

OPUS2

Manchester Arena Inquiry

Day 80

March 23, 2021

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Tuesday, 23 March 2021

(10.00 am)

SIR JOHN SAUNDERS: Ms Cartwright, at midday today there is to be nationally one minute's silence to remember those who lost their lives to the COVID-19 epidemic. I propose that we should join in that, so from 12 o'clock there will be one minute's silence, which we will observe in court. I propose that people should remain seated, but there will be an opportunity beforehand for anyone who wishes to leave and not participate in that to do so because there will be some who perhaps don't feel they wish to and they're perfectly entitled not to. So I will allow a moment for them to leave if they wish to, and of course for those watching remotely who don't want to take part in it as well.

MS CARTWRIGHT: Thank you, sir. I have had an opportunity this morning to speak to Ms Hedges and she's confirmed that she's content to observe the minute's silence remaining in the witness box.

SIR JOHN SAUNDERS: Thank you very much.

MS CARTWRIGHT: Could I also indicate that I have indicated to her, and just so it's clear for all those watching, but also those questioning Ms Hedges today, that whilst her evidence will deal with, in particular, the events

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at the station and her role in triaging patients, we will not be identifying any of those patients or any of the deceased when asking those questions. I would ask all those asking questions today to observe that, please.

SIR JOHN SAUNDERS: Right. If there's any problem with that, of course, they are welcome to raise it with me if they wish to do so.

MS CARTWRIGHT: Thank you, sir. Having set out those preliminary matters could I ask, please, for Ms Hedges to be sworn.

MS JOANNE HEDGES (affirmed)

Questions from MS CARTWRIGHT

MS CARTWRIGHT: Could you please tell the court your full name?

A. Joanne Louise hedges.

Q. Thank you. I want in starting, please, for you to give us some overview as to your background and experience. In May 2017, it's correct, isn't that, that you were a senior paramedic with North West Ambulance Service?

A. Yes, that's correct.

Q. Is it correct that you had been a senior paramedic at North West Ambulance Service since your induction in April 2016?

A. Yes.

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Q. But prior to that time, you'd also been a senior paramedic with South West Ambulance Service?

A. Yes, a lead paramedic it was classed as.

Q. So could you give us some background as to the experience you had before you became a senior paramedic at North West Ambulance Service, please?

A. I went to Bournemouth University to get my paramedic science degree and then therefore went on to work — that was in 2010. Then I went on to work for South West Ambulance Service as a paramedic. In my last year there before I moved up here, I was a lead paramedic.

Q. Thank you. You've provided a witness statement dated 26 February 2018. Do you have a copy of that witness statement?

A. Yes.

Q. Just to first of all start, are the contents of that witness statement true to the best of your knowledge and belief?

A. Yes.

Q. As of February 2018 you had had about 9 years' experience as a paramedic since you finished your university training; is that correct?

A. That's correct.

Q. So at the time of the incident, would it have been about 8 years' experience or so?

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A. Yes.

Q. Thank you. Could I ask you then, in terms of training, because the training records for your time whilst you were at North West Ambulance Service I want to just deal with, but before dealing with what we've had from North West Ambulance Service, as part of your experience with South West Ambulance Service had you had any JESIP-type training with that ambulance trust?

A. It was touched on when we went and had our — we had mandatory training. Apart from the initial trauma training that we had while at university, which was quite intense, after that, once qualified, we had mandatory training and it was briefly touched on every year regarding major incidents. I can't remember if JESIP was brought into the situation at that time.

Q. Thank you. Then we've been provided with your mandatory training with North West Ambulance Service, but also your wider training. We've been given dates for your mandatory training with NWS over 5 and 6 March 2015, but also on 2 March 2017.

A. Yes.

Q. Can you assist us then in terms of the mandatory training you had with North West Ambulance Service, the extent to which JESIP-type information was provided as part of that training, please?

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1 A. There were two bouts of training. My first trust
 2 induction training, which was a two-week induction, it
 3 was briefly discussed during that period of time. Then
 4 when we had the week-long senior paramedic team leader
 5 induction a few months later, it was quite extensively
 6 discussed at that point.
 7 Q. So can you give us a little bit more detail? When you
 8 describe, as part of that senior leadership paramedic
 9 week-long training, it was dealt with more extensively,
 10 what did that equip you with in terms of knowledge and
 11 understanding?
 12 A. It was an instruction to the major incident plan that we
 13 had. We had an introduction to NARU, JESIP, the basic
 14 principles of major incident management, and the
 15 individual roles that each officer would play during
 16 a major incident and the cards that they would refer to
 17 regarding their role. Also tabletop exercises between
 18 us all as well.
 19 Q. Thank you. So in terms of that training, did it go
 20 through each of the action cards for the different roles
 21 identified in the major incident plan (overspeaking)
 22 service?
 23 A. Yes.
 24 Q. Can I ask then when that was being dealt with, was there
 25 any particular role that would be highlighted that would

1 be likely for a senior paramedic to be allocated in the
 2 event of a major incident?
 3 A. I think it could be any role until another senior member
 4 of staff comes along to relieve you of that position
 5 at the time, apart from Gold or Silver. But any of
 6 those particular roles could be allocated to you.
 7 Q. You describe that there was tabletop exercising; is that
 8 correct?
 9 A. Yes.
 10 Q. But had you ever been involved in any of the live
 11 training exercises with other tri-service, sort of
 12 police or Fire and Rescue Service?
 13 A. No.
 14 Q. So can I ask then, when the tabletop sort of work you
 15 were doing as a single agency, how did that accommodate
 16 the role NWAS would play in a major incident and working
 17 with the other blue light services?
 18 A. It was giving scenarios of the types of patients and
 19 injuries and the areas that the injuries occurred, hot
 20 zone, warm zone and cold zone. We would designate what
 21 services would be in those areas and our roles within
 22 that if we were all working together.
 23 Q. Can I ask, had that training dealt with Operation Plato
 24 or marauding terrorist firearms attacks, as it was in
 25 May 2017?

1 A. It was discussed, but we didn't have an actual tabletop
 2 exercise based on that. It was a discussion point and
 3 we did have a video.
 4 Q. So did you have an understanding about what an
 5 Operation Plato was?
 6 A. Yes.
 7 Q. And can you just indicate what your understanding of
 8 what Operation Plato was, please?
 9 A. It's the police declaring that there's a marauding
 10 gunman or a terrorist who's armed with some knife or gun
 11 or something along those lines that could potentially
 12 cause harm and is not stationary but on the move.
 13 Q. Thank you. I'm not going to display your training
 14 because I was going to ask -- just for your reference,
 15 sir, that is {INQ040271/1}.
 16 But we see on that document a formal recognition of
 17 JESIP awareness training that post-dates the incident
 18 from 31 July 2017. From what you're describing, your
 19 mandatory training and the training to be a senior
 20 paramedic had dealt with JESIP --
 21 A. Yes.
 22 Q. -- to a way that you felt equipped you with knowledge?
 23 A. Yes, yes.
 24 Q. Ms Hedges, is there anything else you want to tell the
 25 chairman about your training before we move on to the

1 events of 22 May?
 2 A. No.
 3 SIR JOHN SAUNDERS: You just help me about this: we have
 4 heard that there is a distinction for HART operatives
 5 in relation to whether they can work in the hot zone
 6 where there's a major incident declared or the hot zone
 7 where there's an Operation Plato declared.
 8 A. Right.
 9 SIR JOHN SAUNDERS: But with you, if I call them operational
 10 medics, like you, is there any difference?
 11 A. Operational paramedics wouldn't be responding in a hot
 12 zone of any kind. It would be HART and police reacting
 13 in that area.
 14 SIR JOHN SAUNDERS: Okay. So it doesn't make any difference
 15 to you whether the hot zone is an Operation Plato or
 16 a major incident hot zone.
 17 A. Again, no, it would be us responding in a warm zone to
 18 treat the patients as a paramedic.
 19 SIR JOHN SAUNDERS: Were you aware there was any difference?
 20 A. Especially of late, yes.
 21 SIR JOHN SAUNDERS: Thank you very much. There's no reason
 22 why you should particularly; I just wondered if you did
 23 know of any difference.
 24 MS CARTWRIGHT: On 22 May 2017, you tell us in your witness
 25 statement that you were working a 7 pm to 7 am shift.

1 A. That's correct.
 2 Q. That you were crewed with Carol Surtees, who was an
 3 emergency technician level 1?
 4 A. Yes.
 5 Q. You also had student paramedic Simon Butler with you?
 6 A. That's correct.
 7 Q. It's correct, isn't it, that you were operating from
 8 a vehicle and using call sign A357 that night?
 9 A. That's correct.
 10 Q. Can you just describe in terms of the role of a senior
 11 paramedic how that differs from an ordinary paramedic,
 12 please?
 13 A. As a senior paramedic you've got responsibility of
 14 a team of emergency technicians, paramedics and urgent
 15 care staff. You've obviously got enhanced clinical
 16 skills you can bring to a situation that's quite
 17 difficult, but also it is to ensure if the members of
 18 staff have any clinical issues that arise, that you can
 19 be there to support them with those. Hence by doing
 20 a clinical contact shift, things — clinical or
 21 personal — can be brought up during those shifts that
 22 we do together. Also new policies and procedures, it's
 23 our responsibility to roll those out to other members of
 24 staff, so new techniques, and we will then sort of put
 25 on a demonstration for them just to make sure everyone

1 is up to speed with different procedures or policies.
 2 Basically it's a supportive role with other members of
 3 staff should you need to be a point of call for them or
 4 a point of contact. So you're responsible as well for
 5 their appraisals and sort of supporting management at
 6 a higher level on administration with the responsibility
 7 that brings with appraisals and paperwork and things
 8 like that.
 9 Q. You described this shift was a clinical contact shift?
 10 A. Yes.
 11 Q. But you had been out to an incident, but around 22.32
 12 you were cleared from that job?
 13 A. Yes.
 14 Q. And a message flashed up within your vehicle, indicating
 15 that a bomb had gone off at Manchester Arena?
 16 A. Yes, that's correct.
 17 Q. Within your witness statement, you time that message at
 18 22.32.
 19 A. Yes.
 20 Q. Are you certain about that time?
 21 A. Yes, correct.
 22 Q. At the time that message flashed up, had there been any
 23 other communication or contact from control?
 24 A. No, not at that point.
 25 Q. And you were describing this was a clinical contact day

1 and you were a senior paramedic. How many other senior
 2 paramedics would have been on at that time?
 3 A. It depends on the rotas. I can't recall seeing any
 4 other paramedics in my team on that evening.
 5 Q. So can I just clarify then, when you describe "the
 6 team", so we've already identified the two, the
 7 emergency medical technician and student paramedic.
 8 When you describe "the team", are you describing a wider
 9 number of individuals?
 10 A. Yes, sorry. I meant to say that we've got a clinical
 11 management team, a group of senior paramedic team
 12 leaders, which are based within our station and we've
 13 all got individual teams that we look after. So I was
 14 meaning the rota that I looked at on that evening and
 15 I was the only senior paramedic from our station at that
 16 particular time.
 17 Q. How many paramedics or emergency medical technicians
 18 would you have been responsible for that evening?
 19 A. You've got a general team of — between 15 or 20 members
 20 of staff within your team that don't necessarily work on
 21 the same shift pattern as you. That clinical contact
 22 shift was done to coincide with Carol's shift so I could
 23 work with her that evening. The other members in my
 24 team might have had different shifts and were not all
 25 working together on the same pattern.

1 Q. Certainly in terms of what you're doing, you're not
 2 allocating staff to go to jobs, that would be control?
 3 A. Yes.
 4 Q. It's more to feed into appraisal or being there for
 5 issues to be raised with you?
 6 A. That's correct.
 7 Q. Thank you. You describe in your witness statement the
 8 location that was given at that time was 21 Hunts Bank,
 9 but the rendezvous point was showing as Thompson Street?
 10 A. That's correct.
 11 Q. You confirm that the computer message was prior to any
 12 radio communication from the control room but shortly
 13 after the message, you received a call from control,
 14 telling you that the rendezvous point was actually
 15 Thompson Street Fire Station?
 16 A. That's correct.
 17 Q. I think we've identified — we've had a number of the
 18 transcripts of calls that were received by you as 357
 19 that evening. I'm just going to work through those
 20 because it's right, isn't it, that having received that,
 21 you made your way to Thompson Street Fire Station and
 22 that you ultimately arrived at Thompson Street
 23 Fire Station at 22.59.22?
 24 A. That's correct.
 25 Q. So perhaps if we then work through the information that

1 you received from control as you were making your way to
 2 the fire station, please.
 3 Mr Lopez, can we please display {INQ015081T/1},
 4 please.
 5 We see there at 22.40, having received the message
 6 you've told us about at 22.32, displayed in your
 7 vehicle, you confirm to control as 357:
 8 "We're clear now."
 9 And NWS Control indicated:
 10 "I'm going to get you running towards the MEN Arena.
 11 We've got reports of a bomb going off."
 12 A. Yes, that's correct.
 13 Q. Then I think there's a further call that follows on.
 14 Mr Lopez, if we could display {INQ015075T/1}.
 15 We again see the time of this call is 22.40. It
 16 appears to be breaking up, but essentially the exchange
 17 goes as follows:
 18 "357, I don't know if you've got my log, but we're
 19 going lots of calls for this. There's something
 20 ongoing. I've passed you to the rendezvous point.
 21 There's lots of ..."
 22 You indicate:
 23 "You've broken up again. Say again? You've broken
 24 up again. I've got the gist, we're running to
 25 MEN Arena."

1 A. Yes, that's correct. That's Carol speaking to ---
 2 Q. Thank you.
 3 A. --- the emergency centre then.
 4 Q. So whilst the emergency centre is saying "run to
 5 MEN Arena", you had the rendezvous point displayed in
 6 the vehicle; is that correct?
 7 A. Yes, that's correct.
 8 Q. So at that time when you were in the vehicle, knowing
 9 that there had been a bomb that had gone off at the
 10 MEN Arena, can you assist as to what discussion you were
 11 having with Carol Surtees and your student paramedic at
 12 that time, please?
 13 A. I can't really remember to be precise, but we were
 14 concerned that it wasn't a purple call that had come
 15 through. It had come through as a green.
 16 Q. Can you describe, first of all, then what is a purple
 17 call, please?
 18 A. It's obviously a category 1 job comes through --- it used
 19 to come through as a purple response, where it'd be
 20 immediate threat to life and you get an 8-minute
 21 response. It had come through as a less... a less of an
 22 emergency response, so we were trying to work out why it
 23 wasn't a purple if a bomb had gone off.
 24 Q. Can you assist what the response time would be with
 25 a green allocation?

1 A. It's completely all changed now, so from my memory I'm
 2 sure it was within 10 minutes. I could be wrong on
 3 this.
 4 SIR JOHN SAUNDERS: It's all right. We've heard a bit about
 5 this before, about it coming through on purple and the
 6 explanation given by someone else in the
 7 Ambulance Service was to say this does sometimes happen
 8 that you get it at a lower grading than it really ought
 9 to have and you rather take notice of what they say
 10 rather than the grading perhaps.
 11 A. Yes. Priority 2 it had come through as, not priority 1.
 12 MS CARTWRIGHT: Just to be clear, the priority 1 would have
 13 been the purple?
 14 A. Yes.
 15 Q. But it had come through as a priority 2?
 16 A. Yes.
 17 Q. But notwithstanding that, would it be fair to say that
 18 you proceeded at speed to the rendezvous point ---
 19 A. Yes, we would have done.
 20 Q. --- with your blues and twos, as I think you describe in
 21 your witness statement?
 22 A. That's correct.
 23 Q. So when you described that that categorisation affected
 24 the conversation you were having with Carol Surtees,
 25 can you explain in what way?

1 A. Just discussing really what the actual (overspeaking) ---
 2 SIR JOHN SAUNDERS: It must be confusing to you if someone
 3 says a bomb has gone off but it's only made
 4 a category 2.
 5 A. Yes. That was generally the conversation we had
 6 en route.
 7 SIR JOHN SAUNDERS: Thank you.
 8 MS CARTWRIGHT: Was there anything else discussed as you
 9 made your way to Thompson Street Fire Station?
 10 A. I can't recall. I can't recall.
 11 Q. Can you assist then, as you arrived at Thompson Street
 12 Fire Station at 22.59.22, as to what you saw at that
 13 time, please?
 14 A. As we arrived I could see one of the ambulance
 15 technicians who was stood outside a group of ambulances,
 16 waiting. There might have been five or six ambulances
 17 there. He was writing down some numbers, I don't know
 18 what he was writing, on a small piece of paper. As soon
 19 as I arrived, he was pleased that I'd arrived and handed
 20 over the piece of paper to me, which only had ambulance
 21 numbers written on it. He just said, "I'm handing it
 22 over to you now, you've got pips, now the pips have
 23 arrived". That was the only sort of conversation I had
 24 with the technician at the time. Then everyone got out
 25 of the ambulance and we were discussing what the

1 situation was.
 2 Q. Okay. Just pause there. You've described that this
 3 male EMT gave you the sheet that had the different
 4 ambulances that were present?
 5 A. Yes.
 6 Q. Are you able to identify who that was?
 7 A. Garry.
 8 Q. Is that Garry McMullen?
 9 A. I think that's his surname.
 10 Q. And when you described him saying, "You've got pips",
 11 what does that mean?
 12 A. He was quite relieved that someone who was -- not higher
 13 in rank but he could sort of pass that on to me,
 14 therefore it'd be my responsibility, not his, at that
 15 point.
 16 Q. On that piece of paper, because there are witness
 17 statements from others that touch upon what happened
 18 at the Thompson Street Fire Station, was there anything
 19 on that document that identified the skills of the
 20 paramedics and emergency medical technicians that were
 21 present at Thompson Street at that time?
 22 A. No.
 23 Q. What was the purpose then of giving the identified
 24 ambulances that were present to you on that slip of
 25 paper?

