Transcript of the Inquest

Date: 5th July 2022

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CORONER: **Good morning everyone. Mr SANDERS, I think we have two witnesses attending this morning?**

MR SANDERS QC: Yes, sir.

CORONER: **Who have we got?**

MR SANDERS QC: So first is Hilary ALLEN, and then Wynne WESTON-DAVIES.

CORONER: **Thank you. So, Mrs ALLEN, are you here? Yes, you are. Would you come forward, please?**

MRS HILARY MARY ALLEN (sworn)

CORONER: **Thank you, do sit down. Good morning to you.**

MRS ALLEN: Good morning, sir.

CORONER: **Would you give me your full name, please?**

MRS ALLEN: Hilary Mary ALLEN.

CORONER: **Thank you very much. Mrs ALLEN, I am going to pass you in a moment to Mr FLINN in a moment, who will be asking you some questions on my behalf. Before I do so, please keep your voice up. You have got a nice loud voice so we can hear you nice and clearly. That is important. Concentrate on the questions, if you would. If we need to ask something else, one of us will ask you a question. And do not run ahead too quickly, because people will be taking notes of what you are saying. But I will pass you over to Mr FLINN. Thank you.**

MR FLINN: Sir, thank you. Mrs ALLEN, good morning.

MRS ALLEN: Good morning.

MR FLINN: You have given your name to the court. Could you just tell me the locality you are living in now?

MRS ALLEN: Sevenoaks in Kent.

MR FLINN: And are you working now or retired?

MRS ALLEN: I am retired.

MR FLINN: And when did you retire?

MRS ALLEN: When I had a family, really, a long, a long time ago.

MR FLINN: Heather, could we bring up page - on Caselines - 10-84? Mrs ALLEN, what should be coming up on the screen in front of you should be a copy of the statement you recently made. It was signed and dated on the 14th of June 2022, so Heather, if we could just go to the end of that document? We can see there the date, and are you able to confirm that that is your signature there?

MRS ALLEN: It is.

MR FLINN: And have you had a chance to review that statement and remind yourself of its contents?

MRS ALLEN: Yes.

MR FLINN: And are you able to confirm that the contents of it is true?

MRS ALLEN: Yes.

MR FLINN: Thank you very much. As of the 5th of October 1974, I understand you were 24 years old, is that right?

MRS ALLEN: Yes, correct.

MR FLINN: And at that time you went by the maiden name of JACKSON?

MRS ALLEN: Correct.

MR FLINN: I'd like to ask you just a few questions to get a sense of the work that you did over that period of time. Is it right that you started off training as an orthopaedic nurse in Bath?

MRS ALLEN: Correct, yes.

MR FLINN: And that was in 1967?

MRS ALLEN: Yes.

MR FLINN: When did you move to Guildford?

MRS ALLEN: In 1969.

MR FLINN: And did you continue doing any nursing training there?

MRS ALLEN: I began my state registered training in Guildford, after completing the orthopaedic training.

MR FLINN: And how long did that last for?

MRS ALLEN: For two years was orthopaedics, and three years for state registration.

MR FLINN: So that would mean that you qualified in 1972?

MRS ALLEN: Yes.

MR FLINN: And I think in your statement you indicate you qualified as a staff nurse in December of that year?

MRS ALLEN: Yes.

MR FLINN: What did you do then in terms of your work?

MRS ALLEN: I worked as a state registered nurse in different places.

MR FLINN: Can you just give us a flavour of the places you worked?

MRS ALLEN: Yes, I spent six months in America, and I worked for what was then the British Nursing Association, and would be sent to work as a trained nurse either in people's homes or in small nursing homes, as a trained nurse.

MR FLINN: Was that before the Guildford Pub Bombings?

MRS ALLEN: I can't remember.

MR FLINN: Okay, so they were 1974. Can you remember if you went to America after 1974?

MRS ALLEN: Yes, I think it was after 1974.

MR FLINN: Right, and at the time of the Guildford Pub Bombings, I understand you were working at the Royal Surrey County Hospital, is that right?

MRS ALLEN: I was, yes.

MR FLINN: And that's- that was as a staff nurse in the ICU?

MRS ALLEN: Yes.

MR FLINN: Can you remember if you were working in any other hospitals or roles before you started working as a staff nurse in the ICU?

MRS ALLEN: Gosh, I can't remember my sequences, I am sorry.

MR FLINN: That's not a problem. I would like to ask a few questions about the Royal Surrey County Hospital itself, and you may not know the answer to these, but if you can that will be helpful. Just in terms of the location of the hospital at the time, is it right that it was just to the west of Guildford Railway Station?

MRS ALLEN: It's … north, south, east, west … I'm not sure. It's where the old Farnham Hospital still is.

MR FLINN: Right, thank you.

MRS ALLEN: It's the same building.

CORONER: **Mr FLINN, just to let you know, I am familiar with the layout, so I know where it is.**

MR FLINN: Thank you, sir. Yes, and it moved from that site at Farnham Road and later went to Egerton Road, is that right?

MRS ALLEN: That would be the new hospital, and I had nothing to do with that.

MR FLINN: You had moved on by the time it moved?

MRS ALLEN: I had.

MR FLINN: Fine. And in terms of its location in regards to North Street, the Farnham site was very close to there, wasn't it?

MRS ALLEN: Yes.

MR FLINN: Would you estimate about a five, ten minute drive?

MRS ALLEN: Less than that.

MR FLINN: Less than that. So far as you can recall, can you give the court just a brief flavour of the sorts of services that the Royal Surrey County Hospital was able to offer at that time? For example, the types of units that it had?

MRS ALLEN: It had surgical wards, it had urology wards, it had neurology wards, it had orthopaedic wards, it had ophthalmic wards.

MR FLINN: Can you recall its capacity in terms of how many beds it had?

MRS ALLEN: Not overall, no, I've, I would have to sit down and calculate approximately. But the two main surgical wards had, I think, approximately 35 or 37 beds in each.

MR FLINN: Okay. And there are various documents that the court has, has reviewed, and nowadays we use the term 'A&E', or 'Accident and Emergency', but in some of the statements we have seen it is referred to as 'Accident Centre'. Is that- do you recall there being an Accident Centre at the hospital?

MRS ALLEN: Oh, yes, there was an Accident Centre.

MR FLINN: And is it right that that would be the equivalent of what we now call A&E, or Accident and Emergency?

MRS ALLEN: Yes.

MR FLINN: There's also reference to a 'Casualty Department'. What sort of injuries were dealt with in the Casualty Department, if you're aware of that?

MRS ALLEN: That would, a lot of it would have been before seatbelts, so there could have been major accidents involving vehicles, and therefore they would have been quite serious. And other domestic casualties, what a normal Casualty Department experiences.

MR FLINN: And in terms of the layout of the hospital at that time, the Accident Centre was one that members of the public could just drive up to and enter, is that right?

MRS ALLEN: I think so, yes.

MR FLINN: And the Casualty Department, was that adjacent to the accident centre, or can you not recall that?

MRS ALLEN: All the same complex.

MR FLINN: Right, fine. And in terms of the events of the 5th of October 1974, do you have a good recollection of that day?

MRS ALLEN: I can recall specific incidents quite clearly, but they might not all link up.

MR FLINN: So there were certain things that stand out in your mind?

MRS ALLEN: Yes.

MR FLINN: Right, so we'll explore those in due course. I will start with what you were doing in the evening of that day, but before you found out that there had been an incident.

MRS ALLEN: I was at the cinema, at the Odeon cinema in Godalming, watching The Great Gatsby with my then-boyfriend.

MR FLINN: Then-boyfriend, now-husband?

MRS ALLEN: No.

MR FLINN: Okay. Well I'll leave that there.

MRS ALLEN: My then boyfriend.

MR FLINN: Can you recall what time the showing was? I know that's a point of detail, but …

MRS ALLEN: No. I have tried very hard, but I can't.

MR FLINN: In your statement you mentioned that the manager of the complex made an announcement that there had been an incident. Can you remember if that was during or after the film?

MRS ALLEN: It was certainly after, but I vaguely remember that there was a short announcement that was briefer, before the film began, relating to where people who were parked – not in a designated parking area should move their vehicle.

MR FLINN: Okay.

MRS ALLEN: That didn't involve us, so we watched the film.

MR FLINN: Righto. And just in terms of the announcement, it didn't interrupt the film?

MRS ALLEN: No.

MR FLINN: No. Did the manager say what the incident was?

MRS ALLEN: I can't remember his exact words, but the implication was that it was major.

MR FLINN: Right. And he did not, for example, say that there had been a bomb at that stage?

MRS ALLEN: I don't recall that.

MR FLINN: And what did you do upon hearing that news?

MRS ALLEN: Because I am a nurse, my instinct was to go to work.

MR FLINN: And you and your boyfriend decided that you would drive there, is that right?

MRS ALLEN: He immediately said, "I will take you."

MR FLINN: So tell me what happened then. What did you do?

MRS ALLEN: We got in the car and drove to Guildford.

MR FLINN: I understand that you were stopped on route to the hospital, is that right?

MRS ALLEN: Correct, yes.

MR FLINN: Could you tell me about that?

MRS ALLEN: I can't recall who stopped us, but there was a roadblock of sorts, and we were questioned about why we wanted to go forward, and my boyfriend said, "I'm taking my girlfriend, who is a nurse, she's going to go to the hospital and volunteer," and we were allowed through.

MR FLINN: Did that happen more than once?

MRS ALLEN: I don't recall that it did, but my boyfriend said twice or three times that we were stopped, possibly, but I don't recall that part.

MR FLINN: Did you get the sense, or do you recall having a sense that these stoppages or stop on the route to the hospital caused you any significant delay in getting there?

MRS ALLEN: No.

MR FLINN: So just …

MRS ALLEN: A minute or two.

MR FLINN: A minute or two. And are you able to recall, again an estimation I imagine, how long the journey took you to get to the hospital?

MRS ALLEN: It is an estimation, probably about a quarter of an hour, 20 minutes.

MR FLINN: We now turn to events at the Royal Surrey County Hospital itself. I understand from the statement you prepared that you entered through the rear entrance of the hospital and went to the ICU, which was also called the Jarvis Ward, is that right?

MRS ALLEN: Yes.

MR FLINN: Did you pass through the Accident Centre on the way to the Jarvis Ward?

MRS ALLEN: I have no recollection of which particular door at the back of the hospital I went into.

MR FLINN: Not a problem. Do you recall having the impression that the hospital at that point was particularly busy?

MRS ALLEN: Yes.

MR FLINN: Did you perceive that it was preparing to receive casualties from the incident that you had been told about?

MRS ALLEN: It was already receiving casualties.

MR FLINN: Right. You have anticipated my next question. We have seen an ambulance report which suggests that ambulances were arriving by 21.05, at least some of those carried by ambulance. Sir, for your reference, I am not sure we need to bring it up for the witness, but the Caselines page reference is 7-1238. So that would suggest that you arrived some time after that point.

MRS ALLEN: Yes.

MR FLINN: Can you recall, again in estimating terms, were there a lot of people arriving by the time you arrived, or was it sort of starting to trickle in?

MRS ALLEN: No, there were quite a few people arrived. It depends what 'a lot' means, but it seemed busy and people were coming in other vehicles.

MR FLINN: As well as ambulances?

MRS ALLEN: Yes, yes.

MR FLINN: So private vehicles as well?

MRS ALLEN: Yes.

MR FLINN: Did you have any awareness of hospital beds being cleared out of, in terms of being made available to make room for people coming in from that incident?

MRS ALLEN: At the point that I went into the hospital?

MR FLINN: Correct.

MRS ALLEN: No, I didn't, but one could assume that that would be happening.

MR FLINN: Did you change into uniform once you had got to hospital?

MRS ALLEN: Do you know, I can't remember.

MR FLINN: Not a problem.

MRS ALLEN: I don't think I did, but I can't remember.

MR FLINN: The statement that you prepared says that you were told to go to the Victoria Ward, so it's essentially dispersed from your normal place of work, is that right?

MRS ALLEN: Correct.

MR FLINN: And the Victoria Ward was a general surgical ward for women?

MRS ALLEN: Correct.

MR FLINN: In terms of who told you to do that, you don't have a recollection of that?

MRS ALLEN: No. I was told by somebody, probably on the outside part of Jarvis Ward, that I was not needed in Jarvis and I should go to Victoria, so I did.

MR FLINN: There's a paragraph in your statement, paragraph 9, which mentions the directive may have come from someone in the 'Major Incident

Group', and I just wanted to ask about the Major Incident Group, what was that?

MRS ALLEN: I don't know much about it. It- part of the team that would have written a major incident plan. But it might not have been that person that spoke to me.

MR FLINN: I understand. When you went to the Victoria Ward, was it busy once again?

MRS ALLEN: Yes.

