

Coroner's Inquests into the London Bombings of 7 July 2005

Hearing transcripts - 14 December 2010 - Morning session

1 Tuesday, 14 December 2010

2 (10.00 am)

3 LADY JUSTICE HALLETT: Mr Keith?

4 MR KEITH: Good morning, my Lady. May I depart from the
5 advertised schedule and call David Mugridge first,
6 please?

7 INSPECTOR DAVID RHODRI MUGRIDGE (affirmed)

8 Questions by MR KEITH

9 MR KEITH: Good morning. May I ask you to give the court
10 your full name, please and your rank?

11 A. David Rhodri Mugridge. I was an inspector in the
12 Metropolitan Police.

13 LADY JUSTICE HALLETT: Thank you.

14 MR KEITH: On Thursday, 7 July, Mr Mugridge, were you the
15 officer commanding Serial 111?

16 A. Yes, I was.

17 Q. My Lady has heard evidence that it is a level 2
18 Aid Serial, which is a group of police officers, and on
19 that particular occasion you were concerned with
20 providing support in connection to the G8 conference
21 which was going on at that time.

22 A. That is correct.

23 Q. All your officers were in full police uniform and
24 I think you were divided into a number of carriers, were
25 you not?

1 A. Yes. The Serial consisted of three carriers, A, B and
2 C. I was in the A carrier with a sergeant and seven
3 other officers.

4 Q. I think all the officers came from Sutton police
5 station. Is that right?

6 A. They did.

7 Q. In your Serial, as you say, were yourself, and was your
8 sergeant Police Sergeant Bye?

9 A. Yes, Jonathan Bye.

10 Q. My Lady has heard a statement from Sergeant Bye being
11 read. In Police Serial 111B, were there also
12 a sergeant, a number of constables and a medic?

13 A. Yes, there would be.

14 Q. In Serial 111C, was there Police Sergeant John Bouchard,
15 who has given evidence before my Lady, as well as
16 a number of other constables and a second medic?

17 A. Yes, there would be. That second medic was Neil Annals.

18 Q. Is that customary? Do medics always accompany a Serial
19 of public order officers?

20 A. In this situation, we were Aid for the G8 conference,
21 which perceived may involve some demonstrations and
22 conflict. In a situation like that, you would have
23 medics on board because you may suffer injuries or
24 those, others, who are demonstrating against you, may
25 suffer injuries, as we've seen in recent days.

1 Q. Indeed. It's not an issue addressed in your statement,
2 but I will ask it nevertheless, if I may. There have
3 been some reports in the press and the internet over the
4 years that the presence of the G8 conference may have
5 led to officers being out of London and unavailable when
6 they would otherwise have been available to help with
7 these terrible incidents, but from the presence of your
8 Serial in London to deal with ancillary events, perhaps
9 demonstrations connected to G8, in fact, may we presume
10 that there were more officers on standby than would
11 otherwise have been the case?

12 A. Yes, there would have been far more officers. My normal
13 day-to-day job would have been the duty officer, duty
14 borough commander at Sutton, and at 8.50 in the morning,
15 when these incidents occurred, if I'd needed support out
16 at Sutton, I would have called for the TSG. There
17 probably --

18 Q. Sorry, Territorial Support Group?

19 A. Territorial Support Group and there probably would have
20 only been one of those on, and probably not fully
21 staffed up, so I may well have, instead of getting one,
22 three and 23, I might well have only got one, two and
23 14.

24 Because of the G8, there were four fully-equipped
25 Serials on. At the time of the incident, we were all at

1 Buckingham Gate, the police feeding station there, just
2 down the road from New Scotland Yard.

3 Q. In each of the Serials -- in each of the carriers, how
4 many officers were there, roughly?

5 A. In my carrier, my Serial, we were fully staffed. We had
6 nine officers in each carrier. I cannot vouch for the
7 others, but most of the Serials were pretty fully manned
8 up, staffed up.

9 Q. So as a result of your attendance in London, because of
10 the duties associated with G8, there were available in
11 Central London all your Serials and yourself, a senior
12 police officer, ordinarily a borough commander?

13 A. Well, not ordinarily a borough commander, I was only an
14 inspector. A borough commander is significantly senior
15 to me, but my day-to-day duties, I would run any
16 incident that occurs on a borough.

17 In the situation here, you had four Serials, four
18 inspectors, countless -- well, somewhere in the order of
19 12 sergeants and the best part of 100 PCs, so you
20 probably had seven or eight times as many officers
21 available for immediate deployment than you would have
22 on any other day.

23 Q. Thank you. That morning, having paraded, I think, very
24 early, at 5.30, you were on standby, as you've
25 explained, and there came a time around about 9.10 when

1 you were deployed as a Serial to King's Cross railway
2 station?

3 A. Yes, it did. We were on duty rather earlier than we
4 should have been, a signal had not been transmitted to
5 us, so we came in early, were sent away and we were
6 asked to breakfast later than 8.00. We came in for
7 breakfast at about 08.30. When the first incidents came
8 in, the other three Serials were deployed from
9 Buckingham Gate and we were asked to remain on standby.
10 I told my officers to finish what they were doing, make
11 sure they went to the toilet, because I was pretty
12 certain that we would be heading outbound pretty swiftly
13 thereafter.

14 Q. So 110, 112, 113 were deployed and then yourself, 111.
15 On the screen, could we have INQ10587, page 3 [INQ10587-3]? There
16 are a number of references to your Serial in the logs
17 kept in the GT log, that's to say the communications
18 structure associated with special events.

19 A. Yes.

20 Q. On this particular page, event 125, we can see there
21 reference in the middle of the page, a time date 09.10
22 to 111A, 111B, 111C, that's your Serial, is it not,
23 Inspector, King's Cross London Transport?

24 A. Yes, we were deployed. We didn't actually go as
25 a group. One of the officers on the B carrier managed

1 to forget a bit of essential kit and had to run back to
2 get it, so the A and the C carriers travelled in convoy
3 and the B carrier made its way independently. We were
4 parking westbound in Petty France. Petty France,
5 Parliament Square, along the Embankment, turned left at
6 Blackfriars Bridge and then north up to King's Cross.

7 Q. I'm sure the officer in the B carrier had time to repent
8 at his leisure, but they did catch up with you, did they
9 not?

10 A. They arrived probably five minutes after us at
11 King's Cross.

12 Q. When you arrived, did you report to a senior
13 Metropolitan Police duty officer or the senior officer
14 then at the time, Inspector Asmyth-Miller?

15 A. Yes, David Asmyth-Miller and his sergeant, who I think
16 was Sergeant Probert, were outside. When we arrived
17 outside King's Cross, I travelled, unusually for an
18 inspector, in the fly-seat, which is the one by the
19 sliding door rather than the front, and I got out the
20 fly-seat. The officers remained on the carrier,
21 I think, whilst I got out, just to ascertain what was
22 going on, and I immediately spoke to David Asmyth-Miller
23 and established that he was the Kentish Town duty
24 officer and that he was there for assuming the role of
25 scene Silver at that point.

1 Q. If we could have [INQ9450-6], this is an extract from the
2 incident management log kept of the scene by him. We'll
3 see there 09.25 at the top of the page, and then
4 a reference we needn't concern ourselves with,
5 a possible explosion at Moorgate, Russell Square,
6 Serials 111A, B and C, Inspector Mugridge, G8 standby.
7 We can see, on the right-hand side of the page, EK1,
8 which was Inspector Asmyth-Miller, sent some of your
9 Serial to Russell Square but others to remain at
10 King's Cross.

11 A. Yes. One correction. We were 1, 3 and 23. He asked me
12 if I could deploy the sergeant and it would be eight to
13 Russell Square because there were -- obviously, the
14 medic would be the eighth hand on that bus.

15 I tried contacting Sergeant Andy Barnes by mobile
16 phone because there was a lot of traffic on the radio
17 network. I had his mobile phone number and I phoned
18 him. Unfortunately, I contacted his wife, as he'd left
19 it at home, so I awaited his arrival and told him to
20 deploy to Russell Square. I didn't know what was
21 actually going on, but there was a serious incident
22 underground between King's Cross and Russell Square, and
23 I told him deal with what he found, and off they went.

24 Q. Do you recall there being another senior officer, an
25 officer from the British Transport Police, present at

1 King's Cross?

2 A. There was an officer from the British Transport Police
3 who I saw about, but I really only spoke to
4 David Asmyth-Miller. I may have introduced myself to
5 him, but --

6 Q. But you were aware that he was the British Transport
7 Police Silver?

8 A. I was aware that he was the BTP Silver.

9 Q. Yes.

10 A. But I think I spoke to David Asmyth-Miller only.

11 Q. We've heard evidence from Police Sergeant Bouchard and
12 had read a statement from PC Annals, I think, concerning
13 a man who was suffering a suspected heart attack. They
14 went off to deal with that man. Do you recall that?

15 A. Yes, I obviously deployed my officers at the request of
16 Mr Asmyth-Miller, and John Bouchard and Neil Annals had
17 got out and they'd heard that someone was suffering from
18 what was perceived to be a heart attack, I think on the
19 Underground concourse level, and went below.

20 Q. Did you decide to deploy yourself below fairly soon
21 after your arrival, in fact, after having spoken to EK1,
22 Inspector Asmyth-Miller?

23 A. After saying that I was aware that David Asmyth-Miller
24 was suffering from a lack of information and I decided
25 that I should go below and go to -- or down below and

1 find out as much as I could, and perhaps report back to
2 him so he would have a better picture.

3 Q. Where did the majority of your men deploy to?

4 A. They were asked initially, I think, to form cordons and
5 to direct traffic, because there were absolutely hordes
6 of emergency service vehicles arriving, and one of the
7 problems that does occur at a major incident scene is
8 the problem of abandoned vehicles, emergency service
9 vehicles without keys, so you can't move them and gain
10 access.

11 Q. Was another issue the direction of casualties to the
12 areas that had been set up to be the casualty receiving
13 areas?

14 A. Not that I was aware of, at that stage, because there
15 was still hordes of people coming up the escalators all
16 with blackened faces and some of them bleeding and most
17 of them looking completely confused, and it was
18 really -- I went down to the Underground concourse level
19 fairly soon after I'd made some initial deployments.

20 Q. Before you did, your statement records that you asked an
21 officer to get hold of a most useful implement,
22 a loudhailer.

23 A. I was asked by Mr Asmyth-Miller if I could provide him
24 with a loudhailer so that we could shout more
25 effectively at those that were coming up and give them

1 directions as to where to go. Each PSU should have
2 a loudhailer on board. We did have a loudhailer on
3 board, and I gave it, I think, to Mr Miller, who gave it
4 to another officer to use, and that was the last I saw
5 of it.

6 Q. On the way down to the track, in fact on the concourse,
7 did you meet a uniformed inspector from British
8 Transport Police --

9 A. Yes.

10 Q. -- who was in a distressed state?

11 A. Yes, I met a uniformed inspector from British Transport
12 Police, who I believed to be the duty officer for
13 King's Cross, effectively the command -- their police
14 commander for King's Cross.

15 Q. Were you able to glean some information from him as to
16 what had occurred below?

17 A. Yes. He was extraordinarily distressed. He basically
18 said that he'd been down to the Underground and that it
19 was terrible and he was in not a good psychological
20 condition.

21 Q. Armed with whatever information you'd been able to get
22 from him, did you then continue to the train?

23 A. Yes. I basically told him to go up to the surface to
24 seek aid and tell what he knew and I would take over
25 from him below.

1 Q. Do you know whether you approached the train from the
2 rear or from the side, from the crossover tunnel from
3 the eastbound platform?

4 A. I went down to the platform below. I was assured by the
5 Underground staff there that the power was off and they
6 showed me that the big short-circuit breaker device was
7 across the rails.

8 Q. The short-circuiting device?

9 A. I was assured it was safe to go and I knew it would be
10 safe because we'd had so many people come that way.

11 Q. Of course.

12 A. I walked down that relatively poorly-lit track. I had
13 a torch as part of my own personal equipment, I don't
14 think I used it, I think the light was sufficiently
15 good, and I could see the train, say, 100, 150 yards
16 ahead of me at the junction.

17 Q. Could you see the red rear lights of the train or did
18 you approach the train from the side?

19 A. I do not recall. I approached it from the side.

20 Q. All right.

21 A. I came in through a side entrance, I thought, it was
22 about carriage 6, but I believe there were eight
23 carriages in the train at that stage, and I have only
24 found out recently there were six.

25 Q. There were six. All right.

1 Can you say how long after your arrival, at
2 approximately 9.25, you boarded the train; 10 or so
3 minutes after your arrival?

4 A. I would say that that 9.25 call is a little late
5 because, by the time the information would have got to
6 Emma Probert -- I probably arrived at about 9.20, 9.22
7 I would say, by the time the information had been
8 communicated to Emma Probert, and she looked at her
9 watch.

10 Q. Was she the loggist?

11 A. She was the loggist sergeant. She would have been the
12 section sergeant for David Asmyth-Miller.

13 I would say I was on the surface for five to six
14 minutes, probably a couple of minutes going down past
15 all these people to the Underground concourse. Say 10,
16 12 minutes after our arrival I was boarding the Tube.

17 Q. What was your priority? Were you trying to find your
18 fellow Metropolitan Police officers, because there were
19 some there, of course, ahead of you on the train, or
20 were you trying to identify the nature of the casualties
21 and the extent of the problem, or were you trying to
22 find staff or the driver? What were you aiming to do?

23 A. Because of my conversation with the BTP inspector on the
24 concourse, I realised that I was going to be the scene
25 commander and I'd had to steel my heart to walk past

1 those that were walking wounded or not walking wounded
2 to get to the scene to ascertain what had gone on at the
3 scene and take command at the scene.

4 Q. Your statement records how you forced yourself to ignore
5 requests for help because you had to get to the front of
6 the train as quickly as possible.

7 What was the significance of the front of the train?
8 Was that predicated on not knowing what had happened
9 and, therefore, the front might provide you some
10 information?

11 A. Yes. I was aware that something hugely significant had
12 gone on. From previous experiences, both in the
13 Metropolitan Police and as a previous career in the
14 Royal Navy, I was beginning to, even there, I think,
15 form an opinion that it had been a bomb.

16 There was no deformation of the structure of the
17 train edge, as if there had been an impact. The
18 injuries that I'd seen, people with severe injuries to
19 their limbs, the amount of smoke, I was beginning there
20 and then, I think, to realise that we had some sort of
21 bomb or explosive incident had occurred, and I knew that
22 I just had to walk to that front carriage.

23 Q. So when you say you were trying to get to the front of
24 the train, you were, in fact, trying to get to the first
25 carriage?

1 A. Yes.

2 Q. Because that is where you had been informed whatever had
3 occurred --

4 A. Well, I had been informed by the staff who had helped me
5 into the train that it was at the front of the train and
6 I was going to go as far for'ard as I could get to
7 ascertain as best I could what had gone on.

8 Q. With a view to?

9 A. With a view to taking command at the scene. I believe
10 I had asked officers to follow me down and they tended
11 to follow me because I was a bit of a leader from the
12 front, I think is the best way of putting it. And once
13 I was down there, to use them as resources, and whatever
14 resources I had down there to take command and take
15 control of the scene.

16 Q. Were you satisfied that, once you had been able to reach
17 the first carriage, you would be able to relay back to
18 the ground whatever you discovered as well as remaining
19 in the train to give the appropriate directions?

20 A. As I walked through the train, I was making my way
21 underground, my Metropolitan Police radio had lost
22 signal. It only works on a line-of-sight basis and,
23 when it goes into loss-of-signal mode, it beeps rather
24 incessantly, and I found that a little annoying, so
25 I actually switched it off. It was going to be of no

1 use to me below ground and it was more of a distraction
2 than anything else, so I elected to switch it off.

3 I knew that the Underground would have or did have
4 a radio system, but I also was reasoning that perhaps
5 that was probably out of action if there had been an
6 explosion, I think they depend on a closed loop,
7 inductive loop system, leaky feeder in my form of --

8 Q. But you were informed, or you quickly became aware that,
9 in fact, they had no means of communication either?

10 A. They had no means of communications below, and so
11 I initially decided on -- to use my police officers as
12 runners to go back to the surface with information and
13 wishlists of equipment that I required below.

14 Q. When you reached the first carriage, you encountered
15 Sergeant Bouchard, did you not?

16 A. Yes, he was the first of my officers. I had not
17 actually realised that he had gone into the train. It
18 was only when I met him at the doorway between
19 carriage 1 and carriage 2 that I realised he was ahead
20 of me.

21 He, at that stage, already was -- had a blackened
22 face and the atmosphere was just totally laden with
23 detritus that had come off the walls of the Tube system.

24 Q. My Lady's heard evidence about the conditions, the
25 terrible conditions, inside the first carriage. I want

1 to ask you instead, therefore, about the decisions that
2 had to be made when you saw the inside of that carriage.
3 When you looked in, did it seem to you that there
4 were, relative to the number of deceased, relatively few
5 seriously injured passengers? There were a lot of
6 walking wounded and there were, tragically, a great
7 number of dead, but were there relatively few in that
8 category of severely injured?

9 A. I actually went into the carriage and I walked probably
10 a third of the way, perhaps a little more, into the
11 carriage. "Walked" is -- I actually just clambered over
12 bodies and people and the injured, not an easy journey,
13 and reached the first open area where there were --
14 there was a relatively clear space, and I stood there
15 with my torch and I tried -- the visibility, even using
16 my torch, was probably no more than about six feet
17 because of the reflection from the particulate matter in
18 the air, and I looked around, I looked down, and I could
19 see shiny metal and a crater, and I knew that a bomb had
20 gone off.

21 I was blown up in the Falklands war and sunk, so
22 I knew it was a bomb at that point, and I looked back
23 towards the second carriage and I could see better in
24 that way because the lighting was still on in the second
25 carriage, and I could see broken bodies, arms, legs,

1 looking back, silhouetted against the doorway, and
2 I remained there for a few seconds just trying to fix
3 exactly the situation there in my mind, and I then made,
4 I suppose, my only decision of the day. It was quite an
5 easy decision in some ways, and a very hard decision in
6 others.

7 Q. Which was?

8 A. To rescue the living, and the rest, unfortunately, would
9 be a crime scene.

10 Q. The living and the dead were intermingled, were they
11 not?

12 A. The living and the dead were intermingled. There
13 were -- you could hear persons moaning and groaning and
14 there were, even at that stage, efforts being made by
15 the officers and the London Underground staff to move
16 people around, to try and get them out.

17 Q. They had to move the dead in order to be able to access
18 the living?

19 A. Yes. I clambered back out and I took up a position in
20 the first sort of lobby area in the second carriage, and
21 directed operations from there pretty well throughout.

22 Q. May I just press you to explore a little your
23 decision-making process?

24 Theoretically, you could have instructed your
25 officers, as well as those around you, to remove

1 everybody from the carriage, but was the number of
2 deceased and the relatively few in number of seriously
3 wounded --

4 A. My --

5 Q. -- such that it was better to remove the living and to
6 leave the dead?

7 A. My perception of the scene was that there were probably
8 about half a dozen survivors, I did not count them, and,
9 as it transpired, probably about five times that many
10 fatalities.

11 I was unaware that I could have exited via the front
12 of the train. My knowledge and understanding of
13 explosives was I believed that the explosion had been
14 contained probably by the front of the train and had
15 bounced back and I believe that there would probably be
16 even more casualties further and further into the
17 carriage.

18 Others would go in and find out what the true state
19 was, but I had -- my role was the decision-maker, the
20 leader.