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1 A. I think Garry was just getting a tally of who was
 2 actually on scene there. That's what I presumed he gave
 3 that to me for. We didn't have -- he sort of moved
 4 away, but he didn't discuss it any further of what
 5 he was actually doing.
 6 Q. You described it in your witness statement that it was
 7 that individual who you've now been able to assist was
 8 Garry who told you were the only senior paramedic at
 9 that point; is that correct?
 10 A. Yes.
 11 Q. So as the only senior paramedic at a rendezvous point
 12 where there are a number of ambulances, what role then
 13 did you have? What were you supposed to be doing at
 14 that point?
 15 A. It was basically discussing if this was the situation of
 16 getting our ambulances ready, getting the kit that we
 17 needed ready that was accessible to us and just to make
 18 sure we had our major incident packs available to us
 19 at the time. So it was preparing for our journey to the
 20 arena.
 21 Q. So did you deliver any form of briefing or instructions
 22 to the assembled paramedics at that point?
 23 A. Yes. We discussed how we would proceed to the arena in
 24 an orderly fashion and in a convoy. But I did ask,
 25 because obviously I had no local knowledge of only

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1 working for NWS for a year and obviously not living
 2 in the area either, I asked Garry and Andrew to lead the
 3 way and we would go behind them.
 4 Q. We'll come on to deal with that in a minute. But can
 5 I identify then with you, in terms of the discussions
 6 that were had at Thompson Street Fire Station, North
 7 West Ambulance Service have very helpfully collated
 8 a document that identifies rendezvous points and
 9 deployment to the scene. We're able, using that
 10 document, to identify in fact the six ambulances that
 11 left Thompson Street Fire Station and went to the
 12 rendezvous point at Hunts Bank.
 13 A. Yes.
 14 Q. So can I just identify those various ambulances with you
 15 now and then I'll seek to confirm if all of those
 16 paramedics and emergency medical technicians were
 17 present when you gave them what I'll describe as
 18 a mini-briefing about getting your equipment together?
 19 So did the assembled group then include, I think
 20 you've already confirmed, Garry McMullen, emergency
 21 medical technician, and Andrew Rayneau?
 22 A. Yes, that's correct.
 23 Q. They were in vehicle A381, I think?
 24 A. That's it, yes.
 25 Q. Then there was yourself with the staff you've already

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1 identified with your A357.
 2 In addition, Helen Mottram and Kerry Brown, an
 3 emergency medical technician, were in vehicle A346?
 4 A. Yes.
 5 Q. Additionally Michael Walczak, Paul Harvey, both of which
 6 were paramedics in A382?
 7 A. Yes.
 8 Q. John Buchanan, paramedic, and Sian Edmunds, emergency
 9 medical technician, in vehicle A347?
 10 A. That's correct.
 11 Q. And then the sixth vehicle being Clare Higgins,
 12 a paramedic, Steven Heelham, an emergency medical
 13 technician?
 14 A. That's correct.
 15 Q. And they were in vehicle A420?
 16 A. That's correct.
 17 Q. And so when you described gathering the individuals
 18 together to give them instruction about preparing
 19 themselves, would that have been all of those
 20 individuals?
 21 A. Yes, it was.
 22 Q. So you've described about pairing and getting your major
 23 incident packs ready. So if we use your vehicle as an
 24 example, what was in the major incident pack that you
 25 had available to you that night?

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1 A. You had your smart cards within there. You had
 2 a paediatric measuring tape. You had a — I think it
 3 was a tally card or a card to write down numbers of
 4 casualties on. Some pencils. I think that's all that
 5 was in there.
 6 Q. Okay. So in terms of then that major incident pack,
 7 that's got the SMART cards to enable the triage?
 8 A. Yes.
 9 Q. Are you able to recall how many roughly of those SMART
 10 triage cards there would have been within your major
 11 incident pack?
 12 A. I think there were 20 of each.
 13 Q. Can you just explain in terms of the paediatric tape, is
 14 that because triaging of children is a different
 15 process, so the tape needs to be used because it informs
 16 the triage process?
 17 A. That's correct.
 18 Q. When you describe the tally card, is that tally card
 19 that allows you to identify the number of P1 casualties,
 20 P2 and P3?
 21 A. That's correct.
 22 Q. As well as the number of casualties that are deceased?
 23 A. Yes, that's correct.
 24 Q. Can you assist us then in terms of at this stage, before
 25 we get to the arena, of the categorisation of P1, P2 and

1 P3? P1, first of all. What's the categorisation of P1
 2 to identify?
 3 A. As in once we had arrived?
 4 Q. No, just as a general proposition as to what makes
 5 a casualty a P1, a priority 1, patient, please.
 6 A. A P1 casualty patient would be a patient identified with
 7 a major haemorrhage with a high or low respiratory rate,
 8 under 10 or above 30, and a pulse rate within certain
 9 parameters.
 10 Q. In terms of then P1 patient, I think you describe it in
 11 your witness statement as it's the most critical
 12 assessment meaning that the casualty has
 13 life-threatening injuries and requires urgent hospital
 14 treatment?
 15 A. That's correct.
 16 Q. Could you then, please, deal at that high level with
 17 a casualty that receives a triage of a P2 and what that
 18 means, please?
 19 A. A P2 would be patients that aren't as — they've got...
 20 Sorry about that.
 21 SIR JOHN SAUNDERS: It's perfectly all right. Really, don't
 22 worry about it. Not as serious as P1?
 23 A. Yes.
 24 SIR JOHN SAUNDERS: But still serious?
 25 A. Still serious enough that they could easily go on to

1 become a P1 patient.
 2 SIR JOHN SAUNDERS: So it could become life-threatening?
 3 A. Yes, very much so.
 4 SIR JOHN SAUNDERS: But not life-threatening at that
 5 particular moment?
 6 A. No.
 7 SIR JOHN SAUNDERS: Don't let me put words in your mouth.
 8 If I get it wrong, do tell me.
 9 A. Sorry, I got a mindblank there.
 10 MS CARTWRIGHT: We've heard reference on a number of
 11 occasions to P3 patients as almost the walking wounded?
 12 A. That's correct.
 13 Q. Generally, we understand obviously, as with everything,
 14 that patients can become higher priority or a lower
 15 priority, so what's the indication as to how often the
 16 reassessment and re-triaging takes place of patients to
 17 ensure that their observations are being monitored and,
 18 if there is a deterioration, that that's picked up and
 19 a re-categorisation given to a patient?
 20 A. Usually it would be every 15 minutes that you would
 21 triage your patient, re-triage your patient.
 22 Q. Thank you. So then going back to the instructions you
 23 gave to those gathered to ready themselves and prepare
 24 their major incident packs, did each of those other five
 25 vehicles also have access to the same major incident

1 packs we have described?
 2 A. I can't be 100% sure. I know two or three of the
 3 vehicles did, but I can't remember the rest of them.
 4 Q. Can you assist us more generally as to what other
 5 equipment you had upon your vehicle in terms of
 6 providing treatment and care to casualties, please?
 7 A. We all have the standard equipment on our vehicles, with
 8 our green — we've our bag, we've got a basic life
 9 support bag. We've got our advanced life support bag.
 10 We have cardiac medicines. We have a range of medicines
 11 as well. We've got an airway bag which is involved in
 12 the advanced life support. Do you want general
 13 equipment or...
 14 Q. Please. It would assist. Certainly in terms of —
 15 can you give us an idea as to the number of tourniquets
 16 that your vehicle would have had access to?
 17 A. Thinking back then, there were two tourniquets per bag,
 18 in our big green bags, our basic life support bags, that
 19 we would take to the scene, and various blast dressings
 20 and bandages as well.
 21 Q. And would each of you in your vehicle have had your own
 22 green bag?
 23 A. No, there was one bag per vehicle.
 24 Q. Thank you.
 25 SIR JOHN SAUNDERS: So just so I understand, two tourniquets

1 a bag. In all on a particular ambulance, how many
2 tourniquets? Is it two or is it more?
3 A. There's more now.
4 SIR JOHN SAUNDERS: Then?
5 A. Back then, there were two per bags and there might have
6 been some spares in the top lockers should we need them.
7 It wasn't on all the vehicles though.
8 SIR JOHN SAUNDERS: Typically, an ambulance would have two
9 tourniquets?
10 A. Within the bag, yes.
11 SIR JOHN SAUNDERS: Thank you.
12 MS CARTWRIGHT: Could you assist as well in terms of
13 defibrillators that you would have access to, please, on
14 your vehicle?
15 A. We have got a life pack, which we use as a defib, which
16 does ECGs and blood pressure monitoring as well. We've
17 also got the little mobile defibrillator that we use for
18 smaller -- it literally just does that, just
19 defibrillates for the patient.
20 Q. Can you give us an idea as to then -- you've talked
21 about bandages to treat blast injuries, roughly how many
22 bandages would there be, how many casualties could you
23 treat in terms of what you had resource for?
24 A. I can't quite recall at that point. We just had a bag
25 full of -- a small bag with blast dressings and bandages

1 in it.
2 Q. Thank you. In terms of stretchers available on your
3 vehicle, please?
4 A. We have the main stretcher, which is the one on wheels
5 within the ambulance itself. We have a scoop stretcher,
6 which goes in two halves that we click together for
7 minimal movement of the patient. Some of the older
8 ambulances used to have the long board on there as well.
9 Q. Do you know if you had one of the long boards on --
10 A. No, I don't think we did. We had a scoop and the
11 stretcher on wheels.
12 Q. Would there have been anything like the Skeds on your
13 ambulance?
14 A. No. Not then.
15 Q. We've identified the time you arrived at Thompson Street
16 Fire Station. But shortly after that arrival, there's
17 a further call that was made from your vehicle to the
18 control centre.
19 Please could I ask for {INQ023919T/1}, please, to be
20 displayed.
21 Ms Hedges, we can see that at 23.03.04, you yourself
22 make contact with control. We can see that within that
23 call, you identify that it's you:
24 "I'm just in charge here at the moment. Can you
25 tell us if the scene's safe and where we are to head to

1 now, please?"
2 To which control responded:
3 "357, we're just having Dan Smith come up now.
4 At the minute we're going to Hunts Bank, that's the RV.
5 We've not had clarification that scene is safe."
6 To which you responded:
7 "We'll stay here at the fire station. Where's
8 Dan Smith going?"
9 And then control responded:
10 "Roger, we've been advised by the police for
11 everybody to go to Hunts Bank. That's the new RV."
12 SIR JOHN SAUNDERS: Let me get some impression of what's
13 going on? How long about had you been there at
14 Thompson Street?
15 A. No more than 10 minutes, I don't think.
16 SIR JOHN SAUNDERS: And during that time, had you been given
17 any information at all as to what was going on?
18 A. I think various crews were trying to get hold of control
19 to find out the situation, so I think each member of the
20 paramedics had made their own individual calls to find
21 out what the actual situation was. It wasn't 100%
22 clear.
23 SIR JOHN SAUNDERS: And had you done your briefing by then
24 or were you going to wait until you were given
25 instructions before you did that?

1 A. I think we were still in discussion outside the
2 ambulances. We had our own radios that people were
3 using to communicate directly to control.
4 SIR JOHN SAUNDERS: Was there confusion or was everything
5 all right as far as you were concerned?
6 A. We were trying to get clarity on what we were actually
7 going to.
8 SIR JOHN SAUNDERS: But you'd have to wait until you were
9 told to go at the RVP?
10 A. Yes.
11 SIR JOHN SAUNDERS: Was that the instruction to go that
12 we've just had read out to us?
13 "We've been advised by the police for everyone to go
14 to Hunts Bank, that's the new RV."
15 A. I don't know unless I could see the time when we left.
16 SIR JOHN SAUNDERS: Okay.
17 A. I can't quite recall that exact situation.
18 SIR JOHN SAUNDERS: No doubt we'll hear it in a minute.
19 MS CARTWRIGHT: Perhaps if I give you those timings now to
20 put in context the 23.03.04 call.
21 The timings identify that you arrived at the
22 rendezvous point at 22.59.22. But that you left the
23 rendezvous point at 23.07.15.
24 A. Right, okay.
25 Q. So using those timings and having 23.03.04 when this

1 call came in that indicated that the police had
 2 requested everyone to go to Hunts Bank, does that help
 3 at all in terms of when the briefing took place?
 4 A. Yes, it does. I presume we would have still waited for
 5 the first, "Right, please now leave". There was no
 6 clear instruction, looking at this transcript, for us to
 7 leave immediately then.
 8 SIR JOHN SAUNDERS: And they're saying they've not had
 9 clarification that the scene is safe at this stage?
 10 A. That's correct, sir.
 11 MS CARTWRIGHT: I want to ask you about that. Certainly in
 12 terms of what we've been provided with there doesn't
 13 seem to have been any other call from 357 to control or
 14 vice versa after this before then the arrival at
 15 Hunts Bank. So would there be another way that you'd be
 16 communicated to go other than through this transcript
 17 from control?
 18 A. It might have been with the two main paramedics I was
 19 speaking to, Andy Rayneau or Helen Mottram. They may
 20 have had a call to say, "Right, we can all now leave",
 21 and that's when we would have left.
 22 Q. Can I ask you, from the transcript where we see that you
 23 were specifically asking control if the scene was safe,
 24 and it may seem a silly question, as to why you were
 25 asking control that question, please.

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1 A. Naturally, when we're going to any kind of incident that
 2 we weren't 100% sure of, we'd need clarity from control
 3 to find out further information before we present to the
 4 job. You usually do your own risk assessment and this
 5 is part of your risk assessment by asking control if
 6 they could give us or elaborate on any more information
 7 that they may have to the situation.
 8 SIR JOHN SAUNDERS: You'd expect them to do that
 9 automatically? They've sent to you a rendezvous point.
 10 The reason for doing that is to ensure that where
 11 you are going is safe, presumably?
 12 A. It doesn't always work that way sometimes.
 13 SIR JOHN SAUNDERS: Okay, right.
 14 MS CARTWRIGHT: Did there come a time before you left the
 15 Thompson Street Fire Station when you were told in fact
 16 that it was safe at the arena?
 17 A. I'm pretty sure that was en route.
 18 Q. Again, because we don't have any other call after this
 19 time, can you tell us where you think that information
 20 came from?
 21 A. I can't recall. I can't recall.
 22 Q. Okay. Can I ask you this: you were at Thompson Street
 23 Fire Station and you've identified that you were the
 24 senior paramedic and technically in charge at that time.
 25 Did you have any discussions with any of the Fire

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1 Service personnel or operatives that were present at
 2 Thompson Street Fire Station?
 3 A. I didn't personally, no.
 4 Q. Did you receive any information from any of the NWS
 5 staff present that they'd received from the fire
 6 personnel?
 7 A. It was a conversation I heard, but I can't be exactly
 8 sure who the conversation was with, but the fire crews
 9 weren't going to leave yet.
 10 Q. Can I ask why you didn't seek to go and identify the
 11 person in charge at Thompson Street Fire Station as part
 12 of JESIP joint working to understand what was taking
 13 place at the rendezvous point?
 14 A. I think my priority was thinking ahead of where we were
 15 actually heading to. From what I recall, there
 16 wasn't — there was just a mixture of fire crews walking
 17 around and things like that. Our priority was to get
 18 into the ambulances and to head towards the arena.
 19 Q. So what you tell us about information from the fire
 20 personnel is you had no direct conversation?
 21 A. No.
 22 Q. And you're not able to say who gave you the —
 23 A. It was within the discussion of the group of us stood
 24 there. I can't remember who said it directly, they just
 25 said they weren't going yet. I can't give you a name,

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1 I can't recall.
 2 Q. Was there anything said about why they weren't going
 3 yet?
 4 A. No.
 5 Q. We see then that the recordings indicate that you left
 6 the rendezvous point at 23.07.15. And within a few
 7 seconds of each other, those various vehicles and other
 8 paramedics and EMTs also left together; is that correct?
 9 A. That's correct.
 10 Q. Is it right that you were second in the convoy that
 11 headed to the new rendezvous point at Hunts Bank?
 12 A. Yes, that's correct.
 13 Q. Can I ask you, had you received any other information
 14 from control at that time about what was taking place
 15 at the arena?
 16 A. Not that I can recall.
 17 Q. In the transcript we looked at a moment ago,
 18 NWS Control had indicated that "Dan Smith was coming up
 19 now". Was Dan Smith somebody that you knew?
 20 A. Yes. He was a consultant paramedic at the time.
 21 Q. What did an indication that Dan Smith was coming up mean
 22 to you?
 23 A. It meant it was safe to approach the scene because
 24 Dan Smith was there.
 25 Q. Did you have any idea at that stage as to what role

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1 Dan Smith would be carrying out at the rendezvous point?
 2 A. Not on the way we didn't.
 3 Q. As you made that short journey to Hunts Bank, because
 4 the log records that you were at the scene at 23.10.22,
 5 can you just describe what was being discussed as you
 6 made your way to the rendezvous point at Hunts Bank,
 7 please?
 8 A. I think it was a discussion of who was going to be
 9 taking what equipment, as you would do to any job that's
 10 going to be quite of major significance, who would be
 11 carrying what. You plan: okay, Simon, please take the
 12 ALS bag, Carole, please would you take the life pack.
 13 Then I would say, this is what I'm going to be taking.
 14 So you sort of pre-plan who's going to be doing what
 15 when you get to the scene.
 16 Q. As part of that discussion, who was to take the major
 17 incident pack?
 18 A. I can't recall.
 19 Q. You describe in your witness statement that you made
 20 your way there on blues and twos and that when you
 21 arrived, there were already seven or eight ambulances
 22 present?
 23 A. That's correct.
 24 Q. Sorry, I do apologise. That was the earlier time. I do
 25 apologise, when you arrived at the rendezvous point.

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1 Can I ask you this: you describe that control at one
 2 point confirmed it was a major incident and established
 3 the radio channel that needed to be used for the
 4 incident. We've not seen a transcript for that call.
 5 Are you clear that that is something that did take
 6 place?
 7 A. We went on to the major incident channel before we left
 8 Thompson Street.
 9 Q. Is that where the information came from?
 10 A. Yes.
 11 Q. Was any indication given to you at that stage as to the
 12 number of casualties there were at the arena?
 13 A. No.
 14 Q. Could you describe then what happened when you arrived
 15 at the scene at 23.10.22, please?
 16 A. As we arrived at scene, there was quite a few people in
 17 the street. We were having to slow the ambulance down
 18 because the streets were quite crowded with people.
 19 Once we arrived on scene, we parked up and Dan Smith was
 20 our first point of call — point of contact, sorry.
 21 Q. So what did you do, please?
 22 A. Dan Smith walked towards us and then we followed him to
 23 this meeting point just outside the doors of the train
 24 station.
 25 Q. Just to be clear then, who was present when you met with

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1 Dan Smith at that point?
 2 A. I think it was Derek Poland, who was my operational
 3 manager at the ambulance station. Dan Smith is the only
 4 other person I can recall — and I think Jim Birchenough
 5 had just come up to the scene of where we were standing.
 6 Q. When you say "we", did that include Carol Surtees and
 7 the student paramedic?
 8 A. That's correct.
 9 Q. Could you just describe then what you were told at that
 10 time, please?
 11 A. From my recollection, a bomb had gone off in the
 12 City Room. They weren't exactly sure how many
 13 casualties, up to 60 casualties could be the case, we're
 14 not 100% sure if the scene is completely safe upstairs
 15 in the City Room.
 16 SIR JOHN SAUNDERS: Is that the expression that was used,
 17 do you happen to remember, "Not 100% sure"?
 18 A. Yes.
 19 SIR JOHN SAUNDERS: Thank you.
 20 MS CARTWRIGHT: Did they go on to describe what they were
 21 asking you to do?
 22 A. Yes. Dan Smith had told us that Paddy and the police
 23 were bringing — sorry, yes, Paddy, Patrick Ennis, was
 24 bringing down patients to the train station and
 25 could you go in and just start treating and triaging.

