. He was mobilised in the same capacity
17 and he arrived at Philips Park a little bit later. In
18 this second phase we are not going past 23.45, but do
19 the same considerations apply to him in terms of his
20 authority to countermand and in particular the
21 opportunity to countermand when being given further
22 information?

23 A. Yes, the same principles apply.

24 Q. As with Carlos Meakin, and of course we know that
25 shortly after he was given that information, there was

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1 in fact a countermand, wasn't there, of the decision to
2 deploy to Philips Park, namely deploy to
3 Thompson Street?

4 A. That's correct.

5 Q. We'll come to that in my phase 3. This second part of
6 phase 2 is to focus on North West Fire Control and it
7 may be, given the frank concessions that have been made,
8 that we can deal with this very shortly, although I am
9 sure Mr Smith will return to any of your answers
10 if I have passed over anything.

11 So far as North West Fire Control is concerned,
12 you have stated your opinion that your view is that
13 communication between them and Greater Manchester Fire
14 and Rescue Service was inadequate?

15 A. Yes.

16 Q. You have also stated your opinion that the communication
17 between them and other emergency service partners, BTP,
18 GMP and NWAS, was also inadequate?

19 A. Yes.

20 Q. As one way that might cut through this, do you seek to
21 go beyond any of the concessions that were made by the
22 head of North West Fire Control in terms of those
23 inadequacies or do you think that those represent fair
24 concessions?

25 A. I think they represent very fair concessions, yes.

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1 Q. So to phase 3. Sorry to be confusing with numbers, but
2 this has three parts. The first part: the command
3 decision by, it appears, Ben Levy, but whoever it was,
4 to go from Philips Park to Thompson Street at about
5 23.45 to 23.50, was that a reasonable decision or not?

6 A. Yes, I believe it was.

7 Q. Why do you say that?

8 A. Because at the very least, it would — it did relocate
9 GMFRS resources that had been mustered into a place
10 where they could at least co-locate with the
11 Ambulance Service and latterly the police. But also,
12 they were in closer proximity to the incident, making it
13 perhaps more straightforward to attend the incident more
14 quickly as well.

15 SIR JOHN SAUNDERS: Would it have been a better decision to
16 have gone straight to the incident?

17 A. In my opinion that would have been better still, yes,
18 because by that time what was known of activity at the
19 incident would have indicated that it was in all
20 probability the place to be.

21 MR DE LA POER: So reasonable to go to Thompson Street,
22 better to have gone to the incident?

23 A. Yes.

24 Q. Decision 2 within this final phase, the decision to
25 deploy from Thompson Street to the incident ground, as

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1 it turned out, Station Approach. Was that a reasonable
 2 decision or unreasonable decision?
 3 A. It was a reasonable decision, I believe, and it was
 4 based on the location of information that was sought
 5 about where they should go to. So they were following
 6 that: this is where we need you, basically.
 7 Q. I think that that decision is to be attributed to Chief
 8 Fire Officer O'Reilly following his conversation with
 9 Mr Hynes. That is not a decision without controversy.
 10 Setting aside the decision to dispatch some resources to
 11 the scene, let's look at what he dispatched. The
 12 evidence, and I hope I summarise it fairly, is that he
 13 dispatched a particular number of non-specialist Fire
 14 and Rescue Service personnel in accordance with
 15 Mr Hynes' request. Have you followed the discussion
 16 that has taken place in the course of the evidence about
 17 whether or not specialists or non-specialists should
 18 have gone?
 19 A. I have, yes.
 20 Q. This is a decision which is made in the context of the
 21 Operation Plato decision being indicated?
 22 A. Correct.
 23 Q. So it needs to be judged by what was known and that was
 24 one of the things known at the time the decision was
 25 made and there are two parts to it, do you agree?

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1 Firstly, whether or not non-specialists would have
 2 sufficient trauma care abilities and, secondly, whether
 3 or not if zones were in place, they would be permitted
 4 to help to the maximum extent depending on where those
 5 zones were drawn. I would just like to look at each of
 6 those. Before we do, are you critical of Chief Fire
 7 Officer O'Reilly's decision to make the deployment that
 8 he did?
 9 A. I have reflected a lot about this. In terms of
 10 uniqueness — perhaps not unique because the chief fire
 11 officer is fully empowered and entitled to decide on the
 12 deployment of their resources: they are the chief at the
 13 end of day. However, in my view it's unusual that
 14 effectively the operational head of the organisation
 15 should be the first person to deploy resources to an
 16 incident. That would not be the normal course of
 17 events.
 18 That said, in my view, and I believe I do state this
 19 in the report, the outcome of him making that decision
 20 was, at the very least, to get Greater Manchester Fire
 21 and Rescue Service resources to the scene. So whilst
 22 his action and intervention and decision may have been
 23 less orthodox than might have been expected, the outcome
 24 was in fact to get resources to scene, which was the
 25 original intention.

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1 SIR JOHN SAUNDERS: In relation to what you said to
 2 everybody else, you said a more senior man comes in, he
 3 has the power to countermand what's been done, and if he
 4 decides it's the right thing to do, then that's his
 5 obligation.
 6 A. Yes.
 7 SIR JOHN SAUNDERS: Is there anything different for
 8 Mr O'Reilly, apart from the mere fact it is unusual that
 9 it could go that high up before it happened?
 10 A. No, that's my only point: there's nothing unusual about
 11 it and he's an experienced decision-maker through a long
 12 and distinguished career. But the unusual element, in
 13 my view, is the fact that the incident had gone to such
 14 a point that he had to do that without any resources
 15 there is my point, sir.
 16 MR DE LA POER: And in terms of the detail of his decision,
 17 ie to send non-specialists in accordance with the
 18 request from the NWSA Bronze rather than specialists,
 19 was that within the range of reasonable options open to
 20 him in your view?
 21 A. I have also thought a long time about this. I think
 22 it's very similar to a response to the initial
 23 information you're given. If it's not the same but, if
 24 you like, it's almost as if he's receiving the
 25 information for the first time and then he is deploying

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1 his version of the PDA. So the conversation with
 2 Mr Hynes, from memory, goes along the lines of, "What do
 3 you need", and he is given some information about,
 4 "I need approximately 12 firefighters and if they can
 5 have trauma kit", or whatever, the wording is there,
 6 forgive me, I can't remember it off the top of my head.
 7 But then there was also a follow-up question around
 8 whether the specialist resources and MTFFA capability was
 9 required and again the secondary information coming back
 10 from somebody on the scene with an active role in the
 11 incident was: no, I just need these people down here
 12 that's all I need, three pumps worth. And then in my
 13 understanding or my view of how I've looked at the
 14 evidence that is when he made that deployment response
 15 decision which was: what we need is 12 firefighters,
 16 three appliances, you are going down as incident
 17 commander for it, Mr Berry, get yourselves down there.
 18 SIR JOHN SAUNDERS: The criticism of that from experienced
 19 firefighters is you shouldn't be taking your
 20 instructions from an ambulance man, (1), and I think
 21 actually, the final position of Mr O'Reilly was that he
 22 accepted that he should have sent specialist resources
 23 there. So you think he was making an unnecessary
 24 concession?
 25 A. I think from my recollection of his evidence, there was

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1 certainly , at arm's length when I was viewing it, there
 2 was a perception of a degree of frustration that it had
 3 come to this point, that nothing had happened and he
 4 needed to act. And there was challenge provided by
 5 others: we need to send the specialists , we need to do
 6 that. And I think the third caveat, which we haven't
 7 really explored but was in your first part of the
 8 question, was around actually the context that this was
 9 operating in was within a declared Operation Plato,
 10 where actually the CFOA position at the time -- and
 11 I won't stray where it wouldn't be advisable to go --
 12 was that only protected firefighters would operate
 13 within the warm zone.