MR FLINN: Can you recall what you saw there? Could you describe it for it, when you arrived?

MRS ALLEN: No, I was very quickly directed to care for a particular patient, and my focus beyond that was out of focus, so I just concentrated on that one patient.

MR FLINN: I understand.

MRS ALLEN: But it was very busy all around.

MR FLINN: Were you aware of there being a lot of staff there, as well as a lot of patients?

MRS ALLEN: I can't clarify that bit.

MR FLINN: Is it right that the Victoria Ward, although it was a general surgical ward, was it mixed at that point, or were there only female patients going in there?

MRS ALLEN: I was only aware of women.

MR FLINN: You have indicated that your attention was directed towards a particular patient. Did you care for any other patients during the time that you worked there that evening?

MRS ALLEN: No.

MR FLINN: Whilst you were there working, and particularly looking after that lady patient, do you recall picking up any more information about the incident that had occurred?

MRS ALLEN: I don't recall picking up any more information.

MR FLINN: For example, did you become aware that it was a bomb?

MRS ALLEN: I don't recall that.

MR FLINN: Were you aware of deceased persons or bodies being brought to the hospital?

MRS ALLEN: No.

MR FLINN: And did you have any awareness of a particular patient coming to the hospital in a very severe condition and subsequently dying?

MRS ALLEN: Not at that point.

MR FLINN: Did you become aware of it subsequently?

MRS ALLEN: Yes, when everything started to be talked about more.

MR FLINN: You just mentioned a moment ago that you don't recall picking up information that it was a bombing that night. Can you recall when you came to understand that it had been a bombing?

MRS ALLEN: Probably after getting home, but I don't, I can't recall exactly when.

MR FLINN: Not a problem.

MRS ALLEN: It might have been at the hospital, I can't recall.

MR FLINN: Not a problem. I just wanted to mention a short list of names to you that you may or may not recognise, but if you do that might prompt some additional recollections. Just some medical staff there. Do you recall a Mr STITZ? A Mr STITZ, S T I T Z.

MRS ALLEN: No.

MR FLINN: No. A Mr WESTON-DAVIES?

MRS ALLEN: No.

MR FLINN: A Mr BOULTER?

MRS ALLEN: Yes.

MR FLINN: You do recall Mr BOULTER?

MRS ALLEN: Yes.

MR FLINN: What can you recall of him?

MRS ALLEN: He was a surgeon, general surgeon.

MR FLINN: And he was quite senior at the time, is that right?

MRS ALLEN: Possibly, yes.

MR FLINN: Can you recall him having any particular role or involvement that evening?

MRS ALLEN: No.

MR FLINN: No. A Mr TERREBLANCHE?

MRS ALLEN: No.

MR FLINN: And finally a Mr NOTLEY?

MRS ALLEN: Yes.

MR FLINN: What do you recall of him?

MRS ALLEN: All I know is he's a urinary tract consultant.

MR FLINN: And I take it from that, that once again, you don't have any specific recollection of his involvement that particular evening?

MRS ALLEN: No.

MR FLINN: No. In terms of how long you worked that evening, your statement says that you worked into the night, but not into the early hours of the morning. We have heard evidence that the bomb happened at around about 8.50pm. So would it be fair to say that you worked perhaps only for a couple of hours before being sent home?

MRS ALLEN: It may have been that.

MR FLINN: Maybe it's a little bit longer, but not much longer than that?

MRS ALLEN: I didn't go into the early hours of the next day, no.

MR FLINN: In your statement you say that management were conscious of not wanting to use too many staff at once. Can you recall there being any discussion about that, that you were aware of?

MRS ALLEN: No, except probably somebody saying, "I think you should go home now, because you'll be needed tomorrow." That's …

MR FLINN: Right. Again, there was documentation which the court has reviewed which suggests that at around about 12.30am there was a sort of general stand-down, because the incident was felt to be contained or adequately managed within the hospital. That would be consistent with you only working for a couple of hours and not through the morning hours?

MRS ALLEN: Yes.

MR FLINN: But do you recall hearing that staff were being stood down because the hospital felt it had things under control?

MRS ALLEN: No.

MR FLINN: Did you work anywhere else other than the Victoria Ward that night?

MRS ALLEN: No.

MR FLINN: And did you return the next day?

MRS ALLEN: Yes, but not to Victoria Ward.

MR FLINN: Okay, where did you return to the next day?

MRS ALLEN: The intensive care unit.

MR FLINN: And were you aware of, in the intensive care unit, being involved with any victims from the night before's incident?

MRS ALLEN: Yes.

MR FLINN: And could you just give, you don't need to go into much detail, but could you just give the court a summary of what you did that day?

MRS ALLEN: Well, I would have been a junior staff nurse at that point, and in intensive care units the patient is what is referred to as 'specialed', so somebody attends that patient non-stop, and then others may be added, so it would be to do with regular observations, pulse, blood pressure, eye responses, and the patient at some point had a tracheotomy, making a tracheostomy, and that needed regular attention during the day.

MR FLINN: And the patient that you are referring to, you understood to have been someone who was involved with the pub bombing?

MRS ALLEN: Yes.

MR FLINN: Finally I just have a few questions about the major incident plan. You have talked about the Major Incident Group. In terms of the major incident plan, your statement says that you believe you must have known that such a plan existed, but you would not have known the details at that time?

MRS ALLEN: No.

MR FLINN: Just sort of having gone through the questions this morning and casting your mind back, has any further recollection come to your mind now of what the contents of that plan was?

MRS ALLEN: No.

MR FLINN: Just in case these suggestions prompt any recollections, can you recall if there were specific arrangements that were put in place to call in staff?

MRS ALLEN: More than likely, but that is an assumption.

MR FLINN: Yes, because it would make sense.

MRS ALLEN: Yes.

MR FLINN: I understand. But was it your perception that aside from yourself there were numbers of staff coming in of their own volition, having heard about the incident from other sources such as the news?

MRS ALLEN: Probably, but I don't know specifically of anybody else by name, but there again, an assumption.

MR FLINN: Do you have any knowledge of a system whereby people with less serious injuries were being admitted straight into wards rather than Casualty, in order to make room in Casualty for those with more serious injuries?

MRS ALLEN: I don't have firsthand experience of that, firsthand knowledge, but Casualty was not big, and with the numbers of people who were

injured, that makes sense, to have an initial assessment. But I haven't, I have never seen the major incident plan, so I can't guarantee that that was what was indicated.

MR FLINN: I understand, that's no problem. You worked in the ICU and that was also a small unit, is that right?

MRS ALLEN: Yes, yes.

MR FLINN: How many beds did that have?

MRS ALLEN: I think it had five.

MR FLINN: So that would have filled up quite quickly that evening as well?

MRS ALLEN: Probably.

MR FLINN: Do you recall that evening a system of triaging the patients who came in, being given a number or a letter to indicate their priority?

MRS ALLEN: I've got no- no knowledge or experience of that, because I went straight to Victoria Ward and didn't see any of that system taking place.

MR FLINN: Does it follow from that, that you would expect that by the time they reached the ward where you were working that triage process would have taken place?

MRS ALLEN: Yes.

MR FLINN: Before the Guildford Pub Bombings, did you have any training, that you can recall, in terms of how to respond to a major incident like that?

MRS ALLEN: No.

MR FLINN: Do you think you probably did have such training and can't recall, or you just think you actually didn't?

MRS ALLEN: It's possible that I did, but I don't recall having any training.

MR FLINN: Prior to the incident, either at Royal Surrey or any other location, did you have any training in responding to and dealing with bomb injuries?

MRS ALLEN: Not beforehand, not before the Guildford pub bombing.

MR FLINN: And afterwards?

MRS ALLEN: One of the patients, the patient that we looked after on the intensive care unit, we were asked to do a, write this patient up and, and go and talk at the Charing Cross Hospital about bomb blast injury to the lungs, and we got, I know that the, the intensive care unit sought advice from, I think probably Belfast, to do with bomb blast injury to the lungs.

MR FLINN: And in terms of seeking that advice from Belfast, do you know specifically where in Belfast the advice was sought from?

MRS ALLEN: No, nothing at all. I was a junior, so that would have been the senior staff that got that.

MR FLINN: I understand. But is it clear in your recollection that that happened some time after the Guildford Pub Bombing?

MRS ALLEN: Yes, yes.

MR FLINN: Did you have any feeling, because you were very young at the time, did you have any feeling of being unprepared or overwhelmed for what you saw at the hospital that evening?

MRS ALLEN: No, because I think you just get on and do the job that you are asked to do. You might reflect on it later, but when you have an emergency you deal with it at the time.

MR FLINN: So at the time you are fully absorbed in what you are doing.

MRS ALLEN: Yes, completely.

MR FLINN: When you reflected on it subsequently did you have any feelings along those lines? Or do you think that the hospital handled it quite well from your perspective?

MRS ALLEN: I didn't make a judgment.

MR FLINN: I asked you, yourself, about whether or not you can recall changing into uniform. You can't recall, that is perfectly fine. Do you have any recollection of other staff working out of uniform?

MRS ALLEN: No, I have no recollection of that either.

MR FLINN: No problem. I also asked you about being aware of other staff coming in, and just that you could speak to yourself but can't speak to, sort of directly to what other people did. But is it right that you had a sense that there were enough staff on hand that night to deal with the influx of people coming in from the incident?

MRS ALLEN: I don't think I questioned the quantity of staff.

MR FLINN: Mrs ALLEN, I don't have any further questions for you, but other people may have. Thank you very much for your help.

CORONER: **Sorry, Heather, can you bring up paragraphs 11 and 12, please. Thank you. Mrs ALLEN, I just wanted to ask you just briefly about the woman you were caring for. You see there you have set out at paragraphs 11 and 12 what you did, in effect, with this woman. You say you can't recall her name or appearance, but she was 'older than in her thirties', that is how you describe it?**

MRS ALLEN: That's my, my memory.

CORONER: **All right. And so by that you mean what, she was getting towards middle age, forties, fifties, that sort of age?**

MRS ALLEN: I can't be more specific, I'm sorry.

CORONER: **All right. And then can you just help me, please, just using that paragraph 12, just tell me what injuries she had or what the issue was with her, if you would, as far as you can best recall?**

MRS ALLEN: She was lying very still in the bed. She had obviously been in a place where there was a lot of furniture trauma and she was, she was covered in dust and probably ash. She wasn't speaking, and I was asked to go and wash her, and when I started to wash her all the injuries became, they were uncovered, and she had huge splinters of wood in her arms, and, yes.

CORONER: **So were they mainly those sort of soft tissue injuries?**

MRS ALLEN: I don't know about any, I don't know whether she had been X-rayed, whether she had got any of those more serious injuries, whether, or whether they were just deep, deep-superficial to her tissues.

CORONER: **I see. Thank you. Paragraph 17, please, Heather. And you have spoken also about the man in ICU, you said he was a big chap aged roughly around 50 years old?**

MRS ALLEN: Yes.

CORONER: **Yes, thank you very much. Ms BARTON.**

MS BARTON QC: No, thank you, sir.

CORONER: **No. Thank you very much, Mrs ALLEN, that is very helpful to have that sort of firsthand account from the hospital, so I am very grateful to you for coming along today and giving me the evidence. That concludes your evidence, and so it is up to you,**

you are free to stay or to go as you choose, but thank you very much.

MRS ALLEN: Thank you, sir.

(The witness withdrew)

CORONER: Thank you.

MR SANDERS QC: Sir, could we just have a moment to swap places?

CORONER: Yes, of course, yes.

MR SANDERS QC: Thank you.

CORONER: Are you ready?

MR SANDERS QC: Thank you, sir, I am ready, yes.

CORONER: Right, thank you. Wynne WESTON-DAVIES, please.

MR WYNNE WESTON-DAVIES (sworn)

CORONER: Thank you, do sit down, please. Could you come forward just a bit so I can see you?

MR WESTON-DAVIES:

I am so sorry.

CORONER: You are partially behind the screen. Good morning to you. Could you give me your full name, please?

MR WESTON-DAVIES:

Wynne WESTON-DAVIES.

CORONER: **Thank you very much. I am going to pass you over in just a moment now to Mr SANDERS QC, who is going to be asking you some questions on my behalf, and then there may be other questions afterwards. As I said to the previous witness, just keep your voice up, please, so we can hear you nice and clearly. Do not run ahead too quickly, and concentrate on the question, so if you just answer the questions you have being asked.**

MR WESTON-DAVIES:

Yes, sir.

CORONER: **Thank you.**

MR SANDERS QC: Thank you, sir. Good morning, Mr WESTON-DAVIES.

MR WESTON-DAVIES:

Good morning.

MR SANDERS QC: Could you please just, you don't need to give us your full home address, but could you tell us where you are living at the moment?

