Wednesday, 24 September 2025

(10.00 am)

SIR ADRIAN FULFORD: Yes, Mr Goss.

MR GOSS: Thank you, sir. Could the witness be sworn, please.

SIR ADRIAN FULFORD: Could you stand for this, please.

CI ANDREW ALAN HUGHES (sworn)

Questioned by MR GOSS

SIR ADRIAN FULFORD: Thank you very much. Do have a seat.

A. Thank you.

MR GOSS: May it please you sir, could you give the Inquiry your full name, please?

A. Yes, it is Andrew Alan Hughes.

Q. You are a Chief Inspector in Merseyside Police?

A. That is correct.

Q. Could we have up on the screen, please, MERP007548. Is this a witness statement that you have produced for the Inquiry?

A. That is right.

Q. If we go to page 25, please, we can see that, beneath the redaction, you have signed that on 1 August this year?

A. That is right.

Q. Would you like to adopt that statement as part of your evidence to the Inquiry?

A. Yes, please.

Q. Is it true to the best of your knowledge and belief?

A. It is.

Q. Could I start, Chief Inspector, with a little bit about you. You were tested as a Police Constable in 2002?

A. That is right.

Q. So as of July 2024 you had been a police officer for some 22 years?

A. That is right.

Q. You had previous experience as a firearms officer, including as a Firearms Sergeant?

A. Yes.

Q. You are qualified as a Firearms Tactical Adviser?

A. Yes.

Q. And as an Initial Tactical Firearms Commander.

A. That is right.

Q. Am I right that, also in your career, you have served as a Response Officer and also as a Response Sergeant?

A. That is right.

Q. You became a Force Incident Manager, or FIM, in March 2023?

A. Yes.

Q. You are still in that role now?

A. I am.

Q. Just dealing then with the role of the FIM, you describe

it at paragraph 5 in your witness statement, can I summarise it as supervising the response of the Force control room to significant incidents, including the initial firearms response, until a wider command structure can be put in place?

A. That is right.

Q. Part of that role then is to decide on the most effective, initial operational police response and to be the tactical commander of an incident until it is handed over?

A. Yes, correct.

Q. In terms of practicalities, you are based in the Force control room?

A. Yes. In Aintree.

Q. Thank you. You are in a separate office from the main control room; is that right?

A. That's right, yes.

Q. Just describe for us your working environment there.

A. So, the control room is quite a large room, probably something around this size and it is split into different areas. There is a call handling area and then there is the response area where all the operators sit in different pods for different areas around the Force and they have banks of screens that they use the various systems. And then my office is adjacent to the main

control room and we have four different terminals that can accommodate four different people. So, day to day, there are two FIMs in the office and we have desks just next to each other and we have the various screens for the various systems that we use day to day.

Q. We will come to that in a moment. You say day to day there are two of you. Am I right that you always work in pairs?

A. There are always two on duty 24/7.

Q. The pairs are usually but not always drawn from a set group of three, so that there's somebody who can cover for leave, training, those sorts of matters?

A. Yes, that is correct.

Q. What's the division of responsibilities between the two of you?

A. So, in 2023 we changed to a different Force operating model. Prior to that, there would be a Force duty officer, which would deal with, like, resourcing issues across the Force and various administration issues. Due to the change of the operating model, the Force Incident Manager's office absorbed that role, so one FIM, day to day, will be the Force duty officer and will do the Force duty officer duties, such as -- there are various corporate meetings that we chair and we attend throughout the day, just to ensure operational policing

is fully resourced. And one will be the ITFC, so they will deal mainly with the logs that come -- that are referred to the control room.

SIR ADRIAN FULFORD: ITFC?

A. Sorry, Initial Tactical Firearms Commander.

SIR ADRIAN FULFORD: Can you remember to give at least once the full meaning of an acronym, thank you very much.

A. Will do.

MR GOSS: Thank you, sir.

In terms of the systems then, you mention the terminals that you have available to you in that office?

A. Yes.

Q. You have access to all of the command and control logs on a system called, I think, Storm?

A. Yes, so we have Storm CAD, which is used in the control room, so we have access to Storm CAD.

Q. Computer Added Dispatch?

A. Yes.

Q. Do you have radio systems?

A. Yes, so we have the IC System, which is the integrated communication system, so that allows a selection of various radio channels and is also like to take telephone calls and make telephone calls.

Q. So you have a single radio and telephony system?

A. Yes, we also have Skype that we use to make internal

calls.

Q. Do you have access to databases of information held by Merseyside Police and policing generally?

A. Yes, so we have access to the Niche database that contains all the information -- anybody who has any dealings with the police, it is all recorded on a Niche system so people who are arrested they report crimes to us, or there's intelligence held on anybody, it is all held within that one system.

Q. Niche is a Merseyside Police system, rather than a national system; is that right?

A. It is but other Forces -- so we have a tri-service collaboration with -- I think it's -- I think it is North Wales and Cheshire Police and I think Lancashire Police use it but I'm not too sure. But other Forces do use it and we can get access to other Forces' information.

Q. Could we have on screen, please, MERP000469 and this is the Storm log for Hart Street on 29 July. I just want to orient ourselves to that, if that's all right?

A. Okay.

Q. So we see at the top of the page there are incident details, it gives a reference number, date opened, date received, reporting method, a lengthy list of involved officers. Can we come down -- it also gives a location

by reference to area and "Eastings" and "Northings".

If we come down to "Graded Response/Classification Details", again, further information there about the incident and we will come back to some of this in detail.

Could we go to page 2, please. This is the log itself isn't it?

A. It is, yes.

Q. So there are individuals who are making entries onto the log and we can see there, running from left to right, you have a date and time, you have a user ID and workstation, so that is an individual is the user ID and the workstation is the terminal they are using?

A. That is correct, yes.

Q. Thank you. There is a category of message and then there is a message, which is the actual content, which is either automatically generated, as I suspect that one is --

A. That is, yes.

Q. -- or it is something that somebody has entered via a keyboard?

A. That is correct, yes.

Q. We will look at a number of those entries but I just wanted to orient ourselves to that document, so that we are familiar with it?

SIR ADRIAN FULFORD: That's very helpful.

MR GOSS: You have mentioned some of the other people working in the Force control room. You would have 999 and 101 call handlers; is that right?

A. That is right.

Q. You then have dispatchers who would have a log assigned to them and then they seek to resource that log with officers they pass on the information to those on the ground?

A. That is right, they would manage the radio channel day to day and dispatch officers.

Q. You have control room supervisors to deal with any initial issues as they emerge?

A. Yes.

Q. Is there also access to any sort of intelligence or research cell within the control room?

A. So we have the Force Intelligence Bureau, they are located at the OCC, which is the Operational Command Centre, in Speke. So if we need any intelligence research done, we can call them and give them the log number and ask them to carry out some intelligence research on that.

Q. So they are not co-located but it is --

A. They are not co-located in that location but they are available 24/7 to us.

Q. Then, in terms of your command and control, where we are dealing with a firearms incident, you were the Initial Tactical Firearms Commander, the ITFC?
A. That is right.
Q. There would then be an Operational Firearms Commander on the ground --
A. That is right.
Q. -- to whom you give direction?
A. Yes.
Q. You would report up to a Strategic Firearms Commander, a SFC?
A. That is right.
Q. Then, as the event matured, you would hand over the initial TFC responsibilities to a standing TFC?
A. That is correct, yes.
Q. Alongside that, as part of the broader incident management, you, when an incident is running, would be, in effect, the initial Silver Commander?
A. That is right, yes.
Q. You then have a number of Critical Incident Managers, CIMs on the ground for different local policing areas?
A. That's right.
Q. So, again, you would give direction to them. Are those officers in the rank of Inspector?
A. They are, yes.

Q. Do they double as the Response Inspector for that local policing area?
A. They are, yes.
Q. Then, above you, as the initial Silver, again it is similar to the firearms chain, there would be a duty Gold Commander who is stepping in once an incident has been initiated?
A. Yes, so there's a duty National Police Chiefs' Council officer on duty and there is also a public order public safety Gold Commander on duty.
Q. Then, in the same way as you would hand over from being ITFC to a standing TFC, there comes a point where you would hand over your initial Silver duties, if I can put them that way, to a standing Silver Commander?
A. That is correct, yes.
Q. Those then are the links within the control room. Are there also links outside to other agencies? So, ambulance, Fire Service, Coast Guard, National Police Air Service, other police forces, hospitals, Counter Terrorism Policing?
A. There are, yes. There are on-call people -- for counter-terrorism we have an on-call number we can call if we need support from them.
Q. Is one of the main methods of communicating directly with other emergency services the Emergency Services

Interoperability Channel, which we sometimes see as ESIC?
A. That would be one of the routes and also we could call them direct.
Q. Can we call up NWAS000016, please.
This is the regional standard operating procedure for that Emergency Services Interoperability Channel. We can see at the top left it is a document that Merseyside are party to, isn't it?
A. Correct, yes.
Q. Could we go to page 6, please, and could we look at paragraph 1.6. It is recognised there that terminology between different organisations and indeed acronyms can differ and part of the purpose of this is to ensure clarity between organisations in terms of this policy, this operating procedure. It is to ensure clarity between organisations when sharing information?
A. Yes.
Q. If we could look, please, at page 8 and paragraph 3.2. The Talk Group, so that is the Channel, effectively:
"... should be used during any spontaneous and preplanned situation that requires the passage of immediate safety critical information between police, fire and ambulance control rooms."
That's the purpose of that Channel?

A. It is, yes.
Q. Thank you. As well as this, there is a number of other different relevant policies that I just want to establish, first of all, if we can, Chief Inspector.
Particularly from within policing, you have national policies from the College of Policing but then also local policies within Merseyside Police; is that a very outline assessment?
A. Yes. The college of Policing produce authorised police practice, covering various areas of police work.
Q. Could I start with call handling. Could we have MERP007530, page 11, please.
This is the Merseyside call handling policy. It sets out there the various grades of call in the table and also the timings that are supposed to be met for response --
A. Yes.
Q. -- in particular:
"Emergency response
"Attendance within 10 minutes."
A. Correct.
Q. Just help us please with the mechanics of that. A 999 call doesn't come directly to Merseyside Police, it first of all goes to a BT control room; is that right?
A. That is correct, yes.

Q. That is where the caller is asked, "Which emergency service do you require?" --
A. Yes.
Q. -- and they are then transferred to the relevant control room?
A. They are, yes.
Q. The call handler within your Force control room will then take initial details and they will grade the call accordingly?
A. That's right, yes.
Q. Then officers will be dispatched in line with the grading?
A. That's right.
Q. Can you help us with what point the 10 minutes attendance starts from?
A. I think that 10 minutes starts from the initial call coming in.
Q. The initial call coming into Merseyside?
A. To Merseyside Police, yes.
Q. So it isn't the point the call is made and picked up by BT, it comes into Merseyside and then it is 10 minutes from there?
A. That's my understanding.
Q. If we could look a little bit further down that page, please. You should have the definition of emergency.

Yes, 3.16. Emergency covers: risk to life; use of or immediate threat of violence; serious injury to a person; or, just over the page, an allegation of criminal conduct which is likely to be serious or in progress?
A. Correct, yes.
Q. Then at 3.17, call handlers are also instructed to flag certain incidents to the FIM at the earliest opportunity, and that would include cases where the caller has indicated that a firearm or a bladed weapon is involved?
A. That's right.
Q. You describe at paragraph 24 of your witness statement the purpose of that. It is so the FIM can ensure that the police response is both as quick as possible but also as appropriate as possible?
A. That's right.
Q. We can see there, in 3.17.1:

"Whilst such incidents require an emergency response, it may not be possible to achieve an emergency response time."

Is that because officers deployed to that incident may need to hold back, due to the level of risk?
A. That is right. Depending on the level of risk, if I deploy firearms officers, they may be travelling from

different areas of the Force. So the response time of 10 minutes may not get hit in terms of them getting to scene.
Q. You refer in your witness statement at paragraph 24 to some learning from the Manchester Arena Inquiry, which is that, in some situations, it may be appropriate, even when there is, for example, a bladed weapon threat, to deploy unarmed officers forward with caution?
A. That's correct, yes.
Q. That's something that you refer to one of your colleagues having done a good deal of training with FIMs and other responders to help develop thinking after the Manchester Inquiry?
A. That's correct, yes.
Q. Is that training recorded in any sort of Merseyside policy or procedure at all?
A. I'm not entirely sure about that. It would be recorded -- any officers who have attended, it would be recorded as continual professional development.
Q. So it is recorded for the officers that they have been to the training?
A. Yes.
Q. But as a piece of policy, that may not have made it into, for example, the call room response policy yet?
A. No. I know there will be a lesson plan for that

training.
Q. As part of managing an incident response, a FIM can decide whether to declare a critical or a major incident; is that right?
A. That is correct, yes.
Q. You defined them in your witness statement in paragraph 13. A major incident is an event or situation with a range of serious consequences which requires special arrangements to be implemented by one or more emergency responder; is that right?
A. That is right.
Q. A critical incident is where any effectiveness of a police response is likely to have a significant impact on the confidence of the victim, their family and/or the community?
A. That's correct, yes.
Q. How do these two definitions interact: are they in ascending order of seriousness; do they sit in different spheres in some way?
A. So, a critical incident would be mainly for an internal Merseyside function that wouldn't involve the other emergency services. So it is a method of ensuring that there is -- the threat is managed effectively and the response and the investigation is resourced and managed appropriately, and there's a wraparound about all the

departments working together.

There would be various meetings, there would be a critical incident meeting shortly after the incident, to ensure the response was effective and the investigation was progressing, and then probably the next day after the incident, there would be a follow up meeting to ensure that the investigation was progressing.

So the critical incident is mainly an internal Merseyside Police mechanism, and then the major incident involves all the other emergency services and would require a tactical coordination group meeting to be held and then that wraparound sort of interoperability with the other services.

Q. That major incident process, is that where we start to see what is referred to as JESIP, the Joint Emergency Service Interoperability Principles?

A. That's correct, yes.

Q. Could we have MERP007533, please, and page 2 in the first instance. Are these the JESIP principles?

A. They are, yes.

Q. Then I'm not going to go through them one by one, but then on the previous page, linked to JESIP is the idea of a M/ETHANE report, which is a report designed to create shared understanding between all emergency

services --

A. That's correct, yes.

Q. -- in respect of a major incident or a potential major incident?

A. That is right.

Q. It is called a M/ETHANE report, sometimes it is also seen as an ETHANE report, where a major incident hasn't yet been declared?

A. It is, yes.

Q. Could we have MERP007548 and paragraph 23 up please, which is page 9. You have set out there some of the APP as regards rendezvous points or RVPs?

A. Yes.

Q. Looking at that description -- a rendezvous point is part of that multi-agency response to an incident; is that fair?

A. That's correct, yes.

Q. Looking at that description, is it one that is wholly suited to the very early initial operational response to a spontaneous incident? I'm thinking, for example, at the end of the first paragraph, it says "An RVP manager should be appointed", and then in the paragraph beginning, "The location of a RVP", it says it should be searched prior to use.

A. So, an RVP in that instance is more suited to a major

incident. So an RVP in an initial phase is to keep unarmed staff away from a location that might not be safe for them to attend.

Q. Could we have NWAS001087, page 2, up, please. Again, this is a North West Ambulance Service policy.

A. Yes.

Q. Could we have paragraph 2.1, please. I think it will probably be page 5. Yes.

This describes a rendezvous point in similar terms as in the APP in the ambulance service doctrine; is that fair?

A. That's correct, yes.

Q. Could we just bring up 2.2. This describes the ambulance policy of "standing off". In effect, ambulances moving towards an incident but then waiting a short distance away until they are satisfied the scene is safe for them to approach. Do those two concepts between them cover the two meanings of RVP that you just set out: one for use of the major incident; but one, an area for people to gather while waiting for a scene to be safe to approach?

A. That's right, yes.

Q. The ambulance service are clear across those two paragraphs that those are not the same thing: they are different concepts?

A. Yes.

Q. You have used "RVP" a few moments ago to mean both of those things. Is there a risk that the use of RVP to mean two slightly different things could generate a degree of confusion in responding to an incident?

A. It could be but, as the police service, we don't use the term "standing off", we only use the term "RVP".

Q. Is it known to the police that the ambulance service do use the term "RVP" in that specific way and use "stand off" for the other meaning?

A. It wasn't known to me prior to getting the disclosure for the Inquiry and reading the policy of NWAS. I wasn't aware that that was something they did.

Q. Because one of the implications of the ambulance policy of stand off, which is linked to the meaning of RVP in police but also in ambulance doctrine, is that one of the most important pieces of information to be passed to the ambulance service is when the scene is safe to approach?

A. That's correct, yes.

Q. Whose responsibility is it to determine whether the scene is safe to be approached?

A. Well, for the ambulance service I think the individual crews make their own risk assessment but they would be based on information given by the police at the time,

whether it be police officers on the ground or via the control room.
Q. Where it has been possible for the police -- and we will explore how this unfolded on the ground shortly -- where it has been possible for the police to ascertain that a scene is safe or is reasonably safe, it would be helpful, wouldn't it, if that information was passed promptly and clearly to the ambulance service?
A. It would be, yes.
Q. That effectively enables them to shortcut their own risk assessment, having to judge it for themselves from some distance away --
A. Yes.
Q. -- and go, "We know there were police officers on the ground advising us it is safe, we can come forward"?
A. That is right, yes.
Q. Ultimately, though, it does remain the Ambulance Service's responsibility but they may well be acting on the information from the police?
A. That's better information for them.
Q. Would that be the sort of information that could helpfully be passed over the Emergency Services Interoperability Channel?
A. It could be, yes.
Q. Can I turn then to 29 July 2024. You were on duty as

FIM1, so primarily taking the minute-by-minute, hour-by-hour operational role?
A. That is correct, yes.
Q. Your colleague, Chief Inspector Arrowsmith was FIM2?
A. He was the Force Duty Officer role.
Q. He wasn't one of your usual pod of three. I think he was covering a shift for somebody else?
A. He was, yes.
Q. You have told us about the FIM room that you are based in at the Force control room. Could we have paragraph 30, which is page 11 of MERP007548, please.

You have set out there a summary of the initial 999 call that was received and we know that was received from Leanne Lucas. She made it at either 11.46.31 or 11.46.33. I think it was first received by MerPol, so having come through BT at 11.47.08. Does that sound right?
A. That sounds right.
Q. We see the log is opened at 11.47.