21 Q. Can I draw you back to the question, if I may? Was it,
22 therefore, because of the number of the deceased and, as
23 you say, the relatively few number of wounded that you
24 made the decision that the deceased should be left?

25 A. Yes.

1 Q. Right. Was ventilation and air a very real problem at
2 the beginning when you were first there with your
3 officers?

4 A. Yes, it was immediately obvious that it was very hot
5 down there. The visibility in the for'ard carriage
6 was -- even with a torch, was a matter of feet. It was
7 better in the second carriage but that was because the
8 illumination had remained on in that carriage. It still
9 was not good. We were all choking on the debris in the
10 air, we all -- if you excuse the phrase, we all had
11 black snot for days afterwards.

12 Q. What steps did you strive to take in order to try to
13 improve ventilation?

14 A. I ordered my officers, Neil Annals and others, to try to
15 smash, kick in, as many windows as they could to try to
16 get a draught through to clear the smoke and try to
17 reduce the temperature in that --

18 Q. That was not entirely straightforward, was it?

19 A. No, no.

20 Q. There were difficulties, even with their ASPs, trying to
21 break the window?

22 A. Yes, illusions were shattered. I thought they would go
23 in very easily, but we were bending ASPs and officers
24 were resorting to swinging off the handrails to try and
25 kick in the windows. Even then, they were bouncing off.

1 Q. Did you try to send a runner back up to the surface in
2 order to make a request for better lighting and
3 ventilation?

4 A. Yes. The first officer I came across was -- I think was
5 Pat White, PC Pat White who I knew was a very fit
6 officer, he was a rugby player, and so I gave him my
7 initial sort of wishlist of kit that I required below,
8 and sent him off with instruction.
9 He repeated the message back to me and I sent him
10 off with instructions to seek out the BTP or
11 Metropolitan Police Silver and make sure that they got
12 the message and acted on it.

13 Q. I think, did you also instruct him, not only to repeat
14 the message back to you, but to report back to you once
15 he'd conveyed the message --

16 A. Yes.

17 Q. -- so that you knew it had been passed?

18 A. Yes.

19 Q. As time went on, your officers and yourself assisted in
20 the moving, proportionately, of the dead in order to
21 access the living and to help with the movement of
22 stretchers and the severely wounded out of the carriage?

23 A. Yes. It was a very difficult scene, very difficult area
24 to access.

25 Q. Of course.

1 A. It was just the one door that we could go through and,
2 obviously, we needed to move some of the dead to access
3 the living. We also needed to try and -- well, we were
4 trying to get rid -- get rid of a door, the doorway.

5 Q. There was a difficulty with access into the first
6 carriage because of the door?

7 A. Yes, we were trying to wrench it off initially, and it
8 just -- yes.

9 Q. Do you remember the Fire Brigade removing it with
10 cutting equipment?

11 A. Yes. There were a few fire officers came down. They
12 had a big device, a bit like a large set of pliers with
13 some cutting blades, and they came down and I -- they
14 set about removing the doors and we also used the --
15 I believe we used the cutting -- or the end of the
16 cutting blade to smash in a few more windows.

17 LADY JUSTICE HALLETT: Do you have any concept of how long
18 you'd been down there before the Fire Brigade arrived or
19 is it impossible to say?

20 A. It's impossible to say. I'm aware that in situations
21 like this, perception of time is very difficult. Time
22 shortens and time lengthens. I've still no real idea
23 how long I was in that train.

24 I think they came down probably about 20 minutes
25 after my arrival at the scene, but that would only be --

1 it could be -- if someone said it was ten minutes or
2 half -- I would believe them. If they said it was half
3 an hour, I would believe them. I don't think they were
4 there before me. The only persons I can recall being
5 there before me were the -- there were a few British
6 Transport Police staff, the Underground staff and
7 John Bouchard.

8 MR KEITH: And Mr Annals?

9 A. No, he was later than I. He came down much -- he was
10 subsequent to my arrival.

11 Q. I see.

12 A. The only member of my Serial that was down in the front
13 carriage before my arrival was John Bouchard.

14 Q. All right. There was some debate and concern expressed
15 on the part of the Fire Brigade that, by moving the
16 deceased, they would be in some way affecting the
17 preservation of the scene, which was obvious would be
18 a crime scene in due course.

19 A. Yes.

20 Q. Did you decide between you that the priority was, of
21 course, the saving of the living and, therefore, to move
22 some of the deceased was necessary and proportionate in
23 those circumstances?

24 A. That was my call, because I am the scene commander, I am
25 the senior police officer there. I was intensely aware

1 that there would be a coronial inquest subsequent to
2 these events, and I was asked if they could throw --
3 well, move stuff from the scene, and I interpreted
4 that -- or move -- yes, I interpreted that to move
5 bodies, throw objects, if necessary, out of the windows,
6 and I think they were asking for an obvious decision to
7 be made, but they could always blame me because I made
8 the decision.

9 Q. In the event, two deceased passengers were moved to the
10 second carriage. We know that they were Philip Beer and
11 Ciaran Cassidy.

12 Can you help us with this: we've heard evidence that
13 those two gentlemen were moved to the second compartment
14 and they were covered, do you know why only two were
15 moved or, rather, why was it necessary to move two into
16 the second carriage at all?

17 A. I don't know why only two were moved out of the
18 carriage. Although I was present and in command, I was
19 not micromanaging the removal of casualties. I was
20 trying to think what we had to do to expedite the
21 removal of casualties, how to make it that much easier
22 to get them to the surface. The actual dealing in that
23 carriage, I left to others.

24 I did put my head through the doorway on several
25 occasions to see how it was going, but I made no

1 decisions on who to rescue or how to rescue the persons
2 in that carriage. That was left to others.

3 Q. Your statement records how you used runners to pass
4 requests for blankets to carry people, body bags,
5 a field telephone to try to improve the communication
6 position.

7 A. Yes.

8 Q. Additional first aid kits.

9 A. Yes.

10 Q. Presumably the medics were telling you they were running
11 out?

12 A. The casualties that we were trying to deal with needed
13 rather more than first aid kits, but it's something that
14 you almost automatically think about, you need more
15 first aid kits, but we needed a casualty theatre,
16 really.

17 Q. Yes. Face masks for your officers and water for
18 everybody?

19 A. Yes.

20 Q. And stretchers?

21 A. And stretchers. I wanted what I would call
22 a Neil Robertson stretcher, which is a sort of
23 collapsible stretcher that is used in warships and which
24 you can lash a casualty into and manhandle through
25 difficult situations. Because of the nature of a Tube

1 train, an ordinary stretcher would, I felt, prove very
2 difficult to manhandle through and then down on to the
3 tracks and then up, I don't know, 100 or so steps.

4 Q. So you asked for scoops?

5 A. I was asking for stretchers, but my perception of what
6 I requested probably lost a little in the transmission.

7 Q. Can we have a look, please, at [INQ10111-2]? At 10.16.44,
8 you will see there an entry in the GT log, this is the
9 special incident Metropolitan Police communication log:
10 "111C [that's one of your Serials] are asking for
11 more first aid kits to be taken to King's Cross as soon
12 as possible."

13 A. The actual request is from Echo Kilo to GT, Echo Kilo is
14 Kentish Town. I would imagine that would probably be
15 David Asmyth-Miller passing on a request from one of my
16 officers, up through the system.

17 Q. Indeed. So we may presume, may we not, that certainly
18 by 10.15, you were in the thick of trying to get
19 everybody out, and that is when you started to make more
20 requests for first aid kit and for more equipment
21 generally?

22 A. Yes. That was, I would say, probably a good half an
23 hour after I attended the scene, probably longer than
24 that.

25 Q. You helped with providing medical aid to a British

1 Transport Police officer, we know him to be
2 PC Johnson -- he was a PC then, now an inspector -- who
3 was looking after some casualties who had been blown out
4 of the side of the train?

5 A. Yes. I did not spend my entire time down there in the
6 front carriage, because I periodically went back to, as
7 I now know is about carriage 4, where the access to the
8 crossover was, and I had been made aware by -- there
9 were about three or four BTP officers, a sergeant and
10 three, I would think, who were dealing with the
11 casualties that were -- been blown out, were lodged
12 between the Tube and the walls of the Tube system, and
13 I spoke to them probably about four or five times,
14 asking how they were progressing and whether they needed
15 more stuff, but they assured me that they were doing as
16 best they could, and because of the limited amount of
17 space they had.

18 Q. The British Transport Police inspector, whom you had met
19 earlier on the concourse, reappeared and it was plain
20 that he was still distressed --

21 A. Yes.

22 Q. -- and so you asked one of your officers to assist him
23 in leaving the scene.

24 A. Yes.

25 Q. Did the inspector, Mr Shields, come on to the train and

1 discuss with you how best to progress the command of the
2 incident?

3 A. He came in to the train, I would say, halfway through
4 the time I was down there, perhaps a little later.

5 I was in full control and command of that situation,
6 I was aware what was going on.

7 So I told him that I would remain in command at the
8 scene and if he could then take command from the outside
9 of the train up to the station, and he agreed that that
10 was a reasonable division of labour.

11 Q. May we look at another message which may have emanated
12 from one of your requests, [INQ10111-3]. At 10.36.57
13 you'll see there:

14 "We need more officers to assist with evacuation of
15 bodies inside location."

16 Did there come a time, whilst you were in the
17 tunnel, that you appreciated that you were running out
18 of hands, of able-bodied officers to help carry
19 stretchers out of the tunnel?

20 A. Yes. Through my transit back and forth, I was aware
21 that the Croydon Serial, which I think is Serial 110, or
22 some of their officers, were down at about carriage 4 at
23 the crossover, and I had been giving instructions that
24 we needed stretchers to carry out the living, and I was
25 actually assuming at some stage we would have to remove

1 some of the fatalities just so we could get out.
2 But Sergeants Bye and Bouchard were actually dealing
3 with that side of it and placing those casualties in
4 body bags. I assisted in moving one of them. I can
5 remember the sweat pouring off my head on to this
6 casualty and almost apologising at the time.

7 Q. Did you ever see officers or medical personnel
8 approaching from the far end of the carriage, from
9 Russell Square?

10 A. I was absolutely dumbfounded when two of my officers
11 came through. I had not believed it was possible at
12 that stage that I could have gained access through
13 the --

14 Q. But you recognised them because they'd come from your
15 Serial?

16 A. It was John Corr and Andy Whale, who were two of the
17 more senior officers on that carrier, both of whom have
18 got sort of 15, 20 years of service in.

19 Q. They had gone to Russell Square and they had been down
20 the tunnel?

21 A. They'd gone to Russell Square and come through and
22 I was ...

23 (10.38 am)

24 (Tannoy interruption)

25 (11.00 am)

1 MR KEITH: Mr Mugridge, the time came, did it not, when you
2 were informed that there were only fatalities left in
3 the first carriage. Did you, at that point, tell
4 Inspector Shields, who carried out a necessarily
5 rough-and-ready body count?

6 A. Yes, I communicated this to Mr Shields. He went into
7 the front carriage, I could not bring myself to do so.
8 He came back and gave me a body count of the fatalities.
9 I then shouted for Metropolitan Police officers to leave
10 the carriage and return to the surface.
11 I'm aware that, from talking to others afterwards,
12 this was heard by those who were for'ard of the scene at
13 the Russell Square end and they returned to the surface
14 from there.

15 Q. On the timings, could we please have [INQ9450-17]? There
16 is a reference to your Serial being sent to a lounge on
17 the mainline station at 10.55:

18 "Serial (111 inspector) - A and C first-class lounge
19 regroup."

20 Before that, on the previous page, page 16 [INQ9450-16], you will
21 see there:

22 "Serial 111 inspector confirms all live casualties
23 out", I think, and a reference to Inspector Ray Shields,
24 "train clear of live casualties".

25 So we may take it from that document that you must

1 have spoken to Mr Shields and then both informed the
2 relevant Silvers at some point prior to 10.55?

3 A. When I handed over to him, I shook his hand and wished
4 him luck and made my way out to the surface and sweep --
5 I was the last of my officers to go out, I basically
6 swept them all up I think is the easiest way of putting
7 it, and took them to the surface.

8 Q. Do you recall finally the arrival of HEMS paramedics and
9 doctors?

10 A. Additional -- during the course of the events below,
11 paramedics and HEMS officers arrived below and went
12 for'ard of me to assist with the casualties and deal
13 there. I made no note of their name or anything of
14 such. I'd actually gone down below with nothing on
15 which to write.

16 Q. All right. Lastly, were you greatly assisted by the
17 British Transport Police officers whom you encountered
18 in the train, the sergeant and the two PCs?

19 A. Yes, they were fantastic. I can't say anything more
20 than that. They did exactly as one would hope and, in
21 fact, probably more than that. They were tremendous.

22 MR KEITH: Mr Mugridge, thank you very much. Will you stay
23 there, though, please, because there may be some further
24 questions for you?

25 LADY JUSTICE HALLETT: Mr Coltart?

1 Questions by MR COLTART

2 MR COLTART: Mr Mugridge, on behalf of the families whom
3 I represent, thank you very much indeed for your efforts
4 on that day, which were clearly significant.

5 Can I deal with two short topics, please? The first
6 is a particular casualty that I think you had some
7 dealings with, and you make reference to her in your
8 witness statement on page 4, just over halfway down.

9 I don't know if you have a copy of it with you? Thank
10 you. Do you see the paragraph starting:

11 "During this initial phase ..."

12 A. Yes.

13 Q. "During this initial phase, I had moved back on four or
14 five occasions."

15 You were sending messages for body bags, face masks
16 stretchers and so on?

17 A. Yes.

18 Q. "On each occasion after passing the message, I would
19 return to the front carriage area. Shortly after the
20 arrival of the medical team, the first live casualty was
21 extricated from the front carriage. She was carried out
22 and placed on a stretcher."

23 Do we take it from that that this is someone they
24 managed to get through the door --

25 A. Yes.

1 Q. -- before the firemen had taken it off? Is that right?

2 A. That is my recollection but, as I've indicated later in
3 my statement, some of the chronology may be in error.
4 All I can happily say is that she was the first live
5 casualty extricated from the for'ard carriage.

6 Q. "She had significant injuries to her lower legs."
7 Are you able to assist us at all with a description
8 of this casualty in terms of age, build, appearance,
9 anything of that nature?

10 A. Not at all. It sounds rather -- not heartless, but it
11 was a person out and I was then concentrating on how --
12 my thought process was then how I'm actually going to
13 get this casualty through the train and out up to the
14 platform.

15 Q. We entirely understand that, if I may say so. You carry
16 on:

17 "We then tried to get the stretcher out of the
18 carriage. We were hampered by the pole in the centre of
19 the carriage by the doors."

20 A. Yes.

21 Q. "I had to reposition the casualty in the left-hand side
22 of the doorway to help them manoeuvre the stretcher."

23 Do we take it from that, that you were successful,
24 at that stage, in getting the stretcher out?

25 A. What had occurred is I think one of the fatalities had

1 been brought into that lobby area at the front of the
2 second carriage. We were trying to manoeuvre the
3 stretcher around these poles, the vertical poles that
4 you hold on to.

5 Q. Yes.

6 A. And this is the one I recall when I physically just
7 picked it up, picked the body up, the torso, what it
8 was, and that was when I remember a stream of sweat
9 falling off my head onto the casualty and making this
10 apology to the casualty, and then assisting around and
11 through.

12 The discussion then ensued as to whether we should
13 actually remove these vertical poles between myself, it
14 was PC Annals was there, and someone who I perceived to
15 be perhaps the senior London Underground representative
16 there.

17 Q. I'm going to cut you short because it may be that I can
18 shorten this line of cross-examination, as it were.

19 Once you had picked her up and manoeuvred her around
20 the pole, was she then evacuated from the carriage, as
21 far as you can recall?

22 A. As far as I recall, because I then turned my -- I had
23 given instructions on how we should try to get stretcher
24 parties to take them out, because I was aware that the
25 train was probably, I don't know, four, five carriages,

1 and that would be physically taxing. It was so hot down
2 there as well. People were starting to become
3 exhausted. So I gave instructions that there should be
4 a relay of stretcher parties to take them to the
5 surface.

6 As they started to go aft in the railway, in the
7 Underground -- first Underground -- or second
8 Underground carriage, I then turned my attention back to
9 the next problem that I was perhaps facing.

10 Q. Final question on this topic: was she removed, do you
11 recall, by a HEMS doctor and a paramedic team or by
12 police officers?

13 A. I'm afraid I have no idea as to how she was got out of
14 the front carriage. I believe that it would have been
15 police officers that had carried her out from, say, my
16 position aft.

17 Q. Thank you. That might, in fact, answer the question.
18 We'll see through another witness who's coming later.
19 Thank you.

20 Final topic, then. After the event, at the end of
21 the day, you went to the Renaissance Hotel in Holborn,
22 I think.

23 A. Yes.

24 Q. Where you filled in a short proforma about what you'd
25 done, you handed over your clothing that you'd been

1 wearing for evidential purposes. There was some
2 occupational health assessment --

3 A. Yes.

4 Q. -- and you did what you could to keep the spirits of
5 your men up and look after them.

6 A. Yes.

7 Q. But at any point thereafter, not on that day, but
8 subsequently, were you invited, or were any of your
9 officers invited, to take part in a more structured
10 debrief about what had happened on that day and how the
11 operation had gone?

12 A. No, I've never, ever been debriefed on this operation,
13 neither by the Metropolitan Police or anyone else.

14 I was quite surprised about this. I would perhaps
15 consider myself, because I'd done it, to be the expert
16 the Met had for dealing in that sort of situation.

17 I was never debriefed by the Metropolitan Police and
18 neither did the London Authority ever speak to me when
19 they produced their report.

20 Q. Did you ever make any enquiries about that? Did you
21 ever make any requests of your senior officers as to
22 whether or not --

23 A. Because of an incident like this, there were going to
24 be, obviously, commendations and similar things.

25 I tried to remove myself a bit from that process, rather

1 than have any influence on that. I did express surprise
2 that I was never debriefed.

3 Q. To whom did you express that concern?

4 A. I think probably the deputy borough commander at Sutton
5 police station, but -- and other --

6 Q. Was that just in conversation?

7 A. In conversations, but it was --

8 Q. There we are, it didn't happen?

9 A. It didn't happen, yes.

10 MR COLTART: All right, thank you very much.

11 LADY JUSTICE HALLETT: Well, I'll debrief you, Mr Mugridge.
12 If anybody had asked you about things that you thought
13 had gone wrong and things that had gone well, can you
14 summarise in a few short sentences for me what you would
15 have said?

16 A. What went well was the actions of all the officers, the
17 Underground staff, the paramedics, the HEMS. Everyone
18 was exceptional down there. They were brilliant. They
19 did well.

20 Communications were difficult. I did ask for
21 a field telephone, but on reflection, in some ways it
22 was almost better that I didn't have easy
23 communications. It meant that my requests would go
24 upwards but I wasn't being harangued for situation
25 reports, so it was a double-edged sword.

1 In a situation like that, the removal of the
2 casualties was particularly difficult and I've mentioned
3 Neil Robertson stretchers, with which I was familiar in
4 the navy, they're almost like a stretcher which forms
5 a straitjacket and you can then manoeuvre them round
6 difficult spaces without fear of tipping the casualty
7 out.

