Monday, 13 December 2010

(10.00 am)

LADY JUSTICE HALLETT: Mr Keith?

MR KEITH: My Lady, there were two witness statements to be read from last week, Robert Spry and Scott Ferguson. I'll ask Mr Andrew O'Connor to read them, if I may.

LADY JUSTICE HALLETT: Thank you.

MR ANDREW O'CONNOR: My Lady, I'll read first the statement of Sergeant Robert Spry from the Metropolitan Police, dated 10 July 2005. The first part of his statement describes his actions on the early morning of 7 July, his journey to King's Cross and his initial assistance of the walking wounded at the station. Picking it up about halfway down the first page, he says this:

Statement of PS ROBERT SPRY read

"Once all the walking passengers had come up from the Underground exit, we were informed by the London Fire Brigade that there was a large number of people still trapped in the train itself and needed stretchers and stretcher-bearers in order to bring the casualties out.

"I informed Inspector Evans and I then self-deployed my Serial into the Underground, carrying empty stretchers. We made our way into the Underground

station down the escalators and onto the platform. I was told the train was about a quarter of a mile into the tunnel to our left-hand side. My Serial then deployed into the tunnel and walked along the train tracks to locate the train. The tunnel was full of thick, black smoke and there was an acrid smell. "We located the Tube train and my first image was the torso of a black male with dreadlocks lying face down to the offside of the Tube train with no legs or arms."

My Lady, that was, in fact, probably the body of Mihaela Otto:

"We carried on past the body, where there were live casualties being attended to on the Tube train itself. I boarded the train with other officers and saw a male lying on a stretcher in the aisle on his own. He was a large-built male with severe lower limb injuries. He was not moving and I thought he was dead. I was then informed by an air ambulance doctor (I presume, as he had orange boiler suit overalls on) that the male was a priority 1 case and needed to be taken out of the tunnel quickly. I quickly arranged for this to be done with the assistance of the London Fire Brigade and other officers who were already present in the tunnel and the male was removed.

"I then went over to the nearside of the Tube train carriage and saw another air ambulance doctor reassuring a male who was caught up under the train."

My Lady, that was Lee Harris:

"I got out of the carriage and onto the track between the carriage and the wall. I assisted in dragging the male from under the train on to a stretcher. The male had sustained some horrific lower limb injuries and was covered in black soot.

"The doctor carried out what first aid he could, then declared the male a priority case. For identification purposes, this male was about 25 to 30 years, dark, curly hair with a leg injury which was through to the bone and his knee/leg, where it had been so badly injured, was hanging on by a thread and kept falling through a hole in the stretcher.

"I then assisted lifting him up into the carriage with the help of PC Ferguson and other people present in the tunnel. Whilst I was doing this, I noticed, directly behind me, lying face down on the track, some five yards away between the wall and the side of the Tube train, a very large IC3 male dressed all in black. I noticed his legs were blown off and twisted round by his shoulders. There was a lot of blood present.

"I noticed that the male had lots of gold rings on

his fingers.

"I brought this to the attention of the air ambulance doctor, who stated that he had already seen the male and he was dead.

"I then got into the carriage and we manoeuvred the stretcher around with this male casualty and slid him out of the doors on the other side of the carriage. The doors on the Tube trains would not open fully and were only half open. The male was then lowered down and we started to walk him out of the tunnel along the train tracks to the platform. The stretcher was lifted up from the tracks to the platform by the London Fire Brigade and then we carried on along the platform up the escalators and out into the street above.

"I deployed PC Ferguson to go with the casualty as continuity officer in the ambulance, which he did, to the Royal London Hospital.

"I then returned back below to the Tube tunnel. When I returned to the train, a female had already been placed on a stretcher by the side of the carriage.

"I, with other officers, carried this IC1 female, short, blond hair, a bit plump, along the train tracks back to the platform once again. Once we had got to the platform, the London Fire Brigade then took her up to the street. A blond-haired, male police sergeant from

EK [I believe that's a reference to his Serial] then told me that all that was left now were dead bodies and that all units were to leave the tunnel. I communicated this message on to all my Serial, then with other units made our way to street level. We then congregated on platform 6 of the British Rail station where refreshments were provided."

LADY JUSTICE HALLETT: Sergeant Spry is obviously another officer who didn't hesitate to go and do what he could to assist the dead and dying and the severely injured.

MR ANDREW O'CONNOR: My Lady, the second of the two statements is that of PC Ferguson, to whom you will recall Sergeant Spry referred. Again, I will simply read the relevant part of his statement which is dated 18 July 2005. He says.

Statement of PC SCOTT FERGUSON read

"We arrived on scene at around 9.20 and I was initially deployed in filtering walking wounded to the triage area within the station and also to TfL double deckers that had been requisitioned as first aid areas. I believe this to have lasted around 30 minutes, after which I was informed by Sergeant Spry that we were going down to platform 6 to assist in evacuating seriously injured casualties. I then made my way downstairs to platform 6 with Sergeant Spry. Also present were

Constables Ball, Varney, Asquith and MacDonald.
"Upon arrival at the platform, it became evident that the train was around 100 metres into the tunnel. I made my way to the train with my colleagues. Upon entering the carriage, I deployed with Sergeant Spry, who had jumped down to the other side of the track, to assist Fire Brigade and paramedics with a male who was trapped under the train.
"After a few minutes, this male was freed and put on a stretcher. We brought him into the carriage and manoeuvred him out of the other side. I was told by a paramedic that the name of the casualty was Lee. He was casualty 104 at the Royal London Hospital. Myself and Sergeant Spry helped carry the casualty back along the tunnel and up the escalators to the waiting ambulances. The casualty had serious burns to his face and was bleeding from the back of his head. His left leg was virtually severed below the knee. Sergeant Spry then told me to accompany the casualty to hospital, which I did. He was taken in ambulance G308 along with another casualty."
He gives the casualty's name.
"Upon attending the Royal London Hospital, I was told that the casualty, whose name I was told was Lee, would be casualty 104. I was not given any details

regarding the other casualty. I remained outside the resus department until casualty 104 was taken to theatre. I then walked back to King's Cross to rejoin my Serial inside the station. I rejoined them at around 1300 hours."

LADY JUSTICE HALLETT: What is the timing for the evidence of when Sergeant Spry and PC Ferguson went down to try to do what they could to help?

MR ANDREW O'CONNOR: My Lady, neither of their statements give time. Working backwards, we'll hear evidence this morning that the ambulance carrying Mr Harris left King's Cross at about 11.00 or shortly before, a few minutes possibly before, so one can speculate that Sergeant Spry and Constable Ferguson went down some maybe 20 minutes or so before that.

LADY JUSTICE HALLETT: Thank you very much.

MR KEITH: My Lady, may I invite you to call Dr MacKenzie, please?

DR RODERICK MACKENZIE (sworn)

Questions by MR KEITH

MR KEITH: Good morning, doctor. Could you give the court your full name, please?

A. My name is Roderick Mackenzie.

Q. Doctor, before I start asking you questions about the events on 7 July, may I just ask you, please, something

about the documentation and the reports that you kindly prepared after 7 July concerning the events that morning?

Could we have on the screen [INQ9448-2], please?

Do you recognise that document, the screen to your right?

A. Yes, I do. That's the initial report I wrote on 7 July.

Q. We can see it's dated 7 July from the bottom of the page. You prepared subsequently a witness statement, dated 3 April 2006, and in that statement you refer to the fact that you previously submitted a report on 2 January 2006. That earlier, previously submitted report, was that a copy of those notes that you made on 7 July?

A. Yes, I believe that it was.

Q. There are no other documents that you can recall preparing?

A. No, there aren't.

Q. Thank you very much. We know, Doctor, that you were Silver medic on the morning of 7 July at King's Cross. May I ask you, please, to give us an outline, a brief description, of your medical qualifications and what your role was medically?

A. Yes. I am a specialist in emergency medicine and pre-hospital emergency medicine. At that time, I was

employed by Barts & London NHS Trust as a specialist registrar in pre-hospital emergency medicine and seconded full-time to the Helicopter Emergency Medical Service.

Q. We've heard already some evidence about how it is that doctors and paramedics who are specialists in this area can be seconded to HEMS for some time.

A. Yes.

Q. How long had you been seconded to HEMS before July 2005?

A. I had previously served with the service for six months in 2000/2001 and I'd been in that current post since the beginning -- June 2005. No, sorry, it must be February -- it must be January or February 2005.

Q. Earlier on that year?

A. Yes. It's normally a six months' posting, so I was in the middle of a second six months' posting.

Q. In your view, what is the primary purpose of the Helicopter Emergency Medical Service? What does it do, in lay terms, insofar as the immediate medical position is concerned?

A. It's primarily aimed at providing on-scene and in transit emergency medical care to really very seriously ill or injured people where the Ambulance Service has requested on-scene medical support. So it's a specialist pre-hospital medical service, support

service, if you like.
Q. Is the level of expertise that it brings to bear such that it can carry out -- it can bring medical attention to a patient, a severely injured patient, in a way that replicates in part that which the patient would have received if he had been brought to hospital?
A. Yes.
Q. You start providing a higher level of care that would ordinarily be available to a patient. Is that right?
A. Yes, there are a very small number of patients whose needs, in terms of critical care needs, exceed the capabilities of the normal NHS Ambulance Service range of responses, and which are normally delivered in a hospital emergency department setting, and the HEMS service can provide the equivalent of many of those interventions in the pre-hospital phase.
Q. That morning, 7 July, were you, in fact, scheduled to take part in a number of meetings at the Royal London Hospital?
A. Yes, I believe I was off-duty. I can't fully recollect, but we were attending our monthly mission review and governance meeting.
Q. We've heard evidence that there was something called a clinical governance day taking part that morning.
A. Yes.

Q. Did that coincidentally, therefore, require the attendance of London HEMS doctors and paramedics?
A. Yes, all current members of the service and many former members of the service would routinely attend that monthly day.
Q. And where was the meeting being held?
A. At the Royal London Hospital.
Q. I think, therefore, that you were already in a meeting around about 9.00 that morning when you started to receive a number of telephone and pager messages.
A. Yes, I did, as part of the group.
Q. As part of the group. Your report refers in detail to a number of pager messages.
A. Yes.
Q. May we take it that your report was prepared at a time when you still had those pager messages available?
A. Yes, actually on the pager itself.
Q. From that report, if we could have it back on the screen, please, [INQ9448-2], from approximately 9.10, did you receive a number of informal messages relating to power surges and possible multiple incidents?
A. Yes.
Q. Did the meeting continue nevertheless? Were those messages that you received from others indirectly, you weren't at that stage directly called to attend an

incident?
A. No, there was a sort of increase of activity, if you like, within the service, there was an incident evolving.
Q. At 9.18 you received a pager message:
"Major incident declared by LSB."
What did you take LSB to be a reference to?
A. I think it was a typographical error and should have been London Fire Brigade, LFB.
Q. "All doctors contact HEMS operations."
Would you have responded to that pager message?
A. Yes. We were co-located with HEMS operations. We were adjacent, really, to the operations room of the service.
Q. Then at 09.25, a further pager message:
"Major incident declared by London Fire Brigade.
All doctors please contact Thames op."
Did you again understand that to be a typographical error?
A. Yes.
Q. What did you think that was a reference to again?
A. The same, HEMS ops.
Q. So it was a repetition of the previous pager message?
A. Yes.
Q. Then at 09.38:
"Major incident declared - Royal London Hospital is

first receiving hospital. Please report to front reception of hospital."

So you didn't have very far to go?

A. Well, that message is a message that would be sent more widely across all of the hospital staff and wouldn't apply to the HEMS staff, because the -- that was a sort of activation message for the hospital as a whole rather than the HEMS service. So we didn't move to the reception of the hospital.

Q. What, however, triggered the donning of the equipment that we then see in the next entry?

A. The fuller statement that I was asked to submit on 3 April really I think describes a slow build-up of information which indicated that there were likely to be a number of incidents that we were going to need to deploy paramedic teams to and, as that information was being gathered, a number of us started to prepare ourselves.

Because we were at a meeting, we weren't -- and weren't the duty medical team, we weren't currently wearing the right protective equipment and so we started to do that over that time period.

Q. So out of an abundance of caution, you started to prepare, lest you would subsequently be called upon?

A. Yes.

Q. What did that involve, Doctor? How did you prepare for the purposes of a possible call-out thereafter?
A. So donning a protective clothing, boots, a flight suit. Making sure that the right equipment was in the clothing, and then allocating equipment bags, ensuring we had additional helmets, additional heavy-duty gloves and really checking that all our radios and telephone communication equipment was working.
Q. Are these steps you would ordinarily take if you were to be called out to an incident, or were these steps predicated upon additional information you'd received that morning?
A. Yes, normally, the HEMS service, there is a team at a very high state of readiness, a single team, who were already fully prepared. The rest of the service wouldn't normally be fully prepared to deploy immediately.
Q. But in terms of the equipment that you started to put together when you thought there was a possibility that you might be deployed, is that standard equipment you would ordinarily take with you when deployed --
A. Yes.
Q. -- or was it affected by the information that you'd received that morning concerning these incidents?
A. No, it was standard equipment.

Q. We can see there that a few minutes later you were then tasked to attend King's Cross and you give there the names of the doctor and the paramedics in your team.
A. Yes.
Q. Again, is it standard practice for a HEMS team to comprise two doctors and two paramedics?
A. No, it's not. The normal HEMS team is a single physician/paramedic team.
Q. So on this occasion, how were the teams divided up?
A. When the incident started to become clearer, my consultant colleague Dr Anne Weaver fulfilled a command function on the HEMS operations office and started to list all of the individuals who were present and started to allocate teams, according to experience and seniority, to be able to deploy as necessary.
So she spent some time just determining who was present, who was deployable, and making sure the skill mix and experience mix of those teams was appropriate.
Q. Did you understand that the additional presence of an extra doctor and an extra paramedic reflected the severity of the incidents that were now gradually becoming clear?
A. Yes, we did not know the nature of these incidents. We just, as a service, have a history of being deployed to multiple casualty incidents and it was becoming clear

that we might need to deploy more than one single, conventional HEMS team.

Q. Is there a preassigned role given to the members of a single HEMS team? So yourself, as a doctor, were deployed with Dr Steven Bland, another doctor, and two paramedics. Is it understood between the members of the team as to what role you would perform when you attend a serious incident of this type?

A. It is unusual to deploy with more than a single physician/paramedic team. We all have a standard training which includes an understanding of the different roles that might need to be fulfilled at any one incident and, on the way to the incident, we had a discussion within the team about who would fulfil different roles, should they be required.

Q. Can you recall anything of that discussion and how the individual roles were apportioned?

A. I'm afraid not, really. On the way to the incident in the aircraft, we still did not know the nature of the incident and, amongst the team, I was the more senior, experienced physician, and it was normally the case that that would be the person who would take on a Command and Control function, whilst the other physician would lead with medical interventions in a sort of forward role, if that was necessary, but I do not recall any further

detailed discussion.
Q. Is that why you subsequently became Silver medic?
A. We had another brief discussion at the front of the station, as we were still trying to gather information about allocation of roles, and really it became clear that somebody needed to take on the Command and Control function whilst one of the other teams needed to start deploying to treat patients.
Q. In relation to the distinction between triaging and medical intervention, would there have been any discussion between you as to who would carry out the primary role of triaging and who would come in subsequently and become more concerned with medical intervention, or did, again, that have to await your arrival at the scene and the gathering together of further information?
A. That really has to await arrival at the scene before those roles could be allocated, because they may not be necessary.
Q. We've heard evidence that you arrived near to King's Cross in Argyll Square and encountered considerable difficulties in getting from Argyll Square to King's Cross, due to the sheer number of passengers outside King's Cross station.
A. Yes.