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1 Q. Was anything else said?
 2 A. I can't recall.
 3 SIR JOHN SAUNDERS: I just need a picture. So you've all
 4 arrived in a convoy?
 5 A. That's correct.
 6 SIR JOHN SAUNDERS: You're second in the convoy. Do you
 7 remember, were there already other ambulances there by
 8 the time you arrived?
 9 A. Not that I can recall.
 10 SIR JOHN SAUNDERS: Right. The other people from the other
 11 ambulances who'd come with you, did they all get out at
 12 the same time and come to the same place as you?
 13 A. Yes.
 14 SIR JOHN SAUNDERS: So you were all gathered around
 15 Dan Smith getting the instructions?
 16 A. Yes, sir.
 17 SIR JOHN SAUNDERS: Thank you.
 18 MS CARTWRIGHT: So when you have described that you were
 19 asked to go in and start triaging, treating and
 20 triaging, was that just being said to you or to everyone
 21 that was gathered?
 22 A. I walked through the doors with Dan Smith — so to start
 23 off with, I'd sort broken away — Carole, I and Simon
 24 had broken away from the group that were having a brief
 25 and we started walking immediately towards the train

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1 station doors where casualties were sat on the kerb.
 2 Q. Before we deal with this next phase then, can I just ask
 3 you more questions about those instructions that were
 4 given to you. Can you first of all give us some idea as
 5 to how long that conversation with Dan Smith, when
 6 Mr Poland and Mr Birchenough were present, took, please?
 7 A. I don't think it was longer than a few minutes.
 8 Q. When it was said to you to go in and start treating and
 9 triaging, did they clarify where they were asking you to
 10 go in and treat and triage?
 11 A. On to the bottom of the stairs where the patients were
 12 being brought down onto the train station floor, the
 13 concourse there.
 14 Q. Did they give you an indication at that stage as to how
 15 many casualties there were?
 16 A. No. One of the police officers that had come down to
 17 the stairs had said there could be up to 60 casualties
 18 upstairs.
 19 Q. And that was from a police officer?
 20 A. Yes.
 21 Q. Are you able to identify who that police officer was?
 22 A. No.
 23 Q. Was that said at the time when you were stood with
 24 Dan Smith and Mr Poland and Mr Birchenough?
 25 A. No, we'd broken away from them. We were then in the

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1 train station at that point.
 2 Q. Can I ask, when it was indicated to you that they
 3 couldn't say it was safe, where particularly were they
 4 saying they couldn't indicate if it was safe?
 5 A. I'm guessing the whole situation.
 6 SIR JOHN SAUNDERS: You told me before, not 100% sure the
 7 City Room was safe, but perhaps they said the whole
 8 place?
 9 A. It wasn't guaranteed that anything was safe.
 10 SIR JOHN SAUNDERS: Okay, thank you.
 11 MS CARTWRIGHT: So when that was said, was there any
 12 indication given additionally as to zones?
 13 A. Paddy had indicated that it was a hot zone upstairs,
 14 where the blast had actually happened.
 15 Q. Is that then saying to you that Paddy had indicated --
 16 was Paddy present?
 17 A. Paddy had brought down one of the patients with the
 18 police.
 19 Q. So just help me get an idea then: did this initial
 20 briefing, I'm just wanting to clear about first of all,
 21 where you describe having the conversation with
 22 Dan Smith, Mr Poland and Mr Birchenough, did Paddy Ennis
 23 end up joining that group?
 24 A. No.
 25 Q. Let's just deal with the time when Mr Ennis isn't

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1 present. So at that stage, was any information given by
 2 Mr Smith, Mr Poland or Mr Birchenough about zones?
 3 A. We were not to go upstairs and literally wait for the
 4 casualties to be brought down and we could see them
 5 being brought down as we were entering the train
 6 station.
 7 Q. Was there any evidence of a board that's often used to
 8 identify the number of casualties, P1, P2?
 9 A. No, not that I can recall.
 10 Q. When it was indicated about the discussion about where
 11 it was safe, what PPE, personal protective equipment,
 12 did you have at that time with you or were you wearing?
 13 A. Hi-vis jacket and a helmet.
 14 Q. And did you have available to you any other personal
 15 protective equipment beyond that?
 16 A. Apart from aprons and gloves, no.
 17 Q. You've indicated that you were asked to start treating
 18 and triaging. So when that was said to you, was
 19 anything said to you about a specific role being given
 20 to you?
 21 A. This is where the confusion happened. As we'd gone in
 22 to start triaging, I then noticed Helen Mottram, who'd
 23 come in after us, had started triaging patients at the
 24 same time. At this point, patients were being brought
 25 down the stairs who had already been triaged upstairs by

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1 Paddy and Lea at that point. This is what we were told.
 2 So within a few sort of split seconds, Helen continues
 3 to triage and what I do is then allocate the crews that
 4 were already outside the ambulance station to start
 5 treatment on the patients that were being brought down
 6 immediately.
 7 So it was quite a fluid -- our roles were quite
 8 fluid at this point. I could see Helen discussing the
 9 patients with Jim Birchenough and at that point then
 10 I decided to take on the role of getting the patients
 11 immediate treatment. So from triage, there's different
 12 categories of triages, as I'm sure you're aware.
 13 Patients had been triaged upstairs and then brought down
 14 to us to the casualty collection point, which then
 15 became the casualty clearing station. So it made sense
 16 to get them treated immediately within that area where
 17 they were being brought down while Helen continued to
 18 triage the patients and re-triage them.
 19 Q. We'll come on to deal with the detail of that, but what
 20 I'm just wanting to be clear about is, at the time when
 21 you were in the briefing -- I'm calling it a briefing --
 22 with Mr Beswick and he asked you to treat and triage,
 23 did he indicate to you that he had given you a specific
 24 role in accordance with the major incident plan?
 25 A. It was to start -- in my head, to start triaging. So

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1 you then take on the role as the triage officer or
 2 officer card and start following those instructions.
 3 SIR JOHN SAUNDERS: I'm sorry, I missed the mention of
 4 Mr Beswick.
 5 A. Mr Beswick wasn't there.
 6 MS CARTWRIGHT: Sorry, not Mr Beswick, that's my fault,
 7 I should have said Mr Smith.
 8 When Mr Smith has asked you to triage and treat, in
 9 your mind, just so I'm clear, what did you believe then
 10 that meant, the role you'd been asked to carry out?
 11 A. To start triaging and treating at the same time. Not
 12 necessarily triage ... Initially when I went through the
 13 doors, two or three patients were there, who I did
 14 triage and give them a priority card. Then that's when
 15 I noticed there was someone else doing triage at the
 16 same time.
 17 Q. We'll come on to deal with that, but I just want to be
 18 clear as to the instructions. So in your mind, as
 19 triage officer, did you consider you were being asked to
 20 be a primary triage officer or secondary triage officer,
 21 just to assist, or was that not really in your mind at
 22 all?
 23 A. It wasn't in our mind at all because the primary triage
 24 officer was the HART team that had brought down the
 25 patients that had been triaged initially in the

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1 City Room, so you'd be then secondary triage officer.
 2 Q. Just so we're clear then, in terms of having been asked
 3 by Mr Smith to treat and triage, what does that role
 4 mean to you and what would you be expected to do once
 5 you went through, please?
 6 A. You would be expected to do a preliminary triage of the
 7 patients that have been brought down, or a secondary
 8 triage now, of their status now they've been brought
 9 down to the train station of what category the patients
 10 were at that point.
 11 Q. So in doing that, what is physically involved that
 12 you have to undertake as the triage officer?
 13 A. Checking the respiratory rate and a heart rate and their
 14 conscious level, and then triage accordingly to the
 15 patient's condition.
 16 Q. Having done that, did you have to do something with the
 17 action cards, having performed that exercise with each
 18 casualty?
 19 A. Yes.
 20 Q. Can you just explain that, please?
 21 A. You would then designate the -- you would put the card
 22 on to the patient to designate their status at that
 23 particular time, but some of the patients already had
 24 triage cards on them when they were brought down from
 25 the City Room.

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1 Q. We'll come on to deal with that but I just want to
 2 understand --
 3 SIR JOHN SAUNDERS: I think it might be quite important at
 4 this stage, actually, because that's when you're
 5 starting to do it, as I understand it?
 6 A. Yes.
 7 SIR JOHN SAUNDERS: You're putting some triage cards on
 8 patients who haven't got them?
 9 A. Yes.
 10 SIR JOHN SAUNDERS: So you're having to assess them from
 11 scratch?
 12 A. That's correct.
 13 SIR JOHN SAUNDERS: And then you found the some of them had
 14 already got a --
 15 A. A triage card on them.
 16 SIR JOHN SAUNDERS: Right. Would you then think of
 17 re-triaging or checking it or you're getting someone to
 18 treat them?
 19 A. It was the very, very ... At that point of thinking,
 20 okay, let's get them treated, rather than keep
 21 re-triaging the patients. Because I knew then at that
 22 point -- within minutes, someone else was doing the
 23 triage of the patients, so the priority at this point
 24 then is to get the patients treated immediately.
 25 SIR JOHN SAUNDERS: But not everybody who came down had been

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1 triaged?
 2 A. The majority of them didn't have cards, but again, some
 3 of these patients I didn't triage, Helen had triaged
 4 them.
 5 SIR JOHN SAUNDERS: Thank you.
 6 MS CARTWRIGHT: I just want to go back a stage because
 7 you've identified that you, as you went through,
 8 identified that you were doing a triage officer role.
 9 But I think it's correct, isn't it, that you didn't at
 10 that stage have with you the triage cards themselves?
 11 A. Not initially, but they were given to me. I can't
 12 remember who gave them to me as soon as I walked -- when
 13 I walked into the room.
 14 Q. That's what I just want to understand. Having
 15 understood that you were the triage officer, would it
 16 not have been key for you to have had with you one of
 17 the SMART triage packs?
 18 A. That's correct. But they were given to me immediately
 19 on entering the train station.
 20 Q. So just so I'm absolutely clear, there was no delay in
 21 terms of you receiving those triage cards?
 22 A. No.
 23 Q. Before we go into the detail of what happened as you
 24 went forward, as part of the discussion you had with
 25 Dan Smith, was anything said about where the casualty

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1 collection point was and where the casualty clearing
 2 station was?
 3 A. It was basically on the train station at the bottom of
 4 the steps. That's where some of the patients had been
 5 brought down to and laid on to the floor.
 6 Q. But were you told -- we've heard some evidence that you
 7 can sometimes have just one casualty clearing station,
 8 but part of the guidance suggests that you should have
 9 a casualty collection point and then a casualty clearing
 10 station separately. So as part of what Mr Smith was
 11 saying to you, did he give you any clear understanding
 12 as to where the casualty clearing point was and where
 13 the casualty clearing station was?
 14 A. It had become both. It was a casualty collection point
 15 at the bottom of the stairs, the patients had already
 16 been put on to the station floor. Therefore it had then
 17 become a casualty clearing station at the same time.
 18 Q. Just so I'm clear, was any instruction given at that
 19 time about what the system was that had been set up for
 20 a CCP, a casualty collection point, and a casualty
 21 clearing station, or was it just you went forward to
 22 where the casualties were? I just want to be clear.
 23 A. I went forward to where the casualties were and was
 24 aware that that was a casualty collection point at that
 25 particular moment.

1 SIR JOHN SAUNDERS: So once you say, "Bring the casualties
 2 and put them here", that becomes the casualty collection
 3 point? Were there ever two locations or did it always
 4 just remain as one?
 5 A. As far as I am aware, it remained as one. I hadn't gone
 6 out of the door at all during the evening so it was
 7 within the area that the patients were brought down that
 8 we treated.
 9 SIR JOHN SAUNDERS: And when you're setting up a CCP, do you
 10 have equipment there? I mean, have you laid out
 11 stretchers there for people to go on? When you got
 12 there was there anything there at all?
 13 A. Nothing there at all, just our equipment that we brought
 14 in with us.
 15 SIR JOHN SAUNDERS: Right. And casualties on the floor?
 16 A. Yes, on boards.
 17 MS CARTWRIGHT: Can I ask you a little more about that. In
 18 your witness statement you say this:
 19 "The station area became the casualty collection
 20 point where they were all placed to be assessed and
 21 initially treated and hopefully stabilised by crews
 22 prior to being moved. And whilst I didn't go outside
 23 I was aware that the HART team had set up what is
 24 referred to as a casualty clearing station, which is
 25 where the patients were loaded on to vehicles after they

1 were taken from inside the station."
 2 A. The HART team had set up something later on in the
 3 evening where the initial walking wounded were sat.
 4 I was aware that something had been set up outside, but
 5 I'd not actually spoken to any of the HART team at all
 6 who were based outside. This was the information I was
 7 given, that that's what they'd set up out the front.
 8 Q. Can I just ask you a little more detail about that
 9 because it's correct, isn't it, that you provided,
 10 before, your statement in the February of 2018, you
 11 provided notes at an earlier time, typed notes?
 12 A. Right, yes, that's correct.
 13 Q. Can you help, just before we briefly look at those, to
 14 identify when those typed notes would have been
 15 completed, please?
 16 A. (Inaudible).
 17 Q. Can I ask Mr Lopez to briefly display {INQ023555/1}.
 18 If you could please expand, it's the centre of the
 19 page, please.
 20 First of all, we've got these notes. Have you had
 21 an opportunity to refresh your memory from them before
 22 today?
 23 A. Yes, I have.
 24 Q. Again, you're not able to assist us as to how proximate
 25 to 22 May 2017 these would have been created?

1 A. I'm pretty sure it's not very long after. A few months
 2 afterwards. A month after. I can't recall.
 3 Q. I just want to ask you this, please: you give details
 4 about that area, you say -- this is at a later point:
 5 "A second triage officer arrived and started to
 6 assess. The crews were waiting outside the doors and
 7 were then allocated patients. I saw a second triage
 8 area had been set up outside by the HART team. HART
 9 came in on a regular basis to liaise with us."
 10 A. No, that's... I only saw the -- I can't remember the
 11 reason I wrote that. I only saw HART at the end of the
 12 evening, apart from the HART paramedics that were
 13 bringing down the patients from the City Room. So
 14 I don't remember -- now I don't remember liaising with
 15 HART.
 16 Q. Okay. That's what I just wanted to ask you.
 17 A. Sorry, sorry.
 18 Q. Within this account you seem to be describing a second
 19 triage area that had been set up by the HART team and
 20 I just want to understand how that was operating in
 21 practice on the night from your perspective.
 22 A. I just recall them laying down some tarpaulin and
 23 setting it out, a little area out the front for
 24 receiving patients. But that was me looking out the
 25 doors. I didn't go out. I didn't leave the area where

1 the patients were initially .
 2 SIR JOHN SAUNDERS: Presumably when you take them outside to
 3 be loaded on to ambulances, you may not be taking them
 4 from where you were straight on to an ambulance? You
 5 may need to take them outside and then wait for the
 6 ambulance to come up before loading them on to the
 7 ambulance?
 8 A. The patients were -- eventually when the fire crews
 9 brought the stretchers and trolleys in, they remained
 10 within our area, leading out to the train station, to
 11 the main doors, until they were then allocated an
 12 ambulance.
 13 SIR JOHN SAUNDERS: Okay. Right. Thank you.
 14 MS CARTWRIGHT: In terms of then just now dealing with -- we
 15 know that you go forward and you've described seeing
 16 Helen Mottram. Is there an issue when there are two
 17 people doing the role of a triage officer?
 18 A. It's not unusual in such unusual circumstances because
 19 you can have two triage officers that normally work
 20 together, but at that point we had not been designated
 21 to work together and it was apparent that this is what
 22 she was doing at that point. She had been asked to
 23 triage as well, or she had volunteered to triage, is
 24 what I found out after the event.
 25 Q. So did you and Paramedic Mottram then have to have

1 a discussion about how you were approaching triage with
 2 the casualties there, where there were two people doing
 3 that role?
 4 A. A very brief discussion, I think we only had one
 5 discussion, and I then told Jim Birchenough that I was
 6 going to allocate each patient an ambulance crew to be
 7 treated immediately.
 8 SIR JOHN SAUNDERS: Is it a problem to have two triage
 9 officers? If you have that number of casualties,
 10 wouldn't it be a good idea to have more than one triage
 11 officer?
 12 A. Normally, it's a -- I would guess -- I have never been
 13 in the situation before -- for the two triage officers
 14 to work together if they knew they were both triage
 15 officers but we weren't aware of that situation to start
 16 off with.
 17 SIR JOHN SAUNDERS: Provided you have all got cards to put
 18 on to the casualty, then you would realise if you'd got
 19 to one -- just like you did with the ones who had come
 20 downstairs had already been triaged, you'd realise that
 21 they had been triaged, even by somebody else?
 22 A. Yes, sir, yes.
 23 MS CARTWRIGHT: In terms of these other individuals what was
 24 your understanding about Dan Smith's role?
 25 A. What his role was on that night?

1 Q. Yes.
 2 A. Bronze commander.
 3 Q. Jim Birchenough?
 4 A. I think he was casualty clearing officer .
 5 Q. And Derek Poland?
 6 A. I thought he was the second Bronze officer.
 7 Q. You say you thought, but at any point was it made clear
 8 to you the roles of each of those individuals?
 9 A. Only by conversation with them.
 10 Q. In terms of then just when you described having moved
 11 forward, you went on to tell us then that you heard
 12 a police officer indicating that there were
 13 60 casualties upstairs .
 14 A. The numbers kept changing from different officers that
 15 were bringing the patients down.
 16 Q. Are these conversations that you're just overhearing --
 17 A. Yes.
 18 Q. -- rather than someone directly telling you that?
 19 A. That's correct.
 20 Q. So at that time, what was your understanding about the
 21 number of paramedics that were present in the City Room?
 22 A. I had no idea who was in the City Room. I assumed the
 23 HART team and the fire crews were in the City Room --
 24 sorry, with the police officers as well.
 25 Q. So you assumed that the HART team were present in the

1 City Room, and by that do you mean the whole of the HART
 2 team?
 3 A. Yes, that's correct.
 4 Q. And you've been made aware that Paddy Ennis had been in
 5 there, but as to any other numbers of paramedics, was
 6 there any information given to you about the number
 7 present?
 8 A. Only the ones I could see, which were Lea Vaughan and...
 9 Q. Mr Hargreaves?
 10 A. That's it, yes. And Paddy. I didn't see -- sorry,
 11 Paddy not being HART but being an advanced paramedic.
 12 I didn't see any other paramedics coming down the stairs
 13 apart from the police helping.
 14 SIR JOHN SAUNDERS: The HART paramedics wear a distinctive
 15 uniform from yours; is that right?
 16 A. That's correct.
 17 SIR JOHN SAUNDERS: So they're instantly recognisable?
 18 A. Yes.
 19 SIR JOHN SAUNDERS: Did you see Mr Beswick on the night?
 20 A. At the end of the evening.
 21 SIR JOHN SAUNDERS: But he wasn't at the casualty collection
 22 point that you were at?
 23 A. Not that I can remember. I'm sure he might have come on
 24 in, but I can't remember.
 25 SIR JOHN SAUNDERS: I'm sure it was a very confusing

1 evening.
 2 A. Yes.
 3 SIR JOHN SAUNDERS: We well understand that. Okay.
 4 MS CARTWRIGHT: When we were dealing with the time after the
 5 briefing a moment ago, you also referenced that there
 6 came a point that Paddy Ennis came down and gave you
 7 specific information. Could you tell us, first of all,
 8 roughly the timing after your arrival that Paddy Ennis
 9 came down and spoke to you?
 10 A. Very quickly when he was bringing — it was within
 11 minutes of us entering the train station. He was
 12 already helping carrying patients or a patient down the
 13 stairs with the police.
 14 Q. What did Mr Ennis say to you?
 15 A. I think he gave us an indication that there would be 30
 16 or more patients, critically injured patients, being
 17 brought down.
 18 Q. When Mr Ennis said there were 30 more critically ill
 19 patients, was he able to give you an idea as to how many
 20 P1s or P2s?
 21 A. Not at that point, no.
 22 Q. Then just to complete that, when Mr Ennis said to you
 23 that there was that number of critically ill patients
 24 being brought down, in addition to those that you could
 25 see down on the station concourse, what went through

