

OPUS2

Manchester Arena Inquiry

Day 155

September 29, 2021

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1 Wednesday, 29 September 2021
 2 (9.30 am)
 3 (Delay in proceedings)
 4 (9.40 am)
 5 SIR JOHN SAUNDERS: Ms Cartwright, I know we've been waiting
 6 for some people who have been perhaps delayed. I'm
 7 sorry to have to start, but obviously this was given
 8 a time over YouTube and therefore people are switching
 9 on to watch it. So I hope everyone has now arrived.
 10 MS CARTWRIGHT: They have and we are organised.
 11 SIR JOHN SAUNDERS: I'm grateful, thank you very much.
 12 Sorry if we rushed everybody.
 13 Evidence summary for GEORGINA CALLANDER
 14 MS CARTWRIGHT: We are about to commence the chapter 12
 15 evidence summary for Georgina Callander, but before
 16 introducing those present in the room and watching from
 17 home, can I again just acknowledge before we commence
 18 Georgina's chapter 12 evidence today that we will be
 19 dealing with matters that are undoubtedly sensitive and
 20 likely to be distressing to many and in particular to
 21 Georgina's family and the witnesses who will be called.
 22 But again, just to reassure that we will throughout
 23 today not be showing any CCTV or body-worn video footage
 24 or still image.
 25 Sir, present in the hearing room are Georgina's

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1 father, Simon Callander, who is supported by his partner
 2 Ms Lowe, and Georgina's brother, Daniel, who is
 3 supported by his partner, Ms Scott.
 4 Simon Callander and the family are supported by
 5 their legal representatives, but it is also right to
 6 acknowledge that Georgina's mother, Lesley, is not
 7 present in the hearing room, but she will be watching,
 8 and she is supported today by two friends who are
 9 present in the hearing room and also Lesley is supported
 10 by her legal team who are present in the hearing room.
 11 SIR JOHN SAUNDERS: Can I make it clear that I have re-read,
 12 before I came in, the tributes, the very moving
 13 tributes, played by both parents at the last hearing, so
 14 I am well aware of how they both feel and what Georgina
 15 meant to them and the person Georgina was.
 16 MS CARTWRIGHT: Thank you, sir.
 17 Can I also indicate that there are friends present
 18 in the hearing room with the family as well as
 19 Georgina's friend Phoebe Ramshaw.
 20 SIR JOHN SAUNDERS: Thank you.
 21 MS CARTWRIGHT: Please could the photographs of Georgina be
 22 displayed?
 23 Georgina Callander is the daughter of Lesley and
 24 Simon Callander and the younger sister of Daniel and
 25 Harry. She was born on 1 April 1999 and was 18 years

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1 old at the time of her death on 23 May 2017.
 2 Turning then to the pen portrait summary from
 3 Georgina's mum, Lesley.
 4 In a video played to the inquiry on
 5 16 September 2020, Lesley Callander described Georgina
 6 as, "The one in many millions to me". She spoke of how
 7 happy Georgina made her and the fun times that the
 8 family shared as she was growing up and the special
 9 times she shared with Georgina, their girly chats, going
 10 shopping, and trips to London to see plays and musicals.
 11 Lesley spoke of Georgina's infectious laugh and her
 12 love, care and kindness towards others. Lesley spoke of
 13 the contribution Georgina would have made to society by
 14 achieving her ambition to qualify as a paediatrician and
 15 help sick children.
 16 Lesley remembered that Georgina was always smiling
 17 and loved life. She was someone who lit up the room
 18 when she walked in with her beautiful, big smile and
 19 abundance of love for everyone.
 20 Turning then to the pen portrait summary from Simon.
 21 In a video played to the inquiry on 17 September 2020,
 22 Simon Callander spoke of how Georgina, his daughter, was
 23 someone. She was a little bundle of joy as a baby,
 24 bright as a button, loving, a heart as big as the moon,
 25 funny, caring, warm and always laughing.

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1 Simon described Georgina's many talents and
 2 passions. She was a sporty girl and sports day was
 3 a big event. She was particularly talented at football
 4 and taekwondo. It seemed she was doing something nearly
 5 every night after school: ballet, going round to
 6 friends, swimming. If there was an after-school event
 7 or club, Georgina did it. She had an unmistakable laugh
 8 and was always smiling.
 9 Georgina was caring and compassionate towards others
 10 and had many friends, some of whom she had known since
 11 preschool. Her kindness and compassion no doubt led to
 12 her decision to pursue a career as a paediatric nurse.
 13 She had just won a place at university to study
 14 paediatrics and was over the moon at being accepted.
 15 Turning then to the pen portrait summary of Daniel
 16 and Harry. Georgina's brothers, Daniel and Harry, also
 17 provided tributes that were read to the inquiry on
 18 16 September 2020. Daniel described how much Georgina
 19 wanted to help others. He described her as the person
 20 to call on. He also remembered her smile and how she
 21 could lift your spirits when she came into a room. He
 22 spoke of the special time he shared with Georgina, often
 23 stemming from their shared interest in geeky culture and
 24 working together at Booths supermarket.
 25 Harry described Georgina's life as full of passion

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1 and joy. He described how proud he was of his sister
2 and the life that she led. He spoke of knowing that
3 what she wanted was for everyone to live, laugh and love
4 as she did. He said that, in every classical or
5 traditional sense of the word, Georgina was good, for
6 the world and everyone in it.

7 Georgina had travelled to the concert with her mum,
8 Lesley. Lesley describes the time she spent with
9 Georgina before she went to the concert in her statement
10 dated 21 June 2017. Lesley and Georgina had booked
11 a room in the Travelodge near to Manchester Arena and
12 got ready for the evening there.

13 Georgina was to meet her friend at the arena for the
14 concert and Lesley was to meet her friend,
15 Vanessa Morgan, who she would wait with before going to
16 collect Georgina at the end of the concert.

17 Lesley and Georgina entered Victoria Station shortly
18 after 18.00. They went through the station to the
19 City Room. Lesley then left the arena through the
20 Trinity Way link tunnel. Georgina and her friend walked
21 through Victoria Station towards central Manchester.

22 Georgina and her friend returned to the station
23 shortly after 19.00. They went to the City Room and her
24 friend remembers that Georgina saw a T-shirt that she
25 wanted to buy from one of the merchandise stalls, but

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1 she decided to buy a T-shirt from inside the arena
2 instead.

3 They went into the arena just before 19.25. They
4 both walked around the arena a couple of times, trying
5 to find the T-shirt that Georgina had liked before she
6 decided to buy a different one. They then made their
7 way to their seats for the concert. Georgina and her
8 friend then watched the concert together.

9 Georgina and her friend left the concert at 22.30.
10 They walked through the exit doors into the City Room at
11 22.30.51.

12 After walking through the exit doors into the
13 City Room, Georgina and her friend walked towards the
14 corner of the City Room. Her friend remembers that
15 Georgina was walking towards a merchandise stall and she
16 was following behind her.

17 She recalls that Georgina turned back towards her
18 and smiled, before starting to run towards the
19 merchandise stall.

20 DETECTIVE INSPECTOR RUSSELL: Georgina was approximately
21 4 metres from the bomber at the time of the detonation.

22 SIR JOHN SAUNDERS: Can we just stop for a moment? I notice
23 that three friends of Georgina's have arrived and
24 they're obviously very welcome. We have completed the
25 summary of the tribute. We are now going to details of

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1 what happened to Georgina. They are sensitive, they are
2 extremely upsetting, and I hope you are aware of what
3 may happen and if you need to leave, then please feel
4 free to do so.

5 MR COOPER: If it assists you, sir, certainly so far as two
6 of the friends who arrived earlier, we've already
7 explained what will happen today. The latter arrivals
8 haven't been spoken to. I don't want to use time, but
9 they may not be aware perhaps because the first two
10 weren't. I'm loath to ask for 5 minutes --

11 SIR JOHN SAUNDERS: Would you like me to explain to you what
12 is going to happen?

13 MR COOPER: Perhaps if you could, sir, in that case.
14 I think they need to understand.

15 SIR JOHN SAUNDERS: Just to give you a brief explanation
16 just so you know, so there's no misunderstanding. I'll
17 be outside, thank you.

18 (9.52 am)

(A short break)

19 (9.57 am)

20 MR COOPER: Thank you, sir, I'm very grateful for that
21 opportunity. We've had a very helpful --

22 SIR JOHN SAUNDERS: I don't want anyone to feel unwelcome.
23 They are more than welcome to be here: I just didn't
24 want people not to know what they were going to be
25

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1 listening to.

2 Thank you, Mr Cooper.

3 MS CARTWRIGHT: Sir, as you know, it's three friends of
4 Georgina's who are present in the hearing room. They
5 don't want to be identified by name.

6 SIR JOHN SAUNDERS: No, no, absolutely.

7 I think we were on paragraph 9, if you'd like to
8 continue, DI Russell.

9 DETECTIVE INSPECTOR RUSSELL: A member of the public began
10 filming in the City Room shortly after the detonation.

11 At 22.31.34, Georgina can be seen on this mobile
12 phone footage. Georgina is some distance away but her
13 pink top is visible. She does not appear to be moving
14 in the footage.

15 MS CARTWRIGHT: At 22.36.08, Georgina's friend, who herself
16 sustained injuries in the explosion, made a 999 call
17 lasting 14 seconds, which was abandoned with her saying,
18 "Could not hear the call-taker".

19 DETECTIVE INSPECTOR RUSSELL: Travel Safe officer
20 Philip Clegg approached Georgina at 22.36.50. He tried
21 to speak to Georgina but it is unclear whether he
22 received a response.

23 At 22.36.53, he leaned over Georgina and appears to
24 gently shake her, saying, "Darling, darling, hello". It
25 cannot be seen if Georgina responded.

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1 MS CARTWRIGHT: Mr Clegg has provided a witness statement
 2 following review of his sequence of events in which he
 3 confirms he can not specifically recall his interaction
 4 with Georgina.
 5 DETECTIVE INSPECTOR RUSSELL: Thomas Owen, a member of the
 6 public, approached Georgina at 22.51.23. The last
 7 footage of his assisting Georgina is timed at 23.16.21.
 8 He was therefore with her for a period of almost
 9 25 minutes.
 10 Mr Owen can be seen with his hand on the back of
 11 Georgina's head in the footage between 23.00.38 and
 12 23.09.27.
 13 Some of what Mr Owen said to and about Georgina has
 14 been captured from the body-worn video recordings.
 15 At 23.03.05, Mr Owen said, "Can you hear me? Can
 16 you hear me, yeah?" The footage shows that Georgina
 17 moves her left arm and elbow back slightly.
 18 At 23.04.19, Mr Owen said, "Can you hear me, yeah?
 19 Big breaths, yeah? Big breaths". Georgina is not seen
 20 to respond.
 21 At 23.05.13, Mr Owen asked Georgina if she could
 22 hear him and says, "That's it, keep breathing, you're
 23 doing good".
 24 At 23.05.18, he asks Georgina to open her mouth. At
 25 23.05.44, he is captured telling PC Whittell that

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1 Georgina has not been talking since he got to her.
 2 MS CARTWRIGHT: Mr Owen has provided a witness statement,
 3 dated 2 July 2021, which has been prepared following
 4 review of his sequence of events. In this statement, he
 5 confirms that he assisted Georgina. He states that he
 6 saw Georgina trying to breathe though she was not
 7 speaking. He tried to obtain a response from her but he
 8 did not get any response whatsoever from her.
 9 He recalled that her breathing became shallower at
 10 23.04.19. He recalls that he shouted over a paramedic
 11 at one point as Georgina's breathing was deteriorating,
 12 but he does not remember what he or the paramedic said.
 13 He recalls that a board was used to carry Georgina
 14 from the City Room.
 15 DETECTIVE INSPECTOR RUSSELL: At 22.56.43, ETUK first aiders
 16 Elizabeth Woodcock and Zak Warburton are seen to be
 17 standing over Georgina. They do not appear to assess or
 18 provide any treatment to her.
 19 ETUK first aider Kristina Deakin can be seen
 20 attending to Georgina between 22.57.37 and 23.00.31.
 21 MS CARTWRIGHT: In her statement dated 21 August 2017,
 22 Ms Deakin describes a young girl with a severe head
 23 injury who was breathing but not responding. Ms Deakin
 24 used a T-shirt from a merchandise bag that the young
 25 girl had to cover the girl's head injury. When she

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1 applied pressure to the wound, she felt the wound
 2 moving. Ms Deakin left this person as she knew that she
 3 couldn't help her.
 4 She says that she did return to the person a few
 5 times. The footage shows Ms Deakin placing her hand on
 6 Georgina's head, it is not clear whether she's placing
 7 a T-shirt on Georgina's head.
 8 DETECTIVE INSPECTOR RUSSELL: Ms Deakin returned to Georgina
 9 approximately 15 minutes later at 23.15.22.
 10 Mr Owen and PC Gareth Wray are with Georgina at this
 11 time. PC Owen Whittell spoke to Thomas Owen at 23.05.44
 12 in relation to Georgina. He is captured telling Mr Owen
 13 to keep Georgina awake and keep her talking. Mr Owen
 14 replied that Georgina has not been talking since he got
 15 to her. GMP Officer F2 then asks if Georgina is
 16 breathing and Mr Owen replies that she is.
 17 MS CARTWRIGHT: In his statement dated 27 September 2017,
 18 PC Whittell recalls a young female with a wound to the
 19 back of her head who he helped to carry from the
 20 City Room. He does not recall any interactions in his
 21 statement.
 22 DETECTIVE INSPECTOR RUSSELL: At 23.06.03, Sergeant Kam Hare
 23 encouraged NWAS paramedic Patrick Ennis to look at
 24 Georgina. Mr Ennis approached Georgina at 23.06.06 and
 25 assesses her. Mr Owen told Mr Ennis that Georgina had

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1 started to breathe "pretty heavy" now.
 2 At 23.06.15, Mr Owen told Mr Ennis that he did not
 3 want to move Georgina because he did not know what her
 4 injuries were. He described her head injury and said
 5 they needed to open her airway but he did not want to
 6 move her neck.
 7 Mr Ennis told Mr Owen, "We just need to keep her in
 8 this position for now and we'll get her moved as soon as
 9 we possibly can".
 10 MS CARTWRIGHT: In his statement dated 29 January 2018,
 11 Mr Ennis does not specifically refer to Georgina, but
 12 does reference a female who was unconscious with
 13 a serious head injury, who he prioritised moving first.
 14 Mr Ennis has provided a further witness statement
 15 following review of his sequence of events, in which he
 16 confirms this was Georgina. He states that he wanted
 17 Georgina to be removed from the City Room as soon as
 18 possible as she was a priority 1 patient.
 19 He states that her injuries were such that of all of
 20 patients that had been categorised priority 1, she
 21 appeared to be the most seriously injured and Mr Ennis
 22 wanted her to be moved to the casualty clearing station
 23 as soon as possible.
 24 DETECTIVE INSPECTOR RUSSELL: At 23.07.52, GMP Officer F2
 25 spoke to PC Shott about moving casualties from the

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1 City Room. PC Shott states, "Yeah, casualty clearing is
 2 at the front door where we came in. You just put them
 3 back there and come back for another one. If they're
 4 really serious, there's people that are there.
 5 Paramedics are going to come up too but any that we can
 6 move".
 7 GMP Officer F2 replied, "It's like this girl here,
 8 this lady is breathing but I don't know if she can be
 9 moved at all". This is believed to be a reference to
 10 Georgina.
 11 GMP Officer F2 and Sergeant Hare discussed moving
 12 Georgina at 23.08.40. GMP Officer F2 then discussed
 13 Georgina with paramedic Patrick Ennis at 23.08.51.
 14 Patrick Ennis tells GMP Officer F2 that Georgina is
 15 "critical" and will "have to be moved in a minute, she's
 16 one of the highest priorities".
 17 At 23.09.27, Patrick Ennis told PC Whittell that
 18 Georgina is critically unwell and told him that one of
 19 his colleagues was going to see if they could try and
 20 get her out by any means possible.
 21 At 23.09.47, PC Whittell walked towards a table and
 22 asked PC Gareth Wray if it can be used for Georgina.
 23 PC Wray replied that it could and picked it up and moved
 24 it towards her.
 25 At 23.10.08, PC Wray and PC Whittell are seen

1 carrying a table towards Georgina.
 2 At 23.10.13, PC Whittell and Mr Owen spoke about
 3 Georgina. Mr Owen told PC Whittell that Georgina's
 4 breathing was slowing down. PC Gareth Wray asked where
 5 she was bleeding from and Mr Owen referred to there
 6 being a lot of fluid.
 7 At 23.10.24, GMP Officer F2 is observed telling his
 8 colleagues to go over to Georgina and notes that they
 9 have started to try and move her.
 10 At 23.10.37, the officers moved the
 11 noticeboard/table towards Georgina and PC Wray leaned in
 12 to speak to her. He said, "Hello, are you all right?
 13 Are you all right, darling? Are you okay? I'm a police
 14 officer". There was some inaudible conversation before
 15 we hear PC Wray continue to say:
 16 "... help you. Try not to worry, all right?"
 17 At 23.10.52, PC Wray directed that the bag on
 18 Georgina's shoulders was to be removed and he and
 19 Mr Owen tried to lift it from her. PC Wray stated that
 20 Georgina had a pulse.
 21 At 23.11.23, PC Wray asked, "We need to speak to the
 22 paramedics, don't we?" PC Whittell replied, "Yeah".
 23 At 23.11.39, PC Wray shouted, "Oi, paramedic", to
 24 someone off camera. PC Whittell stated, "Right, I think
 25 it's this guy I was speaking to with the bald head".

1 There was then a conversation off camera to discuss
 2 moving Georgina but it cannot be heard. PC Wray and
 3 PC Whittell remained with Georgina following this
 4 conversation.
 5 At 23.12.59, PC Whittell moved to assist officers
 6 who were helping with other casualties. He walked back
 7 towards Georgina at 23.14.30. At this time she was with
 8 PC Wray and PC Nicholas White.
 9 MS CARTWRIGHT: In his statement dated 10 April 2018,
 10 PC Wray refers to going to a teenage female with
 11 a serious head injury and trying to talk to her. She
 12 made no response and he said within that statement he
 13 could not feel a pulse.
 14 He saw her head injury and used an item of clothing
 15 to stem the bleeding and protect any wound. He recalls
 16 that he was joined by his colleague PC White and also
 17 that a paramedic came over and assessed the girl's
 18 injury and he was told she wasn't going to make it. He
 19 decided that the girl needed to be taken out of the
 20 City Room.
 21 PC White has provided a statement, dated
 22 28 September 2017, in which he recalls assisting
 23 Georgina. He saw her head injury and a female paramedic
 24 indicated to him that Georgina was not going to survive.
 25 He assisted in taking Georgina from the City Room.

1 DETECTIVE INSPECTOR RUSSELL: At 23.15.06, BTP
 2 Constable Trow asked if the table that PC Whittell had
 3 brought over for Georgina was being used. PC Whittell
 4 said no and followed BTP Constable Trow to another
 5 casualty and helped to carry this casualty from the
 6 City Room. PC Wray and Mr Owen remained with Georgina.
 7 At 23.16.52, Patrick Ennis assessed Georgina again.
 8 PC Wray was sat alongside her. He is observed leaving
 9 shortly afterwards, having been asked by an arena medic
 10 to assess other casualties.
 11 At 23.17.06, ETUK first aider Elizabeth Woodcock is
 12 seen giving first aid to Georgina with PC Wray and has
 13 her hand placed on Georgina's neck. Sergeant Hare
 14 approached them and asked if they needed anyone to take
 15 over. PC Wray said words to the effect of, "She needs
 16 something, she's bleeding out".
 17 Ms Woodcock left Georgina at 23.17.37.
 18 MS CARTWRIGHT: In her further witness statement dated
 19 12 August 2021, Elizabeth Woodcock has confirmed that
 20 she does not recall the specific moment with Georgina
 21 that is shown on her sequence of events at 23.17.06 but
 22 she thinks that from looking at the footage, she would
 23 have been trying to find Georgina's pulse at this time.
 24 DETECTIVE INSPECTOR RUSSELL: At 23.17.55, HART paramedics
 25 Lea Vaughan and Christopher Hargreaves assess Georgina.

1 They appear to place a red tag upon her at 23.18.17.
 2 They left her at 23.19.24.
 3 MS CARTWRIGHT: The red tag indicated that Georgina had been
 4 triaged as a priority 1, P1, patient. This is confirmed
 5 by Sergeant Anwyl in his statement of 9 March 2021.

6 Christopher Hargreaves has provided a witness
 7 statement dated 6 July 2021. This statement has been
 8 provided following a review of his sequence of events.
 9 In this statement, Mr Hargreaves confirms that he and
 10 Lea Vaughan approached Georgina. Mr Hargreaves does not
 11 recall that there was anyone already with Georgina at
 12 this time and he does not recall anyone speaking to him
 13 about Georgina.

14 He recalls that he assessed Georgina and that he
 15 moved her on to her side to help open her airway. He
 16 believes that he was the only person with Georgina for
 17 a short time.

18 He does not recall Patrick Ennis approaching him and
 19 Lea Vaughan, though he thinks they may have had a short
 20 discussion about moving casualties from the City Room.
 21 Mr Hargreaves states that his recollection is that he
 22 and Lea Vaughan spent far less time with Georgina than
 23 the entries on the sequence of events indicate. He
 24 states:

25 "I therefore believe that it is entirely possible

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1 that whilst the entries indicate that Lea and I were
 2 dealing with Georgina until 23.19.24, that in reality
 3 we were likely performing triage on another patient
 4 located near to Georgina for some of the period of time
 5 within which the sequence of events entries suggests
 6 we were with Georgina."

7 Lea Vaughan has provided a witness statement dated
 8 20 July 2021 following a review of her sequence of
 9 events. She confirms that her recollection of Georgina
 10 is as described in her witness statement of 12 June 2019
 11 in that Georgina was suffering from a serious head
 12 injury and Lea Vaughan formed the view that there was
 13 nothing that could be done to assist her.

14 She states that she told Georgina to lie down and
 15 when she did this, she and Mr Hargreaves moved to assist
 16 other casualties. It should be noted that at no point
 17 on the visual evidence for Georgina is she shown to be
 18 sat up.

19 In her witness statement, dated 20 July 2021,
 20 Lea Vaughan confirms that she recalls triaging and
 21 tagging Georgina as a P1, priority 1, patient. She
 22 states that Georgina did not require further
 23 interventions and her and Mr Hargreaves' focus was on
 24 her priority status.

25 Lea Vaughan states that at the time she did not

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1 think Georgina would survive due to her head injury.
 2 She recalls discussing how to move Georgina from the
 3 City Room. She also believes that she was with Georgina
 4 for a shorter period of time than that suggested by the
 5 sequence of events.

6 DETECTIVE INSPECTOR RUSSELL: At 23.19.28, Lesley Callander
 7 arrived at the Manchester Arena complex through the
 8 Trinity Way link tunnel. She was with Vanessa Morgan,
 9 who walked in front of her.

