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| Case No: T20207250 |

**IN THE CROWN COURT AT BRISTOL**

The Law Courts

Small Street

Bristol

BS1 1DA

BEFORE:

**HIS HONOUR JUDGE HART**

BETWEEN:

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|   | **R** | **PROSECUTION** |
|   | **- and -** |   |
|   | **PETER JAMES WELDON** | **DEFENDANT** |

**Legal Representation**

 Mr James Adam Robertson Ernest Ward (Barrister) on behalf of the Prosecution

Mr Patrick David Anthony Mason (Barrister) on behalf of the Defence

**Other Parties Present and their status**

None known

**Sentencing Remarks**

Recording date: 19 May 2021

Transcribed from 11:11:21 until 11:29:24

Reporting Restrictions Applied: No

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**His Honour Judge Hart:**

Peter James Weldon, you have pleaded not guilty to murder but guilty to the manslaughter of Stuart Hopkins by reason of diminished responsibility. The Prosecution has accepted those pleas and I have made it clear before today and today that I entirely endorse that view.

I appreciate entirely that the family and friends of Stuart will understandably feel that he has been murdered, particularly given the brutal way in which he met his death. But I hope that the care with which Mr Ward, counsel for the Crown, has dealt with and opened this case will at least have explained why the case has been resolved as it has. Having said that, the ultimate responsibility for the acceptance of those pleas is my responsibility and do not shirk from that.

Although I am clear as to the way in which I should deal with your case, there is a certain amount I need to say before I pronounce that sentence, and all listening will, I hope, understand that I need to explain why I am taking the course that I am.

8 October 2020 was a tragic day for you and, of course, especially for Stuart, who lost his life in an horrific and brutal way at your hands, having done nothing at all to bring about his own demise. He was only 52. The impact on his family and on those who knew and cared for him is irreparable. You are 70 years of age in a little under three weeks. You have no criminal record. You have a laudable work history. You have a loving, supportive and naturally devastated wife, Angela.

I say that it was tragic not only for Stuart but also for you because it was the day when you became a killer when, had events turned out differently as they so easily might have done, your terrible crime might have been prevented. It has defined forever how you will be seen by others and perhaps how you will, in due time when your mind is clearer, see yourself. It is difficult for the conventional mind to imagine a much greater burden than the knowledge that you have taken the life of another human being.

For some time your mental health had been deteriorating and your wife recognised that. She must have been at her wits end to know what to do. But on the Tuesday of that week, the 6th, Angela, who I regard as having done all she reasonably could have done to try and help and support you, contacted your GP expressing her concerns about your deteriorating mental health. She knew you were, in her words:

“really wound up”

Which as events prove was a great understatement. Shortly afterwards you had a telephone conversation with the GP. You complained of feeling anxious and as though you were about to explode, convinced your neighbour was spying on you, and felt that you might attack him. Those feelings had developed in your unwell mind for some time, getting worse over the preceding month. The neighbour, of course, was Stuart.

Your GP very wisely organised for an urgent appointment at The Bridge Mental Health Unit in Wells. You were seen by experienced psychiatric nursing staff, who organised for you to return the following day once you had been seen by a psychiatrist. That night you had very little sleep and you were consumed with anxiety and frustration about being filmed, as you understood it to be, and at risk of assault.

On the 7th you went to your appointment in Wells. You seem to have driven around for hours before hand in order to be away from your own home, which was making your stress levels and your sense of despair worse. A nurse saw you, a psychiatrist saw you and you requested admission, the evidence suggests, saying:

“Get me away for a while and sort me out.”

The report is that you were told that they would organise for your admission to hospital, but shortly afterwards you were told they were unable to identify a bed and so you returned home. Angela had already packed a small bag of your belongings, anticipating that she would take them in to you in hospital, and she was, of course, naturally devastated to hear that you had not been admitted.

On the day he was killed, Stuart was on the phone to a work colleague called Sarah. They were having redundancy consultations that morning with their management. Sarah had her meeting at about 11 o’clock. It was a short meeting and she rang Stuart to tell him about what had happened. She was on the phone for less than a minute when he, Stuart, said to her:

“I’m going to have to go as there’s someone at the door. I’ll call you back.”

