Courts and Tribunals Judiciary

**R**
**-v-**
**PETER SAYLE**

**Preston Crown Court**
**Sentencing Remarks of The Hon. Mr Justice Bryan**
**12 February 2026**

1. Peter Sayle, on Day 5 of your trial for the murder of your six week old son Huxley, and following the schedule of agreement of the experts following their joint meeting, you pleaded to the alternative offence of manslaughter, which was acceptable to the Crown. I must now sentence you for such offence, in what is a tragic case, involving the loss of life of a very young baby, at your hands, when your frustration and anger at Huxley crying boiled over into an episode of violent shaking with all too predictable, and fatal, consequences.

2. In these sentencing remarks, and where I make findings of fact, I am satisfied so that I am sure of such facts having regard to the evidence before the Court both factual and expert.

3. Huxley was the first child for you and your partner Lavinia, who has since become your wife. Huxley was not planned, but the pregnancy was very much welcomed by you both, and Huxley was welcomed into what was viewed contemporaneously as a safe home environment with two caring parents, that gave no cause for concern to the visiting midwives and health visitors in the weeks immediately after birth.

4. However, as will be seen, not only were you an inexperienced father, struggling with the pressures and demands of care whilst also working long hours, but the evidence before me suggests that you had some difficulties bonding with your baby, and I am led to the inexorable conclusion that Huxley's crying made you frustrated and angry, especially at night, and this led to your frustrations boiling over on the fateful night in question, and you shaking Huxley violently.

5. Huxley was born naturally by vaginal delivery. There had been some signs of fetal distress during labour which led to a fetal scalp electrode being fixed to Huxley's head which proved difficult to remove after delivery, leading to a mark and some swelling, which is entirely normal. It also transpired that, in all probability due to the speed of labour, and the pressures presented by progress through the birth canal, Huxley acquired what is known as a cephalohaematoma consisting of bleeding underneath the skin and outside the skull that gradually ossifies and calcifies. You and Lavinia were unaware of this at the time and put the associated swelling down to the fetal scalp electrode. Again, there is nothing unusual about a cephalohaematoma, and it was not any cause for concern.

6. An issue that arose for the experts, (based on the views of Professors Freemont and Professor McCarthy) was whether Huxley had a benign growth on his skull, known as a cavernous haemangioma (a "lesion"), which is made up of large blood-filled spaces of diluted blood vessels separated by fibrous partitions. The hypothesis of Professor McCarthy, in particular, was that if there was such a lesion this could have leaked. This hypothesis indeed led to a vacation of the original trial so that the other prosecution experts could serve supplemental reports addressing (and in the event refuting) this. It became clear, long before the joint experts meeting, that even if present this was incapable of explaining the constellation of injuries found on Huxley (not least the shearing injuries and eye injuries). The conclusions of the experts in the joint meeting last week was that an "acceleration-deceleration mechanism (shaking, with or without impact) was necessary to explain the constellation of intercranial, spinal and ocular findings", and that "the skull lesion, whatever its precise diagnosis, did not explain the cause of death".

7. By your plea to manslaughter, you now accept that you did, indeed, shake baby Huxley, and this indisputably led to the constellation of injuries he suffered, and caused his death.

8. Following Huxley's birth on 3 May 2022, Huxley was in the care of you and your partner Lavinia, at your home in Fulwood, Preston. There were the usual visits by midwives and a health visitor, the home environment was seen and considered entirely appropriate, and both parents presented as coping well immediately after Huxley's birth. On 26 May, when Huxley was 3 weeks old, Lavinia reported that Huxley was straining and groaning and not settling. This was diagnosed as possible colic or nasal congestion. Following a GP visit on 7 June Huxley was prescribed Gaviscon for possible reflux. There is also evidence that on 14 June (the date of the incident) Huxley was suffering from symptoms of the common cold (for which he tested positive on arrival at hospital). All such matters are entirely normal in a young baby.

9. On 10 June, when Huxley was between 5 and 6 weeks old, a photograph was created on Lavinia's phone showing that Huxley had a subconjunctival haemorrhage (a small bleed) in the white of his left eye. This can be, but is not necessarily, the result of an abusive injury. I need not make any finding in relation to that.

10. On 14 June 2022 (per your account in interview), and after Huxley had been fed his bottle at around midnight or 12.30am in your bedroom, Huxley woke up at around one o'clock when you took him downstairs intending to feed him again and settle him, leaving Lavinia upstairs in your bedroom. You alleged that he had 3 or 4 gulps of milk there was then a gurgling noise, a gasp of air, and he then stopped breathing.

