

WITNESS STATEMENT

Criminal Procedure Rules, r27.2; Criminal Justice Act 1967, s.9; Magistrates' Courts Act 1980, s.5b

Statement of: CONYERS, MARIA

Age if under 18: Over 18 (if over 18 insert 'over 18')

Occupation: INCIDENT RESPONSE OFFICER, LAS

This statement (consisting of 11 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false, or do not believe to be true.

Signature: M CONYERS

Date: 13/02/2018

Tick if witness evidence is visually recorded ☐ (supply witness details on rear)

This statement relates to my attendance at the Grenfell Tower fire on Wednesday 14th June 2017.

On Tuesday 13th February 2018, I was interviewed by DC Matt LONGDEN and DC Luke BACON at Barnehurst Ambulance Station in relation to the fire. Below is a detailed summary of my account.

I made brief notes in a decision log on the day of the incident. These notes were fully written out in the days after. I have two decision logs. Book one I exhibit as MAC/1. Book two I exhibit as MAC/2. I may refer to the logs and timings during this statement. I have also used a map to shown various points and locations that I will mention below. I exhibit this map as MAC/3.

I am an Incident Response Officer (IRO) for the London Ambulance Service (LAS) with 24 years' service. For the past 22 years I have been a qualified paramedic, despite now being in an 'officer'/management role I still keep my core skills up to date and conduct a number of paramedic shifts throughout the year to keep the skills I have acquired over the years. For the past 17-18 years, I worked in a 'duty officer' capacity, beginning in 2000. From 2004, following a restructure I became a Duty Station Officer until the role was disbanded under further restructure in 2015 at which point I became an Incident Response Officer (IRO).

The role of an IRO is to be a 'front of house' manager at live incidents. Within the command structure we

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would be known as a 'bronze' with responsibilities at a variety of incidents' such as high risk, major declared incidents, infant deaths and significant incidents - all of which would have been officially declared. We also conduct background work at major public events such as football matches and other such like. My role also requires the writing of training packages and I have put together many training days over the years and varying types from prison visits to 'expo' training with the military and bomb disposal and marauding terrorist attacks. I have also attended numerous training days on these topics, as well as others.

Our shift rota is a combination of days and nights on a 6-week pattern, for example, Monday-Thursday nights followed by Monday-Thursday days and rest days in the middle.

Since first joining, I have undertaken ever extensive and developing training. When I first joined as a patient transfer, I quickly stepped up to being a technician before becoming a qualified paramedic at the completion of an intensive 10 weeks course with pass/fail exams followed by a month of shadowing a qualified paramedic. I then became a duty officer in the south east from 2000. Within that time, I have been on further training and development courses in health and safety, major incidents and paramedic skills.

The training undertaken for an IRO entails a Joint Emergency Service Inter- operability Programme (JESIP) course. This is a 1-day course with other agency commanders and learning how best to communicate at incident scenes to ensure smooth running at major incidents. Other agencies will include the police, LFB, BTP and LALO (Local Authority). I am yet to undertake my Operational Commanders Course but am due to do that in the coming weeks. [REDACTED]

[REDACTED] I have completed collision investigation courses, HEMS training, familiarisation, table-top scenario based training to refresh skills and finally thousands of hours over the years of on the job training as a practicing paramedic and manager which is my primary role.

I have attended countless major incidents over the years and can call upon years of experience. However, I have never experienced anything on the level of the Grenfell Tower fire.

The command structure within the LAS for major incidents is well coordinated. At the top is 'Gold' and

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likely to be a Director level appointment. They would be the head of the strategic level and are responsible for the entire LAS strategy at a major incident. They are assigned on a call out rota and would be paged if required. Below Gold is 'Silver' command who work on a 24/7 basis and there is always someone in place to step in if required. Silver conduct day to day running of the LAS at a managerial level and are responsible for tactical decisions. In the event of a major incident being declared, a second Silver will be nominated to establish a Specialist Operations Centre (SOC). Those nominated will be part of an on call rota and they will specifically run the SOC so that the day-to-day silver can return to running normal business on behalf of the LAS. Below Silver are 'Bronze' commanders (IROs) who are responsible for the implementation of the tactics and are geographically positioned around London. At the time of the fire, there were 7x IROs on duty in London but this has now been upgraded to 8 to add extra resilience. They are based in ambulance stations.

During major incidents, Bronze Commanders, who should have completed the Operational Commanders' Course, will be divided into various areas of responsibilities. There are approximately 13 different roles that could be called upon but this is flexible and the roles are only required if the incident dictates their necessity.