8 LADY JUSTICE HALLETT: When you say -- did you see
9 Neil Robertson?

10 A. Neil, N-E-I-L, Robertson.

11 LADY JUSTICE HALLETT: Are they like what we've been calling
12 a scoop stretcher?

13 A. They're formed by canvas -- you almost have like a body
14 shape, arms and body in a cross, but there's also
15 wrap-arounds for the legs. The casualty is lain in them
16 and the wrap-arounds go around and they're basically
17 confined almost like they're in a straitjacket.

18 It does mean that you can almost transport the
19 casualty vertically up through spaces. I was
20 particularly aware of the problems of removing
21 casualties and getting them up the long stairway into
22 the Underground station itself from the platform. That
23 must be about a 30-degree slope, and I am aware that one
24 of my officers, because of the difficulties faced by
25 carrying them up there, picked one of the casualties up

1 and carried them all the way up, John Harding, just
2 literally picked one of the lighter casualties up,
3 carried them to the surface.

4 We needed sort of -- I had a wishlist of supplies
5 that are listed in my statement that I considered
6 useful, rather than necessary. But until you've
7 actually been there, you can't -- you have a wishlist,
8 some things on that wishlist are not used, others are.

9 LADY JUSTICE HALLETT: When you sent a runner with your
10 wishlist, did the equipment that was on your wishlist
11 arrive in response promptly?

12 A. Stuff started to arrive. We did get supplies of water.
13 We did get the body bags and stretchers and medical kit.

14 LADY JUSTICE HALLETT: Thank you very much. Mr Saunders?

15 Questions by MR SAUNDERS

16 MR SAUNDERS: Just one matter, please, Inspector. In your
17 statement, you have referred to that last part where
18 you, in trying to move the lady Mr Coltart has just
19 asked you about, picked up one body.

20 A. Yes.

21 Q. Could I ask you, please, to look at INQ10283-11[INQ10283-11]?

22 Mr Mugridge, this is the layout that the
23 Metropolitan Police have achieved subsequently of those
24 who died that day and were in situ.

25 So you can get your bearings, the driver's cab is to

1 the left. You've entered from the second carriage to
2 the right.
3 A. Yes.
4 Q. I think the passage in your statement is where you've
5 picked up this body and put the body to the left of the
6 door.
7 A. It doesn't relate to this carriage. It's in the second
8 carriage.
9 MR SAUNDERS: Then I have no other questions at all for you.
10 Thank you very much, sir.
11 LADY JUSTICE HALLETT: Mr Patterson?
12 MR PATTERSON: No questions.
13 LADY JUSTICE HALLETT: Ms Gallagher?
14 MS GALLAGHER: No questions, thank you.
15 LADY JUSTICE HALLETT: Yes, Ms Boyd?
16 Questions by MS BOYD
17 MS BOYD: Yes, Mr Mugridge, can I ask you just a couple of
18 questions on behalf of the London Fire Brigade?
19 In relation to the timing of their arrival in the
20 bombed carriage, you estimated --
21 A. I'm struggling to hear, sorry.
22 Q. I'm sorry. You estimated about 20 minutes after your
23 arrival in the carriage. Can I just take you through
24 that?
25 You told us that you met the BTP inspector, which we

1 know is Inspector Mingay, on the concourse before you
2 went down to the train. Is that right?

3 A. That's correct.

4 Q. We know from evidence we've heard that Inspector Mingay
5 arrived at the back of the train, having been on to the
6 bombed carriage at 09.28 and from there he walked back
7 through the tunnel onto the platform up the escalators
8 and up on to the concourse.

9 We know that he spoke to an LUL manager at 09.40 and
10 a member of the London Fire Brigade at 09.45. Those
11 times were logged.

12 Can I suggest, therefore, that if you met
13 Inspector Mingay in the concourse, it wouldn't have been
14 before 09.35, 09.40, so that --

15 A. I would say different.

16 Q. I'm sorry?

17 A. I would say different, I would say it would be about
18 9.32, on that basis. If you say two minutes to walk
19 from the train to the Underground platform, another two
20 minutes up, the mathematics is 9.32.

21 Q. We also know that before Police Constable Annals joined
22 you on the train he had assisted a member of the public
23 who had been in the bombed carriage, Mr Akerele, and he
24 told her Ladyship how he had been released from his seat
25 and assisted out of the train by two firefighters.

1 So that would again suggest that, by the time
2 PC Annals joined you in the carriage, the Fire Brigade
3 had already been in the train.

4 A. Some small squad of fire officers -- about four, I would
5 guess -- joined, I felt, about 15 to 20 minutes after
6 I had been in the train.

7 I can remember being surprised there were no fire
8 officers there, and we, in fact, used their kit to
9 smash -- when they arrived, their kit to smash the
10 windows. They were there subsequent to certainly
11 Sergeant Bouchard and myself.

12 Q. You fairly say you may have the sequence of events out
13 of order. Can I suggest that the first thing they did
14 on their arrival was to remove the door so that that
15 would have been before anyone was stretchered out?

16 A. They certainly -- that was their first action that we
17 asked them to do, was to remove that door. It was
18 a considerable problem. It was torn, ripped, it was not
19 operating properly. It made access to the for'ard
20 carriage very difficult and I would agree that removal
21 of casualties from that was probably predicated by the
22 difficulties encountered by that door.

23 Q. We also know that the most senior fire officer who was
24 on the train asked if it would be all right to move the
25 deceased in order to get to the living.

1 A. That most senior fire officer, if it's from my
2 statement, would have probably been a leading fire
3 officer. I did have words with a senior fire officer
4 afterwards in the course of my duties in the train.
5 I think he was the officer that mentioned secondary
6 devices and I was not happy with that.

7 Q. Do we take it, therefore, from the conversation that the
8 leading firefighter had, asking if it was all right to
9 move the deceased bodies, that the firefighters were
10 involved in moving those bodies to get to the living --

11 A. Yes.

12 Q. -- at the outset?

13 A. Yes, that's fair to assume, that they were there fairly
14 swiftly. It was -- the prime difficulty we had on the
15 first, say, quarter of an hour I was down there was the
16 door, trying to get access, people through that door,
17 and to try and get, I think, the living out through that
18 door would have been almost impossible. It was a great
19 relief that we did remove that door.

20 Q. Would it be fair to say, though, that nobody was going
21 to move any of the casualties, the seriously injured
22 casualties, before they'd been stabilised or seen by
23 paramedics?

24 A. I can't answer that question. My directions were to
25 remove or extricate the casualties. How that was done,

1 I left to others who were more skilled than I. My
2 recollection is there were paramedics on the scene
3 fairly early and the subsequent arrival were the fire
4 officers.

5 MS BOYD: Thank you very much, Mr Mugridge.

6 LADY JUSTICE HALLETT: You said something to Ms Boyd about
7 having a conversation with a senior fire officer about
8 secondary devices. Was that whilst you were on the
9 train?

10 A. Yes.

11 LADY JUSTICE HALLETT: What did you mean by that?

12 A. I had deduced that the cause of the disaster was a bomb
13 from the evidence of the front carriage. The area round
14 the -- what I presumed was the bombsite, had been
15 cleared totally, the metal was polished, typical of that
16 from an explosion.

17 One of my considerations obviously, therefore, would
18 be: were there secondary devices or, even, were there
19 failed primary devices about? And I made a conscious
20 decision to keep quiet about secondary devices so that
21 those that were working at the scene could concentrate
22 on the job in hand rather than think about other things,
23 you know, worry about their own safety.

24 LADY JUSTICE HALLETT: What did you mean you weren't happy
25 about what the fire -- whoever mentioned secondary

1 devices, what happened?

2 A. He came in much later in the incident, well towards the
3 end, and in a fairly loud voice basically said, "Have
4 you considered secondary devices?", and at that point
5 a lot of faces turned round to look at him, and some of
6 them probably hadn't considered the fact there may be
7 secondary devices there, and so I was not happy with
8 that.

9 I had made a conscious decision that we were going
10 to rescue the living and if there was a secondary device
11 there, well, there was a secondary device and we would
12 keep our fingers crossed.

13 LADY JUSTICE HALLETT: To be fair to the fire officer who
14 mentioned it, he didn't know you'd made that decision.

15 A. Yes, but I was -- I felt that I was in charge of that
16 situation, it would have been nice if he'd actually
17 spoken to me on a one-to-one basis rather than
18 transmitting in a loud voice.

19 LADY JUSTICE HALLETT: Right, Mr Hill?

20 Questions by MR HILL

21 MR HILL: Mr Mugridge, just on that last point, in terms of
22 the content, in other words, the reference, to secondary
23 devices, what you're saying is that, as the police
24 officer in command of the scene, you simply weren't
25 going to let any such concern stand in the way of the

1 work that you were doing and were tasking other officers
2 to do to save life and to preserve that scene?

3 A. That is correct, yes.

4 Q. As to the timing of the reference to secondary devices,
5 just let me see if I can help a little.

6 In your statement on, I think, page 5 of your
7 statement, in the middle of the page -- I'm not going to
8 ask that it's brought up on screen -- you did refer to
9 being approached by someone and the reference to
10 secondary devices is there.

11 A. Yes.

12 Q. But in deference to Ms Boyd's questions, what you said
13 in your statement was you don't recall who it was but
14 then you added this:

15 "I think it was fairly early on."

16 So reminding yourself from the content of your
17 statement, may it be that the reference to secondary
18 devices, if it was a reference made by a fire officer,
19 was actually early on and not late on?

20 A. My statement was written during the course of the
21 weekend immediately after the bomb. I would perhaps
22 rely more on the statement than my recollections now.
23 I will accede to that.

24 Q. Thank you.

25 LADY JUSTICE HALLETT: Does that mean we're not sure if it's

1 a fire officer and we're not sure of the timing?

2 A. I'm pretty certain it was a fire officer, I think it was
3 probably earlier than I've given the impression
4 currently.

5 MR HILL: Thank you.

6 Now, then, just to the incident management log, we
7 know you weren't keeping the log, it's INQ9450. Can we
8 just go to page 12 [INQ9450-12]? It's the only page not previously
9 referred to that I just wanted to put in front of you.
10 Looking at the top of the page, what we can see at
11 10.00 hours is an entry:

12 "111C -- take shields for stretchers."

13 Serial C I think was Sergeant Bouchard's Serial, is
14 that right?

15 A. Yes.

16 Q. We know because you've already told us, that he was the
17 first of those under your command who went below ground.

18 But it seems, is this right, that there was
19 consideration to stretchering people out of that scene,
20 certainly in time enough to be recorded in the incident
21 management log by 10.00 am?

22 A. I would say someone had shown quite a bit of initiative
23 there.

24 Q. The supplementary question is whether that assists you
25 in saying whether or not that might have been a message

1 that was relayed from below ground from you or from the
2 sergeant.

3 A. I was only made aware that they were using shields for
4 stretchers after the event. It was not a request from
5 me. My perception of a stretcher was either the
6 Neil Robertson stretcher or a field stretcher, the type
7 where you have two solid poles with canvas in between.

8 Q. I think her Ladyship was asking about scoops. They're
9 plastic-formed scoop stretchers. That's different to
10 the Robertson that you're referring to.

11 A. Yes, I would think they're probably the modern-day
12 equivalent of the Neil Robertson stretcher.

13 Q. Right. I think finally only this: insofar as debriefs
14 are concerned, you've answered questions about the sole
15 occasion on which there was what might be called
16 a debrief for you, and that was at the Renaissance Hotel
17 in the centre of London on the evening of 7 July itself.
18 You filled out a sheet in relation to your attendance at
19 the King's Cross scene.

20 A. Yes.

21 Q. We should just note that for the record that's
22 [INQ9978-2]. I'm not sure whether it's on Trial Director,
23 because I don't think I gave notice. But as it's come
24 up -- I'm very grateful.

25 That is your own single-page debrief sheet?

1 A. Yes.

2 Q. So recorded on the evening of the 7th?

3 A. Yes. It's my handwriting, sorry about the ...

4 Q. Thank you. So far as other debrief procedures are
5 concerned, you've answered questions to the effect that
6 you were not engaged in any other debrief procedure.

7 Were you aware -- can I just ask you this -- that
8 there was, at borough level, police borough level,
9 a process involving officers who had attended at the
10 scene and in order to give other officers serving with
11 the Metropolitan Police a greater awareness in
12 responding to major incidents?

13 A. We did have a debrief, but that was only from OH.

14 I ensured that all my officers went through the
15 occupational health process, because it was not good
16 down there. But I was unaware of the subsequent meeting
17 that you've described.

18 LADY JUSTICE HALLETT: Sorry, Mr Hill, your question has
19 lost me. At borough level? Well, Mr Mugridge would
20 have been at borough level in those days, so I'm afraid
21 I didn't follow what process you were putting to him.

22 MR HILL: No, my lack of clarity. It depends what borough,
23 of course, the attending officers come from.

24 So that it's quite clear, Inspector Asmyth-Miller
25 who's giving evidence on Monday next, and who was EK1,

1 the Silver scene commander above ground, he went through
2 an organisational learning process run by Camden police
3 borough, which had the purpose that I was indicating.
4 I'm not suggesting, Mr Mugridge, that you were part
5 of that and, indeed, you weren't a Camden officer.

6 A. No.

7 Q. Finally this, then, did your actions on that day,
8 7 July, result in the award of an MBE?

9 A. It did.

10 MR HILL: Thank you.

11 LADY JUSTICE HALLETT: Any other questions? Thank you very
12 much, Mr Mugridge. It sounds as if you brought some
13 much needed structure to the rescue mission and vital
14 support for your officers. All of you were working in
15 obviously dire circumstances, so thank you very much for
16 all that you did.

17 A. Thank you, ma'am.

18 MR KEITH: Thank you, my Lady. May I invite you to call
19 Alexander McRae, please?

20 MR ALEXANDER DREW McRAE (affirmed)

21 Questions by MR KEITH

22 MR KEITH: Good morning. May I invite you to give the court
23 your full name, please?

24 A. Good morning. Alexander Drew McRae. However, I use
25 Drew as my first name rather than Alexander.

1 Q. There are references to your first name throughout the
2 paperwork, Mr McRae, referring to you as "Drew" indeed.
3 In July 2005, were you working for the London
4 Ambulance Service?

5 A. That's correct, yes.

6 Q. You are now, I think, with Essex Ambulance Service. Is
7 that right?

8 A. East of England Ambulance Service based in Essex.

9 Q. Were you then also a paramedic?

10 A. That's correct, yes.

11 Q. That morning, you were on duty at Islington ambulance
12 station crewed with your colleague, Mr Tompkins?

13 A. That's correct, yes.

14 Q. We've heard from Mr Tompkins and we know that you were
15 in the ambulance G, for Golf, 109. Is that right?

16 A. Yes.

17 Q. You attended an incident earlier that morning concerning
18 a lady who had an accident on a moped. Were you sitting
19 in your ambulance outside the A&E department at
20 Whittington Hospital when you heard over the radio
21 references to casualties and an explosion at
22 King's Cross?

23 A. That's correct, yes.

24 Q. Was it the voice of your colleague from Islington,
25 Stacey Rixon, that you recognised?

1 A. It was, yes.

2 Q. Showing great initiative, you and Mr Tompkins called
3 your control room and told them that you were available
4 and ready to go wherever they wished?

5 A. We did. Dave Tompkins pressed the priority button on
6 our radio set, which takes us to the front of the queue
7 of crews waiting to speak to the radio operator, and we
8 were immediately answered by the radio operator and
9 Dave Tompkins told them that we were available to
10 attend, if necessary.

11 Q. You were formally dispatched at 09.28. Could we have on
12 the screen [INQ8716-7], please? 09.28.10, towards the top
13 of the page:

14 "Vehicle dispatched", G109 and over the page on
15 page 8 [INQ8716-8] at 09.38.17, so some ten minutes later, you
16 arrived, "red at scene", at King's Cross?

17 A. We did, yes.

18 Q. I won't trouble you with details of how difficult you
19 found it to get near to King's Cross, suffice to say you
20 drove down the dual carriageway in the wrong way in
21 order to be able to get your ambulance right outside the
22 entrance?

23 A. I did, yes, because I couldn't get round the legal way,
24 so to speak, so I took the decision to drive the wrong
25 way and parked immediately outside King's Cross station

1 facing the direction of the traffic flow in front of
2 Golf 101, which was the first ambulance on scene.

3 Q. The ambulance crewed by Paul and Stacey Rixon you
4 recognised because you know the Rixons?

5 A. Yes, very well.

6 Q. You recognised, therefore, their ambulance. When you
7 got out, were you aware of who, at that initial time,
8 had the command from the position of the London
9 Ambulance Service? Who was the incident officer at that
10 early stage?

11 A. As far as I was concerned, the first ambulance on scene,
12 which was Golf 101, the Rixons' ambulance, had its blue
13 lights on, which would signify it was the control
14 vehicle.

15 I therefore -- I knew on that particular day that
16 Stacey was the attendant of that vehicle and, as far as
17 I was concerned, Stacey was Silver medic and Paul would
18 be Silver control.

19 Q. Did you speak to her?

20 A. I spoke to Stacey. Initially, she wasn't on the
21 surface, but Dave Tompkins and I met with her. She was
22 at the top of the escalator in the ticket hall in the
23 King's Cross Underground complex.

24 Q. We know, and we'll come to in a moment, that you
25 equipped yourself, as Mr Tompkins did, with triage

1 packs, and made your way into the station.

2 A. Yes.

3 Q. Did you do that because that was an automatic response
4 on your part or because she, as Silver control, said to
5 you, "Look, these people are doing this. You can do
6 that. What I'd like to you do is triage"?

7 A. We did it because we, at the time, felt that we were the
8 second ambulance on scene and the role of the second
9 ambulance on scene is to adopt the Bronze triage role
10 and also the Bronze parking role.

11 I now know that we were the third ambulance on
12 scene. The ambulance crewed by Adam Desmond and
13 Sam Sinclair were there before us. However, they were
14 parked further west along Euston Road and our view of
15 their vehicle was obscured by a fire engine.

16 Q. Also, there was a Fast Response Unit crewed by
17 Mr Phil Bell there, N361, but you didn't know that?

18 A. I wasn't aware of that vehicle, but I did see an FRU,
19 a Fast Response Unit, which was crewed by Peter Taylor
20 outside the station.

21 Q. There were, in fact, quite a number of paramedics,
22 therefore, there when you arrived. Because you weren't
23 aware of Mr Bell and you weren't initially able to speak
24 to Stacey Rixon, there was no opportunity for you all to
25 decide who was going to triage and who was going to

1 intervene?

2 A. That's correct, yes.

3 Q. Had you all been able to meet up or to communicate,
4 would it have allowed you, do you think, to be more
5 efficient in the roles that you all took, because then
6 you would have been clear about who was going to triage
7 and who would actually intervene?

8 A. Quite possibly, yes.

9 Q. Because you didn't have that degree of information, and
10 because you thought you were the second ambulance but
11 you were wrong, you were in fact the third, you decided
12 to triage because that's always the first step, isn't
13 it?

14 A. That's correct.

15 Q. So you went down into the station with Mr Tompkins. Was
16 Mr Taylor with you at that stage?

17 A. I -- my recollection initially is that he wasn't, but as
18 we descended the escalator down towards the platforms,
19 I was sure that he was with us at that point.

20 Q. He has told us how, when you reached the track, he asked
21 a member of London Underground staff to confirm that
22 power was off. That member of staff was unable to get
23 confirmation straightaway. He asked him again, and the
24 member of staff put his foot onto the track in front of
25 Mr Taylor in order to indicate that the power was off.

1 Do you recall that?

2 A. No recollection whatsoever.

3 Q. You went to the train, and I think you approached it
4 from the crossover tunnel, from the side, as opposed to
5 from the rear. Is that right?