MR WESTON-DAVIES:

My home address is …

MR SANDERS QC: No, you don't need to read out your full address, just the town where you are.

MR WESTON-DAVIES:

Where I- where I live presently?

MR SANDERS QC: Yes.

MR WESTON-DAVIES:

I, I live in Calne in Wiltshire.

MR SANDERS QC: Thank you. And your occupation at the moment?

MR WESTON-DAVIES:

I work as the Clinical Research Director of a biotechnology company.

MR SANDERS QC: Thank you. I just want to start by just taking you to your statement, just to verify that that's yours and your signature. It is going to come up on the screen to your left, and it's at 10-25 of Caselines. If we just go down to the bottom. There, that the statement …

MR WESTON-DAVIES:

Yes.

MR SANDERS QC: … is dated the 28th of May, I think, and is that your signature there?

MR WESTON-DAVIES:

Yes, yeah, it is, yes.

MR SANDERS QC: Thank you. Can you confirm that the contents are true?

MR WESTON-DAVIES:

Yes, I do.

MR SANDERS QC: Thank you. At the time of the Guildford Pub Bombing, October '74, I think you were 31 years of age, is that correct?

MR WESTON-DAVIES:

Correct.

MR SANDERS QC: And you didn't, you weren't asked to make a statement to the police at the time?

MR WESTON-DAVIES:

I, I don't recall. I, in retrospect I assume I must have been, because I was so heavily involved, but I can't recall precisely whether I did or not, or where the, the statement was made. I don't recall going to anywhere else, like the police station or anything, so if a statement was taken I assume it was taken whilst I was still at the hospital, in the hospital.

MR SANDERS QC: Right, so- so far as we can tell, we don't think you did make a statement, because we have got a full collection of statements and yours- there is nothing from you included. So it appears that you didn't, although a number of your colleagues did.

MR WESTON-DAVIES:

Yes.

MR SANDERS QC: And you in fact came forward quite recently and contacted the Coroners' Office to offer to give evidence, is that right?

MR WESTON-DAVIES:

Yes, I saw an item in the newspapers that the inquest was taking place, and it occurred to me that after such a length of time I might be a bit difficult to trace, so I got in touch with the Coroners' Officer.

MR SANDERS QC: Yes, well you were difficult to trace because the only records of your name that we had was just Mr DAVIES, and it was very difficult to trace Mr DAVIES.

MR WESTON-DAVIES:

Yes, the reason for that was up until I was working at Guildford, I always just used the second, DAVIES, and at that time the General Medical Council asked to see a copy of my birth certificate. My birth certificate, it said WESTON-DAVIES, so they made me change my registered name from DAVIES to WESTON-DAVIES. So, as you say, it might have been difficult for that reason.

MR SANDERS QC: Yes, there were so many DAVIES that we just didn't get anywhere.

MR WESTON-DAVIES:

Yeah.

MR SANDERS QC: But anyway, thank you very much for coming forward, it is very helpful. At the time of the bombing, could you tell us what your- your role was and who you worked for?

MR WESTON-DAVIES:

Yes, I was a surgical registrar in the Guildford hospitals, which comprised St Luke's, the Royal Surrey County Hospital, and Milford Chest Hospital. And I was one of three surgical registrars at any one time, and broadly speaking we rotated between the three hospitals, spending between six months and a year in each one. And at the- that particular time I was, my allocation was to the Royal Surrey County Hospital in Farnham Road. But we, all three of us were on-call to the other hospitals, but that particular time my base hospital was the Royal Surrey County Hospital.

MR SANDERS QC: Thank you. And was the Royal Surrey your first Surrey hospital that you were in, or had you already been in …?

MR WESTON-DAVIES:

I had already rotated through Milford Chest Hospital, and I think I must also have been through St Luke's at that stage, because I was towards the end of my sort of three year- three and a half year rotation. So it must have been Milford and the St Luke's, and then the Royal Surrey.

MR SANDERS QC: Thank you. And could you please first tell us about your training and your qualifications and the work that you had done before the bombing?

MR WESTON-DAVIES:

I trained as a doctor at St Mary's Hospital in London, which is now part of the Imperial College School of Medicine. And after that I started- I did a- my two six-month house jobs, firstly at St Mary's Hospital, Surgical House Officer, and then at the Canadian Red Cross Hospital in Taplow, Buckinghamshire, to do my physician training. I then started, decided to do surgery and started my surgical training, and the first post I held was as casualty officer back at St Mary's Hospital in London. And I worked as an anatomy lecturer and various things whilst I was studying for the primary- primary fellowship of the Royal College of Surgeons, which I took, I think, in, around 1969 or '70. I moved to the Westminster Hospital and I was part of their surgical trainee scheme, as an SHO, and I worked at the Westminster Hospital and at St Mary's, at Queen Mary's Hospital, Roehampton, until I took my final fellowship in 1970, I think it was. And having got the final fellowship, I was then appointed to the Guildford Group Hospitals.

MR SANDERS QC: Thank you, and so what year did you graduate, qualify as a doctor?

MR WESTON-DAVIES:

I'm sorry?

MR SANDERS QC: What year did you graduate?

MR WESTON-DAVIES:

Oh, in October 1967.

MR SANDERS QC: So you had been practising for a good few years by the time the bombings happened?

MR WESTON-DAVIES:

Yes. Yes, for three or four years, yes.

MR SANDERS QC: And you were working your way up the ranks in terms of seniority?

MR WESTON-DAVIES:

Yes, yes.

MR SANDERS QC: Thank you. And after the bombing, what did you go on to do in your career?

MR WESTON-DAVIES:

I, after the bombings, I moved into senior registrar posts in surgery, and finally I specialised in colorectal surgery, and I worked in a number of London hospitals, including Bart's and Charing Cross Hospital, and the West Middlesex Hospital. I also, by that stage, had joined the Territorial Army and I did, at one stage, move into- out of the NHS and into the army system, and worked as a regular army officer at the Cambridge Military Hospital in Aldershot, specialising in military surgery. And, and as I say, I was in the Territorial Army as a doctor for quite a long time, and I was- my final sort of brush with surgery was when I was called up for the First Iraq War as a senior

surgical specialist for the army, and I was actually en route to Iraq when the war ended, so I never actually got there.

MR SANDERS QC: Right, thank you. And when did you stop practising and leave the NHS?

MR WESTON-DAVIES:

I continued to do- I'd say sort of part-time surgery, or on the basis of a day a week or so, after I had started working as a clinical research director in the pharmaceutical industry and in the biotechnology industry. I continued that, sort of, some years, two or three years perhaps, and finally, I think about 1990, I, I finished practical surgery, and after that, since then I have been just doing medical research, clinical research.

MR SANDERS QC: Thank you very much. One thing that you tell us you did while you were at Westminster as a Senior House Officer, was to draw up its major incident plan?

MR WESTON-DAVIES:

Yes, I did. It was the first part of the rotation there, and it- and I was actually called the Resident Medical Officer, and in that capacity I was the, I was in charge of their Casualty Department, as it was then called. I mean, what we now say, in the Accident and Emergency department. And I was asked by the Professor of Surgery, Professor

Harold ELLIS, if I would give some thought to drawing up a major incident plan, because at that stage very few hospitals had such a thing and there was a lot of talk about what would happen if a plane crashed in the middle of London, or something like that, how would the London hospitals cope? So he delegated me to, and I spent most of the first six or nine months I was there, to drawing up a major incident plan, and I had no idea, 'cause there wasn't a blue print at that time, so I had to sit down and sort of think it through. And I remember that the chief problem that I had- I didn't see that there was going to be any particular problem once the patients came to hospital, because you knew what to do, more or less, to an injured person, but it was how you'd get the resources mobilised, how you would actually call people in, bearing in mind that the Westminster is in the middle of a very busy city, and many of the consultants and people lived outside London. So it was a question of getting people in at a long distance and how would you contact them, and who would be responsible for contacting them, and that sort of thing. So it was resource allocation, I think was, was the core of my plan, if you like. But by the time, by the time I left Westminster, they had a rudimentary major … and I believe I am right in saying it was the first London hospital to have such a thing.

MR SANDERS QC: Thank you. And was this when Westminster Hospital was Horseferry Road?

MR WESTON-DAVIES:

Indeed it was, yes, yes.

MR SANDERS QC: And so very central, very close to Parliament and Whitehall.

MR WESTON-DAVIES:

Yes, well that, that was, I think, part of the thinking was that it was so close to the heart of things that … this, this was before the, or it was, I think the Northern Ireland situation was developing at that stage, because I went to the Westminster, I think, in '69 or '70. So it was developing, but it hadn't actually reached the mainland at that stage. But part of the thinking was, well if it did, then Westminster was obviously going to be in the target, sort of target area.

MR SANDERS QC: Thank you. And you said there was no blueprint. There is a reference in one of the documents to a Department of Health handbook. Do you remember any kind of central government guidance that you could draw on?

MR WESTON-DAVIES:

I don't remember that at all. I would have been very pleased if there had been, because, because I, I couldn't find any, any resources at all of that nature.

MR SANDERS QC: So were you able to consult other authorities, or how did you draw this up?

MR WESTON-DAVIES:

No, it was- as I recall, it was entirely sort of seat of the pants. I just, just did it, made it, I made it up as I, as I went along.

MR SANDERS QC: Right. And other things that you mentioned that you thought about and included in the plan were, first, an emergency surgical kit and what that should contain?

MR WESTON-DAVIES:

Yes, we- we did do that, and we had one occasion to use it, when a passenger fell under a train at Charing Cross, Charing Cross Railway Station, and the train had partly severed his leg. The victim was, was still alive, but lying on the tracks. And we sent a team from the Westminster, using, with what we had, by that stage, put together as a sort of mobile surgical pack. And, as it happened, they literally separated his leg with a pair of scissors, because it was still, it was only attached by, virtually bits of skin at that stage, so it wasn't- most of it wasn't used. I think it was just a pair of scissors that was used, but potentially it had enough stuff there to be able to have done something more, more serious.

MR SANDERS QC: Right.

MR WESTON-DAVIES:

But I can't remember precisely what was in it.

MR SANDERS QC: No. And you have mentioned that one of the matters that the plan had to cater for was calling in staff, and was a plan for dealing with a high volume of admissions part of it as well, how to process a large number of people coming in at once?

MR WESTON-DAVIES:

Yes. I, I can't remember any details of how we actually dealt with that. I think we assumed that part of the process would be dispersing casualties away from the base hospital, because it would have been overwhelmed if it had been in a very major incident. So we, I think we sort of envisaged that patients would be sent out to, sort of, satellite hospitals and other hospitals.

MR SANDERS QC: So you needed to clear beds in order to …?

MR WESTON-DAVIES:

Yes, clearing beds was part of the plan, for certain.

MR SANDERS QC: Yes, thank you. And also, one other matter you mentioned was ensuring that there were enough, enough blood and enough plasma on site, and making arrangements for calling in further blood from a, from the regional blood bank?

MR WESTON-DAVIES:

Yes. I can't recall the exact details of that, but- but clearly those sorts of resources would have been important and would have formed part of the plan.

MR SANDERS QC: Thank you. And once you moved to Surrey, was there a comparable major incident plan at the Surrey Group of Hospitals?

MR WESTON-DAVIES:

Well I am sure there must have been something in place, because by then I think all hospitals were, and- and because the, the sort of IRA situation had moved to the mainland, I think most hospitals would have had some plan. I can't recall that I was ever shown it when I moved to the Surrey Group of Hospitals. But, but I just assume there would have been one.

MR SANDERS QC: Thank you. So going to the night of the bombings, so October '74.

MR WESTON-DAVIES:

Yes.

MR SANDERS QC: At this point you were recently married, you had married earlier that year, is that right?

MR WESTON-DAVIES:

Yes, correct.

MR SANDERS QC: And in fact we have heard already a statement from your wife, who was then Lieutenant Julia WESTON-DAVIES, WRAC …

MR WESTON-DAVIES:

Yes, correct, yes, yes.

MR SANDERS QC: … camp at Queen Elizabeth Barracks.

MR WESTON-DAVIES:

Yes.

MR SANDERS QC: And you were both living together in Guildford. Can you just, as it's relevant to this issue, could you tell us first, you mention being responsible for a bomb scare at the Queen Elizabeth Barracks the year before, could you just tell us about that?

MR WESTON-DAVIES:

Yes, I'm afraid I- I, unwittingly I was. I, I- and I, I haven't been able to find the actual press cutting, but it exists somewhere. I- this is before we actually got married, I took, or I ordered a bunch of flowers for my, well then fiancée, I think probably on her birthday, which is in July, and, and it was delivered by Interflora, and I had given them her name and address, but instead of- well they, I think they would, probably weren't allowed to, to go through the gates to deliver it to the officers' mess where she was living, so the delivery chap just left it on the road outside the gates. And when the guard spotted this sort of unknown package lying there, it, it caused a bit of a, a bit of a stir, and I'm not, I think, particularly certain whether the, sort of, bomb squad

came, but anyway it was taken quite seriously as being a potential issue. And, and then they found a card and realised who it was intended for, and somehow or other it got into the papers. I think, it certainly got into the local papers, and I think it, I think it even may have made it into, into the national papers, but I was quite embarrassed at the time.