10 At 23.19.32, Sergeant Peter Anwyl went over to
 11 Georgina. He called for police medic PC Ben Davidson to
 12 assist him at 23.19.49.

13 SIR JOHN SAUNDERS: Can I just interrupt there? You
 14 described him as a police medic; that's right, is it?

15 DETECTIVE INSPECTOR RUSSELL: It is, sir.

16 SIR JOHN SAUNDERS: It's an amendment to what I have.

17 I just needed to confirm that. Thank you.

18 DETECTIVE INSPECTOR RUSSELL: PC Davidson went to Georgina
 19 at 23.19.58 and gave Sergeant Anwyl something to use to
 20 cut the bag from her shoulders. PC Lauren Moore can
 21 also be seen tending to Georgina from 23.20.35.

22 At 23.20.38, off-duty nurse Bethany Crook walked
 23 over to help Georgina. Ms Crook remained with Georgina
 24 until she was taken from the City Room at 23.26.24.

25 The footage shows that Ms Crook asked Sergeant Anwyl

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1 what he needed at 23.20.39. He replied that he needed
 2 to identify where the bleeding was coming from.
 3 Bethany Crook then tends to Georgina and provides
 4 instructions to Sergeant Anwyl, PC Davidson and
 5 PC Moore.

6 At 23.21.03, Ms Crook helps the officers to roll
 7 Georgina on to her back. Ms Crook can be heard
 8 referring to needing to secure Georgina's airway at
 9 23.21.33 and being unable to intubate her.

10 At 23.21.26, PC Moore prepared to roll Georgina. At
 11 around the same time, in a conversation with GMP
 12 Officer F2, Patrick Ennis describes Georgina as,
 13 "Currently highest priority, we've got an awful lot of
 14 priority 1s", and states of Georgina, "So this lady at
 15 the moment needs to be moving".

16 At 23.21.33, PC Moore and the officers present roll
 17 Georgina on to her back with the assistance of Ms Crook.
 18 Ms Crook says, "All right, my darling, all right,
 19 sweetheart. We need to secure that airway, we need to
 20 secure that airway ASAP".

21 Ms Crook and PC Davidson discussed intubating
 22 Georgina at 23.21.43. Ms Crook explains that she is not
 23 able to intubate. PC Moore is seen checking Georgina's
 24 leg at 23.21.48 and is heard stating that she needs
 25 something to tie around it.

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1 At 23.21.57, a tourniquet was applied to Georgina's
 2 leg by PC Moore under the direction of Sergeant Anwyl.
 3 Bethany Crook continued to reassure Georgina during this
 4 time.
 5 At 23.22.04, footage captures Bethany Crook and
 6 PC Davidson, police medic, keeping Georgina Callander's
 7 airway open. At 23.22.18, PC Davidson placed a tube to
 8 open Georgina's airway. Bethany Crook gave instruction
 9 to PC Moore regarding the tourniquet on Georgina's leg
 10 and continues to reassure Georgina.
 11 At 23.23.08, PC Moore is shown keeping the
 12 tourniquet on Georgina's leg and PC Davidson assisted
 13 with giving Georgina oxygen. Bethany Crook continues to
 14 speak to Georgina.
 15 At 23.23.42, PC David Lawrenson walked over to
 16 assist those treating Georgina and begins to cut her
 17 trouser leg.
 18 At 23.24.34, PC Davidson gave Georgina oxygen
 19 through an airbag under the direction of Bethany Crook.
 20 PC Moore was still holding the tourniquet on Georgina's
 21 leg.
 22 At 23.24.50, officers prepared a board to evacuate
 23 Georgina. Ms Crook can be heard saying to the officers,
 24 "We need to get it on to her, we need to get her stable,
 25 as stable as possible".

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1 At 23.25.07, PC Moore continues to keep the
 2 tourniquet on Georgina's leg. At 23.25.27, the officers
 3 attempted to move Georgina on to a makeshift stretcher.
 4 Ms Crook asked for a pulse check to be done and an
 5 officer confirmed that Georgina was still breathing.
 6 At 23.25.42, Georgina was moved on to the makeshift
 7 stretcher. At 23.25.57, she was lifted to be taken from
 8 the City Room by a number of officers, with PC Davidson
 9 holding an oxygen mask to her face.
 10 Ms Crook checked that Georgina was breathing as she
 11 was taken from the City Room and instructed PC Davidson
 12 not to squeeze the oxygen bag too tightly. Georgina was
 13 taken out of the City Room at 23.26.14.
 14 MS CARTWRIGHT: In her witness statement dated
 15 2 October 2017, Bethany Crook describes her involvement
 16 with a young female whose description corresponds to
 17 Georgina.
 18 This female was lying unconscious on the ground with
 19 others around her. She was badly injured and
 20 Bethany Crook suspected a brain injury.
 21 Bethany Crook told those with her that an airway
 22 needed to be put in place and she recalls a police medic
 23 placing a nasal airway. Bethany Crook also advised that
 24 bagging should be used to assist the female's breathing.
 25 Bethany Crook states that the female had a pulse and she

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1 was taken from the City Room on a metal barrier.
 2 Bethany Crook has provided a further witness
 3 statement dated 8 July 2021. This has been prepared
 4 following a review of her sequence of events. In this
 5 statement, she recalls that there was already
 6 a medically trained police officer with Georgina when
 7 she went to assist her.
 8 Bethany Crook recalls Georgina's presentation being
 9 consistent with her having suffered a brain injury and
 10 she sought to establish an airway and used
 11 a nasopharyngeal tube to secure Georgina's airway and
 12 a bag and mask to assist her breathing.
 13 She recalls a conversation in which she asked
 14 PC Davidson for suction and said she could not intubate
 15 Georgina. She states that she wanted suction to clear
 16 Georgina's airway and that she did not want to insert a
 17 nasopharyngeal tube until Georgina's airway was clear.
 18 She recalls that PC Davidson inserted the nasopharyngeal
 19 tube.
 20 Bethany Crook recalls that she tried to reassure
 21 Georgina when she was with her and when she refers to
 22 "bag and mask", she was asking for specific breathing
 23 equipment to assist Georgina with her breathing. She
 24 recalls used a breather mask to assist Georgina's
 25 breathing and that PC Davidson responded to her

23

1 instruction not to squeeze the bag that was being used
 2 to assist Georgina too tightly.
 3 She recalls checking that paramedics were outside
 4 before seeking to move Georgina. She sought to keep
 5 Georgina stable as she was taken from the City Room and
 6 checked her pulse continually. Bethany Crook confirms
 7 that Georgina was breathing throughout the time she was
 8 with her and that if Georgina had stopped breathing,
 9 Bethany Crook would have commenced CPR.
 10 PC Moore, in her witness statement dated
 11 8 September 2017, describes assisting Georgina. She
 12 says she recollects her name because she found her
 13 wallet and driving licence.
 14 PC Moore recalls that Georgina was bleeding from her
 15 right ankle and had an extensive head injury. PC Moore
 16 tried to establish where the bleeding was coming from
 17 and says she used a belt as a tourniquet.
 18 PC Moore recalls a female directing her to place the
 19 tourniquet above Georgina's knee and another officer
 20 tightened it. PC Moore recalls that she stayed with
 21 Georgina until she was carried away on a makeshift
 22 stretcher.
 23 Sergeant Anwyl has provided a statement, dated
 24 9 March 2021. This statement was prepared following his
 25 review of the footage in relation to his involvement

24

1 with Georgina.
 2 Sergeant Anwyl recalls that he went to Georgina when
 3 she was not being attended by anyone else and that she
 4 had a label on her wrist with a number 1 on it. He
 5 recalls calling PC Davidson over to help because he was
 6 a trained medic. He recalls Bethany Crook helping him
 7 and his colleagues with Georgina and also recalls using
 8 his belt as a tourniquet.

9 PC Davidson in his statement, dated 18 July 2017,
 10 describes being called over by Sergeant Anwyl to assist
 11 a female. He refers to this female as being around 30
 12 to 40, although Georgina was much younger than this.
 13 His account of the treatment provided to this person
 14 corresponds to the treatment that she received.

15 PC Davidson describes the casualty's breathing as
 16 shallow and says she was not responsive. He recalls
 17 a member of the public with apparent medical knowledge
 18 saying that the casualty's airway needed to be sorted
 19 out. PC Davidson placed a nasal airway in her right
 20 nostril and used a re-breather mask and bag to assist
 21 the casualty with her breathing.

22 He and others took the casualty to the station
 23 entrance on a fence panel. He recalls that she started
 24 to bleed from underneath as she was moved.
 25 PC Davidson's view was that her best chance of survival

1 was to get to hospital.
 2 PC Davidson has provided a further statement, dated
 3 27 July 2021. This statement was provided following a
 4 review of his sequence of events.

5 He confirms that he assisted Georgina after being
 6 called by Sergeant Anwyl. He recalls that
 7 Bethany Crook was already with Georgina when he went to
 8 assist her, but accepts the footage shows he is mistaken
 9 in this.

10 He states that he was guided by Bethany Crook in the
 11 assessment of Georgina. Bethany Crook wanted to secure
 12 Georgina's airway. His police PSU training focused
 13 first on looking for bleeding, but he was guided by
 14 Bethany Crook. He did note that there was no obvious
 15 signs of bleeding and that Georgina was breathing and
 16 clearly still alive.

17 PC Davidson refers to text recorded on his sequence
 18 of events at 23.21.33 when there is mention made by
 19 Sergeant Anwyl of "a thingy, an intubator", and
 20 PC Davidson replied, "Yes". PC Davidson does not
 21 recollect this conversation. He states that the nasal
 22 airway tube that he used to assist Georgina would be
 23 classed as an intubator.

24 He does not know what Bethany Crook was seeking to
 25 do when she asked about suction and said that she could

1 not intubate. He does remember looking for a suction at
 2 one point and being annoyed because he could not find
 3 one inside the trauma bag.

4 He recalls that the procedure to use the airway went
 5 smoothly, but he does not recall any reaction from
 6 Georgina during this process. He does not recall
 7 a tourniquet being used on Georgina.

8 PC Davidson describes using a re-breather mask to
 9 assist Georgina. He states that:

10 "My recollection is that I had also taken an oxygen
 11 cylinder from my PSU trauma bag around the same time,
 12 which would have been my preferred option. The problem
 13 I had when I tried to find the correct mask and tube to
 14 fit on to the oxygen cylinder is that I could not find
 15 it in my PSU trauma bag. I did take out a connecting
 16 tube and mask from the PSU trauma bag and tried to
 17 connect the tube to the oxygen cylinder. However, when
 18 I attempted to attach it to the cylinder, it was clearly
 19 not the right one as it would not fit on to the
 20 cylinder. I could not find the right tube mask to go
 21 with the oxygen cylinder despite rummaging through the
 22 PSU trauma bag. I believed that the tube mask for the
 23 oxygen cylinder would have been part of my kit and
 24 stored somewhere inside the bag but I could not locate
 25 exactly where in the bag it had been placed."

1 PC Davidson explained that this difficulty explains
 2 the references on the sequence of events to him having
 3 encountered some difficulty in connecting a tube to the
 4 re-breather mask.

5 He recalls Bethany Crook instructing him how to use
 6 the re-breather bag which he continued to use as
 7 Georgina was taken from the City Room. PC Davidson
 8 states that he first noticed bleeding from Georgina's
 9 head as she was being taken from the City Room.

10 He does not recall shouting, "Dressing or bandage",
 11 but he thinks that this must have been a comment
 12 directed towards the paramedics because of the bleeding
 13 he had noticed.

14 PC Davidson also provides details of his medical
 15 training and the equipment provided to him.

16 DETECTIVE INSPECTOR RUSSELL: At 23.26.33, Georgina was
 17 carried through the exit doors and across the bridge
 18 towards the casualty clearing station. She was not
 19 making any sound at this time.

20 At 23.27.13, Georgina is observed being carried out
 21 of the City Room on a makeshift stretcher. Her mum,
 22 Lesley Callander, can be seen on the footage standing
 23 at the top of the stairs at the end of the footbridge.

24 At 23.27.21, Lesley Callander saw Georgina as she
 25 was being carried on the footbridge. She ran towards

1 her, shouting, "That's my daughter". Lesley Callander
 2 follows the officers carrying Georgina to the casualty
 3 clearing station.
 4 At 23.28.31, PC Wood and PC Davidson state that
 5 Georgina needs a bandage to the back of her head.
 6 PC Whittell also calls for a bandage at this time.
 7 At 23.28.47, PC Davidson shouts, "Dressing or
 8 bandage". The officers shout, "Priority 1", as they
 9 take Georgina through the exit of the station.
 10 Georgina arrived in the casualty clearing station at
 11 23.28.
 12 At 23.29.02, as Georgina is being moved into the
 13 casualty clearing station by the officers, NWAS
 14 Silver commander Dan Smith can be heard shouting, "On
 15 the floor, you've been told twice".
 16 MS CARTWRIGHT: This interaction appears to be described by
 17 Sergeant Anwyll's witness statement, dated 9 March 2021,
 18 in which he describes carrying Georgina from the
 19 City Room on a makeshift stretcher and that Dan Smith
 20 shouted at him and the officers to put her down on the
 21 ground.
 22 PC Davidson also recalls that paramedics took over
 23 Georgina's care when the officers managed to take her to
 24 Station Approach.
 25 Daniel Smith has provided a witness statement, dated

29

1 7 July 2021, that was prepared following review of his
 2 sequence of events. He does not recall the exact words
 3 that are described on the sequence of events, but he
 4 does recall raising his voice at the officers and
 5 telling them to stop.
 6 He does not recall the injuries Georgina had, but he
 7 recalls seeing the colour in her face and seeing that
 8 she looked critically unwell. He recalls instructing
 9 Adam Williams to check on Georgina and that it was
 10 established that she was alive and she had a pulse.
 11 Mr Smith does not recall anything further regarding
 12 his involvement with Georgina.
 13 DETECTIVE INSPECTOR RUSSELL: At 23.29.13, the makeshift
 14 stretcher that is being used to carry Georgina was
 15 placed on the floor and CPR is commenced upon Georgina.
 16 At 23.29.34, NWAS EMT Favill can be seen performing
 17 chest compressions upon Georgina. Paramedic
 18 Adam Williams provides oxygen through an airbag.
 19 At 23.30.37, chest compressions are stopped.
 20 MS CARTWRIGHT: Lesley Callander describes the assistance
 21 provided to Georgina in the casualty clearing station in
 22 her statement. Lesley provided constant encouragement
 23 to Georgina and recalls being outside for what felt like
 24 a long time. She saw Georgina's injury and was worried
 25 about how much she was bleeding from her head and did

30

1 not understand why there was no bandage on her head.
 2 Lesley describes the interventions provided by the
 3 paramedics and how she asked them not to give up on
 4 Georgina.
 5 Vanessa Morgan, Lesley Callander's friend, describes
 6 the assistance provided to Georgina in the casualty
 7 clearing station in her statement, dated 21 July 2017.
 8 She recalls that she and Lesley were shouting at
 9 Georgina to wake up and she noticed blood pooling around
 10 Georgina's hair and shrapnel cuts to her legs. She saw
 11 the paramedics commence CPR and obtain a heartbeat. She
 12 saw Georgina's chest and neck begin to move.
 13 Vanessa Morgan recalls a doctor cutting Georgina's
 14 hair to assess her injury and Vanessa Morgan was able to
 15 see that Georgina had a serious head injury as detailed
 16 in her statement.
 17 The doctor then shook his head before going to
 18 assist someone else. She describes wanting to sit
 19 Georgina up and to help her, but the paramedics not
 20 letting her. She says that she then told the person
 21 that she thought was the boss of the paramedics that the
 22 next ambulance was to be for Georgina because she was
 23 dying. The ambulance came soon after that, but
 24 Vanessa Morgan states that Georgina's heart was flat
 25 again.

31

1 In her statement dated 3 May 2018, Lucy Favill
 2 describes treating Georgina in the casualty clearing
 3 station. She states that she and her partner paramedic,
 4 Adam Williams, were told that Georgina was in cardiac
 5 arrest. She began to perform CPR upon Georgina,
 6 providing chest compressions as Adam Williams provided
 7 oxygen through an airbag.
 8 She states that Adam Williams connected
 9 defibrillator pads to Georgina's chest, but they did not
 10 need to shock Georgina as they were able to obtain
 11 a rhythm after one cycle of CPR. They then went on to
 12 assess and treat Georgina's injuries.
 13 In his statement, dated 13 February 2018, NWAS
 14 paramedic Adam Williams describes treating Georgina
 15 in the casualty clearing station. He states that
 16 Georgina was brought out of the station by the HART team
 17 and set down in the casualty clearing station area. She
 18 was in cardiac arrest.
 19 Mr Williams instructed Ms Favill to provide chest
 20 compressions and he attached defibrillator pads to her
 21 chest. He states that the defibrillator was showing
 22 electrical activity termed PEA, which means pulseless
 23 electrical activity.
 24 Mr Williams recalls an exchange with Dan Smith in
 25 which Mr Smith said, "If she's not viable". Mr Williams

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1 understood this to mean that if resuscitation attempts
2 were futile on a patient who had injuries that were not
3 compatible with life then he should consider stopping
4 resuscitation in line with mass casualty triage
5 protocols and that this was his decision.

6 Mr Williams sought to obtain intravenous, IV, access
7 to provide drugs to slow Georgina's bleeding but he
8 could not gain access, which he thought may be due to
9 Georgina's reduced blood pressure. He assessed
10 Georgina's injuries and found a head injury and used
11 scissors to cut away her hair to dress this wound.
12 After one cycle of CPR, a possible pulse-generating
13 rhythm was detected through the defibrillator.

14 Mr Williams also detected a pulse at this point and
15 Georgina was breathing for herself.

16 The paramedics therefore continued to assist in
17 providing ventilation to Georgina.

18 DETECTIVE INSPECTOR RUSSELL: At 23.31.24, Jesse Compton, an
19 off-duty doctor, can be seen crouching alongside
20 Lucy Favill as she assists Georgina. He remains
21 crouching next to them until 23.34.47. He then crouches
22 down next to them again 23.35.45 and stays with them
23 until 23.35.55.

24 At 23.35.48, a paramedic steps towards an oxygen
25 tank on the ground, which is then taken to Georgina.

33

1 The oxygen tank is connected to a face mask, which is
2 placed upon Georgina's face at 23.35.59.

3 At the same time, an ambulance trolley has been
4 moved next to Georgina and a paramedic carries a spinal
5 board over to her.

6 At 23.36.33, paramedics prepare to move Georgina on
7 to a spinal board and an ambulance trolley.

8 At 23.37.02, a paramedic slides the spinal board
9 under the right side of Georgina's body and she is
10 carried over to the ambulance trolley.

11 By 23.38.23, the paramedics have placed Georgina on
12 to the ambulance trolley. Georgina is placed in an
13 ambulance, number A347, at 23.39.07.

14 NWS paramedic Adam Williams goes into the back of
15 the ambulance with her, as does paramedic John Buchanan.
16 The ambulance is driven by NWS EMT Sian Edmunds.

17 Lesley Callander and her friend, Vanessa Morgan,
18 also get into the back of the ambulance with Georgina.

19 MS CARTWRIGHT: Adam Williams states that the paramedics who
20 crewed A347 brought a scoop stretcher from the vehicle
21 to transfer Georgina.

22 Prior to moving her, Mr Williams applied a cervical
23 collar to protect the top of her spine. She was then
24 transferred onto a stretcher and into the ambulance.

25 In his statement dated 22 March 2018, John Buchanan

34

1 states that he was asked to transport an 18-year-old
2 patient with a head injury to hospital. This patient
3 was Georgina.

4 Mr Buchanan states that the female he took to
5 hospital was breathing and had a pulse, but she was 3 on
6 the Glasgow Coma Scale, GCS, which indicated deep
7 unconsciousness.

8 Sian Edmunds in her statement, dated 3 July 2018,
9 states that she, John Buchanan and another paramedic
10 were asked to assist Georgina when she was brought out
11 of the station. At this time, Georgina was on the
12 pavement on a metal hoarding and confirms that she was
13 unconscious with a GCS of 3.

14 Sian Edmunds established that Georgina had a massive
15 injury to the back of her head. Georgina was very pale.
16 She was moved from the metal hoarding to a scoop before
17 being placed on a stretcher and taken to the back of the
18 ambulance.

19 Sian Edmunds moved from the back of the ambulance to
20 the front so she could drive.

21 DETECTIVE INSPECTOR RUSSELL: At 23.40.49, ambulance A347
22 drives away from the station along Hunts Bank.

23 MS CARTWRIGHT: The log prepared by Matt Calderbank, who
24 acted as loading officer, notes that ambulance A347
25 departed at 23.40. He confirms this in his statement.

35

1 At 23.40, there was an audio transmission between
2 A347 and NWS Control, notifying that an 18-year-old
3 female in cardiac arrest was being taken to the
4 Manchester Royal Infirmary. The speaker states:
5 "Alpha 347. On way to MRI. We've got
6 an 18-year-old female, she's in cardiac arrest, it's
7 [and then a word assessed to be 'breathing'] at the
8 moment."

9 A summary showing the time at which individual
10 ambulances departed the casualty clearing station shows
11 that ambulance number 347 departed Victoria Station at
12 23.42.34, 1 hour and 11 minutes post-detonation.

13 The red pre-alert message sent at 23.42 from the
14 ambulance to the MRI gives an estimated time of arrival
15 of about 5 minutes and confirms Georgina was in cardiac
16 arrest and at that time she was still breathing.

17 NWS paramedic Adam Williams describes the journey
18 to hospital in his statement dated 13 February 2018. He
19 and John Buchanan monitored Georgina in the rear of the
20 ambulance. Mr Buchanan sought to address her head
21 injury and Mr Williams sought to ascertain her blood
22 pressure.

23 Her blood pressure was unrecordable and Georgina did
24 not have a palpable radial pulse, which meant there was
25 a high possibility that her blood pressure was severely

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1 low.
2 Mr Williams observed Georgina's pulse oximetry
3 levels at 78%, her heart rate at 65, her respiratory
4 rate six to eight breaths per minute, and a Glasgow Coma
5 Scale of 3.

6 Mr Williams recalls that Lesley Callander continued
7 to talk to Georgina throughout the journey and held her
8 arm steady so he could use a blood pressure cuff.

9 Mr Williams recalls that when the ambulance was
10 about 60 to 90 seconds from arriving at hospital,
11 Georgina went into what he terms a re-arrest. He and
12 the other paramedic agreed that she had no
13 cardiovascular output and that although the ECG was
14 showing a life-sustaining rhythm, her rhythm was
15 pulseless electrical activity, PEA. Mr Buchanan
16 restarted chest compressions and Mr Williams began
17 ventilating Georgina.

18 NWAS paramedic John Buchanan also described the
19 journey to hospital in his statement dated
20 22 March 2018. He sought to bandage the wound to
21 Georgina's head with the assistance of Mr Williams, who
22 held Georgina's head to maintain neutral alignment.

