

**WITNESS STATEMENT**

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

Statement of: CRICHTON, STUART

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

Occupation:

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This statement (consisting of 15 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: S CRICHTON

Date: 03/05/2018

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

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I joined the LONDON AMBULANCE SERVICE (LAS) in SEPTEMBER 1991 as an Ambulance Cadet. I have taken the traditional route, I have held multiple roles including Ambulance Technician, Paramedic, Team Leader, Duty Station Officer and Area Operations Manager. The role I currently hold is Assistant Director of Operations (ADO) for service improvement, I have been in the role of ADO 3 years.

I am part of the operations project team that focus on service development on a pan London basis, this project team sits within the operations directorate. I am on a Gold Roster which means 1 week in 8 I provide Gold cover for the LAS on an on call basis. "Gold cover" is a role given to a senior manager within the service, this role is the top of command structure, it's a responsibility of the Gold medic to do anything relating to problem solving within the trust. The Gold medic would have input in multiple situations, anything from a member of staff exposed to an illness that could affect more staff, troubleshooting any kind of problem as well as being available to provide command cover for an incident. The position of Gold medic is strategic, ensuring the provision of delivering core business pan London. There is always one senior manager on call as Gold, it's 24 hours a day for an entire week. The Gold group consists of multiple senior officers in the LAS, all of which are based in the operations directorate, the on call Gold medic is supported by the Gold doctor who is the medical directorate.

The fire that occurred at GRENFELL TOWER wasn't like any other incident, in terms of having an overview it was relatively straight forward as the incident was within a footprint of one geographical location, in comparison to the 7/7 terrorist attack which was spread across London.

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There is a raft of traditional courses in incident management, designed for all three levels, operational, tactical and strategic. There are two critical courses, one is the Multi Agency Gold Incident Command (MAGIC) course that all Gold level officers undertake across all emergency services and the other is a strategic incident management course. There is a period of supervision after I completed these courses, I undertook mine with Peter McKENNA, this is a pass or fail element to make sure I was up to the required standard.

Although I have acted as a Gold Commander previously for a part of the London Bridge terror attack, the fire that happened at Grenfell Tower was by far the biggest major incident I have managed. I was involved in at a strategic level from the onset of the fire.

I was on call the week of the incident. I have tried to remember by looking at my emails, I can't really tell you how busy it was previous to the incident at GRENFELL TOWER, nothing sticks in my mind. On Wednesday 14<sup>th</sup> June 2018, I was at home in bed when I found out about what was going on at GRENFELL TOWER. I was woken up in the early hours of the morning, I can't remember the exact time, it was roughly 2am. Amanda WHEATON was the Incident Delivery Manager (IDM) on duty, she phoned me to say there's an escalating incident, a report of a building on fire. I asked some general questions, what type of fire is it? She informed me it was a block of flats which isn't unusual. Whilst we were on the phone, I was thinking about how serious it is, Amanda seemed to have it under control at this stage, she then informed me there's reports of people looking like they're going to jump. I got changed into my uniform and made my way to Waterloo HQ, I drove my car on blue lights and sirens. When Amanda told me that she thought people were going to jump it changed the way I approached this incident, this is because it's unusual to have reports of people jumping, to me it is suggestive that routes are blocked in the tower and it's not a normal fire. We all have terrorism in the back of our minds, I was thinking is this terror related, is the exit blocked. I have been to lots of fires in my career, as an operational manager and strategic manager, this report of someone jumping is very unusual.

I made the mistake of looking at Twitter as I was getting ready and saw images of the block alight just before I got into my car, I saw how big the fire was, it was half of the tower and it was completely ablaze, it wasn't what I was expecting. It was in my mind whilst driving, as it visibly took me back and, I knew this was a big incident. I made a few more calls on my way in to Amanda WHEATON to get a feel of what was happening. I had it in my mind from an early stage that it was highly unlikely people were going to survive high up in the tower, I wasn't thinking about rescuing people on the top floor, I didn't

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think It was possible from the images I had seen on Twitter and Sky News. It was 2am in the morning, I knew the tower was going to be full of people. I really hoped people had run out before it got bad.