6 A. That's correct, yes.

7 Q. When you entered the train, did you start triaging
8 casualties whom you found?

9 A. Yes. The first casualty I came across was a young Asian
10 female who was sitting on the first bank of seats to my
11 right-hand side as you entered, I believe, carriage 4.
12 This lady was prioritised priority 3. She had a gash to
13 her right forearm which had stopped bleeding. She was
14 in rather a distressed state. To my mind, she was
15 having a bit of a panic attack, but, you know,
16 I established that she was able to walk and, as
17 a result, as I say, she was given a priority 3 tag
18 attached to her wrist.

19 Q. Was there another casualty, a black male, in the same
20 carriage, who was holding a pad to his head and was
21 obviously bleeding, whom you similarly assessed as being
22 a P3?

23 A. Yes, that's correct. He was in the second bank of seats
24 on my right-hand side.

25 Q. Who did you anticipate would come behind you and give

1 medical attention to those persons whom you had triaged?

2 A. Colleagues arriving subsequent to our arrival.

3 Q. Peter Taylor was with you or nearby?

4 A. Yes.

5 Q. Mr Tompkins was triaging with you. So the three of you
6 were triaging?

7 A. Yes.

8 Q. Did you know where Stacey Rixon was at that stage?

9 A. We left Stacey at the ticket hall area, as we descended
10 down the escalator and, from that point, I don't know
11 where she went to.

12 Q. Did you see Adam Desmond or Sam Sinclair?

13 A. Not at all, no.

14 Q. Did you know whether the HEMS paramedics or doctors were
15 on their way or not?

16 A. I didn't know if they were on their way or not.

17 Q. So, as my Lady has, in fact, asked a previous witness,
18 did you carry out your triage in the hope, possibly the
19 expectation, that there would be further medics behind
20 you?

21 A. Absolutely, yes.

22 Q. Would it have given you a degree of comfort if you'd
23 been able to know where they were and to be sure that
24 they were behind you?

25 A. Definitely, yes.

1 Q. But that comfort was denied to you on that particular
2 occasion?

3 A. At that particular moment in time, yes.

4 Q. There was a carriage on the train where you encountered
5 a policeman, a British Transport Police officer, we now
6 know him to be PC Johnson, and adjacent to that carriage
7 were casualties who had been blown outside the train
8 between the tunnel wall and the side of the carriage.
9 Did you and Mr Tompkins go over to them and start
10 triaging?

11 A. We went over to the doors, or door, at which the police
12 officer was standing. Dave Tompkins made the decision
13 to go down trackside. I stayed on the train, but by the
14 doors, just ensuring that he was safe because he was
15 going down into a dangerous environment.

16 Q. What did he do?

17 A. Pardon?

18 Q. What did he then do?

19 A. He moved along the side of the train, but it was
20 extremely dark so it was very difficult to see the exact
21 nature of what he was doing, but he shouted back to me
22 and I say in my statement, which I now know is
23 incorrect, "Two dead, one priority 1", I obviously, when
24 I gave my statement, got the numbers mixed up.

25 Q. Don't worry what you now know to be the case. Do you

1 recall whether or not Mr Taylor jumped off the side of
2 the train into that tiny gap to triage as well?

3 A. I don't remember Peter being there, but --

4 Q. Is it possible that he was and you can't now recollect
5 it?

6 A. Quite possibly, yes.

7 Q. Because the evidence at the moment, Mr McRae, suggests
8 that there were two living casualties and two dead, in
9 fact, by the side of the train, and Mr Taylor labelled
10 the two living casualties as P1.

11 A. Yes.

12 Q. Mr Tompkins may have triaged certainly one, possibly
13 both, of the deceased casualties.

14 A. Yes.

15 Q. So having triaged them, were you obliged, all of you, to
16 move on down the train?

17 A. Yes, I started -- I was slightly ahead of Dave Tompkins
18 as I made my way towards the first carriage.

19 Q. So of the three of you, were you the first then to reach
20 the first carriage and did you ask for a torch to try to
21 look inside the carriage and see what the position was?

22 A. I did, yes. The other carriages, as we were making our
23 way through the train, had emergency lighting on, very
24 dim lighting, but sufficient to see.

25 However, when I got to the first carriage, it was

1 complete darkness and I couldn't see at all, and I asked
2 a firefighter near to me if I could borrow his torch and
3 he gave me rather a large torch with a lens
4 approximately 7 inches in diameter which I then switched
5 on and shone into the first carriage.

6 Q. I don't want to press you for the details. In essence,
7 you were confronted by the terrible sight of piles of
8 bodies lying on the carriage floor?

9 A. Yes. A pile of bodies, three or four deep, in between
10 the first set -- the first bank of seats.

11 Q. You make reference in your statement to a black male
12 whom you saw on one of those piles of bodies.

13 A. Yes.

14 Q. I don't want to ask you about your recollection of his
15 injuries, but from now, casting your mind back, are you
16 able to say whether or not there were any signs of life
17 or any movement from that particular person?

18 A. There didn't appear to be, no.

19 Q. It was obvious to you, wasn't it, that the clothes of
20 many of the casualties in that carriage had been blown
21 off and they had suffered terrible injuries?

22 A. Yes, that was correct.

23 Q. Do you recall seeing a paramedic called Mr Whittaker
24 coming from the other end of the carriage?

25 A. I did, yes. Initially, I was surprised to see him

1 because my initial thoughts were, "Where did he come
2 from?"

3 I quickly recognised it was Liam Whittaker and he
4 had entered the train from, as you say, the driver's
5 carriage.

6 Q. After confronting that terrible sight, did you shortly
7 afterwards realise that you needed to get some air and
8 do something different? You left the carriage and made
9 your way back up to the surface to assist with the
10 casualties on the surface level?

11 A. My initial thoughts, after seeing what was before me,
12 I was wondering where the rest of my colleagues were.
13 You know, I imagined that they would have been breathing
14 down my neck, so to speak, and I had a terrible thought
15 that colleagues arriving at King's Cross may have been
16 focused on dealing with the walking wounded at the
17 surface. There was understandably quite a lot of
18 walking wounded patients on the surface, and I just, as
19 I say, had this terrible thought that that would have
20 been their focus, understandably, because they weren't
21 aware of the gravity of the situation in the carriage,
22 in the way that I was.

23 So I wanted to get back up to the surface, in order
24 to get more help to convey the message of how serious it
25 was in carriage 1, and also to get some equipment,

1 because, at that point, all that Dave Tompkins and I had
2 were triage packs with us.

3 Q. If I may say so, that was an eminently sensible decision
4 to make, given the lack of communication, but when you
5 left the first carriage, were you confident that
6 Mr Tompkins and Mr Taylor, or other paramedic personnel,
7 if you weren't aware of their names, were actually there
8 to carry out the necessary triage process instead?

9 A. I was, and along with Liam Whittaker also.

10 Q. Did you feel that there were enough paramedics there to
11 carry out that process, allowing you to leave?

12 A. I did, yes.

13 Q. When you returned to the surface, did you speak to your
14 colleagues, your paramedic colleagues, in order to pass
15 the word and to try to put together equipment?

16 A. I have -- when I got back to the surface, I initially
17 went to my ambulance. Now, I was in court last Thursday
18 when my colleague from Bloomsbury ambulance station,
19 Sam Sinclair, gave evidence, and he makes mention of
20 a paramedic running past himself and Adam Desmond on the
21 escalator.

22 Now, I have no recollection of that, but it's quite
23 possible that that was me who said to them, "It's
24 carnage down there, get down there as quick as you can,
25 please". As I say, I've no recollection of that, but

1 that's quite possible. It is possible that was me.

2 Q. That's very helpful. Where do you think you went
3 thereafter?

4 A. I went back to my ambulance to get as much equipment as
5 I could carry.

6 Q. What equipment did you assemble?

7 A. I got my paramedic bag together, which has advanced life
8 support equipment and drugs within. I got
9 a defibrillator, I got a bag with dressings and oxygen
10 and I grabbed on to a scoop stretcher also.

11 Q. Do you recall seeing any of your other colleagues at
12 surface level?

13 A. The -- my colleague who sticks in my mind, who I saw,
14 was Simone McAdam, who was, on that particular day,
15 a Cycle Response Unit paramedic.

16 Q. What was she doing?

17 A. She was walking towards me with a scoop stretcher in her
18 hand saying, "We need to get stretchers down there".

19 Q. So did you decide to go back down with her?

20 A. Initially, no. Very close behind Simone was a HEMS
21 doctor who introduced himself to me as Alistair. He was
22 aware that I had been down on the bombed carriage and
23 asked me to give him details of what I had seen.

24 Q. You may have recognised him in court today, in fact.
25 Your statement refers to a HEMS doctor called "Andrew",

1 but may we take it that's a reference to Alistair?

2 A. It is. My statement was given six months later and
3 I can remember that the HEMS doctor had a Scottish
4 sounding first name, so Andrew/Alistair, but I now know
5 it's Alistair.

6 Q. All right. You were able to tell him something of what
7 you'd seen?

8 A. Absolutely, yes.

9 Q. Did you all go back down together?

10 A. We did. Dr Mulcahy asked if myself and Simone would go
11 back down to the bombed carriage with him, and he had
12 HEMS equipment with him, also, which we helped to carry
13 down.

14 Q. When you got back down to the train, did it seem to you
15 that more HEMS and more paramedics had arrived and,
16 therefore, that the process, not just of triage, but of
17 intervention, was well underway?

18 A. Yes. I mean, it seemed to be a completely different
19 scene from when I first left the carriage. There were
20 more HEMS personnel, more paramedics on the carriage, on
21 the train.

22 Q. When you approached the first carriage again, did you
23 immediately notice, in fact, that there was the body of
24 a lady lying just inside the door and she had been
25 tagged by, obviously, one of your colleagues?

1 A. That's correct. The body of this lady wasn't there
2 before, so it was my assumption that she had been moved
3 to this location and, yes, she had a "dead" tag attached
4 to her.

5 Q. I want to ask you about a particular casualty. You saw
6 Dr Mulcahy, the HEMS doctor, attending to a female in
7 the carriage, did you not?

8 A. I did, yes.

9 Q. Are we talking about the second carriage?

10 A. It was definitely the second carriage, yes.

11 Q. Do you actually recall whether or not -- or do you
12 recall seeing her being moved into the second carriage
13 from the first carriage?

14 A. I don't. My assumption was that she had been moved into
15 the carriage by firefighters, because that was a task
16 that they had been carrying out, quite admirably, on
17 that day. So it wasn't an observation; it was simply an
18 assumption.

19 Q. You say in your statement firefighters moved her into
20 the second carriage and that is the assumption that you
21 made, then?

22 A. Absolutely. As I say, it wasn't an observation,
23 I didn't physically see the lady being carried out by
24 firefighters, it was just my assumption.

25 Q. When you saw her for the first time, was the doctor,

1 Dr Mulcahy, already with her?

2 A. Yes, and he was speaking with her.

3 Q. Do you recall him telling you, and telling your
4 colleague, Simone McAdam, what needed to be done?

5 A. Not precisely, but he was quite adamant that this lady
6 needed to be evacuated from the train as soon as
7 possible.

8 Q. Do you recall whether she had a tag on her indicating
9 the priority of her condition?

10 A. No, I'm sorry, I can't recall if she had a tag attached.

11 Q. But she was obviously severely injured?

12 A. Yes, I can recall severe lower leg injuries, in
13 particular to her left leg.

14 Q. In terms of the medical attention she was receiving, can
15 you recall whether or not she received any attention in
16 the train before she was taken to the platform?

17 A. Once again, I can't recall if she did, no.

18 Q. What happened at the platform?

19 A. By the time we got the lady to the platform, her
20 condition had deteriorated. She seemed to be struggling
21 to breathe, and Dr Mulcahy asked me if I could assist
22 with her breathing using a bag valve and mask.

23 Q. Was her difficulty in breathing something she was able
24 to report to you by saying, "I can't breathe", or was it
25 something you observed visually?

1 A. I think, from my memory, the lady had become unconscious
2 at that stage and it was just an observation that she
3 was struggling to breathe.

4 Q. Had she, in the train, been -- had she been able to tell
5 you that she had been -- that she was encountering
6 difficulties in breathing?

7 A. At the time on the train, I had no conversation with the
8 lady at all.

9 Q. So because she was -- because her breathing was
10 apparently becoming more difficult, what did you try to
11 do to help?

12 A. I used a bag valve and mask, which, in layman's terms,
13 is a mask with a bag attached to it, similar to
14 a balloon but slightly thicker material. It has some
15 tubing, oxygen tubing, coming from the back of it and
16 it's attached to an oxygen cylinder.

17 I would have put in what is known as an
18 oropharyngeal airway, an OP airway, which is a small
19 plastic tube that's placed into the patient's mouth to
20 stop the tongue dropping back and occluding the airway.
21 The mask is then placed over the patient's mouth and
22 nose and you simply squeeze the bag in order to force
23 air down into the patient's lungs.

24 Q. To force oxygen, in fact, down?

25 A. Sorry, to force oxygen, yes.

1 Q. So the device is designed to provide pure oxygen as well
2 as making sure that there's no obstruction in the
3 airway?

4 A. Yes, that's correct.

5 Q. Were you also trying, either yourself or your
6 colleagues, to insert an intravenous drip?

7 A. I can recall Simone McAdam attempting to gain
8 intravenous access, in particular to the lady's right
9 arm, but this appeared to be unsuccessful.

10 Q. Do you recall why? Was it because she was unable to
11 find a vein?

12 A. Yes, in certain situations with patients the -- what we
13 call -- they "shut down", which means their peripheral
14 veins effectively disappear, and you can't locate
15 a sufficient vein in order to cannulate.

16 Q. Because of the inability to find a vein, did your
17 colleague then resort to a central line?

18 A. I believe, but I may be wrong, I believe Dr Mulcahy was
19 successful in gaining access into the lady's neck.

20 Q. Is that where the -- that is what is known as the
21 central line, is it?

22 A. I believe so, yes.

23 Q. How long do you think you spent endeavouring to give her
24 oxygen and to insert and to provide then, ultimately, an
25 intravenous drip?

1 A. It's very difficult to judge time. It would be minutes,
2 no more than five minutes.

3 Q. I'm sure that there was a great deal of urgency to the
4 situation and you all worked as fast as you could.

5 A. Yes.

6 Q. Do you recall getting any sort of impression that the
7 lady had been left in the carriage and had required
8 immediate medical attention there but had not received
9 it?

10 A. When I first saw the lady, I was aware that there was no
11 one with any medical training attending to her.

12 Now, as to whether she required urgent medical
13 attention, that's a question I can't answer at this
14 time.

15 Q. When you had first seen her, you told us you actually
16 saw Dr Mulcahy with her?

17 A. Yes, speaking with her, yes.

18 Q. But he had medical training?

19 A. Sorry, that was as Dr Mulcahy and I entered the second
20 carriage. So the first time I saw the lady, she was on
21 her own, as it were.

22 Q. There was no one with her when you first saw her?

23 A. Absolutely, but very quickly Dr Mulcahy was by the
24 lady's side.

25 Q. Can you give us some idea of the time at which you think

1 you entered the carriage? You had, of course, by that
2 stage, already been down and then gone up and come down
3 again.

4 A. You mean entering the carriage for the second time?

5 Q. Indeed.

6 A. Again, it's very difficult. I've thought about how long
7 it took to get down and how long I was there initially.
8 I would estimate the time I got back down into the
9 carriage, it possibly was 10.30, 10.35. But that's an
10 educated guess.

11 Q. Was it possible to stabilise her condition to any degree
12 before moving her from the platform to the surface?

13 A. Yes, I believe that her condition improved somewhat
14 prior to her removal up to street level.

15 Q. In what sense?

16 A. I think -- to be honest, I'm not exactly sure of the
17 circumstances, but a decision was made to move the lady
18 back to street level or, sorry, up to street level,
19 which would have indicated that there may have been some
20 improvement in her condition.

21 Q. Might it alternatively have indicated that there was
22 a more serious medical intervention required that
23 couldn't be carried out at platform level, or is the
24 insertion of an intravenous drip and ensuring that the
25 airway is unobstructed and oxygen is available what you

1 would ordinarily do to someone who was critically
2 injured?

3 A. Ultimately, the decisions regarding this lady would have
4 been Dr Mulcahy's and, you know, as paramedics, we would
5 be working under his instruction. So any decision that
6 was made, you know, that's a question that Dr Mulcahy
7 may be able to give you a better answer to.

8 Q. All right. We will certainly ask him that.

9 A police officer, we understand, helped you to carry
10 her up because he held the fluid bag alongside the
11 stretcher as she was taken to the surface level?

12 A. I certainly remember asking a police officer on the
13 platform to hold a fluid bag and also to remove my
14 safety helmet, because I was becoming extremely hot at
15 that stage.

16 My recollection, when we removed the lady up to
17 street level, was that it was a combination of
18 ourselves, the firefighters and police officers
19 assisting to carry the scoop stretcher.

20 Q. When she was taken to the surface, do you recall whether
21 she was placed in the first immediately available
22 ambulance?

23 A. Yes, I very quickly identified an ambulance that was
24 crewed by colleagues of mine from Islington,
25 Keith Bernasconi and Lauren Vale, and they, in actual

1 fact, had their trolley bed prepared on the back of the
2 ambulance, as if they were awaiting a casualty. So the
3 lady was very quickly assigned to that ambulance, as it
4 were.

5 Q. Do you recall whether anybody went with her in the
6 ambulance or was it just the ambulance crew?

7 A. Dr Mulcahy and Keith Bernasconi travelled in the back
8 and Lauren Vale drove the ambulance.

9 Q. Do you know where it went?

10 A. Yes, the Royal London Hospital.

11 Q. How do you know that?

12 A. Lauren had a slight concern as to the best route to get
13 to the Royal London, so I keyed in to the MDT system --

14 Q. Is that the mobile data system?

15 A. Mobile data terminal, yes. Basically, what you do is
16 you press "To hospital", a list of hospitals come up,
17 you select the hospital that you wish to go to, and then
18 press "Navigate", which is a process that takes seconds,
19 and that then would have transferred that information to
20 the satellite navigation system in order to give Lauren
21 precise directions to the Royal London Hospital.

22 Q. Did you see the ambulance then leave?

23 A. Before the ambulance left, I spoke to our Control to ask
24 them to inform the Royal London Hospital that
25 a priority 1 female was en route to them, and then the

1 ambulance promptly left.

2 Q. By this stage, you hadn't seen Mr Tompkins for some
3 time?

4 A. That's correct. I became slightly concerned because
5 I hadn't seen him and made attempts, numerous attempts,
6 to contact him on his mobile phone, and eventually got
7 through and he told me he was at Russell Square in the
8 Tesco Superstore dealing with walking wounded patients.

9 Q. He'd, in fact, walked through the carriage and then
10 along the tunnel and come up at Russell Square?

11 A. I believe so, yes.

12 Q. You then carried out further duties at King's Cross, did
13 you not, including trying to take details of all the
14 ambulances that were there and assisting Mr Huggins, who
15 was one of the ambulance station's senior officers?

16 A. That's correct, yes.

17 Q. Did you attend, subsequently, the debrief that you knew
18 had been arranged at Millwall, or were you relieved?

19 A. We were relieved. We were initially told by
20 John Huggins, the AOM from Islington, that we would have
21 to attend the debrief at Millwall. I telephoned Dave
22 again, Dave Tompkins, and asked him if he would like me
23 to travel in our ambulance to Russell Square to collect
24 him. He said that there was an officer there who was
25 driving him back in his own car. So I then drove our

1 ambulance back to Islington, which is only a few miles
2 north of King's Cross and about ten minutes later Dave
3 arrived, and the officer who had brought Dave back to us
4 at Islington said we no longer needed to attend
5 Millwall.

