Friday, 28 January 2011

(10.00 am)

LADY JUSTICE HALLETT: Mr O'Connor?

MR ANDREW O'CONNOR: Good morning, my Lady. My Lady, the witnesses to be called today are all of the nature that we've come to describe as the Silver witnesses, that is the Command and Control witnesses who were present at the Tavistock Square scene. There is, however, one witness statement to be read, which is of a more factual nature, and may I begin simply by reading that statement?

It is the statement of Martin Smith, the Solicitor to the Inquests dated 20 January and it relates to his contact with a man named David Wallman who was present at Tavistock Square on 7 July 2005.

The statement reads as follows.

Statement of MR MARTIN SMITH read

I am a partner of Field Fisher Waterhouse LLP and was appointed by the Right Honourable Lady Justice Hallett DBE to act as solicitor to these inquests. Following queries regarding a witness named David Wallman from solicitors and counsel representing Mr and Mrs Parathasangary, I telephoned this witness on 13 January 2011. Mr Wallman said that he was part of the St John's ambulance retrieval team based at

South Kensington. A major incident was declared.
I think Mr Wallman was referring to the
King's Cross/Russell Square bombing on the Underground
and he was asked to proceed from St Thomas's Hospital,
where he was that morning, to that location.
"He was therefore proceeding up Southampton Row in
an ambulance car when he came across the number 30 bus
very shortly after the bomb exploded. Mr Wallman said
he thought he was there within 2 to 3 minutes of the
explosion and boarded the bus within about another
minute.
"He started rendering aid to survivors.
Dr Peter Holden was already there and had taken charge
as Silver medic and was clearing casualties from the
bus. Mr Wallman said he did a recce to see what needed
to be done and whether there was an officer there that
could take on the Bronze medic role. There was not. He
set about trying to get as many people as were still
alive off the bus.
"Mr Wallman remembered speaking to Mr and
Mrs Parathasangary at some event at the BMA subsequently
and telling them that he had closed Shyanuja's eyes. He
told me that he had done this pretty soon after he
entered the bus. He said that Shyanuja was obviously
dead, but her eyes were open and staring at him.

"Mr Wallman said he remembered helping a man with arterial bleeding off the bus, but he did not recall anything about the other deceased. Once he left the bus, his job was over and he had no other involvement in the scene."

He concludes with the statement of truth.

LADY JUSTICE HALLETT: Thank you.

MR SAUNDERS: My Lady, can I say we are very grateful to Mr Smith. As your Ladyship knows, I think, Mr Wallman wasn't in a position to come and give evidence, but it answers one of the factors that the family have had very much in mind and they are very grateful for Mr Smith's efforts. Thank you, my Lady.

MR ANDREW O'CONNOR: My Lady, may I now invite you to call Dr Peter Holden?

DR PETER JOHN PASHLEY HOLDEN (sworn)

Questions by MR ANDREW O'CONNOR

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

A. I'm Dr Peter John Pashley Holden.

Q. Dr Holden, as at July 2005, you had, I believe, a number of strings to your bow, professionally speaking?

A. That's correct.

Q. You were, and perhaps still are, a GP in Matlock, Derbyshire?

A. That's correct.

Q. Are you still a GP there?
A. I am.
Q. You also had considerable expertise in pre-hospital care?
A. That's correct.
Q. That included being a member of the medical air crew in your local air ambulance --
A. That is correct.
Q. -- and a number of other pieces of experience, in terms of formal training, I believe?
A. That is correct.
Q. Thirdly, you were a member of the general practice negotiating team for BMA?
A. I still am, yes.
Q. You still are. On 7 July 2005, Dr Holden, it was in that last capacity, I believe, as a member of the negotiating team, that you were present at BMA House?
A. That's correct.
Q. We've seen the various reports and statements that you have provided since then, Dr Holden, and one sees from that that you were at the BMA building from about 8.30 that morning.
A. That is correct.
Q. That, of course, was before any of the unusual events of that morning?

A. Indeed.
Q. It follows that you would have been in BMA House as the incidents began to develop?
A. That is correct.
Q. We read from your statements that you were aware of the reports of power surges at various different places on the Underground system.
A. Indeed. One of my colleagues who was travelling in on the Northern Line -- not that it's very unusual for that -- texted us to say he was going to be late and there had been power surges.
Q. You also particularly refer to noticing the presence of an emergency helicopter in the skies above you?
A. Yes, Royal London HEMS was overhead.
Q. You, with your experience, would have noticed which particular helicopter it was, would you?
A. There is only one round here.
Q. How is it distinctive from other helicopters, Doctor?
A. It was red and G-HEMS is its registration, or was its registration.
Q. Did you associate the presence of that helicopter with the information you'd been receiving about power surges?
A. What I associated was the fact it was hovering overhead because it was actually quite distracting because of the noise from the rotors, and it was the fact it wasn't

moving that made me start to associate things.
Q. We know that a bomb exploded on the number 30 bus outside the building at 9.47 that morning.
A. That is correct.
Q. Were you still in your meeting on the third floor at that time?
A. We weren't actually formally in meeting. We were in our room where our -- our office where we work, yes.
Q. What is your recollection of that event?
A. Essentially, we heard a loud bang. I do remember everything going salmon pink at just about the same time and, in the main office, some of the staff beginning to make a lot of commotion, and came out of the office and could see the white smoke and the tree canopy gone.
If you look at the pictures of BMA House, there is a part of the third floor windows that are set back about 25 feet and that is where our office is, and the fire alarm started to go.
Q. Did you, in fact, have a view over the square from where you were?
A. You can see part of it, but there's 30 feet of roof in front of you, so you can't see the first bit. You couldn't see the bus, if that's what you are driving at.
Q. I see.
A. But you could see the tree canopy had gone and there was

a large amount of white smoke.
Q. From what you heard and what you saw out of the window, were you in any doubt as to what had happened?
A. No, it couldn't have been anything else.
Q. How did you react to these events?
A. I took a large breath in and, as the fire alarms were going, people started to leave the building. I've been going to BMA long enough to remember the only fire practice we ever had took us straight out on to Tavistock Square, and I actually said to folks, "Don't go". I hadn't realised the plan had been rewritten to take people out on to Burton Street, and I said, "Actually, you're probably safer in this building, unless we take a direct hit from something, than going out".
Patrick Reed, the head of security, came up and basically said "Everybody out", and six doctors stood up and said, "We're not going, we'll be needed", and so, as everybody else said they were going, I said, "Well, for heaven's sake, go out through the back entrance".
Q. We've heard from a number of witnesses, Dr Holden, who were, like you, attending meetings or getting ready for meetings at the BMA at the time the bomb exploded. A number of those, including medical doctors, went more or less straight down into the courtyard and then

out into Tavistock Square. It was, though, a little while, I think, before you and the other people in your room did the same thing?
A. Yes, we deliberately held back. From training, in those days, it still was -- still is -- you must assume there's a secondary device designed to take the rescuers out, and that was precisely why we held back, and in fact, I think some of the people who were down there immediately actually had already been in the street or close by, because that road between Euston and Lincoln's Inn Field is full of doctors on a Thursday morning, it's a classical committee day, but we hung back deliberately, we lowered the blinds.
Q. So, as you say, your decision to hold back was informed by your training?
A. Absolutely.
Q. You did, though, come after a period of time?
A. Yes, we --
Q. I want to ask you about the timing issue in a few minutes.
A. Indeed.
Q. Before we do that --
A. Before we get into that, have you been made aware that paragraph 8 should come after paragraph 5?
Q. Yes, I was told that, so we won't get caught up with

that.
Let me ask you this: did you go straight down?
We've heard that the stairs give out into the courtyard of BMA House. Did you go straight down to the courtyard or did you go and do something else first?
A. No, what we did was, once we'd given it five or six minutes, that kind of time -- time compression was a problem with the whole incident -- we made our way through the consultants' office out into the third floor vestibule.
If you look at the picture of BMA House, where the main arch is, there are three windows above it, and the middle window, I think it is, we looked at -- I was the first one there, I went, I think, with Brian Dunn and, I think, Mary Church, and I was first one there.
I opened the window, put my head out, and could see the bus with all -- we're all familiar with. I looked for about half a second and I said, "It's a bomb. There's been an explosion. There are casualties. Don't look for long. Let's go".
I deliberately said, "Don't look for long" because of after images.
Q. You said "Let's go", do you mean that you, at that point, went downstairs?
A. No. The other two went downstairs, I said to them -- I

actually said, "I'm going back to the cabin" -- that's what I call my office -- "to get my identity card", because I knew we'd be thrown out of the building. If I'd arrived there as statutory emergency services, unless I could verify who was there, I would have asked them to leave the scene. You can't prove who they are.

Q. That, I think, clears that point up. You refer in your report going to somewhere called the "cabin"?

A. Yes.

Q. In fact, what you mean is you went back to where you'd been?

A. Yes.

Q. You went there for long enough to pick up your identity card?

A. I picked up my identity card, I picked up my pocket face mask and a pair of surgical gloves that lives in my case and forgot to pick my watch up, which was to prove a little fateful, and came back straight downstairs. The whole of that wouldn't take long. In fact, I paced it out this morning. From that window back to the office is only 120 paces. It's not a long way.

Q. A few minutes, a minute or so?

A. Oh, if you were running -- and I was running -- although, in fact, on the way back to the cabin, we did

look out of the windows on to the outer courtyard and I could see that people were being brought in, and that was the only minor diversion. It's seconds to minutes, rather than anything longer.

Q. Yes. You then went downstairs?

A. Yes.

Q. The stairs give out into the courtyard, do they?

A. They -- the stairs I came down come out into the -- what I call the inner courtyard; in other words, inbound of where the memorial gates are.

Q. Did you go from the courtyard into Tavistock Square itself?

A. I remember -- and I can't remember if I attempted to go once or twice, but I do -- it's the time compression problem and five and a half years, I do remember being told by a policeman, "You can't come out", so I had to stay back where I was.

Q. In other words, inside the courtyard?

A. If you look at the picture of BMA House, there are the gates by the archway, which is effectively the boundary between the building and the pavement, to there.

Q. Dr Holden, I'm not going to call -- we've got some photographs, I'm not going to call them up at this point only because we've been looking at them for the last two weeks and I think we have a mental picture of where you

mean.
So you didn't go into the square. Did you, in fact, go into the square at all over the next half an hour or so?
A. I don't believe I did.
Q. The patients you've described that you saw from the upper window being brought into the courtyard, that's something we've heard evidence about.
A. Yes.
Q. Was it the case, then, that all the patients had, in fact, been brought into the courtyard by the time you were down in the courtyard?
A. I couldn't say one way or the other on that one.
Q. You met up with Dr Everington, I think.
A. That's correct.
Q. Was that fairly shortly after your arrival downstairs?
A. It was practically at the bottom of the staircase almost and I think with Mary Church as well.
Q. We've heard from Dr Everington. He has described how he was on the scene some time earlier than you, took a command role during that period but, on your arrival, gave you a briefing and allowed you to take over?
A. That's correct.
Q. Let's just, if we can, deal, insofar as we can, with this question of timing. I don't want you to think it's

hugely important, but it just helps if we can get as far as we can.

The report that you prepared a few days after these events, on 10 July, gives the timing of your discussion with Dr Everington in the courtyard as about 10.10 or between 10.10 and 10.15?

A. I think it's a little earlier than that.

Q. That, of course, would be something like 20 or 25 minutes after the bomb.

A. Yes, it had to be earlier than that.

Q. Yes.

A. Time compression is a problem and, as I say, no watch until I looked up, the first time check was when I looked up at the clock when we got a bag of ambulance material which I think was about 10.10. So it must have been earlier than that.

Because if you allow for the fact that we didn't waste time once we'd established that we were going to go downstairs, if you work backwards, it was whatever it was, 9.43 or 9.47, put five minutes on to that, it certainly did not take 8 to 10 minutes to get downstairs.

Q. The evidence we've heard, Doctor, about this process of moving the -- the decision to move the casualties into the courtyard and then moving them in, that was

something that was happening at around about 10.00 or just after?
A. That had already happened. I'd seen -- I'd seen one casualty that I can say for certain being moved in when I looked out of the window.
Q. So doing the best we can, can we say that you perhaps arrived down some time around 10.00 or one or two minutes after that?
A. I think 10.00 is about the ballpark figure, yes.
Q. Doctor, as you will be aware, the focus of these inquest proceedings is the 13 passengers on the bus who died as a result of the bomb that day.
A. Indeed.
Q. We've heard now, over the course of the last two or three weeks, a substantial amount of evidence about those individuals and what happened to them.
Seven of those individuals, in respect of them, the evidence we have is that they died instantly, most of those were trapped on the bus and died there, two of them were blown off the bus on to the road.
Is it right that you wouldn't have had any involvement with them at all --
A. I don't recollect having any involvement with those at all.
Q. -- if you don't recollect going out into

Tavistock Square?
A. No.
Q. Another three individuals -- Mr William Wise, who was on the bus; Shahara Islam, who was in the road; and Miriam Hyman, who was on the pavement next to the BMA building -- the evidence we have in respect of those individuals is that they may well have survived for a matter of a few minutes after the blast but died before any sort of proper medical assistance could be given to them.
Again, since they were outside the courtyard and died outside the courtyard, can we take it that you didn't have any involvement in them?
A. I don't believe I had any involvement in those three at all.
Q. There were three further individuals, then, who did come into the courtyard, the evidence we have suggests. Two of them died there, and one of them was taken to hospital.
Let me ask you a little bit about each of those.
A. Yes.
Q. The first individual was a lady called Marie Hartley. The evidence we have about her is that she had a very serious head injury, she was one of those who was brought into the courtyard but she died really within

a few minutes of being brought into the courtyard. Her body was taken from the courtyard down to the basement garage for a few hours and then brought back up to the courtyard later that day.

Do you recall having any involvement in her case?

A. I don't.

Q. It's certainly not something that you mention in any of your reports.

A. No.

Q. It may be, in fact, that she had died before you came down to the courtyard.

A. I don't recollect that.

Q. The second of those three individuals was a lady called Gladys Wundowa. She died at about -- the evidence we have seems to suggest at about 10.40, so some time after you came down into the courtyard. Again, the evidence we have suggests that she died just before the controlled explosion took place, which is something that a lot of people recall.

First of all, do you recall her case?

A. I do in the sense that she was lying just inside the outer courtyard, there are some bollards to prevent cars driving on the pavement bit, she was by between the second and third bollard, if I remember rightly, and she was very badly injured, and I could see that the team

was struggling. I very deliberately kept my hands in my pockets because I knew, if I got stuck in, that's it, you'd lose management of the scene.

It went through my mind that we were going to have to do a priority 1 expectant on her, and I kept trying to put off the evil moment when nature took its own course.

Q. You mention the team there dealing with her. We've heard from Dr Choudhary, who was the doctor who was dealing with her, and a number of other people who were assisting him. We've also heard from Dr Teasdale, the HEMS doctor, who arrived and, I think it's fair to say, took over the treatment of her in the last few minutes before she died.

A. When they arrived, I did actually ask them to go pretty well quickly to that one. I knew that we were probably looking at a death at that one sooner or later, and I remember my thinking process as being, "I don't think we're going anywhere with this one. Let's have a London-based doctor involved, it might save a trip to the Coroner's Court", was actually my thoughts. The rest is history.