For example, roles could be in place for casualty clearing/casualty triage/casualty forward position/safety sector/ ambulance parking and LAS Medic - to name a few. Each role works in partnership with the others and should provide a seamless link to best deal with any casualties. An example could be that following the extraction of a casualty, they would be assessed by the forward position and triaged, transferred to clearing where they are strategically placed dependent on their medical needs and then met by an ambulance at the parking area before being transported to hospital. All of this is heavily dependent on the severity of injury of the casualty.

The system is flexible and dynamic based on the circumstances of the incident. At the Croydon tram crash in 2016, I was 'Bronze Carriage 2', responsible for managing only that carriage. Therefore, the system can be broken down into small segments if it is deemed necessary.

With regards to knowledge of Grenfell Tower, [REDACTED] I knew of it to look at, but did not know the name of it. I am familiar with the area. However, operationally I have never had any

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dealings with it.

I will talk about events on the night of the Grenfell Tower fire.

Tuesday 13th June 2017 was my second night shift for the week. I got into work at Barnehurst Ambulance Station at 6.30pm, ready to take the handover from my day shift colleague Nick GOH. After receiving a handover from Nick, I officially began my shift at 7pm. My call sign was IR51.

I was working with other IRO's on the night of Grenfell and will list them and their call signs below:

Paul HAMMOND — IR11

Andy GOULD — IR21

Dave BARNES — IR31

Graham BARWICK — IR41

Myself — IR51

Laurence IOANNOU — IR61

Tom GLEESON — IR71

At 7.30pm, I dialled into our daily conference call, then shortly after I was deployed to a paediatric cardiac arrest call in the Erith area. I spent a couple of hours dealing with this incident, conducting welfare checks and debriefs with the paramedic crew. I was assisting with this until about 11.30pm, when I went to Bow Ambulance Station.

I was with the other IRO's at Bow when a phone call came through from Incident Delivery Manager Mandy WHEATON, who was our Silver for London. She stated that there was a 20-pump fire ongoing in South West London.

A 20-pump fire is a significant incident for the LAS.

A short while later both mine and Laurence's (IR61) radio went off. We were dispatched to a fire with postcode SW11, CAD 247. [REDACTED] I knew this was the Battersea area. Laurence

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and I immediately began to make our way to South West London from Bow. I was about 3 miles out when at 0134 hours I was cancelled and stood down. They kept Laurence going to the incident and dispatched Paul HAMMOND (IR11). I was aware that control corrected the postcode of the incident to W11, and Paul was dispatched as this was his area.

On being cancelled, I made my way back to Bow in East London. I am not sure what time I got back. Back at Bow I was with Mandy WHEATON /Tom GLEESON/ Graham BARWICK /Dave BARNES. The television was switched on and Sky News were reporting live pictures of the tower. You could see this streak of fire up one side of the building, all the way up to the top.

It was around this time that Dave BARNES (IR31) was dispatched to another incident.

We decided to switch radio channels to the Incident Commanders channel. Channel 123 is the channel for our crew staff, and Channel 103 is for incident managers. We were listening in to Laurence's comms as the Incident Commander, and at 0215-0220 hours we heard Laurence declare that this fire was a major incident. He said that he had a paediatric cardiac arrest patients and lots of people still inside the tower.

I said to Tom GLEESON and Graham BARWICK that we needed to go and support Laurence because you could tell the fire was rapidly spreading just by looking at the TV, and there was going to potentially be a number of casualties. We went back into Mandy's office and mentioned to her that we needed to go. She told us to go.

Tom GLEESON's car had broken down so he went in Graham's car. We all went in convoy towards West London. I remember we contacted control to inform them that we were attending.

Tom had good knowledge of the area and we travelled via the A40 Westway. It was a clear run at that time of the night. I was still listening to the Incident Commanders channel and heard Laurence asking where IR41/IR51/IR71 were. This was Graham, myself and Tom. I replied on the radio saying, "We are 10 minutes out".

As we were driving over the Westway I saw the building to my left. The whole building was wrapped in

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fire and looked a lot worse compared to when I saw it on the television a short while earlier. I immediately called Tom using my hands free system. When he answered, I just said to him “F**k” or similar words.

The scale of this incident was huge and it was mesmerising, hoping that everyone was out.

I don’t know where we parked up but it was streets away from the building. It was very difficult to park with fire engines everywhere and parked cars, so we had to dump our two cars on a dropped kerb. I do remember that when I returned to the car later that morning, it was covered in dust and soot.