23 Mr Buchanan also sought to cannulate Georgina's left
24 arm, but he was unable to do this as she had lost too
25 much blood.

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1 He describes her body as shutting down. Mr Buchanan
2 states that the defibrillator pads were put in place and
3 a bag valve mask was ready to assist with respirations.
4 Georgina's pulse was repeatedly checked and a red
5 standby was put into place at the Manchester Royal
6 Infirmary.

7 He states that Georgina went into agonal breathing
8 during the journey and that when they were a few minutes
9 away from the hospital, her palpable pulse was lost, but
10 electrical activity was still visible, indicating that
11 she had gone into pulseless electrical activity.

12 Mr Buchanan began chest compressions and Mr Williams
13 used the bag valve mask. They continued CPR for the
14 rest of the journey.

15 A summary showing the time individuals arrived in
16 hospital shows that A347 arrived at Manchester Royal
17 Infirmary at 23.48.01. The MRI emergency department
18 attendance summary for Georgina incorrectly records that
19 she arrived at hospital at 23.30 as it is known that the
20 ambulance did not arrive at hospital until 23.48 and the
21 time of the pre-alert is also known.

22 Lesley Callander recalls there being at least
23 20 people there to help Georgina when they arrived at
24 hospital. Vanessa Morgan describes it being like
25 a circus when they arrived at hospital. There were

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1 people running, fighting and bleeding everywhere as well
2 as journalists and reporters.

3 Georgina was taken into a room to be treated and
4 Vanessa stayed with Lesley in a side room.

5 Paramedic Mr Williams states that when A347 arrived
6 at hospital, there was a trauma team and a police
7 officer waiting. Mr Williams took over chest
8 compressions as the stretcher was moved on to the tail
9 lift of the ambulance. Mr Williams continued with chest
10 compressions as the stretcher was taken into the
11 resuscitation area.

12 Georgina was moved on to a bed and a nurse took over
13 chest compressions. Mr Williams provided a verbal
14 handover to the trauma consultant and then spoke to
15 Lesley Callander.

16 Mr Buchanan states that when they arrived at the MRI
17 Georgina was taken straight into resus 1 and he recalls
18 being met by a nurse or doctor. Mr Williams provided
19 a verbal handover while he continued with chest
20 compressions. Mr Buchanan then returned to A347 with
21 Ms Edmunds and Mr Williams stayed in resus. The
22 ambulance was then prepared to return to the arena.

23 Dr Alison Sheehan, consultant in emergency medicine,
24 provides evidence of the treatment Georgina received
25 at the Manchester Royal Infirmary. In her statement

39

1 dated 2 October 2018, she states that Georgina arrived
2 at the MRI at 23.30 and, as already addressed, this
3 appears to be incorrect.

4 Dr Sheehan states that Georgina was in pulseless
5 electrical activity cardiac arrest when she arrived
6 at the MRI and advanced life support was commenced.
7 This continued for 30 minutes.

8 Georgina remained in cardiac arrest and a scan
9 showed cardiac standstill. Dr Alistair Rennie,
10 consultant in emergency medicine, entered the
11 resuscitation area where Georgina was being treated at
12 midnight.

13 Dr Sheehan advised him that Georgina had been in
14 asystole, which means that there was no electrical
15 activity from her heart for half an hour and there was
16 a cardiac standstill on ultrasound, with no response to
17 ongoing life support or blood transfusion. Dr Rennie
18 advised Dr Sheehan to stop resuscitation and Dr Sheehan
19 so instructed her team.

20 Dr Sheehan and Dr Rennie state that Georgina was
21 confirmed life extinct at 00.05 on 23 May 2017. This is
22 confirmed in the emergency department attendance
23 summary.

24 Lesley Callander recalls being told that the team
25 would have to stop working on Georgina. She was then

40

1 left alone with Georgina.
 2 Simon Callander drove with his son, Daniel, to the
 3 Manchester Royal Infirmary. On arriving at the
 4 hospital, they were met by security:
 5 "Our faces dropped when they led us in. It was
 6 chaos, people walking around battered and bloodied."
 7 They were taken to a little room with other people
 8 in and then the police and nurses came and took them
 9 through to the room where Lesley Callander was and it
 10 was confirmed to them that Georgina had died.
 11 Sir, I'm now going to give the conclusions of the
 12 pathological and expert evidence.
 13 The initial post-mortem for Georgina was carried out
 14 by Dr Michael Parsons on 27 May 2017 at Oldham Royal
 15 Hospital mortuary. This post-mortem report is dated
 16 18 September 2017.
 17 Dr Parsons comments that Georgina was probably
 18 facing away from the origin of the explosion and that
 19 most of her injuries were sustained to the left side of
 20 her body.
 21 Dr Parsons notes that Georgina was taken to the
 22 Manchester Royal Infirmary, but despite medical
 23 attention she was subsequently declared dead.
 24 Dr Parsons understands that Georgina was unconscious and
 25 in cardiac arrest at the scene and comments that he has

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1 seen nothing in her medical notes to indicate that
 2 Georgina's condition showed any signs of improvement
 3 after the explosion prior to her being declared dead at
 4 00.05 on 23 May 2017 at hospital.
 5 Dr Parsons provides a medical cause of death of 1A,
 6 head injury.
 7 Turning then to the conclusion of the blast wave
 8 expert panel. The written conclusion of the blast wave
 9 experts is that Georgina's injuries were unsurvivable
 10 with current, as at 2019, advanced medical treatment.
 11 Finally, turning to the review by the forensic
 12 pathologists, Dr Philip Lumb and Professor Jack Crane.
 13 Dr Lumb and Professor Crane have provided a report
 14 in relation to Georgina dated 8 September 2020. They
 15 conclude that the severity of Georgina's head injury was
 16 such that, even with resuscitation, she could not have
 17 survived. This conclusion accords with the conclusion
 18 of the blast wave experts that Georgina's injuries were
 19 unsurvivable with current advanced medical treatment.
 20 SIR JOHN SAUNDERS: I think we could all do with a break
 21 after that.
 22 MS CARTWRIGHT: I was going to ask if we could have
 23 a 15-minute break and then we will commence the live
 24 evidence.
 25 SIR JOHN SAUNDERS: Yes. I'm sure it has been very

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1 distressing and I'm sorry you've had to go through it.
 2 It's a very detailed summary of the treatment and what
 3 happened. For myself, I found it a very helpful summary
 4 and while, obviously, not all the core participants are
 5 here, I want to make it clear that that summary of what
 6 went on in the City Room I find very relevant to
 7 whether, when we're considering what else could have
 8 been done which might have assisted — because it brings
 9 that very much to life.
 10 Georgina was in the City Room for just under an hour
 11 before she left. I'm less concerned with what happened
 12 in the casualty clearing station, although it's
 13 important. She was only there for 13 minutes, although
 14 I have no doubt to her mother it seemed like an
 15 eternity.
 16 While we're going to hear live evidence, I have
 17 a very full picture and I am sure people will focus
 18 their questions, because it will be distressing evidence
 19 for them to give as well, on what is really important
 20 for people to understand.
 21 Mr Cooper, finally, to you. As I indicated
 22 yesterday when you were asking questions, the expert
 23 instructed by the inquiry has produced some information
 24 on when a defibrillator should be used in these
 25 circumstances and also what is meant by agonal

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1 breathing, which I stopped the witness answering because
 2 I thought it was better coming from the expert, and
 3 you will be getting that in due course.
 4 MR COOPER: Thank you.
 5 SIR JOHN SAUNDERS: As I understand, agonal breathing is
 6 breathing which is not life sustaining, in effect. It's
 7 a reaction rather than helping the injured person.
 8 MR COOPER: Thank you, sir.
 9 SIR JOHN SAUNDERS: Right, a quarter of an hour, thank you.
 10 (11.00 am)
 11 (A short break)
 12 (11.22 am)
 13 MR PATRICK ENNIS (recalled)
 14 Questions from MS CARTWRIGHT
 15 SIR JOHN SAUNDERS: Welcome back, Mr Ennis.
 16 A. Thank you.
 17 MS CARTWRIGHT: Good morning, Mr Ennis.
 18 Today we are going to be dealing with the assistance
 19 you provided to Georgina Callander, so as you know, from
 20 the previous occasions you've attended in chapter 12,
 21 the inquiry has already heard details of your
 22 involvement with Georgina that night, so we will be
 23 moving straightaway to the assistance and the first time
 24 you went to Georgina.
 25 We know from the sequence of events that

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1 Sergeant Hare at 23.06 encouraged you to come and look
 2 at Georgina and perhaps if we set in context that time,
 3 it 's right, isn't it, that you had done a sweep of the
 4 City Room when you first entered it, you had gone back
 5 down to the casualty clearing station, but re-entered
 6 the City Room at 23.05.30? So Georgina was one of those
 7 that you were first directed to when you went back into
 8 the room?
 9 A. Yes.
 10 Q. We've heard from the sequence of events that it was
 11 described that Georgina's breathing was quite heavy and
 12 Mr Owen, who was assisting Georgina, told you that he
 13 didn't want to move Georgina because he didn't know what
 14 her injuries were. So can I just ask you, when you went
 15 to Georgina, do you have a recollection of the
 16 assistance you provided to her?
 17 A. I do have a recollection. That's obviously been
 18 enhanced somewhat by having seen the sequence of events.
 19 But yes, I did already have a recollection.
 20 Q. So can you just detail the assessment that you carried
 21 out of Georgina at that time, please?
 22 A. I don't recall the specifics, but I remember being aware
 23 that she was severely injured and that she was
 24 immediately priority 1 by virtue of being unconscious
 25 with — by virtue of being unconscious but I was also

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1 aware of her abnormal respiratory rate and her clear
 2 injuries.
 3 Q. When you describe her clear injuries, did you note the
 4 head injury that Georgina had sustained?
 5 A. I did, yes.
 6 SIR JOHN SAUNDERS: It's severe, we don't want it described,
 7 but you assessed it as severe at the time, did you?
 8 A. Yes. I think obviously my role at the time wasn't to
 9 assess injuries, but her injuries were apparent.
 10 MS CARTWRIGHT: So plainly, the officers that were
 11 supporting Georgina as well as a member of the public
 12 were concerned about Georgina?
 13 A. Yes.
 14 Q. Can I ask then, when you saw the severity of Georgina's
 15 injury, and knowing that you were still the only
 16 paramedic in the room, whether you gave any
 17 consideration to radioing down to say that more help was
 18 needed?
 19 A. My recollection is that I wanted to prioritise moving
 20 her out of the City Room and that was my overwhelming
 21 desire, to move her as rapidly as was possible down to
 22 the casualty clearing station.
 23 Q. But then in saying that was your intention, we know that
 24 actually Georgina was in the City Room for a much
 25 lengthier period of time and her evacuation from the

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1 City Room was not rapid. So what practically did you do
 2 in consideration of assisting the rapid extraction of
 3 Georgina?
 4 A. Within the context of my role there, which was to
 5 continually triage and assign priority, I was aware that
 6 there was — initially at the point that I recognised
 7 she was not only priority 1 but potentially the highest
 8 priority of the priority 1s, I knew that having only
 9 just left the station concourse that there weren't
 10 paramedics available at the time.
 11 By the time, as I recall, my second interaction or
 12 second assessment of her, at which point she was still
 13 as far as I was concerned the highest priority of
 14 priority 1s, by this point the police had already
 15 started to extricate people. I felt that that was the
 16 most appropriate way to do that.
 17 So as far as I recall, I explained to the police
 18 officers who were in the process of trying to move
 19 people that she should be the highest priority and
 20 therefore the next person to be moved.
 21 Q. But we know from the times that have been examined in
 22 the hearing room that she was not the next person or
 23 anywhere near the next person to be taken out of the
 24 City Room. You've indicated that you had assessed
 25 Georgina at that time as a priority 1 patient; is that

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1 correct?
 2 A. Yes.
 3 Q. So she was unconscious but breathing?
 4 A. She was, yes.
 5 Q. We know that you did not have the triage cards with you
 6 because there's no P1 placed upon Georgina at that time,
 7 at 23.06, is there?
 8 A. No.
 9 Q. From the review of the sequence of events that has been
 10 taking place, you'll be aware that subsequently, when
 11 Lea Vaughan and Christopher Hargreaves do enter the
 12 City Room, Georgina is one of those they go to.
 13 A. Yes.
 14 Q. But would it be fair to say that had you applied a P1
 15 triage card to her, under the triage sieve you and
 16 Hargreaves and Vaughan were performing, they wouldn't
 17 have needed to go back to Georgina if the system had
 18 operated how it was intended?
 19 A. I would say that on the one hand, having access to the
 20 cruciform cards and being able to visually identify
 21 somebody as a priority 1 may be helpful. However, even
 22 with a priority 1 card, where somebody has been triaged
 23 and that's been placed on there, there would still be an
 24 expectation where possible that you would revisit that
 25 and check on the condition.

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1 The other thing to mention, of course, is that there
 2 were multiple priority 1s and actually there would be
 3 nothing visually that would differentiate her as the
 4 highest priority of priority 1s. That was something
 5 that would always need to be explained.
 6 Q. When you say need to be explained, explained to whom,
 7 Mr Ennis?
 8 A. To the people who were providing assistance in that
 9 area, so primarily to the police officers but also to
 10 any ETUK or ShowSec security staff or members of the
 11 public. That's my recollection, that I made clear to
 12 the people in that area, the people who were assisting
 13 with Georgina, but also with other people in the area,
 14 that in terms of extrication she should be moved first.
 15 Q. The body—worn video has captured at 23.06.15 that you
 16 told Mr Owen:
 17 "We just need to keep her in this position for now
 18 and I'll get her moved as soon as we possibly can."
 19 So it's not captured that any other instruction or
 20 advice was provided to Mr Owen at that time. So can
 21 I ask you, in terms of the severity of the injury, did
 22 you give consideration at that time of just how Georgina
 23 was going to be evacuated from that room, bearing in
 24 mind the severity of the head injury that she had?
 25 A. At the point that the police officers had already

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1 started the process of extricating people, I felt that
 2 that was the most appropriate way to move her and my
 3 recollection is that that's what I requested of the
 4 police when they were asked what to do, that they should
 5 try and prioritise moving her in that way.
 6 SIR JOHN SAUNDERS: I wonder whether we can summarise this
 7 in some way. Clearly it would have been better had you
 8 had the cards.
 9 A. Potentially.
 10 SIR JOHN SAUNDERS: If you're doing a triage, it's better to
 11 have the cards, isn't it?
 12 A. It is better to have the cards, yes.
 13 SIR JOHN SAUNDERS: So that might have saved some time down
 14 the line. Also, had you had more paramedics to help
 15 organise the removal, that might have made that all go
 16 a bit smoother, but what actually happened was that you
 17 were going round triaging everybody and trying to
 18 organise the removal as well in a way, which is quite
 19 a lot to do.
 20 A. And I think that's probably why I wasn't organising the
 21 removal because what I was doing was assigning priority.
 22 Whereas other people were doing what I felt was a very
 23 good job of actually organising the removal between GMP,
 24 BTP and various other people. So what I did, I feel,
 25 was on several occasions explain to those who were —

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1 had taken upon themselves the role of extrication that
 2 she should be the highest priority to extricate down to
 3 the casualty clearing station.
 4 SIR JOHN SAUNDERS: I think we've examined in a fair amount
 5 of detail — and obviously I'm not stopping people going
 6 into it a bit more if it's needed — the limitations
 7 there were on getting people out. Obviously removing
 8 them on the sort of things the police officers were
 9 removing people was not ideal by anybody's standards and
 10 we have obviously looked at that.
 11 MS CARTWRIGHT: Sir, will you allow me to explore the
 12 specifics for Georgina? Because we've heard a lot in
 13 chapter 10 about stretchers, but here we have a patient
 14 with plainly an injury that requires some consideration
 15 and care to her stabilisation to enable her to be moved;
 16 would you agree?
 17 A. I wouldn't... I would suggest that within the context
 18 of this incident that her rapid extrication was the
 19 priority. I don't feel that there was anything in
 20 particular that would be expected before moving her —
 21 Q. So then can I just explore, we've heard that when she
 22 was downstairs, before she was moved in the ambulance to
 23 hospital, that a cervical collar was applied. Did you
 24 not give any thought as to whether or not there should
 25 be a request for such a collar to be brought to the

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1 City Room before she was evacuated?
 2 A. No. The use of a cervical collar is something that's
 3 quite contentious, it is something that is built into
 4 the practice of spinal immobilisation but we have very
 5 little evidence and emerging evidence that actually
 6 their use is counterproductive, particularly if you have
 7 a head injury. Its job is to provide stabilisation of
 8 the neck, which it provides limited benefit to, but
 9 actually potentially to the detriment of a head injury
 10 by acting somewhat as a tourniquet around the neck. So
 11 it's not something that I would advocate in my practice.
 12 That's not to say that it isn't general practice, but
 13 it's something that's increasingly falling out of
 14 favour.
 15 Q. Then can I ask you about the specifics of a stretcher?
 16 When you first saw Georgina and the severity of her
 17 injury, did you not give consideration at that stage
 18 that there were patients in that City Room where
 19 it would be far better for their evacuation to be on
 20 some form of stretcher?
 21 A. I think it's fair to say, to back up your point, sir,
 22 that appropriate stretchers would have been better for
 23 all patients. I think it's possibly even more
 24 appropriate for those who were perhaps priority 2 and in
 25 a great deal of pain as a result of their injuries,

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1 whereas people who were unconscious with such severe
 2 injuries , I actually think it 's probably less important
 3 the manner of stretcher that 's used and more important
 4 the speed at which that can occur.
 5 Q. So we know that it was over 20 minutes after you first
 6 saw Georgina before she was taken out of the City Room.
 7 Was it your view that when you first approached her at
 8 23.06 that you thought she would be removed more quickly
 9 than she was?
 10 A. Yes, that was my understanding.
 11 Q. And so we know that you then again went and had
 12 a discussion with F2 at 23.08.51, where you tell F2 that
 13 Georgina is:
 14 " ... critical and will have to be moved in a minute,
 15 she 's one of the highest priorities ."
 16 So again, when you were having that discussion, how
 17 were you ensuring that Georgina was then taken at that
 18 time?
 19 A. I couldn't ensure that she was taken at that time, but
 20 what I did was impress upon those who were in the
 21 process of extricating patients that she should be moved
 22 as soon as possible, so I then assumed that that would
 23 happen.
 24 Q. So again, at this time, just for the specifics of
 25 Georgina and the need for her to be evacuated, did you

1 give any thought at that time to radioing down to
 2 Dan Smith or any of the others to indicate that more
 3 paramedics were needed and more equipment was needed
 4 in that City Room for the patients there?
 5 A. I didn't, no, and that was based on the fact that my aim
 6 was to move the patients from that area as quickly and
 7 in the correct order as possible. My understanding was
 8 that the police officer -- whether it was F2, I don't
 9 recall which specific police officer -- understood my
 10 instruction and had replied that he would facilitate
 11 this rapid extrication. So to ask somebody to come up
 12 in order to take on the role would be to duplicate it.
 13 So to answer your question, I didn't think of that, no.
 14 Q. It is clear from other evidence on the body-worn video
 15 that officers were plainly concerned about how they were
 16 going to lift Georgina because of her injuries. So when
 17 there was a consideration about lifting her, it seems
 18 that, at 23.11, PC Wray was wanting your input into how
 19 to safely lift Georgina. So did you give any
 20 consideration in terms of those assisting may not have
 21 the skills or training medically to be confident to lift
 22 someone with such a severity of injury that Georgina
 23 had?
 24 A. I don't recall that specifically. Perhaps I didn't
 25 appreciate that they would be so wary of moving her

1 because of her injuries , whereas I felt that actually
 2 the injuries that she had wouldn't prevent her from
 3 being moved. But I may well not have understood their
 4 concern.
 5 Q. Mr Ennis, we know then that at 23.16.52, you are seen to
 6 assess Georgina again. So now it's over 10 minutes
 7 after you'd first seen her and wanted her to be
 8 evacuated from the City Room as the highest priority.
 9 So when you had that assessment of Georgina, what were
 10 you doing at that time to ensure that what you wanted to
 11 take place was going to be achieved for Georgina?
 12 A. I can't recall the specific times that I assessed
 13 Georgina and raised concerns. But my recollection is
 14 generally that I did raise concerns that she should be
 15 removed as a priority and continued to raise those
 16 concerns and was advised by those who had the ability to
 17 do that that they would ensure that happened. I am not
 18 sure if it's this particular time, but I do recall
 19 a time where there was a patient about to be extricated
 20 from the vicinity who I think was a priority 2, and had
 21 just been placed on to an improvised stretcher and
 22 I asked those who were facilitating that to instead
 23 prioritise her, and at that point I think the priority 2
 24 patient was moved back off the stretcher and she was
 25 moved on to it. So that was, I believe, what I did

1 potentially at that point to ensure that she was moved
 2 as a priority .
 3 Q. Mr Ennis, in the summary that we've read, one of the
 4 concerns of Lesley Callander is that her daughter did
 5 not have any dressing applied to the injury to her head.
 6 Did you give any thought of giving any instruction or
 7 applying yourself any form of bandage to Georgina's
 8 head?
 9 A. No, and the type of injury that she had was not one in
 10 which there was significant or indeed much external
 11 blood loss. So the application of a bandage would be
 12 something that would be expected to occur some way down
 13 the line in treatment. So no, it wasn't something that
 14 I thought was appropriate at that time.
 15 Q. Can I just then ask the following question, because
 16 there's some evidence from the summary that actually the
 17 act of moving Georgina caused some bleeding, so did you
 18 give any thought that moving Georgina might cause
 19 bleeding to that area which would be assisted by a form
 20 of bandage that could help restrict the bleeding to her?
 21 A. Just to be clear, there's a difference between -- if
 22 you're talking about restricting bleeding, we're talking
 23 about tourniquets or something like that, but injuries
 24 to a central part of the body, you can't stem blood loss
 25 by applying a bandage in that way.