Q. We've heard from Dr Teasdale about the procedures that he carried out --

A. Indeed.

Q. -- and the fact that he declared her dead, as I say, at about 10.40.
Were you involved in that decision to declare her dead?
A. I think I may have been, but I cannot say for absolutely certain. It was in my mind that this patient was so severely injured under the circumstances with the assets we had available, that survival was highly unlikely and, even if it had been the only victim and we'd had all the resources of the Metropolis at hand, survival was still unlikely.
Q. Can I just show you a document, Doctor, and explain why I particularly ask you that question? It's [INQ8941-6], please. If we look at paragraph 13, you'll see that this is a reference to the arrival of the HEMS team --
A. Yes.
Q. -- and, in particular, to the casualty we believe to be Gladys Wundowa.
A. Yes.
Q. If you look at the penultimate sentence of that paragraph, you'll see it reads:
"I asked them to look at the victim being resuscitated close to the porter's lodge and we agreed with those resuscitating that efforts were unproductive ..."

I wonder whether that is intended to be "we" or "he"?
A. It is intended to be "we". The decision to stop resuscitating, in any circumstance, is a team decision. It's because judgments under these circumstances are always extremely difficult. It's because everybody involved is a human being, including the victim. It's because people put a lot of effort and emotion into trying to rescue a person, and it is not a position where one person can just say "Stop". These are decisions taken every day in hospital over resuscitation decisions, but they are a team decision.
You don't have the team leader just say "Stop". You actually say, "Folks, how do we think this is going? Is this futile? Are we getting anywhere? Are we likely to get anywhere?", and if the answer to those are the relevant answers, the general question one is taught to ask is, "Is the consensus this should stop?"
Q. Thank you. The third individual who fell into this final category was a man whose name we now know to be Sam Ly. You may remember he was a man whose parents were Vietnamese. He was trapped on the bus and was, in fact, the last person to be taken off the bus.
Do you have a recollection of him being on the bus? Maybe not, if you didn't go out into the square.

A. I can't say whether he was on the bus, but I do remember him being there and I do remember him coming into the Hastings room because Brian Dunn was looking after him.
Q. The evidence we've heard is that he was either the first or one of the first to be taken to hospital when the ambulances arrived.
A. He was certainly priority 1 in my book right from the word "go".
Q. Do you have any particular memory about him or the treatment that he received?
A. I certainly do. It was one of the abiding memories I have of the day, to watch a colleague and friend of mine who, in his own words, has said to me many times since, "I haven't done anything like this for 20 years", he stuck a drip in as though he'd done it yesterday. I also remember him calling me over and he said "I think we're losing him", and I do remember I think Sam's words were to the effect of, "I want to go to Australia", he then became unconscious.
Q. You recall him becoming unconscious before he left the scene?
A. I think he was unconscious before he left the scene. If he wasn't, he was drifting in and out, but he was at that kind of level of seriousness.
Q. In terms of the treatment that he received, you recall

him having a drip --
A. I think so.
Q. -- with saline or some sort of fluid?
A. Whatever it was. I can't remember, I didn't go around looking at the precise things that were up there. I had to manage the whole scene.
Q. Yes.
A. I mean, I was being asked for advice, and was giving it. But essentially, yes, it was one of the memories.
Q. Was he also receiving oxygen, do you recall, or do you simply --
A. I can't remember that.
Q. Do you have any other particular memories of the treatment he received?
A. I can't say that. I just remember watching him get cannulated and thinking, "He's not done that for 30 years. Look at that!".
Q. Now, you've mentioned a few times, you've made reference to your command role. The title for the role you took over, I think you refer to it as being Medical Incident Officer?
A. That was the title at the time. It's now called Medical Incident Commander.
Q. Medical Incident Commander?
A. The nomenclature changed in, I think, the 2000 -- it was

2006 when it was published, but it was updated guidance.
Q. I don't want to get dragged into issues about terminology, but can I just ask you one or two more questions?
Some of the individuals there refer to you, I think, as "Silver doctor", would that be an analogous description?
A. Yes, absolutely, yes.
Q. What about "Silver medic", is that also the same thing?
A. There's a lot of looseness about that. The point is there is the concept of Bronze, Silver, Gold, Platinum.
Q. The Silver is the more important medic doctor?
A. The Silver is the person running the scene there, and there is normally only one Silver, and you are metaphorically handcuffed to and are subordinate to the ambulance Silver Commander, because the Ambulance Service have responsibility for the Health Service response.
Q. When Tim Harris arrived, he describes himself as becoming joint Silver medic with you.
A. Mm.
Q. Would you agree with that?
A. I think it was immaterial, we were working as a team. I think we're nitpicking over that. We'd got an area that was spread out.

Q. Having got through that, tell us, if you can, in brief terms, what was the role that you or you and Dr Harris were carrying out?
A. The role of a Silver Commander is, first of all, to establish command. Normally, that would mean briefing your team. Well, we didn't get too much chance to do that until we were actually into it. That would mean us making sure you know what assets you have, what the demands are. It's the business of safety. Normally, you would put on a tabard, you would obtain communications in the form of a radio, and you would see to it that the strategy for treatment was going on and also liaise with the Ambulance Service over how the strategy was to be executed and liaise with them for the transport afterwards.
Q. I wanted to ask you about that. As you say, one of the critical roles of a Silver medic is to liaise with the Ambulance Service.
A. Indeed.
Q. Who was it that you liaised with during that time after you came down into the courtyard?
A. Yes, it was an ambulance operations manager, and I don't know why I referred to him as Mr Knott, it may have been. There was -- on the day -- I'm bad with names, I'm afraid.

Q. Let me see if I can help. Two of the individuals who we know were there were a man called Mr Knott and also a man called Mr Gibson.
A. Yes, I think it was Mr Gibson in the end. I think Mr Knott may, in retrospect, have been the chap who had a helmet on which said "Ambulance Service Manager", which confused me at the very beginning. In fact, it was, I think, a Voluntary Aid Society person, and that did confuse me.
LADY JUSTICE HALLETT: Sorry, he had a helmet on that said "Ambulance Service Manager", what, as if he was NHS -- London Ambulance Service?
A. You've got to remember, my Lady, that labelling in those days was not totally standard as it is now, and nomenclature was not totally standard as it is now, but it did confuse me. But since the person was buried in dealing with a patient, there's no way that person could become a commander.
It's about you either deal with patients or you're commanding.
MR ANDREW O'CONNOR: Yes. Dr Holden, I think the position is, in fact, that Mr Knott was an Ambulance Service manager.
A. Right.
Q. The roles that he fulfilled, I think it's right to say

that he may have had a Silver role when he very first arrived, but the main role he performed was, in fact, a Bronze triaging-type role.
But again, those were the people you remember liaising with. What were you liaising with them about?
A. What we'd got, the numbers, the priorities, the priority for treatment and the priorities for transport, and the priorities for treatment are not necessarily the same as the priorities for transport.
Q. No. In terms of treatment at the scene, as we've heard on many occasions, this was a very unusual emergency scene because you had a large number of, as you describe in your reports, victims who were medically qualified and able to treat their fellow victims?
A. Yes, it was the reverse of the normal. You've got personnel and no kit. It's normally kit and no personnel.
Q. So whereas you might normally, as a Silver medic, be liaising with the Ambulance Service in particular about obtaining more personnel, more Ambulance Service personnel to treat the casualties, in fact that wasn't so important at this scene?
A. At this scene, kit was the important point, yes.
Q. Kit was important. Also important was the question of getting the casualties out of the scene and away to

hospital?
A. Well, within Major Incident Command teaching there is the concept that resuscitation is urgent, evacuation never is. Because there's no point just loading people in, loading and going, and going to the nearest hospital. If you do that, you'll overrun the place. We learnt that at Kegworth, with Queen's Medical Centre. You don't do that. You get them stable and then move them. You have to balance stability against need for specialist intervention early, and that's part of the experience.
Q. What about, on this occasion, Sam Ly? The evidence we've heard is that he was removed from the bus at about 10.15, 10.20, something of that nature, but he wasn't, in fact, taken to hospital for, let's say, half an hour, something like that, after that.
Was he someone whom you felt was being resuscitated and, even if there had been an ambulance present, you wouldn't have sent him away until the time that he was, in fact, taken away?
A. Sam was being resuscitated and was conscious. Now, we can get into the finer points of this, but if I remember rightly -- and please remember it's five years ago -- I think ambulances became available about 10.40, so the mere fact it was 20 minutes there when we had no

transport, and I think it's pertinent to remember the City was gridlocked, just simply getting around was a problem. That's why -- that had been relayed to me by the person who brought the first bag of kit.

Q. We'll hear more about that later on today, Dr Holden, obviously there are others who are better informed on that issue.

A. Indeed.

Q. I just want to explore this point that you raise very fairly about the removal of casualties from the scene not necessarily being the highest priority, but as I say, focusing on Sam Ly, was it the case that, if there had been ambulances there earlier, you wouldn't actually have sent him away or would you have sent him away if ambulances had been there earlier?

A. No, I don't think we're in that situation. We're in the situation with somebody seriously ill at 10.20 and nowhere to go because we'd no transport, and as far as I remember -- but, you know, I cannot remember, because I think you'll find I say later in my report one of the problems was things were not always evacuated in order because it was force majeure. As soon as we opened the back gates, for starters, many of the priority 3s walked.

The problem was that, in my recollection, we did not

have transport until about 10.40, 10.50, but he was a priority 1. But the issue is what went in the first ambulance. Now, I believe what went in the first ambulance was the first two seen lying on the ground by whoever walked in through the back door.

Q. Dr Holden, if you will forgive me, that may be an issue, but it's a slightly separate issue. I just wanted to explore the point, as I say, that you had made, which is that, in terms of liaising with the Ambulance Service, equipment is one thing, evacuation is another, but that evacuation may not mean evacuation as soon as possible because casualties can be resuscitated and don't necessarily need to be taken away as soon as they start being treated at the scene.

A. Indeed, that is correct.

Q. What I want to explore is, with your priority 1 casualties, and in particular Sam Ly, is what you are saying that, in fact, if ambulances had arrived earlier, they wouldn't have been sent away, or are you saying that they would have been sent as soon as ambulances arrived?

A. Yes, if ambulances had arrived earlier, two things would have occurred. The first thing is I would have achieved communications. Remember, I was operating in a communications vacuum. We had turned our mobile

phones off, because, again, that is standard teaching with a bomb.

Q. Yes.

A. Secondly, even if we'd had the mobile phones, nothing, I think, except T-Mobile, worked, and none of us happened to have T-Mobile, and -- this is five and a half years ago -- none of us had a BlackBerry, because they still worked.

So we were working in a communications vacuum, so until the Ambulance Service arrived, the ambulance didn't just bring transport, it brought kit and communications, and an AOM.

Q. Can I just ask the question again, Dr Holden? We know there came a time when the ambulances arrived. We'll hear some more evidence about when that was, but the timing you give is about right, 10.40, 10.50, something of that nature.

By that stage, you had a group of P1 patients whom you had been treating for a period of time, half an hour or more. We shouldn't read into what you said earlier, should we, that you wouldn't have sent them away if the ambulances had arrived earlier?

A. No, of course not. If I'd have had the assets --

Q. You would have sent them away as soon as the ambulances came?

A. You get on with evacuating them as fast as you -- as was deemed reasonable, but that would have been a joint decision with the --

Q. Of course.

A. -- AOM on scene, because he knows what he's got and he knows what the hospital resources are.

Q. Quite. The question of where to send them is a different matter, but the question of sending them away from the scene, they would have been sent as soon as the ambulances arrived?

A. No, you would not send them as soon as the ambulances arrive because, if you send them and they then queued up at an A&E department because the A&E is choked, why move them from a stable place, where there is a doctor, in an ambulance to sit in an ambulance queue? No. You feed them -- the key about this is you must feed the rescue chain so it doesn't get indigestion, for want of a better word.

Q. Can I just move to one side, then? There was clearly, we can agree, a need for ambulances to arrive as soon as possible so that those who needed to could be sent where they needed to go?

A. Of course.

Q. What liaison did you have with Mr Gibson or Mr Knott about obtaining those resources?

A. Mr Gibson came and we liaised, we met, and we discussed what we'd got, and my recollection was, having given him my situation report as I saw it, I think I said to him "Have we got some triage cards? Because it will act as an aide memoire for everybody", and I regarded the provision of transport as being for him to sort. He knew who we'd got as P1s and P2s, and we worked from there.

Q. In other words, you simply assumed, no doubt rightly, that, from the situation of what you had given him, it was clear that a large number, or a number of ambulances needed to come as soon as possible, not only to bring equipment, but to take people away as well?

A. Sorry, yes, I'd made the assumption, you'd worked that out. Of course, that was -- that's the purpose of liaison. The purpose of metaphorically being handcuffed to your ambulance counterpart is he's the man with the transport, he's the man who knows what the hospital situation report is.

Q. Before we leave this question of transport, and the evacuation of casualties, can I ask you this: from your oversight role -- and we understand that you, for the reasons you've explained, didn't have a particular sort of clinical role in any of the individual patients -- was it your feeling that the delay -- and I use that in

a neutral way -- the fact that there was a period of time between them coming off the bus and being in the courtyard and then being taken away by the ambulances, that their conditions deteriorated as a result of that period of time or not?
A. No, in a word. I said at the time to colleagues, when we were debriefing, what, 12.15, 12.20, something like that, "If you actually look at it, apart from those who had died, people who left us left us in better condition than they'd arrived".
Sam Ly, I accept, had become unconscious, but nevertheless treatment was in place, and it wasn't in place when he came through the portals of BMA House.
Q. Thank you.
A related issue is, as you say, the question of equipment. We've heard evidence for the last couple of weeks to the effect that there were limited supplies of those critical pieces of equipment -- fluids, giving sets, oxygen -- with occasional resupplies by means of the arrival of the odd ambulance or, on one occasion, I think, a police motorcycle bringing some fluids.
Again, from your sort of Command oversight view, what's your general recollection of the issue of the availability of equipment?
A. We'd nothing until about 10.10. If I remember rightly,

that first -- I think it was a rucksack that came in on by foot and, if I remember rightly, I think I sent a written note back saying, "Supply us and we'll cope". Then the police -- we got the police motorbike -- I can't remember what time he arrived -- with the fluids. Oxygen is another issue. Yes, it would be nice, but it's big, it's bulky, it's very easy to put fluids in a motorcycle pannier and ride.

Other stuff arrived pretty much with the ambulance response after that, as far as I remember, because every vehicle that arrived had got an amount of kit on it which you can use.

Q. The picture we have, then, is of starting from nothing, because the BMA is, after all, an office building?

A. Absolutely.

Q. But, over time, limited amounts of very basic equipment being available --

A. Yes.

Q. -- and being used and being resupplied again sporadically?

A. I can't comment about the resupply bit, because by the time we got, sort of, about 11.00, I think I don't remember people saying, "I haven't got". The "Can I have" was more "It's over there, can you get me one?", kind of thing, rather than "We haven't got".

