

# OPUS 2

## INTERNATIONAL

Inquests arising from the deaths in the Westminster Terror Attack of 22 March  
2017

Day 6

September 17, 2018

Opus 2 International - Official Court Reporters

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1 Monday, 17 September 2018  
 2 (10.15 am)  
 3 THE CHIEF CORONER: Good morning, Mr Hough.  
 4 MR HOUGH: Good morning, sir. Our first witness today is  
 5 the Right Honourable Tobias Ellwood MP.  
 6 THE CHIEF CORONER: Thank you.  
 7 THE RT HON TOBIAS ELLWOOD (Sworn)  
 8 THE CHIEF CORONER: Mr Ellwood, the same goes for you as  
 9 goes for other witnesses: if you wish to sit or stand,  
 10 whichever you feel most comfortable doing.  
 11 Examination by MR HOUGH QC  
 12 MR HOUGH: Would you please give your full name to the  
 13 court?  
 14 A. Tobias Martin Ellwood.  
 15 Q. Mr Ellwood, you understand I'm asking you questions  
 16 first on behalf of the Coroner and then you will be  
 17 asked questions by other lawyers in all likelihood.  
 18 You understand, I know, that you are here to give  
 19 evidence about events you witnessed at the  
 20 Palace of Westminster on 22 March last year?  
 21 A. Sir.  
 22 Q. You made a witness statement on 30 March last year, and  
 23 you may refer to that as you wish.  
 24 Now, by way of background, Mr Ellwood, I think at  
 25 present you are a minister at the Ministry of Defence?

1

1 A. That's correct, sir.  
 2 Q. And in March 2017, you were a minister at the Foreign  
 3 and Commonwealth Office?  
 4 A. Sir, yes, that's correct.  
 5 Q. By way of career, is this right, that you had a career  
 6 in the British army in the 1990s before going into  
 7 politics?  
 8 A. Yes, sir.  
 9 Q. In that career, what experience or training did you have  
 10 in first aid, CPR, and the treatment of wounds?  
 11 A. It's standard for all military personnel to go through  
 12 annual training: battlefield casualty training, which  
 13 involves dealing with gunshot wounds, dealing with  
 14 casualties that might appear on the battlefield, but  
 15 also includes what to do in the event of cardiac  
 16 pulmonary resuscitation.  
 17 Q. Thank you. In the afternoon of 22 March last year, were  
 18 you at work in the Foreign Office building?  
 19 A. I was, sir. I was having a meeting with the permanent  
 20 secretary, Sir Simon McDonald, in my office as Minister  
 21 for the Middle East and North Africa, and the division  
 22 bell sounded and you have eight minutes to get into the  
 23 chamber, into the lobbies.  
 24 Q. Now, to identify the route you took, may we bring up  
 25 a plan on the screen next to you. It is {MP0004/1}.

2

1 Now, if we look over to the top left of this plan, your  
 2 route, as you describe it in your witness statement,  
 3 took you across Parliament Street at the top left, along  
 4 a road we see marked as Derby Gate, and down a road we  
 5 see marked as Canon Row; is that correct?  
 6 A. That is correct, sir, and then I entered Portcullis  
 7 House. It isn't the usual route I take, and --  
 8 I normally take the route down Parliament Street, which  
 9 is a quicker route, and it's something I now regret.  
 10 Q. As you reached the end of Canon Row, nearing Portcullis  
 11 House, did you hear or see anything of note?  
 12 A. The end of Canon Row has a barrier which you cannot see  
 13 through it. It's a very large barrier round the back of  
 14 the St Stephen's Tavern. It was as I was about to go up  
 15 the steps that I did hear a significant crash, followed  
 16 by screams. These were not screams of pain, they were  
 17 not screams of -- from my interpretation -- of anybody  
 18 actually hurt; they were screams of shock, which is  
 19 slightly different, and that prompted me to first be  
 20 aware that something out of the ordinary was beginning.  
 21 Q. Were you aware that those sounds were coming from the  
 22 direction of Bridge Street?  
 23 A. I was, yes, sir.  
 24 Q. Because of the barrier at the end of Canon Row, were you  
 25 able to see anything to tell you what was happening in

3

1 that area?  
 2 A. No, as I said, the barrier itself is completely sealed  
 3 off, you cannot see through it at all, but I could hear  
 4 and work out roughly where the actual crash took place.  
 5 Q. We know that Portcullis House is a parliamentary  
 6 building across the street from the  
 7 Palace of Westminster, marked on this map on  
 8 Bridge Street. Did you go into Portcullis House from  
 9 Canon Row?  
 10 A. Yes, sir, there are some steps in the rear of Portcullis  
 11 that take you up into the main area, and I then crossed  
 12 Portcullis House, the main area, towards the escalators  
 13 at the far corner.  
 14 Q. Where do those escalators go?  
 15 A. The escalators take you from the Portcullis main area  
 16 downstairs towards the tube entrance, but below ground,  
 17 and therefore allowing you access under  
 18 Westminster Bridge to connect you into the Parliament  
 19 itself.  
 20 Q. As you followed that route towards the chamber, and the  
 21 vote in which you had to participate, what did you come  
 22 across?  
 23 A. This was -- there was two waves of people that were  
 24 starting to show that something very significant was  
 25 happening, running towards us, and slight panic because

4

1 during a division bell — it's now changed, but during  
 2 the division bell both of the escalators which go up and  
 3 down are turned to go down in order to allow Members of  
 4 Parliament to get into or through this rather tight  
 5 avenue to the chamber promptly. Both elevators were  
 6 going down and the police officers were desperately  
 7 trying to get one of them, or both of them, reversed.  
 8 I continued down here, down the escalators, and ran into  
 9 one group of people shouting and screaming with panic in  
 10 their eyes that an incident was unfolding.  
 11 Q. Did you hear anything specific that they were saying or  
 12 shouting?  
 13 A. They were shouting "Go, go, go, go", and there was  
 14 "shots fired, go back, go back".  
 15 Q. Other than police officers trying to reverse the  
 16 escalators, was there other police activity down in the  
 17 underground passageway?  
 18 A. Not in the passageway itself, next to the tube entrance.  
 19 After the second wave of Members of Parliament and  
 20 others were running towards me, I then went through  
 21 what's called the colonnades, and it was barren: there  
 22 were nobody there whatsoever, apart from a number of  
 23 officers who were crouched, looking towards  
 24 Carriage Gates itself, which told me where the concern  
 25 was.

5

1 Q. May we bring up another plan on screen at this point  
 2 {DC7989/80}. Mr Ellwood, this is a plan of the  
 3 New Palace Yard area, and we've heard that the  
 4 colonnades are the structure running roughly north-south  
 5 over on the right or east side of this plan; do you see  
 6 that?  
 7 A. Yes, sir.  
 8 Q. So did your route from Portcullis House down the  
 9 underpass bring you up into that colonnade area?  
 10 A. It did, but I should explain that the first arches,  
 11 couple of arches, there is building works taking place,  
 12 there is an obstruction which meant you couldn't see out  
 13 of it, so I had to progress further down in order to be  
 14 able to see up towards Carriage Gates itself.  
 15 Q. We see those building works marked with the word  
 16 "Construction site" and a dotted line, I think, over on  
 17 the right of the plan just to the left of the  
 18 colonnades.  
 19 As you emerged from an archway to the south of that  
 20 construction site, could you see into New Palace Yard  
 21 and towards Carriage Gates?  
 22 A. My first observation was the numbers of police officers,  
 23 armed police officers that were pointing their weapons  
 24 towards Carriage Gates itself. There was a — I can't  
 25 say how many, but a significant number, I've never seen

6

1 so many armed officers with their weapons out in the  
 2 Houses of Parliament. Some, I think, were crouching in  
 3 various positions of protection, but all were aiming  
 4 their weapons towards Carriage Gates.  
 5 Q. Did you look further into the yard to see what was going  
 6 on in there?  
 7 A. I did, and I could see that there were two bodies lying  
 8 on the ground, activity around both of them. The  
 9 nearest one was clearly a police officer with other  
 10 officers attempting to give him support.  
 11 Q. We've heard that the officer was at this point lying at  
 12 the point where we see the blue dot at the south-west  
 13 corner of the grassed area; do you see that, Mr Ellwood?  
 14 A. That's correct, sir.  
 15 Q. When you first saw him, how many people were around him?  
 16 A. I think three.  
 17 Q. Were they police officers, all of them, or were there  
 18 other types of people there?  
 19 A. They were police officers as well.  
 20 Q. You refer to a second person that you saw who was  
 21 apparently a casualty; can you recall where he was?  
 22 A. He was further up. They were far closer to the  
 23 Carriage Gates itself, and he was having medical  
 24 attention, or some people were trying to treat him, but  
 25 there was also, I think, weapons pointed at him as well.

7

1 Q. May we bring up a photograph of the scene, {PH0401/1}.  
 2 This is an overview shot looking down over  
 3 Carriage Gates, and I think we can see the position of  
 4 the officer further towards us at that corner of the  
 5 grassed area, and the position of the other man closer  
 6 towards Carriage Gates; is that right?  
 7 A. Yes, sir.  
 8 Q. Then another photograph, {PH0406/1}. Can we rotate  
 9 that, please. We can just see officers around the  
 10 casualty, and you have described officers having been  
 11 covering him with weapons?  
 12 A. Yes, sir.  
 13 Q. You can take that photograph off screen now. What did  
 14 you decide to do, Mr Ellwood?  
 15 A. With no disrespect to those who were trying to give  
 16 support to the fallen officer, I could see that perhaps  
 17 they could do with help, with assistance, and I ran  
 18 forward. I looked at the officers that I was passing  
 19 through with the weapons, to make sure they were aware  
 20 of who I was, and I moved purposely forward, but also to  
 21 make them aware why, or — that I was there, that  
 22 I wasn't going to be mistaken and somehow compound the  
 23 situation.  
 24 I arrived at the scene and I said "I'm medically  
 25 trained, can I help?" and I recall one of them saying,

8

1 "Tell us what to do". Immediately I started going  
2 through the drills to provide the necessary first aid  
3 support to the officer.

4 Q. As you ran forward that afternoon, were you aware that  
5 you were putting your own safety at risk in doing so?

6 A. Very much so. Again, this is subject to the training  
7 that all officers, not just myself, all officers -- and  
8 indeed police, I'm sure, go through as well -- there's  
9 always a concern of a secondary attack. It didn't cross  
10 my mind, but my brother was killed by a secondary attack  
11 in Bali, so I was very conscious of that.

12 I was aware that the vehicle had not got to its  
13 original destination. I assumed that the terrorist  
14 would have liked to have taken that through the  
15 Carriage Gates itself. So a vehicle, had there been  
16 an IED on that, was some distance away, but there could  
17 have been some form of follow-up attack. This could  
18 have been a distraction. And, therefore, I was aware of  
19 the huge bollards that we have, the protective barriers  
20 that line the area, as shown on the pictures, concerned  
21 about what was happen if something else -- if things  
22 were to ratchet up.

23 But my immediate concern was the fact that we had  
24 somebody who was clearly badly bleeding and needed  
25 attention.

9

1 Q. When you reached him and set to work, what was the  
2 officer's condition on first view, or first assessment?

3 A. There was a puddle of blood. He had lost a lot of blood  
4 and he was unconscious. I checked the pulse. He still  
5 had a pulse, and that was good news. It was -- you need  
6 some indication of life in order to be successful in  
7 CPR. If you arrive and there's no heartbeat, or if  
8 there's no breathing, then it's very difficult indeed,  
9 no matter what equipment you have, to actually bring  
10 them back to life. So I was encouraged that we had  
11 arrived on the scene early enough to do something.

12 But it was clear that the lacerations on his left  
13 arm, whilst significant, did not breach any major  
14 artery. It was a stab wound underneath -- near the  
15 armpit area, avoiding the flak jacket that he was  
16 wearing, that I later recognised as piercing into the  
17 lung. That was the huge concern for me, and I then  
18 believed it was important to not only determine if that  
19 was the sole, or key injury that he was suffering from,  
20 but I needed to explore more as to the status of his  
21 injuries and requested a pair of heavy-duty scissors in  
22 order to cut off the flak jacket and other garments so  
23 I could properly see what was happening.

24 Q. Now, just to complete the account of your initial view  
25 of him, in your witness statement you refer to him not

10

1 only being unconscious but also very pale.

2 A. That's correct, sir, and his eyes were dilated.

3 Q. So eyes opened, then, in order to see that they were  
4 dilated?

5 A. Sir.

6 Q. So you had decided to remove his flak jacket with a view  
7 to identifying his wounds more precisely. Were you able  
8 to do that?

9 A. I was, sir. I also -- other questions were going  
10 through my mind as to whether emergency services had  
11 been called, and I clarified that an ambulance was on  
12 its way. The wound to the -- under the arm was  
13 continuing to bleed and I applied direct pressure to  
14 this. I considered a tourniquet but there was no point  
15 because the lacerations on the arm, whilst down to the  
16 bone, were not causing any significant loss of blood.  
17 It was the puncture to the lung that was the critical  
18 injury.

19 Q. Where on his body did you identify that critical injury?

20 A. It was underneath the arm but just above the flak  
21 jacket, in that area there.

22 Q. Going into the chest from the side?

23 A. It was, penetrating deep in. It was quite a significant  
24 wound itself, which was apparent later.

25 Q. Were you aware of the extent of blood loss from that

11

1 wound when you began to apply pressure and try to  
2 staunch it?

3 A. I was. He had lost a huge amount of blood and  
4 consequently that was going to be a significant factor.  
5 And, as unfortunately is the case in these situations,  
6 eventually his heart stopped, as did his breathing, and  
7 that's when I commenced CPR.

8 Q. You say that that happened eventually. Are you able to  
9 say roughly how long you had been with him before he had  
10 that collapse?

11 A. I have to say it's very difficult for me to put timing  
12 on it. 10 or 15 minutes, I think. Maybe less than  
13 that.

14 Q. When he had that collapse, what did you do or instruct  
15 others to do?

16 A. We had to ensure that the wound was -- pressure was  
17 maintained on that, and then we had to go through the  
18 necessary CPR processes. I was then joined by somebody  
19 else who said "Can I help?", and I checked with him that  
20 he knew what he was doing, he was confident to  
21 administer CPR. And so I continued on chest  
22 compressions and he continued on, and we got a ratio  
23 going and then he did the mouth -- he did the breathing.

24 Q. Anyone who knows anything about CPR knows that that  
25 needs to be kept up constantly, and that the effort,

12

1 particularly of chest compressions, can be considerable.  
 2 Was there any rota developed between you and the man, or  
 3 did you — did he remain performing his role and you  
 4 performing yours for some time?  
 5 A. Where we were, close to the barrier, it was — there  
 6 wasn't a lot of space and whilst normally, yes, you  
 7 perhaps would rotate, I was confident and strong enough  
 8 and felt able to continue, and I didn't want to break  
 9 a pattern that we'd actually developed. He was very  
 10 happy there — others did say "Are you okay?" and I was  
 11 fine. I certainly would have stepped back, and indeed,  
 12 I put my hand up and said when the medics firstly  
 13 arrived, expecting to be pushed out of the way, to say  
 14 "Thank you, we will now take over". That didn't happen.  
 15 They were busy doing other more advanced things, were  
 16 putting in drips and other more advanced technologies in  
 17 order to — and they allowed us, and indeed, they  
 18 encouraged us, to continue doing what we were doing.  
 19 Q. You've told us of a paramedic team arriving. Was that  
 20 in the first instance an ambulance team in green  
 21 uniforms?  
 22 A. They were in green uniforms and they arrived, and there  
 23 was a sense of relief for me, because it was almost like  
 24 I can now share the burden with the professionals, and  
 25 I was very hopeful that this would have a good outcome.

1 The fact that they then kept us going worried me  
 2 a little bit, because normally you would expect them to  
 3 say "Thank you, move aside, we will continue on", but  
 4 immediately their understanding of the situation,  
 5 I explained to them what I had done so far, what we had  
 6 done as a team — and I stress it was very much lots of  
 7 people involved here — they immediately advanced  
 8 themselves into putting in drips and other things,  
 9 injections and so forth, to get the heart going.  
 10 Q. You, as you've told us, were continuing with the CPR  
 11 efforts through that period of time when they were  
 12 engaged with what you describe as more advanced medical  
 13 assistance?  
 14 A. Yes, sir.  
 15 Q. Did a time come when a helicopter ambulance team arrived  
 16 on the scene?  
 17 A. I was very conscious of the helicopter landing. By this  
 18 time the whole of Westminster was very, very silent.  
 19 I mean, it's so different to what you normally expect  
 20 the hustle and bustle of Parliament to be. So the  
 21 helicopter landing made an awful lot of noise and  
 22 I naively expected them to literally pick the police  
 23 officer, PC Keith Palmer, off and whisk him away and,  
 24 you know, hoped that they would continue doing it but  
 25 obviously you can't move a patient until they are

1 absolutely stable. But people arriving in red with  
 2 a "doctor", labelled on their front, I thought: yes, the  
 3 cavalry had arrived, they can help, they can resolve  
 4 this. And they, too, said "Please continue what you're  
 5 doing", and within a number of minutes they had assessed  
 6 that unless drastic action would be taken, we would lose  
 7 him.  
 8 Q. We can bring up some photographs of this point in the  
 9 sequence, {WS1539A/9}, and I think we can see on screen  
 10 at the moment, Mr Ellwood, over to the right, police  
 11 officers, paramedics and others with you visible,  
 12 assisting in CPR on Keith, and over to the left of the  
 13 photograph, the HEMS doctor being brought into the  
 14 picture by one of the police officers from whom we heard  
 15 evidence last week.  
 16 Then next page, please, page 10 {WS1539A/10},  
 17 a different view of the same point in time, I think. We  
 18 can take that off the screen.  
 19 When the HEMS doctor arrived, I understand that one  
 20 of the instructions he gave was to move Keith away from  
 21 the wall in order to provide more space for the team to  
 22 work?  
 23 A. This is correct, sir. He — as I mentioned earlier, we  
 24 were rather tight against the wall, and for them to do  
 25 what they needed to do, extra space was required, and so

1 a number of us worked together and linked arms, lifted  
 2 Keith further outwards to give more space for people to  
 3 work around.  
 4 Q. As you've explained, they decided to work on Keith there  
 5 and then, for good reason. I understand that the doctor  
 6 made some initial inspections, and then he proceeded  
 7 with surgical action, opening Keith's chest?  
 8 A. He, again, asked me what I had done, what had happened  
 9 to date, and I explained where we were. He did his own  
 10 assessment and realised that we'd crossed a line here in  
 11 needing to take the drastic action to open him up.  
 12 He then made two insertions on either side of the  
 13 ribcage, and took a very sharp, large pair of scissors  
 14 and proceeded to cut the ribcage across.  
 15 He then placed a clamp-type device with two blades,  
 16 for want of a better word, that fitted in the incision  
 17 itself, and then using a crank device, was able to very  
 18 efficiently open up the torso to reveal all the internal  
 19 organs. That entire procedure took about 35 seconds.  
 20 Q. Having done that, I understand that the doctor was able  
 21 to clear blood from the chest cavity?  
 22 A. What was clear was a valve had now been inserted into  
 23 PC Keith Palmer's mouth and I was operating the air ball  
 24 and squeezing that and providing air into the lungs  
 25 themselves.

1 What I saw was a healthy lung, as I looked at it on  
 2 the right, which was going up and down as I pressed the  
 3 ball, and then the other lung was severely lacerated,  
 4 and the doctors pulled the damaged lung back and tried  
 5 to suture out the pool of blood that had collected  
 6 underneath the lung itself.

7 Q. Did the medical team then go to work on the heart  
 8 directly?

9 A. Forgive me, it's sometimes easier to do the helping  
 10 rather than talk about it afterwards.

11 Q. Yes, of course.

12 THE CHIEF CORONER: We quite understand.

13 MR HOUGH: Take your time.

14 A. We were now at a point where things were getting so  
 15 critical that one of the doctors started -- further  
 16 drips had been put in, indeed blood, a bag of blood had  
 17 been strung up, and they were trying to squeeze the  
 18 blood through the line into the system in his arm and,  
 19 as you say, one of the doctors then grabbed the heart  
 20 directly and started squeezing it. I was, at this  
 21 point, kneeling with my knees touching the back of his  
 22 head as I squeezed the air valve, so it was all very  
 23 close indeed.

24 Q. Were you initially, in this phase, hopeful that the  
 25 surgical efforts might have some effect?

17

1 A. I've unfortunately seen some horrific injuries, some  
 2 that have failed and some that have been successful, and  
 3 I was going to continue working until told otherwise.  
 4 The fact that they go through this process, they  
 5 wouldn't do it unless they thought there was  
 6 a possibility, but the sheer loss of blood was proving  
 7 significant and there were no indications at all of  
 8 improvement to the situation.

9 Q. Were you able to tell from the doctors and their  
 10 conversation or actions whether he was responding?

11 A. It was clear that he was not. It was very clear that  
 12 they felt that they had done everything to try and keep  
 13 him alive. I felt responsible for the oxygen going into  
 14 his lung, whilst -- the collapsed lung, the other lung  
 15 as well, and providing what I thought would be oxygen to  
 16 the brain and whilst there was no heartbeat itself,  
 17 I felt that was critical.

18 He then -- the doctor then stated that there was  
 19 nothing more we could do, and that's when I looked at  
 20 him and I said, "Sir, you're going to have to tell me to  
 21 stop, you must order me to stop, you need to make that  
 22 decision".

23 Q. And did he do so?

24 A. He said, "Sir, you've done your best, but you do need to  
 25 stop. There's nothing more we can do".

18

1 Q. Then I think the doctor pronounced death at 3.15 that  
 2 afternoon?

3 A. That is correct, sir. He, as the professionals that  
 4 they are, was aware that there was a wider challenge  
 5 taking place on the bridge, and grabbed his kit, along  
 6 with the other medics and doctors and moved round to the  
 7 bridge to assist people there, leaving myself and one  
 8 other with the body on what I thought was an eerily  
 9 silent Palace of Westminster with literally nobody about  
 10 because there had been a lockdown, and I -- we both  
 11 tidied up the body as best we could, closed the eyes,  
 12 and then I said "I'm sorry", and it was very, very  
 13 silent indeed. It was a very strange end to a very  
 14 dramatic 45 minutes, to suddenly be left completely  
 15 alone, just with one other person, but we'd failed to  
 16 keep him alive.

17 MR HOUGH: Mr Ellwood, thank you very much. Difficult  
 18 evidence, I know, but much appreciated.

19 Examination by MR ADAMSON

20 MR ADAMSON: Mr Ellwood, my name is Dominic Adamson and  
 21 I ask questions on behalf of the widow of PC Palmer.

22 Mr Ellwood, I want to go back to a different topic,  
 23 if I may, and that is the division. The division sounds  
 24 and then you've got a period of time within which to get  
 25 to the chamber; is that right?

19

1 A. That is correct, sir.

2 Q. I think it's about -- it's eight minutes; is that  
 3 correct?

4 A. That is correct.

5 Q. There's no particular magic in the eight-minute figure,  
 6 is that also correct? It's been different times at  
 7 different times of history, the period of division?

8 A. It's perhaps bearing on the fitness of Members of  
 9 Parliament, but today it is eight minutes and the  
 10 further afield you are, if you are in government  
 11 offices, it's still eight minutes and when you hear the  
 12 bell you learn pretty quickly you've got to go. There  
 13 are two bells that sound, I think about two minutes  
 14 apart, and I must leave the Foreign Office on the first  
 15 bell as it is ringing in order to make it in time.

16 Q. And just in terms of your normal route -- and  
 17 I appreciate you took a different route on this day --  
 18 would that involve you coming in through the front gates  
 19 of Parliament?

20 A. It would do. It would have -- I -- Canon Row, I think,  
 21 is one particular way. I don't know why I chose to, and  
 22 as I say, I hugely regret making that decision, because  
 23 I then would have seen the crash, I would have been  
 24 behind the terrorist, and -- I make no speculation as to  
 25 whether I could have changed anything. I could have

20

1 perhaps made things worse, I don't know. I know I would  
 2 have stepped forward and I know I regret not having that  
 3 opportunity to do so.  
 4 Q. On your ordinary route, you would enter through the  
 5 pedestrian gate to the right of the southern  
 6 Carriage Gates; is that right?  
 7 A. That is correct. There are two vehicle entrances and  
 8 a pedestrian entrance to the right, which requires  
 9 normally a pass to go through. When the division bell  
 10 sounds they normally open a gate, and if they recognise  
 11 you, you show your pass, you are waved through so you  
 12 are not impeded in getting to the lobbies.  
 13 Q. Yes. So the system is designed to enable free passage  
 14 of MPs to get to the chamber?  
 15 A. That is the intent.  
 16 Q. To make it as easy as possible?  
 17 A. Yes, sir.  
 18 Q. And in your experience of following that route to the  
 19 chamber when the division sounds, were you aware of the  
 20 presence of armed guards in the vicinity of the gates?  
 21 A. Not armed guards, no, sir.  
 22 Q. So as a matter of routine, when you would be called to  
 23 the chamber as a result of the sounding of the division  
 24 bell, you would walk unimpeded, albeit with a check at  
 25 the gates, and no armed guards would be present?