First of all, we can see it's immediately graded as an emergency response. I don't think anyone would disagree that that was the appropriate grading?
A. Of course not.
Q. Can we look at paragraph 31, please. In the initial details received: boy with a knife who had stabbed

numerous persons, numerous casualties. That led to it being transferred to a supervisor; is that right?
A. That's right.
Q. They determine that Southport police station should be the RVP in the event one is required. That's about five minutes' drive from Hart Street?
A. At normal road speed, yes.
Q. So if driving with blue lights and sirens on, can probably cut a minute or two off that?
A. Yes.
Q. Again, was this intended to be an RVP in the major incident JESIP sense or a location to rally before determining whether the scene was safe to approach?
A. It would be the latter, to gather resources before I could make a decision on what was going to happen at the scene.
Q. There were a number of other calls being received around this time as well, we have heard about some of those from DCI Pye and they were all being incorporated into this master log; is that right?
A. Yes.
Q. I don't need to go through those in detail --
A. Okay.
Q. -- other than to ask this: is it fair to say that the initial stages of any spontaneous incident like this are

inevitably fast moving and confusing?
A. That would be correct, yes.
Q. You have information, sometimes conflicting information, coming in from a variety of sources?
A. That's right.
Q. Could we look at MERP008178, please, on page 5 -- sorry, one page on, thank you. This is a debrief report from after the incident and, Chief Inspector Hughes, you were participant 5 in this debrief?
A. Yes.
Q. Can we look at line 3. I should say that Mr Arrowsmith was participant 4. If we look at line 3:

"When log comes in, difficult to follow at times, when multiple calls coming in, have to look at open door numbers to see what information is coming from the same or different calls. Varying styles of how the logs are populated ..."

There is a recommendation:

"Consider training for further calls being documented on the log so can be differentiated ... possibly different colour text ..."

Both of you then, 4 and 5, raised concerns about the speed with which information was coming into that log, multiple calls coming in and have suggested a potential mitigation for that. Is that something that's being

taken forward at all?
A. I don't know whether that's been taken forward.
Q. Could we go back then, please, to MERP7548, paragraph 35, which is on page 12. We've heard a little bit about this already, Chief Inspector, but I just want to cover the initial deployment of officers to the scene. I think that was done by the supervisors on their initial -- or by the dispatchers and supervisors, on their initial receipt of the call?
A. That's correct, yes.
Q. You've set out the call signs there but, in summary, you have BR102, which is Sergeant Gillespie, dispatched at 11.48, arrived at 11.56, and he was the first on scene?
A. That's right.
Q. You have BM116, that's PC Shakespeare, Taser equipped, dispatched at 11.49, arrived at Southport Police Station at 11.51, and then moved onto the Hart Space 11.52. I think we know they were there no later than 12.00?
A. Yes.
Q. Then BM118, PC Carr, Taser equipped, dispatched 11.49, arrived at Southport Police Station at 11.51, collected a defibrillator from there at 11.53 and then, again not quite clear what time they arrived, but relatively shortly after that.
Then LKB96, that's Temporary Police Sergeant,

sometimes referred to as PC, Luke Holden and PCSO Parry, PS Holden was Taser equipped, dispatched 11.52 and arrived at the Hart Space at 11.56?
A. That's right.
Q. Those are really the initial officers attending in the first few minutes after the --
A. It is, yes.
Q. I'm going to return to what they did on arrival shortly but just trying to keep matters in chronological order for the most part.
Paragraph 38, on the next page, you deal with the initial notification of you as the FIM. You say that occurred at 11.49, and you accepted the log at that point. Is two minutes, or thereabouts, a normal sort of time before the log is referred to you, a log of this nature is referred to you?
A. Yes, that would be realistic. All that activity, the call takers, the supervising, it is all happening concurrently. So by the time the log gets to me, the call taker is still on the phone to the informant.
Q. At paragraphs 39 to 45, you set out your initial review of the log. I'm not going to go through it line-by-line but, in short, you formed the view that this was a genuine call?
A. Yes.

Q. Sad to say, sometimes people do make even very striking false calls to the police?
A. They do.
Q. But in this case you had multiple calls coming in and, clearly, genuine sounds of distress on the line, you were able very quickly to determine that this was a genuine call?
A. I did, yes.
Q. You went on to determine that the criteria for armed deployment was met?
A. Yes.
Q. Was that primarily down to the bladed weapon threat?
A. To the threat and the number of casualties.
Q. You decided to deploy unarmed units forward with caution with instructions to deal with the situation if safe to do so?
A. Yes. My overriding concern was the Article 2, right to life, and we needed to deploy officers straight to scene.
Q. Can we look at MERP000469, page 3, just to see the instructions you put on the log. This is again back to the Storm log.
So it is the bottom quarter of the page, there are a number of entries from workstation FIM1, and we can see those are entries made by you on the log, are they?

A. Yes, that's 02 -- 32032, is my open door number.
Q. They have helpfully been highlighted for us?
A. Yes, that's correct.
Q. So we can see:
"Deploy unarmed patrols as initial response while [armed response vehicles] en route
"ARV assets ... are significant distance away
"As there is an immediate duty to protect life [while they are] en route
"Deploy unarmed patrols to approach with caution
"Assess the situation
"If safe deal."
So, again, that is you, as you say, having in mind the obligation to try to protect life and also the learning that you referred to earlier from the Manchester Inquiry?
A. That's correct, yes.
Q. ARV deployment then: a significant distance away, does that reflect the number and range of roles and tasks for armed response vehicles?
A. So on a day-to-day basis, the Force identified our threat harm risk areas, where gun crime or violent crime is happening, and we will deploy the ARV officers to those areas and, that day, Southport wasn't one of those areas where they were deployed.

Q. There wasn't any intelligence or --
A. There was no intelligence to say there was a threat in Southport.
Q. It isn't always possible to have an ARV always a matter of minutes away?
A. It's not, no.
Q. Can that lead to an issue of not having an ARV nearby to deal with bladed weapons threats, for example?
A. Yes.
Q. Some officers, as we have seen, carry Taser, not all?
A. That is right.
Q. That can mitigate that to some extent?
A. It can to some extent but, obviously, there are limitations on what Taser officers can do.
Q. For an officer who doesn't have Taser, they are likely to have a stab vest?
A. They will have PAVA spray, which is like a pepper spray and they will have a baton and a stab vest.
Q. Somebody equipped like that, if they are confronting someone armed with a knife, who is determined to cause them harm, is that a very significant risk to their own life, aren't they?
A. It is but they do have training and they do have some PPE, although it is limited.
Q. But is that really the reflection of why you have said,

"Approach with caution, assess the situation, if safe deal"?
A. Yes. So my expectation would be, if they could deal with the situation, they should, and, if they couldn't, they would place a barrier between members of the public and the offender and they would begin evacuating members of the public away to a safe location.
Q. So effectively try to contain the situation, without tackling the threat head on?
A. Correct, yes.
Q. In terms of deploying the ARVs, I think you provided them with a verbal briefing that you have set out in your witness statement from paragraph 47 onwards. We don't need to look at it.

Later on, I think that's recorded on the log in writing. Inevitably, much of it is in quite generic terms; is that fair?
A. It is, yes.
Q. I think it is right that they wouldn't wait for the briefing and then start making their way to the scene, they would be being briefed while they are en route?
A. They would, yes, they wouldn't know about this incident because the areas they were in, they would not be monitoring the bravo -- the Sefton area radio channel, so they wouldn't know about the incident until I begin

to brief them.
Q. So you begin to brief them but one of the first things you say is --
A. "Start making" -- yes.
Q. -- "Start making to Southport".
A. Correct, yes.
Q. They then start making their way and receive the rest of the briefing en route?
A. That is correct, yes.
Q. They would be making their way there on blue lights and sirens?
A. Of course, yes.
Q. While this is going on and you are briefing the ARVs, I think it is right that other officers, including Mr Arrowsmith, are making arrangements for deployment of other police assets, as well as further unarmed response officers, in particular police dogs, and the National Police Air Service?
A. That is correct, yes.
Q. Both of those have a variety of uses but one particular capability is the ability to locate and, in the case of the dogs, potentially detain a fugitive suspect.
A. That is correct. Within an armed operation, requesting NPAS and a dog would be a standard bolt-on to that operation.

Q. At the time you are briefing the ARVs, we know you put the initial instructions on the log at about 11.51, briefing to the ARVs followed shortly after, at that point AR has not yet been detained?
A. No.
Q. From your perspective, it is not wholly clear whether this is a case of a single attacker or potentially multiple attackers?
A. No. As you mentioned, the log is quite confusing. There are various people mentioned and I have assessed the threat as still quite high until we get that confirmation.
Q. Was there a possibility at this point that this was what's known as a Marauding Terrorist Attack?
A. There was a possibility but the attack was located at the Hart Space and the information, at that time, the best information was there was one attacker and he was within the Hart Space.
Q. So the response to a Marauding Terrorist Attack, that is known as Op Plato?
A. It is, yes.
Q. In outline only, that involves designating different zones with different levels of risk and different -- only suitably trained and equipped emergency services responders can enter different zones?

A. That's correct, yes.
Q. There was a judgement call then that you have to make, declare Op Plato, that is likely to provide a greater degree of protection to emergency services responders?
A. Yes.
Q. But it is also likely to delay, particularly, first aid and medical treatment being provided at the very earliest opportunity?
A. That's right. We would call in extra ARVs and other assets. I felt that one offender or possibly two offenders with edged weapons was within the capability of the armed response staff I had available, who were briefed and en route to the incident.
Q. As well as being a difficult judgement call that you have got to make in terms of you are acting on potentially imperfect or incomplete information, is it right it is a decision that has to be made under time pressure: in essence, if you call Plato, it is difficult to stop the wheels turning?
A. Yes.
Q. But if you don't call it at the earliest opportunity, potentially people are going into very high risk without the proper equipment and support?
A. That's right, yes.
Q. You have talked us through there already your decision

not to declare it. Effectively, you thought on the information you had, this was one, possibly two, attackers, edged weapons and you were satisfied that Plato didn't need to be declared?
A. That's right.
Q. In hindsight now, were you satisfied with the training and experience that you have as a FIM as regards whether to declare Plato or not?
A. Yes, I am, yes.
Q. Again, with the benefit of time to reflect on what you knew there and then, I think it follows from what you have said that you are satisfied that the decision not to call Plato was the right one?
A. I have reflected on that quite a bit and I'm satisfied that it was the correct decision not to call Plato. It would have slowed the police response down. I would have had to brief other assets, as you said, zone the location and restrict people going into the hot zone. So I'm 100 per cent satisfied that not to declare Plato was the right decision.
Q. You say it would have slowed the police response. It's broader than that, isn't it: it would have slowed the whole emergency services response --
A. It would have.
Q. -- including ambulance services?

A. Yes.
Q. Thank you. Can I come on then to communications with the Ambulance Service. The first call from MerPol to NWAS was at 11.48. At that point then, the first officers have been dispatched but they weren't at the scene yet?
A. That's right.
Q. I think by 11.53, there were calls between the police and NWAS going both ways?
A. Yes, I think NWAS -- they were receiving 999 calls themselves about injured people.
Q. These are calls by call handlers or dispatchers. It is not messages across the ES Channel?
A. No, it wasn't at that stage, no.
Q. There is one call I want to pick up in particular. Could we have MERP001395, please. This is a call from a police call handler to NWAS at 11.49, so it is one of the early ones. You see 11.49.49.

If we can look at page 2. This is at about 11.55. It is a little bit earlier. First of all, we can see the caller is being asked there about:

"Call handler: Any hazards present?

"Caller: Not that we're aware of no.

"Call handler: Okay, the attackers have they left?

"Caller: I'm trying to work it out, I'm so sorry the

log is so confusing ..."

Then a little bit further down:

"Call handler: Okay, you say the attacker has left the scene?

"Caller: Let me check. I'm sorry, we don't seem to know. No I've put 'not sure' for that."

Again, at this very early stage, that's an accurate passage of information at that stage --
A. At that stage, it was, yes.
Q. If we could go on to the next page, please, we can see towards the top of the page, the caller, so that is the police caller:

"We have got an RVP point of Southport Police Station."

We know from the call that that is at about 11.55. So the caller has taken a few minutes to get to this point?
A. Yes.
Q. That led to the Ambulance Service putting a marker on their log for their 999 call or one of their 999 calls to attend the RVP, rather than go straight to scene.

It is fair to observe that that doesn't then appear to have necessarily been passed to the ambulance crews, who did, I think, go straight to scene. It doesn't seem that the ambulance did muster at Southport Police

Station. By that point, of course, 11.55, you had given your direction that officers were to proceed to the scene with caution. We know that that marker that NWAS put on their log was removed at 12.03, so about eight minutes later --

A. Okay.

Q. -- after paramedics reported that they had gone to the scene -- this is Mr Smith, following PS Gillespie in -- and said, "I'm at the scene, I'm with police officers".

The first point from that, that marker wasn't removed because police passed information to NWAS, "We are at the scene, the scene is safe, you can approach"; is that fair?

A. That's fair, yes.

Q. Second point, police there using their language of "RVP", but the Ambulance Service potentially hearing RVP, but having different meanings for that in their own doctrine, potential there for miscommunication?

A. There could be, yes.

Q. The earliest point you suggest in your witness statement, at paragraph 61, that the information was conveyed by police to others that it was safe to come to the scene, was at 12.06 in the ETHANE message that goes out over the Emergency Services Channel?

A. That's right.

Q. Was that the first message sent over the Emergency Services Channel?

A. The ETHANE message would have been, yes.

Q. I just want to deal with one point about this first, and then look at that report in a little bit more detail. Could we look at NWAS000379 at page 16, please. It is the paragraph under the underlined heading, "Areas for improvement". This is part of the NWAS debrief report:

"Police had not made any type of declaration (according to a point in time referenced in the debrief) and NWAS did not receive a M/ETHANE report on ESICTRL."

Subject to what "according to a point in time referenced in the debrief" might mean, am I right that you would disagree that NWAS did not receive a report on ESICTRL.

A. I would disagree, yes.

SIR ADRIAN FULFORD: ESICTRL?

MR GOSS: I think that is the Emergency Services Interoperability Channel.

A. It is Emergency Services Interoperability Control Channel.

Q. Thank you. You have set out the content of that M/ETHANE report that Mr Arrowsmith sent at paragraph 54, could we have that from your witness statement again, MERP007548.

Forgive me, I think that's my bad reference. One moment. *(Pause)*

Page 17, paragraph 60. So, again, thinking back to that structure of M/ETHANE, the "M" is for whether a major incident has been declared?

A. Correct.

Q. At this point, it hadn't been but it was indicated that it might become a major incident shortly?

A. That's right.

Q. "E", the exact location, and you say the location of the incident and the address and postcode were broadcast?

A. Correct.

Q. "T", type of incident. What was reported was the circumstances are unclear, a large number of individuals have been stabbed, including children who were deceased?

A. That's right.

Q. "H", hazards. What's referred to as blood, traffic making into the incident, broken glass at the scene access. At that point -- and we will come back to the arrest in a moment -- but there's no suggestion passed that there might be any continued risk from --

A. No, there wasn't.

Q. -- an offender or offenders. "A", access. Gave the RVP as Southport Police Station but said that police and ambulance crews had gone straight to scene, due to the

number of casualties?

A. That's right.

Q. "N", number of casualties -- we are just over the page now. I think it is reported two children deceased.

Then "E", emergency services. The message is "All agencies, please go".

A. Yes.

Q. There's no express instruction there, is there, to come forward from the RVP to the scene. There is a statement that police and ambulance have done so already but there isn't a "It is safe to come forward"?

A. No, I could see from looking at the log that there were multiple ambulance resources landing at scene. The HART team were being deployed and air ambulances were also en route.

Q. In essence, to some extent, this had been overtaken by events on the ground --

A. It had.

Q. -- or the need to pass that information had been overtaken to some extent by events on the ground?

A. That's correct, yes.

Q. Would you agree though that it might be better if that sort of indication that the scene is now safe to approach was given clearly and at the earliest opportunity?

A. I could see that would be a benefit, yes.
Q. Again, although, as you say, matters overtaken by events on the ground, if at 12.06 and that ETHANE message was the first point that the fact it was safe to move forward was formally conveyed from police to ambulance, that would be almost 20 minutes after the initial call?
A. It would but, as I said, from the log I could see multiple ambulance calls and landing at scene --
Q. I'm not for a moment suggesting that this, in fact, was something that delayed ambulances attending the scene. But, nonetheless, 20 minutes before even an inferred message that it is safe to approach is quite a long time, isn't it?
A. It is, yes.
Q. Is that the sort of thing that could perhaps be addressed by clearer or standardised communication and terms between emergency services?
A. It could, yes.
Q. Agreed language, agreed approach, shared training, perhaps, between ambulance and police over issues about RVPs and standing off?
A. We do joint training with all emergency services. There is JESIP training that everybody attends, so something that could be included in that JESIP training package.
Q. Do you think something like that would be a good idea to

ensure that those very early stages -- and making all allowances for quite how difficult, confusing, pressured those very early minutes can be, would it be a good idea for some of that training to try and focus on that area to ensure that you do have that joint understanding?
A. Certainly, yes.
Q. That would be in keeping with the ESICTRL standard operating procedure that we looked at earlier, about both common understanding and communication but also passing time and safety critical messages at the earliest opportunity?
A. Yes.
Q. Could I come then to the initial actions of the officers on the scene and, in particular, the detention of AR. We have heard something about this on Monday from DCI Pye, so I will take it relatively quickly.
A. Yes.
Q. In your witness statement at paragraph 54, so the previous page, you set out the initial arrival timings. PS Gillespie arrived at 11.56.53 and am I right that you have seen his body worn video?
A. I haven't seen that body worn video.
Q. You haven't seen it?
A. No.
Q. But we know, I think, that he arrived at the now smashed

door to the Hart Space at 11.57.04, so about 11 seconds after arriving in his vehicle. As he stood there, he provided some updates over his radio and he said:

"We are going to try to detain him."

A. Yes.
Q. He is warned by Mr Verite, a member of the public, not to go in with only a baton and informed that AR is armed with a knife. Then, very shortly afterwards, PC Holden and PCSO Parry -- PC Holden armed with a Taser -- arrive, that's 11.57.50, so some 46 seconds after PS Gillespie arrived at that smashed door and less than a minute after he arrived at the scene.

Then very shortly after their arrival, PS Gillespie and PC Holden tell PCSO Parry and Mr Verite to wait at the door, and they go in?
A. That's right.
Q. That is, I think, about six seconds after Holden and Parry, excuse rank, arrive at the door?
A. That's right.
Q. So in total then, between PS Gillespie arriving at the door and him entering, now with PC Holden, it is 52 seconds. In that time, he is informed that AR has a knife and that he shouldn't go in with only a baton. He's passing updates over the radio and then, when he arrives, as we have just seen, he goes in within six

seconds.

Drawing on your experience as a FIM, a firearms officer, as a Response Sergeant and Officer, was it reasonable for PS Gillespie to try to gather information about what he was facing before going in to that building?
A. It would be, yes. If he is using the national decision-making model, at the top of that is gather intelligence and information, which is exactly what he did, very quickly.
Q. Your instructions were for unarmed officers to proceed with caution, to assess and to deal if safe?
A. Yes.
Q. Communicating over the radio, again, that ensures that he is sharing that information that he has gathered, so that others know what they are facing as well?
A. Yes.
Q. Then waiting for an officer equipped with Taser, again is that part of mitigating that risk and going in if safe to do so?
A. It is. I think he has formulated a plan very quickly, it is highly commendable what he did.
Q. Had he gone straight in, before the arrival of the other officers, one possibility is that AR might have surrounded momentarily earlier; another possibility

might be that, faced with only one officer armed with a baton, he might have decided to try and attack him?
A. He might have, yes.
Q. Do you think PS Gillespie got the balance right between assessment of risk and his duty to protect life and to protect the public?
A. Absolutely.
Q. Thank you.