Q. That's really the point I wanted to come on to. Again, from your oversight role, was your feeling, at the end of the day, that patients had been in need of certain treatments or pieces of equipment, let's say seriously in need of them, but because of the shortage of equipment, they hadn't been provided with them? Is that your memory?
A. You could argue that with any injured person from the moment of injury they need. There is a response time. You can't get round there is a response time. So I -- if what you're trying to lead me to say is "Did people die because of lack of kit?", I don't think so.
Q. Dr Holden, I certainly wasn't trying to lead you to say anything, but that's roughly, of course, the issue that we're interested in. Not perhaps simply, did people die because of lack of kit, but let me ask it in a slightly more general way.
Did you feel that any of the patients whom you had under your care, any of their conditions deteriorated significantly because you didn't have equipment that you would have liked to have given them?
A. In an ideal world, that's what you would have liked. But this was not an ideal world. It was force majeure. Maybe I'm hard -- you have to be to do this kind of work. I'm afraid, when you get an incident of this

variety, there will be casualties. You have to take the view, if you're going to get the best result that you can, of do the most for the most. And that really does mean prioritisation of what you do.

People die in the early stages from want of an airway and from catastrophic bleeding. If it's internal, out there, there's not going to be a lot you can do about it. If it's external, you can pressure it. But, you know, the question of fluids, very interesting. About that time, from 2002 onwards, and now it's changed completely, we no longer give gallons of fluids like we used to. It's small aliquots. So I think the issue of fluids is -- you know, we can have an academic debate about that until the cows come home. What mattered there was: did they have their airway maintained; did they have their immediate bleeding stopped; and did we then start to try to resuscitate them? But you don't try and resuscitate somebody back to normal blood pressure.

Q. I think the answer that you're getting towards is -- and of course you'll correct me if I'm wrong -- but just in the same way as you said, as far as the time it took to get them to hospital, you didn't feel that any of your casualties had significantly deteriorated because of that time, similarly, with the equipment, you can't

point to a particular casualty for whom you didn't have fluids and that caused real problems with?
A. No, absolutely not. You cannot say "Because X wasn't there, Y happened", no. This is a scenario where the demands exceed your assets. That is why your priorities have to change.
Q. In particular, in the case of Sam Ly, whom, because these are his inquest proceedings, we have a particular interest in, the position with him and equipment, was there any particular issue with him and the availability of equipment?
A. I don't think so, given the people we'd got on-scene. I can't remember completely, but I don't -- nothing struck me in particular that he might have benefited from that we could do on-scene. Different ball game in a stable emergency department, but not on-scene.
Q. Thank you. Going back to the chronology of the day, we've heard that the ambulances arrived some time before 11.00. Sam Ly, as you said, was the first, or one of the first, to leave.
Is it right that, really within quite a short period after that, the most seriously injured people in BMA House were then taken away to hospital?
A. That is correct, yes.
Q. In fact, did that mean that there were no casualties at

that point left in the BMA?
A. No. There were, I think, some priority 3s there, the walking wounded, and in fact I had a discussion with the AOM because we'd almost got the urgent stuff away, and it transpired that there were casualties in the County Hotel that were all priority 3, and recognising that, you know, ambulances were being used quite intensively, I said, "Well, why don't we bring them round here? There are doctors here, we've got some kit. You can then stand the County Hotel down and we'll manage it from here", and that's what happened.
Q. That's what you did. How long did that process take?
A. Not long. I think we had that discussion around 11.30-ish, something like that. Some time in the timeframe 11.25-11.40, that kind of time, and they were on us very quickly indeed, because, of course, the County Hotel is -- well, it's the next-door building. I can't remember how many were in that bolus of casualties, from memory. It's in the report. I think it was six, seven. We retriaged every one of them and I upgraded two of them -- two, maybe three -- and the reason was one of them was history of where they were at the time of the blast and I thought they could well be -- have potential covert blast injuries, and there were hearing problems, which is usually a sign that

there is blast injury, or potential for.
Q. Those casualties, though, were dealt with by you and, where necessary, taken away to hospital?
A. They all went to hospital. It was the order they went and I upgraded them.
Q. You mentioned the debrief that you conducted for those at the BMA House?
A. Yes.
Q. That was shortly after that, I take it?
A. Pretty well immediately we'd emptied the Hastings room.
Q. Yes.
A. Because my concern was I was going to lose my staff and then we'd lose information.
Q. I think later in the day you had to walk to a mainline train station and make your way home from there?
A. Yes, yes.
MR ANDREW O'CONNOR: Thank you very much, Dr Holden. Those are all the questions I have.
LADY JUSTICE HALLETT: Mr Coltart?
Questions by MR COLTART
MR COLTART: Doctor, I only have a few points of clarification, if I may.
Firstly, dealing with the question of oxygen, you said in answer to one of the questions which my learned friend Mr O'Connor asked you that oxygen would have been

nice but that it's more difficult to carry than fluids and so on because you're into, obviously, bulky cylinders and the like. Some of this equipment was arriving by foot, it simply wasn't practicable to bring it. But do we take it from that that you would have chosen, ideally, to have more oxygen at your disposal in that courtyard?
A. Yes, the teaching at that time was that a trauma patient needed 15 litres a minute of oxygen. Bear in mind a D-sized oxygen cylinder is about that tall, there's 30 minutes in there, if you're lucky, most of us work on 25. That would have meant for the time we were there, three cylinders per -- we would have needed 75 cylinders. You would have needed a truck to bring that.
Q. There are some trucks of that description available, emergency service vehicles, I think they're called.
A. There are now.
Q. I think we may hear later this morning that there were, in fact, some available then. But in any event, oxygen supplies in that quantity didn't make their way to you. There was some oxygen, I think, wasn't there?
A. There was some, but I couldn't give you a quantity.
Q. The Fire Brigade were able to provide some oxygen, we've heard about that. But in any event, more would have been welcome?

A. I think, yes, you can always say you can never have too much kit under these circumstances.

LADY JUSTICE HALLETT: You said the teaching then was for that amount of oxygen. What's the teaching -- obviously it's changed with fluids. What's happened as far as oxygen?

A. The British Thoracic Society have issued guidelines about the use of oxygen and, now that there's widespread pulse oxymetry available, you can measure oxygenation. In fairness, I think the truth is that a lot of people are still getting the full 15 and probably will do so until the paramedic guidelines change later this year.

LADY JUSTICE HALLETT: So it's now agreed you don't have to have the full 15?

A. Yes, and in fact, many of us in the immediate care world, simply because you've only got 450 litres in a cylinder -- the books may say, in an emergency situation, 15, but we'll back it off to 6 or 7 on the grounds of you need to stretch that out. What's the point of having somebody well-oxygenated for half an hour and then not oxygenated at all for the second half hour? You might as well stretch it out.

MR COLTART: Yes, of course.

LADY JUSTICE HALLETT: Thank you.

MR COLTART: I think we may hear some more on this topic from Colonel Mahoney on Monday.
LADY JUSTICE HALLETT: Thank you.
MR COLTART: As far as Mr Ly is concerned, again in answer to a question from Mr O'Connor, I think you said that -- you were asked, "Can you remember if he received oxygen?", to which you replied "No". Now, does that mean --
A. No, I can't remember.
Q. Right. You can't -- so he may or may not have done, but you can't recall?
A. I can't remember, because I was trying to keep an overview.
Q. Yes. You talk about him drifting in and out of consciousness by the time -- I think his last words were, as far as you were aware, "I want to go back to Australia", and at that point, he appeared to lose consciousness.
Was that a change in his condition from how he had been when he had first been brought into the courtyard?
A. Yes, that's my understanding. It was quite a sudden one because, if I remember rightly, Brian called me over and said, "Peter, I think he's deteriorating". That was one of the hardest bits. Brian is a long-standing friend and I said, "Brian, I'm sorry, my hands are staying in

my pockets because I've got to manage this, there are all the others we've still got to sort out. Do what you can, here are your priorities".

Q. In the circumstances in which Mr Ly had found himself, and given the change in condition and the loss of consciousness, that was suggestive of a possible head injury?

A. It could have been suggestive of a number of causes, including bleeding out.

Q. So presumably, and subject to the issue of ensuring sufficient hospital capacity -- and I'll come on to that in a moment -- he was one of those in respect of whom, if an ambulance had arrived at that moment --

A. He was priority --

Q. -- he would have been dispatched?

A. Yes. He was never other than priority 1.

Q. In relation to this issue of hospital capacity, you've mentioned Kegworth, of course, the air disaster of 1989 with the British Midlands plane landing on the M1. We all recall that very well. You made reference to a medical centre, was it the Queen's Medical Centre?

A. Yes, the main teaching hospital in Nottingham.

Q. Is this the hospital which became overrun because all the patients were immediately evacuated from the scene of that?

A. No, what happened was the priority 3s made their own way there under their own steam.
Q. I see.
A. The general teaching is, with priority 3s -- because they're, by definition, walking wounded. There are holes in that definition. You can be walking around with an axe in your back and 90 per cent burned, you're still priority 3 until we get order into the chaos. The general rule is, if they're walking and they're injured, they go into priority 3, into the casualty clearing station. If they're walking and they're not injured, they go to the survivor reception centre. Now, we didn't have the luxuries of all these things, but what you do is corral the priority 3s and put a doctor or a paramedic with them, don't let them escape, because if they'd walked straight round to UCH and flooded there, how are we going to have our first, nearest, major centre for our priority 1s?
Q. Exactly. So it's really a twin approach, isn't it? It's a question of accurate triage, prioritisation of patients in the first instance?
A. Correct.
Q. And, secondly, having accurate liaison and communication with the hospitals in the vicinity so that you can keep a roving eye on who's filling up, who's got capacity and

so on?
A. That's the ambulance -- that's the ambulance responsibility, to determine who goes where, and what generally happens is the ambulance Silver will talk to the medical Silver and they'll agree that looks like a priority 1, that's a 2, that's a 3, and then the provision of transport and where they go to is an Ambulance Service responsibility.
Q. It is, isn't it? Because, in fact, they have a hospital liaison officer, who's actually a member of the London Ambulance Service, who's dispatched, one to each of the hospitals in the vicinity, so that people like you at the casualty clearing station can contact that person through your Ambulance Incident Officer?
A. Yes, the ambulance would do that.
Q. So they can keep an eye on where's the appropriate hospital to take the patients to.
A. As the medic, my job is to sort out what's there, and ensure that I understand the Ambulance Service's problems, because one of the jobs you have in managing this is: you're not dealing with the here and now, you're dealing with where we might be in 15, 20, 60 minutes' time.
So that's the reason it's a two-way feed. But essentially, for want of a better concept, I would say

to the AOM, "I've got the following. Are you going to sort the transport?", and the answer will come back as a "Yes". Fine. That's that problem solved, from my viewpoint. But he may have to come back to me and say, "We've got a problem over this sort of capacity. So which could we hang on to if we had to?"

We weren't put into that position, thank Heavens.

Q. Just finally this, please, Doctor, if I may: you subsequently made a number of reports and, in fact, I think you have compiled a slideshow which you've used for a lecture tour which you've embarked upon in order to educate further people in major incident procedure, which has been extremely helpful, I'm sure. But you say in one of your reports:

"Comms every time is the problem. Look at any major incident inquiry report. This was force majeure and the cellphone cells were overloaded. Only BlackBerry worked and we didn't have one."

So to an extent at least, was it predictable that, in the event of an incident like this, there were going to be difficulties with the communication systems which were in place?

A. The scenario -- when I talk about "at any incident" you look at, for instance, the Hillsborough report, communications were lost in situ there because one radio

for 10 police officers and no earpiece, so you couldn't hear above the crowd. If you don't have communications, it will all fall apart.

The issue you have -- we had at BMA House was -- and I've had it changed -- was somebody threw the switch to the telephones when they left the building, so I didn't have the dial-out codes, so effectively I had no landline. The other issue we had was it was probably an overvalued concern about the question of mobile phones and triggering bombs.

Q. Yes.

A. But nevertheless, bear in mind that bus was, what, 15 metres from us ...

Q. You say "overvalued concern", that's with the benefit of hindsight, of course.

A. No -- yes, it is with the benefit of hindsight, but equally, there comes a point where: how are you going to manage without comms?

Q. Yes.

A. Nobody would have known we were there, except for the fact there were policemen there, but fortunately, there were people there, so the message had got out there were casualties in BMA House, but communications are always a problem, mobile phone cells overload, we all know that on New Year's Eve.

Q. Yes.
A. The problem is people's -- what's -- people naturally pick up the phone to tell their loved ones "We're okay", or "We're not okay", but mobile phones are not something any of us rely on. We learnt that lesson from the Lockerbie disaster, simply because the cell was small and the press turned on their mobile phones and left them running from Manchester until they got there, so that they got the cell. So you cannot rely on mobile phones.
Q. It's important, of course, in circumstances where it's wrong to rely on mobile phones, that you've got adequate backup in forms of communication whether it's radios or landlines or whatever it might be?
A. Yes, there's got to be some secure communications.
MR COLTART: Thank you very much.
LADY JUSTICE HALLETT: Ms Gallagher?
Questions by MS GALLAGHER
MS GALLAGHER: Dr Holden, I represent two bereaved families at Tavistock Square. One family, their son was killed outright on the bus and, the other family, their daughter died on the pavement outside. So plainly, you at no time will have seen or dealt with either of those people, but I do have some questions about the general scene.

To put it into context, a number of my questions relate to the fact that the girl who died on the pavement outside, the lady who died on the pavement outside, we've heard no evidence of anyone declaring life extinct in respect of her. We have heard evidence confirming that she was alive for a period of time after the bomb and she's then covered up by someone who can't recall whether he checked her. So I do have some questions to try to get a sense of your impression of the scene outside from your management role inside. You obviously at no point go outside the courtyard. You're in the building and then in the courtyard and, at one point, you attempt to go out and you're stopped. Is that right?

A. That's correct.

Q. You plainly were performing this role of Medical Incident Commander, or we've heard the other types of terminology which can be used for that role. In the initial stages, whom did you understand to be performing any form of command role outside?

A. I had no idea because I was not able to go outside. Given the fact that the police were there, the police are in overall charge, unless there's a chemical problem, in which case it's the Fire Service.

Q. From a medical point of view, your best contact was the

most senior ambulance person, the helmeted person whom you've referred to earlier?
A. That person that I spoke to was inside the BMA curtilage.
Q. Inside the BMA building?
A. Yes.
Q. So you didn't have any contact with, in those early stages, medical personnel who were working outside?
A. Only in the sense that they then came inside to give us a hand.
Q. Could you assist us with this, Doctor: do you recall at what point you understood there was someone from the London Ambulance Service performing a command-type role?
A. As far as I was concerned, the first time a command role came in was at 10.40 when the AOM arrived.
Q. Could we have [INQ8941-5] on screen, please? It's paragraph 67, Doctor, of your report which you've very helpfully made just a few days later --
A. Yes.
Q. -- where you describe immediately trying to find the most senior ambulance person present.
A. Yes.
Q. It's the person you referred to earlier. You'll see in capitals you say:
"It transpired that the paramedic officer was

actually in clinical charge (most confusing). I made myself known to him, but he was occupied with clinical care of a patient rather than managing the scene."

You estimate there that it's not to become clear who your ambulance liaison link was for approximately another 20 minutes. Is that right?

A. That's correct.

Q. Can you just assist us with some more details about the general scene? It was a very hot day?

A. I think it was about 30 degrees.

Q. You describe in your report how, because of the heat, a lot of you were in shirt sleeves --

A. Yes.

Q. -- which understandably means you don't have pens or paper on your person.

A. I didn't.

Q. So as well as the lack of equipment which you've referred to being hampered by that, you don't -- you and a lot of your colleagues don't even have the basics to take records or note things down?

A. No, but downstairs there were stationery items. Once we got our act together, I got the catering manager to go round and find a few things.