14 So it was a wicked problem in the sense that you
 15 need to send a response, you're being asked for one kind
 16 of response, we still have this operation sitting over
 17 it which means you've got to send your specialist
 18 responders, so my view, in my opinion, the better
 19 outcome of that would have been for those pumps and
 20 those firefighters to go, but that emergency -- the
 21 sorry, the specialist response to have been deployed at
 22 that point and then again on the ground that assessment
 23 could have been made whether in fact at the moment in
 24 time, with events having moved on as they had, whether
 25 that was completely necessary or appropriate.

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1 SIR JOHN SAUNDERS: Thank you.

2 MR DE LA POER: The final decision not taken by any
 3 particular one person, certainly not a commander, was
 4 that once on Station Approach, actual entry to the
 5 station building itself appears to have been
 6 a spontaneous one by those front line firefighters
 7 rather than an instruction by their commander who at
 8 that time was trying to establish whether it was safe or
 9 not. Was it appropriate for them to have done that or
 10 not?

11 A. If you apply strict incident command, it's inappropriate
 12 because they weren't tasked and given a direction to do
 13 that. By that stage I think the level of desire to get
 14 to the scene and to help was running very high with
 15 those who did attend and the idea that perhaps -- and
 16 this is speculative on my point in how I saw the
 17 evidence, it appeared to me -- and heard from the
 18 firefighters , it appeared to me they were saying: why
 19 are we building in more delay, we can see people helping
 20 people, we are here, we can see what's going on, let's
 21 just get in there.

22 SIR JOHN SAUNDERS: I think to criticise them --

23 MR DE LA POER: I was going to say -- I was going to try and
 24 put it in this way: you've already answered the kind of
 25 strict question. Would you want anybody listening to

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1 this to think that you are critical of those people at
 2 that stage of the incident , with what they could see in
 3 front of them, of just getting in there and trying to
 4 help?

5 A. I'm in no way critical of that response at all .

6 Q. We have a little more to do, but I think I will be
 7 within the original timetable. I certainly hope I will .

8 I said I'd come back to the issue of risk and in
 9 particular that stark phrase on the page that your view
 10 is that Greater Manchester Fire and Rescue Service was
 11 risk averse, not risk aware. We have, you and I, over
 12 the last 45 minutes looked at, in that second phase,
 13 multiple occasions on which people with authority to
 14 either actively challenge and try to get to the bottom
 15 of it in order to consider making an alternative
 16 decision that involved people going to the scene or
 17 simply allowing what was occurring already to allow
 18 (sic), all of which led to the highly unusual state of
 19 affairs of, long after that first half hour, no
 20 firefighters being at the scene.

21 A. Yes.

22 Q. Does that analysis that we have just been through today,
 23 is that relevant in any view to your phrase risk averse
 24 rather than risk aware, or do you say that for some
 25 other reason?

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1 A. No, I think that's very relevant to what I was trying to
 2 express through using that. It's not a statement you
 3 use lightly because I fear it can be misinterpreted or
 4 perhaps interpreted to imply something that is not true
 5 of the Fire and Rescue Service per se and absolutely not
 6 true of Greater Manchester Fire and Rescue Service in
 7 particular , namely that firefighters are in some way
 8 reluctant or resistant to taking risk and to exposing
 9 themselves to the potential for harm.

10 Firefighters everywhere, to my knowledge of the
 11 areas that I've experienced, certainly are often heroic,
 12 join and seek to do the very best job they can to help
 13 people, to save life , to extinguish fire , to rescue.
 14 That is predominantly what's written in the
 15 firefighters ' DNA and I do not mean in any way to imply
 16 by using the term risk averse that I somehow am trying
 17 to suggest that individual people within
 18 Greater Manchester Fire and Rescue Service are somehow
 19 afraid to do their job. That's absolutely what I'm not
 20 trying to imply.

21 I think the way in which we've just discussed this ,
 22 however, does suggest that there were opportunities
 23 where individuals could have intervened with the plan,
 24 could have taken decisions which perhaps would have
 25 attracted a little more risk but nonetheless would have

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1 probably, in my view, had a more positive outcome. By
 2 that, I mean reversing the plan, taking decisive action
 3 to relocate resources more quickly and the deployment of
 4 the specialists and other assets that were there,
 5 caveated with the fact they would have to base those
 6 decisions on something, but even just with the time
 7 delay on its own I would reasonably have expected people
 8 to say, "Let's change this, this isn't working".
 9 So perhaps the fact that that didn't happen until
 10 the intervention from the former chief fire officer is,
 11 in my view, indicative of an aversion to risk in the
 12 sense that: there's a plan running, we'll run with the
 13 plan and we won't change it.
 14 SIR JOHN SAUNDERS: I wonder if the proper interpretation of
 15 that is risk aversion. With Mr Berry you can obviously
 16 argue that his decisions were risk averse and obviously
 17 that's something I'll have to consider. With the rest
 18 of them, isn't it really more just nobody getting
 19 a grip, which is I think what we've been saying
 20 throughout the evidence really, and is that due to risk
 21 aversion or is there any evidence of that, a risk of
 22 getting it wrong?
 23 A. Yes, there may be combined reasons there. The evidence
 24 shows that nobody did change it until the chief changed
 25 it.

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1 SIR JOHN SAUNDERS: Absolutely.
 2 A. I think, respectfully, that might be -- the why somebody
 3 didn't do that is perhaps a question for others in terms
 4 of...
 5 SIR JOHN SAUNDERS: Okay.
 6 A. "You had the opportunity but didn't", if you see what
 7 I mean, sir.
 8 SIR JOHN SAUNDERS: I do, thank you.
 9 MR DE LA POER: So finally then my section 10, which is just
 10 to take a step back and we'll do the first two points
 11 briefly because you've stated them directly. When you
 12 consider whether or not Greater Manchester Fire and
 13 Rescue Service's overall approach to JESIP was adequate,
 14 you say in your document it wasn't. And you go on to
 15 give reasons, which everybody can read. Is that right?
 16 A. Yes, that's correct.
 17 Q. In relation to North West Fire Control, when asked the
 18 same question about them, you again say it wasn't
 19 adequate. And are both of those conclusions for the
 20 reasons that we have discussed over the course of
 21 two-thirds of the day?
 22 A. Yes, they are.
 23 Q. Because your view is that JESIP joint working is
 24 essential to an effective response, does it follow that
 25 because in your view they were inadequate so far as

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1 JESIP was concerned, that there was overall an
 2 inadequacy of response by each of them?
 3 A. Yes.
 4 Q. Finally, before we come to the issue of recommendations,
 5 which I will not take long over, could we please bring
 6 up the issues document? {INQ041857/23-25}, please.
 7 Because you were asked to add, if you wished, to
 8 what you said in the capping report. And you have set
 9 out in the course of the table that we can see there, at
 10 bottom of page 23 through to the top of page 25, what
 11 you have wanted to add.
 12 Everybody is going to be able to read that for
 13 themselves if they wish to so I'm not going to ask you
 14 to rehearse that.
 15 Could we have it on page 23?
 16 (Pause)
 17 Capping report 1. I'm not going to ask you to read
 18 it out. Can you succinctly capture what it is you were
 19 seeking to add in this text?
 20 A. Yes, I'll certainly try and do that in the most
 21 expeditious way possible. The question, as I understood
 22 it, was: what additional issues, other than that which
 23 have been raised by the joint experts in the capping
 24 report, and one of the things reflected on over this
 25 period is perhaps a little more about the why and with

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1 a view to how do we hopefully come to a place where
 2 these things don't happen again.
 3 One of the ways of trying to understand that is to
 4 look at this balance. There's been a lot of evidence
 5 between corporate expectation and individual activity
 6 and whether these two things always align. So you may
 7 have a strong policy or you may have a set of working,
 8 but that policy and that overall strategic view has to
 9 be delivered by an individual person on behalf of the
 10 whole.
 11 So it's really just more of an observation to look
 12 at is there or were there factors where perhaps
 13 individual activities came more to the fore on this
 14 occasion versus just following the corporate -- and
 15 I use that in the broadest sense -- the policy, the
 16 plan, the JESIP, the JOPs, the JDM, and where, if it's
 17 possible to establish, those individual actions impacted
 18 on the outcome of the whole.
 19 So the model of game theory -- sorry, sir.
 20 SIR JOHN SAUNDERS: No, you finish what you were saying,
 21 sorry.
 22 A. The model that was quoted within the text around game
 23 theory -- and it's in no way wanting to be flippant
 24 actually relates more directly towards mathematics and
 25 economics in terms of if I take decision A then the

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1 outcome, B, down the road is different to what everybody
2 else expected it to do.