11. I am satisfied, so that I am sure, that the reality was rather different, and that whilst you were downstairs with Huxley, you violently shook him, as your frustration and anger at his crying, and your inability to settle him, boiled over.

12. Alerted by you to the cessation of Huxley's breathing, Lavinia called 999 and whilst the ambulance was on its way you say that you attempted CPR. I am prepared to accept that you did attempt CPR, but I am sure that none of Huxley's injuries (including the rib fractures found) were caused by such CPR. Two ambulances had arrived, and Huxley was

found lifeless, with vomit on his face, on a chest of drawers in the nursery (where it was understood CPR had been attempted by you). So serious was his condition that he was immediately grabbed by one of the paramedics, and rushed into the ambulance where he was given suction and was bag ventilated, after which his oxygen levels improved. So serious was his condition that the second ambulance was abandoned at the scene and all the paramedics accompanied him in the ambulance as he was rushed to the Royal Preston Hospital.

13. CT scans were performed at Royal Preston Hospital and Royal Manchester Children's Hospital on 14 June. An MRI scan was performed on 15 June. Collectively these revealed (as explained by the paediatrician Dr O'Connor at trial) that there was widespread bilateral subdural bleeding between the lining of the skull and the lining of the brain, involving multiple areas of the brain. This included the top, front and back of the brain and in the area between the two hemispheres (halves) of the brain. The bleeding was acute (fresh), there was multiple areas of sub arachnoid bleeding, and bleeding deep within the brain in both lateral ventricles as well as thrombosis (clotting) of the cortical veins on the left side (crossing the subdural space), as well as a suspected right sided cephaloheamatoma. There was also an extensive hypoxic ischaemic injury involving the grey and white matter of the brain bilaterally (meaning that there was a widespread insult to the brain depriving it of blood and oxygen). There was also bleeding in posterior sections of the spinal canal at the thoracic and lumbar levels of the back.

14. An ophthalmological examination performed on 16 June 2022 revealed multiple widespread haemorrhages, too numerous to count in both eyes in the pre and intra retinas and extending to the posterior and peripheral zones of the eyes, which is typical of abusive head trauma.

15. Further investigations revealed at least two fractures to Huxley's ribs which had been sustained prior to his hospital admission. The weight of the expert evidence, which I accept, is that they were not caused by CPR, but rather by the forceful gripping and squeezing of Huxley's torso, which I have no doubt you did as part of your abusive gripping and shaking of Huxley. Further scans in late June and early July, revealed the increasing impact of the hypoxic ischaemic injury, as Huxley's brain slowly died.

16. Huxley's sudden experience of apnoea (cessation of breathing), coupled with the other findings referred to above, were the result of abusive head trauma, the mechanism being the creation of forces caused by acceleration and deceleration (shaking with or without impact). The forces caused blood vessels in different parts of the body and central nervous system to rupture and bleed. They also caused shearing forces which damaged Huxley's brain and nerve cells (the hypoxic ischaemic injury). All such injuries were caused by you when you shook Huxley on the night of 14 June 2022. Such injuries were unsurvivable, and as a result of Huxley's hypoxic ischaemic injury his brain slowly died and, despite the best possible medical care, Huxley died on 14 July 2022 when further treatment was withdrawn.

17. There was a wealth of expert medical evidence before the Court as to the cause of Huxley's injuries. Dr Armour, a pathologist, conducted the postmortem examination with Dr Newbould, and identified the cause of death as traumatic head injury. She requested further

expert opinions after noting the injuries to Huxley's eyes, spine, skull and ribs. Dr Du Plessis (Consultant Neuropathologist) confirmed the presence of the classical version of injuries that can arise in cases of non-accidental shaking, namely: an acute hypoxic ischaemic encephalopathy, multi compartmental subdural bleeds over the surface of the brain and bilateral severe multi-layered retinal bleeds. He also found evidence of injury to the spinal cord, spinal subdural haemorrhage, and spinal nerve root bleeds. Dr McPartland (Consultant Paediatric and Perinatal Pathologist and Ophthalmologist) identified multiple multi-layered bilateral retinal haemorrhages amongst other findings, which provided additional strong support of a non-accidental paediatric head injury.