In terms of the escalation, it was clear early on that this incident is getting worse. Amanda was working towards the declaration of a major incident. The conversation we had was getting the on duty silver in and getting a command structure in place whilst I was making my way in. The pager message went out to myself and all of the golds to say a major incident had been declared. Peter RHODES rang me on route, he offered to come in and assist me. It also went out to on call Gold group which contains other gold roles such as Gold Doctor, Gold emergency preparedness officer and Gold Communications.

Gerrard MURRAY was already on duty; he is the watch manager of the Emergency Operations Centre (EOC). EOC is the hub of the LAS service, it's where the 999 calls come in and the vehicles are despatched. We have one EOC in WATERLOO and one in BOW that are ran in parallel. The Incident Delivery Manager (IDM) is based in BOW. The SOC is the special operations centre, when an incident becomes a burden in the EOC then a decision is made to move the management of that incident to the SOC, it could be an incident that is resource intensive. On the whole, all major incidents are moved into SOC, it's like a mini EOC. It's a control room just for that incident.

I made a phone call to Anna McAURTHUR who was the on call communications manager. Anna was paged as part of the major incident protocol and rang me. The reason for the call was because she had been involved in an incident previously where she had struggled to get into work. I needed to make sure she was able to get into work so I ordered her a taxi to make sure she could get in.

There were no issues with my journey, I couldn't see anything of the tower on my way in. I arrived at LAS Waterloo HQ at 0300 hours, Gold Suite was opened and I had asked for a loggist. The role of loggist was assigned to Scott LUMMES who is a clinical team leader, he is a relatively inexperienced loggist which is a learning point for the organisation. When I arrived there was quite a lot of activity, I rang Amanda WHEATON (IDM) from the gold suite to get a further update about the incident. I also spoke to NHS 01 who is the Gold commander for the NHS, they require constant updating regarding the impact on the NHS, for example if we receive a lot of patients with burns, a consideration for burns beds will have to be made as these beds are very sparse. According to my log the NHS Gold commander was Richard McEWAN. His interest was a forecast on patient numbers and the impact that would be placed on hospitals. Declaration of major incidents have a massive impact on hospitals, the public may be turned away or diverted to an alternative hospital, they stop all elective and routine surgery, it really is a big impact. At the time the initial forecast on patient numbers was relatively low however I explained that

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there was a high potential for many more.

The following hospitals were placed on major incident alert and were on standby to receive patients; St Mary's Hospital, Kings College Hospital, Chelsea and Westminster Hospital and Royal Free Hospital. I was expecting more deceased patients early on, casualty numbers are the hardest thing to manage. There is double counting, an element of Chinese whispers, I always have to challenge the numbers as what comes to Gold Suite gets reported out. It could be a disaster to report patient numbers that aren't correct. At 0315 the strategic aim was set, this is a pre written aim that was juggled to the type of incident. It's a template made relevant and tailored to the specific incident. The strategic aim is achieved through several objectives. Providing a clear working arrangement in preparation for responding an incident and recovering from that incident. Engaging with staff and managers at all levels as early as possible to communicate these arrangements and engaging with the wider NHS and other key stakeholders at an early stage and throughout. The trust strategic intentions are to preserve and protect life including that of LAS staff that are assigned to an incident. Migrate and minimise the impact of the incident to the wider NHS and partner agencies so far as is reasonably practicable in the circumstances. Inform the public and maintain public confidence. Ensure sufficient assets are available to manage both the incident and the core activity ensuring that the emergency service is maintained. Optimise the available assets to provide a safe service in so far as is reasonably practical in the circumstances. Facilitate an early return to normality though an effective planned recovery proves. Protect the reputation of the trust with the public, partner agencies and other stakeholders and to identify learning for future planning.

At 0318 hours Peter RHODES (Assistant Director of Operations) arrived into the Gold Suite, he asked me for a task and I assigned him to be Gold Staff, one of his tasks was to assist Bill ARKLE in his role as Silver Medic. Initially Peter was a second pair of hands, it's good to bounce off ideas to another trained gold commander. Mentally the role of Gold Medic is hard work so Peter's assistance was really helpful. I was constantly thinking of the structure of the building, I kept thinking of 9/11, I'm responsible for all LAS staff members which was a constant worry on my mind, if the building collapsed it would take out my staff.