1 your mind?
 2 A. Terrified. Absolutely terrified. That's all I can
 3 think of what was happening in my head at that
 4 particular point.
 5 MS CARTWRIGHT: Sir, perhaps it's convenient to take...
 6 SIR JOHN SAUNDERS: Yes. We're going to break for a quarter
 7 of hour if that's sufficient for you?
 8 A. That's good, thank you, sir.
 9 SIR JOHN SAUNDERS: So back just after 11.30, please.
 10 (11.18 am)
 11 (A short break)
 12 (11.31 am)
 13 MS CARTWRIGHT: Ms Hedges, you've described and told us that
 14 you went forward to start triaging patients, that you
 15 shortly identified that Helen Mottram was also doing
 16 a similar role, but then you went on to tell us that
 17 very shortly thereafter, you went and told
 18 Mr Birchenough that essentially you were going to
 19 allocate to each patient a paramedic.
 20 A. Yes, that's correct.
 21 Q. And can you give us how soon after you went forward that
 22 you had that conversation with Mr Birchenough?
 23 A. Within 5 minutes.
 24 Q. Did that then take place, did paramedics get allocated
 25 to —

1 A. Yes, I started allocating straightaway.
 2 Q. The significance then of a paramedic being allocated per
 3 patient, would that be essentially that they would
 4 almost be continually triaging and reassessing the
 5 patient?
 6 A. That, as well as any immediate treatment that the
 7 patient required at that moment in time.
 8 Q. So having given that instruction and that then taking
 9 place, how does your role work at that time? Because
 10 plainly that would be slightly different to ordinarily
 11 how a triage officer role would work; is that correct?
 12 A. Yes, that's correct. I was aware that, as I said, Helen
 13 was then continuing and we'd established then Helen was
 14 continuing to re-triage the patients every 15 minutes
 15 and I was making sure that every single injured patient
 16 had an ambulance crew to treat them and then supported
 17 the crews for any kind of equipment or anything they
 18 required, so running between them all to make sure they
 19 had what they needed.
 20 Q. Was there sufficient paramedic or crews available for
 21 that to be a reality in terms of each casualty having
 22 a crew or a paramedic with them?
 23 A. Yes, that's correct.
 24 Q. So at that time would you continue doing triaging of
 25 patients or essentially would the paramedic with the

1 patient be doing that?
 2 A. The paramedic with the patient would be doing that, they
 3 would be treating the patient, but also continually to
 4 triage them, whereas Helen was then going round every
 5 15 minutes to see if anyone's P status had changed at
 6 that point.
 7 Q. You say Helen was doing that?
 8 A. Yes.
 9 Q. Was that not something you were doing as well?
 10 A. I was running between all the crews then getting their
 11 equipment that they needed or extra bandaging and any
 12 necessities they needed.
 13 Q. Can I ask you, and I appreciate in asking this that you
 14 make clear in your statement that when you arrived, the
 15 scene was one of panic and confusion, so I appreciate
 16 that this is not a straightforward scene that you were
 17 met with.
 18 A. That's correct.
 19 Q. But was there any specific areas where the P1 patients
 20 would be placed, the P2s, and the P3 patients?
 21 A. The P3 patients, I think, were being brought out to the
 22 front of the station. The P1 patients were being
 23 brought forward to the beginning of the train station
 24 entrance and the P2s had been brought down at the bottom
 25 of the stairs.

1 Q. Perhaps then there's one page we could display, just to
 2 identify this, and I do just give the relevant warning,
 3 if anyone does wish to disconnect at this stage, I'm
 4 going to ask for an image to be displayed that will help
 5 perhaps identify those areas.
 6 No casualties are displayed. But it perhaps helps
 7 clarify the areas that have been described by the
 8 witness. I will pause for a moment and display a single
 9 page, please.
 10 (Pause)
 11 I'm going to ask, please, to be displayed
 12 {INQ035612/416}. It's only 416 I want displayed,
 13 please, which is a screenshot timed at 23.54.44. So
 14 before it's displayed, I'd ask that you identify that
 15 that is page 416, a screenshot timed at 23.54.44.
 16 If you could perhaps expand the image, please.
 17 Ms Hedges, we see you there identified in the
 18 square, wearing your helmet and jacket with the
 19 ponytail. That's you, isn't it?
 20 A. That's correct.
 21 Q. I think at that time you were with Dr Daley, but perhaps
 22 if we just identify the area. Is the area that would be
 23 behind you, that leads out of the station, where you
 24 were describing where the P1 patients were being taken
 25 to?

1 A. That's correct.
 2 Q. Then in terms of the P2 patients, would they be ahead of
 3 you and to your right and left?
 4 A. That's correct.
 5 Q. Thank you, Mr Lopez, if that could now be taken down.
 6 SIR JOHN SAUNDERS: Can I just, again, to help me get
 7 a picture. So the patients — the casualties have been
 8 brought down to an area at the bottom of the stairs.
 9 The first thing that happens is that those that haven't
 10 been triaged are triaged and you give them P1, P2, P3?
 11 A. Correct.
 12 SIR JOHN SAUNDERS: Then you arrange for them to be treated
 13 by using ambulance crews to do that?
 14 A. That's correct.
 15 SIR JOHN SAUNDERS: And they're simply on the floor, the
 16 people who are being treated there, or are they on
 17 anything?
 18 A. They were on boards and railings. Initially when they
 19 were brought down —
 20 SIR JOHN SAUNDERS: So they are left on the railings that
 21 were brought down on?
 22 A. I can't recall if they remained on the railings or
 23 boards. I can't recall that.
 24 SIR JOHN SAUNDERS: Right. The next thing that has to
 25 happen is to get people to hospital.

1 A. That's correct.
 2 SIR JOHN SAUNDERS: And you're going to get them to hospital
 3 in the order that the worst injured, the P1s, are going
 4 to go first?
 5 A. That's correct.
 6 SIR JOHN SAUNDERS: So you start moving them up to the area
 7 by the entrance of the station?
 8 A. At one point towards the end of the evening, most of the
 9 patients had become P1 patients, so from being P2s most
 10 of them were now becoming P1 patients.
 11 SIR JOHN SAUNDERS: Okay. Let's come to that in a minute,
 12 if we may.
 13 Do you start moving them towards the entrance
 14 straightaway or does someone give you an instruction,
 15 "Let's start moving them now"? How does this work?
 16 A. It's waiting for the hospitals to be cleared and then
 17 Jim would tell us when the ambulances are ready to take
 18 the patients.
 19 SIR JOHN SAUNDERS: So the first thing is to make sure that
 20 the hospitals are ready for the patients to be brought,
 21 is it?
 22 A. Absolutely, yes.
 23 SIR JOHN SAUNDERS: So then you're told, "The ambulances are
 24 now clear", and you then — sorry, the hospitals are
 25 clear. You now need ambulances to get them to hospital?

1 A. That's correct.
 2 SIR JOHN SAUNDERS: And you have most of the ambulance crews
 3 treating patients?
 4 A. Yes.
 5 SIR JOHN SAUNDERS: How does this all work and who works it?
 6 Who is organising all this?
 7 A. The casualty clearing officer and the loading officer
 8 would then be arranging for the trolleys to come into
 9 the station with the extrication devices to get them on
 10 to the trolleys and then with conversation with the
 11 MERIT doctor —
 12 SIR JOHN SAUNDERS: Stop for a moment, sorry. This is just
 13 going through the mechanics. The people who are going
 14 to bring the stretchers in to take people to the
 15 ambulances, are they the ambulance crews who are doing
 16 that who are going to take them off?
 17 A. It would be one member of the ambulance crew that would
 18 go and retrieve the stretcher or another member of staff
 19 that was outside that could help.
 20 SIR JOHN SAUNDERS: Do you have to relieve someone who's
 21 treating someone to go out and get their ambulance.
 22 A. No, the senior clinician would stay with the patient.
 23 SIR JOHN SAUNDERS: And one would go off?
 24 A. If there wasn't anyone else to help, yes.
 25 SIR JOHN SAUNDERS: Okay. And someone's got to bring the

1 ambulance up as well?
 2 A. No, the ambulances are already outside.
 3 SIR JOHN SAUNDERS: So you just have to take them to the
 4 ambulance?
 5 A. That's correct.
 6 SIR JOHN SAUNDERS: Someone is going to come with
 7 a stretcher.
 8 A. That's correct.
 9 SIR JOHN SAUNDERS: And then the clinician who has been
 10 treating will go with that particular patient?
 11 A. That's correct.
 12 SIR JOHN SAUNDERS: And who is organising all this on the
 13 ground?
 14 A. Between the casualty clearing officer, the loading
 15 officer and the triage officers.
 16 SIR JOHN SAUNDERS: And that worked smoothly?
 17 A. Yes, it did, when it was time to move the patients to
 18 the designated hospitals.
 19 SIR JOHN SAUNDERS: And who gave the word, "Now we can start
 20 moving the patients"?
 21 A. I think it was Jim Birchenough.
 22 SIR JOHN SAUNDERS: Right. Thank you. Sorry to interrupt.
 23 MS CARTWRIGHT: Thank you.
 24 Can I just be clear then and have an understanding
 25 about the process. I appreciate you're just one

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1 individual as part of that wider team. Where we've
 2 already identified a P1 casualty is a patient with
 3 life-threatening injuries who requires urgent hospital
 4 treatment, is there even a requirement in a P1 patient
 5 that there has to be information from the hospital that
 6 it is clear to receive a P1 patient?
 7 A. Sorry, could you rephrase that?
 8 Q. You've indicated in answering questions by the chairman
 9 that before a patient can be dispatched to a hospital,
 10 there has to be information that comes from the hospital
 11 to say that they're clear to receive that patient.
 12 A. That's correct.
 13 Q. Is that even for a P1 patient?
 14 A. It's for all the patients that need to be transported to
 15 a trauma centre, P1 and P2 patients.
 16 Q. Just so we understand on the ground who is then
 17 practically feeding back for each of the casualties to
 18 the hospitals, who would be doing that in terms of --
 19 because obviously there's a lot of casualties. Who is
 20 giving that information?
 21 A. It would be the casualty clearing officer then speaking
 22 to the Bronze commander, who would then take it up to
 23 the tactical commander, who'd be then liaising with the
 24 various hospitals with the requirements of each
 25 hospital, what their specialities would be, and making

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1 sure they've got enough members of staff there to deal
 2 with the patients that were incoming.
 3 Q. I think in answering that question, you've also
 4 identified the identification of the appropriate
 5 hospital that had the capabilities to treat whatever the
 6 injuries. How was that working in terms of
 7 identification of the appropriate hospital for the
 8 differing injuries that the different patients had?
 9 A. Each hospital where the patients were designated to
 10 would have had to call in extra staff, they would
 11 have... Depending on what their receiving capacity was
 12 of bed requirements... This would have been negotiated
 13 between the hospitals and NHS England, I guess, to where
 14 the certain patients would be allocated. You wouldn't
 15 be able to have all the injured patients going to one
 16 hospital.
 17 Q. Of course.
 18 A. There would need to be a spread between the major
 19 hospitals that we have here. But that would be
 20 a discussion not at my level.
 21 Q. In terms of the role that you had, we appreciate that
 22 being brought down to the area where you were, where
 23 a high number of seriously injured patients were, how
 24 in that process of P1s do you then prioritise who is the
 25 most urgent P1 patient that needs to be dispatched

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1 first? How do you deal with that on the ground?
 2 A. Well, you're in discussion with the casualty clearing
 3 officer of who's the most -- who's...
 4 SIR JOHN SAUNDERS: Most urgent?
 5 A. Most urgent at that particular time.
 6 MS CARTWRIGHT: And can I ask, in terms of then keeping
 7 a tally, at any point downstairs in the casualty
 8 clearing area, I'll call it that, was there one of the
 9 boards that kept a log as to how many P1, P2s, at
 10 different times -- it's like a whiteboard, isn't it,
 11 that you can keep a tally?
 12 A. I can't recall seeing that. There might have been.
 13 I don't recall seeing it.
 14 Q. So who on the ground was keeping the tally of how many
 15 priority 1 patients there were and priority 2?
 16 A. Helen was keeping a tally and also there were regular
 17 discussions with the MERIT doctor and BASICS doctors on
 18 scene -- I believe Dr Daley was the senior medical
 19 adviser on scene -- who we would liaise with regularly
 20 on the current situation of how the patients' status was
 21 at that time and he would then liaise with the hospitals
 22 or the -- sorry, the casualty clearing officer and the
 23 hospitals as well.
 24 Q. Thank you. I think the image I displayed on screen
 25 a moment ago showed you in discussion with Dr Daley.

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1 A. That's correct.
 2 Q. And I think there are other screens, which I am not
 3 going to take you to, that show you in discussions or
 4 with Dr Daley. So just so we understand how you
 5 operated with Dr Daley, can you describe how that worked
 6 on the night, please?
 7 A. We would have a walk—round with the doctor, I don't mean
 8 that in a relaxed way, and have a discussion of the
 9 urgency of each patient that was injured, and if they
 10 needed further treatment or intervention from one of the
 11 doctors on scene. This would happen probably every
 12 15 minutes.
 13 SIR JOHN SAUNDERS: This is obviously a completely different
 14 scenario than what most of us imagine with an ambulance
 15 going to a scene to a badly injured person: the
 16 ambulance gets there as soon as it can, gets the patient
 17 out as soon as it can, gets to hospital as soon as it
 18 can, almost instantaneously. That can't happen in this
 19 sort of emergency?
 20 A. No, not at all, not with the amount of patients that
 21 you have.
 22 SIR JOHN SAUNDERS: I'm sure you have never seen anything
 23 like this before in your working life.
 24 A. Never.
 25 SIR JOHN SAUNDERS: Do you think it worked properly, the

1 whole thing? Do you think it would have helped if they
 2 had more training on how to do this? I expect we're
 3 coming to all this later, but just for my benefit now.
 4 A. From a clinical point of view, the patients had the
 5 clinical interventions they immediately needed from the
 6 paramedic crews at the station at that particular point.
 7 They had ongoing treatment --
 8 SIR JOHN SAUNDERS: Okay.
 9 A. -- which was to a high standard, I believe. I can't
 10 speak for every single person that was there --
 11 SIR JOHN SAUNDERS: No, no, that's fine. You're just
 12 meeting a completely new situation for you --
 13 A. Yes.
 14 SIR JOHN SAUNDERS: -- and that would throw up different
 15 challenges that what you are used to dealing with in
 16 your normal job.
 17 A. Yes, definitely.
 18 MS CARTWRIGHT: In terms of the system that operated on the
 19 ground on the night, you've told us that paramedics were
 20 allocated to the casualties. Could the treating
 21 paramedic alter the P status of the patient they were
 22 treating? Could they have essentially flipped the card
 23 to either elevate their status or to lower it down?
 24 A. Yes, that's correct.
 25 Q. So when a paramedic altered the status of a casualty,

1 how would that be fed back in terms of keeping the
 2 tally?
 3 A. We would be within that vicinity and they would
 4 literally alert us to the situation by a conversation.
 5 Q. Can I ask, were the paramedics then also -- within the
 6 action cards, as to whether they were P1, P2 or P3,
 7 there's also the ability to record or keep a recording
 8 of basic observations, respiration and Glasgow Coma
 9 Scale, were those paramedics being tasked to complete
 10 those aspects of the triage action card?
 11 A. That's correct.
 12 Q. In terms of the casualties that came down, were brought
 13 down, from the City Room, Mr Lopez, could we please
 14 display a page, and before displaying it I should
 15 perhaps just indicate that this is a picture that has
 16 been drawn to identify the number of casualties in the
 17 casualty clearing area and it has various times against
 18 them. The names of the patients have been redacted, but
 19 it is a drawing that gives an idea as to the number of
 20 patients at one time in that area, so some people may
 21 find this upsetting, so I'd like to give people an
 22 opportunity, before I display that, to withdraw now.
 23 (Pause)
 24 Mr Lopez, if you could ready the image for me before
 25 displaying it. It's {INQ040366/1}.

1 Mr Lopez, if you could now display that document,
 2 please.
 3 Ms Hedges, have you had an opportunity to review
 4 this document that's been created by NWS before today?
 5 A. I have only seen it today.
 6 Q. In terms of this document, do you understand that it
 7 identifies the patients that were brought into the
 8 casualty clearing area, it records how they were brought
 9 down into the casualty clearing area, but also the time
 10 of arrival in the casualty clearing area, the priority
 11 given to that patient, but also the time of dispatch to
 12 hospital as well as the ambulance that conveyed to
 13 hospital?
 14 A. That's correct.
 15 Q. Using that document, we're able to see that 26 of the
 16 casualties, if you do the tally, were brought down on
 17 makeshift stretchers, one on a Sked, three in
 18 a wheelchair, one walked, six were assisted down, and
 19 just one on a stretcher.
 20 Can I ask, when the chairman asked you about
 21 stretchers, did there come a time when you directed all
 22 of the stretchers off the available vehicles to be
 23 brought in to assist the casualties and the treatment of
 24 them?
 25 A. Only towards the end of when the patients were due to be

1 moved to the hospital.
 2 Q. Why only at the end?
 3 A. Sorry?
 4 Q. In terms of, as the chairman's observed, sitting on
 5 a floor in a station, it's far better to be sat on
 6 a stretcher rather than the floor of a station. Why was
 7 consideration not given to treatment on a stretcher
 8 in that casualty clearing area?
 9 A. I think they were made comfortable, but I can't answer
 10 that. They were being treated immediately. I can't
 11 answer that, sorry.
 12 Q. There is an analysis that has been done of your
 13 ambulance that you arrived in. I just wonder if you can
 14 assist because we can see that your ambulance was not
 15 used to dispatch any of these patients but had made
 16 a trip separately to take a patient to hospital. So
 17 can you assist as to how ambulances were being
 18 allocated, not to the patients that we see on this
 19 document, but in terms of how they would get priority to
 20 go to hospital sooner?
 21 A. You would leave your ambulance outside the incident [REDACTED]
 22 [REDACTED] [REDACTED]
 23 [REDACTED]. You wouldn't... The patients would
 24 then be designated any particular ambulance to be taken
 25 to hospital. It doesn't stay your ambulance for that

1 shift or that period of time you're there if that makes
 2 sense.
 3 Q. Can I ask then, because we can see, looking at
 4 a different document, there are times when other
 5 ambulances had made trips to hospital before they then
 6 dispatched one of these P1 or P2 patients. Was there
 7 ever an issue on that night of ambulances being used to
 8 take individuals to hospital when they should have been
 9 preserved for the P1 and P2 patients?
 10 A. I believe there were extra members of staff turning up
 11 and just putting P3 patients on to ambulances. But
 12 that's what I was... I was assuming that... Sorry
 13 about this.
 14 SIR JOHN SAUNDERS: It's all right.
 15 A. I looked out the door at one point and I saw a walking
 16 wounded patient getting on to the back of an ambulance
 17 and I don't know why that had happened, so I think that
 18 was dealt with quite quickly.
 19 MS CARTWRIGHT: Who, in terms of the roles and
 20 responsibilities, would have been there to ensure that
 21 the ambulances that were present were preserved for the
 22 P1 priority patients and the P2 patients?
 23 A. The loading officer.
 24 Q. Just to be clear, who was the loading officer on the
 25 night?

