

Rex v Darren Harris

Sentencing remarks

1. Darren Harris, you appear before the court for sentence for the attempted murder of Gary Lewis on 2nd July 2024. On 28th January 2025, effectively the fifth day of trial, you were convicted of this offence unanimously by the jury. Sentence was adjourned for the preparation of a court-ordered psychiatric report. There was a delay in the commissioning of that report, and this has resulted in a delay in the case being listed for sentence. You have been in custody since the time of your arrest on 2nd July 2024.
2. The jury was not required to return a verdict on count 2 which was the lesser alternative of causing grievous bodily harm with intent to cause grievous bodily harm contrary to section 18 of the Offences against the Person Act 1861. In relation to count 3 which was a further lesser alternative charge of administering a noxious substance contrary to section 23 of the same Act, you pleaded guilty to that offence when it was added to the indictment before the jury was empanelled on 20th January 2025. Applying the approach approved in the decision of the Court of Appeal in the case of R v Cole [1965] 49. Cr. App. R. 199, I direct that the appropriate procedure to be followed is that count 3 will remain on the file, and the court will not proceed to sentence you on it without leave of this court or the Court of Appeal Criminal Division.
3. The victim of your offending was Gary Lewis. Mr Lewis was 64 years of age at the time you attempted to kill him. During the course of the trial, the jury heard that Mr Lewis had served as a police officer for more than 30 years. In 2024, Mr Lewis was running a shop that traded as Betterdaze, he had been doing so for more than 15 years. It was situated on Zetland Street in Northallerton, North Yorkshire. The shop had an extensive collection of vinyl records for sale, and also juke boxes that were for sale or hire. The police investigation team were able to confirm that there was no prior connection whatsoever between you and Mr Lewis other than the fact that you had visited his shop premises as a customer on one previous occasion, namely on 29th May 2024. That earlier visit, so far as Mr Lewis was concerned, had been unremarkable and of no cause to be recollected. During the trial, the jury saw some uneventful CCTV footage from that earlier date, it showed you entering and leaving the shop and

also Mr Lewis present at times entering and leaving the shop. You were said to have sold some second-hand records to Mr Lewis, which he told the jury was a commonplace occurrence and one which he had no reason to recollect specifically. He had made a business record of the transaction. Entirely unbeknown to him, it may have been a scoping exercise on your part, involving you targeting him as a potential prospective victim whom you went on to attempt to murder.

4. You returned to Northallerton on the morning of Tuesday 2nd July. When you entered his premises shortly after he had opened the shop for the day Mr Lewis did not recognise you as someone who had previously visited his record shop. During the course of the morning, you spent several hours browsing the records that were on display in the shop. Mr Lewis was working on his own in the shop. It was, so far as he was concerned, a normal day at work. In order to understand the enormity of the crime that you intended, it is necessary to put into context the peaceful public-spirited and friendly scene that you chose to turn upside down in a way that was entirely unexpected and earth-shatteringly frightening in equal measure. During the course of the morning, you purchased some records and you took them to your car which you had parked in a small parking area at the back of the parade of shops. That parking area was intended for shop workers, not for members of the public, but you chose to have your car there throughout the morning. You came and went from Mr Lewis' shop several times during the course of the morning and early afternoon. You spoke with Mr Lewis, who told the jury that it was entirely usual for record enthusiasts and other customers to chat with him whilst they browsed what was on display. You mentioned to him that you had been in the shop once before, a few weeks earlier, and that you had sold some records to Mr Lewis. Mr Lewis had a vague recollection of that, but no more than that as it had been nothing out of the ordinary. You also visited an adjacent second-hand and vintage goods premises and spoke with the person who ran that shop, Mrs Susan Allan. At about 1:30pm, Mrs Allan briefly closed her shop and went into Mr Lewis's shop to have a lunchtime chat with him. Mr Lewis went upstairs to prepare a sandwich for himself and Mrs Allan. Whilst Mr Lewis was upstairs, you spoke to Mrs Allan for a few minutes. You told her that you worked as a Cardiothoracic Nurse in an Operating Theatre. Mrs Allan had herself been a nurse in the past, and she briefly engaged in conversation with you; she thought it a little strange when you told her that you had once watched someone in theatre who was having open