The log was updated to reflect the detention of one male in possession of a knife at 11.59. At this point, you have got ARVs making their way to the scene. Does the fact that you now have an offender detained affect that decision-making at all?
A. It didn't, no, because reports from the scene were still quite confusing. The amount of casualties, I found it difficult to understand how one person could inflict that many injuries to that many people. So a consideration for me was that there might be more offenders that we hadn't yet encountered.
Q. Did the fact that you now had an offender detained have an influence in your thinking about Plato at all?
A. I was still of a mind that Plato wasn't necessary now that we have got an offender detained.
Q. Effectively, it provides you with a little bit of reassurance that --

A. It did, yes.
Q. -- your assessment that you can manage this without Plato is starting to be borne out?
A. Yes.
Q. I'm about to move on to a slightly lengthy topic. I wonder, sir, if now is a convenient moment for the mid-morning break?
SIR ADRIAN FULFORD: Certainly. Thank you very much indeed, Mr Goss. I will sit again at 11.25 am.
(11.09 am)
(A short break)
(11.27 am)
MR GOSS: Thank you, sir. Chief Inspector Hughes, I want to move on to deal with the command and control at the scene and how that evolved.
A. Okay.
Q. I want to pick matters up at about 12.05. At this point, we are just under 15 minutes after you have been notified of the log. You have received confirmation that one suspect is in custody, you have unarmed police officers on the scene dealing, ARVs are on the way and you are aware that paramedics and ambulances are both on the scene and en route and, as you have mentioned, also Helimed capability as well?
A. Yes.

Q. At this point, the next step is to start transitions from that immediate operational response into a more considered response in line with JESIP; is that right?
A. That's correct, yes.
Q. One element of that is the ETHANE or M/ETHANE message that we have already covered and that was sent at 12.06.
A. That's right.
Q. Another, though, is the command structure on the ground. What you say at paragraph 59 is that you could see from the log that Inspector Cowin was on the ground at 12.05 and that he had declared a critical incident. Could we look at MERP000268, please.

Just while that comes up, Inspector Cowin was the policing area response Inspector and therefore also one of your critical incident managers?
A. He was, yes.
Q. If we just look at his movement at the bottom of that page. He first becomes aware of the incident at around 11.50 and he makes his way from the Netherton area where he is at that time, that's about 14 miles, just over, to Southport?
A. Yes.
Q. He sets off at 11.52, so shortly after becoming aware of the incident, very shortly after you have been notified of it yourself?

A. That's right.
Q. It takes him 17 minutes and, if we could just go down slightly to the top of the next page, we can see that, while en route, he declares it a critical incident and, in fact, he arrives on scene at about 12.09?
A. That's right.
Q. What's then the significance of that declaration by him, en route to the scene, that this is a critical incident; does that change the way that this incident is being managed at this stage?
A. No, it doesn't change how it is managed at that stage, the critical incident process is more about the investigation and managing any ongoing threat from an incident like that and to make sure that there's adequate coordination between the various police departments to manage that incident.
Q. So would that then start processes like having the criminal investigation departments warned that there was --
A. It would, yes.
Q. Perhaps other departments as well, family liaison?
A. Yes, it would.
Q. If Inspector Cowin's timing is right, there is no reason to think he isn't, he arrived at 12.09, having set off from just over 14 miles away at 11.52. That means the

first officer of Inspector rank attended just over 20 minutes after the initial call and about 10 minutes after AR was detained?

A. That's right.

Q. Is that an appropriate sort of timeframe, bearing in mind the breadth and composition of the Force area that he is covering?

A. That's realistic. Specifically, Sefton geographically, it's quite a long sort of strip of area from the Bootle area up to Southport, so geographically it is quite large, so that is a realistic arrival time for him.

Q. Could we have a look at MERP008178, this is the debrief report, and page 10, please.

Just reminding us that you were participant 5 in this debrief. At line 27, you say:

"The model we use has a weakness due to amount of Inspectors we have. CIM [that is Inspector Cowin] was deployed to scene. There was no contingency cover on BAU."

Is that business as usual?

A. Correct, yes.

Q. "This was reflected across all other areas of business. No resilience in R&P at all ..."

A. Response and patrol, Response Officers.

Q. Thank you.

"... so when major incident is factored in, it is not feasible."

Just picking that a little bit, is what this is saying, the concern you raised in this debrief, that when the Response Inspector for that area is committed to a critical incident, subsequently became a major incident, there's no cover for anything else going on in that area, at that level?

A. No, there isn't. I mean, these incidents are so rare, there isn't anything built into our sort of model that allows for that.

Q. In terms of dealing with what was going on on Hart Street, there was an Inspector there, you say, in a realistic timeframe?

A. Yes.

Q. It isn't that the response to Hart Street was under-resourced but that left a gap in the coverage elsewhere in Sefton?

A. That's correct, yes.

Q. I think another Inspector actually volunteered to take on those business as usual duties as Inspector Cowin was committed to that incident?

A. She did, yes.

Q. But that was essentially down to their availability and their goodwill --

A. It was.

Q. -- rather than it being a pre-planned capability for somebody to step in?

A. Yes.

Q. Is this something -- this potential gap for dealing with other matters, is this something that's been looked at separately following this debrief?

A. I don't know how that's been progressed.

Q. Before Inspector Cowin arrived on the scene, who was acting as Ground Commander if anyone?

A. It would have been the most senior police officer at the scene. I'm not aware whether there was another supervisor. I know Sergeant Gillespie had arrested AR and was transporting him to custody. So I'm not -- if there was another Sergeant at scene, they would have taken command.

Q. We have also got Temporary Sergeant Holden as well?

A. Yes, yes.

Q. I think it is just worth reminding ourselves of the timings here, with apologies for going over old ground. As you say, the first officer on scene was a Sergeant at 11.56, AR detained 11.59 and the officers involved then -- the officers there at the time were then involved in extracting Ms Liddle and Child X, that's at 12.03, and in assisting Mr Hayes, who they found at

12.04 and 12.05, and then Inspector Cowin then arrives four minutes after that?

A. Yes.

Q. So it is a short gap, would you say --

A. I would say, yes.

Q. -- between, in particular, the detention of AR but also the evacuation of that building and moving casualties out of that building?

A. Yes, there is.

Q. Can I deal shortly with a related point here. One of the tasks for police in responding to an incident such as this is to secure, protect and preserve the scene. Primarily, or one of the reasons for that, is for the purpose of the future investigation.

A. That's right.

Q. Ideally, any crime scene shouldn't have members of the public entering it after police have arrived?

A. That's right. Preservation of life is always a priority overriding any crime scene contamination.

Q. I think you may have shortcut the further questions I was going to ask on that point, Chief Inspector. In effect, in this case, when Sergeants Gillespie and Holden entered the building, they had left PCSO Parry at the front door. We heard this from DCI Pye. He then enters the building when he hears shouts of "Knife!" and

members of the public, including parents of a number of the girls who had attended the dance class, were then able, for entirely understandable reasons, to enter the Hart Space. The officers did then make efforts to move them back out of the building; is that your understanding?

A. That's my understanding.

Q. What DCI Pye said was:

"In a textbook scenario, you would have had someone on that door and you would have stopped anybody going in. This was far from textbook."

As you say, preservation of life and the need for officers to deal with what was going on in that building, in your view, it was reasonable for that to take priority over controlling access to the scene?

A. It is and also leaving somebody at the door also has the effect of creating a barrier between members of the public and the offender and preventing him from leaving that location.

Q. We don't need to bring it up but I think we can see on the log at 12.03 the message is passed that no one is to be allowed in and out of the scene, so that was something that was in the officers' minds?

A. It would have been one of the golden hour principles of securing the scene.

a message that that's where it will meet Inspector Cowin, rather than a formal redesignation of the rendezvous point?

A. I think that was a redesignation of the rendezvous point because Meols Cop School is more suited to a JESIP type RVP because it has a bigger area for more vehicles and it is nearer the location to Hart Street than it is -- than Southport Police Station would have been.

Q. There certainly came a point when Meols Cop High School was designated as the RVP, I'm not sure it was at this point, if I can suggest that. Inspector Cowin doesn't seem to think that he took that decision at that point by reference to his statement and I'm just wondering if you may have misinterpreted that line in the log and moved the timing of the redesignation of the RVP forward slightly?

A. In the early stages, it was quite confusing.

Q. You then declared a major incident at 12.14.

A. Correct.

Q. You deal with that at paragraph 66 to 68 of your statement. Again, I don't think there's going to be any dispute that what was occurring or had occurred met the definition of a major extent. So we don't really need to explore the basis for your decision, this was clearly a major incident?

Q. Thank you. Staying then with Inspector Cowin, and apologies for returning to the topic of rendezvous points, you say at paragraph 65 of your statement that your understanding is at 12.13, Inspector Cowin took the decision to relocate the RVP to Meols Cop High School?

A. That is correct, yes.

Q. What you say is it would appear there was still some discussion about the RVP for a period after this was put on the log. Can we just look at the log. MERP000469 and page 11.

If we could have the entry at 12.13 from 49598, about a quarter of the way up the page, enlarged please. 49598.

"HR24 will RVP ..."

In fact, I think it may be the one slightly above that. 40264:

"Will rv with bo01 ..."

BO01 is Inspector Cowin?

A. Bravo Oscar, yeah.

Q. Bravo Oscar 01, Inspector Cowin:

"HR24 will rvp bo01 entrance Meols Cop High."

A little further down the log, we can look at it in a moment, when the M/ETHANE report is put up on there, the RVP is still said to be Southport Police Station. Do you think that entry might just be a unit passing

A. Yes.

Q. Why make that declaration at 12.14?

A. I think from reviewing my body worn footage and looking at the log, we were waiting to see how many casualties -- confirmed number of casualties -- because reports from the scene were still quite confusing. So I think the delay between the ETHANE message and the M/ETHANE message was waiting for that and, also, I had deployed the armed officers, so I had not -- my attention had been drawn away from the log and the radio channel. So I think I was trying to catch up with the information on the log and listen to the radio transmissions of what was happening at scene.

Q. Do you think it would have been possible to have declared a major incident earlier, perhaps at the time Inspector Cowin also declared a critical incident, for example?

A. It could have been, yeah, completely.

Q. Because if you declared it at that point, that would have allowed the first ETHANE message to go out as a M/ETHANE message?

A. It could have, yes.

Q. Of course, when that message did go out, it did say, "Likely to be declared major incident shortly". So clearly there was already some consideration of that, at

that point?
A. Yes, the ETHANE message is a major incident standby.
Q. Even when making your initial assessment, you had a report of multiple stabbings and the log recorded "potentially involving 25 children", which was a detail you checked and at least one of those was reported as "not breathing". Would that not meet the definition of a major incident?
A. It would at that stage, yes, but that's one report that I wanted clarifying.
Q. Could we look at your statement, paragraph 66, it is MERP007548 at page 19.

I'm just looking at the last sentence of that and I wonder if you could help us with that because I think the syntax may have become a little confused there.

Is your meaning of that sentence that earlier declaration of a major incident would not have made any difference to the emergency response?
A. From looking at the log and dealing with the incident, then the amount of police patrols that we had going to the scene and the amount of ambulances would be consistent with a major incident, and they were already in place.
Q. When you declare a major incident, is that a declaration for the police only or does that have the effect of

declaring it for other agencies as well?
A. It declares it for the police and it is for the other emergency services to declare their own major incident.
Q. If it were suggested that declaring a major incident earlier would have enabled perhaps a faster conclusion to be reached about there being only one offender, do you think that would be right?
A. I don't think that would have made any difference.
Q. What about the faster deployment of resources or deployment of more resources to Hart Street, would it have enabled those resources to get there or more resources to get there faster?
A. I don't think that would have made -- they all deployed on an emergency response, which is consistent with the type of incident it was.
Q. Thank you.

At paragraph 67, you note that Mr Arrowsmith, FIM2, had been attempting to speak to NWAS via the National Inter-Agency Liaison Officer. That's somebody who works within the Ambulance Service, the NILO?
A. That is correct, yes.
Q. You note that he had been unable to speak with them. I think later on there is direct contact about 12.35/12.36?
A. That's right, yes.

Q. This wasn't a systematic issue of an inability to speak to the Ambulance Service NILO, it was simply that at that particular moment, when that entry was being made on the log, contact hadn't been able to be made?
A. No. They may have been travelling to the scene or they may have already been at the scene and dealing with patients, so that could be a reason why they didn't answer the phone.
Q. When you say that in paragraph 67, that's not intended as a criticism of either the NILO or indeed Mr Arrowsmith?
A. No.
Q. It is simply observing what you see recorded on the log?
A. Yes.
Q. Then at paragraph 69, you deal with the Force Silver Public Order Public Safety Commander for the day, making his way -- Chief Inspector Riley -- making his way to the joint control room. Is this one of the things that is triggered by declaration of a major incident, that a standing Silver, I think I referred to it earlier, is designated to eventually take over Silver Command of it from you?
A. That's correct. In our building, there is a Silver room which is another control room, which is on standby for incidents like this and can be opened up quite rapidly

to take command of the incident.
Q. So this is, effectively, the consequence of your major incident declaration, that the joint control room is being stood up and the Silver Commander is beginning to prepare to take command?
A. That's correct, yes.
Q. Another significant step in the response here is the ARVs arriving on scene. I just want to explore that a little bit. PC Lloyd is the Operational Firearms Commander for this incident and he arrives at 12.15; is that right?
A. That's correct, yes.
Q. What's the role for the ARVs at this point? You have already got a suspect in custody. What's the ARVs' role?
A. The ARV role would be to ensure that the Hart Space is clear of any other offenders. At this stage, it was still quite confusing whether we had any offenders outstanding. So my direction to them was to carry out an emergency search of the Hart Space to ensure there were no outstanding offenders.
Q. Firearms officers have a high level of first aid training and equipment, don't they?
A. They do, yes.
Q. If I can put it this way, higher than unarmed response

officers but not to the same level as paramedics; this is still in the realms of first aid rather than trauma care?
A. Yes. They are trained to a level of pre-hospital trauma care.
Q. Thank you. At paragraph 70, you record that they were seeking permission to assist with first aid. Did that suggest to you at all that there was a lack of first aiders or a need for more first aiders at the scene?
A. It would suggest to me that there were multiple casualties and there were still people who needed help, and then the Armed Response Officers with their training and equipment could render that help.
Q. But as you have said you took the view that what was necessary first was for the Hart Space to be cleared by armed officers?
A. Their primary function is to manage the threat and that's what I wanted to happen first.
Q. As well as confirming that there are no further offenders in there, does a systematic clearance of the Hart Space also enable confirmation that there are no further undiscovered casualties?
A. Correct it would, yes.
Q. So, notwithstanding that the firearms officers on arrival are saying, "Can we be released to help with

first aid?", you are satisfied that clearing the Hart Space first was the appropriate use of those firearms officers?
A. It was. From looking at Constable Lloyd's statement, I think two officers carried out that emergency search of the Hart Space, which is entirely consistent with their tactical training and then the other officers were able to begin that first aid care.
Q. So, in fact, you have two officers carrying out the search but the other firearms officers do then become involved in providing first aid to casualties?
A. That's right.
Q. I think we can see on the log, again no need to bring it up, but the confirmation that the Hart Space is clear, it comes at 12.20, so about five minutes after the Operational Firearms Commander has arrived on scene.

You then start -- if we can look at paragraph 72 on the next page -- again, as part of the -- in fact paragraph 71 first. The ETHANE message that has been passed goes onto the log, now as a M/ETHANE message because a major incident has been declared. That wasn't an updated message, save for the fact that it now has the "M", that was the recording of the earlier message; is that right?
A. It was, yes.

Q. You can see from the log, and no doubt also from your conversations with Mr Arrowsmith in the FIM room that the Gold Officer, ACC Wilson, is aware of the incident and there's a briefing to ACC Wilson from FIM2, Mr Arrowsmith.
A. That's right.
Q. Then 12.25 we have the first JESIP meeting. Can we look, again, at MERP000268, Inspector Cowin's statement, at page 4, please. So, in that central paragraph:

"At approximately 12.25 hours I [that is Inspector Cowin] was present when the first JESIP meeting took place near to the entrance to the access road leading to the offence location."

He describes the multi-agency meeting -- addresses that meeting as a meeting between all of the emergency services present at the scene; is that right?
A. That's one of the JESIP principles, yes, to co-locate and communicate.
Q. So one feature of this meeting is that there was reassurance across that meeting that there are sufficient first responders in place at this point in time; do you see that?
A. Yes.
Q. That takes into account, we can see, the assistance that is available from firearms officers, as well as the Fire

and Rescue Service and obviously paramedics?
A. Yes.
Q. There is also a search directed of the outside areas along Hart Street, again to ensure no further previously unidentified casualties?
A. That's correct, yes.
Q. Could we return to your statement then. At 12.36, I think the log reflects that there is now communication between the FIMs and the NILO in the Ambulance Service?
A. Yes.
Q. So, having tried to make contact some 20 minutes or so earlier, there is now that line of communication opened?
A. That's right, yes.
Q. Again, does the fact that there was some delay in that -- again, you have made clear you aren't criticising the fact that they weren't available earlier --
A. No.
Q. -- does the fact that there was any delay have any impact on the ability to respond to the incident?
A. I don't think it has any bearing on the response.
Q. At 12.41, you describe at paragraph 74, the Coast Guard offering support, and they said that they can mobilise 10 to 15 first aiders within 15 minutes. Am I right that that message is then relayed to those on the

ground?
A. That's right, yes. I think I spoke to John Lloyd, who was the firearms OFC, asked whether they would be useful at scene and the message was that there was sufficient ambulance staff at scene giving first aid and they weren't required.
Q. That's consistent with what we have just seen from the JESIP meeting, where it was agreed there was sufficient first responders?
A. Yes.
Q. Is there a challenge in managing an incident like this -- as well as having too few people, is there a challenge in having too many sometimes?
A. That's correct and that's one of the purposes of the RVP is to keep resources that you may need away from the location to manage the congestion with emergency services vehicles that might be there.
Q. If we could go back to the log now, please, at MERP000469 and page 16, and the 12.43 the entry that begins with asterisks and then RVP. Do you think that may be the point where the Meols Cop High School is, in fact, formally designated as the RVP for everyone?
A. Yes, so that entry, you can see there it is "SILVER33", so that would be the terminal that is in the Silver control room.