At 0322 hours Fenella WRIGLEY (Medical Director) arrived into the Gold Suite. Fenella had a conversation with me asking whether Hospital Ambulance Liaison Officer (HALO) were in place. HALO would liaise with the hospital regarding patients coming from the incident. Fenella was keen to understand where the Helicopter Emergency Medical Service (HEMS) were going to be deployed and

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suggested the casualty clearing station as a good place. Peter RHODES was tasked as Gold Staff to ensure hospitals on major incident alert had HALO's.

At 0327 hours Gerrard requested an additional 10 double crewed ambulances, he was also asking for formal mutual aid requests to be made. At this time, I was considering this request. Mutual aid is asking neighbouring ambulances services, to come into London to either help with an incident or with core business.

At 0327 hours the on call communications manager, Anna McARTHUR, arrived at Gold Suite and informed me that 200 fire fighters were on scene, Anna was provided this information from the LFB communications team.

At 0330 hours Liam LEHANE arrived at Gold Suite who is assistant direction of operations for emergency planning.

Information was still confused; it was decided that the original 0330-hour gold meeting would be delayed until 0340 hours, this was to allow everyone involved to catch up with what was going on. I was aware at this point from watching the TV in the gold suite that the tower was fully ablaze.

At 0333 hours I confirmed which hospitals were on major incident alert to the Incident Delivery Manager Amanda WHEATON.

At 0335 hours I asked Peter RHODES to speak to East of England Ambulance Service to enquire whether they could provide any assistance.

At 0338 hours Gerrard MURRAY made another request for mutual aid, he made this request directly to me. I told him that I acknowledge his request and that I would take it into account.

At 0340 hours Peter RHODES confirmed that all 4 alerted hospitals have Hospital Ambulance Liaison Officers (HALO).

At 0342 hours Mark WHITBREAD was reported to be enroute to SOC, he was going to be a senior clinician and would support the clinical direction of the incident.

At 0347 hours East of England Ambulance Service called into the Gold Suite I spoke to Rob ASHFORD who I believe was the director of operations, it was very brief, I briefed him on the incident, made a formal request for mutual aid to assist with pan London "normal business" calls, he advised me that he was going to see what his service could do to help.

At 0348 hours the gold group convened for a gold meeting. Bill ARKLE briefed the group on the current situation of the incident. I was informed that there were two sectors, the patient numbers, receiving hospital status, issues regarding the multiple casualty vehicles. All casualties' numbers are from the SOC

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board, this was important as we needed to double and triple check where patient's numbers were coming from. Fenella enquired as to what injuries where people presenting with. There was also a suggestion that there were more resources on scene at the incident than what I knew about, I was already aware that there were loads of specialist resources on scene for example HART.

I then confirmed the strategic aim have been received and understood by everyone and asked if anyone had any questions.

At 0354 hours Amanda WHEATON, who had dialled into the gold meeting, informed me that all 999 calls were being answered promptly, informed me of the resources available throughout London, the calls being held throughout London, that LAS cover is "pretty good", throughout the incident there were no other issues pan London that was causing any problems. There were four managers who were assigned to office duties for the night shift, these managers were informed they may be deployed to assist. Amanda asked for my authorisations to allow staff requesting to extend their tour of duty, I agreed that if staff wanted to they could extend to a maximum of 12 hours. My view was that if casualties were still in the building alive they would have been brought out by now, there was a view that we needed to keep resources on scene for the people that were unaccounted for, I was trying to be realistic that these people would probably not be coming out. I was informed that Charing Cross Hospital was allegedly turning patients away as they were standing by for the major incident however this hospital was not put on alert, I therefore instructed Mark WHITBREAD to inform Charing cross that this wasn't the case and they should be accepting all patients. I decided that St Georges should not been alerted as this hospital was to provide cover as a major trauma centre to the rest of London with St Mary's providing major trauma cover for the incident. Fenella informed the group that there was no need to escalate surge level, she also made me aware that she would liaise with 111 providers in London to ensure patients were not sent to alerted hospitals.