heart surgery and you described the motion of the heart beating as it slowed and then speeded up. Mrs Allan and Mr Lewis went outside the shop to eat their sandwiches, and a few minutes later Mrs Allan returned to her shop. Chillingly, what neither of them could possibly have known or suspected was that you were murderously intent on bring Mr Lewis's heart to stop beating that afternoon.

5. The jury heard that you were indeed someone who worked in an operating theatre environment. You worked assisting anaesthetists at James Cook University Hospital in Teesside. You had many years of experience in anaesthesia. You had started working in the NHS as a porter in 1996, and in 2000 you qualified as an Operating Department Practitioner, and you commenced working as a specialist anaesthetic practitioner in Cardiothoracic Theatres. The jury heard that you were highly regarded by colleagues, and a senior member of the nursing and critical care team at the hospital stated that you were promoted in 2019 to a senior operating department practitioner role as you were assessed to be very experienced, competent and capable as a member of the anaesthetics team. Your role meant that, in order to ensure patient safety, you were required to have a very good understanding of all the drugs that would be used in operating theatres, and this would include knowledge of the different types of drugs, how they work, correct dosage and potential side effects and dangers. In this way, you would be expected to anticipate the needs of the anaesthetist, and the patient, and this would allow you to intervene in any emergency. The jury heard that as far as your work colleagues were concerned, you were a senior member of the team who could be trusted to take charge. Part of your work involved daily stock checks and replenishment of the anaesthetic room drugs cupboards and fridge. As a qualified member of staff, you had authority to sign for drugs on delivery, and you were trusted with the keys and drugs in the department. There had been nothing about you or your work that appears to have indicated to your work colleagues that there was anything that was a cause for concern. Your most recent work shift had finished at 7pm the previous day. Members of staff are not permitted to take drugs or equipment, including needles and syringes, from the hospital. You surreptitiously stole from the stores that serviced the operating theatres what you decided you needed to carry out an act of entirely indiscriminate criminality. You stole a hypodermic needle, two syringes, and a drug known as Rocuronium. A patient in an operating theatre would typically be given a sedative drug, causing them to drift off

to sleep. Rocuronium would then be used by anaesthetists as a muscle relaxant in order to prepare the patient for intubation. This enables the patient to be provided with mechanical breathing assistance. When administered in this environment, the effects of Rocuronium would need to be closely monitored and the patient would be linked up to a series of machines that would ensure the patient's welfare and safety.

6. Stabbing Mr Lewis in his backside with the loaded syringe, when his back was turned to you, when he was seated at his desk reaching for some change to give you for the money you had given him when purchasing a record was entirely premeditated and entirely indiscriminate. You knew exactly what you were doing. There is no discernible motive other than the inescapable conclusion that you chose to do this appallingly cruel and cowardly act because it was within your power to do so. With that hypodermic syringe in your hand, you had the power to take a life, and that is the outcome that inexplicably you wanted to achieve. You walked out of the shop, casually, as though you were an ordinary customer having just bought a record. What then took place exacerbates the gravity of this attempted murder.
7. Having seen and heard the evidence at trial, I have no doubt that your expectation was that Mr Lewis would, within moments of being injected by you with the Rocuronium, have gone into respiratory arrest leading to cardiac arrest. He would stop breathing, and he would be later found in the shop, and the expectation would have been that it would have been assumed that he had suffered a cardiac arrest and died. You were intending to drive from the scene, leaving behind a dying man. You got into your car, and manoeuvred it from its parking place into the gap between the shops that leads onto Zetland Street. Fortuitously for him, Mr Lewis was made of sterner stuff than you anticipated. As he was to say to the jury, it was either his police training or the shock or adrenalin from what happened that made him go out of the shop and chase after you. That was the first thing that happened to save his life, because it meant that others were alerted to his situation and predicament in a way that would not have happened if he had stayed inside the shop.
8. You then embarked on a series of acts that served to do everything in your power to achieve that which you had set out to do, namely to cause the death of this man. When Mr Lewis saw you outside you were already at your car, calmly taking your coat off, and he shouted what was that, and

