(2.00 pm)
LADY JUSTICE HALLETT: Mr Coltart?
Questions by MR COLTART
MR COLTART: Thank you. Good afternoon, Mr Williamson. Just a few matters, if I may. Can we have back on screen, please, INQ8977, which is the document we were looking at earlier? It's your list of bullet points. If we go through, please, to page 6. The first issue I'd like to deal with, please, if we may, is the question of travel around London on that morning, traffic, because I understand that the timings which you've put on this list of bullet points are approximates.
A. Yes.
Q. But they give us some rough idea, we imagine, as to the speed with which you were able to get from A to B. If we look at the heading "Aldgate station" -- I'm going to come back and just deal with the content of this passage in a little while -- you leave Aldgate at 09.45, and you're back at headquarters in Waterloo by 9.50. This is presumably on a blues-and-twos basis, you had all of that available to you, I take it?
A. Yes.
Q. This is presumably also travelling, for the most part, south of the river. Did you manage to get, do you

remember, south of the river, to get away from the worst of the affected areas, or is it too --

A. I don't remember what route we took, no.

Q. We see then that you were at headquarters for only a couple of minutes. You attended a Gold briefing, which I'll come back to. Then you leave headquarters at 09.52, according to your note, and you're at Liverpool Street station by 10.00, so again, about eight minutes or so to get back to Liverpool Street.

When you leave there at 10.25, back to Waterloo for 10.35, so about ten minutes going back the other way. So the timings are fairly consistent still at this stage, aren't they?

A. Yes.

Q. You leave headquarters -- again, we can see at the bottom of that next page, which we're on -- at 10.36, and if we go over the page, please, to the top of the next page, you're in Tavistock Square, in WC1, 4 minutes later at 10.40.

So there's no doubt about it that the traffic was awful in certain specific parts, particularly bad around King's Cross and the Gray's Inn Road area as we'll see perhaps a little later this afternoon, but if one were left at any stage with the impression that the entirety of Central London was gridlocked and it was impossible

even for emergency response vehicles to make decent headway, then that plainly wouldn't be right?
A. That time to get to Tavistock Square?
Q. Yes.
A. No, as you've just been reading through it, I've looked at that and thought that seems too quick.
Q. Right.
A. I don't believe we will have necessarily done it in 4 minutes from Waterloo to Tavistock Square.
Q. You're quite specific. If we go back to the bottom of the previous page, the timings actually look quite specific. We have a 10.36 departure there, we've got a 9.52 departure on the previous page, but your recollection now is that these are estimations and you might have been a little optimistic about the speed with which you could get about?
A. I've always said those are estimations, and then, as I say, looking at that now, it's hard to believe we did it in 4 minutes from headquarters to Tavistock Square, yes.
Q. Even allowing --
LADY JUSTICE HALLETT: Whereabouts in Waterloo?
A. Waterloo Bridge Road, where the headquarters building is, we pulled up outside when we got deployed back to --
LADY JUSTICE HALLETT: There's no way --

A. No.
LADY JUSTICE HALLETT: -- even with blues and twos, I would have thought, Mr Coltart.
MR COLTART: It certainly looks faster than I would drive through Central London, but in any event, even if it's a little longer than 4 minutes, even if it was 5 or possibly 10 minutes, the point is this, isn't it, that it was possible for emergency service vehicles, certainly coming from south of the river, to make reasonable progress into Central London?
A. Yes, we were able to make progress. I can't remember the exact route that we took. We did have a particular problem at a junction by Holborn Underground station where there was lots of emergency vehicles from different directions trying to get through the junction because of the heavy traffic.
LADY JUSTICE HALLETT: You would have come over Waterloo bridge, through the underpass, up King's Way?
A. Yes, up King's Way, Southampton Row, it was a pretty straight route, yes, up that way, but the junction --
LADY JUSTICE HALLETT: If it was clear, maybe you could do it.
A. But the junction with Holborn --
MR COLTART: You'd have to be travelling pretty swiftly, but it might be possible. We've heard evidence earlier in

the week from firemen, for example, who were able to make it from Holloway -- north-east, coming from a different direction -- to Tavistock Square in 13 minutes, and I think we'll hear through Mr Gibson this afternoon that the second wave of ambulances that was finally deployed which came from Leicester Square, where they'd been sent to Tavistock Square, they managed to do it, or the first one arrived within ten minutes. So it was possible to travel, that's the short point I'm seeking to make.

A. Yes.

Q. Thank you.

Can we just go back to page 6 of that same document, please? I just want to ask you some of the questions about people who were at these incidents and what information you were able to glean from them. If we look at Aldgate -- perhaps we could just enlarge the middle of the page, thank you -- you arrive at Aldgate and you liaise with a number of other Ambulance Operation Managers and we've got David Campbell and Steve Colhoun, who you were with all morning, I think.

A. Yes.

Q. Jason Killens, he was another Ambulance Operations Manager at the time?

A. Yes.

Q. Just tell us in a nutshell, please, what was the job -- not necessarily on 7 July, but in general terms, what was the job of an Ambulance Operations Manager in 2005? What was the short job description?
A. He was responsible for emergency ambulance services in a specific area, which was more or less borough-based.
Q. Just to assist you with that, can we have LAS456 up on the screen, please?
This is a list which the London Ambulance Service has provided of Ambulance Operation Managers at the time, and so if we look down that list, as you say, it appears as if everyone's got responsibility for a different part of London, Mr Killens is responsible for City & Hackney, and in relation to those different areas, and where you were posted, what was your job whilst you were there? Was it just in relation to that part of London, that area, or --
A. Yes, it was very much about managing staff and resources that were based in that area and served that area predominantly and liaising with other agencies, including, obviously, healthcare agencies that served that area as well.
Q. Then, from Aldgate, it was perfectly obvious that you had a gaggle of managers at Aldgate and it would be a good idea to try to diversify those resources, so you

are sent back to headquarters and you attend a Gold briefing once you get back there, and perhaps we could just have a look at LAS375 for a moment?
Just enlarge that. Thank you. This is the Command structure on the day. We see that there are two Gold Commanders, one is John Pooley and the other one is Martin Flaherty. As I understand matters, John Pooley was initially Gold Commander, but then he went to act as Gold at New Scotland Yard with the Joint Emergency Services Committee there, and Martin Flaherty took over. Now, at the time, he, Mr Flaherty, was Director of Operations at the London Ambulance Service. Are we to take it that's a more senior position from an Ambulance Operations Manager?
A. Yes.
Q. Does he have more of an overall strategic position within the organisation rather than being just dedicated to a regional part of the service?
A. As Director of Operations, yes, yes.
Q. Gold medic on the day, responsibilities presumably were to liaise with the Silver Commanders from the various different incidents, and try to provide an overview of what was happening and allocate resources and people and equipment accordingly --
A. Yes.

Q. -- and to liaise with the other emergency services --
A. Yes.
Q. -- and, we've heard from Dr Harris this morning, to liaise with the HEMS team, for example, and that sort of thing?
A. It would have been a strategic role where the Silver officers are a tactical role, so, yes.
Q. We see, if we look at the left-hand side of this diagram, that Mr Killens was the Gold staff officer and he was Mr Flaherty's staff officer, as he's described in some of the witness statements. What would his role have been in that position?
A. His role, I guess, would be to assist Gold in any way that Gold needed assistance.
Q. And to implement the decisions which they were making in their position as Gold Commanders?
A. I'm not sure about implement the decisions. My understanding is it is certainly to support Gold medic.
Q. Would he have had any executive independent decision-making capacity, as staff officer?
A. I don't know.
Q. All right. From that Gold briefing you attended, you were then dispatched back to Liverpool Street?
A. Yes.
Q. Now, of course, you have only just come from there in

a sense, haven't you, you've been at the other end of that tunnel?
A. From Aldgate, yes.
Q. Do we take it from that, then, that by this time -- which is just before 10.00 -- we know that the Aldgate scene was all but cleared by that stage, and there weren't any casualties being evacuated through the Liverpool Street end of the tunnel.
Do we take it that that wasn't information which was available to the Gold Commanders in the briefing room --
A. I don't know.
Q. -- or, if it was -- let me put it slightly more elegantly -- it wasn't communicated to you, perhaps?
A. I wasn't made aware that the Aldgate incident had finished, or I think that's what he just said. I was just sent to Liverpool Street because there's reports of an explosion there.
Q. We can see, if we go to page 7 of this document, that you arrive, you're told by the British Transport Police there are no explosions at that location, and a bit further down in that paragraph:
"Throughout this time on scene at Liverpool Street, London Ambulance Service staff officers and staff unable to have any communication with Central Ambulance Control on any channel except channel 7. [Mr] Colhoun informs

Central Ambulance Control of [that fact] and that [you] are ... unable to get through on channel 9."

Channel 9 I think was the dedicated channel set up for the purposes of this incident, wasn't it?

A. I believe channel 9 was the major incident channel, yes.

Q. As we've seen, and as you've told Mr O'Connor this morning, thereafter you had difficulties in using your radio.

In any event, from there you go back to headquarters and it's at that point you're dispatched to Tavistock Square, but I just want to ask you about this. You're still in the company of Mr Colhoun, and he says this in his witness statement -- for my Lady's note, it's INQ2403 -- that, after you'd arrived at Tavistock Square:

"Terry Williamson requested I make my way to Burton Street to the rear of the British Medical Centre where there were other ambulance officers. Myself and DSO McTigue proceeded down Tavistock Place and arrived at the junction with Marchmont Street. At this time, we both noticed a lot of activity at the bottom of Marchmont Street at the junction with Bernard Street to our right-hand side. We could see a number of green uniforms moving about, so decided to go and see what was happening.

"On arrival near to Russell Square station, I was met by three Ambulance Operation Managers, Bill Kearns, Paul Woodrow and Gareth Hughes. They were screaming at me that they had no ambulances, multiple casualties with at least four priority 1 patients. I was not aware of the explosion on the line between King's Cross and Russell Square until this time."

So was this your position as well -- you'd been together all morning -- that, by the time you arrived at Tavistock Square, which was about 10.40 or so, you didn't know that there had been an explosion on the line between King's Cross and Russell Square?