21

1 A. That is correct, sir.  
 2 Q. Had you in your capacity as a MP ever given thought to  
 3 the adequacy of the security arrangements at the gate?  
 4 A. Yes, it's something I ponder a lot in my role as  
 5 a defence minister, but more as a minister in the  
 6 Foreign Office, I've had the privilege to meet -- to  
 7 visit many parliaments and state building around the  
 8 world, and we have an unusual set-up in the UK of the  
 9 tourist attraction, the front-of-house, if you like, of  
 10 what Parliament is being the same location as our  
 11 functional and principal entrance for members of the  
 12 House of Commons, and it's always worried me. There's  
 13 always a sense of vulnerability because it is slow  
 14 getting through, the police have to do their checks, and  
 15 a huge tribute to the work that they do in having to  
 16 make difficult decisions with tourists who want to have  
 17 their pictures taken and are simply friendly, to do with  
 18 agitators and other things, and, indeed, worst case  
 19 situations such as this, of somebody genuinely wanting  
 20 to cause harm.  
 21 Q. So would it be fair to say that anyone applying their  
 22 mind to the security arrangements at that gate, whether  
 23 as an MP or, indeed, in some other capacity within the  
 24 Metropolitan Police, that that was an area where  
 25 everyone recognised there was a particular

22

1 vulnerability?  
 2 A. I think that is fair to say. We also have to bear in  
 3 mind that it is an iconic symbol of democracy across the  
 4 world. Its openness, its transparency is key to the  
 5 work that we do, that's why we continued and did not  
 6 shut down the next day. But there is a practical  
 7 challenge we face in the movement of Members of  
 8 Parliament, the public who are wanting to visit and,  
 9 indeed, keeping out those who wish us harm.  
 10 Q. Yes. But it sounds to me from what you've described  
 11 that during division in particular, in your experience,  
 12 you were passing through an area protected only by  
 13 unarmed men and no physical restraint at all?  
 14 A. I understand that, according to the security threat,  
 15 there are armed -- there's significant armed presence on  
 16 the estate, and there have been occasions that I have  
 17 come through where there has not been the armed presence  
 18 that I would like to see.  
 19 Q. You've explained that on the day when you passed through  
 20 the colonnade there was an armed presence there; is that  
 21 correct?  
 22 A. Yes.  
 23 Q. The like of which you hadn't seen before?  
 24 A. Never, and I was very encouraged by that, that when the  
 25 alert is given, the speed in which the police operate is

23

1 significant and, as I say, there was a gun line created,  
 2 pointing towards the Carriage Gates very, very quickly  
 3 indeed. Not only that, there was, throughout this  
 4 entire experience, there was a very eerie silence.  
 5 I was actually very pleased that I wasn't -- we were  
 6 able to do our work as best we can without the intrusion  
 7 of any press or any public or anything else like that.  
 8 It was extremely quiet. The helicopter could land as  
 9 well.  
 10 I was slightly astonished that the gates remained  
 11 open throughout this time. I would have expected  
 12 a button to be pressed and a lockdown as such. I think  
 13 that eventually did happen, but that itself was perhaps  
 14 a bit slow.  
 15 Q. As somebody who is familiar with the colonnade and who  
 16 is familiar with New Palace Yard, would you agree that  
 17 the view from the colonnade area up towards the gates is  
 18 not a clear one? There's lots of obstructions in the  
 19 way?  
 20 A. Currently with building work taking place for Elizabeth  
 21 Tower, that is correct, at the moment.  
 22 Q. And, indeed, in the summer months when the trees are not  
 23 bare, the reality is you would barely be able to see the  
 24 gates from that location; is that fair?  
 25 A. Yes, I think that's a fair statement.

24

1 MR ADAMSON: Mr Ellwood, those are the questions that  
 2 I have. Can I end by thanking you for the efforts that  
 3 you made to assist PC Palmer in his last moments.  
 4 A. Thank you.  
 5 Examination by MR KEITH QC  
 6 MR KEITH: Mr Ellwood, my name is Hugo Keith and I just  
 7 wanted to ask you some questions, if I may, on behalf of  
 8 the Metropolitan Police Service. From what you have  
 9 told us, security arrangements in the  
 10 Palace of Westminster appear to present some unique  
 11 difficulties because it's a very remarkable and iconic  
 12 operating environment, isn't it? The demands of  
 13 democracy and open politics demand access, of course, to  
 14 the estate. In your experience, it's an extremely busy  
 15 place. And with your experience you would no doubt have  
 16 been aware that that presents very real issues in terms  
 17 of securing it. Were you personally involved at all in  
 18 the security arrangements in the Palace of Westminster?  
 19 A. No, sir, I have no official role in that whatsoever.  
 20 Q. So you wouldn't have known on that day what the actual  
 21 deployment of authorised firearms officers would have  
 22 been?  
 23 A. No, sir, there is very clearly stated the threat level  
 24 as you drive in, there is a threat level that is clearly  
 25 marked and, indeed, in all government buildings it is

25

1 also marked as to what the current threat level is.  
 2 Q. Yes. In the course of your parliamentary business, or  
 3 your requirements to attend the Palace of Westminster,  
 4 you must have seen authorised firearms officers, AFOs,  
 5 around the estate?  
 6 A. Yes, sir.  
 7 Q. Yes. But you wouldn't have been made privy to the  
 8 arrangements by which they patrolled or how often they  
 9 patrolled particular parts of the estate?  
 10 A. No, I have no understanding of that.  
 11 Q. The gates, iconic and extremely well known as they are,  
 12 aren't, I am afraid, operated by an electronic button,  
 13 they're very heavy and ornate. Do you know whether or  
 14 not in fact after the terrible events of March 2017  
 15 whether the gates were required to be opened again and  
 16 to be kept open?  
 17 A. As in on a permanent basis, or during the day?  
 18 Q. During the day do you know what arrangements were made  
 19 for keeping them open, notwithstanding the events  
 20 of March 22?  
 21 A. I'm not aware that the gates are kept open at all now,  
 22 other than when required to let a vehicle through.  
 23 There has been a significant change in posture by the  
 24 police and the security guards, and indeed, the  
 25 protocols that we actually follow. There is

26

1 an incredible presence in different locations, a very  
 2 visible one as well, and the gates -- I visited this  
 3 morning, indeed, I felt obliged to go and visit the  
 4 spot, I just felt it appropriate to do so, and I was  
 5 pleased to see that the level of the security we now  
 6 have in place, I'm not sure we could do much more given  
 7 the difficulties and the history and the practical  
 8 challenges that an iconic but old estate such as  
 9 Parliament presents.  
 10 Q. Are you conscious when you are in the estate, in the  
 11 Palace, of the sheer number of visitors, of the number  
 12 who work there and of the throughput of people?  
 13 A. Yes, and I'm -- I mean, I find myself in a bit of  
 14 a challenge here, because on one side I absolutely  
 15 believe that we must be protected --  
 16 Q. Yes.  
 17 A. -- but also we must continue that transparency. And  
 18 there's a third element, which is that whilst I stepped  
 19 forward that day, many other people did, and we mustn't  
 20 become so risk-averse and so reliant on our security  
 21 forces that then encourages and almost allows these  
 22 events to actually take place. I believe it's important  
 23 that all of us as individuals, we police in this country  
 24 by consent, and always it's going to be the case when  
 25 the general public are there first, just by

27

1 circumstance. I know that the official advice is: step  
 2 back, report it, but I find myself countering that  
 3 somewhat because if the more of us do step forward, as  
 4 we saw in the Manchester attacks or on London Bridge  
 5 and, indeed, Westminster Bridge as well, the message  
 6 gets through that no terrorist is going to win. No  
 7 matter what they do, they will not succeed, they will  
 8 not change our way of life, they will not challenge our  
 9 values. My worry is, the more we become a tower of  
 10 protection, it changes the face of what Parliament is  
 11 all about, what we are about, and the terrorist  
 12 ultimately may die on the day but then wins because they  
 13 have affected who we are.  
 14 Q. Because of what Parliament is and what Parliament stands  
 15 for, have you appreciated at all the differences in  
 16 security between the Palace of Westminster and, for  
 17 example, Downing Street, which is not readily accessible  
 18 to members of the public. There is a very different  
 19 atmosphere and approach, is there not, in terms of  
 20 security?  
 21 A. That's absolutely fair, and go back only 30, 40 years  
 22 and the public were allowed down Downing Street, and  
 23 obviously things have changed. Yes, we have to have  
 24 sensible and practical measures, and there's talk of  
 25 turning Parliament Square into a pedestrianised area.

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1 I absolutely appreciate that that's what needs to be  
 2 looked at at this point, but it needs to be balanced and  
 3 to make sure that whilst we are looking after the  
 4 day-to-day security challenges that we face, we do not  
 5 lock ourselves away and become distant from the very  
 6 people that we aim to serve.

7 Q. Finally, do you recall in the weeks after 22 March  
 8 whether or not the heavy gates, Carriage Gates, were in  
 9 fact left open and remained open once the investigators  
 10 and the police officers who investigated these terrible  
 11 events had departed the scene; do you recall?

12 A. I am afraid I can't comment on that. My experience,  
 13 post the attack, has been additional gates have been put  
 14 in place, smaller ones, but nevertheless there is  
 15 another set of barriers in front of the main gates  
 16 themselves, and there are more armed security that are  
 17 placed just offsetting from the gates themselves.

18 MR KEITH: Yes, indeed. Thank you very much. That has been  
 19 very helpful.

20 MR HOUGH: Mr Ellwood, thank you very much for your  
 21 evidence. Those are all the questions we have for you.

22 THE CHIEF CORONER: Mr Ellwood, just before we go, can  
 23 I simply echo the comments made by Mr Adamson. Thank  
 24 you very much for everything you did to assist PC Palmer  
 25 on the day, it was really quite remarkable. Thank you

29

1 very much.

2 MR HOUGH: Sir, the next witness is Dr Anthony Hudson.  
 3 DR ANTHONY HUDSON (Sworn)  
 4 Examination by MR HOUGH QC

5 MR HOUGH: Would you give your full name to the court,  
 6 please?

7 A. Dr Anthony Leonard Hudson.

8 Q. Dr Hudson, I think you understand that I ask questions  
 9 first on behalf of the Coroner, and then you will be  
 10 asked questions by other lawyers.

11 You understand that you are here to give evidence  
 12 about events at the Palace of Westminster on 22 March  
 13 last year?

14 A. I do, sir.

15 Q. You made a report on the incident within 48 hours,  
 16 based, I think, on your notes and on a log, or based on  
 17 some notes and a log written during it, and you may  
 18 refer to that as you wish.

19 A. Thank you.

20 Q. Now, in March 2017 were you a registrar in pre-hospital  
 21 emergency medicine?

22 A. Correct.

23 Q. In that capacity, did you work for the Helicopter  
 24 Emergency Medical Service?

25 A. I did.

30

1 Q. For how long had you worked for HEMS?

2 A. I started working for London's Air Ambulance  
 3 in January 2017. Prior to that, I have for several  
 4 years since 2011 experienced working for other HEMS —  
 5 another HEMS service.

6 Q. Help us with this, please: what would be the arrangement  
 7 for a HEMS callout? Would you and a team be on  
 8 permanent standby or would you be doing other duties  
 9 before being called out to a scene?

10 A. So the situation is that a doctor/paramedic team is  
 11 available 24 hours a day across London, there's one team  
 12 available at any given time. There is a third member of  
 13 that team who sits in ambulance control which is  
 14 responsible for dispatch of that team.

15 Q. The team, you've told us that one would be a doctor, and  
 16 how many paramedics did you say with the doctor?

17 A. So the usual minimum team is a doctor and a paramedic.  
 18 On occasion there is either an additional doctor,  
 19 sometimes as an observer or in training, or  
 20 an additional paramedic, as an observer or in training.

21 Q. In March 2017 where was that team based?

22 A. We were based on the helipad, on the roof of the  
 23 Royal London Hospital.

24 Q. In the event of either a major incident or multiple  
 25 situations calling for HEMS assistance, would it be

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1 possible to assemble and form other teams?

2 A. So there is a standard operating procedure in place to  
 3 mobilise more medical teams should they be required.  
 4 The first stage for that to happen would be declaration  
 5 of a major incident, and then it would be dependent on  
 6 the time it took for other teams to assemble at the  
 7 helipad, and the time of that would depend on the time  
 8 of day. Occasionally there may be other team members  
 9 available in the building, but often they are engaged in  
 10 other activities and wouldn't necessarily be immediately  
 11 available.

12 Q. Now, you've told us that you had been working for HEMS  
 13 only a few months, I think, at the time of the attack.  
 14 Have you continued to work for HEMS since?

15 A. So most placements — most placements with London's Air  
 16 Ambulance are for six months at a registrar level, and  
 17 following on from six months there I returned to work  
 18 for Kent, Surrey and Sussex Air Ambulance, where  
 19 I continue to operate as a HEMS doctor.

20 Q. So in your capacity as a HEMS doctor in Central London,  
 21 based at the Royal London, you had a six-month period,  
 22 half of which was before this attack, and half after?

23 A. Correct.

24 Q. Before the attack and on the day of the attack, how  
 25 regularly, on an average day, if there was such a thing

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1 as an average day, would your services as the HEMS team  
 2 be called upon?  
 3 A. So within a 24-hour period there's -- the number of jobs  
 4 that we would be dispatched to in that day would range  
 5 between three and five as an average. Some days are  
 6 quieter. Some days are much busier.  
 7 Q. Were you aware whether there was any test or threshold  
 8 for your team being called out rather than a regular  
 9 paramedic team to the scene of an incident?  
 10 A. So I mentioned that at the London Ambulance Service  
 11 emergency operation centre there is a permanent  
 12 paramedic presence who screens all calls made to the  
 13 ambulance service, and it's their job to interrogate  
 14 those calls and make a decision whether the additional  
 15 resource of a doctor and paramedic from the HEMS team  
 16 would benefit that case, and obviously the criteria will  
 17 depend on the severity of injury and their ability to  
 18 recognise the need for those additional resource.  
 19 Q. For an incident happening in the Westminster area, what  
 20 would you expect to be the flight time from the  
 21 Royal London to that incident?  
 22 A. So obviously the aircraft flies in a straight line and  
 23 essentially for a flight that length would be only  
 24 a couple of minutes.  
 25 Q. Now, are there restrictions on where the helicopter can

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1 land as a matter of obvious, common sense?  
 2 A. Ultimately the decision where an aircraft can land is  
 3 the responsibility of the person piloting it, and there  
 4 are restrictions based on the size of the landing area,  
 5 and they would make a decision from the air which was  
 6 the most suitable landing site, and normally in  
 7 a built-up area like London we would be looking for our  
 8 route to the scene of an incident from the air before  
 9 landing on the ground and making our way by foot, and  
 10 that can range from being very close to a scene to  
 11 sometimes needing a second transfer by another means,  
 12 often by police, for example, taking us in a vehicle to  
 13 the scene.  
 14 Q. We know, and we will hear from you, that the helicopter  
 15 landed in Parliament Square on the day of the incident.  
 16 Have you been able, for example, to land on roads or  
 17 bridges in your time as a HEMS doctor?  
 18 A. So it is possible to land on a -- on any space which is  
 19 more than twice the diameter of the length -- the  
 20 maximum length of the aircraft, so 2D we call it. But  
 21 obviously the pilot must make a decision based on the  
 22 safety of the aircraft and those within it and those on  
 23 the ground. They may also take into account the  
 24 potential risk once on the ground. So an aircraft on  
 25 a road or on the bridge could be damaged by someone

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1 trying to drive past it, for example. So there are  
 2 various factors that a pilot would be taking into  
 3 account and ultimately the safety of everybody involved  
 4 has primacy in these situations.  
 5 Q. Moving to 22 March, you were working as the duty doctor  
 6 on the helipad at the Royal London that day?  
 7 A. I was.  
 8 Q. Were you called out to an incident that afternoon?  
 9 A. I was.  
 10 Q. What were you initially told had happened and that you  
 11 were being called out to?  
 12 A. So the activation process is essentially streamlined to  
 13 enable us to be at the scene of an incident as quickly  
 14 as possible. So the initial activation comes down to  
 15 each of the crew members' radio, which activates that  
 16 we'll be going to a job -- we don't necessarily know the  
 17 location or the nature of the incident -- and we  
 18 immediately make our way to the aircraft ready to leave  
 19 to the scene.  
 20 On doing so I looked at the iPad that we use for  
 21 communications with dispatch, and saw that we were going  
 22 to a road traffic collision on Westminster Bridge.  
 23 On reaching the aircraft, a second message came down  
 24 via our radio from the paramedic on the HEMS desk  
 25 stating that the number of casualties had been increased

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1 and the number on the computer was correct, and  
 2 I checked the device and saw that the number of patients  
 3 now was estimated to be 20.  
 4 So immediately, as a team, we appreciated that we  
 5 were going to something more significant than simply  
 6 a person unfortunately hit by a vehicle, but this looked  
 7 like this was something more significant, and really  
 8 from that point we started discussions amongst ourselves  
 9 and planning what we might do on reaching the scene.  
 10 Q. We all know, of course, that in excess of 20 people were  
 11 hit and injured on Westminster Bridge that day.  
 12 Dr Hudson, are you able to tell us, either from your  
 13 memory or from your report, what time you received the  
 14 call -- out?  
 15 A. So I think the initial call was 14.43, and we were  
 16 dispatched and we were overhead the scene very quickly  
 17 following that.  
 18 Q. Were you able to land immediately?  
 19 A. No, we were not. There's several reasons for that.  
 20 Firstly, the area is very highly built up, very highly  
 21 populated with people going about their activities, and  
 22 so simply landing is not always possible.  
 23 The second issue was the need to sanction a landing  
 24 at a site like Parliament Square, and the third issue  
 25 was also that we were trying to gather as much

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1 information from the air as to what was happening at the  
 2 scene as well, and using the time above  
 3 Westminster Bridge to try and get a sense of the scale  
 4 of the incident and possibly number of patients injured.  
 5 We could see from the air a number of groups of people  
 6 being tended to on the ground, and so we had a sense of  
 7 what was happening on the ground.  
 8 Q. Are you able to tell us what time the helicopter was  
 9 able to land in Parliament Square?  
 10 A. I believe it was 14.56.  
 11 Q. When you did land, were you met by police?  
 12 A. I was.  
 13 Q. Did they escort you to the Palace of Westminster and in  
 14 through the gates?  
 15 A. That's correct.  
 16 Q. As you were being escorted there, did they tell you  
 17 anything about what had happened and what you were going  
 18 to be dealing with?  
 19 A. So we were directed into the gates of the  
 20 Palace of Westminster to treat those injured there. We  
 21 had a discussion that we were aware of a number of  
 22 casualties on the bridge, but given the geography of the  
 23 scene, those at the Palace of Westminster weren't fully  
 24 aware of the extent of the incident stretching back to  
 25 the south side of the Westminster Bridge.

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1 However, they were aware of a small number of  
 2 casualties where the vehicle had come to a stop against  
 3 the fence of the Palace of Westminster, but I was told  
 4 by them that those patients had minor injuries, or that  
 5 was their understanding, that they had only minor  
 6 injuries, and obviously at this point we needed to make  
 7 a decision whether we would deploy ourselves to the  
 8 wider scene across the bridge, or whether we would  
 9 engage with treating those within the  
 10 Palace of Westminster.  
 11 Q. What decision was made?  
 12 A. Given that we were presented with two patients in  
 13 traumatic cardiac arrest, our decision was that we could  
 14 best serve them by immediately attending to them.  
 15 Q. When you entered New Palace Yard that day, what  
 16 casualties did you see there?  
 17 A. As I came through the gate, it was -- I could see two  
 18 patients on the floor. The patient to the right of me  
 19 had, I was told had received a number of gunshots, and  
 20 had ongoing CPR, and the patient directly ahead of me  
 21 was a police officer who had received multiple stab  
 22 wounds.  
 23 Q. To which of those casualties did you then go?  
 24 A. I went to the police officer who had received multiple  
 25 stab wounds.

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1 Q. Why did you select him?  
 2 A. There's a number of factors that I was considering at  
 3 the time, but I think we were directed towards him as  
 4 advised by those on the scene that that was the patient  
 5 with greatest need, and we were being directed there,  
 6 obviously trying to take in a lot of information very  
 7 quickly at that time. I think what is also apparent is  
 8 that patients who are in cardiac arrest having received  
 9 a stab wound are more likely to be resuscitated  
 10 successfully than someone who has received a gunshot  
 11 wound.  
 12 Q. Just so this is clear, I think the other casualty was,  
 13 in fact, receiving assistance from paramedics?  
 14 A. Yes, and I was confident that the -- that that patient  
 15 had a paramedic, and a number of others who were  
 16 administering aid to that person.  
 17 Q. We can bring up a photograph now we've looked at before  
 18 {WS1539A/9}. Does this show the scene with you  
 19 arriving, and I think you visible in an orange uniform?  
 20 A. That is correct.  
 21 Q. We'll leave that on screen for a few moments. Is it  
 22 right, from both looking at that photograph and from the  
 23 evidence of others, that resuscitative efforts were  
 24 going on as you arrived involving quite a number of  
 25 people?

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1 A. That is correct.  
 2 Q. We can take that off screen now.  
 3 Did you make an assessment of Keith Palmer, the  
 4 casualty, as you got to him?  
 5 A. I did.  
 6 Q. What was your assessment of his condition?  
 7 A. Our approach to all casualties, obviously we'll take  
 8 information given to us by those at the scene, as we  
 9 approach the scene and on arrival, but it is standard  
 10 and good practice to make a preliminary assessment of  
 11 a patient, and that's something we call a primary  
 12 survey, and that is really to identify key threats to  
 13 life, to confirm that there are no signs of life or no  
 14 vital signs present before proceeding with a management  
 15 plan depending on those findings.  
 16 Q. What were the findings of that primary survey, then?  
 17 A. My initial assessment was I asked them to briefly pause  
 18 their efforts in performing CPR. I noted that the  
 19 patient had a weak central carotid pulse, so felt at the  
 20 neck, and was taking some, what we call agonal gasps, so  
 21 small breaths. So there were some signs of life at that  
 22 point.  
 23 I also noted that the resuscitation efforts being  
 24 performed were of a good quality, and hence my reason  
 25 for not changing who was performing those basic

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1 manoeuvres.

2 Q. You've told us that you would make a management plan  
3 based on the primary survey. What was the plan you made  
4 that day?

5 A. So our initial plan was to start replacing the blood the  
6 patient had lost with a blood transfusion. The service  
7 carries as standard four units of blood, which were  
8 immediately available, and we started administering, or  
9 preparing that for administration. During that phase it  
10 became apparent that the patient had returned to a state  
11 of cardiac arrest, and therefore a plan for a surgical  
12 intervention was made.

13 Q. How soon after your arrival did the casualty, Keith,  
14 demonstrate signs of cardiac arrest?

15 A. I would estimate that was around 3.00 pm exactly, or  
16 shortly thereafter.

17 Q. So just a few minutes had gone?

18 A. A few minutes.

19 Q. How do you respond to that clinical collapse?

20 A. The immediate intervention at that point was that I felt  
21 that replacing blood was no longer satisfactory, and we  
22 also know that performing external cardiac massage in  
23 those circumstances is essentially futile, and I was  
24 also keen to exclude within the chest a reversible cause  
25 for cardiac arrest, and primarily that means two things:

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1 one is a tension pneumothorax, where the lung can't  
2 expand due to a collection of air around the lung; the  
3 second is tamponade and that is a situation where blood  
4 has filled the space around the heart preventing it from  
5 beating, and that is a potentially reversible cause of  
6 cardiac arrest in this setting.

7 Q. So in order both to exclude those causes and to attempt  
8 to address the cardiac arrest, since external CPR wasn't  
9 feasible, did you decide to open Keith's chest,  
10 a thoracotomy?

11 A. That is correct.

12 Q. And at that time, was his airway managed under your  
13 supervision as well?

14 A. Sir, I was working in parallel with a paramedic,  
15 Tony Montebello. These scenarios are something that we  
16 train for at length and attend frequently, and we have  
17 a standard format of working whereby the paramedic will  
18 often be driving some of those decisions, managing the  
19 patient's airway while we continue with performing  
20 a surgical procedure, and in that situation, I believe  
21 the paramedic instigated using a supraglottic airway  
22 device to manage PC Palmer's airway and to try and  
23 improve delivery of oxygen to the patient.

24 Q. We've heard from Mr Ellwood that at this time, oxygen  
25 was being delivered directly to him.

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1 A. Correct.

2 Q. We've also heard from Mr Ellwood the graphic detail of  
3 how the thoracotomy was performed. I don't ask you to  
4 do that again. But after Keith's chest had been opened,  
5 what signs did you see within the thorax?

6 A. So there was a large collection of blood and blood clot  
7 within the left hemothorax, the left side of the chest,  
8 and there was evidence of some injury to the left lung.  
9 I was disappointed that there wasn't an injury that was  
10 immediately reversible by me and, as I mentioned, we  
11 would -- if we had encountered a tamponade in that  
12 scenario we may have been better placed to reverse the  
13 underlying pathology that was ultimately leading to the  
14 death of a patient. When someone has lost so much blood  
15 from a wound that their heart has stopped, it's very  
16 difficult and near impossible to return a cardiac output  
17 to that patient.

18 Q. Nevertheless did you take steps to try to address that  
19 severe blood loss?

20 A. So my attempts were to perform a procedure called  
21 a hilar twist where the lung is mobilised, twisted on  
22 its pedicle to try and reduce blood loss from that whole  
23 lung and I also attempted to put a clamp across the  
24 hilum to further reduce blood loss.

25 Simultaneously we compressed the aorta, which is the

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1 large blood vessel coming directly off the heart which  
2 supplies blood to the whole body, and we tried to  
3 compress the aorta within the thorax to focus the volume  
4 resuscitation of blood into the heart and the brain  
5 whilst I performed internal cardiac massage on the  
6 patient's heart directly.

