

## **Rex v. Andrew Cunningham**

### **Sentencing Remarks**

1. On Monday 9<sup>th</sup> February 2026, you pleaded guilty to the unlawful killing of your sister, Margaret Cunningham. She was killed on 29<sup>th</sup> November 2024. You first appeared before this Court on 4<sup>th</sup> December 2024, charged with her murder. It was clear your mental health at the time of the events would need to be carefully assessed. A timetable was set for the initial stages of the case and a provisional trial date allocated.
2. In early 2025, you were transferred from prison to hospital under the provisions of sections 48 and 49 of the Mental Health Act 1983. Since that transfer you have been receiving treatment on the Burgess Ward of the Bracton Centre, part of the Oxleas NHS Foundation Trust, under the guidance of Dr. Al Aditya Khan, a Consultant Forensic Psychiatrist.
3. Initially you were found unfit, but have been assessed as fit to plead. Detailed expert reports have been provided to this Court by Dr. Bradley Hillier, Dr. Shamir Patel and Dr. Khan. Your guilty plea to manslaughter on the basis of diminished responsibility has been accepted by the Prosecution and I must now sentence you. It is accepted that full credit should be given for your plea.

#### **Margaret O'Brien.**

4. Margaret O'Brien (nee Cunningham) was 57 at the time of her death. She was known to many as 'Margie', 'Mags' or 'Maggie'. I have seen and read a number of very moving impact statements from her family. There is much I could refer to in the

statements I have read and that have been read in court as part of this sentencing hearing. I will quote from one of those statements. As her long-term partner says:

*“The biggest impact of the death of Mags will have been on myself and our three beautiful children. We will never be able to replace the laughter, guidance and encouragement she offered to us all, she was the glue that kept us all together. We have lost the most amazing partner, mother, daughter, auntie and best friend to so many. Mags was a childminder; she was a second mother to so many children who she cared for like they were her own. Having to inform all the parents of Mags’ death was gut wrenching. Explaining to the two young apprentices, who Mags employed and to whom she was a mentor, that she was dead and that they were out of a job was devastating. All at a time when I was grieving the loss of someone I so dearly loved. The impact of what happened has been felt by so many in their own individual ways.”*

Towards the end of his statement he has written these words:

*“This tragic event was so avoidable and unnecessary and no sentence can possibly replace the loving, kind, warm and funny person we have lost.”*

5. I have seen the condolence card sent from the families of other children ‘Maggie’ helped to raise between 2015 and 2024. The card shows how much Maggie meant to those she had helped to nurture. It includes the words:

*“Maggie is so loved and cherished by us all, we will all miss her dearly and we will never forget the impact she has made on our children’s lives”.*

It is from the families of 46 named children.

6. In some of the impact statements the authors have stated their wish that time could be turned back time, or that it might be possible to change what has happened. As we all know that is not possible, and nothing this Court can do can change what has happened, nor can any sentence adequately or truly reflect the loss of human life that will have hurt so many people and that has broken so many hearts.

### **The incident leading to death**

7. At about 2:30pm on 29<sup>th</sup> November 2024, police officers responded to calls of a report of an attack on a woman in Greenland Quay, London SE16. Lauric Bonnemort had been out for a run before sitting down on a corner by the sailing centre facing Canary Wharf. He heard screaming. At first he was not sure of the source. As the screaming did not stop he turned to see where the noise was coming from and saw a woman on a first floor balcony close by calling for help. He then saw blood on her top. As he did not have his phone he asked those around him to call for an ambulance. Within a short period of time, he saw that the woman had collapsed. He then saw a male inside the premises. He saw that male open the balcony door, pop his head out as if to look at the now unresponsive female. To him this male, as it was to transpire, you, appeared to be on their mobile phone. He describes the male as looking ‘super panicked’ and he heard him saying: “*What have I done?*” or “*What did I do?*” before then going back inside the property. In fact you had called ‘999’ from your mobile phone. You stated: “*I have stabbed my sister*”. Other ‘999’ calls from residents surrounding the address also reported a woman on the balcony screaming and bleeding.
8. When police entered the address they found it to be untidy, with signs of a struggle, and your mother present. She stated that her daughter was injured. The police found Margaret badly injured and unresponsive on the first floor balcony which leads from the living room. She was noted to have at least 3 stab wounds to the chest and defensive injuries to her arms and hands. She appeared lifeless with wide open eyes and pale, cold skin. CPR was commenced and a clamshell thoracotomy was performed following which the medical team were able to obtain a pulse and heartbeat. Margaret was then taken for emergency surgery to King’s College Hospital. Despite the efforts of all emergency service personnel, Margaret died at hospital during surgery at 6:45pm that day.
9. As the police officers in attendance were wearing body worn cameras the initial account from your elderly mother, also called Margaret Cunningham, was captured. In that account she said that you had got into an argument with your sister over ongoing issues regarding the premises and her (as in your mother’s) care. At some

point during this you punched your sister in the arms and your sister went out onto the balcony crying. Your mother then said that you left the address.