So very shortly after that call has ended, information has been put on the log from that call.
A. That's right, yes.
Q. That gives you an address, 10 Old School Close. Because AR hasn't given any details when asked who he is at the scene, that's the first identifying detail that MerPol received; is that right?
A. That is correct, yes.
Q. What we can see is there is a précis of the call entered there by 33767. That address is then researched by those in the control room or by the Force Intelligence Bureau?
A. I think that would have been the control room.
Q. If we could go ahead, please, to page 19 now. We can see at 13.04, there is -- in fact just making good a point from earlier -- at 13.04, FIM2 covers off the fact that another Inspector is covering for Inspector Cowin and then, just below that, we have the taxi driver on the log has given the suspect's address, 10 Old School Close. From a Niche check of this address, there was a male, AR, gives his date of birth, warning marker for carrying knives. That, I think, is the first identification of AR by Merseyside Police; is that right?
A. That's my understanding, yes.

Q. Meols Cop is about two minutes' drive from Hart Street --
A. Yes.
Q. -- and you have already explained it is more suitable as a JESIP RVP than Southport Police Station is?
A. It is, yes.
Q. I think on the ground at this point, about 12.45, Chief Inspector Ruane -- excuse pronunciation -- is taking over as the Bronze Commander in the same way as Chief Inspector Riley is starting to stand up to take over from you as the Silver Commander?
A. That is correct, yes.
Q. Can I turn then, please, to the call or the identification of 10 Old School Close as an address of interest. If we could look, please, at page 19 of the same document.

In fact, if we could go back one page, please, thank you. At the top of that page, we see at 12.54 there were details of a call from Mr Poland -- he has been ciphered there but that is Mr Poland -- the taxi driver for One Call Taxis. We have heard from DCI Pye that that call was, in fact, received at 12.36. For your note, sir, the transcript is at MERP000647.
SIR ADRIAN FULFORD: Thank you.
MR GOSS: That records that the call ended at 12.54.

Q. That's about 10 minutes after the data is put on the log?
A. That's right.
Q. If we look a little further down towards the bottom of what we can see on the screen, you can see some of the intelligence -- sorry, next page, please.

So, the next entry provides some of the intelligence that's held about AR, in particular the point about him logging on to school websites, involving school mass shootings, talking about guns and beheadings?
A. That is right. Looking at that log now and the terminal it has come from, I would consider that that was from the Force Intelligence Bureau.
Q. I think we can see slightly further down "SILVER34":

"DS Moran, requesting FIB to view info on ..."

I think that should be 13.04. Do you think perhaps that's an initial search and then the Force Intelligence Bureau develop it a little further?
A. That would be my understanding.
Q. That's the perfectly normal way --
A. Yes.
Q. -- for a piece of intelligence to come in on the log and then to be developed?
A. That's right.
Q. But what that intelligence leads you to do is to decide

that you need to search that address of 10 Old School Close?
A. Yes.
Q. You decide that that should be a search by firearms officers rather than unarmed conventional response officers?
A. That's correct.
Q. Am I right that your concern was, first of all, that there might be other offenders?
A. There were a number of scenarios that I was considering.
Q. Talk us through them.
A. One, that there could be other offenders, this is part of a -- some sort of planned operation to lure police in and there could be a threat to the officers when they arrive; there could be -- he could have injured family members; there could be injured people at that location; and there could, you know, still be a threat to police officers when they arrive.
Q. I think you gave direction on the log, therefore, that other officers weren't to approach that address, it was to be a firearms deployment?
A. Yes, I just felt we needed to pause operations, get our foot on the ball and then formulate a plan what we were going to do with Old School Close.
Q. Old School Close is in Lancashire, rather than

Merseyside?
A. That's right.
Q. But I think you directed that, given the urgency, you were going to deploy your ARVs cross border?
A. There are cross-border protocols and for me to have a command structure in place and deploy Merseyside armed officers into Lancashire is a well understood principle of the cross-border understanding.
Q. So the effect of that is that, I think at 13.28, Merseyside armed officers attend and secure 10 Old School Close and we know they found AR's family safe and well there and they then preserved that house as a further scene?
A. That's correct, yes.
Q. We have heard already from DCI Pye about the searches that took place there and what was recovered. Your role was not on that side of things?
A. No.
Q. It was simply the immediate response in securing that location?
A. That's right, yes.
Q. Thank you. Just then to round off your role on the day Chief Inspector, you transferred command of the log to the designated Silver Commander, Chief Inspector Riley, I think, at 13.34 hours?

A. That's right, yes.
Q. There was then a short period where you remained in charge of the firearms officers but you reached the view shortly after handover that there was no ongoing need for a firearms authority to be in place?
A. Yes, I had reviewed the necessity for the authority. We neutralised the threat, or the threat had been neutralised, at Hart Space and we'd found no threat at Old School Close, so reviewing the need for the continued authority, I rescinded the authority then.
Q. I think there was a minor typo on the log about who you handed over to but it was to Chief Inspector Riley --
A. It was, yes.
Q. -- as the Silver Commander. So from that point on, you are no longer involved in the decision-making about how to handle this incident because what had happened is the longer term enduring command structure has stood up to take over management of it?
A. That's right, yes.
Q. So going through that. Now, instead of the local policing area Inspector, as Bronze Commander on the ground, you have the Public Order Public Safety Bronze Commander, Chief Inspector Ruane in command on the ground --
A. That's right.

Q. -- you have Chief Inspector Riley established in the Silver command centre as Silver Commander?
A. Yes.
Q. Then you have a Gold structure coming into place above that, for the strategic direction?
A. That's right and the tactical coordination group meetings would have taken place subsequently following on.
Q. The tactical coordination group, that is the multi-agency Silver level --
A. It is, yes.
Q. -- response?
A. And there was also strategic coordination group meetings taking place at the same time.
Q. Those are there to deal with the longer-term management of the incident, the recovery and bringing matters ultimately back to as normal a situation as can be achieved?
A. That's right, yes.
Q. Can I just briefly take you through the strands of work that were then going on from a Merseyside Police perspective at the point you handed over.
By this point, I think you have CID attendance at the scene?
A. That's right, yes.

Q. You have AR in custody and he has been taken to a custody suite?
A. That's right.
Q. Is there forensics, crime scene investigation work beginning to be stood up?
A. There would need to be a forensic strategy, which would come from the investigation team.
Q. There was obviously work going on to manage the scene at Hart Street, including the members of the public who had gathered there, collection of witness details, cordons, all of the work going on there?
A. Yes.
Q. There was the scene at 10 Old School Close. I think, having been secured by Merseyside firearms officers, it is now Lancashire officers who have taken responsibility for that scene?
A. They have, yes.
Q. Family liaison is beginning to be put in place, including officers deployed to hospitals?
A. That's right.
Q. And media and communications is then also again starting to stand up for outward communications about what has happened?
A. That's right.
Q. No doubt I have missed some but is that a reasonable

overview of the kind of strands of activity that you were handing over?
A. That's a fair assessment, yes.
Q. I think you then carried on in your role as a FIM until about 7.00 pm that night?
A. That's right, yes.
Q. So it was back to business as usual, while obviously also being aware that this incident was being properly managed by others?
A. Yes.
Q. So your involvement lasted just under two hours?
A. Yes.
Q. No doubt an extremely busy and demanding two hours?
A. It was.
Q. Like anything you had had to deal with before as a FIM?
A. Nothing like that before, no.
Q. How well do you feel your training as a FIM and your experience in general had prepared you for handling this sort of incident?
A. I think it equipped me well to deal with the incident.
Q. At paragraph 93, you make clear that you didn't feel overwhelmed in any way. Did you ever feel that you were simply receiving too much information to make effective decisions?
A. No. It was a very chaotic, horrific incident which gets

landed on you with no warning whatsoever but I felt able to discharge my duties effectively.
Q. Did you have sufficient resources available for you to put your decisions into effect?
A. Yes. In an incident like that then, you know, all hands to the pump. So, there were sufficient resources available.
Q. How helpful was having the assistance of Chief Inspector Arrowsmith as a second FIM in managing this incident? He's obviously come up a number of times as we have gone through the narrative of what's happened.
A. Absolutely essential, yes.
Q. I think you had experience as a FIM before the two-FIM model was introduced. You talked to us about the absorption of the Force duty officer role. Was it a better model having two of you available to manage the duties of a FIM?
A. Yes, 100 per cent, yes.
Q. Do you know if that's a model that's been adopted by all Forces?
A. I don't know about all Forces. I know a lot of Forces have introduced extra support for Force Incident Managers. I don't know whether all have two trained and accredited FIMs on duty all the time. But I know it is certainly a recommendation of the Kerslake Report that

FIM should have extra support to deal with incidents like this.
Q. You mention the Kerslake Report. That, I think, was a review commissioned by the Mayor of Greater Manchester, following the Manchester Arena bombing. It came ahead of the Public Inquiry --
A. Yes.
Q. -- but nonetheless made early recommendations?
A. It did, yes.
Q. I think you attended a debriefing or reflections event with a Detective Superintendent at some point after, could we have MERP008199. Do you recall this debriefing or reflections conversation?
A. Yes.
Q. Can you help us with when it took place?
A. It may have been about six months after the incident.
Q. I don't want to go through all of the questions and answers and it is not wholly clear whether all of them are attributable to you, although some are. Is it fair, to summarise, to say that, in the main, your view was that JESIP, first of all, had been applied --
A. Yes.
Q. -- and that it had operated effectively?
A. Yes, it had.
Q. So we see, for example, just below the lines on "Shared

situational awareness", it says:

"In Andy Hughes' opinion, the incident was managed in line with the principles. The principles are scalable and are often employed in various incidents involving a multi-agency response and as a result are well embedded in our working."

A. Yes.

Q. So we have drawn out some points, for example, around clarity of communications and shared understanding today but, overall, you feel that JESIP operated effectively in this case?

A. It did, yes.

Q. We have looked already at a number of the structured debrief comments and I haven't gone through them all but I have gone through some of the ones attributable to you. You haven't been able to help us on what has been done to implement those recommendations particularly; is that fair?

A. That's fair, yes.

Q. Can I come on then to a final topic, and this really is just drawing on your experience as a FIM, not about what did happen but about what might have happened in some hypothetical scenarios. The first one goes back to 22 July, when we know that AR's father, Alphonse, prevented him from getting into a taxi at about

12.46 pm. Alphonse believed he was going to the Range High School in Merseyside and that he was carrying a knife, and we know he didn't call 999 or 101 on that occasion.

If he had done so, I just want to explore what might have happened.

A. Yes.

Q. Am I right that, because of where Old School Close is located, that 999 or 101 call would have been received not by the Merseyside control room but by Lancashire?

A. It would have, yes.

Q. But because of the link to Range High School as a potential target, Merseyside would likely have been notified?

A. They would have, yes.

Q. That would probably have led to the information that was found on the log quite quickly on the 29th about AR being identified?

A. That's right, yes.

Q. So, for example, the fact that he had previously attended Range High School in 2019 with a hockey stick and knife and assaulted another pupil with the hockey stick, that would have been identified quite quickly?

A. It would have been, yes.

Q. What would the MerPol response to that information have

been?

A. If he was already en route, it would be to deploy to the Range High School in an attempt to intercept him before he got there. Perhaps we would have advised the school that there was a threat to the pupils and they might want to consider making sure nobody could get on site and we probably would have deployed a patrol to his home address.

Q. If the information given was that AR had returned to the home address and was no longer making his way to the Range High School, what do you think the result might have been -- or the response?

A. We probably would have deployed to his home address to investigate what was going on.

Q. As part of that investigation, you would have expected officers to speak to AR?

A. Yes.

Q. To speak to his parents?

A. Yes.

Q. We know that, by that point, Alphonse seems to have been aware of AR's purchase of some of the weapons that he had been trying to buy. So that might well have come to police attention?

A. It may well have, I would expect police officers to ask some -- be professionally curious, ask some questions

when they get there and find out what's going on.

Q. What powers do police have in that situation, where they are told you have a child, they may be in possession of weapons, potentially very dangerous weapons, but they are in their home address?

A. Very limited, in terms of police powers. We may well speak to the father to see whether he would surrender any weapons and we could get them handed in and destroyed but, with it being in a private premises, he has not left the location, it is very limited police powers. I don't know whether the weapons would fit the "zombie knife" definition at that time, I don't think the legislation was in place then but should they be of that style of weapon, then we could take action.

Q. One of the things that was in the home address was either ricin or the materials preparatory to making ricin. If that was identified, that would be an offence in and of itself, wouldn't it?

A. It would, yes.

Q. One option you have set out there then, potentially, short of dealing with any offences that might be disclosed, would be effectively trying to engage through the parents and say, "We want you to get those off him and hand them in"?

A. Yes.

Q. Probably making sure that that was in fact done --
A. Yes.
Q. -- rather than simply leaving it for the parents to decide whether to do it or not?
A. I would expect the police to take those items away but it would be a voluntary surrender.
Q. If I can put it this way: a voluntary surrender but it might well be one that a police officer wasn't going to leave the scene until that had been voluntarily surrendered.
A. I am sure they would be persuasive to make sure that happened.
Q. *In extremis*, through a child, there is a power for police to remove them from an address, isn't there?
A. There is, yes.
Q. That depends on a reasonable belief that the child may be at risk of significant harm?
A. Yes, if we felt the parents weren't able to look after him, then we could activate a Police Protection Order.
Q. Then you touched briefly on what would have happened if AR had travelled to the Range High School: deployment of officers. Do you think you would have had enough for officers to carry out, for example, a stop and search under Section 1 of PACE?
A. Yes.

Q. That would have identified any weapon and led to an arrest?
A. It would have.
Q. Would that also probably led to a search of the home address?
A. Yes, well, the arrest, he would be taken into custody and then authority for a Section 18 search would have been sought and his home address would have been searched.
Q. You would have expected that to turn up the weapons and potentially also the ricin or its constituent parts?
A. Yes.
Q. Thank you. That's all I want to ask about the 22nd.

Could I ask, again, a hypothetical scenario about 29 July. AR left the house, we know, on foot at about 11.10. If a member of the family had called police at that point, can we just consider what they might have said? They could have raised the history of weapons; they could have raised the possibility that he had been purchasing weapons online; they could have flagged how unusual it was for him to leave the house; they could have flagged his attempt the week before to travel to Range High School, when they believed he was taking a weapon there, it seems, to do harm; and they could of course raise, or it would become rapidly apparent to

police, the fact that he had attended Range High School previously with weapons and committed an offence there?
A. Yes.
Q. Again, that call would be received by Lancashire, in the first instance?
A. It would have been, yes.
Q. We can deal with Lancashire officers, how they might have responded to that. But would you have thought that would have been again flagged to Merseyside Police?
A. With the link being made to Range High School, I would expect that to be made, yes.
Q. Likely to be graded as an emergency?
A. Likely, yes.
Q. So a 10-minute response time. Merseyside officers again, similarly as you have described with the 22nd, likely to be deployed to Range High School?
A. That's right, yes.
Q. Nothing, sadly, to indicate a threat to the Hart Space that might lead to them being deployed there?
A. No.
Q. Circulation of his description likely, potentially cueing up a stop and search?
A. I would expect that to happen, yes.
Q. But to the extent he was still in the vicinity of his home address, that's within the Lancashire area of

operations, rather than Merseyside?
A. The incident would be owned by Lancashire Police. I would expect Lancashire officers to deploy to the area to carry out a search -- for a stop/search. With him having left on foot, then they would search the immediate streets around his home address because, at that stage, they still think he has left on foot and not in a vehicle.
MR GOSS: Yes. One moment, please, Chief Inspector.

Sir, I think that is all the questions for Chief Inspector Hughes.

Chief Inspector, thank you very much for answering my questions.
SIR ADRIAN FULFORD: I'm very grateful to you, Chief Inspector, you have covered an enormous amount of ground during your evidence. It has been very clear and very helpful to me. Thank you very much indeed. You can withdraw now.
A. Thank you.
MR GOSS: I'm in your hands, sir, as to whether you rise for five minutes and we just swap the witnesses over or a slightly early lunch.
SIR ADRIAN FULFORD: So Mr Ainsworth is the outstanding witness for today?
MR GOSS: He is, sir.

SIR ADRIAN FULFORD: A rough approximation as to how long he is going to take?
MR GOSS: Probably around two hours, sir.
SIR ADRIAN FULFORD: Then I think we will rise now for lunch and we will sit again at 1.30 pm, and then take a break during the course of his evidence this afternoon.
MR GOSS: Thank you, sir.
(12.25 pm)
(The short adjournment)
(1.32 pm)
SIR ADRIAN FULFORD: I'm afraid you are going to have to stand again, Mr Ainsworth. Thank you.
DANIEL AINSWORTH (sworn)
Questioned by MR BOYLE
SIR ADRIAN FULFORD: Please have a seat.
Yes, Mr Boyle?
MR BOYLE: Sir, a slightly inauspicious start but, in moving my chair, I just had my screen go blank. I don't need it immediately but if someone could look at that, I would be grateful. I'm just going to move this back.
SIR ADRIAN FULFORD: If you need me to rise at any stage, Mr Boyle, you only have to say.
MR BOYLE: I think I have a few minutes to play with yet.
Mr Ainsworth, could you give your full name to the Inquiry, please?

A. Yes, it is Mr Daniel Ainsworth.
Q. Thank you. Could we have up, please, your witness statement. That is NWAS001083 and just the first page to start with, please. Thank you.
Do you recognise that document as your witness statement?
A. I do.
Q. Thank you. Could we go to the last page, please, it is page 47 -- sorry, penultimate, I think. Thank you very much. Your signature has been redacted there but can you confirm that that statement is true to the best of your knowledge and belief?
A. Yes, I can. I would -- you may want to address now -- there is one minor inaccuracy in the timing of the second 999 call.
Q. Yes, we will come to that.
A. Thank you.
Q. I will correct that with you. In addition, NWAS has provided a helpful chronology of their response. That is NWAS001090. That's not part of your statement but are you able to confirm that that is accurate to the best of your knowledge?
A. I can, yes.
Q. Thank you very much. We will refer to that.
You joined North West Ambulance Service, or NWAS, in

2014; is that right?
A. That's correct.
Q. Thank you. You became Director of Operations shortly before the attack on 1 July 2024, correct?
A. I did, yes.
Q. Thank you. Can you just explain that role as Director of Operations?
A. Yes. So as Director of Operations, I have overall responsibility for the delivery of our three core services, so that is our 999/111/patient transport service. I also am the accountable emergency officer for the organisation and that role requires me to be responsible and ensure that the organisation is prepared to respond to all incidents, including major incidents, and that we are trained and ready to do so.
Q. Thank you. In terms of your roles with NWAS up until taking that position of Director of Operations, were those roles within the Emergency Operation Centre field of NWAS work?
A. Yes, so my two previous roles for the two prior years to taking up Director of Operations, I was the Director of Integrated Contact Centres, of which the Emergency Operations Centre is a part of that Directorate. Prior to that, I was the Strategic Head of Emergency Operations for NWAS.