Q. But it didn't, I think, take very long for you to get through. It took perhaps a minute or two, a few minutes?
A. A minute or two, I think.
Q. Do you recall at what time you arrived outside the front of King's Cross station?
A. My handwritten note at the time was -- said approximately 9.45 and, in our subsequent discussion on the day in debriefing, it was recorded as 9.46.
Q. What was your first task on arrival?
A. On arrival at the front of the station, we still had no idea of the nature of this incident or its physical location. All we knew was that there was thought to be a serious incident that had occurred in the King's Cross complex. We didn't know whether it was in the Underground complex or in the main station complex, and our first priority was to try and identify emergency services personnel at the scene, in order to understand what we needed to do, what was likely to be required. So the first thing we did is look for emergency services personnel at the front of the station.
Q. We know now, of course, that the bomb had exploded at approximately 8.50, so almost an hour before your arrival there.
A. Yes.

Q. In hindsight, were you surprised that, an hour after the actual explosion, there was so little information available to you, as a HEMS team, arriving at the scene to help?
You don't appear to have received a great deal of information about the nature of the incident, hence your need to try to find senior officers at the scene to get that information from.
A. I mean, in hindsight, I am surprised. At the time, there was a great deal of confusion around the nature and type of all of the incidents.
Q. Usually, the HEMS team, on arrival at the scene, will have a greater degree of information, will it not?
A. Yes.
Q. You will know something about the nature of the incident, the nature of the casualties and what is needed to be done.
A. Yes, ordinarily, a HEMS deployment would come straight from Ambulance Control with fairly detailed information from the control room about the location and the likely -- the severity of the incident, the type of incident, if you like.
Q. Given the number of doctors and paramedics in your HEMS team, what impact would greater information have had on the deployment of your resources? How would greater

information have affected your deployment, if at all? If you'd known, when you arrived, what you subsequently discovered to be the case, how would that have impacted upon your decisions?
A. I think the first thing is, if we had -- if there had been the opportunity to create some sort of Command and Control structure and designate a rendezvous point for arriving emergency services personnel, we would have reported to a rendezvous point.
At that point, again, if there was an infrastructure in place, we would have been -- we have a very experienced, specific role in individual patient care and we would have likely been tasked as individual teams to care for specific patients.
Q. So you would have been directed towards particular patients?
A. Indeed.
Q. There were obviously a vast number of casualties and not a great deal many members in your HEMS team. Do you think, in hindsight, it would have made any difference if you'd have had a Command and Control structure in place on your arrival or not?
A. Difference in terms of?
Q. Of your ability to be able to task yourselves towards the treatment of individual patients?

A. Yes.
Q. It would have done. When you arrived, were you able to gain some impression of the state of the other emergency services? Could you see other emergency service appliances, for example, outside the station?
A. Yes, we arrived at the front of the station. My memory is that there was a fire appliance, a police or ambulance car and an ambulance parked at the front of the station and there were a large number of people, rather like the exit of a football stadium, coming out of the station, with the station evacuation message being repeatedly played, so there were three distinct emergency vehicles present at the front of the station.
Q. There is some suggestion in the statement, the witness statement, of Mr Kempton, that, on your arrival, one or more of you tried to get more information by phoning Central Ambulance Control on the radio channel, I think it was channel 7.
Do you recall attempts being made to try to garner more information?
A. I asked all of the members of the team to, first of all, stay in one place and, secondly, to try and gather more information. We didn't want to disperse, go to the wrong place. So I don't have a specific recollection of a radio conversation myself, but I am certain that --

Q. It's quite likely?
A. -- Paramedic Kempton or Nation would have made that contact.
Q. Do we take it that you were unable to see any specific identifiable individuals who were concerned with Command and Control in their relevant organisations, such as London Fire Brigade, police and so on?
A. That's correct.
Q. My Lady has heard evidence that, by that time, by 9.45, there were certainly two ambulances there as well as a Fast Response Unit from the London Ambulance Service, and there was a gentleman called Paul Rixon who had taken up a command responsibility and had stayed near his ambulance and, because it was an ambulance, it had adopted the role of being the Command vehicle for the moment.
Do you recall seeing an ambulance with a blue light on acting as a Command vehicle for the London Ambulance Service on your arrival?
A. I only recall a single ambulance parked at the front of the station complex and I don't recall whether its lights were on.
Q. Do you recall meeting or do you know a gentleman called Paul Rixon?
A. No. I do recall an ambulance technician who was present

meeting an ambulance technician at the front of the station, but I didn't record his name.
Q. Was he performing, to some extent, the role of a Command function or not? Do you recall what he was doing?
A. He was at the vehicle. My recollection is that I asked him about the nature and location of the incident, and he wasn't able to give me very much information about the nature and location of the incident, other than his colleagues had already deployed into the station complex.
Q. So he had stayed there to be a route of communication, but his colleagues had already entered the incident?
A. Yes, as a liaison point. I didn't appreciate that he was performing a Silver Command function.
Q. Were you able to speak to any member of the police force when you arrived?
A. I recollect speaking to a police officer shortly after arriving and asking him about the police incident officer or police command function. He was clearly moving quite quickly towards, I now know, the Tavistock Square incident and said he wasn't in command, he wasn't aware of the nature of the type of the incident and he had to go because there had been an explosion at Tavistock Square.
Q. But you did come across, thereafter, a British Transport

Police officer who was in a distressed state?
A. Yes.
Q. Were you able to gather some information from him as to what he thought had occurred?
A. Yes. The information he was able to give -- and there were quite a few people coming out of the station complex with varying degrees of distress and some with injuries, some with soot, and he was one of those people, and he described that there had been an incident in the Underground system and that he thought it was on the Piccadilly Line.
Q. Did you understand from him that he had come in from the outside and had investigated what had occurred on the track --
A. No, I didn't.
Q. -- or did you think that he might have been a passenger who had simply exited from the station?
A. I think, in hindsight, I think he was someone who had been involved in the incident itself.
Q. Was that because of the dirt and the soot on him --
A. Yes.
Q. -- and the state of distress in which he was in?
A. Yes.
Q. From the passengers who were coming out, as well as from that officer, were you able to gain any impression of

whether or not this was a dirty bomb, whether it was a safe place to go into, in order to commence the process of triage and medical intervention?
A. No, not at all. In fact, quite the opposite. I was very concerned about a secondary device at the front of the station. That was one of my principal anxieties at that time, especially after the police officer had told me that, for all intents and purposes, a secondary device had already detonated at Tavistock Square.
Q. Was anybody able to meet your concerns about the possibility of a secondary device?
A. No.
Q. So what did you decide to do?
A. Within a few minutes of arrival, it became clear that there were some people in need of treatment in the Underground station complex. I was very aware that we did not know, really, the nature of this incident. We did not have any sense of whether the incident was controlled or still evolving or whether there were further devices, and I was very aware that we needed to follow our training for these circumstances, and our training is that we have to impose some sort of emergency services Command and Control infrastructure and at the same time commence emergency triage and treatment as best we can.

So I took the decision to split the team.
I deployed Dr Bland, my colleague, and Paramedic Nation down to the Underground complex in order to undertake a reconnaissance and return, as best they could, and provide any immediately necessary treatment, as best they could, whilst Paramedic Kempton and myself continued to try and implement a Command and Control infrastructure at the -- on the surface.
Q. These are, to an extent, competing obligations, are they not?
A. They are.
Q. To take time to find out what is going on, to get the right information in order to be able to make the right decisions, but at the same time a strong, countervailing urge to get in and assist with medical intervention and the triage process.
If you'd had more information, either from your own tasking colleagues or from the other emergency services at the front of King's Cross, would those competing obligations have been easier to resolve?
A. Yes, they would have.
Q. In what sense?
A. Well, I think there was a -- in the first instance, if there had been an element of command infrastructure in place that was evident, it would have been much easier

to integrate into that. There still needs to be a medical incident officer role fulfilled, but it would have been easier to more quickly develop an understanding of the nature of this incident, the scale and the number and type of casualties so that we could commence medical operations to support the rescue operations.

Q. Where HEMS had been deployed to an incident of this type -- this was unprecedented in scale -- but an incident where there's likely to be more than one casualty, and where there are London Ambulance Service personnel already on-site, how do you ordinarily find out where those other London Ambulance Service personnel are and what they're doing?

A. For a conventional HEMS incident or --

Q. For a conventional HEMS incident where there's more than one casualty.

A. Well, ordinarily, in a sort of multiple casualty incident where there are perhaps two, three or four casualties, the Ambulance Service will almost always be in attendance already and there will be an element of understanding of the nature and type of the incident, it will be physically often visible to everybody.

Q. You'll see them when you arrive?

A. And we would report to the leading ambulance

professional to get an immediate handover about the type of the incident and the patient whose needs are most likely to be met by the team rather than the totality of injured people.

Q. But here, because of the lack of information and, of course, because the bombsite itself was necessarily hidden from view, bar the one technician whom you happened to come across, whom you asked for information, you had no information as to the location of any of the other LAS personnel on the scene?

A. No, I did not.

Q. You didn't know who was triaging, who had gone down to the train, who was at station level, and who was doing what?

A. I only knew from the technician on the surface that his crew mate and paramedic had deployed into the station complex.

Q. But that was all you knew?

A. That's all I knew.

Q. In relation to Dr Bland and Paramedic Nation, did you task them to go down to the platform level and find out what was going on and come back, or task them to go down and commence medical intervention, if they thought it appropriate to do so?

A. I actually tasked them to go down to the first level of

the Underground station, undertake a reconnaissance and report back.

Q. I ask you because Mr Nation, last week, quite properly said, "Well, we were tasked to go forward to the scene", which, of course, perhaps is a somewhat broader tasking and covers a wider range of eventualities.
Did you expect that, as was in fact the case, they would go straight to the train and start assisting as best they could?

A. It's often the case that that happens. What I expected was either one of them or a runner to return with more detailed information about both what was happening and what they perhaps needed in terms of support.

Q. In the event, you did receive information from a runner, a Mr Tompkins, an LAS service technician --

A. Yes, that's right.

Q. -- who met Mr Nation on the train and was able to report back to you. So your tasking objective was fulfilled, albeit indirectly --

A. Yes.

Q. -- whilst at the same time allowing Dr Bland and Mr Nation to become involved in medical intervention?

A. Yes.

Q. If they had not met Mr Tompkins and if there had been no other LAS personnel into whom they had managed to bump

on the track, they would necessarily have had to leave the train, or one of them would have had to leave the train, to come back to report to you, would they not?
A. Yes.
Q. That would, of course, have taken them away from triage and medical intervention?
A. Yes.
Q. So in those circumstances, the lack of information would have had a direct impact upon the medical intervention that they were able to bring to bear?
A. That's correct.
Q. In any event, after your arrival, a senior British Transport Police officer was able to identify himself as the senior police officer and an LAS officer was able to identify himself as the ambulance incident officer. Did you speak to them?
A. Yes, they both arrived at the front of the station complex a few minutes after -- I think a few minutes after Dr Bland and Paramedic Nation had deployed into the complex.
Q. You stated that you would be the medical incident officer and did you designate yourself as such with a label or a jacket of some sort?
A. Yes, I did. We carry standard equipment to allow individual team members to take on a particular role.

Q. Was there then a debate between you or a discussion as to what the priorities were?
A. I asked -- I cannot recall precisely the conversation that we had, but I was still seeking information about the nature and location of this incident and it became clear that neither -- none of us knew the nature and location of this incident in any detail.
So I then suggested that we needed to have an emergency service coordination -- the phrase "meeting" implies something a bit more, but some sort of coordination discussion to try to understand more about this incident and to start to do the first -- follow the first principle of major incident management, which is instigate some kind of Command and Control across the whole incident.
Q. My apologies for asking what may seem to be an obvious question, but why was that necessary? Your colleagues had been tasked by you, two of them had been tasked by you to go down and reconnoitre the scene and, unbeknownst to you, they had actually gone all the way down to the track.
A. Yes.
Q. You knew that there were other LAS personnel there, because you'd seen the ambulance and, subsequently, ambulances, and they had disappeared into the foyer and

perhaps had gone down to the train. You had no real means of knowing where they all were. Why did it matter to have some sort of Command and Control function being operated at this time? Everybody was getting on with what they thought they could do.

A. I think that's the point. It's not at all clear that everybody was getting on with what they thought they could do. If you have a large-scale incident -- remember, we don't know the scale of this incident, we don't know the number and type of casualties, we don't know the rescue equipment that may be required. The sooner we can put some sort of Command and Control structure in place and gather intelligence about the nature of the incident, then the sooner we can actually manage all of the patients at the incident site, rather than perhaps one or two who are -- who have had treatment commenced.

Q. How, though, were you able to communicate with your colleagues and to put into practice whatever decisions you had made in that first coordination meeting? You couldn't contact any of them.

A. I wasn't. It became very clear -- that was at approximately 10.00 am, I believe. It became very clear, very quickly, that there was no information. There was no real understanding about the nature of this

incident or the number or type of casualties or, indeed, of its physical location, and I had had no information back at all from either the ambulance crews who had deployed or, indeed, I'd never seen the Fire Service return, and I had never -- and my own team had not returned, and I was working blind, as it were.

Q. Is there ordinarily radio communication between you and the fellow members of your team?

A. Yes, there is.

Q. Were you able to contact them on the radio?

A. No.

Q. Did you try repeatedly?

A. Yes.

Q. Did you know, by 10.00, at this first coordination meeting, whether there had, in fact, even been a bomb or an explosion of some sort, or not?

A. No, I had a very high suspicion that that was the case. The officer at the front of the station had indicated that there had been an explosion at Tavistock Square and there had been obviously multiple incidents that we were all deploying to, and that was our concern.