3 I think it's really about looking at: is there a way
4 we can explore how people's individual consequential
5 decisions skew the expected outcome at the other end for
6 people? So, an individual may be expecting the result
7 to be, "I will have fire engines here", and the result
8 is, "I have fire engines here". And it is really just
9 trying to understand across all the agencies, as it is
10 related to the capping report, whether those are factors
11 that exist within each organisation and, if they are, is
12 there some way you can normalise that or make that more
13 predictable an outcome? That's a very brief summary but
14 does that make some kind of sense?

15 SIR JOHN SAUNDERS: I think this is a slightly different
16 topic but maybe it comes into the same thing: the last
17 thing I want to and have wanted to do throughout this
18 inquiry is exacerbate controversy amongst members of the
19 Fire Service, but it has been perfectly apparent that
20 different people within the Fire Service have different
21 views about the direction they should be going in and
22 people obviously express that, and have done through the
23 hearings, quite strongly. That has happened with those
24 at the top of GMFRS as well, as we have witnessed on
25 a number of occasions.

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1 In your view, did these differences of opinion and
2 differences of view of where the Fire Service should be
3 directing itself contribute in any way to the failures
4 which occurred?

5 A. In my view, on this night, in this geographical
6 location, so this part of the Fire and Rescue Service
7 in the broadest sense, no, because they were, if you
8 like, in terms of preparation and set-up and mindset,
9 focused on delivering this capability and this response.
10 So I don't see that that has -- is a universally causal
11 reason for the events that happened on --

12 SIR JOHN SAUNDERS: Can I make it clear, this is not
13 a union/management thing at all I'm talking about. I'm
14 talking about just general attitudes that people did
15 have. But thank you very much for that answer.

16 MR DE LA POER: So the last matter under my topic 10 is
17 simply recommendations. It may be that you are sitting
18 there now with perfectly formed recommendations to
19 provide to the chair orally, it may be that you would
20 prefer to provide some and reflect on others or to
21 reflect on them all. Can I ask you then, would you like
22 to give us any recommendations at this stage or would
23 you prefer to put some or all of them into writing?

24 SIR JOHN SAUNDERS: You'll be doing the latter whatever.
25 A. In that case, sir, with that helpful guidance, I think

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1 I'd prefer to reflect --

2 SIR JOHN SAUNDERS: It wasn't really for guidance, it's just
3 from my point of view, it's easier to read them set out
4 in writing by you rather than it actually is on the
5 transcript.

6 A. I certainly would want to give a considered response
7 rather than something --

8 SIR JOHN SAUNDERS: Okay, thank you.

9 MR DE LA POER: That then concludes the questions that
10 I have. I think, for the benefit of everybody, a break
11 would be welcomed and then I will be asking Mr Warnock
12 Queen's Counsel to ask his questions on behalf of GMFRS.

13 SIR JOHN SAUNDERS: And you're a quarter of an hour early!
14 Thank you. Quarter of an hour.
15 (3.05 pm)
16 (A short break)
17 (3.20 pm)
18 SIR JOHN SAUNDERS: Mr Warnock.
19 Questions from MR WARNOCK
20 MR WARNOCK: Thank you, sir.
21 Mr Hall, may I just begin by saying on behalf of the
22 Greater Manchester Fire and Rescue Service, passing on
23 to you their thanks, and also to your colleague
24 Mr Lawrie, for the considered way in which you have
25 looked at the evidence and for the hard work which

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1 you have clearly both done in writing your reports.

2 You will have, I hope, already heard that the GMFRS
3 accept your conclusion that their response on the
4 evening was neither adequate nor acceptable.

5 A. Thank you, Mr Warnock.

6 Q. The questions, therefore, I ask you will be fairly
7 limited because we do not challenge any of the
8 substantial conclusions you have so carefully reached,
9 but what we do want to ensure is that everything which
10 needs to be covered has been covered so that if there
11 are any further lessons that need to be learned, they
12 are learned so that a repeat of these circumstances
13 shouldn't happen in any Fire and Rescue Service
14 authority in the UK again.

15 A. I understand, thank you.

16 Q. Can I start, therefore, with what I have to say will be
17 a slightly eclectic mix of subjects, with the question
18 of training. In your note you have said that specialist
19 firefighters in Greater Manchester from the evidence
20 you have seen were adequately trained -- and by that
21 I mean the firefighters on the special response team and
22 the TRU.

23 A. Yes.

24 Q. You have also concluded that non-specialist firefighters
25 were adequately trained for their role; is that right?

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1 A. From the evidence that I have seen, sir.
 2 Q. From the evidence you have heard and seen in this case,
 3 are you satisfied that the training which GMFRS gave to
 4 its firefighters, specialist and non-specialist, at
 5 least met standards that would be expected nationally?
 6 A. That's my opinion, sir.
 7 Q. Thank you. In relation to incident command, you have
 8 very helpfully addressed that this morning with
 9 Mr de la Poer Queen's Counsel.
 10 What I just want to ask you about it is the
 11 following: you heard the evidence, I assume, of
 12 Mr Keelan and Mr O'Reilly about how Fire Service
 13 incident command works?
 14 A. I did.
 15 Q. Did you hear anything in that evidence with which you
 16 disagreed?
 17 A. No, sir.
 18 Q. And the thrust of that evidence was that in the Fire
 19 Service and Fire and Rescue Service, incident command
 20 takes place at the scene?
 21 A. That's correct.
 22 Q. And Fire Service incident command response, where it
 23 needs to, builds upwards?
 24 A. That's correct.
 25 Q. So that the senior officer in charge of the first units

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1 takes command and then, on an initial predetermined
 2 attendance, that's likely to be a crew, watch or
 3 possibly station manager?
 4 A. That's correct, depending on the incident size.
 5 Q. Yes. And the vast majority of incidents perhaps will be
 6 resolved at that level, will they?
 7 A. Yes, they would.
 8 Q. If the scale of the incident requires it, further
 9 appliances or more specialist units may be added and
 10 a group manager may be deployed to take command at the
 11 next level up; is that right?
 12 A. Yes, that's correct.
 13 Q. And then if the incident is really big, the response may
 14 scale up again so that you may end up with a principal
 15 officer attending the scene and taking command?
 16 A. Indeed, yes, that's correct.
 17 Q. It's apparent, is it not, that that command structure is
 18 different from that operated by, say, the police in this
 19 respect, in that the roles of incident command in the
 20 Fire Service are rank-related, whereas in the police
 21 service we've heard evidence that incident command may
 22 not be rank-related, so you may have somebody of a lower
 23 rank commanding the incident than someone higher than
 24 them; is that right?
 25 A. Yes, that's probably correct, even when rank to role,