Q. You also describe in your report how, very understandably, you don't have a tabard, so although

you're performing this quite important role, you don't have a ready means of being recognised by others?
A. To externals, no. To my colleagues inside, they knew exactly who I was.
Q. That's clear from your report, but also, of course, from their evidence, where it's very clear that they were looking to you to command. But did it mean that you had to duplicate your explanations to arriving personnel?
A. Yes, that was almost one of the most exhausting things, because, of course, when people arrived on the scene, they wouldn't immediately see who was obvious, and it did cross my mind at the time, how could I make myself more obvious, and I couldn't think of any reasonable way of doing that. And, in fact, I think that's why a couple of people probably got transported, whilst I was walking the ground, as it were, by the first two ambulances. I think they saw the first two on the ground and picked them up.
Q. Presumably, Doctor, that was quite frustrating, having to repeat yourself when there was so much to be done at the scene?
A. It was, which is one of the reasons why I manoeuvred to myself to what was the old Hastings room in the BMA House, which was where I could see -- there was -- there used to be a window straight on to the rear

archway, so I could see what was going on.
Q. Thank you. Can we have INQ8941 [INQ8941-8] back on screen? It's page 8, please. Down towards the bottom of the page, it's point B.
Dr Holden, we obviously understand that BMA doctors -- and, indeed, non-medical staff -- did incredible work that day, and you've described very vividly in your evidence already a friend stepping up to the plate, as it were, and inserting a drip very professionally, despite having not done it for decades.
I just want to clarify this. This is from your report made a few days later. You say:
"Apart from myself, there were no doctors with current active experience of trauma and I was the only doctor with any pre-hospital emergency medicine experience or major incident management credentials."
Is that right?
A. Yes, you'll see in the report annex the only doctors listed there are the people at BMA House. I did not list the Royal London HEMS crews that were there, because, at the time, I couldn't remember their names. Sorry.
Q. Absolutely no problem. Can we go over the page, so it's to page 9 [INQ8941-9], it's E. You say here, Doctor:
"There are risks to a strategy of utilisation of

such personnel who are bystanders and who were inevitably not equipped to be out on the street but their skills were of use in the controlled environment of BMA House."

A. Yes.

Q. Could you just elaborate on that, just tell us what you meant?

A. The practice of pre-hospital emergency medicine is not just medicine carried out outside. You have to understand interservice cooperation, you have to understand logistics, you have to understand that the street is a dangerous place, and you have to understand that actually trying to work on the floor is like trying to eat your dinner off the floor with a knife and fork, it's a very different ball game.

To have people who are not familiar with -- never mind the bomb, but just a wrecked vehicle, they would not understand the hazards of working around a wrecked vehicle. It just would not be right. On top of which, out there was uncontrolled. Although the police had got a cordon there, you'd no idea who was there. Within BMA House, we had got people.

Now, it would have been proper, had we not been able to identify who we were, for us to have been told "Go".

Q. Of course.

A. How the public would have ever understood that, I do not know, and that was a very conscious decision I took.
Q. So, Doctor, those non-specialists, you were able to utilise their skillsets within that controlled environment, there would have been extreme difficulty in using their skills on the street outside?
A. I'd have had geographical difficulty, never mind professional difficulty, yes.
Q. Thank you very much. That's very helpful.
Just two further brief matters. You've mentioned getting triage cards at some point earlier in answer to questions from my learned friend, Mr O'Connor.
A. Yes.
Q. In that report -- we don't need the reference on screen -- you estimated you received them at about 11.00 am, and in an article in the New England Journal of Medicine, which you wrote, which I've seen, you refer to receiving them at 11.10 am?
A. I think that's a typo. I think, in fact --
Q. So you think about 11.00?
A. I think it was about 11.00 and, also, the actual article was edited. I did submit my original manuscript with it, so I would have run by the original manuscript.
Q. Of course. So it's about one and a quarter hours post-explosion before you get triage cards?

A. Yes, but that -- I wouldn't put any aspersions on that.
Q. You also say, Doctor, on this point -- it's [INQ8941-11], it's point P. You explicitly say:
"We did not have triage cards for the first two patients evacuated."
Is that right?
A. They were the two that were just taken whilst my back was turned, as it were, yes.
Q. Then there's just one final issue, it's page 11, it's point N. Doctor, here you talk about the removal of patients by ambulance crews from BMA House without reference to you in the early stages, and you say:
"There seemed to be a definite load and go mentality ..."
Then you describe having to point out that those in the courtyard weren't priority 1s for transport but priority 2 --
A. Yes.
Q. -- and it's those in the Hastings room who were priority 1.
A. Yes.
Q. Again, could you just explain what you mean by that comment in point N?
A. I think the issue was that the first ambulance I think arrived, from my recollection, before the ambulance ops

manager, and so, therefore, in the absence of me having a tabard or other identifying thing, the ambulance crews just walked in, saw what they saw, collected them and went, and that's part of the reason you need a command chain. You actually need somebody to be able to turn to people and say, "No, this isn't the priority, that's the priority. Please do that".

Q. Doctor, you didn't get a sense that that first ambulance crew were assessing the scene overall, you got the impression that they were coming in, dealing with people whom they saw, and that's what you mean by "definite load and go mentality", is it?

A. I think we need to be fair to the ambulance crews. Most people, even if they're trained for this work, will go through a whole career without ever having a real major incident, and I'm afraid also most people will go through their careers with, if they're lucky, doing a real live exercise as opposed to a table-top, and it is one of the lessons that's been learned from this, and so, can you blame them? That's why you have Commanders, to say, "No, that's your priority. Do it".

MS GALLAGHER: We can see you do make a number of references in your report to the fact that there are a number of lessons you want to be learnt in private, you don't want to make public criticism of anyone. We certainly

understand that, Doctor, but I think I understand the point you were making in point N and the concern you were raising.

I've nothing further, thank you very much.

A. Thank you.

LADY JUSTICE HALLETT: Thank you, Ms Gallagher.

Mr Saunders? Ms Sheff?

Questions by MS SHEFF

MS SHEFF: Dr Holden, as your role entailed Silver doctor, it seems that that extended really to the casualties who were within the BMA curtilage?

A. Correct.

Q. You didn't go out and you only had contact with those medical staff who came back in and gave you reports?

A. I think that's correct.

Q. So how was it determined which doctors would deal with those casualties outside of the BMA courtyard?

A. As I understood it, those that were alive were already in there by the time we'd actually got our heads round what we'd really got. As to what time that was, I couldn't put a time on it.

Q. So they'd already come down into Tavistock Square and sorted themselves out before you had left the BMA building because you had to stay behind?

A. I was never able to leave the BMA building.

Q. No, because you weren't allowed to evacuate yourself, as it were --
A. That's correct.
Q. -- until such time as it was considered safe?
A. Correct.
Q. So was it the case, then, that those doctors made the clinical assessment on saveable life?
A. No, no, I think the view was that anybody that was living was moved in because it was safer.
Q. But it was the doctors who were outside in Tavistock Square who decided that and then brought them in to you to be dealt with and assessed further?
A. By the time I got down there, I think we've already established it was probably 10, 12 minutes in, those that were coming in were in, as it were, and by that time, the focus of medical attention was inside the curtilage of BMA House. So I think it's reasonable to assume those that they thought were dead were dead.
Q. Yes, and obviously you never got the opportunity to see those --
A. No.
Q. -- casualties, you obviously took their word for it, as it were?
A. Well, as I was not going to be allowed outside, I had to.

Q. Do you know a doctor called Julia Phillips?
A. It's the one name that doesn't ring a bell. It doesn't mean that I don't. I'm afraid there are still serious problems with time compression on that day, and ...
Q. Yes, and of course you might have spoken to doctors about casualties, you wouldn't have known their names, necessarily?
A. That is true.
Q. Do you remember anybody discussing with you a casualty who was a middle-aged gentleman who was face down in the area around the taxi in Tavistock Square?
A. I can't remember that.
Q. I ask you that because I represent his family, Giles Hart. He was assessed by Dr Julia Phillips by taking his pulse, but nobody seems to have pronounced life extinct on him. I assume that would have been part of the same process, would it? Rather than a formal pronouncement of life extinct, the fact that there was no pulse would have effectively, in those circumstances, come to the same effect?
A. If he was a properly registered medical practitioner, I would have hoped so, yes, they would have checked that through, yes.
MS SHEFF: That's very helpful. Thank you very much, Dr Holden.

LADY JUSTICE HALLETT: Dr Holden, you mentioned the obvious importance of interservice or inter-organisational liaison on a major incident. Has anything specific changed since 2005 about interservice, inter-organisational, neutral training, liaison or anything of that kind?

A. Not as I remember particularly. I think that timing was when we were already realising there had to be better cooperation. To say it was happening by osmosis implies it was too passive. It wasn't, it was better than that. But there have been minor tweaks, for instance to nomenclature and stuff like that, we're trying to get a uniform type of nomenclature so that everybody knows what we're talking about, so that when these things do occur, as they seem to manage to do close to administrative boundaries, if you've got two services operating, you're all using the same language, and the same kit. Inter-operability is a big issue.

LADY JUSTICE HALLETT: Are they using plain English?

A. Yes, that's a good question. The problem -- it depends in what context we're asking about. It really does depend, and I'm not trying to be evasive, but I mean, I keep saying one of the reasons I learnt 8,000 new words in my first year at medical school was so I could say in two words what would take half a page of A4 to

say in plain English.
LADY JUSTICE HALLETT: Sometimes it's the other way round.
A. I accept that, I accept that, my Lady.
LADY JUSTICE HALLETT: One of the reasons I ask is, for my part, I've found the way people are described, the various hierarchies, very confusing.
A. Yes.
LADY JUSTICE HALLETT: It may well be that, once you've been trained as a firefighter or an ambulance or policeman, whatever, you understand the ranking, but for outsiders, I would have thought it's very difficult.
A. Yes, I mean, it was a learning point, I remember it on my first MIOs course, you know, having to learn all of that. But at least we call them the same things now, we're even trying to get them called the same things across the border with Scotland.
LADY JUSTICE HALLETT: That's still -- by the sounds of it -- an ongoing process?
A. I haven't looked at it, I'm afraid, for two or three years. I'm trying to close some of this out and box it out, and there is an element of I don't want to go there. I suspect I will go back and have another look.
LADY JUSTICE HALLETT: Any other questions for Dr Holden?
MR COLTART: My Lady, I omitted to deal with one issue --
LADY JUSTICE HALLETT: Very well.

MR COLTART: -- and one document, forgive me for that.
Further questions by MR COLTART
MR COLTART: Could we just have LAS704 on the screen, please, at page 17 [LAS704-17]?
Doctor, this is an email which you were sent on 10 July by Dr Roger Chapman, who was one of the other doctors who had been at the BMA with you that day. There's just one portion of it I want to ask you about. Can we highlight the top half of the page, please? Just going a little bit further down. That's fine.
Do you see the paragraph beginning:
"There is one thing I would like to take issue with ..."
A. Yes, that was not me that wrote that.
Q. No, I appreciate that, and your part comes a little further down in italics, I think, and we'll get to that point in a moment.
A. Yes.
Q. What Dr Chapman said in his email is:
"There is one thing I would take issue with in the general publicity and that is that everything about the emergency response swung into place smoothly (can it ever in a situation like that?) and the general sense that it would be hard to improve upon it. It might just have been my perception in a very stressful situation,

but it seemed absolutely ages before any trained paramedics and, perhaps more importantly, the necessary crucial equipment, especially giving sets and IV fluids, oxygen and cervical collars, arrived on the scene. This might be considered inevitable when the blue light services were clearly already extremely stretched and it might also be that my perceptions of time are not borne out by reality, but I wonder if there is room for a ... post-mortem on this ... to share experiences", and so on.

Then am I right in assuming that what follows next in italics is your comment on that observation?

A. That's correct.

Q. Where you've said:

"There was gridlock around BMA House/Euston Road. I will get the LAS times eventually, but there were 7 scenes in action and crews were properly told not to advance until the risks of a secondary device had receded. By my reckoning, and I didn't have my watch on, we got first drips and oxygen after about 30 minutes [and] we had reasonable quantities of supplies by 45 minutes."

Then:

"Even under exercise situations, the first hour is chaos, the second hour organised chaos and only in the

third hour does some form of order begin to take a hold."

Does that assist us in terms of a relatively contemporaneous note of the timings in terms of when things started to arrive?

A. Yes, in the sense that 30 minutes after the blast would have been about 10.15, so we're talking 10.10, 10.15 and 45 minutes is sort of half past the hour kind of territory.

Q. Yes, and your understanding at the time was that the reason for the delay was because of the gridlock and the traffic which surrounded the immediate area of the BMA and Euston Road?

A. Yes, and if I remember rightly, the ambulance person that brought the first bag of kit actually said to me, "There is gridlock", because I said to him, "Where have you come from?", and I think he said to me, "Euston Road. It's gridlocked".

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

LADY JUSTICE HALLETT: Dr Holden, that looks as if it's all the questions we have for you. I don't know if you've been following the transcript, but I have been enormously impressed -- I'm sure we all have -- by the skill and expertise of those who specialise in emergency

medicine. We're all of us fortunate that there are doctors like you, who, by the sounds of it, give up their so-called spare time to develop this as a specialism and obviously we know that all the victims of the bombings were extremely lucky to have the likes of you around prepared to step in and behave as you did.

A. Thank you.

LADY JUSTICE HALLETT: Thank you.

MR ANDREW O'CONNOR: My Lady, would that be a convenient moment?

LADY JUSTICE HALLETT: Certainly.

(11.16 am)

(A short break)

(11.30 am)

LADY JUSTICE HALLETT: Mr O'Connor?

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

DR TIM RICHARD EDMUND HARRIS (affirmed)

Questions by MR ANDREW O'CONNOR

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

A. My full name is Dr Tim Richard Edmund Harris.

Q. Dr Harris, in July 2005, you were a consultant in emergency medicine and pre-hospital care at the Royal London Hospital?

A. That is correct.

Q. Do you still hold that position?
A. I've modified my job plan to include some intensive care at Newham Hospital, but otherwise, yes.
Q. In 2005, you spent at least some of your time with the Helicopter Emergency Medical Service which was based at the Royal London Hospital?
A. That is correct.
Q. Again, do you still do that?
A. I work part-time with London HEMS and the remaining time in the Royal London Hospital, emergency, and Newham, intensive care.
Q. Thank you. Doctor, on 7 July 2005, you were involved as part of the HEMS response to the bombings on that day and, in particular, you were deployed to the Tavistock Square bomb?
A. Correct.
Q. Doctor, we've already heard evidence from one of the other members of your team who was deployed on that day, a Dr Teasdale, and you'll forgive us if we therefore take some of the factual content of the events of that day quite quickly if I take you through that evidence. We've heard that, by great good fortune, on the morning of 7 July there happened to be one of your regular clinical governance meetings at HEMS?
A. That's correct.