you replied “only water, mate”. That was a wicked lie, designed to cause him and potentially others to fail to realise that his system was moments away was shutting down, with his lungs stopping breathing and then his heart ceasing to beat. Mr Lewis boldly stood in front of your car, stopping you from being able to make your getaway, and he shouted for Susan Allan to come from the Vintage Shop and for Christopher Daniel from the Double-Glazing Shop. They heard him and came to see what was happening and to his aid. You sat in your car, appearing entirely indifferent to what was occurring in front of you as Mr Lewis began to collapse, you saw him being placed on a chair at 2:24pm, this was directly in front of you in the driving seat of your car, and this was less than 3 mins after he had exited the shop chasing after you. Mr Lewis was choking and his breathing was becoming harder. You lied to those who were seeking to help him. You said you had not injected him with anything. That meant everyone present was unaware of that which only you knew, namely that you had brought about a system shut-down to his vital organs. You squirted the remainder of the contents of one of the syringes out against the adjacent wall as you were sat in the car, with your exit blocked. You were intent on covering your tracks, and on doing nothing that might undo the prospectively lethal injection that you had administered. Mr Daniel asked you what you had thrown out of the window, you responded by lying, you said that it was water. You demonstrated utter indifference at what was happening around you. One witness described you sitting in the car, shrugging your shoulders; she thought you said, “this is ridiculous, I’ve done nothing”. Another witness described your demeanour as, “calm as anything”. Unlike all those others present who were distraught to see Mr Lewis rapidly deteriorating, you were sat in your car acting like nothing had happened, appearing to one witness that you were not remotely bothered about anything. When Susan Allan asked you what you had given him, you refused to tell her. Police officers attended at the scene at 2:30pm. The police officer who took your car keys from you described you appearing to be very calm. When paramedics attended, and were attempting to resuscitate this man who was collapsed on the road surface, turning blue because he had stopped breathing, only you knew why that had happened and only you knew that it was not as a result of natural causes. Yet you impassively denied to those who repeatedly asked, including Mrs Allan, and including police officers, what you had done and worse still you sought to mislead them into thinking it was something innocuous, sterile water, and later that day at Harrogate police station you falsely and glibly claimed that Mr Lewis had had nothing more

than a panic attack. At one stage at the scene you denied injecting him with anything; this was when, after being cautioned, you were asked at 2:34pm what you had injected him with. Another moment you maintained that it was only water in the syringe, and you said there was no needle on the syringe and that you had not injected him with anything. That could not have been further from the truth, as you well knew. His muscles, including his lungs and his heart and his voice, had been stopped by the drug that you had injected. In his mind he was wanting to scream out that he could not breathe, but his body had been incapacitated and he was dying in a state of utter terror. Mr Lewis describes how he died twice, once on the road and once again in the ambulance when he was being blue-lighted to hospital. That was how close you came to killing him. But for the expert care of the emergency medical services he undoubtedly would have died that afternoon. A standard dose of Rocuronium, administered in hospital conditions including supporting equipment to maintain breathing and oxygen levels, with full monitoring and very close scrutiny of the patient, would have been 5 millilitres per hour; the jury heard that there were traces of residue of Rocuronium in both the 20 millilitre and the 10 millilitre syringes in your car. The 20 millilitre syringe had the base of the broken needle, and by implication that had been used to inject Mr Lewis. There was nothing half-hearted about your intentions to bring this man's life to an end. A critical care consultant explained to the jury that if a person is administered a paralysing agent such as a drug like Rocuronium, which is more scientifically described as a non-depolarizing neuromuscular blocking agent, the general understanding is that the person's oxygen levels will go down and the CO₂ levels will go up, and that if the person is not immediately assisted with artificial respiration death will occur. A toxicologist expert witness explained to the jury that Rocuronium blocks the signals between nerves and muscles, it induces muscle paralysis to all muscles in the body and influences breathing muscles. Intravenously it is very quick acting. Intramuscularly, which is the situation here, its onset getting into the bloodstream is slower. As Mr Lewis stopped breathing at the scene at 2:31pm he could be seen to be fitting as he lay prostrate on the ground.