A. That's right.

Q. By that stage, you had paid two separate visits to headquarters and attended a Gold briefing. Correct?

A. Yes. The second visit, we never actually got out the car because we were deployed from outside to Tavistock Square.

Q. All right. But you had met up with one of the emergency planning managers, Mr Edmondson, at Aldgate?

A. Yes.

Q. But that information, in any event, about King's Cross/Russell Square hadn't made its way to you?

A. No, all I was aware of was that there were multiple explosions, as we understood it at the time, but not any

locations.
MR COLTART: Thank you very much.
A. Thank you.
LADY JUSTICE HALLETT: Ms Gallagher?
Questions by MS GALLAGHER
MS GALLAGHER: Mr Williamson, earlier today in evidence you said in your view, "Quite frankly, it was just a case of get on with it", but isn't the problem, Mr Williamson, that you simply didn't know what "it" was?
A. When I say "it", it was just dealing with the patients that we knew we had in the building.
Q. In the hotel?
A. Yes, I didn't know it was a hotel, but the building that was closest to the square.
Q. Just a separate building.
Now, on arrival, or very shortly afterwards, we know you assumed the role of Silver medic and in your statement you say you do that as soon as you're told about the casualties in the other building.
A. Yes.
Q. So at this time, you're outside the cordon?
A. Yes.
Q. You're told about casualties in the other building.
A. Yes.
Q. The first thing you do, according to your statement, is

you dispatch your colleague, Simon Woodmore, to go to the building which we now know is the hotel.
A. Yes.
Q. So you plainly didn't know about the earlier bomb, you obviously were unaware of any fatalities, and it's 30 minutes before you're even aware of any fatalities anywhere at all, let alone anywhere apart from the bus?
A. Yes, I'm not sure about how long it was, but it was some time before I became aware of fatalities on the bus, yes.
Q. Mr Williamson, given that this Silver medic role involves controlling all London Ambulance Service resources and other medical resources, allocating resources according to need, how did you consider, whilst standing at the cordon, not near the actual scene, but also not at the scene which you believed to be the scene at the time, ie the building, that you could adequately perform that role?
A. I was performing the role with the information I had from the scene in the building, so, for me, the incident at that point was those patients that were in that building close to Tavistock Square, and then other patients that we became aware of shortly after that, I think there was some that we became aware of in the British Transport Police building as well.

Q. Mr Williamson, you've been taken to your report a little earlier. There's just one other point I want to take you to on it. It's INQ8977-9. Mr Williamson, you can see at the top of this page there's the reference to police explosives officer reports fatalities on top deck of the bus, and you've told us you think that's about 30 minutes after you arrive. If you scroll down to the bottom, it's seven bullet points up from the bottom, it's:
"AOM T Pidgeon reports that several GPs on scene."
This is the first reference we can see anywhere in the full two pages of bullet points to there being other doctors, GPs from the BMA building, on the scene. There's nothing about that earlier. This appears to be some time later, after you learn of the fatalities on the top deck of the bus.
So is it fair to assume that this is more than 30 minutes after you arrive when you first are made aware that there are doctors who are non-LAS personnel assisting?
A. Yes, I don't know if those doctors came from the BMA building, which is what you said. I don't know if that's where they came from. But I was made aware that there were GPs, as I've put there, on-scene. So how long into it, I'm not sure, but I'm sure it would have

been probably over 30 minutes, yes.
Q. So you didn't even know about the BMA --
A. No.
Q. -- but you know there's GPs, but it's at this very late stage?
Mr Williamson, just as regards the cordon, in your evidence earlier -- my Lady, it's page 119 of the transcript as it stands, and I appreciate that will change when the transcript is finalised -- you had a discussion with Mr O'Connor when he said:
"Question: ... so ... you weren't able to go any closer to the bus than the cordon --"
You said:
"Answer: No."
He asked:

"Question: -- because the policeman told you couldn't?"
And your answer was:
"Answer: Because the cordons were in place, and when we approached that junction and looked, we didn't see anything other than the bus with the roof off."
You were then asked by Mr O'Connor:
"Question: Did you say to the policeman that you needed to get there ...?"

You said:
"Answer: No ..."
So is that right, you didn't actually press it with the police officer, you weren't told you are being prevented going past the cordon, you just didn't ask him if you could go past there?
A. I don't remember being -- I don't remember having a conversation with a police officer and the police officer saying directly to me that we couldn't go past the cordon. I remember colleagues from the LAS saying that we couldn't and, as you've said, we could see the cordon that was visible, and all I could see was a damaged bus, so I couldn't see any casualties or anything like that behind the cordon.
Q. But you weren't stopped from entering by the officer, you didn't ask him whether you could go past?
A. I personally didn't try to enter the cordon area, no.
Q. Did you at any stage ask to speak to someone more senior? Did you ask the police officer at the cordon if you could speak to someone in a Command role from one of the emergency services --
A. We --
Q. -- either with the Metropolitan Police or the London Fire Brigade?
A. I did ask at some point -- I don't know who I asked --

about whether there was senior police officers on the scene and I was told that there wasn't at that time.

Q. You say "at some point", is this at the initial stage when you had assumed the role of Silver medic or later?

A. It would have been fairly early into our arrival, but I'm not sure exactly when that was.

Q. We understand communications were difficult, Mr Williamson, when you arrived at the scene. But in terms of pre-arrival and the lack of information you had, it's been described by Mr O'Connor earlier as you being completely in the dark en route. You were taken to that message at 10.05 -- my Lady, the reference is LAS565-54 -- when reference was made to there being casualties.

One of your colleagues gave evidence last week about that message. It was Ms Green, or Mrs Ashford as she now is. She said there was no point in mentioning dead people in that message because they needed resources that could deal with people who needed assistance. But in fact, Mr Williamson, there are multiple messages before you arrive which show that Central Ambulance Control had been told about fatalities, and it appears none of those messages were passed to you.

Could we look first at LAS565-48, please?

It's the penultimate message at 9.57. We know that

that's Ms Green and Ms Conway, or Mrs Ashford and Ms Conway. You can see three lines up from the bottom there's reference made to "patients dead and injured, over". That's at 09.57, so a very long time before you arrive on the scene.

Could we also go, there's a message at 10.33, it's LAS565-79, please.

It's the penultimate message on the page, and it's from E291:

"I'm at junction of Upper Woburn Place and Tavistock Square where a bus has been exploded. We have at least three fatalities ..."

So in fact, these messages had been passed at that earlier stage, but you weren't made aware of any of that?

A. No.

Q. Mr Williamson, when you were told about the fatalities on the bus, some 30 minutes after you arrived, did you ask at that point whether anyone had confirmed if those fatalities were dead or if any medical personnel had seen those individuals?

A. No, I didn't ask. There was a discussion with, I believe, a police officer and myself and a doctor about a doctor going forward to, I guess, confirm that there were fatalities, but that didn't take place

because I understand that later -- after that, there was a discussion about the fact that the scene wasn't safe.

Q. Mr Williamson, when you were told about those fatalities on the bus, did you ask the person who gave you that information whether there were any other fatalities that they were aware of?

A. I don't remember.

Q. There's just one last matter, Mr Williamson. We know that you gave a statement to the police on 8 November 2005 and we've seen a few times the supporting report including those bullet points. The report is undated, Mr Williamson. Mr O'Connor, in putting a question to you earlier, described it as prepared much closer to the time. We certainly know it was prepared by 8 November 2005 because you provide it to the police. If we could just go to INQ8977-6, the very top of the page, there's that reference to "all times are approximate and from memory" suggesting it's some time later.

Is it right that you didn't record any notes or log sheets on the scene on the day?

A. That's right.

Q. Do you recall when you put this report together?

A. I believe it was either the next day or the day after that, it was very, very soon after the event.

MS GALLAGHER: Thank you very much, Mr Williamson, I've nothing further.

MR SAUNDERS: Nothing, thank you.

MS SHEFF: No, thank you.

LADY JUSTICE HALLETT: Any other questions?

Thank you all very much. Thank you, Mr Williamson. Those are all the questions that we have for you.

MR ANDREW O'CONNOR: My Lady, we have one more Command and Control witness, that is Mr Gibson, from the LAS. However, before we call his evidence, we now, with your leave, will hear two pieces of evidence relating to Mr Ly and what happened to him when he was taken from the scene and went to hospital.

My Lady, we have Mr Kitchen here, whom I'll invite you to call in a moment, but before that, may I read the statement of Dr Mark Wilson.

It's a statement dated 3 August 2010.

Statement of DR MARK WILSON read

"This statement relates to Sam Ly, date of birth 8 May 1977. I am currently employed as a neurosurgical registrar at the National Hospital for Neurology and Neurosurgery, Queen Square, working for Mr Neil Kitchen. I was not present or working for Mr Kitchen at the time of admission of Mr Ly and, hence, I was not involved with this patient's care. This statement therefore

comes from the notes and imaging reports that I have been given access to in preparation for it.

"Mr Ly was admitted through University College London Hospital's accident and emergency department (major incident number MX000041) at 1100 hours on 7 July. His hospital notes do not go into detail regarding his pre-hospital care. His obvious injuries at the time of his admission through the emergency department were: an open wound in his right shoulder region with a possible fracture of his humerus beneath, a deep laceration to his right knee, soft tissue injuries to his right and left hand and he was complaining of neck pain.

"He also had a scalp laceration above his right eyebrow, but at this time was reported to be orientated and moving all four limbs.

"Within his medical notes he has an operation note, dated 7 July, at approximately midday, when the injuries he had to his left hand were surgically treated including K-wiring of a fractured thumb. He also had debridement of his other wounds, which were subsequently packed and treated with Betadine. His forehead wound was stitched and his scalp wound stapled. Subsequently, he was transferred for head and cervical spine CT, the results of which are reported as follows:

"Blast injury - open shoulder fracture, CT head - Fractures 1. Right frontal bone to astro vertical fracture.

"2. Left temple bone with associated extradural haematoma.

"3. Presumed left mastoid fracture - fluid seen within mastoid.

"4. Diastases right coronal suture CSF spaces symmetrical. Mild sulcal effacement. No evidence of raised posterior fossa pressure.

"1. Extradural haematoma, 8 millimetres depth, right middle cranial fossa.

"2. Bilateral temporofrontal subdural haematomas, right, 4 millimetres' depth, left, 7.7 millimetres' depth. Intersmall air pocket.

"3. Haemorrhagic contusion left frontal lobe. Multiple small subarachnoid petechial haemorrhages over the vertex bilaterally. Fluid in sphenoid sinus, frontal sinus and left mastoid.

"Impression. Small fracture right frontal left temporal bilateral subdural haematomas. Mild sulcal effacement. Parenchymal contusions. Cervical spine. Normal alignment fracture spinous process C6, fracture right lamina C7 no displacement. Right shoulder Degloving injury to right shoulder with surgical

packing?? lying superficially. Comminuted acromial fracture with displaced fragment posteriorly. Clavicle N joint congruent foreign body - close to inferior aspect glenohumeral joint and in subcutaneous tissues. 8 millimetres could be within joint.

"Of this, his most serious injuries relate to the skull fractures with diastases of the coronal suture..."

I think that perhaps should read "structure":

"... and subsequent intracranial haematoma. Arrangements were therefore made for him to be transferred to the National Hospital for Neurology and Neurosurgery. This was discussed at the time with Bobby Arvin (Specialist Registrar in Neurosurgery), who was working on behalf of Mr Neil Kitchen (Consultant Neurosurgeon), both at the National Hospital for Neurology and Neurosurgery. It would appear from the notes that, later that evening, at approximately 1800 hours, he had further bleeding from his shoulder which required taking him back to theatre and further surgery to control this haemorrhage.

