



THE CROWN COURT AT SALISBURY

2 July 2026

THE KING

- v -

LETISHA GOODWIN

SENTENCING REMARKS

1. Letisha Goodwin has been found by the jury to have encouraged and assisted Anthony Hillier and Helen Shakespeare in the killing of Raymond Groves. I am satisfied, on the evidence that I have heard, that she, together with Hillier, plotted the killing of Mr Groves, that she counselled his killing and assisted in it by formulating the plan that he should be stabbed by Anthony Hillier.
2. Although, as I shall say when I sentence Mr Hillier and Mrs Shakespeare, it is inappropriate for me to make findings in relation to Letisha Goodwin when she has been unable to take part in the trial because of her mental illness and has therefore had no opportunity to explain to the court her role in the killing of Mr Groves or give an explanation for her actions, I do think I can say at least this. The evidence shows that, at the time of the events with which the court has been concerned, Ms Goodwin had settled down into a stable existence with her own home in Devizes, of which she was intensely proud and which she kept beautifully and with her two children whom she was bringing up in an exemplary fashion, supporting them at their school. Her life was turned

upside down by the arrival of her mother, with whom she had a mixed relationship, and in particular by her mother's ambivalent attitude towards the deceased, Raymond Groves. Part of the tragedy of these events is that Letisha Goodwin has lost everything she had worked so hard to build and nurture; her home and her children in particular. This is not to excuse what she did and her part in the killing of Raymond Groves. But it comes as no surprise to me then to read in the medical report of Dr Tatton, Ms Goodwin's treating clinician at Fromeside Medium Secure Unit, that Ms Goodwin's mental disorder is in part attributable to the considerable stress she has been under including missing her children and suffering the loss of her family home.

3. I have considered the medical evidence which was presented to the court (HHJ Morris) on 30 January 2026 including the reports prepared by Dr Callum Ross dated 9 January 2026 and Dr Lucy Bacon both of whom are approved by the Secretary of State under s.12(2) of the Mental Health Act 1983. I have also considered the further medical report of Dr Bacon dated 8 June 2026 and the report of Dr Tatton, her treating psychiatrist at Fromeside, dated 7 May 2026. From the time of Ms Goodwin's admission to Fromeside in May 2025, Dr Tatton has provided the court with monthly updates so that the court could assess her progress and, in particular, whether she was likely to become fit to be tried, which did not happen. She remains deeply unwell, and has made numerous attempts to kill herself.
4. I am satisfied that Letisha Goodwin is suffering from a mental disorder, namely a severe personality disorder, complex post traumatic stress disorder and a delusional disorder, as described in Dr Tatton's most recent report. These disorders are of a nature which makes it appropriate for Ms Goodwin to be detained in a hospital for medical treatment; and appropriate medical treatment continues to be available for her at Fromeside Medium Secure Unit, Bristol.
5. I am of the opinion that because of all the circumstances of her case, including:
 - the nature of the act which she has been found to have done; and
 - her character and past antecedents, which includes a long-standing and complicated history of mental illness;

and having considered all the other available ways in which I might deal with her, the most suitable method of dealing with her case is by making an order under s.41 Mental Health Act 1983 with the restrictions set out in the s.41 Restriction Order. I therefore make an order that Letisha Goodwin will

continue to be detained at Fromeside Medium Secure Unit, Bristol where she has already been for many months.

6. I make it clear that the order which I have made is not a punishment but is for her own wellbeing and that of the public.

7. I have also considered whether this order should be subject to special restrictions which are specified in s.41 of the Act. I note the opinion of Dr Bacon that a restriction order is proportionate in this case to mitigate against future risk of serious harm to the public and because it will be beneficial for future clinical management of Ms Goodwin, as she gradually progresses along her care pathway. I also note the opinion of Dr Tatton who states that

“Imposition of a Restriction Order would place restrictions of leave of absence, transfer and discharge. When Ms Goodwin is ready for discharge from hospital, it would be possible with the Restriction Order to apply conditions for key risk factors, for example, compliance with medication, and supervision by mental health services, which would further diminish the potential risk of re-offending in my opinion. The clinical team would then be in a position to better manage Ms Goodwin in the community, safe in the knowledge that she could be recalled if they felt necessary in the event of relapse, with or without offending.”

8. Having considered the said psychiatric evidence, I am satisfied that because of the nature of Ms Goodwin’s act and also having regard to her past (including her history of mental illness), it is necessary to protect the public from serious harm and it is not possible to say for how long that will be so. Accordingly, I order that Ms Goodwin will be subject to the special restrictions set out in s.41 of the Mental Health Act 1983.