When we parked, we put our hats, coats and earpieces on. I radioed our control room to say that all three of us were at the scene. Every Incident Response Officer car has numerous pieces of equipment in the car including carry sheets/major incident packs/triage bags. Each car has ten yellow coloured carry sheets. These are used as emergency stretchers; however, they are flammable and not ideal for use during a fire. The major incident packs contain all our sector tabards, boards, log books, cordon tape and more. The triage bag carries tourniquets, bandages, medical equipment, light sticks and tags.

The tags in the triage bags are numbered from 1-3. Every person is triaged and will be given a number based on their injury or condition.

P1 — Casualty not engaging or responding.

P2 — Casualty sitting, making noises and talking.

P3 — Casualty that is walking around, communicating.

Dead tag — Casualty is deceased.

We would place a tag around the casualty’s arm or leg, and it will help us identify the level of their injury in the casualty clearing area and decide on their level of medical attention.

Both myself and Tom took our bags with us. We didn’t know what was happening at the incident, nor did we know what we were going to do at that point.

It took a few minutes for us to walk to Grenfell Tower. I could not see the tower, but could smell the

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smoke and feel the heat in the air. We walked to the tower from the East side via the Leisure Centre. That was the first time that I saw the tower from close distance. The scene itself was mesmerising. I had never seen anything of that magnitude. There were fire fighters everywhere; Fire engine hoses all laid across the floor; Paramedics rushing around; Members of public everywhere standing and crying. This was all with the constant flashing of blue lights from all the emergency vehicles illuminating the area in the night sky. It was very active and could feel the tension in the air with every person being focused on their role.

It was like standing next to a bonfire. The intense heat coming from the building and the smell of smoke being blown by the mild breeze. All I could think was how it got on fire, and how was the outside of the building on fire?

We quickly found Laurence on the South East corner of the building. He was the LAS Incident Commander at this time and had Helen WIGLEY as his loggist. Laurence told us that there was something going on at the other side of the building. He had sent the HART Team there but had heard nothing back from them. Laurence had already decided on sectoring this incident.

Laurence sent myself, Tom GLEESON and Simon WOODMORE from the HART Team around to the West side of the building, now known as 'Sector 2'.

Graham BARWICK stayed on the East Side with Laurence.

At this point I was still known as IR51 with no designated role.

We walked around the tower but did not know where we were going. There were firefighters, police officers and members of public everywhere. One male came up to us and asked where we wanted to go. We just said to the other side of the building so he offered to take us there. We walked down an underpass towards Latimer Road tube station. It was a bit of a blur but we all stuck together. We ended on Station Approach which was an open walkway. We walked down Station Approach and got to a pub on Bramley Road. At the end of the walkway there was just crowds of people around a tree, crying and tugging at me to help. There was only one ambulance crew there.

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Simon and Tom went back to the other end of Station Approach, the end nearest Grenfell Tower.

There were so many people in this area, possibly 200 plus. All crying and screaming. I immediately went to the ambulance crew and asked if they were Ok. It was one female paramedic, and one male paramedic. Call sign B630. I saw the female with a child in the back of the ambulance and they told me she was in a hypoxic cardiac arrest and they needed to get out of the area, but were too overwhelmed with all the people. They were managing the resuscitation. The child was a pre-pubescent girl, possibly around 8-10 years old with blondy hair.

I got on my radio, channel 123, and transmitted the message "B630 with hypoxic cardiac arrest, pre-pubescent, 8-10 years old, could they nominate me a hospital". Control responded, allocating St Marys Hospital W2. I wrote on the male paramedics' hand 'channel 123 and St Mary's'. This was to remind him what radio channel was being used and what hospital they were going too.

I said to a firefighter in the vicinity that he had one minute to inform his team as he was needed to go with the ambulance and escort them.

I saw a HART team over my shoulder and they were all busy. I needed to get into my METHANE frame of mind and get a picture of the scene I was dealing with. METHANE is an acronym for how we report incidents, including whether it is a major incident /the exact location /type of incident /hazards/access/number of casualties/emergency services involved.

I saw one of the HART operatives and asked him to starting to tag people.

At around 0330 hours, I needed urgent police assistance to start pushing people back because I could not tell who was casualty, and who was not. I radioed control making this request.