10. The post-mortem revealed a total of 40 stab wounds inflicted on various parts of the body. The majority of the wounds were to the back, and anterior chest but there were also wounds to the scalp, face, left arm and left wrist. I note damage to the left scapular blade and wounds to the chest that caused damage to the lung, to the breastbone, ribcage, left kidney and spleen. The wounds to the wrist are consistent with defensive injuries. In light of the damage caused to some parts of the body the level of force used was at the severe end of the spectrum. A blood stained folding lock knife was found in a kitchen drawer at the scene and the pathologist was of the view this could have used to cause the sharp force injuries. The pathologist could not rule out the possibility that more than one knife was used.
11. By the time the police attended the address you had left. On CCTV you can be seen walking away from the rear of 48 Greenland Quay just after 3pm. Further footage of your movements shows you threw yourself at a moving train as it came into the station, and then a while later throwing yourself into the river Thames. At about 3:50pm members of the public reported a male in the river at Globe Wharf, London SE16. A vessel from the Metropolitan Police Marine Support Unit responded to an alert, noticed a person at the foot of the river wall by Free Trade Wharf and recovered that person onto their vessel. You confirmed your name. You were then taken to hospital for assessment where you were arrested on suspicion of murder. The time by that stage was 4:31pm. Your response was to say: *“fucking hell what have I done?”* and *“I don’t believe this, is my sister alright?”*. Whilst in transit to hospital you said: *“Every day was the same, I had enough of it”*. You also repeated the comment: *“What have I done?”*
12. You were assessed as fit for interview at the hospital and taken to Brixton police station. While being booked into custody you said: *“I had to do it, she was going to kill my mother”* and *“I had to do it, I jumped in the Thames cos they were going to kill my mother.”* A mental health nurse completed an assessment on the day after the arrest. In the course of that assessment you said: *“It’s terrible what I done”*.

13. In the police interview a prepared statement was provided. In that statement, read by your solicitor, the following points are set out: (i) you became your mother's sole carer after your father passed away two years ago; (ii) you have a history of anxiety and depression and had been diagnosed over ten years before; (iii) the police advised your mother and you of possible threats to your lives in October 2023 and February 2024; (iv) you became ill some weeks before the incident and started having intrusive thoughts and were struggling to cope; (v) you contacted 101, the Samaritans and the Maudsley Hospital; (vi) you believed your sister wanted to kill your mother; (vii) you love your mother and acted to protect her, and (viii) that you were devastated by what happened and called the police immediately. When asked if you had attacked your sister, you admitted you did and had been under a lot of stress and spoke about the bad feeling between you and your siblings.

**Antecedents and reports.**

14. You are now aged 62 [date of birth 4<sup>th</sup> April 1963]. There are some 21 convictions recorded against you spanning 31 offences over the period between 1978 and 2024. Most of the recorded convictions are for offences of theft by shoplifting. However, some are for offences of violence. In December 1981 when you would have been 18, a conviction for assault. Two years later, aged 20, convictions for burglary. There are further convictions for burglary in the 1990s and public order offences in the 2000s. There is a significant omission from the Police National Computer [PNC] record of your previous offending. Aged 19, in 1983, you received a 9 year sentence for an armed robbery. This detail is included in the witness statement of your younger sister. I am told the PNC will be updated.

15. Of note most recently before this attack is the fact that you had been arrested for harassment towards your siblings and were on bail. I note that there was in place a non-molestation order in relation to your siblings. You were due to attend court in December 2024 in relation to breaching that order.