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1 which was a process whereby the traditional rank
 2 structure was replaced by role, so for example a
 3 sub-officer or station officer would become a watch
 4 manager, which the inquiry's heard about from other
 5 evidence and in the reports. The principle is still the
 6 same, so if it was a watch manager on rank to role, they
 7 would be in charge of the appliance. If it was
 8 a sub-officer or station officer in the old rank
 9 structure, the commensurate line of responsibility would
 10 still be there.
 11 Q. What Mr O'Reilly and, I think, Mr Keelan also said about
 12 this is that one of the reasons for having this
 13 structure in the Fire Service, where incident command is
 14 rank-related, is that different ranks are trained to
 15 different levels of incident command; is that right?
 16 A. That's correct.
 17 Q. And that's across fire services across the
 18 United Kingdom; is that right?
 19 A. Yes, it is.
 20 Q. So if one were to start interfering with that system,
 21 one would have to go back and look at the training that
 22 people received generally, firefighters receive; is that
 23 right?
 24 A. If you wanted to change the ability of who could command
 25 any given incident type, then you would have to review,

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1 potentially in its entirety, those levels and spans of
 2 control in incident command training, yes.
 3 Q. But do I understand your evidence to be that in the vast
 4 majority of incidents that the Fire and Rescue Services
 5 attend, the incident command structure that is in place
 6 in fact works well?
 7 A. That's my opinion, sir, yes.
 8 SIR JOHN SAUNDERS: Just to ask one question arising out of
 9 that: this structure and the use of this structure, did
 10 it pre-date the introduction of JESIP?
 11 A. By a very long time, sir. It's an order of almost
 12 200 years.
 13 SIR JOHN SAUNDERS: Was it reconsidered in the light of the
 14 importance of JESIP and the introduction of it?
 15 A. It was factored in. Certainly others have been involved
 16 and I'm not by any means a sole author of any fire
 17 involvement. The understanding was communicated and
 18 factored in, so each agency understands how the other
 19 agency commands its resources.
 20 SIR JOHN SAUNDERS: And the conclusion has been reached that
 21 they are perfectly compatible?
 22 A. Indeed, yes. The deconfliction is that you have
 23 somebody from each agency in the huddle and to a degree,
 24 not wanting to go back on what I've just agreed with
 25 Mr Warnock, but the rank of that person is less

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1 important than the person who is in the group who has
 2 the ability and authority to speak on behalf of that
 3 organisation.
 4 SIR JOHN SAUNDERS: And continuity is not regarded as that
 5 important in a developing situation where the person
 6 who's leading it, the incident commander for the fire,
 7 is going to change because the incident gets bigger so
 8 you lack continuity? That's not regarded as a serious
 9 problem --
 10 A. No, sir.
 11 SIR JOHN SAUNDERS: -- for the reasons you gave earlier?
 12 A. Yes, indeed.
 13 SIR JOHN SAUNDERS: You have a handover period?
 14 A. A handover and a takeover. There's also one thing which
 15 I didn't mention, if I may at this point, which is if
 16 there is a more senior officer there, but there's not
 17 a requirement because the plan, to use a simple phrase,
 18 is working, then that more senior officer may still be
 19 at the scene, but then may offer a support, advisory and
 20 guidance role in terms of monitoring how the rest of the
 21 plan is playing out.
 22 SIR JOHN SAUNDERS: So if you have a sufficiently senior
 23 officer who has the training for that size of an
 24 incident who is dealing with it, but a more senior
 25 officer comes along, it may nevertheless be left with

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1 the officer who is doing it so far and the more senior
 2 officer is just there to give advice if required?
 3 A. That's correct.
 4 SIR JOHN SAUNDERS: Thank you.
 5 MR WARNOCK: In your experience does the system of incident
 6 command, where an incident needs to be scaled up, the
 7 response to an incident needs to be scaled up where
 8 someone more senior comes in because for instance it's
 9 no longer a four-pump incident but an eight-pump
 10 incident? In your experience does that handover cause
 11 problems in practice?
 12 A. No, sir.
 13 Q. This specific incident might be said, might it not, what
 14 happened, to have been really rather unusual in relation
 15 to the failure of incident command?
 16 A. I think that's a term that could be justifiably used.
 17 Q. Where it seems to have fallen down, and you'll tell me
 18 if you disagree, is that because the normal incident
 19 command structure depends on someone being at the scene,
 20 because no one went to the scene the whole thing fell
 21 apart on this occasion?
 22 A. I think in my view that certainly contributed to the
 23 difficulty in resolving the incident.
 24 Q. Yes. I'm not saying that's the only factor, there are
 25 a whole host of factors across all agencies involved,

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1 but there was undoubtedly an incident command gap in the
 2 Fire Service that night which you have described
 3 earlier; is that right?
 4 A. That's correct.
 5 Q. You were asked quite properly by the chairman, "Did that
 6 reveal some failure in the system in relation to
 7 incident command, a failure in the system where
 8 resources are not deployed directly to the scene or to
 9 an RVP where other agencies are present?"
 10 A. I think it does. On reflection, it has to indicate
 11 a potential failure at least in the system because the
 12 consequence of not having that is you're left with
 13 a void of incident command and, indeed, attendance of
 14 one of the emergency services.
 15 Q. The incident command system which the Greater Manchester
 16 Fire and Rescue Service had in place at the time, do you
 17 agree that that followed the national incident command
 18 guidance?
 19 A. Based on the evidence I've seen and heard, yes.
 20 Q. So this potential gap in the system was not in fact
 21 really unique to Greater Manchester, was it?
 22 A. It follows that potentially that gap could have been
 23 exposed elsewhere. In this case it happened to be in
 24 Manchester.
 25 Q. In fact, Mr de la Poer made to you the very sensible

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1 suggestion that one way of addressing it for incidents
 2 of this nature is to have a nominated person who's the
 3 incident commander, at least initially, in an incident
 4 of this type. It was suggested to you, for instance, an
 5 area manager. I don't know if you followed the evidence
 6 or have seen these, but are you aware that
 7 Greater Manchester Fire Service changed its action
 8 plans, both in relation to the explosion action plan and
 9 the Plato marauding terrorist action plans following
 10 this incident so that in relation to an explosion,
 11 a station manager is automatically mobilised as incident
 12 commander and, in relation to an MTFA implementation
 13 stage, an area manager is automatically mobilised as an
 14 incident commander? Had you picked that up from the
 15 evidence?
 16 A. Yes, I had seen that evidence and heard it.
 17 Q. Do I understand from the evidence you gave this morning
 18 that you consider that those are actually quite sensible
 19 ways of plugging the gap which was discovered on 22 May?
 20 A. I do, yes, I agree.
 21 SIR JOHN SAUNDERS: Does it completely cover the problem?
 22 I'm not suggesting it doesn't, I just want to know.
 23 A. I think in honesty, sir, that is to be tested, but in
 24 principle it should remove the focal point of an
 25 incident commander, that people know who it is and it

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1 should provide the operational support and sufficient
 2 seniority to manage the wider implications of the
 3 incident.
 4 SIR JOHN SAUNDERS: So this gap of not having an incident
 5 commander because no one's actually at the site ought to
 6 be covered by these alterations?
 7 A. Yes, I believe so, sir, because that person presumably
 8 then has the authority, as agreed by GMFRS, to mobilise
 9 and assign resources to ensure there is a response
 10 there.
 11 MR WARNOCK: Put it like this, in this incident it's quite
 12 clear that different people assumed other people were in
 13 charge or were commanding the incident. I think that's
 14 a fair summary of the evidence.
 15 A. Yes, I agree.
 16 SIR JOHN SAUNDERS: Has this been discussed with the
 17 National Fire Service?
 18 MR WARNOCK: That, I'm afraid, I don't know the answer to.
 19 SIR JOHN SAUNDERS: GMFRS had made these alterations in
 20 order to cover this gap. Does everybody know about
 21 that? And if we're going to make a recommendation which
 22 would affect all fire services, who are the people who
 23 ought to be involved in at least making representations
 24 about that and is that something that GMFRS would take
 25 up to get representation from the national body?