"Unfortunately, from his notes at this stage I am not able to ascertain his level of consciousness prior to intubation for that surgery. He was transferred to the National Hospital for Neurology and Neurosurgery later that evening, still intubated, arriving on the

surgical intensive care unit at 12.35 hours am on 8 July.

"He was admitted to Dr Kevin Fong (Specialist Registrar in Intensive Care Unit). Further evaluation of his CT head revealed that he had an extradural haematoma of 8 millimetres' depth on the right, with bilateral temporoparietal subdural haematomas on the right being 4 millimetres in depth and, on the left right, being 7.7 millimetres in depth. He also had left frontal contusions.

"Of note, up until this point he had received 10 units of blood, 4 units of FFP, and 10 units of cryoprecipitate as well as platelets to maintain his cardiovascular status.

"His haemoglobin on admission with us at Queen Square was 7.8. He had an intracranial pressure monitor inserted which revealed a high pressure at 35 millimetres mercury. This was managed with optical medical management, including sedation and analgesia. With this optimum management, his intracranial pressure came down from 35 to 18 and he remained stable with plastics reviewing his superficial injuries over the following 24 hours.

"On 9 July, he was taken back to the theatre to have the dressing of his left hand and right knee changed

and, again, he remained relatively stable with his ICP in the region of 17 millimetres of mercury.

"On 10 July, a discussion with his family explained the situation and proposed that an attempt to wean his sedation would be made if he continued to remain stable. On 10 July, his ICP was 12 and he had a further dressing change.

"On 11 July, at 7.00 in the morning, he was noted to have some non-specific T-wave changes within his ECG, which we sometimes see with severe head injuries. Otherwise, he remained stable and had further dressing changes over the following 48 hours.

"A repeat CT scan of his brain on 12 July demonstrated little change to his previous scan.

"On 12 July, at 2230 hours, it was noted that his intracranial pressure was increasing intermittently to 30 millimetres mercury and, hence, his sedation was increased and he was cooled to try to bring this more under control. Despite this, his ICP fluctuated at around 24 millimetres mercury. A CT scan performed at 0938 hours, on 13 July, again showed little change, but the evidence of raised intracranial pressure with effacement of the cortical sulci and of the ventricles with loss of cortico-medullary differentiation was present.

"It was felt that this could be slightly worse and, hence, the decision was made by Mr Neil Kitchen to perform a bifrontal decompressive craniectomy. This is a surgical procedure where a very large part of the skull is removed to allow for swelling within the brain. It is usually considered a treatment of last resort for raised intracranial pressure.

"The procedure was performed by Mr Kitchen and Mr Ashkan (Consultant Neurosurgeon) with the assistance of Ms Burn and Mr Tisdall, (Specialist Registrars in Neurosurgery). The procedure itself was technically extremely demanding, with great difficulty controlling blood loss. Post-operatively, he was transferred back to intensive care for further maximum medical management, but unfortunately, his intracranial pressure continued to rise again and it is recorded in his notes as being a very high intracranial pressure of 93.

"He also became cardiovascularly unstable, requiring increasing amounts of Noradrenalin to maintain his blood pressure. The following day, Dr Martin Smith (Consultant in Surgical Intensive Care) explained the severity of the situation to the family. He had not been on any sedation for at least 24 hours at this point.

"At 1910 hours, on 14 July 2005, he became

profoundly hypertensive, despite Noradrenalin, his pupils became fixed and dilated and there was no electrical activity recorded on his ECG. The ventilator was therefore stopped as well.

"His time of death was recorded in the notes as being 1910 hours, on 14 July 2005, and was reported by Dr Regan (Anaesthetic Specialist Registrar).

"As explained at the beginning of this statement, it is taken from the notes regarding Sam Ly that have been provided to me by the police services. I personally was not involved with this gentleman's care at any point."

My Lady, may I now invite you to call Mr Neil Kitchen?

MR NEIL DAVID KITCHEN (sworn)

Questions by MR ANDREW O'CONNOR

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

A. Neil David Kitchen.

Q. In July 2005, you were a consultant neurosurgeon at the National Hospital for Neurology and Neurosurgery at Queen Square. Is that right?

A. That's correct.

Q. Are you still a consultant at that hospital?

A. I am.

Q. On 7 July 2005, is it right that you were at the

hospital in Queen Square at about 9.50 in the morning?
A. That is correct.
Q. Is it right that that hospital is relatively close to Tavistock Square?
A. It's, yes, perhaps 5 minutes' walk away.
Q. Did you, in fact, hear the blast that morning, Doctor?
A. I was in my outpatient clinic and I heard a large noise which I took to be some extraordinary event, consistent, I suppose, in retrospect, with an explosion.
Q. Did you subsequently discover that what you'd heard was, in fact, the explosion on the bus at Tavistock Square?
A. Yes.
Q. You say you were at an out-patient clinic at the time. I think it's right to say that relatively shortly thereafter you went to University College Hospital. Was that in response to the developing emergencies of the morning?
A. Correct. We have a major incident plan and, following some few minutes after that explosion, I attended the central area within Queen Square and as the on-call neurosurgeon -- neurosurgical consultant that day, I was told to go over to UCLH casualty straightaway, which indeed I did.
Q. Which would have placed you at UCH some time after 10.00?

A. Yes, correct.
Q. We know -- perhaps we'll look at one or two documents in a moment -- that Sam Ly was admitted to UCH at around 11.00 that morning, so some time after you arrived. He had serious orthopaedic-style injuries to his torso and shoulder, as we've heard in the statement we've just read, but he also had a developing picture of serious head injuries.
Did you, in fact, see him at that time?
A. I did not, no.
Q. When was it that you first had a personal involvement in Sam Ly's case?
A. Well, I was over at UCLH casualty from some time after 10.00 until I was told to stand down, possibly some time mid-afternoon -- I can't recall -- and I went straight back to Queen Square, and the registrar who was on call told me about a case, and we looked at the scans late afternoon. As the CT brain scan was done about 4.00, it would be, I imagine, shortly after that.
Q. I see. As we'll hear, you took Sam Ly into your care and you were responsible for part of his treatment at the Queen Square hospital in the days that followed?
A. That's correct, yes.
Q. You performed the surgery that we've heard referred to?
A. Yes.

Q. Let me just take you back, if I may, then, doctor, to the treatment at UCH when Mr Ly arrived there.
Could I ask that we bring up on the screen, please, INQ9572-20?
This is one page of Mr Ly's rather voluminous medical notes. I know that you've had an opportunity to look at those medical notes again in the last few days, Doctor.
A. That's correct, yes.
Q. You're familiar with at least the more important of those records.
This is the first page of Mr Ly's UCH clinical notes. It's a form that's completed on his admission. Is that right?
A. That is correct.
Q. We see in the top left-hand corner -- it may well be, even aiming off for medical handwriting, that the date is wrong. Someone thought it was still 6 July at that point. But the time, perhaps more importantly, is 11.00. So there we see evidence of the time of his arrival.
Just over on the right-hand side, we see an entry which is described as GCS, that stands for Glasgow Coma Score, does it not?
A. That's correct, yes.

Q. I think it's quite hard to read there, but is it right that we see fairly clearly there, and more clearly in other notes, that his Glasgow Coma Score, at that point, was 15?
A. 15, which means fully orientated and alert, as we all are in this room.
Q. We also see, do we, from the rest of this form -- in particular, for example, if we look towards the bottom of the form, we see reference to his past medical history, his drug history, allergies, and so on. It's clear, isn't it, that Mr Ly was able to give a history when he arrived at hospital?
A. I think that's absolutely correct, from that page and from the nursing observation chart initially and, indeed, from the initial clerking, that he gave a history, yes.
Q. We've heard some evidence from those who treated Mr Ly after he was taken from the bus, but before he was taken to the hospital, about possibly varying degrees of consciousness. It's clear from these documents, though, that he was entirely conscious when he arrived at hospital.
What does that tell us, if anything, about how conscious he may or may not have been at an earlier stage?

A. Well, you know, he might have well been agitated and confused as a result of the shock, but what one can say, really, is that, at this stage, he, you know, was fully orientated and alert, so I don't think he would have had a true depressed conscious level due to a neurological -- a primary neurological injury.
Q. Prior to 11.00?
A. Yes.
Q. Thank you. We heard in the statement that I read a moment ago that, on arrival at UCH, one of the things that happened to Mr Ly is that he underwent some surgery to deal with some of his more -- some of his what you describe in your statement as orthopaedic injuries, the injury to his shoulder and torso, and stapling some of the scalp injuries and so on.
Can we take it that those injuries, although they may have appeared to be quite severe, were not life-threatening?
A. I think that's correct, although he did lose a large amount of blood, so all of these various open wounds did require that immediate suturing.
Q. Yes, but not life-threatening, once he'd arrived in hospital and they'd been dealt with?
A. Correct.
Q. Having received that surgery, he had a CT scan on his

brain and cervical spine?
A. That's correct, so he was seen, as it were, these superficial injuries sorted out and then he had definitive imaging of the brain and cervical spine, yes.
Q. We've heard -- and it's now on the record -- the detailed findings of that CT scan. If we can try to deal with it in slightly more summary form and slightly less medical language, the findings, I think, were, first of all, multiple skull fractures.
What does that tell us about the mechanism of the injury itself, in your view?
A. Well, I think it must suggest a mechanical aspect to the injury as well as a blast injury. That is to say either his head hit an object or an object hit him, or there was some form of crush injury, because those skull fractures weren't minor, they were very extensive.
Q. I see. There is also a record of -- two, I think it was -- fractures of the cervical spine. What can we say about those in terms of their seriousness, whether they were life-threatening?
A. Again, I think that does certainly suggest a mechanical aspect, either being thrown and hitting an object, first of all, and, secondly, these were bony injuries rather than spinal cord injuries, so they suggest the severity of the head and spine injury, but don't necessarily have

any implication for prognosis.
Q. No. Further to that, and possibly more importantly, there were findings of the extradural and subdural haematomas and also contusions of the left frontal lobe. What can we say about those?
A. So these are -- these describe blood clots in the head, on both sides of the head, and in various compartments; that is to say outside of the dura, which is the lining of the skull, that's the extradural haematomas and beneath the dura as well, and also within the brain, and on both sides, again indicating a significant brain injury, very significant.
Q. So in summary, a man with nasty-looking, orthopaedic-type injuries, but not -- certainly not life-threatening, a man with a bone injury to his neck, but again, once in hospital and stabilised, not life-threatening, fractures to his skull and very significant brain injury?
A. That is correct, yes.
Q. The neurological injury, one that you would want to watch and see how it developed?
A. Absolutely, yes, absolutely.
Q. We heard, in the witness statement that I read, references later to Mr Ly's intracranial pressure. At this stage, is it right that there was no measurement