Q. The consequence of that was that a large number, if not the totality of those currently at the time involved with HEMS, were all gathered together at the Royal London Hospital?
A. That's correct.
Q. That meant that, as the reports started to come in of incidents around London, there were a large number, certainly larger than would otherwise have been the case, of HEMS personnel able to be deployed to the different scenes?
A. Yes.
Q. You were not one of the first teams to be deployed, and initially you have described in the statement that you gave assisting at the Royal London preparing equipment for those who were being sent out?
A. On the helipad, not in the emergency department, we were up on the helipad at the business meeting that precedes the governance day.
Q. I see.
A. So when we got an evolving story of what was initially given as a power surge and later became -- later, we became aware that it's the tragedy we're all here to learn about. So the initial thing we needed to do was equip a large medical team with sufficient drugs and equipment, and I was one of the more senior doctors, so

myself and a couple of the others with Dr Weaver, who's one of the other HEMS consultants, set about mobilising major incident equipment, which in HEMS is very quick because there is a capacity built into the service to deal with major incidents. So this process is minutes. I can't quote an exact time, but we probably spent the first half an hour just bringing the bags out, getting into the major incident cupboard, drawing up extra drugs, pulling out extra splints.

Q. Yes. Doctor, could you try to keep your voice up, please? The microphone in front of you doesn't actually amplify your voice, and the room is a large one and there are some people sitting a lot further away than me.

As you say, then, your initial role was to prepare the equipment while others were being deployed by helicopter?

A. Yes, and teams were selected out of that group every few minutes as the number of scenes became clearer and the requirements of each scene became better understood.

Q. Quite. There came a time when you were selected as part of a team that was deployed to Tavistock Square?

A. That's correct.

Q. The team consisted of you, Dr Teasdale, as a registrar, and Robert Gates, who was a paramedic?

A. That's correct.
Q. We've heard from Dr Teasdale that his, in fact, contemporaneous note showed the time of deployment as 10.02 that morning. Does that, broadly speaking, accord with your memory?
A. Yes.
Q. He told us that you were deployed by car rather than by helicopter simply because of the lack of availability of the helicopter?
A. The major role of the aircraft during a major incident is that of resource deployment, be that the medical and paramedical resource or equipment, and we have cars as part of the service and it was logical, since we were going to an incident that was above the ground and, we felt, within close driving distance for us to drive down there.
Q. Yes. So that is what you did. Dr Teasdale described how you arrived at Tavistock Square at about 10.20.
A. Correct.
Q. He also described how you initially arrived outside the cordon within view of the bus, but you were then directed round the back of the BMA building into Burton Street, and he recalled the fact that you had entered the BMA building through the back gate from Burton Street?

A. That is correct.
Q. He couldn't recall whether your vehicle had actually driven through the gate into the courtyard or whether you'd parked outside and walked in?
A. We pulled up, drove through a small gate, were allowed through, and my recollection is we parked just inside. That meant that our car was immediately visible and the bulk of our equipment was as close to us and the casualties as was practical.
Q. We've heard from Dr Holden this morning that, by the time you arrived -- that is about 10.20 -- he had gone down into the courtyard and taken control as Silver medic, if that's one of the possible titles one might give him.
A. That is the correct title.
Q. It was then the correct title. Whether it is now may be a different matter. You describe in your statement speaking to him very shortly after you arrived.
A. Yes, the first -- when HEMS are deployed, as the most senior member of the HEMS team, our role is to enter that of Silver and the first job is to meet the Silver representatives of the Fire Service, the Ambulance Service, the police service. In this case, rather uniquely, the incident occurred in a medical administrative facility, which meant there was -- it was

very, very lucky, my work had been done, largely, by Peter, who had, I think, made absolutely magnificent efforts at organising a group of doctors and staff members to move those casualties and, actually, the infrastructure -- and by that I mean a casualty clearing station, a route of access for the ambulances, and the cordons to make, in this case, the bus safe and then the area around that safe for to us work in -- had been put in place.

Q. Yes, so just to be clear, the role that you were intending to fulfil, and did fulfil when you arrived, was, in fact, already being performed by Dr Holden?

A. That's correct, which is why in my statement I said I took the joint role -- this is not normally what we would do, but I was faced with an experienced pre-hospital practitioner who had geographical knowledge of the building which we were using and personal knowledge of resources, the medical resources. I'd never been in that building and I didn't know those doctors. I trained in Australia, so I was reasonably close -- reasonably recently arrived in the UK.

So it seemed logical and the best use of resources for Peter to continue in organising the structure and for me to meet Silvers, to get an understanding of the scene, to make an assessment of the resources that

needed to be brought to the scene and then to start to think about the dispersal of the casualties to the hospitals and then to relay that information back to the coordinating centre, because, of course, we were well aware there were other incidents, but I didn't know to which hospitals the casualties had gone or the extent of those other incidents.

Q. Yes. You describe then the particular function that you were to fulfil as assessing the resources that were to be needed and also giving consideration to the dispersal, as you put it, of the patients from the casualty clearing station to hospitals.

How did you go about that task and, in particular, whom did you liaise with?

A. So I met with Peter, I had a handover for some minutes, I then approached the cordon to look for the senior police and fire, I was unable to find the senior police and fire, and there was a policeman, whose identity I don't know, who was at the cordon, the front of BMA House, the cordon, to the bus area. I had a conversation with that policeman, learnt that I was unable to go into the cordoned area because there was a question of a secondary device, and he confirmed what Peter had already alluded to, that there were believed to be no live casualties within the cordon area.

I was unable to speak to fire services who were engaged in their professional activities. I then tasked Ben, my registrar, to deal with an immediate casualty, and the paramedic I had the pleasure of working with to go to a second scene to make an assessment there.
I briefly walked round the scene counting up the number of casualties, getting an idea of the resources in place. I then tried to make a report to Gold with my mobile, by radio and with landline, and as has been, I'm sure, discussed extensively in this room, I was unable to access communications either to my parent hospital, to the coordinating desk of London HEMS, or to Gold at the LAS.
Q. Can I just pick you up on a few of the points you've raised, then?
A. Please.
Q. First of all, you refer to the fact that you tasked Dr Teasdale with treating a patient.
A. Assessing a patient.
Q. I'm sorry, assessing a patient. We've heard from him, and this morning from Dr Holden, about that patient -- that patient was Gladys Wundowa -- and we've heard how, when Dr Teasdale arrived with her, she was very shortly thereafter to be declared dead.
Did you have any particular involvement in her case?

A. Not at all. My -- I apologise if this sounds callous to the relatives, but when you have a large number of casualties, your job, in a Command structure, is to do the most you can for the most people, and, therefore, to assess the needs of the scene, the scene being the casualties, the risk, the resources, and then maximise the resources or -- I'm sorry, that's not true. Try to match the resources to the needs of the scene.
So my role was not clinical, it was managerial.
Q. No, and moreover, I take it that you had no reason to think that Dr Teasdale couldn't deal with the situation himself?
A. I'd had the honour of working with Dr Teasdale as a registrar in emergency medicine at the London hospital for some years before he joined us at HEMS.
Now, he was reasonably new in the role of HEMS, but he was a doctor considerably experienced in the management of major trauma. The Royal London Hospital has a proud track record of dealing with major trauma and has been a de facto trauma centre for many years, and now, of course, with the system in place, is one of the four formal trauma centres for London.
Q. Yes.
A. I knew his skills were absolutely superbly equipped for managing a patient with traumatic injuries.

Q. Indeed. Let me ask you about another of the matters you mentioned, please. You described attempting to go out into the square and, in your statement, you give a little more detail. You describe how you, in fact, made a request to go on board the bus. Could you actually see the bus from where you stood in the courtyard?
A. I could see, in part, the bus.
Q. You had, of course, seen it earlier when you were driving in the square?
A. When we were trying to drive there -- you described how we were directed round the back, so from a distance of some 100, 150 metres, I'd had an idea of the scene.
Q. We take it that you were aware, then, that there were still on board the bus casualties?
A. That's why I asked if it was appropriate for me, as a pre-hospital doctor, to make an assessment of any potential casualties on the bus.
Q. Is this a matter you raised with Dr Holden or with the police at the cordon?
A. Dr Holden had given me a handover but I raised that matter again with the police. At a major incident, we try to gather information, and experience has taught me to try to gather information from as many resources as possible. As I say, we meet with the other Silvers, but

that policeman, because he was at the cordon, may have been able to provide information in addition or perhaps more up-to-date than that of Dr Holden, who had been making an excellent job of organising the resources within the BMA House.

Q. I see. Now, the position was that you were not permitted to go on to the bus?

A. I was told there was a question of a secondary device, and, therefore, that the area within the cordon was not declared safe for me to enter into the cordon to assess the bus or the area immediately around the bus, as is completely appropriate, and --

Q. Quite. We understand, then, do we, that you were told that you weren't allowed to go and do that task. Were you told whether other people had already performed that task or something akin to it?

A. Something akin to it. I can't quote the exact conversation after the time period from 2005 until now, but I then had Dr Holden and the police officer whose identity I don't know, but both providing statements that there was no evidence that the bus or the area around the bus contained any casualties that had signs of life.

Q. The immediate reason, as you've explained, why you weren't permitted to go on the bus was the fear of

a secondary explosion.
A. That's what was relayed to me.
Q. We know that, shortly after that, the fear of such an explosion was at least diminished when a controlled explosion took place?
A. Yes, I wasn't completely aware of that at the time. By the time the controlled explosion took place, I was away from that area. I can't tell you whether it was five, ten, fifteen minutes, but at that time, I'd completed my primary assessment of the scene and was trying to communicate with the Gold structure that I've described earlier.
Q. I'll come back to that in a minute, but before we leave this point did you or any other member of your team, so far as you are aware, repeat that request to go on to the bus or to go into the square after the controlled explosion had taken place?
A. No, I didn't.
Q. Why was that?
A. Because I trusted the opinion of those around me and, as I collected my information from the scene, I'd learnt that the fire people had been in and that I was given a reasonably graphic description by numbers of people, as I collected information, that let me conclude that I would have nothing to add by going on to the bus and

that the most useful thing I could offer was the skills of assessment and communication of the scene as it was.

Q. I see. Let's turn, then, if we can, to the point that you've made about assessing and then communicating your assessment.

As far as assessing is concerned, you've described how you walked around the scene, you've obviously spoken to Dr Holden. Did you also speak to, for example, anyone from the London Ambulance Service?

A. That was later. I mean, yes, I did, but not in that initial period. I had a very brief discussion, and I can't recall the identity. There wasn't a Silver role paramedic in place at that time. I had a brief conversation but I can't recall the details of that conversation, but that was some 15 minutes after the arrival.

Q. I see, and it was within a shorter time period, was it, that you had made your assessment and tried to make that first communication?

A. Yes.

Q. Could I just ask you to look at a document, please? It's [BARTS13-1]? I don't know if you've seen this document recently or, indeed, if you've ever seen it. They are notes of a debrief, a HEMS debrief, that took place on the same day, in fact later on 7 July.

A. I was present at the debrief.
Q. You were present at the debrief, we know.
A. I don't recall seeing -- I'm sure I have seen this because we spent a lot of time going through the incident. I must say, looking at it, I can't sit here and say "Oh, yes, I remember this".
Q. You certainly haven't seen it recently, perhaps.
A. That's correct.
Q. We see your name, some way down on the left-hand side there, simply to confirm that you were at the meeting.
A. Yes.
Q. Can we look at page 3 of this document [BARTS13-3], please? At the very top. The way this document is set out, Doctor, is that there is a series of bullet points that appear to reflect contributions made by the various people at the meeting.
A. Yes.
Q. We see your name at the top there, the very top: "Tim Harris: was at BMA House [we know]. Clear Silver control but unable to get through to Gold for resources."
A. That's correct.
Q. That's your contemporaneous record of the problems you've been describing this morning, I think.
A. Yes.

Q. You say there "unable to get through to Gold". I think you've given us a little bit more detail about what you meant by that this morning. What you meant was any Gold, any species of Gold?
A. The statement "Gold" there refers to the Command structure within the ambulance headquarters at Waterloo but, because I was unable to get through to Gold, I tried to ring the Royal London, the largest trauma centre, and I needed to know what pressure they were under from the other sites, and then HEMS control room, because I knew Dr Weaver, one of my very experienced colleagues, was coordinating the HEMS response from there.
Q. Doctor, how was it that you were unable to get through? Was it that your radio wasn't working?
A. Radio was working, couldn't get a response.
Q. Pause for a minute. We may not fully understand what you mean by that. Was it that you felt your radio was working but that perhaps the channel was so busy that no one was answering your call?
A. That's correct, and I -- at HEMS team we carry a dedicated mobile, plus my own mobile, and I was allowed to use the phones at BMA House and I actually spent most of the time on the landline because I felt that was the resource that was least likely to be

jammed.
Q. So you were trying -- when you say the landline, you were calling from your mobile to the landline?
A. Sorry, I tried with the radio briefly, I tried with the mobile phone briefly, I then used a telephone which was -- if I remember, the bus was in front, and there was a building to my left, I'm not -- I don't know the structure of BMA House, but one of the -- I don't know, again, if she was a doctor or secretary -- took me into a room on the left and gave me access to a desk and phone, and I spent quite some minutes trying a variety of numbers to put a report in.
Q. Again, was the problem -- the device was working, was it, it's just that you couldn't obtain anyone at the other end?
A. Initially, no; later, yes, no reply.
Q. It must have been extremely frustrating?
A. Yes, it is frustrating, and Peter's already alluded to communication being a feature -- or problems with communication are a feature of the vast majority of major incidents.
Q. Did you ever, in fact, manage to get your message through?
A. Later on, yes.
Q. How much later on?

A. Around 11.15, 11.30, because we then went down, met up, went down to the second site, came back and we were then able to get through and say that we were available. I'm afraid my memory's hazy whether it was me, my registrar or paramedic colleague that actually made that call, and I'm sorry I can't give you factual information.
Q. No, let me come back to this first call, the one you wanted to make perhaps an hour earlier than that, shortly after arriving at the scene.
Could we just have another look at the document, please? The word you used there was "resources", "unable to get through to Gold for resources".
A. Yes.
Q. It appears that the message you would have sent, if you had been able to, was to do with equipment or ambulances or personnel that you had assessed needed to be brought to Tavistock Square?
A. The main thing -- the answer is "yes", but the main thing I would like to have known at that stage was how many ambulances had been tasked, what hospitals in our area had taken what casualties from other scenes, so I could join my colleagues from the London Ambulance Service and assist with the triage and loading of the casualties and make sure they went to hospitals that had resources to deal with them.

The court's heard in some detail the importance of not overloading an individual emergency department, and we are very well-resourced in London by the number of hospitals we have packed into the central area and, therefore, I had a number of resources at the disposal of myself and my colleagues and we needed to match our patient load with those resources.
In order do that, I needed to have a conversation.
Q. You mentioned in answer to my question one of the things you would have wished to know is how many ambulances had been tasked.
A. Yes.
Q. It's implicit your assumption was that, by that time, some ambulances had been tasked. It was just a question of how many and whether it was enough.
A. If I may, I didn't make the assumption that they had. If I recall -- and I'm hazy on this -- around this time an ambulance had arrived and casualties were starting to be loaded, but I was in a building, so I wasn't able to see that. That was relayed to me, and I can't remember if someone came in when I was on the phone or I popped out between phone calls, but I was aware that the resource of the LAS was in motion, but what I didn't know was how many, what time and where to go.
Q. As you put it, the resources of the LAS were in motion,

they were all clearly aware of the incident?
A. Indeed.
Q. It's right, isn't it, that it wasn't part of your job to request ambulances be brought to the scene, you were assuming, reasonably, that the LAS would themselves have been tasking ambulances to come?
A. I think the word "assuming" I would, if I may, with respect, take some task with. I tried to assume nothing. I wanted knowledge of that.
Now, seeing an ambulance come, it's a logical conclusion that there is some knowledge at the tasking desk of the incident, but I didn't know what level of knowledge the tasking desk and Gold had and I didn't know their response.
Q. In fact, as you've described, that discourse that you wanted to have on a number of issues about resources at about 10.30 or thereabouts --
A. I suspect a little later, maybe 10.35, 10.40 --
Q. Sure.
A. I'm a little vague on times because I was trying a number of different -- initially, the phone didn't work and then the phone did work, so that process, 15 minutes perhaps. We could be half an hour or 35 or 40 minutes in now.
I'm very sorry to be vague with the timings. I did

make an effort on the day to write it down, but there's a matching of your recording, which is important, and your doing which is also important.