1 SIR JOHN SAUNDERS: Or even a pressure?
 2 A. Yes, so the... You could apply some --
 3 SIR JOHN SAUNDERS: External pressure?
 4 A. -- some gentle external pressure, but to such a serious
 5 head wound, the issue really is not that there is blood
 6 loss. Generally, blood loss from head wounds is rarely
 7 the issue. The issue is the damage that's done
 8 internally and the bleeding internally that nothing,
 9 unfortunately, at that stage can be done about and then
 10 what damage that then goes on to cause to the brain. So
 11 external blood loss is not really the risk at that
 12 stage.
 13 MS CARTWRIGHT: We know that whilst Georgina was in the
 14 City Room after the time when you'd had interaction with
 15 her that a nasopharyngeal tube was placed in the hope to
 16 be able to deliver oxygen to Georgina, but certainly
 17 then she was bag and masked. At any point when you had
 18 interactions with Georgina, did you give any thought to
 19 requesting that assistance for Georgina by being
 20 intubated and giving the assistance of oxygen?
 21 A. No. The placement of a nasopharyngeal airway or
 22 performing endotracheal intubation or indeed oxygen are
 23 all more advanced procedures, things that need extra
 24 equipment. Any of the interventions that would be
 25 required like that I felt would be far more

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1 appropriately done in the casualty clearing station.
 2 The amount of equipment that would need to be brought up
 3 to do that would not appear to be the most appropriate
 4 way of doing that, so as with my overriding intention
 5 with everybody in the City Room, it was to move them
 6 down to definitive care rather than bring equipment and
 7 care up.
 8 MS CARTWRIGHT: Sir, do you have any further questions for
 9 Mr Ennis?
 10 SIR JOHN SAUNDERS: I just want to make clear to Mr Ennis,
 11 this may all sound very critical and I think everybody
 12 needs to bearing in mind you're acting in an emergency
 13 situation, you are the only one there at the time, and
 14 you have a lot of casualties and you have to find those
 15 who you can help survive. So please don't think that we
 16 don't understand the difficulties that you were facing
 17 and the decisions you had to make. We have to look at
 18 whether things could be improved in the future.
 19 A. Of course. Thank you.
 20 MS CARTWRIGHT: Could I then turn to Mr Weatherby and ask
 21 him to ask his questions?
 22 MR WEATHERBY: Thank you very much.
 23 SIR JOHN SAUNDERS: I hope those comments I made were not
 24 inappropriate or contrary to how you were going to
 25 conduct your questions.

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1 Questions from MR WEATHERBY
 2 MR WEATHERBY: Absolutely not. In fact, that was precisely
 3 the way I was going to start.
 4 Mr Ennis, I represent Mr Callander, who is
 5 Georgina's dad. A lot of what I was going to ask you
 6 has already been asked, so I will be hopefully very
 7 brief. But as the chair has just said, I want to start
 8 with two matters.
 9 First of all, of course, we now know that Georgina
 10 suffered an injury which was in fact unsurvivable. But
 11 of course, in the moment, at the time when you saw her
 12 in the City Room, you were aware she was very severely
 13 injured, but not unsurvivable at that time. That wasn't
 14 an assumption that you made, was it?
 15 A. In fact, having seen the severity of her injury, my
 16 clinical judgement was that that was likely to be an
 17 unsurvivable injury. However, that didn't change my
 18 treatment that she was the highest of priority 1s.
 19 Q. Yes, absolutely, and that's based on the fact that she
 20 was plainly still alive and breathing --
 21 A. Yes.
 22 Q. -- and with a pulse and was therefore at that point
 23 treatable whatever your view of the longer-term
 24 survivability was?
 25 A. Yes.

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1 Q. The second point, just picking up from what the chair
 2 has just commented, the family are acutely aware of the
 3 position that you were in and indeed the police officers
 4 and members of the public and others who were in the
 5 City Room who were trying to help. So with that caveat,
 6 that must be considered behind the questions I'm about
 7 to ask you.
 8 By way of summary, just to put some timings here, by
 9 the time you were first called over to look at Georgina,
 10 35 minutes had passed since detonation, hadn't it?
 11 A. Okay.
 12 Q. And then by the time she was removed from the City Room,
 13 55 minutes had passed, and by the time she made it to
 14 the casualty clearing station, so the first time where
 15 she would actually have care from paramedics, was a few
 16 seconds shy of 58 minutes. Just by way of overview, and
 17 again with the caveat that I've already put to you,
 18 given the fact that she was your highest priority, that
 19 was an unacceptable delay, wasn't it?
 20 A. I would agree. I would agree that ideally, she would
 21 have reached the casualty clearing station much sooner
 22 than that. That was my intention --
 23 Q. Indeed.
 24 A. -- and I'm sorry that that didn't happen.
 25 Q. I'm sure that's heard.

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1 The whole point of prioritisation P1 is to indicate
 2 to anybody involved immediately, without having to
 3 consider anything else, that this is a person who needs
 4 urgent care, needs to be given care or moved to
 5 somewhere where she can be given care without delay;
 6 yes? And that was your intention --
 7 A. Yes.
 8 Q. -- at 23.06, the first interaction you had with
 9 Georgina, in stating that she was a P1?
 10 A. Yes.
 11 Q. And also, more than that, you've helpfully gone further
 12 than that this morning and you've indicated that even in
 13 the number of P1s that you had in the City Room,
 14 Georgina was the most severely injured and therefore the
 15 one that needed the most immediate attention, evacuation
 16 and care?
 17 A. Yes.
 18 Q. You've also told us that at various times, as
 19 Ms Cartwright has put to you, you spoke to police
 20 officers, and these were police officers in the thick of
 21 it, who had rushed into the City Room, doing their level
 22 best, but they were the doers, not the organisers or
 23 commanders, weren't they?
 24 A. Yes, they were.
 25 Q. You had interactions, as we have heard, firstly at

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1 23.06, then at 23.08, then at 23.16, then at 23.21, and
 2 then eventually she was moved from the City Room at
 3 23.26. During that point, did you ever call for
 4 assistance from your command structure, the NWAS command
 5 structure, to try to get paramedics into the City Room
 6 to help with Georgina?
 7 A. No, I didn't.
 8 SIR JOHN SAUNDERS: Did you assume they would come? For
 9 example, when the HART team arrived, would you expect
 10 them to have come?
 11 A. Yes, and they were the next people who I was expecting
 12 to see and obviously that did occur. Before that,
 13 obviously before their arrival, I was aware that there
 14 probably wouldn't be anybody else from NWAS who would be
 15 appropriate to be able to come into that area, just by
 16 virtue of the small numbers that would be arriving,
 17 which was why my priority throughout was to ask the
 18 police officers primarily who were organising the
 19 extrication to prioritise her because the extrication
 20 was taking place.
 21 SIR JOHN SAUNDERS: I know, but it's really difficult, isn't
 22 it, for police officers, we have heard? You're trying
 23 to move really badly injured people. Would you really
 24 have the medical skill to do that, that sort of thing?
 25 They just needed your input all the time, didn't they,

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1 in a way, and they didn't get it?
 2 A. Yes, and possibly there was an assumption on my part
 3 that they would understand that no medical treatment was
 4 required and no -- that really, the most important thing
 5 was to move her quickly. Now, obviously I understand
 6 that they weren't used to dealing with or seeing people
 7 with such severe injuries and could be worried about
 8 that. But my recollection is that at each stage that
 9 I assessed her and at each stage that I spoke to the
 10 police officers, they assured me that they would then
 11 prioritise. Perhaps...
 12 SIR JOHN SAUNDERS: I think we need to make clear as well
 13 that we're not laying any blame on police officers at
 14 all.
 15 MR WEATHERBY: Absolutely not.
 16 SIR JOHN SAUNDERS: It's the situation we're looking at
 17 rather than anything else.
 18 MR WEATHERBY: And the police officers you were talking to
 19 were the doers who had rushed in there and did their
 20 level best. You mentioned earlier in your evidence that
 21 one of the things you took account of was that you'd
 22 just been down to where the casualty clearing station
 23 was going to be and there were not paramedics available
 24 at that point. But of course, as the situation
 25 unfolded, it was pretty obvious, wasn't it, that more

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1 and more paramedics were going to arrive? So at 23.06,
 2 that might well have been a reason not to call for
 3 paramedics to assist, but by 23.08 or 23.16 or 23.21,
 4 that position was likely to have changed as the
 5 situation went on and, despite your efforts, Georgina
 6 hadn't been moved? Did you not think to call down and
 7 say, "We haven't managed to get her moved, can you get
 8 some paramedics up"?
 9 A. Potentially that's something I should have done. Again,
 10 my overwhelming desire throughout the time there was to
 11 move patients down to where I knew there would be
 12 paramedics arriving. I mean, there was every
 13 possibility, had she moved at the time I initially asked
 14 for, there may not have been any paramedics there. My
 15 assumption was they would be arriving, they would be
 16 forming a casualty clearing station and that that was
 17 the appropriate place to get the highest priority people
 18 to.
 19 So arguably, I should have asked them to come up,
 20 but as I say, what I wanted to do at all stages was move
 21 people as quickly as possible to the casualty clearing
 22 station.
 23 Q. There is evidence from the police officers, again on the
 24 sequence of events chart, not to show it, page 72, where
 25 one of the officers that you spoke to, F2, spoke to

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1 a PC Shott about the imperative of evacuating casualties
2 and PC Shott said, I'm paraphrasing here:

3 "Paramedics are going to come up to the really
4 seriously injured."

5 Was that your understanding at that point, that
6 paramedics would come up?

7 A. No, it wasn't, unfortunately, no.

8 Q. In terms of paramedics coming up and care, I fully
9 understand your evidence that your imperative was to
10 evacuate casualties to a better place where they could
11 get better care and be taken to hospital rapidly,
12 I follow that, but it's right, isn't it, that with many
13 of the casualties, even with Georgina, there was care
14 that was in fact given in the City Room but not by
15 paramedics, which paramedics would have been better or
16 quicker or better equipped to do?

17 A. The type of care that I would expect paramedics to
18 provide would be full trauma assessment and treatment.
19 There were no simple and quick interventions that I felt
20 would be appropriate for her, so perhaps the type of
21 interventions you're talking about would be applying
22 makeshift dressings or providing comfort. The type of
23 interventions that paramedics would be required to
24 provide for her would be very -- would be invasive
25 procedures and would be ones that would need a great

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1 deal of equipment, which, again to go back to my
2 previous point --
3 Q. Okay, but we will have evidence later this morning or
4 this afternoon from Mr Davidson, described as the police
5 medic, and from Bethany Crook, an off-duty nurse, and
6 they were involved in more than basic airway control.
7 Bethany Crook had concern over clearing the airway and
8 we're going to have evidence about the application of
9 a tourniquet. So police officers spotted something
10 which may not have been apparent to you when you did
11 your quick triage assessment that she was in need of a
12 tourniquet. Those are the sorts of applications and
13 care that can be provided by a paramedic in this sort of
14 situation better than passers-by, even if, luckily,
15 those passers-by had some medical history. Would you
16 agree with that?

17 A. My recollection is that her airway was clear at the time
18 I assessed her and also that she did not have
19 a catastrophic haemorrhage. Her primary injury, as far
20 as I recall, was one to her head and not one that would
21 be benefited by a tourniquet.

22 SIR JOHN SAUNDERS: I will take a lot of convincing that it
23 wouldn't have been really good, if it could have been
24 achieved, to have more paramedics up there with you
25 helping. I doubt even you would disagree with that.

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1 A. No, I wouldn't disagree.

2 SIR JOHN SAUNDERS: It's just a matter of were they
3 available and where was the best position for them.

4 That's not meaning to cut across your question,
5 Mr Weatherby.

6 MR WEATHERBY: No, I take that on board and it is very
7 helpful and I'll move on. I've almost finished.

8 With respect to the efforts you made, and it's quite
9 clear that you did make efforts to get the officers to
10 evacuate Georgina more quickly, but from the point that
11 you were called over by Sergeant Hare there was a very
12 long period of time before she was moved and you went
13 back a number of times to Georgina. Can you help us,
14 apart from talking to the individual officers, the doers
15 as I've characterised them earlier, what other efforts
16 you made to make sure she was prioritised by anybody
17 that was involved in evacuation?

18 A. All I can recall is that I reiterated at each stage to
19 those who were moving patients and those who were in the
20 vicinity of her that she should be the highest priority.

21 Q. You used a phrase earlier that you wanted the casualties
22 moved "in the correct order". That was your phrase?

23 A. Yes.

24 Q. And that's what you referenced back to not only Georgina
25 being P1 but being the P1 who was the most urgent to be

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1 evacuated.

2 A. Yes.

3 Q. So in terms of the correct order, if your exhortations
4 to move her quickly from 23.06 had, for whatever reason,
5 I'm not being critical of the officers, but just not
6 been taken up, was there more you could have done, gone
7 to an officer in command, Inspector Smith, for example,
8 and said, "Look, I've got a P1 who really needs to be
9 moved next, there are officers preoccupied with other
10 things, make it happen, please"?

11 A. Potentially I could have done, yes.

12 Q. Or perhaps stood there and politely but firmly got the
13 officers simply to do it there and then?

14 A. Which I think is in the end what did happen, but
15 I accept that that was a significant delay.

16 MR WEATHERBY: Thank you very much, Mr Ennis.

17 SIR JOHN SAUNDERS: Thank you, Mr Weatherby.

18 MS CARTWRIGHT: Can I ask if Mr Cooper has any questions to
19 ask those now, please?

20 MR COOPER: As you know, sir, we represent Georgina's mother
21 Lesley Callander. We have listened to the questions

22 asked of Mr Ennis already and have no further questions.

23 SIR JOHN SAUNDERS: I'm grateful, Mr Cooper.

24 Perhaps I should observe, for the benefit of
25 Georgina's mother, that there is a great deal of yellow

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1 in the court, which I gather may be of significance to
 2 her.
 3 MR COOPER: It's no coincidence.
 4 MS CARTWRIGHT: Finally, can I ask Ms Roberts if she has any
 5 questions, please?
 6 MS ROBERTS: I don't, thank you very much.
 7 SIR JOHN SAUNDERS: Thank you very much, Ms Roberts.
 8 Thank you, Mr Ennis, we'll be seeing you again,
 9 I think.
 10 MS CARTWRIGHT: Sir, could I ask, as Mr Ennis leaves the
 11 witness box, if you're content to remain on the bench
 12 while Lea Vaughan is brought to the witness box.
 13 Thank you.
 14 (The witness withdrew)
 15 MS LEA VAUGHAN (RECALLED)
 16 Questions from MS CARTWRIGHT
 17 MS CARTWRIGHT: Can I indicate that before you came into the
 18 hearing room, we've had a detailed summary of evidence
 19 read that details your interaction with Georgina?
 20 A. Fine.
 21 Q. So perhaps just to put in context that contact you had
 22 with Georgina at 23.17.55, it's right, isn't it, that
 23 you, together with your HART colleague Mr Hargreaves,
 24 entered the City Room at 23.15.10?
 25 A. That's correct, ma'am.

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1 Q. And we covered previously that on attending the
 2 City Room, you then spoke to your colleague Mr Ennis?
 3 A. Yes.
 4 Q. And I think you covered that the instruction that was
 5 given was for you and Mr Hargreaves to triage quickly
 6 and stabilise patients?
 7 A. That's correct.
 8 Q. We know also that you had taken the triage cards into
 9 the City Room.
 10 A. That's correct.
 11 Q. Then we know from what has been read that you, together
 12 with Mr Hargreaves, place a red P1 tag upon Georgina at
 13 23.18.17.
 14 A. Correct, ma'am.
 15 Q. So can I ask you, when you entered that room, had you
 16 seen a P1 card on Georgina indicating that she'd already
 17 been through the triage sieve, would Georgina be one of
 18 the patients that you would have approached?
 19 A. Probably, because we do have a tendency to re-triage and
 20 because she was a P1 patient and we were going to be
 21 triaging further P1 patients, we would like to put them
 22 into priority of which P1 patient would be extricated
 23 first.
 24 Q. Then as a follow-up question, if when you'd entered the
 25 City Room you'd seen a number of patients with P1s or

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1 P2s, but patients who had not yet undergone a triage
 2 sieve, which we know to be the case, and certainly for
 3 one of the deceased that we'll hear of from in due
 4 course, would you still have gone to an individual with
 5 a card on rather than someone that had not undergone the
 6 triage sieve?
 7 A. No, not at all, we would have headed for the area which
 8 hadn't been triaged.
 9 Q. Could I ask you then to detail your assessment of
 10 Georgina at the time you applied the P1 card to her,
 11 please?
 12 A. Very early on, I saw that Georgina had a very serious
 13 head injury. I can't recall having a handover from any
 14 person that was with Georgina. We were quickly doing
 15 a top-to-toe visual assessment, and as we're doing that,
 16 I'd be counting respirations and trying to identify any
 17 further injuries and checking for her Glasgow Coma Scale
 18 due to her having such a horrific head injury.
 19 Q. So then can I ask first of all about the head injury
 20 Georgina had. Bearing in mind the instruction was to
 21 triage and stabilise, was there anything that you
 22 considered should be done to the injury to Georgina's
 23 head to assist in her stabilisation?
 24 A. No, because of the nature of the injury, I don't recall
 25 that there was any catastrophic bleeding on Georgina.

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1 It's not something that we would cover up because, once
 2 you put a dressing on to an injury, our colleagues would
 3 then be very, very reluctant to remove that dressing due
 4 to maybe thinking that there was blood underneath and
 5 clotting had started, and once you release that bandage,
 6 you can then start the bleeding again. So we wouldn't
 7 necessarily cover up any injuries that were not actively
 8 bleeding.
 9 Q. Can I ask then about other injuries to Georgina.
 10 Because we know after you and Mr Hargreaves had
 11 undergone the triage process for Georgina that
 12 a tourniquet was applied to Georgina on her leg. So had
 13 you observed that injury to Georgina as part of your
 14 assessment?
 15 A. Not that I can recall. If I'd found — I put several
 16 tourniquets on various patients that night and I don't
 17 recall putting one on to Georgina. If she had required
 18 one, I would have then done so.
 19 Q. Can I ask you, I think it's fair to say that, in your
 20 description of Georgina in the witness statements you
 21 gave and most recently clarified, your recollection of
 22 the interaction with Georgina had inaccuracies because
 23 I think you thought she was sat up and you then told her
 24 to lie down, effectively. Would it be fair to say your
 25 recollection of your interaction with Georgina is not

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1 the most fulsome?
 2 A. No, it was -- the inaccuracy was that I thought it was
 3 a different patient that I was dealing with. I have
 4 never changed the fact that I assessed Georgina and she
 5 was trying to sit up, I suppose, on to her right or --
 6 right elbow, I recall. I've always continued to say
 7 that that's what I recall.
 8 Q. So your recollection was that you observed signs of
 9 consciousness in Georgina when you went to her?
 10 A. Yes, ma'am.
 11 Q. In your most recent statement, you have indicated that
 12 you did give consideration to Georgina about requesting
 13 a stretcher for her.
 14 A. That's correct, ma'am.
 15 Q. And you set out in the witness statement that part of
 16 what erred against you requesting it was it may have
 17 taken a minimum of 5 minutes for someone to get
 18 a stretcher.
 19 A. Yes, ma'am.
 20 Q. We in fact know that actually Georgina remained in the
 21 City Room after your encounter for far more than
 22 5 minutes.
 23 A. Yes.
 24 Q. So can we just understand a little bit more, in that
 25 circumstance, why identifying that Georgina could have

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1 been assisted by a stretcher, why a call wasn't made
 2 through your radio to request stretchers to be brought
 3 to the City Room?
 4 A. My way of thinking at the time was that improvised
 5 stretchers, fit or not for purpose, were being used and
 6 they were being utilised and they were utilised
 7 effectively. I know there were problems with it and
 8 ideally, yes, I would have wanted a stretcher up there,
 9 but these stretchers were being used, there was a system
 10 in place in order of extrication that I know that Paddy
 11 was undertaking. I was relaying my information to Chris
 12 and Chris was then relaying my information to Paddy.
 13 So because I was only spending the minimum time with
 14 each patient, I would not be aware of whether or not
 15 that patient behind me that had been triaged would be
 16 extricated -- had been extricated. I wouldn't be aware
 17 of the time because I was more focused on patient
 18 treatment than the logistics of extrication.
 19 Q. So you've indicated in answering that question that you
 20 understood that Mr Ennis had an order of extrication for
 21 the casualties. When was that communicated to you?
 22 A. It's something that we already would know because
 23 we were using Paddy as forward triage officer because we
 24 knew he had communications with the command structure
 25 downstairs and there was only Chris and I to treat the

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1 patients somewhat. I know Paddy was treating patients
 2 also. But as it was working, it was just the line of
 3 communication, really, and we knew that Paddy would be
 4 understanding the information if we were telling him,
 5 "This is the next priority 1 patient that needs to be
 6 moved quickly". The majority of patients were P1s in
 7 there, so we knew -- well, I knew that Chris and Paddy
 8 would have had their order of P1 patient extrication.
 9 Q. So can I be clear then, when you went to Georgina, had
 10 you been told anything by Mr Ennis about the extrication
 11 of Georgina?
 12 A. No, ma'am, not that I can recall. I cannot remember.
 13 Q. Did you have any knowledge as to whether Mr Ennis had
 14 already performed a triage sieve of Georgina?
 15 A. I had been aware that he had been in there for quite
 16 some time, so I would have assumed that he would have
 17 already had an extrication order in his head.
 18 Q. Just leaving aside the extrication order, was it in your
 19 mind as to whether Mr Ennis actually had performed
 20 a triage sieve on Georgina?
 21 A. No, I did not know who he had triaged or who he hadn't.
 22 Q. It's an obvious question, but had a P1 card been
 23 displayed upon Georgina, that would be the clearest
 24 possible evidence that she had undergone a triage sieve?
 25 A. Yes, that's fair to say.

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1 Q. You indicate that your recollection is there was
 2 movement in Georgina --
 3 A. Yes.
 4 Q. -- and the instruction to triage and stabilise. What
 5 consideration did you give as to securing Georgina's
 6 airway or administering oxygen to her?
 7 A. We didn't carry oxygen into the City Room as we were
 8 there with very limited equipment as per the protocol
 9 for that type of incident. Her airway was clear,
 10 I could see that she was breathing. From my
 11 recollection, her eyes were open and it wasn't fully --
 12 she wasn't fully sat up, but she moved on to her elbow
 13 as if she was going to push her elbow to try and sit up.
 14 Q. Can I just then seek clarification on the answer you
 15 gave about oxygen being available to you as a HART
 16 paramedic in what you took into the room. I understood
 17 that there was oxygen that was in the bags that you had
 18 with you; is that incorrect?
 19 A. That's incorrect.
 20 Q. So no oxygen?
 21 A. No oxygen.
 22 SIR JOHN SAUNDERS: I think the bag was simply the one
 23 that -- the medical police officer, he had one in his
 24 bag I think.
 25 MS CARTWRIGHT: I'm clear about that, but I also understood

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1 when we examined the mass oxygen delivery system that we
 2 heard some evidence about oxygen that was in HART packs.
 3 SIR JOHN SAUNDERS: Okay, thank you.
 4 MS CARTWRIGHT: I have no further questions for Ms Vaughan.
 5 Sir, do you have any questions?
 6 SIR JOHN SAUNDERS: Just this: this is with the benefit of
 7 hindsight, but this is what we're here for, partially at
 8 least. If you're going to organise not just triage P1,
 9 P2, P3, where people can decide what order people go by
 10 just looking at those numbers, but you are going to
 11 organise priorities among P1s, which is what
 12 I understand you to be saying --
 13 A. Mm--hm.
 14 SIR JOHN SAUNDERS: -- you, paramedics, are not going to be
 15 the people taking the injured out, so you're relying on
 16 police officers?
 17 A. Yes.
 18 SIR JOHN SAUNDERS: So somebody has to have a system whereby
 19 you have a list or something, where you're saying: this
 20 is the order, 1, 2, 3, 4, 5, here, Mr Senior Policeman,
 21 come around with me and organise your troops, please, to
 22 take them out in that order.
 23 A. That's correct, sir.
 24 SIR JOHN SAUNDERS: We don't understand that's what was
 25 going on though.