9. Mrs Allan showed outstanding presence of mind. She supported and tried to reassure Mr Lewis. She monitored his pulse and simultaneously spoke with the emergency services call handler using a mobile phone and also with others present at the scene. She demanded urgent medical

assistance, and provided valuable information to the 999 call operator on Mr Lewis's deteriorating condition. She had the presence of mind to inform the police when they attended that you the suspect were the man she had spoken to earlier and that you had said to her that you worked in an anaesthetic capacity; that information from Mrs Allan turned out to be vital information for the emergency care consultants awaiting Mr Lewis's arrival at the hospital, because they were able to factor in the possibility that this was not opioid poisoning but was rather something more unusual, namely the administering of a muscle relaxant drug of the type used to facilitate a sedated patient being intubated in an operating theatre. By stark contrast, at no stage did you disclose what you had administered to this unsuspecting and entirely innocent victim of your indiscriminate attempt to murder.

10. Having observed, during the course of the trial, the CCTV footage and Bodyworn Video Footage, together with the detailed Storyboard of Events compiled by the investigation team showing your actions and communications throughout the day on 2nd July, it is clear that you were self-controlled in terms of your own actions and that you sought to be controlling of others after the offence had been committed. You were in the Betterdaze shop from 10:02 to 10:10am, and from 10:12 to 12:41pm, and from 1pm to 1:37pm, and from 1:39 to 2:11pm, and from 2:12 to 2:21pm. Your mind was directed to the twin goals of killing Mr Lewis and seeking to evade detection for administering the drug that you intended would end his life. You deliberately sought to mislead those present at the scene about the contents of the syringe. At 2:43pm, 4 minutes after urgent CardioPulmonary Resuscitation had been commenced by a paramedic at the scene on Mr Lewis who was in respiratory arrest, you were again asked by a police officer, in what was explained to you to be an urgent interview under the Police and Criminal Evidence Act under caution, what was in the syringe, and it was spelt out to you that the man was on the floor and the paramedics needed to know if you had given anything to that man so that they could give him the correct form of care. You falsely maintained it was just water. You knew full well that this was a brazen and misleading lie. In the words of the witness Susan Allan, you calmly watched Gary Lewis collapse, you had the capacity and power to help but chose to do nothing. Subsequently, when your case was listed at this Crown Court in August and September there was no information forthcoming from you, so far as the court was made aware, as to what the contents of the syringe had been. The police investigation team were

able to confirm the position evidentially from the blood samples taken from Mr Lewis and from the residue of Rocuronium in the syringes. It was not until November when your defence statement was served, and long after this information had been established by the evidence served, that it was admitted on your behalf that you had injected Mr Lewis with Rocuronium.