Q. Thank you. Is it right that you are not trained as a clinician?
A. I'm not, no.
Q. Thank you. But at the Inquiry's request, you have discussed certain topics with your clinical colleagues; is that right?
A. That's correct.
Q. Thank you. You have also spoken with colleagues from the Emergency Operations Centre and those from the Resilience and Contingency Planning team; is that correct?
A. Yes.
Q. Thank you very much. Is it also right to say that you were not involved in the response to the attack on the day?
A. I was not.
Q. Thank you very much.
Moving on to a term we have already used, the Emergency Operations Centre and related centres. First of all, can you just explain what the Emergency Operations Centre is?
A. Yes, so the Emergency Operations Centre has two core aspects, which is a 999 call handling team, who answer and assess 999 calls; and a dispatch team who have overall to dispatch appropriate ambulatory resources to

patients. Within the North West we have three Emergency Operations Centres, they are geographically located one in Lancashire, one in Greater Manchester and one within the Merseyside region. Alongside those core roles there is a significant number of clinical roles as well but the predominant two responsibilities of the team are the call handling and the dispatch aspects.

Q. Thank you, that's helpful, and we might explore that a bit further shortly. You said that there are three different EOCs located in the North West. Can you help us to understand when multiple calls come in about the same event, is it right that the call handlers dealing with those calls may not be in the same place?

A. That's correct. We operate a virtual call handling pool, so call handlers across the region answer the next waiting call. It is industry standard approach these days. What that does is give us the greatest resilience and ability to answer calls as quickly as possible. Where those calls have then been answered due to the computer systems we use, the information that they capture will be available across the region.

Q. Thank you. So you perhaps anticipate my follow up question, which is how the EOC is able to get a grip or oversight of multiple calls coming into different locations?

A. Yes, so how that would work is that the computer system will identify, both through the call and through the information provided by the caller, the location of that call. That creates a record within the computer system that is then visible to the dispatch team, the dispatch leadership, and the wider leadership team as well.

Q. What is the Integrated Contact Centre?

A. So, the Integrated Contact Centre is the new terminology for the Emergency Operations Centres. So historically, within the North West, our 111 and 999 teams work separately, we are in the process of bringing those teams to co-locate and work together. So the Integrated Contact Centre is the naming convention for the 111 patient transport and Emergency Operations Centres.

Q. We are obviously not concerned with the 111 issue, so if we use the term "Emergency Operations Centre" will that capture the structure that we need to address?

A. Absolutely.

Q. Thank you. What about the Complex Incident Hub?

A. So the Complex Incident Hub is part of the EOC. The Complex Incident Hub is a joint dispatch and clinical function. They have responsibilities both for identifying potentially complex clinical cases and the dispatch of some of our specialist resources, such as helicopters and our hazardous areas response teams.

Q. Thank you. I might just break those down?

A. Sure.

Q. Looking at your paragraph 112, you address the Helicopter Emergency Medical Service, or HEMS, which I think in your region is delivered by the North West Air Ambulance; is that correct?

A. That is.

Q. Thank you. The NWAA, that is a registered charity; is that correct?

A. That's correct.

Q. So it isn't part of NWAS but you work closely together, including through the CIH?

A. That's correct, yes. The dispatch function is co-located within the CIH.

Q. Thank you. Just to understand who is on a helicopter, part of the HEMS service, some but not all helicopters have response doctors that are consultant level practitioners who have additional skills including pre-hospital anaesthesia, surgical skills and blood product transfusion; is that right?

A. That's correct.

Q. Thank you. No need to put it up but, looking at paragraph 121 of your statement, they also have critical care paramedics. Could you just explain the difference in skills between a critical care paramedic and a HEMS

response doctor?

A. Yes. So critical care paramedics can perform a number of clinical roles, over and above a paramedic. There are some functions the critical care paramedics at the time were unable to do without the supervision of a doctor, so one of those, as an example, is blood transfusion.

Q. Thank you. Again, just for reference, at paragraph 116 of your statement, you address the British Association for Immediate Care or BASICS. Is that, again, a charitable organisation?

A. It is, yes.

Q. Are the capabilities of BASICS doctors similar to those of response doctors in HEMS?

A. The capabilities are but the equipment they carry do vary, which will narrow the -- for example, they would not necessarily be able to provide a blood transfusion as they do not have the equipment to do so, but the clinical skillsets/medical are the same.

Q. Thank you. We will come to consider in overview blood products but is it right then that, at the time of the attack, it was only a helicopter with a response doctor that would have been able to deliver a blood product?

A. That's correct.

Q. Thank you. Moving on to the types of resource at NWAS.

First of all is, without meaning this pejoratively, but a regular ambulance; is that right? That would be crewed by normally a paramedic and an Emergency Medical Technician; is that correct?
A. That's correct.
Q. Thank you. Emergency Medical Technicians, again not meant pejoratively, but they are not trained to the same level as a paramedic?
A. No, they are not.
Q. Thank you. A rapid response vehicle, who would crew a rapid response vehicle?
A. Within our organisation, we have two separate types of crewing for that vehicle. So one would be a paramedic; the second would be an advance paramedic.
Q. Thank you. Before we come onto advanced paramedics, is a rapid response vehicle crewed by one practitioner only?
A. Normally. At times, we may have a second crew member, who generally would be doing some shadowing or clinical practice with the primary paramedic or advanced paramedic.
Q. The rapid response vehicle can't transport a patient; is that correct?
A. That's correct.
Q. You mentioned an advanced paramedic; is there

a difference between the skills and treatment that can be delivered by an advanced paramedic and a critical care paramedic?
A. They are -- at the time, they were very similar, broadly the same.
Q. What is it that an advanced paramedic can deliver that a paramedic cannot?
A. They can deliver a wider range of drugs to patients and they can also perform a wider range of clinical interventions with patients that they are trained to a higher level.
Q. Finally, the HART team or the Hazardous Area Response Team, is the clue in the name there: the HART team have specialist abilities to deploy to more challenging scenes?
A. They do, yes, both in terms of their training that they go through and the equipment that they carry. They are able to, as an example, work at height or water, so they have a wider -- not a wider clinical skillset necessarily but a wider skillset in terms of how and where they could respond.
Q. Can I move on to roles in the EOC. So you have mentioned a call handler. I assume that a call handler isn't clinically trained; is that right?
A. That's correct.

Q. But they are trained in their role to ask a series of questions and triage calls that come in, correct?
A. Correct.
Q. What level of supervision does a call handler have?
A. So within a room, generally the ratio of supervision would be around 1:8, when somebody is fully trained and has been deemed to be competent.
Q. What is the role or rank above a call handler?
A. Call handling supervisor.
Q. Thank you. Moving on to dispatches. Can you just explain their role please?
A. I can. So within each dispatch suite that are geographically located, a region, so Cheshire, Mersey, would be divided up geographically and each dispatcher will be responsible for that area, both in terms of the ambulatory resources and the waiting incidents within that area. They are supervised by performance managers and the overall responsibility within each dispatch suite sits with the duty manager.
Q. Can you help us as to how a dispatcher works in practice, so what they have in front of them and how they dispatch resources?
A. Yes, I can. So they will have a screen with a hierarchical list of patients who are awaiting an ambulance. So they are ranked in category and length

of time waited. So as an example, a category 1 patient would appear at the top of the list. They are then able to utilise the computer system that will identify the nearest appropriate resources that they would then allocate to that incident.
Q. Then can you help us with the structure that sits above the call handlers and the dispatchers. So I think you have addressed the performance managers for a dispatcher and the supervisors for a call handler. There are, in addition, EOC managers and a duty manager as well. Can you just explain how they work together?
A. Yes, I can. So the duty manager has the overall responsibility within that Emergency Operations Centre. So they are a 24/7, in-the-room resource. So they have the responsibility, fundamentally, for our response and our patient care within any kind of given shift, so they are in overall charge within the room.
Q. If it is safe to draw an analogy, in the police field, we have the Force Incident Manager, whom we heard from this morning, Chief Inspector Hughes, who deals with the incident; is it an analogous position to that?
A. It is similar. They have an operational level command responsibility within the EOC.
Q. Having mentioned the police, can I just deal with communications between the EOC and the police. Is it

right that there is a dedicated line for calls between the EOC and police control rooms?
A. That's correct.
Q. There's also the joint radio channel, which I think was the Emergency Service Interoperability Control Channel; is that right?
A. That's correct.
Q. I want to move on to the progress of a typical 999 call and I'm looking at paragraph 8 which is on page 2 of your statement. When someone makes a 999 call, they are first connected to BT Operations and asked to state the emergency service that they want to speak to, correct?
A. That's correct.
Q. If they say "ambulance", they are then connected to their local Ambulance Service?
A. Yes.
Q. They speak to a call handler who will ask them a series of questions to triage and categorise the call?
A. That's correct.
Q. Is that a correct summary?
A. Yes.
Q. Thank you very much. In terms of the documentation that will lie behind that, a 999 call is logged within a NWAS computer aided dispatch, or CAD, log; is that right?
A. Yes.

Q. Within each incident record, there is also a sequence of events, which is an electronic record of all activity within that particular incident?
A. Yes, that's correct.
Q. So each individual resource, so, for example, an individual ambulance, would also have a record kept of their response to an incident?
A. Yes.
Q. Moving on then to categories of 999 call, paragraph 21 of your statement, please. You explain the definition and response times for the various different categories. So first of all we have Category One. Could you just explain what a Category One call is?
A. I can. So a Category One call is a life-threatening call, which make up around 10 per cent of the calls that we deal with.
Q. The response time for that is, on average, within seven minutes and, at least nine out of ten times, within 15 minutes?
A. Yes.
Q. Category Two calls, could you explain those?
A. Yes. Category Two would be deemed as emergency calls. They are the largest kind of proportion of categories, around half of calls would be categorised as an emergency. We have a mean response time of 18

minutes and nine out of ten times within 40 minutes.
Q. Categories Three and Four are urgent and less urgent calls, which we are not concerned with in the response to this incident, correct?
A. Yes.
Q. You have given the response times for each category: how are those set?
A. Those are set by NHS England.
Q. So are the response times given there consistent with those of other ambulance services?
A. Yes, all English ambulance services work to the same categories and the same response targets.
Q. Is the expectation that a response to a Category One or Two call will be done under blue lights and sirens?
A. Yes.
Q. At paragraph 26 of your statement, you talk about the position where there are multiple calls to the same incident. Could you just explain that for us in your own words?
A. Yes, there are often occasions where we will receive more than one call that relates to the same incident. So, in the context of Southport, as an example, what we will do is we will dispatch on the highest category. So if, for example, the first call we receive is Category Two and, moments later, we see the second call is

Category One, we will link those two records and we will dispatch on the highest category of response.
Q. So, we will come on to see that certain later calls, as well as the example you have just given, in this case were categorised as Category Two?
A. Yes.
Q. Is it right that that shouldn't have impacted the way in which resources were dispatched to the incident?
A. No, it won't have. So, firstly, with call 2 being a Category One call, that call then takes primacy but, in addition to that, when we have established that there is a multiple-patient need, then that will then be set and the additional calls, while they will provide potentially additional information, the decisions around the dispatch will have been driven by one of the first original calls.
Q. Moving on please to the information received by an ambulance crew or resource when they are dispatched. I'm looking over the page, I think, at paragraph 32 of your statement. When allocated an ambulance crew will receive information via their mobile data terminal, or MDT.
A. That's right.
Q. What details will they receive?
A. They will receive the location, brief details of the

incident itself, and then the dispatcher can make a decision as to whether there is any other really important key information to share with the crew and they may then paste those additional information in.

Q. So that additional information will come through as text on the MDT?

A. It will depend. So some will come through on text and, at times, that will come through on voice, through radio.

Q. The second way a dispatcher can pass information on to an ambulance or any other resource is via radio?

A. Yes.

Q. Could you help us with that. Would that be a direct message transmitted only to the ambulance concerned or to a wider talk group that can be heard by others?

A. It would dependent on the information. If you had specific information to a crew, who were, say, en route to a job, that would go direct. If you were looking for support for a Category One patient that may go across the wider network.

Q. So there might be a wider call to say, "I have a Category One call in X location, is anyone able to dispatch to it in the near future"?

A. Yes, exactly.

Q. Moving on to terminology in relation to dispatch and now

please looking at paragraph 48 and 49, which is at page 18 of your statement. In paragraphs 48 and 49, you explain "rendezvous point" and "standing off". Just in your own words for us today, can you, first of all, explain what is meant by a rendezvous point?

A. Yes, a rendezvous point would be a location within reasonable proximity of an incident that we would dispatch our crews to. They can be used for a range of reasons. But an example would be if it was determined that the scene was definitively unsafe, or there was a chemical spill or something of that nature.

Q. So, in that example, I think you say that there might be an outer cordon and an RVP would be set at some point on the outer cordon for resources to go to, before it's safe for them to then deploy onto the scene?

A. It does. It gives an exact location, a safe location and it allows you to bring your resources together.

Q. There may be an overlap between these two concepts but I think you say additionally that you might set an RVP to meet with another emergency service, such as the police or the Fire Service?

A. That's correct.

Q. Again, in your own words, can you just explain what the concept of standing off means to NWAS?

A. So standing off is different to an RVP. Standing off is

where we would request the crews to attend the scene but proceed with caution and they would proceed with caution, they would make a dynamic risk assessment as they proceed to scene, as to whether it would be safe to continue forward.

Q. And I think you refer in your statement to examples when that might be used, which include violent and aggressive incidents and firearms incidents, correct.

A. That's correct.

Q. In terms of deciding when to use an RVP or standing off, one can see that there might be overlapping situations where one would be considering using one or the other. Are you able to help with how a decision is made as to which of those two to use?

A. So, predominantly, we would look to advise crews to stand off unless there was a very clear instruction that there was a necessity for an RVP, so the cordon had already been established, which negates the crew's possibility to enter, would be the reason for that. We generally try to take the approach of standing off because the crew or whomever attends is in a better position with that eyes on to be able to make a decision as to the safety of the scene.

Q. Is that to avoid the circumstances where the crew is held back at an RVP and unable to establish whether it

is safe to go forward or not?

A. That's exactly right.

Q. Are you aware of any differences in terminology in relation to rendezvous points and standing off between NWAS and MerPol?

A. I don't have a detailed understanding of their procedures. I know under JESIP rendezvous point is an established, consistent application and there will be instances where Mersey police will establish a rendezvous point. I couldn't say whether they have a standing-off or equivalent procedure.

Q. That's helpful. We heard from Chief Inspector Hughes this morning that they don't have a term "standing off" and they might use the term RVP in a way which was referring to the concept of standing off, where resources are expected to go to the RVP and deploy forward perhaps in short time. Were you aware of that?

A. I was aware that they had an RVP and I'm aware that they would make a decision and utilisation of RVP. In terms of those potential differences, no.

Q. Do you think, for example, the EOC duty managers would understand the differences in terms of response between MerPol and NWAS in this area?

A. I think they would have a clear common understanding of RVP and I think I'm confident that the duty managers for

NWAS have a clear understanding of where standing off would be applied.
Q. Standing off would be applied by NWAS?
A. NWAS, yes.
Q. Is that an area, do you think, where either shared terminology, or greater training on understanding of how MerPol would respond to this type of incident, would help NWAS?
A. So I think it is always helpful, where possible, to use common language and a shared understanding. I think there would be scenarios that a NWAS stand off would be different to police approaching with caution, given that may be a violent offender as an example. But actually having common understanding in anything that we deal with is always advantageous, yes.
Q. Moving on to the concept of major incident and major incident on standby. Could we have please the incident response plan, which is NWAS000734. I think this is a postdated version of the incident response plan but please tell us if there has been any material changes to the sections that we go to, when we --
A. I will.
Q. Could we have, please, page 14. Thank you. So we have a definition there of the major incident as defined by the Cabinet Office and JESIP. That is in the green box:

"An event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder agencies."

Could we turn, please, to page 15 now. If we look at section 3.2.3. We have there a different definition for major incident for the NHS, so:

"Any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties as to require specialist arrangements to be implemented."

Is the reason for a distinction there that the latter definition is for hospitals to make preparations for patients to come to them or can you help with why there are two definitions?
A. The NHS definition has, as you can sort of see within the terminology, a clearer consideration around casualties, patients and, as you have suggested, sort of capacity within the NHS itself. So it has a health focus within its terminology.
Q. At NWAS, does the fact that there are two different definitions cause any sort of confusion?
A. Not in terms of the definitions, no. I think it is well understood in terms of both.
Q. Can we turn, please, over the page to page 16 and there

we have the definition at the top, in the green box, of major incident and on standby:

"This alerts the NHS that a major incident may need to be declared. Major incident standby is likely to involve the participating NHS organisations in making preparatory arrangements appropriate to the incident, whether it is a rapid onset or a rising tide or a pre-planned event."

If we could just zoom out from there, can we then, please, look at that red box in the middle of the page:

"Remember, it is easier to stand down from a potential major incident than it is to escalate when it is too late -- it is better to bring the plan into operation early, rather than to delay doing so with a consequent risk to casualties."

Is that capturing the idea that it is easier to wind down a major incident or an even a major incident on standby declaration than it is to wind one up?
A. Yes, it is.
Q. If we then look, please, at section 3.5. The bottom half of the page. We have the green box, the instruction where a major incident has been declared. The line below:

"Should the EOC consider that a major incident has occurred from initial calls, they should not hesitate to

declare a major incident."

Can you help us with this, can a major incident be declared by the EOC or anyone from NWAS that is on the scene?
A. Either. Either can.
Q. Thank you very much. Again, at the bottom of the page, in the red box, we see:

"If in doubt, declare a major incident."

Could we turn over the page again, just for one more point, which is again at the bottom of this page, now, 3.8. We have there, "Major incident declared by another agency", and the response to that.

Sorry to jump around but, if we could now go over to the next section of this, which is at the top of page 18, the first line says:

"It must be noted that a major incident for another agency may not necessarily be a major incident for NWAS ..."

It goes on to say that NWAS has a responsibility to support other responders. So if you were to receive a major incident declaration from the police, this tells us, does it, that that doesn't automatically lead to a major incident declaration from NWAS but presumably it is an important consideration?
A. It is. So, the information that would be presented from

whichever of those organisations such as the police, would need to be considered and a decision would then be taken as to whether it would meet the criteria for a major incident for NWAS.

Q. Thank you. Turning back to your statement, please, and looking at paragraph 87, which is on page 24. You note that a declaration of major incident on standby leads to what's called a predetermined attendance or PDA. I think we can see there that the guidance says it's five emergency ambulances, one rapid resource vehicle, two advanced paramedics and one HART resource allocated; is that right?

A. That is correct.

Q. For a major incident there is a higher PDA or predetermined attendance; is that correct?

A. It is, yes.

Q. Thank you. We have that at paragraph 103, which is three pages on, at page 27, the top paragraph: 10 emergency ambulances, two RRVs, one HART and three advance paramedics deployed.

Mr Ainsworth, thank you. Having got that terminology and concepts evidence from you, I'm now going to move on to the attack and seek to draw out with you the facts so that we have a record of NWAS's response to the attack.

You will, I think, no doubt be aware that the Inquiry obtained a report from an expert in emergency medicine, Professor Lyon, and that report has been summarised in open court yesterday, who I think, in broad terms, called the response timeframe commendable.