18. So how did it come to pass that you came to inflict such horrific, and catastrophic, injuries upon Huxley? The answer is revealed from searches recovered by the police on your mobile phone which you made before Huxley's collapse, and which you accepted were carried out by you. These revealed that you had difficulties bonding with your baby, and his crying made you frustrated, especially at night, with such entries including, "am I being too rough with my newborn", "I get frustrated with my baby at night", "my girlfriend keeps telling me I'm doing everything wrong with baby", "Frustrated with baby", "get frustrated when baby cries", "new father frustration", "getting stressed with newborn", "baby sounds frustrating me" and "I get frustrated with my baby at night".

19. Such frustration boiled over to anger on the night of 14 June 2022 when, whilst in sole charge of Huxley, a 6 week old (and as such inherently fragile) baby, in the living room of your home, you shook him forcefully, causing the significant numbers of very serious injuries from which Huxley could not, and did not, recover. Those injuries to his head, his spine and his eyes would have been caused by a forceable shaking mechanism which would have been clearly recognised by anyone, particularly a parent, as excessive and inappropriate for a vulnerable child of 6 weeks of age with limited head control, entirely outside the realms of normal handling, rough play, or any reasonable resuscitative effort on the part of a carer. As I address further below, this was, I am satisfied, a case in which it was obvious to anyone, and to you, that your conduct would create a very serious risk of very serious harm or death to baby Huxley. Your suggestion to the contrary, through counsel, is both unrealistic and untenable.

20. What you should have done is what you, like all new parents, were advised both at hospital and during home visits, namely if baby's crying got too much, and provided the baby was in a safe place, you should simply have walked away, and given yourself time to calm down. You did not do that, but rather allowed your frustration to boil over, and shook Huxley forcibly causing the unsurvivable injuries that he suffered, and which led to a cessation of breathing within a short period of time. Even more sadly, however, the weight of medical evidence is that before losing consciousness, Huxley would have suffered significant pain and distress as a result of your actions, with the subarachnoid haemorrhage causing severe pain and distress to a conscious child, whilst the spinal nerve root bleeds would also have caused pain and distress to a conscious child. One can only hope that Huxley's period of consciousness was short, before a cessation of breathing ensued.

21. I have no doubt whatsoever that your actions on that fateful night have had a devasting effect, and one that will be lifelong, upon you and your then partner (now your wife) and

your respective families. You will have to live with the consequences of your actions on that night for the rest of your life. It is perhaps understandable that neither family has felt able to support the prosecution or provide victim personal statements in relation to what is, in reality, a family tragedy.

22. The harm caused in all manslaughter cases is, however, of the utmost seriousness and I must sentence you for such serious offending.

23. You were born on 14 August 1993, and you are now 32 years old having been, at the time of the events in question, nearly 29 years old. You have one previous conviction, but it is not for a relevant offence, and I treat you as a person of effective previous good character. It has not been suggested by anyone, not least the defence, that it was necessary to obtain a pre-sentence report, and nor did I consider it necessary either. I have all the information I need to sentence you. In this regard the prosecution do not suggest that you meet the requirements for dangerousness, and as addressed below, nor do I.

24. The maximum sentence for an offence of unlawful act manslaughter, such as the present, is life imprisonment. The offence is a schedule 19 offence for the purposes of section 285 of the Sentencing Act 2020, which provides for the imposition of a life sentence if the Court forms the opinion that the dangerousness test is met. The offence is a specified offence for the purposes of section 279 (extended sentence for certain violent, sexual or terrorism offences). The appropriate term of any extended sentence is dealt with in section 281.

25. The test for dangerousness is set out in section 308, namely whether there is a significant risk that you will commit further specified offences; and by so doing, you will cause to one or more people serious harm. I do not consider that you are dangerous. I am satisfied that notwithstanding its seriousness, this was a one-off episode where you allowed your temper to boil over and behaved in a violent manner to your young baby, in circumstances where you are of previous good character, and there is not a significant risk of you offending again in the future.

26. I turn then to consider the appropriate determinate sentence of imprisonment. There are Sentencing Council Guidelines for Unlawful Act Manslaughter to which I have had regard. I must first assess your culpability. I remind myself that the characteristics set out in the Guidelines are indications of the level of culpability that may attach to the offender's conduct, and that the Court should weigh those factors in order to decide which category most resembles the case in the context of the circumstances of the offence, avoiding a mechanistic application of these factors.

27. There is a difference between the prosecution and the defence as to the appropriate categorisation of culpability. The prosecution submit that your culpability is "B-High Culpability" for two separate reasons each of which they say applies, namely (1) that death was caused in the course of an unlawful act which involved an intention by you to cause harm falling just short of GBH (a subjective factor) and (2) death was caused in the course of an unlawful act which carried a high risk of death or GBH which was, or ought to have been, obvious to you (an objective factor).