MR SANDERS QC: Thank you. It is perhaps helpful as an indication of the approach to security around the camp.

MR WESTON-DAVIES:

Yes, I mean people, people were certainly very sort of (inaudible) at that point.

MR SANDERS QC: Yes.

MR WESTON-DAVIES:

Although there hadn't been, as far as I recall, there hadn't been any, any major mainland bombs at that point. But, anyway, they, they were- people were vigilant, yeah.

MR SANDERS QC: Thank you. And do you, just on that topic, do you remember there being an IRA attack at Pirbright in 1973? Does that ring any bells?

MR WESTON-DAVIES:

Yes, now that you say that, I think there was. I, I couldn't sort of place it chronologically exactly when it was.

MR SANDERS QC: But you weren't involved in any response to that?

MR WESTON-DAVIES:

No, I wasn't involved, no, no.

MR SANDERS QC: No. Thank you. So you were living with Lieutenant WESTON-DAVIES in Guildford.

MR WESTON-DAVIES:

Yes.

MR SANDERS QC: And I just want to put a small scale map up on the screen, because the distances are helpful in terms of deducing timings, and this is at 7-1224. Unfortunately it's quite faint, but if we zoom, if we do some zooming we might be able to make more sense of it. Just wait for it to download, it's part of a larger document. There. Can we just start by zooming out to see what that's showing, generally? Sorry about the slow download. So, okay, leave it there. So, as I say, this is a small scale map showing a large area. And you were living, can you tell us where you were living at the time with your wife? If you give us the address, I think I can take you to it.

MR WESTON-DAVIES:

I, I was living in Southway, which is at the sort of north, northwest of the, of the hospital.

MR SANDERS QC: Yes, if we could just go to the top left hand corner, it's near the university, isn't it? A bit more. Do you see at the bottom of the screen there it says 'University of Surrey'?

MR WESTON-DAVIES:

Yes, yeah.

MR SANDERS QC: And you were just up from there at Southway.

MR WESTON-DAVIES:

Yes, yes. Yes, yes, there it is, there.

MR SANDERS QC: Thank you. And so you were living there, and if we just scroll down to see where the hospital was, just there, there's an arrow 'County Hospital' and there's Farnham Road there. So you were quite close to the hospital?

MR WESTON-DAVIES:

Yes, yes, yes.

MR SANDERS QC: Less than a mile?

MR WESTON-DAVIES:

Oh, certainly less than a mile, yes.

MR SANDERS QC: So in terms of driving there, only a matter of minutes?

MR WESTON-DAVIES:

A few, a few minutes, yes.

MR SANDERS QC: Yes, and then similarly, you can see, if you just go- no need to move the screen, but we can see to the right of the hospital there are the two dots which mark the explosions. The first is the Seven Stars and the second is the …

MR WESTON-DAVIES:

Yes, yes.

MR SANDERS QC: And again, very, very close to the hospital.

MR WESTON-DAVIES:

Yes, indeed, yeah.

MR SANDERS QC: And one of the issues, to the extent that there were issues, was to the extent that there were issues at the hospital, was that the incident happened so close to the hospital that there was very little time to prepare before people started arriving in cars?

MR WESTON-DAVIES:

Yes, yes, certainly.

MR SANDERS QC: Thank you. So it's Saturday night and you're at home with your wife. Could you just tell us then what you remember happening next, please?

MR WESTON-DAVIES:

I recall that we'd, I think we'd had our evening meal, and my wife was the orderly officer for the WRAC depot that night, which meant

that she was the duty officer who would be called first if any issues. But as we lived so close to the, to the depot, she was allowed to live at home even, even when she was orderly officer, but as long as she was in telephone contact and could be called back. And the, our telephone rang and of course it was long before mobiles, so it was the landline, and she answered it and it was, it was for her, and it was the guardroom at the WRAC depot inform, and she was informed that there had been, I'm fairly sure that they said a bomb, but certainly in incident in Guildford and that it was thought that girls from the depot might be involved, and could she return immediately to the depot. So she passed that on to me, and I realised that, and I, that night, was the, I was on-call as the duty surgical registrar in any case, for all the, all the Guildford hospitals, but specifically my based was the Royal Surrey. So I realised I was likely to be needed, so we left the house together. She, she went in one direction in her car and I went in the other direction in my car.

MR SANDERS QC: And you arrived at the hospital within a few minutes?

MR WESTON-DAVIES:

I, I should think I got to the hospital within two or three minutes, yes.

MR SANDERS QC: Thank you. How long had you been living in Guildford at this point?

MR WESTON-DAVIES:

Oh, in and around Guildford, about two years.

MR SANDERS QC: And so you were aware that there were quite a number of army barracks around?

MR WESTON-DAVIES:

Oh yeah, fully aware, yes, yes.

MR SANDERS QC: Were you aware that the town centre was a centre where lots of soldiers and WRAC personnel would go to socialise?

MR WESTON-DAVIES:

Yes, I, I was, I am sure everyone in Guildford at the time were very well used to seeing service personnel in the town. Although, I think by that stage they weren't allowed to go out in uniform, but that- but actually, they stood out anyway. It was quite easy to, to tell a young WRAC or Guards- or Guards recruit, even when they were in civilian dress.

MR SANDERS QC: Thank you. And were there some of the pubs in town that were known as, quote-unquote, army pubs, popular with the soldiers?

MR WESTON-DAVIES:

I- I am not sure that I would have known that, specifically.

MR SANDERS QC: No. Were you aware of it being in any way an unusual or special night from a WRAC perspective? So were there, were there going to be more girls in town from the depot, or anything like that?

MR WESTON-DAVIES:

Well I know in, in retrospect that there had been a passing out parade at Pirbright for, for- for one of the Guards battalions, but I am not sure I was aware of that, that night. I am not sure that my wife was aware of it either. But we- I, I did know that on such nights when there was a passing out parade at Pirbright, or for that matter at, at the WRAC depot, there tended to be an influx of service personnel after the parade was over, and often with their relatives and parents, and so on, as well, and they would all go into town to celebrate. So I was aware that that happened, but I don't- I don't recall being aware of it that specific night.

MR SANDERS QC: Thank you. And I think you say in your statement you are not sure what time the call came in at your house, but it was dark when you were driving to the hospital?

MR WESTON-DAVIES:

Well it was, it, it wasn't fully dark. I left the, when we left the house it was beginning to, to get dark, but I wouldn't say it was sort of totally dark, there was still sort of a glimmer in the sky, and my- my recollection was that it was somewhere around half past seven to eight o'clock. I, I'm not sure if that, that is correct, but that's what, what I- what I had in my mind.

MR SANDERS QC: Thank you. So you drove, you drove to the Royal Surrey?

MR WESTON-DAVIES:

Yes.

MR SANDERS QC: And can you tell us what you- what you saw on arrival when you got there?

MR WESTON-DAVIES:

As soon as I approached the Royal Surrey, I came from the, the north side, which was the side that the Accident and Emergency Department was located, and there was a car park where doctors could park their cars, staff could park their cars, and I made straight for that, and I- as I approached I could see that there were- there was one certainly and possibly two police cars already there, and there seemed, seemed to be a certain amount of activity around the entrance. So I just literally parked my car as quickly as I could, went towards the entrance, and I was- I was immediately told that I was wanted to go to the scene, and would I go with the police. And I think, but I'm not totally certain, that I was handed the emergency kit, or I may have asked for it, but I'm sure that it went with me in the police car.

MR SANDERS QC: Thank you. Just before we get on to that, can I just ask, you would obviously be used to seeing ambulances when you arrived at the hospital, but do you recall seeing an ambulance service Land Rover,

which was referred to as a control vehicle? Was there one of those there that you saw?

MR WESTON-DAVIES:

I don't recall that, no.

MR SANDERS QC: No, thank you. And when you were handed the kit and asked to attend the scene …

MR WESTON-DAVIES:

Yes.

MR SANDERS QC: … did you understand that that was because you were the on-duty registrar, they were waiting for you to send you off there?

MR WESTON-DAVIES:

Yes. I mean, I, I guess if another suitably qualified doctor had arrived before me, he- they probably would have, would have asked, would have sent him. But it just so happened that I was the duty surgical registrar anyway, so it made, or at least it must have seemed to them to make sense that I should go.

MR SANDERS QC: And do you have any recollection of who it was who asked you to go?

MR WESTON-DAVIES:

I don't specifically. But I, I think it may have been- but I am not certain, it may have been the, the sister in charge of, of the Casualty Department. I mean, she, she would have been sort of running the, the

operation at that precise time, and I think it was probably her who, who told me. But I, I can't be certain.

MR SANDERS QC: Right. Might that have been Mrs CARTER?

MR WESTON-DAVIES:

I can't recall the, the name or, or the person.

MR SANDERS QC: It doesn't matter. No, all right.

MR WESTON-DAVIES:

But, but I can, but it would have been someone of that sort of seniority.

MR SANDERS QC: Thank you. And were you- as far as you understood it, were you being asked to go because it was felt that there was a need to go, or were you being asked to go because that was the automatic procedure under the major incident plan?

MR WESTON-DAVIES:

Yes, it would have … well, I- I can't honestly say that I can recall that, but, but if- if the, whoever was sort of in charge of the site, whether it was the police or the ambulance service, if they asked for medical support, then it would have been natural that somebody would, would have been sent, and my- my understanding was that they had, at that stage, asked for medical support.

MR SANDERS QC: Right, thank you. I just want to, just explore one issue in relation to that with you. We know from, from the documents that the, the major incident plan provided for a mobile surgical team to be sent to the incident as a matter of routine – if there was a major incident a mobile surgical team would go. Was it your understanding that you were the mobile surgical team, or was it a bit more free-wheeling than that?

MR WESTON-DAVIES:

I can't say that, now, this distance in time, that it was, that it was definitely my understanding, but it, and as I say, if for instance I had been delayed in getting there, I am sure that another doctor could have been sent in my place, but it just so happened that I was the first one there.

MR SANDERS QC: And we know that Mr NOTLEY was there later on, as well.

MR WESTON-DAVIES:

Yes, indeed. And- but he almost certainly would not have been automatically on the, on the mobile surgical team, because a) he was too senior, if you like, and it was likely to be a person of, sort of, registrar grade. And secondly, he was primarily a urological surgeon and it would have probably made more sense, if they were going to specify anybody, to specify either a general surgeon or an orthopaedic surgeon. So although he was one of the first people there, I don't

think they would have normally put him as part of the thing, unless, unless it so happened that he was in the right place at the right time.

MR SANDERS QC: Yes, thank you. And I am going to show you some passages in a report which we have already sent you by email, so you have had an opportunity to look at it. This is the South West Surrey Health District report into the aftermath of the bombing. It was dated 24th of October '74. And to start with, if we can just- it's in this same document so we should be able to go to it quite quickly. It is 71224, 7-1224. It will come up on the screen, Mr WESTON-DAVIES, just next to you.

CORONER: **I think that is the map page, actually. 7-1224.**

MR SANDERS QC: If we just go down a page, sorry. There. So just stop, just there. So I am just going to ask you about this. There is a narrative at the top of this report, and it says, "At approximately 8.50 on Saturday, 5th of October '74, a bomb exploded at the Horse and Groom. A 999 call resulted in the major incident procedure being put into action. A message was passed by Ambulance Control to the accident centre at the Royal Surrey County Hospital. Staff on duty at the Royal Surrey arranged for the clearance of existing casualties in the Accident Centre and the equipment for the mobile surgical team was prepared for loading and dispatch to the scene of the incident." That sounds like the emergency kit that you were handed, doesn't it?

MR WESTON-DAVIES:

Yes.

MR SANDERS QC: And then it says, "In view of the close proximity of the scene of the incident to the Royal Surrey, very little time was available in which to implement the incident procedure before casualties were actually arriving at the hospital. The first casualties arrived by private cars. Following confirmation from Ambulance Control that a major incident was developing and that there were a large number of casualties, the mobile surgical team under a surgical registrar was sent from the Royal Surrey to the scene of the incident." So you were a surgical registrar …

MR WESTON-DAVIES:

Yes.

MR SANDERS QC: … so it sounds like you were the mobile surgical team, is that fair?

MR WESTON-DAVIES:

Yes, yes, yes.

MR SANDERS QC: Thank you. And from, do we take it from that, that it was probably Ambulance Control that requested that you go?

MR WESTON-DAVIES:

Yes, it sounds like it, yes, yes.