In exploring these issues, I'm not seeking to undermine the overall findings of his report but you will understand that the Inquiry is tasked with making recommendations, and so I seek to explore issues to see if there might be lessons learned for the future.

I'm going to start, please, with the first 999 call and, looking at your paragraph 36, you gave a table of the 999 calls and when they were received, which is at page 8 of the statement.

So looking at the top of that box, the first 999 call that NWAS received was at 11.47.56, correct?

A. That's correct, yes.

Q. This wouldn't have been known to NWAS but we have heard other evidence in the Inquiry that this was a called received from Jonathan Cape, who was a costs lawyer looking from Calculus Legal Offices -- which were next to the Hart Space -- into the carpark at the Hart Space studios in the Norwood Business Centre.

We have heard evidence about this, so I don't propose to go into the details of the call in depth but

is it right to say that all of the 999 calls received by NWAS have been audited?

A. They have, yes.

Q. Could you just explain what that process involved?

A. Yes. So we audit a proportion of all of our calls. We utilise the NHS Pathways framework for audit. That framework would involve listening to the entirety of the call and then reviewing the call under a set of criteria as to its safety and procedural compliance.

Q. Thank you. We see from that section that this call was a Category Two call. But is it right that that was deemed to be an appropriate categorisation for the call?

A. It was, yes, and there will be two primary reasons for that, in terms of the nature of the call. So the first would be the caller is remote to the patient, so they are not with the patient directly and with the presentation that is described within that call, the Category Two outcome would be seen to be appropriate.

Q. We know, with the benefit of hindsight, that there were very serious and fatal injuries on the scene but your audit is obviously looking at what was known to the call handler through the call and, based on that, it is your view that this was correctly deemed -- it was the audit's view that this was correctly viewed an emergency call and not a life-threatening call, correct?

A. Yes, that is correct.

Q. This was a call in which, at some stage, a disturbance can be heard in the background, which is arising from Jonathan Hayes having been stabbed by AR, and then the call cuts out. So is it right this call cuts short and so further information about what was happening at the scene was not obtained by the call handler?

A. It was not. The call handler did attempt to call back, I think, on two occasions but unsuccessfully.

Q. Thank you. We will move on now to call 2. Now, I think you wanted to make a correction to this and I believe that it is the call was received rather than at 11.48.00 it was in fact 11.48.34?

A. Yes.

MR BOYLE: Sir, we don't need to pull this up but, for your note, the transcripts of the call can be found at MERP000558?

SIR ADRIAN FULFORD: Thank you very much.

MR BOYLE: So this call comes 38 seconds after Mr Cape's call and it is from a female in her car outside 110 Hart Street, correct?

A. Correct.

Q. Again, from evidence now known to the Inquiry but not to the call handler, we know that this call was made by the mother of C5.

The stabbing was reported in this call, as you will see from six lines or so -- seven lines from the top, and this call, as we can see in the top right-hand corner, was correctly categorised as a Category One call, correct?

A. That's correct, yes.

Q. The audit noted issues around scene handling and also inputting on notes but that didn't impact the care to this patient or delay the response of NWAS resources. Are you able to explain why that was?

A. Yes. So there are different categorisation in terms of the call assessment. So "Safe", as with call 1, would be absolutely everything was exactly as we would expect. "Safe with learning" would mean that the outcome and the assessment was appropriate and safe but there will be elements of process that sit outside of influencing the outcome of the call that may not have been followed fully.

Q. Thank you. I think that the issue with the scene was that C5's mother was instructed to go back to the scene where ambulance and police had gathered and, based on the information known to the call handler, it couldn't be determined whether the scene was safe but I think, with the benefit of hindsight, we do know that, by the time that instruction was given, there were a lot of

police and ambulance on the scene; is that right?

A. That's correct, yes.

Q. I don't propose to go through the remaining eight calls in depth. Can I summarise them as follows, and you will let me know if you disagree. There were three further Category One calls and five further Category Two calls, correct?

A. That's correct.

Q. Summarising the audit of the further calls, four were found to be safe and appropriate, and one case with learning, and four were found not to achieve a safe standard, and I think you have defined what is meant by that.

But it was considered that none of those four calls which didn't achieve a safe standard impacted on the overall response; is that correct?

A. It did not, no.

Q. Is that because at the time those calls were being addressed, we already had a Category One call and the resources were being dispatched against that Category One call?

A. That is correct, yes.

Q. In relation to the four that didn't achieve a safe standard, do I summarise it fairly where I say that, for at least two of these, that related to missed

opportunities to gather further information from the caller by the call handler, which might have raised the category of the call?

A. Yes, that is the case.

Q. So, in both cases, there were small amounts of information which suggested there might be other patients who were more seriously injured than the ones that were being triaged on the call; is that fair?

A. Yes, there is guidance in terms of multiple patients and how they should be assessed in order.

Q. How challenging is it for a call handler to address and keep track of and triage a telephone call with multiple different patients?

A. I think the most complex point is making the decision of whom you would triage first and, in the scenario of one of the calls, with 15 children, that can become incredibly difficult. The guidance that we would give to -- or the pathways prescribed, more accurately, is either the most unwell or the youngest and this presented true complexity in terms of the presentation for the call handler.

Q. Is this right that the youngest child was the one that was triaged --

A. Yes.

Q. -- but information had been given which suggested that

an older child might have been more seriously injured?

A. That's exactly right, correct.

Q. Does the number of calls that were below the required standard, so half, suggest a wider cause of concern for you?

A. It does not, no. There is two reasons for that: our call handling teams have the highest level of audit and assurance of anyone within our organisation. We work with a Pathways framework and Pathways licence, which prescribes audits at three or five for every call handler per month, and we have a very good record. I think what I would present is that this was a very complex and a very difficult scene and some of those calls were very difficult to manage. So I could give assurance and can give assurance that we do not have an issue with the audits in general but we did see that, in some of these circumstances, some of the procedural challenges that were borne out of what was presented to the call handler.

Q. As you say, a challenging situation and perhaps one that is -- a major incident is not a common one either. But does NWAS have safeguards in place to allow call handlers to deal with these challenging calls, as best they can?

A. We do, we have guidance for a range of major incident

types, be that marauding terrorists, a bomb. We have guidance for the team and they do have, with the physical presence of supervision in the room, the ability to escalate concerns as well.

Q. Were concerns suitably escalated indeed this case?

A. I have not seen evidence that there was an immediate escalation to call the supervisor. I think some of the procedural errors within the calls will not have been known by the call handler at that point in time.

Q. You have addressed the guidance. Can I ask you, please, about training and exercising for call handlers in these challenges situations. Is there training for these difficult type calls and exercising for call handlers?

A. So call handlers through their induction go through a prescribed NHS Pathways and NWAS training programme, which is six weeks classroom based. That then moves into around four weeks of direct -- so somebody plugged in with you listening -- and indirect supervision. Through the course of that training, the training team will take them through familiarisation with all Range of calls of, which some will be related to major incident or potential major incident.

So in terms of the training, yes, we do. In terms of them being involved in a true exercise, no, we do not and we are unable to release the staff sufficiently,

given the kind of operational pressures that we have.

Q. I will pick up on this at a later stage but can I summarise it this way: that NWAS is seeking further resources to be able to take staff out of active duty and engage in exercising from NHS England?

A. Yes.

Q. I'm going to move on now to the dispatching side of the response. But to try and pull from A to B, or connect A to B, those categorised calls will then be seen by a dispatcher who will then dispatch against those calls; is that correct?

A. They will and, in fact, they will see the calls prior to categorisation as well. So they will see those as soon as the calls come in.

Q. What level of information will the dispatcher be seeing as those calls are on going?

A. They will see demographics, location, category and a brief statement as to the nature of the call.

Q. Just to give context, in your statement at paragraph 39, which is page 16, you address the operational pressures that were on NWAS at the time of the attack, and you describe that, I think, as "moderate operational pressures".

If we go over the page and look at paragraph 42, you describe I think the overall demand as low level but

I think you explain that the Complex Incident Hub, the CIH, had been managing 27 incidents that morning. Was that a higher than normal amount?

A. It would fluctuate significantly, the scale and level of their involvement will also vary. So their involvement in one incident, for an hour, could take up all of their bandwidth, for want of a better description, whereas they may just be having a watching eye on multiple. So it's difficult to say but, certainly, they had been active and busy that morning.

Q. I don't propose to get into the depths of the deployment of HEMS but that's obviously a very limited resource in terms of the number of helicopters. That is something presumably that can be quite impacted by a small number of incidents in the area which ensures that helicopters are taken up by other incidents and not able to deploy immediately to the scene, is that right?

A. Yes, with the number of helicopters and the scale and number of incidents we deal with, availability can be an issue, which is why we work to a very strict criteria for allocation and why that is clinically led through the Complex Incident Hub.

Q. I want to move, please, to the allocation of the first two resources and their route to the scene.

The first resource allocated was Mr Paul Smith, who

is a senior paramedic team leader. Can you explain the role of a senior paramedic team leader, please?

A. I can. So a senior paramedic team leader has the same clinical skills as a paramedic but they have a leadership role. So often they will be the line manager for a team of paramedics and Emergency Medical Technicians.

Q. He was in a solo-crewed rapid response vehicle and he was, at the time he was dispatched, at Southport Ambulance Station, correct?

A. Yes.

Q. We see at paragraph 45, he was dispatched to the scene at 11.50.09; is that right?

A. Yes.

Q. I think we also see that he was initially allocated to -- in a different section -- to the first 999 call, the Category Two call?

A. He was, yes.

Q. But he deployed under blue lights and sirens to that call, as is expected?

A. Yes.

Q. In fact, although it didn't affect his response, he was later reallocated to that second Category One call; is that right?

A. He was, yes.

Q. Thank you. Moving to the second resource. That is A664, which we see at paragraph 46, that was a regular ambulance crewed by Paramedic Gemma March-Jackson and Emergency Medical Technician Katie Johnson; is that right?
A. Yes.
Q. We see they were allocated at 11.50.47, which was 38 seconds after Paul Smith?
A. Yes.
Q. At the time of allocation, they had been mobile to another incident and were located at the junction of Church Street and Houghton Street in Southport. So they deployed from a different location to Paul Smith, didn't they?
A. They did.
Q. I don't know how familiar you are with the geography of Southport but would you agree with me that they were similar distances from Hart Street, Mr Smith and Ms March-Jackson's ambulance?
A. Yes, I would say similar.
Q. I think they were probably both between a mile and a mile and a half from Hart Street, depending on the route that they chose to take?
A. Yes, that's correct.
Q. Looking at the next paragraph of your statement, so over

the page. At 11.51 Paramedic March-Jackson's ambulance contacted the dispatcher via the radio to ask if it was safe to attend the scene. Do you know what would have prompted that question to be asked?
A. I would suspect, when they saw the information that was presented to them relating to a stabbing, it would be something that a crew would routinely want to know.
Q. They were told by the dispatcher that the police were aware and in attendance, that they should stand off until further information was provided. Firstly, that advice by the dispatcher, was it consistent with the violent and aggressive incident procedure of NWAS?
A. Yes.
Q. Are you able to say why the dispatcher thought the police were in attendance or what, in fact, that meant?
A. So what the dispatch will have been advising the crew is that, with the police being on scene, when they arrived, they would be able to, in partnership with the police, make a dynamic risk assessment as to whether they could proceed forward.
Q. So in the work that you have done to prepare this witness statement, did you understand the message to Paramedic March-Jackson to be that the police were actually on scene at 11.51?
A. Yes.

Q. I think we have heard from police evidence that that wasn't, in fact, the case. Could that relate to a misunderstanding in terms of the way that the police would deploy or the terminology that they use. Are you able to help with that?
A. I couldn't definitively say but I think it has the potential.
Q. Having been advised to stand off, the policy was that that ambulance would proceed towards the scene under blue lights and sirens but stop a safe distance away; is that right?
A. That is correct.
Q. But we have dashcam footage of that ambulance's deployment and is it correct to say that, from the dashcam footage, we can see that the ambulance drove towards Hart Street but did not use blue lights and sirens in so doing?
A. Yes.
Q. We will explore the impact of this on the chronology. It doesn't appear to have had a significant impact on their time of arrival but, just to clarify how you became aware of this: was this identified through your process of preparing to give evidence?
A. Yes, it was.
Q. Is it right to say that NWAS proactively raised this

issue with the Inquiry?
A. We did, as soon as we became aware.
Q. At this stage, have you been able to establish why they didn't drive to Hart Street under blue lights and sirens?
A. We have not been able to definitively. There is an ongoing investigation within the organisation.
Q. Will that investigation not only look to understand why that happened but also whether any issues arising out of it can be addressed for future deployments to major incidents?
A. Absolutely. I think we seek to understand, we have a learning culture within the organisation wherever we can and we seek to take learning from whatever opportunity presents.
Q. I might suggest this might be another example which relates to exercising, although we don't know the full background yet. But, in terms of policies and procedures, are you satisfied that the standing-off policy is sufficiently straightforward and accessible for paramedics to understand?
A. We have -- we constantly review our policies, often annually or by annually. On review, we have enhanced the policy, so we have added greater guidance for staff. Having said that, standing off is something that a crew

would be asked to do relatively routinely and is understood.
Q. So it is not necessarily a major incident instruction?
A. No, no, not at all. It would happen far more frequently.
Q. Does the policy specify that someone standing off should deploy to their standing-off point under blue lights and sirens?
A. It does.
Q. Turning back then to the chronology. Paul Smith was en route, following his dispatch at 11.50; is that correct?
A. Yes.
Q. Thank you. I think we pick up on the chronology here at paragraph 55, so over the page, please.
At 11.52 Paul Smith was contacted by a dispatcher as he was on his way to the scene and advised that the attacker could still be on the scene and to stand off. Was that a direct message that was passed to Mr Smith?
A. Yes.
Q. So it wasn't a wider message passed to all resources, for example, in the Southport area?
A. No.
Q. We see at paragraph 57 that at 11.53 Paul Smith was advised that police were in attendance. Again, it's the same point that we made before: that wasn't yet the

case. Are you able to assist in why that false information might have been passed to Mr Smith?
A. I can't say definitively.
Q. Moving away from your statement and just by reference to the dashcam footage, Paramedic March-Jackson's ambulance shows it pulling over to allow Paul Smith to pass at a junction, I think, a bit of a way away from the scene. If I were to say that the dashcam footage camera shows that at 11.55, does that sound accurate to you?
A. It does.
Q. It is right then that they proceed to scene behind Mr Smith but, as discussed, not under blue lights and sirens?
A. Yes.
Q. Can I now please deal with Paul Smith's approach to the scene. Please could we have up his witness statement, which is MERP000723 and could you just please show page 3 and the middle two paragraphs.
So Mr Smith entered Hart Street from St Luke's Road but, as he reached the scene, he stopped to let a police car over take him, and he says:
"The police car pulled up alongside me and I spoke to the Sergeant who was driving the vehicle. He asked me if I knew where the scene was and I recall telling him that it would probably become apparent as we got

closer.
"The controller from the EOC, who I know as Andrew, advised me to stand off until we had been assured the scene had been made safe. I decided to continue to the scene, as I was aware that the police were also at the scene, so I was confident that I would be okay."
Just related to this, I think we see in your statement at paragraph 63, if we could have that down please, that, at around the same time, a dispatcher passed information to Mr Smith to update that there were reports of armed men in the Norwood Business Centre and to stand off again.
We know that that report of armed men wasn't accurate. Is it unusual for this kind of false or conflicting information to be passed in the early stages of an incident such as this?
A. No, it is often common in the early onset of a major or a complex incident that the information we are receiving will be conflicting at times and can be confusing.
Q. Thank you. As we can see there, Paul Smith simply confirmed to the dispatcher that he was on scene in response to this information, parked his vehicle at 11.57.25. So that is the time of the first responder arriving on the scene; is that correct?
A. Yes.

Q. Thank you.
The instruction that Mr Smith received on two occasions, that he should stand off, that again was as per the NWAS policy; is that right?
A. Yes.
Q. Would it be fair to say that Mr Smith went beyond the call of duty in heading to the scene, despite that instruction?
A. I think Mr Smith, Paul, made a brave decision, based upon what he observed when he attended at scene but I think his decision to go forward was commendable and brave.
Q. Thank you. The way Professor Lyon put this -- and I don't seek to bring up his report because it contains sensitive information -- but he says:
"It is normal practice for emergency medical services to be held at an RVP until the scene is declared safe. NWAS paramedics should be commended for performing a dynamic risk assessment and attending the scene without considering significant delay or holding an RVP."
Do you agree with that?
A. I do completely.
Q. Moving on then to Paramedic March-Jackson, her ambulance was also under the same stand-off instruction but she

decided to follow her senior, Mr Smith, to the scene; is that right?
A. It is.
Q. We have discussed the issue about the blue lights and sirens but is it right that, in going forward to the scene behind Mr Smith, she was making a dynamic risk assessment that she was surpassing the expectations of the policy?
A. I think it was an equally dynamic and brave decision. Policy does require that our crews make the decision based upon what they see and what they appraise but I certainly think that they clearly -- they actually took -- minimised any delay.
Q. So I shouldn't denigrate policy to say that it doesn't allow practitioners to make dynamic assessments and make their own decisions but that they chose to deploy in those circumstances?
A. I think with any dynamic assessment, there will be a range of decisions that are taken dependent on what they face. I certainly think with both of the individuals that you have described, they did make a dynamic assessment and they did proceed to scene bravely.
Q. The arrival time was 11.58.00. So they actually arrived 35 seconds behind Mr Smith; is that correct?