taken because the monitor itself was only put in once he was transferred to the Queen Square hospital?
A. That's correct, that was put in, I believe, shortly after midnight that night.
Q. You've described that it was these CT scans, I think, that you would have seen, they were sent, presumably electrically, over to you at Queen Square, and it was on the basis of those scans that you decided that he should be transferred across to your care?
A. Absolutely, yes.
Q. That transfer took place that night. Presumably, you were -- were you still on the premises at that point, or did you only see him the next morning?
A. No, I was still on the premises, and I should say that the transfer was slightly delayed because he had to go back to the operating theatre to have a bleeding stopped from the shoulder wound.
Q. Yes, and, as we heard, when he arrived, he was still intubated and ventilated as a consequence of that surgery, I think. Is that right?
A. I'm not sure it was as a consequence of that surgery, but he certainly was --
Q. Following that surgery?
A. Following that surgery, yes.
Q. It was at this point that the monitor to measure his

intracranial pressure was inserted?
A. Correct.
Q. Why did you do that?
A. The problem -- the physiological problem with someone who has suffered what we call a diffuse head injury, where the brain has been disturbed and there is likely to be swelling, is that the head is a rigid, bony box and, if there's brain swelling, the pressure inside the head goes up, it means that less oxygenated blood can reach the brain and cause secondary brain injury, and what we call the ICP monitor, the intracranial pressure monitor, measures the pressure inside the head, and that, combined with other parameters, such as the blood pressure, the oxygen and carbon dioxide in the blood, give us information about how well the brain is functioning.
Q. The initial readings from the ICP monitor were 35 -- that is millimetres, is it -- of mercury?
A. Yes.
Q. Which is a high measurement, but perhaps not of great concern at the time?
A. Quite often, when you put the monitor in, it's high for a couple of hours, something like that, and then it drifts down to what it truly is. We think that it's due to the mechanical putting in of the probe and perhaps

some small blood clot or something around the surface of the probe which does that. So we don't jump to any therapeutic decisions on the initial pressure.
Q. In Mr Ly's case, the pressure did indeed drift down. Was that also in part because he was being treated, by this stage, with analgesics and sedation?
A. There are many nonsurgical ways to treat raised intracranial pressure which would and were employed, such as having the patient slightly head up, having mechanical ventilation, ensuring optimum oxygen and carbon dioxide to the blood.
Q. In effect, this nonsurgical treatment, is its effect almost to mask the -- or temporarily to mask what is going on underneath, or what might be going on?
A. No, I don't think it does just mask it. It does actually optimise the brain perfusion, that's to say how much oxygen gets to an individual neurone throughout the brain.
Q. I see, but it's a temporary measure?
A. No, it doesn't necessarily have to be. In some head injuries, that is all that is required, and that -- just doing that for a period of time treats the patient very successfully.
Q. Sorry, it's my mistake. The point I'm rather inelegantly trying to get to is that this treatment of

analgesics and sedation, and so on, has an effect, but there must come a time when it's withdrawn and you see whether the patient can, as it were, carry on without it?
A. Absolutely, correct, yes.
Q. The period of the next few days, I think, between 9 and 12 July, the records suggest that Mr Ly was, in fact, fairly stable and that the ICP level stayed relatively low?
A. That's correct, yes.
Q. As at, let's say, 12 July, by now some days after the incident, some days after he arrived in your care, with a relatively stable ICP level, what would your prognosis have been at that point?
A. Well, you're still guarded, in a sense, because the patient's true neurological condition is being masked, in a sense, by the sedative and anaesthetic and analgesic drugs that he's on and he's also got a pretty bad looking CT scan. So I would still be guarded until those drugs are withdrawn and we can see actually what the patient is doing neurologically.
So in answer to your question, I would keep an open mind about it.
Q. What, in fact, took place was that, later that night, on 12 July, the ICP level did rise, and that wasn't because

you'd withdrawn the drugs?
A. No.
Q. Why did it rise, then?
A. In these -- in cases of diffuse head injuries, we know there is an aspect of delayed cerebral swelling. We do not know precisely why it occurs at a particular time, but we do know that that is a phenomenon which occurs. It must be to do with damage to those individual brain cells causing swelling over a period of time, which then builds up.
Q. It wasn't possible to increase the doses of the drugs that you were giving him in order to cope with the raised pressure. Is that right?
A. You can only do so much, and he was certainly on the maximal medical therapy, as we call it.
Q. So that was why you chose to take a surgical route to try to deal with this rise in pressure?
A. That is correct. One tries the nonsurgical treatments first of all, and then, if they fail, essentially one's left with the surgical option, yes.
Q. We've heard described in the statement this really quite major surgical procedure that you undertook. Could you describe it in two or three sentences?
A. Yes. It is major in a sense, in the sense that there is a lot of blood loss because of the scalp, skull and

brain injury and, essentially, one removes -- and in this case removed a large portion of the skull from across the forehead for several centimetres on both sides, and then cut the dura, which is the lining of the skull, essentially to allow the brain, that swollen contused, damaged brain to swell up, ie increase its volume, so the aim being that the pressure -- it helps prevent the pressure going up.

Q. We heard Dr Wilson describe this treatment as a treatment of last resort. Would you concur with that?

A. Yes, on the available evidence that we have, although I should say that there is a debate going on at the moment in the neurosurgical community and, indeed, a trial ongoing about whether one should actually operate earlier in patients with diffuse head injury, but the answer is we don't know.

Q. In Sam Ly's case, was it a treatment of last resort?

A. It was the treatment of -- after the medical treatment had failed, so, yes, correct.

Q. How did his condition develop after the surgery?

A. Sadly, in Sam's case, it didn't work, and his pressures continued to rise thereafter, and you described very well the subsequent changes with the heart and requiring increased doses of those drugs which keep the heart going to no avail and he made no recovery.

Q. Dr Wilson did, anyway, I won't take the credit for it. In your statement, Doctor, you describe Sam Ly's cause of death as this: "Delayed but progressive brain swelling from a traumatic brain injury consistent with a blast injury." Does it follow from that that the swelling and the heightened pressure that you've described was a direct consequence of the initial injury which had taken place some days earlier?
A. Yes, but perhaps adding that -- as I say, I'm not an expert on blast injury -- but I would say there is, in addition to that blast effect, the mechanical effect on the brain as well.
Q. The evidence suggests that the initial injury may well have been either --
A. A mixture of the two.
Q. -- a mixture of the blast injury and a more mechanical injury, but the swelling that followed, you have no difficulty in associating with that injury, however precisely it was caused?
A. No difficulty at all, no.
Q. Is swelling of this nature a recognised risk in cases of a brain injury of this sort?
A. Yes.

Q. Was the treatment in hospital that Mr Ly received designed to minimise that risk?
A. Yes, it was.
Q. Looking back with the benefit of hindsight, is there anything that you feel should have been done differently in Mr Ly's case?
A. I've thought about this, and I think not. When he came to -- he had his initial injuries sorted out appropriately, which had to be sorted out first, and when he came to us his -- for dealing with the problem of brain swelling, it was managed in the appropriate way.
Q. So far I've only been asking you questions about the period starting with Mr Ly's arrival at UCH at about 11.00, which is, of course, about an hour and a quarter after the explosion.
Can I tell you that the evidence that we've heard in the last week or so is that Mr Ly -- and this relates to the period before he arrived at UCH -- was trapped in the bus for a period of about half an hour or so after the blast. So he was trapped in the bus from 9.47 until about 10.20, or perhaps a few minutes after that, 10.25, and that, having been removed from the bus, he was then treated in the BMA building with basic first aid, including being given intravenous fluids, for about

a period of about another half an hour, something between 10.25 and 10.55, and that it was at about 10.55 that he must have been taken to hospital in order to have arrived there at 11.00.

Can I ask you this: just suppose that there had been an ambulance waiting at 10.25 or thereabouts when Mr Ly had been extricated from the bus so that he actually left the scene at 10.25 and, let's say, arrived at UCH at 10.30 -- so half an hour before he, in fact, arrived -- do you think that would have made any difference to the eventual outcome of his case?

A. No, I don't think so, and the reason I say that is because, when he arrived at UCLH, he was fully conscious and alert. Meaning that his problems developed thereafter.

MR ANDREW O'CONNOR: Thank you very much, Mr Kitchen. Those are all the questions I have for you.

Questions by MR COLTART

MR COLTART: Just one or two, Doctor, if I may.

He was obviously fully oriented and alert on arrival, as shown by his Glasgow Coma Score, but the evidence which we've heard is that he did undertake some sort of deterioration during that period of time that he was in the courtyard of the BMA building, that half an hour after he was freed from the bus and before he was

taken away in an ambulance.
There is something of a conflict in the evidence.
Some of the witnesses talk of his losing consciousness,
others say that he didn't, but they seem to be agreed
that he certainly got quieter as that period went on.
Were you aware of that fact before you gave your
evidence this afternoon? Does that make any difference
to your assessment in relation to whether that period of
half an hour might have been of any significance or not?
A. Well, I don't think it has any significance with respect
to his brain injury, and there can be many reasons why
he might have gone -- be quieter due to, as I've said,
shock or pain. So it doesn't -- no, I don't think it
affects what I've said.
Q. Does the fact that he was fully conscious and alert on
arrival at UCH preclude a drifting in and out of
consciousness in the period leading up until that point,
or does it just make it more unlikely?
A. I think it makes it more unlikely, yes.
Q. You've talked about the administration of oxygen as
being quite an important feature of the treatment for
people in this condition. Is it important, or how
important is it, that they are provided with sufficient
amounts of oxygen as quickly as possible?
A. Well, the answer to that is it's -- the brain needs to

be fully oxygenated, and so, yes, oxygen is very important to be administered. On the other hand, if a patient is fully orientated and alert, they will have normal oxygenation to their brain, breathing normally.
Q. In relation to the question of blood loss, is there any connection, neurological or otherwise, medically, between the blood loss and the severity of the brain injury?
A. Very occasionally. That is to say, when you have a massive scalp wound and you essentially -- because the scalp has a large blood supply, but, no, in general terms, not at all. The blood loss was due to the superficial injuries.
Q. Which were unrelated in the event to the cause of death?
A. Yes.
Q. Are we right in assuming that, although plainly significant and no doubt painful at the time, the fractures to the spine were also unconnected with the eventual cause of death?
A. Correct, yes.
Q. There was talk of no displacement in relation to that fracture. Does that mean -- again, I ask these questions purely as a layman -- but does that mean that whoever had been holding the head prior to his arrival at hospital had done a pretty good job at keeping him

straight, or does it have some other meaning or significance?
A. It doesn't mean, either way, the first thing you stated. What it means is that the injury to the spine wasn't serious enough to cause that instability. So it's a relatively -- relatively minor spinal injury.
Q. In an ideal world, with a patient with that type of injury, would one have applied a collar, a cervical collar of some description?
A. Generally speaking, yes.
Q. If it was available?
A. Yes.
Q. Just in relation to that period of half an hour in the courtyard, in an ideal world -- which plainly Mr Ly wasn't, at this stage, and everyone was doing the best they could in very difficult circumstances -- what treatment would he have been given?
Let me put it to you this way: if this was a fully functioning field hospital that he had found himself in, fully kitted out with everything you could need for trauma injuries of this kind, what would have been done for him at that point in that first half an hour?
A. Well, this is my own view, but remember, I'm not an expert in pre-hospital care, but he would have had a large drip put in, he would have been given some

analgesia and the initial -- and assessed in the usual way, A, B, C, D, and then appropriate management, first to the superficial wounds and then -- to prevent blood loss, and then take things from there.