At 0407 hours I set the next Gold group meeting for 0500, I needed to ensure we had correct definitive patient numbers as NHSE were asking for them, I tasked Bill ARKLE with finding this out.

At 0416 hours Anna McAURTHUR had provided me with a provisional press release statement for my approval.

At 0417 hours Peter RHODES reported back to me that he had spoken to South Central Ambulance Service and East of England Ambulance Service, he informed me that they had agreed to provide mutual aid support if required.

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At 0425 hours I instructed Peter RHODES to ensure casualty clearing stations were well away from the tower, there was a real risk that this building could collapse, I wanted to make sure this station was in a safe place and that everyone on scene had worked with the LFB to ensure they were at a safe distance to protect my staff.

Richard McEwan from NHSOI informed me that he wanted casualty numbers by 0430 hours.

At 0430 hours Liam LEHANE reported the Strategic Coordination Group, which is a pan London meeting, was set for 0500 hours. He also informed me the casualty clearing station in sector 2 was in a safe location. Peter RHODES informed me that Bill ARKLE has stated that crews on scene were safe in the event of building collapse.

At 0432 hours I moved the Gold group meeting to 0445, brought forward by 15 minutes as NHSOI wanted casualty numbers as a priority so I needed to ensure this information was obtained.

At 0439 hours I was advised the A40 was closed in both directions.

At 0446 hours I agreed to approve the second communications press release, it was in this statement casualty numbers were released, I have provided NHSOI with casualty numbers prior to this communication being release.

At 0447 hours the next Gold Group meeting convened. Bill ARKLE provided me with an update that the LFB and a structural engineer had reported there could be potential for 100 people inside however this wasn't verified. There was a lot of ash in the air around the tower, therefore LAS staff had been moved back to a safe position.

The following casualty numbers were passed to me;

Conveyed - Confirmed left scene -

Kings College Hospital - P1x2, P3x8

Chelsea & Westminster Hospital - P2x2, P3x3

St Mary's Hospital - P1x2, P2x2, P3x4

Royal Free Hospital - P2x1, P3x3

St Thomas' Hospital - Pixi, P2x2

3 Deceased

In total 27 to alerted hospitals.

I had asked HALO's at the hospitals to confirm that these are the correct numbers that have arrived into the emergency departments.

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Bill reported that the casualty clearing stations are still treating patients and are unable to report the numbers, I told Bill that we need to have those numbers confirmed so instructed him to liaise with the casualty clearing stations. Gerrard had informed me that he will stagger handovers and manage the hot debrief of staff. Peter RHODES stated that it was reported from scene that LFB were committed to the 13th floor and that it was believed the structure was safe. It was reported that 25 pumps were on scene and a further 20 more enroute to the incident. The incident was looking like it would run into the next night. I was informed that there was a sufficient amount of LAS staff on scene. The next Gold Group meeting was set for 0600 hours.

At 0501 hours, the SCG conference call took place, there was a lot of talk around casualty numbers, it was also discussed as to who was reporting the deceased numbers - that role was assigned to the police. The first 999 call was received by the LFB at 0055 hours. The fire was reported to be between the 2<sup>nd</sup> and 24<sup>th</sup> floor with up to 100 people potentially still inside. In terms of LFB assets on scene, it was reported that the incident would require potentially more than 40 pumps with a 30 pump relief and 14 fire rescue units. I was informed that the LFB were unable to gain access above the 15<sup>th</sup> floor.

At 0511 hours I passed the current known casualty numbers to conference. It was confirmed that 2 survival centres were open with a potential of 3 that could open if required. We also came to an agreement to not state casualty numbers without mutual confirmation. The Metropolitan Police Service (MPS) advised that they had 200 police officers on scene and that they were standing up resilience, there was also reports of some disorder at cordons but this was being managed. Next conference call scheduled at 0630 hours.

At 0524 hours Peter RHODES informed me he was planning the for crews to be relieved. At 0526 hours I decided to reduce the number of casualty clearing stations to 1 to enable the relief of staff from the scene of the incident.

