## Taylor on Hillsborough: What Can We Learn?

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On Saturday 15 April 1989, 95 people were crushed to death and many more injured at the Liverpool versus Nottingham Forest FA Cup Semi-Final. The match was to be played on a fine sunny day, in front of a ticket-only crowd at Hillsborough, one of the largest most modern stadia in the UK, which is well used to staging such matches. How then could this disaster have taken place?

Lord Justice Taylor has gone a long way towards giving us the answers with the publication of his preliminary report on 4 August 1989. The report is extremely critical of the total failure of the South Yorkshire police to control the situation and lays the blame fairly and squarely on their doorstep. However, there are lessons in this document for ALL the emergency services in the UK. Complacency caused the Hillsborough disaster and therefore other services must take heed of the Taylor findings and see how they apply to their own areas in planning for disaster.

The present author has written elsewhere (Walsh, 1989) about the unpredictability of disasters, hence the need to try to anticipate potential incidents whenever possible and to plan ahead. The emergency services in the south west of Scotland and Carlisle area could not have been expected to anticipate the Lockerbie airplane crash, but where a football stadium is regularly housing thousands of excited people, there

could be no excuse for a lack of forward planning.

Advance planning was, however, sadly inadequate at Hillsborough. The Taylor report shows that the police officer in charge, Mr Duckenfield, did not visit the stadium before approving the police plan for the match. The fire brigade computer did not even have the address of the stadium, a fact which has been reported as delaying their response (*The Guardian*, 5 August 1989) There seems to have been a total failure to plan ahead to accommodate the likely late arrival of supporters and ensure areas of terracing did not become overcrowded. There was nothing unpredictable about what happened at Hillsborough.

The first lesson for all of us is, therefore, that a lack of planning, a failure to identify a possible major incident in advance and to plan appropriately, led directly to Hillsborough. The emergency services must all look around their own patches, and carefully consider potential danger spots both now and continually in the future. This applies to everything from major stadia down through smaller venues and on to indoor events such as concerts

Taylor put his finger on another major factor that contributes to disasters, the 'it will never happen here' syndrome that breeds complacency Just because previous games at Hillsborough had not led to disaster, it was assumed that the same