7 What was apparent during that time was that despite  
8 filling with a blood transfusion, cardiac massage and  
9 compression of the aorta, the heart was not filling to  
10 a degree that was compatible with it starting again, and  
11 indeed, there was no visible signs of contraction of the  
12 heart at that time.

13 Q. So just in simple terms, you performed a standard  
14 manoeuvre known as a hilar twist to help control the  
15 cardiac wound?

16 A. The lung wound.

17 Q. To help control the lung wound, thank you. Then, having  
18 clamped, as you have described, you proceeded to massage  
19 the heart directly, attempting to restore filling and  
20 pumping?

21 A. Correct.

22 Q. With the negative sign that the heart wasn't filling  
23 with blood, did you form a view at that stage about the  
24 prospects of further efforts?

25 A. I did. It's well published evidence that a heart

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1 without any visible signs of activity in that setting,  
2 as I stated earlier, has essentially no chance of  
3 resuscitation, certainly in the pre-hospital setting,  
4 and even in the setting of an operating theatre or  
5 an emergency department, would still be an extremely  
6 rare event to successfully resuscitate someone from that  
7 point.

8 Q. Did you, therefore, instruct the remainder of the team  
9 to stop their efforts?

10 A. I did.

11 Q. And I think, as we've heard from Mr Ellwood and as we  
12 see in your report, you pronounced death at 3.15 that  
13 afternoon?

14 A. That's correct.

15 Q. After you had finished your efforts on Keith, did you  
16 look at the condition of the other casualty in  
17 New Palace Yard?

18 A. I didn't. The HEMS team that day was made up of three  
19 people, a third person was a doctor, Tony Joy, who,  
20 although acting as an observer on that day, had taken  
21 the time to discuss with those looking after the second  
22 patient, and I was asked what should be the intervention  
23 for that patient and, given the prolonged amount of time  
24 that he had been resuscitated for, in the context of  
25 a gunshot wound to the patient, I felt there was no

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1 benefit in us attending to him as the mortality rate  
2 from that, in that scenario, is approaching  
3 100 per cent, and our use of our resource there was  
4 benefiting -- was not going to benefit him at all.

5 Q. So were you deployed then to other patients?

6 A. So I spoke to a senior police officer at the scene,  
7 I don't recall their name, and also an incident response  
8 officer from London Ambulance Service to make a plan of  
9 action involving the other patients and the rest of the  
10 incident. What was apparent was that they didn't  
11 necessarily share the same geographical view that we had  
12 had of the scene and, therefore, were only aware of the  
13 activity around the Palace of Westminster.

14 Nonetheless, I advised that the police make plans  
15 for preservation of access and egress from the site to  
16 make sure other patients could be taken from the scene,  
17 and then made the decision to leave the  
18 Palace of Westminster to start triaging patients on  
19 Westminster Bridge to see if anyone else needed  
20 intervention by us as a HEMS team.

21 Q. I think you were redeployed to the bridge, according to  
22 your report, at 3.20 that afternoon?

23 A. That's correct. It took us several minutes to collect  
24 our equipment and to brief others there that that was  
25 going to be our intention.

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1 Q. Then on the bridge I think you did, in fact, see  
2 a number of further patients?

3 A. That's correct.

4 Q. Did you -- I don't want to hear about the details of  
5 what you did, but did you actually assist in the medical  
6 efforts on any of those?

7 A. So our approach was to start the process of triaging  
8 patients, not necessarily -- because many of them had  
9 already been triaged, but to try and assess if any of  
10 those patients required an intervention from  
11 a doctor/paramedic specialist team, and as we moved  
12 across the bridge it was apparent there wasn't anybody  
13 who needed one of the interventions that we are required  
14 to perform. We liaised at that time with a motorcycle  
15 paramedic who told us he had triaged the patients, and  
16 his feeling was there was no requirement for us, in his  
17 opinion, and we also spoke to the medical advisor on  
18 scene, Dr Tom Evans, who also felt that there was no  
19 need at that time for any interventions from a HEMS  
20 team.

21 So at that point, you know, though we continued to  
22 make ourselves available, our understanding was there  
23 was no need for us to directly manage any single  
24 patient.

25 Q. According to your report, that decision to stand down at

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1 the scene took place at 4.10 that afternoon; is that  
2 right?

3 A. That is correct. At that point we had satisfied  
4 ourselves that we had spoken to the command structure on  
5 the bridge, and also that we had crossed the bridge and  
6 had a handover about each patient from the paramedics  
7 attending to them. We did provide some minor advice  
8 about management of patients, but we didn't physically  
9 engage with any medical treatment with those patients.

10 Q. In response to some of my early questions, you told me  
11 that the availability of additional HEMS teams would  
12 depend on who was in the building on the day, which  
13 doctors were available, how quickly they could be  
14 mobilised. Are you able to tell us, on 22 March last  
15 year, whether there were a number of other doctors  
16 available at the Royal London at short notice to form  
17 one or more additional HEMS teams?

18 A. So there were several teams that were made available  
19 by -- in that period of time, though I can't tell you  
20 exactly by what point they were available for dispatch.  
21 It's worth saying, I think, that those doctors who were  
22 on duty at the Royal London may be required to attend  
23 the Royal London, if that is a hospital that's activated  
24 for a major incident response. So simply having doctors  
25 in a hospital doesn't necessarily mean they're available

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1 for dispatch on a helicopter. They may be required to  
 2 respond within their own role in the hospital.  
 3 So that may mean that it's doctors and paramedics  
 4 who aren't on duty that day who are coming in from home  
 5 to respond, to form new teams.  
 6 MR HOUGH: Dr Hudson, thank you very much. Those are my  
 7 questions. Sir, I'm aware of the time. That might be  
 8 a convenient moment for our mid-morning break.  
 9 THE CHIEF CORONER: We're just going to take our mid-morning  
 10 break there and we'll sit again, Mr Hough, I'm going to  
 11 suggest, in 15 minutes' time.  
 12 MR HOUGH: Yes.  
 13 (11.42 am)  
 14 (A short break)  
 15 (12.03 pm)  
 16 MR HOUGH: Dr Hudson can be brought back into the witness  
 17 box, please.  
 18 THE CHIEF CORONER: Thank you.  
 19 Mr Patterson.  
 20 Examination by MR PATTERSON QC  
 21 MR PATTERSON: May it please the court. Dr Hudson, was it  
 22 from Whitechapel that you took off that day?  
 23 A. Yes, correct, the roof of the Royal London at  
 24 Whitechapel.  
 25 Q. That's the helipad that you referred to. The definition

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1 of a major incident relates to the number of casualties  
 2 such that there would be a requirement for extra  
 3 resources; is that right?  
 4 A. That's one of the definitions.  
 5 Q. Yes. Can there be a declaration of a major incident  
 6 before you leave the helipad or, indeed, as you are  
 7 flying to the scene?  
 8 A. It's possible that we could do that. The information,  
 9 obviously, you know, the less information you have, the  
 10 harder it is to make a decision very quickly, and that  
 11 obviously there are various organisations and  
 12 individuals who can declare a major incident, you know,  
 13 within the ambulance service, the police, the fire  
 14 service and so on.  
 15 Q. Yes. So obviously there has to be a coordinated  
 16 approach so that one emergency responder, when they make  
 17 that declaration, recognises that it will impact upon  
 18 other emergency responders, so the police and the London  
 19 Ambulance Service and, indeed, HEMS, have to work in  
 20 a coordinated fashion?  
 21 A. That is correct.  
 22 Q. And so, for example, if you mid-air were to make that  
 23 declaration, you would recognise that that would have  
 24 an impact on the procedures to be followed by the London  
 25 Ambulance Service, for example?

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1 A. That wouldn't be my primary concern but we would be  
 2 aware that various agencies would be involved in any  
 3 response should it be declared as a major incident.  
 4 Q. Yes, so we've heard, for example, that in relation to  
 5 the London Ambulance Service that a paramedic can make  
 6 the decision to declare a major incident, and that at  
 7 that point, different procedures kick in which can  
 8 involve, for example, no chest compressions being  
 9 carried out which would otherwise ordinarily be begun;  
 10 do you follow?  
 11 A. I do, and that is -- that would be based on the  
 12 discretion of that individual at the scene where they  
 13 could best place their resource in terms of delivering  
 14 the most help to as many people as possible.  
 15 Q. So although you could have made such a declaration as  
 16 you flew to the scene, and although you had been told  
 17 that at that stage it was believed that there were  
 18 something like 20 casualties, no such declaration was  
 19 made; is that right?  
 20 A. I didn't make any such declaration, the reasoning being  
 21 that the person who had dispatched us from the London  
 22 Ambulance Service had given us the information regarding  
 23 the number of casualties at the scene.  
 24 Had we have approached a scene as a HEMS team and  
 25 been able to appreciate the scale of an incident that

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1 wasn't apparent to those in the emergency operations  
 2 centre, then we would obviously pass that information in  
 3 such a way that they would be able to deliver a response  
 4 appropriate for the scale of that incident.  
 5 So if I'd arrived at a scene in a rural location,  
 6 for example --  
 7 Q. Yes.  
 8 A. -- where there weren't other resources on scene and  
 9 information was very limited --  
 10 Q. Yes.  
 11 A. -- in those circumstances it's more likely I would  
 12 declare a major incident from the aircraft or on arrival  
 13 on the ground. In the setting that I was faced with,  
 14 having been dispatched from the London Ambulance  
 15 Service -- by the London Ambulance Service and being  
 16 told they were aware of over 20 casualties present,  
 17 I felt it best that -- they were better placed to  
 18 up-scale the response to that incident.  
 19 Q. Yes. Did you yourself give consideration to whether any  
 20 other HEMS teams should be deployed?  
 21 A. In the -- in the log there was a request for a second  
 22 HEMS team made but I don't recall who made that request  
 23 or at exactly what time. I did, however, assume that  
 24 other resources would probably be dispatched as a matter  
 25 of course, given the fact that we were faced with over

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1 20 casualties and that they knew in the London Ambulance  
2 Service operations centre that we were engaging in  
3 an advanced surgical technique within the  
4 Palace of Westminster.

5 Q. Yes.

6 A. However, given that I was in the process of performing  
7 that procedure, I didn't make an effort to request  
8 specifically more medical teams; I just assumed that the  
9 London Ambulance Service would be dispatching more.

10 Q. Yes. Was it your responsibility to suggest or request  
11 additional teams?

12 A. It's not my responsibility directly. As you alluded to  
13 yourself, any individual paramedic can pick up a phone  
14 or radio and declare a major incident, so it was no more  
15 my responsibility than anyone else at that scene to  
16 declare such an incident.

17 The fact, as I said, that London Ambulance Service  
18 were aware that 20 casualties were injured on the bridge  
19 left me in no doubt that they were aware of the scale of  
20 the incident and would be taking appropriate measures  
21 based on their own standard operating procedures.

22 Q. Albeit that there would have been nothing stopping you,  
23 presumably, from using your radio to ask for a second  
24 team as soon as possible?

25 A. I could do that if I felt it was appropriate, yes.

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1 Q. Now, you told us that you landed at 2.56, and we see  
2 that time in your report; is that correct?

3 A. That's correct.

4 Q. Could you have landed on Westminster Bridge?

5 A. There's a number of sites that were available, but  
6 landing directly on the bridge would be, as I said, the  
7 decision of the pilot, and they would have to be asked  
8 whether that was an appropriate landing site. Given  
9 that there was a number of vehicles on the bridge that  
10 were stopped or involved in the incident, and given that  
11 there were several groups of patients and people tending  
12 to them dotted along the bridge, in my opinion it would  
13 be a potentially difficult and hazardous landing on the  
14 bridge in that scenario.

15 Q. And I think you did fly over the bridge to get  
16 an overview of what was taking place; is that right?

17 A. We did several circuits above the scene whilst we waited  
18 for clearance to land in Parliament Square.

19 Q. And did you give consideration to the bridge as  
20 a potential landing site?

21 A. It wasn't something I recall the pilots discussing, and  
22 I don't think -- and it didn't cross my mind that that  
23 was an appropriate landing site at the time.

24 Q. Now, you landed at 2.56. We know that on the bridge  
25 there were quite a few serious casualties, one of whom,

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1 Leslie Rhodes, was unconscious, and eventually was to be  
2 removed to hospital by ambulance, and survived for about  
3 24 hours, dying the next day.

4 The evidence we've had is that he didn't -- he  
5 wasn't removed from the bridge by ambulance until 3.08,  
6 so some 12 minutes after your helicopter had landed.  
7 Had you been aware of that serious casualty when you  
8 landed, or before you landed?

9 A. I was aware that there was a number of casualties on the  
10 bridge. I wasn't aware of the condition of any of those  
11 individuals. It's impossible to tell from within  
12 an aircraft above the scene the severity of injuries.  
13 All we could do was get a sense of the number of people  
14 and a sense of the geography of the scene.

15 Q. We've heard from a paramedic, a Mr Webb--Stevens, who  
16 indicated that he -- and this is Day 3 of our  
17 transcripts -- he made a report to a colleague on what  
18 he describes as the HEMS desk, that there was  
19 a priority 1 patient on the south side of the bridge  
20 that required HEMS. Was that information that reached  
21 you before you began to move forward and into the scene  
22 over at the Palace of Westminster?

23 A. That information specifically wasn't passed to me. I --  
24 my understanding is that that patient, who sadly passed  
25 away later, was part of a group of people who we were

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1 initially dispatched to. But the information that he  
2 was a priority 1 patient, or the reason why a HEMS team  
3 were required, I don't recall being ever given that  
4 information.

5 Q. Yes. Because it's right, isn't it, that the overview as  
6 the helicopter flies to the scene is a very important  
7 opportunity for you and your colleagues to get a feel  
8 for what's going on in what might be a very wide-ranging  
9 location?

10 A. That's correct, and in this scenario, had we have landed  
11 on the other side of the bridge, then we would have been  
12 geographically more closely located to those individuals  
13 on the south side of the bridge. But there wasn't  
14 a suitable landing site at that location.

15 Q. Were you told by an officer when you landed that there  
16 were only three casualties elsewhere other than at the  
17 Palace of Westminster, and that they had only minor  
18 injuries?

19 A. That statement relates to the group of patients who were  
20 directly injured by the vehicle against the fence on the  
21 west side of the Palace of Westminster, on sort of  
22 Westminster Bridge Road, the fence there where the  
23 attacker's vehicle came to stop.

24 So it was immediately obvious to me that that was  
25 what they were able to appreciate from the location they

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1 were at.  
 2 Q. Yes.  
 3 A. Obviously we could tell them that we could see groups of  
 4 patients across the bridge, but it was quite reasonable  
 5 that that was their only understanding because  
 6 geographically the other patients were so far away.  
 7 Q. Can we be clear, that was something you were told before  
 8 you went into the New Palace Yard. It was at that early  
 9 stage that you were given that information by a police  
 10 officer rather than much later?  
 11 A. We were given that information as we were on foot,  
 12 making our way. Obviously the process up to that point  
 13 had been a very dynamic one --  
 14 Q. Yes.  
 15 A. -- the information that was available to those within  
 16 the ambulance service who were dispatching us was  
 17 a dynamic process, and we had to make decisions based on  
 18 the information that we had, and in that scenario, we  
 19 were directed to two critically --injured patients in good  
 20 faith that they were patients who required our  
 21 interventions expediently.  
 22 Q. Yes. Dr Hudson, can I make it plain that, of course, we  
 23 all appreciate the difficult situation you are in, and  
 24 no doubt your desire to get to those who urgently need  
 25 your help sooner rather than later; yes?

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1 A. That's correct, and that is reflected in the reason why  
 2 we left the Palace of Westminster as soon as possible  
 3 after treating PC Palmer, with the intent of helping  
 4 others if we could.  
 5 Q. Having said that, was there a procedure that governs the  
 6 decision-making when you first land at a scene which  
 7 might involve many casualties, such as happened that  
 8 day?  
 9 A. So there's -- our approach to a scene, you know, will  
 10 depend on our assessment at the time. But when it  
 11 becomes apparent there are multiple casualties, then we  
 12 do change -- our training is to change our role slightly  
 13 to take more of a role in the command structure. On  
 14 that day, once I left the Palace of Westminster and  
 15 approached the bridge to start treating other patients,  
 16 I was advised that a London Ambulance Service doctor,  
 17 Dr Tom Evans, had been appointed to the role of medical  
 18 advisor to the scene. So I didn't take part in any  
 19 further discussions as one of the tri sort of services  
 20 leadership or command and control structure.  
 21 Q. So when you land, will your team simply go to wherever  
 22 you are directed to go? For example, in this case, by  
 23 a police officer?  
 24 A. I think that's a -- that is a decision for each  
 25 individual case to be taken on its merits. I think what

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1 we have -- what I have to understand is what can a HEMS  
 2 team deliver that a paramedic can't, and that's really  
 3 very important in terms of where we deploy ourselves.  
 4 So, you know, the vast majority of injured patients  
 5 across London every day will be managed very well by one  
 6 of London's ambulance service paramedics, and  
 7 a doctor/paramedic team dispatched as a HEMS team are  
 8 not required to deliver any interventions.  
 9 So if I consider what we can deliver, those are  
 10 patients who may require emergency anaesthesia in some  
 11 circumstances, or patients that require some surgical  
 12 techniques that paramedics aren't able to deliver, and  
 13 the third thing is patients who may require  
 14 resuscitation with a blood product. And the patients we  
 15 were faced with in the Palace of Westminster both fell  
 16 into those category of being patients who may require  
 17 surgical intervention and resuscitation with a blood  
 18 product. That was the reasoning behind us allowing  
 19 ourselves to be deployed to that site.  
 20 The London's Air Ambulance has specialist extensive  
 21 skills at managing penetrating trauma in these  
 22 scenarios, and I felt that we would be well used and  
 23 deployed to that location, hence our decision-making.  
 24 I've already alluded to the decision-making process  
 25 around which patient we focused our efforts on, down to

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1 the reasoning around who we felt we would be most likely  
 2 to be able to help.  
 3 Q. Yes. Albeit I think you recognised that you hadn't been  
 4 told when you made that decision that there was  
 5 an unconscious P1 patient on the bridge for whom you  
 6 could have provided equally, no doubt, significant  
 7 treatment?  
 8 A. If we were geographically closer to that patient we may  
 9 have elected to treat that patient; that's correct.  
 10 Q. Would it be desirable when you and your colleagues  
 11 arrive at the scene to be informed about the various  
 12 casualties before the decision is made as to which  
 13 casualty merits the immediate treatment?  
 14 A. That is correct. What is desirable would be to have  
 15 a complete overview of every scenario we face with all  
 16 of the information, all of the facts, all of it  
 17 presented in a way that was very easy for us to digest  
 18 and make a decision.  
 19 Clearly in a situation where you have several  
 20 hundreds of metres of roads with multiple individuals on  
 21 with multiple individuals treating those patients, it's  
 22 going to be extremely unlikely that that information is  
 23 going to come to you in a timely fashion, so it isn't  
 24 possible in those early stages to be given that  
 25 information, so that is why people are enabled,

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1 empowered to make decisions in a dynamic situation to do  
 2 what they feel is best, rather than wait for all of the  
 3 facts .  
 4 Q. No doubt situations like this, rare though they may be,  
 5 but no doubt they will involve a lot of chaos and  
 6 uncertainty in those early minutes?  
 7 A. I didn't feel that there was chaos. Obviously there's  
 8 uncertainty, as I've said, but I didn't feel there was  
 9 chaos. What I felt was that people were putting in  
 10 place a command structure that was appropriate, and that  
 11 was happening. What I was aware of was that there was  
 12 a lot of resources deployed very quickly, and the scale  
 13 of medical, police and other agencies which were at the  
 14 scene was -- in such a short space of time was, from my  
 15 point of view, reassuring to see that this was something  
 16 that was being managed, you know, very, very well.  
 17 Q. We've heard from a Dr Gareth Lloyd, who was a doctor who  
 18 happened to be passing the scene, and who was assisting  
 19 the unconscious patient, Leslie Rhodes, on the bridge,  
 20 who indicated that they were expecting and anticipating  
 21 that HEMS doctors would attend. Do you know now why it  
 22 is that that information about that patient didn't reach  
 23 you at that early stage when you were deciding where  
 24 to -- where, specifically, to deploy?  
 25 A. So I don't think the paramedic on the desk was

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1 necessarily aware at that stage that there were two  
 2 patients in traumatic cardiac arrest having sustained  
 3 penetrating injuries, and that information, like I say,  
 4 may not have been passed down to him at that time.  
 5 As a matter of good practice, once a decision is  
 6 made to treat a patient, the paramedic running the desk  
 7 would not normally pass lots of information via phone or  
 8 radio during a procedure because the distraction would  
 9 impair your ability to deliver that.  
 10 So the communications between the desk and the  
 11 active team at the scene are generally brief and  
 12 succinct, and there is a desire not to overwhelm people  
 13 whilst they are performing a surgical procedure.  
 14 Q. Having landed at 14.56, the major incident wasn't  
 15 declared for some 10 minutes, until 3.06; is that right?  
 16 A. To my understanding the major incident was declared at  
 17 15.06.  
 18 Q. Yes.  
 19 A. But I can't tell you exactly who declared that, whether  
 20 that was from an internal declaration by London's Air  
 21 Ambulance, or London Ambulance Service. So each of  
 22 those organisations could independently declare a major  
 23 incident.  
 24 Q. Did the helicopter immediately return to the helipad at  
 25 Royal London after dropping you off?

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1 A. No, it didn't.  
 2 Q. Is that not meant to happen according to the procedures?  
 3 A. So there's no formal process for the use of the aircraft  
 4 in a major incident. The activation of the aircraft,  
 5 obviously to the scene initially, is important to get  
 6 the primary team to the scene. Having done that,  
 7 there's an understanding that the aircraft can be used  
 8 in a number of ways. On that occasion the aircraft did  
 9 not return to the Royal London Hospital, but nor was any  
 10 other HEMS teams activated at the helipad at the behest  
 11 of London Ambulance Service.  
 12 So the aircraft would have been available should it  
 13 have been required, but no further teams were requested  
 14 or dispatched by the ambulance service, hence the  
 15 aircraft wasn't returned. So that was the circumstances  
 16 on that day.  
 17 Q. Can we see, please, on the screen, {DC8018/7}. I think  
 18 there were standard operating procedures for major  
 19 incidents that were applicable at the time for the  
 20 London Air Ambulance; is that right?  
 21 A. That is correct. That is part of the standard operating  
 22 procedure from London's Air Ambulance.  
 23 Q. And at paragraph 3.4.6.9 they indicated that at that  
 24 time:  
 25 "The aircraft should return to the pad as soon as

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1 Medic 1 is on scene."  
 2 Your team was medic 1; is that right?  
 3 A. That's correct.  
 4 Q. So was the procedure that it should immediately turned  
 5 about and flown back to the hospital?  
 6 A. So at that point a major incident hadn't been declared  
 7 when we landed. So the SOP, that SOP, I suppose, had  
 8 not been invoked.  
 9 The decision to return to -- whether the aircraft  
 10 returned or not was not my decision, and as you probably  
 11 will have seen from images from the scene, that actually  
 12 we exited the aircraft with the rotors still running and  
 13 the aircraft was subsequently shut down and the pilots  
 14 came to the scene to get more information from us. So  
 15 that was the process.  
 16 The decision-making around that would be reliant on  
 17 several people, on what happened to the aircraft, and  
 18 those people would include the pilots, as ultimately  
 19 they are responsible for the aircraft --  
 20 Q. Yes.  
 21 A. -- the London Ambulance Service dispatcher, who is at  
 22 the POC, and we as the Medic 1 team, because -- we could  
 23 also be involved in that decision-making process.  
 24 Q. As that SOP indicates, in most circumstances there would  
 25 be a return journey to and from the hospital to get more

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1 staff and more equipment. The decision should be made  
2 rapidly; do you see that, 3.4.6.9?  
3 A. I see that, correct.  
4 Q. So all of this is in the context of the importance of  
5 declaring a major incident as soon as possible, isn't  
6 it?  
7 A. That is, and the process of that declaration, I am  
8 afraid I can't tell you that decision-making process,  
9 where it was made. Obviously London's Ambulance --  
10 London Ambulance Service would be better -- probably  
11 better placed to answer that question.  
12 Q. At the top of the page we see the emphasis that if it's  
13 going to happen, it should happen as soon as possible,  
14 do you see that at 3.4.6.3?  
15 A. I do.  
16 Q. Because in your report you indicated that there were, if  
17 we look, please, at {DC7445/2}, about halfway down,  
18 Dr Hudson, under the heading "Medical teams", we see the  
19 details of you and your colleagues in your teams,  
20 Medic 1, but then it's made plain that there were  
21 multiple HEMS personnel who attended the helipad and who  
22 prepared for deployment but none were deployed to the  
23 scene.  
24 A. So the timings of people who would be available, as  
25 I stated earlier, would require additional doctors and

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1 paramedics, likely who weren't on duty and therefore  
2 working at another -- in a medical role at this  
3 scenario, at this scene, to come probably from home to  
4 be available to be dispatched. So there isn't a group  
5 of people constantly waiting to be dispatched at the  
6 Royal London Hospital who are immediately available.  
7 And had there been people there available formed into  
8 teams with equipment ready to go, once they were ready  
9 they would still require a dispatch from the ambulance  
10 service to send them to that scene. So that was the  
11 process. So the HEMS teams are essentially a resource  
12 that are available on the request of London Ambulance  
13 Service. We can't, as a charity service, dispatch  
14 ourselves to whichever case that we feel we should go  
15 to. We are dispatched by the ambulance service.  
16 Q. The declaration wasn't made until about 10 minutes after  
17 you had arrived, by which stage you were assisting  
18 PC Palmer; yes?  
19 A. Correct.  
20 Q. With the benefit of hindsight, do you think that when  
21 you landed and were taking briefings and communicating  
22 with those at the scene, it would have been possible to  
23 suggest the declaration being made at that stage?  
24 A. That's one of the possible things that we can do -- we  
25 could have done. As I stated earlier, given that the

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1 ambulance service were aware that 20 plus casualties  
2 were involved in this incident, I would say that they  
3 were also in a situation to deliver that response, and  
4 as it happened on the day the declaration came later,  
5 probably due to the time it takes for people to gather  
6 information to make such a decision.  
7 Q. But presumably everything flows from the declaration.  
8 If the declaration happens, then there's the need for  
9 a further HEMS team. If there's a need for a further  
10 HEMS team, presumably you will have steps made to get  
11 the helicopter back to deploy a second team, or to get  
12 a fast response vehicle to bring the second HEMS team by  
13 road.  
14 So would you agree that that declaration is a very  
15 important thing to happen as early as possible because  
16 everything flows from that?  
17 A. Clearly it's an extremely important decision and clearly  
18 it's not a decision that people take lightly. Obviously  
19 this was a very -- you know, a unique incident on that  
20 day, given its location was very high profile. But the  
21 ambulance service and HEMS every day, or frequently,  
22 will attend incidents of a significant nature, and  
23 a decision must be taken on each of the merits of those  
24 situations whether a major incident should be declared,  
25 and, as you said yourself, a paramedic who is first on

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1 scene at an incident is empowered to declare a major  
2 incident. I think the reason it took several minutes  
3 was as people tried to gather information over what was  
4 quite geographically an elongated scene.  
5 And one of the reflections I had on actually the  
6 scene, obviously a lot of these pictures you see from  
7 overhead, actually stood on Westminster Bridge, due to  
8 the curve over the bridge, you don't necessarily get  
9 a brilliant -- a view of the whole scene, because some  
10 of it is obscured. And actually from Parliament, where  
11 the bridge dips down, actually it is quite hard to  
12 see -- you can't see all the way over the bridge.  
13 So there were a lot of different reasons why there  
14 was a delay, I think, and that was about  
15 information-gathering.  
16 Q. Albeit that as you flew over the bridge and engaged in  
17 that overview process, which is so important, it would  
18 have been obvious the carnage and the huge number of  
19 casualties that were there visible on the road and on  
20 the pavement?  
21 A. As I said, it's impossible from several hundred feet  
22 looking out of a moving helicopter to appreciate the  
23 severity of injuries. We all land frequently at various  
24 scenes, and it's extremely difficult to take information  
25 from the air about any injuries that patients have and

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1 to try and make those judgments would be flawed.