Q. So in light of the absence of information, indeed a complete absence of knowledge as to where everybody was and what functions they were carrying out, other than the two that you had directed, what did you decide

to do?
A. I imagined that there was a sort of bridge, a ship's bridge or Air-Traffic-Control-room-type facility that we would deploy into in a large, complex transport system, and when it became clear that I was essentially performing no useful function at all as a medical incident officer, being detached from the incident, not knowing anything about it, that I had to find my team, I had to find out what was going on and report back to another coordination meeting -- which I suggested should happen in about 20, 25 minutes' time -- the exact nature and type of incident, and I was in the process of trying to actually justify leaving that office on platform 8 and deploying down into the Underground system myself when Paramedic Tompkins arrived with some information about the scene.
Q. What was he able to tell you? Do you recall?
A. He had been to the platform, he was able to describe for all of those present that this train -- where it was, that there were a large number of people seriously injured and trapped in the train and that the medical team were down there, Dr Bland and Paramedic Nation, were down there, and that there was further medical resources required.
Q. Did he tell you that there were other Ambulance Service

personnel down there as well, in addition to your own HEMS team?
A. Yes, but I can't -- he gave a briefing which I can't recollect the detail of.
Q. But the thrust of it was that more medical personnel were required?
A. Yes.
Q. Do you recall, during that discussion with your fellow command officers, some debate as to the wisdom of a unilateral declaration by one of the others to try to declare the scene sterile?
There is some suggestion in the papers of a decision by one of the officers there to try to close the scene of the bomb and try to bring everybody out and to try to decontaminate it and keep it sterile.
A. I have no recollection of that discussion at that time. I do -- I was aware that there had been no -- there was no information and no apparent attempt to screen the incident scene, in terms of a respirable atmosphere or contaminants or any other hazards, but I'm not aware --
Q. In other words you were aware that everybody was just going down to the scene, regardless of the situation concerning personal health and safety?
A. Yes, and I was worried about that.
I have notes about what Paramedic Tompkins told me,

if I can refer to those, if that would --
Q. Yes, we have your statement.
A. I have my actual handwritten notes with that.
Q. We haven't seen those. Do you have them there with you, Doctor?
A. Yes, I do.
Q. Could I perhaps have a look at them?
A. Yes, certainly. They were submitted with my report.
Q. Yes, they may be on the reverse of it, but it didn't find its way to us, I'm afraid.
Would you mind, Doctor, if we photocopy that page? Is there anything on the other two pages that's relevant or not?
A. Yes, Paramedic Kempton's map is -- those papers would have folded in half, A5 size, in my pocket. The map that Paramedic Kempton made as we walked through the platform, to the train, is there, and these are also my aide-memoire notes for the briefing meeting that I returned to give.
Q. Thank you. Could I ask that those be photocopied, please? I think we'd better have at least 20 copies, if we may. Thank you.
We'll come back to the contents of that a little later. It may be necessary just to break for a moment or two while we have a look at those, Doctor.

So returning to the arrival of Mr Tompkins, Mr Tompkins told you what he was able to recall of the incident and what he'd found out from the train and the track. As a result of what he told you, what did you decide to do next?
A. I decided that it was imperative to go down -- he gave quite a lot of information, some of which was -- I needed to confirm. I decided, since he knew where the incident was, that he -- I asked him to take me there and I indicated to my colleagues in the coordination group, the police incident officer and the ambulance incident officer, that I would undertake a reconnaissance of the whole incident myself, I would return by -- I believe it was 10.30, and in the interim, if they could develop an understanding of what was happening on the surface and institute the necessary infrastructure elements at the surface in terms of triage and treatment and transport components of a major incident, then I would return and give them a full understanding of what was going on at the incident scene.
Q. There were two parts, in essence, to this incident, weren't there? Because there were the casualties who were less severely injured who were at the foyer level, at the entrance level --

A. Yes.
Q. -- and there was a very large number of those casualties, and there were those more severely wounded on the train.
Did it seem to you, before you left to carry out your reconnaissance, that those who were at station level, at the foyer level, were being appropriately looked after, they were being triaged and there were people there to attend to them?
A. I had no real understanding of what was happening to those patients at that time.
Q. Did you take any steps to address your concerns in relation to those casualties before you went down below?
A. I asked the ambulance incident officer to focus on the surface component of the incident management whilst I deployed to the train, and that's partly because, of course, I already have personal protective equipment and clothing which we use working in the Underground system, whereas he had a normal ambulance uniform.
Q. Do you recall his name, the name of the ambulance incident officer?
A. I'm afraid I do not.
Q. Did you go down with your colleague, Mr Kempton, or not?
A. Yes, I returned to the front of the station where I had left Mr Kempton again as a point of liaison for further

arriving services and, in fact, it was Mr Kempton who had directed Mr Tompkins to come to the office on platform 8 to give us his information. We collected our treatment bags and then we both deployed with Mr Tompkins down to the Underground station.

Q. On the way down, did you pass members of the other emergency services who were able to give you any information, or not?

A. My recollection is we came across a firefighter, a fire officer, at the top of the escalator system and some equipment and he was able to direct us further down into the Underground system.

Q. Was anybody able to tell you whether they had seen your HEMS colleagues?

A. I believe I asked him that question, and he said they had deployed further into the Underground system.

Q. So you followed them in?

A. Yes.

Q. We know that you proceeded into the tunnel. Do you recall whether you proceeded into the tunnel towards the rear of the train, the rear of the westbound train, or through the crossover tunnel which linked the eastbound platform with the westbound tunnel?

A. It was through the rear.

Q. It was through the rear door?

A. Yes, it was.
Q. Do you recall specifically going into the rear of the train or entering through the side of the train?
A. Into the rear of the train, climbing up into the back door, if you like, at the back of the train.
Q. Before you entered the train itself, do you recall seeing anybody lying on the tracks?
A. Yes, I do. Shortly after entering the tunnel, I came across a person on the tracks.
Q. Could you please look at the screen at our page [INQ10283-12]? Doctor, this is a schematic diagram showing the location of the train when it came to a halt inside the tunnel outside King's Cross. King's Cross is to the right, Russell Square to the left. The front of the train is to the left. The branch track to the top of the document is the crossover tunnel that links the westbound track with the eastbound track and the eastbound platform. The rear of the train is to the right.
Can you tell us, based on that diagram, where you think you saw the person on the track?
A. My recollection is that it was -- my recollection is that the back of the train was actually closer to where the junction is on this diagram, and that the person was on the -- as I am facing the back of the train, was on

the tracks, on the right-hand side. That's my recollection.

Q. Is it possible that you entered the train by coming down the crossover tunnel and saw the person in that junction adjacent to carriage 4 where you can see a mark and a name there identified on the plan, as opposed to coming up the right-hand side towards the rear of the train?

If you don't know, then please say so, of course.

A. I only recollect being aware of one way to get to the train and I recollect going into the back of the train, but as I say, my memory is that the back of the train was in a wider, open space than the tunnel itself.

Q. In fact -- I'm grateful to Mr O'Connor -- we've got Mr Kempton's map describing the way in which he entered the train and it does seem that you and he entered the side of the train through the crossover tunnel?

A. Oh, do we?

Q. Which would explain why there's a person lying on the tracks next to that junction.

May I ask you, please, about that person? Having seen them there, did you go over and ascertain whether there were any signs of life?

A. Yes, I did.

Q. Could you just tell us briefly how you did that?

A. This person was, to my recollection, very severely injured. They were apneic, they were not breathing, and there were no signs of life, and they had injuries which were incompatible with life.
Q. When you say there were no signs of life, do we take it from that that you ascertained whether there was any pulse, any sign of breathing?
A. Yes.
Q. There was nothing?
A. There was nothing.
Q. Was this a stage at which you then instructed your colleague, Mr Kempton, to commence sketching a diagram of the tunnel and the place where you had found this person?
A. Yes, that's the sketch on the document I gave you that I asked him to start keeping some sort of rough record of what we were finding as we were going along.
Q. As a result of your conclusion that there were no signs of life and the person had passed away, did you attach a label to the body?
A. My recollection is that we did.
Q. The body was, in fact, according to your witness statement, partly covered with a tarpaulin or a covering --
A. Yes, that's right.

Q. -- to preserve their dignity. Plainly, because they were dead, were you a little surprised that there was no tag already given to that body?
A. No. The -- it would not necessarily be the case that the first responding ambulance personnel or, indeed, HEMS personnel would carry triage labels routinely when they are deployed into a normal incident. So it wouldn't necessarily surprise me that they had not been formally triaged with a labelling system.
Q. You then entered the train. Did you then proceed towards the front?
A. Yes.
Q. What happened next, do you recall?
A. My overriding priority was to walk the incident, to get from one end of this incident scene to the other, to ascertain the nature and type of incident and the number and type of casualties, in order to report that back at the coordination meeting. So I proceeded down the train, really counting persons, and quite quickly identified the HEMS medical team.
Q. Was your priority to count the number of casualties or to triage the casualties as you went through?
A. It was the first. It was really to -- this was a sort of reconnaissance to identify the nature and scale of this incident rather than to undertake a physical

triage, and Dr Bland, when I came across Dr Bland, had already commenced both treatment and the assessment of injured people within the train, working with the ambulance crew. So there was obviously -- there was a lot of activity on the train that had already commenced.

Q. The number of casualties in the train, though, dwarfed the number of medical personnel in the train, did it not?

A. At the time that I entered the train, there were still a combination of both rescue and medical operations taking place. I asked Dr Bland if he required further assistance or equipment and, given that I'd already -- we'd already brought Paramedic Kempton and some additional equipment, he indicated that there wasn't actually a need for further medical teams to be deployed into the train, and so, at that stage, I wouldn't necessarily say that the number of patients overwhelmed the number of medical staff who were present, in terms of medical operations.

Q. Did you, yourself, triage any of the casualties as you proceeded through carriages 4, 3 and 2 to the front? Do you recall providing a P2 label for a lady with serious lower leg injuries?

A. Yes, as we went along, if there was a -- if you stop to

treat, you fail in your task in this role and, as we went along, if it was opportune to undertake rapid triage or a rapid intervention, then we tried to do so. But my only recollection is that actually only one or two patients were provided with a triage label at that stage.

Q. Her Ladyship has heard evidence that other paramedics, other LAS personnel, had, of course, also engaged in the process of triage. You, yourself, wouldn't have known that because of the lack of information at surface level.

A. No.

Q. So was there a danger here that you could end up engaging in triage, but triage of persons who had already been triaged, and thus depriving casualties of medical intervention, the triage process having been completed?

A. The triage process is dynamic, so repeating the triage process in terms of reassessment of physiological derangement would not cause a patient harm, it would either increase, decrease or maintain their current triage status.

So there is a danger of spending time repeating a triage process very soon after it's already been done, and, therefore, wasting time, but the actual repeating

of the triage process wouldn't ordinarily damage a patient.

Q. But due to the lack of information, you had no knowledge as to how long before your attendance in the train the triage process had taken place?

A. That's correct.

Q. Because you hadn't seen, of course, Mr Nation going through the train or the other LAS personnel who had gone through?

A. That's correct.

Q. For example, Mr Taylor, who had gone through the train triaging.

But as it happened, Doctor, by the time you reached the train, the majority of the walking wounded had left, and in relation to the first carriage, was it the position that those who were seriously injured and still alive were being attended to and, tragically, the vast majority of the people left in carriage 1 were already dead by the time you arrived?

A. Yes, that's correct.

Q. So in these particular circumstances, would it be fair to say that the overlap in the triage process and the lack of information between all the medical technicians attending had perhaps a little less effect than it would otherwise have done because of the fact that so many

people died instantaneously in that first carriage?
A. Yes, I think that's correct.
Q. Is that a fair summary of the position?
A. Yes.
Q. That's not to take anything away from what I think you would agree was a high level of confusion because of the lack of information given to those who were arriving at the surface level?
A. I think a high level of confusion at the surface but not necessarily within the train itself. I had a real sense that there was a team working there who were actively managing in terms of medical operations.
Q. But they were able to manage and they were able to successfully manage those who, with the exception of two persons they brought out, because they happened to come across a limited number of severely wounded?
A. Yes, that's correct.
Q. Tragically, most of the casualties had died?
A. Yes.
Q. As you went through the train, did you come across your fellow paramedic, Mr Nation, outside the train between the carriage wall and -- the tunnel wall and the carriage?
A. Yes.
Q. Was he attending to, you thought, three seriously

injured patients on the ground? In fact, there were two seriously injured patients and there was one deceased gentleman adjacent to them. Did you stop and speak to him?

A. I did.

Q. What was the purpose of speaking to him?

A. First of all, to make sure he was okay, to ask what he was doing, and ask whether he needed any further equipment.

My recollection is that there were three patients whom he had been directly involved in caring for along with Dr Bland, and was -- and who were in the process of being rescued as well as treated, and then I moved on further up the train.

Q. There came a time, we happen to know from other evidence, that there was a need for greater pain relief in relation to those two casualties and Dr Bland was called upon to provide Ketamine for the purposes of giving them pain relief.

When you passed by that incident, that particular part of the incident, do you recall there being any discussion of the need for greater pain relief than that which was available: namely, tramadol?

A. I don't have a specific recollection of that, but we brought extra equipment with us, which includes

Ketamine, and I believe we dropped that equipment off at that point as we went along. But I don't have a specific recollection of a discussion about pain relief.

Q. Do HEMS personnel, Doctor, carry a greater dosage or a greater concentration of pain relief by way of Ketamine --

A. Yes.

Q. -- than that carried by LAS personnel?

A. LAS personnel don't carry Ketamine.

Q. Can you tell us, please, what the dosage is in the Ketamine provided by HEMS?

A. It depends on -- Ketamine is a drug with a wide dose-response range which can be used for different purposes.

So if one was going to anaesthetise a patient, who was awake to start with, then there would be 2 milligrammes per kilogram. If one was going to simply provide some sedation to facilitate extrication, again in a stable patient, that would be 1 milligramme per kilogram and, if someone was going to use Ketamine to provide light sedation and pain relief, then it would be half a milligramme per kilogram. So the doses vary according to the purpose for which you are using the Ketamine.

Q. The HEMS paramedic or doctor can vary the degree of the dosage. Is that right?
A. That's correct, and are all aware of those ranges.
Q. There's no standard vial of Ketamine that can be administered intramuscularly, there is a range of dosages which is available to the technician?
A. There's a range of dosages, but it's also available in different concentrations. The higher concentration -- 100 milligrammes per ml would be used for intramuscular administration, compared to the lower concentrations of 10 milligrammes per ml, which would be used for intravenous administration.
LADY JUSTICE HALLETT: Thinking about the two -- you thought, at the time, three -- severely injured passengers that Mr Nation was attending to, if you'd had more information and knew that others had been counting casualties or doing the triage process, would you have been able to stay with those severely injured and do any more than Mr Nation could do, or was there nothing more that could be -- apart from the question of pain relief, to which Mr Keith has referred, would you have stayed with them or what would you have done?
A. I think that my understanding was that Dr Bland was still actively involved in supporting Mr Nation, that he didn't need any additional medical support at that stage

and, of course, my overriding anxiety was to return to get back to the coordination meeting to be able to do what I'd set out to do, and I was concerned about failing in that task.

LADY JUSTICE HALLETT: So because of the inability to communicate above ground, because of the site, you still felt you had to make sure that you had the proper structure in place upstairs?

A. Yes.

LADY JUSTICE HALLETT: Because that obviously had affected the -- impacted upon you on your arrival because there hadn't, as you saw it, been --

A. Yes.

LADY JUSTICE HALLETT: Thank you.

MR KEITH: Thank you, my Lady.

If I may follow up on that line of questioning, in terms of the severely injured in the carriage and the deceased, how would the information that you were intending to bring back from the train to the surface have affected their treatment, either by way of dealing with the deceased or providing medical attention to the living?

A. So, at that stage, dealing with the deceased is not a priority for the medical or rescue services. Having an understanding of the number and type of live

casualties would influence the deployment of further medical resources and having an understanding of any entrapment circumstances would significantly influence the Fire Service deployment of rescue resources. So the ability to draw more resources into this incident scene is absolutely dependent on understanding what resources might be required.

Q. As it happened, because of the large number of deceased in the first carriage, there was little at that stage that could be done.

A. That's right.

Q. There was no medical intervention. The question of recovery or issues of that were not of immediate concern to you?

A. Mr Tompkins had indicated that there were 50 -- I think you'll see in my notes that there were 50 or so seriously injured casualties on the train. My reconnaissance was that there were not 50 seriously injured casualties left on the train and, clearly, that information would be influencing the deployment of further personnel into that environment which I still considered to be highly dangerous.