11. These considerations are of relevance in a number of respects in terms of sentence. They are relevant with reference to your culpability and to the assessment in the brief psychiatric report of Dr Quinn that you are currently suffering from mild/moderate depression. They are also relevant with regard to the likelihood that cannot, in Dr Quinn's words, be dismissed, that you may have been mildly depressed at the time of the offence on account of your busy employment responsibilities and chronic longstanding neck pain. Dr Quinn opines that this cannot be an excuse for your behaviours but may have contributed towards them. They are also relevant with reference to the court's assessment as to whether a life sentence is necessary in this case.
12. The Pre-Sentence Report in this case is, most unusually, virtually of no assistance for the simple reason that the author of the report has unfortunately written the report under the complete misapprehension that the offence for which you fall to be sentenced is the offence at count 3 to which you had pleaded guilty. There is no reference or apparent awareness in the report to the fact that you have been convicted by the jury of the attempt murder at count 1, nor is there reference to the fact that there was a trial in this case.
13. Having presided over the trial, I am in a position to reject any suggestion that your visit to the shop premises in May had been in any sense acrimonious. Mr Lewis' evidence, which I fully accept, and which was supported by CCTV evidence from the May date, was that there had absolutely not been any altercation involving you in May, and he confirmed that you had not fallen in his shop. The CCTV showed you and Mr Lewis walking towards where your car was parked on two occasions on that day in May, both of you were carrying items. These factors in my judgment entirely negate the veracity of the evidentially unsupported assertion in your defence statement that in May there had been a disagreement and that, following the sale by you of records that day, you had been pushed from the shop. Mr Lewis told the court that he has

never had an altercation in his shop with anyone. He describes you as having been friendly and chatty on 2nd July; you asked him questions, you told him about your wife agreeing that you could create a music room in your house, you told him that you were looking forward to that and to the type of music that you would be playing and the equipment that you would be using. Mr Lewis described it to the jury as a very friendly conversation, and he said that there was nothing unusual about your presentation, he described you as a normal friendly customer. He told the jury that that day you bought records for cash and you returned and chose more records. Mr Lewis described his shop as a friendly shop and he said there is nothing unusual about customers spending a lengthy time in the shop and returning to it on the same day. He heard a part of your conversation with Susan Allan about the national health service. Mr Lewis told the jury that he had been totally relaxed in your company, there was nothing that gave him any reason to think that you wanted to cause him harm and there was nothing unusual about your presentation. There is, I note, no evidence from the medically qualified people with whom you worked to the effect that you appeared to be under any strain or acting unusually at that particular time; on the contrary, I have read that you were discussing your forthcoming retirement plans. The documents that have been seen from your work colleagues are unstinting in their comments as to their estimation of your experience, professionalism and performance in the workplace. I note that your defence team were said to have commissioned a psychiatric report; no report has been relied upon or served.

14. The Victim Impact Statement of Mr Lewis, that he has read out in court today with great fortitude, gives the court some insight into the harrowing ordeal and horrific suffering that he experienced at the time of this attack upon him, and subsequently. At trial, there was no indication of any remorse whatsoever on your part. Such remorse as has been communicated has been very late in the day, when sentence is imminent.

15. Your actions have been a cause of grave concern for all those who work at James Cook University Hospital, and whose mission in life is to save lives and provide optimal healthcare for the public. Your dishonesty in stealing hospital supplies, and your murderous criminality in using them in the horrific way that you have done, inevitably has a potentially undermining effect to an extent that cannot be quantified, in terms of

public confidence in South Tees Hospitals NHS Foundation Trust's reputation for safety and quality.

16. The positive public good that members and former members of the healthcare professions can do, and that so many current practitioners perform unstintingly on a daily basis, is exemplified by the actions of Susan Allan and others in this case. The jury saw the CCTV footage and the Bodyworn Video Footage of the scene. The jury saw and heard Susan Allan, and others, go to Mr Lewis's aid. She did everything in her power to save his life until he was attended to by emergency paramedics and then transported to James Cook University Hospital, arriving at 3:25pm where the on-call team of consultants, doctors, and nursing staff worked tirelessly and used all the expert knowledge and equipment and medication at their disposal to undo the near fatal damage that you had caused to Mr Lewis. Mrs Allan's actions and presence at the scene, witnessing Mr Lewis's collapse and fearing that her efforts were going to be insufficient to save his life, have resulted in her suffering from the trauma of what was unfolding before her eyes. Her Victim Impact Statement gives some insight into the profound effects that your criminality has caused not only to Mr Lewis and to his immediate family but also to his friends and associates.
17. The maximum sentence for attempted murder is life imprisonment. I turn now to the applicable Sentencing Guidelines, these include the guidelines for the offence of attempted murder and also the over-arching guidelines for defendants who may have a mental disorder.
18. The motiveless nature of this offence is an important factor. The offence involves both of the high culpability characteristics specified in the Guidelines, namely:
 - a. the taking of a weapon, namely the hypodermic syringe loaded with Rocuronium, to the scene intending to commit an offence or to use it as a weapon, and using it in committing the offence of attempted murder; and
 - b. planning or premeditation to murder, as demonstrated by:
 - i. scoping out the victim as isolated and vulnerable on 29th May;