2 Q. Did you attend a debriefing the following day, on the

3 23rd?

4 A. I did.

5 Q. Could we see, please, {DC8021/2}. These are minutes of

6 a meeting on the 23rd. I don't know what "D&D" stands

7 for?

8 A. It's "Death and disability". So it's an abbreviation

9 for cases where we would review significant cases.

10 Q. Yes. And the attendance list is given and we see one of

11 the initials for the registrars who were present as

12 being AH; is that you, Dr Hudson?

13 A. That's correct.

14 Q. To the right of that, visitors are referred to, "Cons:

15 TJ, Malik R".

16 Can you help us with who that would be?

17 A. So the visitors, there's no initials there. The "Cons"

18 are the consultants who were present, and I believe that

19 refers -- the TJ refers to Dr Tony Joy, who is

20 a consultant in emergency medicine from Royal London

21 Hospital and a previous HEMS doctor at London's Air

22 Ambulance, and Malik R refers to a consultant from the

23 Royal London Hospital emergency department.

24 Q. Is that Mr Ramadhan, Malik Ramadhan?

25 A. I believe so. I only know him by his first name.

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1 Q. And if we go on, please, to page 6, the same document

2 {DC8021/6}. One of the points that was made by this

3 consultant, Malik, if you look at point 15, he made some

4 observations, and if we move on to the next page, so

5 {DC8021/7}, he made the point that from an outsider

6 point of view -- this is MR, this consultant

7 Malik Ramadhan:

8 "... it seems odd that patients on the bridge didn't

9 have access to the teams, and when they did, they had

10 a team who had initially performed a thoracotomy and

11 potentially not able to perform highly."

12 Just pausing there. Do you remember him making

13 observations along those lines during that debriefing?

14 A. I don't remember those specific comments. I have had

15 sight of these minutes notes subsequently and I did read

16 that.

17 Q. So was there any consideration given to whether, with

18 hindsight, it was odd, or perhaps surprising, that there

19 hadn't been early access or attendance onto the bridge?

20 A. My reading of that is that his question is whether there

21 should have been an enhanced response to this event.

22 What I'm not clear on is whether he felt who the

23 responsibility for delivering or dispatching that

24 enhanced response was.

25 Q. And one way in which there could have been an enhanced

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1 response would have been for a second HEMS team to

2 deploy?

3 A. Had there been one available, that would be one of the

4 things. I would have to refer to the incident log which

5 is available to see the timing of which the first HEMS

6 team who would be subsequently available would be in

7 a position to be dispatched.

8 Q. Is there an important figure who is appointed in these

9 situations called a medical advisor?

10 A. So the medical advisor is the -- is typically a doctor

11 who is allocated that role in a major incident, and at

12 this incident that doctor was, to my knowledge,

13 Dr Tom Evans.

14 Q. Did you know that as you landed and received your

15 debriefing, or was it only later that you had contact

16 with the medical advisor?

17 A. So I found that out once I walked onto

18 Westminster Bridge and approached the scene there, and

19 I was told that that was the case, and as I said

20 earlier, one of the reasons I convened a tri-service

21 meeting in the Palace of Westminster was that at that

22 point I assumed a medical incident officer role as

23 a doctor there and spoke to both the ambulance service

24 and the police to start forming a command infrastructure

25 at the scene.

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1 Having been delayed by the need to perform surgical

2 intervention, the actual -- what I found was the command

3 structure had already been developed on the bridge and

4 so I felt I was better used making myself available as

5 a clinician, not as a member of the command and control

6 structure.

7 Q. Around the time you went into the New Palace Yard,

8 a young woman, Andreea Cristea, suffering from a head

9 injury, was recovered from the river after about five

10 minutes--odd of being immersed in water. The evidence is

11 that by 3.01 she'd been removed from the river and was

12 on the jetty a few hundred yards along the embankment,

13 near Waterloo Bridge, and she remained there at the

14 scene near the jetty receiving some help from

15 paramedics, including London Ambulance Service

16 paramedics, until 3.22. We've had evidence that it

17 wasn't possible to intubate and ventilate her until

18 later, after she had been transported by ambulance to

19 hospital.

20 HEMS didn't deploy to her. Are you able to help us

21 with that, and why that was?

22 A. Well, firstly I can't comment directly on the management

23 of this patient. I was never involved in her care and

24 it would be -- I would be -- it would be inappropriate

25 for me to offer any comment on her medical management.

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1 I can comment on the availability of London's Air  
2 Ambulance, so having been dispatched to the  
3 Palace of Westminster, we would not be available to be  
4 sent somewhere else.

5 There are other advanced resources across London who  
6 are available for when HEMS are dispatched to one  
7 particular job, and they are therefore the  
8 responsibility of the London Ambulance Service to  
9 deliver that treatment if HEMS aren't available.

10 Q. If we look, please, at {DC5071/12} and this is the CAD  
11 that relates to the communications at this time. If we  
12 go, please, to 14.52, so towards the bottom of the page,  
13 and I don't know whether this can be highlighted, as  
14 early as 14.52 it was being communicated that the fire  
15 boat had pulled a live person out of the water who had  
16 come off the bridge, and she was at the lifeboat pier at  
17 Victoria Embankment.

18 Was that something that reached you at an early  
19 stage that afternoon, that information that there was  
20 that casualty who would have been a classic candidate  
21 for assistance from HEMS, or from a second HEMS team?

22 A. Sir, that information is taken from the ambulance  
23 service --

24 Q. This is from CAD 2392, which I think is the one that you  
25 referred to in your report, as being the CAD that led --

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1 A. Sorry, that's the ambulance service CAD.

2 Q. Would have had access to that information, those  
3 communications?

4 A. Sir, that information is only available to the paramedic  
5 who is situated at the EOC who reviews the calls given  
6 to the ambulance service and decides where and when to  
7 dispatch the HEMS team to. So they would be better  
8 placed than I am to answer that question, but obviously  
9 if that information was on the CAD, it would be part of  
10 a large amount of information, which is on there every  
11 minute, so over 5,000, sometimes 6,000 calls are made to  
12 that ambulance service every day, and that must be  
13 processed by a single individual.

14 So, you know, picking up on that information amongst  
15 all of the other information there may be difficult, but  
16 you would have to speak to that individual specifically  
17 to see if they recall seeing that information on the  
18 CAD.

19 Q. And if we go forward, please, to page 15 of the same  
20 CAD, {DC5071/15}, as the minutes go by, if we go to  
21 15.05, halfway down, again, it's been communicated that  
22 the female patient had been recovered by the Coastguard;  
23 do you see that in the middle of the page? She had been  
24 returned to the pier on Victoria Embankment. Do you  
25 have any recollection of anyone passing this information

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1 on to you at an early stage while you were at the scene?

2 A. So, as I said, there was over 5,000 calls every day, and  
3 so that information isn't passed down to us from every  
4 high acuity case in London. The purpose and the  
5 training for London's Air Ambulance personnel are to  
6 attend the most severely injured patients and those  
7 patients who may require, as I said, certain  
8 interventions.

9 So that information would never be passed down to us  
10 as the clinical team; it would be the responsibility of  
11 the person on the HEMS desk in the ambulance control  
12 room to make a decision where that resource would best  
13 be used. So, as I said, I can't comment on that, but  
14 that information wasn't passed to us.

15 Q. You said that at some stage additional personnel were  
16 attending at the helipad ready to be deployed. Are you  
17 aware whether at any stage they were requested to attend  
18 to assist with that particular patient?

19 A. I'm not aware of that. I wasn't present at the helipad  
20 and, as I said, I would need to refer to the helipad log  
21 to see at which time a HEMS team was available for  
22 a second redeployment.

23 Q. At the time I think there was only one helicopter that  
24 was available; is that right?

25 A. There is only one hospital -- any one helicopter

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1 available at any time.

2 Q. Response vehicles, were there several response vehicles  
3 that were available at the time?

4 A. So the London's Air Ambulance dispatches at night on  
5 a number of response vehicles and they are available for  
6 use 24 hours a day.

7 Q. So if at an early stage there had been a request for  
8 a second team, a second team could, presumably, have  
9 been deployed to the scene by means of a response  
10 vehicle?

11 A. Theoretically, yes, they could be, yes.

12 Q. Following the 7/7 Inquests there was a request that the  
13 funding and the resourcing of the London Air Ambulance  
14 service should be increased in order to provide  
15 additional resources at the scene of a major incident.  
16 At the time we're talking about, was it one helicopter  
17 and several response vehicles? Was that really the  
18 extent of what would have been available on the day,  
19 22 March?

20 A. In terms of vehicles for deployment, if required, then  
21 other resources could be used, such as police vehicles  
22 and other ambulance services. But the immediate  
23 resources of London's Air Ambulance are a fleet of  
24 response cars and an aircraft.

25 Q. Could we see on the screen, please, {DC8023/60}. The

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1 concern expressed after that Inquest, doctor, was that,  
 2 if you look at paragraph 269, that:  
 3 "[ If ] London [should] suffer another major incident,  
 4 it is likely that the [London Air Ambulance] [will] only  
 5 be able to deploy a single team."  
 6 Do you see that? And the observations made by the  
 7 Coroner in the Inquests was that:  
 8 "This falls woefully short of the response that [the  
 9 air ambulance had been] able to muster on 7/7 ..."  
 10 And that that gave her cause for grave concern.  
 11 Do you see that?  
 12 A. I do.  
 13 Q. And she went on to consider that an increased capability  
 14 was required and there needs to be increased funding,  
 15 and accordingly she made a recommendation that a number  
 16 of agencies should consider the care that could be  
 17 provided by the air ambulance service and, in  
 18 particular, its funding.  
 19 Would it be your experience that the assistance that  
 20 the air ambulance service can provide at scenes can make  
 21 a real difference between life and death, particularly  
 22 in that golden hour following the actual injury being  
 23 sustained?  
 24 A. There is a cohort of patients who benefit from the  
 25 advanced skills that are available via London's Air

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1 Ambulance, correct.  
 2 Q. And no doubt any further resources that could be made  
 3 available would be something that you would welcome?  
 4 A. I think -- I think it would be very welcome to have more  
 5 resources in lots of areas but, you know, beyond my  
 6 control, the scale of a response that -- in terms of  
 7 funding that is given to a service like London's Air  
 8 Ambulance, and the service is largely charity-funded.  
 9 It's not a public sector organisation. So the funding  
 10 of London's Air Ambulance is not something that I've  
 11 ever been involved with, but I do know that it is  
 12 largely charity-funded.  
 13 MR PATTERSON: Thank you very much for your assistance.  
 14 THE CHIEF CORONER: Thank you.  
 15 MR ADAMSON: Dr Hudson, I don't have any questions for you.  
 16 I'm aware that you attended to PC Palmer in the  
 17 Palace of Westminster and I just want to thank you on  
 18 behalf of his widow for the efforts that you made.  
 19 Thank you very much.  
 20 A. Thank you. And could I take the opportunity to offer my  
 21 condolences to PC Palmer's widow and his whole family.  
 22 I'm truly sorry that I wasn't able to help him more on  
 23 that day.  
 24 MR ADAMSON: I'll ensure that that message is passed back.  
 25 A. Thank you.

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1 THE CHIEF CORONER: Yes.  
 2 Examination by MR HILL  
 3 MR HILL: Dr Hudson, I ask questions on behalf of the London  
 4 Ambulance Service. A number of different points to ask  
 5 you about arising from the questions of Mr Patterson in  
 6 particular.  
 7 I'm going to start with Andreea Cristea, who was the  
 8 patient who was taken from the river. Now, you have  
 9 said that you cannot comment on her case clinically, can  
 10 you?  
 11 A. I can't.  
 12 Q. You haven't seen the notes of the case or the pathology  
 13 evidence or anything like that?  
 14 A. No, I haven't.  
 15 Q. What we do know from evidence that we have heard on  
 16 previous days was that at [3.05], so at a time when you  
 17 were dealing with PC Palmer in the way that you have  
 18 described, Andreea was observed by the London Ambulance  
 19 staff who were treating her, to be able to breathe  
 20 independently, she had a respiratory rate of 18, deep  
 21 respirations, a pulse of 68, a regular pulse, and oxygen  
 22 saturation levels of 93 per cent.  
 23 Now, if all of that information is correct, then  
 24 it's fair to say, isn't it, that at that time  
 25 PC Keith Palmer was in a much worse clinical condition?

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1 A. Correct.  
 2 Q. And, as you have said, your job in HEMS is to attend the  
 3 most severely injured?  
 4 A. Correct.  
 5 Q. And PC Palmer was in a traumatic cardiac arrest at that  
 6 time?  
 7 A. That is correct.  
 8 Q. And you were aware of another patient nearby who was  
 9 also in traumatic cardiac arrest?  
 10 A. I was.  
 11 Q. So even if you had been told at [3.05] about  
 12 Andreea being taken from the river, your priority would  
 13 have been to remain with PC Palmer, wouldn't it?  
 14 A. That would be my priority and I expect the priority of  
 15 the medic running the HEMS desk as well.  
 16 Q. We will come back to Leslie Rhodes a little later, but  
 17 in your evidence, you very fairly stated that you didn't  
 18 know the time at which a second HEMS team would be  
 19 available, and that you would like to, or would have to,  
 20 check the running log in order to get that information;  
 21 is that right?  
 22 A. Yes, so a log is taken both on the HEMS desk in the  
 23 London Ambulance Service operations centre and also on  
 24 the helipad in any major incident a log is started  
 25 there, and both of those would have to be interrogated

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1 to see the exact time a second team was available.  
 2 Q. We'll look at those logs in a second, but it is right  
 3 before we do, because I want there to be absolute  
 4 clarity that there is no criticism in any of these  
 5 questions.  
 6 A. Yes.  
 7 Q. But, as you have said, the people who will be asked to  
 8 form that second HEMS group, they might have patients of  
 9 their own on whom they are working?  
 10 A. That is possible, and it is unlikely anybody who is on  
 11 clinical duty, either for London Ambulance Service, or  
 12 a doctor in a hospital, would be able to make themselves  
 13 immediately available as they have other  
 14 responsibilities to other patients.  
 15 Q. The very nature of emergency medicine is that it is  
 16 an emergency that they are dealing with?  
 17 A. Correct.  
 18 Q. Other individuals might have to come in from home?  
 19 A. Yes.  
 20 Q. They would all have to travel to the Royal London, which  
 21 is where the HEMS team gather?  
 22 A. Correct.  
 23 Q. And make their way to the helipad?  
 24 A. That is absolutely correct, yes.  
 25 Q. Then when they get to the helipad, they will have to

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1 enter the helicopter, should it be there?  
 2 A. The process on arriving for a major incident would be  
 3 that any doctor or paramedic would have to put on  
 4 appropriate personal protective equipment, that  
 5 obviously takes some time. They would also have to take  
 6 a pre-prepared bag that would carry their equipment for  
 7 the tasking, and the third thing they would do is sign  
 8 out a bag containing a number of anaesthetic and other  
 9 drugs for use at the scene, all of which takes several  
 10 minutes.  
 11 Q. Then, of course, the helicopter -- it is a helicopter --  
 12 has to fly to the destination and go through that same  
 13 process that you've described earlier of finding  
 14 an appropriate place to land?  
 15 A. Correct.  
 16 Q. Then the team will dispatch, they'll be briefed and they  
 17 will be directed to patients?  
 18 A. That's correct.  
 19 Q. So all of this takes some time, doesn't it?  
 20 A. It takes some time.  
 21 Q. If we could have on screen, please {DC8022/1}. This is  
 22 one of the HEMS logs. If we can turn it round we can  
 23 see it is a handwritten log that isn't signed, and we  
 24 can see at 15.13 an update from Dr Joy, that's your  
 25 colleague, isn't it?

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1 A. Yes, he was a doctor observing on that day.  
 2 Q. If we look at 15.15, just below that, we can see three  
 3 names, Konig, Grier, Alastair, and it says "Sent text  
 4 'come to pad now'."  
 5 Now, Konig, is that Dr Konig?  
 6 A. Mr Konig, trauma surgeon.  
 7 Q. Trauma surgeon, Mr Konig, I apologise. So that is a  
 8 text asking that group of people to come to the helipad,  
 9 presumably to form a second team?  
 10 A. That is possibly what the intention was. I'm not sure  
 11 why those individual names are there, because we use  
 12 a different system for activating our HEMS teams in  
 13 a major incident, and there's a system whereby all  
 14 signed off qualified HEMS crew can be activated very  
 15 quickly via a system called Page 1, which would have  
 16 been used in this setting.  
 17 So individual texts to those three people, I'm not  
 18 sure what the intention of that activation would be for  
 19 because, as I said, we would have already used a wider  
 20 activation process.  
 21 Q. I understand, obviously you can only talk to so much  
 22 because you, at this time, were concerned with the care  
 23 of PC Palmer. This wasn't what you were doing, was it?  
 24 A. No.  
 25 Q. If we could go on, please, to the following page, and

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1 the page after that {DC8022/3}. At 15.54 we can see  
 2 there the names Steve Jones, Tom Konig, Gary Verdon,  
 3 James Rouse "Arrived on pad".  
 4 A. Yes.  
 5 Q. So we can see at 3.54 that Mr Konig having been texted  
 6 at 3.15, is now on the pad?  
 7 A. Yes, so to my knowledge, those are three paramedics and  
 8 a HEMS doctor who would, therefore, be, it looks like  
 9 the first people there who would be available for  
 10 dispatch at 15.54.  
 11 Q. So texts sent at 3.15. 3.54, available for dispatch?  
 12 A. That looks like the process. Half an hour, if the  
 13 doctor had to respond from home, that may be very  
 14 reasonable it has taken that long to get there.  
 15 Q. It's actually about 40 minutes rather than half an hour.  
 16 A. Yes.  
 17 Q. Then they would have to go through that process that we  
 18 have just been through of getting dispatched and  
 19 arriving on-site. If we can see a little further down,  
 20 16.05, Flora Bird arrived on pad; is that another  
 21 doctor?  
 22 A. Another doctor.  
 23 Q. There is also a further HEMS log, I needn't take you to  
 24 it, but for the reference it is {DC8016/2}, that says at  
 25 4.01 that:

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1 "Drs Grier and Davies on A40 on way to London. ETA  
2 15 minutes."  
3 So, again, people having to come in from outside of  
4 London in order to attend?  
5 A. That is correct, and Dr Grier and Dr Davies are  
6 consultants involved with London's Air Ambulance and so  
7 that's why that's specifically documented, as they were  
8 part of our senior leadership team.  
9 Q. They were arriving at just after 4.01 and as we have  
10 discussed, the HEMS major incident is called at 3.06?  
11 A. Correct.  
12 Q. So 3.54 appears to be the first team, and I will be  
13 corrected if I am wrong, but the first team that are  
14 available, so a time of some 40 minutes since the texts  
15 were sent, and an additional 9 minutes from the  
16 declaration of a major incident?  
17 A. Based on that, I haven't had sight on the timings on the  
18 other log, but based on that log that looks accurate.  
19 Q. Does that strike you as being the approximate time you  
20 think it would take to get a second team up to a helipad  
21 in an incident such as this?  
22 A. It does, and having been dispatched myself to attend the  
23 Royal London when a major incident is activated, that's  
24 approximately how long it took, and I have had  
25 experience of having to get ready for a major incident,

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1 and it is a process that has to be -- you know, it takes  
2 some time to do properly, safely, and make sure we have  
3 appropriate equipment and so on as well.  
4 Q. I would just like to turn now then to this question of  
5 major incident times, and we saw at the top of this log  
6 that the HEMS major incident was declared at 3.06, but  
7 as you said earlier in your evidence, different  
8 organisations may declare major incidents at different  
9 times; that's correct, isn't it?  
10 A. That's correct.  
11 Q. Just so the evidence is on the record, a paramedic  
12 called Steve Nuttall, that's a man that you worked with  
13 on PC Palmer; do you know his name?  
14 A. I don't know his name.  
15 Q. But there was an LAS paramedic on-site when you arrived?  
16 A. And I do remember working with him. I didn't know that  
17 was his name.  
18 Q. Now, Mr Nuttall's evidence, and for the lawyers it's at  
19 {WS1234/2}, is that he called in a significant incident  
20 at 2.48. Now, a significant incident is one that is not  
21 necessarily as serious as a major incident, but it is  
22 an incident which involves at least six casualties, or  
23 an incident that takes place in a high profile site.  
24 There are other elements of the definition as well,  
25 aren't there?

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1 A. That is correct, and that term is often used to describe  
2 a scenario where a major incident response isn't  
3 required but to highlight that it is not simply  
4 a straightforward incident.  
5 Q. And a significant incident can, of course, always turn  
6 into a major incident when more evidence becomes  
7 available?  
8 A. Correct.  
9 Q. And people will be alive to that, won't they?  
10 A. Everyone would be aware, as I stated earlier, sometimes  
11 it takes time for information to come available to help  
12 make the decision whereby an incident becomes a major  
13 incident having been a significant incident.  
14 Q. If we could have on screen, please, {DC5048/1}. Now,  
15 this is a London Ambulance Service logbook, so it's not  
16 something that you would have had direct contact with at  
17 the time or probably since, but we can see that it's  
18 been completed by the staff officer, the gold staff  
19 officer, so Gold Command is the overall command of the  
20 incident, isn't it?  
21 A. That's correct.  
22 Q. So if we could go over to the next page, please, and we  
23 can see first entry 14.55:  
24 "Gold suite set up in preparation for incident which  
25 is significant, possibly due to be upgraded."