Q. In fact, though, your movement through the train revealed that those who were severely injured were being tended to?

A. Yes.
Q. Because you asked Dr Bland whether he needed further assistance, he said he was all right, and Mr Nation was dealing with his two casualties. You thought three, but in fact two.
So in truth, due to the happenstance of there being, by that stage, relatively few severely injured left on the train, there was not a great need for further medical personnel to attend the train?
A. That's correct.
Q. Nor, from what you said, were you told that there was a great need for further medical equipment by way of pain relief or anything of that sort?
A. That's correct.
Q. But because of the principle of the matter and because you'd set yourself the task of carrying out the reconnaissance, you still had to get back up to the surface level to report on what you'd found and make the appropriate decisions?
A. Yes.
LADY JUSTICE HALLETT: I think you mentioned earlier not just the treatment and the rescue, but I think you mentioned transport.
Presumably, you need to know how many casualties are going to need how many ambulances and the like to take

them swiftly off to hospital?
A. Absolutely. Again, coming back to this coordination function, it doesn't come naturally to doctors. But I've been teaching major incident management for many years and, if you stop to treat in this role, you fail in your task in the wider management of the whole incident, and I still had no understanding of what -- the infrastructure development on the surface at that time.
Clearly, that would be important for the surface staff to understand what was still going on under the station, particularly since there was a perception that there were still a large number of seriously injured people under the station.
Q. On the way out, you met Dr Mulcahy?
A. Yes, I did.
Q. Did you instruct him to go down to the train and to help where he could?
A. Yes, and I left Paramedic Kempton and Dr Mulcahy to support Dr Bland.
Q. Right. When you arrived back at the surface level, you were just in time for the planned 10.30 meeting that you had, to use the court expression, adjourned from 10.00?
A. Yes.
Q. No doubt, you briefed all the representatives in the

various emergency services at that meeting of what you had found?
A. Yes.
Q. In essence, did you tell them that there were a large number of deceased in the first carriage --
A. Yes.
Q. -- but less severely wounded remaining on the train than that which you had originally feared to be the case?
A. Yes, I think, at that time, I thought there were only, in terms of on the train itself, two or three people on the train and the patients Dr Bland was dealing with.
Q. So what, in general terms, did that meeting concern itself with in terms of the provision of support and equipment and medical attention to the train?
A. The notes that -- I made little briefing notes prior to speaking at that meeting.
Q. Have you received the originals back, Doctor?
A. No, I have not. (Handed)
The page, which, again, would have been folded like that --
Q. Is it the page with "Travel centre" at the top or not?
A. The page that says "Silver" on the top.
Q. Yes, there's a timing on that far right-hand corner.
A. That was the timing of the next meeting.
Q. Right, it wasn't the time of that meeting. Yes.

A. So you'll see down the left-hand side the heading "C&C" and then "Safety" and then "Comms" [Roy MacKenzie notes]and then --
Q. Doctor, I'm just going to pause you there, I'm sorry, I think we can get it up on the screen.
A. Would you like me to go through that?
Q. Yes, please.
A. You'll see that I've used, as an aide-memoire, down the left-hand side, some headings. These are the headings that we teach people to structure their thinking around major incident medical support.
"C&C" is an abbreviation for Command and Control and "Safety" is the second priority, in terms of understanding the safety risks. Communications is the word "Comms", and then "A" stands for assessment. Triage, transport and treatment are then listed there.
I used this note to identify that the forward medical incident officer was indeed Dr Bland, that's the abbreviation FMIO, Dr Bland, and that Paramedics Kempton and Nation were still down in the station complex.
I then highlighted that I had -- in terms of safety, there were still some very significant issues around no CBRN clearance, so chemical, biological, radiological and nuclear clearance.
The ventilation in the tunnel system was -- that it was still very -- that the atmosphere in the tunnel

system had not in any way been made safe. That there were still secondary devices, a concern about secondary devices or, indeed, incompletely detonated devices, and the last word I've written there "Sustainability", I was aware that both the fire and rescue service personnel and the HEMS and paramedic personnel I had come across on the train were working flat out and in a very difficult environment, and that we needed to think about, if we were going to keep them there any longer, starting to look after them.

Q. To rotate them and replace them with other crews, perhaps?

A. Yes. I then gave a briefing about -- from my walk around, from the assessment, about what I considered to be the number and type of casualties and the nature of the incident and I confirmed that it was a blast, I confirmed where it had occurred in the train, and I confirmed the -- what I considered to be the number of live patients still left on the train, and made some proposals to the coordination meeting about what needed to happen on the train, and then addressed my attention to what was happening on the surface.

Q. What, in essence, did you suggest should be done about the train?

A. I indicated that the teams on the train had told me that

they didn't require any further medical personnel to be deployed to the train, that they were in process of rescuing the final casualties, and that, once that process was complete, we needed to stop people going on to the train.

Q. In relation to those who had died in the first carriage, you, yourself, had been into the first carriage?

A. Yes, I had.

Q. We know from your witness statement that you had, wherever possible, tried to count the number of deceased --

A. Yes.

Q. -- and to see whether or not they had been triaged and assessed as dead by having labels attached to them. Did you report on the numbers that you were, as best you could, able to identify from that process?

A. Yes, I did. I estimated that there were approximately 25 people who were deceased in the first carriage and the additional deceased person on the track, and that there were something like, I think, three or four patients still in the process of being rescued from the train itself.

Q. Due to the terrible conditions in the first carriage, you could not be sure, could you, as to the exact number of the deceased?

A. No, I couldn't.
Q. That, in part, was due to the severity of the bomb making individual ascertainment of individual bodies very difficult?
A. Yes.
Q. At the bottom of that page, we can see that you've referred to "Triage SB".
What was that a reference to?
A. My recollection is that I've indicated that Dr Bland, Steve Bland, has already completed full triage on the train.
Q. Then "Transport" is it?
A. Transport and treatment, yes.
Q. That was transport of casualties from the train?
A. No, that would be in relation to now -- the reason it's blank is to understand what is happening now in terms of transporting people to hospital and treating people in terms of the wider major incident management.
Q. Can we, now that we have your notes, go back one page, please, to the page that commences with the words "10.15 at the top, and it says "RM starts". It's the second half of the previous page.
We can see there at the top "10.15" [Roy MacKenzie notes]. Are these notes that were made whilst you were in the tunnel, then?

A. The writing at the top is not my writing. I believe that this is Paramedic Kempton's writing. I think I handed him this. This was on a clipboard, and I handed him this. He was behind me, and I asked him to make some notes.

Q. Do you know what the reference is to "syringes" and, above it, it may be "Ketamine", I'm not sure, "Ketamine and syringes, 10.25, scoops".

A. That's my writing, I believe, and that may have related to -- I may have written that down, as I was going along, around what the team were using in terms of equipment and equipment resupply.

Q. May it have been that you were informed by Dr Bland that he'd used or was intending to use Ketamine intramuscularly and to inject it, therefore, and therefore there might be an issue about resupply of syringes or further doses of Ketamine?

A. Yes, that's likely. That's why I would have left the second bag with him. So we were trying to establish what equipment was being used so that we could maintain a resupply of equipment.

Q. In relation to "scoops", may we take it, therefore, that you were told that there was an issue about whether or not there was a sufficient number of scoops to bring out the rest of the injured from the carriage?

A. I think my recollection would be that that would be either Paramedic Nation or Dr Bland asking for scoop stretchers to facilitate the rescue of their patients.
Q. May I ask you this, finally, in relation to these notes -- I'm sure others will ask further questions, but if we could go back to the first page, the notes helpfully contain references to the first meeting, the meeting that did not fully proceed because of the lack of information at 09.55, we can see there that you've made a reference to the officers who were present at the Silver meeting, LAS, there's no name given, police, McCafferty, medical is yourself, but no Fire Brigade. Large number of fatalities, body parts, the dead, double cross, does that indicate a substantial number of deceased?
A. Yes.
Q. It's on the Piccadilly Line, and then we can see, importantly, the information provided to you by Mr Tompkins.
He makes a reference there, does he, to two deceased, two people?
A. No, two times P1.
Q. Two priority 1s?
A. Yes.
Q. 50 people?

A. So that was 50 injured people on the train.
Q. All on the floor?
A. Yes.
Q. "Lighting/ventilation", did that preface the issue to which you've just made reference: namely, the difficulties of the condition --
A. Yes, he was expressing, to my recollection, that there was a problem with lighting and ventilation.
Q. Then does he refer next to the people whom he had encountered in the train, perhaps, 1 fast response?
A. One -- either fast response or first response, his crew mate, another paramedic, and the HEMS team, which would have been Dr Bland and Mr Nation.
Q. So that was the first indication you'd received, was it not, of a realistic appreciation of the number of paramedics and medical technicians who were in the train?
A. Yes.
Q. Then we can see underneath the note taken by you to carry out reconnaissance of the train in the carriage?
A. Yes, it says:
"Decision for recce taken by paramedic [or para] Dave. Met up with Gino [which is Gino Kempton]. Recce of wreckage", at 10.00 am.
Q. The final matter I want to as you, please, if I may, is

about the person whom you encountered at the front of the train, because you went all the way through to the first carriage, did you not --

A. Yes.

Q. -- and then out the front?

At the front of the train, did you find two Fire Brigade personnel who asked you what to do about a patient who was lying on the tracks at the front of the train?

A. I think that was on the second time that I entered the train, so I --

Q. I'm so sorry, you're quite right. Having -- we've explored what you discussed at the Silver meeting at 10.30. Following that meeting, did you go back down to the tunnel?

A. Following that meeting, I actually proceeded to the front of the station with the ambulance incident officer to try and develop an understanding of what was happening on the surface and to ensure that the infrastructure on the surface was now -- was working, and to see what other resources, medical resources, were required on the surface, and I came across a colleague who had deployed from HEMS, Dr Davies, who had arrived at the front of the station and, after a short discussion, I asked him to take on the surface medical

incident officer role so that I could return to the train in order to ensure that, really, my instructions were being followed, that the -- there were no -- that any other assistance had been -- that there was no other assistance required and that the train was being cleared, and it was on that second occasion where I attended the scene with a police officer and went through to the front of the train, and it was at the front of the train and there were no live patients left at that stage, where I came across a patient who had two triage labels on them, and a fire crew proceeding with attempting to rescue this patient to the Russell Square end of the incident.

Q. This patient, a female we know to be Shelley Mather, was she carrying two labels? Because she had plainly received a priority 1 label to reflect the fact that she was in immediate need of medical assistance, but then subsequently had passed away and then had a second label, a dead label, attached to her?

A. Yes, the labels are -- the priority 1, 2, 3 label is interchangeable on a single label. It doesn't have a dead label on it. So my understanding is that this is someone who had initially been triaged as priority 1 and who had subsequently died and then had a deceased label placed on them.

Q. So did you tell the Fire Brigade firefighter who was there that she was obviously dead and there was nothing more that could be done for her?
A. I confirmed that she was dead and that they did not need to rescue her.
Q. Could we look, please, at your note, the typed note, the typed record, [INQ9448-2]?
At the bottom of the page, at approximately 11.05, you record there how you attended the scene again, and you confirmed that there were no live casualties remaining and you instructed personnel to wear dust masks and reminded them of the need for ventilation and hydration.
May we take it that, following the check that you carried out with the police officer at just after 11.00, you had assured yourself that there were no live casualties left on the train?
A. That's correct.
Q. All the living casualties had been brought out?
A. Or were in the process of being extricated from the platform -- from the system. But there was no one on the train, yes.
Q. Yes, but they weren't in the tunnel?
A. Yes.
MR KEITH: Doctor, thank you very much. Those are all the

questions that I have for you, but there may be some further.

LADY JUSTICE HALLETT: Mr Coltart?

Questions by MR COLTART

MR COLTART: Only a few, Doctor, if I may.

You were in a monthly clinical governance meeting with your colleagues when the messages first came through, and gripping, no doubt, as those meetings are, I suspect this was a significant development as far as the people present in that room were concerned.

What attempts were made, at that stage, to obtain information, more information, quickly about the nature of the problem which confronted itself?

A. My recollection is that some colleagues -- Dr Davies, I believe Dr Lockey -- had actually already been made aware of an incident at Aldgate by radio or by some form of communication and had already deployed, and our -- there were attempts by -- you know, it's important that everybody doesn't try to find out the same information as everybody. We have a special incident desk that really tasks HEMS. That desk we knew would be gathering information and we quite quickly designated one of our party to be the coordinator, and that was Dr Weaver. So Dr Weaver then started to communicate with the desk at London Ambulance Service to gather more

information.
Q. What was the problem which the desk was having in obtaining more information about this incident?
We've heard that by the time you arrived at King's Cross, which was some 40 minutes or so after the first messages came through, you didn't know where the incident was and you didn't know what it was.
So what problems was Dr Weaver having in communicating with whomever she was trying to obtain information from?
A. I don't know. My recollection is that there was a great deal of -- there were six, possibly seven, initial incidents that were described in terms of reports of smoke coming from various station platform entrances, and we knew that there had been something going on at Aldgate and we were busying ourselves with being prepared to deploy as teams with the right equipment, if necessary to do so.
So I'm not really aware of the challenges that Dr Weaver faced, in terms of communication.
Q. Have you ever had an opportunity to discuss with her afterwards -- we know that you were one of a number who attended a formal debrief, for example.
Do you recall any discussions or observations which she made about the difficulties which she had

encountered, what they were?
A. I don't actually recall any detail of that, I'm afraid.
Q. I'm only asking you because we're not going to hear from Dr Weaver, so I'm just wondering whether you had any recollection yourself of what had been said.
A. I don't. The debrief I attended really focused on the King's Cross incident and on the first phases, if you like, and the challenges around developing this Command and Control infrastructure and transmitting information. It wasn't really about the earlier communication matters, to my recollection.
Q. I think you told us that, when you arrived at the station, you didn't even know, at that stage, whether it was taking place in the mainline station or in the Underground station?
A. That's correct. So we had all sorts of suggestions that had been made about where the -- that these were power surges in the Underground system, that there was smoke coming from platforms.
When I was deployed to King's Cross, there was no detailed information about what was occurring, at that -- at that station. There may have been information, but it wasn't transmitted to the team as we were deploying to the scene.
Q. Whilst you were en route in the helicopter, were

attempts continuing -- none of this is criticism by the way; we're just trying to get to the bottom of what was happening -- were attempts being made from the helicopter to obtain information as to what it was which was going to confront you once you landed at King's Cross?
A. Yes, I believe there was. It's a relatively short flight --
Q. Yes.
A. -- and we were having a discussion about what we might face and we -- but we have a high level of confidence in the HEMS service in the HEMS paramedic at the control desk telling us information if information is available, so we tend to be quite disciplined about waiting to hear rather than constantly pushing for more information.
Q. I understand. You were able to pack with you your standard kit before you took off --
A. Yes.
Q. -- and departed for King's Cross.
With the benefit of hindsight, now knowing what it was that had taken place at King's Cross, was there anything additional which you might have taken with you or would have chosen to take with you, if you'd had that information available at the time?
A. We didn't have, at that time, a really developed system

for personal protection around dust masks and dosimeters and similar sorts of pieces of equipment which might have helped give us confidence about the operating environment in which we were working.
In terms of equipment, our medical equipment bags are quite comprehensive, in terms of their ability to treat individual patients, and we carry, as you've seen, paperwork related to structuring incident management, aide memoires and the like, and tabards or badges that identify individual roles.
We don't really have the capacity to carry any sort of heavy equipment, in terms of additional blankets, stretchers, and so on and so forth. That's not part of the HEMS equipment capability or deployable capability.
So other than the additional bags, of which we have quite a large number, or at that time had quite a large number, on standby, I don't think there's any additional equipment that we could realistically have taken by helicopter on that morning.
Q. We can understand that. There's a confined space on a helicopter and only so much that it can be permitted to carry.
Are you generally reliant, then, upon the London Ambulance Service to arrive equipped with additional heavy equipment, whether it's oxygen cylinders,

stretchers, blankets, that type of equipment?
A. Yes.
Q. It's obvious that, when you arrived, the ambulance technician to whom you first spoke and the police officer to whom you first spoke weren't able to assist you, provide you with any further information?
A. No.
Q. You were able, reasonably swiftly, to identify the ambulance incident officer and the police incident officer. If I were to suggest to you that the ambulance incident officer was a man by the name of Stephen Sale, does that ring any bells as far as you're concerned?
A. Yes, it does.
Q. And that the police incident officer was a man by the name of Mr Cafferty? It might be McCafferty. I'll be corrected on that, but it's one or the other. Does that ring any bells?
A. Yes, it does, I think I wrote the name McCafferty in my brief notes.
Q. Right. What you did appreciate on arrival was that there were large numbers of people exiting the Tube station, some of whom, as we understand it, were visibly soot-stained, looked like the walking wounded. Is that right?
A. Yes, mixed with normal commuters, an extraordinary sort

of mix of people, like the exit from a sports stadium or something like that, with a whole mixture of irritated commuters, of people who obviously had been, in hindsight, in the incident itself and some emergency services personnel, I now know, such as the British Transport Police officer who came up.