MR SANDERS QC: And we can also see there, one, the fact that there was an issue arising because the incident was so close to the hospital and there was very little time to prepare, but two, that steps were being taken to clear the wards to make room for admissions?

MR WESTON-DAVIES:

Yes. I mean, that, that- I am sure that would have been underway at around the time that I arrived, and it certainly went on after I came back to the hospital from the Horse and Groom, because I was part of that. I remember going round the wards and helping to sort of decide which patients could go home and which couldn't.

MR SANDERS QC: Thank you. Next comment in this report, just about the mobile surgical team, if we just go down to 7-1227, so three pages, four, two pages down. There, and just, just scroll down so we can see the section headed 'Surgical team'. There. And it says, "The practice of Ambulance Control requesting a surgical team as a routine, thereby depleting the Accident Centre of urgently needed staff, was queried. The Area Chief Ambulance Officer stated this was standard practice Department of Health handbook when a major incident occurred, to try and prevent a flood of minor casualties to the accident centre. But it was agreed that while the most senior officer present at the incident made the decision to request a surgical team, the final decision as to

whether one would be sent would be made by the senior medical officer at the Accident Centre, who would have the use of ambulance wireless facilities to ascertain the need." So do you remember that that was something that was reviewed in the aftermath and it was decided that …?

MR WESTON-DAVIES:

I remember it being reviewed in the aftermath. I wasn't aware beforehand, 'cause as I say, I, I can't recall ever having read this, the major incident plan before that night.

MR SANDERS QC: Thank you. So you were taken by police car to the Horse and Groom?

MR WESTON-DAVIES:

Yes.

MR SANDERS QC: And you recall getting there very rapidly?

MR WESTON-DAVIES:

Yes, the matter of a few minutes, yes.

MR SANDERS QC: And they had sirens and lights on, presumably, to get you there?

MR WESTON-DAVIES:

Yeah, yes.

MR SANDERS QC: So if we think, from the moment the call came into your house, three minutes later you were at the hospital, you were sent straight to the

Horse and Groom, so you were at the Horse and Groom in less than ten minutes, is that fair?

MR WESTON-DAVIES:

I would say less than ten minutes, yes.

MR SANDERS QC: Thank you,

MR WESTON-DAVIES:

Probably more than five, less than ten.

MR SANDERS QC: Yes, thank you. And what, at that point what was your understanding of what had happened at the Horse and Groom?

MR WESTON-DAVIES:

I knew it was a bomb because the, the, well certainly the police were talking about it on the way there. So, so I was, I was expecting that to be the case.

MR SANDERS QC: Thank you. And was it your understanding or assumption that that would be an IRA bomb?

MR WESTON-DAVIES:

At the time very much so, yes.

MR SANDERS QC: Thank you. So you were taken by police car and I think you say the car pulled up behind an ambulance that was, was that in front of the Horse and Groom?

MR WESTON-DAVIES:

The, the ambulance was parked in the street directly in front of the Horse and Groom, I would say with its back doors open, and the police car pulled up right behind it, and I sort of got out very quickly and went towards the, the actual, the Horse and Groom itself.

MR SANDERS QC: Thank you. And had you ever been inside the Horse and Groom?

MR WESTON-DAVIES:

Previously, probably, I, I may have been, but I can't recall. But I, I knew, I knew the- I knew it from the outside very well, it's right, very close to the station, and so it's quite a familiar landmark.

MR SANDERS QC: Right, thank you. And could you tell us, please, what you saw, or your impressions when you got there?

MR WESTON-DAVIES:

Well, first of all, there were a lot of people there. There were, there were a number of vehicles. I can't recall exactly what, but I'm fairly certain that as well as the ambulance we pulled up behind, that there was at least one and probably more than one fire engine. There was still a lot of, sort of, sort of smoke and haze, probably just dust, drifting around. And I saw that the- where the front door, where the door of the pub was, there was open, and I- my, my impression was that the door itself had been blown off and possibly some of the surroundings. There seemed to be a big sort of hole going into the

pub. And I could see that there were people inside, obviously busily sort of tearing at debris, and that seemed to be where I was being directed to. So I went to the entrance, or what remained of the entrance, and went inside, and it was a scene of total chaos. The, the inside was just crammed with debris, which appeared to be mostly sort of broken furniture, bar fittings, ceiling, all sorts of stuff, and just piled in the, in the- filling the whole of the inside of the pub. And apparently there were people buried under, under it, and, and there were, a lot of people were- firemen I think chiefly, were, were pulling at the debris, trying to get the, sort of, worst of the wreckage out of the way so that they could find the people under the, under the rubble. And the, and the- there was a lot of, a lot of smoke, and generally fairly, fairly chaotic. But I couldn't see, I didn't see any actual casualties or bodies, or anything like that, that, that I could actually sort of involve myself with. After maybe a couple of minutes, I thought, I certainly wasn't needed to pull at the, at the wreckage, there were plenty of people there doing that already. There was no, there were no obvious casualties visible for me to, to attend to, and it almost immediately occurred to me that I would be far better off going back to the- back to the casualty department where there undoubtedly- when they did find people that's where they would be bringing them,

and that's where my, my sort of efforts were probably best directed. So I said, I went out again and I said to the policeman … oh, but first of all I went to the- I also at some point went to the ambulance and looked inside to make sure there wasn't somebody inside. I think I got inside to make sure there wasn't somebody in there that needed attention, and there wasn't. So I said to the police who brought me, "Right, take me back to the hospital," and got back in the car and went back to the Royal Surrey.

MR SANDERS QC: Thank you. And just a few questions about what you saw inside the pub. Was it dark in the pub?

MR WESTON-DAVIES:

That was my impression, although- or that, that there certainly was lights of some sort. I mean, I, I assume people had torches and things, so it wasn't totally dark, and there was enough light to see what it looked like. But it wasn't- it certainly wasn't well illuminated, and there was still, as I say, quite a lot of smoke.

MR SANDERS QC: And was it your impression that by the time you got there, the pub customers, the walking wounded were all out of the building?

MR WESTON-DAVIES:

Yes, there were, there were none visible to me, no, yeah.

MR SANDERS QC: No. And did you see that there was a hole in, in the floor, that the floor had collapsed into the cellar, did you see that?

MR WESTON-DAVIES:

I, I didn't, or I'm not sure I would have been able to recognise it, 'cause there was, there was just so much debris it, it might have gone into the cellar and just seeing, me seeing the top of it. But there was just- it was just full of debris.

MR SANDERS QC: Were you aware of a hole having been blown in the side wall of the pub?

MR WESTON-DAVIES:

Not specifically, no.

MR SANDERS QC: No. Did you see any bodies on stretchers on the pavement, that you were aware of?

MR WESTON-DAVIES:

I didn't, no.

MR SANDERS QC: No.

MR WESTON-DAVIES:

If I had have done, I probably would have gone and seen them.

MR SANDERS QC: Did you notice any smell of gas at all?

MR WESTON-DAVIES:

No, I can't … there was, there was a sort of general smell of burning.

MR SANDERS QC: I think you mentioned in your statement an unusual smell that you thought, or you assumed was explosives?

MR WESTON-DAVIES:

Yes, a sort of- I can't say at that stage, at that stage I was familiar with the smell of explosive, but there was a chemically sort of smell in the, in the air.

MR SANDERS QC: Right. You said in your statement that it looked like the foremen and the people in the pub digging at the rubble were having a difficult time. Could you just explain what you meant by that?

MR WESTON-DAVIES:

I think just, just trying to dig through this mountain of debris, and it, it was clearly going to take them quite a long time to, you know, to clear the pub. But there were plenty of people there to do it.

MR SANDERS QC: Yes. Can I just ask you, do you have any recollection of seeing a nurse in uniform either inside the pub or outside?

MR WESTON-DAVIES:

Not, not at the Horse and Groom, I didn't, but there were a lot of people there, and there were more and more people arriving, even in the few minutes I was there, there were people coming in from all directions.

MR SANDERS QC: And did you see anyone who you recognised as a medical colleague?

MR WESTON-DAVIES:

I, I didn't. I discovered, subsequently, that, that Mr NOTLEY was there. But that only emerged, as far as I was concerned, and I didn't see him there, I, I- in, in conversation with him later I discovered that he had been there.

MR SANDERS QC: Right. I think you mentioned you saw a photo of him in the paper as well?

MR WESTON-DAVIES:

Sorry?

MR SANDERS QC: You saw a photo of him in the paper?

MR WESTON-DAVIES:

I remember later there was a photograph, I think it was in the national papers, of, of him at the scene, yes.

MR SANDERS QC: Thank you. So you weren't at the Horse and Groom long before you then returned to the Royal Surrey?

MR WESTON-DAVIES:

No, just a matter of two or three minutes, I should think.

MR SANDERS QC: Just in terms of pinning down the timings, one thing we know the timing was the bomb explosion at the Seven Stars.

MR WESTON-DAVIES:

Yes.

MR SANDERS QC: Did you hear that?

MR WESTON-DAVIES:

Yes, I did. As, as we, either, either just as we were getting into the car, or immediately after we had got in, we all heard an explosion from what, and I now know was the direction of the Seven Stars further down in the town. And the police, the police that I was immediately said, "Oh God, there's another one," or words to that effect. And, and we shot off down the road to the hospital, and I can remember that as we were doing so their, their radios were already sort of telling them that there had been another one.

MR SANDERS QC: Right, and that was happening as you were returning from the Horse and Groom to the Royal Surrey?

MR WESTON-DAVIES:

Yes, yes, yeah.

MR SANDERS QC: And so, as before, presumably it was just a minute or two before you were back at the hospital?

MR WESTON-DAVIES:

Yes.

MR SANDERS QC: So we know that that must have been around 9.35, 9.40. And what did you do when you got back …

CORONER: **Mr SANDERS, I will stop you there. Shall we have a mid-morning break? That may be a suitable moment, if we are going back to the hospital.**

MR SANDERS QC: Absolutely. I haven't got long to go, but is more than a few minutes, so yes.

CORONER: **Yes, thank you. We will have our mid-morning break. Mr WESTON-DAVIES, you are still on oath. Please do not talk to anybody about your evidence during the course of the short break.**

MR WESTON-DAVIES:

Yes.

CORONER: **Thank you.**

CLERK: Court please rise.

(A short adjournment)

CORONER: **Thank you. Mr WESTON-DAVIES, you are still on oath. Thank you very much.**

MR SANDERS QC: Thank you, sir. Mr WESTON-DAVIES, we will just pick up where we were. So you'd been driven back to Royal Surrey from the Horse and Groom, and can you tell us what you saw on arrival back at the hospital, please?

MR WESTON-DAVIES:

It was busier than I had left some minutes before. There seemed to be a lot of people arriving, of private cars arriving. I wasn't aware of ambulances. I went sort of straight from the police car straight into the Casualty Department itself, which- the main area of which had been cleared, and my recollection is that they had put trolleys into the middle of the space. All the cubicle curtains were drawn back and they had generally cleared the area, and a lot of staff were there. I assume some of them were staff that were already on duty, and some were people that had arrived having heard about the incident, but it was certainly quite crowded with staff. And very soon it began to fill up with the actual casualties as they were brought in, either by ambulance or by private cars.

MR SANDERS QC: Thank you. I think you refer in your statement to a hive of activity. Is that right?

MR WESTON-DAVIES:

Yes, I think that would sum it up, yes.

MR SANDERS QC: And around that time what you described as a large influx of, a deluge of admissions and of people to see.

MR WESTON-DAVIES:

Yes.

MR SANDERS QC: Thank you. We know that of the five young people who lost their lives in the Guildford Pub Bombing, four of them were pronounced dead at the scene, not necessarily dead straightaway, but one of them survived at least to get to hospital.

MR WESTON-DAVIES:

Yes.

MR SANDERS QC: And that was William FORSYTH. And I understand he was the first patient that you remember seeing once you'd got into the hospital?

MR WESTON-DAVIES:

Yes. He was certainly the first patient that I was directly involved with, and I can't remember whether he was actually in the department on a trolley at that stage, or whether he arrived very shortly after I arrived, but certainly within a few minutes he was the sort of complete focus of my attention.

MR SANDERS QC: We think from other evidence that he was probably taken into the hospital around 9.15, 9.20. So he might have been there for 15-20 minutes …

MR WESTON-DAVIES:

Yes.

MR SANDERS QC: … already before you …

MR WESTON-DAVIES:

Yes.

MR SANDERS QC: … became involved in his care.

MR WESTON-DAVIES:

Possibly, yes.

MR SANDERS QC: Where were you when you were treating him?

MR WESTON-DAVIES:

He was a young man, I believe a young Guards recruit- had passed out earlier that day, and his most obvious and severe injury was that one of his limbs, and my recollection is that it was his left leg, was extremely badly injured, and very, very heavy arterial bleeding was occurring, and that appeared to be the major problem at the moment, was to get control of the bleeding, and also to get sort of venous access so we could get blood into him.