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1 So that's going to be upgraded to a major incident  
2 if it is to be upgraded, isn't it?  
3 A. That looks the case, correct.  
4 Q. So 2.55, London Ambulance Service is setting up a gold  
5 suite, so that's a command centre, isn't it?  
6 A. That's right, yes.  
7 Q. And if we could have {DC5071/14}.  
8 THE CHIEF CORONER: Just before we lose that page, Mr Hill,  
9 we can see in the middle 15.03 is when it was declared  
10 a major incident?  
11 MR HILL: It is on that log, I'm about to introduce a second  
12 log where a different time is given. But I am grateful,  
13 sir, I was going to come back to that but I'll leave it  
14 there.  
15 If we could have {DC5071/14}, we can see, second  
16 entry down, timed at 14.58, this is the same document  
17 that Mr Patterson took you to earlier, it is the running  
18 log attached to the open CAD, and we can see there the  
19 entry is timed at 14.58, but what it says is "Major  
20 incident declared, 14.57". So it would appear that the  
21 LAS has declared a major incident before HEMS has done  
22 so.  
23 A. That looks the case. I'm not sure who that refers to  
24 making that declaration. Was that from -- I don't know  
25 if that was from Gold Command or from someone on the

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1 ground calling the CAD to declare from their perspective  
 2 that this was a major incident.  
 3 MR HILL: Dr Hudson, I don't think we can take it any  
 4 further with you. It's merely to present the times  
 5 there.  
 6 Thank you. That can be taken down, please.  
 7 THE CHIEF CORONER: Mr Hill, can I just check, have you got  
 8 many more questions?  
 9 MR HILL: I am afraid I have, I estimate about another 10 or  
 10 15 minutes.  
 11 THE CHIEF CORONER: We will take those, if we may, at  
 12 2 o'clock.  
 13 MR HOUGH: Sir, just before we break, may I say, our  
 14 witnesses this morning have taken a lot longer than  
 15 expected. It is likely, in the light of that, and  
 16 because of needing to get to our pathologists tomorrow  
 17 and complete PCs Ashby and Sanders by essentially  
 18 Wednesday lunchtime, it is likely that we will have  
 19 early and late sittings over the next few days.  
 20 THE CHIEF CORONER: Yes. What I suggest we do, Mr Hough, is  
 21 talk about timetable at the end of play today, but we  
 22 will certainly plan to sit as long as we can today and  
 23 tomorrow sitting early and probably sitting late.  
 24 (1.03 pm)  
 25 (The Luncheon Adjournment)

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1 (2.02 pm)  
 2 THE CHIEF CORONER: Good afternoon.  
 3 Yes, Mr Hill.  
 4 MR HILL: Thank you, sir.  
 5 Dr Hudson, I would like to ask you now about the  
 6 period after you had treated PC Palmer and were  
 7 proceeding from New Palace Yard towards  
 8 Westminster Bridge. You said earlier in your evidence  
 9 that you met a motorcycle paramedic who had performed  
 10 triage and that motorcycle paramedic told you that no  
 11 further interventions were required from the HEMS team  
 12 so far as he was concerned?  
 13 A. That is correct.  
 14 Q. Do you know if that man was Richard Webb—Stevens?  
 15 A. That is correct. I know Richard Webb—Stevens  
 16 personally, he's also a HEMS paramedic and I've worked  
 17 with him on several occasions, so he is well known to  
 18 me.  
 19 Q. Somebody as a HEMS paramedic who has had additional  
 20 training to the usual paramedic training?  
 21 A. That is correct. He is an experienced paramedic and he  
 22 was operating on a motorcycle that day, is my  
 23 understanding.  
 24 Q. We heard earlier from Mr Patterson that Mr Webb—Stevens  
 25 had requested HEMS attendance for a patient called

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1 Leslie Rhodes. I just want to take you to the words  
 2 that Mr Webb—Stevens said at the time when he was  
 3 contacting the HEMS desk, that's the HEMS desk within  
 4 the LAS control room.  
 5 A. Okay.  
 6 Q. And what he said, we have it at {WS5121/1} was:  
 7 "1 dead under the bus, multiple patients  
 8 unconscious, and I estimate 12 patients so far."  
 9 So that's not a request for any HEMS attendance, is  
 10 it?  
 11 A. That does — there's no specific statement there that  
 12 suggests he's requesting HEMS, no, and the only patients  
 13 that spring to mind there is potentially an unconscious  
 14 patient may benefit from HEMS assistance, but there's no  
 15 specific request there for HEMS.  
 16 Q. Those are the actual words he said on the day, we know  
 17 because we have the recording. A little later on he  
 18 updates it by saying that he has five priority 1  
 19 patients, he believes. But, again, no specific request  
 20 for HEMS?  
 21 A. That looks — if that's what he said that looks like  
 22 that's the case, yes.  
 23 Q. And those are the kind of general updates that you  
 24 wouldn't necessarily expect to be made aware of whilst  
 25 you were treating a patient?

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1 A. We wouldn't be made aware of those. All communication  
 2 on the day was either via the HEMS desk, who would  
 3 communicate with us directly on a specific radio  
 4 channel, or some communication was via the major  
 5 incident channel that was allocated on that day.  
 6 Q. Now, moving on from Mr Webb—Stevens you met, then,  
 7 Dr Tom Evans, didn't you?  
 8 A. I did.  
 9 Q. And Tom Evans is a consultant in emergency medicine,  
 10 isn't he?  
 11 A. He is.  
 12 Q. So an equivalent grade to you at that time?  
 13 A. He is.  
 14 Q. We know from Mr Evans' statement that he arrived at  
 15 Westminster Bridge at about 3.05 and he was accompanied  
 16 by a man called Ian McIntyre who was an advanced  
 17 paramedic. Now, an advanced paramedic, as the name  
 18 suggests, is again, somebody who has had additional  
 19 training to the normal paramedic?  
 20 A. Correct.  
 21 Q. We know as well that at that time another HEMS—trained  
 22 paramedic, Michael Casizzi also arrived at the Lambeth  
 23 side of Westminster Bridge at 3.05. Do you know  
 24 Mr Casizzi?  
 25 A. I do, and I remember meeting him and having a brief

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1 conversation with him as well, as these were paramedics  
 2 who were known to us. The communication was actually  
 3 very easily facilitated and there was definitely  
 4 a benefit for us being known to each other and I think  
 5 as a group we all understood each others' role and what  
 6 had taken place before and what we were going to do  
 7 next.  
 8 Q. And is it right that, in essence, you worked down from  
 9 the Westminster side heading onto the bridge and towards  
 10 Lambeth, and they worked up from the Lambeth side,  
 11 heading towards Westminster?  
 12 A. That is correct. I think we met Dr Tom Evens roughly in  
 13 the middle of the bridge, and briefly spoke to him  
 14 whilst walking next to him.  
 15 Q. That was at about 3.20, wasn't it?  
 16 A. We left to walk across the bridge at 3.20 and we met  
 17 Tom Evens some short minutes after that.  
 18 Q. So by that time, by the time that you meet Dr Evens,  
 19 from the Westminster side triage has been performed by  
 20 you, a consultant, and Dr Joy, who I think at that stage  
 21 was a registrar; is that right?  
 22 A. Dr Joy is a consultant in emergency medicine and has  
 23 worked as a registrar with London's Air Ambulance, and  
 24 he was with us that day as an observer, but he is  
 25 a highly qualified doctor in his own right.

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1 Q. So the two of you and, of course, Tony Montebello, the  
 2 HEMS-trained paramedic, had worked from Westminster  
 3 towards Lambeth but from Lambeth to Westminster you have  
 4 another consultant, an advanced paramedic, and two  
 5 HEMS-trained paramedics. The triage was done by --  
 6 shortly after 3.20?  
 7 A. That is what happened, yes.  
 8 Q. And every patient on the bridge and on Bridge Street and  
 9 New Palace Yard had been seen by one or more of those  
 10 groups at shortly after 3.20?  
 11 A. That's correct, and we made it -- we decided that we  
 12 would actually see all of the patients as the HEMS team  
 13 and we continued across the bridge at a later date to  
 14 see every patient to ensure firstly that nothing had  
 15 changed and they hadn't deteriorated, because that is  
 16 very possible, and secondly, there was no one that  
 17 required a HEMS-type intervention. There was a delay in  
 18 doing that because during that process we were advised  
 19 of a potential explosive device situated on the bridge,  
 20 and we were requested to evacuate the bridge and at that  
 21 time we were making -- had a brief discussion about how  
 22 we could rapidly take patients who were injured off the  
 23 bridge in that scenario.  
 24 Obviously, we were reluctant to leave injured  
 25 patients, but we had been advised that we should leave

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1 the bridge, given the threat, and we elected to try and  
 2 have a conversation to try and rapidly extricate people  
 3 if that was possible?  
 4 Q. That's understood, but you subsequently went back onto  
 5 the bridge and you re-triaged those who had been triaged  
 6 before?  
 7 A. We did, to ensure that no one had deteriorated.  
 8 Q. And no interventions from HEMS were required beyond  
 9 advice?  
 10 A. Just advice.  
 11 Q. And Tony Montebello said in his statement that no triage  
 12 decisions were changed; is that your recollection as  
 13 well?  
 14 A. That is my recollection and we simply gave simple advice  
 15 but didn't change any intervention or triage decision.  
 16 Q. You also mentioned that a command structure had  
 17 developed; that is right, isn't it?  
 18 A. That is correct, that's what I was told and that's why  
 19 I stood down from my role as a medical incident officer  
 20 and operated as just part of a HEMS team.  
 21 Q. If we could look briefly at Dr Evens' evidence, because  
 22 one of those who he triaged on his way to you was  
 23 Leslie Rhodes. Could we have {WS1589/2} on the screen,  
 24 please. (Pause).  
 25 Perhaps, sir, if there's difficulty in bringing it

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1 up I will simply read the relevant section for time.  
 2 What Dr Evens said is:  
 3 "During this walk--through, I found only one  
 4 remaining P1 patient ..."  
 5 P1 being priority 1?  
 6 A. Correct.  
 7 Q. "... an elderly man who had suffered a head injury and  
 8 was being loaded onto an ambulance at the mid-point of  
 9 the bridge."  
 10 I pause there. I'm not unaware of anybody who meets  
 11 that description other than Leslie Rhodes.  
 12 A. Yes.  
 13 Q. "He had a reduced level of consciousness, but was  
 14 maintaining his airway, and I felt that he could be  
 15 safely cared for by the attending paramedic crew during  
 16 the journey to Kings College hospital. The ambulance  
 17 then immediately left the scene."  
 18 It's the bottom paragraph, thank you.  
 19 So we can see there, can't we, that Dr Evens, the  
 20 consultant, has considered that patient and has decided  
 21 that actually the best thing to do is get him to  
 22 hospital as quickly as possible through the LAS?  
 23 A. That appears to be the case, and it's not  
 24 an unreasonable decision that he's made.  
 25 Q. If I could move on to the following page of this

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1 statement, and this is Dr Evens talking about his  
 2 meeting with you {WS1589/3}, it's the third paragraph  
 3 down:  
 4 "I then met the air ambulance team proceeding south  
 5 across the bridge. They informed me of their actions to  
 6 that point and confirmed that the northern limits of the  
 7 known incident was Palace Yard."  
 8 And then he discusses the treatment that you had  
 9 provided there.  
 10 "They had reviewed all the patients in the cluster  
 11 around the assailant's vehicle and had not identified  
 12 anyone who required ... advanced interventions -- all  
 13 patients here were in the P2 or P3 category."  
 14 I pause there, priority 2 or priority 3; is that  
 15 right?  
 16 A. That is correct.  
 17 Q. Less urgent patients?  
 18 A. That is correct.  
 19 Q. And generally a priority 2 or a priority 3 patient  
 20 wouldn't need the assistance of a HEMS intervention?  
 21 A. That's correct.  
 22 Q. "... and there were sufficient ambulance vehicles to  
 23 convey them to hospital."  
 24 Dr Evens goes on to say that during the conversation  
 25 he became briefly separated from the bronze command

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1 team, that's the management structure that you talked  
 2 about being in place, and he says:  
 3 "... I was not able to raise the incident control  
 4 room on the radio, so I telephoned deputy medical  
 5 director Neil Thomson to give him a further update."  
 6 Now, Neil Thomson, another doctor and specialist in  
 7 emergency medicine who was at the control room  
 8 coordinating the response and providing advice; is that  
 9 correct?  
 10 A. That's correct.  
 11 Q. "I advised him that, between the HEMS team and myself,  
 12 we had seen everyone patient present at scene and that  
 13 further advanced clinical resources were not currently  
 14 required. I was very harp that this incident might  
 15 represent the first of a series of attacks (as happened  
 16 in the 7/7 attacks), and that advanced clinical  
 17 resources could well be required at other scenes".  
 18 So do we see there Dr Evens, a consultant, having  
 19 spoken to you, another consultant, giving advice to the  
 20 command centre that no further advanced medical  
 21 assistance was required at the scene?  
 22 A. That is correct, and that, as I alluded to earlier, the  
 23 initial phase of an incident like this requires  
 24 information—gathering to establish these decisions, and  
 25 this advice and this information was used at that point

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1 to make that decision.  
 2 Q. If we could just go, because it assists with the timing,  
 3 to {DC5030/1}, and we can see the timing at 15.23. This  
 4 is the log run by the paramedic on the LAS HEMS desk,  
 5 the EOC being the emergency operating centre?  
 6 A. That's correct.  
 7 Q. "15.23, N Thomson ..."  
 8 So that is the man who received the call from  
 9 Dr Evens:  
 10 "... N Thomson reports to the HEMS desk – 2 P1s,  
 11 several walking wounded, no further teams required at  
 12 this time."  
 13 So that's Dr Thomson telling that to the HEMS desk.  
 14 Then I don't ask you to bring it up, but {DC8022/2} is  
 15 a HEMS log recording that that information was passed  
 16 back to the HEMS team at Royal London.  
 17 So by 3.23, an active decision was taken based on  
 18 the information that no further HEMS assistance was  
 19 required?  
 20 A. That looks the case, exactly.  
 21 Q. Now, you mentioned earlier that at some stage you  
 22 understood that there had been a request for a second  
 23 HEMS team, but you were unsure who made that request and  
 24 when; is that right?  
 25 A. That's correct.

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1 Q. If we could look, please, at the HEMS log, {DC8022/2},  
 2 we can see the fifth entry down, 3.30:  
 3 "Pilot ..."  
 4 And the question is:  
 5 "Is Medic 2 available?"  
 6 So would you agree with me that that appears to be  
 7 the pilot of your aircraft asking if Medic 2, a second  
 8 HEMS team, was available.  
 9 A. I do.  
 10 Q. That's at 3.30. The pilot is obviously a pilot of  
 11 an aircraft and not a clinician?  
 12 A. That's correct.  
 13 Q. If we could also look at CAD 2392, which is the running  
 14 log, {DC5071/20}, this is the document we saw before,  
 15 and if we look about halfway down the page, log entry  
 16 type remarks at 15.31:  
 17 "Helimed 27 asking if there is a Medic 2 team  
 18 available."  
 19 Helimed 27, that's the call sign for the pilot again  
 20 isn't it?  
 21 A. That's the call sign for the aircraft.  
 22 Q. Of the aircraft?  
 23 A. Yes.  
 24 Q. You weren't with the aircraft at that time?  
 25 A. No.

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1 Q. Only the pilot would have --  
 2 A. Yes, once on the ground our call sign becomes Medic 1.  
 3 Q. So it would appear, at least from these entries, and  
 4 there may be others, but from these entries, it would  
 5 appear that that inquiry or request is coming from the  
 6 pilot of the aircraft?  
 7 A. Correct.  
 8 Q. And would you agree with me that the phrasing of the log  
 9 is slightly ambiguous. So asking if there is a Medic 2  
 10 team available, that might simply be an inquiry: is  
 11 there somebody who I need to go and pick up? Or it  
 12 might be a request: can a Medic 2 team be made  
 13 available? Do you see my point?  
 14 A. In the way that's documented, that's possible. I can't  
 15 comment on the intent of the pilot making that call and  
 16 you would have to ask them specifically their intention  
 17 when they made that request.  
 18 Q. But that could explain why it is that at some stage it  
 19 was thought that a request had gone out for a second  
 20 HEMS team?  
 21 A. It's possible.  
 22 MR HILL: Thank you, Dr Hudson, those are the questions  
 23 I have.  
 24 Examination by MR NAUGHTON  
 25 MR NAUGHTON: Dr Hudson, my name is Sebastian Naughton,

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1 I ask questions on behalf of Barts Health NHS Trust.  
 2 Just a couple of questions for you. You are, I think,  
 3 an emergency consultant; is that right?  
 4 A. So I'm a consultant in emergency medicine with  
 5 a specialist interest in pre-hospital emergency  
 6 medicine.  
 7 Q. Just for clarification, you described yourself as being  
 8 the registrar on the day with the HEMS team. Why  
 9 describe it as registrar when you are, in fact,  
 10 a consultant?  
 11 A. So when seconded to London's Air Ambulance, the role  
 12 that you undertake is one as a registrar as there is  
 13 a consultant body that supervises the governance and  
 14 other aspects of the running of the air ambulance. So  
 15 the title "Registrar" reflects to the mode of working  
 16 that we undertake.  
 17 Q. So it's a reflection of the role you're fulfilling  
 18 rather than your actual qualification?  
 19 A. That's correct.  
 20 Q. Yes. Now, just to be clear, HEMS, when we talk about  
 21 HEMS, the Helicopter Emergency Medical Service, there  
 22 are really three structures who form the backbone of it:  
 23 the London Air Ambulance, which is a charity; is that  
 24 right?  
 25 A. That's right.

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1 Q. And does that own the helicopters and the vehicles?  
 2 A. So that raises funds for the provision of lease or  
 3 purchase of those vehicles and the aircraft.  
 4 Q. And Barts Health NHS Trust, they employ the doctors; is  
 5 that right?  
 6 A. Yes, so we have a contract with Barts Health and are  
 7 funded via that system.  
 8 Q. Yes. And the London Ambulance Service supplies the  
 9 paramedics?  
 10 A. That's correct.  
 11 Q. So in terms of the coordination of all of the emergency  
 12 response, you've been clear in your evidence it's the  
 13 London Ambulance Service who are responsible for that  
 14 role?  
 15 A. So in terms of dispatch to any individual case, it's the  
 16 London Ambulance Service which are responsible for that  
 17 dispatch.  
 18 Q. Yes. And so the decision whether to request a HEMS team  
 19 at all, an additional HEMS team, that's a matter for the  
 20 London Ambulance Service?  
 21 A. Essentially, yes.  
 22 Q. All right. Can I please refer to one document, it's  
 23 {DC8019/1}. Do you see this is the standard operating  
 24 procedure for major incidents which was updated, or  
 25 implemented, after the events in question, in July 2017;

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1 have you seen this document before?  
 2 A. Yes, and I was part author of this revised document.  
 3 Q. I see. Could we turn to page 3 of that document, under  
 4 the heading "Key principles" {DC8019/3}. Just to look  
 5 at point 2 there, was a change in this major incident  
 6 standard operating procedure, as reflected in point 2,  
 7 to dispatch four HEMS teams to assist the London  
 8 Ambulance Service when a major incident has been  
 9 declared?  
 10 A. Yes, so that is a change that came about following  
 11 an internal debrief, and the recognition that to  
 12 simplify dispatch it was easier to have an automatic  
 13 dispatch of several teams immediately to scene as soon  
 14 as they became available.  
 15 Q. So the essential difference is after this modification,  
 16 once a major incident is declared, then irrespective of  
 17 the request, the hospital will start to get four teams  
 18 ready for dispatch --  
 19 A. That is correct.  
 20 Q. -- start doing so? It doesn't mean that it will happen  
 21 quicker, just that they will start getting four teams  
 22 ready?  
 23 A. That's correct.  
 24 MR NAUGHTON: I'm grateful. Doctor, those are all the  
 25 questions I have.

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1 Further examination by MR HOUGH QC  
 2 MR HOUGH: One final question, please, doctor. I ask this  
 3 because you were asked about resources. In your six  
 4 months as a doctor on the HEMS team in London, how often  
 5 did you — were you in a position where you were called  
 6 out to one incident, you were needed for a second  
 7 incident but couldn't go?  
 8 A. So that's difficult to answer because, as I said  
 9 earlier, if the HEMS desk that was involved with tasking  
 10 dispatch was aware that there was a second job and we  
 11 weren't available, they wouldn't let us know for the  
 12 reason that it could be distracting from the job you are  
 13 tasked to.  
 14 On occasion you will have finished one case and be  
 15 immediately dispatched, so there's a delay in dispatch,  
 16 but I wouldn't be able to answer specifically how often  
 17 they're faced with that decision. There are other  
 18 advanced resources across London, as have been alluded  
 19 to, such as advanced paramedic practitioners, who could  
 20 therefore be dispatched if an advanced skill team was  
 21 needed.  
 22 There have been other major incidents during the  
 23 time I was at London's Air Ambulance; on those occasions  
 24 extra teams were available and four dispatched as  
 25 quickly as possible, as in this case.

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1 MR HOUGH: Doctor, thank you very much for your evidence.  
 2 That's all we have for you.  
 3 THE CHIEF CORONER: Dr Hudson, just before you go, can  
 4 I simply echo what was said earlier on in the questions,  
 5 namely to really thank you for all that you did in very  
 6 difficult circumstances. You do a fantastic job. Thank  
 7 you very much indeed.  
 8 A. Thank you.  
 9 MR HOUGH: Sir, the next witness is Anthony Davis.  
 10 MR ANTHONY DAVIS (Sworn)  
 11 THE CHIEF CORONER: Mr Davis, if you prefer to sit that's  
 12 absolutely fine with me, sit or stand, whichever you  
 13 feel more comfortable with.  
 14 A. Stand, please, sir.  
 15 Examination by MR HOUGH QC  
 16 MR HOUGH: Would you give your full name to the court,  
 17 please?  
 18 A. Anthony Luke Davis, sir.  
 19 Q. If you could try and speak up because this room doesn't  
 20 have the best acoustics. Mr Davis, you understand I ask  
 21 questions first on behalf of the Coroner, and that you  
 22 may then be asked questions by other lawyers. We know  
 23 that you are here to give evidence about events you  
 24 witnessed at the Palace of Westminster on 22 March last  
 25 year?

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1 A. Yes, sir.  
 2 Q. You made a witness statement about those events on  
 3 4 April last year, and you may refer to that as you  
 4 wish.  
 5 A. Yes, sir.  
 6 Q. By way of background, is this right: that you had a long  
 7 career in the British army?  
 8 A. That's correct, sir.  
 9 Q. In the course of that career, and before March of last  
 10 year, what skills and experience of first aid and CPR  
 11 had you learned, in brief?  
 12 A. Basic first aid, similar to the MP, Tobias Ellwood,  
 13 basically in field casualty drills. We carry out  
 14 an annual training test, number 3 it's called, which is  
 15 basically the first aid, and that's refreshed annually.  
 16 Along with that, I've got a role as a physical  
 17 training instructor which I've done for, I'd guess,  
 18 about 15 years of my military service, where we have  
 19 a bit of advanced knowledge of bones, the anatomy and  
 20 physiology side of the human body.  
 21 Q. I wonder if the microphone can be adjusted so it's just  
 22 a bit closer. Thank you very much. They do amplify.  
 23 In March 2017 I think you were working as  
 24 a performance coach for GB Boxing?  
 25 A. That's correct.

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1 Q. And on 22 March you were visiting the  
 2 Palace of Westminster for an event to promote charity  
 3 work which was associated with boxing?  
 4 A. Yes, it was laid on by a Member of Parliament who's got  
 5 a keen interest in boxing, and there's a franchise that  
 6 supports boxing, grassroots boxing, they're called  
 7 British Lionhearts in the Community, and it was a PR  
 8 event being held in one of the rooms, I believe, on the  
 9 Thames.  
 10 Q. That event was scheduled to take place from 1.30 to 2.30  
 11 that afternoon?  
 12 A. That's correct.  
 13 Q. At the end of the event did you exit the  
 14 Palace of Westminster through a route which led into  
 15 New Palace Yard?  
 16 A. That's correct, sir.  
 17 Q. If we can bring up the plan of New Palace Yard,  
 18 {DC7989/80}. Now, if you look at this plan, the  
 19 entrance to Westminster Hall is just around the middle  
 20 at the bottom, slightly to the right of the middle; do  
 21 you see there?  
 22 A. Yes, I can see it.  
 23 Q. Where did you come out that day?  
 24 A. So from the middle of the screen, I came out towards the  
 25 fence, the black line you can see where you've got the

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1 three lampposts. That's basically where I exited there,  
 2 what I believe was the grand hall.  
 3 Q. So you came out into the south side of New Palace Yard?  
 4 A. Yes.  
 5 Q. And if we can take up a photograph, {DC7989/73}, would  
 6 this have been the area of New Palace Yard into which  
 7 you came out?  
 8 A. That's correct. On the right-hand side where the second  
 9 lamppost is. In and around that area, sir.  
 10 Q. We can take that down.  
 11 As you left, had you started filming a short video  
 12 on your phone?  
 13 A. Prior to that I'd started filming inside of the big  
 14 grand hall, then I'd put my phone away and then what  
 15 occurred was the altercation I could hear, which this  
 16 sort of noise, like the altercation, sort of travelled  
 17 and it led me sort of, being straight in front of me  
 18 a 12 o'clock position, towards the 10 and 11 o'clock  
 19 position which took me towards Carriage Gates.  
 20 Looking through Carriage Gates, both of those were  
 21 open, I could see people running. That coupled with the  
 22 noise I thought it was initially some sort of protest,  
 23 some Greenpeace march, which then struck me to take my  
 24 phone back out and start videoing.  
 25 Q. As you were standing there in New Palace Yard and the

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1 area you've indicated, you were looking towards  
 2 Carriage Gates and there was a commotion and people  
 3 running on the far side of the gates?  
 4 A. That's correct.  
 5 Q. What did you see next?  
 6 A. A lot of things happened very, very rapidly that day.  
 7 What -- after seeing those people run, which I thought  
 8 was a protest, the mood suddenly changed when I've seen  
 9 some large black chap enter the gates and basically  
 10 start attacking one of the policemen. Subconsciously  
 11 I must have put my phone into my pocket, however, my  
 12 phone was still recording. I've then witnessed the  
 13 police running away from that scene towards my  
 14 direction. I thought: these people need help, it's  
 15 basically all kicking off, and I've jumped over the  
 16 fence to try and aid the best I could.  
 17 Q. So you saw someone you described as a large black man  
 18 coming in through Carriage Gates. What was he doing  
 19 when you first saw him?  
 20 A. He had two knives. For some reason I just remember  
 21 seeing the knives, even from that distance, I'm not too  
 22 sure if the sun was shining that day or it was  
 23 a reflection of some sort of light, but I just seen the  
 24 reflection of the blades that he had in both hands, and  
 25 I've just seen basically in close proximity to the

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1 policeman and started attacking him.  
 2 Q. I'm just going to pause here. You are about to describe  
 3 both the attack on Keith Palmer and also your medical  
 4 efforts. Your evidence will necessarily be fairly  
 5 graphic.  
 6 A. That's right.  
 7 Q. I raise that in case it's of any interest to members of  
 8 the Palmer family in court, because we are giving some  
 9 warning to people in court.  
 10 So you saw this large man with the knives attacking  
 11 the officer, and you've said that you saw other officers  
 12 moving away.  
 13 A. Yes, that's correct, sir.  
 14 Q. You've told us that you jumped over the fence to assist?  
 15 A. That's correct, sir.  
 16 Q. And your phone was now in your pocket?  
 17 A. Yes. Unbeknown to me, you know, I also had my rain  
 18 jacket also in my hand. As I say, things happened very  
 19 quickly.  
 20 Q. If we can put on the screen again the plan, {DC7989/80},  
 21 can you tell us where at the fence you jumped over?  
 22 A. Where those three lampposts are, I would have said,  
 23 where the first lamppost is on the right-hand side,  
 24 that's where I came, sort of, right close to the  
 25 barrier.