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1 MR WARNOCK: I will certainly look into that, sir.
 2 SIR JOHN SAUNDERS: Thank you.
 3 MR WARNOCK: Another aspect of incident response, and I'm
 4 looking here now at a major incident response, you were
 5 asked by Mr de la Poer about the fact that in terms
 6 of — well, I'm looking really at the deployment to the
 7 tactical coordinating group and strategic coordinating
 8 groups, and Mr de la Poer suggested to you it would be
 9 a good idea, wouldn't it, if people knew in advance when
 10 they went on duty that night that they were the person
 11 who, if a major incident developed, would respond as the
 12 tactical liaison, who would go to the tactical
 13 coordinating group or the person who would go to the
 14 strategic coordinating group? I think you agree that's
 15 a good idea?
 16 A. I do and it would remove any confusion at the point, be
 17 that day or night when that happened, yes.
 18 Q. In fact, I think you also said, but it's not uniform,
 19 that that's the situation where people go on duty and
 20 they know already they are the nominated person to do
 21 that across UK FRSS?
 22 A. I would have to be sure that was the case, but it's my
 23 opinion, my impression that not every Fire and Rescue
 24 Service addresses those particular issues in the same
 25 way. There may be variance across different FRSSs.

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1 Q. I don't intend to take you to them unless you want to go
 2 to it, but at the time of this incident the GMFRS major
 3 incident plan provided that there had to be somebody
 4 nominated to attend a TCG if one was called.
 5 A. Yes.
 6 Q. And it may be, I don't know if you can help with that,
 7 that that's actually not inconsistent with how the
 8 national guidance puts it.
 9 A. No, it's absolutely not. It is consistent with the
 10 national guidance.
 11 Q. So it may be that's something that GMFRS, and indeed
 12 potentially others need to consider, whether that
 13 guidance should change so that there is automatically on
 14 duty someone who knows you are the tactical
 15 representative, the Silver who will attend the TCG, for
 16 instance? Is that something you'd agree with?
 17 A. I would. I think anything that can be put in place
 18 which reduces the potential for either confusion or
 19 additional work to have to be done to establish which
 20 representative of any of the organisations — anything
 21 that can remove those delays has to be a positive thing.
 22 Q. Another issue that's come up through the evidence in the
 23 inquiry is an issue about logs. The inquiry has heard
 24 evidence that senior officers at GMFRS can access the
 25 logs which North West Fire Control create.

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1 A. Yes.
 2 Q. The inquiry heard evidence that on this occasion,
 3 a number of senior personnel were called up, some
 4 volunteered, despite being off duty. All, whether they
 5 volunteered or not or were on duty, made phone calls to
 6 find out what was happening before they went to the
 7 command support room. No one before they left to go to
 8 the command support room opened their own laptop and
 9 started looking at the log.
 10 I think the suggestion was being made that instead
 11 of going straight to the command support room or making
 12 calls, or perhaps in addition to, they should have
 13 logged into the North West Fire Control logs on their
 14 computers and found out what was happening first. Would
 15 that be standard procedure in Fire and Rescue Services
 16 as matters stand?
 17 A. Not in my experience. It perhaps happens in certain
 18 roles, so my personal view of that is as I at the start
 19 of today. One of the roles I undertook was that of the
 20 staff officer to the deputy commissioner for London and
 21 part of my role was to do exactly that: at the point
 22 when the notification from control came that there was
 23 a significant incident or an incident that required
 24 notification of the deputy commissioner, I would —
 25 I had a laptop, it travelled everywhere with me, I would

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1 look at the log and interrogate the log and ask any
2 additional questions of Fire Control.
3 So I'm absolutely confident it can be done,
4 I suspect, given the time when I was doing that, it's
5 probably even easier to do that now than it was 14 years
6 ago, however long it was, so it could be done. My
7 caveat would be, which is not intended to be unhelpful,
8 that traditionally you are notified by control because
9 you need to take some action, which is usually to
10 respond to an incident, and if you're going to do that
11 then we're back to the conversation we had earlier which
12 is around minimising delay in response and you gather
13 information as you go.

14 Q. So there may be a number of --

15 A. Does that answer your question?

16 Q. It does. There may be a number of issues in it.

17 I don't know if you heard the evidence of Mr Hopkins,
18 the former chief constable of Greater Manchester Police?

19 A. I heard some of it, yes.

20 Q. When asked about how police commanders respond to such
21 an incident, he said he did not believe in the first
22 hour you would get into the detail of looking at logs or
23 checking logs, essentially I think for the reason
24 you have just given, which is that you're responding.

25 I think you're saying that may hold true for a lot

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1 of people contacted in the Fire Service as well.

2 A. Yes, it would, but particularly with an escalating
3 incident where the priority was to mobilise senior
4 officers to the scene to carry out various functional
5 roles at an incident.

6 Q. In the role you've described that you personally held,
7 was that a specific task that you had been given as part
8 of that role to be the person who would start checking
9 logs in major incidents?

10 A. It was more the role -- it was on different levels, but
11 the operational response element, if the chief or the
12 deputy were going to go to an incident scene, it was
13 about providing them with the best current information
14 that was available. But it was equally about servicing
15 the -- potentially the media but also the Fire
16 Authority, political Mayor of London questions about it,
17 so it was about trying to position yourself to be as
18 informed as possible to give the best information from
19 a single point of contact rather than them having to
20 phone into control, try to speak to someone, phone an
21 officer they know. It just made the process more
22 effective, I think.

23 Q. Was that something you would start doing immediately
24 a major incident was called or was it something that
25 would start happening a little while into it?

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1 A. The initial information gathering would probably be by
2 phone into control or an officer deployed at the scene.
3 If it was either the command unit, if it was in
4 attendance -- so there would be perhaps what I would
5 call the traditional information harvest and then when
6 you had an opportunity you could interrogate the logs
7 and see what had additionally been added on to that and
8 how it was progressing.

9 SIR JOHN SAUNDERS: When we were listening to the evidence
10 the impression was that everyone rushed into their car,
11 rushes off somewhere, gets partial information from NWFC
12 as they accept, but sometimes they don't know what's
13 being told to whom, and actually everyone's got these
14 computers, everybody's got access to the logs, which
15 gives all the information and just if somebody, one
16 person, had been there who'd actually sat and read their
17 log and seen all the information, that would have given
18 a much better overall knowledge than people tended to
19 when they were in their cars rushing in.

20 For example, Mr Berry, as it turned out, would have
21 been a lot better off if he had sat at home, looked at
22 his computer and thought what to do from there rather
23 than getting in a traffic jam and finding that he
24 couldn't get wherever he wanted to. I just wonder
25 whether that alternative -- what's the point of them

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1 having a log if they never actually get on to it?

2 A. Yes, I agree. I think the issue is, as I mentioned just
3 then, it depends what your role is: why are you being
4 told about this incident? There may be an operational
5 imperative for you to deploy to the scene as quickly as
6 possible, in which case you will get some information
7 but that information is going to build. I think in my
8 view this is where something like the function of the
9 command support room comes into its own because, at
10 least theoretically and often in practice, they are not
11 focused on rushing to a scene, once that room is
12 established and set up then they can access the
13 information that is readily available, there are
14 communication options within that area to communicate
15 that information out to the people who need to know it
16 and change the plan accordingly or advise.