He never called her back and the reason was that it was you at the door. You went inside, you killed him in what was a horrifying and brutal way, and the brutality of any killing exacerbates, of course, the feelings of the family and the friends of the deceased person because they can only begin to imagine the horror of those moments for that poor blameless man who could do nothing to defend himself effectively against your attack. An attack brought about by your mental disorder.

You rang 999 and asked for the police. It was then 12.20pm. You were still in Stuart’s house. When the operator transferred the call you promptly confessed to the killing and matters proceeded as Mr Ward has outlined. You were lucid, but your conversation was full of your obsessive thoughts of persecution, as were the various notes later discovered and dealt with in Mr Ward’s written opening note.

The almost casual matter of fact way you spoke about what you had done was, in my judgment, obviously symptomatic of your disturbed mental state. It was clear to those who then dealt with you, the police officers and those who were treating you after you arrest, that you were suffering from what, in lay terms, would be described as perhaps obsessive paranoia. And the recent history before the killing shows how it came, I think, to breaking point on 8 October.

It is not possible, nor is it appropriate, for me to try to analyse the history of those few days to see whether there were blameworthy shortcomings in the way in which your medical treatment was handled. But the history of those days in October must make the suffering of everyone touched by this case more acute because they must feel that had things been different, that poor man would still be alive and you would not be a killer.

You were seen by doctors from an early stage in the proceedings after your arrest. I have got reports from Dr Parker and Dr Heeramun in particular. She has given live evidence before me today. She is the responsible clinician at Fromeside Hospital, where you have been for many months now. Both those doctors submit the appropriate way of dealing with your case is by a Hospital Order under section 37 of the Mental Health Act with a Restriction Order under section 41.

There has been a slight difference in the way in which your mental health condition has been diagnosed by Dr Parker and by Dr Heeramun, but their diagnoses are not inconsistent with each other. She says that her diagnosis of preference, as she puts it in her very helpful and comprehensive report, is one of delusional disorder, and that is a mental health condition which is described in what is known to doctors and perhaps to lawyers these days as ICD-10, the international statistical clarification of diseases in the following way. A disorder characterised by the development either of a single delusion or of a set of related delusions that are usually persistent and sometimes lifelong. The content of the delusion or delusions is very variable. Clear and persistent auditory hallucinations, voices, schizophrenic symptoms, such as delusions of control and marked blunting of affect and definite evidence of brain disease are all incompatible with this diagnosis. However, the presence of occasional or transitory auditory hallucinations, particularly in elderly patients does not rule it out, provided they are not typically schizophrenic and form only a small part of the overall picture.

And so she diagnoses that as the mental illness from which you suffer, confirms it amounts to a mental disorder within the meaning of the act, the 1983 Act as amended by the 2007 Act, that it is of a nature and degree to require detention in hospital for your own health, safety and the protection of others.

She has considered, as any psychiatrist in her position is bound to have to consider in a case of this nature, the tension that may exist between a Hospital Order under section 37 and what is called, at least by lawyers, a Hybrid Order under section 45A, and she comes down very firmly in favour of the former rather than the latter.

So, against that background I turn to consider the principles for sentencing someone who suffers from such a metal disorder. The options available to me and to any sentencing court are principally these. A Hospital Order under section 37, with or without a restriction under section 41. A determinate or an indeterminate sentence of imprisonment, with or without a direction for admission to hospital under section 45A.

There are three areas really of sentencing authority and jurisprudence which apply to a case such as this and they are not inconsistent with each other. One is, of course, the sentencing guideline for manslaughter by reason of diminished responsibility, the other is the more recent sentencing guideline in relation to sentencing offenders with a mental disease or disorder and the third is the line of authorities, beginning really with the case of *R (on the application of Vowles) v Secretary of State for Justice & Anor* [2015] EWCA Civ 56, through various other cases, *R v Edwards* [2018] EWCA Crim 595, *R v Fisher* [2019] EWCA Crim 1066, *R v Nelson* [2020] EWCA Crim 1615, *R v Lall* [2021] EWCA Crim 404, all of which are familiar to those of us who practise in this area of the law. And the principle set out by the Lord Chief Justice, Lord Thomas, in *Vowles*, the guidance on the approach to be adopted, still holds good and has not been in any way distorted by subsequent developments. He said this:

“[51] It is important to emphasise that the judge must carefully consider all the evidence in each case and not, as some of the early cases have suggested, feel circumscribed by the psychiatric opinions. A judge must therefore consider, where the conditions in s.37 (2) (a) are met, what is the appropriate disposal. In considering that wider question the matters to which a judge will invariably have to have regard to include (1) the extent to which the offender needs treatment for the mental disorder from which [he] suffers, (2) the extent to which the offending is attributable to the mental disorder, (3) the extent to which punishment is required and (4) the protection of the public including the regime for deciding release and the regime after release.”

Answering all those questions without necessarily doing so individually, I come to the conclusion that this is a case for a Hospital Order with an indefinite Restriction Order. The extent to which you need treatment is apparent and compelling in the reports. The extent to which your offending was attributable to your mental disorder is, again, clear from the reports and I make it clear that I regard your sense of hopelessness and helplessness mentioned in Dr Heeramun’s report as symptomatic of your illness and your perceived lack of treatment for it and not some indication of anger or frustration separate from your mental health condition.

In my judgment there can be no other explanation for why a 69 year old man of impeccable character would have done this dreadful thing had it not been for your mental illness, your delusional persecutory beliefs. You had, and it is touched upon in the reports, become dependent on alcohol, but there is no causative link between that and the events of the day in question.

I need, though, to explain this. A penal element in such a case has always to be considered and if there is no penal element, no sentence of imprisonment imposed, I am bound to explain why that is so, and the answer is clear in this case. Dr Parker put it in this way:

“You were a pro social and caring man who became unwell … a progressively deteriorating mental state which ended in you failing to access admission to hospital and ending in your arrest after the index offence.”

That explains why you did what you did and why you need hospital treatment rather than a penal sentence.

I bear in mind also, as is always important in this sort of case, the regime for deciding release and the regime after release and those factors very much come down in favour of section 37 and section 41.

The manslaughter sentencing guideline adopts a different, stepped approach, but does not lead to a different conclusion. Nor is there anything in the sentencing guideline for mentally disordered defendants which leads to a different approach.

How long you will spend in hospital is impossible to determine. Delusions of this sort are described by Dr Heeramun as fixed unshakeable beliefs, treatable but only after a very considerable length of treatment involving very many different approaches, including of course medication.

I come to the conclusion that this is not a case where a Hybrid Order is appropriate. *R v Nelson* [2020] EWCA Crim 1615, the case to which Mr Ward has rightly referred, helps in this regard. Section 45A is appropriate first of all where, notwithstanding the existence of a mental disorder, a penal element is appropriate, and the second circumstance is where the offender had a mental disorder but there are real doubts that he would comply with treatment. Neither of those leads to a section 45A sentence in this case.

I am entirely satisfied the criteria for a Section 41 Order apply here. It is clear to me, having regard to the nature of the offence, your antecedents and the risk of you committing further offences if at large, that it is necessary to impose a Section 41 Order to protect the public from serious harm. Therefore, the sentence for the offence of manslaughter to which you have pleaded guilty is that there will be a Hospital Order under Section 37 of the Mental Health Act as amended and there will be a Restriction Order under 41 of that Act without limitation of time.

That is the sentence of the Court. The surcharge provisions do not apply in this case, because of the nature of the sentence.

I express my thanks to counsel for their assistance both before today and during this hearing, and I extend my thanks and indeed my sympathy to the family and friends of Stuart. I pass on my condolences, for what little they may be worth. I hope that having seen the way this case has played and the explanations that you have heard both legally and mentally has helped you to understand why we end up with the result we end up with. I am very grateful.

I will rise unless, Mr Mason, Mr Ward, there is anything else I need to deal with.

**Mr Ward:** No, Your Honour, thank you.

**Mr Mason:** No, Your Honour, thank you.

**His Honour Judge Hart:** Thank you.

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