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1 Q. Can we put a cursor on that, please?  
 2 A. Sorry?  
 3 Q. I'm just asking the operator to put an arrow on that.  
 4 THE CHIEF CORONER: That one there?  
 5 A. That's correct, yes.  
 6 MR HOUGH: So you jumped over there.  
 7 A. I moved up to there and, as you can imagine, there was  
 8 quite a lot of visitors and obviously people caught up  
 9 with the commotion, and sort of shuffled left and, as  
 10 I said earlier on, my attention was drawn, as well as  
 11 everyone else's, to the area of Carriage Gates.  
 12 As I've seen those people moving and the assailant  
 13 coming in through the gates and attacking the policeman,  
 14 I've moved up to where the second lamppost is, and I've  
 15 gestured for people to move, because at this time police  
 16 are running towards our direction, ie away from  
 17 Carriage Gates, and I've thought these people need  
 18 helping which has resulted in me to take the action to  
 19 jump over the fence.  
 20 When I did jump over the fence I initially --  
 21 I don't know if I can repeat the exact words?  
 22 Q. Yes, you can.  
 23 A. I have -- this is, you know, it was definitely a fight  
 24 or flight moment, as I've jumped over and landed I've  
 25 basically shit myself because handrailing that fence on

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1 the way down was when the police officers were shouting  
 2 "Run, run, they've got knives", which I thought  
 3 instantly to me that we were being attacked in numbers.  
 4 I guess that gentleman's actions saved countless  
 5 fatalities and maybe even further injuries because of  
 6 that early warning system, however, I'm on the other  
 7 side of the cobbles and police are running past me,  
 8 I can see one policeman sort of moving not very quick,  
 9 which was Keith.

10 Q. Pause there a second. Did you actually see the attack  
 11 come to an end and Keith disengage himself from the  
 12 attacker?

13 A. I didn't see the actual continued attack because  
 14 I jumped over the fence. I've just seen him moving  
 15 down, all the other police had moved away, and then  
 16 Keith was sort of the last one, the one at the rear, and  
 17 then I could see the attacker behind him, sort of chase  
 18 him, and at that same time, which I thought at the time  
 19 was a marksman, because he was dressed in black, ran up  
 20 to the side of me, put three rounds into him. One was  
 21 a double tap, two rounds in succession, and a single  
 22 round after that. I knew he was out of the equation  
 23 after that. Then I've just seen Keith fall to the  
 24 floor. I've quickly raced across to him --

25 Q. Can I just pause you there, because we need to take this

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1 a little in stages. So you were standing at the  
 2 lamppost you've identified, you saw the officers come  
 3 towards you, away from the attacker, with Keith towards  
 4 the rear of those officers?

5 A. That's correct.

6 Q. You saw the attacker following them.

7 A. That's correct.

8 Q. At what sort of speed?

9 A. He wasn't walking and he wasn't sprinting. Jogging,  
 10 possibly.

11 Q. Then an officer you say was in black came past you. So  
 12 from behind you towards --

13 A. So from the right-hand side of the picture, sir, he was  
 14 moving up.

15 Q. Yes.

16 A. Towards Carriage Gates.

17 Q. So from the east end to the west, towards the west?

18 A. Yes.

19 Q. And you say as he came past you he fired three shots at  
 20 the attacker?

21 A. That's correct, sir.

22 Q. You described a double tap, so that's two shots in close  
 23 succession?

24 A. That's correct, sir.

25 Q. And then a third shot?

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1 A. Yes.

2 Q. What happened to the attacker as those shots were fired  
 3 at him?

4 A. He fell to the floor and then I turned my attention  
 5 towards Keith.

6 Q. We know that Keith collapsed near the blue dot that we  
 7 see at the bottom left-hand corner of the green grassed  
 8 area in this plan; do you see that?

9 A. Yes.

10 Q. Is that where you recall going to him?

11 A. Yes, sir.

12 Q. When you reached him, what were your initial  
 13 observations? What did you see first about him?

14 A. I think he fell on his front, or his side, and I've got  
 15 down on one knee and I believe trying to turn him over  
 16 and sort of assess the situation.

17 As I've tried to turn him over, I was having a look,  
 18 and the first thing I've seen was a large head wound,  
 19 which went from just above his forehead right to sort of  
 20 the back of his head. It was a good few inches deep,  
 21 but quite wide, but wasn't sort of bleeding profusely.

22 The main obvious one was on his left bicep, which  
 23 was just sort of pumping out, that was bleeding  
 24 profusely, so I've quickly placed my right hand on there  
 25 to apply direct pressure, and at the same time I checked

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1 his airway. His eyes were open, he was breathing, his  
 2 airway seemed to be clear. I checked his pulse, his  
 3 carotid pulse, which I found was a bit weak, and in this  
 4 time, I believe there was another police officer. He  
 5 was dressed in black, was stood --

6 Q. Just pause there a moment. You have told us about  
 7 seeing a wound on his head and his left bicep. We know  
 8 that there was also a wound near his armpit, just above  
 9 the stab vest. Is that a wound that you became aware of  
 10 in that early phase?

11 A. Yes, firstly, sir, I was trying to remember the sequence  
 12 of events that I carried out, because initially because  
 13 of those two initial wounds, obviously I needed to get  
 14 an ambulance, get a medic. I can't recall the exact  
 15 words, but I'm sure, maybe call the audio, I can't  
 16 remember exactly word for word, but basically maybe some  
 17 of my army training kicked in, like "Get a medic" and  
 18 that police officers had means, I didn't have any means,  
 19 so -- he had a radio, so I was gesturing to get him  
 20 further medical help, basically.

21 Q. So shortly after you had made your first assessment of  
 22 Keith, the officer approached and you asked him to get  
 23 help from a medic?

24 A. Yes.

25 Q. Did other officers begin to gather round in the minutes

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1 that followed?  
 2 A. Yes, shortly afterwards.  
 3 Q. And did you continue to call for further medical help?  
 4 A. Yes. As well as trying to reassure Keith by saying --  
 5 because obviously I didn't know his name then, I was  
 6 "Come on, son, stay with us. Come on". Then obviously  
 7 looking at the area around me I could see there was  
 8 blood just sort of pooling in between the cobbles and  
 9 I'm thinking: where the hell is that blood coming from?  
 10 So further investigation led me to move his arm, his  
 11 left arm, and I've looked at him and I've just went  
 12 "Jesus Christ" in my mind. My rain jacket was the only  
 13 means I had so I sort of -- because the position I was  
 14 in, I was knelt, I just placed my rain jacket in towards  
 15 that to try and stem the blood and move my right knee  
 16 in, and just kept on reassuring and started shouting  
 17 "Where's the ambulance? Where's the medic?"  
 18 Q. Did some, first of all, civilians come on hand who had  
 19 some medical training like you?  
 20 A. Yes, I believe a gentleman by the name of Mike Crofts,  
 21 was sort of the second civilian on the scene, along with  
 22 other police officers.  
 23 Q. And then shortly afterwards did Mr Ellwood arrive on the  
 24 scene?  
 25 A. Yes.

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1 Q. He has told us he explained to everyone that he had  
 2 medical experience?  
 3 A. Yes, I mean, I was dealing with, obviously, normally you  
 4 have sort of not one person in charge, but it was a good  
 5 team effort on that day, and I remember this guy coming  
 6 in, I forgot where I was, you know, to cope with the  
 7 heat of the moment, I just remember saying "Who are  
 8 you?" and he goes "I'm a doctor", someone wearing  
 9 a suit, I just naturally followed the lead and then we  
 10 all sort of got round and did what we can, what we  
 11 could.  
 12 Q. I think he suggested he might have said that he was  
 13 a medic or that he'd been a medic?  
 14 A. Yes.  
 15 Q. Did you then proceed to take his lead and provide some  
 16 assistance to Keith in the time that went on?  
 17 A. Yes, I think we sort of -- because of the space, the  
 18 limited space, obviously we didn't want to move Keith  
 19 due to his injuries until further help arrived, but  
 20 I think it was mentioned that we best move the stab  
 21 vest, and I believe we cut his hi-vis jacket off.  
 22 Q. What role did you take in the initial care for him?  
 23 A. So basically it was maintaining, stemming of the  
 24 bleeding, of all of his wounds, as well as keeping  
 25 an eye on his head wound. Obviously by this stage there

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1 was lots of police officers and his colleagues, that's  
 2 obviously how I've got on to his name then, and for some  
 3 reason I think Tobias had made the decision to say: oh,  
 4 we need to start CPR, and I think there was a little bit  
 5 of -- not confusion, but decision who would do what, and  
 6 I believe one of Keith's colleagues had said: oh, we've  
 7 got no mouthpiece, and I just recall saying: it doesn't  
 8 matter, I'll do it. Tobias had started, I think, chest  
 9 compressions and one of his colleagues ended up giving  
 10 him mouth to mouth. And I supported his head at that  
 11 time.  
 12 Q. Before that time came, before the CPR started, how had  
 13 his condition been, or how had it seemed to you?  
 14 A. It was -- initially we'd seen him with his eyes open, he  
 15 was still breathing, I could still see the rise and fall  
 16 of his chest, obviously over that time he was  
 17 deteriorating and I made reference to that numerous  
 18 times, and I was trying to inject a bit of sense of  
 19 urgency to say: come on, we're losing him, we need to  
 20 move quick, where's this ambulance. So I was trying to  
 21 inject that sense of urgency for everyone to, you know,  
 22 do the best we possibly could at that particular time.  
 23 Q. You've said that the time then came with the  
 24 deterioration in his condition that CPR started, and  
 25 you've told us about the role that you and Tobias and

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1 the officer played in CPR. Did a time come when the air  
 2 ambulance team arrived?  
 3 A. Before the ambulance arrived I remember, as we were  
 4 doing our various roles, there was a paramedic dressed,  
 5 I think, in green uniform, and I think I might have  
 6 snapped at him, because he was just sort of stood up and  
 7 sort of cutting bandages out, so I said to him: here,  
 8 I'll do that, you get on with the more important stuff.  
 9 But, on reflection, he was probably in shock also.  
 10 Q. We've heard from Mr Ellwood about the paramedics being  
 11 on scene and assisting over this period. Do you recall  
 12 when the medics from the air ambulance with their orange  
 13 suits came on the scene?  
 14 A. Yes, I do.  
 15 Q. What was your impression of Dr Hudson and his colleagues  
 16 when they did arrive?  
 17 A. I just thought he was one switched on cookie. I thought  
 18 he was very professional, very thorough. He gave  
 19 a clear sort of leadership role because he had actually  
 20 initially stopped us -- he stopped, I think he asked  
 21 obviously the CPR to continue, and then he made the  
 22 decision for us to all move him. So we moved him a few  
 23 feet and then we then obviously stripped Keith and  
 24 I helped cut off the rest of his clothes and I think  
 25 I stabilised his head whilst the air doctor made all the

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1 incisions and started carrying out the graphic surgery  
 2 that he did carry out.  
 3 Q. We've heard about the doctor performing that surgery to  
 4 the officer's heart there in New Palace Yard, and you've  
 5 told us that you helped to support Keith during that  
 6 period. Do you recall the time coming when the doctor  
 7 decided that nothing more could be done?  
 8 A. There was a few sort of incidents before that in terms  
 9 of, you know, we helped out in the blood transfusion and  
 10 all that, because I got up at one stage because there  
 11 was nothing further I could do, and I got up to move  
 12 across to the assailant, because just something was  
 13 burning that I needed to have a look at him, and then on  
 14 my return I thought there was positive signs because of  
 15 what has already been alluded to earlier on, with the  
 16 movement of some of Keith's organs, all of a sudden, it  
 17 was a bit of a surprise to me that they came out and  
 18 said words to this effect: right guys, we've done all we  
 19 can, we have to call it a day, there's other people on  
 20 the bridge that are in serious need of help, and at that  
 21 point I thought: what's he on about? I didn't have  
 22 a clue what had happened on the bridge. Then at that  
 23 moment, just -- it was just horrendous, a lot of people  
 24 started to break down.  
 25 Q. And I think you helped to give comfort to some of those

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1 who were breaking down, some of the officers at the  
 2 scene?  
 3 A. Yes, there was a female and a male officer that had been  
 4 holding Keith's legs up to aid venous return. The  
 5 female who I know as Mary, she just broke down. So  
 6 I tried to comfort her. She sort of pushed me off,  
 7 didn't want to know anything, and I went to speak to  
 8 this other policeman to say: look, can you comfort her,  
 9 don't leave her on her own, you need to accompany her to  
 10 wherever she was going. It was just ... horrendous.  
 11 MR HOUGH: Mr Davis, thank you very much for your evidence.  
 12 As I say, there may be some questions from others.  
 13 A. Yes, sir.  
 14 Examination by MR ADAMSON  
 15 MR ADAMSON: Mr Davis, my name is Dominic Adamson and I ask  
 16 questions on behalf of the widow of PC Palmer.  
 17 A. Sir.  
 18 Q. Mr Davis, can I just ask you a few questions about your  
 19 arrival at the Palace of Westminster. Which entrance  
 20 did you go in?  
 21 A. So from Carriage Gates we were on a coach, a team coach,  
 22 because we were travelling with not only the British  
 23 Lionhearts but also the Italian team. I guess, from  
 24 memory, that would take me maybe 100 yards further down,  
 25 maybe 200 yards, and there was a little bit of

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1 an entrance where you would turn left and then go down  
 2 a little bit of a ramp, which would then take you into  
 3 -- so you would be coming back on yourself.  
 4 Q. So you would end up back in New Palace Yard?  
 5 A. Yes, where the airport sort of security is.  
 6 Q. Yes. You said this in your statement:  
 7 "The officers on the security check weren't police  
 8 officers, I believe they were guards of some sort,  
 9 I remember thinking that security wasn't too tight,  
 10 really, particularly for such a prestigious place."  
 11 Why did you say that?  
 12 A. Airport security, I guess, I mean, I probably maybe just  
 13 sort of ... the best word for it, sort of compare it to  
 14 how you go through airport security now.  
 15 Q. Yes.  
 16 A. So it's similar.  
 17 Q. So you --  
 18 A. It wasn't on par.  
 19 Q. It wasn't on a par with airport security?  
 20 A. Yes.  
 21 Q. So are you saying that you would have expected more?  
 22 A. Yes. Especially with my military experience.  
 23 Q. Just turning now to the events as they unfolded, you've  
 24 explained how you saw the attacker come through the  
 25 gates; is that right?

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1 A. That's correct.  
 2 Q. And just so I'm clear, you're referring to  
 3 Carriage Gates that you saw him come through; is that  
 4 right?  
 5 A. That's correct.  
 6 Q. And do you remember which of the two gates you saw him  
 7 come through?  
 8 A. The furthest one away from me.  
 9 Q. So to the right as you looked across the yard?  
 10 A. Yes, that's correct.  
 11 Q. And did you see him then advance upon PC Palmer?  
 12 A. Basically from that time on I've jumped over the fence  
 13 and then I was landing on the other side, I've just seen  
 14 them moving forward, as in police officers moving away  
 15 from that scene, and Keith slowly following behind.  
 16 Q. So you saw him come through the gates, you decided you  
 17 were going to leap over the fence?  
 18 A. Yes.  
 19 Q. There were police officers running in the opposite  
 20 direction --  
 21 A. Yes.  
 22 Q. -- to the direction that you were heading in?  
 23 A. That's correct.  
 24 Q. So you were moving towards the danger?  
 25 A. Yes.

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1 Q. And at some stage you then saw PC Palmer come round the  
2 corner?  
3 A. That's correct.  
4 Q. Is that right?  
5 A. Yes.  
6 MR ADAMSON: Thank you very much, Mr Davis.  
7 MS STEVENS: My name is Susannah Stevens and I appear on  
8 behalf of the parents and the siblings of  
9 Police Constable Palmer. I don't have any questions for  
10 you, you may be pleased to hear, but the family very  
11 much wanted to express their thanks for everything you  
12 did.  
13 A. Could I just take this opportunity to say I'm very, very  
14 sorry. I think we was all (inaudible) approach,  
15 so sorry.  
16 MS STEVENS: Thank you very much.  
17 MR ADAMSON: Mr Davis, I forgot to do that and I apologise.  
18 I would like to thank you as well on behalf of the widow  
19 of PC Palmer.  
20 A. Thank you, sir.  
21 MR HOUGH: Mr Davis, thank you very much. Those are all the  
22 questions we have. Thank you very much for giving that  
23 evidence.  
24 THE CHIEF CORONER: And, Mr Davis, can I simply echo the  
25 sentiments that have been expressed. Thank you very

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1 much for everything you did in very difficult  
2 circumstances. Thank you.  
3 A. Thank you, sir.  
4 MR HOUGH: Sir, the next witness is DC Ciaran Overall.  
5 DC CIARAN OVERALL (Sworn)  
6 Examination by MR HOUGH QC  
7 MR HOUGH: Would you please give your full name and rank to  
8 the court?  
9 A. My name is Ciaran Overall, I'm a detective constable  
10 currently with the Metropolitan Police's Counter  
11 Terrorism Command, SO15.  
12 Q. Now, officer, you understand I'm asking questions first  
13 on behalf of the Coroner and then there may be questions  
14 from others. You've told us you're an officer in SO15.  
15 I think you've been involved in the Operation Classific  
16 investigation?  
17 A. That's correct, yes.  
18 Q. In that capacity I think you've been involved in  
19 preparing some visual aids to assist our understanding  
20 of events in New Palace Yard on the day of the attack.  
21 A. That's right.  
22 Q. First of all, may I look with you at some plans you  
23 prepared to show the positions of officers at the gates.  
24 You produced a number of plans to illustrate where  
25 officers were in the yard at various key stages based on

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1 an intensive review of CCTV footage from 11 possible  
2 cameras?  
3 A. I did, yes.  
4 Q. If you can bring up the first of those plans  
5 {DC7960/78}. So just to get the geography right,  
6 New Palace Yard we know is the square at the north—west  
7 corner of the parliamentary estate with  
8 Parliament Square to the west and Bridge Street to the  
9 north?  
10 A. That's correct, yes.  
11 Q. At the west side of New Palace Yard we have the two  
12 Carriage Gates giving access to vehicles?  
13 A. Yes.  
14 Q. And a vehicle would enter, is this right, through the  
15 north set of those gates, and having entered would go in  
16 a clockwise direction through either of the two barriers  
17 that we see at the north of the square?  
18 A. That's correct, yes.  
19 Q. And if the driver wanted to park in the underground car  
20 park, is this right: he would drive — he would continue  
21 in a clockwise direction and go down a ramp leading down  
22 at the south—west corner, the bottom left—hand corner of  
23 the green grassed area on this plan?  
24 A. The ramp doesn't begin until the north—west corner, but  
25 there's certainly a road and a wall that separates the

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1 two carriageways.  
2 Q. So the wall, the low wall against which we know  
3 Keith Palmer fell, is actually the wall that is the  
4 outer perimeter of the route towards that diagram?  
5 A. That's correct.  
6 Q. And for a vehicle coming up out of the underground car  
7 park, is this right, it would come up a ramp at the  
8 north—east corner, top right, and then go in a clockwise  
9 direction to a vehicle exit barrier, which we see at the  
10 bottom left of the screen?  
11 A. That's correct.  
12 Q. And then it would leave via the south set of  
13 Carriage Gates?  
14 A. Yes.  
15 Q. Can we also see on this plan, marked on the right—hand  
16 side, a construction site which was marked off with  
17 construction equipment?  
18 A. That's correct.  
19 Q. We see the CCTV cameras marked in blue, or at least  
20 a number of them marked in blue on this plan?  
21 A. Yes.  
22 Q. I think, is this right, we're looking now at the  
23 position of officers marked when the Hyundai car  
24 collided with the railings at the top of the plan, or  
25 the pillar, forming part of that wall?

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1 A. Yes, that's the top.  
 2 Q. And we can see, I think on your plan, six officers  
 3 stationed at the gates: PCs Palmer, Tipple and Carlisle  
 4 near the north Carriage Gates?  
 5 A. Correct.  
 6 Q. PCs Marsh and Glaze near the south Carriage Gates?  
 7 A. Correct.  
 8 Q. And PC Ross at the security hut pedestrian entry and  
 9 exit.  
 10 A. That's right.  
 11 Q. If we can move to the second plan, please, {DC7960/79}.  
 12 I think you have in this plan marked the position of the  
 13 various officers at the time that the knife attack on  
 14 PC Palmer began, and you've shown the officers remaining  
 15 in similar positions but with Keith Palmer having moved  
 16 forward to Carriage Gates?  
 17 A. Yes, that's correct.  
 18 Q. And then the third plan, please, {DC7960/80}. With this  
 19 plan have you shown the scene as Keith Palmer was driven  
 20 back and fell against the low wall around the grassed  
 21 area?  
 22 A. That's correct, yes.  
 23 Q. And you've marked him by the low wall, as we've seen him  
 24 fall in some of the footage. And can we see that some  
 25 of the other officers who had been with him at the gates

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1 are shown to have moved towards the vehicle barrier,  
 2 which is raised?  
 3 A. Yes.  
 4 Q. Then the fourth plan, please, {DC7960/81}, I think  
 5 you've now shown the scene as PC Palmer has been able to  
 6 get up, as we saw in the footage.  
 7 A. That's correct.  
 8 Q. PC Carlisle, I think you have shown, having moved  
 9 towards Keith Palmer and Masood, which may have caused  
 10 a distraction?  
 11 A. That's right.  
 12 Q. Then the fifth plan, {DC7960/82}, you've shown, I think,  
 13 here the position of the various officers as Masood is  
 14 shot; is that right?  
 15 A. I have, yes.  
 16 Q. By this stage with all the officers having run through  
 17 the vehicle barrier further into New Palace Yard and, as  
 18 we've seen, Masood shot while pursuing them or some of  
 19 them?  
 20 A. Correct.  
 21 Q. I would now like to move on to some other plans you've  
 22 prepared for us, concerning authorised firearms officers  
 23 in New Palace Yard. We will be hearing evidence about  
 24 two officers who were there, PCs Ashby and Sanders.  
 25 They were armed officers stationed there at the time of

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1 the attack?  
 2 A. They were, yes.  
 3 Q. You, I think, have produced some plans showing their  
 4 movements on the day?  
 5 A. I have.  
 6 Q. So first of all {DC7960/83}. Now, this shows, I think,  
 7 the period from 12.53 to 12.58, a little under two hours  
 8 before the attack?  
 9 A. That's correct.  
 10 Q. We see a yellow path, yellow arrow, showing, I think,  
 11 the route walked by PC Ashby over this period?  
 12 A. PC Sanders.  
 13 Q. I'm so sorry, PC Sanders over that period. And a green  
 14 path showing -- a green line showing the route walked by  
 15 PC Gerard --  
 16 A. Correct.  
 17 Q. -- who was an armed officer stationed with PC Sanders at  
 18 that time of the day.  
 19 A. Correct.  
 20 Q. So we see PC Sanders on this plan move from the up ramp  
 21 at the north side of New Palace Yard around in  
 22 a clockwise direction towards the members' entrance at  
 23 the south-east of the square?  
 24 A. Correct.  
 25 Q. We see him and PC Gerard move west towards the entrance

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1 to Westminster Hall.  
 2 A. That's right.  
 3 Q. Then your second plan, please, {DC7960/84}. This,  
 4 I think, shows the period from 13.25 to 13.27, a little  
 5 over one hour before the attack?  
 6 A. That's correct.  
 7 Q. We see once again the yellow and green paths showing PCs  
 8 Sanders and Gerard, and we see they both walking close  
 9 to each other, an anti-clockwise path from near  
 10 Westminster Hall entrance to near the up ramp?  
 11 A. Correct.  
 12 Q. Just so we know, is this right: that up ramp gives  
 13 access down into the underground car park, and also to  
 14 the base room for the armed officers?  
 15 A. Yes, that's why -- that's where we see PC Sanders begin  
 16 his shift, effectively, and that's why his yellow arrow  
 17 starts at the top of the up ramp.  
 18 Q. That was in the previous plan?  
 19 A. Correct.  
 20 Q. So at 13.25 to 13.27 they go from the members' entrance  
 21 area back towards the top of that ramp. Then the third  
 22 plan, {DC7960/85}, this shows, I think, the period from  
 23 13.29 to 13.43, about one hour before the attack?  
 24 A. Correct.  
 25 Q. And this, I think, shows PCs Sanders and Gerard walking

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1 from the vehicle entrance barriers on the north side of  
 2 New Palace Yard towards Carriage Gates?  
 3 A. Yes, that's right.  
 4 Q. So is this right: in the intervening period they'd  
 5 walked, they must have walked across the top of the  
 6 north end of the square?  
 7 A. That's correct, that's the direction they were moving  
 8 in, it's just that at that time there wasn't a camera,  
 9 or we don't have the footage from that time of them  
 10 walking across the north driveway.  
 11 Q. So we pick them up again, 13.29 to 13.43, moving towards  
 12 Carriage Gates.  
 13 Then {DC7960/86}, this I think shows their movements  
 14 at around 13.43, one hour before the attack. Is this  
 15 right, having been near Carriage Gates, they're shown,  
 16 both of them, to move back away from Carriage Gates  
 17 towards the vehicle entrance barriers before, again,  
 18 being lost to camera view?  
 19 A. That is correct.  
 20 Q. Or at least to the view of cameras from which you have  
 21 footage?  
 22 A. Yes.  
 23 Q. And then the next plan, {DC7960/87}, this I think shows  
 24 the movements of armed officers around 13.54, 45 minutes  
 25 before the attack?