Q. Yes. Please understand, Doctor, we all understand that there's simply no way of being precise about most of the timings at this distance in time, and, as you say, this event was not one that was over very shortly, there was a period of time within which you were trying to make these calls, but the net result of it all was that you simply weren't able to have that communication?

A. No. So after a period of trying, I felt I should return into the scene, regroup with Ben, with Peter and Paramedic Gates and just see if there was something further I could offer and, of course, reassess the scene, reassess the casualties, reassess the ambulance response, meet up with the police and the fire. Again, I was unable to meet up with the police and fire. So I concentrated then on the casualties.

By this time, they had been removed -- there was a room further into BMA House, I can't quote the name of the room, but most of the casualties were then in there, and I joined Ben and we just quickly walked through the room, looked at the resources and -- I mean, we were very lucky because there was at least one attendant, medical or medical plus BMA staff, with each of the

casualties. We were in this rather unusual position of having a great deal of medical and personnel resources.
Q. Yes. From the way you've described your involvement, Doctor, you undertook a role which took you away from the patients, at least for the first period of time that you were there --
A. That's correct.
Q. -- and you left Dr Holden to deal with the patients as he had been before you arrived.
A. Yes, I mean, he had organised such excellent structure, he knew the doctors, he knew the geography and it would have been supremely arrogant for me to try to take that over, so I want -- what I wanted to do was bring myself as an extra resource, so I looked at what I felt I could bring and that was the communication and assessment rather than the actual running of which casualty goes where with which person.
Q. You were in court this morning when I was exploring with Dr Holden --
A. I was.
Q. -- the issues around whether or the extent to which the lack of equipment or the period of time before the patients were taken to hospital affected the condition of those patients.
Are you really in a position to give evidence about

that or were you simply not sufficiently involved with the patients to say?
A. The latter. I mean, you expect at a major incident in the early time that your resources will be outstripped by your need, but one of the things that I took away was that the staff had been very ingenious, you know, people were lying with legs straight and with some splints, they were comfortable, and that need for resources was less evident than it had been at other incidents I'd been involved in. There was shelter, there was water, we were out of the sun.
When we talk about "resources", it's not just drugs to give people or a collar; it's shelter, food, water, safety. So I'm using the term in its broadest. But this obviously wasn't the M25 where you're sheltering in a field in the middle of winter. This was a summer's day in the centre of London in what we then believed to be a safe environment.
MR ANDREW O'CONNOR: I see. Thank you very much, Doctor. Those are all the questions I have for you.
A. Thank you.
LADY JUSTICE HALLETT: Mr Coltart?
MR COLTART: No, thank you.
LADY JUSTICE HALLETT: Ms Gallagher?
Questions by MS GALLAGHER

MS GALLAGHER: Dr Harris, I just have a number of quick questions about the information you were given by others, particularly in the initial stages after your arrival.

You were pressed by my learned friend Mr O'Connor about not repeating the request to go on the bus and the immediately surrounding area after the secondary explosion. I really just want to explore the information you were given at that stage and also a little earlier.

You at first said in evidence -- my Lady, it's page 76 of today's transcript -- that both Dr Peter Holden and this unknown police officer gave you statements to the effect that there was no evidence that the bus or the area around the bus contained any casualties with signs of life.

A. That was my understanding.

Q. I'm not sure if you were in court when Dr Holden was giving evidence earlier.

A. I've been here since court began this morning, ma'am.

Q. Certainly. So Dr Holden, we know, was never outside. Are you quite sure he gave you that information about the bus and the surrounding area?

A. Now, when you say "quite sure", I haven't put that in my statement, so I am recalling something over some five

and a half years. I was very impressed by the statement and the information given me by Dr Holden and briefly by the policeman. Exactly the words used, I can't quote, but the impression I got was that, to the best of Dr Holden's knowledge, there were no casualties out there.

Now, I said to your learned friend that I then went to have a look at the cordon myself because Dr Holden was involved in moving and running the scene inside and, of course, at these incidents, no one person can know everything. I mean, the information available to all of us is changing rapidly, which is why I went to the cordon to seek senior fire and senior police, but was met by a more junior policeman who said that everybody was dead there and --

Q. This is the same officer you were referring to earlier, you don't know who he was?

A. This is the unknown policeman who was stood by the police cordon sign at -- I'll call it the gates or entrance to the courtyard of BMA House.

Q. Without asking you to recall specifically what he said -- the precise words aren't important -- do you recall whether he made any reference to there having been medical checks on the apparently dead?

A. I can't answer that either way.

Q. Dr Harris, it may be that you can't answer this either. You later in your evidence referred to getting reports from others which led you to believe that you'd nothing to add by going on to the bus. There are just two questions arising from that.
Firstly, can you assist us any further with the others you're referring to here? Is this, again, the people you've just referred to, or were there additional people you spoke to at a later stage?
A. After I'd seen Dr Holden and approached the police, I then walked around the scene, quickly looking at casualties, just collecting information from either people with casualties or looking at the scene, just to get a picture of what was happening.
Exactly how many people I spoke to and what was said and what their role was, I'm really sorry, I'm -- I can't recall that.
Q. I entirely understand, Dr Harris. The second question just is: do you recall at any time reference being made to individuals who were believed to have died near but not on the bus?
A. No.
MS GALLAGHER: Thank you very much, Dr Harris.
A. Thank you, ma'am.
LADY JUSTICE HALLETT: Thank you Ms Gallagher?

MR SAUNDERS: Ms Gallagher has covered it, thank you, my Lady.
MS SHEFF: No, thank you.
LADY JUSTICE HALLETT: It looks, Dr Harris, as if there are no more questions for you.
Given the importance of the role of generically emergency but pre-hospital care medicine of the kind in which you specialise to people who are unfortunately caught up in a major incident, having been involved in it now for some time, do you feel the specialty is sufficiently recognised?
A. In short, no. I've read a transcript by my colleague Dr Ben Teasdale and I understand there's been some discussion in court, but pre-hospital care, as a medical sub-specialty, is in evolution. If we take a broad sweep, it's been largely led by very dedicated volunteers, giving their time for free, and actually paying for their own kit and being trained in their own time.
London HEMS has been in existence since the late 1980s as a professional organisation that supports and works with both the London Ambulance Service, fire and police obviously, and members of the BASICs team.
In more recent years, there's been, I think, a very necessary move to recognise that the skills doctors have

that are required in the pre-hospital environment are not directly transferable from the skills of their hospital environment, and I've over the years met -- and, if you wish, I can give you examples -- very skilled doctors from in the hospital who have tried to transfer their skills to a scene and been completely ineffective. Not because they were bad doctors -- these are people I would trust to give an anaesthetic to my mother, to operate on my father -- but they were in an area, in an environment, that they had no real understanding of and, in the past, we know that a lot of incident responses have been dependent, in theory at least, on hospitals depleting their own resources sending doctors out to scenes to help.

I feel this is wholly inadequate and exposes the patients to care by doctors whose knowledge of pre-hospital care is insufficient and the priorities of pre-hospital are not identical to the priorities in hospital. That's the priorities of treatment. And the recognition and growth of pre-hospital care, and I hope a far closer relationship between doctors and their colleagues in the Ambulance Service, is, I think, absolutely paramount.

LADY JUSTICE HALLETT: If, tragically, there were another major incident tomorrow, are we still as dependent as we

were in 2005 on volunteer doctors giving their own time and paying for their own equipment?
A. Ma'am, I don't think I'm the best qualified to answer that. My role is largely academic within London and HEMS, so I'm involved more in the research side. I can tell you lots about that, if you want, but ...
LADY JUSTICE HALLETT: I don't think I have the time, sadly.
A. But from the point of view of how well-organised we are, there are much better qualified people. My sense is that things are moving in the right direction and there's a pool being organised of doctors for London, currently being organised, and there is training commencing.
Now, how far we are down that path and how far resourced that group is -- I'm in that group obviously -- and how well-resourced our colleagues in the ambulance and police and fire are to deal with this, I'm not sure. I know that I'm trying to resource myself, I'm trying to -- but I am responsible for my training, I hold no structural or managerial responsibility for others.
LADY JUSTICE HALLETT: I follow. I'm sure that Mr Furniss or maybe others can assist, if necessary. I suspect it is all to do with competing resources and how pre-hospital care impacts upon hospital care and the

rest.
A. Indeed.
LADY JUSTICE HALLETT: Right. Anyway, you all do a fantastic job, Dr Harris, so thank you very much.
A. Thank you, ma'am, and my thanks to the court.
MR ANDREW O'CONNOR: My Lady, may I invite you to call Mr Summers?
MR PHILIP CHARLES SUMMERS (sworn)
Questions by MR ANDREW O'CONNOR
MR ANDREW O'CONNOR: Could you give your full name, please?
A. Philip Charles Summers.
Q. Mr Summers, in July 2005, you were a superintendent in the Metropolitan Police, I believe?
A. I was.
Q. You're now retired?
A. That's correct.
Q. In July 2005, you were based at Holborn police station, I think?
A. Yes.
Q. What were your responsibilities at that time?
A. I was the Superintendent Operational Support.
Q. You've provided a statement dealing with your activities on 7 July 2005.
A. Indeed.
Q. From that, we see that on the morning of that day you

were in your office at Holborn police station?
A. That's correct.
Q. At about 9.00, or perhaps shortly before, you became aware of a developing incident at King's Cross?
A. Yes, that's right. Somebody from the control room had called up to the command suite where myself and the Chief Superintendent and one of the other superintendents have offices, and the secretariat, and they informed us that something was developing.
Q. We know, of course, that there were incidents developing at two other places at the same time -- Aldgate and Edgware Road. Was it the case that you were particularly focused on King's Cross because that was within a geographical area for which you had responsibility, or were you simply, as it happened, aware of the King's Cross scene more than the others?
A. The fact was I was not made aware of the other events, I was only made aware of King's Cross at the time and, obviously, with it being within our command, because we cover the whole of Camden, then that was the information that was being passed through our local command.
Q. I see. So I assume, if it was Camden, then Aldgate and Edgware Road would, in fact, have been outside your area?
A. That's right.

Q. You describe being aware that your colleague Inspector Nasmyth-Miller was at King's Cross and had taken control there?
A. Yes, he was the duty officer for the day.
Q. There came a time, although I think it was a little later, that you decided that you would go and join him?
A. Yes, that's right. The information was sort of confusing to the extent of we knew that it was something to do with the Tube, we had heard the -- although I don't make reference to it in my statement -- there was such things as power surges, and then there were suggestions that there may be a fire and, obviously, thinking about the previous King's Cross fire disaster, I thought, "If this is going to escalate, then I need to go to support my inspector".
Q. I think you say in your witness statement that you left Holborn police station at about 9.45?
A. Yes.
Q. Would that be roughly accurate?
A. Yes, that would be correct.
Q. You made your way to King's Cross by car, was it?
A. Yes, the reason for the delay was to try to ascertain as much information as possible, get myself ready, arrange for a car, which I did with an inspector and a sergeant and, by the time we'd mobilised ourselves, that amount

of time had passed.
Q. Your route from Holborn to King's Cross took you up sort of past -- through and past the Russell Square area?
A. Yes, that's right.
Q. It was while you were en route, I think, that you became aware of a much more recent incident developing at Tavistock Square?
A. That's correct.
Q. You became aware, both from hearing reports -- you describe on the radio, do we take it you mean your police operational radio?
A. Yes.
Q. And, also, because of where you were by that stage, seeing people running away from Tavistock Square?
A. It was definitely a very busy area for both -- I mean, the traffic was, all of a sudden, quite gridlocked and there was, you know, lots of pedestrian traffic as well.
Q. Did you, in fact, hear the explosion or see smoke or anything else of that nature?
A. I don't honestly think I can recall whether or not I heard the sound or whether or not -- because there was commotion, we were talking in the car and then we heard this radio transmission.
Q. You weren't, of course, in Tavistock Square at the time.
A. No, we were just at the south end of -- as the square

opens up, sort of coming up towards the junction with Upper Woburn Place as it sort of runs through Tavistock Square.

Q. So no more than two or three hundred yards perhaps?

A. Literally round the corner, yes.

Q. You took a decision not to go on to King's Cross but to stay at this scene and give assistance there?

A. Definitely.

Q. How long after the explosion do you think it was that you arrived at the immediate scene of the bus and the BMA building?

A. Well, as I said, the transmission came up as we were approaching the junction, so we basically went two sides of the square and, in fact, the traffic was getting so clogged up, I left the car with the other officers and walked down Endsleigh Place, walking towards where the bus was and the building itself.

So it was -- although the traffic was very slow and I can't even remember if we were in a marked or an unmarked car, but anyway, it was a matter of minutes, really.

Q. We've heard now, over the course of the last two weeks, a lot of evidence about those first five or ten minutes and inevitably, with a situation like that, there was a good deal of confusion.

One of the witnesses who has given evidence to us is Inspector Perry, a motorcycle policeman you may recall.
A. Yes.
Q. His recollection was, at least, him first being aware that you were there at about 10.15, which is about 25 minutes or so after the explosion.
A. Yes.
Q. Would that accord with your recollection or do you think you were there earlier but possibly Inspector Perry hadn't realised you were there?
A. Oh, I may well have been there earlier, because, you know, as I say, I was there within several minutes of the blast going off, albeit the fact that, by the time I did get to the actual scene itself, I was quite surprised as to how quickly a cordon had been put in and the presence I could see of emergency services. Not necessarily police officers, but I was aware of, you know, jackets and personnel.
Q. There was already a cordon in place, was there, by the time you arrived at the scene?
A. Yes, a cordon had already been put -- only to the north of the bus, as I approached along Endsleigh Place, I don't recall a cordon had been put across.
Q. Had the bus itself been cleared of casualties and passengers?

A. No.
Q. Were there still walking wounded leaving the bus at that time?
A. It took a while for me to realise exactly what was going on, but I was aware of the fact that there were a number of people on the bus.
My immediate response was not to go to the bus but to step away from the bus to go north of the bus towards the Euston Road side of it and try to get a briefing from one of the officers who had been there from the start.
Q. I see. We've heard that, not all, but a number of the police officers who were very first on the scene had indeed come from that direction, from the Euston Road --
A. Yes.
Q. -- many of them in the group commanded by Sergeant Cross, I think it was.
A. That's correct.
Q. Did you go to that area because you sensed that that was where the police -- there was more of a police presence?
A. No, I felt that my position as a potential Silver -- as I did become Silver sort of tactical commander for the event -- was not to get into the incident itself, but to try and get a very quick appraisal of what we actually had on our borough, not just for the benefit of the

borough, but obviously service-wide.
Q. Yes.
A. So what I wanted to do was try to get somebody who could give me some information as soon as possible.
Q. Yes. You've mentioned your role as a Silver Commander. You presumably were in little doubt that that was the role that you would be undertaking that day?
A. No doubt whatsoever. From my training and the delivery of training that I've done, I knew that that was my position.
Q. How quickly were you able to get the type of briefings that you are describing that you needed?
A. It took some time because, as I'm sure you can appreciate, information -- trying to draw in the information, trying to set up a rendezvous point so that people knew that I was there, and to establish some sort of communication links with officers who were there from all the emergency services does take a while.
Q. You mention setting up a rendezvous point. Was that also in the same generality you've described north of the bus up towards Euston Road?
A. Yes, it was. I based myself within that vicinity, assuming that that was probably -- or believing that that was probably the best route of access that people would have to the scene, and also believing that that's

where some of the other emergency services would come to, and particularly, knowing, you know, where the hospitals were based, main arterial route through Central London, through the Euston Road, and also London Fire Brigade were also on the corner just behind us.