- ii. selecting a drug which you knew would be fatal when administered without intensive medical support, and which you knew would result in symptoms that would present as natural heart failure if Mr Lewis was later found having sustained respiratory arrest and death in a matter of minutes through lack of oxygen;
- iii. theft of the drug and hypodermic syringes no later than 7pm on 1st July, a minimum of 19 hours before the attack;
- iv. stalking the victim over four hours on the day of the offence, waiting for the optimal opportunity to administer the drug intramuscularly into his bloodstream thereby affording you the highest likelihood of being able to flee the scene undetected and to leave the victim to die alone in his shop with the probability that his death would be attributed to natural causes.

19. The offence resulted in serious physical or psychological harm to a degree that engages category 2 of the Guidelines, and that falls just short of category 1. In this respect, the medical evidence, in conjunction with the Victim Impact statement of Mr Lewis undoubtedly mean that the injection with Rocuronium caused serious and life-threatening physical injury to Mr Lewis, and has caused him serious and ongoing psychological harm. It is noteworthy from the Victim Impact Statements that harm has been, and continues to be felt by others foreseeably impacted, most notably Mr Lewis' family and friends.

20. A culpability B, category 2 harm case has a starting point of 25 years imprisonment and a range of 20 to 30 years. There are a number of factors that increase the seriousness of this offence with reference to the starting point and the applicable range:

- a. Mr Lewis, in his role as a shopkeeper was working to provide a service to the public.
- b. You abused your position of trust and your privileged position, and training and acquired knowledge, in order to plot to kill this man, to steal the materials used to achieve that outcome, and to administer an injection in the full expectation that it would not be detected.
- c. After administering the prospectively fatal dose you attempted to cover up and conceal evidence, and to mislead those attempting to

come to Mr Lewis's rescue, and although you had the requisite training and knowledge to assist, your actions subsequent to the attack were intended to frustrate, hinder and undermine the efforts of others who were to your knowledge striving to save this man's life.

- d. Your actions have had the foreseeable potential to strike at the heart of public confidence in health care professionals, and the horrific impact upon Mr Lewis is therefore further compounded by a wider impact on the public generally.

21. The factors reducing seriousness or reflecting personal mitigation are limited. You are 58 years of age and have no previous convictions and are of previous positive good character. I have earlier in these sentencing remarks made reference to the issue of a possible mental disorder, namely a depressive illness. You are in receipt of antidepressant medication and there is no specific medical recommendation made by Dr Quinn. The extent to which your culpability and responsibility might be reduced by mental disorder is in my judgement limited. I do not find that the case falls outside category B2 in the Guidelines. I note in passing that the upper part of the range for a category C2 case, which does not apply here, is equivalent to the starting point for a category B2 case. The aggravating factors are to be counter-balanced with the mitigating factors. I apply the Guidelines as guidelines, not as inflexible tramlines.