28. In contrast, the defence submit that the proper characterisation is "C-Medium Culpability" death being caused in the course of an unlawful act which involved, "an intention by the offender to cause harm (or reckless as to whether harm would be caused) that falls between higher and lower culpability", going so far as to seek to characterise what occurred as a "momentary lapse, without any intention to cause any harm and without the use of significant force, but clearly reckless as to whether harm would be caused".

29. I consider the defence submission to be both unrealistic and untenable, and it does not properly reflect the circumstances that pertained and the evidence before the Court as to your culpability. I am in no doubt whatsoever that death was caused in the course of an unlawful act which carried a high risk of death or GBH which was or ought to have been obvious to you viewed objectively (see in this regard what was said by the sentencing judge in *Rex v Matthew Banks* and with which Holroyde LJ and the Court "respectfully agreed" in the ensuing A/G Reference [2023] EWCA Crim 202 at [26]).

30. Whilst it is candidly acknowledged by Mr Rhind KC that this factor is "easier to fit to these circumstances" he urges that "the Court should exercise some caution when inferring knowledge of what an ordinary member of public ought to have realised". I profoundly disagree. I believe that all members of the public know, and ought to know, that shaking a 6 week old baby, carries a high risk of death or GBH due to their inherent fragility, not least due to their limited head control. Whilst the expression "baby shaking" is generally no longer used by expert witnesses, its meaning and effect, is well known to the public.

31. Yet further, the dangers of shaking a baby in terms of the risk of traumatic head trauma is something that is not only known to any parent of a newly born baby, it is drilled into them both before birth in hospital and in health visits after birth, as it was in your case. Indeed this was corroborated by (and the jury heard detailed factual evidence from), the health visitor Catriona Bamber who visited you and Lavinia on 17 May 2022, some two weeks after birth, when she talked to you about the ICON message, which is a tranche of information given to parents before leaving hospital, and reiterated thereafter, including in relation to head trauma, as she also explained to you only weeks before you shook Huxley (and as she explained to the jury). In this regard, and as you knew, ICON stands for, "**I** – Infant crying is normal, **C** – Comforting methods can sometimes soothe a baby **O** – it's OK to walk away **N – Never ever shake your baby**" (emphasis added).

32. In such circumstances, I am equally sure that you yourself knew that violently shaking your 6 week old baby would be likely to cause harm falling just short of GBH to it, and at the moment you lost your temper and shook your baby, this involved an intention on your part to cause harm just falling short of GBH. I reject as wholly unrealistic the suggestion that you did not intend any harm to Huxley still less really serious harm to him or that you were merely reckless as to whether harm would be caused. As juries are routinely and correctly directed, an intention need not be a long-standing one, borne of long consideration or pre-meditation, it can equally be one that is formed in moments, as it was in this case when you lost your temper and forcefully shook your baby. Equally, and as the prosecution rightly point out, foresight can, of course, be evidence of intention, and from what you had been told, and therefore knew, you had foresight of what the consequences of your actions would be.

33. It is notable that after your denials of any shaking in police interview, you have adduced no evidence before the jury as to what you actually did to Huxley, despite advancing various submissions at the time of sentencing seeking to minimise your conduct. In this regard those acting on your behalf factually understate what you did in highly material respects. You did not just "shake" Huxley. The expert evidence (all of which I accept) was that "Such injury was likely the result of forceful shaking" (per Dr Daniel Du-Plessis the neuro-pathologist), and the injury was most likely a "severe acceleration/deceleration type injury" also described as a "high energy traumatic injury, of a shaking type" (per Dr Michael Stivaros the paediatric neuro-radiologist) and as Dr Armour (the forensic pathologist who performed the post-mortem) opines:

> "…the neuropathological findings, ophthalmic findings and post-mortem findings are consistent with death being due to traumatic head injury of non-accidental cause. The triad of findings as listed above is observed in cases of **forceful** shaking with or without impact of the head. I concur with the opinion of my colleague Dr du Plessis that such a traumatic head injury most likely resulted from **forceful** shaking either alone and I would not exclude an impact against a soft surface".
>
> (emphasis added)

34. Forceful shaking of a very young baby with limited head control obviously carries with it the very real risk of serious harm and death, that is not only foreseeable but well known. Yet further, the evidence is not only that there was extensive bleeding to numerous parts of the brain, there was also shearing injury, physically damaging to the brain (and resulting in hypoxic oxygen deprivation) all of which evidences that your shaking of Huxley was violent/forceful, which tells the lie to your assertion that you did not intend any harm to Huxley and did not intend to cause harm just falling short of GBH.