1 A. I don't know who it was.
 2 Q. In terms of the patients --
 3 SIR JOHN SAUNDERS: I don't know you're taking this down,
 4 but just before we do that, this document on the screen.
 5 MS CARTWRIGHT: I may return to it.
 6 SIR JOHN SAUNDERS: I just want to understand it a bit
 7 better. So you may have already done this, but the
 8 sketch on the right-hand side relates, does it, to where
 9 casualties were placed in the station area? I'm asking
 10 you, really, because you will know what the document is.
 11 MS CARTWRIGHT: Yes, the document has been redacted, that
 12 doesn't assist you, but each of the squares on that plan
 13 represents a patient that can be identified in the
 14 unredacted version.
 15 SIR JOHN SAUNDERS: Thank you. And where they were put in
 16 the casualty -- and looking at it, the entrance to the
 17 station is on the right-hand side?
 18 MS CARTWRIGHT: Perhaps if the witness can confirm -- the
 19 image we showed on the photograph from the stills, would
 20 that be the area that led out to the station?
 21 A. Yes, that's correct.
 22 MS CARTWRIGHT: So what we showed would be this area, sir.
 23 SIR JOHN SAUNDERS: Thank you, that's what I thought. And
 24 the times are the times when the casualty arrived at the
 25 casualty -- CCP?

1 MS CARTWRIGHT: You will see at the top of each column,
 2 we've got the casualty clearing station arrival time,
 3 the method of conveyance into the casualty clearing
 4 station, the priority given to them, the departure time
 5 to hospital, the ambulance that conveyed them to which
 6 hospital, but then also a column that identifies the
 7 arrival time.
 8 SIR JOHN SAUNDERS: Okay, I've got that. Just within the
 9 sketch, the times, which are not the 24-hour clock but
 10 I assume are a 12-hour clock, those times are the times
 11 that the casualty arrived there?
 12 MS CARTWRIGHT: They are, sir.
 13 SIR JOHN SAUNDERS: So the one at the top arrived at the
 14 casualty -- I don't know whether it's the CCP or the
 15 CCS -- arrived at 11.42?
 16 MS CARTWRIGHT: Yes. So that's the patient that would be
 17 the bottom row, is my understanding.
 18 SIR JOHN SAUNDERS: Yes. That's fine.
 19 MS CARTWRIGHT: The unredacted document also identifies that
 20 patient, which can be read alongside.
 21 SIR JOHN SAUNDERS: I was just understanding that plan,
 22 thank you.
 23 MS CARTWRIGHT: Sir, I'm conscious that we're getting very
 24 near to -- I'm sure Mr Greaney is coming through.
 25 I don't know whether I will continue.

1 SIR JOHN SAUNDERS: I think we'll stop there for a moment.
 2 When we get to 12 o'clock, we're going to have
 3 a minute's silence. Those who want to can stay in the
 4 hearing room and remain seated for that minute's
 5 silence. Those who wish to go, would you like to go
 6 now? Obviously, some people may not want to observe it
 7 in here. It gives everyone an opportunity as well to
 8 turn off their screens or whatever they wish to do if
 9 they want to do that.

10 Mr Greaney will tell us exactly when it's 2 minutes
 11 to go and we will stop at 12 o'clock precisely and
 12 we will remain silent for 60 seconds.

13 MR GREANEY: Sir, yes, it's nearly 11.59. What I will do is
 14 indicate the moment at which it turns midday.

15 SIR JOHN SAUNDERS: Thank you. And you'll also time the
 16 minute?

17 MR GREANEY: I will also do that, sir, yes.

18 (Pause)

19 Sir, that concludes the minute's silence.

20 SIR JOHN SAUNDERS: Thank you very much, Mr Greaney.

21 Ms Hedges, I am quite sure that as part of the
 22 pandemic, you have had to be dealing with many patients
 23 suffering from COVID and I'm aware that you and a number
 24 of your colleagues who have come to assist me to give
 25 evidence, that's been an additional burden, so I'm

1 especially grateful that you can come and we do
 2 appreciate the extra burden that it has been putting on
 3 you.
 4 MS CARTWRIGHT: Ms Hedges, I think you've already told the
 5 chairman that of the patients that had been brought down
 6 from the City Room, a number of them did not have triage
 7 cards on them when they arrived in the casualty
 8 collection area; is that correct?
 9 A. Correct.
 10 Q. Could you give us an idea as to how many of the patients
 11 that applied to?
 12 A. To be honest, I can't remember now.
 13 Q. Are we talking a large number of the patients?
 14 A. No, not a large amount.
 15 Q. But certainly you have a clear recollection of patients
 16 arriving at the casualty clearing area without any
 17 action card on them?
 18 A. That's correct.
 19 Q. When that occurred, how did that affect what was
 20 happening, because that would seem to indicate that that
 21 patient had not had a triage in the City Room or had had
 22 a triage and no evidence of that would be with the
 23 patient, so how would you approach those patients?
 24 A. They would be immediately triaged.
 25 Q. Would it take place immediately?

1 A. Immediately, yes.
 2 Q. There is information in your witness statement about
 3 patients that came down from the City Room that had
 4 bleeds. Were there patients that arrived in the
 5 casualty clearing area who had active bleeding but had
 6 not had tourniquets applied?
 7 A. Yes. I believe so.
 8 Q. Again, those patients, what happened with those
 9 patients?
 10 A. Two of them had police officers with them, who were then
 11 putting on pressure to the area while crew then were
 12 allocated immediately.
 13 Q. At any point during the process of patients being
 14 brought down -- and you have told us that Mr Ennis
 15 indicated the number that had to be brought down that
 16 terrified you -- did anyone think to offer assistance
 17 with the process of bringing casualties down from the
 18 City Room to the casualty clearing area?
 19 A. No, we were told it was a hot zone, and we weren't to
 20 enter there as it wasn't -- so far as we were aware it
 21 was a hot zone and a second explosion, controlled
 22 explosion, was about to happen, I believe in the actual
 23 arena and we were not to enter that area due to its
 24 instability until it was deemed safe.
 25 Q. Can you assist us, first of all, who told you it was

1 a hot zone in the City Room?
 2 A. By then, the armed police had told us that that's what
 3 the situation was and they were looking for a second
 4 device, but had found a device that wasn't a threat but
 5 still were going to do a controlled explosion.
 6 Q. Are you able to help us as to how soon after you arrived
 7 on the station that that happened, that you were given
 8 that information?
 9 A. I can't be 100% sure. It was within half an hour.
 10 That's pretty much a guess.
 11 Q. Before that half an hour had occurred, had anyone said
 12 to you before that time about what the status of the
 13 City Room was?
 14 A. When Paddy brought the patients down, it was a hot zone,
 15 it's where the bomb was detonated, we wouldn't enter,
 16 that would be for fire and for HART to enter and police.
 17 Q. You've already told us that you had assumed that HART
 18 were in the City Room, the whole HART team. Had you had
 19 any information given to you about where the Fire
 20 Service personnel were when you arrived at the station?
 21 A. I assumed they were all upstairs.
 22 Q. Why did you assume they were all upstairs?
 23 A. Because I couldn't see them anywhere else.
 24 Q. Did anyone say anything to you whilst you were at the
 25 station about the Fire Service?

1 A. Not until later on, until I actually saw them standing
 2 outside the front doors.
 3 Q. I'll deal with that in a little while.
 4 At any point did you have any discussions with any
 5 British Transport Police officers that were present
 6 at the station?
 7 A. I was speaking to lots of the police officers who were
 8 looking after the patients.
 9 Q. Would it have been important for you to know who the
 10 commander was for fire, who the commander was for the
 11 police, or was that not relevant to the role you were
 12 doing?
 13 A. That wasn't relevant to the role I was doing.
 14 SIR JOHN SAUNDERS: We know, because we've heard from
 15 another police officer, certainly one upstairs was
 16 saying, "We desperately need paramedics up here". The
 17 police who brought casualties down, were they conveying
 18 that to you, "We need you upstairs"?
 19 A. They might have been doing so, sir, but I don't recall
 20 that. I was just concentrating on the patients at that
 21 point.
 22 SIR JOHN SAUNDERS: Right.
 23 MS CARTWRIGHT: In terms of the P3 patients that you told us
 24 had gone outside on the station, who was responsible for
 25 the P3 patients? Would that be part of your role as one

1 of the triage officers?
 2 A. I'm not... The P3 patients were going out to the front.
 3 I'd have assumed at that point that there would be other
 4 paramedics out there dealing with the P3s and the
 5 walking wounded. I was totally -- I was just working
 6 with the P1 and P2 patients within the station.
 7 Q. Thank you. Was there an issue with pain relief for the
 8 patients? Was there sufficient analgesia available for
 9 those patients in the casualty clearing area?
 10 A. I remember getting some morphine for a crew from another
 11 ambulance crew, but I don't recall any issues being
 12 brought to my attention of pain relief required, apart
 13 from when an advanced paramedic had turned up to speak
 14 to me regarding ketamine.
 15 Q. What was the discussion that the advanced paramedic was
 16 having about ketamine?
 17 A. Who needed ketamine and pain relief.
 18 Q. Is that because the ketamine is stronger than morphine?
 19 A. It works more effectively, in a different way.
 20 Q. Do you know what had prompted the advanced paramedic to
 21 come forward with that information?
 22 A. He, I think, turned up later to the scene. He just
 23 appeared, and said, "Right, who needs pain relief?"
 24 Q. In terms of who could administer morphine and ketamine,
 25 is there any specific level of paramedic or doctor who

1 has to be able to administer that?
 2 A. The doctors and the advanced paramedics could administer
 3 ketamine. Paramedics could only administer morphine and
 4 paracetamol.
 5 Q. In terms of the amount of morphine that you'd have had
 6 available to you, can you give us some idea as to the
 7 amount you would have had with you that you took into
 8 the station?
 9 A. I can't recall. It's kept on our vehicles. We would --
 10 I know one crew had actually brought in ten vials of
 11 morphine and kept it in their pocket. This is the crew
 12 I'd gone to ask for extra morphine for another patient
 13 from. Each paramedic would have been responsible for
 14 bringing their own morphine from the vehicle safe.
 15 Q. Could I ask you then to deal with what you have
 16 described about the later period of time when you
 17 identified the fire personnel waiting and tell us what
 18 you saw and discovered at that time, please.
 19 A. Towards the end of the evening when the patients were
 20 due to go to the hospital, I saw a line of fire crew
 21 stood outside, who were then designated to the
 22 ambulance, to bring in a trolley for our patients to be
 23 loaded up ready to go. But it was only at the very end
 24 and they also helped remove our equipment when the
 25 patients had all left the scene to go to hospital.

1 Q. You describe in your witness statement about that, that:
 2 "The Fire Service officers assisted us with this."
 3 That's just getting rid of equipment, kit and the
 4 like, but you say this specifically:
 5 "They hadn't been authorised to enter into the
 6 building to assist during the casualty treatment phase,
 7 which I know was a source of personal frustration to
 8 them."
 9 A. That's what I found out at the end when I was speaking
 10 to them.
 11 Q. Did they give you any detail about that beyond what
 12 you've put in your witness statement?
 13 A. They said it wasn't safe for them to enter, therefore
 14 their commander wouldn't allow them to enter due to
 15 Plato having been declared.
 16 SIR JOHN SAUNDERS: So when you saw them, they were actually
 17 outside the station entrance?
 18 A. Yes.
 19 SIR JOHN SAUNDERS: And they only came into the building
 20 when asked to do so to help to remove patients?
 21 A. That's correct.
 22 MS CARTWRIGHT: In terms of instructions being given that
 23 night, and I am not going to ask for it to be displayed,
 24 but you'll have had provided to you a summary of some of
 25 the audio that's been captured from body-worn footage.

1 Sir, for your reference, it's {INQ040479/2}.

2 I want to ask you about the -- give me a few

3 moments -- page 2, the 23.40.31 entry.

4 So what's been captured -- have you found that,

5 {INQ040479/2}? I don't want that displayed, please.

6 Perhaps if you just orientate yourself.

7 There's a description about a police officer that

8 included PC Davidson and PC McLaughlin being present

9 with a patient. There's an indication that you

10 approached them and asked them to bring that patient

11 outside on to a trolley, but PC Davidson disagreed and

12 told PC McLaughlin, "We won't be moving her, she's

13 tagged 2, so they won't be moving her any time soon".

14 There's only one example of that within your

15 timeline, but was there ever an occasion when you were

16 giving instructions to police personnel assisting as to

17 the movement of casualties when they weren't being taken

18 where you'd asked them to be?

19 A. Yes, they didn't quite understand the process of a major

20 incident plan, if you like. It felt like ... There were

21 a few heated discussions with the police officers trying

22 to move the patients to different areas.

23 Q. Perhaps if you can give us more detail about that

24 because you are indicating that actually it did occur on

25 more than one occasion; is that correct?

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1 A. Yes, that's correct.

2 Q. Just give us some idea as to how often this was

3 an issue.

4 A. I only recall probably twice that that had happened.

5 Generally, they were very helpful.

6 Q. You've said in answering the question a moment ago that

7 they didn't understand the major incident plan. Just

8 can you elaborate on what you mean by that?

9 A. There was a heated discussion about why are the patients

10 not instantly going to hospital. That was one of the

11 occasions. And I had to explain to them that the

12 hospitals have to be cleared first before they can

13 receive any patient. That was one of the discussions

14 I'd had with a police officer. And also I'd wanted this

15 patient moved nearer to the front door ready to be

16 loaded and to be put on to an ambulance and they

17 wouldn't move her.

18 SIR JOHN SAUNDERS: Because she was category 2, P2?

19 A. She had become a P1 as far as -- from my memory.

20 SIR JOHN SAUNDERS: So you are saying she's a P1 and they

21 were saying?

22 A. No, they just needed to raise her legs, she's a P2.

23 SIR JOHN SAUNDERS: Right. Did you get your way?

24 A. Probably, from what I can recall.

25 SIR JOHN SAUNDERS: Thank you.

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1 MS CARTWRIGHT: I'm not going to go through the helpful

2 document about the timings for patients who are P1 as to

3 how long it took because we can deal with that with

4 another witness or the chairman has the helpful

5 document.

6 But can I just ask you this by way of a general

7 proposition: we can certainly see for a number of P1

8 patients that they were present and waiting for a number

9 of hours to be dispatched to hospital and I just want

10 you to explain how that could be for a P1 patient that

11 they could be waiting hours to be taken to hospital.

12 A. I presume at that point it's waiting for the hospitals

13 to be cleared. It'll be the only reason why any patient

14 would have to wait. As long as they've got ongoing

15 treatment with them that we could provide with them

16 there and then, it would take a period of time for the

17 hospitals to get extra staff in, to cancel the

18 non-urgent patients. It takes quite a while for that

19 process to happen. That's the only reason I can think

20 of.

21 Q. Thank you. Ms Hedges, I'm not going to go through the

22 detail of the treatment and involvement you had with

23 other patients. But can I ask you one question finally

24 about what was happening on the scene. You identify on

25 one occasion that you spoke to someone who had indicated

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1 that they were a doctor and you wanted verification

2 about that. You understand that that person was

3 a student doctor and she'd been out and had attended.

4 Was there any issue about letting someone have access as

5 a doctor to the scene that you didn't have that

6 verification that they were a qualified doctor or

7 a trainee doctor?

8 A. You just need verification if they were able to treat

9 the patient, as you would do with anyone else. You'd

10 instantly recognise by their identification or they

11 could be a doctor of arts and suddenly turn up to deal

12 with a patient. We need verification that that's what

13 they do. And they had been invited in by some of our

14 commanders to come in and help us.

15 SIR JOHN SAUNDERS: That's the standard instruction?

16 A. That's what -- yes, that would happen, sir.

17 SIR JOHN SAUNDERS: Thank you.

18 MS CARTWRIGHT: I think you continued providing your

19 assistance for a number of hours into the early hours of

20 the morning. I think you assess -- we've got the exact

21 time from your document. I think it's somewhere in the

22 order of 2.30 in the morning when you then -- I think

23 you describe there was a short debrief outside of the

24 station from Mr Smith and you were all directed back to

25 Central Ambulance Station. Can you assist us as to what

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1 the nature of the short debrief was at that time,
 2 please?
 3 A. I think Derek Cartwright, the chief exec, had turned up
 4 at that time as well to stand with Dan Smith to...
 5 I can't remember the exact words. It was to, you
 6 know... Just check on all our welfare and see how
 7 we were at that particular time and to say that we'd go
 8 and have a further debrief back at the station and just
 9 to collect your equipment and go and be reunited with
 10 your ambulance, if it was still there.
 11 Q. We're aware that there was then a wider debrief that
 12 took place at the Etihad, I think, in June 2017. We've
 13 no form from that debrief for you. First of all, can
 14 I clarify, did you attend that debrief at the Etihad?
 15 A. Yes, I attended.
 16 Q. Did you complete debrief forms?
 17 A. Yes, I completed it.
 18 Q. Have you had an opportunity to review the debrief forms
 19 that we have had provided to us from North West
 20 Ambulance Service?
 21 A. I haven't had a look at my own form, it couldn't be
 22 located. I've looked at the other forms and the
 23 questions that were asked.
 24 Q. That's what I just wanted to clarify. In terms of what
 25 is available from those forms, have you reviewed those

1 just to confirm that your form does not sit within them?
 2 A. Yes, I've confirmed that.
 3 Q. It's not a question for you as to where the form went,
 4 but would it be fair to say that you handed in that
 5 debrief form before you left?
 6 A. They were collected from our tables.
 7 Q. And in terms of -- I appreciate it's difficult, but are
 8 you able to assist us as to whether you raised any
 9 issues in that debrief, first of all, in relation to
 10 preparedness?
 11 A. I can't recall. I can't recall. I just remember the
 12 conversations. I can't recall what I put on that paper.
 13 Q. Then there's a second form, as we understand, as to how
 14 they operated. There's a form that would allow you then
 15 to provide your feedback as to how the response operated
 16 on the night. Can you assist us as to whether there was
 17 any feedback or comments that you made in respect of how
 18 the response went on the night?
 19 A. I can't recall what I actually wrote on that form.
 20 SIR JOHN SAUNDERS: Obviously we're interested in any
 21 lessons learnt.
 22 A. Yes.
 23 SIR JOHN SAUNDERS: It's a long time ago for you, but are
 24 there any things that stick in your mind that you would
 25 particularly like to tell me that might help in the

1 future?
 2 A. I think clarification, more of a clarification of what
 3 we were entering into on the night and, from a command
 4 structure, who was doing what role.
 5 MS CARTWRIGHT: Sir, that concludes my questioning. There
 6 are a number of core participants that have indicated in
 7 accordance with the Rule 10 process that they have
 8 questions, but also a further request that's been
 9 received that's been ventilated in an email and has been
 10 given approval.
 11 First of all, if I could turn to Mr Smith on behalf
 12 of North West Fire Control and ask him, please, to ask
 13 the witness his questions now.
 14 Ms Hedges, those questions will be asked over the
 15 video link.
 16 SIR JOHN SAUNDERS: Mr Smith, thank you.
 17 Questions from MR SMITH
 18 MR SMITH: When you were at Thompson Street Fire Station,
 19 did any fire appliance leave the fire station?
 20 A. Not that I can recall, sir.
 21 Q. Did anybody tell you that two fire appliances had
 22 already left before your arrival?
 23 A. I wasn't aware of that, sir.
 24 Q. So when you told the inquiry that you saw that there
 25 were fire crews walking around at Thompson Street