Q. The police officer to whom you did speak spoke of an explosion at Tavistock Square and, combined with the other information which you had received piecemeal that morning about smoke coming out of tunnels, and so on and so forth, did you have concerns, at that stage, that this was a major incident of pretty significant proportions?

A. Yes, I did.

Q. Were you concerned, on your arrival, to see that there was only one ambulance in attendance as far as you could ascertain?

A. I was concerned, but I don't think I was surprised. The sort of template incident that we often train people to is the Madrid bombings, of course, where there were lots of secondary devices, where there were lots of simultaneous incidents occurring, and I was already aware, because of the deployments that had been made before I deployed, that there were simultaneous incidents.

So it didn't -- and that there were incidents that sort of -- at different stations with quite a lot of confusion around it. So I didn't necessarily know that there actually had been an incident at this station. I wasn't necessarily surprised that, at that stage, there was only a single ambulance visible to me.

Q. By the time that you had received your initial report from the soot-covered police inspector, followed fairly swiftly thereafter with your discussion with Mr Tompkins at the abandoned meeting, was it apparent to you that there was going to have to be a significant increase in the number of ambulances in attendance, if this evacuation process was to be undertaken smoothly?

A. Yes, and if Mr Tompkins' estimate of the number of patients was correct.

Q. Because, in addition to the perhaps overestimation of the number of casualties on the train from Mr Tompkins, there were, of course, a number of injured people, a large number of injured people, within the body of the station at King's Cross at this time.

Can we just deal with your trip into the tunnel, the first foray that you make with Mr Tompkins? I just want to ask you about the patient that you met on that train, the priority 2 patient. You say this in your witness statement:

"I entered the train from the rear and proceeded down the central corridor. I came across a police officer whose name, rank and service I did not record. The police officer was with a young woman who was sitting on a train and had a serious lower leg injury. She was otherwise conscious, breathing and responsive."

So at this point in time, it appears, does it not, that this woman hasn't yet been through the triage process?

A. In terms of the labelling system, yes.

Q. So she's sitting with a police officer, not a paramedic?

A. My recollection is that she'd come from further up the train, that this was a -- my recollection is that this person was on a journey with the police officer and that they had stopped at this point because of a combination of pain and to rest in the process of this evacuation. It wasn't my understanding that this is where the person had been injured at that time.

Q. Was there any sign, either through your discussion with the police officer or through what you could see of this young lady, that she'd received any medical treatment by this time?

A. Not to my recollection.

Q. Are you able to recollect anything more about the nature of her injury?

A. I believe, to the best of my recollection, there was a wound to her lower leg which was not -- to my recollection, not a major blast wound or a major traumatic amputation, just a wound on her leg, and I can't really remember very much more.
The police officer was quite insistent that I provide some pain relief for this lady and I tried to explain that I needed to continue down -- this was the first patient I had come across and, in the context, I was absolutely torn between stopping and treating and continuing to complete the task that I'd -- was required to fulfil.
Q. We know that you met Dr Mulcahy on your way back out of the tunnel --
A. Yes.
Q. -- heading for your next Silver meeting, which was scheduled for 10.30. So do we take it that you bumped into him shortly before 10.30?
A. Yes, he was in the tunnel and my recollection is he was walking -- as I was walking out of the tunnel -- I'd left Paramedic Kempton behind on the train and I was now making my way out of the tunnel back to the platform and my recollection is he was in the tunnel at that time, walking towards me.
Q. We're going to hear from Dr Mulcahy tomorrow, but what

we anticipate he might say, certainly what appears on the face of his witness statement, is, as he walked through the train after he'd seen you, he came across one, two, possibly more, casualties who were lying on stretchers in the train awaiting evacuation.
Does that ring any bells as far as you're concerned?
Do you remember seeing anyone lying in that state?
A. No. What I -- as I walked through -- there was a great deal of activity going on in the first two carriages.
As I made my way through, that activity continued, I walked right to the front of the train, I went out the front of the train and that's when I first became aware that actually there was another means of exit, that there was another entire Ambulance Service response happening at the Russell Square end that I had been hitherto completely unaware of and then I returned back through the train.
Now, I did not focus on the patients who Dr Bland had already commenced management of or triage of.
I then proceeded back through the train. I don't have a recollection of patients waiting.
Q. You go back up to the surface area in time for your 10.30 meeting. At your previous meeting at 10.00, the way in which things have been left with the ambulance incident officer, with Mr Sale, was that you had

suggested he should coordinate and organise the Ambulance Service resources on the surface. That's the way in which you put it in your witness statement.
A. That's the way we divided the roles up, yes.
Q. So that we understand what that means, what does that actually mean? What was it that needed doing at 10.00 at that meeting?
A. So again, the situation at the surface needed to be appraised, the number and type of patients, making sure that there was a triage -- a triage, as I say, is a dynamic process -- that triage was continuing to take place, that necessary treatment was being provided, and that there was an ambulance access and egress route and a distribution plan to hospitals, so that all of those elements are coordination of the sort of incident scene at the surface.
Q. Of course, access and egress routes, we can well understand the importance of that. It's hopeless if you have ambulances blocked in with seriously injured patients on board. But they're only required, aren't they, once the ambulances are there? Wasn't the priority to get the ambulances there at that point?
A. I had little doubt that as -- again, we have quite a lot of confidence in our control function, when we deploy as a HEMS team, that the -- given the nature of this

incident and the number of other emergency services there, I had little doubt that the scale, the wider scale, was -- would generate more responses. But I had no means of communicating any specific requests for additional vehicles and, again, I -- when we --

Q. Just pausing -- I'm sorry to cut across you, but just pausing there, is that because it was still impossible by this stage to make any contact?

A. That's correct, we had no phone or radio communication ability at all and, when we divided the roles and it was decided that I would -- the ambulance incident officer would consider the surface infrastructure and I would consider the incident infrastructure, again, I would have assumed that part of that would be understanding the ambulance response that was already taking place, corralling those personnel and deploying them appropriately.

Q. Because, when you went back to your meeting at 10.30, what you say about that meeting in your statement is this:

"It became apparent at this next meeting that the ambulance incident officer had not yet been able to organise the ambulance access/egress, parking and loading areas and that there was still a large number of injured people in the ticket office area."

So what was it that hadn't been done, as far as you were concerned, by the time of that next meeting?
A. My recollection is that each individual reported back to that meeting on their area of activity. So I gave a report about what I found and my recollection is the ambulance incident officer reported, as you've said there, that there were still a large number of people there, that there was still some difficulty in organising the infrastructure around ambulance access and egress, and movement, and there needed to be more attention focused on that. That's my recollection.
Q. Do you recall him saying anything at that stage about the resources which he had at his disposal?
A. No, I don't. I do remember a short discussion where it was agreed that we would both now proceed away from this platform 8 briefing area to the ticket -- to the front of the station, which -- to the ticket office, which I hadn't actually been in yet, to really try and understand what exactly was happening and see what else needed to be done, if anything. But there was no report back to that meeting that all elements of this infrastructure were in place.
Q. I wonder if we can assist you with this. Can we have on screen for a moment, please, [INQ8853-2]?
These are the London Ambulance Service notes of the

same meeting which you had attended at 10 -- well, it starts at 10.00. It's got notes of the earlier meeting. Then, do you see, at 10.30, "Silver coordinating meeting" towards the bottom of that page:

"Chief Superintendent Cafferty."

There's a station manager, Carol Winter, present, and they've got you down as Rob, but I'm sure you'll forgive them for that, Rob Mackenzie, medic 2, and Mr Sale from the London Ambulance Service.

If we go over the page [INQ8853-3], we see that the London Fire Brigade -- we know that they made this a 12-pump incident at 10.30 that morning, that was a message which they had sent through to their control room:

"There are crews and London Ambulance Service on trackside."

The main problem, according to the London Fire Brigade, was that there were no stretchers available:

"There are multiple casualties."

Does that help prompt your recollection of what was said about stretchers, for example, at that meeting, that there was a problem with the lack of stretchers?

A. I have very little recollection of the detail after -- I ran to that meeting to get there on time and arrived as it was just starting, to interrupt, really, a discussion about additional heavy rescue equipment, to

try and give the information I gave, and I think I gave that information and then my recollection is the next part of the medical discussion I was having was what was going on the surface.

So I don't have a -- I don't have this detailed recollection of that discussion.

Q. I'm just going to ask you, if I may, bearing in mind the answer you've just given me, about two more things in relation to this meeting. You will see that the next entry is an entry attributed to Mr Sale:

"We have two ambulances, one Fast Response Unit, one Cycle Response Unit, on scene."

So that was the position, as we now know it, at 9.45, when you had first arrived --

A. Yes.

Q. -- at King's Cross. At the meeting at 10.30, it appears, on the face of it, that the ambulance presence hasn't increased.

Now, in fact, if we look at the records closely, as we will next week with Mr Sale, it may be that there was, in fact, one more ambulance or one more Fast Response Unit than he thought at that time.

But do you recollect him saying to you at that meeting or at any stage that morning, "The problem that I've got is I simply cannot get any ambulances here"?

A. My only recollection is that there was essentially no communication, that we weren't able to communicate, and I had no clarity around what was happening on the surface now, having been immersed in the Underground.
Q. Just dealing with your bit, then, as it were, the next entry down, the MIO, Dr MacKenzie:
"Explosive device in carriage 6. 16 confirmed fatal. Two HEMS teams on [the] train require more stretchers."
Do you recollect a discussion with Dr Bland or with possibly Mr Nation, I suppose, about the requirement to get more stretchers down in order to complete the evacuation process?
A. I think that may relate to my comment about the scoop stretchers that Dr Bland needed, which we wouldn't -- we don't carry, which he would have needed to facilitate the rescue of his patients, while I don't have a specific recollection of that comment.
Q. Those presumably were to be provided by the London Ambulance Service?
A. Or the fire and rescue service.
MR COLTART: Thank you very much.
LADY JUSTICE HALLETT: Mr Saunders?
Questions by MR SAUNDERS
MR SAUNDERS: Mr Mackenzie, just one topic I would like your

assistance with, please.
You described, when you went back down, you took with you your medical bag.
A. On the first occasion.
Q. On the first occasion?
A. Yes, that's correct.
Q. I think you said that, when you went back for your subsequent meeting, you left that bag there?
A. Yes, that's correct.
Q. We've heard already some of what it contains: the Ketamine, various bandages. Mr Nation told us on Thursday of last week that there was also a small oxygen cylinder. Would that have been in that bag or was oxygen separate?
A. There are two separate HEMS packs: ones which are specifically intended for supporting a multicasualty incident, and which contain some additional diagnostic equipment, manual diagnostic equipment, because you wouldn't have your electronic monitoring, but I don't recollect having additional oxygen with me.
I think I had -- we were carrying those standard trauma bags. I don't have a recollection of additional oxygen.
Q. So if there was more equipment left downstairs, it wouldn't necessarily have contained oxygen?

A. There are -- I can't actually recall how -- there are separate oxygen bags, additional oxygen bags, but I can't actually recall whether they would have been attached to or in those additional bags, I'm sorry.
Q. No, that's helpful. Clearly, there's no request made of you, when you go down in way of the scene, for oxygen to be brought down?
A. No, a conventional HEMS team response has a trauma bag and a ventilator bag which contains oxygen, but our major incident bags are just -- don't contain additional oxygen. I don't recollect any particular request for additional oxygen being made.
Q. Thank you.
Can I just ask you very briefly, then, about your handwritten notes [Roy MacKenzie notes]? It's the one I think you thought had been started by Mr Kempton. Can I show you and my Lady which one I'm looking at? It's the one that starts "10.15". It's to the right-hand side of the screen as we see it.
A. Yes.
Q. "10.15", obviously it's you that's starting your reconnaissance.
A. Yes, that's not my writing.
Q. It's not your writing, but clearly you've asked Mr Kempton to keep this note for --

A. Yes.
Q. -- later reference. Then, after that, where you've mentioned about carriage 3, and I think we've now decided it is your writing and it's "Ketamine, syringes, scoops"?
A. That is my writing, yes.
Q. And "10.25". Does that look as if you've started your reconnaissance at 10.15 and that, within 10 minutes, you're made aware that Ketamine and syringes have been used?
A. That's almost certainly the case, that's my sort of equipment utilise -- that's what's being used in terms of equipment by the team.
Q. We know, you see, we heard from Mr Nation and we're going to hear from Mr Bland on Wednesday, I think, that two people in particular -- Lee Harris and Samantha Badham -- were, in fact, injected intramuscularly with Ketamine under Dr Bland's supervision. So it looks as if, from what you understood at the time, that would have been at 10.25?
A. Or at 10.25 I would have been made aware that they had either already administered Ketamine and might have needed some more. That time almost certainly relates to my own clock at the time I wrote this information down.
Q. Right, that's helpful for us. We can then take into

account that by 10.25, if it is relating to Dr Bland -- and it's more likely to be Dr Bland there, isn't it?
A. Oh, absolutely. There's no -- I wouldn't -- there was no other treatment of that complexity being undertaken by anyone else on the train.
Q. Thank you. The final point really is, by this stage, if it is Lee Harris and Samantha Badham, Dr Bland isn't asking for more medical support, he's obviously got Phil Nation, who is, as we've heard, between the train and the wall, who's trying to extricate them from the track, and you're not being asked for any more assistance there to assist?
A. No, I think I may already have indicated that Paramedic Kempton was going to stay and assist, but my recollection is there was no request for further medical assistance.
MR SAUNDERS: Thank you very much, Mr MacKenzie.
LADY JUSTICE HALLETT: Mr Patterson?
Questions by MR PATTERSON
MR PATTERSON: Just one topic, please, Doctor. On that day, if any of your HEMS team had got to a casualty who was still alive, clearly who had been bleeding heavily, and was suffering from the effects of heavy loss of blood, can you help us with the techniques and the equipment that were available to your team in trying to stem that

loss of blood?
You've already referred to the comprehensive kits that were available and were being carried by your team and I think you spoke of the trauma bags.
A. Yes.
Q. Presumably there were dressings available?
A. Yes.
Q. Were there drugs available to assist in stopping the flow of blood by a casualty?
A. The trauma bags, in 2005, were essentially designed to treat one or two multiply-injured patients, the sort of common cases that the HEMS service is deployed to attend, and they are designed to allow you to anaesthetise a patient, undertake safe sedation, manage major external bleeding and provide intravenous access, fluid replacement and drugs to support the circulation.
Q. All of that could be done at the scene by your team, if they got there in time --
A. Yes.
Q. -- to deal with the casualty who was still breathing, who was weak from the loss of blood, but obviously in need of urgent treatment?
A. Yes, the trapped patient is much more complex than the untrapped patient and, particularly, trapped patients in the Underground system, which we have a lot of

experience of, are very difficult to physically access in order to sometimes instigate the level of treatment that you would ordinarily want to instigate, either on the roadside or in the emergency department.