I walked under the railway bridge on Bramley Road, turned round and counted how many potential casualties we had, trying to identify whether they were P1/P2/P3. I can not remember the numbers I counted, but there were lots of P3, walking wounded. I was not aware of any deceased persons at this point. I remember giving control an update on numbers.

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There was a firefighter holding a baby in his arms asking me what to do. I told him to keep the baby and stay by the tree where casualties were being triaged and treated by the HART team.

On my decision log, at 0345 hours I wrote that there was 1x P1 casualty who was deceased, 8x P2 casualties, 7x P3 casualties.

I made the decision to make Shalfleet Drive junction with Bramley Road my turning point for our vehicles. Vehicles could only go North with fire engines blocking the road in the other direction.

I then walked back to the end of Station Approach junction with Bramley Road. Tom GLEESON/Dave BARNES/Simon GLEESON all came back to me. We all regathered and had a conversation about what we were going to do. Simon made the decision as to what roles we would perform:

Myself — Bronze sector

Tom GLEESON — Bronze forward

Dave BARNES — Bronze parking

Tom's role as Bronze Forward would include acting as a reception point for patients at the top of Station Approach nearest Grenfell Tower. He would triage people, tagging them with P1/P2/P3 and send them to us. P1 or P2 casualties would be carried by crews or firefighters. P3 would generally walk to us by themselves. When these people got to us, we would put them in selected areas ready to be taken to hospital or treated.

We informed control via radio what our individual roles were.

As Bronze Sector, my role was to manage all the Bronzes in that sector, overseeing the sector and making decisions. All the decisions would go through me.

I needed to ensure that everything was setup including splitting the P1/P2/P3 casualties, having a safe/sterile area, liaising with the other bronzes, and updating control with our actions.

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After roles had been assigned, the HART team in the sector needed more oxygen. They already have big tanks to feed about ten people, but there were a lot of people with smoke inhalation who needed care. People also needed lots of blankets. The police quickly came to where we were and started pushing people back quickly. This eased the crowds and the ambulances could then start coming in. Dave BARNES was taping the area with our cordon tape.

On assessing the casualties, I realised that the P1 and P2 casualties took priority.

At 0431 hours I liaised with the Police Inspector and requested that he opened the 'Garden Bar & Grill' that was next to us. I told him to kick the door through and escort all of our P3 casualties in there. The bar was an unused space where the HART teams could treat and account for the P3 casualties, which would free up space in the street for ambulances and other casualties. The police immediately kicked in the door to the bar. HART team took the P3 casualties into the bar, and were led by Dr Faye BATE.

It was also around this time that HEMS arrived by car. This included five doctors and one paramedic. I instructed HEMS to sieve through the P1 and P2 casualties, working alongside clearing and parking Bronze's to help escort the casualties to hospital. Ambulance crews would arrive and park on Bramley Road. HEMS and HART teams would triage the casualties then put them directly into the ambulances. The ambulances would then turn around in Shalfleet Drive and drive to the hospitals allocated by control. The hospital location would vary for each patient.

At the same time I instructed members of public to go to the survivor reception area on Preston Road.

HEMS crews needed radios to liaise with control regarding patients. I said to one HART operative to get some P1 tags and equipment to start setting up the casualty clearing area.

I visited Tom during this time at his post at the top of Station Approach next to the childrens play area. I had a full view of the tower. It was very hot and there was smoke coming from it, with embers flying around. We had to be careful of our casualty sheets as they were flammable. Tom said that he had one deceased person, who was in a black body bag. He was fine with the HART team. I did notice the police had riot shields and were using them to escort people to/from the building because of the debris that was falling. There were some big lumps falling from the upper floors, burning on their way down. Smaller bits

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were being blown in the wind.

At around 0445 hours, one guy bought over an emergency equipment vehicle from Fulham. I don't know who he was. These vehicles carry excess medical equipment. I said that I needed blankets and oxygen immediately for the HEMS crews. He went off and quickly returned with some.

I continued to request medical equipment, so he decided to tip out the equipment from the vehicle so we had everything we needed there and then.

Every now and then I would stand back and look at Grenfell Tower. You could see people waving from the 21st floor. I thought to myself that if I could still see them, then there is a chance that they may be rescued.

At 0531 hours, on my decision log I recorded at Sector 2 that there was a total of patients conveyed:

5x P1 casualties

6x P2 casualties

18x P3 casualties

I updated control with these numbers.

At 0539 hours I requested an update on the integrity of the building structure. I had heard nothing from the LFB or anyone regarding the safety of the building. Every so often I heard a low level boom coming from the tower. I overheard that the LFB said they 'think' it was safe, but this was not reassuring for me. I needed to consider the safety of my staff near the tower, and the implications if it did collapse.