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1 A. That's correct.  
 2 Q. And I think we see a yellow arrow for PC Sanders moving  
 3 away from the north-east corner of New Palace Yard  
 4 towards the colonnade?  
 5 A. That's correct.  
 6 Q. A green arrow for PC Gerard going from the same location  
 7 down the up ramp?  
 8 A. Correct.  
 9 Q. And a red arrow for PC Ashby coming up out of that ramp,  
 10 out of the car park area, and heading towards the  
 11 colonnades.  
 12 A. That's correct.  
 13 Q. Now, we'll see this in the footage, but is this right:  
 14 what happens at this point, at 1.55 that afternoon, was  
 15 that PC Gerard went off duty down the ramp?  
 16 A. Yes.  
 17 Q. And PC Ashby came on duty up the ramp?  
 18 A. That's correct.  
 19 Q. And PCs Ashby and Sanders moved from the area of the  
 20 ramp together towards the colonnade?  
 21 A. Correct.  
 22 Q. And so far as you have seen from the footage, did they  
 23 then remain in the area of the colonnade until the time  
 24 of the attack?  
 25 A. Yes, that's correct.

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1 Q. Then the sixth plan, please, {DC7960/88}. This,  
 2 I think, shows the movements of those two armed  
 3 officers, PCs Ashby and Sanders, at the time the Hyundai  
 4 crashed into the railings?  
 5 A. That's correct, yes.  
 6 Q. And do we see they are shown with their red and yellow  
 7 arrows to move from the colonnade towards the north-east  
 8 corner in the direction of where the vehicle had  
 9 impacted into the pillar?  
 10 A. Yes.  
 11 Q. Then {DC7960/89}, the seventh plan. This, I think,  
 12 shows their movements at 14.41.50, around the time of  
 13 the attack on Keith Palmer?  
 14 A. That's correct.  
 15 Q. We'll obviously see all of this more precisely on the  
 16 videos, but we see them moving around in the area of the  
 17 top of the up ramp?  
 18 A. That's correct.  
 19 Q. Is this right: that because of the angle of the up ramp,  
 20 it's possible to go down that and get a slightly  
 21 different view up?  
 22 A. That's absolutely right, yes.  
 23 Q. Next plan, {DC7960/90}, does this show the movements of  
 24 the two armed officers, PCs Ashby and Sanders, from  
 25 14.41.54?

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1 A. Yes, that's correct.  
 2 Q. So from the time of the attack they're seen moving in  
 3 a clockwise route around New Palace Yard?  
 4 A. Yes.  
 5 Q. First of all going to the position under the colonnades  
 6 where they had been before the attack?  
 7 A. Correct.  
 8 Q. Going out of view briefly, and then continuing along  
 9 a clockwise path to the area where Keith Palmer had  
 10 collapsed and was being tended to?  
 11 A. That's correct.  
 12 Q. Then {DC7960/91}, you can see here, I think, a plan  
 13 you've prepared showing the view — showing a position  
 14 where you estimated PCs Ashby and Sanders were at the  
 15 time of the initial attack, the north-east corner of the  
 16 grassed area, before moving down the ramp?  
 17 A. Yes, that's correct.  
 18 Q. And you've, I think, inserted on this plan images  
 19 showing the view a person would have from that position  
 20 at the top of the ramp before going down it, across  
 21 New Palace Yard towards Carriage Gates?  
 22 A. Yes.  
 23 Q. And these photos, I think, were taken at a time of year  
 24 similar to that of the time when the attack took place,  
 25 so that we have similar foliage?

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1 A. That's correct.  
 2 Q. And then {DC7960/92}, is this right, you have now  
 3 prepared a plan identifying a position where Ashby and  
 4 Sanders were at a slightly later point in the sequence,  
 5 towards the top of the up ramp?  
 6 A. That's correct.  
 7 Q. So a little way down that ramp?  
 8 A. Yes.  
 9 Q. And, once again, you've inserted on this plan,  
 10 photographs showing the view towards Carriage Gates,  
 11 first of all looking slightly to the left, and then  
 12 looking straight on towards the gates?  
 13 A. Correct.  
 14 Q. Thank you very much. We can take that off the screen.  
 15 What I'm now going to ask for your help with is  
 16 a compilation you've prepared of the movements of the  
 17 armed officers. The first one is AV0101, the first  
 18 New Palace Yard compilation. If we could pause it for  
 19 a moment.  
 20 Your compilation will show footage of the armed  
 21 officers from two hours before the attack. We'll  
 22 obviously skip through various points in the sequence.  
 23 I think with this first clip, we will see from a camera  
 24 in the north-east corner of the square, PC Sanders  
 25 moving from the up ramp to the members' entrance porch,

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1 12.53?  
 2 A. Yes.  
 3 Q. Play on, please.  
 4 (Video played in court)  
 5 So the ramp would be to the right of the shot?  
 6 A. That's correct, yes.  
 7 Q. Construction site and colonnades to the left?  
 8 A. Yes.  
 9 Q. Members' entrance straight ahead?  
 10 A. That's right.  
 11 Q. Pause there, please.  
 12 I think we're now looking at the view from the same  
 13 camera, 13.25, and we'll see PCs Sanders and Gerard  
 14 moving around the square?  
 15 A. That's correct.  
 16 Q. Play on, please.  
 17 They're now in view, walking towards the camera, so  
 18 towards the area of the up ramp; yes?  
 19 A. That's correct, yes.  
 20 Q. Then they go out of view into the CCTV blackspot.  
 21 A. Correct.  
 22 Q. Then 13.29, we're now looking down on the square, and  
 23 we'll see the officers circled as they walk together  
 24 towards Carriage Gates from the area of the vehicle  
 25 entry barriers.

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1 A. Correct, yes.  
 2 Q. Is it possible now to skip forward to tape counter 5.22  
 3 where we get split screen footage from 13.35.  
 4 So 13.35, they're still in the area of  
 5 Carriage Gates and, as we saw from your plans, they'll  
 6 remain there until about 13.44?  
 7 A. That's correct, yes.  
 8 Q. We're now looking at split screen footage showing  
 9 a period when those officers are in the area of the  
 10 Carriage Gates. May we move forward by another three  
 11 minutes, please.  
 12 Is it possible to move forward by another two  
 13 minutes. It's now 13.41, and shortly we will see PCs  
 14 Sanders and Gerard moving away from Carriage Gates, lost  
 15 from view to the camera.  
 16 A. That's correct.  
 17 Q. And this, I think, will be the last time, around 1.45,  
 18 before the attack, when there were armed officers at  
 19 Carriage Gates?  
 20 A. That's correct, yes.  
 21 Q. So we can see them on the top right-hand image moving  
 22 away from the security hut, round towards the vehicle  
 23 entrance barriers?  
 24 A. That's correct.  
 25 Q. They're now lost to view.

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1 Then the next clip, 13.44, I think we'll see the  
 2 changeover between PC Gerard and PC Ashby.  
 3 A. That's correct.  
 4 Q. So 13.44 we see PCs Sanders and Gerard coming into view,  
 5 having come from Carriage Gates; yes?  
 6 A. That's correct, yes.  
 7 Q. And we'll see them stand near the ramp before the  
 8 changeover takes place.  
 9 We can move on to the next compilation, please,  
 10 AV0102.  
 11 So, officer, we're now at 13.53 with PCs Sanders and  
 12 Gerard still near the top of the up ramp?  
 13 A. That's correct, yes.  
 14 Q. PC Sanders is moving out of view down towards the ramp?  
 15 A. Correct.  
 16 Q. Going off duty, or off shift.  
 17 A. PC Gerard, sorry.  
 18 Q. Sorry, PC Gerard. PC Ashby has come up, he walks  
 19 straight towards the colonnades, appears to turn towards  
 20 PC Sanders, who comes and joins him.  
 21 A. Correct.  
 22 Q. At 13.54 they go out of view.  
 23 A. Yes.  
 24 Q. Pause here. We're now at 14.40, the time of the attack  
 25 beginning?

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1 A. That's correct.  
 2 Q. Is this right: that from this camera view, PCs Ashby and  
 3 Sanders have been out of view in the colonnade area in  
 4 the period between 13.54 and 14.40?  
 5 A. They have indeed, yes.  
 6 Q. And as we are about to play on, we will see, I think,  
 7 some signs of the vehicle having crashed into the  
 8 railings because we'll see some construction workers in  
 9 the foreground of our screens moving forwards as if  
 10 they've noticed something pretty dramatic?  
 11 A. That's correct, yes.  
 12 Q. And meanwhile, we'll see PCs Ashby and Sanders move out  
 13 from the colonnade before the screen splits?  
 14 A. Yes.  
 15 Q. Play on, please.  
 16 So we're seeing the construction workers starting to  
 17 look up and one of them getting on top of something to  
 18 get a better view. Meanwhile, Ashby and Sanders moving  
 19 away.  
 20 Now pause here. What I think we're now seeing on  
 21 the left, bottom left, is PCs Ashby and Sanders moving  
 22 towards the direction where the car has impacted with  
 23 the wall; yes?  
 24 A. That's correct, yes.  
 25 Q. And on the top right we're seeing a shot from CCTV

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1 footage looking down at the New Palace Yard at the time  
 2 that Masood is running around before getting to  
 3 Carriage Gates?  
 4 A. Yes, correct.  
 5 Q. And is this right: these two CCTV recordings have been  
 6 synchronised so that what we are seeing is happening at  
 7 the same time?  
 8 A. They have, yes, that's right.  
 9 Q. And we will see in a moment at 14.41.05, the start of  
 10 the attack being circled, and we'll pause there.  
 11 A. Yes.  
 12 Q. So play on, please.  
 13 Pause. So we see that at the time of the attack  
 14 starting, PCs Ashby and Sanders have not quite got to  
 15 the top of the up ramp --  
 16 A. That's correct.  
 17 Q. -- they're heading in that direction. And we'll pause  
 18 again at 14.41.13, when PC Palmer has stumbled by the  
 19 low wall. So play on, please.  
 20 Pause. So on the top right, we can just see  
 21 PC Palmer stumbling by the low wall at 14.41.14?  
 22 A. Correct, yes.  
 23 Q. And at the same time, PCs Ashby and Sanders not quite at  
 24 the top of the ramp going down?  
 25 A. Yes. You can just see PC Sanders being lost from the

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1 right-hand of the screen.  
 2 Q. At the time that Keith Palmer has gone down by the wall,  
 3 they have not gone down the ramp?  
 4 A. No, they have not.  
 5 Q. And the reason I make that point is that, as we saw from  
 6 the photographs, their view is different, depending on  
 7 whether they're at the top of the ramp or a little way  
 8 down the ramp?  
 9 A. That's correct.  
 10 Q. We'll play on for a couple of seconds and then pause.  
 11 Pause there. So the attack was continuing as they  
 12 were walking down towards the ramp?  
 13 A. That's correct.  
 14 Q. And we're now going to watch some footage at 14.41.17.  
 15 We're at the point that the officers were in the area of  
 16 the up ramp.  
 17 A. Correct.  
 18 Q. Play on, please.  
 19 Now, pause here. The split screen has now changed  
 20 with the bottom left footage being from a CCTV camera  
 21 near the entry barriers looking towards the construction  
 22 site and the up ramp; yes?  
 23 A. That's correct, yes.  
 24 Q. And we can see, I think, that Ashby and Sanders have  
 25 moved slightly down the up ramp?

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1 A. They have, yes.  
 2 Q. And meanwhile, on the top right we have footage showing  
 3 the attack continuing.  
 4 A. Correct.  
 5 Q. So for the latter stages of the attack on Keith Palmer,  
 6 PCs Ashby and Sanders have gone a little way down the  
 7 ramp?  
 8 A. Correct.  
 9 Q. So it suggests that at the start of the attack they were  
 10 moving towards the up ramp; as it continued, they were  
 11 going a few steps down that ramp?  
 12 A. That's correct.  
 13 Q. Play on, please.  
 14 Now pause there. We've now reverted to a full  
 15 screen image at 14.41.15, the view from the vehicle  
 16 entry barrier towards the up ramp. Masood has just been  
 17 shot and we'll see Ashby and Sanders begin moving away  
 18 from the up ramp; is that right?  
 19 A. That's correct.  
 20 Q. Play on, please.  
 21 Pause here. In this next clip we've got a split  
 22 screen again with the top right showing the overview of  
 23 New Palace Yard and the bottom left showing the view  
 24 from the camera near the construction site. You see PCs  
 25 Ashby and Sanders moving away from the ramp and around

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1 the square, and we'll see them at 14.42.11 branch off  
 2 towards the colonnades briefly?  
 3 A. Correct, yes.  
 4 Q. Play on, please.  
 5 This is after Masood has been shot?  
 6 A. That's correct.  
 7 Q. So we're seeing them there circled, PCs Ashby and  
 8 Sanders moving towards the colonnades. That's a route  
 9 into the Palace of Westminster grounds further in, isn't  
 10 it?  
 11 A. That's correct.  
 12 Q. We see them -- they emerge again after a few seconds,  
 13 again circled; yes?  
 14 A. Correct.  
 15 Q. They're now shown on full screen walking towards the  
 16 scene of the attack. And we're seeing another armed  
 17 officer coming into view.  
 18 14.42.10. Pause, please. We've now, I think, got  
 19 a view from the camera at the south-west corner, taking  
 20 up from the last footage?  
 21 A. That's correct.  
 22 Q. And we'll see now from the perspective near the  
 23 pedestrian exit to the Palace, we'll see the officers  
 24 moving around towards Carriage Gates while PC Palmer is  
 25 being treated to the far left of our screen?

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1 A. Correct, yes.  
 2 Q. Play on, please.  
 3 So we now see PCs Ashby and Sanders coming round the  
 4 parked vehicle walking in the direction of Keith Palmer.  
 5 A. That's right.  
 6 Q. They walk further towards Carriage Gates, I think.  
 7 A. That's it.  
 8 Q. And that, I think, is the end of your compilation?  
 9 A. It is, yes.  
 10 MR HOUGH: Officer, thank you very much for your evidence,  
 11 those are all my questions. There may be questions from  
 12 others.  
 13 Examination by MR ADAMSON  
 14 MR ADAMSON: Mr Overall, my name is Dominic Adamson, I ask  
 15 questions on behalf of the widow of PC Palmer. Just  
 16 very briefly, if I may. You, based on your plans,  
 17 viewed CCTV footage from 12.53 onwards at least; is that  
 18 correct?  
 19 A. That's correct, yes.  
 20 Q. And so between the time of the earliest point that you  
 21 have acknowledged in your diagrams and the incident, you  
 22 viewed about 108 minutes of CCTV footage; is that right?  
 23 A. Yes, I will go with your calculations on that, but yes,  
 24 that's right.  
 25 Q. From different angles? Based on your analysis and

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1 having looked at the plans and the videos that we've  
 2 just had, it's correct, isn't it, that for a maximum of  
 3 14 minutes within that period, there are officers at or  
 4 approaching the gates?  
 5 A. That's correct, yes.  
 6 Q. And this may or may not be helpful: that means that for  
 7 13 per cent of the time that you viewed there were  
 8 officers at or approaching the gates.  
 9 A. Again, going on your calculations, yes.  
 10 Q. We know that PC Ashby came on duty, or emerged into the  
 11 footage at about 13.53, 13.54.  
 12 A. Yes, that's right.  
 13 Q. In all the time that he was on duty prior to this  
 14 incident, he never went to the gates at all, did he?  
 15 A. No, he did not.  
 16 Q. And is it right that, based on your review of the CCTV  
 17 footage, PCs Ashby and Sanders didn't ultimately make it  
 18 round to the gates until at least one and a half minutes  
 19 after Masood had been shot?  
 20 A. That's correct.  
 21 MR ADAMSON: Thank you very much, Mr Overall.  
 22 MR HOUGH: Those will be all the questions we have for you.  
 23 Thank you very much, officer.  
 24 THE CHIEF CORONER: Thank you.  
 25 MR HOUGH: Sir, our next witness is PC Ashby. I wonder if,

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1 given that we had quite long periods with nothing to  
 2 type during the last evidence, whether we need  
 3 a transcription break this afternoon. It's entirely  
 4 a matter in your hands, sir.  
 5 THE CHIEF CORONER: What I was going to suggest, if everyone  
 6 is content, is that we should carry on. I'm conscious,  
 7 Mr Hough, that we have a number of witnesses that we  
 8 need to get through today and tomorrow. What I was  
 9 going to ask is would it be inconvenient to anyone if we  
 10 started earlier tomorrow morning? What I had in mind  
 11 was to suggest that we might start at 9.30 tomorrow  
 12 morning.  
 13 Mr Adamson, I'm conscious that you have  
 14 a commitment, I think, on Wednesday which I'm very keen,  
 15 I think Mr Hough is very keen that you should be able to  
 16 maintain. I think so far as tomorrow is concerned,  
 17 Mr Hough, part of the running order is to deal with some  
 18 pathologists.  
 19 MR HOUGH: Yes, our present plan is to call PC Ashby this  
 20 afternoon, finish his evidence sometime tomorrow  
 21 morning, call the pathologists, whose evidence we don't  
 22 expect to be very long.  
 23 THE CHIEF CORONER: Yes.  
 24 MR HOUGH: And then call PC Sanders. Mr Adamson has to be  
 25 away by 12.30 on Wednesday.

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1 THE CHIEF CORONER: Yes.  
 2 MR HOUGH: But with an early start and a following wind,  
 3 I would hope that we can comfortably get to the end of  
 4 his examination of PC Sanders on Wednesday by 12.30.  
 5 THE CHIEF CORONER: What I would prefer us to do is to  
 6 finish, if we can, at about 4.30 today, simply that  
 7 I have a telephone conference that I would like to be  
 8 able to keep, if I possibly can, at that time. As  
 9 I say, I suggest we start at 9.30 tomorrow morning and  
 10 it may be we have just a couple of short breaks in the  
 11 course of the morning tomorrow, because I'm conscious  
 12 there will be a need for the shorthand writers to be  
 13 given a chance to rest their fingers for a few minutes.  
 14 MR HOUGH: I am well aware of their fingers. Thank you,  
 15 sir.  
 16 MR ADAMSON: Can I thank you, sir, for making the effort to  
 17 accommodate me, and to thank everyone else too.  
 18 MR HOUGH: PC Ashby, please.  
 19 PC LEE ASHBY (Sworn)  
 20 A. I am PC Lee Ashby 2464 attached to Parliamentary and  
 21 Diplomatic Protection.  
 22 THE CHIEF CORONER: Officer, as with any other witness, if  
 23 you would like to sit, stand, a mixture of the two, just  
 24 make yourself comfortable, whichever you prefer.  
 25 A. Thank you, sir. Thank you.

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1 Examination by MR HOUGH QC  
 2 MR HOUGH: Officer, I'm asking you questions first on behalf  
 3 of the Coroner, then you will be asked questions by  
 4 other lawyers. I am afraid your evidence is likely to  
 5 go into tomorrow morning.  
 6 A. Yes, sir.  
 7 Q. You're giving evidence today about events you witnessed  
 8 and participated in at the Palace of Westminster on  
 9 22 March last year; do you understand?  
 10 A. Yes, sir.  
 11 Q. You made, or you have made, I think, five witness  
 12 statements in total about those events. You may refer  
 13 to the main witness statement or any further witness  
 14 statements as you wish.  
 15 On 22 March 2017 I think you were deployed in  
 16 New Palace Yard in the Palace of Westminster as  
 17 an authorised firearms officer?  
 18 A. That's correct, sir.  
 19 Q. By early 2017, how long had you been a serving police  
 20 officer?  
 21 A. About 20, 21 years. 20 years.  
 22 Q. How long had you been an authorised firearms officer?  
 23 A. About 13 years, sir.  
 24 Q. How long had you been carrying out firearms duties in  
 25 the Palace of Westminster?

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1 A. I was on a permanent team there for six years, but  
 2 duties there, yes, about 13 years I'd been there, to and  
 3 fro.  
 4 Q. Now, I'll ask you about those duties in a moment, but  
 5 first of all your equipment. What firearms were you  
 6 equipped with on the day of the attack?  
 7 A. I was carrying a Heckler and Koch G36 with two  
 8 magazines, 25 rounds in each, a Glock 17, which had two  
 9 magazines of 17 in each, and a taser with a cartridge on  
 10 the front and in the holster grip.  
 11 Q. We'll hear about different types of police body armour  
 12 later from Mr Fenne, but is it right that you were  
 13 wearing full NATO body armour?  
 14 A. That's correct, sir.  
 15 Q. You had, I think, a police radio?  
 16 A. That's right.  
 17 Q. And is this right: that there were different channels  
 18 into which you could tune in?  
 19 A. Yes, we were on a sort of changeover period, so there  
 20 were two channels, yes.  
 21 Q. We've heard that one of those was the dispatch or  
 22 patriot channel which general police officers and  
 23 security staff in the Palace of Westminster might  
 24 monitor?  
 25 A. That's correct, sir.

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1 Q. Was there a further channel which firearms officers  
 2 might monitor?  
 3 A. No, I believe that if you were on post at  
 4 Palace of Westminster you would be on that channel.  
 5 Q. And that was, I think, the DPG channel?  
 6 A. Correct.  
 7 Q. So on 22 March 2017, from your answers so far, you would  
 8 have been monitoring the DPG channel as a matter of  
 9 course?  
 10 A. No, I think it would be on the PaDP dispatch 1. If you  
 11 were at the Palace of Westminster, you would be on PADP  
 12 dispatch 1; if you were posted elsewhere on the command,  
 13 you would be on DPG dispatch 1.  
 14 Q. I see. Now, for the purposes of deployment of firearms  
 15 officers at the Palace of Westminster, was the estate  
 16 divided into sectors?  
 17 A. Yes, sir, four sectors.  
 18 Q. What sector were you deployed to on the day of the  
 19 attack?  
 20 A. Sector 3.  
 21 Q. In your witness statement you refer to there being  
 22 laminated maps of the sectors posted in your base  
 23 control room in the area of the underground car park  
 24 underneath New Palace Yard; is that right?  
 25 A. That's correct, sir.

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1 Q. May we put up on screen {WS1633/5}. Now this, I think,  
 2 is a photograph exhibited by an SO15 officer showing one  
 3 of those maps which was on the wall until not very long  
 4 ago; do you recognise that?  
 5 A. I do, sir.  
 6 Q. And do we take it from that plan that sector 3 is the  
 7 area shaded in blue?  
 8 A. It's the entire area in blue except for the long thin  
 9 part to the left, at the very top, the long part that  
 10 moves out to the left, when the sectors came in we were  
 11 very quickly told that that area was not part of our  
 12 sector because it actually was on a different sector.  
 13 THE CHIEF CORONER: That's the bit where we see "Cromwell  
 14 Green entrance" at the top?  
 15 A. That's correct, sir.  
 16 MR HOUGH: That's a route going further to the south.  
 17 A. Towards St Stephen's.  
 18 Q. Towards St Stephen's entrance?  
 19 A. That's correct, sir.  
 20 Q. Now, I'm not going to ask you what the red dots  
 21 represent, but did you regard those red dots shown on  
 22 the plan as areas with any particular risk or  
 23 significance?  
 24 A. Sorry, of any particular?  
 25 Q. We see a number of red dots on the plan --

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1 A. Yes.  
 2 Q. -- I'm not going to ask you specifically what they  
 3 represent --  
 4 A. Yes.  
 5 Q. -- but were those areas areas of particular  
 6 significance?  
 7 A. Yes, sir.  
 8 Q. What significance did they have?  
 9 A. Well, areas at risk.  
 10 Q. We'll leave that plan on screen for the moment. Had you  
 11 been stationed in that sector many times before  
 12 22 March 2017?  
 13 A. Yes, sir.  
 14 Q. When you were deployed to that sector in March 2017, as  
 15 you were at the time of the attack, what was your  
 16 understanding of where you were supposed to stand or to  
 17 patrol?  
 18 A. Sector 3 is anywhere within the blue area. My  
 19 understanding is that when sectors came in part of the  
 20 reason was to make us more unpredictable to hostile  
 21 reconnaissance, a terrorist attack. For that reason we  
 22 were encouraged to be unpredictable in our movements.  
 23 So as long as we were within that area we could stop in  
 24 a certain area, walk to a certain area. There were no  
 25 particular timing or any location in particular we had

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1 to be.  
 2 Q. Were you aware of what the general practice of your  
 3 colleagues was in March 2017 when deployed in sector 3?  
 4 A. Yes, sir.  
 5 Q. What was their general practice as regards patrolling or  
 6 being stationed within that yard?  
 7 A. As far as I'm aware, every firearms officer that  
 8 performed sector 3 understood it to be exactly the same  
 9 as I've just explained it to you.  
 10 Q. Were there any particular expectations of where you  
 11 ought to be at any particular times of day or under any  
 12 particular conditions?  
 13 A. Not particularly, sir, however, there were certain days,  
 14 Wednesday being one of them, where, as a result of PMQs,  
 15 you were actively encouraged to be near the members'  
 16 entrance part because of the high profile MPs, cabinet  
 17 ministers, et cetera.  
 18 Q. Now, you referred a few moments ago in your questions to  
 19 sectors coming in, and you being encouraged to be less  
 20 predictable at that time?  
 21 A. Yes.  
 22 Q. Was there a time prior to 2017 when the type of  
 23 patrolling that you have described was brought in?  
 24 A. Before it, yes, sir, there was a time -- yes. Yes.  
 25 Q. There was a time when you had different sorts of

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1 instructions when in New Palace Yard?  
 2 A. Sector 3 has always been, as I've just told you.  
 3 Q. Yes.  
 4 A. But prior to sectors coming in, we performed a different  
 5 role, yes.  
 6 Q. Now, first of all, when did that change take place?  
 7 A. Sir, I couldn't be exactly sure.  
 8 Q. Months or years prior to the attack?  
 9 A. I would say years into, 18 months, two years, yes, it  
 10 was a long period.  
 11 Q. Before that change came in, what was expected of you or  
 12 what instructions were you given?  
 13 A. We were on a fixed post near Carriage Gates.  
 14 Q. Were you supposed to stand anywhere particular in  
 15 relation to Carriage Gates when being stationed there?  
 16 A. Yes, sir, we were behind the unarmed officers.  
 17 Q. How far behind? Any particular distance?  
 18 A. Not far from where I am to you, sir.  
 19 Q. Now, were you aware in March 2017 of post instructions  
 20 and what they were?  
 21 A. As far as I'm aware, sir, my post instructions were what  
 22 we see on the screen here.  
 23 Q. Can I bring up a document {WS5103/9}. Now, this is  
 24 a post instruction for the Palace of Westminster, and we  
 25 can see that it's dated in the top left-hand column, or

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1 top left –hand area, date last modified, 16 January 2015.  
 2 A. Yes, sir.  
 3 Q. The next review date, 15 January 2016?  
 4 A. Yes, sir.  
 5 Q. If we can go to the next page, please, {WS5103/10} and  
 6 if we can put some highlighting on the "Carriage Gate"  
 7 area, sector 3. Now, this document makes reference to  
 8 instructions related to Carriage Gate; is this  
 9 a document you had seen, or this type of document,  
 10 before the attack?  
 11 A. Not before the attack, no, sir.  
 12 Q. Now, the document, as produced in January 2015,  
 13 identified two posts and it said officers are to work  
 14 together, working within proximity of each other, but  
 15 not specifically as a pair.  
 16 A. Yes, sir.  
 17 Q. Pausing there, was that an instruction you would have  
 18 recognised whether or not you had seen this document?  
 19 A. No, sir.  
 20 Q. Did you understand that's how you were to operate?  
 21 A. No, sir.  
 22 Q. How did you expect to operate in terms of working with  
 23 your colleague?  
 24 A. As per my instruction of my supervisors on the blue map  
 25 on the wall outside the armoury.