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1 A. No. I think if we had... If there had been an
 2 appointed forward triage officer, because Paddy was
 3 there in numerous roles --
 4 SIR JOHN SAUNDERS: Or a sector commander?
 5 A. Well, yes, or a sector commander, but he would also be
 6 leaving the room, he wouldn't be necessarily there stood
 7 back, or someone, yes. That was --
 8 SIR JOHN SAUNDERS: But you needed someone to organise --
 9 actually Paddy Ennis can just say, "That's the order",
 10 but someone actually has to do it.
 11 A. Yes, I agree with you, sir. It would have helped for
 12 the order of extrication and speed in which the
 13 priorities were removed from the City Room. But --
 14 SIR JOHN SAUNDERS: And really this is something that needs
 15 thinking about, isn't it, and training perhaps because
 16 there may be occasions when you have only a few
 17 paramedics and quite a number of police officers who are
 18 there?
 19 A. That's correct, sir. There is a role in HART and that's
 20 the role of the forward triage officer who would sit
 21 back and he would not touch a patient, he would be
 22 purely there for communication and for keeping the order
 23 of extrication.
 24 SIR JOHN SAUNDERS: But Paddy Ennis was doing that job as
 25 well as --

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1 A. He was doing multiple jobs --
 2 SIR JOHN SAUNDERS: -- doing all the triaging as well
 3 without triage cards as it turns out.
 4 A. He was doing a multitude of jobs, sir.
 5 SIR JOHN SAUNDERS: Okay, thank you.
 6 MS CARTWRIGHT: Could I turn to Mr Weatherby, please.
 7 Questions from MR WEATHERBY
 8 MR WEATHERBY: Two very quick points picking up on what the
 9 chair's just been asking you. I represent Mr Callander,
 10 Georgina's dad. Just two quick points.
 11 Did I understand your evidence correctly about
 12 Mr Ennis, that so far as you and Mr Hargreaves entering
 13 the City Room after 23.15, you treated him as being the
 14 triage manager or the command officer in the City Room
 15 so far as you were concerned?
 16 A. Yes, sir.
 17 Q. Because of course there was only the three of you.
 18 A. Yes.
 19 Q. Am I right that when you went to Georgina, there being
 20 no P1 card on her, you weren't aware of her having been
 21 triaged before?
 22 A. That's correct, sir.
 23 Q. There's a lot going on, so don't take this as a loaded
 24 question, but nobody had told you, Mr Ennis hadn't told
 25 you, that he had --

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1 A. Not that I can recall, sir.
 2 Q. No, indeed. So you did, presumably, a pretty quick
 3 assessment of Georgina and she was obviously a P1?
 4 A. Yes, sir.
 5 Q. Obviously very seriously injured. Your view at the time
 6 was that she probably wasn't going to survive; is that
 7 right?
 8 A. That was my view at the time, sir.
 9 Q. And nevertheless, she wasn't in the moment unsurvivable?
 10 A. Absolutely.
 11 Q. That's why she was a P1. So she in your mind was
 12 somebody who needed to be evacuated very rapidly?
 13 A. That was the best that we could do for her at that
 14 point, sir.
 15 Q. Indeed. Did you then communicate that to Mr Ennis?
 16 A. I communicated it to Chris Hargreaves, who would then
 17 communicate it to Mr Ennis.
 18 Q. Right. And your understanding was that at that point,
 19 Mr Ennis effectively had a list of --
 20 A. That's me assuming, sir.
 21 Q. I see. That's a presumption?
 22 A. Yes.
 23 Q. Because that's what you would expect with a triage
 24 manager in that situation?
 25 A. Yes, sir.

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1 Q. Okay, thank you very much.
 2 Just this, just again for clarification, in terms of
 3 your evidence about Georgina sitting up, am I right that
 4 you had mixed her up in your own mind with another
 5 casualty?
 6 A. That's correct, sir.
 7 Q. But your recollection now is that you saw some movement
 8 from Georgina?
 9 A. That's correct, sir.
 10 Q. Can I just ask you a little bit more about that?
 11 Because on the other evidence that the family have heard
 12 and will hear, so far as I'm aware, and I'll be
 13 corrected if I'm wrong on this, the last movement, apart
 14 from breathing, that was observed either on the footage
 15 or by a witness was at 23.03. So you're giving evidence
 16 about a time considerably after that.
 17 Bearing in mind your recollection here, are you sure
 18 you can remember Georgina rather than another casualty
 19 actually moving?
 20 A. Yes, from the position that I was in and from the CCTV
 21 and body-worn footage, it couldn't be a possibility that
 22 it was the other female that --
 23 Q. So your evidence is that you saw her with a deliberate
 24 body movement?
 25 A. That's correct.

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1 Q. Moving on to her side?
 2 A. On to her elbow.
 3 MR WEATHERBY: Thank you very much.
 4 MS CARTWRIGHT: I ask Mr Cooper if he has any questions.
 5 Questions from MR COOPER
 6 MR COOPER: I represent Lesley Callander, Georgina's mother.
 7 Just a few questions.
 8 Picking up on an issue the chair raised, which was
 9 something I was going to touch upon with you about the
 10 sort of order of P1s, we know that the card for whatever
 11 reason was not attached at the time. But again, as the
 12 chair has indicated, we are looking for lessons learned
 13 and looking forward as it were.
 14 Would there be any room, for instance, on such cards
 15 that record P1 of also putting on those cards the order,
 16 as it were, potentially -- I don't mean, you can't
 17 assess it because you don't know all the P1s, but at
 18 least put on it "critical" or "high priority", even on
 19 the P1 card?
 20 A. That would be very difficult to do because the
 21 priorities change. And as you're going around such an
 22 area and triaging so many patients, it will all change,
 23 that order of P1. It's difficult. This is a subject
 24 that we've brought up many times in HART, is there an
 25 indication, even the lights that you snap, glow sticks,

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1 if we were to place one of those by the next highest
 2 priority. This is all things that we have been
 3 discussing -- well, you know, discussed previously when
 4 I did still work for the Ambulance Service. I don't
 5 know whether there's still talks going on around that.
 6 SIR JOHN SAUNDERS: Are those discussions which arose out of
 7 this incident?
 8 A. Yes, from what I can recall, it was brought together in
 9 a HART debrief, I believe. I could be completely wrong,
 10 it could have just been a conversation I had with a few
 11 colleagues.
 12 SIR JOHN SAUNDERS: It could be -- you could say do an
 13 assessment score within P1?
 14 A. Yes. Because we've always thought with Fire Service,
 15 FRS coming in and a visual aid that they can see, that
 16 will direct them to the next highest priority of P1
 17 patients -- we thought that would be an idea to work
 18 with.
 19 SIR JOHN SAUNDERS: Okay. Thank you, Mr Cooper.
 20 MR COOPER: Because hypothetically, within the P1 category,
 21 and I'm talking hypothetically, there could be many
 22 people --
 23 A. Absolutely.
 24 Q. -- who are P1s but with various grades, if I can
 25 hopefully not too insensitively put it, of P1s in it?

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1 Would you agree that perhaps this is something that
 2 needs further attention at this stage so that people,
 3 for instance like tragically Georgina, who was on all
 4 accounts always going to be on the top grade of P1s, can
 5 be identified and brought out to people like yourself
 6 and others that are trying to do your jobs?
 7 A. Yes, I do believe that this has been talked about in the
 8 past and I'm unsure again where this conversation has
 9 gone with the powers that be... But there has been talk
 10 of having a further card in the cruciform cards which
 11 can indicate that this person is of the highest P1
 12 category, that sometimes pushes them into the next
 13 highest.
 14 SIR JOHN SAUNDERS: We'll find out from NAWAS just how far or
 15 the Ambulance Service generally if that has been taken
 16 any further or if it has just been decided to be
 17 impractical.
 18 MR COOPER: I have no further questions, thank you.
 19 MS CARTWRIGHT: Finally, can I turn to Ms Roberts to ask if
 20 she has any questions, please.
 21 MS ROBERTS: I don't, thank you very much.
 22 SIR JOHN SAUNDERS: Thank you very much for coming back.
 23 You're free to go, so please do.
 24 (The witness withdrew)
 25

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1 PS BEN DAVIDSON (affirmed)
 2 Questions from MS CARTWRIGHT
 3 MS CARTWRIGHT: Could you please tell the inquiry your full
 4 name?
 5 A. It's Ben Davidson.
 6 Q. It's right, isn't it, that you're a police constable
 7 with Greater Manchester Police?
 8 A. I'm a sergeant now; I was at the time.
 9 Q. It's right, isn't it, that in May 2017 you were also
 10 a PSU medic?
 11 A. That's correct, yes.
 12 Q. Could you explain what a PSU medic is, please?
 13 A. It's a Public Support Unit medic, so we get additional
 14 training to be a medic in a riot situation. So in
 15 a public order situation, there will be two medics on
 16 duty, who would be deployed, should somebody need
 17 medical assistance in a situation where it wouldn't be
 18 safe to deploy paramedics due to a hostile crowd or
 19 something like that.
 20 Q. What is your training as a PSU medic giving you in terms
 21 of what medical intervention you can provide?
 22 A. You get trained on major haemorrhaging, problems with
 23 airways, extracting casualties, basically major trauma
 24 where it would be immediately life threatening to leave
 25 someone in that situation or to wait for a paramedic to

1 get to them.
 2 Q. We're going to come on in a little moment to deal with
 3 a PSU trauma bag. Can I ask, first of all, is a trauma
 4 bag issued to you as your responsibility or something
 5 that you get given as you perform each shift?
 6 A. There's one trauma bag per division, so they're not
 7 personally issued. Obviously it is primarily in public
 8 order situations where our training is around. However,
 9 because you have the training and because you have
 10 access to the kit there's an expectation that, should
 11 you come across that in your normal duty, you would use
 12 that training. So as part of that, I would take out the
 13 bag into my vehicle as part of my tour of duty. But
 14 it's not personal issue: it's just at the station and
 15 would then be used by all the PSU medics based at that
 16 station.
 17 Q. Thank you. Can you give us a high-level summary of the
 18 contents of a PSU trauma bag, please?
 19 A. There's tourniquets, bandages, Celox gauze, which is use
 20 to control bleeding, there's nasal airways, there's
 21 i-gel, which is airways for insertion into the mouth.
 22 There's oxygen, there's re-breather masks. I think that
 23 basically summarises it.
 24 Q. Thank you. You became aware of the incident at the
 25 arena when you were at Wythenshawe Police Station at

1 22.40?
 2 A. That's correct, yes.
 3 Q. I think you describe in your witness statement that you
 4 collected the trauma bag --
 5 A. Yes.
 6 Q. -- and made your way to the arena. We know that you are
 7 captured then on the footbridge about to enter the
 8 City Room at 23.18.49, but then in the City Room at
 9 23.19.07.
 10 A. Yes.
 11 Q. So just briefly then dealing with that, had anyone, as
 12 you were making your way to the scene or at the arena
 13 itself, indicated anything that was to stop you going
 14 into the City Room?
 15 A. No. I was aware what the incident was, I spoke to my
 16 inspector on my division to get permission to
 17 self-deploy and he gave me permission, so I just headed
 18 there, but I wasn't directed by anybody or given any
 19 specific instructions.
 20 Q. We know before you came into the hearing room today that
 21 you, almost immediately on entering the City Room,
 22 provided assistance to Georgina because we have heard
 23 that at 23.19.32, Sergeant Anwyl called for you to
 24 assist him at 23.19.49.
 25 A. Yes, that's correct.

1 Q. Can you just deal with your interaction, please, with
 2 Georgina when you went to her?
 3 A. Yes. Obviously, from my statement, I recall Bethany
 4 being there, but I believe that's not the case.
 5 However, my first recollection is being told that we
 6 needed to secure the airway, which is why I made
 7 a decision to get a nasal airway, which I inserted into
 8 the right nostril. I then wanted to get oxygen because
 9 at the time, I believe Georgina was breathing, so part
 10 of the training is if somebody is at that point
 11 breathing unaided, to give them oxygen on a mask which
 12 would allow me to keep my hands free.
 13 That is where I struggled to find the adaptor to put
 14 the mask on, which is why I ended up doing
 15 a re-breather, which I placed over Georgina's mouth and
 16 applied pressure to obviously allow the air to go
 17 inside.
 18 Q. Thank you. Just dealing with that, I think you've
 19 described in your most recent witness statement about
 20 the process of trying to attach a tube to the tank and
 21 the mask, but they just wouldn't connect; is that
 22 correct?
 23 A. Yes. In the bag, they're split into different areas,
 24 different injuries. So there's a major haemorrhage one
 25 and an airways one. In the airways bag, there's

1 different masks for juveniles and for adults and for
 2 oxygen masks and for re-breathers. Because they're not
 3 personal issue, I didn't know specifically where it was,
 4 so obviously I was trying to find the one for the oxygen
 5 mask, but I couldn't, so that's why I then ended up
 6 going for the re-breather because I could find the
 7 adaptor for that.

8 SIR JOHN SAUNDERS: Is it because it wasn't there, there was
 9 something missing from the bag or because you just
 10 couldn't locate it?

11 A. I don't know the answer to that.

12 SIR JOHN SAUNDERS: Do you know whether anyone checked at
 13 a later stage?

14 A. I don't know the answer to that. I know that we have
 15 since implemented weekly checks on them, but at the time
 16 that wasn't the process.

17 SIR JOHN SAUNDERS: Perhaps if GMP could assist with that at
 18 some stage.

19 MS CARTWRIGHT: Certainly, sir, this officer has provided
 20 photographs of the trauma bag, if it would assist, as to
 21 how the bag is divided as to where the equipment sits.

22 By the time you placed the nasopharyngeal tube to
 23 assist Georgina, it is right, isn't it, that
 24 Bethany Crook was assisting Georgina at that time?

25 A. Yes.

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1 Q. And it's right, isn't it, that she was wanting the
 2 airway to be checked and making sure it was clear before
 3 that nasopharyngeal tube was placed?

4 A. Yes.

5 Q. So from your position, with your training as a medic,
 6 why in your judgement was it so important that that
 7 nasopharyngeal tube was placed and oxygen delivered to
 8 Georgina?

9 A. That's just -- obviously I can't say... I would do
 10 things probably different in hindsight. However, at the
 11 time, my overriding memory is the comment of, "We need
 12 to secure the airway". So for me, it was to place an
 13 airway in to prevent it closing up. I am aware that it
 14 does mention suction was requested. However, I don't
 15 recollect that. So I can't say why I didn't get suction
 16 out of the bag at the time. But that's why I did what
 17 I did, because I remember them saying, "We need to
 18 secure the airway".

19 Q. Just for completeness, there's equipment in the trauma
 20 bag that would assist with suctioning an airway?

21 A. Yes, again it's in the same part of the airway --
 22 it would be a clear plastic tube that would allow for
 23 suction, yes. But again, I don't recall looking for
 24 that.

25 Q. Can I ask, whilst you were assisting Georgina, was there

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1 any specific instruction or guidance given to you from
 2 any of the paramedic staff in the City Room?

3 A. No.

4 Q. I think you were one of the officers that assisted in
 5 carrying Georgina out of the City Room, so were you
 6 party to any discussion about how she was going to be
 7 carried out?

8 A. No. My recollection is as I was squeezing for the
 9 re-breather, other officers arrived with the signage.
 10 I remember Sergeant Anwyl saying that we needed to get
 11 her on to there, so other officers dealt with the moving
 12 of Georgina.

13 MS CARTWRIGHT: Thank you, Officer Davidson. Sir,
 14 do you have any questions?

15 SIR JOHN SAUNDERS: We know there's a PSU team who were
 16 actually there, is that right, Kam Hare's team?

17 A. I think they're the Tactical Aid Unit, sir.

18 SIR JOHN SAUNDERS: Do they have a medic on board or not?

19 A. I don't know.

20 SIR JOHN SAUNDERS: It's PSU who do as far as you know?

21 A. Say again? Sorry, sir.

22 SIR JOHN SAUNDERS: It's the PSU teams who have a medic on
 23 board?

24 A. Yes. It's an additional role, so they potentially would
 25 have an officer who was trained as a medic, but I don't

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1 believe they would be deployed as a medic, it would just
 2 be an additional course that those officers as part of
 3 the Tactical Aid Unit would have.

4 SIR JOHN SAUNDERS: It's my misunderstanding of the initials
 5 perhaps. Thank you.

6 Questions from MR WEATHERBY

7 MR WEATHERBY: Very briefly, I ask questions on behalf of
 8 Georgina's dad, Simon Callander. Can I start by, on his
 9 behalf, thanking you for the efforts that you made on
 10 the night to do everything you could for Georgina.

11 Very briefly, you arrived, as we have heard, and
 12 straightaway, as soon as you got into the City Room,
 13 Georgina was the first casualty that you went to?

14 A. No. There was somebody outside the arena that
 15 I initially saw and then, when I first went in, I went
 16 over to a casualty who was being seen by a paramedic.
 17 However, I didn't treat that individual because that's
 18 when Sergeant Anwyl called me over.

19 Q. And that's the point, that Sergeant Anwyl was with
 20 Georgina --

21 A. Yes.

22 Q. -- and needed assistance? Did he know you?

23 A. Yes.

24 Q. So he knew that you were a --

25 A. Yes.

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1 Q. -- better medically trained police officer, so he called
2 you over? And I think he was with PC Moore at the time.
3 A. I believe so, but I don't know PC Moore personally.
4 Q. So you went over and very quickly, within a few seconds,
5 really, about 30 seconds, you were then joined by
6 Bethany Crook, that you have mentioned?
7 A. Yes.
8 Q. And she was a member of the public, in fact she was an
9 off-duty nurse. Your inclination at that point was to
10 start by looking for bleeding and haemorrhaging, but
11 Ms Crook was more concerned and wanted to prioritise the
12 airway; is that right?
13 A. Yes.
14 Q. So you two, you and Ms Crook, concentrated on the
15 airway, and I think the other two officers,
16 Sergeant Anwyl and PC Moore, concentrated on other
17 injuries; is that right?
18 A. Yes.
19 Q. I think your evidence is that because you were so
20 focused on the airways with Ms Crook, you didn't notice
21 in fact what the other two officers were doing; is that
22 right?
23 A. Yes.
24 Q. I shan't ask you about that then. Just this about the
25 airway: there was concern by you and Ms Crook about the

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1 airway because Georgina was unconscious and she had no
2 movement apart from breathing; is that right?
3 A. Yes.
4 Q. She was unresponsive, but plainly still alive?
5 A. Yes.
6 Q. And you needed to ensure that the airway was clear so
7 that she could continue to breathe, even though she was
8 unconscious?
9 A. Yes.
10 Q. And that's why you used the tube?
11 A. Yes.
12 Q. And just this: there was a concern about, I think, fluid
13 in Georgina's mouth, and that's what the suction issue
14 was about. Do you recall that?
15 A. I don't recall that, but that would be --
16 Q. That would be logical?
17 A. Yes.
18 MR WEATHERBY: Thank you very much.
19 MS CARTWRIGHT: Can I ask if Mr Cooper has any questions.
20 Questions from MR COOPER
21 MR COOPER: Just a short matter, please, Sergeant Davidson.
22 I represent the mother of Georgina Callander,
23 Lesley Callander.
24 It's just touching upon the extraction of Georgina
25 from the City Room on a board. As the chair has already

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1 observed, which we entirely take to heart, we're not
2 going over old ground, it's just something you do say in
3 one of your statements at paragraph 24, the final
4 version. I'll just read it to you and ask you just
5 a few questions about it. You refer to a board being
6 found from somewhere, you say, which was used to carry
7 Georgina from the City Room, your paragraph 22. You say
8 that you continued to administer air to Georgina through
9 the re-breather mask and you see an image timed at
10 23.26.30.
11 You say this at your paragraph 24:
12 "I can see that I continued to deliver air to
13 Georgina as she is carried on to the footbridge."
14 Then this:
15 "I recall it was not easy for me to do this whilst
16 Georgina was being moved on a noticeboard. You can
17 imagine the difficulty in trying to manually operate the
18 bag, squeezing it whilst walking along with others who
19 were carrying Georgina on the noticeboard and also the
20 difficulty in negotiating steps."
21 My question is simply this: what extra difficulties
22 was the fact that Georgina was being carried on
23 a noticeboard -- being caused to you in the
24 administration of the work that you were very
25 commendably trying to do?

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1 A. Well, it was slanted, it was wider, there was the legs
2 of the board, which were obviously protruding out of it
3 and getting in everyone's way. It was heavier, so
4 people were getting tired as they were moving down,
5 which obviously means people are moving up and down,
6 trying to keep her steady.
7 SIR JOHN SAUNDERS: I think we can tell, not easy to do
8 in that circumstance, and would have been easier with
9 a stretcher if she could have been carried more evenly.
10 A. Yes. And with less officers.
11 SIR JOHN SAUNDERS: Yes, thank you.
12 MR COOPER: Thank you.
13 SIR JOHN SAUNDERS: Thank you, Mr Cooper.
14 I hope you don't mind me interrupting your answer,
15 but it seemed that's where we were going.
16 MS CARTWRIGHT: That concludes Mr Davidson's evidence.
17 SIR JOHN SAUNDERS: Thank you very much for all you did.
18 (The witness withdrew)
19 MS CARTWRIGHT: Sir, if you're content to continue without
20 a break, I would propose that we start the evidence of
21 Bethany Crook.
22 SIR JOHN SAUNDERS: Absolutely.
23 MS BETHANY CROOK (sworn)
24 Questions from MS CARTWRIGHT
25 MS CARTWRIGHT: Could you please tell the inquiry your full

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1 name.
 2 A. My name is Bethany Hope Crook.
 3 Q. Ms Cook, we have heard already detailed evidence about
 4 the assistance that you provided to Georgina over
 5 a 6-minute period, but before dealing with that, can we
 6 just deal with the context of who you are and how you
 7 came to be at the arena.
 8 A. Yes.
 9 Q. It's right, isn't it, that you attended the
 10 Ariana Grande concert that night with your 13-year-old
 11 daughter?
 12 A. I did, yes.
 13 Q. And you've been described already as an off-duty nurse.
 14 So please could you tell us about your medical positions
 15 that you have worked in, please?
 16 A. I started at John Moores University in 2006 to study to
 17 be a nurse and I qualified in February of 2009. During
 18 my student time, I had intensive care and A&E experience
 19 as a student and then, when I qualified, I worked as
 20 a nurse on the endocrine and general medicine unit,
 21 followed by working in the Liverpool heart and chest
 22 intensive care unit and POCU, which is post-operative
 23 critical care unit, specialising in cardiothoracics.
 24 From there, I went to Papworth Hospital, which is
 25 known for cardiothoracics. I was a transplant nurse.