At the time same I used radio channel 103 to contact control and asked for the situation on 'swap out' plans for the night crews. I had to consider the welfare of my night duty staff.

After this, Simon came to me and said that Tom was ok at the other end of Station Approach. I looked up again at the tower and noted that the people in the windows had gone. I asked myself where they had

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gone and thought maybe to the other side of the tower. It was only a little while later that I heard details of a couple of jumpers from the building.

As dawn broke, the patients in Sector 2 cleared. Our first wave of patients had been triaged and cleared from the scene. I had 15 ambulance crews assisted with this. Control radioed me and asked how many patients were in Sector 2. I said none. They wanted more ambulances in Sector 1, but I know that I needed to keep some in Sector 2 if there were any further casualties to be bought out. I wanted to keep a minimum of 5 ambulances, releasing the others to Sector 1.

As detailed on my decision log, at 0617 hours, I swapped out my Bronze Clearing Officer Geoff, to N997 (Johnny from CHUB). Geoff went back to the HART team. A short while later, control requested that the HEMS doctors were to return back to Royal London Hospital to continue with their day surgery.

At 0800 hours, sector 2 had zero patients. Control were updated via radio channel 103. We had no more casualties after this. Laurence said they had active callers but the firefighters could not get water pressure above the 11th floor.

At 0813 hours, I was made aware that one male was pulled from the building.

He was bought to Sector 2, was triaged by the doctors and sent to hospital with ambulance crew C302.

By 0910hrs, my relief from Fulham arrived to take over from me and I conducted a verbal handover as best as I could. I was completely exhausted both physically and mentally. I cannot remember his name, but left him in charge of Bronze Sector 2. Dave and Tom were relieved at about the same time. I eventually left the scene by 0930hrs but could then not find my car. I phoned Control and asked them to map the location of my car and send back to me. When I arrived, there was a plume of ash and soot that covered my car and I did my best to clean it off. I struggled to drive due to my levels of exhaustion and stopped to get a coffee at the nearest coffee shop I could find. When I walked in, I realised that I was dirty as well as exhausted and asked for a double espresso.

Owing to my condition, the man who served me refused to take payment and let me have it for free.

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When I left I experienced car problems in Kennington, which was incredibly busy at that time of the morning, and it stalled for no reason. After reporting it I kept trying the engine before it eventually restarted and I was able to continue my journey. I eventually returned to Barnhurst Ambulance Station at approximately 1100hrs, dekkitted the car as my day shift counterpart (IR51) had travelled to Grenfell in a spare vehicle. I went off duty at 1130hrs before getting home at midday. I slept for a few hours before waking at approximately 4pm. I checked the TV for updates on the situation and had to go back in to work that night. Owing to the constant levels of adrenaline that were pumping in my body for such a sustained period, I felt sick for a number of days afterwards and processing the events. I became very reflective in the weeks afterwards, but have learned to live with it.

Now that a substantial amount of time has passed and I have had time to reflect on the incident, I have a number of thoughts. Communication with the LFB on the night was virtually non-existent from my point of view. Early on in the proceedings, I was tasked with locating designated LFB Safety Officer on my side of the building but never found one. I know that the LFB were extremely busy and the firefighters worked extraordinarily hard but I had no engagement with an officer.

I liaised with a police inspector to assist with cordons and crowd control this was done quickly and efficiently. The only input I had with the LFB was via my control room following a silver meeting. I had grave concerns over the integrity and structure of the building especially as I had staff in a forward position at the base of the tower and I was nervous about their safety. Unfortunately, I was not given any information other than the LFB 'thought' it was safe.

What would have assisted me would have been to have had a LFB counterpart on my side staying I constant contact and relaying any messages that they received. That would have offered better reassurance. Instead, I had to wait for Laurence to come and see me when he had an opportunity. I was not given any information regarding the water, callers from inside or safety. I never saw a safety officer in an orange tabard.

As I have stated, I have never dealt with an incident on this level or magnitude before. It was unique because it was forever unfolding, live and utter chaos. I have dealt with a lot of death and destruction over

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the years but this was on a different level.

I have not sustained any physical injuries [REDACTED]

[REDACTED] I recognised early on, that this would be a life changing experience for me and something that would not be easily forgotten. It is everywhere in the media and I do not know what to listen to and what not. I know I will never be able to forget.

This statement has been electronically signed.

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