16. I have seen and read a number of lengthy psychiatric reports. There are reports from Dr. Bradley Hillier, a Consultant Forensic Psychiatrist, dated 27<sup>th</sup> April 2025 [M2: M12-40], 14<sup>th</sup> November 2025 [M4: M76-91], and 19<sup>th</sup> March 2026 [M7: M162-176],

reports from Dr. Shamir Patel, also a Consultant Forensic Psychiatrist, dated 19<sup>th</sup> June 2025 [M3: M41-75], 3<sup>rd</sup> January 2026 [M5: M92-115], 29<sup>th</sup> January 2026 [M6: M116-161], and 4<sup>th</sup> March 2026 [T3: T23-32] as well as a report from Dr. Al Aditya Khan, a Consultant Forensic Psychiatrist at the Bracton Centre, dated 7<sup>th</sup> March [T5: T55-66]. All three are approved under s.12(2) of the Mental Health Act 1983. Dr Khan has been the responsible clinician for your care and treatment since the admission to the Bracton Centre on 13<sup>th</sup> February 2025. I note that in the most recent of the reports of Dr. Hillier [M7 p. M163] there is reference to discussions he conducted with Drs. Khan and Patel on 7<sup>th</sup> and 19<sup>th</sup> March 2026, respectively.

17. There is agreement from all the doctors that you were suffering from an abnormality of mental functioning at the time you killed your sister. They agree that the abnormality of mental functioning substantially impaired your ability to form a rational judgment and that these abnormalities were a significant contributory factor in causing you to carry out the killing. There is some marginal difference in how the particular abnormality is identified. Dr. Hillier refers to an established diagnosis of a recurrent depressive disorder and Dr. Patel to a psychotic disorder and depressive disorder.
18. I note the content of extensive materials from proceedings in the Family Court as set out by Dr. Patel [M118-157]. There are a number of witness statements in that material including statements from Margaret Cunningham and from you. The statements relate to applications for non-molestation orders and engagement with your siblings. Detailed within those statements are instances of violence from you towards others. There are also instances where you made abusive calls to members of the family, made a malicious complaint and made threats to kill others. In a statement made some 6 months before her death I note Margaret states:

*“On many occasions the respondent has said he has looked after my mum and dad all his life. This is untrue and disrespectful to my parents. My parents immigrated to England from Ireland as young adults and worked hard all their lives whilst the respondent has never worked. My father worked until he was well into his 70s and at the time of his death was independent. My mum has been an independent person until the time she was discharged home from*

*hospital in June 2023 at the age of 85. In fact, until her admittance into hospital she was still a capable driver and loved the independence driving had given her. Me and my other siblings have offered support and help with my mum's care but I find myself in an impossible situation because of the respondents behaviour towards me. My parents have supported the respondent throughout his life, including visiting him in prison on many occasions and supporting him financially as he has never worked”.*

She also stated:

*“I believe the respondent to be a very violent individual. He is capable of causing me pain by verbally, physically and emotionally abusing me. There has been a threat to harm me. Some verbal abuse has taken place in front of two of my children. My children have also witnessed the respondent shouting in my mother's face. Furthermore, the respondent has broke bail conditions not to speak to me and has also broken a non-molestation order my sister has obtained by verbally abusing her at Court on 9 April 2024 for which he has been charged and is due to attend court in December 2024. I want safety and security for me and my family. I would like to be able to visit my mother peacefully and without threat of verbal abuse or harm from the respondent”.*

19. I note Dr. Patel's opinion that: “ ... *in this case, high conflict family dynamics have acted as a contributory factor, in addition to others including stress and genetic predisposition, in triggering aspects of Mr Cunningham's psychosis. It is not possible to quantify, psychiatrically, the material contribution of these factors, other than to say they are all likely to have been relevant. As such, and very respectfully to the Court, my opinion on the availability of the partial defence remains unchanged.*” [M158].

20. The somewhat complex family dynamics are also detailed in statements taken by the police from your siblings as part of the investigation into your sister's death. There appear to have been particular issues after the death of your father in 2022. As I have

mentioned at the time you killed your sister, you had been made the subject of a non-molestation order.

21. I also note the events of October and November 2024 in relation to your medical care. As set out in the prosecution’s sentencing note and in the expert reports, between 21<sup>st</sup> October 2024, and 29<sup>th</sup> November 2024, you made contact with the Grove medical centre on ten occasions. There were 3 telephone appointments and 2 face-to-face appointments. The last contact was the morning of the day that you killed Margaret.
22. I note the following events in November 2024, from the medical notes as set out in the reports of Drs. Hillier and Patel. As they both mention, some entries have redactions. The details set out at paragraphs 51 to 58 of Dr. Hillier’s report relate a troubling series of events in the weeks before the killing of Margaret. I set the details out here as it may well be that others will wish to look at the events and the responses that took place.