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1 The role comprised of me having to do assessments of
 2 patients, liaise with families, support them, educate
 3 the patients.
 4 I ran GUCH clinics, which is grown-up congenital
 5 heart defects --
 6 SIR JOHN SAUNDERS: I think we've all heard of Papworth
 7 Hospital, the leaders in heart transplants, Dr Barnard.
 8 A. Yes. Part of my role was also, as well as assessments,
 9 taking care of patients pre and post-operatively.
 10 I also used to be on call and go out to actually do
 11 retrievals for heart and lungs for Papworth.
 12 And then after that, I took those skills into
 13 community nursing where I was able to dress a lot of
 14 wounds and treat patients who were palliative and just
 15 utilise all my skills in that area, really.
 16 I have also worked in treatment rooms, so sometimes
 17 you run clinics with that in the community and a little
 18 while as a practice nurse in a GP's surgery.
 19 SIR JOHN SAUNDERS: Thank you. It may be that we get
 20 a request from the people making a note of what you're
 21 saying to slow down just a fraction.
 22 A. I'm sorry.
 23 SIR JOHN SAUNDERS: Please don't apologise: just draw breath
 24 occasionally.
 25 MS CARTWRIGHT: You and your daughter, Hope, were still

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1 in the arena bowl when you heard the detonation?
 2 A. Mm-hm.
 3 Q. I think it's right, isn't it, that you then left
 4 together?
 5 A. Yes.
 6 Q. But on arriving on the concourse around the arena bowl,
 7 there were injured casualties?
 8 A. Yes.
 9 Q. And you tell us in your witness statement that in fact
 10 it was your 13-year-old daughter who said, "Mum, you're
 11 a nurse, help them"?
 12 A. Yes.
 13 Q. And you did?
 14 A. And I did. She's the reason that I was with the first
 15 people that I came to, because she pointed them out.
 16 Q. Having helped those casualties, you didn't then leave
 17 with your daughter?
 18 A. No.
 19 Q. But you asked if you could help anyone else?
 20 A. Yes.
 21 Q. It's right, isn't it, that you were taken to the
 22 City Room doors?
 23 A. Mm-hm.
 24 Q. And that you were told that you would be able to assist
 25 those within the room?

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1 A. Yes.
 2 Q. But that your 13-year-old daughter would not be able to
 3 enter?
 4 A. Yes. When I had finished dealing with the gentleman and
 5 the lady and had them both in a situation where I was
 6 happy for them to be on their own, I left my 13-year-old
 7 with staff and a manager proceeded to take me to where
 8 the rest of the injured were.
 9 Q. When you went through the doors of the concourse into
 10 the City Room, it's right, isn't it, that there were
 11 firearms officers there?
 12 A. Yes. At the doors, yes.
 13 Q. So did anyone say to you that you shouldn't go into the
 14 City Room?
 15 A. As we approached, as I was approaching with the,
 16 I believe, manager, the officers were like, "No, stop",
 17 but he was like, "She's a nurse", and they said, "Get
 18 her in there now", so I went in.
 19 Q. We know from the analysis of the CCTV that you entered
 20 the City Room at 22.52.42.
 21 Pausing there, just to understand what you had with
 22 you and how you were dressed. It's clear from the
 23 stills that you were wearing a very long summer dress.
 24 A. A bodycon.
 25 Q. A bodycon that went straight down to your ankles?

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1 A. Yes.
 2 Q. And you were also wearing wedged sandal shoes?
 3 A. Yes, very high.
 4 Q. So certainly you had no personal protective equipment?
 5 A. No.
 6 Q. You had no equipment with you?
 7 A. No. I didn't even have my jacket at that point and my
 8 bag I had given to my 13-year-old daughter, thankfully.
 9 Q. I think in a statement that you are anxious is read
 10 today, you described that you entered that room with
 11 your two hands --
 12 A. Yes.
 13 Q. -- and with the knowledge and skills that you had
 14 learned in the course of your duties as a nurse?
 15 A. That's correct.
 16 Q. We are not today going to be dealing with the assistance
 17 that you gave to the casualty Saffie-Rose; that will be
 18 dealt with on the next occasion when you come to give
 19 evidence.
 20 A. Yes.
 21 Q. But it is right, isn't it, that you were taken to
 22 Saffie-Rose on entering the City Room and provided
 23 assistance to her until she was placed in the back of an
 24 ambulance?
 25 A. That's correct.

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1 Q. And that you re-entered the City Room, having assisted
 2 Saffie-Rose at 23.08.53?
 3 A. Yes.
 4 Q. Again, just to put in context this next phase of when
 5 you're in the City Room, it's right, isn't it, that when
 6 Saffie was placed in the back of the ambulance you again
 7 asked the officer, PC McLaughlin at that point, where
 8 else you could be of use?
 9 A. That's correct.
 10 Q. And went back into the City Room?
 11 A. I did. He directed me, I believe, to a detective --
 12 plain-clothed detectives and they escorted me back
 13 inside.
 14 Q. So at that point when you re-entered, where did you
 15 think your 13-year-old daughter was?
 16 A. I thought she was somewhere down by where we had been.
 17 I thought she was still with staff. I didn't know she
 18 was anywhere else at that point because I'd left her
 19 with staff members, so I thought she was okay.
 20 Q. On re-entering the City Room after having assisted
 21 Saffie-Rose, we can see that before you go to Georgina,
 22 again you assisted other casualties in the City Room,
 23 and I think Claire Booth touched upon some assistance
 24 you provided to her.
 25 Could I ask you now then to deal with your

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1 assistance to Georgina when you went to her at 23.20.38,
 2 please.
 3 A. Sorry, can you repeat that?
 4 Q. At 23.20.38, you walked over to help Georgina?
 5 A. Yes.
 6 Q. So when you approached Georgina, what did you see?
 7 A. As I was walking towards, there was quite a lot of
 8 people around her already, I saw what I believed to be
 9 police officers. It was very dark in the room and
 10 dusty, but a lot of people were in black so I presumed
 11 they were police officers. I walked over and I just
 12 thought -- I just offered assistance because I didn't
 13 know whether they needed help. They said yes, so I did.
 14 Q. So what did you observe about what assistance Georgina
 15 needed at that time?
 16 A. I wanted to -- my biggest concern for Georgina really at
 17 that point was her breathing. I wanted to ensure that
 18 she didn't have any kind of life-threatening injuries in
 19 regards to if a tourniquet or things like that needed to
 20 be applied that could be done in that moment. But my
 21 main priority was making sure that her airway was clear
 22 and her head was secure.
 23 Q. So just to be clear, was Georgina unconscious at that
 24 time?
 25 A. She wasn't -- she was breathing but she wasn't conscious

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1 or talking.
 2 Q. So you have mentioned there tourniquets. Did you
 3 observe anything on Georgina that indicated she needed
 4 a tourniquet applied?
 5 A. I think it was her right leg -- a tourniquet was applied
 6 and I believe that during the time that I was assisting
 7 with Georgina's breathing, I helped direct a police
 8 officer to apply the tourniquet, using a belt to her
 9 leg.
 10 Q. With the knowledge you had as a nurse and seeing that
 11 Georgina was unconscious, why did you want to help
 12 Georgina with her breathing?
 13 A. One of the first things that you are taught, even as
 14 a first aider, and especially as a nurse, is your
 15 airway, breathing and circulation. So one of the most
 16 natural things for me to do is check the ABCs. I could
 17 see that there was potential reasons that Georgina's
 18 airway may have been slightly covered or blocked, and
 19 I wanted to ensure that we could get as much oxygen to
 20 her as possible in that time.
 21 She hadn't stopped breathing, but I was aware of her
 22 breaths and I was aware of her pulse and I wanted to
 23 ensure that we were giving her the best opportunity with
 24 the equipment that we kind of had at that time. So yes,
 25 the most important thing is your ABC, so for me I could

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1 see there were potential problems for her if we didn't
 2 secure her airway at that time.
 3 Q. You indicated in answering that question that you were
 4 mindful of her breaths and her pulse. Can you tell us
 5 about what you noted about those things, please?
 6 A. She was breathing, it was inconsistent at times, but she
 7 was breathing and she did have a pulse, but it was
 8 something in that moment I knew that we needed to keep
 9 a real close eye on because she was obviously very
 10 poorly.
 11 Q. We've already had read the summary that you were asking
 12 about suction and you were saying about not being able
 13 to intubate.
 14 A. Yes.
 15 Q. First of all, can you intubate?
 16 A. In life-threatening emergency situations, I would, but
 17 I would always -- I've worked in intensive care and A&E
 18 and stuff, but it would always be preferable for an
 19 anaesthetist or a doctor to be doing that. But yes, if
 20 I needed to, I would have been able to at that time,
 21 I believe.
 22 Q. We can see that you're asking for suction and again, to
 23 be clear, why were you asking for suction?
 24 A. In securing airways, you need to be sure that they're
 25 clear of anything that could potentially cause

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1 a blockage. The last thing you want to do is cause more
 2 of a blockage and cause the breathing to deteriorate
 3 quicker because you're busy putting a tube in or
 4 whatever equipment you have to put in to secure that
 5 airway. You could potentially force blockages down
 6 further.
 7 I was aware at the time, on my initial seeing
 8 Georgina, that there was a potential blockage there and
 9 I wasn't comfortable placing a breathing apparatus down
 10 her throat or in her nose because I felt that if we did
 11 that, potentially we would be -- we could cause more
 12 breathing issues then. So it would just be normal for
 13 us to suction the area if we could, if I could have had
 14 suction or something to have cleared the airway a little
 15 bit better. For example, if you have patients with
 16 false dentures or anything like that, you would remove
 17 them before you continue with any other medical
 18 treatment. So it was just my training taught me to
 19 clear the airway, preferably.
 20 Q. So you were requesting suction but there was nothing
 21 provided to you that could have assisted with suction?
 22 A. There was nothing there at that time.
 23 Q. And I think in terms then of placing a nasopharyngeal
 24 tube, that was not performed by you but by the officer
 25 with you --

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1 A. Yes.
 2 Q. -- Mr Davidson?
 3 A. Yes.
 4 Q. Sorry, Police Sergeant, now, Davidson.
 5 So can you assist us, once the tube was placed,
 6 about what was being done to deliver oxygen to Georgina?
 7 A. Yes. I wanted to ensure that she obviously had
 8 a clear -- as much of a clear airway as possible, so
 9 I was securing her neck and her head, and then
 10 (indicating) --
 11 Q. Pausing there, so you indicated with your hand securing
 12 her neck. What are you showing us there when you did
 13 that?
 14 A. If I was to secure someone's airway -- I was at the top
 15 of her head and in order to be able to do the
 16 head--chin--tilt--lift, you would get the sides of their
 17 face and you would tilt back just so you could open the
 18 airway a bit better.
 19 Q. Is that to try and maximise then the oxygen that the
 20 patient would receive?
 21 A. Yes. It's to try and get as much security as possible.
 22 It's the same when -- so with Georgina, I asked for --
 23 the first time I'd actually seen any form of medical
 24 equipment, so I asked for a bag and mask, which is
 25 a breathing apparatus that you can use to give extra

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1 oxygen. So although she was breathing at the time,
 2 I knew she needed assistance to maybe take some deeper
 3 breaths and I wanted to do that with the bag -- I asked
 4 for the bag and mask to be able to do that. But you
 5 have to watch the chest when you're doing the bag and
 6 mask because if you haven't got a good seal, the air
 7 will escape out rather than going in. And you also just
 8 have to be careful at the rate that you put the oxygen
 9 into the body as well.
 10 Q. Thank you. So do you recall that there was an attempt
 11 to connect the bag and mask to an oxygen cylinder, but
 12 that was unsuccessful?
 13 A. I have some recollection, but not complete, sorry.
 14 Q. I think you did have some input, because we've already
 15 had it read, about using the manual bag and mask --
 16 A. Yes.
 17 Q. -- as to the direction you gave to Police Constable
 18 at the time Davidson. We have already heard reference
 19 to -- what was the phrase? I do apologise, "Not to
 20 squeeze the oxygen bag too tightly." So what did you
 21 see that caused you to say that?
 22 A. In any situation like that, you are running off
 23 adrenaline and sometimes in that moment, despite all the
 24 training that you have and experience that you have, you
 25 cannot realise how quickly you're squeezing a bag. And

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1 unfortunately, there were times where I felt that the
 2 bag was — the breathing needed to be slowed down
 3 because I didn't want to make the patient hypoxic: they
 4 needed time to be able to breathe out. As much as we
 5 put in, they also need to breathe out and I didn't want
 6 to increase those levels. So I was just trying to
 7 ensure a rhythm, so people, when they learn how to do
 8 CPR who aren't necessarily medically trained, they would
 9 get certain songs that maybe they teach you to keep you
 10 in rhythm. I just wanted to help at that point and
 11 assist with that breathing technique, so in order to
 12 steady the rate at which the bag was being compressed,
 13 I think I used the words, "1, 2, 3", you know, to get
 14 a smoother pattern because in the moment it's quite easy
 15 to just keep squeezing and you either go too fast or not
 16 fast enough.

17 Q. Whilst you were with Georgina, there came a time when
 18 Patrick Ennis briefly came, an NWAS paramedic. Do you
 19 recall any interaction with Patrick Ennis coming to
 20 Georgina at 23.21.26?

21 A. I think that at that point I was asking about whether
 22 there were ambulances outside, sorry.

23 Q. Can I ask you, why was it important to you to know
 24 whether ambulances were outside for Georgina?

25 A. Despite Georgina's medical state at that time, there are

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1 some times when you have to weigh up risks and,
 2 unfortunately, my experience prior to attending Georgina
 3 was that there was nobody available, there were no
 4 ambulances, there was no one there to help. And moving
 5 Georgina needed to be in her best interests and if there
 6 had been an ambulance there, then yes, most definitely.
 7 The risk to get her out would have outweighed the risk
 8 of staying. But I didn't want her moved unless there
 9 was — there was no reason... If you take her
 10 downstairs, if you took her outside and there was no
 11 further medical equipment, we could have caused so many
 12 more problems and we didn't know and I didn't want that.
 13 I wanted to make sure that I didn't have to face and she
 14 didn't have to face no help.

15 SIR JOHN SAUNDERS: I think we well understand the balancing
 16 that you were doing.

17 MS CARTWRIGHT: In terms of what you were told in the
 18 City Room when you were helping Georgina, was it
 19 confirmed that there were ambulances there at the arena?

20 A. At that time they said there would be ambulances there,
 21 so it was okay.

22 Q. We're not going to be dealing with it today, but in
 23 answering the question about ambulances for a time not
 24 being available, are you referencing your experience
 25 when you assisted in carrying Saffie—Rose out and there

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1 was no ambulance on Trinity Way?

2 A. Yes, there wasn't anything.

3 SIR JOHN SAUNDERS: I'm afraid we'll be coming back to that
 4 at a later time, as you know.

5 A. I know. That's okay.

6 MS CARTWRIGHT: So when you were told that there were
 7 ambulances there that Georgina could be taken to, did
 8 you have any input around how she was then going to be
 9 taken out of the City Room and what was available to
 10 take her out?

11 A. Honestly, at that point, I thought it was just going to
 12 be railings or poster cardboard, everything that we'd
 13 been using. There wasn't... I can't express to you
 14 when I say there just wasn't anything really available
 15 to us. What you want to do with protocol and what is
 16 stated should happen — unless you're in that situation,
 17 you don't know, and there wasn't anything. At that
 18 point, we literally had our bare hands, and that was it.
 19 Our bare hands and skill. And we did — I think
 20 everyone who was in that room did the best that they
 21 could do in that time and we just wanted to make sure
 22 that they were as safe as possible and they were as
 23 cared for as much as we could do in that moment and just
 24 prayed that you made the right decision.

25 Q. And I think when you read your statement, at the

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1 conclusion of your evidence, very shortly, that you are
 2 particularly anxious that those that you assisted know
 3 that you provided every possible assistance and comfort
 4 to those you went to.

5 A. I just want Georgina's family to know — and anybody
 6 else who I helped that day — I'm very sorry for what
 7 happened to her, but despite the cause of their death
 8 and despite how that may have happened, everybody that
 9 was with them tried their hardest to make sure they were
 10 safe and secure and protected and loved in that moment.
 11 They weren't alone.

12 Q. Can I then summarise what happened after you'd given
 13 that 6 minutes of assistance to Georgina? Georgina was
 14 taken out of the City Room, but you continued to assist
 15 in the City Room until 23.26.14.

16 A. That's correct.

17 Q. I do apologise, it's 23.42.56 when you left the
 18 City Room and are captured walking along the concourse.
 19 It's right, isn't it, Ms Crook, that again you
 20 didn't leave at that point?

21 A. No.

22 Q. You went then and provided assistance into the early
 23 hours of the morning in the casualty clearing station?

24 A. Yes, that's correct. I went down into the train station
 25 and assisted as many — where I could and then again

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1 outside.
 2 Q. Again, the inquiry has heard some evidence of just one
 3 of those casualties that you helped down in the casualty
 4 clearly station, Bradley Hurley, but we're not going to
 5 deal with the very many that you helped down in the
 6 casualty clearing station and I mean no disrespect to
 7 you by not detailing the assistance.
 8 A. That's absolutely fine.
 9 Q. But would it be fair to say you detail in your witness
 10 statement that you stayed in the casualty clearing
 11 station until the patients had gone?
 12 A. That's correct.
 13 Q. And still at that point, your next thought was turning
 14 to clearing up the station concourse?
 15 A. Yes. I don't think I'll forget how they responded to
 16 that. I suppose it's the nurse in me.
 17 SIR JOHN SAUNDERS: You might have thought of your
 18 13-year-old at that stage rather than clearing up maybe!
 19 A. Yes, at that point I had already found out where my
 20 13-year-old was.
 21 SIR JOHN SAUNDERS: I was only trying to lighten the mood.
 22 A. No, I know. But to make reference to that, if I may,
 23 whilst I was dealing and helping the Hurleys and
 24 treating Bradley, a police officer named Jason came up
 25 and said is there anything they could do to assist me,

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1 and at that time I said, "If you need me to carry on,
 2 I need you to tell me where my daughter is", because
 3 I needed to be able to focus, but I was also a mother of
 4 a 13-year-old girl in a city she didn't know. And at
 5 that point, Jason went to find out for me and he
 6 couldn't, but we soon realised that Hope had my bag,
 7 which meant she had my phone, and so graciously and
 8 selflessly in that moment did Bradley's mum, Jo, who had
 9 just lost her daughter as well, give me her phone so
 10 I could ring mine and make sure that my child was okay,
 11 and in that moment then I was able to carry on.
 12 MS CARTWRIGHT: Knowing then where your own daughter was,
 13 when you'd completed and been told you couldn't tidy up
 14 because in fact it was a crime scene, you went to where
 15 she was at the hotel?
 16 A. I did.
 17 Q. And I think you identified that your own daughter had
 18 been providing assistance herself, like her mother,
 19 at the hotel?
 20 A. Yes, obviously when all the casualties had been taken to
 21 hospital and those outside, the walking wounded had been
 22 dealt with as well, I went back in and said, "How do we
 23 start cleaning up?" And they said, "Beth, it's a crime
 24 scene, we don't". It just didn't dawn on me really
 25 until that moment, and then I was finally taken by Jason

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1 to the Travelodge and reunited with Hope.
 2 Emily, one of the managers -- and I just have to say
 3 the Travelodge staff were so fantastic that night, so
 4 I thank them. They told me that my daughter had not
 5 only been answering the phone to family telling them
 6 that I was still inside, but she had actually been
 7 assisting adults and people having panic attacks. She
 8 said she just remembered what I'd taught her. So my
 9 13-year-old, I'm so proud of her, in that moment was
 10 able to help other people.
 11 Q. Just finally to conclude the assistance then that
 12 continued by you in that Travelodge, you also provided
 13 assistance, and we don't need to name her, to a mother
 14 who we know subsequently had found out that her daughter
 15 had died?
 16 A. That's correct. I was in the same hotel as her and
 17 I did have contact with her and communication.
 18 Q. And I think you also experienced reporters at the hotel
 19 seeking to get information from you?
 20 A. Yes, unfortunately. The staff tried their hardest to
 21 protect us, but there were staff that came in, reporters
 22 that came in looking like staff and would approach you,
 23 thinking that they were offering you a cup of tea or
 24 coffee, and they would ask you if you were okay, and you
 25 would say, "No, thank you", or "Yes", and then it was

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1 microphone and "Channel this, duh duh duh News", and
 2 they had to put the hotel into lockdown because they'd
 3 been told several times not to come back in. In fact,
 4 one reporter -- the staff actually knew her name because
 5 they'd seen her that much. There was no compassion
 6 there.
 7 Q. Can I ask, finally, I know you have been anxious to
 8 conclude your evidence with me, to please then read your
 9 recent statement of 6 September, please.
 10 A. "My whole life I have strived to be in a place where no
 11 one person around me, including myself, felt alone.
 12 I chose a career that wasn't ever just a job, but an
 13 extension of my character and a role I believed would
 14 allow me to implement this daily. However, on the night
 15 of 22 May 2017, after attending the Ariana Grande
 16 concert with my then 13-year-old daughter, this couldn't
 17 have been further from the truth.
 18 "Never had I felt so helpless, lost or alone. All
 19 I had before me were my two bare hands, no equipment,
 20 some skills, my faith and hope that somewhere there were
 21 people trying to get to us to help. But this wasn't the
 22 case. No one was coming and what may have been seconds
 23 to you all felt like minutes for me, what were minutes
 24 felt like hours, and what were hours felt like an
 25 eternity, alone with people and children's lives

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1 literally in my bare hands.
 2 "To those injured and those who have lost, I see you
 3 all and I will never forget you. Please hold on to what
 4 I say: that despite the most horrific of situations and
 5 their surroundings, those who could be were surrounded
 6 with love and as much safety and care as possible by
 7 those with them. They were not alone.
 8 "To the NAWAS team who stood beside me when I felt
 9 the most helpless and lost I've ever felt, you were,
 10 with no one else, my heroes that night and you will
 11 forever be my boys.
 12 "Entering the train station after being in such dark
 13 and terrifying surroundings in the City Room and seeing
 14 you all, a familiar safety, allowed me for the first
 15 time that night to breathe. I felt like I had been
 16 holding my breath until then.
 17 "For the first time in what felt like hours,
 18 I wasn't alone. Your presence helped hold me up and
 19 continue without you even knowing when my knees were
 20 ready to buckle. I thank you for all your hard work
 21 that night. You truly did an amazing job when allowed
 22 in the most horrific of nightmares, and I'm so sorry you
 23 all had to face that.
 24 "To the press, I ask you to look at me. I am
 25 a person, a mother, I am someone's daughter and sister,

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1 a nurse and a woman. Yet to you, I am faceless, a story
 2 to line your pockets. I would ask if you even realise
 3 the damage, sometimes life-changing, that your lies and
 4 twisted truths cause each individual affected. We are
 5 more than a front page, we are human beings who lost
 6 more than you could ever comprehend in a lifetime that
 7 night. Haven't we been through enough? Yet you would
 8 subject us to more pain, hurt and trauma for what?
 9 A few pennies. I have no words that do justice for what
 10 I feel inside or the damage you have personally caused
 11 me and my family directly and indirectly. The blatant
 12 untruths told about that night and your disregard for
 13 those impacted are inexcusable. I struggle to
 14 understand how you can take people's terror and grief,
 15 especially that of a child, and make it a money machine.
 16 I only pray you all never have to experience anything
 17 like this within your own families."
 18 Thank you.
 19 MS CARTWRIGHT: There have been requests for time for
 20 questions, so could I ask Mr Weatherby as to how long he
 21 thinks he might be.
 22 SIR JOHN SAUNDERS: Let's stop for a moment. I don't know
 23 whether there are going to be questions or not.
 24 Mr Weatherby, do you have questions? Don't let me stop
 25 you, please.