A. Yes.
Q. We have seen that from the table, which was at paragraph 36. As we have discussed, Paul Smith parks his vehicle at 11.57.25, so that's 9.5 minutes, give or take a second, within the call being made. Is that the correct timeframe to be measured from the moment the call connects to NWAS to the arrival of the first resource?
A. Principally, yes.
Q. Thank you. So that 9.5 minutes was within the target of nine out of ten calls -- let me word this right. There was a 15-minute target for 90 per cent of calls; is that right?
A. Yes. The added complexity with Paul's response is the first minute he is responding to a Category Two incident. He is then reallocated to a Category One. So that's the slight difference but, yes, absolutely, in either circumstance, it meets the nine out of ten, 90 percentile target for Category One.
Q. So the response time target for the Category Two call would have been longer?
A. Yes, it would have been 18 minutes on average and 40 minutes nine out of ten times.
Q. But actually, because Mr Smith deployed under blue lights and sirens and, bar talking to PS Gillespie, that

A. Yes.
Q. Just considering the hypothetical situation, if they had deployed under blue lights and sirens from the start, they clearly would have arrived at scene slightly earlier, but, if they had stood off, they wouldn't have proceeded forward to the scene in any event, correct?
A. That's correct.
Q. So, they either could have stayed stood off and followed in Mr Smith, in which case they would have arrived 35 seconds earlier. In that scenario, did that time difference, based on your preparation and understanding, have a substantive impact on the NWAS response?
A. It didn't have a substantive impact on the response, no.
Q. Thank you. They would have been entitled under the policy, if their risk assessment was such not to follow Mr Smith into the scene, given the stand-off instruction; is that correct?
A. Yes, I guess it is speculative in terms of the decision, if they were first, but I think Paul's bravery certainly aided the decision that they took.
Q. Thank you very much. I'm just going to finish off the time that it took Mr Smith to arrive, sir, and then that might be a good moment in a few minutes to take a break.
The first call we have seen into NWAS was received at 11.47.56 minutes; is that right?

actually didn't impact the time it took to reach the scene, notwithstanding the fact the category was changed when he was en route.
A. No, for any Category One or two, crews would proceed on blue lights. So the category of response would make no difference to their arrival time.
Q. The time, that 9.5 minutes, was slower than the seven-minute average time for Category One, with the caveat you have given about the recategorisation. Does that give you any cause for concern?
A. It doesn't. We recognise that, as an organisation we have a good response to Category One calls. We respond currently in just around the seven minutes on average. Availability of resource, where those resources are and geography can make achieving the seven-minute target, in all circumstances, difficult.
Q. So we know that Mr Smith drove straight from the Southport Ambulance Station to Hart Street, bar a short time for a discussion with PS Gillespie. Any delay on his part, was that attributable to the time it took to dispatch him and also the geography in terms of his distance from Hart Street?
A. Yes, I mean, in terms of the dispatch on the Category One element, that was immediate. It is geography and I think the delay to discuss with the police was

probably building up his situational awareness.
MR BOYLE: Thank you.
Sir, I move on to more general questions about the response, I wonder if that is a good time to break?
SIR ADRIAN FULFORD: It certainly it. Just before we do. I just want to be clear in my own mind in relation to stand off. So stand off for NWAS will always have within it the notion that there will be a dynamic risk assessment. So whatever else you do, you are going to be thinking about whether it looks as though it is appropriate to carry on going forwards to the destination. The bit I want to be clear about is: is there also then, because it is a standoff, that you are thinking about parking up somewhere that is removed from where you understand the scene of the incident to be?
A. It would be as close as practically possible.
SIR ADRIAN FULFORD: It wouldn't have had to have been defined as being a school or somewhere else, it would just be, in your assessment, a sensible location for you to go to.
A. That's correct.
SIR ADRIAN FULFORD: Good. Thank you. I was no doubt being slow but I wasn't sure about the second part.
We will sit again at 3.05 pm.
(2.45 pm)

(A short break)
(3.05 pm)
SIR ADRIAN FULFORD: Yes, Mr Boyle.
MR BOYLE: Mr Ainsworth, we dealt, I think, with the first responders and their specific routes to the scene. I just want to deal with the dispatching of further resources but I'm not going to go through the full chronology, you will be pleased to hear, which is set out in your witness statement and also addressed in the chronology. But is it right that it accounts for 37 resources being deployed by the scene in total by NWAS.
A. Yes.
Q. Going just to the conclusion of your statement, which is at paragraph 111 -- we don't need it on the screen -- but you say that you were satisfied that all available resources were allocated in line with guidance and that it was the nearest available resources that were dispatched?
A. Yes.
Q. I just want to ask about the overall position with stand-off and rendezvous points. Is it right to say that, in the way that we have defined rendezvous point earlier, that no NWAS resources were deployed to that sort of rendezvous point?
A. No, resources were deployed in the initial response.

I believe post transportation of all critically injured patients there was a utilisation of a rendezvous point later on but more of a survivor welfare centre, than in relation to the specifics related to the incident itself.
Q. Understood. We heard in evidence this morning relating to Chief Inspector Hughes, that, following a call with Merseyside Police at 11.55 a warning alert was given by a call handler to a dispatcher -- sorry, to alert a dispatcher, based on that information. You addressed this at paragraph 68 of your statement on page 21.
Can you just explain what is meant by a warning that's given by the call handler to the dispatcher?
A. The warnings were put onto an alert a dispatcher, so an example would be if there is information that relates to -- sorry, a follow-up call which relates to an ongoing incident and the alert will advise the dispatcher to review the record.
Q. Thank you. You have said that at 12.03 the dispatcher turned off the warning because Mr Smith was already on scene with a clear police presence on scene. So is it right that the warning didn't actually impact the response -- the way the response was handled centrally at NWAS?
A. No, it had no bearing.

Q. Thank you. We have addressed the first two responders that received, I think, direct messages from the dispatchers to stand off; is that right?
A. Yes.
Q. There was no other instruction or generalised instruction to stand off; is that correct?
A. That's correct.
Q. Thank you. Was that because, by the time Mr Smith and Ms March-Jackson were on scene, they radioed their presence with the police and so there was no need to relay a wider standing-off message?
A. That is correct.
Q. Thank you.
NWAS had some resources that were diverted to pick up HEMS crews and others that were moved into the area to cover for those resources that were attending the scene; is that correct?
A. Yes.
Q. Some of those resources might have deployed without sirens because they were looking to fill an area that had been vacated; do I summarise that correctly?
A. You do.
Q. Thank you. Those resources aside, for the resources that were mobilised directly to the scene, so far as you can tell, did they all mobilise directly and under blue

lights and sirens?
A. Yes.
Q. Thank you. So when we look at the timings of their arrival and to the extent that they are staggered, is that explained by, firstly, the timing of their dispatch and, secondly, the travel time that it took them to get to the scene?
A. Yes, and an RRV would proceed slightly quicker than an ambulance.
Q. It is not explained by any delay in them getting to the scene due to standing off/RVP or any other issue?
A. No, all -- both of those two resources all proceeded on blue lights directly to scene.
Q. I just want to very briefly address the timeline of treatment to Alice, but we have had it summarised by Professor Lyon, so I just want to do the timeline from the perspective of NWAS.
Is it right that the first contact Alice had, or direct contact or treatment Alice had, with a NWAS paramedic was with -- and you will have to forgive my pronunciation -- Richard Krcmer?
A. It is, yes.
Q. Thank you. That was at 11.59?
A. Yes.
Q. The fact that he was the first resource on the scene, is

that expected because early resources are expected to triage, rather than treat?
A. Initially, we would require the first on scene to triage and then, where they are able to, then make a decision of the most critically in need of treatment and begin treatment there first.
Q. Alice was the first page to leave the scene?
A. She was.
Q. She left before the arrival of the HEMS doctor who would have been able to administer blood products?
A. Yes.
Q. In fact, she had been transported to Southport Hospital only a minute after that HEMS doctor arrived at Hart Street; is that correct?
A. Yes.
Q. Thank you. We will come onto the issues identified in the debriefs but Professor Lyon's conclusion was that none of those negatively impacted on the care and treatment Alice received. In your preparation for giving evidence, have you seen anything to call that into question?
A. I have not, no.
Q. I want to move on, please, to the timing of the major incident declaration and I think you have said in your statement at paragraph 103, which is page 27, and I'm

just looking at the last three sentences:
"... I have not been able to confirm the timing of the major incident declaration, I can confirm that at that time, the resources allocated to the incident met these criteria with further doctors en route to scene instead of a third advanced paramedic."
I just want to take you, please, to some of the further records, so forgive jumping around to a few documents, but I want to take you to some different times to see if we can unpick this at all.
Can we please first have NWAS000738. This is the action card of the primary Emergency Operations Centre duty manager, is that Mr Ashley Charnock?
A. It is, yes.
Q. Do these action cards give a set of tasks for someone in a particular role when responding to a major incident?
A. They do.
Q. We can see at section 1, the first action is based on the information received:
"Is this a major incident, standby or declared?"
We can see that Mr Charnock has circled "standby" at 12.02 and given his initials there?
A. Yes.
Q. Could we look please now at Paul Smith's witness statement that we have had up before. It is MERP000723

and we want page 10, please, and the top of the page.
Do we see there that Mr Smith's account was that at 12.05 he declared a major incident and was given details of the predetermined attendance for a major incident that we covered before?
A. Yes.
Q. Thank you. Can we now move please to the chronology, which is NWAS001090. Can we look please at page 15 of that chronology, and I'm looking, please, at the bottom entry which reads:
"Major incident declared. Notification passed by the AP on the Complex Incident Hub to the MERIT doctor."
Can you just explain who has declared major incident in that entry? I don't need a name just the role.
A. It's the advanced paramedic.
Q. The advanced paramedic on the Complex Incident Hub?
A. Yes, sorry.
Q. Is that a reference to Mr Smith or someone who is within the Hub?
A. Apologies. So, no, within the Complex Incident Hub they are staffed by advanced paramedics, so this is the declaration by the advanced paramedic working remotely within the Complex Incident Hub.
Q. Thank you. I'm deliberately taking this out of order with the 12.05 declaration by Mr Smith, just so we stay

on the chronology, but does that Hub suggest major incident being declared separately by two people at around the same time?

A. It does.

Q. Thank you. Can we now move please to page 17 of the chronology and the top entry at 12.08.01. We see there "EOC on call advising MI standby". Is it right to say that you wouldn't call major incident on standby after a major incident has been declared?

A. You would not, no.

Q. Thank you. Just, finally, could we have NWAS000176. So this is a logbook, which I think is filled out by a NWAS practitioner as they go through their response to the incident; is that right?

A. Yes, for any major incident.

Q. Thank you. Could we turn to page 3 of that document. So we see that this is the logbook of Jayne Copeland, who is a performance manager. Where would she be based?

A. She would be based at Estuary Point. Apologies, that is the Merseyside Emergency Operations Centre.

Q. Can we move to page 12 of that document and look at the middle of that page. At 12.25 we have a radio message from QX617. Is it right that QX617 was Advanced Paramedic Gary Fitzpatrick --

A. That is correct.

Q. -- who took over the on-scene operational commander role from Mr Smith?

A. He did until the operational commander arrived.

Q. We see there that at 12.25 it says that he is saying "major incident", which I think was consistent with the time that you had seen was suggested in the hot debrief. Can I take it quickly this way, are there a number of other documents suggesting that this major incident declaration was made at 12.25?

A. In my appraisal investigation, going through logbooks and all available information in making this statement, it was difficult to ascertain declaration but I believe 12.25 was -- the evidence dictated it was 12.25 made by Gary Fitzpatrick.

Q. Thank you. One of the pieces of evidence in support of that, which I don't say needs to be brought up but is the transcript of body worn footage of Mr Charnock, the duty manager, which I think starts at 12.22.38 and includes reference to a major incident being called soon after; is that correct?

A. It is.

Q. Thank you. Would it be fair to say that there is a level of confusion about whether a major incident has been declared in the documentation?

A. Yes.

Q. Would you agree that although we see more consistent recording around 12.25, there's no consistent time that's seen throughout all of the documentation?

A. That is correct.

Q. Just starting first with the declaration that Paul Smith says that he made at 12.05. Was that declaration lost, if I can put it in colloquial terms?

A. So I think the clarity that Paul was making a declaration of major incident was lost by virtue of the evidence of no onward communication. Paul certainly provided the significant majority of the information that we would normally want to see through a M/ETHANE message, so location, scene safety, patient numbers, access, required resources. But I think, in my review, with what he faced, it was not clear that he was declaring major incident.

Q. We have seen earlier this morning the requirements of a M/ETHANE message, so I'm not going to put it back up again but clearly the "M" is whether there is a major incident or not.

A. It is.

Q. I'm certainly not going to understate the impact of the scene that Mr Smith faced. In more general terms, are there any steps do you think that can be taken to help clinicians when they face these kind of scenes to make

a M/ETHANE declaration?

A. So I think there are two elements to this, really. I think the first is that, for a paramedic, they may never attend a major incident in the course of their career and, if they do, it may be -- it will certainly be highly infrequent. So one thing is the support we can provide remotely to those individuals, to ensure that the communication and the information they want to provide us from scene is translated correctly.

So an example being, within our organisation, we have recently sought to introduce duty officers to operational commanders into the control room to be able to support staff in terms of the formation. Paul is a very good example: Paul had the information that he knew what he wanted to relay but I think sometimes the mnemonics and even some of the action cards can make it more complex in the operational environment, given the frequency of potential utilisation for frontline staff.

Q. And the pressures that might be on clinicians when they're actually on the scene?

A. Exactly.

Q. You've referred there to a duty officer in the EOC, what role can the EOC play in ensuring that practitioners or clinicians on the scene are able to provide the right information?

A. So I think it is good practice to support the operational crews through dispatch, so within the context of the discussion that Paul -- that it would be reasonable to seek clarification, given the information Paul provided as to whether he was making a declaration of major incident.
Q. How would the duty officer assist with that?
A. Either through their dispatch and leadership team or, given what was presented, they can contact the crew, the individual and seek clarity.
Q. So they can pull the information in as well as it being pushed?
A. Absolutely, yes.
Q. Are you satisfied that, having the duty officer in place, is a sufficient safeguard to avoid these issues happening in the future?
A. I think it is a very clear step to improving or reducing the potential for confusion. I think it would be difficult for me to assure you today that that would eradicate any potential, given the dynamic fast-moving nature of majority incidents. I think -- I couldn't take that step but it certainly is one of the areas we have identified through learning that would improve the communication process.
Q. Are there any other alternative measures that you have

considered that might assist with this?
A. I think there is an element of staff exposure and experience within the major incident type scenarios and their kind of lack of experience, training, exposure is always going to be problematic in these types of instances.
Q. Thank you. So we come back to the exercising point again, do we?
A. Yes.
Q. Moving on to the impact that this had on the response. You say at paragraph 87 of your statement, which is at page 24, that -- I think I might have got a bad reference in your statement -- but I think you say that resources had been dispatched for a major incident on standby at 12.04; is that right?
A. Yes. I have conducted analysis that, if we take the point of first call at 11.47, within the first 15 minutes, the predetermined attendance for a major incident standby had been deployed with the additions, actually, of additional specialist clinical resource, such as helicopters.
Q. We see that actually in the final paragraph of 87. Does that mean that, regardless of whether dispatchers knew that major incident or major incident on standby had been declared, they were dispatching resources as if it

had been or because they recognised this was a very serious incident, however it was to be termed?
A. Yes, the declaration of major incident, in my view, simplistically looks to deliver two primary objectives: one is the deployment of the predetermined attendance; and one is to initiate increased communication both internally and with wider organisations. In terms of the requirements of the predetermined attendants, I am absolutely assured that, in the timescales with the resources and with the level of specialist clinical resource that was deployed, the EOC team absolutely met the objectives of predetermined attendance for both major incident and major incident standby.
Q. You have addressed in your statement there the time that the major incident on standby predetermined attendance had been dispatched. Are you able to help with the predetermined attendance for a major incident?
A. That was achieved within 28 minutes of first call.
Q. Thank you.

Just putting to one side the M/ETHANE message. Would you agree that NWAS, addressing the organisation as a whole, had the information it needed to make a major incident declaration earlier than 12.25?
A. Yes, I would.
Q. So, when we talked about the M/ETHANE message, we were

perhaps focusing on the position at the scene but, obviously, there was also information coming in to the Emergency Operations Centre. Could staff at the Emergency Operations Centre have declared a major incident, in your view?
A. I think with the number of calls, with the information provided, there was sufficient information for a declaration to be made sooner.
Q. So, we have seen examples of conflicting information being seen, which no doubt would have made for a confusing picture in the early stages of the response but, having seen the Incident Response Protocol, that says, if in doubt, declare a major incident; is that right?
A. That's correct.
Q. Thank you. In terms of the lack of a major incident declaration at the EOC level, again, have you been able to deduce the reasons for that?
A. Certainly when we look at the debrief, I think it is reasonable to conclude that the dispatch leadership team felt overwhelmed with the level of information and actions that are required. There is a lot on the performance, the critical incident manager and the duty manager, and I think they have indicated that they felt overwhelmed with the level of information and I think,

in my review -- and this is not definitive, it is partially speculative -- I think the actions that they deployed indicated there were working at major incident but the formality of the declaration of the M/ETHANE and the sharing of that information didn't occur.

The duty manager does take part in our twice yearly annual command training. My view is that both internally and externally, there is a greater focus in that training on the operational response and that that does present sometimes challenges for that initial response within the control environment.

Q. Can I just understand the duty manager and the duty officer. Are they working together or separately?

A. Apologies. So the duty manager is the lead responsible for the Emergency Operations Centres. The duty officers are a role that have been introduced post-the Southport incident. They are operational, they work on a rapid response car, and they are operational commanders, who we have six 24/7, they work operationally out in operational environment. We have increased their numbers recently and we will be deploying those to work to support the duty manager, to help with that information, reduce that information overload, and improve the bandwidth within the team to be able to support.

Q. Thank you. Do you consider that the information risk of overwhelm is too much for one duty manager to be able to deal with?

A. So within our action cards, we do have a duty manager within the other two respective Emergency Operations Centres, who do have a role to provide support. Often the running -- the leading of the incident within the command and control principles, someone does need to be in charge, but the support in terms of, ultimately, in any major incident we are responding to hundreds of other patients at the same time, such that the support and business as usual is brought in to do that.

Q. In terms of the measures that have been brought in after the attack, are you satisfied in your role that there are now sufficient safeguards to avoid the overwhelm of a duty manager?

A. I think we have taken reasonable steps to improve the situation and reduce the demands. So that's both within revisions to the incident response plan, which remove a number of the actions associated with the primary duty manager -- ie focusing on what are absolutely the critical actions that they take -- the additional support that we have brought in there and the increase in terms of those numbers of duty officers, certainly are significant steps to reduce the information overload

of a single individual.

Q. Was, so far as you can tell, NWAS's major incident declaration ever passed onto MerPol?

A. Not that I'm -- I could not definitively state that, no.

Q. Would you agree that that should be clearly set out somewhere?

A. I think, just for clarity, if I -- apologies -- my understanding, based on all the information, is that through the JESIP huddles that happened on scene, there was clarified around declaration post-12.25. That clarity was not the same based on the use of the Emergency Service Control Room network. I can't find evidence there was clear communication of a M/ETHANE.

Q. So, that message should have been broadcast over the Airwave channel, the Emergency Services Interoperability Airwave channel --

A. It should, yes. I think the material impact of that on the response, given the declaration was 12.25, was negligible, if at all, given the presence on scene. If there had been an earlier declaration made, then that communication to Mersey Police, through exactly as you have described, would have greater importance. It should be done either way.

Q. I am going to move now on to debriefs. So, you have just referred to the NWAS hot debrief that was done on

the day of the attack. I am just going to give the references without asking anything to be turned up at this stage. That's NWAS000588. In addition, NWAS did what's called a structured or cold debrief, is that right, which is NWAS000379. I am going to come to particular examples from these debriefs but can I summarise the structure of the debrief this way: it identified 12 high-level lessons and recommendations and working groups being formed, which is meeting to distil the recommendations into actions, correct?

A. That is correct and post-publication of the debrief those -- they are being distilled with some actions already in place and some being worked through still.

Q. Without wanting to get into the nuts and bolts of this, did it take a bit of time to complete the debrief because there was a change in the approach that was taken to it?