*51. On 17.11.2024 Mr Cunningham contact NHS 111 reporting intense anxiety and depression. Unfortunately, the report is redacted in critical ways to its understanding. It would appear that he was reporting unwanted visits to the home where he was living as a carer. He indicated that his symptoms of anxiety had increased significantly since being questioned by the Police for unclear reasons. It suggests that he was feeling depressed, and an incident of someone dying of suicide 20 years previously is referred to. It was detailed that he wanted to see his GP for a medication review, and that he denied self-harming impulses or suicidal intent. A GP appointment was booked for 20.11.2024.*

*52. A further NHS 111 call from Mr Cunningham occurred the following day, 18.11.2024. Unfortunately, this is also redacted. He said that his depression had never been as bad as this. He referred to the death of someone two years previously and taking care of someone single-handedly. He referenced some incidents with the Police and his solicitor. It is indicated that he was prescribed Fluoxetine and Amitriptyline (a medication used in a number of conditions, including depression). He*

*was advised of the previously arranged appointment, and that he could call back if his situation deteriorated.*

53. *Mr Cunningham made another call to NHS 111 on 19.11.2024. Again, the entry is redacted. It was noted that there had been two previous calls over the last 48 hours, and he indicated that his depression and anxiety was worsening. In this call Mr Cunningham said that he was hearing sounds and voices, but none of them were telling him to harm himself or others. It was noted that he had a background of drug-induced psychosis, mental disorders and was a vulnerable adult. It was noted that there was evidence of previous self-harm, evidence of psychosis, and poor adherence to medication. He was advised to call the crisis line at South London and Maudsley NHS Trust.*

54. *Mr Cunningham called NHS 111 again on 24.11.2024. He said that he was struggling to sleep at night. It was noted he had a diagnosis of a mixed anxiety and depressive disorder. He described overwhelming depression and anxiety which was getting worse. He described feeling very low in mood, struggling to sleep and loss of appetite. He reported smoking cannabis at least twice weekly, and that the previous week he was having auditory hallucinations but ignored them and they reportedly went away. He reportedly had an appointment with the GP the following day which he had forgotten about previously, and was given the details of the Crisis Line for the South London and Maudsley NHS Trust.*

55. *Mr Cunningham was reviewed by his GP on 25.11.2024 and a referral was made to the Lewisham Primary Care Mental Health Team. It does not appear to have been marked urgent, and there were no identified safeguarding concerns. The request was for a risk assessment, diagnostic clarity and medication advice. It was noted in the referral that there had been a recent deterioration in his mood, associated with intrusive thoughts, and that he was a carer for his mother, with his brother having died around Christmas time previously of suicide, which was associated with deterioration at this time of year. The risk identified was of self-*

*neglect, and that his appetite was poor with associated weight loss. It was noted that he was prescribed Fluoxetine 60mg daily. He reported no alcohol use, and cannabis every few months. It was also noted that he had a social worker, and that his siblings had made allegations about the care of his mother. It was noted he was awaiting investigations for physical conditions, including stool tests.*

56. *The referral was sent the following day, but was noted to be sent to the wrong team and was referred to the Southwark North Primary Care Mental Health Team, who contacted the GP back on 26.11.2024 requesting more information. Specifically, this included requests for a full mental statement, risks involved, current medication and previous medication, as well as if he had therapy or and his alcohol and drug consumption (all information actually included in the original referral). The referral was declined pending this information being sent again by the GP.*
57. *There are a series of entries in the GP records which suggest that attempts were made to send the required information to mental health services, and on 28.11.2024 it appears a telephone consultation was attempted to a social prescriber, but it is unclear if this were successful; nonetheless, it was noted that “patient no longer requires social prescribing service.”*
58. *Entries on 29.11.2024 indicate that Mr Cunningham attended a healthcare setting (which is difficult to identify from the records as to whether it was the GP practice) at 1237h, and was tearful and low in mood. He requested a telephone call from a healthcare professional. He reported having recently spoken with NHS 111 and was not coping. Two attempts were made to call him by Dr Emma Nixon but he did not respond, and a message was sent asking him to contact the practice. The next entry indicates that Police attended the practice looking for Mr Cunningham.*
59. *The next entry relates to Mr Cunningham’s attendance at St Thomas’ Emergency Department following being found in the River Thames shortly after the alleged offence. There are no further entries of note.*

23. In the prosecution sentencing note the following matters also appear . Again I set them out here as others will wish to review these events and how the matters were then dealt with.