At 0530 hours I started to plan for continued Gold Cover to sit into this evening. I sent a message to Natasha WILLS (Assistant Director of Operations) and asked her to come in to take over from me. There was a view that HART were going to be put into the building, a structural assessment needed to take place first. Committing our resources into the building to help with the deceased recovery and recognition of life extinct. I anticipated this would go on until the evening, I never thought that HART were going to be used in the way they were.

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At 0537 hours Bill ARKLE was concerned due to there being crews that still required relieving, he was concerned that this was a gold level responsibility however it was very much a silver tactical decision.

Peter RHODES and Liam LEHANE liaised with Bill ARKLE to make this happen.

At 0553 hours Liam LEHANE reported that there were no further patients on scene being treated and Bronze Commander would like to maintain 2 sectors as LFB may bring further patients out of 2 separate exits from the tower. I don't remember having any problem with this. I never really got a true picture of what was actually happening on the ground at Grenfell Tower, only from what I saw on the TV. I think I reiterated that there would not be any more patients coming out alive.

At 0558 hours Fenella WRIGLEY discussed hospital capacity and issues regarding over stating casualty numbers requiring treatment. She expressed concerns that we can't be informing hospitals that there are going to be tens of patients when we know this isn't the case.

At 0603 hours Paul WOODROW (Director of Operations) arrived, I gave him a detailed informal brief on what was going on.

At 0611 hours I set the next gold group meeting for 0630.

At 0612 hours I joined the next NHSE conference.

Kadir requested casualty numbers and the hospitals they had attended. All hospitals were on the conference call. I provided an update on where we were and what was going on at the incident. All hospitals then provided the conference with their capacity. NHSE wanted to understand the impact of the declared nature of the incident and bed status. Kadir re-iterated the position of not releasing conflicting and changing numbers to the press. Kadir set the next NHSE call to 0700.

At 0627 hours Peter RHODES reports double crew ambulance cover being arranged from oncoming crews.

At 0631 hours Malcom TAYLOR who is the oncoming EOC Watch Manager arrived for the Gold Group meeting. Bill ARKLE provided an update of casualty numbers at Sector 1 = 2 x pts and Sector 2 = 4 x pts. Changeover of crews to take place at Hammersmith + St Charles. A call was received at 0608 from the bronze commander who reported a "steady trickle" of patients.

LFB reported they were up to the 14<sup>th</sup> floor and cannot get higher. They were unsure of the number of people stating that 115 were still unaccounted for. I was informed that the casualty bureau had been set up by the MPS.

The risk remained of either total collapse or part thereof, I was confident we didn't have people committed to the building and that all of our work was being done at the casualty clearing stations. A

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decision was made that the LAS would continue to operate two stations. At 0615 casualty numbers had been confirmed at 59, 2 sent to Charing Cross, 3 St Thomas' Hospital, 6 confirmed deceased.

I offered welfare support to Bill ARKLE, we had a tough night and had to have some difficult conversations so I wanted to make sure he was alright before he left and his relief took over.

A short while later we had a team discussion, Malcom stated he was in the process of swapping SOC team and night turns are being relieved, Fenella liaised with NHSE to co-ordinate burns care as needed.

At 0642 hours the LAS Communications team requested an LAS spokesperson should attend the scene.

Paul WOODROW accepted the role and made his way to the incident.

Next Gold meeting was set for 0700 as I was thinking about the news teams that were coming on duty.

At 0645 hours I was told about CAD 752, a report of potentially 25 further patients on a rugby pitch nearby. I don't recall there actually being another 25 patients. I would have asked for more information to understand what was going on here.

At 0653 hours MPS Casualty bureau requested casualty numbers. A total of 59 patients conveyed up to 0615 hours. There were 6 patients deceased on scene and 2 further to Charing Cross Hospital.

At 0659 hours Mike WARD now took over logging for Trust Gold.

At 0706 hours I called MPS Casualty Bureau to provide confirmation of casualty figures.

At 0711 hours LFB reported the fire was between the 4<sup>th</sup> and 23<sup>rd</sup> floor. There was a partial collapse inside which wasn't really a concern for me as none of my staff were close to the building, I was clear that we weren't going to commit LAS staff until the building was structurally safe. There was no reason to believe the building will suffer a catastrophic collapse. Helicopters were coming to evacuate to see if people were on the roof. The mass fatality plan will be activated. I think this information was passed via Liam LEHANE, I cannot remember how this information filtered through. I had a discussion with my team with the impact of the mass fatality plan.