17 So I think it is tiered, I don't think it's one or
18 other. I think definitely is technology is there to do
19 it. It's beneficial to have as much information as you
20 can, but there's stasis in an overload of information as
21 much as there's a reluctance to act with too little
22 information. So there's a balance to be struck between
23 how long do you spend watching a log that's updating in
24 front of you before you put your feet down and do
25 something meaningful.

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1 MR WARNOCK: I suppose it must be the case too that in many
 2 instances it simply wouldn't be necessary because the
 3 information which was being received from control is
 4 actually sufficiently accurate for a response and an
 5 effective response to be made.
 6 A. Yes. It wouldn't be a -- and I hope I haven't implied
 7 this in any evidence I've given. It wouldn't be normal
 8 to second-guess the information that control is giving
 9 you. As a norm, you know, you would normally be
 10 contacted, mobilised by whatever means, and informed
 11 accurately of the incident that you were required to
 12 attend, including the role you needed to go there in,
 13 and any other appliances or officers or people who were
 14 attending.
 15 So it's not the norm within the Fire Service psyche
 16 to say: well, that must be wrong, I had better check
 17 that's correct. So this is where you get the
 18 mobilisation out the door, the traditional concept, and
 19 then of course there's -- as we talked about again
 20 earlier today -- the very real need, which I do
 21 acknowledge also GMFRS have put in place, around the
 22 role of critical questioning. So where things
 23 consequently don't appear to be perhaps as you thought
 24 they first were, then there is that option to go back to
 25 control and say: are we sure, who else have we spoken

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1 to, have we got another source of information that can
 2 verify that because what I am seeing on the ground isn't
 3 lining up with what I've been told?
 4 Q. Thank you. Another issue which has been pervasive in
 5 the evidence the inquiry has heard is the evidence about
 6 action plans and action plans, as you know, were used in
 7 North West Fire Control.
 8 A. Yes.
 9 Q. Not just action plans provided by GMFRS but action plans
 10 provided by other fire services that they service as
 11 well. In your experience, are action plans commonly
 12 used in Fire Service control rooms?
 13 A. Yes, they are. They select an incident type code, and
 14 I'm not a technical control expert in terms of how it
 15 literally works, but the principles are for a Fire and
 16 Rescue Service to identify the types of incidents they
 17 are likely to attend, and they may be very generic they
 18 may be specific to risks and geography or a number of
 19 other factors, and then to agree how that mobilisation
 20 process will take place through the computer-aided
 21 dispatch system or whatever other systems are in place,
 22 which may well and often does include the use of action
 23 plans to ensure that the correct response is set to the
 24 right information that's coming in on the incident.
 25 Q. And that's the situation in fire services, including

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1 fire services where the control room is in-house, as it
 2 were?
 3 A. Yes.
 4 Q. Are action plans used -- there may be many reasons why
 5 they're used, but is one advantage that they -- first of
 6 all, one advantage is first of all they require less to
 7 be memorised --
 8 A. Yes.
 9 Q. -- by people in control rooms?
 10 A. That's true.
 11 Q. And secondly, perhaps related to that, they introduce
 12 less scope for error in deployments?
 13 A. Certainly in theory that's true. Every Fire and Rescue
 14 Service has to assess its risk in its area and will
 15 generate an integrated risk management plan, part of
 16 which is including how are we going to respond to those
 17 types of incidents. So because these things are known
 18 and planned for, then it's perfectly reasonable to say:
 19 well, probably the easiest way to do that then is rather
 20 than expect every control officer to remember every
 21 single combination of things, we will say that in this
 22 incident, this is the initial response.
 23 Q. And in your experience does that system work?
 24 A. Yes.
 25 Q. The next issue I would like to turn to, Mr Hall, is

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1 looking more specifically about what happened on
 2 22 May 2017 in relation to the rendezvous point.
 3 You were taken this morning to the JESIP
 4 interoperability framework. I don't think I need to put
 5 it up, but we can do if you wanted to see it. You'll
 6 recall that it involved a number of stages in relation
 7 to risk.
 8 Firstly, it recognised that different agencies may
 9 see and understand and treat risk differently. And
 10 secondly, it envisaged each agency would carry out its
 11 own dynamic risk assessment. But then critically, it
 12 envisaged the sharing of that result with other agencies
 13 so that they could all try and reach an agreed view of
 14 the risk and implement control measures and
 15 contingencies most effectively together. Is that a fair
 16 summary?
 17 A. That is, yes.
 18 Q. We know that in this instance the police control room
 19 had passed to the North West Fire Control control room
 20 an RVP at cathedral car park and we know that North West
 21 Fire Control passed that on to Mr Berry.
 22 A. Yes.
 23 Q. And he formed what might be described as his assessment
 24 of risk about that RVP and thought: actually, I have
 25 concerns about this RVP, it's too close to the arena, it

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1 may not be a good one. Is that a fair summary?
 2 A. Yes.
 3 Q. Is it right that what the JOPs envisaged was that the
 4 RVP was something which would be agreed in liaison
 5 between the Fire Service, the Ambulance Service and the
 6 police?
 7 A. Yes, that's under the JESIP principles and the JOPs, the
 8 three-way communication agreement on location of an RVP.
 9 Q. I don't know if you heard this evidence from Mr Thomas
 10 yesterday -- I know you said you heard some of his
 11 evidence -- but what he said was that there should be
 12 a mature discussion between the control room commanders
 13 as to where the RVP should be and if one partner offers
 14 one location, the other can offer a view against and
 15 discuss it. Did you hear that evidence?
 16 A. I did, yes.
 17 Q. And do you disagree with it?
 18 A. I don't. Mature discussions happen all the time in
 19 incident command.
 20 Q. So in the situation that pertained on 22 May, what
 21 should have been able to happen was Mr Berry should have
 22 been able to raise his concerns about the RVP with the
 23 force duty officer, who could then presumably have
 24 allayed them or, as it turns out, perhaps updated him
 25 that it was no longer the RVP?

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1 A. Yes, he could have done, had he been able to contact
 2 him.
 3 Q. As I understand it, you consider it was not, at least
 4 initially, unreasonable for Mr Berry to seek to speak to
 5 the FDO about the RVP?
 6 A. No, or indeed anything else about the incident.
 7 It would make complete sense for him to go to somebody
 8 who would have been a holder of a very large amount of
 9 information that was known at the time.
 10 Q. As we know, that conversation didn't ultimately happen,
 11 and there's an issue as to whether it was a matter of
 12 positive choice on behalf of the FDO or a case of him
 13 being overwhelmed so that he didn't have time himself to
 14 make any call to the Fire Service, and his line was
 15 engaged when they called him.
 16 There was some discussion this morning about whether
 17 what happened here was that people couldn't agree about
 18 risk and what you should do where they disagree about
 19 risk. But might it be more accurate to describe what
 20 happened here -- it wasn't so much a case, in relation
 21 at least to the RVP, that there was disagreement about
 22 the risk, it's that actually where the system broke down
 23 was the discussions about the different assessments of
 24 risk each agency had made didn't take place?
 25 A. I agree that the discussion between the agencies did not

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1 take place. I am not as convinced that that's the
 2 reason why Mr Berry didn't use the nominated RVP, if
 3 that makes sense. I can elaborate if you want.
 4 Q. Please do elaborate.
 5 A. From the evidence I have seen and heard from Mr Berry,
 6 it would appear to me at least that he was considering
 7 suitable RVPs to muster resources -- suitable locations
 8 to muster resources at based on the fact that in his
 9 initial view, cathedral car park, the nominated RVP, was
 10 too close to the incident based on his local knowledge,
 11 having worked in that area. He then discounted, at
 12 least from memory, resources staying at or additional
 13 resources being sent to Manchester Central and he then
 14 said words to the effect of:
 15 "So we need somewhere like Philips Park -- no,
 16 that's what we'll do, we'll go to Philips Park."
 17 Q. Yes.
 18 A. If you see the distinction I'm attempting to make, is
 19 that's somewhat different from saying, "I will disagree
 20 with your decision to put it there because I think it is
 21 wrong", and have the conversation. He, in effect, did
 22 a risk assessment process in his own mind and decided
 23 that Philips Park was the place to go.
 24 Q. Yes, I think that's the point I'm trying to make: he did
 25 the second stage of what JESIP envisaged. The first