Q. If that situation had been available, would it, in the end, have made any difference to the outcome or not?

A. No, it wouldn't, in my opinion. I think it would have treated the superficial injuries perhaps earlier, but because the problems with the brain injury developed many hours later, it wouldn't have made a difference.

Q. So is the tragic reality of the situation this, that these injuries were always going to kill Mr Ly?

A. I think that's correct.

MR COLTART: Thank you.

LADY JUSTICE HALLETT: Any other questions? Mr Saunders?

Questions by MR SAUNDERS

MR SAUNDERS: May I just deal with it in this way, Mr Kitchen, please? Much of what you know about Sam Ly is because of the CT scan. Is that fair?

A. Of his brain injury?

Q. In terms of his brain injury and the fracture of the spine. The position is, as I understand it, you understand a little of where he was, lower deck of the bus, the upper deck comes down on top of him and another person, whose family I represent, behind.

I think it's right that what you're saying is the injuries you found are consistent, not only with it, but are consistent with, as it were, the upper deck coming down on top of him?
A. Certainly consistent with that, yes.
Q. So it may not have, as it were, the result of the blast itself from the bomb, but simply the mechanical effect of that upper deck coming down?
A. Could be.
MR SAUNDERS: Thank you very much indeed, Mr Kitchen, thank you, my Lady.
LADY JUSTICE HALLETT: Any other questions? Yes, Ms Simcock.
Questions by MS SIMCOCK
MS SIMCOCK: Very briefly, my Lady. We know Mr Ly was conscious with a GCS of 15 on his arrival at 11.00 at UCH. Just for completeness can we have INQ9572-22? Do we see there the entry at 11.25?
A. I do.
Q. If we go down halfway down that entry, do you see there in the middle "GCS 15/15" and beside it "oriented, moving all 4 limbs, alert, pupils equal and reactive"?
A. I do, yes.
Q. That seems to indicate, doesn't it, that, at least 25 minutes after he arrived, he was also fully

conscious, oriented and alert. Is that right?
A. Yes, and that's the clerking from a doctor.
Q. Yes. We don't know, I think, as you confirm in your statement, at what time after this period Mr Ly's conscious level dropped. Is that right?
A. Yes, we don't, because he had -- he had two anaesthetics, he had the initial anaesthetic for the initial orthopaedic injuries, and then he had the CT scans and he had a second operation, and there's no documentation that I can see about when his conscious level did deteriorate during that period of time.
Q. Indeed. By the time you see him, of course, he's intubated, ventilated, sedated and, therefore, presumably unconscious?
A. Yes.
MS SIMCOCK: Thank you.
LADY JUSTICE HALLETT: Any other questions for Mr Kitchen? Those are all the questions we have for you, Mr Kitchen. You've explained one of the most complex of disciplines in a way that a layman like me can understand. Thank you very much.
MR ANDREW O'CONNOR: My Lady, we have one more witness left, Mr Gibson. We are likely to be some time with him.
LADY JUSTICE HALLETT: I can't sit beyond 4.30, so I hope everybody understands that either questions have to be

extremely focused or the witness will have to be adjourned.

MR ANDREW O'CONNOR: My Lady, we'll see where we get to. May I invite you to call him now?

LADY JUSTICE HALLETT: Thank you.

MR PAUL GIBSON (sworn)

Questions by MR ANDREW O'CONNOR

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

A. My full name is Paul Gibson.

Q. Mr Gibson, in 2005, you were an Ambulance Operations Manager with the London Ambulance Service?

A. That's correct.

Q. You still are?

A. I am.

Q. On 7 July 2005, you, along with others, including Mr Williamson, were attending a conference of senior managers at Millwall football ground?

A. That's correct.

Q. You have described -- and as with Mr Williamson, we have your police statement and a number of other documents that you prepared -- you did not leave Millwall football ground and go to Liverpool Street or any of the other incidents; you, I think it's right to say, went straight back from Millwall to the Waterloo Road headquarters of London Ambulance Service?

A. That's correct. Initially, when information started to develop that there were more incidents, one of the senior officers kept us back and said we needed some more resilience at HQ as a central location and, rather than being at Millwall, we relocated to the central location at HQ.
Q. Do you recall, roughly speaking, what time you went from Millwall back to headquarters?
A. I've no firm recollection of that. I know I left Millwall on blue lights and made my way rapidly, and at that time the traffic was relatively clear, so it was a relatively short journey on blue lights.
Q. Yes. Perhaps we'll come back to the timing in a moment. Could I ask that we look at a document, please, LAS698-2?
This is your incident report, Mr Gibson. I think, like Mr Williamson's, it's not dated itself. Do you recall when you drafted this document?
A. I do, actually. This was done on 8 July. I remember specifically because I was preparing it when the Secretary of State for Health visited our station to speak to the crews who were involved in the Edgware Road incident.
Q. I see, so very soon after the event. If we look at the second paragraph of this document, please, you say:

"During a Gold meeting, held by ACAO Pooley, several other AOMs were dispatched to various railhead incident scenes."

We can see from that, then, that you must have been back at the headquarters, shall we say, shortly after 9.00 or something of that nature?

A. I would suspect that's correct, I just didn't take an accurate measurement of time.

Q. No, of course. Just so that we have an idea.

Then this:

"Following the Gold meeting, I entered the main control room to offer assistance, as did I not formally have a role at this stage. ACAO John Hopson then requested that I attend ..."

Then you've, on 8 July, deliberately put this in inverted commas and perhaps we'll see why shortly:

"... a 'bus explosion in Russell Square'."

I assume from the fact that you've used inverted commas that you had a memory, at least at that stage, that those were the exact words that were used?

A. That was the exact words. I was definitely directed to Russell Square at the time.

Q. Do you recall at what time you received this information?

A. Unfortunately, I don't.

Q. We know, or at least your evidence is, that you arrived at Tavistock Square, of course, by way of Russell Square and we'll come to that in a moment, but you arrived there at about 10.20 or 10.25. Does that help you to estimate at least when it was you would have been given this instruction?
A. I've thought about this, actually, and, when I gave that statement, that was some months after and that was done from memory and not necessarily referring to actual documents, but certainly from the evidence we've heard today when Hotel 301, Nadene Conway and Jessica Green or Ashford, were given information that there was an officer on way, it suggests that I may have been dispatched shortly before 9.00 -- sorry, shortly before 10.00.
Q. I was going to say, I think you mean shortly before 10.00.
A. Shortly before 10.00.
Q. Yes.
A. So it may have been just after 10.00 when I left HQ. We've already discussed this, it's quite a short journey and on blue lights. There was quite a lot of traffic. I remember making my way up there, and did have to push round quite a few situations and encountered some delays. I would suspect I reached actual Russell Square

around about 9.15.
Q. I see. Just sticking with the instruction you're given, for one moment, have you ever found out why it was that you were sent to Russell Square and not Tavistock Square?
A. No.
Q. Could we just look at a document, please, LAS717-2? This is, perhaps you recognise, Mr Gibson, one of a number of records showing the time and content of emergency calls that were received by the Ambulance Service that morning. We can see this is simply the first of them in time, but we see that the time that this call started, from the top left-hand corner, is 09.48, so a minute or so after the explosion outside the BMA. The address that the caller gave was "outside the British Medical Association, Tavistock Square".
A. Yes.
Q. I'm not going to spend time taking you to them, but let me tell you that there are a number of other similar documents all of which show reports being made to the Ambulance Service of an explosion in Tavistock Square and, yet, you were sent to Russell Square, but you can't help us as to why that happened?
A. I can only presume that, because it was a known event in Russell Square, or Russell Square was known as an

incident scene at that time, that there may have been some confusion when that message was passed to me, but I can confirm that I was told Russell Square.

Q. Yes. You left the headquarters. You travelled, not in an ambulance, but in a car, I take it?

A. Yes.

Q. Did you have any medical equipment in the car?

A. Yes. Part of my role is to provide at incidents such as this as a senior officer, but I still am a registered paramedic, so I carry my own paramedic kit, personal-issue paramedic kit, oxygen, defibrillator, and a few other bits and pieces that are helpful at incidents.

Q. So we've heard something about the equipment that's carried in different vehicles. Will it be akin to the equipment that's carried in a fast-response vehicle?

A. Absolutely. Not quite as extensive, due to space constraints, but certainly I have sufficient equipment to actively resuscitate, cannulate, provide drugs, therapy, and all the other skills that are necessary for a paramedic.

Q. I see. What about radios, Mr Gibson? What equipment did you have that allowed to you communicate with --

A. In my vehicle, I had a hardwired, vehicle-mounted radio, a VHF radio, and I also had a handheld VHF radio, and

the service had supplied a hands-free kit for my mobile phone, a service-issue mobile phone.

Q. I think we're all familiar with the capabilities of a mobile phone.

As far as the handheld VHF radio is concerned, that presumably should have been able to allow to you communicate just in the same way as the radio in your car?

A. Yes. A slight difference, in that the radio in the car and the handheld radios, without being too technical, they operate at different power ratings, so the vehicle radio is slightly more powerful than the handheld radio. So, in effect, you can get a better reception in the vehicle, but the handheld allows you communication away when you can't take a vehicle with you.

Q. But it's not -- we've heard, for example, from Mr Williamson about these back-to-back radios, which are really, I think, intended to allow people to communicate on a scene. But your handheld VHF radio ought to have enabled you to communicate with headquarters or the CAC?