The mass fatality plan is a plan that's laid down and agreed pan London with all agencies around what to do with mass casualties. It is evoked by the coroner around how we manage deceased patients in this kind of scenario. It gives the command of the deceased to the coroner, the use of temporary mortuaries and anything that sits outside of the normal procedure with dealing with the deceased.

During a conference call with the coroner it was confirmed that the MPS would take responsibility for reporting the number of deceased.

At 0730 hours LAS Gold call was in progress.

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Bill ARKLE provided group with a scene update specifically on patients presenting at the casualty clearing stations plus crews needed for changeover. I made enquires around the command structure on scene as I knew we were not going to be seeing a dramatic increase in patient numbers. Silver commander relief was also discussed to replace Bill ARKLE as soon as reasonably possible. Paul GIBSON was also to relieve the incident Delivery Manager. There were no concerns around staffing level. I had set a plan for myself to be replaced by Natasha WILLS so I had a break during the day. All medical staff requests were to go through Fenella WRIGLEY. The LAS had not received any requests to do burns transfers. The HEMS crew were scaled back to 1 crew at the casualty clearing station and a doctor on scene advised that there was on average one patient presenting per hour.

Communications advised that Paul WOODROW and Tina Clynes were on scene to provide media interviews. I informed the group that I would require updates on the casualty numbers every 20 minutes. The meeting concluded at 0744 hours.

At 0800 hours, an NHS call took place. Gold provided an update on LAS casualty numbers as above. Another call was scheduled for 1000 hours. This was a fairly lengthy call talking about hospital statuses and wider NHS issues. I was reporting the numbers as I had them.

At 0825 hours, a pager message was sent to the three Gold managers of South Central Ambulance Service, East of England Ambulance Service and South East Coast Ambulance Service to request that cross border mutual aid should continue. Also to support (potential) for HART to assist with business as usual calls. Had calls appear around the edge of London we may have considered mutual aid, however we didn't need to use them.

At 0830 hours a SCG call took place, I received updates from all agencies.

I provided an LAS update, we were currently working in 2 sectors with 2 casualty clearing stations. 63 patients had been conveyed to hospital, break down provided as above. Over 72 resources deployed. Now there was a slow trickle of patients. Current switchover from night to day shift in terms of staffing. Gold clarified that 6 fatalities reported (not publicly shared) were 6 patients we have seen/treated. Request from coroner to provide locations of these 6 patients.

At 0932 hours there was a LAS Gold Call Update.

Silver update provided to me - IRO on scene had local silver/bronze call with other agencies. LFB are now on upper levels of the tower and there was a prediction that no further survivors would be found. It was assumed that the fire started on the 16<sup>th</sup> floor. There are a number of fatalities in stairway of the tower. A structural report has been issued. The marshalling point moved from Fulham to North

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Kensington. The casualty numbers as per 0845 were 64 patients conveyed, touched, treated. The coroner requested the location of the 6 fatalities. Dedicated safety officers were requested by silver. There was still push back experienced by Royal Free Hospital who advised that if they declare major incident only patients from scene of the incident are going to be accepted. I actioned Fenella WRIGLEY to follow this up.

LAS are still operating 2 sectors as there was still a potential for further patients to present. The next on scene meeting at 1010 hours. Bronze is reviewing HART requirements. There was now an address for reception centre in Wikes Road. GPs, nurses and pharmacy support activated to assist locally with patients left without medication. It was agreed to move a resource to the reception centre for assistance, Silver was assigned to action this. Staff on scene currently working to try to correlate 117 people that were still unaccounted for.

Call taking has been challenging over the past few hours. Currently holding 39 calls throughout London. Geo fencing for 300m around the incident at Grenfell Tower now in place. It was agreed to manage rest breaks as usual. The question was raised regarding a backup silver team. Staff tasked with looking at numbers/needs should another incident occur. Gold to follow up later.