Q. Yes. The distance between the Euston Road and Tavistock Square where the bus was, is, what, some 200 metres, something of that nature?

A. Probably about that, yes.

Q. Just give us an idea of how far away from the bus towards the Euston Road you were in that RV point that you established?

A. Well, the first cordon was put across from the junction across to the BMA building. So that, in effect, probably -- although it was probably, on hindsight, sort of too close to be categorised as an inner cordon, it was set back from there. So probably more in line with around the area of the -- I think it was the Hilton Hotel.

Q. So would that be about halfway between --

A. No, more -- probably about sort of 50 to 75 metres, but well within sort of shouting and sight distance.

Q. Absolutely, but 50 to 75 metres from the square, not from the Euston Road?

A. Yes, from the bus.

Q. Did you, in fact, go into the BMA courtyard?
A. No.
Q. We've heard a lot about concerns about secondary explosions.
A. Yes.
Q. Was that something that you were conscious of from the outset?
A. From the outset, I was concerned about secondary explosions. I was also mindful, without assuming what else was going on on the borough, because, as I say, still at that stage I didn't even know about the other two events, but I was beginning to assume that something was going on in London.
So I was conscious of any connectivity between King's Cross and where we were at. So, yes, I was concerned about secondary explosion and, having got some brief details, I did approach the bus and, as I've put in my statement, I was spoken to by a couple of officers, one of which I didn't know, one of which was one of my other inspectors who had sort of taken up a position of authority around the bus itself.
Q. The evidence we've heard is that there were, as it were, two phases or at least two phases. The first phase, if you like, was a sniffer dog officer who went on board the bus --

A. Yes.
Q. -- and performed a search?
A. Yes.
Q. It was some time after that that other explosives officers arrived and carried out a controlled explosion?
A. It was the sniffer dog officer who informed me that, on his experience and from his information, the bus was not considered as safe, and at that stage, I -- you know, I had been close enough to be aware of the fact that there were people -- who they were I don't know, but tending injured parties on the bus, and that officer said, in view of the fact that this is not safe, you know, we should withdraw.
By the time I stepped away, I had already seen two casualties being removed from the bus.
Q. You say you didn't go into the courtyard, but I take it you were aware that there were casualties in the courtyard and that they were being treated?
A. Yes, clearly I was aware of the fact that casualties had been taken into there, and obviously knowing what the building was, you know, believed that that was a safe place for them to be, and I was also made aware of the fact that there were a number of people being cared for within the hotel next door as well.
Q. Yes. Some time after your arrival -- in fact, we think

the time was about 10.40 or thereabouts, so getting on for an hour after the explosion -- there was a controlled explosion, as I've mentioned. Were you aware that that was going to happen before it did take place?

A. I was aware -- well, as you see from the statement, the sequence of events was that I was aware that an explosives officer had been deployed and then actually withdrew quickly because he was then deployed to Holborn police station where there was a suspect package. But then I was met by Mr Clarke, and I don't actually recall him saying that he was going to conduct a controlled explosion and whether it was him or somebody else informed me that that was going to take place. But then, as my statement explains, he then came to give me a bit more of a briefing as to what was on the bus and what he found.

Q. Before the controlled explosion took place or after?

A. No, I think I mention that it was after.

Q. It was after?

A. You have to forgive me because, if that information had been given to me, obviously it's not reflected in my statement, but it may well have been logged by my loggist and I don't have access to my log.

Q. Sure. One of the things it's easy to forget in our

position, with hindsight, is that there was, of course, a possibility that there was another device on the bus, and that, when the controlled explosion took place, there would have been a very large explosion.
That was a real possibility at the time, wasn't it?
A. Sorry, can you just say that -- run that again?
Q. The controlled explosion, the purpose of it, was to detonate a device or -- I'm sorry, an object, as to which there were suspicions that it might be another bomb.
A. Yes, well, we knew -- yes, I mean, I knew that one of the concerns that the sniffer dog officer had said to me was the fact that, you know, there was a -- an item on the bus that they hadn't been able to identify --
Q. Yes.
A. -- and they were treating that as suspicious.
Q. Perhaps it was a very obvious point I was making, but the point was just this: that, although we now know that, when the controlled explosion took place, it was a relatively modest explosion, which didn't do any great damage --
A. No.
Q. -- around it, it was, of course, possible that it would have been a much larger explosion if there had been an explosive device on the bus at the time?

A. Indeed.
Q. It follows from that that before a controlled explosion like that is conducted, it is, of course, necessary to make sure that there was no one in the vicinity who could be injured?
A. Yes.
Q. Also -- isn't this right -- it's important to inform other emergency services of what is taking place so that they understand and don't react in the wrong way to hearing that explosion?
A. Yes, that would be the case, yes.
Q. Would that be part of your responsibility as Silver on the scene, or would it be something that the individual explosives officers would take care of?
A. Well, the explosives officer had an escort with him, and I had officers on the cordons as well as Inspector O'Connor, who was acting as my runner between the scene and where I had based myself.
As I said, once I was informed that the scene was no longer -- you know, still not considered safe, I withdrew. But obviously, we still had to have safety officers at the cordon. We were, as you've already identified, very close to the BMA building, where there was easy access, and we've already heard this morning that the doctors had been prevented from coming out into

the scene because it wasn't considered to be safe. But at that stage, as a rendezvous point, I didn't have access, in terms of liaison with LFB or the Ambulance Service, because it wasn't until a little bit later on that we actually met each other, as it were.

Q. I see. The simple point is, we'll hear evidence later today that the London Ambulance Service received reports of this controlled explosion when it took place, simply by other personnel who heard it, and they assumed that it was, in fact, another genuine explosion and they deployed staff responding to it in the fear that it had caused casualties. That's plainly something to be avoided?

A. Indeed.

Q. My question is whether there are protocols in place whose responsibility it was to inform other emergency services, including the London Ambulance Service, that a controlled explosion was about to take place?

A. Well, you're right in saying that, you know, in the ideal situation, when that information is delivered by the explosives officer, then as many people who are effective in terms of managing the scene are made aware of that because of the whole safety of the personnel around.

Q. You mentioned Silver meetings, but you said that --

A. Not a formal meeting.
Q. I'm sorry?
A. Not a formal meeting.
Q. No, but liaison meetings between you and other Silver Commanders on the scene.
A. Well, that's what one would hope would take place, but it wasn't the case on this occasion.
Q. Was it not the case at all, or was it simply the fact that they hadn't happened by the time of the controlled explosion?
A. They hadn't happened until after that controlled explosion. I think I had had a conversation -- I can't recall without looking in my statement as to speaking with a Fire Brigade officer, but it wasn't until some time after that I'd spoken to Paul Gibson, who made himself known to me at that stage, and we had more of a discussion of where we were at with regard to the whole situation.
Q. Was he the first, as it were, Silver ambulance personnel that you met?
A. Yes, he was, he was.
Q. We've heard that these Silver meetings -- or at least we've seen description in the written documents -- the Silver meetings took place further up the Euston Road, in fact at the fire station. Is that right?

A. Yes. A little while afterwards, we -- I was advised that it would be, you know, appropriate for us to move up to the fire station and part of the reason is -- was due to communication. Radio traffic was very busy on my radio alone, no mobile phone facilities, and so the opportunity was there for at least a landline for me to ring Scotland Yard, who I knew by then had taken over command of the situation.
We were only there for a brief time before we then moved up to the Euston Road police traffic garage.
Q. Roughly speaking, what time do you recall the meeting or meetings at the fire station before you moved up to the garage?
A. Well, it was -- again, without looking, it's gone 11.00.
Q. I see. You stayed -- is it right that you stayed, first of all, at the fire station, then, after, you moved up to the garage, at the garage, maintaining your control from there, did you stay in those places?
A. I stayed there for a while, but I did return to the scene later on before finally withdrawing once I knew that replacement officers were coming down. You know, clearly we had a crime scene to manage.
Q. Quite. As you say, you were relieved, I think, by Superintendent Wakely shortly before 3.00 that day?
A. Yes, that's right.

MR ANDREW O'CONNOR: Thank you very much, Mr Summers.
LADY JUSTICE HALLETT: Ms Gallagher?
MS GALLAGHER: Nothing, thank you, my Lady.
MR SAUNDERS: Nothing, thank you.
MS SHEFF: No, thank you.
LADY JUSTICE HALLETT: No other questions? Mr Hill?
MS HUMMERSTONE: Just a couple of questions, please, Mr Summers.
When you attended the scene, when you left your police station that morning at 9.45, it's right, isn't it, that you were in full uniform?
A. Yes, that's correct.
Q. So you would have been clearly identifiable at the scene as a senior officer?
A. Yes.
Q. I just want to pick up on the point that Mr O'Connor was making a moment ago about the liaison between the London Ambulance Service and the Metropolitan Police Service at the scene at the time of the controlled explosion.
In the first instance, is this right, a liaison officer from an emergency service should make themselves known to other senior officers at the scene. Is that right?
A. Yes, wherever possible, you know, to try to assess the situation.

Q. Is it the case that, in this instance, the London Ambulance Service liaison officer had not, in fact, made himself known to you by the time of the controlled explosion?
A. I believe that to be correct.
Q. In fact, it wasn't until some time between the controlled explosion and 11.30 that you had your liaison meeting with him and I think with other officers from the London Fire Brigade. I think from your statement you say it's some time before 11.30?
A. Yes.
Q. Thank you very much. Just two other matters. You said that when you attended the scene you had an initial briefing from Police Sergeant Cross. Is that right?
A. Yes, that's correct.
Q. And that, when you attended, a cordon had already been put in place?
A. A cordon had been put in across the top of the road.
Q. He was able to brief you about what he had done with his officers at the scene prior to your attendance?
A. That's correct.
Q. He was able to tell you that, even at that stage, the BMA building and the County Hotel were being used for the treatment of casualties. Is that right?
A. That's right.

Q. Finally, just this: you have told us that you had -- a log was being kept for you by another officer, is that right?
A. That's correct.
Q. His name is DC Marcus Bolam?
A. Yes, who had actually been deputed from the National Hotel where he'd been assisting casualties who had gone in there and taken their details.
Q. I think it's right that, despite exhaustive searches, we haven't been able to lay our hands on that log. Is that right?
A. Apparently correct.
Q. Although Mr Bolam has provided a statement about that log?
A. Yes.
MS HUMMERSTONE: Thank you very much, Officer.
LADY JUSTICE HALLETT: Thank you, Ms Hummerstone. Any other questions?
Thank you very much indeed, Mr Summers. I'm sorry to call you out of retirement to relive the events of July 7. I'm sure you didn't want to. Thank you.
A. Thank you.
MR ANDREW O'CONNOR: My Lady, may I invite you to call Terry Williamson?

MR TERENCE GEORGE WILLIAMSON (sworn)

Questions by MR ANDREW O'CONNOR

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

A. Terence George Williamson.

Q. Mr Williamson, in July 2005, you were an ambulance operations manager with the London Ambulance Service. I can see from your uniform that you are still a member of the London Ambulance Service?

A. I am, yes.

Q. That remains your post. We've seen the statement that you gave to the police about your involvement on that day and we also see the report that you prepared, I think, much closer to the time. From that, we know that you started that day at a conference of senior LAS managers at Millwall football ground.

A. Yes.

Q. We know, of course, that many of the LAS staff returned to Millwall football ground, which one assumes you'd hired for the day after events of the day.

A. Yes, that's right.

Q. You describe how one of your colleagues, who was with you at Millwall football ground, who was also, as it happened, the on-duty Silver Commander for that day, was deployed shortly after 9.00 and really that's how you

became aware of the developing incidents in London that day?
A. Yes.
Q. You decided, because of your, as I say, developing understanding of what was going on, to go to Liverpool Street as well. Is that right?
A. That's right.
Q. Not in the same car, I think, or were you in the same vehicle?
A. No, I went in a different car with a colleague, Mr Colhoun.
Q. You never, in fact, got to Liverpool Street, at least that point. You got as far as Aldgate and you became aware that there was an incident there?
A. That's right, yes.
Q. You stopped and became involved, albeit quite briefly, in what was going on at Aldgate?
A. Yes, we did.
Q. You didn't stay there. Was that because you heard that other incidents were developing, there were other LAS managers at Aldgate, and you decided to go back to London Ambulance Service headquarters at Waterloo Road?
A. Yes. We'd become aware that there were other incidents in London, and a decision was made to redeploy back to headquarters.

Q. When you got back to headquarters, you were, in fact, tasked with going to Liverpool Street?
A. That's right.
Q. On that occasion, you did get to Liverpool Street, but as we know from other evidence, of course, there wasn't, in fact, an explosion there and, by the time you got there, the station had been evacuated and there was clearly no role for to you perform at that location?
A. No, that's right. We just confirmed there was no need for us to be there. We took some steps to cordon off the area, in case any passengers did come from the tunnel out the Liverpool Street end, and then we --
Q. You went back to headquarters?
A. Eventually went back to Waterloo, yes, or headquarters.
Q. It was from there that you were subsequently tasked with attending Tavistock Square?
A. That's right.
Q. You describe how you were tasked to attend what you understood to be an explosion at Tavistock Square. You say in your statement that you arrived at Tavistock Square at about 10.40.
In fact, that timing must be a little bit out, mustn't it? Because, as you subsequently discovered -- and we'll come on to this -- the reason that you had been deployed was because of reports that the Ambulance

Service had received, not of the first explosion, but the second explosion, the controlled explosion?
A. Yes, that's right. My times were estimated because I didn't have a watch, so they were estimated when I made that report.
Q. Mr Williamson, please, you've been in court so you've heard me say before this morning, we all understand that timings are not accurate. But that's right, isn't it? I mean, we do actually have a fairly firm, accurate timing of the controlled explosion which was about 10.40, so presumably you must have been deployed from Waterloo Street shortly after that and arrived at Tavistock Square, what, 5 minutes or so later?
A. Sorry, it's probably five to ten minutes from the time we left Waterloo. I mean, the traffic was very difficult getting through to Tavistock Square, so it could have quite possibly been ten minutes.
Q. Can I ask you this: when you left headquarters, or perhaps as you travelled, what information did you have about what was going on at Tavistock Square?
A. The only information I had was the message I received from the duty station officer that was with us as we went back to Waterloo, that there had been an explosion and we were to deploy there at Tavistock Square.
Q. Were you told the explosion was on a bus?