(i) 21<sup>st</sup> October 2024, you contacted the surgery to ask to see a doctor and a doctor called you later that evening. You described feeling paranoid and being in a ‘very dark place’. You explained you had been looking after your mother which you said was a privilege but also very stressful as you received no help from your siblings. You confirmed you were taking his prescribed fluoxetine, but that you did forget to take it sometimes. The doctor reminded you it was important that you took the medication consistently. There was a discussion on the point that you were then awaiting contact from the Talking Therapies Team who you expected to hear from the next week.

(ii) 20<sup>th</sup> November 2024, in a telephone consultation with a doctor from the surgery you described ‘hearing voices’ a couple of nights prior, telling you to have a drink. You were encouraged to call the crisis line run by the local mental health team if you needed to and you were reminded of a face-to-face appointment booked for the 25<sup>th</sup> November.

(iii) 22<sup>nd</sup> November 2024, you rang the surgery again saying you were in ‘very bad mental health’ adding you didn’t think you could wait till Monday 25<sup>th</sup> November for that appointment. You denied feeling suicidal at that time. Unfortunately the surgery was unable to offer an appointment that day and advised that if you felt suicidal to speak to the crisis team or attend A&E.

(iv) 29<sup>th</sup> November 2024, at 12:06pm you called the surgery asking to see a doctor because you had been looking after your mother for 2 years by yourself and getting no help. You said “I feel terrible, like in my head”. You said you needed to speak to a doctor that day. You were told you needed to fill out an online form. When you told the receptionist you wouldn’t know how to do that, she suggested you go to the surgery at 1:30pm and that you would be

assisted with the form so that you could see a doctor straight afterwards. You did not make that appointment.

**Approach to sentence - sentencing guidelines.**

24. The maximum sentence for manslaughter is one of imprisonment for life. For offences of manslaughter by reason of diminished responsibility there are specific guidelines issued by the Sentencing Council. The first issue within those guidelines is to assess is the degree of responsibility retained. Whilst this is a matter for the Court to assess, I note the observations made by Dr. Patel in his report at pages T26 and 27. As he correctly sets out, the ultimate determination of the retained responsibility is one for this Court rather than for him or indeed any of the other psychiatric experts.
25. Considering all the factors and features of this case and what is set out in the statements and all of the reports, I am satisfied that this case falls in to the medium category of responsibility retained. I have considered whether it comes within the lower level as suggested in the defence sentencing note, but on reflection from all of the medical evidence and all the relevant information before me I have concluded it comes within the medium level.
26. I have considered the history of contact between you and your GP before these events and the use of medication, and whilst help had been sought, your use of prescribed medication was not always compliant. I note this was a sustained attack resulting in multiple injuries and would have continued over some time and the defensive nature of some injuries shows your sister sought to resist what was happening.
27. If a custodial sentence is to be imposed, the start point for a medium level of responsibility retained would be one of 15 years' custody with a range of sentence between 10 and 15 years' custody. For the lower level of responsibility retained a start point of 7 years' custody and a range of 3 to 12 years' custody.

28. In terms of the statutory aggravating factors, this offence was one committed whilst you were on bail. I also note the history of violence or abuse towards your sister; significant mental or physical suffering caused to her; that the offence involved the use of a weapon (and I need to be careful not to double-count where that is taken into account in step one); that this offence was committed whilst subject to multiple non-molestation orders including one in respect of your sister Margaret.
29. On mitigating factors, you made some genuine and sustained attempts to seek help for your mental disorder and the level of remorse shown.
30. In terms of where this case would fall within the guidelines as to a custodial sentence, I agree with the observation made by Ms Jones in her sentencing note that it would fall into the overlap between the two categories (medium and lower levels of responsibility retained).
31. Next, I need to consider dangerousness. The test for dangerousness is this: *is there a significant risk to members of the public of serious harm occasioned by the commission by you of further specified offences?* On the material here, the test is clearly met: all the experts agree.