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1 Q. How about the question of being within proximity but not  
 2 as a pair; was that an instruction?  
 3 A. No, we were told to patrol as a pair in the shaded area  
 4 on the blue map.  
 5 Q. Then it says:  
 6 "Officers to be positioned in close proximity to the  
 7 gates when they are open, but not outside."  
 8 Did you understand there to be any instruction that  
 9 you should be positioned in close proximity to  
 10 Carriage Gates when they were open?  
 11 A. No, sir.  
 12 Q. We've heard that Carriage Gates were open essentially  
 13 all day long --  
 14 A. That's correct, sir.  
 15 Q. -- in March 2017?  
 16 A. That's correct.  
 17 Q. You didn't understand it to be an instruction that you  
 18 should be by them either all day long or at any specific  
 19 times?  
 20 A. No, sir.  
 21 Q. And then this instruction:  
 22 "Both officers are to be positioned inline of sight  
 23 of each other with the ability to respond to Cromwell  
 24 Green entrance search point."  
 25 Cromwell Green entrance search point was the top

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1 left on the plan that we looked at, wasn't it?  
 2 A. That's correct, sir.  
 3 Q. Was that an instruction you believed applied to you when  
 4 on sector 3 in March 2017?  
 5 A. As per the blue map it clearly shows Cromwell Green, and  
 6 that was part of our sector, so yes.  
 7 Q. But there were other parts of the sector which wouldn't  
 8 have been within direct view of Cromwell Green?  
 9 A. Absolutely.  
 10 Q. So if the instruction was that you should always be  
 11 within direct view of Cromwell Green, that's not  
 12 an instruction you would have recognised --  
 13 A. No, sir.  
 14 Q. -- or believed applied to you?  
 15 A. No, sir.  
 16 Q. Thank you very much.  
 17 Now, can we next have on screen {WS5099/17}. Now,  
 18 this is an extract from a statement of  
 19 Commander Adrian Usher quoting the later version of the  
 20 post instruction as modified in December 2015. Can you  
 21 just focus on the top of the page. We can see that that  
 22 contained essentially the same instruction:  
 23 "Officers are to work together, working within  
 24 proximity of each other but not specifically as a pair.  
 25 Officers to be positioned in close proximity to the

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1 gates when they are open, but not outside.  
 2 "Both officers are to be positioned in line of sight  
 3 of each other with the ability to respond to Cromwell  
 4 Green Entrance search point [now this] and should  
 5 include a short patrol into New Palace Yard towards the  
 6 exit point of the Cromwell Green search area."  
 7 A. Yes, sir.  
 8 Q. I take it from your previous answers that that later  
 9 version of the post instruction wasn't something you  
 10 were aware of in March 2017?  
 11 A. No, sir.  
 12 Q. We can take that off the screen, please.  
 13 So if it were suggested that the post instructions  
 14 were supposed to be a definitive statement of your  
 15 duties, your answer would be that you weren't even aware  
 16 of them?  
 17 A. That's correct.  
 18 Q. Forgetting the post instructions for a moment, when  
 19 a division was called in Parliament, is it right that  
 20 not only would the gates be open, because they were open  
 21 at all times of the day --  
 22 A. That's correct.  
 23 Q. -- but also the movable barriers at Carriage Gates would  
 24 be open?  
 25 A. That's correct, sir.

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1 Q. Were you aware, or did it occur to you, that that might  
2 present a time of particular vulnerability for that part  
3 of New Palace Yard?  
4 A. I was aware of the gates being open and the barrier  
5 being open, but we were never tasked to be in any  
6 particular area at any time.  
7 Q. Did it occur to you, though, that when the gates were  
8 open and the barriers open as well, that you might want  
9 to stand near Carriage Gates, whether or not you had  
10 been specifically instructed to do so?  
11 A. Well, the gates were open all the time and sector 3 gave  
12 us many entry points to the estate that are our  
13 responsibility.  
14 Q. I appreciate you say that about what the sector  
15 instructions were, but just using your judgment as  
16 an experienced firearms officer, did it occur to you  
17 that you ought to be near that area of vulnerability at  
18 that sort of time when both gates and external barriers  
19 were open?  
20 A. No, sir because, like I say, I have many points of  
21 responsibility as well.  
22 Q. Were there other areas of that yard which you, as  
23 an experienced firearms officer, regarded as requiring  
24 attention from time to time, or presenting areas of  
25 vulnerability?

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1 A. Yes, sir. Cromwell Green search point, members'  
2 entrance, we were back up for subway entrance and  
3 Carriage Gates.  
4 Q. Putting the sector plan on screen again, if we may,  
5 that's {WS1633/5}, we've heard from Mr Ellwood today  
6 that an underpass came in, giving access effectively to  
7 the colonnades at the east end of the square.  
8 A. Yes, sir.  
9 Q. So that was an area that was a matter of concern to you  
10 as a firearms officer stationed there?  
11 A. All entry points to the estate were, sir, on our sector.  
12 Q. Members' entrance we see because that gave access  
13 further into Parliament?  
14 A. It does, sir.  
15 Q. The Cromwell Green entrance, because that was an area  
16 through which the public might exit or enter?  
17 A. Yes, sir.  
18 Q. As an experienced firearms officer, did you regard the  
19 patrolling instructions after sectors had been brought  
20 in when you were on roving patrol as more or less  
21 satisfactory than the previous arrangement where you  
22 were effectively required to stand by Carriage Gates?  
23 A. I don't find it satisfactory, sir.  
24 Q. Can we now look at -- I'm sorry, could you give that  
25 answer again, because it wasn't audible to some.

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1 A. No, for me what we had prior to sectors was a better  
2 option.  
3 Q. And why was that?  
4 A. Because I believe that you should have fixed point  
5 firearms officers at every entry point to the estate.  
6 Q. Would that mean firearms officers at a number of  
7 different positions within New Palace Yard?  
8 A. That would be firearms officers at members' entrance,  
9 Cromwell Green, subway, and at Carriage Gates.  
10 THE CHIEF CORONER: So that's four separate posts?  
11 A. Yes, sir.  
12 MR HOUGH: May we now look at an excerpt of a record of  
13 a misconduct process relating to you, which I think  
14 you're well aware of {WS5099/41}.  
15 Now, this is a record of a misconduct process which,  
16 as I understand it, didn't end in any formal action  
17 against you?  
18 A. Yes, sir.  
19 Q. And if we look around two-thirds of the way down the  
20 page, the author has written this:  
21 "Armed Post Notes are saved and viewable by all  
22 staff on the Armed Deployment Authorities Management  
23 (ADAM) system. It is accessed by the PaDP  
24 [Parliamentary and Diplomatic Protection] Information  
25 Point. The system records all access by officers and is

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1 time/date stamped. It does not record which post notes  
2 are opened once into the system. Officers are expected  
3 to regularly view and brief themselves on the posts they  
4 cover. The operations team at Apex House manage this  
5 system. They email all armed officers when a particular  
6 post has been updated in order for them to review the  
7 changes."  
8 Pausing there, but leaving this on the screen, does  
9 that accord with your understanding of what you were  
10 supposed to do: regularly view instructions on an online  
11 system?  
12 A. I do regularly view the ADAM system, however, prior to  
13 22 March 2017, I don't recall, whilst on a permanent  
14 team, being asked to do so, certainly not over the maps  
15 that were on the wall and our instructions from our  
16 supervisors.  
17 Q. Then, skipping down one paragraph:  
18 "PC Ashby last used the system on the 29/06/2015.  
19 The post notes relevant to [New Palace Yard] at the time  
20 of the incident were updated on [in December] 2015."  
21 And we saw that change. First of all, does that  
22 accord with your understanding and memory that you had  
23 last accessed the ADAM system before the attack in  
24 around the summer of 2015?  
25 A. I'm sure that is correct, sir.

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1 Q. As you understood it, were you supposed to access the  
2 system to look at instructions more regularly than that?  
3 A. To my knowledge, sir, at that time we were instructed  
4 that sector 3 on the wall is what you will perform, and  
5 I was not informed that I had to ignore those  
6 instructions and look elsewhere for a different patrol.  
7 Q. Were you aware that the system was something which you  
8 should be using to access something called post notes?  
9 A. Only now and after that event, sir.  
10 Q. But before that you didn't know that when you were  
11 accessing this system you ought to be looking for or  
12 looking at post notes?  
13 A. No, and I certainly wouldn't have considered looking on  
14 ADAM to go against what we were told to do every day.  
15 Q. So even if the post notes that we looked at earlier had  
16 been on the ADAM system, it wouldn't have occurred to  
17 you to go looking for them for instructions on how to  
18 patrol in sector 3?  
19 A. No, sir, I was told to do something different every day.  
20 Q. We can take that down now.  
21 Can I now turn to the day of the attack and the  
22 events before the attack itself, and can we look at  
23 a plan of New Palace Yard, {DC7989/80}.  
24 Now, what was your time of duty on sector 3 on the  
25 day of the attack?

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1 A. I came on post at 13.55, sir.  
2 Q. So just before 2 o'clock in the afternoon?  
3 A. Just before 2 o'clock.  
4 Q. How long were you meant to be on duty there that  
5 afternoon?  
6 A. I believe it was two hours on that post.  
7 Q. We have seen from the footage that at 1.55 you came up  
8 from the underground car park, up the ramp at the  
9 north-east corner of the square?  
10 A. Yes, sir.  
11 Q. And that you relieved PC Gerard?  
12 A. That's correct.  
13 Q. Now, we also know that for the next hour you were on  
14 patrol duty with PC Sanders?  
15 A. That's correct.  
16 Q. Now, can we now have on screen {DC7989/91}. Now, this  
17 plan shows your movement based on CCTV images which have  
18 been interpreted by the Operation Classific team and it  
19 shows you walking with PC Sanders from the up ramp  
20 towards the colonnade area at shortly before 2.00 pm  
21 that day?  
22 A. Yes, sir.  
23 Q. Can you recall, or are you able to explain, why you  
24 headed straight towards the colonnade after coming on  
25 duty?

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1 A. I can't tell you exactly why I'd have gone to that  
2 movement, but, like I said earlier, being a Wednesday,  
3 we're encouraged in that particular area on a Wednesday  
4 after PMQs you have a lot of cabinet ministers,  
5 high-profile MPs so that is an area we're actively  
6 encouraged to be in.  
7 Q. So you think you were probably heading in that direction  
8 because we were now after Prime Minister's Questions on  
9 the Wednesday, and there were likely to be higher  
10 profile individuals in that area?  
11 A. Yes, sir.  
12 Q. We then saw on the footage that PC Sanders joined you,  
13 and you were lost from view for a period under the  
14 colonnades until the time of the attack.  
15 A. Right.  
16 Q. Are you able to tell us what you were doing out of view  
17 under the colonnades over that period of about 45  
18 minutes?  
19 A. Well, out of view, we were standing by the colonnades  
20 with a view of members' entrance and straight ahead.  
21 Q. So you think probably standing under the colonnades?  
22 A. Yes, by the colonnade post.  
23 Q. Now, it may be suggested to you -- it may be suggested  
24 that staying in that area for 45 minutes didn't put you  
25 in a position to provide effective protection to the

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1 main entrance to New Palace Yard, the Carriage Gates.  
2 What would you say to that?  
3 A. I would say that's correct.  
4 Q. Would that have been a matter that would have given you  
5 concern at the time?  
6 A. As I've said before, sir, I have responsibility to  
7 members' entrance, Carriage Gates, Cromwell Green.  
8 I can't be at all of those areas.  
9 Q. Do you think now, with the -- not with the benefit of  
10 knowing about the attack, but simply looking back on it,  
11 that 45 minutes was a long time to remain in that  
12 position so far out of view, or removed from the main  
13 entrance?  
14 A. We're told to be unpredictable in what we do, sir. We  
15 are allowed to stand in any location as long as it's  
16 within our sector.  
17 Q. In the period before the attack, in that 45 minutes and  
18 in particular towards the end of it, did you have any  
19 exchanges with anybody, any conversations with anyone  
20 other than your colleague, PC Sanders, in that area?  
21 A. Yes, sir, Acting Commissioner Mackey.  
22 Q. So that was Acting Commissioner Mackey, and was that  
23 shortly before the attack?  
24 A. Yes, sir.  
25 Q. Was he in the process of leaving the

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1 Palace of Westminster?  
 2 A. Yes, sir, he was.  
 3 Q. Did you have a short conversation with him?  
 4 A. Yes, we did.  
 5 Q. And I think he was being driven away from the Palace on  
 6 that day?  
 7 A. That's correct.  
 8 Q. Did his car move away from you before your attention was  
 9 drawn elsewhere?  
 10 A. Yes, sir.  
 11 Q. And I know you've seen footage; I think it was his car  
 12 which caused the vehicle exit barrier to rise during the  
 13 course of the attack?  
 14 A. So I understand. I didn't see it, sir.  
 15 Q. What first drew your attention to the fact that  
 16 something very much out of the ordinary was happening?  
 17 A. There was a very, very loud bang to my right-hand side  
 18 near Bridge Street.  
 19 Q. What did you and PC Sanders do in response?  
 20 A. We made our way towards the sound of the bang.  
 21 Q. We can put on screen {DC7989/92}. This is a plan  
 22 showing your movement at that time, yours and  
 23 PC Sanders' movement. Why did you move in that  
 24 direction? It may be obvious.  
 25 A. The second, the longer of the two red arrows, just to

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1 the right of the green, it would appear that it was at  
 2 that point when I've got there that I've heard gunfire,  
 3 and then the very top red arrow shows me going down the  
 4 ramp to get cover.  
 5 Q. So you first of all headed towards the area at the top  
 6 of the ramp in order, is this right, to see what had  
 7 caused the loud bang?  
 8 A. Yes, as I approached that area, sir, I could see lots of  
 9 people, I could hear screaming, I could tell that  
 10 something was untoward.  
 11 Q. And then you say a point came in time when you heard  
 12 gunshots?  
 13 A. Yes, sir.  
 14 Q. And you moved further down the ramp in order to get  
 15 cover?  
 16 A. Yes, at that point I felt that I was a target so I moved  
 17 down to get cover, and so I could still see above to  
 18 ascertain where the shooter was.  
 19 Q. Could you hear where the shots had been coming from?  
 20 A. No, sir.  
 21 Q. Did PC Sanders do the same?  
 22 A. No, PC Sanders stood at the top, and it was at that  
 23 point that I told him to get cover as well, because  
 24 I felt he was vulnerable.  
 25 Q. Did a time come when you decided to move from that

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1 position?  
 2 A. Yes, sir.  
 3 Q. What caused you to decide to move?  
 4 A. Well, clearly something very bad had happened, we didn't  
 5 know where, so as firearms officers, we had to go and  
 6 find out, and as we came up we looked to the right  
 7 towards members' entrance and made our way over to that  
 8 area.  
 9 Q. Where were you intending to go at that stage?  
 10 A. Over by members' entrance you can see there was a lot of  
 11 movement, a lot of people running around, it was busier  
 12 than it should be. So it was clear to us that that  
 13 could possibly be the area where things weren't right.  
 14 Q. If we can have the next plan on screen {DC7989/93}, and  
 15 this first of all shows your movements and those of PC  
 16 Sanders around the top of the up ramp, and then the next  
 17 plan, {DC7989/94}, please. We can leave that on screen.  
 18 We saw in the footage, and we now see marked on this  
 19 plan, that after leaving the up ramp, you and PC Sanders  
 20 moved together towards the colonnade.  
 21 A. Yes, sir.  
 22 Q. Just to be clear, why did you head in that specific  
 23 direction or towards there in particular?  
 24 A. Because you could see a lot of people running round,  
 25 sir. Clearly something wasn't right.

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1 Q. When you went under the colonnades, what could you see  
 2 or hear there?  
 3 A. Screaming, people running. At that point I felt that:  
 4 is it happening here? Is there something here that  
 5 I need to look at? Is the threat here? So that's why  
 6 we went there to see if it was.  
 7 Q. Did you, when you were under the colonnades, get any  
 8 impression of where the threat was coming from?  
 9 A. Not at that time, sir, no.  
 10 Q. So what did you decide to do then?  
 11 A. We could clearly see that the threat wasn't there, so we  
 12 moved around towards members' entrance sir, towards  
 13 Carriage Gates area, that part of the road that leads  
 14 up.  
 15 Q. Were you hearing any radio messages over this period?  
 16 A. No, sir.  
 17 Q. What did you think was happening?  
 18 A. Well, I felt that we were under attack.  
 19 Q. Did you have any particular thought about who was -- who  
 20 had been firing the shots?  
 21 A. I -- no, sir.  
 22 Q. You've seen video footage of your movements and we can  
 23 see that you were moving at a walking pace over this  
 24 period of time. What would be the reason for you moving  
 25 at that pace?

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1 A. Well, obviously I don't know where the threat is,  
 2 I can't just go running aimlessly to -- you know, I have  
 3 to be tactical in our movement, as me and PC Sanders  
 4 were, I would say a bit faster than walking with our  
 5 weapons in a low ready position, clearly, you know, we  
 6 knew there was a threat, we just didn't know where it  
 7 was. I just can't run into an area where I don't know  
 8 where the threat is.

9 Q. Now, in your first witness statement, which you made on  
 10 16 May last year, towards the bottom of the first page  
 11 you say this about the period of time from which you  
 12 heard the gunshots:  
 13 "I had no idea where these shots were coming from  
 14 and I took cover slightly down the ramp as I was unsure  
 15 whether I was being shot at. I then heard over my  
 16 police radio that urgent assistance was required at  
 17 Carriage Gates and that a police officer was down."  
 18 Is that right? Is that something you heard or was  
 19 that a mistake?

20 A. No, I think, sir, that having viewed the CCTV later with  
 21 SO15, it's very clear that I couldn't have heard that  
 22 transmission otherwise I would be running directly to  
 23 that location.

24 Q. So is this right: you have deduced from looking at your  
 25 movements that you can't have heard that radio message?

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1 A. Yes, sir, that's correct.

2 Q. At this time, which radio station did you have on that  
 3 you were monitoring?

4 A. I have to be honest, I don't know. It would either have  
 5 been PaDP dispatch 1 or DPG dispatch 1. I'm not  
 6 entirely sure what the working channel was back then.

7 Q. We know, the lawyers are aware, that on the dispatch 1  
 8 there was a message about people attacking with knives  
 9 as the attack began.

10 A. Yes, sir.

11 Q. And we've heard from PC Glaze who gave that message. Is  
 12 that a message you recall having heard at any point over  
 13 this period?

14 A. No, sir.

15 Q. We've also heard and seen from the record of that  
 16 channel that there were references to an officer being  
 17 down; do you recall --

18 A. No, sir.

19 Q. -- a radio message to that effect?

20 A. No, sir.

21 Q. Is it possible that you weren't on either of the two  
 22 radio channels?

23 A. I would have been on the correct radio channel, sir.

24 Q. Now, PC Glaze was transmitting those messages, we know,  
 25 over the general dispatch channel. Does that suggest

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1 that you were likely on the other channel, the channel  
 2 specifically for firearms officers?

3 A. Sir, if I'm honest, I believe that I was on the correct  
 4 channel, but obviously at that time I thought I was  
 5 being shot at, and if I'm honest with you, I think the  
 6 last thing on my mind was what was coming out of the  
 7 radio. I was focusing on the threat in front of me.

8 Q. So it's possible that there were messages that you  
 9 didn't hear or --

10 A. That's quite correct.

11 Q. -- attend to. So drawing these threads together from  
 12 your last few answers, your initial recollection when  
 13 you wrote the statement was that you had heard a message  
 14 about an officer being down and you had run towards  
 15 Carriage Gates?

16 A. Yes, sir.

17 Q. But, having seen footage, and that you walked towards  
 18 Carriage Gates, you now believe that you cannot have  
 19 heard such a message?

20 A. Absolutely.

21 Q. Would there be a specific reason why, as a trained  
 22 firearms officer, you would walk in a situation where  
 23 you weren't sure of the location of a threat?

24 A. Like I've already said, sir, I can't go running  
 25 aimlessly if I don't know where the threat is.

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1 Q. When you reached the south-west corner of the square,  
 2 the area where we see the arrows ending on this plan,  
 3 what did you see?

4 A. The south-west. I saw, there was actually a van parked  
 5 up just to the right of the stairs by the green. So  
 6 initially I couldn't see far down that part of the road  
 7 at all, but as I moved past it, I could see  
 8 PC Keith Palmer lying on the right and PC Doug Glaze on  
 9 top of the suspect.

10 Q. Now, we know that PC Keith Palmer was towards the  
 11 south-west corner of the grassed area in the middle of  
 12 New Palace Yard?

13 A. Yes, sir.

14 Q. And that the suspect was further towards the vehicle  
 15 barrier which had risen. What did you decide to do at  
 16 that stage?

17 A. We made our way up towards PC Palmer and towards  
 18 Dougie Glaze, and then I heard PC Glaze shout out to me  
 19 "Lee, we're under attack", and I ran up towards the  
 20 vehicle barrier.

21 Q. What did you do there?

22 A. I shouted at -- I can't remember who was at the gates,  
 23 but I shouted at them to get the gates shut, because  
 24 Doug said we were under attack so obviously then  
 25 I realised we were under attack from that area.

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1 Q. Did you then man those gates after they'd been closed?  
 2 A. Did I man them?  
 3 Q. Yes. Did you stay by them?  
 4 A. Not to the best of my knowledge, sir.  
 5 Q. Where did you go from there?  
 6 A. From there I was there for a period of time, I cannot  
 7 remember exactly where -- for how long, and then shortly  
 8 after that once a containment position was put in myself  
 9 and PC Sanders moved out towards Parliament Square to  
 10 put in a further containment --  
 11 Q. I think you went off duty at 7 o'clock that day.  
 12 A. That's correct.  
 13 Q. Now, returning, finally, to the misconduct process, the  
 14 findings were made in that process that you and  
 15 PC Sanders ought to have been close to Carriage Gates  
 16 when they were open, although that didn't lead to  
 17 a formal process against you. I take it from your  
 18 answers that that's not a conclusion you accept, or  
 19 agree with?  
 20 A. That's not a conclusion what, sorry, sir?  
 21 Q. That you accept or agree with?  
 22 A. No.  
 23 MR HOUGH: PC Ashby, thanks very much. Those are all the  
 24 questions that I have, but there will be questions from  
 25 other lawyers, which shall probably be tomorrow morning.

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1 THE CHIEF CORONER: What I suggest, Mr Hough, is that we  
 2 finish there.  
 3 Can you be here, please, for 9.30 in the morning?  
 4 A. Yes, sir.  
 5 THE CHIEF CORONER: Very well, we will pick up on where we  
 6 have got to at 9.30 in the morning and resume then.  
 7 Thank you. I'll rise.  
 8 (4.26 pm)

9 (The court adjourned until 9.30 am on  
 10 Tuesday, 18 September 2018)  
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