1 Fire Station, and you heard the words that they weren't
 2 going yet, can you very approximately give an indication
 3 of how many firefighters you saw there at that time?
 4 A. I can't recall. It wasn't a big gathering. I could say
 5 approximately five to ten.
 6 MR SMITH: Thank you very much. That's all I wanted to ask
 7 you.
 8 SIR JOHN SAUNDERS: Thank you very much, Mr Smith.
 9 MS CARTWRIGHT: The request we have had from Mr Warnock
 10 I know is to address a similar issue. Can I ask
 11 Mr Warnock, if he has any clarification questions he
 12 wishes to make, that he ask his questions now, please.
 13 SIR JOHN SAUNDERS: I was advised about the questions that
 14 you wanted to ask and I have considered them.
 15 Questions from MR WARNOCK
 16 MR WARNOCK: Thank you, sir.
 17 Ms Hedges, it's on the same point Mr Smith was just
 18 asking you about. We know that you arrived at
 19 Thompson Street at 22.59. You were asked by
 20 Ms Cartwright why you did not identify the person who
 21 was in charge at Thompson Street and you answered:
 22 "From what I recall, there wasn't -- there was just
 23 a mixture of fire crews walking around and things like
 24 that."
 25 Can I just clarify, do you actually remember seeing

1 fire crews walking around at that time?
 2 A. I do remember seeing a few men and women walking around,
 3 but my focus wasn't on them at the time.
 4 Q. Right. You saw a few men and women walking around. Are
 5 you confident that they were fire personnel?
 6 A. I can't be 100% sure.
 7 Q. You later returned to Thompson Street, we see that from
 8 the NWS log, at 01.13. Do you think that might be when
 9 you may have seen fire personnel walking around?
 10 A. I didn't return to Thompson Street.
 11 Q. Right.
 12 A. I didn't leave the train station.
 13 Q. You didn't? Okay. I'll check that.
 14 MS CARTWRIGHT: The A357 vehicle was not these individuals
 15 because someone else was using the vehicle at that time.
 16 MR WARNOCK: I'm very grateful for that clarification,
 17 thank you.
 18 That's all I have to ask you, thank you very much.
 19 SIR JOHN SAUNDERS: Thank you, Mr Warnock.
 20 MS CARTWRIGHT: My understanding is it's Mr Gozem that's
 21 asking the questions on behalf of the families. Can
 22 I ask Mr Gozem to ask his questions now, please?
 23 Questions from MR GOZEM
 24 MR GOZEM: Thank you.
 25 Ms Hedges, I'm going to ask some questions on behalf

1 of the bereaved families, and I think I should begin by
 2 firstly thanking you for all your efforts on the night
 3 in tending to the injured people that you were dealing
 4 with. And secondly, thank you for coming here to help
 5 us now.
 6 I want to be clear that the questions I'm going to
 7 ask you are not designed to be critical of your
 8 performance or what you did but to try and just get
 9 a better understanding of how things worked on the
 10 night, how they were expected to work, and so on and so
 11 forth, so I'd be grateful for your help with that.
 12 Could I begin, please, by making reference to one of
 13 the paragraphs in your statement. I'm going to read it
 14 to you. Sir, this is from page 4 of the principal
 15 statement that Ms Hedges made.
 16 SIR JOHN SAUNDERS: Thank you.
 17 MR GOZEM: It says this:
 18 "My role as a triage officer was to do an initial
 19 visual assessment of the casualty so that their
 20 treatment could be prioritised in order of seriousness,
 21 but it quickly became apparent that almost all of those
 22 coming down from the scene or hot zone were P1 and
 23 required urgent medical intervention."
 24 You go on to say, a couple of paragraphs later:
 25 "Jim Birchenough was the link between me and the

1 crews waiting outside."
 2 And you add this:
 3 "There were paramedic staff being held at the door
 4 in pairs and were being called in by Jim when requested
 5 so that it was as controlled and structured as we could
 6 make it. This helped to ensure that crews were dealing
 7 with the casualties who required the most urgent
 8 treatment."
 9 Does all of that sound right and is that how you
 10 remember it?
 11 A. Yes, that's correct.
 12 Q. I think, looking at everything that you've told us, you
 13 were one of two primary triage officers, together with
 14 Helen Mottram; is that right?
 15 A. That's correct.
 16 Q. You told us about your background and training and I'm
 17 not going to go into that, save to ask you about your
 18 role as a senior paramedic. Were there plenty of senior
 19 paramedics in NWS as far as you were aware? Was there
 20 a shortage of them? Could you just tell us whether the
 21 situation was at the time normal, unusual? Could you
 22 help?
 23 A. In the short period of time I'd been with NWS,
 24 I believe there was an adequate amount of senior
 25 paramedics. They were always recruiting for extra

1 senior paramedics, for instance on our station we had
 2 seven — sorry, eight senior paramedics that work within
 3 our team.
 4 Q. Right. So your experience was that there were
 5 sufficient?
 6 A. As far as I know regarding senior paramedics. Are you
 7 meaning actually on the night or the whole...
 8 Q. I meant the whole of NWS to begin with because I'm
 9 going to come to the night in a minute. But before I do
 10 that, can I just ensure, if it's not a rude way of
 11 putting it, that the pecking order, is it paramedic,
 12 senior paramedic, advanced paramedic, consultant
 13 paramedic?
 14 A. That's correct.
 15 Q. Right, thank you. Then let me ask you the question that
 16 you thought I might have been asking. Would it have
 17 helped if there had been more senior or advanced
 18 paramedics at the arena on the night?
 19 A. Yes, more seniority would have been of any assistance.
 20 Q. Right. The question as to why there weren't isn't one
 21 that you can answer, is it?
 22 A. No, I can't answer that, sorry.
 23 Q. No, okay, thank you.
 24 SIR JOHN SAUNDERS: Mr Gozem, do you mind if I interrupt you
 25 just for one moment?

1 MR GOZEM: Of course not.
 2 SIR JOHN SAUNDERS: We've heard about triage being done
 3 in the City Room and the way that was done was the
 4 paramedic would go from casualty to casualty, would
 5 triage them as P1, P2, P3, but would also deal with any
 6 life-saving treatment which needed to be done.
 7 A. Yes.
 8 SIR JOHN SAUNDERS: Would I be right in thinking that the
 9 way you were doing triage was that you would do
 10 a similar assessment, but if there was treatment,
 11 life-saving treatment required, you'd get someone in,
 12 one of the paramedics in to do it rather than doing it
 13 yourself?
 14 A. If it required stemming of bleeding, there would be --
 15 all the patients had somebody with them, so I would
 16 allocate for them to put the pressure on that area,
 17 apply a tourniquet, put a bandage or a blast dressing.
 18 While that was happening, the crew then could
 19 immediately attend.
 20 SIR JOHN SAUNDERS: But you wouldn't personally be doing the
 21 treatment?
 22 A. No.
 23 SIR JOHN SAUNDERS: Thank you, Mr Gozem.
 24 MR GOZEM: Not at all, sir.
 25 So you were taking an overview, effectively, there

1 on the station concourse; is that a fair summary?
 2 A. Sorry, you broke up then. Could you repeat that,
 3 please?
 4 Q. Of course. You were taking an overview of the patients
 5 who were on the station concourse, including doing
 6 triage on some of them, but ensuring, so far as you
 7 could, that they had the medical assistance that they
 8 required?
 9 A. That's correct.
 10 Q. We know, because we've heard something about the zones,
 11 the casualty collection point and the casualty clearing
 12 station, and the theory of how all of those things might
 13 work as a step-by-step process. Is it fair to say --
 14 I think you used the word "merged" at one stage -- is it
 15 fair to say that really, when you got there, the
 16 circumstances that confronted you dictated how you were
 17 going to operate?
 18 A. That's correct. For major incidents you can have a plan
 19 put in place and you normally should follow the
 20 procedure, but you should also be aware that in
 21 ever-changing circumstances, you will change your
 22 approach to the dynamics of how it's changing in front
 23 of you. So you can be flexible with your role, should
 24 that be warranted at that particular time. You adapt
 25 and change to the situation.

1 Q. Yes, thank you. So the briefing that you were given on
 2 arrival, I'm not suggesting it wasn't necessary, but you
 3 could see what was necessary with your own eyes,
 4 I think, effectively, couldn't you, on your arrival?
 5 A. You didn't get the whole picture at all. You had
 6 walking wounded outside the train station.
 7 Q. Yes, forgive me. I meant in relation to what you were
 8 to go on to do. You're quite right.
 9 You mention in your statement the time at which you
 10 became aware of another casualty collection point or
 11 clearing station, forgive me I'm not clear which, that
 12 had been set up by HART outside. You just saw that, did
 13 you?
 14 A. Yes. When I was going to ask for some more paramedics
 15 to come on into the train station, I could see to my
 16 right that HART had set something -- were laying down
 17 tarpaulin and setting an area up.
 18 Q. From what you saw, did that area become a valuable
 19 resource on the evening?
 20 A. I believe so, after discussion -- when I had spoken to
 21 one of the HART team leaders at the end of the evening.
 22 Q. Tell us, please, how it worked, would you then? Because
 23 we understand, I think, how the area where you were
 24 doing your triaging worked. How did people progress to
 25 that area? Was that just the next stage before going on

1 to an ambulance?
 2 A. No, I believe they were treating patients that had come
 3 from a different direction, not through the train
 4 station. People who had just turned up at these areas,
 5 at their area.
 6 Q. So it wasn't, as it were, a continuation of patients
 7 being moved from your area to there, this was a fresh
 8 lot of patients, effectively?
 9 A. I believe one patient had been taken out of the front
 10 doors, but I can't recall who. I believe the rest --
 11 other patients, walking wounded, in my mind, were being
 12 treated out the front with HART.
 13 Q. So they were walking wounded as opposed to people who
 14 had been brought down on stretchers, were they?
 15 A. From what I can recall.
 16 Q. All right, thank you for that. Could you tell us in
 17 rough terms, if you can, it may be we'll be able to
 18 learn this more accurately in due course, but how long
 19 was it before the doctors, MERIT doctors or BASIC
 20 doctors, and you also mention a couple of advanced
 21 paramedics, arrived on the scene.
 22 A. I recall Dr Daley, a MERIT doctor, being there almost
 23 immediately. And I remember some of the helimed doctors
 24 being there on scene quite quickly and they commenced
 25 treatment in the train station with various patients

1 we'd discussed through Dr Daley. I can't recall the --
 2 sorry.
 3 Q. No, you continue.
 4 A. The advanced paramedics had turned up a bit later on
 5 in the evening that I recall, they weren't there
 6 immediately, so perhaps within an hour, my timeline is
 7 not that precise. So probably within an hour is when
 8 I spoken to one of the advanced paramedics who'd asked
 9 about the ketamine administration for patients. But
 10 again, I might be a few minutes out on this, I can't be
 11 100% sure.
 12 Q. All right. Let me just read this section of your
 13 statement to you. Sir, this is the second paragraph on
 14 page 8. You say this, and I'm not referring to the
 15 paragraph above, Ms Hedges, because it refers to
 16 a patient and it's a distressing section. You follow on
 17 by saying:
 18 "I think it was some time around this point that
 19 a couple of advanced paramedics and MERIT doctors
 20 arrived. They were in possession of stronger
 21 painkillers, such as ketamine, as up to that point we'd
 22 only been using morphine. I was asked by one of the
 23 advanced paramedics which of the casualties needed
 24 stronger pain relief. I just looked round at people
 25 with all the injuries and said to them, 'Almost all of

1 them."
 2 A. That's correct.
 3 Q. Right. That seems to indicate that the doctors and
 4 advanced paramedics might have arrived, if I've
 5 understood it, at about the same time that that
 6 conversation happened.
 7 A. There were different MERIT and BASIC doctors arriving,
 8 but initially there were, from what I recall, three
 9 doctors already there within a few minutes of arrival,
 10 and later on other doctors and MERIT doctors and BASICs
 11 had turned up as well.
 12 Q. Right. So is this it, the situation that those doctors
 13 who'd turned up within 3 or 4 minutes of you being there
 14 were able to assist with the treatment of the patients
 15 in the area that you and Helen Mottram were working?
 16 A. That's correct.
 17 Q. And that's what they did, is it, the two or three --
 18 A. Yes, they did.
 19 Q. You have mentioned Dr Daley. Can you remember the names
 20 of the others?
 21 A. I can remember the surname of Smith, of one of the other
 22 doctors who was there on scene. I can't recall the
 23 other names.
 24 Q. Thank you very much. Could we please, Mr Lopez, have
 25 the diagram or document at {INQ040366/1} on the screen

1 again.
 2 I'm not going to ask you a detailed question about
 3 that, I'm really just using it as a reminder. You'll
 4 recall perhaps that, I think the chairman asked you the
 5 question that this wasn't a situation, as one might
 6 imagine, where ambulances screeched to a halt, collected
 7 a casualty and roar off and take them to hospital. It
 8 was a very different situation, wasn't it?
 9 A. Yes, it was.
 10 Q. And if we were to look at the column headed "CCS arrival
 11 time", which is the third one across the top, and
 12 "Departure time to hospital", we can see, without
 13 looking at all of them, that there's quite a substantial
 14 apparent delay between a patient arriving at the CCS and
 15 departing for hospital.
 16 A. Yes, that's correct.
 17 Q. Thank you. You'll understand perhaps that that may, to
 18 a member of the public, appear really rather odd and
 19 a little concerning. So I'm going to ask you some
 20 questions, if you can help us about clarifying just how
 21 the movement to hospital was managed on the night. All
 22 right?
 23 A. Okay.
 24 Q. You've mentioned Jim Birchenough. I think you told us
 25 that he was the casualty clearing officer.

1 A. Yes, that's correct.
 2 Q. Again, looking at your statement at page 7, I'm just
 3 going to read that paragraph right in the middle of the
 4 page:
 5 "There was lots of contact between Jim, Dan and
 6 Helen and I."
 7 That, I think, will be Jim Birchenough and
 8 Dan Smith; is that right?
 9 A. That's correct.
 10 Q. "We constantly reviewed if we needed more crews or who
 11 needed to go as a priority. Helen and I kept
 12 circulating between the casualties, even though they
 13 were being dealt with by crews, to see if there was
 14 anything they needed and to get updates as to the
 15 condition and seriousness of the patients."
 16 That's talking about conversations about people
 17 being moved off to hospital in an ambulance, presumably?
 18 A. Yes.
 19 Q. Is this the position, that Mr Birchenough, as the
 20 casualty clearing officer -- tell me if you know this
 21 just from your own experience -- he would be in touch or
 22 information would be passed to him following the mass
 23 casualty distribution plan about hospitals' readiness to
 24 receive patients; is that right?
 25 A. Yes, I believe so, yes.

1 Q. Again, so that those listening might understand,
 2 hospitals might have to, as you've already said, bring
 3 in staff, open up operating theatres, all sorts of
 4 preparations would have to be made to receive P1
 5 patients into a particular hospital? Is that right?
 6 A. Yes, that's correct.
 7 Q. And there are certain hospitals in the north-west that
 8 might specialise in one sort of medical treatment over
 9 and above another, so you'd send someone to one
 10 hospital, someone else to another hospital, because of
 11 their differing specialities and the patients' needs?
 12 A. Yes, that's correct.
 13 Q. He would be the liaison between the hospitals and you
 14 and Dan Smith in saying, "Right, we can take someone to
 15 such-and-such a hospital", effectively?
 16 A. I believe so, yes.
 17 Q. Is that precisely what happened on the night?
 18 A. There was liaison between us all. I passed on the
 19 information to Jim and I presume Jim would pass on the
 20 relevant information to whoever he needed to have
 21 this arrangement put into place.
 22 Q. Yes. And in the meantime, during that waiting time,
 23 between their arrival and their departure time to
 24 hospital, all of those patients were being kept as
 25 stable as was possible given the medical services that

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1 were available to you; is that right?
 2 A. Yes, that's correct.
 3 Q. And although you may not now be able to clearly recall,
 4 it may be we'll hear that Jim Birchenough started with
 5 19 P1 patients, which grew to a maximum of about 26 P1
 6 patients as one or two of the P2s deteriorated. You may
 7 not be able to confirm that, but does that sound about
 8 right to you?
 9 A. I cannot confirm that, but I can imagine that's how it
 10 became.
 11 SIR JOHN SAUNDERS: You were aware of some of them
 12 deteriorating?
 13 A. Yes, I was.
 14 SIR JOHN SAUNDERS: And becoming P1s from P2s?
 15 A. Yes, I was. I couldn't give you an exact number at all.
 16 MR GOZEM: The only question that I want to ask you,
 17 finally, is I think perhaps the most difficult one, and
 18 that is this: is there anything you can now see that
 19 might have been done differently or better on the night,
 20 given the resources that were available to you?
 21 A. Definitely for more extrication devices from upstairs
 22 and for more information for why -- I think it was lack
 23 of communication from the fire to ourselves and the
 24 understanding of why they weren't helping us with
 25 extrication of the patients from a dangerous zone. That

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1 lack of understanding of what was actually really
 2 happening and why we didn't have the resources there to
 3 help us to extricate the patients down to a place of
 4 safety.
 5 Q. Thank you very much for that. It may be that this
 6 particular evening -- in fact I'm sure it was -- was
 7 a unique experience, but in your work with NWAS since
 8 do you perceive any improvement in relation to the
 9 equipment or training or communications that may address
 10 those issues that you have identified?
 11 A. There has been improvement since with major incidents
 12 being a priority with our mandatory training, whether it
 13 be face-to-face or online, making sure all the
 14 ambulances now are fully equipped with the major
 15 incident bags and packs and making sure that all crews
 16 are aware of the major incident plan. So improvements
 17 are happening.
 18 MR GOZEM: Good. Thank you very much for your help in
 19 answering my questions. That's all the questions I have
 20 for you.
 21 Thank you, sir.
 22 SIR JOHN SAUNDERS: Thank you.
 23 Presumably the wheeled trolleys that you have on the
 24 ambulances would have been unsuitable to take
 25 upstairs --

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1 A. Yes.
 2 SIR JOHN SAUNDERS: -- to the City Room?
 3 A. Yes, absolutely.
 4 SIR JOHN SAUNDERS: But you did have the smaller ones,
 5 didn't you, which are in two parts and you can fit
 6 together? Would they have been suitable to go upstairs
 7 to assist in getting people out?
 8 A. They would have been. The scoops would have been the
 9 ideal extrication device, but at the time we assumed it
 10 was a dangerous area for the patients to be in.
 11 SIR JOHN SAUNDERS: I understand the dangerous area for you,
 12 but you have police officers bringing people down.
 13 A. Yes.
 14 SIR JOHN SAUNDERS: Going back and collecting more people.
 15 Did anybody think -- I'm not suggesting you should have
 16 done -- of saying, "Let's get some scoops in here and
 17 when they come down again let's get them upstairs"?
 18 A. Now, yes, but initially at the time we just thought the
 19 patients were being brought out by whatever means
 20 because of them being in a dangerous situation and being
 21 brought to a place of safety with improvisation of what
 22 was upstairs. I thought the fire crews were upstairs
 23 doing it.
 24 SIR JOHN SAUNDERS: Would it need any expertise to bring
 25 someone out on a scoop?