22. The offence falls within schedule 19 of the Sentencing Code for the purposes of section 285 of the Sentencing Act. It is necessary to consider the stage at which the attempt to murder failed, and the reason for that outcome. If the emergency medical intervention had not happened, the murder would have been complete. In this case you have attacked a man in a premeditated, indiscriminate act that was intended to kill that man. You have not explained your motivation to the court, nor to the psychiatrist who has reported. I have taken into account all the information available about the nature and circumstances of the offence, and all the information about you that is before the court. The absence of any identifiable or explicable motivation is a factor of critical significance. Having considered all the evidence in the case, and the materials uploaded onto the Digital Case System, there remains, in my judgement, for the foreseeable future a significant risk to members of the public of serious harm, namely death or serious personal injury, occasioned by the commission by you of further specified offences.

Having regard to the statutory dangerousness criteria, the seriousness of this offence is such as to justify the imposition of a sentence of imprisonment for life. Only such a sentence can properly protect the public from the grave continuing risk that you pose. Accordingly, the court must impose a sentence of imprisonment for life.

23. In other words, I am satisfied that there is a significant risk of you committing further specified offences and, coupled with that, a significant risk of your causing serious harm thereby. I am also sure that this is a risk that is likely to carry on long into the future. I am satisfied that your offence is so serious that a sentence of life imprisonment is required; and that is the sentence which I impose.

24. It remains necessary to establish and identify the appropriate notional sentence in order to identify the necessary minimum term. There can be no reduction for any guilty plea, because you denied the offence and a trial was necessary. It is necessary to reduce the notional determinate term by a factor of one third when establishing the minimum term. It is also necessary to subtract the number of days you have served on remand from the minimum term figure.

25. I make no financial order, having regard to the sentence imposed, save that there will be a statutory surcharge and a collection order.

26. I direct that all exhibits seized will be subject to a forfeiture and destruction order.

27. The sentence is imprisonment for life. If I had been sentencing you to a determinate sentence, taking account of all the aggravating and mitigating factors in this case, and having regard to all the circumstances, including a reduction to reflect the possible mental disorder to which reference has been made, I would have sentenced you to 24 years' imprisonment. Because you would have served up to two-thirds of that sentence in custody I fix the minimum term at two-thirds of 24 years: that is 16 years. Finally, I reduce that minimum term of 16 years by the number of days which you have spent on remand in custody, that is 280 days. This means that the minimum term which you will serve before the Parole Board may consider your possible release is one of 15 years and 84 days.

28. It is most important that you and everyone concerned with this case should understand what this means. The minimum term is not a fixed term after which you will automatically be released but is the initial term that must be served before the Parole Board can undertake their first review of the case. They will review the risk that you then present and will consider whether you can properly be released from custody subject to licence at that stage and if so on what terms. If you are released, you will be on licence for the rest of your life. The licence will be subject to conditions, which will be set at the time of your release, and if you were to break any condition you would be liable to be returned to prison to continue to serve your life sentence in custody, and you might not be released again. It follows that unless and until the Parole Board consider that your release is appropriate you will remain in custody.

Post sentence.

29. The remarkable actions of Mrs Susan Allan when administering first aid to Mr Lewis as he collapsed, whilst speaking on the phone to the emergency services, and whilst directing others at the scene as to what they could do to assist in these appalling circumstances, and maintaining a hold on the situation when Mr Lewis stopped breathing and was turning blue, were plain for all to see in the court because of the Bodyworn Video Footage of the emergency responders at the scene. Her presence of mind and exceptionally well-focused actions contributed to the outcome that Mr Lewis did not lose his life that afternoon. Mrs Allan demonstrated great compassion and courage and did not buckle under adversity as her friend appeared to be losing his life in her arms. Her public-spirited and outstanding efforts to do everything humanly possible to rescue such a challenging situation should not go unrecognised. The court commends her:

for her courage, calmness and outstanding public-spirited conduct which undoubtedly served to save the life of Gary Lewis and to see that the Defendant was apprehended.

30. Pursuant to section 28 of the Criminal Law Act 1926, I direct that a transcript of these sentencing remarks should be supplied to the High Sheriff of North Yorkshire for their attention. The High Sheriff will be in a position to consider a High Sheriff's award if that is deemed appropriate.