A. So, the debrief took longer than I would expect and that we would anticipate. That was initially due to a change of approach, which on review of the draft of the debrief, when I received that, I identified that it hadn't met our needs, and so there was a request by myself that that was taken back and further work was completed and that led to a delay and, certainly, it would be reasonable to say the debrief took longer than

it should.
Q. We are still then at an early stage, but are you satisfied that progress is being made against those recommendations?
A. In the majority. The majority sit within NWAS and they are within our ability to deliver. So our areas of focus are very much upon enhancing communication mechanisms, so the automation and cascade of information. We have already made a decision organisationally to personally issue body worn video cameras to all of the command cars to reduce some of the issues that were identified within the debrief. There is a broader challenge, which came across both from the EOC and the operational staff, which was that they did not feel adequately prepared for this type of incident. That is a broader consideration, as we touched on already --
Q. I'm going to stop you there, actually, because I'm going to pick up on that as a discrete topic shortly. Just before we get to that can I just cover the two other reviews that have been done after the attack.
First of all, NHS England did a review of the clinical response. Sir, just for your note the reference for that is NWAS000360. I think there was also a review by the North West Children's Major Trauma

Network, which, sir, you can find at AHCH000244.
SIR ADRIAN FULFORD: Yes.
MR BOYLE: Picking up on certain issues from those debriefs, the structured debrief report addresses some element of contact with the police, which I think we have picked up on as we have gone through the chronology.
Could we have NWAS000379, which is that structured debrief, and then once we have seen the first page, could we move on to page 16. Thank you.
So, looking at communication areas for improvement, the first was:
"Police had not made any type of declaration (according to a point in time referenced in the debrief) and NWAS did not receive a M/ETHANE report on ESICTRL."
Which is the Emergency Services Interoperability Quality Control Channel.
We heard evidence this morning that a M/ETHANE message was passed by MerPol to NWAS. Are you aware of that?
A. Yes, I believe there was an ETHANE originally passed that was updated to M/ETHANE.
Q. Thank you. Is that then an error in this debrief or am I misunderstanding the section within brackets?
A. No. So the debrief isn't there as a factual assessment of what happened. So the debrief will pull together

what people felt happened and so, in this example, what this will be reflecting is that staff both within the EOC and operationally did not feel that message had been conveyed, as opposed to Mersey Police had not conveyed the message.
Q. Does that show an issue with the kind of cascade of that information at the emergency operation sector level?
A. It does.
Q. Do you know why that was?
A. So, it is certainly clear that there is a process utilising the Emergency Service Control Network that you must acknowledge messages that are passed and there is a process that we test that on a frequent basis, sharing responsibility to lead the testing. So it is a reasonable expectation that the duty manager or somebody on their behalf would acknowledge that message and communicate it across. I think looking at the time of that message, which I believe was around -- certainly between 12.00 and 12.15, those messages, that may go back to speak to the discussion we have had already around them feeling overwhelmed.
Q. Thank you. In practice, on the scene, we know that Mr Smith deployed more or less immediately after Sergeant Gillespie and was able to pass back the message that he was present with the police. So, that important

information was passed but it was passed by Mr Smith and again, to use sort of colloquial language, lost when it was passed between the control rooms of NWAS and MerPol; is that right?
A. That's correct.
Q. Can we move on to training, which I think we have already traversed in many ways. You were starting to talk when I cut you off about the ability of NWAS staff to train and exercise for a major incident. Is it right that there are difficulties with that, in terms of having the resources to allow staff to take the time out of their daily roles to do the exercise?
A. So, for clarity, anybody who performs a command role or a role associated with command of a major incident, inclusive of the duty manager, will undergo training twice yearly and will have the opportunity and will be required to exercise. In terms of the wider workforce, so both the staff within the dispatch teams, within emergency operations, paramedics and Emergency Medical Technicians, we do not have the capacity or the funding to enable us to ensure everybody is able to participate in an exercise, as an example.
Q. Thank you. You refer in your statement to paragraph 196 to the recommendation from the Manchester Arena Inquiry, which was Monitored Recommendation 20, that North West

Ambulance Service should ensure non-specialist ambulance personnel are involved in multi-agency exercising. Do I take from your answer that that hasn't been possible because NWAS hasn't been given the resources to do so?

A. That hasn't been possible. As an organisation and as a sector, we are still in discussions with NHS England.

Q. Thank you. That recommendation was specifically aimed at North West Ambulance Service but is it right that it is a recommendation aimed at ambulance services as a whole?

A. Yes.

Q. You are seeking from NHS England greater resources to be able to carry out this exercising; is that right?

A. It is, yes.

Q. Can you just explain the process that has happened so far and where you have reached with that?

A. Certainly for the North West, we initially wrote to our Commissioners, to the ambulance commissioning team, to advise of the recommendation and request additional funding. That has subsequently been managed through national communications directly with NHS England, Urgent Emergency Care team. We haven't reached a conclusion as to whether that funding will be made available or not.

Q. At this gap of time from the recommendations of the

Manchester Arena Inquiry, does it concern you that NHS England hasn't yet resolved this issue?

A. So I think there are probably three points I'd want to draw out on this aspect. I think the first is that we recognise, as an ambulance sector, we have received investment towards our frontline resources over the last few years but that's been very clearly allocated that we increase the number of our ambulances available, not to provide, effectively, backfill for another activity. So I think that is the first area.

It is still, therefore, a gap in terms of our ability to exercise our entire workforce. I think there is a contextual element here of it is difficult, even in that context, to be assured that the training would fully prepare somebody to respond to some of the complex and horrific scenes but, certainly, it would give people greater familiarity with some of the core processes and communication.

Q. Thank you. Is that a process that input from this Inquiry might assist with in terms of the case you are presenting to NHS England?

A. I think it would be helpful to reach a definitive position, to allow an organisations to take the appropriate steps in response to that decision.

Q. Thank you. Moving on now to equipment, please. Is it

right that we see, by way of example in the structured debrief report, issues with ambulances running out of supplies at the scene?

A. I think -- for clarity, I think there was equipment at scene but, by the nature of how that scene emerged, the equipment hadn't -- had moved around, simply put. I think it is reasonable that, in an ideal world, you would have an officer who would fulfil the role as the equipment coordinator. I think with the scene that the crews faced, they made the dynamic and correct decision, in my view, to initiate treatment and what that did lead to is some confusion around where equipment -- where it may lay.

Q. Thank you. My question was perhaps a bit too broad. There was sufficient equipment at the scene but it was perhaps not always in the place where clinicians needed it though, at the exact moment that they were seeking to treat someone?

A. I think I have seen no evidence to suggest there wasn't sufficient equipment at scene and available to clinicians, with the exception of a lack of equipment on one of the conveying ambulances.

Q. Was that the ambulance of Ms March-Jackson which conveyed Ms Lucas from the scene?

A. It was.

Q. Is it right that Ms March-Jackson says in her statement that there was no available kit in the surrounding area which was being used for children at the scene?

A. It was and I think they made -- given the speed of transportation to hospital, I think they made the decision based on the presenting need to convey the patient at speed, instead of seeking out that equipment.

Q. Thank you.

Sir, it doesn't need to be put on the screen, but the witness statement of Ms March-Jackson, just for your note, is MERP000128 and page 6 and the clinical report of Ms Lucas referring to this is NWAS000376.

SIR ADRIAN FULFORD: Thank you.

MR BOYLE: You referred to the fact that an equipment officer would have been able to assist and I think, looking at your paragraph 167, and speaking more generally, you accept that there were other roles envisaged by the incident response plan that weren't present at the scene but would have allowed for a better coordination of resources; is that right?

A. That is correct. I think my view is that there will always need to be a decision around the allocation of functional roles versus the allocation of clinicians to provide treatment to patients and there will always be a balance and, within that balance, there may be

a detriment in one of those two things. So I think, whilst it would have been desirable that those roles were allocated, I think the decisions that were taken to initiate care and treatment were the right ones on the day.

Q. So, there is an understandable need, when you are one of the early resources on the scene, firstly, to triage quite a substantial number of patients, which is obviously time-consuming and perhaps takes you away from setting up the command structure; is that correct?

A. That is correct, yes.

Q. Then, also, perhaps for someone in a paramedic role, it is a natural desire to want to treat casualties as you arrive on the scene?

A. It is and I think different incidents will require different considerations. I think when we look at the number of potential functional roles, if all of those roles have been allocated, in this case prior to initiating treatment, I think that would have been the wrong decision given the criticality of patients. There will be other protracted incidents where the allocation of functional roles will either be more practical or it will not be possible to provide the care and treatment.

I think, in this context, there was some lack of coordination but I think the decisions that were taken

were the right ones in terms of that balance.

Q. Can I move on please to paediatric analgesia. Looking at your paragraph 171, you note that the NHSE Clinical Debrief -- I'm starting at the top of paragraph 171, at the bottom of page 41.

"... noted that the pain relief administered to paediatric patients was oral paracetamol. Patients with [intravenous] access could have received parenteral paracetamol or morphine but NWAS had also introduced oro-dispersible morphine in November 2023 (with a reminder issued by way of Clinical Bulletin dated 2 July 2024) ..."

So only shortly before the attack.

Is it right that those medicines could have been administered to child patients?

A. In some of them. It would be difficult to generalise on all because there will be elements of contraindication dependent on the children but, certainly, the clinical view and our view was there was an opportunity in a number of the cases to administer a stronger pain relief.

Q. Thank you. I think that Clinical Debrief notes the contrasting position with the analgesia afforded to adult patients and those afforded to child patients; is that right?

A. That is correct.

Q. The Major Trauma Network Review that I cited before, could we have that up on the screen, please. It is AHCH000244. Thank you. Could we please just see the first page overleaf -- sorry, the second page, which is the first page of the report. Could we now go, please, to page 13.

So, we see at the bottom at 4.7, if we could just enlarge the bottom third of the page, that section please.

"It was reported that in some cases analgesia was considered but not administered as the patient reported no pain."

I recognise this is, to some extent, a clinical issue but, from your discussion with clinicians at NWAS, have you considered whether asking the child patient is the right criteria to use when deciding whether to administer it?

A. It may be one of the criteria but, for our clinicians, there are a broader range of considerations. I think internally what we have noted is that there is sometimes -- and this may be because of expertise or exposure -- there is sometimes greater hesitancy to provide stronger pain relief to young children. So as an organisation working through the medical teams and

clinical teams, we have enhanced our briefings and awareness in guidance for our staff to give them greater confidence in the utilisation where appropriate of pain relief and analgesia.

Q. Thank you. Can we have page 15 please. Just looking again at 4.7 there, I think there is a suggestion of review and learning of that administration. Is that what you have just been referring to when you say this has been looked at?

A. That's what we have done, yes, internally.

Q. Are you aware of what the findings have been and the changes that are to be effected by that review?

A. I couldn't categorically say. As in, have I seen any instances where there has not been adherence? I couldn't say.

Q. Is there any cause for concern that the clinical bulletin was issued on 2 July 2024 -- the attack happened four weeks later -- that the bulletin may not have been appreciated by clinicians at the scene in that short time period?

A. We recognise through a number of reviews that we need to consider our mechanisms of communication. So one of the steps we have taken is a change to our frontline leadership roles. So our senior paramedic team leaders now spend 70 per cent of their time working on

an ambulance with their team. That gives them opportunities to have those clinician-to-clinician conversations. We are also, at the moment, revising our communication channels in terms of improving the ease at which staff can access the things that are most appropriate and most necessary for them to read. We think we recognise that issuing a bulletin in isolation and in itself isn't sufficient to be assured that we have communicated with the entirety of the workforce.

Q. There's also a mention of Penthrox in the documentation. It might be a clinical question but are you able to assist with Penthrox at all and when it might be used or if it is something that could be useful?

A. I think I had a discussion with clinical colleagues to try and provide some insight. Certainly Penthrox is contraindicated in children. That doesn't necessarily mean it wouldn't be used or, certainly with discussions I have had, it would be utilised in a consultant-led hospital environment out of licence. It is certainly not something that we as an organisation feel is a consideration we require. We had a range of alternative pain relief medication that was not utilised. So our focus, actually, is on ensuring that our crews are confident in utilisation of the medication and the drugs we have now.

Q. Moving on to blood products, please. You describe in your statement that, at the time of the attack, North West Ambulance Service Critical Care Paramedics were not able to provide pre-hospital blood transfusions and we have already discussed that in evidence. Is it right that that has since changed and they now are able to do so?

A. That's correct. So, effectively, at times, we could have one resource within the North West, it gives them a minimum of four now. So that's correct.

Q. So the first helicopter crew that arrived at the scene was HO8 and it was crewed by a critical care paramedic and so was not able to deliver blood products; is that right?

A. Yes, any double-crewed critical care paramedic helicopter would not have had the ability to do that at the time and they do now.

Q. Has NWAS put any consideration into the administration of blood products by advanced paramedics?

A. We have considered and I will just kind of talk through the -- there are probably two or three considerations or factors. So, the first is that the use of blood products is clearly incredibly beneficial but to a very, very specific presentation in clinical need. So the first challenge we always have organisationally is our

ability to identify those patients who would benefit from, and that is obviously what we do by allocation of helicopters.

The second broader consideration is the scarcity and the complexity of the mechanisms of delivery of blood to resources, the utilisation of, the following of the guidelines, the following of the governance and the commitment that organisations -- you must make use of blood.

We don't believe that: (a) it is practical in terms of the scarcity provision; and (b) in terms of the scale of the need or the use case, that we feel it is appropriate to take further steps and we wouldn't recommend. However, we do just contextualise that with the move for critical care paramedics to be able to use large blood products.

So our focus, working with the Complex Incident Hub is to ensure that, as quickly as we can, we identify patients who may benefit from blood products and allocate our helicopter resources to those patients.

Q. Understood. Moving on to chest seals and bleed control kits by zero responders. I understand that zero responders does not refer to NWAS clinicians; is that right?

A. That is correct.

Q. But it was a matter that was considered within the NHSE Clinical Review and also referred to by Professor Lyon. Are you able to give any comment from NWAS's perspective on whether that would be useful?

A. So, there are probably a couple of areas here I would like to pick up, if possible.

Again, I think, in specific patients, conditions, presenting need, chest seals are very good and an effective mechanism of early intervention. Both in terms of bleed kits or chest seal type kits, if they were to become more widely available, then I do have a really clear steer I would like to provide to the Inquiry.

They need to be available in a mechanism that is accessible to the public and how I describe the challenge that we currently see as a sector is with defibrillators, they are registered through a network and they are all visible within our computer systems, within our 999 environment. So if anybody calls, we are able to say where they are and what the code is to unlock those because they are managed through a circuit, as it is described.

We have seen with some emergence of bleed kits that there is no coordination of those and, therefore, some of those are locked and we don't have the ability or we

don't have the codes for those. So, what I would ask is that, if the recommendation was for wide-scale introduction of bleed kits or chest seals, that considerations around the practicalities of how they would be utilised and administered would be worked in. But, principally, we recognise there is a value.

Q. Just from NWAS's perspective, you are talking about the location of these kits. Might an NWAS call handler, while they are on the telephone to someone dialling 999, advise them where the nearest kit was, if they knew where it was and how to access it?

A. There are two aspects to that again. If we do and we knew, then it does give us that ability. As I said, within the country, we know where every registered AED is and we know the codes for those and that's been a significant step forward.

It is also beneficial because whomever -- whoever is the keeper of the defibrillator also becomes notified if it is utilised, so they can then go and ensure that it is restocked and replenished to work again. In that aspect, yes.

The second consideration though would be around NHS Pathways. So, NHS Pathways, as we have discussed earlier on, is the triage system that we utilise. Currently within that triage system, there isn't an end

point or a recommendation that the call handler should consider a tourniquet, for example, or a bleed kit. So what we would need to see is the development of that circuit, that network, alongside work from -- with NHS Pathways to ensure that there is a pathway of care and a recommendation that coincides.

Q. It sounds like both of those things are issues that you think should be taken forwards; is that right?

A. I certainly think they are issues that should be considered. I certainly think in the right -- it is really clear that, in the right environment, a defibrillator, a chest seal, a tourniquet for the right patients delivered quickly clearly has benefit.

Q. Is it NHS England who NWAS raises that issue with?

A. So, any changes to NHS Pathways, which is effectively NHS England, we would need to -- we have a mechanism to request change. My suggestion would be, if the Inquiry does see that these things would be beneficial, it would certainly be helpful in the context of this Inquiry to raise those with NHS Pathways as well.

Q. Thank you. My final issue is triage and prioritisation, where there are multiple Priority 1 patients.

Is a Priority 1 patient a patient with any severe bleeding, penetrating injury or haemorrhaging?

A. It is.

Q. An issue raised by Professor Lyon and the NWAS structured debrief and the NHSE Clinical Review is the challenge of prioritising multiple Priority 1 patients. So where you have multiple patients that meet that definition, how you then prioritise, presumably, their evacuation from the scene primarily.

Are you familiar with this issue?

A. Yes, and certainly upon review and consultation with colleagues, I think we have a fairly clear organisational view. Without doubt, the scene faced and the age and nature of injuries and casualties created -- generated a large number of Priority 1 patients. Our view is that the role of the senior clinician on scene to make those dynamic clinical assessments around the secondary priority of P1 patients, in terms of treatment and transport, is the most effective mechanism.

We believe it would be very difficult and not necessarily practical to build another framework, another guidance, another action card. 10-second triage is designed to make an initial assessment and prioritisation. The deployment, utilisation of those advance clinicians and medics to then make those complex and dynamic decisions we believe certainly is most effective and appropriate.

Q. Thank you.

SIR ADRIAN FULFORD: Sorry, can I just understand that. You are saying that the current guidance is effective and sufficient or it needs to be improved?

A. So, we feel the current guidance delivers what it is designed to do, which is to make a rapid assessment of prioritisation. As an organisation, how we manage that is that we will have senior clinicians on scene who will then make dynamic decisions as to who is receiving treatment first. Given the complexity of patients and presentation, we don't believe you could design a framework that captures that. Apologies.

MR BOYLE: Mr Ainsworth, thank you. Those are my questions, bar one: is there anything that I haven't asked you that you would like to say?

A. Not in terms of our response but I think it is absolutely appropriate just to -- from myself and from our organisation's perspective, to just pass on our condolences to the families of Elsie, Alice, Bebe, but also to recognise the impact the events of the day have had on the survivors, the wider families, the community and the responders, and I just wanted to take time to acknowledge that.

MR BOYLE: Thank you. I will just look around the room and see if there are any further questions. No.

Thank you.

SIR ADRIAN FULFORD: Mr Ainsworth, thank you very much indeed. You have had to cover a lot of ground and I'm very grateful to you.

THE WITNESS: Thank you.

SIR ADRIAN FULFORD: That I think brings us to the end of the evidence for today, Mr Boyle.

MR BOYLE: It does, sir. Tomorrow, we have Mr Poland who will be giving evidence remotely, Mr Rice and Mr Toohey and, sir, I'm in your hands but I would suggest a 10.00 am start.

SIR ADRIAN FULFORD: Yes, 10.00 am. Thank you all very much indeed. 10.00, tomorrow morning.

(4.10 pm)

(The Inquiry adjourned until 10.00 am the following day)

I N D E X