But our aim is, even with the trapped patient, particularly even with the most complex entrapments, which are people under trains, is to provide those levels of treatments where the patient lies, as soon as the team arrive at the scene, as quickly as possible, to instigate those treatments.

Q. But certainly for the typical casualty, perhaps simply on the floor of the carriage, the techniques that you have described were available to your team back in July 2005?

A. Yes, and would be used very aggressively on single patients. I think that the more -- the larger the number of patients, then there's a dilemma sometimes faced by the teams about whether to spend 10 or 15 minutes resuscitating the most severely injured person or to provide interim levels of treatment for a wider number of people.

But the answer to the question is: yes, if the patient is accessible to the team, the team would instigate treatment to the full extent as soon as they arrived.

MR PATTERSON: Thank you very much.

LADY JUSTICE HALLETT: Ms Gallagher?

Questions by MS GALLAGHER

MS GALLAGHER: Dr Mackenzie, just a few brief matters which haven't been covered as yet. You referred earlier -- my Lady, it's page 18 of the transcript -- to confirming your time of arrival at the station front with reference to two items. You referred to the handwritten notes which we've now seen, which indicate 9.45. You also referred to a debrief on the day which suggested it was 9.46.

Could we have [BARTS13-1], on screen, please? Do you recognise this document, Doctor?

A. I don't recognise this document.

Q. The summary is that it's a HEMS debrief. You can see on the left there's a list of doctors who attend and, second from bottom, Rod Mackenzie, which is you.

A. Yes.

Q. Could I just take you to a number of items there? It appears that this is the document you referred to earlier, that's certainly a document which has come out of a debrief on the day.

On page 1, it lists you as present. Could we now go to page 3 [BARTS13-3], please? It's eleven bullet points down. There's a reference to you, on arrival, being informed

of a highly suspect terrorist device.
"Rod Mackenzie: on arrival at scene had been informed that this was a highly suspect terrorist device."
Doctor, earlier you were suggesting that it was educated guesswork when you arrived, which may suggest that there was possible terrorist involvement, really for two reasons, (a) because you knew there were multiple incidents to which HEMS personnel were being deployed and (b) because of the officer you met at the front of the station who reported about Tavistock Square.
Do you have any memory of anyone reporting to you on arrival that there was a highly suspect terrorist device?
A. No, I don't.
Q. There is also, on the first page of the handwritten notes which we've received today -- if we can have that on screen [Rod MacKenzie notes]. So it's the page -- it's the HEMS medical incident officer log sheet, which has handwritten entries in it.
Just in the top half of the page, just above the entry timed at 09.55, can you see where it says:
"No incident officers."
Then you've put a line up and you've written:

"Reports of explosions."

Is that your writing?

A. Yes, it is.

Q. But you have no memory of that either, reports of explosions being made?

A. Yes, the people coming out of the station complex were saying there's been explosions, but whether those were bombs or explosions related to collisions, it wasn't clear at all.

Q. They're just civilian reports of explosions?

A. Yes, that's correct.

Q. No reference at all to this highly suspect terrorist device which is referred to in the debrief document?

A. No, not at all. This was what people were saying as they came out.

Q. Thanks, Doctor.

Could we return to the debrief document, to BARTS13, to page 3 [BARTS13-3], and seven bullet points down we can see an entry:

"Rod Mackenzie: no cordon in place at King's Cross. 25 minutes on scene before able to talk to a fire officer."

Do you have that? It doesn't necessarily need to be highlighted once you can see it.

A. Yes, I can see it.

Q. Certainly. So that would suggest that it's about 10 past or quarter past 10 before you actually speak to a fire officer.
Just to confirm, is that the fire officer you've referred to speaking to at the top of the escalator when you're on your way down to the platform?
A. Yes, that's right, and I spoke to another one on the way back up again and asked one to escort me -- to come to the meeting.
Q. So the very first officer whom you meet on the escalator, that's a short discussion about directions to where you need to go to on the train?
A. And whether the scene is safe to proceed.
Q. Just a number of further bullet points down there, you'll see it's two further bullet points down:
"No declaration that this was not a Sarin attack, et cetera. Staff were deployed without knowing full details. In future, fire officer should confirm that it is okay to deploy staff."
So, on the day, it appears you felt strongly, clearly, that you should have been able to speak to a fire officer earlier, but also that it would have been London Fire Brigade -- it would have been an obligation on the London Fire Brigade to confirm that deployment is safe. Is that right?

A. Yes.
Q. There's just one final matter relating to this debrief, if I could take you to it. It's on page 2 and three bullet points from the bottom. It doesn't directly relate to you, but you may be able to assist, there's a reference to Ian McGovern and a point which he made at the meeting. Ian McGovern, we know, was deployed to Tavistock Square in the first instance and later he's one of the Russell Square teams, and he says:
"Without radio -- all radios had gone to the pad. Relying on mobiles that were patchy. Dealing with the bus ... unaware of the rest of the picture."
When he says "all radios had gone to the pad", is that a reference to radios going to the team of four, of which you were one, which was deployed by air?
A. I don't know. I'm not -- all of the radios live -- are housed on the helipad. I don't know that there are additional radios. I have a sense that this document is a series of comments made on the day, in fact, probably early afternoon, and I can only imagine that Ian, who was not currently, I think, one of the HEMS staff at that time, was deployed quite later than we were and that the normal stock of radios had been depleted.
Q. Your summary of when you think the meeting was or when this document was prepared is right, because at the end,

the very end of the document, there's a reference to people having to leave to go to another debrief, I think it's at 2.15.

A. Oh, I see.

Q. It does sound as if it's early afternoon. There's no problem with you not being able to assist us on that. There's just one final matter, Doctor. Could we return to [INQ9448-2], please? The entry at 10.05. There's a reference again here to cordons and we've seen in the debrief document there was a reference to lack of cordons. So at 10.05:

"Commenced recce. Identified as Piccadilly Line platform 6."

That suggests that, although by about 10.00 am you know from Dave Tompkins that it's the Piccadilly Line, it's not until you actually get down yourself that you identify it as platform 6.

Your next sentence, you say:

"No cordons in place. No access control in place."

What was that referring to, please, Doctor?

A. It was possible for me to essentially deploy, and other people to deploy, straight into the tunnel without any access control, logging our entry and exit or to ensuring that we had the right personal protective equipment or the right level of awareness about the

risks.
MS GALLAGHER: Thank you very much, Doctor. I've nothing further.
LADY JUSTICE HALLETT: Any other questions for Dr MacKenzie? Yes, Mr Gibbs?
Questions by MR GIBBS
MR GIBBS: May I pull together in one place, Doctor, some of the times in the first ten minutes that you were at King's Cross. You arrived at 9.46, you tell us?
A. Yes.
Q. At 9.47, were you briefed by the Metropolitan Police Silver Commander, if we could have on screen [INQ9450-10]?
A. I don't know what that means, I'm sorry.
Q. It means that, at 9.47, according to the loggist to the Metropolitan Police Silver Commander, HEMS Dr Mackenzie was briefed by an officer who has the designation EK1. Does that sit with your memory of the timings?
A. The only recollection I have of a Metropolitan police officer at the very early stages of the incident was the one I asked if this -- if he was the police officer incident officer, and who told me that there had been an explosion at Tavistock Square and that he was not able to -- he was on his way there. I didn't have any briefing about the nature of the incident from the Metropolitan Police.

Q. We all understand that one's memory now may not be as marvellous as it was back on 7 July 2005.
A. Yes.
Q. Someone appears at 9.47 to have made a note of the fact that a HEMS doctor with the same name as you was briefed by a police officer called EK1. Do you now remember that?
A. I have no recollection of being briefed about the King's Cross incident by a police officer at 9.47.
Q. If we could look then next at your handwritten note which is called "Medical incident officer log sheet" [Rod MacKenzie notes],
I think it's still on the -- yes. I'm looking at an entry at -- is it 09.50 where it says "LAS" in your handwriting?
A. Yes, it says "09.50 LAS."
Then it says "Police", with two asterisks beside it.
Q. Thank you.
So at 9.50, you were speaking to someone from the Ambulance Service and someone from the police and you observed that no incident officers have been appointed yet, is that right?
A. That's correct.
Q. You were concerned that the title "incident officer" had not yet been apportioned to individuals?
A. I was seeking to identify someone to report to as

a medical team who was responsible for managing the incident.

Q. I'm looking in your statement for my Lady's note at INQ4936-3, but you probably have page 3 of your statement in front of you. You record in your statement that it was 9.52 that a senior British Transport Police identified himself as the senior police officer and he agreed to take on that title for you, didn't he, the police incident officer?

A. Yes, that's correct. I think it would be fair to say as well I wouldn't necessarily have readily recognised the difference between a British Transport Police officer and a Metropolitan police officer.

Q. No, of course. Then we know that as early as 09.55, if we could go back to your handwritten note, there was what is referred to as a formal Silver meeting at which someone from the Ambulance Service, and from the police, and yourself attended. Is that right?

A. Yes, that's correct.

Q. We see the reference there to a report at that meeting, that there were a large number of fatalities, body parts, dead plus, plus on the Piccadilly Line.

Was that information which had come to you from two officers whom we have heard from? They're called McGrotty and Noon. They have they had been up to the

bombed carriage and had come up above ground for lights and to raise the alarm. Do you remember two of them speaking to you and your paramedic at the front of the station quite briefly before going back downstairs again?
A. I don't, but I do remember speaking to quite a few people. I was moving quite quickly between people giving me information, so that's entirely possible.
Q. Thank you. Then we see the detail of the information that comes from Mr Tompkins saying even exactly how many yards within the tunnel the incident was and what other medics were already on the train.
A. Yes.
Q. All of that information had been provided to you before the time when you went downstairs to look for yourself at 10.00?
A. That's correct.
MR GIBBS: Thank you very much.
LADY JUSTICE HALLETT: Any other questions for Dr Mackenzie? Yes, Mr Hill?
Questions by MR HILL
MR HILL: Doctor, just let me see if I can help you any further, because I represent the Metropolitan Police, see if I can jog your memory. The officer with the call sign EK1 was a Metropolitan Police Inspector

Asmyth-Miller, a black, male police inspector.
Does that help?
A. I'm afraid not.
Q. Because it was his incident management log that Mr Gibbs, who was just asking questions, was reading from, [INQ9450-10], if we could just see that again, please.
Because on your own timings, Doctor, if you arrived at 09.46, and if this note is accurate, that would indicate that Inspector Asmyth-Miller was speaking to you -- indeed, it's been recorded that he briefed you, within a minute of arrival. I just want to give you another opportunity to check your recollection on that.
A. Thank you. I have no recollection of being briefed about the nature and type of incident on arrival at that time.
Q. It was obvious to you, wasn't it, that there were police personnel who had arrived at King's Cross station some time before you got there?
A. Oh yes, there were a lot of police officers at the station.
Q. Was it apparent to you that there were cordons being put in place around the station?
A. To my recollection, immediately on arrival, there was a lot of activity and a number of officers started

proceeding down Euston Road towards what -- the one I approached to ask for guidance about who the incident officer was, towards what I now know to be the Tavistock Square incident.
So I didn't have a sense of a cordon or any access control. There were still lots of people coming out of the station, both, as I said before, commuters and persons who were soot-stained and some injured people.
Q. It could mean one of two things, though, I suggest, that answer: either you didn't notice cordon control because perhaps it wasn't part of your immediate function to either notice or put such a thing in place, or that there wasn't a cordon.
A. Yes.
Q. If I suggest there were indeed cordons that had been put in place on the command of senior officers some time prior to your arrival, where does that leave us?
A. Yes, it may be that my comments in relation to cordon relate to what would often be referred to as the inner cordon in the incident scenes that we would attend, rather than an outer cordon, which is a wider -- often a wider police function.
Q. Can I just, on INQ9450, give you the opportunity to see page 14 [INQ9450-14] which I don't think we've seen before during your evidence.

Just let me be absolutely clear. These are entries made by a female police sergeant, whose name is Emma Probert, making entries in what is called an incident management log in the name of Inspector Asmyth-Miller, and this page records the essential features of the Silver meeting at 10.30 that morning. That's what we're looking at. Clearly, if you see halfway down the page:

"HEMS doctor."

We can see what appears to be a report of an account given by HEMS doctor to the Silver meeting. That would be you, would it not, providing your report after your, as it were, first foray into the scene below ground --

A. Yes, it would.

Q. -- and then returning to the surface? All right. So can I ask you this, then: were you aware that Inspector Asmyth-Miller was present at the Silver meeting at 10.30?

A. When I returned at 10.30, there were lots of people gathered around in this briefing meeting in contrast to the earlier attempted meeting where there were a very small number of people, and I mean there must have been 10 or 15 people there and I didn't physically identify individual persons, but there were -- I recall there were Underground senior personnel, there were obviously

a number of uniformed personnel there, so it's entirely likely that there were more people there by then.

Q. Clearly what I'm saying to you is that, amongst the personnel present at 10.30, was one: namely, this black Metropolitan inspector whom you had seen three-quarters of an hour earlier.

I'm asking you this because you didn't anywhere record yourself, did you, the presence of Inspector Asmyth-Miller or, indeed, any Metropolitan police officer?

A. The only recollection I have was an officer who I considered was -- I remembered was of inspector rank, who I approached at the very beginning of the incident and asked for an indication of what the nature of the incident was and who the incident officer was, and my recollection is that officer told me he wasn't the incident officer and that there had been an explosion at Tavistock Square.

Q. Just to be absolutely clear about it, are you saying that that was the black male inspector or somebody else?

A. I have no recollection of what that person looked like, I'm sorry.

Q. I should finally give you the opportunity to see page 18 of INQ9450 [INQ9450-18], because the incident management log then goes on to the Silver meeting at 11.30, an hour later.