Natasha WILLS (ADO) was present in the gold suite from around 0700 hours. She was going to be the senior manager who would take over at Gold from myself. There was a period of cross over so Natasha could fully understand what had happened. I do not recall the exact time Natasha WILLS took over from me as Gold.

During the evening of 14/06/17 I took back over the responsibility of the Gold Commander from Natasha WILLS. I cannot remember but think that Natasha handed back over to me on the phone. She gave me an update of what had happened during the day and the current situation at the incident. This was at about 1900 hours.

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At 0100 hours on Thursday 15th June 2017 Martin BOWDLER, who was the current Silver Commander, contacted me. He was handing over the Silver role to Amanda WHEATON who was the overnight IDM. Paul COOK was scheduled to take over as Silver at 0600 hours.

At 0600 hours, I contacted Amanda to for an overnight update. She had no issues to report, there had only been minimal activity at the tower overnight.

I returned to Headquarters at Waterloo at 0730 hours on the 15<sup>th</sup> June 2017 and went back into the gold suite and at 0800 hours the log was started again by Team Leader S HOWLET. The incident had moved

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on from a recovery and rescue operation into a disaster recovery and victim identification operation so I spent most of this day planning resources and making decisions as to how the LAS would continue to support the incident.

There was pressure on the LAS for the HART crews to enter the building to recognise life extinct on several of the bodies but I was not willing for any of our staff to enter until the building had been declared safe and a full risk assessment had been completed including as to if breathing apparatus was required due to the smoky conditions. The situation needed to be assessed by the Bronze Commander on scene, identifying all of the risk involved before a risk assessment would be completed by Tracey Porter and Paul COOK at silver level. This risk assessment would then be reviewed by myself or whoever was currently Gold Commander before any entry to the building was made. No LAS staffing including the HART teams were deployed into the tower whilst I was Gold. The decision that HART were required to go into the tower was made at the scene and fed back to me in the gold suite. This was not a decision that I would have necessarily made it had been my personal choice. It exposed the paramedics involved to traumatic scenes and there was no chance that any of the persons were still alive so it was not a job that required a paramedic to do. The disaster victim identification teams were already on scene and involved in the process, they could have completed the required work for the deceased.

Whilst these assessments were being completed, it was agreed that we would keep one clearing station in operation with 4 ambulances on scene and have a footprint in place around the tower. This was to provide support the LFB whilst supporting the core business needs in the area. I made the decision not to backfill the ambulances at the scene unless nothing was left. This was recorded as decision 9 in the decision log. I was also concerned at this point about the welfare of the staff who had attended the incident. Three staff had phoned in sick overnight due to attendance at the incident so I arranged a meeting with Gill HENCHON from staff support services. We met at 0937 hours and I gave her an overview of the incident and the plan going forward. We agreed a process going forward to make sure that all staff received support and were given a TRIM assessment in relation to the incident. We were also concerned as this was one of many incidents that had occurred last year and several staff had attended all of them. Managers throughout the trust were sent an email to get in contact with their staff who had attended the incident to check on their welfare. They were also asked to speak to their staff to identify any who had attended the scene that we had not identified and to notify us as to who they were. Work was also completed with NHSE to provide further support for staff.

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Throughout the day I held 3 gold meetings about the progress we were making with the plans and for updates about what was happening at the scene. At 1054 hours I decided to downgrade the incident from a significant. The volume of demand had reduced and we were now only there for the recovery phase. I presence was still required at the scene though to support the activity taking place there but resources were reduced to two ambulances and three officers. I recorded this decision as decision 10 in decision log. In the afternoon we received information that they were some civil unrest occurring on the borough and I got Tracey Porter to review the roll call of on call public order staff in case they were required. At 1714 hours I handed over responsibility of the Gold Command to Kevin BATE. It was the end of my week at on call Gold and Kevin was taking over the role for the following week. Kevin had been present for the previous Gold group meeting at 1630 hours and took a formal hand over of the role after this. I did not have any further involvement with Grenfell Tower after this. Following the incident I was supported appropriately by the LAS Trust. I was off for an extended period of time shortly after it due to unrelated personal issues so was not at work when de-briefs were taking place. However, I do not feel like I needed any further personal support regarding the incident.

Signature: S CRICHTON  
2018

Signature witnessed by: