

A **IN THE CROWN COURT AT PLYMOUTH**

Plymouth Combined Court  
The Law Courts  
10 Armada Way  
Plymouth, Devon  
PL1 2ER

B

BEFORE:

**HIS HONOUR JUDGE JOHNSON**

C

BETWEEN:

**R**

**PROSECUTION**

**- and -**

D

**BRADLEY HUGGINS**

**DEFENDANT**

**Legal Representation**

Mr Christopher John Quinlan (Barrister) on behalf of the Prosecution

Ms Joanna Martin (Barrister) and Ms Emily Cook (Barrister) on behalf of the Defendant

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**Other Parties Present and their status**

None known

**Sentencing Remarks**

Recording date: 13 May 2024

F

Transcribed from 11:51:30 until 12:09:30

Reporting Restrictions Applied: No

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**His Honour Judge Johnson:**

**A**

Bradley Huggins, on 28 March this year you pleaded not guilty to murder on Count 1, but guilty to Count 2, an offence of manslaughter. This was on the ground of diminished responsibility. After careful consideration of the various medical reports from experienced consultant psychiatrists and full consultation, that plea has properly been accepted by the

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Prosecution.

The victim was your mother, Hazel. A moving, heart rending, and courageous tribute has been paid to her today by her husband and your father, Guy. She was clearly a lovely lady, a devoted wife, mother, family member, and loyal friend. The impact of her death upon many is immeasurable. She was a much admired pillar of the local society where she lived, and far beyond. She loved you and wanted to help you as best she could to lead an independent life. Tragically, she was doing just that when you killed her on 29 July last year.

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No sentence can ever replace or even remotely equate to the loss of life. You had threatened both of your parents, an assault of your father in 2020 and in 2022, and so were no longer able to live with them. It is clear that what lay behind this was your well documented mental illness.

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You moved to Ilbert Street in Plymouth in the spring of 2023. You sent your mother a message on 28 July asking her to deep clean your flat. You were apparently worried about threadworms. She arrived the next day with food and cleaning materials at around 11.30 and kissed your father goodbye. This was poignantly observed by a near neighbour. Your father did not stay because of the previous incidents of violence from you.

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It seems that you took umbrage at being told that she was not going to give you money, and then repeatedly stabbed her to the torso, arm and throat. You then recorded yourself hacking at her ears, removing the right one and almost completely severing the left. Your father, Guy, was due to pick Mrs Huggins up at about 4.00, but received no response when he called her on the telephone. He then received a number of extremely harrowing WhatsApp messages from you, and so called the police. You also called the police and told them you had killed your mother. Those communications strongly suggested you were in the grip of a psychotic illness.

**H**

**A** The police arrived quickly, but there was nothing they could do to save Mrs Huggins. A blood stained kitchen knife was found with another one nearby. You were taken away and made a number of admissions about what you had done. These admissions were maintained in interview when you told the police your plan had been to save up benzodiazepine tablets and, together with alcohol, then commit suicide.

**B** You are 25 years old and have no previous convictions, cautions or reprimands. I have read the reports of Dr Darnley of 27 October last year and 26 March this year, and also heard evidence from him this morning. The reports I have also read of Dr Sanford of 29 November last year and 12 April this year. Also, finally, and more recently, the report of the responsible clinician, Dr Pearson, dated 9 May. You were transferred to his hospital, the Wellesley in Wellington in Somerset, on 28 October last year under sections 48 and 49 of the Mental Health Act 1983 and have been receiving treatment there ever since. All three psychiatrists are approved under section 12 of the Mental Health Act 1983, all are highly experienced.

**D** Your problems with your mental health have been set out not only in the reports but also in the very helpful Prosecution opening note. You were first diagnosed with a psychotic episode in March 2019 which led to treatment at home and then involvement with the psychosis team. Various other incidents I have referred to, including you being prescribed antipsychotic medication and again having involvement with a home management treatment team, you were admitted in November 2019 until December for mental health problems, and again the following year.

**F** It was noted in April 2021 that you were fixated with the media and were paranoid, and that this continued in so far as psychotic symptoms were concerned through 2021 and the early part of 2022. You were arrested in September '22, having assaulted your father, and it was reported at that stage that you had stopped taking your antidepressant and antipsychotic medication. You were detained under the Mental Health Act in Torbay Hospital.

**H** You were then discharged after a period of a few months from the section under the Mental Health Act and transferred to a crisis house in Newton Abbott where again you were prescribed antipsychotic and antidepressant drugs. You seem to have been discharged then on 2 February of last year to bed and breakfast accommodation, and it was reported in February, the same month of discharge, you had stopped taking the medication. Your mother expressed concerns in March of last year, and you were discharged, notwithstanding those

concerns, on 19 May of last year.

**A**

All are agreed, in so far as the psychiatrists are concerned, that at the time of the killing you were suffering from schizophrenia. You had persecutory delusions that you were being persecuted by a gang who wished to expose you as a paedophile, and that your mother, in refusing you money on the day of the killing, had been in league with this group.

**B**

I am required to apply the sentencing guidelines issued by the Sentencing Council. The guideline for sentencing manslaughter by reason of diminished responsibility sets out a stepped approach. Reference has been made to a number of authorities, including *R v Vowles* and then *R v Edwards* and others arising from *R v Vowles* [2018], and the more recent case of *R v Walker* [2023]. As has been rightly said, manslaughter carries a maximum sentence of life imprisonment.

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Clearly, and it is perhaps an obvious point, diminished responsibility means that a defendant's ability to understand what they were doing and form a rational judgment and or exercise self control was substantially impaired. The first step I must take is to consider what degree of responsibility remained, sometimes called retained responsibility. In short, I must consider to what extent your actions or omissions contributed to what happened. For example, not taking medication. In looking at this, I also need to bear in mind the impact of your illness in assessing those actions.

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The Prosecution submit that there are a number of features which make this at least a medium starting point, and they refer to, amongst other things, the cessation of the taking of the medication and also the fact that you used cannabis at a young age, which perhaps led to you developing or indeed intensifying the psychotic illness. The Defence submit that I should look at the case in the round and actually see exactly what the position was in July of last year.

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I have been helped to this extent by Dr Darnley in his helpful evidence this morning. We have had a reference to you taking drugs as a youngster and the doctor says that this could have contributed to the development of the psychotic illness, but then you made an effort to stop taking cannabis and replaced it with alcohol. It is suggested, in fact, you have not used alcohol or drugs since 2022. You had been taking CPD oil up to 2022, but it seems to me that is far removed from the taking of cannabis.

**A** It seems that you were, looking at the urine tests and the toxicologist report, it seems to me  
you were taking the antipsychotic medication in July of last year. It was the antidepressant,  
Sertraline, which appeared to be missing from the urine sample. There is also evidence that  
you had been trying to get hold of your medication, but there was what was described as the  
**B** chaos of the illness which perhaps affected that. In short, it seems that the taking of cannabis  
might have worsened it, but certainly did not cause the schizophrenia.

In the round I am of the view that this is a low residual responsibility case which has a  
starting point of 7 years with a range going up to 12. I have regard to the aggravating features  
**C** which include the suffering caused by the mutilation of your mother both before and after  
death, the use of the knife, the messages to your father and also previous violence in the  
family setting, but I take into account that in so far as the violence was concerned, that was  
almost certainly caused by your mental illness.

**D** In so far as the mitigating features are concerned, you have no previous cautions or  
convictions. Whilst you are not a good character because of the drug use and the violence, it  
is quite clear from what I have read from Dr Pearson that you are showing remorse for what  
you have done, and I take into account what you have said through counsel this morning  
**E** about your approach to this and your regret for what it is that you have done. Accordingly, I  
would have come down from somewhere near the top of that bracket to a period of 10 years  
before applying a reduction for your guilty plea. That would be a full third because you  
entered your plea at the first available opportunity.

**F** I must now consider the issue of dangerousness, as to whether you impose a significant risk  
to members of the public of serious harm caused by the commission of further specified  
offences. I can deal with that quickly. You are clearly dangerous. Your illness, which is  
**G** ongoing, and your actions arising from this, led to a sustained brutal attack on your mother  
with a knife and caused her death. That risk, as I said, remains, and remains high.

**H** I must consider, under section 285 of the Sentencing Code 2020, whether the seriousness of  
the offence is such as to justify the imposition of a life sentence. If I am that view, I must  
impose a life sentence. I have given anxious consideration as to whether it is appropriate to  
impose a discretionary life sentence under section 285, and I have reached the conclusion  
that it is not in this particular case.

**A** I must now have regard to consideration of the mental health disposals. As has been set out with consummate care and accuracy by Mr Quinlan KC, there are two options here. One is what is known as a section 37 Mental Health Act Hospital Order with a section 41 restriction order. In order to impose one of those, I must be satisfied on the evidence of at least two registered medical practitioners that you are a) suffering from a mental disorder, b) the disorder is of a nature or degree which makes it appropriate for you to be detained in a hospital for medical treatment, and that such a treatment is available to you, and further, that arrangements can be made for your admission to hospital, in this case it would be the Wellesley, and further, that I must be satisfied that this is the most suitable method of dealing with the case.

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**D** In order to decide that, I must turn to the other aspect of a mental health disposal, which is a section 45A Mental Health Act 1983 hospital and limitation direction order, sometimes known as a hybrid order because it involves not only treatment in a mental hospital but also time in a prison in custody when you would be fit to go to prison after prolonged treatment. At one stage in the Court of Appeal (Criminal Division) in the case of *R v Vowles* it was thought that this was the default position. The case of *R v Edwards* has made it quite clear that it is not. It is simply one of the options which must be considered, and I must remind myself of the importance of the penal element in a sentence, but that all sentencing options must be considered.

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**F** When having regard to whether a section 45A order is the most suitable, I should have regard, of course, to your culpability. It is said, helpfully, by Dingemans LJ in the case of *R v Walker* that there are effectively two cases where it is particularly appropriate to impose a hybrid order. The first where the penal element is appropriate and secondly where there are doubts as to whether the defendant would comply with the medical regime in a mental hospital. I am satisfied, having regard to the low level of your residual responsibility and also having regard to what I have seen from the report of Dr Pearson, that you are actively engaged with the medical regime in the Wellesley Hospital, that neither of those are applicable.

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**H** I appreciate those are not exclusive, but those are just two of the aspects I should consider when considering whether a hybrid order is appropriate in this case. If I imposed a hybrid order with the length of sentence I have already outlined, it seemed to me that for a vast

A majority of that time, if not for nearly all of that time, you would be in hospital undergoing treatment, and it may be unlikely that you would be well enough to be transferred to prison. Even if you were, there are issues over the supervision of you taking medication whilst in prison, and of course if a hybrid order was imposed, all restrictions would lapse at the conclusion of that order.

B However, a section 37 and 41 order means that the Secretary of State would decide whether it was safe to release you and under what conditions. I have regard to the fact that this disposal is recommended by all three psychiatrists. It seems to me, having regard to *R v Walker*, I would need to find cogent reasons as to why I did not find this to be the most suitable disposal in this case.

C So, accordingly, it seems to me the conditions under section 37 subsection 2 of the Mental Health Act are met in this case. You clearly suffer from schizophrenia, a chronic mental illness. I take into account the factors set out in *R v Vowles* and *R v Edwards* in terms of the extent to which you need treatment for this mental disorder. It is imperative, it seems to me, that you are treated for it. It seems to me that the extent to which the offending is attributable to the mental disorder, having regard to the reports of Dr Darnley and also to the other psychiatric reports, that it is in fact substantially the reason why you committed this offence.

E I have also taken into account the extent to which punishment is required. That, as I have already indicated, is extremely limited indeed. But most significantly at all I have regard to the protection of the public, considering the regime for deciding your release. It seems to me that I should have regard to not only members of the public, but also those in custodial establishments where you would be sent with a risk of relapse which would be high, posing a significant risk to not only fellow prisoners, but also to the prison staff, and that is something I take into account.

F I am entirely satisfied that the appropriate way to deal with you is by making a hospital order with restrictions. I am aware that there is a bed available still at the Wellesley Hospital under the care of Dr Pearson. I have clearly given consideration to a hybrid order, but it seems to me that the passing of a penal element will not in fact assist with the management of what are undoubted and considerable risks in your case.

H I am also satisfied beyond doubt that this is a case where, having regard to the nature of this