I was very much trying to stop the arterial haemorrhage from the left leg. The problem was that he was, certainly at that stage, he was conscious. Whether he sort of came round from unconsciousness or whether he was conscious all the time I don't know, but he was conscious at that particular period, and he was obviously completely disorientated and not with … He was screaming and shouting and fighting with everyone who was trying to assist him. And that very badly injured leg was really thrashing around whilst I was trying to get

a tourniquet on it, which made getting the tourniquet on difficult. And also, I found that I couldn't, the tourniquet didn't seem to be working. The normal procedure was to take a blood pressure cuff and put it round the upper part of the affected limb and blow it up to above arterial pressure, but I tried to do it, and there were other people also trying to assist, and it wasn't working; it wasn't controlling this absolutely torrential blood loss. And in retrospect I think it was because the soft tissues were so badly damaged there was nothing to sort of compress, so it just was ineffective. And I was aware that other people were busily trying to get a drip into him, and having great difficulty, partly because, as I say, he was thrashing around and fighting off all attempts to control him. And then I believe he must have been sedated or something, because he calmed down and sort of lapsed back into unconsciousness, and it then became easier to carry out the various things that we were trying to do. And, as I say, there were at least four or five people clustered around the trolley, all trying to help. But sadly, at some point, we realised that he was, seemed to be dead, or had had a cardiac arrest. And I can't recall the exact resuscitation procedures, but I only know that he was, there was an attempt to resuscitate him, and at that stage we were also getting fluids into him as quickly as we could, but after a while it was apparent that

nothing was, nothing was working. And I'm not sure whether it was me … I know Mr NOTLEY was involved at that stage … I'm not sure whether it was me or Mr NOTLEY, or one of the other maybe two or three doctors that were around, that actually said, declare that he was dead. But we all agreed and sort of stopped what we were doing and sort of moved away.

MR SANDERS QC: Thank you. I'd just like to go back over some of that in stages, if I may? So firstly, you were in the Casualty Department. And is it right you were in the Resuscitation Room?

MR WESTON-DAVIES:

I don't recall. I think it was just the main area of the Casualty that had been cleared to receive casualties. I think we were right in the middle of the main area is my recollection.

MR SANDERS QC: Right. And when you first saw William FORSYTH, can I ask you, just in terms of his appearance, did you form an impression of his age?

MR WESTON-DAVIES:

I would have said about 18-ish.

MR SANDERS QC: Thank you. And there's some evidence that he was very pale. Do you recollect that?

MR WESTON-DAVIES:

He was deeply shocked. He must have already lost a very large blood volume.

MR SANDERS QC: Do you remember if he, by the time you saw him, if he had any clothing on?

MR WESTON-DAVIES:

Well, I think he'd had the remains of some clothing on, but most of it had been removed, probably what remained had been cut off in Casualty. Normally it would, you know, use a large pair of scissors to sort of cut off the clothing, and I think by that stage they'd removed what remained of his trousers or jeans, and most of his upper garments as well, just in order to get access to veins and things.

MR SANDERS QC: Yes. And he was, you've already said, he was conscious but delirious and thrashing around.

MR WESTON-DAVIES:

Conscious, but completely delirious, and shouting. Yes.

MR SANDERS QC: Yes. And the bleeding, I think you say in your statement, it was a massive haemorrhage from the femoral artery.

MR WESTON-DAVIES:

Yes.

MR SANDERS QC: So that's the main artery going down …

MR WESTON-DAVIES:

That's the main artery to the leg, yes.

MR SANDERS QC: Yes. And can I ask you, when you first saw him, was it your clinical assessment that his injuries were survivable or not? Did you think you might be able to save him?

MR WESTON-DAVIES:

Well, yes. It definitely appeared to me to be saveable; a) because he was conscious, and b) because the major problem appeared to be this massive haemorrhage, which in theory should have been controllable. And if we had been able to control it, and replace the blood that he'd lost, then potentially, in my view, he would have been saveable, yes.

MR SANDERS QC: Thank you. I'm just going to ask you about- you've mentioned that Mr NOTLEY was there at some point. In terms of evidence we have of different people who were involved in or witnessed the treatment of Mr FORSYTH, do you remember Christopher TERREBLANCHE being there?

MR WESTON-DAVIES:

I've heard the name since I've been working on my witness statement and so on, and I can't say that I would recognise him, but the name rung a bell, and I believe that he was one of the, what we call Casualty Officers. In other words he would have been a SHO working either in orthopaedics or in just pure accident and emergency medicine, but I

can't- I wouldn't be able to recognise him or say anything more about him than that.

MR SANDERS QC: No, thank you. And Russell STITZ. Is he someone a) that you remember and, b) you remember …

MR WESTON-DAVIES:

Yes.

MR SANDERS QC: … being there?

MR WESTON-DAVIES:

Yes. Russell STITZ was one of the three Surgical Registrars in the rotation, and at the time I believe his base hospital at the time was Milford Chest Hospital. And I know that he, although he wasn't the first surgeon on call, I know that he was one of the people that came into Guildford from Godalming, where he was based, in order to be of assistance. And so I know that he was there for … He may not have been there at the time that this particular incident was. He may not have arrived at that point, but he was certainly there over the course of the next few days. I have subsequently, if I may, because it's not in my witness statement, but about a week ago I met up with another of the people from the medical staff who were serving in Guildford at the time, he was a SHO who is an old friend of mine, but I hadn't seen him for many years, and really as a result of this I got in touch with

him. And he was the SHO who was working with Russell at Milford Chest Hospital. And when Russell STITZ came into Guildford, this other surgeon, Mr Michael HENRY, stayed at Milford because somebody had to cover the hospital, so he stayed there. So he wasn't involved at all in that night, or even in the subsequent two or three days. He was left in charge at Milford. But we both remember Russell coming into Guildford. I have done my best to contact Russell STITZ in the last few weeks. He became a very eminent surgeon in Australia. He became the President of the Royal Australasian College of Surgeons. But although I did manage to find out his sort of address and so on, he didn't respond to any of my emails. So I can't say any more than that, except that he was there.

MR SANDERS QC: Yes. Thank you. And do you remember Patrick or Paddy BOULTER being there?

MR WESTON-DAVIES:

Yes, indeed. Paddy BOULTER was the, if not officially the Senior Surgeon, he was certainly regarded as the Senior Surgeon in the Guildford group. And he was quite quickly on the scene in the Casualty Department, and he organised the triaging of the patients coming in. I had never heard the word 'triage' before, although it is commonly used now, but in those days it wasn't something that we

were taught. But it was, as I subsequently discovered, the standard technique in army surgery to triage patients into order of priority, and Paddy BOULTER had been a military surgeon at some stage. And so immediately he came in and he started- he told us how to triage and got the triaging organised. And I think he arrived at the time when this, I say flood of casualties were coming in. I think something in the order of 70 patients came into the Casualty Department, but they arrived probably within the space of about an hour. So it was an absolute torrent of casualties. And without his organising the triage, I think the department would have been overwhelmed.

MR SANDERS QC: Thank you. And do you remember him being involved in the treatment of Mr FORSYTH in particular?

MR WESTON-DAVIES:

No, I don't remember him being involved with him. I think it may have been, sort of, almost all over by the time he arrived. But, in any case, Richard NOTLEY certainly was part of that, and he was also a very Senior Surgeon. So there would have been no reason why Mr BOULTER should have involved himself at that point.

MR SANDERS QC: No. And also Peter STYLES. Do you remember him? Do you remember him being involved?

MR WESTON-DAVIES:

I remember him by name, but I can't remember much more.

MR SANDERS QC: No. Also there's two nurses who made statements to the police at the time, who were also involved with treating Mr FORSYTH. The first was Mary LE PAGE. Do you remember her? No?

MR WESTON-DAVIES:

No.

MR SANDERS QC: Richard SNELL?

MR WESTON-DAVIES:

No.

MR SANDERS QC: No. Thank you. So you've described trying to apply a tourniquet and that other people were trying to arrange a blood transfusion. Do you remember at all an endotracheal tube being used on Mr FORSYTH?

MR WESTON-DAVIES:

I'm sorry, could you say that …?

MR SANDERS QC: Do you remember an endotracheal tube being used?

MR WESTON-DAVIES:

Yes. I remember that he was intubated, and I think, but I'm not totally certain, I think I may have done the intubation because I had previously worked at Milford Chest Hospital, where that was very much part of my training and skills. So it would have been fairly natural that I either would have volunteered to intubate, or they may

have, you know, asked me to because I was, you know, had been the Chest Registrar. So I can't say definitely it was me, but I remember he was intubated, yes.

MR SANDERS QC: Right. Thank you. And do you remember an ECG, electrocardiogram, being applied or used with him?

MR WESTON-DAVIES:

I can't specifically remember that, but again it would have been part of the standard procedure. So it wouldn't surprise me if that …

MR SANDERS QC: Yes.

MR WESTON-DAVIES:

… happened.

MR SANDERS QC: And also there's some evidence about an attempt to apply a splint to his left leg. Do you remember any use of a splint?

MR WESTON-DAVIES:

Any splint. Yes, sorry. I say the left leg was very badly injured, and it was almost sort of a, just a mass of flesh and bones and things and it was flopping around, and that's partly what made trying to put a tourniquet on so difficult. So at some stage a device called a Thomas splint was put on the leg, which was sort of like a sort of number of steel bars with big hoops on, sort of threaded over the leg and then

sort of bandaged in place to try to stabilise it, and I can remember that did happen at some point before he was declared dead.

MR SANDERS QC: Right. And you've talked about resuscitation after he appeared to have had a cardiac arrest. Do you remember any cardiac massage or any attempts to revive him?

MR WESTON-DAVIES:

I can't specifically say that I can remember after this time, but I've seen so many people resuscitated I know what would have been done, but I can't say that I can recall specifically in this instance exactly what was done.

MR SANDERS QC: No, right. I am going to ask you, this might be difficult, but I'm going to put up on the screen the hospital notes, and just see if you can help tell us what they say. So they're at 4-410, and unfortunately they are very faint. So just don't move it. No. Thank you. You see at the top there …

MR WESTON-DAVIES:

Yes.

MR SANDERS QC: … his name was originally written in as A1, and that was changed to William FORSYTH. I think there's some evidence that his name was found on a piece of paper in his jacket and that was added in. And then if we just go down to where it says Examination. It might help to

zoom in to this. So can you make out any of that? I think some of it seems to be illegible but …

MR WESTON-DAVIES:

I can make out …

MR SANDERS QC: Just into the microphone, please, Mr …

MR WESTON-DAVIES:

… BP (inaudible).

MR SANDERS QC: Sorry, if you could just speak into the microphone so we can get it for the tape.

CLERK: (inaudible).

MR WESTON-DAVIES:

Sorry. Sorry, could you ask the question again?

MR SANDERS QC: Tell us what of that you can read, and if you can read any of it what it means?

MR WESTON-DAVIES:

I see at the top it says, "Unconscious, not …" I don't know. I'm not sure. It says, "Not possible," or something, but … Looks like, "Unconscious, not possible." "Severe …" I can't read the next word. "BP unrecordable, pulse unrecordable," which meant that he was deeply shocked at that point. "Obvious injuries." There's a hash sign which is medical shorthand for fracture. "Left femur. Left calf

deficit. Fractured tibia and fibula. Both ankles fractured." So you can see that almost all the bones in his left leg were fractured, plus and a lot of his right ankle. "Left foot deficient," and that ties in with my recollection was that the left leg was not complete, and that part of it, at least part of it had been blown off completely, and that says, "Left foot deficient," so I assume that's what it means. "Pupils not dilated." I think it says, "Not reacting," but I'm not sure what it says actually. "Chest no obvious fractures. Pelvis no obvious fractures." So that ties in with my recollection.

MR SANDERS QC: Thank you. And if we just go down. "Drugs prescribed see overleaf." And if we just go down the page a bit more. We can't see who has signed that, but just to the next page, please. There. Can we do the same again and see, because that's got some times on it? Is this medication here at the top?

MR WESTON-DAVIES:

Yes. The top one says, "Omnopon 20 milligrams." That would have been to sedate him.

MR SANDERS QC: And that's 9.40 pm is that there?

MR WESTON-DAVIES:

9.40 pm, yes. "One litre of Dextrose saline." That's when they are starting the transfusion. "Two units of plasma. Two Dextran," which is a plasma expander.

MR SANDERS QC: Can I just ask do the ticks mean that that had been done?

MR WESTON-DAVIES:

That means it's been done, yes.

MR SANDERS QC: Yes.

MR WESTON-DAVIES:

Yes, yes. "At present 300 mils of sodium …" and I can't read the next bit, but … And then, "Continue Dextran, both strips at 60…," I think that's probably mils per minute. I'm not sure.