A. Yes, the VHF radios allow you a wider area network. The infrastructure at the time that was in London Ambulance Service was a VHF network that allowed communication to vehicles. Back-to-backs tend to be done on a UHF ultra-high frequency network that allows communication

in a much tighter area.
Q. Now, you made your way to Russell Square, appropriately, because that's where you'd been told to go, but unsurprisingly, you didn't find an exploded bus there. You describe in your statement that you were unable to contact Central Ambulance Control room using the radio in your vehicle at that time. Why was that?
A. I think there's two reasons for that. One, primarily, the radio channel was very, very busy and there was many messages being passed back and forward and it was very difficult to get a space on to the radio network to pass that message.
The second reason is that that road, I know from my own journey -- I use that road quite frequently to travel to HQ -- wasn't a fantastic road for radio reception in general.
Q. I see. So do you recall not necessarily gaining reception or not having continuous reception?
A. I could hear radio messages but whether my radio was being picked up by the aerials that were picking up the radio signals, I couldn't tell.
Q. In any event, at this point, the fact that you weren't able to communicate with CAC didn't have very severe consequences because you used your initiative, carried on north --

A. Yes.
Q. -- and, within a few minutes, drove, I think, into Tavistock Square. Is that right?
A. That's correct. I saw a police officer who had been off-duty and been called in, I believe a BTP police officer, who had been called into their communications centre, and he was unsure of what had happened because he hadn't had an opportunity to get to his network or to his centre, so he wasn't aware of the bus, but he was aware of the transport infrastructure issues.
Q. You saw the bus, did you, when you were still in your car. Is that right, or not?
A. Only once I left Russell Square and proceeded -- that was quite a long section of road in relation to the actual size of the squares and proceeded up that road and, once I got to Bernard Street, it became obvious, because there was still traffic in front and queues of traffic, and then low-lying trees, so I didn't actually appreciate there was a bus there until I reached Bernard Street.
Q. But you saw the scene and you realised that that's where you needed to get to?
A. Yes.
Q. You parked your car and the last part of the journey you made on foot?

A. Yes.
Q. Am I right that, unlike Mr Williamson, you weren't stopped by a police cordon?
A. I don't remember there being a cordon when I arrived. There may have been, but I didn't stop at that point.
Q. Whether there was a cordon or not, you may not remember, but certainly it didn't stop you making your way to the bus?
A. Yes. I think in the picture that you put up earlier on, as you look down the road towards Bernard Street, there's a fire engine on your right-hand side. I stopped in the bus lane on the left-hand side, so that was taken before my car arrived.
Q. I see. Well, yes, that would make sense, because the timing evidence about that photograph is it was taken at probably about 10.00, so it's before you arrived. The time that you give of arrival is something like 10.20 or 10.25.
A. I would think nearer 10.20 by the time that I had progressed up there.
Q. It was your intention, as you approached the scene, to act as Silver medic.
A. Yes.
Q. That was your training --
A. Yes.

Q. -- and you had no reason to think there was anyone else there doing that job, you'd been sent to do it?
A. That's correct.
Q. I think the first London Ambulance Service member of staff you met was a man called Mick Cole?
A. That's correct.
Q. What information did he give you about the scene?
A. Mick made me aware that there had been obviously an explosion on the bus and we had several resources on-scene. He also told me about several locations for casualties, one being south of where my car was parked, the other being north in the County Hotel and the final part being in the BMA building courtyard, and he explained that there was concern about a secondary device at that stage.
Q. I see, I'll come to the secondary device in a minute. Can we imagine that you were walking towards the BMA building with Mr Cole while he was giving you this briefing?
A. Mm.
Q. When you reached the bus, is it right that all the casualties on the bus, the living casualties on the bus, had been removed, except Mr Ly?
A. That was the information I received when I arrived on scene, yes.

Q. Did you see Mr Ly still on board the bus being taken off or not?
A. I didn't physically see him being taken off, but I was aware of him still being there. As I approached, Mr Cole gave me his briefing and then we got so far forward to the bus that we then met up with a St John's officer. David, I know him as. I think you had him as "Wellman" earlier on.
Q. Yes, we read a statement about him. In fact, I think his name is David Warman?
A. Mr Warman was then the medical person attending to Mr Ly and was speaking to him and there was firemen on the bus actively trying to release the entrapment of Mr Ly.
Q. I see. When Dr Holden gave evidence this morning he explained that he had been confused that someone who appeared to be a paramedic and wearing a paramedic helmet I think it was, he subsequently found out wasn't a member of LAS staff at all. Could that have been Mr Warman?
A. I believe it was. Mr Warman was a Kent emergency medical technician, Kent Ambulance Service, so comes from an ambulance background but was actively employed in a full-time capacity by St John Ambulance in a specific retrieval team and, as a manager of that team, he had an ambulance manager's helmet, but it was

a St John ambulance helmet and not an LAS helmet.
Q. Now, you, by this time, then, have received a briefing from Mr Cole and from Mr Warman about the casualties and the scene. You mentioned a moment ago that you also heard about the concerns regarding a possible secondary explosion.
Were you aware, either at this time or later, of plans to have a controlled explosion on the bus?
A. Yes, very much so. The first police officer that I noticed of any rank I believe was a police sergeant and he was quite concerned about the ambulance RVP, as he described it, in that it was -- we would have been in the path of a secondary explosion, and we had a discussion and it was very early we decided to use Burton Street as an access point to get to casualties, because we soon found out there was a through access right through the BMA from speaking to one of the doctors there, and that gave us, effectively, ballistic protection, wall space protection from any subsequent blast, so we opted not to bring any further vehicles down, down the street from Euston Road towards the bus and direct them all to Burton Street.
Q. I don't think you've actually mentioned the controlled explosion, but you were aware that the police were intending to have a controlled explosion, were you?

A. Indeed, sorry, apologies. He told us fairly early on that there was ballistics -- sorry, explosives officers on way, and then, shortly after that, they confirmed that they would be doing a controlled explosion, in enough time for me to go back into the building, into the courtyard and explain to people that that was going to happen. I also tried to pass that radio message to Control but was unable to get on to the network at the time.

Q. I see. So we've heard from Mr Williamson the problems that can arise if Control didn't know that there was going to be a controlled explosion.

A. Yes.

Q. You said that you did, it was part of your role to inform them, part of your role as Silver at the scene. Is that right?

A. Absolutely.

Q. And, indeed, you tried to, simply the failings in communications meant that you couldn't?

A. The radio network was so congested with so many incidents going on, so many vehicles trying to talk, trying to get information, and passing information. Managers' messages tend to be a bit longer when they're passing information, crew staff, shorter information, and it was very congested.

I looked at my mobile phone, cognisant of bombs, but we needed to get the message through, and there was just no -- where it said "Vodafone" normally, there was no "Vodafone" sign on my phone. I did identify a landline within the security desk, the BMA building, and you still couldn't make contact with the Gold Control.

Q. I see. I might ask you a few more questions about radios in a moment, but before I do that, you've given us already an indication, I think, of the sorts of functions that you were carrying out with your Silver Command role --

A. Yes.

Q. -- investigating routes in and out of the building for ambulances, for example, communicating back to CAC the essential details of the scene.

Were you also, at this time, identifying the LAS staff already on scene and allocating them roles?

A. Yes. Once I'd had the quick briefing from Mr Cole and Mr Warman, I proceeded then inside the courtyard, and I suppose it was quite a different major incident to what the -- the traditional major incident image that I had in my mind.

Initially, we'd look to establish triage to effect a rescue away from the scene of danger. That had already been done. Then you'd look to set up a casualty

clearing station to receive the casualties and do that. That had already been done, in effect, as well. So in actual fact, we had a major incident, in a very confined space, being run very well, which left me just to allocate some roles to ensure that it went as smoothly as possible.

Q. It left you to allocate the roles and, as you say, you did that. You didn't need -- the aspects of your role that you might otherwise have been performing relating to treating the casualties and providing them with immediate care, as you say, were being dealt with largely by others. But that left at least one or two important matters still to be conducted by you. First of all, obtaining and securing equipment to treat those people. Do you agree?

A. Yes.

Q. Secondly, ensuring that a sufficient number of ambulances arrived as early as possible to take the casualties -- in particular the P1 casualties -- to an appropriate hospital?

A. I'll deal first with --

Q. First of all, do you agree that those were roles that were important and, in fact, perhaps you were able to focus on more, given the assistance you were being provided by others in other respects?

A. Establishing these -- establishing an equipment source and a vehicle source is a high priority for us.
Q. Tell us, then, first of all perhaps, about the equipment, what you did about that.
A. Equipment became an issue because the initial ambulances' supply of equipment was used up very quickly, in effect because there was more casualties than there were ambulances. I was asked for fluids very early on from arrival on scene.
Given the limited number of ambulance resources I had immediately available to me, again I used my initiative and asked the police to assist us in providing a runner; in effect, a motorcyclist who could go and pick up some additional fluids. I also released my own paramedic kit into the scene, which provided another four bags of fluid, cannulation equipment that could cannulate six to nine people, and my oxygen supply, my triage cards at that time.
Then I was -- I've been subsequently made aware that one of the crews, Echo 305, I believe, Rachel Harris heard a radio message and went to Camden station and brought additional equipment and the equipment tender or emergency support vehicle also arrived on-scene to bring additional equipment.
Ideally, this would be constructed by radio messages

and the information that was passed and I had confirmed with the crew as I arrived that they had passed a multicasualty incident information message, which they had, they had established to Control that there were multiple casualties.

Q. Just pause there a minute. That was the call we looked at earlier, I think.

A. Yes.

Q. We've seen two calls from 301, haven't we?

A. Yes.

Q. One just before 10.00, I think that was the call where they were told an officer was on his way; one, I think it's 7 minutes past, where they give a little more information about the number of casualties and deceased. Is that right?

A. Yes. So from that confirmation, knowing the systems that would be going on in the back room, I assumed that processes were in place to arrange vehicles. But I still made it my priority to update that message and, hence, the message that I made at 10.33 --

Q. Yes.

A. -- which brings us to establishing a sufficient supply of vehicles.

Q. Let me ask you, before we go on to the vehicles, about your attempts to communicate with headquarters.

You describe in your report that you were unable to return to your vehicle to pass the METHANE -- that's the mnemonic, isn't it --

A. Yes.

Q. -- message because of the unsecured area on Woburn Place. So you seem to be referring here to an inability to make a message because you couldn't go back to your vehicle-borne radio?

A. Yes.

Q. Was that the position? Were you actually being stopped from going back to your vehicle?

A. The police were asking us not to progress back past the bus and, unfortunately, my vehicle was south of the entrance to Tavistock Square. They were allowing me through the cordon and I could go north, but I couldn't come south past the bus, which was where my vehicle was.

Q. I see, so your vehicle-borne radio was beyond your use?

A. Yes.

Q. What about your handheld VHF radio?

A. As I explained earlier, the handheld radio had slightly less output potential to reach the network and, certainly, where there are areas of less clear coverage, it wasn't as effective. So I was hoping, by using the vehicle radio, it would give me a better access into the network.