6 MR KEITH: Mr McRae, thank you very much indeed, that's very
7 helpful. Will you stay there? There may be some
8 further questions for you.

9 LADY JUSTICE HALLETT: Mr Coltart?

10 Questions by MR COLTART

11 MR COLTART: Mr McRae, the lady whom you assisted at the end
12 and brought up the stairs is a lady by the name of
13 Susan Levy, whose interests I represent, and I'd like to
14 ask you a few questions about her.

15 Before I do that, can I just take you back to the
16 beginning of the day, briefly, if I may --

17 A. Yes.

18 Q. -- to when you're sat in your ambulance outside the
19 Whittington Hospital at about 9.00?

20 Yourself and Mr Tompkins, as we understand it, are
21 listening to the radio and it's at that point that you
22 hear Stacey Rixon come over the airways and declare
23 a major incident at King's Cross.

24 A. Yes, that's correct, although, sorry, my recollection is
25 Stacey said "There's lots of casualties and fatalities

1 at King's Cross".

2 Q. Rather than the words "major incident"?

3 A. I can't recall her saying the words "major incident".

4 Q. Yes, and in fairness to you, you say this in your
5 statement:

6 "[She said] 'Some sort of explosion, lots of
7 casualties and some fatalities at King's Cross
8 station'."

9 That was the first that you had heard of a problem
10 at King's Cross that day?

11 A. That's correct, yes.

12 Q. Then you go on to say:

13 "I then called my girlfriend and told her what I had
14 just heard and she told me she had also heard of
15 something similar at Liverpool Street station."

16 A. That's correct, yes.

17 Q. Was that the first that you had heard of a problem at
18 Liverpool Street station?

19 A. It was, yes, and I said to my girlfriend, "Are you
20 sure?", and she said, "Yes", and I said, "I need to go
21 now", because obviously we had to get on the move, as it
22 were.

23 Q. So she doesn't work for the Ambulance Service?

24 A. She doesn't, no.

25 Q. Presumably she had heard through some public media,

1 whether it's the television, the radio or whatever it
2 might be?

3 A. She is now my wife and I have since asked her how she
4 heard and she can't recall how she heard.

5 Q. All right. You contact the control room, there's no
6 difficulty with that. You are dispatched via the mobile
7 data transfer to King's Cross and we've got your arrival
8 times and so on.

9 Can we move forward in time to the moment at which
10 you first reach the doorway between carriage 2 and
11 carriage 1?

12 A. Yes.

13 Q. We're going to hear from Stacey Rixon next week, but
14 I anticipate she may say that you were both there at the
15 same time, possibly with Mr Taylor, as the Fire Brigade
16 were taking off the door into the interconnecting
17 carriage. Does that now ring a bell?

18 A. It doesn't, I've no recollection of that whatsoever. As
19 far as I was aware, at the first carriage were myself,
20 Dave Tompkins, Peter Taylor and, coming in through the
21 driver's door from the opposite end of the carriage,
22 Liam Whittaker. I can't recall seeing Stacey at that
23 time.

24 Q. There comes a point when, as Mr Keith says, you quite
25 sensibly took the decision that "We need more supplies

1 down here"?

2 A. Yes.

3 Q. And "We need more people"?

4 A. Yes.

5 Q. There's no sign of the wave of paramedics that you might
6 have hoped were going to follow you through the
7 carriage, with you conducting the triage at the front
8 and the paramedics coming up behind to treat and
9 evacuate.

10 A. Yes.

11 Q. So you decide to go back up to the surface and you say
12 that, when you got to the surface, the paramedic who
13 sticks particularly in your mind was Simone McAdam, the
14 lady from the Cycle Response Unit.

15 A. Yes.

16 Q. But I want you to assist us with this, if you can: the
17 records, the London Ambulance Service records, would
18 tend to suggest that, in fact, at that time, she was
19 probably the only paramedic at the surface. In other
20 words, no one else had arrived in the time between your
21 going down to the train and the time by which you've
22 gone back up to the surface.

23 A. That's quite possible, but I've no recollection of
24 seeing anyone else other than Simone.

25 Q. Can I just give you a few names to see whether we can

1 clarify the situation, see if we can jog your memory,
2 because it may be that some more managers had arrived by
3 this time?

4 Do you remember seeing Stephen Sale, for example?

5 A. No, I don't know Stephen Sale and I don't recall seeing
6 him.

7 Q. Peter Thorpe?

8 A. No.

9 Q. Do you know him or you just don't recall seeing him?

10 A. Sorry, I don't know him and I don't recall seeing --
11 I don't recall seeing any officers at all on the surface
12 when I went back upstairs.

13 Q. Okay, we can short-circuit that process. We'll hear
14 next week. But I suspect, by that time, some of the
15 management had arrived, but is it right or can you
16 recall that there were no further paramedics available
17 by that time?

18 A. Quite possibly. As I say, I can only remember seeing
19 Simone McAdam.

20 Q. Simone and yourself and Dr Mulcahy then obviously go
21 back downstairs with a stretcher to see what further
22 assistance can be applied.

23 In relation to Mrs Levy, you've helpfully clarified
24 for us today which carriage she was in when you first
25 saw her. There was some confusion, I think, about that

1 in your witness statement. She's in the second carriage
2 and Dr Mulcahy starts to attend to her.

3 At that stage, was there any evidence of any medical
4 treatment or intervention having been applied to her?

5 A. There didn't appear to be, prior to Dr Mulcahy speaking
6 to the lady.

7 Q. Was there any sign, for example, of a tourniquet,
8 makeshift or otherwise, having been applied to her legs?

9 A. I didn't see one, but that doesn't mean there wasn't.
10 You know, as I said earlier, lighting was quite
11 difficult.

12 Q. When she's moved to the platform and yourself and
13 Dr Mulcahy are embarking at this stage with the others,
14 Simone and the police officer, embarking on this course
15 of treatment on the platform, you talk about the bag and
16 mask to help her breathe.

17 A. Yes.

18 Q. Is this the process which we understand to be
19 intubation?

20 A. It's not, no. It's -- I believe intubation was later
21 carried out on the platform, but the initial process
22 would be to get oxygen down into the patient's lungs.

23 Q. So this is the simple application of oxygen through
24 a mask?

25 A. That's correct, yes.

1 Q. Important -- and we can deal with this, perhaps, in
2 a little more detail through Dr Mulcahy, who's here this
3 morning -- but important in a patient who's in shock,
4 loss of blood pressure, important to get oxygen into the
5 patient as quickly as possible?

6 A. Absolutely, yes.

7 Q. Was there any evidence that you could see, through
8 discussion or otherwise, that she had received any
9 oxygen prior to this process taking place on the
10 platform?

11 A. Not my knowledge. As far as I was concerned, the first
12 application of oxygen was on the platform.

13 Q. She was intubated by Dr Mulcahy and she received some
14 intravenous fluid as well to boost the volume of liquid
15 in her system --

16 A. Yes.

17 Q. -- in an attempt to get the blood pressure back up.
18 She's then taken back up to the surface and you hand her
19 over to Keith Bernasconi and Lauren Vale. They've
20 arrived by now.

21 A. Yes.

22 Q. She's into the ambulance and away. Was there any
23 discussion, at that stage, of the possibility of taking
24 her to University College Hospital, which we know is
25 perhaps only about half a mile down the road, as opposed

1 to taking her to the Royal London Hospital?

2 A. My recollection, there was no discussion, but the
3 decision as to where the lady was taken would have been
4 Dr Mulcahy's, I believe.

5 Q. We'll ask the doctor about that, of course, but in
6 fairness to all concerned, in conjunction, no doubt,
7 with the information which was being received from
8 Central Ambulance Control as to where patients were to
9 be distributed by this time of the process?

10 A. That's information that I would not have access to at
11 that stage, as to where patients were being taken to.

12 MR COLTART: Thank you very much.

13 A. Thank you.

14 LADY JUSTICE HALLETT: Mr Saunders?

15 Questions by MR SAUNDERS

16 MR SAUNDERS: Just one matter, Mr McRae, please, to help us
17 with timing.

18 Your understanding, having brought Susan Levy to the
19 surface, was that she was the last of those who were
20 still alive to be brought up?

21 A. That was my understanding, based on the fact that we
22 were told -- and I can't remember by whom -- we were not
23 to go back down on to the train, as all the live
24 casualties had been evacuated.

25 MR SAUNDERS: Thank you very much, sir.

1 LADY JUSTICE HALLETT: Mr Patterson?

2 Questions by MR PATTERSON

3 MR PATTERSON: Mr McRae, by the time you conducted the
4 triaging as you went through the train and then got to
5 that first carriage, in that first carriage of the
6 paramedics that you remember being present, there was
7 Peter Taylor, who was engaged in triaging, there was
8 yourself, who was engaged in triaging, there was your
9 colleague and crew member, Mr Tompkins, he, too, was
10 engaged in triaging, is that right?

11 A. That's correct, yes.

12 Q. You've mentioned from the Russell Square end
13 Mr Liam Whittaker, and I think he also was triaging.

14 A. Well, at that particular time, I wasn't sure exactly
15 what he was doing. I was just aware of him entering the
16 carriage and walking towards the first set of double
17 doors.

18 Q. We can ask him. I think he's giving evidence in due
19 course.

20 There was also, from the Russell Square end,
21 a London Ambulance Service individual called
22 William Kilminster, who I think we're hearing from
23 tomorrow. He, too, was triaging. Is that right?

24 A. I don't remember seeing Bill Kilminster until the end of
25 the incident when we were back up at street level at

1 King's Cross.

2 Q. At that stage, therefore, of those individuals who were
3 the first London Ambulance Service personnel to get to
4 the bombed carriage, they were all triaging and not
5 a single one was treating. Is that the picture?

6 A. That appeared to be the case, yes.

7 Q. You have told us that, in very clear terms, you were
8 aware from the earliest call that there was believed to
9 have been an explosion and that there were believed to
10 have been lots of casualties in that train, and you've
11 accepted, I think, already, that you could have
12 communicated perhaps more efficiently about who was
13 triaging and who was treating?

14 A. The initial report, as we heard Stacey Rixon on the
15 radio saying there were lots of casualties and
16 fatalities, didn't necessarily indicate that the "lots
17 of casualties", as she said, were down on the train, so
18 there was no initial understanding of the severity of
19 the nature on the train on our arrival.

20 Q. One of the casualties in that first carriage was a young
21 man called Philip Beer and, when it came to the triaging
22 of Philip Beer, your colleague, Mr Taylor, categorised
23 him as dead because there was -- we've heard evidence of
24 this -- the breathing had just stopped just minutes
25 before he got to him. There was, however, speech and

1 response a few minutes before he got to him and, indeed,
2 that there was a faint pulse, faint, but a pulse
3 nonetheless.

4 If there had been one of you or your colleagues
5 treating, presumably there could have been an attempt to
6 resuscitate that casualty at that stage?

7 A. As far as major incident protocol dictates, the triage
8 sieve, if you open a patient's airway and they're not
9 breathing, then sadly they're deemed as dead, and then
10 you move on.

11 Q. We've heard evidence from many witnesses -- including
12 yourself -- as to the sorts of techniques that were
13 available to deal with casualties, and they include the
14 provision of oxygen, attempts to resuscitate, putting
15 tubes down the airway to assist in the continued supply
16 of oxygen to the blood system and so forth.

17 The equipment that you had available to you would
18 have allowed you to carry out those sorts of techniques
19 if you had been categorised as somebody who was giving
20 treatment?

21 MR KEITH: I'm sorry to rise to my feet. I don't know that
22 it's entirely appropriate to ask this witness as to what
23 he would do in the specific context by inference of
24 Mr Beer, when Mr Taylor, who, of course, these issues
25 were put to at some length, and in relation to which he

1 gave very compelling and memorable evidence, has already
2 been addressed. I don't know that it's entirely fair.

3 MR PATTERSON: Might I put the question again and I hope
4 make it clear what the question is, my Lady?

5 LADY JUSTICE HALLETT: Save that, Mr Patterson, at the
6 moment, as I understand it, you're exploring what might
7 happen in a single casualty incident. What the witness
8 has said is: we're not dealing with a single casualty
9 incident, we're dealing with a major incident where
10 different protocols apply.

11 So again, that's another basis for wondering whether
12 it's entirely fair.

13 MR PATTERSON: It's simply this, was the equipment and the
14 expertise available to give treatment, if it had been
15 decided that treatment should have been given, but --

16 LADY JUSTICE HALLETT: As long as you add "and had it been
17 a single casualty incident", because, otherwise, we're
18 just not in fair territory.

19 MR PATTERSON: I certainly don't want to be unfair to the
20 witness or to the Ambulance Service, but Mr McRae,
21 you've heard that. It's right, isn't it, that the
22 equipment was available and the expertise was available?

23 A. Yes, but as I said again, in a major incident, if
24 a casualty, once you open their airway, is not
25 breathing, then, sadly, they are deemed as dead, and

1 that's the process of triage.
2 Harsh as it may sound, harsh as it may seem, that's
3 what we have to do.
4 MR PATTERSON: Thank you. I've no more questions.
5 MS GALLAGHER: No questions from me, my Lady.
6 LADY JUSTICE HALLETT: Ms Boyd?
7 Questions by MS BOYD
8 MS BOYD: Just a couple of questions, please. You arrived
9 at King's Cross at 09.38.
10 A. That's correct, yes.
11 Q. You went straight down to the platform with Mr Tompkins?
12 A. That's correct, yes.
13 Q. You would have been the first paramedics on to the
14 train, although we also know Mr Taylor was with you,
15 although you don't recall that?
16 A. Yes, I believe that Dave Tompkins, Peter Taylor and
17 myself were the first paramedics on the train.
18 Q. You say in your statement that, when you went down to
19 the platform, there were lots of Fire Brigade and police
20 present.
21 A. I did, but I can't recall exactly, when I say "lots" ...
22 Q. I'm not going to ask you the number. But that was the
23 impression you had?
24 A. Yes, there were certainly -- there seemed to be more
25 police officers than anything else, British Transport

1 Police officers, and I believe Metropolitan Police
2 Service officers also.

3 Q. You also describe in your statement that, as you walked
4 along the tunnel towards the train, you saw a number of
5 police and fire personnel walking towards you?

6 A. That may well have been on my second journey down to the
7 carriage.

8 Q. Well, in your statement on page 2 -- and this is the
9 statement you made on 11 January 2006 -- you describe
10 how you went down to the platform, there were lots of
11 Fire Brigade and police around, there were still people
12 coming out of the tunnel and along the platform, you
13 remember thinking it was strangely quiet, someone
14 directed you towards the correct tunnel entrance and you
15 walked along the track, and then you say:

16 "We walked towards the tunnel and I saw a number of
17 police and fire personnel walking towards us."

18 A. Yes.

19 Q. So if that was in your statement made soon after the
20 incident, that would be right?

21 A. Yes, and there was certainly, by my time of arriving at
22 the bombed carriage, firefighters there as well.

23 Q. Yes. Indeed, I think your recollection accords exactly
24 with Mr Tompkins', because he also describes fire
25 personnel and police on the platform and walking towards

1 him in the tunnel.

2 A. Yes.

3 Q. As you rightly reminded us now, by the time you got to
4 the bombed carriage, which of course is after
5 Mr Tompkins has got down trackside, and then got back on
6 to the train and then you've both walked through the
7 carriages to the bombed carriage, triaging as you go,
8 and having then got into the bombed carriage fire
9 personnel are already there?

10 A. Yes, and as I mentioned, it was a firefighter who
11 I asked to borrow his torch in order that I could see
12 into the bombed carriage.

13 Q. Thank you. Again, your recollection is at one with
14 Mr Tompkins as well.

15 A. That's correct, yes.

16 MS BOYD: He's already given evidence. Thank you very much.

17 LADY JUSTICE HALLETT: Ms Simcock?

18 Questions by MS SIMCOCK

19 MS SIMCOCK: Thank you, my Lady. Just very briefly, I hope,
20 can we clear up the issue of scoop stretchers, because
21 you've heard other witnesses ask about them?

22 A scoop stretcher is also known as an orthopaedic
23 stretcher. Is that right?

24 A. That's correct, yes.

25 Q. It's an LAS piece of equipment?

1 A. That's correct.

2 Q. It's made out of metal?

3 A. Absolutely, yes.

4 Q. It consists of a frame with panels, it's not completely
5 a solid board. Is that right?

6 A. No, there's a gap in the middle. As the name suggests,
7 as we call it a scoop, it seems to dip and there's a gap
8 in the middle.

9 Q. Perhaps we could have on screen [LAS722-1]? This is
10 a document we've seen before in relation to the Aldgate
11 scene, but that was some time ago.

12 Is that a picture, at the top, of a scoop stretcher?

13 A. It is, yes, and you can see from the picture at the top
14 it can be extended to suit the height of the patient
15 who's about to be placed on to it, and it also separates
16 at the top and at the bottom, and, therefore, it becomes
17 two separate parts.

18 MS SIMCOCK: Yes, I'm very grateful, thank you very much.

19 LADY JUSTICE HALLETT: Any other questions?

20 That sounds as if it's all the questions we have for
21 you, Mr McRae. You obviously used your initiative in
22 a number of different ways to get to the scene as soon
23 as you could. Thank you for all that you tried to do to
24 help.

25 A. Thank you, my Lady.

1 MR KEITH: Thank you, my Lady. Thank you very much.
2 A. Thank you.
3 MR KEITH: May I invite you to call Alistair Mulcahy,
4 please?
5 DR ALISTAIR JAMES MULCAHY (sworn)
6 Questions by MR KEITH
7 MR KEITH: Good morning.
8 A. Good morning.
9 Q. Could you give the court, please, your full name?
10 A. It's Alistair James Mulcahy.
11 Q. You are a medical practitioner, a doctor?
12 A. Yes.
13 Q. You have a range of medical qualifications. I won't
14 trouble you to give us them all, but they are numerous.
15 For our purposes, in July 2005, were you attached to
16 the Helicopter Emergency Medical Service at the
17 Royal London Hospital?
18 A. No, I wasn't. I was -- I'm a BASICS doctor. So I was
19 actually at home at the time the major incident was
20 called. A lot of the HEMS doctors -- and, also, in
21 London there is a system of volunteer doctors, we're
22 part of a charity called BASICS London, the British
23 Association for Immediate Care, and we assist the
24 Ambulance Service in major incidents and major trauma
25 cases or major accident cases, where extended or skilled

1 medical help is required, and we do this on a voluntary
2 basis.

3 Q. Your statement records that, at that time, you worked as
4 a HEMS pre-hospital care doctor.

5 A. Yes.

6 Q. It may be we're at cross-purposes. One of your
7 functions, in July 2005, involved being directed by HEMS
8 to attend incidents by way of the provision of
9 pre-hospital care?

10 A. The -- I had been a HEMS registrar five years earlier,
11 in 1999, and at the time I was not attached or working
12 for HEMS. I happened to work at the
13 Royal London Hospital, but I wasn't actually attached
14 with HEMS at the time.

15 Q. I see. In any event, you did receive a call that
16 morning?

17 A. Yes, I got a text on my mobile phone and I believe it
18 may have been from London Ambulance Service about 17
19 minutes past 9. A red message. I took that to be
20 a major incident. I wasn't sure what incident was
21 happening at the time. I started getting myself ready,
22 I have to get my equipment into the car, the blue light
23 on the car, mark the car up.