MR SANDERS QC: Is that quite a high rate of …?

MR WESTON-DAVIES:

And then it says, "Resuscitation ended."

MR SANDERS QC: Is 60, is that quite a high rate of …?

MR WESTON-DAVIES:

Yes, that's pretty vigorous attempts to resuscitate in terms of what they were putting into him. At that point, you can see from that, there was no actual blood being administered. That would have come next.

MR SANDERS QC: Right.

MR WESTON-DAVIES:

But in terms of trying to restore his blood volume, that's fairly active resuscitation.

MR SANDERS QC: Right. And just further down the page, if we can, please. So resuscitation ended.

MR WESTON-DAVIES:

Then is says, "Certified dead," and I can see it is Richard NOTLEY must have been the person that actually declared him dead.

MR SANDERS QC: And that's at 10.50 …

MR WESTON-DAVIES:

Yes, yes.

MR SANDERS QC: … so that's when he would have died. Thank you. I just want to read one account of his injuries. This is the statement of Christopher TERREBLANCHE, just to check that …

MR WESTON-DAVIES:

Yes.

MR SANDERS QC: … this accords with your recollection as well.

So, "Simple fracture of left femur. Gross soft tissue injury to left leg, with possible fracture of left tibia and fibula. Bilateral compound factures ankles, and gross soft tissue and bone injury to the left foot. All the open wounds were grossly contaminated with dirt. There were burns and abrasions to both legs. His pupils were fixed and not

reacting to light." So that was probably that part of the notes. "At some stage during his treatment I noted that someone had performed endotracheal intubation," which may have been you, "and assisted respiration was being carried out. I placed a splint on the patient's leg." So that fits with your …

MR WESTON-DAVIES:

Yes.

MR SANDERS QC: … evidence. Thank you. And after Mr FORSYTH was sadly pronounced dead, you then moved on to treat other patients?

MR WESTON-DAVIES:

Yes. So at that stage I think then I became involved in the triaging of the remaining patients who were either there at the time or being brought in. I think most of them must have been there at the time, so I joined the team that was triaging them. And I also remember at some point helping to clear beds in the two main surgical wards. I think it had largely been done, but I think we were doing a second round to see if we could free up any additional beds, because the total number of casualties coming would have, you know, far in excess of what you'd normally be able to deal with.

MR SANDERS QC: I think you say in your statement there were around 50 to 60 patients on the night.

MR WESTON-DAVIES:

Something like that, yes.

MR SANDERS QC: And the Surrey Health Authority report has a number in it as well that's very similar to that. And then after a time the theatres were opened and you went up and …?

MR WESTON-DAVIES:

Yes. I was told- well I think Mr BOULTER was sort of taking, sort of overall charge at that stage, and he directed me to go up to one of the operating theatres and get ready to start patching them up as the sort of order of priority as they were sent up.

MR SANDERS QC: And there's a reference in the Health Authority report to there being a necessary delay before the theatres could be opened, and that's partly due to the stomach contents of the patients. Do you know what that would have been a reference to?

MR WESTON-DAVIES:

I'm sorry, could you repeat that? I didn't hear.

MR SANDERS QC: So there's a reference to there being a period of delay before the theatres could be opened, which was partly due to the stomach contents of the people who were going to go into theatre. What would that have been about?

MR WESTON-DAVIES:

That doesn't sort of make any sense to me.

MR SANDERS QC: Well, let me just turn that up. That's at 7-1231. And we just go, I think just down. Theatres, there. "Miss STEVENSON, Nursing Officer, was on duty and the theatres were organised and waiting, but it was not possible to take any of the casualties to the theatre immediately due to the nature of their conditions and stomach contents."

MR WESTON-DAVIES:

And so what that would have meant was that if they required an anaesthetic, normally you don't anaesthetise or don't give a general anaesthetic to anybody who has a full stomach because of the danger of vomiting during the anaesthesia. And so I think what she means is that some patients that didn't require immediate surgery were sort of put to one side to wait, maybe for a few hours until they would have time to sort of digest whatever … In other words, these would have been people that have probably come in from the pubs having had fish and chips or whatever …

MR SANDERS QC: Yes.

MR WESTON-DAVIES:

… and so they were put to one side to wait until they were in a fit state to be anaesthetised.

MR SANDERS QC: All right. Thank you. And then you say in your statement you spent the bulk of the next 48 hours in theatre dealing with patients.

MR WESTON-DAVIES:

Yes. I mean there were, almost all the surgery was cleaning up these very, very messy wounds, and lots of them were to the legs, because my understanding is that the bombs had been placed at floor level, and a lot of dirt and debris had been sort of driven into the flesh of some of these patients. And so the surgery basically was to clean up the wounds and to extract imbedded foreign bodies, and there was almost no surgery, that I can recall, of the abdomen or chest; it was almost all to the legs. But it's a very time-consuming sort of job doing that, happening. So it did take, you know- certainly I was there for at least the next 48 hours operating more or less continuously, just taking a few hours every now and then. They prepared, they cleared some beds for those of us who were doing it, to go in the wards, to go and get a few hours' sleep.

MR SANDERS QC: And you say in your statement it was probably around 15 to 20 people that you operated on?

MR WESTON-DAVIES:

I think something like that, yes.

MR SANDERS QC: And, as you say, you were removing debris and shrapnel. And is part of the difficulty that some of that debris and shrapnel is wood, so you can't see it on x-ray? You just have to find it.

MR WESTON-DAVIES:

That's right. Exactly so. So they would have been all routinely x-rayed, so if there was any metallic fragments we could locate them, but most of it was shards of wood, splinters of wood, which you can't detect on an x-ray and you just have go looking for.

MR SANDERS QC: Yes. Thank you. I'd just like to ask you, you talked about the clearing of wards, and I think you estimated about 100 out of four- to five hundred beds at the hospital were cleared. Does that sound …?

MR WESTON-DAVIES:

Yes, that's sort of my recollection, and I don't know how many beds the Royal Surrey would have contained, but a previous witness mentioned, I think, something like 35 or 40 in each of the two main surgical wards. So that's sort of, say, the better part of 100 between those two wards, and then there were all the other wards that had been cleared; the orthopaedic, obs and gynae and things like that. So I think the total capacity of the hospital must have been around four- or five hundred. That's a bit of a guess, but I think that's what it was.

MR SANDERS QC: Right.

MR WESTON-DAVIES:

And then of course a lot of patients were diverted to other hospitals.

MR SANDERS QC: Yes, thank you. Can I just take you back, just a couple of points in the report, the Health Authority report that was produced a few weeks afterwards? And the first is at, if I can get the page … Sorry about this. It's at 7-1225. And it's just this narrative here, and it's the last three paragraphs of that. Just go down. There. Just stop there. So the pre-penultimate paragraph there; "A total of 53 patients were received at the Royal Surrey County Hospital, of which 16 were admitted as in patients, one subsequently died and 26 were subsequently transferred to military establishments." So does that fit broadly with your …

MR WESTON-DAVIES:

Yes, yes.

MR SANDERS QC: … recollection of the numbers? And then at the final paragraph there; "As the minutes of the meeting held on 14th October indicate, the Major Incident Plan worked satisfactorily and adequate numbers of hospital personnel were available to meet the needs of the situation as it developed." Was that your feeling as well?

MR WESTON-DAVIES:

Yes. Absolutely, it was.

MR SANDERS QC: Thank you. And just to look at those minutes. If we just go down to the following page. This is the appendix. Do you remember attending this meeting, 14th October? It was chaired by Mr SIMMONDS.

MR WESTON-DAVIES:

Yes, I remember all of those people by name, and most of them, you know, I was personally acquainted with. And the W.H.W. DAVIES – that is me, because, as I say, that was the name that I was known by in those days.

MR SANDERS QC: Yes. And you were obviously involved in that process, and it's just unknown why we don't have a police statement from you from the time, but you just were missed for some reason.

MR WESTON-DAVIES:

Yes. You know, I don't know why there's not a witness statement. I remember that we did have a, probably more than one sort of wash-up meeting afterwards to review what we'd done and what had worked and what hadn't worked and that sort of thing, yes.

MR SANDERS QC: Thank you. Mr WESTON-DAVIES, I don't have any further questions. Your evidence has been extremely helpful, and we are particularly grateful to you, and Mrs WESTON-DAVIES, for coming forward and volunteering your evidence, because I think without you putting your hands up we would never have found you. So thank you

very much. If you just wait there, there may be some more questions.

MS BARTON QC: No, thank you, sir.

CORONER: **No, thank you. Mr WESTON-DAVIES, let me reiterate those thanks. Your evidence has been very important, and I am very grateful to you because, as Mr SANDERS says, if you hadn't come forward we wouldn't have found you, simple as that. And so thank you very much. That concludes your evidence, so you are free … I think we have a few statements to be read, so you are free to stay or to go as you choose. But, once again, I give you my thanks. Thank you very much.**

MR WESTON-DAVIES:

Thank you, sir.

(The witness withdrew)

MR SANDERS QC: I'll hand over to Mr FLINN now for the first …

CORONER: **Thank you very much. Thank you.**

MR SANDERS QC: … of the statements. Thank you, sir.

MR FLINN: Thank you, sir. There are a number of statements to be read. The first I'll read is from Mr Christopher TERREBLANCHE.

CORONER: **Yes.**

MR FLINN: And there are two statements for him. This first statement has the URN of S329 and the Caselines page reference of 2-574.

(Reads statements of Christopher TERREBLANCHE in full)

And he states, "I am a Medical Practitioner with qualifications MB BCH at present at the Royal Surrey County Hospital, Guildford, as Senior House Officer, Department of Orthopaedics and Traumatology.

On Saturday 5th October 1974, I was on duty in the Accident Centre at the hospital. About 9 pm, Reception informed me that an explosion had occurred in the town, and as a result I cleared the Accident Centre and prepared resuscitation equipment. Shortly after this, some patients with minor injuries began to arrive. After a brief examination to ensure there were no serious injuries, I returned to the Resuscitation Room to await the arrival of more serious cases. I subsequently began to examine some patients suffering from severe shock, with obvious burns and lacerations.

"About 9.20 pm my attention was called to a person lying on a low stretcher who had just been brought in my ambulance personnel. Together with the ambulance crew, I lifted this person from the low stretcher onto a higher hospital trolley, and wheeled him into the Resuscitation Room. I made a brief examination and saw that it was a male person in a state of severe shock. He was a young adult,

between 18 years and 25 years of age. He was dressed in a jacket, trousers and I believe two shirts and a vest. I cut through all the upper clothing to institute resuscitation. I was then attempting to erect intravenous fluid therapy when Mr NOTLEY, Consultant Surgeon, arrived. I then assisted him in the erection of said therapy. I then examined the patient in more detail, and noted the following obvious injuries. Simple fracture of left femur; gross soft tissue injury to the left leg, with possible fracture of left tibia and fibula; bilateral compound fractures in the ankles, and gross soft tissue and bone injury of the left foot. All the open wounds were grossly contaminated with dirt. There were burns and abrasions to both legs. His pupils were fixed and not reacting to light. At some stage during his treatment, I noted that someone had performed endotracheal intubation, and assisted respiration was being carried out. I placed a splint on the patient's left leg. All of this had taken approximately an hour, and I then left the patient in the care of Mr NOTLEY and returned to the other patients. The man I left in the care of Mr NOTLEY was at no stage identified to me by name, and he was referred throughout as A1. I believe that when this man was first brought in there were four persons involved in placing him onto the hospital trolley. I had the impression this comprised two ambulance

crew, a male nurse, Mr SNELL, and myself." And, sir, that was signed and dated the 7th October 1974.

There is then a second very short statement for Mr TERREBLANCHE, which I shall read for completeness. URN S329A and Caselines page reference 2-576.

It states, "On Saturday 5th October 1974, I was on duty at the Royal Surrey County Hospital in Guildford as Casualty Officer, when the below mentioned persons were admitted to Casualty as a result of a bomb blast in the public house in Guildford. They were seen by me. First, Peter KNEE, 33 York Road, Guildford. He was suffering from a cut finger on his right hand. I examined him and found that he had a 2 cm laceration across the pulp (?) of the terminal phalanx of the third finger of the right hand. I sutured this and the patient was released.

Second, Joseph GALLAGHER, 7 Artillery Road, Guildford. I examined GALLAGHER and found him to be very shaken but not shocked. There were two lacerations on the left side of the neck, and bruises over the face and super orbital areas on the left side. The lacerations were sutured and the patient was admitted to the ward overnight." And, sir, that is signed and dated the 28th February 1975.

The next statement I shall read is from a Mr Richard STYLES. URN S327 and Caselines page reference 2-570.