Q. I see, so the VHF radio you tried to use, did you, it was operational, it just wasn't able to send the message because you didn't have enough coverage?
A. That was the way it appeared to me. I subsequently used one of the vehicle radios to the north of the bus site to pass the message.
Q. Was that the 10.33 message?
A. 10.33.
Q. Let's have a look at that, if we can. That's LAS565-79. It's the penultimate entry on the page, I think. It may be that there are some typographical errors in this transcription. You, I think, were E291, were you?
A. That's correct.
Q. In or close to this message we see E291, E391 and M291. I think it's right to say that this second line of the passage that's been highlighted, the E391 red base E391 priority, is that you, it's just been mistranscribed as E291, it should have said E291, is that right?
A. I would think that's a reasonable assumption.
Q. You're calling red base, asking to send a message.
A. Yes.
Q. Then they reply, do they:
"Mobile calling about ahead priority."
That's them replying telling to you send the message?

A. Yes.
Q. You do then send the message, this time it gets to you right, it's E291, you say:
"I'm at the junction of Upper Woburn Place and Tavistock Square and where a bus has ... exploded, we have at least 3 fatalities, six P3s", you give the details:
"We require ambulance to Burton Street the parallel road Upper Woburn Place because they are still concerned about suspect package on the bus."
Then you say:
"All received so far, over."
Then we see "No reply". What did you infer from that?
A. I inferred that I couldn't take it for granted that that message had been received.
Q. Did you subsequently discover whether it had been received or not?
A. I didn't get another response from that.
Q. It looks as though you carry on -- although, again, there are problems with the transcription. It looks as though you make one or two more attempts to raise the CAC and you don't get any response?
A. Yes, ultimately, the message is only any good if you have a confirmation on a radio message that it's been

received --
Q. Quite.
A. -- and I hadn't had that confirmation, so I was concerned that the message hadn't got through, though I had been assured, again by Hotel 301, the earlier crew, that they had passed a multicasualty message.
Q. Yes. So this, as I understand it, was a message that you tried to send from a different vehicle radio set?
A. Yes.
Q. We've also heard, and you refer in your report, to trying to contact Control through a mobile phone, but finding the cells were down, and separately again trying to contact them through a landline telephone, but they didn't answer the phone. Is that right?
A. Yes.
Q. Were the mobile phone and the landline telephone after this or before it, or don't you remember?
A. I tried several methods within the courtyard, ie mobile phone and radio, handheld radio, and then landline, thinking that landline access would give me a better access in. Given the public telephone network difficulties that were experienced on that network as well, it didn't -- the call didn't go through. So I then came out and tried to use the vehicle radio to give us more power to make the message.

Q. I see. Now, there's no mention here, Mr Gibson, of any intended controlled explosion. Was this the time when you tried to send a message through about a controlled explosion? It's only 7 minutes or so before the explosion took place.
A. I didn't know about the controlled explosion when I made this message. It was just after I left my vehicle that I was -- it was confirmed that the explosives officer had decided that there was something of concern there and that they would carry out a controlled explosion.
Q. When you say "my vehicle", it wasn't actually your vehicle, but the vehicle from which you'd been trying to send this message?
A. Yes, the ambulance vehicle, sorry.
Q. What did you do, then, when you were told, let's say, at 10.35, that there was going to be a controlled explosion?
A. I immediately went back into the courtyard to speak to the people in the courtyard and explain that there was going to be a controlled explosion just so they wouldn't panic and be concerned about what had happened, because obviously they needed to focus on what they were doing, and then I tried to contact Control again on the vehicle radio but there was no record -- it didn't appear in the transcripts anywhere.

Q. I see. We've heard some references already to Silver meetings, as they were called, taking place at Euston fire station. Do you recall one or more meetings there?
A. Yes, I do. After I'd established that Dr Holden had a very good grasp of what was going on and the chaps I had were doing a good job in the roles that they had been allocated, I started to make my way up towards Euston Road, being told that there had been a senior officer at Euston Road, and that's when I met John Knott and Roger Fox. I explained to John the situation and gave him a full briefing, and he went on back to take the Forward Incident role and liaison, and he did most of the liaising after that with Dr Holden and managed that scene.
I identified a private ambulance crew who were wandering into the scene and I used them to quickly assess the casualties to the north in the hotel.
I proceeded on up until I saw Mr Sumner, and it was then we had our first informal Silver meeting, and we discussed what we both knew of the situation, and it was then we were joined by a fire colleague who offered the fire station as an appropriate place for the liaison point for the emergency services.
It gave me some difficulty because, whilst I was away from scene, I couldn't contact and communicate back

with my team, so I wasn't in full control or understanding of what their issues were, so I was a little reticent to stay there as long as -- any longer than absolutely necessary. When we proceeded into the fire station, I had time to try to communicate with our respective Command centres. The fire station only had one outgoing line, and I think that's when Mr Sumner decided that he wanted to move to the police garage for better police -- for better communications.

Q. You decided not to go?

A. I decided not to go because I felt that we didn't have many ambulance resources on the ground and many ambulance managers, and that my role was better served in supporting my team on the ground and that the incident had progressed so far that it was predominantly a medical issue and a medical response and that mine would be better served supporting the team there.

Q. Could we have on the screen, please, LAS698-4? Mr Gibson, you've described the point where the other Silver Commanders decided to go up to the garage and you said, "No, I'm not going to go with you, I'm going to go back to the scene". This is another part of your same report. You identified, as one of the learning points that you could learn from this incident -- we see under "Lessons identified - Personal

learning", the third bullet point:
"Spent too long with Silver colleagues, not enough time concentrating on the scene."
Why was it that you felt you'd spent too long with your Silver colleagues at Tavistock Square?
A. I suppose, in a perfect world, with adequate communication, I would still be getting messages and updates and information to help me make appropriate tactical decisions, but whilst I away from scene, I wasn't getting that feed and I felt I didn't have enough information to support them properly.
So I think that's why I felt too far away and spent too long with my Silver colleagues.
It also took some time for everyone to have a shot of the phone and do that. It just seemed I was away from the scene more than I actually needed to be.
Q. The impression one gets from reading your documents and, indeed, from the evidence you've given today, is that you weren't involved with treating the casualties in the BMA courtyard really at all. That was something you left to your subordinates and to Mr Holden?
A. Absolutely. That's not my role within that -- my role, as a Tactical Incident Officer, is to provide the tactics, to interpret any communications from Gold and make the relevant actions happen, and also to employ the

plan as we have in the situation that we're faced with.
Q. We know, because we've heard from him today, that some time around or shortly after the controlled explosion took place, Mr Williamson arrived on the far side of the square and was there with some other ambulance staff, another ambulance, and so on. When was it that you first became aware that he was there?
A. I'm not sure of exact times, but I think it was -- when I physically became aware was the second time that Mr Colhoun visited and I had an opportunity to speak to Mr Colhoun. The first time that he visited, he spoke to Mr Knott, and that's when I was up liaising with Silver colleagues, so I wasn't aware until later on and the scene was very much developed, very much in control, and -- from where we were.
Q. As we've seen, by the time that you knew that he was there, with his other equipment and resources, in fact you didn't need him. If you had known that he was there as soon as he had arrived, I take it the message would have been, "Come over. We need your help. If you've got ambulances, bring them over"?
A. It would have been very helpful to have Mr Williamson's resources. We could have established officers and managers in the Command roles that I'd asked crew staff to do and allowed the crew staff to focus on the

transport and further treatment of patients and assisting the doctors who were already doing an admirable job.

Q. As you say, in particular, those P1 casualties could have started to get to hospital earlier?

A. Assuming that we had got ambulances from the -- caught outside in the cordon, yes.

Q. Yes. Could we have another look back at that same document? It's LAS698-3, please.

Just one rather discrete point, Mr Gibson. If you look three paragraphs up from the bottom, we see that you met with a man called Mr Redhead, who was an accident and emergency consultant and Medical Incident Officer?

A. Yes.

Q. You say you:

"... appointed him Silver doctor but, after a brief tour of the scene, we agreed that his skills would be better served elsewhere."

That seems a slightly odd memory, if you'll forgive me, simply because we've heard that we had, not only one, but two Silver doctors already on the scene, Dr Holden and Dr Harris. Why was it that you appointed this third man Silver doctor?

A. I think Dr Redhead and I know each other very, very well

and Dr Redhead is a formal part of the London Ambulance Service major incident response as a Medical Incident Officer, and has done that for us on several occasions, and so I think it was easy to latch on to someone who was familiar with -- with whom I was familiar.
Dr Holden was performing a very specific role, in almost, I perceived, a Bronze doctor role, from what -- the activities he was doing. He was so involved in the medical clearing and not standing as far back as I was standing, in effect. That's why I saw a need for a Silver doctor.
However, the activities that Dr Holden and Dr Harris and the others were performing far outweighed the need that Dr Redhead could have performed at another scene, and I had been hearing radio messages of need at other scene. So having discussed with Dr Redhead, we decided that he would be better served elsewhere.
Q. You are aware, of course, that Dr Harris was there as well.
A. Yes.
Q. The evidence we've heard is the way they divided that role between them seemed to be that Dr Holden was more focusing on the patients, Dr Harris more on those strategic elements of the Silver doctor role.
So really, isn't it right to say that, between them,

they were covering that ground, and Dr Harris, of course, had the training and expertise from HEMS itself? There really wasn't anything that Dr Redhead could add, was there?

A. There wasn't anymore and that's why we released him to another scene.

Q. Looking at the paragraph below, Mr Gibson, you describe, first of all:

"It became apparent that this scene [that's the Tavistock Square scene] was receiving a steady stream of ambulance resources that were meant for Russell Square Tube site, due to the location of the bus and its proximity to Russell Square. As such, the bus incident was not at a loss for AEUs, but it was obvious this was at detriment to the other incident. Hence, cordon officers were advised to redirect further AEU away from Woburn Place to Russell Square using an alternate route."

I'm going to ask you some questions about ambulances and how many of them got there, and when, and so on, in a minute, but it may be what you need to tell us, first of all, is when this instruction was given. Can you recall that?

A. It was quite far on when the incident was developing because we were still getting a good supply of

ambulances and I could still hear Russell Square officers saying on their radio -- so the handsets were still communicating and working -- that they needed more vehicles. So it became apparent that vehicles that would have normally come down Woburn Place, which would have been the access to Russell Square, were being directed from the cordon that was informed at Russell Square, at the top of Woburn Place/Euston Road, to Burton Street, and then seeing that as an ambulance parking point and stopping there rather than progressing to go to -- on to Russell Square per se.

It's quite often that we do have a tactical or strategic holding area for ambulances before they get sent forward to a scene where there is limited parking areas. So the crews wouldn't see any different to that, and it was only when it became apparent that we were starting to stack ambulances, that we needed to release them to other areas.

Q. Just to be clear, was this instruction that you gave, for example, given some time after 11.00, would you say?

A. It probably, was yes.

Q. I mean, before 11.00, or certainly before quarter to 11, it certainly wasn't the case, was it, that your site had a steady stream of ambulance resources? Quite the contrary.

