

Arson, being reckless as to the risk of damaging property.

[2023]GRC013

ROYAL COURT

FULL COURT

30th January 2023

**Before: Catherine Maureen Fooks, Judge of the Royal Court and Jurats:
Stephen Murray Jones OBE, Claire Helen Le Pelley, Terry John Ferbrache, Jonathan Grenfell
Hooley, David John Robilliard, Stuart Michael Crisp, Paul Martin Burnard, James Robert
Toynnton, David James Mortimer**

THE LAW OFFICERS OF THE CROWN

- v -

CALVIN MARTYN PAUL GODDARD

Advocate C G Dunford appeared for the Crown

Advocate C J Green appeared for the Defendant

JUDGE OF THE ROYAL COURT:

Background

Mr Goddard you have pleaded guilty to a single count of arson on or about the 8th February 2022, contrary to sections 1(1) and (3) of the Criminal Damage (Bailiwick of Guernsey) Law, 1983. The maximum sentence is life imprisonment.

The facts are that on the 8th February 2022, police attended your single storey unit of States' accommodation, regarding an unrelated matter. They noticed a hole in the ceiling which had been created by cutting through the plasterboard and asbestos into the roof space. Further inspection revealed that there had been an attempt to set a fire in the corner of the room. An aerosol can, paper and pillows were discovered. The carbon dioxide and smoke alarms had been disabled, which would have enabled the fire to have spread without warning. We note that you do not accept responsibility for that. The statement from Mr Lucas, Head of Safety for Guernsey Fire and Rescue, describes the fire setting as "uneducated," but leaves no doubt that there was a serious risk of damage and to your life and the potential to endanger life to the occupants of the adjacent flats.

We note that you have pleaded guilty to a charge of arson, that is being reckless as to the risk of damaging property and not to the more serious charge of being reckless as to the risk of damaging property and endangering life. This is because the medical report prepared in respect of you evidences that you could not be found to have been subjectively aware of the risk of endangering life. You will be sentenced on the lesser charge.

At your Police interview, you accepted responsibility for the hole in the ceiling and explained that you believed there were people above and you gave other answers which demonstrated your confused and delusional mental state at the time. It is said in Dr Khan's report, that you were "psychotic" at this time.

You are a local man of 36 years of age; 35 at the time of the offence. You were unemployed at the time of the offence. You have numerous previous convictions, notably four entries as an adult and seven as a juvenile for criminal damage and several for violence, including a very serious GBH, as a consequence of which you are managed by MAPPA. You first offended when you were just 13 years old and your first custodial sentence was at age 17. You have been consistently offending ever since, ending with your most recent conviction, which was for drugs, for which you received an 8 month sentence from the Magistrate's Court on the 15th April 2020. You were released without supervision and committed the arson offence at some point between March 2021 and the 8th February 2022. You have been in custody since the 17th February 2022.

Sentencing Considerations

In your case the sentencing exercise is unusual, as the Court is asked to consider making an Hospital Treatment Order ("HTO"), under Section 66 of the Mental Health Law, 2010 ("Mental Health Law") and whether that should be coupled with a Restriction Order ("RO") under Section 70 of that same Law. That latter question only arises if a HTO is made, so can be deferred at this stage. The proposal is that you would be admitted to Les Oberlands and from there transferred under section 82 of the Mental Health Law to an English establishment Chadwick Lodge.

The Court has been given a quantity of written material in the form of reports and other documents and has heard oral evidence from a number of witnesses on the subject of a HTO and the appropriate sentence for you. That evidence is summarised later.

Hospital Treatment Order under the Mental Health Law, 2010

Yours is the first case in which a HTO is being considered by the Court, so it is appropriate to set out the applicable legal principles in some detail. The Court is grateful for the written and oral submissions of both Counsel at pre-sentence hearings and today on the applicable legal test and in particular to Crown Advocate Dunford, who prosecutes this matter, and whose work in putting together the "route to decision" pack of materials for the Court to consider is particularly deserving of mention and this Court's gratitude.

Sections 66 (1) and (2) of the Mental Health Law, are set out below:

Powers of the Royal Court to make Hospital Treatment Orders

*66 (1) Where a person is convicted by the Royal Court of an offence punishable with imprisonment, other than an offence the sentence for which is fixed by law, and the conditions mentioned in subsection (2) are satisfied, the Court may by order (in this Law referred to as a "**hospital treatment order**") authorise his admission to and detention in such approved establishment as may be specified in the order.*

(2) The conditions referred to in subsection (1) are that –

(a) the Royal Court is satisfied, on the written or oral evidence of two medical practitioners (at least one of whom is an approved medical practitioner), that-

(i) The offender is suffering from mental disorder of a nature or degree that warrants his admission to and

detention in an approved establishment in order that he may receive treatment there, and

- (ii) *the treatment he ought to receive cannot be provided unless he is so admitted and detained, and*
- (b) *the Court is of the opinion, having regard to all the circumstances, including the nature of the offence and the character and antecedents of the offender, and to the other available methods of dealing with him, that the most suitable method of disposing of the case is by means of an order under this section.*

Under Section 66 the statutory test is as follows:

- (a) that the offence is punishable with imprisonment and not a sentence fixed by law,
- (b) that the Royal Court has written or oral evidence of two medical practitioners, one being “approved” under the law,
- (c) evidence is that Offender is suffering from a mental disorder, which is a defined term in the Mental Health Law,
- (d) both medical practitioners must describe the same mental disorder,
- (e) that disorder must warrant admission to and detention in an approved establishment,
- (f) that the place suggested is an approved establishment,
- (g) admission and detention would be for the purposes of treatment, and that is also a defined term under the Mental Health Law, and
- (h) that treatment has to be by an approved medical practitioner and the approval must again be under that Law,
- (i) the treatment must be at that establishment,
- (j) The treatment must be such that it cannot be provided unless the offender is admitted and detained there,
- (k) having regard to all the circumstances, the nature of the offence, the character and antecedents of the offender and other available methods of dealing with the offender to decide is a HTO the most suitable means of disposal of the case.

Caselaw in England on HTOs

At paragraph 8 of his first written submission, Crown Advocate Dunford suggests a set of steps to be taken in his document adapted from the leading English case of R v Edwards [2018] EWCA 595 which is concerned with similar but not identical provisions in the English Mental Health Act, 1983. There is no Guernsey caselaw on HTOs so it is convenient and appropriate to look at English caselaw for guidance on the statute from which our law was heavily drawn. Caution is required however, as the statutory provisions are not identical. Section 37 is similar to our Section 66 and 41 is similar to our Section 70, but is of note that Guernsey has no equivalent to Section 45A which allows a HTO to be combined with an immediate custodial sentence, so that once treatment has been completed the person serves the remainder of any custodial sentence. In fact, Section 66 (6) of our Mental Health Law prohibits such a combination, as well as the combination of a HTO with a fine or Probation Order. In Guernsey, the decision to be made at this serious level of crime is essentially one between the HTO and custody.

Additionally, it is to be noted the emphasis in the English caselaw on the penal element of sentencing arises from Section 142 of the Criminal Justice Act, 2003 of which there is no equivalent in Guernsey. Nonetheless, this Court has to apply general sentencing principles of which punishment is important.

In Edwards there is also reference to the need for the Court to determine the offender’s culpability and the extent to which the offence would not have been committed but for the mental illness, though that is not itself exculpatory. The Court is also to consider the harm caused by the offence. Culpability and harm, whilst of general application are very much at the root of the English Sentencing Code, of which,

again, there is no direct equivalent in Guernsey. In Edwards it is also said that the Court should explain why it proposes to make an HTO and not impose a prison sentence.

Edwards helpfully directs focus on the importance of considering what is to happen on release and who will be making the decision to release an offender, which, in the context of the facts of your case and the proposed HTO and then transfer to Chadwick Lodge (see further below) is of significant importance. In short, this is all useful guidance to be applied to the Guernsey Court's exercise of its specific discretion but care must be taken not to elevate it beyond that as the statutory framework is different. The Guernsey Court's jurisdiction and criteria are contained within the Mental Health Law and its general sentencing principles.

Transfer to Chadwick Lodge

It is important to note that this Court can only make a HTO for your admission to and detention at Les Oberlands, as only it is an approved establishment under the Mental Health Law. In order for you to be transferred to Chadwick Lodge in satisfaction of the medics' recommendation, an HTO must be made followed by an application under Section 82 for a Transfer Order by a responsible medical officer, which could be Dr Bishop to a Law Officer. It is a pre-requisite that there is a HTO and that the Court which made that HTO consents. Chadwick Lodge need not be an approved establishment under the Mental Health Law for a Section 82 Order. The Court has been asked to indicate whether it would consent to such an Order, in the event that it decides to make a HTO and the Court agrees it should consider this as part of the overall sentencing exercise in recognition that a Section 82 Order is necessary to give effect to the full recommendation of the two medical practitioners.

Reports, material and evidence before the Court

The principal medical report before the Court for today's hearing is that from Dr Khan dated 11th January 2023, which the Court has read carefully and considered, along with the additional and valuable evidence given by him at today's hearing. Dr Khan sets out your history in some detail, including your explanation for the serious GBH offence, which he explores in some detail. At paragraph 64 he gives his opinion and recommendation which is that you have the symptoms of mental illness, namely schizophrenia which has evolved from your previous repeated episodes of drug induced psychosis. He notes your other issues, including your personality disorder and considers that you need further assessment and stabilisation in a hospital setting. He is concerned that, without treatment, not only will you likely relapse in the community but the risk you pose will be increased, as it is associated with your paranoid and psychotic thoughts. He recommends a placement at Chadwick Lodge, a medium security establishment, progressing to lower security establishment before release into the Community, almost certainly Guernsey, he said, in discussion with the Guernsey Mental Health team within a pro-social framework. He could not give a timescale for your treatment.

At paragraph 72, he summarises that you have a mental disorder, namely schizophrenia of a nature resistant to treatment, associated significant risks and degree ongoing delusions to warrant treatment in hospital for your health, deterioration of mental health, risks to self (suicide) and to others, violence and arson. He sets out the treatment plan. He confirms that there is a place available at Chadwick Lodge.

The second report is from Dr Bishop dated the 16th January 2023. Dr Bishop's report is important, as he is an approved medical practitioner within the Mental Health Law. In his report, he details his long professional association with you and why your presentation differs now from that which he had seen previously and that your diagnosis opens the door to treatment which was not possible previously. He concurs with Dr Khan's diagnosis of your condition of schizophrenia and with Dr Khan's recommendation for a Hospital Treatment Order. He considers that you would be managed in prison, but on release, efforts to manage you in the community would likely fail, as they have done previously. He highlights the risk you pose. He has also provided an email dated 27th January as to the treatment you would receive on your brief admission to Les Oberlands.

He also attended and gave supplementary and, again, valuable evidence particularly on treatment at Les Oberlands prior to transfer to Chadwick Lodge, the effect of Guernsey Orders, and how your treatment would be managed at Chadwick Lodge with input from Dr Bishop himself as he is in charge off-island patients and what might happen when that off-island treatment ends. He also had provided evidence of the arrangements for your admission within 7 days to Les Oberlands. Both doctors confirmed that your illness was a major factor in why you offended.

The Court also had the benefit of evidence from the Prison Governor, who provided written answers to questions posed by Advocate Green and attended the Court in person. In summary, he said that the prison cannot offer you treatment in the sense of what you are said to need. The prison has been keeping you “contained,” utilising considerable resources. Interventions to reduce risk or target offending behaviour are not realistically going to be met. Put bluntly, his evidence was that you should not be in prison.

In his report, Mr De Kooker who has been your Probation Officer and lead professional since 2017, provided, in his Social Enquiry Report, valuable background and summarised your offending history. His important assessment of the risk you pose and his recommendations appear later in these remarks.

The Court has also considered the two reports from Dr Galapathie dealing with your fitness to plead and capacity to commit the offence of arson, but no reliance is placed on them with reference to the Orders sought.