(Reads statement of Richard STYLES in full)

He states, "I am an Ambulance Driver Attendant and am employed by the Surrey County Council as such. I have been so employed for approximately three years. I am stationed at the Ambulance Centre at Frimley Road, Camberley.

"On Saturday 5th October 1974, I was on duty and working on the 3 pm to 11 pm shift. I was the driver and my attendant was Mr Richard GRIFFITHS. The call sign of our ambulance was Camberley 1. At 8.57 pm that night, we were on duty at the Ambulance Station when we received an emergency teleprinter message from our control at Banstead. The substance of the message was that there was a major incident at the Horse and Groom Public House in North Street, Guildford, an explosion. We drove immediately to the scene, arriving at 9.17 pm.

"Upon our arrival, I noticed two other ambulances at the scene and we pulled in behind them, about 50 yards from the Horse and Groom. A uniformed Police Constable with a flat cap, who was 25 to 35 years of age, approached me and pointed out to us what appeared to be two bodies lying on Furley stretchers on the pavement next to the bus shelter, some 30 yards from the public house, and on the same side of the road as the public house. Mr GRIFFITHS left our ambulance and

I remained by the ambulance. He returned a couple of minutes later and was followed by two stretchers containing two bodies. One of the stretchers was being carried by firemen and another person. I don't remember who that person was. The second stretcher was being carried by a policeman and another person whom I do not remember. Both bodies were covered by grey blankets and were not visible. I was unable therefore to establish whether they were male or female. However, I do remember that one of the bodies had completely lost a foot from the ankle joint down. The other foot appeared to be in order. I could see this because the blanket covering the body did not cover the feet. The other body was completely covered, but by the shape of his build under the blanket would have appeared to be a large person, about 5'10 to 6' tall. The body with the foot missing appeared to be smaller in height and build.

"We conveyed both bodies to the Royal Surrey Hospital, arriving there at 9.22 pm. Upon our arrival, we reported to Mr ADAMS, our hospital Incident Officer. We were informed to put the bodies into a garage opposite the Casualty Centre. We placed the body with the foot missing into the top left hand corner of the garage and vertical with the wall. I noticed that there was already one body in the garage situated in the bottom left hand corner, and this too was vertical with

the wall. This body was covered by something and I could not see whether it was male or female. We were directed by Mr ADAMS not to unload the other body immediately as there were other ambulances behind us. We drove round in a circle until the other ambulances had discharged their occupants, and again returned to the garage. I saw a third body on a stretcher had been placed in the garage, and this was situated in the top right hand corner, again vertical with the wall. We then placed our second body in the garage on the right hand side, immediately below the third body. This was placed vertical to the wall.

"We were then informed to remain on standby outside the Accident Centre of the Royal Surrey Hospital. Shortly after this, we were dispatched again to another explosion at the Seven Stars Public House in Swan Street. However, we did not assist in the removal of any injured persons. We again remained on standby at the Royal Surrey Hospital until we were ordered to stand down. I should like to add that the third body we saw in the garage was also covered with something dark in colour. I could not see whether it was male or female." And, sir, that is signed and dated the 7th October 1974.

Sir, the next statement I will read is from a Dr Daniel STEWART. The URN is S326, the Caselines page reference is 2-567.

(Reads statement of Daniel STEWART in full)

He states, "I am a General Medical Practitioner, having qualified at Queen's University in Belfast, Northern Ireland, some three years ago. My address in Northern Ireland is 3 Bladon Drive, Malone Road, Belfast. I came to this country sometime in October 1973 to study at the University of Surrey. I brought with me my car, which is an Austin-Healey Sprite, coloured white, index number CIA 7274. My fiancée, Ms Margaret DUNBAR, 23 years, came to this country in January of this year, and is employed as a Staff Nurse at the Royal Surrey Hospital in Guildford. We are engaged to be married and the wedding is planned for the 23rd November 1974.

"At approximately 7.30 pm on Saturday 5th October 1974, my fiancée and I went to see Father Cox at 12 Eastside Gardens, Guildford, to seek advice on my forthcoming marriage. We had a dinner date at 9 pm that evening with a Dr BADR. He is also employed at the Royal Surrey. I was driving my car and I went to the Catholic Church in Martyr Road to get directions to the Priest's house. When I eventually found the Priest's house it was between 8 pm and 8.30 pm. We spoke to Father Cox, and as we left to get to my car, I heard a loud explosion. I drove my car along the High Street, turned right into North Street, and a man directed me into Chertsey Street. I could see

that there was some general disorder as I turned left in Menhip Road and left into Ward Street. I then parked my car in Ward Street. I then went with my fiancée to the Horse and Groom Public House. I saw a policeman on the door. I told him I was a doctor and I was allowed in.

"The whole of the centre and left-hand side from the door of the interior in this public house was completely gutted out. There was a crater in the centre of the room. With the help of some firemen, I went down into the cellar. I made a search with the firemen and I found a total of four people lying in and on top of the barrels in the rubble. In general they were suffering from serious injury, in the main mostly in the lower part of the body. They were also bleeding from the mouth. It was difficult to remember these people, but from what I did see there was one male and one female person who were still alive. They were suffering from injuries which in my opinion was very critical. The other two were male and female and also critically injured. Again, the most severe injuries were in the lower parts of their bodies. None of the four were conscious. One of the males I examined showed signs consistent with brain damage. His jaw muscles were in spasm, his right leg was moving, possibly involuntarily, his breathing was shallow. Whilst I was in the cellar, I

was joined by a nurse in uniform. I gave him my stethoscope and she examined one of the four and shook her head, indicating that this person had died. I concentrated my attentions on the male I was examining.

"After assessing the situation, I shouted for stretchers, as I thought it best to get everyone out and to hospital. Two of the bodies were removed to hospital, and I then found two more bodies, making a total of four. I examined the third body and found him to be alive, but his breathing was very shallow, which I accepted as a serious indication of his condition. I found this person had abdominal and chest strapping, as if he had had a recent operation. I then shouted for another stretcher. Two more stretchers came and removed the bodies. This made a total of four persons I refer to in the cellar. I then made a further search in the cellar, but nothing further was found.

"I then decided to go back to the Royal Surrey County Hospital as soon as possible. I left the cellar and returned to my car, in time to see a policeman in uniform taking the index number. I informed the policeman that I was a doctor. I collected my fiancée, who was assisting other injured people in the street, and we drove together to the hospital. I reversed into Martyr Road, drove the wrong way up Haydon Place, turned right into North Street. I then followed a police

car back to the hospital and went straight to the Casualty Department, where I assisted the staff. I was then requested by someone to go to the mortuary to certify some bodies.

"I then went to the mortuary where I certified the following persons as dead; 1) Female A, 2) Female B, 3) Male A, 4) Male B. I signed my name on the labels attached to each body, together with a brief description of the dress, and the time of certification was 10.05. I recognised one of the males as being the one with the chest strappings I had seen in the cellar, and one female in a black dress had also been in the cellar. The other two dead I certified could have been the other two in the cellar, but I'm not too sure.

"I then went back to the Casualty Department and gave further assistance. I left the hospital with my fiancée, in company with Dr BADR. We went to his house, arriving sometime after midnight. I'm thinking of returning to Northern Ireland within the near future, with my fiancée, possibly the end of next week. I would add that while I'm studying at the university, I occasionally worked in the hospital as a Casualty Officer." And, sir, that is signed and dated the 6th October 1974.

The next statement I'll read is from a Mr Michael LAWRENCE. The URN is S301 and the Caselines page reference is 2-506.

(Reads statement of Michael LAWRENCE in full)

He states, "At 9 pm on Saturday 5th October 1974, together with the other members of the crew, Dennis Raymond LYONS, I attended North Street, Guildford, in a Surrey Ambulance, call sign Knaphill 1. I was the driver. We picked up a male and a female patient who were alive from outside the Horse and Groom Public House. They were placed inside the ambulance, one on either side. My mate then came back to the ambulance carrying on a stretcher a female person. Helping him was a fireman. The body was uncovered. My mate, with the assistance of the fireman, lowered the person onto the ambulance, and put the body on the floor of the ambulance in the centre. I then closed the rear doors of the ambulance, leaving my mate inside with the three persons.

"I got into the driving seat and drove off down North Street towards the one-way system, up Farnham Road to the Royal Surrey Hospital.

"On getting to the Royal Surrey, I backed up to the ramp leading to the Accident Centre. I got out of the vehicle and went to the rear, by which time the doors had been opened. The woman on the stretcher on the floor was taken out by myself and my attendant. We placed the stretcher on the floor, just inside the door of the Accident Centre. I noticed a doctor and a nurse standing there, and the attendant pointed

to the woman on the stretcher. At this point the woman on the stretcher was covered by a blanket. We then unloaded the other male person and placed him in front of the woman covered by the blanket. We took another female, who was on the trolley bed, to the top of the ramp in the Accident Centre, and transferred her onto a hospital trolley. I got the impression that the female covered by the blanket was dead, but as far as I was aware the dead girl had not been certified as dead by a doctor, either at the scene or at the hospital.

"We left the hospital immediately and returned to the scene in North Street. I parked in North Street facing down the hill. There were no more patients to be taken to the hospitals. We had been parked there five or ten minutes when I heard a bang, which appeared to come from further down the street. I realised that it was another explosion. We were ordered to stand fast by our Incident Officer and remained where we were. We were then called to Swan Lane, where we reversed into the entrance to Swan Lane. We picked up three males suffering from shock, and later conveyed them to Farnham Hospital." And, sir, that is signed and dated the 7th October 1974.

The final statement to be read today is from a Mr Dennis Raymond LYONS. URN S305, Caselines page reference 2-516.

(Reads statement of Dennis Raymond LYONS in full)

He states, “At 9 pm on Saturday 5th October 1974, together with the other member of my crew, Michael LAWRENCE, I attended North Street, Guildford in a Surrey Ambulance, call sign Knaphill 1.

“We picked up a male and a female patient who were alive from outside the Horse and Groom Public House. They were placed inside the ambulance, one on either side. I went into the pub and saw a large hole in the floor. As I went in, a stretcher was being passed up out of the hole. I took one end and a fireman took the other. I decided to take it straight out to the ambulance. The body was uncovered. The body was that of a female person, partly clothed and very dirty. I put the body on the floor of the ambulance in the centre. I examined the body, which was lying face down on the stretcher. The immediate visible injury was to the rear of the right leg, which was devoid of flesh from the calf to the knee. I checked for a pulse and heartbeat and found none. The girl appeared to be dead.

“We left the scene and went directly to the Royal Surrey County Hospital, Guildford. We stopped at the Accident Centre and the body on the floor was removed by my driver and myself. We placed the stretcher on the floor just inside the door of the Accident Centre. There was a doctor and a nurse there, and I pointed out the body to them. We then unloaded the live male and placed him on the stretcher

just in front of the dead girl. The live female was on the trolley bed, and we took her to the top of the ramp in the Accident Centre and transferred her onto a hospital trolley. As far as I'm aware, the dead girl had not been certified as dead by a doctor either at the scene or at the hospital.

"We left the hospital immediately and returned to the scene in North Street. We parked in North Street facing down the hill. There were no more patients to be taken to hospital. We had been parked there for about five or ten minutes. I heard a bang which appeared to come from further down North Street. I realised it was another explosion. We were ordered to stand fast by our Incident Officer, and we remained where we were. We were then called to Swan Lane, where we reversed into the entrance to Swan Lane. We picked up three males suffering from shock, and later conveyed them to Farnham Hospital." And, sir, that is signed and dated the 7th October 1974.

MR FLINN: And that concludes the read evidence for today.

CORONER: **Thank you very much. Mr SANDERS, I think that concludes the evidence for today. Tomorrow we have two video-link witnesses?**

MR SANDERS QC: That's right, sir. So Mr FINDLAY and Mr GRIFFITHS …

CORONER: **Yes.**

MR SANDERS QC: … both by video-link, and those are our last live witnesses. We then have some fairly administrative evidence to read about identification, continuity, and certification of death. But we also have to read the post-mortem report of Professor MANT …

CORONER: **Yes.**

MR SANDERS QC: …which is obviously important …

CORONER: **Yes.**

MR SANDERS QC: … evidence. That will then complete the evidence. And what we are proposing to do is, rather than formal submissions, legal submissions on conclusion process, just have a general discussion with the advocates as to whether there are …

CORONER: **Yes.**

MR SANDERS QC: … any issues. Mr PLEETH will be back tomorrow. So he'll be able to contribute to that.

CORONER: **Yes.**

MR SANDERS QC: And then adjourn and hopefully deal with conclusions in the coming days.

CORONER: **Thank you very much. Good. Good. Thank you very much. We will sit again, please, at 10 o'clock tomorrow morning. Thank you.**

CLERK: Court please rise.

(Court adjourned until 10 am on Wednesday, 6th July 2022)