A. I don't remember being told that, no.
Q. Were you told anything about what had been going on there for the hour or so before that?
A. No.
Q. Could we just look at [LAS565-54], please? We see here, Mr Williamson, timed at 10.05 -- so this is some 40 minutes or so before you were deployed from Waterloo Road -- a report made by the first ambulance to attend the real bomb, or the real explosion, rather, H301:
"We are on [the] scene Upper Woburn Place. We've got no officers ... We appear to be the only ambulance ... eight casualties with serious injuries, amputations and burns ... We are going to need some more vehicles down here ... Location is Upper Woburn Place just coming up to Tavistock Square."
That information had been sent some 40 minutes or so before you were even tasked to leave headquarters. Was anything of that nature conveyed to you when you left?
A. No.
Q. So you were completely in the dark as you drove towards Tavistock Square. Could we have a look at another document, please, in fact the picture, the INQ10345 [not for publication] picture.
Mr Williamson, it's quite important for us, I think, to get an idea of where you arrived and where you went

because, as we'll hear, you were separated from the BMA. I assume you were approaching from a southerly direction, and did you, in fact, drive up Upper Woburn Place?
A. Yes, I came from the direction so I was facing the front of the bus.
Q. Yes. I hope you can orientate yourself, but in other words, you were driving from the top of this picture towards the bus?
A. Yes.
Q. You can see that's Upper Woburn Place disappearing up there. The junction that we see sort of just below the top of this picture with the taxi driving across it is the junction of Upper Woburn Place and Tavistock Place and the bottom end of Tavistock Square, as it were. Is that the junction that you got to?
A. Yes, it was and, when we got to that junction, there was a cordon across the road which the bus is in, it was a blue and white tape police cordon.
Q. Yes, so -- and in fact, you weren't able to go any closer to the bus than that cordon --
A. No.
Q. -- because a policeman told you couldn't?
A. Because the cordons were in place, and when we approached that junction and looked we didn't see

anything else other than the bus with the roof off.
Q. Did you say to the policeman that you needed to get there because you were attending the scene of an explosion which you'd just heard about?
A. No, no, I was informed that there had been a controlled explosion.
Q. By whom?
A. I believe, I think, in my statement I said it might have been my colleague Mr Woodmore, but I don't actually remember him telling me that.
Q. Because there were, as we'll hear, other Ambulance Service people around the cordon or at the cordon when you arrived.
A. Yes, there were several us that arrived at the same time in different vehicles, yes.
Q. So it was -- perhaps it doesn't matter too much who told you, but you were told quite quickly that there had been a controlled explosion a few minutes earlier?
A. We'd been there a few minutes before we realised that that was the case. Initially, when we got there, it was just a very quiet scene, very few people around. As we looked at the bus, we couldn't see anything the other side of the bus, we couldn't see any people or any moving vehicles, and there were possibly two police officers our side of the cordon and, as I say, we then

got some information about there being a controlled explosion.

Q. Did you realise, at that point, that the emergency you'd been tasked to attend wasn't, in fact, a serious explosion, but had only been a controlled explosion?

A. I didn't know what to think at that point. It didn't really add up, the fact that I was being told there was a controlled explosion and I was looking at a bus with the roof blown off. So it was quite confusing at that point to start with.

Q. Could we have a look, please, at another document, [INQ8977-8]? I hope I have the right reference. Yes. This, then, Mr Williamson -- I hope you recognise that -- is part of the report that you completed, and it's, as it were, a bullet point step-by-step description of what happened.

We see there, the second bullet point, that you arrive on scene and you refer to a number of other LAS staff whom you arrived with. You said that you assumed the role of Silver.

A. Yes.

Q. Being the more senior person amongst them, is that the reason?

A. There were several of us of the same rank, but, yes, I assumed the role of Silver, once we knew there was

patients there to be treated.
Q. You describe one ambulance on scene. That obviously wasn't your vehicle, you hadn't travelled in an ambulance?
A. No, no, I don't know where that ambulance came from.
Q. You were told that there were 12 plus patients in a building.
A. Yes.
Q. Which building was that?
A. I believe it was -- as we were looking at the bus, I believe it was to the right of the cordon, either just on the corner or just maybe a bit further along, I'm not exactly sure.
Q. But on your side of the cordon?
A. Definitely on our side.
Q. So we're not talking about the BMA building?
A. Not at all, no.
Q. One bullet point down, it says:
"Police sergeant reports no casualties on [the] bus, all removed. I asked sergeant to check that two other parked and empty buses are safe."
Did you realise at this point that there had been an earlier explosion on the bus?
A. At that point, I was still confused because I still believed it was a controlled explosion but we had

casualties in the building close by, so I really didn't know what to think at that point.

Q. Were you aware that there were several -- a fairly large number, in fact -- of P1 patients in the BMA building next to the bus?

A. No.

Q. In the next bullet point, you then describe the Forward Incident Officer -- that's someone whom you appointed, a Forward Incident Officer --

A. That's right, yes.

Q. -- one of your colleagues -- going to the scene with two crew staff and triaging patients inside the building. That building, the scene and the building, would be the hotel you've described, would they?

A. Yes, the scene was where the patients -- where the building -- to me, it was the building where the patients were inside.

Q. You then say this:

"Back-to-back radios not working."

A. That's right.

Q. Which radios would that be?

A. It would have been the radios that the officers on scene would have had to communicate to each other, and they weren't working.

Q. So is the point you're making that you were not able to

communicate with the FIO at that point?
A. At that point, yes.
Q. We see then the next bullet point that the FIO returns and describes what he'd found, which was one P1 patient and some P2 and P3 patients, and then this:
"No communications with CAC. Radios appear to not work at all."
What do you mean by that?
A. The radios just didn't appear to work. To me, they were dead. We were unable to have communications with anyone.
Q. We're not now talking about the back-to-back radios, are we?
A. No, that would have been us trying to contact emergency control.
Q. There must have been quite a few things you wanted to discuss with emergency control at this point.
A. Yes, but I was aware that there were other incidents in London and, quite frankly, it was just a case of get on with it. I didn't expect to have time to necessarily be able to contact anyone and get any assistance.
Q. You would have wanted to inform them that you had one category 1 patient, wouldn't you?
A. Yes, I would have wanted to inform them on that, but having not been able to, we would just get on with what

we were doing on scene.
Q. Having arrived at this scene with a devastated bus and being told that there was only a controlled explosion that had taken place, you must have been concerned that there may be other casualties that you didn't know about?
A. Yes, at the time, we were trying to establish exactly what had happened -- what was going on, so we certainly knew that we had patients in that hotel, but I don't remember thinking possibly there are casualties elsewhere at that time.
Q. Having seen the bus, and seen how damaged it was, surely you must have thought that there might be more than simply one category 1 patient somewhere as a result of that damage?
A. Not really, because I was looking at the front of the bus, and the front of the bus was -- it was just an intact bus with the roof missing and, as strange as it may sound, I did initially believe that that possibly was caused by the controlled explosion.
Q. I see. Just to be clear, though, when you say the radios weren't working, are we here talking about your radio set simply not functioning or are we talking about it functioning but not being able to raise anyone at the other end?

A. I think it was about they were functioning, because they will have had battery life in the radios, but we just -- they were just effectively dead in as much as we couldn't get any response from anyone.
Q. So they were operational, as far as you were concerned, you just couldn't get anyone?
A. That's how it played, yes.
Q. I see. Is that really what you meant when you said the radios appeared not to work at all?
A. Yes.
Q. I see. Dropping down a few bullet points, we see you record someone called Superintendent Williams arriving and becoming your radio operator. Here you say: "His radio works but he cannot get CAC to acknowledge his attempts to pass information because of the very busy channels."
A. Yes, so my understanding, if I remember, was that, when Mr Williams arrived, he took my radio off me, he also took my mobile phone off me, so he would deal with all communications and allow me to concentrate on managing the scene, and he said to me that he couldn't get through to Control, although he could hear radio traffic.
Q. My reading of this is that he brought his own radio with him. Is that not right?

A. He probably did, but he certainly took my radio off me as well and my phone.
Q. One reading of this document, Mr Williamson, is that there's a distinction between being drawn between the position of your radio, which is that it didn't work at all, and Mr Williams' radio, which is that it did work but he couldn't get anyone to acknowledge him.
Is that, on reflection, accurate or not?
A. Yes, reading that, yes, that's what I'm saying there, yes.
Q. That's what you're saying about Superintendent Williams' radio. Do you agree that, perhaps, looking again at what you'd said about your radio, it may have been the position that it simply didn't work at all?
A. Reading that, yes.
Q. I see. Dropping down two bullet points, you say that you were informed that:
"Ambulance Operations Manager Gibson is at the other side of Tavistock Square with resources and casualties."
How did you receive that information?
A. I don't remember.
Q. Not by radio, presumably, because your radios weren't working?
A. I assume not by radio. I assume it would have been someone telling me that Mr Gibson was at the other side

of the square, but I don't remember who that was.
Q. You make the point again that you had no radio communication. That must have been very frustrating, mustn't it?
A. Yes.
Q. Did you have any understanding of how many casualties Mr Gibson was dealing with or how serious they were?
A. No, not at all.
Q. Again, that must have been a cause of great concern, mustn't it?
A. It was a concern, but it was a case of trying to find out what the situation was, which is why I asked my colleague, Mr Colhoun, to try to get round there.
Q. Presumably what you wanted to do above all was to liaise with Mr Gibson so that you could work together, pool the resources that you had, and the casualties that you had?
A. I was keen to liaise with Mr Gibson, but I didn't know the extent of the casualties or the numbers or injuries that he had on that side, so it was just a desire to liaise with him to see what was going on.
Q. As you say, with radio communication not being possible, you sent Mr Colhoun on foot -- we see that in the document -- to go and make contact with Mr Gibson.
If we could go over to the next page, please [INQ8977-9], at the top bullet point we see, after Mr Colhoun has left,

a police explosives officer reporting fatalities on the top deck of the bus, possibly a maximum of nine.
A. Yes.
Q. Was this the first time that you had any idea that people had died on the bus?
A. Yes.
Q. You describe, I think, in your statement, it being about half an hour after you arrived that you received that information?
A. I think it was, yes.
Q. Again, that must have been very concerning for you, that you'd been there that long and didn't even know that anyone had died on the bus?
A. Yes, it was, yes.
Q. Did that cause you to rethink how many P1 casualties there might be somewhere in Tavistock Square?
A. It made me consider that possibly Mr Gibson had serious casualties on the other side of the square, so I was -- at that point, I was obviously waiting for Mr Colhoun to come back, to see if we could get any more information.
Q. Can we take it that, during this time, you were still trying to make contact with CAC?
A. Mr Williams would have been trying to contact Control and I guess he would have been trying to contact Mr Gibson or any other officers in the area as well.

Q. Can we take it from the fact that there's no reference to any radio communication being established that, throughout this time, his attempts were fruitless?
A. Yes.
Q. Dropping down a couple of bullet points, we see a reference to Mr Colhoun returning, but we read later -- this is right, isn't it -- that he hadn't actually been able to get to Mr Gibson at this point?
A. That's right, yes.
Q. He'd simply returned with someone called Mr Ward, Mr Ward had been at the Russell Square incident and he had requested all ambulances to Russell Square.
A. That's right.
Q. What was your reaction to that instruction?
A. I allocated the ambulances I had, I kept one back -- I think I had three or four ambulances at the time, and I kept one back and the other ones went round to Russell Square because Mr Ward had explained that there was a large number of casualties there with severe injuries.
Q. There were a large number of casualties at Russell Square, but you had no way of knowing how many casualties there were in Tavistock Square.
A. I didn't, no.
Q. Again, it must have been very concerning to remove

resources at a time when you had no way of knowing how many resources were needed.
A. I acted on the information I had. The information I had was that the casualties were at Russell Square and that's where the ambulances were needed. So I was quite comfortable with sending those vehicles round there because I had no information to go on, in terms of what was going on on the other side of Tavistock Square.
Q. Just dropping down another couple more bullet points, we see that Mr Colhoun went off again on foot a second time to try to contact Mr Gibson.
A. He did.
Q. Again dropping down four or five more bullet points, we see a reference to, on this occasion, Mr Colhoun returning and reporting that he had been able to make contact, and I think not with Mr Gibson -- well, at least with Mr Knott who was with Mr Gibson, and the report there being that they had 16 plus P3 patients and 9 ambulances. By this time, this was some time well after 11.00, I would estimate?
A. Yes, yes.
Q. As we've heard from other evidence, by that time, the P1 patients were either being removed or had been removed from BMA House. We see there the information you received was that Mr Gibson didn't require any further

assistance. Is that right?
A. That's right.
Q. The rest of your bullet points describe the remainder of your activities at Tavistock Square, essentially dealing with P2 and P3 patients, I think.
A. That's right.
Q. When you had finished dealing with them, did you go back to ambulance headquarters, or did you go straight to the Millwall football ground?
A. Went to Millwall for a debriefing session.
Q. Could we just look at one or two more pages, please? INQ8977-8. Sorry, could we have page 3 of the same document [INQ8977-3]?
This is the beginning of your document, Mr Williamson, your report. The last few paragraphs, you say this:
"Initially, communications between the scene and CAC failed. Communications on scene using radios also failed. There were no communications between myself and other AOMs at the two other nearby major incident scenes, Tavistock Square north and Russell Square Underground station, because of the total failure of any radio or mobile telephone communications.
"Eventually, communications between the different major incident scenes were established by colleagues

acting as 'runners'. This then enabled a pooling and sharing of vehicles and personnel to best effect. As radio communications improved, this enhanced our ability to coordinate the arrivals and departures of resources to the different scenes."

As you really accept there, this entire episode of your attendance at Tavistock Square was bedevilled by failures of communications. Would that be fair?

A. Yes, yes.

Q. Both the initial tasking based on a misunderstanding, a lack of information provided to you before you went and, once you got there, an inability to communicate, both with headquarters and other Ambulance Service staff nearby. That's a fair description, isn't it?

A. It made it very difficult to manage the scene effectively to begin with, yes.

Q. If we can go to the next page, please [INQ8977-4], your estimation of the events in your report, the areas for improvement that you describe, the first one:

"All radio and mobile telephone communications proved impossible for an initial period and severely hampered the response provided by the service at the Russell Square incident."

You also refer to: doctors arriving at the scene failing to report to the Command team; confusion caused

by voluntary and private ambulance services; an inability on your part to confirm the skill level of their staff and the fact they didn't have protective clothing and equipment; and, fourthly, you refer to a lack of sufficient numbers of police officers at the scene, making it difficult to identify which parked vehicles in the vicinity had been checked for explosive devices.

A. That's right.

Q. That was your summary for the areas for improvement?

A. Yes.

Q. If we can look at the bottom half of the page, please, on the other side of the coin, the areas of best practice that you identified. First of all, arrangements made on the south side of Tavistock Square for parking, loading, access and so on. Dress of the LAS crew staff was appropriate. Verbal communications were clear and concise. And finally:

"All LAS staff and officers were professional and carried out their duties to the highest possible standard."

A. Yes.

Q. That was your estimation at the time. Does it remain your estimation of what took place that day and your involvement in it?

A. Yes, definitely, yes.

MR ANDREW O'CONNOR: Thank you very much, Mr Williamson.

LADY JUSTICE HALLETT: Mr Coltart, how long do you think?

MR COLTART: I might be ten minutes.

LADY JUSTICE HALLETT: Will other people have questions for Mr Williamson?

MS GALLAGHER: Some areas may be covered by Mr Coltart. I'd estimate I probably have about ten minutes too. It may be a little shorter once Mr Coltart's asked his questions.

LADY JUSTICE HALLETT: Very well. 2.00, please.

(1.00 pm)

(The short adjournment)