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1 stage was a recognition that there may be different
 2 assessments of risk. He made his risk assessment but
 3 then what the next stage of JESIP envisages is that
 4 there should be a discussion where any differences, as
 5 there clearly was here, could be ironed out. Is that
 6 not where the breakdown happened?
 7 A. I believe it did. As I recall from evidence, there was
 8 some communication of the fact that GMFRS had their
 9 resources at Philips Park to other agencies, but to my
 10 mind there wasn't anything that could be accurately
 11 described as a meaningful sharing between all the
 12 agencies of that discussion process and that risk
 13 assessment process to come to a joint decision about
 14 where was the best place to be.
 15 Q. In fact, did you see any evidence of a joint discussion
 16 of risk between the three agencies at any stage before
 17 the huddle which took place involving Mr Berry, Mr Hynes
 18 and Mr Dexter at about 00.55?
 19 A. Not from what I've seen and heard, no.
 20 Q. In relation to --
 21 SIR JOHN SAUNDERS: Sorry, can I just indicate where we've
 22 got to in that line of questioning originally. As you
 23 know, my concern is if you have a disagreement and you
 24 can't resolve it, what do we do, we need to get people
 25 to the same RVP? So whatever mature discussion -- in

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1 this case they couldn't have a discussion, so the police
2 said, "That is a suitable RVP", Mr Berry says, "That's
3 not a suitable RVP", but they can't talk about it, so
4 they've got different views.

5 As I understood the evidence this morning, it was
6 in that situation, I would expect the police view to
7 prevail and for Mr Berry to go along with it, which for
8 me, I felt a bit reassured about that. But you're
9 obviously going back in the other direction and saying,
10 actually, if they can't talk about it, then they can all
11 go to different RVPs.

12 MR WARNOCK: No, no, I'm not seeking to suggest that at all.

13 In fact, Mr Berry himself accepted that -- I think it
14 was by 22.48, when he had not been able to get hold of
15 the force duty officer, that he should in fact have gone
16 to the RVP. Certainly my clients don't dissent or seek
17 to move from that concession.

18 SIR JOHN SAUNDERS: I readily understand that one of the
19 problems was lack of communication.

20 MR WARNOCK: That's more what I'm focusing on.

21 SIR JOHN SAUNDERS: I understand, thank you.

22 MR WARNOCK: One of the issues you mentioned in your
23 evidence earlier, Mr Hall, about Mr Berry's
24 decision-making in relation to that was you said that he
25 proceeded on the basis of his world view. I just wanted

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1 to tease out of your -- not really tease out, but ask
2 you to explain what you meant by his world view.
3 Is that the fact that he would have been expecting in
4 his mind that an attack of this nature was unlikely to
5 be a single perpetrator, single seated, thinking of
6 attacks in Paris, Mumbai, Turkey, other locations
7 throughout the world, where this sort of incident
8 quickly developed into something even more terrible than
9 how terrible it was?

10 A. Yes. From my recollection of his evidence and how he
11 presented it, his version of that was exactly that, that
12 there were other elements at play in his mind that led
13 him to think that he should perhaps take that course of
14 action to be more cautious -- I'm not convinced that is
15 the right expression. At least to take the decisions
16 that he took, predicated on a belief that this may
17 develop in a particular way, which would be linked to
18 other incidents that have happened around the world.

19 So there was -- in his world view, in using that
20 term, what I'm trying to suggest is partially because of
21 perhaps his training and exposure and current working
22 environment, he was perhaps alive to the potential that
23 may not have been actually there within the detail that
24 was being communicated to him at that time, but the
25 approach therefore to take the course of action that he

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1 did may have coloured that decision-making process.

2 I do appreciate that's speculative on my part and
3 Mr Berry might have a very different view about why he
4 made that decision but that's what I gleaned from his
5 account of why he did that.

6 Q. What you don't need to speculate on potentially is
7 in relation to training and how -- you mentioned
8 training may have been a factor in that. At that time,
9 would there have been, do you think, and you may have
10 heard some of the witnesses give evidence about this,
11 quite a focus on training of people like Mr Berry,
12 NILOs, on the fact that the UK might experience the sort
13 of attack that happened at the Bataclan or in Mumbai?

14 A. Yes. I think that is fair. I think if you -- and it
15 has been heard in evidence and it's open source, so it's
16 not operationally sensitive. The UK threat level had
17 sat at severe for 2 years at least prior to this attack
18 and that's at a constant state of readiness that an
19 attack is highly likely, so it's behoven on those people
20 who are most likely to respond or command in the initial
21 phases of an incident type like that to be aware and to
22 continually keep up to date with the intelligence and
23 the activities and incidents that are happening, not
24 only in the UK but globally, because not always but
25 sometimes they are indicators of what potentially may be

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1 visited on innocent people elsewhere. So yes, I would
2 expect him to be at least cognisant, if not actively
3 considering, the impact of those issues or those
4 incidents.

5 Q. And so I think it follows from what you're saying, based
6 on your knowledge -- because you've considerable
7 knowledge of the NILO role --

8 A. Indeed.

9 Q. -- and training -- based on your knowledge if he had
10 that world view, that wouldn't have been an unreasonable
11 world view for him to hold?

12 A. It wouldn't have been an unreasonable world view for him
13 to hold. It would, like every view, have to be checked
14 and balanced against the facts and information being
15 given to him at the time.

16 Q. Can I just -- and I'm not wanting to go into too much of
17 detail of this, but I just thought I ought to in
18 fairness to Mr Meakin. You were asked some questions
19 about Mr Meakin and the fact that he was aware of the
20 fact that the Ambulance Service had ambulances turning
21 up at Thompson Street. You said that one of the things
22 you said he should have done was to contact North West
23 Fire Control, speak to them about that and find out,
24 challenge, ensure that that information was being
25 processed and I think, if necessary, challenged.

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1 I just wanted to remind you, and in particular
2 remind the chairman, that he did in fact call North West
3 Fire Control at 23.28. I will not take you to the page,
4 but you may remember it. It was page 49 of the
5 document, the schedule that North West Fire Control have
6 prepared.

7 He informed them that the ambulance — he was
8 getting reports from firefighters that the
9 Ambulance Service were at Thompson Street and he was
10 told by Lisa Owen:

11 "The duty NILO decided Philips Park was the
12 location. Ambulance, obviously I can't speak of why
13 they sent them there, but they are aware that our
14 rendezvous point is Philips Park. Andy Berry, he's
15 possibly on the phone speaking to the force duty
16 officer, getting further information whilst he's
17 en route, but we haven't had any further instructions
18 from him regarding mobilisation yet."

19 Given he took that step, does it seem to you — does
20 that influence the evidence you gave earlier in relation
21 to how you view his actions on receipt of that
22 information?

23 A. It does inasmuch as it's a material factor, stated in
24 his evidence, that that is the action he took, which
25 I had not remembered he'd done. So my comment was that

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1 it would have been appropriate for him to do so and that
2 confirms that he did take an appropriate action to do
3 that. So my apologies, I certainly wasn't seeking to
4 misrepresent —

5 Q. I'm not suggesting for one moment you were trying to do
6 that.

7 A. However, that said, the outcome of that conversation is
8 again perhaps another example of where information was
9 exchanged and a discussion was had, but did it change
10 fundamentally the outcome or the plan? And I think it's
11 reasonable to conclude that even though that
12 conversation did occur, the impact of that was
13 negligible.