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1 A. You could explain it quite quickly in an emergency
 2 situation . It's not a great deal of training that goes
 3 with it , it's quite a quick demonstration, using
 4 a harness device, spider straps, to attach the patient
 5 to the board.
 6 SIR JOHN SAUNDERS: And they would presumably have been
 7 better than the sort of improvised tables that people
 8 were being brought out on?
 9 A. Yes.
 10 MS CARTWRIGHT: Sir, we've had a request from Ms Blackwell
 11 on behalf of NHS England. She had not made a request
 12 under the Rule 10 procedure but she's set out in an
 13 email the single issue she wants to address with this
 14 witness. It's been considered by Mr Suter and, having
 15 seen the area she wants to address, we would ask you to
 16 consider allowing her to ask that question.
 17 SIR JOHN SAUNDERS: And you have looked at it as well?
 18 MS CARTWRIGHT: I have and it seems a short topic.
 19 SIR JOHN SAUNDERS: Ms Blackwell, a short topic.
 20 Questions from MS BLACKWELL
 21 MS BLACKWELL: Yes, sir, one topic only.
 22 SIR JOHN SAUNDERS: Thank you.
 23 MS BLACKWELL: Ms Hedges, I would just like to ask you,
 24 please, about the answer that you gave to Ms Cartwright
 25 in relation to the delay of the P1 patients being taken

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1 to hospital that night. When she asked you to provide
 2 a reason for that, you said that the only reason you
 3 could think of was that there was a delay caused by the
 4 hospitals indicating that they were ready and cleared to
 5 take patients.
 6 A. I didn't say the hospitals had caused a delay.
 7 Q. No, no.
 8 A. The delay was obviously making sure that the
 9 non-emergency appointments or operations were cancelled,
 10 the minor injuries areas were vacated. So they didn't
 11 cause that delay: it was a case of there was a delay
 12 because this process had to happen to receive the
 13 patients.
 14 Q. I would like us to look together, please, at a document.
 15 Mr Lopez, the reference is {INQ008124/1}.
 16 This is the Greater Manchester Framework for Patient
 17 Dispersal in a Mass Casualty Event from December 2016.
 18 Could we have page 1 of that document, Mr Lopez?
 19 If we just take a moment to familiarise ourselves
 20 with this chart, and if we look to the top centre,
 21 we can see the words in a green box:
 22 "NWS estimate number of live casualties. P1. P2.
 23 P3."
 24 There's then an arrow going down to another smaller
 25 green box:

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1 " Initial triage at scene."
 2 And then, as we look at the chart going left and
 3 down, we can see that for patients of 12 years or over,
 4 there is a system whereby the P1 patients would go to
 5 a series of three hospitals , the Salford Royal
 6 Foundation Trust, Central Manchester Foundation Trust,
 7 and the University Hospital of South Manchester. Then
 8 coming right across the chart to the P2 in the blue box,
 9 Oldham, Stockport, Wigan, and for P3s, a series of other
 10 hospitals .
 11 If we go back up to the triage box and take a right
 12 down that side of the plan, we see for patients of
 13 12 years or younger, there is a different system for
 14 where they would be taken.
 15 Ms Hedges, were you aware on the night that this
 16 system was in place?
 17 A. I have not actually seen this documents as I'd only just
 18 started with NWS in 2016. I'm aware of where the
 19 patients have to go in order of injuries and we didn't
 20 see anyone under the age of 12. We had the adult
 21 casualties . So yes, I'm familiar with this now.
 22 Q. Yes. So there was a system in place and we will hear
 23 throughout the course of the rest of the evidence
 24 whether or not in fact this was followed. But to all
 25 intents and purposes, the system that was in place

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1 at the time that this depicts, demonstrates that
 2 particular levels of patient, and by that I mean those
 3 more serious P1, P2 and P3, would have been taken to
 4 particular hospitals?
 5 A. Yes, that's correct .
 6 Q. Thank you. Mr Lopez, could we have a look at page 2,
 7 please, of this document {INQ008124/2}?
 8 The second page of this document demonstrates, and
 9 if we look for the moment, please, at those patients
 10 over the age of 12, how many patients each of those
 11 hospitals could take at any point without any further
 12 advance notification. In other words, the number of
 13 serious patients, P1, less so, P2, and walking wounded,
 14 P3, that could be accommodated without any further
 15 advance notification at the various hospitals .
 16 Were you aware, Ms Hedges, on the night of those
 17 figures?
 18 A. No. No, I wasn't, sorry .
 19 Q. So when you told the chairman that you presumed that the
 20 hospitals were indicating whether they were clear to
 21 take patients, that was something that you offered by
 22 way of your experience and not in relation to anything
 23 that you were aware was in place on the night?
 24 A. Yes, again, being new to the service, I wasn't 100% sure
 25 on what the capacity was for each hospital or of the

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1 exact numbers of patients they could receive at that
 2 time.
 3 Q. Thank you. Just finally on this point, I think another
 4 reason that you offered to the chair for the delay was
 5 that the hospitals would have to get extra staff in to
 6 assist and cancel any non-urgent procedures.
 7 A. Yes, that's correct.
 8 Q. Of course, this was an incident that was happening
 9 in the late hours of the night. Are you able to assist
 10 as to whether or not it was likely that there would be
 11 any non-urgent procedures taking place at that time, or
 12 was that just something that you offered to the chair in
 13 order to assist?
 14 A. I wouldn't even...
 15 SIR JOHN SAUNDERS: Okay, you've made assumptions and
 16 presumed and done your best to think of reasons for
 17 delays, but actually what was going on, you wouldn't
 18 particularly know as it wasn't you who was doing it?
 19 A. I would assume all the hospitals are very busy. There's
 20 going to have to be a clearing out of minor injuries and
 21 probably majors as well.
 22 SIR JOHN SAUNDERS: We'll obviously hear more about that and
 23 we will hear from the casualty clearing officer, no
 24 doubt, and he'll be able to tell us whether there were
 25 any delays.

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1 A. Yes.
 2 MS BLACKWELL: Thank you very much. That's all I ask.
 3 MS CARTWRIGHT: Please can we finally go to Ms Roberts to
 4 ask her questions? Thank you.
 5 Questions from MS ROBERTS
 6 MS ROBERTS: In determining who goes where, that's a role
 7 for the loading officer, isn't it?
 8 A. Yes, that's correct.
 9 Q. And as I understand it, that was not Jim Birchenough?
 10 A. No, but we would relay information to him, who would
 11 then relay information further on.
 12 Q. And further on to the loading officer?
 13 A. Yes, I believe so.
 14 Q. Did you know who the loading officer was that evening?
 15 A. No, I don't, sorry.
 16 Q. Right.
 17 Sir, for your information, it was Matt Calderbank.
 18 A. Right, thank you.
 19 MS ROBERTS: Thank you. Those are my questions.
 20 SIR JOHN SAUNDERS: Thank you very much.
 21 MS CARTWRIGHT: Perhaps, sir, I'd just allow Ms Roberts an
 22 opportunity to return on this: at any point that night
 23 did you have any conversations with Mr Calderbank?
 24 A. No, not that I recall.
 25 MS CARTWRIGHT: I don't know whether anything arises,

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1 Ms Roberts?
 2 MS ROBERTS: No, thank you.
 3 MS CARTWRIGHT: That concludes all the questions of the core
 4 participants and those who have made requests. I have
 5 no further questions unless you have anything you wish
 6 to clarify.
 7 SIR JOHN SAUNDERS: No, nor have I. I'm very grateful for
 8 all the assistance you have given me. I'm sure
 9 recalling all these events was pretty traumatic for you.
 10 2 o'clock, just after.
 11 (1.04 pm)
 12 (The lunch adjournment)
 13 (1.57 pm)
 14 MR SIMON BUTLER (affirmed)
 15 Questions from MS CARTWRIGHT
 16 MS CARTWRIGHT: Could you first of all confirm your full
 17 name, please?
 18 A. Simon John Butler.
 19 Q. Mr Butler, it's correct, isn't it, that you provided
 20 a witness statement dated 28 February 2018?
 21 A. Yes.
 22 Q. Are the contents of that statement true to the best of
 23 your knowledge and belief?
 24 A. Yes.
 25 Q. I'm going to set out how we'll be proceeding with your

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1 evidence this afternoon. You do indicate a number of
 2 casualties that you assisted during your time at
 3 Victoria Railway Station on 22 May 2017. We are not
 4 going to be identifying the details of those individuals
 5 that you assisted at that time and I would ask all
 6 advocates also to bear that in mind, but also that we
 7 won't be asking you any questions that will enable us to
 8 identify any of the deceased.
 9 I also want to make clear that we've heard this
 10 morning from Ms Hedges and so in terms of a lot of the
 11 timeline I'm not going to be going over that with you,
 12 but I'll ask for your assistance where you can provide
 13 it on certain areas?
 14 A. Okay.
 15 Q. Could I ask you first of all to detail -- in May 2017
 16 you were a student paramedic with North West Ambulance
 17 Service?
 18 A. Yes, correct.
 19 Q. I think it's correct that you were a student paramedic
 20 for 2 years?
 21 A. Yes.
 22 Q. But I think after that time, you chose not to pursue
 23 a career as a paramedic?
 24 A. That's right.
 25 Q. Could you just though clarify when you had commenced

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1 your time as a student paramedic with North West
 2 Ambulance Service?
 3 A. August 2016.
 4 Q. Thank you. In terms of your training, that would be
 5 different for a student paramedic because I think, is it
 6 right, that you'd spend half of the time in the
 7 classroom and then the half of the time shadowing or
 8 following a paramedic?
 9 A. Yes. Well, half the time in the classroom and half the
 10 time on placements, but they may be in hospitals or GP
 11 surgeries and necessarily in an ambulance.
 12 Q. Thank you. I'm not going to ask you details of training
 13 because plainly it's different for a student paramedic,
 14 but you do detail within your witness statement that
 15 there was an occasion, about a week before, where you
 16 had dealt with major incidents as part of that classroom
 17 training?
 18 A. Yes.
 19 Q. As of May 2017 what was your understanding about major
 20 incidents and any role you may have in a major incident?
 21 A. My understanding of major incidents would be that --
 22 SIR JOHN SAUNDERS: Sorry, I think someone has a microphone
 23 on. We're having competition with it.
 24 (Pause)
 25 A. The classroom training we had on major incidents

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1 basically ran -- was an overview of how a major incident
 2 is run, what the classifications of triage patients are,
 3 how a scene may be run, and things like that. I don't
 4 remember a great lot of detail from that classroom.
 5 MS CARTWRIGHT: I think the only detail you provide us then
 6 is that you had been told that whoever was in charge at
 7 a scene should leave their lights flashing.
 8 A. Yes. I think the example we were given in the classroom
 9 was a train derailment and I remember that whichever
 10 paramedic is in charge on the scene should leave the
 11 lights on their ambulance lit so that people knew where
 12 to go to for instructions.
 13 Q. Thank you. We've heard evidence this morning that on
 14 22 May 2017, you were manned, third manning with
 15 Joanne Hedges, but also Carol Surtees, who was an EMT?
 16 A. Yes.
 17 Q. And we've also heard that there came a time when an
 18 image flashed up on the screen to indicate that there
 19 had been an incident which was followed up by calls and
 20 you made your way then to a rendezvous point at Central
 21 Fire Station. When the information came in about
 22 a reporting of a bomb, what was the reaction in the
 23 vehicle you were travelling in?
 24 A. Initially, it was disbelief. I hadn't had a great deal
 25 of experience in the ambulance, but I knew that there

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1 were sometimes hoax calls and my initial thought was
 2 that it was probably a hoax call because it was so
 3 unusual, obviously.
 4 Q. You say in your witness statement that you were trying
 5 to find out more information on the news and social
 6 media as you were travelling to the fire station. Did
 7 you manage to find out any information by making those
 8 checks?
 9 A. No, I did not.
 10 Q. Was there any particular reason why you were seeking
 11 information from those routes rather than going directly
 12 to control?
 13 A. I was in the back of the ambulance, so I wasn't able to
 14 access the radio.
 15 Q. Could you deal with, when you got to the fire station at
 16 Thompson Street, what you did see at that time, please?
 17 A. As we drove towards the rendezvous point, I remember
 18 seeing a couple of police cars directing traffic and as
 19 we got to the scene, I think there were one or two
 20 ambulances at the RVP already.
 21 Q. Had there been any specific discussions in your vehicle
 22 as you were travelling about what you would do once you
 23 got to the rendezvous point?
 24 A. No. Not that I remember anyway.
 25 Q. And how many ambulances were present at the fire station

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1 when you arrived?
 2 A. Five or six.
 3 Q. Do you remember any specific instructions being given
 4 once you arrived at the fire station?
 5 A. No. We were there for around 10 minutes, I believe, and
 6 there was some general discussion amongst the
 7 paramedics. I mainly talked to another student
 8 I recognised from my course. We were theorising about
 9 what might be happening.
 10 Q. I think you identified that student paramedic as
 11 Kerry Jones?
 12 A. That's correct.
 13 Q. You had plainly identified that Ms Hedges was the most
 14 senior NAWAS representative because you tell us in the
 15 witness statement that you had asked her to leave her
 16 lights flashing as the most senior person on site.
 17 A. Yes.
 18 Q. So did you witness anything in particular Ms Hedges was
 19 doing as the most senior person at the Thompson Street
 20 Fire Station?
 21 A. There's nothing in particular. I think she was trying
 22 to find more information on the radio and also talking
 23 to other paramedics, but I can't be specific.
 24 Q. We've dealt with today the timeline as to timings of
 25 leaving and the convoy of ambulances that made their way

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1 to the rendezvous point at Hunts Bank. Again, on that
 2 journey from the fire station to Hunts Bank, was there
 3 any specific instructions being provided from Ms Hedges
 4 on that journey?
 5 A. Not that I recall, until the end of the journey, where
 6 she asked me to get the ALS bag and the defib, I think.
 7 Q. And the ALS bag being the advanced life support bag;
 8 is that correct?
 9 A. I think I got the BLS bag.
 10 Q. BLS? And just confirm what the BLS bag is, please.
 11 A. It's the basic life saving.
 12 Q. I think we've heard some evidence about that equipment
 13 so I'm not going to ask you to give the detail of that.
 14 Could you just then describe what you saw when you
 15 arrived at the new rendezvous point outside the station,
 16 please?
 17 A. As we arrived, we pulled up in a lay-by on the left-hand
 18 side of the road, opposite the entrance to the station.
 19 There were a number of people around the entrance that
 20 appeared to be walking wounded, some people who were
 21 sitting on the floor. That's about it, really.
 22 I didn't see a great deal of other emergency services.
 23 There were a few police, but I don't remember there
 24 being any other ambulances visible when we arrived.
 25 Q. You set out in your witness statement that, as you

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1 crossed the road, you were asked by the senior paramedic
 2 from your crew, which is Ms Hedges, to help move the
 3 walking wounded away from the doors to the opposite side
 4 of the road to allow clear access to the entrance. Do
 5 you recall that?
 6 A. Yes.
 7 Q. Did you do that?
 8 A. Yes.
 9 Q. So when it describes taking them across to the other
 10 side of the road, would that be side of the road where
 11 Chetham's School of Music is?
 12 A. Yes, that's right.
 13 Q. Roughly how long did you do that for, please?
 14 A. I can't be sure. Five or 10 minutes maybe.
 15 Q. You describe that:
 16 "Whilst [you] were doing that, Ms Hedges was
 17 speaking with someone more senior to establish what
 18 we were required to do."
 19 A. Yes.
 20 Q. And were you able to identify those individuals she was
 21 speaking to?
 22 A. No, I didn't know.
 23 Q. You set out in your witness statement that Ms Hedges was
 24 tasked with triaging the patients.
 25 A. Yes.

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1 Q. Did you hear that or did she tell you that? Assist us
 2 as to how you knew that.
 3 A. I think I was nearby when she was told. But it may be
 4 that she told me, I'm not sure.
 5 Q. What you describe is that you went into Victoria Station
 6 with Ms Hedges.
 7 A. Yes.
 8 Q. And was that with Carol Surtees as well?
 9 A. Yes.
 10 Q. Please can you just give an overview as to what you
 11 witnessed at that time, please?
 12 A. There was a number of wounded -- maybe three, four or
 13 five -- to the left, I believe, and directly in front,
 14 who were lying on the barrier fencing. There was
 15 a number of other ambulance personnel, maybe four or
 16 five, if I remember -- it was very loud, the sirens of
 17 the arena were going off. That was it.
 18 Q. You describe that as you went forward, Ms Hedges began
 19 triaging the patients.
 20 A. Mm-hm.
 21 Q. And you felt you were unable to assist very much as she
 22 began to liaise with other senior ambulance staff to
 23 make an action plan.
 24 A. Yes.
 25 Q. And then you describe becoming separated from Ms Hedges

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1 when she was asked for -- when you were asked for blue
 2 gloves?
 3 A. Yes, a policeman asked me for some blue gloves and at
 4 that point I lost touch with Jo.
 5 Q. And you go on to say that you therefore took it upon
 6 yourself to provide assistance to anyone who needed it
 7 and to check on any patients that had already been
 8 triaged but were alone.
 9 A. Yes.
 10 Q. Can you assist -- as you describe in your witness
 11 statement, there were patients being still brought down
 12 from the blast site on sections of barrier fencing. How
 13 soon after your arrival did you witness that?
 14 A. Almost immediately, I believe. Like I say, there were
 15 some patients who were already down in the concourse
 16 area. I can't give an exact time frame, but it seemed
 17 very shortly afterwards that I saw the first patient
 18 that I witnessed coming down the stairs.
 19 Q. Was any information given to you about the number of
 20 casualties that there were in the City Room that were
 21 being brought down?
 22 A. Not that I recall, no.
 23 Q. Do you recall any discussions or information being
 24 provided to you as to the number of different categories
 25 of patients there were?