24 I then got a green message and I thought that Gold
25 control was set up. I got a little bit confused at that

1 point, thinking maybe it was no longer a major incident,
2 when, in fact, it was meaning it was a less important
3 message, but I called in at that point to the HEMS
4 flight paramedic, who's in Central Ambulance Control, to
5 speak to them to find out what was happening and where
6 he wanted me to go.

7 Q. We know from other evidence that there's always a HEMS
8 paramedic or official attached to the Central Ambulance
9 Control who directs the HEMS paramedics and doctors?

10 A. Yes.

11 Q. Did you receive any information as to the nature of the
12 incident to which you were about to be directed?

13 A. No, I just was told to get myself into Central London as
14 soon as I could.

15 Q. Were you then directed, by virtue of another call, or
16 a text, while underway to King's Cross?

17 A. Yes. On my way to King's Cross -- on my way into town,
18 I think I either had a call or I called. I stopped the
19 car and I think I used my phone to call again the --
20 I have a direct number to the flight paramedic in
21 Central Ambulance Control, and I was then tasked to go
22 to King's Cross.

23 Q. Do you have any recollection of the time at which you
24 arrived at King's Cross?

25 A. I believe it -- from my notes, I say I left at 9.30 at

1 home, and the -- it was very difficult once I got into
2 Central London, it was complete gridlock, and it was
3 very difficult to get through, and I remember stopping
4 and asking a taxi the quickest route to get to
5 King's Cross because it was so congested, and he told me
6 a little shortcut I could do, and I managed to get to
7 King's Cross, I believe, about 9.55, and I think that
8 would be a reasonably accurate time, but I'm not
9 entirely sure.

10 Q. Did you recognise any of the medical technicians or
11 paramedics at King's Cross when you arrived?

12 A. No, I didn't.

13 Q. Could you see any obvious command post for the London
14 Ambulance Service at the front of King's Cross, as far
15 as you can recollect?

16 A. When I got my equipment and my triage bag and my medical
17 bag from the car, locked the car, walked through the
18 outer cordon to the main steps at King's Cross, where
19 the London Fire Brigade have their rendezvous point,
20 I then looked around. I couldn't see an ambulance with
21 its lights on because I knew that would be the focus
22 where I should go, and I asked a few people where the
23 ambulance incident officer or medical incident officer
24 were, or any fire or ambulance -- fire or police
25 incident officers, and they didn't know where they were.

1 I couldn't see anyone obvious at the time, but I --

2 Q. These weren't passengers or casualties you were asking;
3 these were presumably other emergency service personnel?

4 A. No, no, I was asking any police officer or London
5 Ambulance Service personnel there if they knew where the
6 incident officers were, so I could get a briefing before
7 I went down. I did, however, come -- I came across
8 Drew, who was able to give me a briefing.

9 Q. Drew McRae, who we've just seen?

10 A. Yes, and he was able to give me a briefing and Simone
11 had -- she was a paramedic on bicycle, had also turned
12 up.

13 Q. That's Simone McAdam?

14 A. I believe so.

15 Q. How long did it take you to find them?

16 A. I know in my notes, I think my times are perhaps
17 a little bit -- I don't actually know how long it took,
18 probably a few minutes, to find them. It would have
19 been a good five minutes. From arriving to getting to
20 the front of the station would have been a few minutes,
21 and then a few minutes to find them.

22 Q. Did you then decide to go down to the tunnel, did
23 someone direct you down?

24 A. Yes, I asked where the medical incident officer was, and
25 I was informed he'd had to go down into the -- to the

1 incident to find out what was happening. I knew from
2 Drew what was -- initially, there was an explosive
3 device had gone off and that we were needed down there.
4 So I asked him if he and Simone could come with me so
5 that we could form a medical team.

6 Q. What were the benefits of forming a team rather than
7 going down individually?

8 A. Well, a team is much better than an individual in any
9 situation. You have much better -- two pairs of eyes or
10 three pairs of eyes is much greater than mine alone or
11 even as an individual. So they would be able to see and
12 assist me with treating any seriously injured
13 casualties.

14 Q. We know that the medical incident officer was, in fact,
15 at that time, Dr Rod Mackenzie.

16 A. Yes.

17 Q. He was below, because you came across him, and we'll
18 come to that in a moment.

19 A. Yes.

20 Q. He'd, in fact, attended an unofficial Silver meeting
21 around 10.00, but had put it back because of a paucity
22 of information, and so, if he'd already gone down, it
23 may be that you were looking for him just after 10.00?

24 A. Yes.

25 Q. Does that seem to you to accord with your recollection?

1 A. Yes.

2 Q. So you went down with Simone McAdam and Drew McRae down
3 to the tunnel. When you entered the train, do you
4 recall seeing Dr Mackenzie?

5 A. Yes, I believe we -- when we got to the platform,
6 I tried to instruct a police officer to take our names
7 because we were going to go into the tunnel. I was also
8 concerned that Simone didn't have a hard hat, the
9 ambulance gear is just an ordinary overalls, it's very
10 little protective equipment, and I was just anxious
11 about her and I asked -- I ensured -- asked her if it
12 specifically would be okay for her to go into the
13 tunnel.

14 So having given our names to a police officer, we
15 went down the tracks on to the train and there I met
16 Rod Mackenzie, I think it was, just as he was about to
17 leave, and got a briefing from him.

18 Q. Do you recall whether that was at the rear of the train
19 or --

20 A. It was rear of the train.

21 Q. -- did you enter the train from the side, from the
22 crossover tunnel?

23 A. I think it was from the rear of the train, but
24 I couldn't be completely certain.

25 Q. What did he ask you to do?

1 A. To go up to the front of the train where Dr Steven Bland
2 was, who was triaging and treating the patients at the
3 front end of the train. He asked me to go up there and
4 assist him.

5 Q. As you went through the train to find Dr Bland, did you
6 pass a number of HEMS paramedics, Messrs Kempton and
7 Nation --

8 A. I recall passing a HEMS paramedic at the side of the
9 train and --

10 Q. -- who was tending to casualties outside the train wall?

11 A. Yes, I couldn't remember if there were any patients
12 actually -- their patients were actually there.

13 I remember speaking to one of the HEMS paramedics
14 and him saying they were looking for further casualties,
15 so they may have extricated the patients who were at the
16 side or -- there were two, I believe, so I may have just
17 spoken to one, and all I know is they were extricating
18 casualties down the side, and I thought it would be very
19 unlikely anyone would have survived down the side of
20 a Tube train.

21 Q. Well, indeed, they were attending to two casualties who
22 were by the side of carriage 4.

23 Do you remember where you found Dr Bland?

24 A. Dr Bland -- when we reached the front carriage, there
25 was a -- it was an horrific scene of bodies, a pile of

1 bodies, and he was just looking for any living -- anyone
2 living within that pile of bodies, and that's where
3 I spoke to him, and he asked me to look at the two or
4 three patients who were just behind in the second
5 carriage.

6 Q. Did you gain any understanding from him as to whether or
7 not he had, by that stage, been able to identify all the
8 living casualties?

9 A. I think he was very close to having identified all the
10 living casualties, so I was directed to go back and
11 to -- really to go to the main platform to await any of
12 the last casualties coming out.

13 Q. Were there police officers and members of the
14 Fire Brigade, do you recall, already engaged in the
15 process of bringing some of the living casualties out of
16 the first carriage and the second carriage?

17 A. When I first was approaching the train, I recall
18 casualties being stretchered and carried out on the
19 tracks to the platform, so we passed those to get to the
20 train. So when I actually got to the train, I only
21 recall there were perhaps two casualties, maybe only
22 three left, on the train. I may be mistaken in that,
23 but I only recall that.

24 Q. Having gone to the front of the train, you then retraced
25 your steps back in order to --

1 A. Yes.

2 Q. -- start looking after casualties in the adjacent
3 carriage. I want to ask you in particular, of course,
4 about a lady who was on a stretcher to whom you
5 attended.

6 A. Yes.

7 Q. Was she in the immediately adjacent carriage, that's to
8 say the carriage immediately behind the bombed carriage?

9 A. Yes, I had thought that she was right next to the
10 bombsite itself, but in fact, she had been, I believe,
11 moved just -- she was right adjacent to the actual --

12 Q. The double doors?

13 A. The double doors and to all the patients who had died.

14 So she was between two seats in quite a narrow space.

15 It was really a confined space where she was. It would
16 be very difficult -- we had to walk past her, it was
17 quite difficult, and to actually treat her would be
18 really difficult at that position, so I spoke to her and
19 she said that she had difficulty -- she said, "I can't
20 breathe", and having spent -- I have quite a bit of
21 experience in pre-hospital care, I thought I must
22 immediately exclude a tension pneumothorax on her, and
23 I did a quick survey of her airway and breathing and
24 circulation, and I established that she did have good
25 air entry in both lungs and she didn't have

1 a pneumothorax, because that would be something I could
2 do at that point to give her some -- a chance of not
3 having a cardiac arrest at that point.

4 Q. We've heard something of a pneumothorax, a tension
5 pneumothorax. Is that when the chest becomes hugely
6 compressed, hugely built up with air, either from
7 a punctured lung or from blood forcing itself into the
8 air spaces in the lungs causing lack of breathing?

9 A. No, when there's a trauma to the chest wall, the lung
10 itself can -- you can blow a hole in the lung itself,
11 and air escapes from the lung into the thoracic chest
12 cavity, and that becomes under pressure and actually
13 squashes the heart and the other lung, and stops blood
14 coming back to the heart.

15 Although you actually have a circulating volume, you
16 actually -- your body thinks you don't, and it reacts
17 accordingly, so you look exactly as though you have
18 blood out, but in fact you do notice that you can't
19 breathe, the patient would say that, and in my
20 experience, I've previously seen that, so I immediately
21 thought -- on previous pre-hospital care experience,
22 I thought I'd better just check that immediately.

23 Q. But she didn't have a grossly inflated chest such as to
24 indicate that air was escaping into the chest cavity?

25 A. She didn't, no.

1 Q. But she was very unwell and you were able to see that
2 she had suffered very severe injuries?

3 A. Yes.

4 Q. She was able to talk to you, and to tell you that she
5 was having difficulty breathing.

6 A. Yes.

7 Q. Was it your impression that she had been there for an
8 appreciable amount of time or can you simply not say?

9 A. She was on a scoop stretcher, so I appreciated that she
10 had already been moved by the medical teams on the Tube.

11 They had already got her on to a scoop so that

12 I realised that she had -- she was ready for evacuation.

13 Q. You hadn't seen her, had you, as you'd walked through
14 the carriage towards the first carriage when you went to
15 look for Dr Bland?

16 A. I had gone past her, yes.

17 Q. Was she visible to people who were coming past, members
18 of the rescue services, who were going to and from the
19 first carriage?

20 A. At the point I was there, I believe she was in the
21 aisle, so you had to walk --

22 Q. So she would have been plainly visible?

23 A. Yes.

24 Q. So having checked to ensure that she didn't have
25 a pneumothorax, what further steps did you then take to

1 see whether or not she needed an intravenous drip or
2 whatever treatment you deemed appropriate?

3 A. On my initial assessment of her, she looked very unwell.
4 She was short -- she was certainly short of breath, she
5 was -- although she was talking to me, she had a very
6 fast pulse, and she clearly had injuries to the lower
7 limbs and appeared to have bled out at some point, or
8 had severe bleeding at some point.

9 Q. So what is then immediately required in terms of
10 treatment?

11 A. Well, she was still talking. Therefore, I thought she
12 was -- she's cerebrating her -- she's oxygenating her
13 brain adequately, so that we would then have time to get
14 her to the platform, but I asked Simone to see if she
15 could get a drip in, because if we need to get her blood
16 pressure up a little bit -- because clearly she was in
17 distress.

18 Q. Was she able to insert a drip, do you recall?

19 A. I don't believe so, no.

20 Q. Was that because her peripheral organs had shut down or
21 it was difficult to find a vein in her peripheries?

22 A. It was very difficult to find a vein.

23 Q. Because it was difficult to find a vein and, therefore,
24 an intravenous drip could not be inserted, what did you
25 decide to do?

1 A. Well, I'd asked the -- there were two firemen,
2 I remember, in carriage 1, and I'd asked them that, "We
3 really need to get this lady out soon". I realised that
4 she had to wait her turn because you could only go out
5 in order of -- she was going to be the last patient out
6 because she was nearest to the centre of the incident on
7 carriage 1, so she was going to have to -- all the other
8 patients had to be got out first, so -- I don't recall
9 it taking a very long time, though. It was a matter of
10 five minutes maybe.

11 Q. Then was she moved out by firefighters?

12 A. She was moved out by firefighters and maybe police as
13 well. It was quite a slow extrication going round all
14 the poles, getting through the carriage, because there's
15 not really enough room, when carrying a scoop stretcher,
16 to squeeze your way through. It's really quite
17 difficult.

18 Q. Because it requires people to stand and carry on either
19 side of the scoop stretcher and there was too narrow
20 a walkway for you to proceed?

21 A. Yes, and scoop stretchers themselves are not really
22 designed as extrication devices. They're very good for
23 moving patients from a ground to a stretcher, et cetera,
24 but they're not really -- you have to hold the patient
25 flat on them, you can't tilt them like some of the other

1 extrication devices we've heard, which you can wrap the
2 patient in, you can't tilt them at all, they would just
3 fall off. So -- and the fact they clip together, they
4 can unclip themselves. You have to be very careful,
5 when you're doing this, that everything is going to be
6 safe. So it took quite a while, and even getting her
7 down on to the tracks took a while as well.

8 Q. Could you see whether or not her condition altered or
9 deteriorated during the time that she was either waiting
10 for the firefighters and yourself to take her out of the
11 train or while she was being moved along the train and
12 out onto the track?

13 A. I really recall, when we were going along the tracks,
14 I was escorting her and I believe Drew was with me and
15 Simone may have stayed with me as well, at that point
16 when she stopped responding, and I elected to go ahead,
17 because it was quite a slow process going down the
18 tracks, go ahead onto the platform and get a kit ready,
19 because I knew I was going to have to intubate her and
20 going to have to put a drip in, it was going to be
21 difficult, but we knew we were going to have to do that
22 there.

23 Q. When you say she ceased responding, do you mean that she
24 lapsed into unconsciousness or stopped talking?

25 A. I think I recall it taking quite a while getting her

1 down the tracks and I was thinking that I'd really
2 better -- my time is not being spent very well
3 walking -- escorting her, I'd really better get the kit
4 ready to look after her on the platform.

5 I don't completely recall whether I asked -- spoke
6 to her at all as she was being brought along the tracks.

7 Q. Having prepared the equipment on the platform, when she
8 arrived and was brought up by Simone McAdam and
9 Drew McRae and the firefighters, do you recall whether
10 or not she was still breathing?

11 A. She was still breathing, but it was really an
12 ineffective breathing. Almost -- we call it agonal
13 breathing or chain stokes. They're not quite the same,
14 perhaps agonal would be a better term. She was no
15 longer conscious.

16 Q. Is that a form of shallow breathing?

17 A. It's a type of gasping for breath rather than shallow
18 breathing. The breathing is shallow, but it doesn't
19 look shallow. It looks like the patient is gasping for
20 breath.

21 Q. All right. So what was the first thing that you did?

22 A. We immediately needed to apply oxygen, put a mask and
23 assist her breathing, so I believe Drew helped me with
24 that, we put a bag valve mask with oxygen and to assist,
25 essentially force her oxygen into her lungs, to assist

1 her breathing, and, while Drew was doing that, I got the
2 kit ready in order to intubate and I got some drugs
3 ready because she was still -- although she was not
4 conscious, she was still conscious enough to need drugs
5 in order for me to pass a tube into her windpipe to help
6 her breathing.

7 Q. In order to apply the drugs, it was necessary,
8 therefore, to insert an intravenous vein?

9 A. Yes, we had found very great difficulty putting
10 peripheral access in her. I'm a doctor trained in
11 critical care as well, we do, as anaesthetists, put
12 central lines in very regularly in patients, and I was
13 able to put a central line in to her.

14 You use landmark technique, feel on the neck where
15 you think the vein should be, and it's a blind technique
16 with a longish needle, and a cannula on the outside of
17 that needle, with a syringe on top, and passing that
18 into the neck, I entered the vein and was able to thread
19 that mostly into Susan.

20 Q. You succeeded in establishing sufficient intravenous
21 drip to be able to administer the pain relief necessary
22 to intubate her?

23 A. Yes, I gave her some medication that would enable me to
24 intubate her, yes.

25 Q. Your statement records that, having intubated her and

1 having been able to establish a central venous line,
2 that she had a very weak pulse and a monitor suggested
3 her pulse rate to be about 170 beats a minute.

4 A. Yes.

5 Q. Do we take it from that that you were able to apply
6 a monitor in order to identify her heartbeat?

7 A. Part of the kit I carry in the car is a patient monitor,
8 and I was able to attach that to her to get a readout of
9 her oxygen saturation, her blood pressure and her ECG
10 trace, or her heart, the tracing of the electrical
11 activity of her heart.

12 Q. In general terms, what did the ECG of her heart
13 indicate?

14 A. It showed the rhythm was very fast, it was not regular,
15 potentially fast in atrial fibrillation, and it was
16 extremely ischaemic. It's part of the QRS complex that
17 you see on the ECG, is the ST element of it. If that's
18 depressed severely, it can show ischaemia of the heart
19 or the heart's lacking oxygen, or it's under great
20 strain and that was -- hers was extreme ST depression at
21 that point, and very marked, so I knew that she was
22 very, very unwell.

23 Q. So her critical injuries were not confined, even though
24 they might have been connected to, the lower leg
25 injuries, she was critically ill by virtue of an

1 ischaemic heart, her heart was under very real pressure
2 indeed?

3 A. Yes.

4 Q. That posed, did it not, the most immediate problem that
5 she faced medically?

6 A. I had to make certain assumptions that her -- that she
7 had appeared to have bled out prior to arriving with us,
8 she wasn't actively bleeding at the time, and part of
9 the process of your physiological response to that would
10 be your heart rate would increase and, as your
11 haemoglobin level, the oxygen-carrying ability of the
12 blood goes down as you lose your blood, your heart
13 becomes ischaemic.

14 So it could be purely that she was lacking blood as
15 opposed to her heart being -- having a pathology or --
16 that could have caused that. I don't know, though.

17 Q. Was there anything that you were able to do in order to
18 assist with the fact that her heart appeared ischaemic
19 and to revert what appeared to be an extreme ST
20 depression, the extreme depression brought to light by
21 the ECG?

22 A. She was showing signs that she was about to die on the
23 platform, so we had to resuscitate her. Airway and
24 breathing are the most -- priorities at that point,
25 there was no obvious external haemorrhage that I had to

1 deal with. Circulation showed that she really had
2 a very weak pulse, she didn't have a very good blood
3 pressure, she was possibly unconscious because she now
4 had a low blood pressure, and I needed to give her
5 fluid. Ideally she needs blood, blood products, but we
6 didn't have that, we had -- I had fluid with me, I was
7 able to give her that and, hopefully, increasing the
8 blood volume would increase the perfusion of her brain
9 and her heart and improve matters.