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1 MR WEATHERBY: Five minutes, but I wonder whether we might
 2 have a short break.
 3 SIR JOHN SAUNDERS: I'm going to ask the witness, it's going
 4 to be her choice entirely. Mr Cooper?
 5 MR COOPER: I don't think I have any questions apart from
 6 a few words of reassurance, perhaps, on behalf of those
 7 I represent.
 8 SIR JOHN SAUNDERS: That's very kind, thank you.
 9 MS CARTWRIGHT: It's been confirmed that there are no
 10 questions from NAWAS or GMP so it will simply be
 11 Mr Weatherby's perhaps after a short break --
 12 SIR JOHN SAUNDERS: Would you like a break before we do
 13 that?
 14 A. Please.
 15 SIR JOHN SAUNDERS: Are you happy with a 5-minute break?
 16 A. Five minutes is fine, thanks.
 17 SIR JOHN SAUNDERS: And then it will be over, rather than
 18 you having to come back in an hour.
 19 (1.19 pm)
 20 (A short break)
 21 (1.27 pm)
 22 MS CARTWRIGHT: Thank you, sir. Could I please ask
 23 Mr Weatherby of Queen's Counsel to ask his questions.
 24 Questions from MR WEATHERBY
 25 MR WEATHERBY: Good afternoon, Ms Crook. I'm sorry to have

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1 had to ask you to come back for a few minutes, and it's
 2 only for a couple of questions. I'm going to ask
 3 questions on behalf of Georgina's dad, who sits next to
 4 me, but I'm sure I speak for the whole family in giving
 5 you their thanks for the efforts that you made to help
 6 Georgina on the night. I hope those words are heard.
 7 There are just two very short points, really, I just
 8 want to confirm we've understood your evidence about.
 9 You were asked about the time shortly after you had gone
 10 to help Georgina when Mr Ennis, the NAWAS paramedic
 11 in the room, came over and spoke to officers nearby.
 12 Do you actually remember that?
 13 A. I believe, if my memory serves me, he was this side of
 14 me at the back (indicating), so yes.
 15 Q. By that point, just to orientate us, we're approaching
 16 50 minutes from when the bomb had detonated, so a long
 17 time. You had been assisting various casualties, as we
 18 know. Were you concerned by that point at the lack of
 19 paramedics in the City Room?
 20 A. My honest opinion is, in that moment, I really didn't
 21 understand where people were. I tried to just hone in
 22 and focus on the person that I was with at that time,
 23 but also offer some assistance. I really ... As
 24 a professional, I want to say that I know that they
 25 wanted to get in as soon as they could, but there are

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1 policies and procedures —

2 SIR JOHN SAUNDERS: Sorry. We've obviously had a lot of

3 evidence about this from people from NWAS.

4 A. Sorry.

5 SIR JOHN SAUNDERS: Please don't apologise, but that's why

6 I am stopping you.

7 MR WEATHERBY: The problem is with the question not your

8 answer, so it's my fault.

9 In the moment, was it a surprise to you that there

10 wasn't more help in the room at that point?

11 A. Yes, but I understand why.

12 Q. Yes, sure. At that point, obviously with somebody in

13 Georgina's position, you were looking for more expert

14 help and for evacuation as quickly as possible?

15 A. I was, but I wanted it to be safe because obviously at

16 that point there had been no equipment available, so the

17 fact that she had equipment there and we were able to...

18 But the risk of moving her had to outweigh — and if

19 there was paramedics available and ambulances available,

20 then yes.

21 Q. Absolutely.

22 A. But we needed to just keep her as stable as possible.

23 Q. Indeed, and of course you were there with your training

24 and of course PC, now sergeant, Davidson was there

25 assisting you —

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1 A. Yes.

2 Q. — and you both had some medical training. But it was

3 a matter of urgency, wasn't it, that a casualty in

4 Georgina's position was evacuated and given as much —

5 A. It was a matter of urgency for most people in that —

6 with all ... There were a lot of people in that place

7 and, unfortunately, we weren't able to get them out as

8 quick as we would have liked to.

9 Q. No criticism at all of you.

10 Just one other point, just to clarify the chronology

11 that you've been through, and I'll go through it very

12 quickly. You have described that, having helped others,

13 you came to Georgina at about 23.20. It was very dark

14 in the room, that's what you told us earlier, and there

15 were a number of officers around her. Yes?

16 A. Yes.

17 Q. In fact, I think there were three officers. There was

18 Mr Davidson and then there were two other officers,

19 a woman officer, PC Moore, and Sergeant Anwyl; is that

20 right?

21 A. Yes, there was a female officer, yes.

22 Q. Given that Georgina was unconscious and unresponsive,

23 and she remained unconscious and unresponsive through

24 the whole of the 6 minutes you were with her, didn't

25 she?

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1 A. Yes, I don't recall her responding at any point.

2 Q. But she was breathing and you've given us your evidence

3 about her pulse?

4 A. Yes.

5 Q. And given those facts, that she was unconscious and

6 unresponsive, all of your training was about protecting

7 her airways and ensuring that her breathing would

8 continue, so that's why you concentrated on her

9 breathing and her airways; is that right?

10 A. That's correct, but also there were other people there,

11 obviously, assisting and they were able to help with any

12 bleeding and stuff with the belt and tourniquet.

13 Q. Absolutely.

14 A. My skills allow me to help with airways and I have

15 knowledge on that, so that's where my focus was.

16 Q. Absolutely. That's where I was coming to and I'll come

17 to the bleeding in a moment, but your skill and your

18 training in, I suppose, your day-to-day nursing is much

19 more to do with airways than it is with —

20 A. The majority of my career has been cardiothoracic based,

21 yes, which is heart and lungs, so yes.

22 Q. So just for the chronology, and obviously we've looked

23 at the sequence of events chart, as you have, you were

24 working on the airways with Mr Davidson, and the other

25 two officers who were with you were effectively looking

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1 for other injuries and dealing with those?

2 A. Yes.

3 Q. Is it right that they started to work, PC Moore in

4 particular, started to tourniquet and then you gave them

5 advice about how to do it?

6 A. Yes, that's correct, while I was still doing the airway.

7 MR WEATHERBY: That's all I want to ask you, thank you very

8 much.

9 MS CARTWRIGHT: That would conclude this portion of —

10 I apologise, Mr Cooper.

11 Questions from MR COOPER

12 MR COOPER: Thank you. Very briefly, I represent

13 Lesley Callander, the mum of Georgina.

14 I would just like to take the opportunity on her

15 behalf to thank you for the work that you did on that

16 night. And just in case I don't have the opportunity on

17 a later occasion, I know you dealt with a number of

18 other people who I represent with other families and

19 I am certainly instructed to say on their behalf

20 thank you again for what you did that night.

21 MS CARTWRIGHT: Thank you. That would then conclude this

22 portion of Beth Crook's evidence.

23 SIR JOHN SAUNDERS: I think we could all do with an hour's

24 lunch break now. Thank you for coming to give your

25 evidence, we'll be seeing you again, so I won't say much

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1 at this stage, except to say that I'm sure we have all
 2 found your evidence extremely emotional, but also
 3 inspiring , so thank you.
 4 (1.35 pm)
 5 (The lunch adjournment)
 6 (2.35 pm)
 7 MR DANIEL SMITH (recalled)
 8 Questions from MS CARTWRIGHT
 9 MS CARTWRIGHT: Sir, you'll recall Consultant Paramedic
 10 Daniel Smith has given evidence before.
 11 Mr Smith, can I indicate, before you have attended
 12 the hearing room today to give evidence, there is
 13 a summary that's been read, detailing the timings and
 14 interactions that happened in the casualty clearing
 15 station and in particular your interaction with Georgina
 16 and those carrying Georgina at 23.29.02 when you asked
 17 those officers to put Georgina down as they were taking
 18 her through the casualty clearing station and placed her
 19 down just outside Station Approach.
 20 A. That's correct.
 21 Q. So can I ask you, first of all , had you had any
 22 communication from the City Room about the number of P1
 23 patients and who were the priority P1 patients that
 24 would be making their way down to you?
 25 A. Not in detail , but I certainly was aware of rough

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1 estimated numbers within the City Room. But certainly
 2 not in detail in terms of who was coming down and in
 3 what order. That wasn't part of the process. Obviously
 4 the City Room would arrange for the movement down and we
 5 accepted then into the casualty clearing station and
 6 they were managed accordingly in there.
 7 Q. Can I ask then, was there any communication at any point
 8 from the City Room that there were some patients that,
 9 once they came down, would need to go straight and be
 10 dispatched to hospital rather than having some form of
 11 intervention in the casualty clearing station itself ?
 12 A. Not that I can recall and I don't think I would expect
 13 that communication. I would expect those decisions to
 14 be made quite quickly within the casualty clearing
 15 station if they needed to be made.
 16 Q. We know that Georgina arrived in the casualty clearing
 17 station at 23.28, and at 23.40.49 she was placed in an
 18 ambulance. So she was some 12 minutes down before she
 19 was placed in an ambulance. It's clear, isn't it, that
 20 when she arrived, it was clear to you that she needed
 21 immediate intervention?
 22 A. Yes, that's correct.
 23 Q. And you directed Paramedic Williams to go and assist
 24 her?
 25 A. Yes.

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1 Q. Can I ask then, you set out in your witness statement
 2 that you provided about Georgina's attendance and you
 3 say this:
 4 "Under normal circumstances in a major incident
 5 we would not continue resuscitating a patient who had
 6 stopped breathing. I really telling Adam that if there
 7 were no signs of life then resuscitation should be
 8 stopped. Adam found the patient to have pulse and
 9 therefore stopped the chest compressions and requested
 10 that we move the patient to hospital."
 11 Do you recall that conversation with Mr Williams?
 12 A. Yes. I think those really -- that's a joining together
 13 of two conversations. I think when I first directed
 14 Paramedic Williams to look after Georgina then, I asked
 15 him to check her to see what the situation was. And at
 16 that point I indicated, obviously, we need to check for
 17 signs of life . I was very clear that Georgina was in
 18 a critical condition so we needed to recheck what her
 19 condition was in the casualty clearing station . At some
 20 point he or somebody else has come back to me and given
 21 advice about there was a pulse and they wished to
 22 continue with treatment. So I think it's two
 23 conversations together, but obviously in very quick
 24 succession, and that's when the conversation has ensued
 25 about moving Georgina. Because we weren't quite at that

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1 phase yet, so moving Georgina -- they requested to move
 2 to hospital and I took the decision that that was
 3 acceptable.
 4 Q. So can I go a little further with the answer you just
 5 gave about, "We weren't yet in that phase". But there
 6 were, at that time when Georgina was brought down to the
 7 casualty clearing station , ambulances there waiting at
 8 that point?
 9 A. There were ambulances. I don't think anyone was
 10 waiting. There were ambulances but those crews were
 11 being deployed to patients within the casualty clearing
 12 station. So if you imagine the first 10 ambulances that
 13 arrive , which I think was the group that dealt with
 14 Georgina, obviously all the personnel on those vehicles
 15 were required to start caring for people within the
 16 casualty clearing station , so we wouldn't usually --
 17 first 10 to arrive , crews pick up 10 patients and move
 18 away, because we're left with a void then of clinicians
 19 at the casualty clearing station .
 20 We need to manage resources but I was -- so
 21 we weren't in the phase of -- you are almost getting to
 22 a situation , and obviously we did later on in the
 23 evening, into a situation where you are ready then to
 24 really start transporting in quick succession away from
 25 the scene. We weren't at that phase but it was quite

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1 clear that Georgina was critically injured and needed
 2 that transport away and so that was the request.
 3 Q. In answer to both questions you have just referred to
 4 "we weren't yet at that phase". In your witness
 5 statement you set out:
 6 "We were not yet in the transportation phase of the
 7 incident. However, given her serious condition, and
 8 being satisfied that I had enough clinicians on scene to
 9 manage the scene, I took the decision to permit the
 10 transportation of the patient to hospital."
 11 A. Yes.
 12 Q. So can I ask, in terms of how the policy is intended to
 13 operate, there should have been an ability to have
 14 crewed ambulances ready to dispatch patients who needed
 15 immediate extrication and transportation to hospital
 16 without a pause in the casualty clearing station,
 17 shouldn't there?
 18 SIR JOHN SAUNDERS: Okay, I think we've been round this
 19 house quite a long time. It's certainly something we
 20 need to discuss in detail, but we have heard about the
 21 ambulances coming or the paramedics coming off to help
 22 at the station and then you actually have to wait for
 23 more ambulances to come in most cases to then start
 24 moving them. Now, whether that's the best thing or not
 25 is a matter for me to decide but that appears to be

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1 what was happening.
 2 MS CARTWRIGHT: I appreciate that was practically the effect
 3 but in terms of what is in the policy, there should be
 4 an ability for a patient to be immediately, if needed,
 5 dispatched to hospital.
 6 A. I'm not sure where you're referring to in the policy,
 7 but obviously we follow, as you've heard numerous times
 8 I think during my evidence, the CSCATTT model and
 9 obviously triage, treatment and transportation comes
 10 towards the end of that. The model of response at that
 11 moment where Georgina was down was we were still in
 12 a phase of really establishing the casualty clearing
 13 station and making sure that everybody had adequate care
 14 within that zone.
 15 When she arrived where she arrived, it was --
 16 we were not in a position where we were going to be
 17 transporting any numbers to hospital at that moment, but
 18 quite clearly she needed to be.
 19 I guess... I guess how I would explain it is it was
 20 very reasonable for Paramedic Williams to ask the
 21 question: can we move Georgina to hospital? I had some
 22 choices to make and I made the choice that it was
 23 reasonable and it was the correct thing to do for her at
 24 that moment, to move Georgina to hospital.
 25 Had 10/15/20 patients been in that position then the

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1 decision may have been different because I would have
 2 needed those clinicians to be caring for numerous others
 3 in the casualty clearing whilst we moved more vehicles
 4 in. So it was very specific to the request made about
 5 Georgina and that's why the decision that was taken was
 6 taken.
 7 Q. So would you describe then the transportation of
 8 Georgina at 23.40 as sitting outside of the
 9 transportation phase that night?
 10 A. I think it was a... When I describe it is as sitting
 11 outside, what I would say is that we weren't at the
 12 position where we were routinely transporting patients
 13 to hospital. Georgina, if you like, was transported
 14 earlier because of the condition that she was in and
 15 because of the request made by the paramedic looking
 16 after her to move her to hospital quickly. That was
 17 based on her condition. That was the right thing as far
 18 as I was concerned. I wouldn't have been able to say
 19 yes to 10, 15 or 20 of those requests because actually
 20 we would not have had the vehicles available at that
 21 point to move that many patients. But given her
 22 critical status, it was the right thing to do.
 23 MS CARTWRIGHT: Thank you. Sir, do you have any other
 24 questions?
 25 SIR JOHN SAUNDERS: No.

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1 MR WEATHERBY: No questions.
 2 MS ROBERTS: No questions.
 3 MS CARTWRIGHT: Finally, could I ask Ms Roberts if she has
 4 any questions.
 5 MS ROBERTS: I don't, thank you very much.
 6 MS CARTWRIGHT: Thank you.
 7 SIR JOHN SAUNDERS: Thank you, Mr Smith. Let me make it
 8 entirely clear that the question of getting ambulances
 9 there to move people quickly is absolutely something we
 10 need to consider with great care and what can be done.
 11 So I don't want anyone to think that we're not
 12 interested in whether they're moved quickly or not.
 13 I say that through you, but to everybody. You're free
 14 to go. Thank you.
 15 MS CARTWRIGHT: Thank you, Mr Smith. Whilst Mr Smith leaves
 16 the witness box, could I ask then for Lucy Favill to be
 17 brought to the witness box.
 18 (The witness withdrew)
 19 MS LUCY FAVILL (affirmed)
 20 Questions from MS CARTWRIGHT
 21 MS CARTWRIGHT: Please can you confirm your full name?
 22 A. Lucy Favill.
 23 Q. Thank you. I think it's right, isn't it, that on
 24 22 May 2017, you were an emergency medical technician
 25 working for NWAS?

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1 A. Correct.
 2 Q. You were crewed with Paramedic Williams?
 3 A. Correct.
 4 Q. And you had been qualified since November 2016 and had
 5 had 6 months' experience at that time?
 6 A. Correct.
 7 Q. We've already had a lot of evidence read about your
 8 interactions and the assistance you provided to Georgina
 9 when she was down in the casualty clearing station. Can
 10 I then just focus please on that time when you went to
 11 her and ask you a number of questions.
 12 You detailed that you and Paramedic Williams
 13 assisted in providing chest compressions to her.
 14 A. Correct.
 15 Q. And I think you also go on to describe attempts to
 16 intubate Georgina.
 17 A. I am a technician, so that would be out of my remit.
 18 However, I do not remember anybody trying to intubate.
 19 Q. Sorry, but you were seeking to get intravenous access?
 20 A. Yes, that would have been Adam again. As I am a
 21 technician, that is out of my scope of practice.
 22 Q. Then I will leave that one for him as well.
 23 SIR JOHN SAUNDERS: Can everybody hear all right?
 24 Thank you.
 25 MS CARTWRIGHT: Could you perhaps give your evidence as to

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1 how you found Georgina at the time you provided
 2 assistance to her?
 3 A. Georgina came down to us on what seemed to be a poster,
 4 a large poster, that seemed to have been ripped off the
 5 wall. She was brought down to us by a team of people,
 6 I don't remember faces, and she was placed on the floor
 7 and we were given her status. From then, we commenced
 8 her medical treatment.
 9 Q. I think, would it be fair to say, that you, under the
 10 instruction and with the assistance of
 11 Paramedic Williams, did everything that you could for
 12 Georgina once she was down in the casualty clearing
 13 station?
 14 A. Absolutely.
 15 Q. During the time when you were with Georgina, it's right,
 16 isn't it, that when chest compressions were performed,
 17 she was able to start breathing again?
 18 A. Yes. We had a ROSC.
 19 Q. Can you just explain, is that a return of spontaneous
 20 circulation?
 21 A. Yes.
 22 Q. I'm not going to ask you about the consideration of the
 23 defibrillator because it seems that I could ask that
 24 question of Mr Williams when he comes in a moment about
 25 the consideration of using that.

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1 Then I think also that you tell us that
 2 Adam Williams was trying to cannulate Georgina to be
 3 able to administer a drug called TXA.
 4 A. Again, as a technician, the understanding of the drug is
 5 out of my scope of practice, so I will not be able to
 6 comment on that, I'm afraid.
 7 Q. I think you are able to assist us that when Georgina was
 8 down in the casualty clearing station, she was bleeding?
 9 A. Yes.
 10 Q. And you considered she was in hypovolaemic shock?
 11 A. I assumed so, yes.
 12 Q. So perhaps I'll deal with the other questions with
 13 Paramedic Williams.
 14 Sir, do you have any questions for Lucy Favill?
 15 SIR JOHN SAUNDERS: No, thank you.
 16 MR WEATHERBY: I am here representing Georgina's dad, who
 17 I think you have met. He would like to convey his
 18 thanks to you for all you did to try to assist Georgina
 19 on the night. I'm sure the whole of the family would
 20 concur with those views.
 21 MS CARTWRIGHT: Can I ask if Mr Cooper has any questions.
 22 MR COOPER: We have no questions but repeat, of course, what
 23 Mr Weatherby has just said.
 24 MS CARTWRIGHT: Can I ask Ms Roberts if she has any
 25 questions for Ms Favill?

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1 MS ROBERTS: I don't, thank you very much.
 2 SIR JOHN SAUNDERS: Thank you very much for coming. You're
 3 now free to go. Thank you.
 4 (The witness withdrew)
 5 MS CARTWRIGHT: Whilst Ms Favill leaves the witness box,
 6 could Paramedic Williams please be brought to the
 7 witness box?
 8 MR ADAM WILLIAMS (affirmed)
 9 Questions from MS CARTWRIGHT
 10 MS CARTWRIGHT: Could you please give your full name?
 11 A. Mr Adam Williams.
 12 Q. It's right, isn't it, Mr Williams, that in May of 2017
 13 you were a qualified paramedic?
 14 A. Correct.
 15 Q. You were crewed with EMT Lucy Favill?
 16 A. Yes.
 17 Q. And you had been qualified as a paramedic since June of
 18 2016?
 19 A. Yes.
 20 Q. In addition to your witness statement, you have provided
 21 the notes that you made nearer the time?
 22 A. Yes.
 23 Q. And just very briefly, before dealing with the
 24 assistance you provided to Georgina when she was down
 25 in the casualty clearing station, can I just ask you one

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1 question about the notes, please? You describe having
 2 had a brief discussion with a Silver on scene, so can
 3 I just be clear as to who, when you are referring to
 4 a Silver on scene, you are referencing in the notes that
 5 you made?
 6 A. That was Consultant Paramedic Dan Smith.
 7 Q. Thank you. We've heard that when Georgina was brought
 8 down to the casualty clearing station, you were directed
 9 straightaway by Dan Smith to Georgina?
 10 A. Yes.
 11 Q. I think we've already heard from what's been summarised
 12 before you gave evidence today that Georgina was in
 13 cardiac arrest at the time.
 14 A. At that point, yes.
 15 Q. So were you able, from what you saw, to assess what had
 16 caused her to go into cardiac arrest?
 17 A. From a brief survey of her, she appeared to have
 18 multiple injuries. I assumed she had been close to the
 19 explosion in the City Room. I could see she had some
 20 shrapnel wounds to her lower legs, more specifically on
 21 the right leg, and it was clear that she had sustained
 22 some kind of head injury. However, I wasn't able to
 23 assess that in detail at that point. But assessment
 24 revealed that she was not breathing — her airway had
 25 already been secured by somebody in the City Room and

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1 that I deemed her at that point to be in a state of
 2 cardiac arrest.
 3 Q. Thank you. It's right, isn't it, that you went on to
 4 perform chest compressions?
 5 A. Yes, I instructed Lucy to commence chest compressions at
 6 a ratio of 30:2, whilst I was also providing breaths
 7 with a bag valve mask during — sorry.
 8 Q. Thank you. You tell us — in the witness statement you
 9 go on to comment about hypovolaemia, but when you saw
 10 Georgina down in the casualty clearing station she was
 11 bleeding, wasn't she?
 12 A. Yes. There was still some active bleeding from the head
 13 wound, but not what I would categorise as a catastrophic
 14 haemorrhage at that point.
 15 Q. So we'll come on in a moment to deal with the
 16 defibrillator, but before we get to that, can you just
 17 then confirm about what you wanted to do to treat the
 18 bleeding that Georgina had?
 19 A. The ideal — in an ideal situation, I would have been
 20 able to gain IV access to deliver a drug called TXA, or
 21 tranexamic acid, which acts to prevent the breakdown of
 22 blood clots, in essence to attempt to stem any bleeding
 23 internally.
 24 Q. Was it in your thought process that when someone's had
 25 severe blood loss and is hypovolaemic that that in

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1 itself can trigger and bring on a cardiac arrest?
 2 A. Yes.
 3 Q. And it's right, isn't it, that you were unable to
 4 cannulate and get IV access to Georgina?
 5 A. Unfortunately, yes.
 6 Q. What can be the particular difficulty at that time for
 7 Georgina as to why you were unable to get IV access?
 8 A. Due to — I hypothesise that due to the blood loss, her
 9 circulating volume was low and therefore any circulating
 10 volume would have been diverted to her core, basically
 11 to keep her heart going, which is the body's sort of
 12 natural response to any blood loss, so extremities would
 13 be shut down, therefore making it very difficult for me
 14 to find a suitable vein in order to gain IV access.
 15 Q. So in a situation where a patient is bleeding, in an
 16 ideal world, it's obviously — the sooner TXA can be
 17 given to a patient who needs it, the better?
 18 A. Yes.
 19 Q. And similarly the sooner in a patient who's lost blood
 20 to get IV access and put the fluids back in, the better?
 21 A. Yes.
 22 Q. Could you just assist us in explaining, first of all,
 23 what pulseless electrical activity is, which is the
 24 state that you had told us in the statements — the
 25 state Georgina's heart was in?