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1 A. Not that I recall .
 2 Q. And perhaps then for completeness, did you understand
 3 at the time the P1, P2 and P3 status that was used to
 4 designate?
 5 A. Yes, I had an understanding of those at the time.
 6 Q. But I think you make clear in your witness statement
 7 that you were unqualified and had no experience of
 8 dealing with trauma?
 9 A. That's correct .
 10 Q. You describe that you felt you'd be better utilised to
 11 do what you could by finding items for paramedics such
 12 as drugs and bandages.
 13 A. Yes.
 14 Q. You also say that you assisted with the care of a number
 15 of patients, helping to dress wounds and apply
 16 tourniquets when requested to do so.
 17 A. That's correct .
 18 Q. Can I ask, had you had training in how to apply
 19 a tourniquet?
 20 A. I believe we'd had training in how to apply a tourniquet
 21 in an emergency situation, but not necessarily when not
 22 to apply a tourniquet.
 23 Q. You detail in your witness statement specific casualties
 24 you assisted and I don't want to go into the detail of
 25 those. But would it be correct to say that there were

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1 a number of casualties you assisted that had come down
 2 from the City Room that didn't have triage cards with
 3 them?
 4 A. To be honest, I wasn't looking for triage cards, so I'm
 5 not sure.
 6 Q. Is it correct that there were patients you saw that had
 7 been down that had not had any tourniquets applied to
 8 them?
 9 A. Yes, there were patients that didn't have tourniquets.
 10 SIR JOHN SAUNDERS: But that doesn't imply they necessarily
 11 needed them.
 12 A. No.
 13 SIR JOHN SAUNDERS: Were there people who you thought, just
 14 visually , needed them but hadn't had them or can you not
 15 really say?
 16 A. I don't remember seeing anybody in the concourse area
 17 that had a large active bleed.
 18 SIR JOHN SAUNDERS: Okay, thank you.
 19 MS CARTWRIGHT: Would it be fair to say that from the
 20 casualties you do describe, you were able to see
 21 evidence that there had been significant bleeding from
 22 their clothing?
 23 A. Yes, there'd obviously been significant bleeding from
 24 their clothing and I saw blood on the floor in the
 25 concourse area but I didn't see a patient actually

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1 actively bleeding.
 2 Q. You describe that you became aware that the HART team
 3 had dropped off a huge sack of bandages and other
 4 supplies outside the entrance. You say this:
 5 "Something that people inside were unaware of but
 6 there were no gloves anywhere to be seen."
 7 A. Yes.
 8 Q. So just dealing with when you saw the huge sack that the
 9 HART team had left, first of all where had they left it?
 10 A. To the area -- the paved area to the left of the
 11 entrance to the station .
 12 SIR JOHN SAUNDERS: Outside the station?
 13 A. Outside, yes.
 14 MS CARTWRIGHT: When did you see that?
 15 A. I'm not sure. There was various points where I was
 16 asked to assist outside the station with moving
 17 patients. I'm not sure, it might have been when I was
 18 asked to move patients down the road or it might have
 19 been earlier (?), I can't remember.
 20 Q. Why is it that you specifically tell us in your witness
 21 statement that other people were not aware of this
 22 resource that had been left by HART outside the station?
 23 A. I was aware that paramedics were asking me and other
 24 people for bandages, equipment, and I was trying to find
 25 it in other paramedics' BLS bags and ALS bags and other

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1 people were trying to do the same. I don't think --
 2 I wasn't aware of anybody bringing anything in from
 3 outside.
 4 Q. So just so I'm clear, what you did witness when you were
 5 performing the task of assisting in providing supplies
 6 to the paramedics, there had been a shortage of bandages
 7 and equipment?
 8 A. I don't know when that bag was dropped off. I can't be
 9 sure if anybody else knew about it. I can only go from
 10 my experience and I didn't know it was there and people
 11 were asking me for things and nobody was saying, "Can
 12 you get this from outside", so I assumed they didn't
 13 know it was there either .
 14 Q. When you had identified that that HART bag of supplies
 15 was outside, did you communicate that to anyone?
 16 A. Yes, the people that I saw, but I could only do so on
 17 a one-to-one basis because it was still a very noisy
 18 scene.
 19 Q. It's right, isn't it, that one of the things you set out
 20 in your witness statement, and also I think in a first
 21 account you provided nearer to the time, was that there
 22 had been a short supply of defibrillators ?
 23 A. Yes. There's one defibrillator per ambulance and there
 24 were more patients than there were ambulances, it
 25 seemed, at the time.

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1 SIR JOHN SAUNDERS: More patients, does that mean more
 2 patients who needed defibrillators or not necessarily?
 3 A. It depends how you define need, because we used the
 4 defibrillators as a general purpose tool for monitoring
 5 heart rates and suchlike. So there are other methods of
 6 doing these things without the defibrillators. I don't
 7 think there was people that needed defibrillating, for
 8 example, but they are a very useful general purpose
 9 tool.
 10 SIR JOHN SAUNDERS: Thank you. I wasn't aware of that, so
 11 that's helpful.
 12 MS CARTWRIGHT: Just going back to the action card and
 13 I don't want to deal with the specific patient in any
 14 more detail than to say that you identify a patient that
 15 had received a dose of ketamine but you don't recall
 16 there being a triage card on that patient.
 17 A. Mm—hm.
 18 Q. And would that then indicate that would be where you'd
 19 record that a ketamine dose had been provided?
 20 A. I believe so, but I'm not sure, to be honest.
 21 Q. Okay. You describe going back to the assistance you
 22 provide later with the walking wounded, that there came
 23 a time when you saw what you describe as the three Magic
 24 Buses arriving?
 25 A. Yes.

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1 Q. And if you could just assist us, were they the buses
 2 that were to take the walking wounded patients to
 3 hospital?
 4 A. Yes. I was asked by somebody inside, I can't remember
 5 who, to go outside and assist with taking patients,
 6 mainly younger patients, down to the junction at the
 7 bottom of the road and that three double—deckers would
 8 be coming to take them to hospital.
 9 Q. I just want to clarify this. You say this:
 10 "Being in the middle of things, it wasn't clear that
 11 organisation was happening beyond what I could see, but
 12 seeing those buses made me feel like a plan was being
 13 enacted. It felt reassuring."
 14 A. Yes.
 15 Q. So using that description of what you saw by reference
 16 to the buses, was it your impression in terms of what
 17 you saw taking place within the station and on the
 18 station concourse that it was something that wasn't very
 19 organised?
 20 A. It was not possible to tell, I wasn't aware of the
 21 organisation because I wasn't a part of it. I was going
 22 from person to person and the scene appeared slightly
 23 chaotic due to the nature of it. Later, I saw somebody
 24 with a clipboard and other people who seemed to be
 25 directing people, but at that point in time I wasn't

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1 aware of what was going on. It was all very confusing.
 2 Q. Thank you. I think you continued assisting until you,
 3 Ms Hedges and Carol Surtees got a lift back to Central
 4 Ambulance Station with Scott?
 5 A. Yes.
 6 Q. Is that Scott McAughtrie?
 7 A. I can't remember his surname.
 8 Q. Did you witness any sort of debrief at that time?
 9 A. Yes, there was a debrief at Central Ambulance Station.
 10 It was quite short, maybe 10 or 15 minutes.
 11 Q. Is there anything of particular relevance to this
 12 inquiry that you heard at that debrief?
 13 A. Nothing at the debrief, no.
 14 Q. Is it correct that — were you involved in any
 15 subsequent debrief after your involvement on the night?
 16 A. No, I believe there was a debrief at the Etihad stadium.
 17 I wasn't involved in that.
 18 Q. Did any of those who'd had a command role come to speak
 19 to you after the incident?
 20 A. Yes.
 21 Q. Who was that?
 22 A. Dan Smith.
 23 Q. When did he come to speak to you?
 24 A. I believe it was on the Thursday after the event at the
 25 university.

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1 Q. What was the purpose of that visit? Was it simply
 2 welfare or was it to ascertain what happened on the
 3 night?
 4 A. I took it as a bit of a debrief and a welfare check, and
 5 just a chance for us to get questions answered that we
 6 might have and to talk about it in an informal way.
 7 Q. Was there anything you fed back by way of concerns
 8 during that meeting?
 9 A. I think there was a general concern amongst the students
 10 that attended that night about our PPE.
 11 SIR JOHN SAUNDERS: About, sorry?
 12 A. Our PPE, mainly the helmets or hats that we had, but
 13 that was all.
 14 MS CARTWRIGHT: So you describe that this meeting at the
 15 university was not just with you alone it was with the
 16 other student paramedics who had been present that
 17 night?
 18 A. Yes, I believe there were seven of us.
 19 MS CARTWRIGHT: Mr Butler, thank you. Those conclude my
 20 questions.
 21 Sir, is there any particular matter you wish to deal
 22 with?
 23 SIR JOHN SAUNDERS: No, thank you very much.
 24 MS CARTWRIGHT: There are a number of core participants who
 25 have asked to question you. I'm going to turn, first of

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1 all , to Mr Welch on behalf of the families and ask him
 2 to ask his questions.
 3 Questions from MR WELCH
 4 MR WELCH: Thank you.
 5 Mr Butler, can you hear me?
 6 A. Yes, I can.
 7 Q. As Ms Cartwright has said, I have a few questions on
 8 behalf of the families if I can.
 9 The first issue I want to ask you about is your
 10 perception of what was happening when you arrived. In
 11 your witness statement you said:
 12 "I felt confusion about who was in charge and what
 13 people's roles were."
 14 That's when you first arrived at Victoria. Are you
 15 able to assist us by what you meant there and, if you
 16 can, expand on it at all?
 17 A. For me, I think it was more confusing than a qualified
 18 time-served paramedic because I wasn't aware of who
 19 people were and I didn't easily recognise the more
 20 senior members of staff. I'd maybe spent in my role so
 21 far 4 to 8 weeks on an ambulance as a student, so it was
 22 all still very new to me. That's probably the main
 23 reason for my confusion.
 24 Q. Is it correct that there was no way of identifying
 25 people because very few were wearing tabards as well?

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1 A. I wasn't aware of tabards at the time, no.
 2 Q. Can I ask you a question about tourniquets, and it's
 3 just picking up on your answer in relation to your
 4 training on tourniquets. You said you had not had
 5 training on when not to apply a tourniquet.
 6 A. I am not sure of what training we had had on tourniquets
 7 at that point. I know I had some tourniquet training.
 8 I can't even remember if it was before or after the
 9 event.
 10 Q. Was there any particular reason -- sorry, I interrupted
 11 you, Mr Butler. Please continue.
 12 A. The reason I said that is I think putting a tourniquet
 13 on can seem like an obvious thing to do, but knowing
 14 when not to put one on, if a patient, for example, is
 15 possibly not going to be at the hospital for a certain
 16 amount of time, is less obvious.
 17 Q. Was that something that during discussions was
 18 identified as being a problem that manifested itself on
 19 22 May?
 20 A. It wasn't said directly to me but I do recall
 21 overhearing somebody I assumed was a doctor, just
 22 a general sort of complaint about there being so many
 23 tourniquets. But it was just a comment as I was walking
 24 past, so I can't be sure exactly of his statement.
 25 Q. I would like to ask you some questions about what you

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1 did on the night, please. I'm going to be very
 2 deliberate in these questions in not asking for you to
 3 identify anyone, as Ms Cartwright said, and I'm
 4 certainly not going to do that either, but I would like
 5 to explore some of your actions, as a student paramedic,
 6 of course, at this time. You were about a quarter of
 7 the way through your training, weren't you?
 8 A. Yes, it was quite early on.
 9 Q. And in your statement, you say you were unqualified and
 10 had no experience dealing with trauma?
 11 A. Yes.
 12 Q. You took it upon yourself, it appears, to assist as much
 13 as you could in these extremely difficult circumstances?
 14 A. Yes, mainly I was assisting other paramedics with
 15 fetching things for them or holding things for them.
 16 I was also making sure that impromptu walkways that were
 17 coming up were clear of trip hazards, just trying to
 18 make myself useful, and, yes, if I saw a patient on
 19 their own, then I would check on them, as much as
 20 I could, that they were okay.
 21 Q. Just dealing with some of the patients that you checked
 22 on, there was one patient who was a gentleman that you
 23 were with for about 30 to 40 minutes, wasn't there?
 24 A. Yes, that's correct.
 25 Q. And you were checking on his oxygen levels at that time?

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1 A. I was trying to check on his oxygen levels at the time.
 2 That's one of the reasons I mentioned before that more
 3 defibs would have been useful because I looked for one
 4 as a way of checking his oxygen level.
 5 Q. What you said in your -- sorry, please, if there's
 6 something more you want to add, please do.
 7 A. Also there are other ways of checking people's oxygen
 8 levels. There's a small clip--on device in the BLS bag
 9 but I couldn't find one at the time.
 10 Q. In your witness statement in relation to the assistance
 11 that you gave this gentleman, and this is not in any way
 12 critical of you, you said that you were distinctly
 13 lacking in knowledge of what to do. Was that right?
 14 A. Yes.
 15 Q. Whilst you were assisting this gentleman, there was
 16 nobody supervising you or assisting you, was there?
 17 A. No.
 18 SIR JOHN SAUNDERS: Ms Hedges said that she checked on you
 19 from time to time and saw that you were doing your very
 20 best to help, as she expected you would do. So it does
 21 seem like she checked on her way round to see what you
 22 were doing.
 23 A. Yes. If me and Jo crossed paths, yes, she would check
 24 I was okay.
 25 SIR JOHN SAUNDERS: Thank you.

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1 MR WELCH: Thank you, sir.
 2 Again, to your enormous credit, was this a gentleman
 3 that you re-triaged and he had been a category 2 and you
 4 felt it was appropriate to upgrade him to a category 1,
 5 a P1?
 6 A. Yes, after I'd been with him for a while, another
 7 student who I knew from my course came along, assisted
 8 me, and we tried to do a head-to-toe examination and
 9 determined -- we found another wound that was hidden by
 10 clothing and we determined his Glasgow Coma Scale was
 11 lower than it should be and we'd noticed that other
 12 patients were being taken out of the arena, and we
 13 thought that they on first glance looked less serious
 14 than the patient we were with.
 15 SIR JOHN SAUNDERS: When you'd done it, did you mention what
 16 you found to a more senior or experienced person or did
 17 you just re-categorise him?
 18 A. No, I can't remember who we spoke to, we grabbed hold of
 19 a paramedic nearby and said, "We think this patient
 20 needs to be reassessed or upgraded".
 21 SIR JOHN SAUNDERS: Did they check then themselves or did
 22 they rely on what you had told them?
 23 A. I believe we spoke to a crew who were taking a patient
 24 out and they said they would come back and get our
 25 patient.

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1 SIR JOHN SAUNDERS: Right. Thank you.
 2 MR WELCH: Do you know if they did?
 3 A. The patient was taken off site shortly after that.
 4 I can't remember if it was that crew that did it
 5 themselves, but I think it was.
 6 Q. Thank you.
 7 You then moved on to deal with another patient,
 8 didn't you, who was a young lady and that was as far as
 9 we'll go in terms of the description?
 10 A. Yes.
 11 Q. A paramedic was already treating her. I think it was
 12 a female paramedic, was it?
 13 A. I can't recall. In my memory it was a male paramedic,
 14 but I can't be sure at this time.
 15 Q. Your memory is going to be much better than my
 16 interpretation of your witness statement, Mr Butler, so
 17 we'll presume that's right. In relation to this
 18 patient, it's correct, isn't it, that the paramedic gave
 19 you a syringe which had ketamine and metoclopramide in
 20 and asked you to administer that to the patient?
 21 A. Yes. I assumed that was because ketamine needs to be
 22 administered slowly over a 2-minute time period. It was
 23 already measured out in the syringe, the syringe was
 24 connected to the patient. I basically provided a thumb
 25 for that paramedic so he could do something else.

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1 Q. Were you being supervised while you administered these
 2 drugs to the patient?
 3 A. No, the paramedic was needed elsewhere.
 4 Q. It's a very difficult situation, obviously.
 5 A. Yes.
 6 Q. But now looking back, having completed your training, do
 7 you think it was appropriate that you were left to
 8 administer ketamine to the patient in those
 9 circumstances?
 10 A. As it had already been measured out, and the patient had
 11 already been cannulated, yes, I do, because basically,
 12 as I said, my role was to provide a thumb that slowly
 13 pressed on the syringe over a 2-minute period, which
 14 I timed.
 15 SIR JOHN SAUNDERS: And you were told specifically: do it
 16 over a 2-minute period, were you?
 17 A. Yes.
 18 SIR JOHN SAUNDERS: Thank you.
 19 MR WELCH: Were you given any direction or instruction
 20 whether to monitor the patient after the ketamine had
 21 been administered to her or anything else in that
 22 regard?
 23 A. I don't remember being given any particular instruction,
 24 but the paramedic did return, I think, shortly after it
 25 had been administered.

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1 Q. Thank you.
 2 Finally, in relation to the assistance that you gave
 3 to various patients, there was one patient who you were
 4 asked to check the wounds and a paramedic asked you to
 5 push Celox, which is a gauze, into her wounds before
 6 redressing them. That's correct, isn't it?
 7 A. Yes.
 8 Q. Again, this is in no way at all being critical of you,
 9 but did you feel slightly uncomfortable doing that as
 10 you hadn't done it before?
 11 A. I did at the time. I hadn't come across the haemostatic
 12 gauze that I was using before, I'd never handled it and
 13 I was surprised by its texture and how rough it was and
 14 stiff. And at the time, the wounds weren't actively
 15 bleeding, they were quite large and deep wounds, but
 16 they weren't actively bleeding and I questioned in my
 17 head whether it was the right thing to do, but I didn't
 18 think it was an appropriate time to have a discussion
 19 about it with the paramedic and followed his
 20 instructions.
 21 SIR JOHN SAUNDERS: And subsequently now you have learned
 22 more, was it the appropriate thing to do?
 23 A. Subsequently now, I believe what the paramedic's intent
 24 was was to make sure when the patient was moved, to make
 25 sure those wounds didn't start bleeding again, which

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1 makes sense.
 2 MR WELCH: In relation to these actions, which of course
 3 were incredibly brave and for which I'm sure everyone
 4 recognises what you did, were you having to do these
 5 things, do you think, looking back, because there simply
 6 weren't enough paramedics around?
 7 A. I think if I'd chosen to stand back, I could have done,
 8 but in a situation like that, I don't think anybody
 9 would have, so yes, I helped out where I could and tried
 10 not to overstep the bounds of my knowledge at the time
 11 if that makes sense.
 12 Q. It does. One final question, which is in relation to
 13 gloves and Ms Cartwright touched upon this earlier. Was
 14 there an absence of fresh gloves at the scene that meant
 15 that you actually were using the same pair of gloves for
 16 a considerable period of time?
 17 A. There was. Normally, we have a few boxes of gloves on
 18 each ambulance, but our ambulance, for example, was used
 19 to convey patients shortly after we arrived, I believe,
 20 so I didn't have access to any more gloves, and, yes,
 21 it would have been useful to have more gloves on site
 22 and I couldn't find any.
 23 MR WELCH: Mr Butler, thank you very much for answering my
 24 questions, and on behalf of the families that
 25 I represent, thank you very much indeed for everything

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1 that you did on 22 May. Thank you.
 2 SIR JOHN SAUNDERS: Thank you very much.
 3 MS CARTWRIGHT: Sir, the only other core participant who'd
 4 indicated that they would have any questions under the
 5 Rule 10 process was Ms Roberts. She has just confirmed
 6 to me that she has no questions, so sir, unless you have
 7 any other matters to raise, that concludes Mr Butler's
 8 evidence.
 9 SIR JOHN SAUNDERS: I'm very grateful. You're a loss to the
 10 profession of paramedics, if I may say so.
 11 A. Thank you.
 12 MS CARTWRIGHT: Sir, can we adjourn until 10 o'clock
 13 tomorrow?
 14 SIR JOHN SAUNDERS: Yes. Thank you very much, 10 o'clock.
 15 (2.35 pm)
 16 (The inquiry adjourned until 10.00 am
 17 on Wednesday, 24 March 2021)
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