10 Q. Was that a step that you took on the platform before she
11 was taken to the surface?

12 A. Yes.

13 Q. Did that appear to have an effect, in terms of the ECG
14 monitoring?

15 A. The ECG didn't change. I think the rate slowed
16 slightly, which showed that fluid had got to where we
17 wanted it to, and the ECG still showed she was very
18 ischaemic, and I elected at the point -- there was
19 really no more I could do, once I had sorted out her
20 airway, breathing and circulation, there was really no
21 more we could do than to get her out and get her to
22 hospital as quickly as possible.

23 Q. So did you instruct that she be then taken to the
24 surface level?

25 A. Yes.

1 Q. You accompany her, of course, up to the surface level,
2 and there, as we've just heard, there was an ambulance
3 waiting to take her to hospital.

4 Was any further medical treatment given to her prior
5 to her being placed in the ambulance?

6 A. When I was on the platform, Phil Nation, one of the HEMS
7 paramedics, was able to assist me in the intubation
8 because it's one of the standard operating procedures on
9 HEMS, he was able to get me suction and some extra
10 oxygen and things to assist me to intubate her, so he
11 also was accompanying.

12 I think he may have -- after assisting to manage
13 that part of her, I think he left us and we went up
14 without him. It was quite difficult going up the
15 escalators, because holding a scoop level on the
16 escalators with -- now Susan had a tube in her windpipe,
17 we had to assist her breathing, so we have to actually
18 stay with one arm attached to the bag valve mask which
19 is assisting her breathing while they're going up the
20 escalator, which is really quite a -- quite difficult.

21 Q. You had an intravenous line into her neck as well?

22 A. We had an intravenous line as well and all the
23 firefighters carrying her, so it was a matter of I had
24 just really to squeeze an arm through to make sure I was
25 able to continue -- to continue ventilating, which is

1 why we try, in a major incident, not to do -- not to do
2 such interventions unless they're really necessary
3 because it is very difficult on -- it hinders
4 extrication.

5 Q. But in this particular instance, all the medical
6 intervention that you gave her, all the treatment you
7 gave her, was absolutely necessary and you had no
8 alternative but to intubate and to try to insert an
9 intravenous line?

10 A. No, I was very pleased at that point that we'd managed
11 to get her back from almost an immediate cardiac arrest
12 situation, to keep her alive and going so that she would
13 get a chance of getting to hospital.

14 Q. You accompanied her to hospital by climbing into the
15 back of the ambulance, and I think en route you gave her
16 more saline?

17 A. Yes, as we arrived at the top of the stairs, I found
18 Dr Gareth Davies was there -- because one thing you
19 don't do in a major incident is just rush off to the
20 nearest hospital. It's important you go to a designated
21 hospital, because you don't know, when you're in the
22 thick of things, what actually is going on in
23 a management or above, a Gold or Silver level.

24 So at the top I found the -- Gareth Davies, at this
25 point, had taken over, I believe, as medical incident

1 officer, and I asked him where would he like me to take
2 the patient, and he then, at that point, said, "Go to
3 the Royal London Hospital", which I was very pleased
4 about, because I knew that was the best place possible
5 we could take her to give her the best chance of
6 surviving.

7 Q. Is it an appreciably further -- is it appreciably
8 further away from King's Cross and other hospitals that
9 you knew take accident and emergency patients?

10 A. Yes, there are many hospitals in London and you are
11 really never far away from a hospital, but what's
12 important is that you are near an appropriate hospital
13 that's able to deal with the injuries that the patient
14 has, and, as a medical doctor, a few extra minutes in an
15 ambulance going to the right hospital is always
16 worthwhile than going to the nearest hospital where you
17 actually may then end up with a very prolonged secondary
18 transfer.

19 Q. What is it in particular that the Royal London can bring
20 to bear in these sorts of situations?

21 A. The Royal London Hospital is a level 1 trauma centre.
22 We're used to receiving patients. I work, in my role as
23 a trauma anaesthetist, receiving patients such as Susan
24 all the time, and we're able to give her an extremely
25 good level of care that we're used to.

1 Q. During the journey, I believe you did, as I suggested,
2 give her some more saline. I don't think you answered
3 that question, but she plainly required more fluid on
4 the way?

5 A. Yes, I decided we needed to give her more fluid because
6 my monitor isn't able -- wasn't really able to pick up
7 a blood pressure on her and I really wanted -- I knew
8 she had a very weak, thready pulse, the ECG on the
9 monitor was showing me that she had a very fast pulse
10 rate, so that I knew we needed to get some fluid into
11 her, but on the other side of that, I didn't want to
12 raise her blood pressure too high, because then it
13 could -- she could then start rebleeding. So you want
14 to keep her at a level where she would be alive, but not
15 with a normal blood pressure.

16 Q. On her arrival at the Royal London, were you able to
17 tell whether or not her pulse was such that it had
18 improved slightly from that which she had previously
19 had?

20 A. It had improved. I'd actually managed to get her blood
21 pressure on my monitor, and I had a blood pressure of
22 110 on the monitor, which I was really pleased about,
23 which meant we really were going to give her -- we were
24 going to give her a chance, and --

25 Q. Because previously her blood pressure had been --

1 A. Previously, we had not been able to get her blood
2 pressure, it was very low.

3 Q. It had not even registered on the --

4 A. It hadn't registered on my machine. My machine is
5 slightly old, and more modern monitors may get a better
6 reading, but the one we have is the best I had and that
7 was the reading it gave, and I was at least able to hand
8 her over with a blood pressure.

9 Q. Did you hand her over to Dr Claire Sheppey, in fact?

10 A. Yes.

11 Q. In the resuscitation room?

12 A. Yes.

13 Q. We've heard evidence about the resuscitation room at
14 Royal London, but it was quite plain that your medical
15 colleagues were there, ready and able to take over the
16 care and treatment of the lady?

17 A. Yes, they were.

18 Q. Was that the last time that you dealt with her?

19 A. It was the last time I dealt with her. I was very, very
20 hot, sweaty, I'd been breathing very unbreathable air
21 for quite a long time, I was really quite exhausted at
22 that point actually, and --

23 Q. Sure.

24 A. -- I was -- although I could have continued looking
25 after her in through the hospital, I really felt I'd

1 actually had enough at that point, it was very
2 stressful, and we were all very upset at what had
3 happened, so I allowed -- it was better that the team
4 who were fresh in the hospital, who would be able to
5 look after her better than I would.

6 MR KEITH: It's plain, if I may say so, you did absolutely
7 everything that you could. Thank you.

8 LADY JUSTICE HALLETT: Mr Coltart?

9 Questions by MR COLTART

10 MR COLTART: Doctor, can I start with a thank you on behalf
11 of the Levy family for your efforts on that day --
12 A. Thank you.

13 Q. -- which, as I said to Mr McRae, were significant
14 indeed?

15 One of the issues which my Lady wishes to explore in
16 the context of this inquest is whether earlier medical
17 intervention -- in other words, before you arrived --
18 might have made a difference in relation to Mrs Levy's
19 prospects of survival, so I do want to ask you a few
20 questions about the circumstances in which you found
21 her --

22 A. Yes.

23 Q. -- and what might otherwise have been done.

24 Just in relation to the time of your arrival, could
25 we have on screen, please, [LAS565-55]? If you see the

1 very first entry on that page, DA6 I think was your call
2 sign on that day?
3 A. Yes.
4 Q. Does that ring any bells?
5 A. Good, yes.
6 Q. At 10.06, you call in to Central Ambulance Control, you
7 get through to them:
8 "West central 1. Where would you like me, over?
9 "DA6, if I can ask you to head down to King's Cross,
10 RVP Pentonville Road."
11 Then you confirm that's dispatched to King's Cross.
12 So that's at 10.06. Does that assist you with your
13 arrival time? I think you said you thought it might
14 have been about 5 to 10.
15 A. Yes, I must -- therefore, my arrival time must have
16 taken longer than that. I was -- my notes were written
17 a lot in -- very quickly in the back of the ambulance
18 and also just after the event, so I'm afraid -- and
19 I don't carry a watch anymore, because --
20 Q. I can assure you there is no criticism whatsoever. All
21 right? But it may be important that we can be as
22 accurate as possible with the timings.
23 A. Yes.
24 Q. Now to assist you further, you talk about meeting
25 Mr Mackenzie, or Dr Mackenzie. When he is exiting the

1 train, you first arrived, and he tells us -- he told us
2 yesterday, or possibly the day before, that he
3 encountered you as he was en route to a meeting at 10.30
4 which was taking place on the British Transport platform
5 office on platform 8.

6 So does it seem likely that your entry into the
7 tunnel was perhaps some time around about 20 or 25 past
8 10?

9 A. It must have been about 25 past 10, because we met him
10 just as he was leaving the back of the train.

11 Q. Dealing with your journey through the train, what you
12 say in your statement is that you were told to go and
13 receive a briefing from Dr Bland, you passed several
14 live casualties on scoop stretchers in the Underground
15 train aisles.

16 A. Yes.

17 Q. Now, in relation to those people, what did it appear to
18 you was happening in relation to them? Were they
19 awaiting evacuation?

20 A. They were awaiting evacuation. I think -- yes.

21 Q. Are you able to estimate how many people were in that
22 position at that time, 10.30?

23 A. I think, when I arrived, it may have been only two or
24 three patients were left within the train. In fact,
25 when I got there, almost everyone had been extricated

1 from the train.

2 Q. What, did it appear, from your observations or any
3 discussions which you had at the time, was the reason
4 for any delay in the evacuation of those people?

5 A. I don't recall there being a delay. It was just the --
6 they had to wait for the teams who were taking -- teams
7 had just left taking patients from the carriage, so when
8 we actually got into the carriage, there weren't that
9 many people, it was very eerily quiet on the carriage
10 itself.

11 So they'd actually removed -- they were already
12 going onto the platform with patients. They may have
13 been just going to come back again, but I remember
14 I don't recall there being lots of people around when
15 I was first on the train.

16 Q. Was it the case that there were teams leaving with the
17 casualty, but then the next casualty would have to wait
18 until that team came back?

19 A. Yes, yes.

20 Q. Let's deal with your first encounter with Mrs Levy.
21 She's lying on a stretcher in the second carriage at
22 that point in time. As far as the extent of her
23 injuries are concerned, we know from the post-mortem
24 report -- have you had an opportunity to look at the
25 post-mortem report --

1 A. I have.

2 Q. -- that she had suffered very serious lacerations to her
3 legs.

4 A. Yes.

5 Q. That must have been obvious to you, in any event, from
6 your examination of her, and she was having difficulty
7 breathing. You've -- you said in answer to questions
8 from Mr Keith that you thought that she might have bled
9 out by this time --

10 A. Yes.

11 Q. -- because she wasn't bleeding profusely by the time you
12 saw her.

13 A. Yes.

14 Q. Is that right? She had all the symptoms, didn't she, of
15 going into shock, severe shock?

16 A. Yes.

17 Q. A drastic fall in blood pressure, and one possible,
18 arguably likely, cause in the circumstances in which you
19 found her was that she had already by this stage lost
20 a very significant amount of blood?

21 A. Yes.

22 Q. Do you have with you a copy of the notes, the
23 handwritten notes, which you made on the day?

24 A. Yes.

25 MR COLTART: My Lady, can I ask the usher to hand up a hard

1 copy rather than putting it up on the screen?

2 LADY JUSTICE HALLETT: I'd rather no medical notes were put
3 on the screen, so, yes, you may.

4 MR COLTART: If we look at the left-hand side of your notes
5 for the time being, you talk about a patient -- you've
6 written on "Platform" at the top. "Patient -- chain
7 stokes", which is the gasping breathing that you've
8 already described.

9 A. It says "Patent", yes, "Airways patent" on the A,
10 although it looks like -- my apologies, my writing is --

11 Q. Not at all. At the right-hand side, you've got
12 "oxygen"?

13 A. Yes.

14 Q. That's the intervention, the chain stokes, just feel
15 pulse shut down. You've got bleeding legs.

16 A. Yes.

17 Q. I mean, inevitably one assumes at this stage she was
18 still bleeding to an extent?

19 A. I mean, had she been bleeding to any major extent,
20 I would have done something about that, but certainly
21 I didn't see any evidence that she was actually actively
22 bleeding at the time.

23 Q. Did you see any evidence during the time that you spent
24 with her of a tourniquet having been applied at any
25 stage to her legs?

1 A. No, I don't.

2 Q. That might have been, at an earlier stage when she was
3 still bleeding, a very significant intervention?

4 A. Yes, it could.

5 Q. Possibly life-saving?

6 A. Yes.

7 Q. Just carrying on down this page, you've got there:
8 "GCS 13 to 3 on train."
9 GCS, Glasgow Coma Scale?

10 A. Yes.

11 Q. 13, does that represent the condition in which she was
12 in when you found her; in other words, she was conscious
13 and able to speak?

14 A. When I first got to her, she was actually just
15 responding to verbal stimulus rather than actually
16 alert, so she -- I have made a slight error in my
17 calculation on the sheet on the right-hand side, the
18 actual -- her eyes would score a 3, she was just opening
19 her eyes to voice, and she was not completely alert.
20 So V would have been 4 and M would have actually
21 been 6. She wasn't moving. I didn't ask her to move,
22 but I would have -- she actually should -- it should
23 have scored E3, V4, M6, and that would still have given
24 13.

25 Q. But the position is this, isn't it, if we just look at

1 your statement for a second, when you first came across
2 her:

3 "... she appeared very unwell and she said to me
4 'I can't breathe'."

5 A. Yes.

6 Q. So she was significantly conscious of her own situation
7 to be able to inform you of that fact --

8 A. Yes.

9 Q. -- and plainly she was able to speak. But does it
10 appear from your notes, if we look at the left-hand
11 side, 13 arrow 3, and underneath that you've written "on
12 train", that during the time that you were on the train
13 with her, whilst you were awaiting evacuation, her score
14 slipped from 13 to 3?

15 A. No, it was only after we got to the platform that it was
16 3.

17 Q. Right, and 3 was that she was largely unconscious by
18 this stage?

19 A. She was completely unconscious, not responding.

20 Q. Can we just clear up one oddity on the face of your
21 notes -- and I suspect it's a simple typo, as it were --
22 but on the right-hand side, do you see under the --
23 where you've got the table, bottom right-hand side,
24 you've got the times?

25 A. Yes.

1 Q. You've got 10.05?

2 A. Yes.

3 Q. You've taken a pulse of 170, and the next time you've
4 got is 10.55?

5 A. Again, I think my times -- I'm not entirely sure of the
6 accuracy of the times. I'm estimating the first time
7 I saw her, she certainly had a fast pulse. I actually
8 think her pulse of 170 was actually when I first put the
9 monitor on her, she was just feeling very fast when
10 we -- when I felt when we were in the train itself.

11 Q. So this is actually, knowing what we now know about the
12 timings this is more likely to be about 10.30, would you
13 say? You've written 10.05?

14 A. Yes, the initial one would have been about 10.30, yes,
15 and then, on the platform, when we had attached the
16 monitor, that would have been what the monitor would
17 have showed, was about 170, and then it slowed down to
18 about 140, 150, by the time we got to hospital.

19 Q. This is indicative, isn't it, of her heart working
20 frantically, but highly inefficiently, in order to try
21 to circulate the blood round her system?

22 A. Yes, she had -- as I said, she had bled out probably
23 fairly early on in the proceedings and her physiological
24 state was not able to cope with that having bled out,
25 and I think that's why she had lost consciousness.

1 Q. Are you able to estimate the length of time it might
2 have taken for that bleeding out process to have
3 completed, given the state of her injuries, or is
4 impossible to say?

5 A. Certainly, when I had seen her, she would have lost at
6 least half her circulating blood volume, probably at
7 least half of it she would have lost. I couldn't say
8 any more than that. I don't know the time, how long
9 that would have taken, because, again, it's difficult to
10 say. Different injuries bleed at different rates.

11 Q. The stretcher that she was on wasn't, in all the
12 circumstances, ideal for the circumstances in which you
13 found yourself?

14 A. No, but it's the best we had.

15 Q. Of course. Ideally, what would you have had?

16 LADY JUSTICE HALLETT: Well, Mr Coltart, I think there's
17 a limit, isn't there, to what we need to explore, as far
18 as stretchers are concerned? I don't think we can
19 expect there to be every possible kind of stretcher at
20 every possible major incident, can we?

21 MR COLTART: My Lady, I only ask because the evidence at
22 present is that, at about this time, 10.30, no London
23 ambulances have arrived at King's Cross for about
24 45 minutes.

25 LADY JUSTICE HALLETT: Wait a minute, would they have

1 brought a different kind of stretcher?

2 MR COLTART: That's what I was going to explore with the
3 witness. If he's not in a position to assist with what
4 stretchers might have been available or not, then I'll
5 explore it through another witness from the London
6 Ambulance Service.

7 LADY JUSTICE HALLETT: Would the London Ambulance Service
8 have produced a different kind of stretcher that would
9 have made any difference to the way she was treated and
10 any difference to her recovery, possible recovery, or
11 progress?

12 A. No, the HEMS team carry a type of stretcher that's like
13 a bean bag, that you would put the scoop stretcher on
14 to, and then you can suck the air out of it and it
15 becomes completely rigid and, at that point, you can
16 swing the patient sideways slightly to get them round
17 all the obstacles, rather than having to do the whole
18 thing perfectly level. So they're -- we used what we
19 had, it worked, although it's not ideal, but it
20 absolutely worked fine.

21 MR COLTART: Two further short points, if I may.
22 We don't know, because there wasn't any invasive
23 post-mortem done, as to whether or not she might have
24 suffered internal damage to her lungs or her bowel.
25 Did you ever see her, during the course of your

1 dealings with her, frothing or foaming at the mouth or
2 in the airways?

3 A. No, I didn't.

4 Q. You gave her Hartmann's solution while she was on the
5 platform in order to boost the volume of fluid within
6 her body?

7 A. Yes.

8 Q. If you had had plasma with you, would you have chosen to
9 have used that instead?

10 A. The ideal fluid we would have used would be blood in
11 that situation. We're trained on HEMS to try and avoid
12 giving fluids to maintain a low blood pressure to stop
13 any further bleeding, but to maintain a pressure that
14 would also allow you to be alert enough to be -- to
15 ensure your brain was being oxygenated.

16 She showed that she needed more fluid in order to
17 oxygenate her brain, so I had to give her fluid. So
18 ideally, blood would be present, but it would be
19 impossible, in a situation like that, to have had blood
20 present.

21 Q. Of course, you'd need a match, presumably?

22 A. No, you don't. She would have got O negative blood, but
23 that would -- I knew that, as soon as we got to
24 hospital, she would receive that.

25 Q. I think finally this: when you did arrive at hospital,

1 you say in your statement that she had a haemoglobin
2 reading of 5 grammes per decilitre?
3 A. Yes.
4 Q. That is very low, consistent with the loss of a great
5 deal of blood?
6 A. Yes.
7 MR COLTART: Thank you, Doctor.
8 LADY JUSTICE HALLETT: Any other questions?
9 MR SAUNDERS: Nothing, thank you.
10 LADY JUSTICE HALLETT: Ms Simcock?
11 Questions by MS SIMCOCK
12 MS SIMCOCK: Thank you. Very briefly, Doctor. You've
13 mentioned that loss of blood could have been caused --
14 the cause of her cardiac problems as you saw on the ECG,
15 hyperbolemia?
16 A. Yes.
17 Q. We know also that there may well have been some blunt
18 trauma to her chest and other abdomen.
19 A. Yes.
20 Q. Could one cause of her cardiac problems also have been
21 direct trauma to the chest wall?
22 A. Yes, a direct trauma to the chest wall could give
23 a cardiac contusion, a bruise to the heart, which also
24 stops it functioning as well as it could do. So that
25 also could do the same thing, yes, in that --

1 Q. Is direct trauma to the chest wall also a possible cause
2 of breathing difficulties?

3 A. Certainly, and that's why I wanted to exclude any
4 pneumothorax or any -- to ensure she was adequately
5 ventilating and adequately getting oxygenated.