14 Q. Is this another example where you have said that — and
15 I think referencing the evidence of ACFO Keelan —
16 Greater Manchester Fire and Rescue Service has put in
17 place better training, better systems in relation to
18 critical challenge of information. I think what you're
19 saying is this is a situation where that critical
20 challenge would have been of benefit?

21 A. That's absolutely correct, yes.

22 Q. Just related to that and the question of risk, you've
23 identified in the evidence you've given today, and
24 indeed in the written reports you've provided, a number
25 of opportunities that different fire officers had to

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1 challenge risk or to challenge, sorry, decisions that
2 had been made, I should say, rather than challenge risk.

3 A. Yes.

4 Q. One explanation for why nobody may have challenged the
5 decisions might be risk aversion, but do you agree
6 another explanation might be poor situational awareness?

7 A. I think situational awareness across the piece had
8 a large impact on the decision-making.

9 Q. Yes.

10 A. Yes.

11 Q. The other organisations, the other emergency responders,
12 had individuals at the scene or in some — at the time
13 the explosion happened, I reference there British
14 Transport Police, or others had people nearby who
15 self-deployed, such as happened in the case of the
16 Ambulance Service and some of the GMP officers.

17 It's the case, isn't it, that the GMFRS were remote
18 from the scene throughout and operating under a really
19 quite mistaken understanding as to what was happening
20 because they were labouring under the impression that
21 there was an active shooter on the loose?

22 A. They were, yes.

23 Q. Might that, do you think, explain the lack of challenge
24 to the decision Mr Berry had made, that poor situational
25 awareness — and I'm not suggesting it shouldn't have

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1 been improved by GMFRS, but it is a fact it was poor —
2 led nobody to challenge the decisions that had been
3 made?

4 A. I agree, again, to a point. I think I do refer within,
5 I believe, the second report, around this — again, it's
6 a more widely experienced phenomenon, not related only
7 to emergency response, but this echo chamber effect, the
8 kind of social media phenomenon, that if you talk to the
9 same like-minded people with the same information about
10 the same thing, the conversation rarely changes because
11 there's no point of external intervention to say,
12 "Actually, that's not true. You may say it's
13 night-time, but I can see the sun."

14 If those interventions don't come, then it's almost
15 inevitable that you won't move on and change the plan or
16 make additional decisions because in your view, based on
17 what you're hearing immediately around you, that is the
18 case. So it becomes perhaps even more imperative that
19 it's within the rules that you must break out of that
20 periodically, you must reach back into your control, you
21 must reach across into your partner agencies and
22 effectively carry out a sense check: this was the
23 situation 15/20 minutes ago, is this still the case?

24 I'm not permitted to, nor do I intend to, stray into
25 the area of the police or ambulance experts about their

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1 view on the response for their agencies. But it's
 2 perfectly reasonable to say, "Over 20 minutes ago I knew
 3 that there was a Bronze paramedic on the scene, is that
 4 the only resource they've got now?" or, "No, they've
 5 sent X number of ambulances." Do you see what I mean?
 6 So you build the picture, you don't accept the picture
 7 staying as it is in perpetuum.

8 Q. Certainly for my part, Mr Hall, I wouldn't disagree with
 9 a word you've just said. I suppose what I'm really
 10 asking is, does that really -- is underlying that really
 11 risk aversion or is it something else such as the way
 12 people behave in an echo chamber, or build on the
 13 assumptions that other people have done something else,
 14 or poor situational awareness?

15 A. I think there are factors, there are behaviours -- and
 16 I'm not a trained or qualified psychologist, but there
 17 are people who look at the psychology of command and why
 18 things play out the way they do. I think the risk
 19 aversion piece still stands to the extent that nobody
 20 broke that cycle. So you may have a lack of situational
 21 awareness, but somebody needs to be prepared to step up
 22 and challenge that.

23 Q. Is it more that somebody needs to challenge, for
 24 instance, "Well, hold on, what do we know about this
 25 active shooter" --

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1 A. Yes.

2 Q. -- rather than risk aversion per se?

3 A. I think, yes, it's reasonable to say the challenge needs
 4 to be one of gaining more information and intelligence.
 5 It kind of refers back to the JDM model we looked at
 6 earlier today. If you're staying in one point then you
 7 clearly can't be going around that. So the risk
 8 aversion is perhaps why -- or a question about the risk
 9 aversion might be: why did nobody feel they needed to or
 10 why did that persist for as long as it did without any
 11 challenge? Is that organisational or personal risk? Is
 12 it the fact that I don't want to stand up and make that
 13 challenge? Again, I'm not a psychologist and I can't
 14 speak for others in terms of why they decided to not
 15 take a more proactive role in resolving that.

16 Q. Well, do you accept it might have nothing to do with
 17 risk at all why challenge doesn't happen?

18 A. I don't think you can eliminate risk at all from
 19 a situation like that, that just by definition the
 20 incident has a relatively high level of risk attached to
 21 it. It's more about the appetite to respond to that
 22 risk.

23 Q. Can I just be clear? Are you suggesting that GMFRS was
 24 an organisation which is generally averse to risk or was
 25 it just something particular on this night?

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1 A. No, I think it was the... GMFRS historically, from the
 2 evidence that's been presented about how they respond,
 3 responds adequately and effectively, subject to incident
 4 command reviews that I have no knowledge of, but would
 5 appear to respond adequately and effectively and take
 6 risks in risky situations on a regular basis as business
 7 as usual. So I can't say that GMFRS per se take no risk
 8 and are risk averse, which is why I -- we talked about
 9 this risk awareness versus aversion. Are they aware of
 10 risk and doing something with that or are they actually
 11 not taking any risk at all? Of course firefighters and
 12 officers and members of the Fire Service will take
 13 risks.

14 On this night, for a number of reasons that have
 15 been heard in evidence, that normal response, that
 16 robust response towards the point of need didn't happen
 17 by GMFRS's own admission in the way that they would have
 18 expected it or wanted it to, and they've put things in
 19 place to ensure that that doesn't happen again,
 20 hopefully.

21 MR WARNOCK: Thank you. That concludes my questioning,
 22 Mr Hall. Thank you very much for your assistance.

23 SIR JOHN SAUNDERS: Thank you very much.

24 MR DE LA POER: Sir, I'm entirely in your hands now. We are
 25 where we wanted to be at the conclusion of today. We

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1 originally scheduled a longer than ordinary day to
 2 5 o'clock, but I think we've covered a lot of ground and
 3 it has been relatively dense evidence in terms of its
 4 importance to people.

5 SIR JOHN SAUNDERS: You're coming around to a recommendation
 6 of one sort or another, are you?

7 MR DE LA POER: There's a balance to be struck, but I can
 8 well see the virtue in being pleased that we've achieved
 9 what we wanted to and everybody preparing for tomorrow
 10 and coming back refreshed, hoping that we will achieve
 11 the same thing.

12 SIR JOHN SAUNDERS: Fine. Does everybody agree with that?
 13 Mr Smith, obviously if you particularly want to have
 14 a quarter of an hour, then I'm very happy for you to do
 15 so.

16 MR SMITH: I'm in your hands, sir, as is often said.

17 SIR JOHN SAUNDERS: Right. We'll go home then. Thank you
 18 very much, everyone, for keeping to the timetable. I'm
 19 sure and confident the same will happen tomorrow. So if
 20 we can meet again at 9.30. Thank you.

21 (4.17 pm)

22 (The inquiry adjourned until 9.30 am
 23 on Thursday, 9 September 2021)

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