As you can see, I hope, halfway down the page, your full name is given there and an entry relating to "body parts". Do you recollect Inspector Asmyth-Miller being present at that second, full Silver meeting, 11.30?
A. At the second meeting, I had just again returned from the wreckage. I had been accompanied on that second -- that second journey by a police officer, but I do not recollect the -- who that police officer was, and I had returned with that police officer, and at that second meeting I also confirmed handing over the incident -- the medical incident officer function, to Dr Davies, but again, I have no specific recollection of any particular individuals.
Q. Just to be clear about it, the inspector I'm asking about, Asmyth-Miller, was what's known as Silver scene above ground for the Metropolitan Police, so he wouldn't have been the one who accompanied you below ground.
A. No.
Q. There were Metropolitan officers, including one of inspector rank and Inspector Mugridge, below ground on the train, but be that as it may, at 11.30 you don't have anything further to assist by way of note or recollection to confirm that Inspector Asmyth-Miller was at that Silver meeting as well?
A. I have no specific recollection, I'm sorry.

MR HILL: Thank you.
LADY JUSTICE HALLETT: Any other questions? Yes, Mr Furniss.
Questions by MR FURNISS
MR FURNISS: Dr Mackenzie, as you know, I act for Barts and the London NHS Trust which acts for HEMS. I think that, in July 2005, that Trust employed you as an A&E physician and seconded you full-time to HEMS. Is that right?
A. That's correct.
Q. Were there several doctors who were formally seconded in that way to HEMS?
A. Yes, I believe at that time there were four or five of us.
Q. Were there then various other doctors who worked most of the time at the Royal London Hospital, but were rostered on to the HEMS service from time to time?
A. Yes, former HEMS full-time doctors and some other consultants in the service.
Q. Did some of those doctors additionally work for HEMS, while not formally on duty on a pro bono basis?
A. Yes, they did.
Q. You think you weren't actually on duty on 7 July 2005, don't you?
A. I wasn't on duty. I attended the educational meeting as

part of the governance day.
Q. As a result of that, you were actually on the helipad which is on top of the Royal London Hospital, isn't it --
A. Yes.
Q. -- at the time when the message or the messages started to come through that there had been major incidents in London?
A. Yes.
Q. Because you weren't on duty, I think it's the case that you weren't dressed or kitted up, to use that colloquialism, so as to be ready to be mobilised immediately. Is that right?
A. That's correct.
Q. We know that some HEMS doctors reached the scenes of the bombings by car. However, the one helicopter made a number of sorties that morning, didn't it?
A. Yes.
Q. Do you happen to know, was it about 24 sorties?
A. I think -- I thought the number was 26, but there was a large number of aircraft movements.
Q. Did it go to each of the four sites?
A. Yes.
Q. Do you recall that there was a period where, necessarily, you and your team had to wait your turn to

be deployed by helicopter to King's Cross?
A. Yes, as I mentioned earlier, Dr Weaver and the HEMS ops team were coordinating who was available, who could be deployed and forming teams, and the teams themselves were equipping themselves for that purpose.
Q. At the time, Dr Mackenzie, did you, yourself, have considerable previous experience of rescuing specifically from the London Underground system?
A. Yes, I do.
Q. How did that come about?
A. I, at that stage, had probably worked with the London Helicopter Emergency Medical Service for almost a year, over the preceding five years, and had, perhaps by misfortune, attended a fairly large number of incidents where persons were trapped under trains on the Underground system.
Q. Did you also have personal previous experience of rescue from the sites of explosions as a result of military experience?
A. Both as a result of military experience and civilian experience.
Q. As we know, shortly after you arrived, you adopted the role of medical incident officer and I think that was to provide the medical Command and Control, wasn't it?
A. Yes.

Q. In addition, obviously, to being concerned about the casualties from the incident, was it also your responsibility to be concerned for the health of rescuers?
A. Yes, one of the functions of a medical incident officer at a multicasualty incident is to, not only support the rest of the emergency services in the medical components of rescue operations, but also to consider the health and welfare of the rescue personnel themselves.
Q. Was it when Mr Tompkins gave you information during the initial meeting at 09.55 that you first thought in your own mind that this had probably been a bomb?
A. I am not sure whether I -- whether I remember feeling or hearing the blast when the officer I first met told me there had been an explosion at Tavistock Square. I'm familiar with what that feels like and I was already -- because everybody was already anxious that this multiple site incident was some form of terrorist attack like the Madrid bombings, and I was very aware of the possibility that this was some sort of attack and that there was a very high level of threat.
Q. So in addition to the casualties in the incident, did you then have concerns for the safety of your own team and other rescuers?
A. Absolutely.

Q. Taking those concerns in turn, you mentioned them. What was the concern about the risk of secondary devices at the time? Did you have particular experience that made you concerned?
A. Yes, and one of the -- there are a number of incidents which are often used in teaching major incident medical management and support, particularly in relation to suspected terrorist devices, and they all relate to the positioning of secondary devices which are designed to target emergency responses.
A number of terrorist organisations have used such tactics before and I was very anxious at the front of the station that -- particularly after the information I had just been given, or thought I had been given, by that first police officer -- that there were -- there was a very high risk of further devices, both at the front of the station and, in the context of the Madrid bombings, actually on the platform or in the station or in the Underground system.
Q. Secondly, were you particularly concerned about the traction current on the track itself and did you have particular personal experience to make you concerned?
A. Yes, I was electrocuted under a train on the Piccadilly Line on 29 June, roughly 25 minutes after the traction current had been confirmed as off and in the

process of rescuing an injured person, and that incident really emphasises the danger that is faced by emergency services personnel working on the Underground system in general. The current was, in that incident, reenergised and myself and a paramedic were electrocuted.

Q. Were you concerned about the atmosphere in which rescuers were breathing and in what way?

A. Yes, again, the -- in rescue teaching and training we teach people to be cognisant of the risks of an irrespirable atmosphere in a confined space, particularly in tunnels or Underground compartments or any area where noxious gases or fumes can collect and displace oxygen.

I will be completely honest. When I first sent Dr Bland and Dr Nation down and they didn't come back, I was concerned, I was concerned that people were not coming back from the incident to which they'd deployed into.

Q. Dr Mackenzie, after that briefing meeting of 9.55 and your communication with Mr Tompkins, you went with him and paramedic Gino Kempton on to the train and you've already said that, at that point, there seemed to you to be an appropriate number of rescuers on the train. Is that right?

A. Yes, I was expecting, from Mr Tompkins' initial brief,

that there were 50 people on the train with serious injuries and there were not that number of people alive with serious injuries.
Q. So at that time, did you, yourself, see anything on the train which you identified as a lack of efficiency or promptness?
A. I saw a lot of -- it's impossible to describe to people what that train was like. I saw a lot of emergency services personnel working what I describe as flat out, both fire and rescue service, Ambulance Service and our HEMS team, to -- to treat and rescue people, but a relatively small number of people, a controlled environment, if you like, and my team were telling me that they didn't require any other medical resources and I didn't have any sense that there was not concurrent activity, not a productive activity on the train.
Q. Indeed, finally, you identified as another concern sustainability?
A. Yes, I -- from the first police officer, whether he was British Transport Police or Metropolitan Police, who came up out of the Underground system, who was distressed and clearly exhausted and had been exposed to that environment, and from my own experience of working, the average extrication time for a patient trapped under a Tube train is over an hour, we have a lot of

experience of working in that environment, it's an extremely difficult operating environment, and I had already seen ambulance, fire, police officers, HEMS crews working, I knew that the fire and ambulance crews had been in that environment longer than the HEMS team had, that they were mostly wearing heavy protective clothing and that, from my own physical exertions, that this was something that wouldn't necessarily be able to be sustained for a long period of time, notwithstanding the fact that we had no idea what we were breathing. We had no idea what this atmosphere was and we needed to focus on rescue, not necessarily medical treatment, and get that rescue completed and protect people from that environment.

MR FURNISS: Thank you very much indeed, thank you, my Lady.

LADY JUSTICE HALLETT: Thank you Mr Furniss.

Dr Mackenzie, it looks as if those are all the questions we have for you. I'm sorry it's taken so long. I hope you understand it is obviously very important to hear from you.

From everything I've heard, it sounds as if HEMS is an excellent organisation. I am sure you are very proud of your service with them.

If alerted in time and given the right information, I am sure HEMS makes a significant contribution to

saving lives at a major incident, but I do want you to understand that we do appreciate that everybody has a different role to play at a major incident, and I do understand how difficult it must be, as a doctor, when you sometimes have to play a slightly different role from that that others might expect of you.

So thank you for telling me what happened that day and thank you for taking the time.

A. Thank you, my Lady.

LADY JUSTICE HALLETT: Mr Keith, looking at the time, I think we've probably taken rather longer with Dr Mackenzie than was expected.

MR KEITH: I'm afraid we have.

LADY JUSTICE HALLETT: We did have estimates from everybody as to how long they would be with Dr Mackenzie?

MR KEITH: No, but I fear that I was probably primarily at fault, because I think I was the longest.

LADY JUSTICE HALLETT: It was your own estimate that may have been wrong.

MR KEITH: There may have been one or two documents to which reference has been made which were not brought to our attention. Be that as it may, my Lady, it may be too late now for the mid-morning break. I am in my Lady's hands as to how whether we proceed to the next witness. Perhaps five minutes --

LADY JUSTICE HALLETT: I think we'll just do five minutes for the stenographer.

MR KEITH: -- would be gratefully received?

(12.20 pm)

(A short break)

(12.25 pm)

LADY JUSTICE HALLETT: Mr O'Connor?

MR ANDREW O'CONNOR: My Lady, may I invite you to call Dr Fenella Wrigley?

DR FENELLA KATE WRIGLEY (sworn)

Questions by MR ANDREW O'CONNOR

MR ANDREW O'CONNOR: Could you give your full name, please?

A. Fenella Kate Wrigley.

Q. Dr Wrigley, in 2005, I think it's right to say that you were a specialist registrar in emergency medicine at the Royal London Hospital?

A. I was a specialist registrar in emergency medicine, but I was seconded to the Helicopter Emergency Medical Services for six months.

Q. So you were normally based at the Royal London, but you had been seconded, at that time, to the --

A. No, I was actually seconded from King's College Hospital.

Q. I see. So that's where you were based --

A. Yes.

Q. -- but you were, during that six months, based at the Royal London because of your secondment to HEMS. Is that right?
A. Yes.
Q. You are now a consultant, I believe?
A. I am.
Q. We've heard that on the morning of 7 July there was a -- I think it's been described as a governance meeting taking place that involved both current and previous people who had worked for HEMS. Is that right?
A. That's right, yes.
Q. You, because you were one of the current members of staff at HEMS, were attending that meeting just like Dr Mackenzie?
A. Yes.
Q. Again, we've heard that, while that meeting was going on, calls were being made, notifications were coming through of a developing incident?
A. That's right.
Q. You were deployed, not by helicopter, but by a fast response car. Is that right?
A. Yes, that's correct.
Q. How many of you were deployed by means of that particular vehicle?
A. There were four of us, two paramedics who are London

Ambulance Service paramedics seconded to HEMS, and two doctors.

Q. So this was another example, was it, as we've heard from Dr Mackenzie, of a doubled-up group, as it were --

A. Yes.

Q. -- from what would be the normal deployment of one medic and one paramedic?

A. That's correct.

Q. Dr Wrigley, if you could try to keep your voice up, the microphone in front of you doesn't actually amplify your voice. It just records it and relays it. If you could try to keep your voice up so that everyone in court can hear you, thank you.

Again, we've heard from Dr Mackenzie that the deployment was staggered in a sense, not everyone left or was able to leave at the same time.

In the statement you gave to the police, you recorded that you left the Royal London at about 9.30 that morning in the car that you've already referred to. Is that right?

A. That's correct. My recollection is that we were the first car to be deployed from the Royal London so we got changed on the helipad into kit and then we were teamed up, we went down to the cars at about 9.30 and then we were the first car to leave.

Q. I see. Now, you were, in fact, headed for Russell Square when you left the Royal London.
A. Yes, as we left the helipad, we were asked to make our way towards Russell Square. At that point, the information that was coming in was very unclear as to exactly what had gone on or where it had gone on and we were asked to make our way towards Russell Square, and that we would be given a rendezvous point on our journey.
Q. Were you even told that it was Russell Square Tube station that you were headed for?
A. No, just Russell Square.
Q. You didn't, in fact, get either to Russell Square or the Tube station at Russell Square.
A. No, as we were driving along, Dr Watts, who was the other doctor in the car, received a phone call asking us to in fact change and to deploy to Aldgate.
Q. Aldgate Tube station or, again, just --
A. Just Aldgate.
Q. Do you know anything about the circumstances that gave rise to that call and you being diverted from the one -- from Russell Square to Aldgate?
A. Dr Gareth Davies was already on scene at Aldgate and indicated that there was a requirement for additional medical personnel.

Q. Just going back a moment, he was at Aldgate?
A. Yes.
Q. He then informed HEMS control that there was a need for more people at Aldgate. Is that right?
A. I don't know. We received the phone call directly. Dr Watts received the phone call and I'm not sure who that phone call came from.
Q. You weren't sure at the time. Do you have any further information now or you simply don't know?
A. I'm afraid not, no.
Q. The statement that you provided to the police said that it was about 9.45, so 15 minutes or so after you'd left the Royal London, that you changed course to go -- presumably, it would have been almost to turn round and go back towards Aldgate, would it?
A. The traffic was quite congested on the Whitechapel Road because of what was going on, so although we were on blue lights and trying to make progress through the congestion, it was understandably a little bit slower than if it had been a clear road.
So we had just turned right to head up towards Russell Square, so we just turned round and came back to Aldgate.
Q. In the statement that you gave to the police, you describe what happened once you reached Aldgate, you

assisted in the care of a number of different patients. I'm not going to ask you any detail about those matters because, as you know, we're concerned more with what happened at King's Cross at the moment. But suffice it to say that you did, did you not, assist one particular priority 1 female casualty at Aldgate and you in fact took her, or you went with her, in an ambulance to hospital?

A. That's correct.

Q. In fact, it was back to the Royal London Hospital?

A. Yes, that's correct.

Q. You got back to the Royal London Hospital with her at about 10.15?

A. Yes.

Q. You then went back to the Aldgate scene?

A. Yes. The ambulance was driven by a London Ambulance Service technician, I recall, and I was alone in the back with the one female patient. So we got back in the ambulance and drove back to Aldgate to await further instruction.

Q. When you got back to Aldgate, you were told to redeploy to King's Cross?

A. Yes. At that stage, all of the priority 1 and 2 patients had been taken from the scene and the walking patients were being loaded on to buses at Aldgate bus

terminus just across the road. So there was no requirement for any medical intervention at that scene anymore.

Q. Who was it that told you to go to King's Cross?

A. Dr Davies.

Q. Dr Davies was still at Aldgate at that point?

A. Yes.

Q. He told you to go to King's Cross?

A. Yes.

Q. Then you made your way to King's Cross. How did you get there?

A. We again, the four of us, the same four, got into the car, the fast response car and, in fact, at that point, Dr Davies deployed to King's Cross and the two cars went in convoy together to King's Cross.

Q. I see. You again record in your police statement -- is this right -- that you arrived at King's Cross at something like 10.50 that morning?

A. Yes, that is my recollection.

Q. As soon as you arrived there, you describe -- this was why I was asking about Dr Davies -- Dr Davies asking you to go and assist with a -- to go and assist a female paramedic who was dealing with a male casualty in the back of an ambulance?

A. That's right. We parked the two cars up in a position

just off from where, at that point, there were a lot of emergency services vehicles arrived, there were a lot of ambulances, fast response cars, police cars, Underground, Fire Brigade, it was a sea of blue lights and we parked away from the immediate scene so that we wouldn't block anybody in and, as we walked over towards the front of the station where emergency services personnel were gathering, the ambulance doors opened and a female Ambulance Service person called for some help.