**Mental health issues.**

32. I need to consider whether there should be a custodial sentence, a hospital order or what is called a ‘hybrid’ order. The reports are all clear that there should be a hospital order under s. 37 of the Mental 1983 Act (as amended) with a restriction order under section 41 of the same Act: that is said to be the most appropriate and best way to balance between your interests and those of the wider interests of society as a whole in the protection of the public.
33. As part of this hearing Dr. Hillier has given evidence. He confirmed what is set out in his reports. He confirmed that the other specialists who have been involved here are all in agreement with him as to the pathway going forward. He made clear the primary concern is dealing with the clear and significant on-going risk you pose to others. Treatment is still required and will be for some considerable time. Long-term

treatment and the need to intervene in the future is very important. He said that when unwell you do not appreciate the risk you pose. His evidence is that neither custody nor a hybrid order are the appropriate course of action here are the appropriate course here, and as he said it is likely to be a case of potentially life-long treatment and care within the Restricted Patient Regime that is the only way to manage the significant risks you pose.

34. There are a number of leading cases in this area of sentencing. As well as the decision of the Court of Appeal in *Vowles and others* [2015] 2 Cr. App. R. (S.) 6, and paragraphs 51 to 55 of the judgment in particular, I have also read and considered *Edwards* [2018] EWCA Crim 995, *Nelson* [2020] EWCA Crim 1615, and *Byrne* [2022] EWCA Crim 1630. More recently there is the decision in *Calocane* [2024] EWCA Crim 490, and in particular the judgment by the Lady Chief Justice at paragraphs 63 and 65.

*“A key difference between a hospital and restrictions order, on the one hand, and a hybrid order, on the other, is that if an offender who is subject to a hospital and restrictions order recovers so that they no longer need to remain in hospital, they will be released into the community. In contrast, if an offender who is subject to a hybrid order recovers such that they can be discharged from hospital, they will be transferred to prison (at least before expiry of the minimum term). The other key difference is that, where an offender is under a hospital and restrictions order, the decision whether they will be released into the community will be subject to the consent of the Secretary of State, after consultation with the responsible physician, whereas if an offender is subject to a hybrid order, and has been discharged from hospital, the decision about whether they should be released from prison will be a matter for the Parole Board.*

.....

*“Before a hospital order is made under s. 37 (with or without a restrictions order under s. 41), the court should consider:*

*“whether the mental disorder can appropriately be dealt with by custody with a hospital and limitation direction under section 45A. In deciding whether a section 45A direction is appropriate the court*

*should bear in mind that the limitation direction will cease to have effect at the automatic release date of a determinate sentence. If a penal element is appropriate and the mental disorder can appropriately be dealt with by a direction under section 45A, then the judge should make such a direction.”*

### **Mitigation.**

35. Ms Jones accepts what is set out in detail in the reports on you and the current state of your mental illness. As she accepts, this is a very sad case with far reaching consequences for the wider family. She highlights your plea of guilty and the remorse expressed for what you did to your sister. She highlights the public protection that will be given from a combined s.37 and 41 approach as opposed to a hybrid order under s.45, and the importance of that going forward for public protection. It is accepted by her on your behalf that it is likely to be a very long time before you are potentially released from the restrictions that will apply and the ability to give on-going treatment as required is clear.
36. It seems to me that the restrictions a s.41 order will bring may well continue indefinitely in a case such as this.

### **Sentence.**

37. In my view the conditions in s.37(2) (a) are met. Taking into account the factors set out in the case of *Vowles*, namely: (1) the extent to which you need treatment for the mental disorder from which you suffer, (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, I am entirely satisfied that the appropriate way to deal with you is by the making of a hospital order with restrictions. I know there is a place available to you within the Bracton Centre under the of Dr. Khan. In all the circumstances, but in particular as to what is said about the regime on release, whilst I have given consideration to a hybrid order, I have come to the view that the passing of

a penal element is not likely to assist in the management of the obvious and significant risks here.

38. I am also satisfied that this is a case where, having regard to the nature of the offence here, and the offence of manslaughter in particular, and the risk of you committing further offences if at large, that it is necessary for the protection of the public from serious harm, that I should further order that you be subject of the provisions of s.41 of the 1983 Act, and so I will make in addition a restriction order.
39. If the statutory surcharge applies in this case, the appropriate order can be drawn up. Count 1 will lie on the file with the usual direction that it will not be proceeded with without the leave of this Court or the Court of Appeal.

Recorder of London  
His Honour Judge Mark Lucraft KC  
Central Criminal Court,  
Old Bailey,  
London EC4M 7EH  
March 25<sup>th</sup> 2026.