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1 A. Yes. On attaching the defibrillation pads to Georgina,
 2 when we checked the monitor, it did appear to show that
 3 she had an electrical rhythm that was possible of
 4 generating a pulse. However, on checking, she did not
 5 have a pulse. That is why it is termed pulseless
 6 electrical activity. So there's still electrical
 7 activity happening in the heart but it's not actually
 8 affecting the pulse.
 9 Q. So what do you then do when you have a patient that is
 10 in a PEA state? What's the response then, the next
 11 phase for you as a paramedic?
 12 A. So the response would be — as we were already doing
 13 what we term basic life support, which is the basic
 14 airway that she already had inserted, chest
 15 compressions, breathing via bag valve mask, and then
 16 eventually moving on, if possible, to advanced life
 17 support, which would be advanced airways, IV access, and
 18 delivery of drugs that you would give in a cardiac
 19 arrest scenario, such as adrenaline or, in this case,
 20 TXA as that was, in my thinking, the most likely cause
 21 of the cardiac arrest.
 22 Q. Thank you. Then can I ask you, in your experience — so
 23 we have heard some evidence as to whether it's
 24 appropriate or not to use a defibrillator and to
 25 administer shocks to someone who's in a PEA. Can you

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1 help us as to what would have caused you to go on to
 2 deliver any shocks?
 3 A. The only circumstances in which I as a paramedic would
 4 deliver a shock is in two particular heart rhythms: one
 5 being ventricular fibrillation and one being pulseless
 6 ventricular tachycardia, with the aim being to, in
 7 simplistic terms, stun the heart, basically to shock it,
 8 hopefully to return it to a normal rhythm and being able
 9 to beat on its own.
 10 Q. Thank you. We know that your chest compressions did
 11 cause Georgina's heart to start again and she started to
 12 breathe?
 13 A. Yes.
 14 Q. We've already heard from Dan Smith that it was really
 15 you that were championing for Georgina to be taken as
 16 soon as possible to hospital.
 17 A. Yes.
 18 Q. Can you just describe then why it was so important to
 19 you to get Georgina moving away from Victoria Station?
 20 A. At that point there was nothing more we could do for her
 21 on scene -- or nothing particularly I could do for her
 22 as the paramedic who was with her. In my thinking, she
 23 needed to be a place of definitive care, which was
 24 a major trauma centre, which -- fortunately
 25 Manchester Royal is less than 2 miles away, so we'd

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1 given her -- in my judgement we'd given her all the
 2 treatment we possibly could at that point. She now
 3 needed the interventions of doctors and/or possibly
 4 surgeons, which couldn't happen at the arena.
 5 So the best possible course of treatment for
 6 Georgina was to get her out of that situation and get
 7 her to hospital.
 8 Q. From being there and obviously providing assistance to
 9 Georgina, how long do you think it was from saying,
 10 "I want to get her to hospital", to finally then, we
 11 know, her going at 23.40? How quick was it to be able
 12 to get her in an ambulance?
 13 A. From what I remember of the night, it happened quite
 14 quickly once I asked for it. Once I'd asked for it, my
 15 attention then turned back to Georgina to continually
 16 monitor her. We were still, either myself or Lucy, we
 17 were still assisting in her respirations. So I just had
 18 to be satisfied that I'd asked something to be done, I'd
 19 been told it was going to be done, so my attention then
 20 turned back to Georgina whilst we -- whilst her
 21 transport was sought.
 22 Q. Thank you. I think it's right, isn't it, that you then
 23 continued, once Georgina was in the ambulance, to --
 24 assisting her to get to hospital?
 25 A. Yes. I was instructed to travel with the crew that were

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1 brought up, I imagine for continuity of care. As I had
 2 been with her from the start, I knew her full situation,
 3 so I would be the first person to deliver a handover to
 4 the clinicians at hospital.
 5 Q. Can I then just ask, as you have done with explaining
 6 PEA and other such terms, just to perhaps clarify the
 7 readings that were identified on the journey to
 8 hospital.
 9 Georgina's blood pressure was unrecordable and she
 10 did not have a palpable radial pulse. Could you just
 11 explain that to us, please, in layman's terms?
 12 A. So a palpable pulse is the pulse that you would -- a
 13 radial pulse is the pulse you feel at the wrist.
 14 A general rule of thumb is that if you cannot feel
 15 a radial pulse, the systolic blood pressure of the
 16 patient is generally under 90 and therefore quite low.
 17 Therefore Lifepaks do struggle sometimes to find blood
 18 pressures in hypovolaemic patients or patients who are
 19 sort of hypotensive, with very low blood pressure, the
 20 machines do struggle occasionally, particularly in
 21 moving vehicles as well.
 22 Q. We read this morning that Georgina's pulse oximetry, as
 23 she made her way to hospital, was at 78%. Again,
 24 could you just explain what that means?
 25 A. 78% would mean that she was hypoxic. A normal adult, a

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1 healthy adult without any kind of breathing conditions,
 2 we would hope for at least 96% to 100%. So therefore
 3 she wasn't -- from that, she wasn't getting enough
 4 oxygen, hence why we were continuing to assist her
 5 respirations with a bag valve mask and 100% O2.
 6 Q. We've been given details that her heart rate was at 65.
 7 What, if anything, did that indicate?
 8 A. A heart rate of 65 would be classed as possibly a normal
 9 heart rate. However, due to Georgina's injuries,
 10 I would, as a clinician, expect it to be higher as the
 11 body compensates for a blood loss. That is when
 12 I suspected that she had re-arrested when her pulse rate
 13 continued to drop.
 14 Q. Thank you. Again, we've been provided details that her
 15 respiratory rate was six to eight breaths per minute.
 16 Could you explain the significance of that, please?
 17 A. Again, that is a low respiratory rate. I would -- the
 18 average respiratory rate for an adult would be 12 to 16
 19 a minute. So in my view, it wasn't -- her own breathing
 20 wasn't adequate to oxygenate her body, hence why we were
 21 continuing to assist with her respirations.
 22 Q. And then can you please describe as well what a Glasgow
 23 Coma Scale of 3 means?
 24 A. A Glasgow Coma Scale of 3 is the lowest possible alert
 25 state you can have, the highest being 15, which would be

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1 myself or yourself. Somebody with a GCS of 3 has scored
 2 1 on every single category, so eyes, speech and motor
 3 response, meaning there was no response on any of the
 4 three categories.
 5 Q. Thank you. We've already read in detail this morning
 6 that when you were within a minute and a half to
 7 a minute away from the hospital, Georgina rearrested?
 8 A. Yes, unfortunately.
 9 MS CARTWRIGHT: Could you wait there, Mr Williams? Sir,
 10 do you have any questions?
 11 SIR JOHN SAUNDERS: No, thank you.
 12 MS CARTWRIGHT: Mr Weatherby?
 13 MR WEATHERBY: Can I just say thank you very much on behalf
 14 of Georgina's dad and, no doubt, the whole of the
 15 family. Thank you for your help.
 16 Questions from MR COOPER
 17 MR COOPER: Just a few questions.
 18 I ask questions on behalf of Georgina's mother,
 19 Lesley. Did you ever become aware that she was a P1?
 20 A. I don't think I was verbally told. I don't recall being
 21 verbally told, but with her critical injuries,
 22 I certainly would designate her a P1, so I assumed that
 23 she had been.
 24 Q. I understand that, but as far as you were concerned,
 25 this is no criticism of your work at all, but as far as

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1 you're concerned throughout all the time that you were
 2 dealing with her, you'd had no formal notification that
 3 anyone had designated her as P1?
 4 A. Not to my knowledge.
 5 Q. And indeed, on the cards that are normally attached to
 6 people, there are sections, aren't there, on the P1 card
 7 for other details like medication and blood pressure?
 8 A. Yes.
 9 Q. So those cards already provide, even as we speak now,
 10 for further details to be put on them, not just P1?
 11 A. Yes.
 12 Q. Throughout the time that you were dealing with Georgina
 13 and indeed in the ambulance, her mother was with her
 14 throughout, wasn't she?
 15 A. Correct.
 16 Q. I want to ask you just a couple more questions, if
 17 I can, and again for those that are following this
 18 in the documentation, it's your statement, INQ00553/4
 19 (sic) and it's the top of page 4.
 20 SIR JOHN SAUNDERS: I think it might have a 1 on the end.
 21 MR COOPER: You're absolutely right. It's the top of
 22 {INQ005531/4}, 4 of 9. This is what you say:
 23 "I recall a brief exchange with the
 24 Silver commander, who was Dan Smith, and he said, 'If
 25 she's not viable ...' I understood this to mean that if

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1 a resus attempt was futile on a patient who had injuries
 2 that were not compatible with life, then I should
 3 consider terminating resuscitation in line with the mass
 4 casualty protocols."
 5 And it's this I'm asking about:
 6 "But it was obviously my call."
 7 So there's a discretion, is there, as far as you're
 8 concerned in those situations?
 9 A. I can't speak for every situation, but in that
 10 situation, my understanding was that Georgina had only
 11 just gone into cardiac arrest --
 12 Q. Yes.
 13 A. -- so it had been witnessed, so that is why I chose to
 14 continue with attempts to resuscitate. Had I been part
 15 of a forward triage team and found her to be in cardiac
 16 arrest, protocols would state that resus would not be
 17 viable and I would be expected to move on to other
 18 patients.
 19 Q. Indeed, but in the situation, for instance, of her
 20 breathing and that sort of thing, it'd be your call in
 21 those situations, say, if breathing had stopped or
 22 something like that?
 23 A. I'm not quite --
 24 Q. Say an individual had stopped breathing or had been seen
 25 to stop breathing, momentarily even, and you had been

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1 told to activate the protocol, it would still be your
 2 call in those situations as to whether you did or
 3 whether you didn't?
 4 A. I would think so.
 5 Q. And it's the call of the person who's working on the
 6 individual, I presume, like you or whoever else might
 7 be?
 8 A. At that point it was, yes.
 9 Q. Whether that person, I don't know, this is my last
 10 question, is an ambulance person or, say, a police
 11 officer?
 12 A. In those situations, I imagine it might depend on if
 13 another person who was more highly qualified arrived.
 14 MR COOPER: All right, I'll leave it there.
 15 MS CARTWRIGHT: Can I ask if Ms Roberts has any questions,
 16 please.
 17 MS ROBERTS: I don't, thank you very much.
 18 SIR JOHN SAUNDERS: Thank you, Ms Roberts.
 19 Thank you very much for coming. Thank you for what
 20 you did on the night.
 21 A. Thank you.
 22 (The witness withdrew)
 23 MS CARTWRIGHT: As Mr Williams leaves the witness box, could
 24 John Buchanan please be called.
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1 MR JOHN BUCHANAN (affirmed)
 2 Questions from MS CARTWRIGHT.
 3 MS CARTWRIGHT: Could you please tell the inquiry your full
 4 name?
 5 A. John Buchanan.
 6 Q. It's right, isn't it, Mr Buchanan, that you were working
 7 as a paramedic on 22 May 2017?
 8 A. Yes.
 9 Q. You had been employed by NWS since 2004, first as an
 10 emergency technician, but qualified as a paramedic in
 11 2011?
 12 A. Yes.
 13 Q. You were crewed with Sian Edmunds, an EMT, that night?
 14 A. Yes.
 15 Q. On ambulance A347?
 16 A. Yes.
 17 Q. And you had attended the arena to assist with the
 18 response of NWS?
 19 A. Yes.
 20 Q. We've already, before you came into the witness box,
 21 heard evidence as to the assistance provided by you and
 22 the other paramedics and EMTs at the scene, so my
 23 questioning of you is necessarily focused.
 24 But it's right, isn't it, that you, together with
 25 Paramedic Williams, were, on the journey to hospital,

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1 assisting Georgina in the back of the ambulance?
 2 A. Yes, that's correct.
 3 Q. And the ambulance was being driven by the EMT you were
 4 crewed with, Sian?
 5 A. That's correct, yes.
 6 Q. So can I ask then first of all, to have two paramedics
 7 in the back of the ambulance, why was it that two of you
 8 travelled with Georgina to hospital?
 9 A. Well, considering the injuries that the lady had
 10 sustained, it would be advisable to have two pairs of
 11 there, two pairs of experienced hands, to help in case
 12 anything went wrong en route.
 13 Q. It seems that when you were on the journey to hospital
 14 in the back of the ambulance, you were very much
 15 focusing on the head injury and dressing Georgina's head
 16 injury.
 17 A. Yes. Once we got the young lady on board the ambulance,
 18 I attempted to dress the back of the head injury, yes.
 19 Q. Again, it may be seen as a silly question, but why was
 20 it important that Georgina's head was dressed at that
 21 time?
 22 A. To prevent any extra bleeding—out, to try and stem the
 23 bleeding at the back of the head.
 24 Q. So in terms of — was there a specific sort of bandage
 25 then that was being applied to her head to try and

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1 reduce or stop the bleeding—out?
 2 A. Not specifically, no. It was just general dressing that
 3 we use on the ambulance.
 4 Q. Now, I think it's described in the witness statement
 5 that you were putting on the bandage on the head whilst
 6 Adam held on to Georgina's head to maintain neutral
 7 alignment.
 8 A. Yes.
 9 Q. Can you just explain, again in layman's terms, what that
 10 means?
 11 A. Because of the injuries that the lady sustained, she
 12 sustained a lot of trauma to the back of her head and a
 13 lot of energy has been impacted there. My colleague,
 14 Adam, was holding the lady's head in neutral alignment
 15 in order to keep the head as still as possible while
 16 also maintaining a good airway.
 17 Q. It's right, isn't it, that in the back of the ambulance
 18 you also tried to cannulate Georgina's left arm?
 19 A. Yes.
 20 Q. But you also were not able to get a line entered, and
 21 I think it's been described that you have described that
 22 her body was shutting down?
 23 A. Yes.
 24 Q. Then can I ask you, it's described that you heard
 25 en route to hospital agonal breathing from Georgina.

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1 A. Yes, that's correct.
 2 Q. Can you just explain what that is and what that
 3 indicates, please?
 4 A. The lady had suffered such traumatic injuries that her
 5 body was shutting down and it was her body's last effort
 6 to try and breathe, to try and get oxygen into her
 7 system and breathe out carbon dioxide. The body goes
 8 into a very slow, deep breathing pattern.
 9 Q. And what does that indicate when you hear agonal
 10 breathing?
 11 A. The body is desperate for oxygen, that the patient is
 12 hypoxic.
 13 Q. I think it's right, isn't it, that both you and
 14 Paramedic Williams provided every possible treatment
 15 that you could on that journey to hospital?
 16 A. Yes, ma'am.
 17 Q. And then you handed over Georgina to the care of the
 18 Manchester Royal Infirmary?
 19 A. That's correct.
 20 MS CARTWRIGHT: Could you wait there, Mr Buchanan?
 21 Sir, do you have any questions?
 22 SIR JOHN SAUNDERS: I don't, thank you.
 23 MS CARTWRIGHT: Mr Weatherby?
 24 MR WEATHERBY: Can I just thank you on behalf of the family
 25 for the efforts that you made.

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1 A. Thank you, sir.
 2 MS CARTWRIGHT: Mr Cooper?
 3 MR COOPER: No questions.
 4 MS CARTWRIGHT: Sir, it's also been confirmed that
 5 Ms Roberts does not have questions.
 6 SIR JOHN SAUNDERS: Thank you very much.
 7 Mr Buchanan, I'm grateful. Thank you from me for
 8 what you did not only for this patient, but I think you
 9 helped others as well on the night.
 10 You're free to go.
 11 MS CARTWRIGHT: If Mr Buchanan can leave the witness box as
 12 we call the final witness to give live evidence which is
 13 Dr Alison Sheehan, please.
 14 (The witness withdrew)
 15 DR ALISON SHEEHAN (sworn)
 16 Questions from MS CARTWRIGHT
 17 MS CARTWRIGHT: Please tell the inquiry your full name?
 18 A. Dr Alison Sheehan.
 19 Q. And it's right, isn't it, that you're a consultant in
 20 emergency medicine and intensive care medicine?
 21 A. That's correct.
 22 Q. In May of 2017, you worked at the emergency department
 23 at Manchester Royal Infirmary?
 24 A. That's correct.
 25 Q. We've already heard before you entered the witness box

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1 today, Dr Sheehan, details of the assistance and
 2 treatment that was provided at Manchester Royal
 3 Infirmary.
 4 We've heard that when Georgina arrived at the
 5 hospital, she was confirmed to be in pulseless
 6 electrical activity cardiac arrest, and we have already
 7 heard from the paramedic what that means. Could I ask
 8 you, as a consultant, to describe what that means?
 9 A. What that means is when a patient is connected to
 10 a cardiac monitor, that there appears to be a normal
 11 cardiac rhythm that you would expect to find a pulse
 12 with. However, in pulseless electrical activity cardiac
 13 arrest, although there's what appears to be a normal
 14 cardiac rhythm, there is no pulse and the heart is not
 15 beating.
 16 Q. So when a patient is in PEA, what is then indicated that
 17 needs to happen for that patient?
 18 A. Then advanced life support — basic life support and
 19 advanced life support needs to be commenced.
 20 Q. We've already heard that advanced life support was
 21 provided to Georgina for a period of 30 minutes.
 22 Perhaps to assist us all, could you just explain what
 23 that meant that Georgina received over that 30 minutes
 24 at hospital?
 25 A. So we were originally pre-alerted that Georgina was on

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1 the way in cardiac arrest. We had a team available to
 2 meet her on her arrival. On her arrival, an anaesthetic
 3 team inserted what's called an endotracheal tube.
 4 That's a breathing tube into her airway to assist with
 5 ventilation and she was connected to a ventilator to
 6 give her oxygen. Chest compressions were commenced and
 7 the idea of chest compressions is to try to move blood
 8 around the heart to perfuse organs such as the brain and
 9 the heart.
 10 We attempted to establish intravenous access, which
 11 we could not do, so we established what we call
 12 intraosseus access, and that's a needle into a bone, so
 13 that we could administer life-supporting drugs, such as
 14 adrenaline and other blood products, which we gave
 15 Georgina on the night.
 16 Q. Thank you. I think it's right, isn't it, despite the
 17 advanced life support being provided, there was no
 18 improvement in Georgina's condition?
 19 A. That's correct. So despite ongoing advanced life
 20 support, despite giving blood, so 2 litres of blood were
 21 given, adrenaline was given to try and restart her
 22 heart. An ultrasound scan of her heart was performed
 23 that night, which showed her heart wasn't beating,
 24 despite this, so unfortunately we were unable to restart
 25 her heart.

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1 Q. I think we've heard evidence that there was a discussion
 2 between you and Dr Rennie and a decision was made to
 3 stop resuscitation attempts and life was declared
 4 extinct at 00.05.
 5 A. That's correct. A team discussion was had. That
 6 involved myself and member of the team and
 7 Dr Alistair Rennie, who was the consultant on call that
 8 night in Manchester Royal. We decided that, despite our
 9 best efforts, we couldn't restart her heart, so Georgina
 10 unfortunately was declared dead and I believe it was at
 11 00.05.
 12 MS CARTWRIGHT: Do you have any questions, sir?
 13 SIR JOHN SAUNDERS: Were you called in specially on the
 14 night because of the emergency?
 15 A. Yes, I was.
 16 SIR JOHN SAUNDERS: With no doubt a large number of patients
 17 to try and treat and help?
 18 A. Yes.
 19 SIR JOHN SAUNDERS: Thank you.
 20 MS CARTWRIGHT: Does Mr Weatherby have any questions?
 21 MR WEATHERBY: Just a thank—you on behalf of Georgina's dad,
 22 and no doubt the rest of the family. Thank you.
 23 MS CARTWRIGHT: Mr Cooper?
 24 MR COOPER: No questions.
 25 MS CARTWRIGHT: Finally, can I turn to the representative of

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1 the trust and ask if he has any questions?
 2 MR HASSALL: I don't.
 3 SIR JOHN SAUNDERS: We have heard generally in this inquiry
 4 how the admission to hospital and the treatment to
 5 hospital worked very well, so all of our thanks to you
 6 and your colleagues for what you tried to do and did do
 7 on that night. Thank you.
 8 A. Thank you.
 9 SIR JOHN SAUNDERS: If you wouldn't mind waiting there for
 10 a few minutes.
 11 MS CARTWRIGHT: That would then conclude the evidence
 12 summary and the evidence to be called for
 13 Georgina Callander.
 14 SIR JOHN SAUNDERS: I think it is important to return to
 15 Georgina for a moment. We've heard a lot about her
 16 dying. She was 18 at the time that happened, her
 17 untimely death. She was on the threshold of her adult
 18 life, setting off on her chosen career of looking after
 19 sick children, a career that she was dedicated to and
 20 which is what she always wanted to do and would no doubt
 21 have been very good at.
 22 As a child, she was sporty, she was clever, she was
 23 popular, she was fun to be with. Her loss naturally
 24 gives rise to feelings of extreme sadness, but also to
 25 feelings of extreme frustration at how unnecessary her

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1 dying and her death was.
 2 Thank you.
 3 (3.28 pm)
 4 (The inquiry adjourned until 9.30 am
 5 on Thursday, 30 September 2021)
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