Q. We now know that that paramedic is someone called Joanne Wiggett, whose statement we'll hear read later on today. But Dr Davies heard her ask for assistance and asked you to go and provide that assistance to her. Is that right?

A. That's correct.

Q. We also now know that the casualty with whom Joanne Wiggett was dealing, and you went to help her with, was Lee Harris. Is that right?

A. That's correct.

Q. When you got to the ambulance, was Ms Wiggett already inside it?

A. Yes. When I got to the ambulance and climbed in through the back doors of the ambulance, there were two Ambulance Service personnel in there. As I got in, the second ambulance personnel got out and went round to get

into the driving seat.
Q. That was a male Ambulance Service --
A. I don't recall, I'm afraid.
Q. You don't recall?
A. No.
Q. But he was the person who then subsequently drove the ambulance to hospital, is that right --
A. Yes.
Q. -- as far as you know?
A. As far as I know. I can't remember whether they were male or female, I'm sorry.
Also, in the back of the ambulance there was a young male casualty who was sitting on the back seat facing the front, who had evidence of a foreign object coming out of his head/eye region and a police officer.
Q. Just to be clear, Dr Wrigley, do you mean by that, then, that there were two casualties in the back of the ambulance?
A. Yes.
Q. There was Lee Harris, who was presumably lying down?
A. Yes.
Q. Then there was a second casualty, who was sitting up, with a head wound?
A. He had a big bandage around with a foreign body. I didn't examine him, but it was obviously coming out of

near his eye/nose region and a big bandage round his head.
Q. I'm going to ask you a series of questions about Lee Harris in a moment. Just before we do, then, that second casualty, he was in the ambulance all the way to the hospital?
A. He was.
Q. Do you recall what priority he was?
A. I don't, but with the experience that I have of triaging, he would have been categorised as a priority 3 patient because he was walking, he was able to talk to me, he was able to acknowledge that he was all right.
Q. Therefore, he didn't take up any of your attention --
A. He didn't, no.
Q. -- while you were in the ambulance and on the way to hospital?
A. No.
Q. You mentioned a police officer. We've heard, I think, his statement read already. That would have been Constable Ferguson, I think.
A. Yes.
Q. Turning then to Lee Harris, as you got into the ambulance, did you assess his condition?
A. As I got into the ambulance, the paramedic gave me a brief handover, that he was struggling to breathe and

he was lying on his back, on the stretcher, and what I initially did was to start with his airway, which he was struggling with breathing.

Q. Just before you go any further, Doctor, again, I think it may help if we ask to have a look on the screen, please, at a document, a Barts document, at 27. The first page of that document [BARTS27-1].

If we could zoom in on the bottom half, Dr Wrigley, are these some notes that you prepared following this incident?

A. These are the notes that I made on the day, on 7 July, when we got back to the HEMS progress --

Q. We'll look at the second page in a moment, we don't need to do it now, but when we do, we'll see it's dated 7 July 2005. I think we've gone through what happened in the first part of the day, as far as you are concerned.

Picking it up, then, at item 13, we see there that, as we've already said, you arrived at King's Cross at about 10.50. Item 14, you say that you were asked to assist with a patient who was in an ambulance and you describe the person as "peri-arrest". What do you mean by that term?

A. That his condition was so serious that the ambulance crew that were attending to him were concerned that he

was imminently going to go into cardiac or cardiorespiratory arrest and that his heart might stop beating or he may stop breathing, which would subsequently cause his heart to stop beating.

Q. Thank you. You then, at point 15, say that he was an unknown male. You describe him as being of ethnic origin. Was that a consequence of the discolouration of his skin?

A. It was discolouration of his skin, and I apologise that I now know that he was not of ethnic origin, but he was discoloured from the situation that he'd been in and appeared to me to be of mixed race, at that point.

Q. I'm sure there's no need to apologise, Dr Wrigley. Can we move on, then, to the second page of your note [BARTS27-2]? We then see some subparagraphs where you describe your assessment and subsequent treatment of Mr Harris. Starting with point (a), you record that you undertook a primary survey of him. You were talking a few minutes ago about, first of all, considering his airway. Can you explain what you found there?

A. That he was lying on his back and because he wasn't -- his conscious level was reduced, his tongue was at risk of slipping back into his throat, and, therefore, actually for him to be able to breathe, needed some support with what we call a jaw thrust to just be able

to lift the jaw forward so that he could breathe for himself at that point.

Q. You did lift his jaw, did you?

A. We tried those, but his respiratory rate, the number of breaths that he was taking per minute, was only six, which was inadequate for him to maintain ventilation himself.

Q. Was this why you subsequently intubated him?

A. Yes. It was evident that he needed to have supported ventilation. So there are different methods you can use: a mask with an oxygen supply through a bag, and to give gentle breaths through that. But, because he had facial injuries and soot on his face, I instructed the paramedic that it would be better to attempt to intubate him. Also, because we were going to be moving away, I wanted a secure airway to make sure that he was receiving oxygen adequately throughout the journey.

Q. Were you keen to establish that airway before the ambulance left?

A. The paramedic had one look and I think, because of the facial injuries, it was not easy, it was very crowded in the ambulance, and then I immediately took over while the paramedic put a drip, a little plastic tube, into one of the veins, so we could give some fluid and some drugs. The intubation was very -- is a very quick

procedure.
Q. So you took over the intubation, and you, in fact, established the intubation?
A. Yes.
Q. By that, what we mean is simply inserting a tube down Mr Harris' airway?
A. Yes, a plastic tube that goes into the windpipe so you can give breaths through that.
Q. Once the tube was in place, what did that then enable you to do by way of treatment for Mr Harris?
A. To ensure that we were giving a good supply of oxygen and then to begin to move on to looking at circulation problems to see whether there were circulatory problems as well as not enough oxygen being a problem.
Q. So that's as far as the airway is concerned?
A. Yes.
Q. You mentioned also establishing a drip.
A. Yes, so that the paramedic put a drip into Mr Harris' right elbow region, through which we immediately started to give some fluid, intravenous fluid, as I was aware that -- although I didn't formally examine his legs, I was aware that he had really severe injuries to his legs, and that would be associated with blood loss and, also, the environment of being in the Underground is very hot and, therefore, I was concerned he would have

lost fluid from that as well.
Q. Just looking at item (c) on this document, the fluids, is that the final sentence "500mls of crystalloid?
A. 500mls of crystalloid, yes.
Q. We see in the sentence before that, that you also administered Ketamine through the same drip?
A. I did. Although I didn't need to give any drugs in order to be able to pass the tube into his windpipe, the injuries that he had, I was very conscious of wanting to make sure that he was not in any pain and that he didn't try to -- if he -- if his condition improved, which I hoped it would, during the journey, he didn't try to start coughing on the tube, because if he had a head injury, which was my working diagnosis at that point, coughing on the tube could have caused additional injury to his head.
So I gave him a dose of Ketamine to keep him comfortable.
Q. In your note, you refer then to the journey to the Royal London. Do you recall whether it was the case that both the intubation and the establishing of the drip were performed before you left King's Cross?
A. The intubation was performed. I secured the tube as we were driving and the drip was being done en route, to my recollection.

Q. Do you recall roughly how long the journey from King's Cross to the Royal London took?
A. I don't, but previous journeys that I've done before it's about 15 or 16 minutes. What I do recall from -- I was sitting facing backwards to the direction of travel, and I do recall that there were very -- there was very little holdup.
My recollection was that every junction we arrived at seemed to have police officers aiding our route through, so the journey was uneventful, from a driving point of view, from my recollection.
Q. So if we think in terms of something like 15 minutes, most of the journey had been completed before, as we see from the note, there was a problem with Mr Harris' heart? You say here that you were only 2 minutes away from the Royal London Hospital when, as you put it here, "the patient lost cardiac output".
A. Yes.
Q. How you did you become aware of that?
A. I was feeling the pulse in his neck all the way whilst I was ventilating with one hand, and I became aware, just as we reached the traffic lights just before the right-hand turn into the Royal London, that I could no longer feel it. So we immediately gave one dose of adrenaline, which is a drug given specifically to try to

kick-start the heart to start beating again, and started some chest compressions.

Q. The adrenaline, as you put here, you were able to administer quickly and easily because you'd already established the drip?

A. Yes, and it's -- the guidelines for treating this situation is something paramedics and doctors unfortunately have to use quite frequently and, therefore, there was no delay in any discussion because we both knew exactly what needed to be done.

Q. You have referred to "us both". I take it you mean yourself and the paramedic, Ms Wiggett, who was in the back of the ambulance with you?

A. Yes, that's correct.

Q. Did the police officer play any part in any of this?

A. The police officer, I indicated to him to just position himself so that the other gentleman with the head/eye injury couldn't witness what was going on, because I didn't want to add to his distress, bearing in mind what he'd already been through that day, and the resuscitation didn't necessitate any verbal communication between me and the paramedic and, therefore, I hope we didn't add to the distress of the other patient.

Q. It was Ms Wiggett, was it, who actually performed the

chest compressions?
A. She -- I don't recall who did the chest compressions. We swapped around. I did some of them as we were arriving at the hospital and the paramedic was getting equipment ready to be able to offload. I don't recall who started. It would not be unusual for police officers to assist us.
Q. In any event, this process of administering the adrenaline, starting CPR, only lasted for two minutes because that was the time it took you to get to hospital?
A. That's correct.
Q. What happened when you got to the hospital?
A. As soon as we arrived at the hospital, the first -- the walking gentleman was helped off the back of the ambulance and he was taken to be looked after, and we then made sure that we were -- there was no delay but just that we had oxygen and everything was ready to take Mr Harris off the back of the ambulance. We went off the back of the ambulance and straight in to the resuscitation room at the Royal London into cubicle 1.
Q. Were the chest compressions and the other treatments carrying on --
A. Yes.
Q. -- while you moved him from the ambulance into the

hospital?
A. Yes.
Q. Did there come a time, either while you were moving him from the ambulance into the hospital, or once you were in the hospital, where you felt that his condition had actually improved?
A. As we got to by the hospital trolley bed, I felt his neck again. I was by his head, continuing to give ventilation, and I could feel a pulse again, so during the transfer over, he had a pulse back.
Q. You were carrying on assisting, then, as he was moved into the hospital?
A. Yes.
Q. At about this time, I take it you were transferring responsibility for his case from you to the doctors at the hospital?
A. Yes, I handed over care to one of the emergency consultants at the Royal London and then I left the Royal London and returned to King's Cross in the same ambulance.
Q. Just before we -- you say you handed over care to the consultant. What did that process consist of?
A. A brief handover from the point that I was involved with Mr Harris' treatment, so what interventions I had done, what had happened in the latter part of the journey, and

that a full secondary survey, so looking for all of the other injuries, which we would normally do with any other patient, where we are with them for a longer period of time, had not been completed by me.

Q. That, presumably, only took a few minutes or indeed perhaps was taking place while you were moving him into the hospital?

A. That's correct, it was taking place simultaneously.

Q. Mr Harris then went into hospital and, as you say, you got back in the same ambulance, did you, and went back to King's Cross?

A. That's correct.

Q. You say in your note here that you got back to King's Cross and that you remained ready, as it were, to assist until you were stood down, and then you left the hospital -- sorry, you left the station at 11.52.

A. Yes.

Q. Was that the end of your involvement in the emergency on that day?

A. We were kept on standby until the late afternoon, until there was confirmation that -- I believe it was the police were happy that all the teams could be stood down and that was the end of my involvement.

MR ANDREW O'CONNOR: Thank you, Dr Wrigley. Those are all the questions I have for you. I believe some others may

have some.
LADY JUSTICE HALLETT: Mr Saunders?
Questions by MR SAUNDERS
MR SAUNDERS: Dr Wrigley, can I immediately start with exactly that that Mr O'Connor has just said? There is absolutely no need, on behalf of the Harris family, for you to apologise at all for having believed that he wasn't a white male. They are very grateful for all the efforts you made on his behalf that day.
Can I just ask you this, please: you administered the Ketamine that you used through the drip that had already been inserted?
A. That's correct.
Q. It was a dose of what?
A. 40 milligrammes.
Q. Did you know that he'd already had Ketamine in the tunnel?
A. I didn't know that. Ketamine is a short-acting drug, and it can -- it is given in doses which are titrated against the needs of the patient. Therefore, I gave a dose, estimating Mr Harris, to be approximately 80 kilograms, because I didn't want him to be uncomfortable from the tube or from the injuries that he'd sustained.
Q. So the fact that he'd already had a dose, we're not

exactly how much he'd had or when. We're having Dr Bland give evidence on Wednesday, but we know that it was about half an hour, possibly a bit longer, when, under his supervision, Mr Nation had administered Ketamine into his muscles?
A. Yes.
Q. But that wouldn't have caused you any concern?
A. No.
Q. Because what you were looking at was the patient you had in front of you and what you were having to administer?
A. Yes.
Q. I think Mr O'Connor has now covered the point about the breathing. You've intubated before leaving --
A. Yes.
Q. -- and you've described how you're using a hand compressed, as it were, to get pure oxygen, I think, through to him?
A. Yes.
Q. So throughout that period, even though his heart had stopped beating for a short period, he was still clearly getting oxygen --
A. Yes.
Q. -- into his system?
It's just that you know that Mr Down is coming this afternoon, I know it's one thing that he has got from

his evidence. So he has the oxygen throughout, but in any event, through your and Ms Wiggett's efforts, it's only for a short period that his heart has stopped beating because you're able to check that yourself?
A. Yes, as soon as his -- I couldn't feel a pulse, we started chest compressions. So although his heart wasn't beating for itself, we were doing compressions, so blood was still going round his body.
Q. Exactly, so you are manually manipulating, acting as if his heart was still beating to push the blood around, but in any event, he's having oxygen at the same time?
A. That's correct.
MR SAUNDERS: Can I simply, on behalf of the family, again, thank you, Doctor, for all your efforts. Unfortunately, as you know, Lee passed away, or his machines were turned off, on the 15th, but there's no more that you or Ms Wiggett could have done. Thank you very much.
LADY JUSTICE HALLETT: Mr Furniss?
Questions by MR FURNISS
MR FURNISS: Just one very brief point, Dr Wrigley. By the time you got to King's Cross, you had already been back to the Royal London Hospital from Aldgate with another patient?
A. That's correct.

Q. Were you satisfied that the Royal London Hospital was the appropriate place to take Mr Harris to?
A. I was. When I took the patient from Aldgate into the Royal London, I was aware that they had capacity within their resuscitation room and they had enough teams to be able to deal with further seriously injured patients, and my decision to travel to the Royal London with Mr Harris was based on the fact that he had extensive injuries which involved both his legs and, I was assuming, a head injury, and I wanted to get him to somewhere which had the facilities immediately available to be able to treat all of that.
MR FURNISS: Thank you, my Lady.
LADY JUSTICE HALLETT: It looks as if those are all the questions we have for you, Dr Wrigley. Thank you for everything you did to try to save lives that day, both at Aldgate and at King's Cross.
Yes, Mr O'Connor?
MR ANDREW O'CONNOR: My Lady, we will call or invite you to call Mr Newton after lunch. Perhaps I may just use the time that remains to read one of the read statements that we have listed for today?
LADY JUSTICE HALLETT: Certainly.
MR ANDREW O'CONNOR: That is the statement of Mr Gino Kempton, who you will recall was one of the