6 Q. Could another possible cause of her cardiac problems
7 have been blast lung?

8 A. Absolutely, it could. She'd been right nearby the
9 explosive device and so she certainly could have done.
10 I had no evidence of that. I mean, I don't know is the
11 answer, but she did seem to have good air entry when
12 I listened to her breathing.

13 Q. Could any two of those three causes, or indeed all three
14 together, have been causing her cardiac problems in
15 combination?

16 A. Yes.

17 Q. Again, we don't know whether it's one of the three, two,
18 in any combination, or all three, because there was no
19 internal post-mortem?

20 A. That's right. From my point of view, I always wanted to
21 find out why she had died, and it's a shame that
22 I wasn't able to find those causes out.

23 Q. It's impossible to say now?

24 A. It's impossible to say now.

25 MS SIMCOCK: I'm very grateful, thank you.

1 LADY JUSTICE HALLETT: Any other questions for the doctor?

2 MR FURNISS: Very briefly, if I may.

3 LADY JUSTICE HALLETT: Yes, Mr Furniss.

4 Questions by MR FURNISS

5 MR FURNISS: Dr Mulcahy, you were a consultant anaesthetist
6 and you had had experience of working with HEMS, but you
7 have said, in July 2005, you attended as a result of
8 your association with BASICS?

9 A. That's correct.

10 Q. Isn't that the British Association for Immediate Care?

11 A. Yes.

12 Q. Although you attended on the day in your bright orange
13 HEMS uniform that you'd had from previous experience,
14 I think it's fair to say that everyone assumed you were
15 a HEMS doctor?

16 A. Yes, most of the BASICS doctors in London -- there are
17 15 of us -- nearly all of us are ex-HEMS, so in fact we
18 continue wearing our bright orange suits because they
19 offer us very good protection against fire and also very
20 strong materials and they've got very good pockets in
21 them, so we continue using those and they are the best
22 overalls for the work we have to do.

23 Q. BASICS is also, isn't it, like HEMS, a charity, but it's
24 a national charity, rather than a London-based one?

25 A. That's right, there are 1600 doctors in the country who

1 would go to any major incidents that occur throughout
2 the country, again all charitably based, but the actual
3 charities themselves are local areas, so there's an
4 overriding charity, and then there are -- London, for
5 instance, has its own -- a separate charity called
6 BASICS London, and we receive our funds from donations
7 from relatives and just donations and that's what funds
8 our work.

9 Q. But all BASICS doctors work as unpaid volunteers?

10 A. That's correct.

11 Q. Indeed, you provide your own transport and you
12 personally pay for your equipment, including the blue
13 light and your medical bag?

14 A. That's correct, we purchase everything. We try as much
15 as we can to get through the charity as possible. It's
16 not always possible, so we just purchase things
17 ourselves and that's what we expect -- we try to just
18 give our time for free rather than our equipment, but
19 sometimes we just have to do that.

20 Q. Finally, on Thursday, Phil Nation, the HEMS paramedic,
21 whom I think you know, said that, while you were
22 treating Mrs Levy on the platform, he went to get bits
23 of kit to make what he described as a "kit dump".

24 A. Yes.

25 Q. What was the equipment that he was collecting that you

1 hadn't got with you?

2 A. What I required was -- the ambulances themselves have
3 a proper suction apparatus, which I don't -- I only
4 carry a manual suction, and it's quite possible I was
5 going to need that, so I needed that. I needed extra
6 oxygen, perhaps also a carbon dioxide detector, once --
7 when you pass a tube into the trachea, we like to
8 have -- measure the carbon dioxide coming out from the
9 lungs to ensure that the tube is in the right place.

10 He was able to get that bit of kit that I would be
11 able to use with that to ensure that was the case.

12 Q. In the event, did you have to use that extra kit?

13 A. We did use them and they were very helpful, but they
14 wouldn't have been absolute -- had it not have been
15 there, it wouldn't have been absolutely a problem,
16 I would have just carried on.

17 MR FURNISS: My Lady, thank you very much.

18 LADY JUSTICE HALLETT: Thank you, Mr Furniss. Any other
19 questions for the doctor?

20 Thank you very much, Dr Mulcahy. It sounds as if
21 BASICS is yet another admirable charity and I'm sure
22 we're all enormously grateful to you and your colleagues
23 who volunteer your services and, by the sounds of it,
24 sometimes even have to pay for your own equipment.
25 Thank you for everything that you did to try to save

1 Mrs Levy. I know that her family would appreciate it
2 enormously.

3 A. Thank you very much.

4 MR KEITH: Thank you, my Lady.

5 LADY JUSTICE HALLETT: Mr Keith, the intention was, I think,
6 to go into closed session this afternoon, but --

7 MR KEITH: My Lady, the difficulty is that necessitates
8 a change of stenographer and requires a certain amount
9 of time for the technical equipment to be changed for
10 closed session. We also have still in court Dr Sheppey,
11 the consultant anaesthetist, Ms Sheppey, a consultant
12 anaesthetist, who was warned for this morning and
13 attended yesterday as well.

14 LADY JUSTICE HALLETT: We should have called her first
15 perhaps, then, Mr Keith. I hadn't realised she was here
16 yesterday.

17 MR KEITH: No, she forms the end of the narrative, I'm sorry
18 to say, in relation to Susan Levy. She came yesterday
19 because she wanted to be here.

20 LADY JUSTICE HALLETT: All right, let's call her now.

21 MS GALLAGHER: My Lady, there are a number of us who are not
22 connected to this witness. No discourtesy is intended
23 at all, but would you mind if I and anyone else in that
24 position were to leave?

25 LADY JUSTICE HALLETT: Certainly, as long as you do so

1 quietly.

2 MS GALLAGHER: Thank you very much. But could we wait until
3 the witness is sworn though, first, please?

4 DR MARIE CLAIRE SHEPPEY (affirmed)

5 LADY JUSTICE HALLETT: I'm sorry if you've been kept
6 waiting.

7 Questions by MR KEITH

8 MR KEITH: Could you give the court your full name, please?

9 A. Yes, my full name is Marie Claire Sheppey.

10 Q. I called you a doctor, but you are a consultant?

11 A. Yes, but as an anaesthetist, I'm still a doctor.

12 LADY JUSTICE HALLETT: Anaesthetists are always doctors, as
13 consultants, Mr Keith. I know that because my best
14 friend is one and I was taught that a long time ago.

15 MR KEITH: It's a medical trap into which I've stepped
16 unwittingly on a number of occasions. I'm never quite
17 sure which way round --

18 A. The surgeons become Mr or Miss when they've passed their
19 final exams. It's not actually relevant to being
20 a consultant.

21 MR KEITH: I thought that consultants wished to be called
22 Mr or Mrs, as well, but I'm mistaken.

23 So you were a consultant anaesthetist employed by
24 the Royal London Hospital?

25 A. That's true.

1 Q. The relevancy of your evidence is, of course, that, on
2 Thursday, 7 July, you were on duty at the Royal London
3 that morning?
4 A. Indeed.
5 Q. You worked, did you not, with a team of medical staff
6 including a consultant surgeon?
7 A. Yes.
8 Q. Francis Hughes, an operating department practitioner --
9 A. Yes.
10 Q. -- a doctor, a radiologist and nurses?
11 A. That's down in A&E resus, yes.
12 Q. I'm so sorry?
13 A. In A&E resus those are the people who I'm with.
14 Q. We've heard evidence about the resuscitation room at the
15 Royal London. That is where you were based?
16 A. That's where we were allocated to once the major
17 incident sort of format had gone into place.
18 Q. You had the occasion to treat a patient whose name you
19 subsequently discovered was Susan Levy but whom you knew
20 as V124 on her arrival at hospital?
21 A. That was her major incident number, yes.
22 Q. For the purposes of giving evidence today, have you been
23 able to review the medical notes associated with
24 Susan Levy?
25 A. I have indeed.

1 Q. Was the position this, that when she was brought in, she
2 had been intubated?

3 A. Indeed.

4 Q. And had had an intravenous line inserted?

5 A. Indeed.

6 Q. She was accompanied by Dr Mulcahy who you've just seen?

7 A. Yes.

8 Q. Was it plain that she had a number of very serious
9 injuries?

10 A. Indeed.

11 Q. Were you responsible for the primary survey that was
12 carried out on her admission into the hospital?

13 A. I wouldn't say it was purely my responsibility. As an
14 anaesthetist generally we're at the sort of head end, so
15 I was taking over her ventilation and also giving her
16 blood and further fluids to try to control -- because
17 she had a very low blood pressure and a very fast heart
18 rate.

19 So I was involved in examining her chest to make
20 sure that she had good bilateral air entry, but actually
21 as far as actually examining the rest of her system, as
22 far as her injuries were concerned, that wasn't my
23 responsibility. That would have been somebody else
24 within the team, and I can't recollect completely who,
25 but it would probably have been the surgeon.

1 Q. She had sustained very serious injuries to her lower
2 limbs?

3 A. Yes.

4 Q. But as far as you were concerned, the most immediate
5 problem was her heart and her blood pressure, was it
6 not?

7 A. Absolutely, yes.

8 Q. Was it plain that she had suffered a blunt trauma to the
9 chest?

10 A. I think obviously with the nature of the explosion,
11 that's an inevitability.

12 Q. In terms of the effect of those injuries, that's to say
13 the trauma to the chest, or whatever injuries she had
14 sustained to her chest, whether by way of trauma or
15 blast lung -- a particular condition associated with the
16 proximity to an explosive force -- what was the effect
17 on her blood pressure and her heart and why was it so
18 vital that attention was paid to her heart and her blood
19 pressure?

20 A. When she first arrived, her heart rate was extremely
21 fast at around about 170. It was also in an abnormal
22 rhythm, it was in atrial fibrillation.

23 Q. What does that mean?

24 A. It basically means -- in the heart there's four
25 chambers. There's two atrias and there's two

1 ventricles, left side and right side. The venous blood
2 returns into the atria. Then that sort of contracts and
3 pushes it into the ventricles from which it's either
4 pumped to the lungs or round the body depending on which
5 side of the heart it was.

6 In AF you have -- rather than pumping nicely, the
7 atria is fibrillating. So it means that the blood is
8 not being pumped as effectively within to ventricles and
9 therefore can also have an effect on the blood pressure.

10 Q. What did it seem to you was the cause or the likely
11 cause of the inability of the heart to pump regularly?

12 A. My impression was that it was probably a combination of
13 extreme blood loss, hypovolemia, secondary to her
14 injuries. I was also -- obviously I didn't know who
15 this lady was. I didn't know how old she was. There
16 was a possibility that she had underlying heart --
17 pre-existing heart problems anyway, and there was also
18 a possibility that secondary to the force of the bomb
19 blast it could have caused some bruising to her heart
20 muscle, some myocardial contusions, and, you know, any
21 of those and a combination of those factors could be
22 causing the problem.

23 Q. So her heart in summary may have had blunt trauma to it,
24 bruising restricting its ability muscularly to work --

25 A. Yes.

1 Q. -- and she had hypovolemia which is abnormal loss of
2 blood in the body?

3 A. She'd obviously suffered massive blood loss.

4 Q. So the heart, if it's deprived of blood and has nothing
5 to circulate, can damage itself further?

6 A. Absolutely, because again -- because the blood -- within
7 the blood, it carries the oxygen to the tissues. So as
8 well as carrying the oxygen that's needed to the brain
9 and your kidneys and everything else, it's also actually
10 supplying oxygen to its own heart muscle.

11 Q. In the absence of that oxygen, the heart muscle will
12 damage itself and be less able to pump thereafter?

13 A. Exactly, indeed.

14 Q. As a result of those injuries, were difficulties
15 encountered even in being able to locate or register,
16 monitor, blood pressure during the time that you were
17 treating her?

18 A. Yes, I think there are some blood pressures documented
19 in the A&E notes, and then from A&E she was transported
20 up to theatre where bilateral above knee amputations
21 were performed, and I had great trouble recording
22 a blood pressure at all.

23 Q. She was transferred to the operating theatre at 11.41
24 according to the note.

25 A. That's the timing on the notes, yes.

1 Q. In fact the notes record that there was an inability to
2 find blood pressure before 12.30.

3 A. Yes.

4 Q. Then although blood pressure was monitored and
5 ascertained between 12.35 and 12.55, it was lost again
6 at 12.55 to 1.10?

7 A. That's what's documented on my anaesthetic chart.

8 Q. Does that indicate, therefore, that the damage to her
9 heart and the loss of blood was such that her blood
10 pressure was so low as to not even to register?

11 A. Absolutely. Despite all my efforts providing her with
12 fluids and blood and drugs to try and boost her blood
13 pressure, the best I achieved was still extremely low.

14 Q. She was given a mixture of drugs by way of antibiotic,
15 was she not?

16 A. Yes.

17 Q. Morphine for residual pain relief?

18 A. Anal -- for pain relief.

19 Q. Dopamine and adrenaline in order to simulate heart
20 activity?

21 A. To try to boost her blood pressure, yes.

22 Q. Also an antiarrhythmic agent?

23 A. Amiodarone. Because of the issue with the atrial
24 fibrillation, I thought -- well, I hoped that by
25 administering that it may help with her -- to get her

1 back into a normal heart rate, a normal heart rhythm,
2 sorry, it might help.

3 Q. But despite all your endeavours and those of your
4 colleagues, did there come a time when it was apparent
5 that your efforts were in vain and her pupils were
6 fixed, she had no ability to breathe, and her heart was
7 registering an asystolic rhythm, there was no activity?

8 A. There reached a point when we realised that the
9 situation was futile. All our efforts had come to
10 nothing. And so, after discussion with a consultant
11 colleague and an anaesthetic registrar who I was working
12 with, I decided to terminate the drugs that I'd been
13 giving her to boost her blood pressure and I believe
14 that again, a few minutes after that -- I've got the
15 timings on my chart -- indeed she was in asystole and
16 I declared her dead.

17 Q. She had earlier registered some sort of blood pressure,
18 and it's quite plain that she had been intubated and
19 resuscitated.

20 A. Yes.

21 Q. When she arrived at hospital, her heart was being able
22 to operate after a fashion and she was able to register
23 some low blood pressure.

24 A. Yes.

25 Q. Does it seem, therefore, that despite all the medical

1 attention that she received in hospital, the damage to
2 her heart and to her vital organs was such that her
3 injuries were incompatible with survival?

4 A. That's true, yes.

5 Q. Does it follow from that that whatever the position was
6 in the train, whatever lack of treatment, if there was
7 a lack of treatment or delay if there was one -- I'm not
8 suggesting necessarily that there was, but if there
9 was -- she had been kept alive and was registering
10 a heart rhythm and a registerable blood pressure
11 thereafter. The difficulty, tragic as it was, was that
12 you were unable to sustain life thereafter?

13 A. I think -- yes, I think by the time that Dr Mulcahy came
14 across her and certainly by the time that she arrived at
15 the Royal London Hospital, her injuries and the damage
16 that had been caused were incompatible with life.

17 Q. So you were in essence fighting against the inevitable?

18 A. Unfortunately, yes.

19 MR KEITH: Thank you.

20 LADY JUSTICE HALLETT: Mr Coltart?

21 Questions by MR COLTART

22 MR COLTART: I think, doctor, that you performed an
23 ultrasound on her abdomen as well.

24 A. That wasn't me who would have performed it, but I know
25 it's in my original statement that I gave to the

1 anti-terrorist police a couple of weeks after the event.

2 Q. The findings of that ultrasound were clear, as

3 I understand it?

4 A. What I've documented -- it says no free fluid. There's

5 nothing else written anywhere else, but that's what

6 I recollected three weeks afterwards.

7 Q. If she had suffered from what we know to be termed as

8 "blast bowel", would you have expected that injury to

9 show up on an ultrasound?

10 A. I honestly can't comment on that.

11 Q. It's not your area?

12 A. It's not my area, sorry.

13 Q. Don't worry, we'll ask someone else.

14 A. What we're generally looking for in that is if there's

15 any free fluid, if there's any indication of any

16 bleeding into the abdomen, that's part of the standard

17 protocol with any trauma patient, and then, if there is

18 free fluid, then we'd usually proceed to do a laparotomy

19 to look for signs of bleeding within the abdomen.

20 Q. Thank you. You were asked by Mr Keith just now about

21 the injuries or the damage to her heart being

22 incompatible with survival.

23 A. Yes.

24 Q. The answer which you gave is that by the time Dr Mulcahy

25 came across her, and certainly by the time she reached

1 the hospital, the position was irretrievable.

2 A. Yes, that's my opinion.

3 Q. But if in fact she had received some earlier medical
4 intervention -- for example the application of
5 a tourniquet or the provision of some oxygen -- might
6 that have made a difference to her prospects?

7 A. To be completely honest, I think it's impossible for me
8 to say. I think it would appear logical that applying
9 a tourniquet would decrease bleeding, but I think it's
10 impossible for me to say whether if that had happened
11 the outcome would have been different.

12 Q. Is it impossible because you can't tell which of the
13 combination of possible injuries she had suffered it was
14 that killed her?

15 A. I think that, yes, and also I just -- we're not -- we
16 cannot tell at what point she had lost sufficient blood
17 to actually then cause the ischaemic heart problems that
18 we sort of saw on the heart tracing.

19 Q. Is it possible to estimate, looking at her injuries --
20 you've seen the post-mortem report as well -- looking at
21 her injuries, is it possible to estimate at which point
22 in time she was past the point of no return?

23 A. I honestly cannot give you an answer to that question.

24 MR COLTART: My Lady, I'm conscious that we have

25 Colonel Mahoney coming in due course, and it may be

1 that, if we are to pursue any of these issues further,
2 they can be pursued through him.

3 LADY JUSTICE HALLETT: Very well.

4 MR KEITH: The case for Susan Levy is not in fact one of the
5 cases that Colonel Mahoney has been instructed by you,
6 my Lady, to examine, but it's fair to say I suppose that
7 there are general issues which may be put to him and
8 which in his experience in relation to blast injury he
9 may be able to answer. But I don't wish my learned
10 friend to believe that there are any guarantees in
11 relation to whether this is an area that will be
12 addressed in due course. It may be, but it's not
13 definite.

14 LADY JUSTICE HALLETT: Thank you very much. Any other
15 questions for the doctor?

16 MR SAUNDERS: No thank you, my Lady.

17 LADY JUSTICE HALLETT: Dr Sheppey, again an apology for
18 keeping you waiting for so long. I always try to avoid
19 keeping certainly busy doctors waiting. So thank you
20 for being so patient and thank you for coming to help.

21 A. Thank you.

22 MR KEITH: Thank you very much, Doctor.

23 My Lady, may I make it plain she wasn't here
24 yesterday because she was asked to. She came to see
25 Drs Walsh and Down give evidence. She was only listed

1 pursuant to your orders for this morning.

2 LADY JUSTICE HALLETT: Thank you very much. As far as the
3 open hearings are concerned, they're now finished until
4 tomorrow morning.

5 MR KEITH: Yes, thank you.

6 LADY JUSTICE HALLETT: I will return -- how long does it
7 take to set up all the equipment? I'll return at 2.30.

8 (1.22 pm)

9 (The inquests adjourned until 10.00 am the following day)

10