A. No.
Q. You were waiting for ambulances, there were patients in the courtyard who were priority 1 but who weren't being taken to hospital precisely because there weren't any ambulances. So just to be clear, you wouldn't have given an instruction like that at that moment in time. Is that right?
A. No, that's correct.
Q. But it was only after the ambulances started to arrive at about 10.45 or a little time after that that perhaps Tavistock Square started to receive more ambulances than it, in truth, needed.
A. Certainly, when I wrote this, I hadn't been made aware of any difficulty in receiving ambulances there. Mr Knott, Dr Holden, when I spoke to him later on, hadn't reported any delay in the ambulances specifically to me. So as far as I was concerned, at the time that I wrote that, there was a steady stream of ambulances arriving at --
Q. It's not so much a question of when you wrote it, but when you gave this instruction. You gave an instruction -- when you described giving an instruction to cordon officers, I assume you mean police officers?
A. Yes, but we also had Mr Fox, who was one of our investigators, up with the cordon so he can instruct

ambulances where to go as well, so we passed that information up to him.

Q. A mixture of police officers and ambulance officers. You gave this instruction, the substance of which was that ambulances arriving at your scene should be diverted away from it, so you must have done that, not simply not knowing that there was any problem, but actually knowing that you didn't need any more ambulances. Is that right?

A. It reached a stage where we could see the number of vehicles queueing were sufficient for the number of casualties that we had, or certainly for the immobile casualties because we still had some other P3s that could be delayed.

Q. So, in other words, it must have been after 11.00?

A. Yes.

Q. Let me ask you, then, Mr Gibson, finally, a few questions which don't relate directly to what you did and didn't do at the scene, but slightly more generally to what instructions were or weren't given, which led to ambulances arriving at the scene and when or how they arrived.

The first point is that, in contrast to the other incident scenes that morning, which were, of course, explosions on the Underground where information about

what had happened spread relatively slowly, it's right, isn't it, that with the Tavistock Square bomb London Ambulance Service received relatively speedy, relatively accurate information about what had happened?
A. Yes.
Q. We've looked at that printout which showed a call being made within a minute or so to the London Ambulance Service saying "There's been an explosion, it's in Tavistock Square".
A. Yes.
Q. And we've seen the calls that were received from H301, and perhaps we'll just look at the second one of those again. It's LAS565-54 at 10.05, four entries up from the bottom, so 10.05, so 15 minutes or so, a little more than that, from the incident, information from the first ambulance on scene giving details of eight casualties with serious amputations and burns. Clearly an important incident, do you agree?
A. Yes.
Q. There's no suggestion, is there, that that message didn't get through to Control?
A. No, that's received.
Q. The second point is that although, as we know, there was some LAS presence at the scene quickly, the first ambulance being H301 we've just looked at, that arrived

by chance, really, it was going somewhere else and was diverted. There were some fast response vehicles that arrived; you arrived; Mr Knott arrived. But in terms of ambulances as opposed to cars and in terms of ambulances in a sufficient number to start taking away the P1s in particular to hospital it's right that they didn't arrive until about 10.50 or thereabouts.

A. Yes, there was a further ambulance, and perhaps even more because there was a large number of crew there that I mention in my statement that were working on a casualty, a male casualty, who I believe had been blown out the bus and he was quite a distance up the road. Whether he had been dragged for safety --

Q. Mr Beck.

A. Mr Beck, and he had been treated by an ambulance crew and then taken away fairly promptly.

Q. Quite, I'm trying keep it at a relatively general level to avoid us diving too far into the documents, but you agree with my general point?

A. Yes.

Q. That that sort of body of ambulances large enough in number to start a proper evacuation process, that's 10.50 or so, an hour or so after the explosion?

A. Yes.

Q. The third point is that the common understanding at the

time appeared to be that the explanation for that delay was traffic problems. We heard Dr Holden describe the area was gridlocked. We've heard more than one witness who was in the BMA at the time give his or her understanding of the problem being that: well, we were sure the ambulances were on their way, it's just that they were stuck in the traffic and they couldn't get there. That was a common understanding and seems to remain the case, is that right?

A. Yes.

Q. In fact, that's not the accurate explanation, is it? The traffic problems do not explain why it took an hour or so before that large body of ambulances arrived at the scene. Do you agree or not?

A. I think there were many incidents going on and there were vehicles supplied to many different incidents.

Q. Mr Gibson, can we have a look, please, at LAS371-2? If we look at the third bullet point down, please:

"It appears to have taken 52 minutes to have dispatched ambulances to the Tavistock Square bus bomb."

Is this a document you've seen before, Mr Gibson?

A. I have seen it before.

Q. Do you know that to be the case, an accurate summary of the position?

A. From the first record that we have, which is the best

record of the information of the vehicles deployed, I believe that 52 minutes was the time afterwards that the first vehicle was deployed, but I think in Dr Holden's evidence he explains that there were two ambulances when he opened the back doors that took the first two casualties without any reference.

Q. The point is, Mr Gibson, let's just be quite frank about this, the explosion happens at 10.47.

A. Yes.

Q. I'm sorry, 9.47. LAS knows within a minute or so that there was an explosion on a bus at Tavistock Square, yes?

A. Yes.

Q. Fifteen minutes or so later, at the latest, you have LAS officers on the scene, describing the explosion, describing multiple casualties, yes?

A. Yes.

Q. It's not until something like 10.40, half an hour or more after you receive that information from your officers on the scene, that the electronic dispatching system actually sends messages to ambulances to go to Tavistock Square.

A. Yes.

Q. So it's got nothing to do with traffic problems. That may have added to the problem, but the underlying

problem was it was half an hour before the system which is designed to deploy ambulances actually worked.
A. That system requires a manual input and some of the vehicles that were allocated to the incident weren't necessarily dispatched using an electronic dispatch. To allow that to happen, the crew need to be allocated -- for example, you saw the call and it would be allocated a CAD number, which is computer-aided dispatch. The crew would need to be allocated that call and then sent that electronically.
Within -- once the crews were allocated to work on the incident they were taken into incident control. The incident control didn't have electronic dispatch. So it was only if the crews were dispatched to calls from the main Central Ambulance Control room.
So there may well have been other ambulances, but the best that we can evidence -- and this was written at some time afterwards using the electronic logs only and not taking into account that there was other evidence of vehicles being dispatched.
LADY JUSTICE HALLETT: Sorry, I haven't followed that.
A. Shall I try and explain again? Sorry. In general, on a single call basis, each call comes in with a 999 call receipt that generates a very specific number, a CAD number for that call. That CAD is then allocated to the

vehicle electronically with the details coming down to a mobile data screen in the ambulance that informs the Satnav, the satellite navigation, that takes the crew to the scene, and that's all held in Central Ambulance Control.

For a major incident, we take our incident team into a separate room who is then called "Gold suite" and the crews are then under the command of the team in Gold suite, but Gold suite does not have the same -- didn't have at the time access to the same electronic dispatch. So crews who had been taken out of CAC early and put into the Gold suite would not necessarily have been dispatched using -- couldn't have been dispatched using an electronic method because it wasn't available at the time.

MR ANDREW O'CONNOR: There was an electronic method available because we've seen it being used at 10.40 to dispatch a whole series of ambulances which arrived at Tavistock Square 10 or 15 minutes later.

A. Certainly. There's just two differentiations. If a vehicle was working on the incident and been told by CAC to come off their normal channel and to go to channel 9 and to listen to Gold -- to listen to the Gold suite and be activated, they are activated by voice down the radio. If the vehicle's allocated from EOC, ie Gold

suite ask CAC to provide another vehicle, they could be allocated on a CAD and then sent that message. It's to give them a point to answer to.

Q. Can I just suggest to you, Mr Gibson, it's not perhaps as complicated as all of that.

A. Okay.

Q. We know that that large number of ambulances, the sort of steady supply of ambulances, the steady stream of ambulances you describe in that earlier document we were looking at, we know those ambulances didn't arrive until about 10.50. We had assumed that that may have been because of traffic congestion, but when we look at the documents and we look at your own document we see that actually the explanation is because they hadn't been asked to go there until some 30, 40, 50 minutes after the explosion. I mean, that's simply the position, isn't it?

A. The electronic record shows when vehicles were dispatched electronically only; not the vehicles that were dispatched via voice.

Q. But if there had been these other vehicles that were dispatched by a separate means, they would have arrived at Tavistock Square. Where were they?

A. Well, there were vehicles that arrived at south Tavistock Square that sat with Terry Williamson that

were then dispatched on. I'm not justifying or explaining what -- I'm just trying to explain there are two different modes of activation.

Q. Mr Gibson, nor, really, are you denying that there was a very serious failing that day, are you?

A. There was a time lapse in the second wave of ambulances arriving at the scene.

Q. A time lapse which amounted to a very serious failing?

A. I can't explain exactly what happened into the Control room. I wasn't present in the Control room.

MR ANDREW O'CONNOR: All right, then, maybe that's something we can take up with other LAS witnesses later in these proceedings.

Mr Gibson, thank you, those are all the questions I have.

LADY JUSTICE HALLETT: Right, I think, looking at the time and given the importance of this, I need to have some estimates of timing. Mr Coltart?

MR COLTART: I had said to Mr O'Connor -- we've been discussing it this week -- that I would be probably 30 to 40 minutes. I suspect I would finish by 4.30 if I were to embark upon it now.

LADY JUSTICE HALLETT: It's not just you, is it?

Ms Gallagher?

MS GALLAGHER: Mr O'Connor's covered a large amount of the

material which I was going to cover, but I think I would still need ten minutes, possibly 15, but certainly 10.

LADY JUSTICE HALLETT: This is too important, and I appreciate it's important not just to all of you but it's obviously important to the London Ambulance Service and to the witness.

MR COLTART: Yes, of course.

LADY JUSTICE HALLETT: So I don't want anyone to feel rushed. Mr Saunders, Ms Sheff, are you asking any questions?

MR SAUNDERS: Not many.

MS SHEFF: The same.

LADY JUSTICE HALLETT: What, the "not many"?

MS SHEFF: Yes.

LADY JUSTICE HALLETT: Ms Simcock, I assume you're going to have some questions, or not?

MS SIMCOCK: Maybe, my Lady, but probably very few, if any.

LADY JUSTICE HALLETT: I think the best thing is if we break off now. It's been a long day.

Mr Gibson, you have been here, I've noticed, on a number of days. Can you come back on Monday?

A. Yes.

LADY JUSTICE HALLETT: I'm sorry to break off, but I don't know about anybody else, but having been sitting since 10.00, I feel that it would be a good time to break for

me if not for everybody else, and I know the poor stenographers haven't had a break either. So we'll break off now. We were going to sit at 11.00 on Monday, but I think, unless it's going to cause any inconvenience to anybody if I make it 10.15 or as close thereto as we can all be here, does that cause any problems? Very well, Monday, thank you.

(4.00 pm)

(The inquests adjourned until 10.15 am on Monday, 31 January 2011)