35. The reality is that the expert evidence spoke with one voice as to the nature and cause of the acceleration/deceleration severe brain injury, and would strongly support the conclusion that (as you boiled over, and on the spur of the moment) you intended to cause at least really serious harm which would, of course, have supported a conviction for murder. That the Crown was prepared to accept your lesser plea (which is the basis on which I sentence you), is only to your advantage, but there is no getting away from the expert evidence (which I accept) as to force with which you would have had to shake Huxley to inflict the injuries that were caused, and which is telling in terms of your intention at the time.

36. The suggestion that Huxley may have had an unexplained medical condition, posited as a cavernous haemangioma that leaked making him more vulnerable simply does not bear examination. The symptoms experienced by Huxley in life, on the medical evidence before me are entirely explainable as colic and the symptoms of the common cold (as he was found to have), evidence which I accept. Dr O'Connor's evidence, properly understood, does not support such a suggestion either. The residual views of Professor McCarthy (such as they were) would have been sorely tested in cross-examination, as would have been his

professional reputation. In any event, this is all something of a red-herring – there was shearing damage to the brain which reflected the (considerable) force employed, and it was this shearing force which caused the hypoxic injury, causing the brain to die. Equally there were bleeds within the brain that are unexplainable on the basis of any such alleged leak. Ultimately, and as is reflected in the schedule of agreement of the experts, what caused Huxley's injuries and his death was the result of an acceleration-deceleration mechanism, and on the expert evidence I have accepted (and quoted above), this was the result of forceable shaking.

37. In such circumstances I am in no doubt whatsoever that death was caused in the course of an unlawful act (forceful shaking) which carried a high risk of death or GBH which was or ought to have been obvious to you, and also that death was caused in the course of an unlawful act (forceful shaking) which involved an intention on your part (even if on the spur of the moment as you boiled over) to cause harm falling just short of GBH. Accordingly, your culpability is, on any view, properly to be categorised as Category B – High Culpability.

38. Equally, and as the Sentencing Guideline expressly recognises, in all cases the harm caused will inevitably be of the utmost seriousness. The starting point for Category B is 12 years' imprisonment with a range of 8 to 16 years' imprisonment.

39. I would only add that had there been any merit in the defence submission that culpability could be properly categorised as Culpability C (which I am satisfied there is not) it was realistically accepted that there would need to be "movement within the range to reflect the proximity of Category B cases", and due to Huxley's "extreme vulnerability" due to his age, and that this was also before "further aggravation and mitigation was concerned". Such factors would in any event have led to a sentence after trial well outwith the top of the Category C range and well within the Category B range.

40. I turn then to the aggravating factors in relation to your offending. First, this was an offence committed in breach of trust, given your parental responsibility for Huxley (as is common ground). This is not a factor to be underplayed, as is attempted on your behalf. Every parent has a heavy burden of responsibility in respect of a new born infant that society expects a parent to uphold, and it is a significant aggravating factor when such trust is breached. There is probably not a mother or father out there who has not experienced moments of frustration at a baby's cry, but it is expected that they will be true to the trust and responsibility placed upon them, and they almost universally are. If they are not, that is a serious aggravating factor.

41. Secondly, and as I have already addressed, Huxley would have suffered significant pain and distress as a result of your actions. It is an unedifying submission that "whilst, tragically, Huxley must have suffered to some extent, the evidence does not demonstrate that his level of suffering and distress is such as to amount to an aggravating feature". I disagree. Whilst it is less likely that Huxley would experience suffering and distress once there had been a lapse from consciousness, there was, on any view, a time when he would have been conscious, and experiencing your forceful shaking of him, and the pain and distress that this would have engendered, including on the expert evidence.

42. These aggravating factors require an increase from the starting point. The particular vulnerability of the victim (due to Huxley extreme youth and associated vulnerability) is a further aggravating factor specified in the Guideline, however I have already taken that into account as a factor contributing to Culpability Category B, and to avoid any double counting I do not treat it as a further aggravating factor, or make an upward adjustment for it.

43. Turning then to the mitigating factors, you are a man of effective previous good character, and there was a lack of premeditation, albeit that such mitigation can only be of limited relevance given the nature of the offending, violence against a very young baby, and the seriousness of your offending. You did seek immediate medical assistance for Huxley which is a mitigating factor. I also accept that you are now remorseful, though given the weight of the medical evidence, which was apparent long before the experts' meeting, you could have faced up to realities and given an honest account of your actions, long ago, and still have not done so. Taken as a whole, these factors require some reduction from the sentence arrived at after consideration of the aggravating factors, which I have given.

44. Having considered the aggravating and mitigating factors, I consider that the appropriate sentence at trial would have been one of 11 years' imprisonment.

45. Turning to your guilty plea. You offered, and entered, a guilty plea to manslaughter on day 5 of your trial. I have taken into account section 73 of the Sentencing Act 2020 and the stage at which you indicated your plea and the circumstances in which the indication was given. I have also had regard to the Sentencing Council's Definitive Guideline on Reduction in Sentence for a Guilty Plea, including section F1 thereof.

46. It was open to you to have admitted an alternative of manslaughter at any time on the count of murder. There was no necessity for there to be a count of manslaughter on the indictment. It may also not be correct to say that such a plea would only have been accepted after the joint experts meeting, and there may be an issue about that, but whether that is so or not, what would have been relevant is when you indicated a willingness to plead to manslaughter.

47. This is not a case where the particular circumstances significantly reduced your ability to understand what was alleged or otherwise make it unreasonable to expect a guilty plea sooner (Guide section F.1). You knew long ago (even before Huxley died) that Huxley had suffered a catastrophic brain injury, and that his brain in consequence had been starved of oxygen and had slowly died. That was then confirmed by the postmortem (only to be corroborated by the subsequent prosecution experts). You knew the risks of shaking a baby, you knew that you were the only one that could have shaken Huxley before his immediate collapse, and you knew that you did shake Huxley. You could have faced up to your guilt and indicated a plea to manslaughter even at the first appearance or at the PTPH.

48. Yet further, the prosecution experts' evidence has long been served, and it has long been clear that only a violent shaking of baby Huxley could have caused the constellation of injuries, including shearing injuries and eye injuries. It has long been clear that the experts rejected Professor McCarthy's hypothesis in relation to a leaking cavernous heamangioma,

and (most importantly) that it could never have caused the constellation of injuries that existed. The only "changing of the dial" that occurred at the joint meeting of experts is that Professor McCarthy finally accepted the inevitable, that the skull lesion, whatever its precise diagnosis, did not explain the cause of death and that an acceleration-deceleration mechanism (shaking, with or without impact) was necessary to explain the constellation of intercranial, spinal and ocular findings (Schedule of Agreement paragraph 16, agreed by all the experts). That has long been the view of the majority of the experts. You would also have known (and have been advised of the fact) that other experts, Dr Armour in particular, were highly critical of how Professor McCarthy felt able to express the views he did, and that his views (and reputation) would be highly tested at trial.

49. In such circumstances, your suggestion that you are entitled to "close to maximum credit for this plea" is as remarkable as it is wide off the mark, and it would be to err in principle to give such credit. It would also be contrary to the Guilty Plea Guideline, and credit for guilty plea at trial. This is not a case where the circumstances in Section F.1 apply, for the reasons I have just identified. You had all the knowledge you needed to indicate a plea to manslaughter at the PTPH and in any event well before trial. The reality is that you will have been advised at all stages of the strength of the prosecution expert evidence against you. It was not necessary to await the outcome of the experts' meeting to know that the constellation of injuries (including shearing injuries leading to hypoxic distress, and ocular injuries) simply could not be explained by a cavernous haemangioma.

50. You did not indicate a plea at the start of trial (when a maximum of 10% plea is appropriate under the Guide) and the Guide indicates that the reduction should normally be decreased further, even to zero, if the guilty plea is entered during the course of trial.

51. Nevertheless, I am alive to the fact that your guilty plea has saved over a week of highly complex (and undoubtably highly distressing) expert medical and pathological evidence, as well as a considerable amount of Court time. In such circumstances, I am prepared to give you credit in the region of 10% which is, if anything, generous.

52. The sentence I pass on the offence of manslaughter is accordingly one of 9 years and 11 months' imprisonment. Under current rules you must serve two-thirds of that period in custody. You will then be released on licence. Whilst on licence you must comply with the terms of it. If you commit another offence whilst on licence or in some other way breach the terms of your licence, you could be recalled to serve up to the remainder of the custodial term. The time you have spent on remand will automatically count towards the time you must serve.

53. As the statutory surcharge applies, the appropriate order will be drawn up.

54. Take him down.