The first question remains as to whether a HTO is an appropriate order. If not, then the Court need consider it no further but, if it is, then the Court must consider it alongside the other sentencing options. Before doing this, the Court must consider the practical effect of an HTO in terms of how long it will last and who will decide when treatment ends, especially as the Court has no ability to combine custody with an HTO. Under Part A of Schedule 2 of the Mental Health Law, an HTO remains in force for six months but may be renewed annually indefinitely by application, in this case by the Committee for Health and Social Care to the Court. The Court is therefore not the driver of any application. The position is slightly different where there is a Restriction Order, as the Court can prevent release in Guernsey until a date of its choice and has to receive at least annual updates.

The Court must also consider who will determine your release were it to grant a Section 82 Order for transfer to Chadwick Lodge. The answer is to be found in the Mental Health (Transfer of Patients) (Guernsey and Alderney) Ordinance, 2016 (“the 2016 Ordinance”) which provides that a HTO ceases to have effect when the person is duly received into a hospital or other institution in pursuance of arrangements under Section 82. Thus, this Court would have no jurisdiction in respect of you and evidence was given that your release would be determined by Dr Khan or the English Mental Health Tribunal.

That said, it appears that Section 85 of the Mental Health Law operates so that you would be held at Chadwick Lodge under the equivalent of a HTO under Section 37 of the Mental Health Act, so that you would be held within a similar statutory framework.

Preliminary Matters

The Court has considered whether a HTO is an order open to it in circumstances where the real recommendation is transfer to an establishment in England, rather than long term admission and detention in approved establishment in Guernsey. The Court has considered the statutory criteria in Section 66. The offence you have committed is punishable with imprisonment and has no sentence fixed by Law. The Court has received written and oral evidence provided by the two medical practitioners Dr Khan and Dr Bishop, the latter being an approved medical practitioner that you have a mental disorder under the terms of the Mental Health Law, namely schizophrenia. The reports have been appropriately served on your Advocate, in accordance with Section 80.

The Court is satisfied that Les Oberland is an approved establishment. The Court is satisfied on the evidence that the treatment proposed at Les Oberlands prior to transfer to Chadwick Lodge falls within the broad definition of treatment, that your mental disorder warrants admission and detention at Les Oberlands, so that you can receive that treatment there and that you could not have that treatment were you not admitted and detained at Les Oberlands.

Having satisfied itself that the criteria in Section 66(2)(a) for a HTO are met, the Court must now move on to consider the criteria in Section 66(2)(b) which includes the other available methods of dealing with you before deciding whether or not a HTO is the most suitable method of disposing of the case. The decision whether or not to make a HTO is discretionary, so even if all the criteria are met, the Court need not make the HTO.

Sentencing Options

In this Court's judgment, the only realistic sentencing options are immediate custody or a HTO. There can be no doubt that the custody threshold has been passed. There are indeed aggravating factors in this case; your previous convictions especially for criminal damage and the actual harm that may have been caused by exposure to asbestos, the risk of harm overall, the use of an accelerant, but there are also mitigating factors in the level of damage and the harm being reduced because of the substantial reduction in your responsibility caused by your mental illness. We note that, sensibly, in the circumstances there is no claim for compensation

Plea

The Court must consider the impact of your guilty plea on any custodial sentence. We afford you full credit for that plea. Any delay in entering was in no way your fault but arose out of the need properly to investigate your fitness to plead, your ability to form intent to endanger life and sentencing options in view of your medical condition.

Mitigation

We note the comprehensive background information in the Social Enquiry Report, which paints a sad picture of a lack of any stable family life, educational achievement or of any significant stability as an adult in terms of home, employment or socially, despite your wanting that stability. Your life has been blighted by alcohol and substance abuse and you have been hampered by your difficulties.

Mr De Kooker sets out that, since your remand in custody, and even before then, as long ago as 2012 he and others had raised concerns that you required specialist treatment. Doctors Khan and Bishop have concluded that your presentation now is consistent with schizophrenia and that you do require specialist treatment, ultimately off-island. Various extensive packages of care have been put around you to mitigate the very significant risk of imminent harm you are deemed to pose, but they have only partially successful to date, due to your unwillingness or inability to engage and some disagreement over what was required.

Your Advocate submitted that you should not be in a custodial environment but should be receiving specialist mental health treatment, ultimately at Chadwick Lodge. Effectively you agree to a Hospital Treatment Order (and any Transfer Order) and you are not overly opposed to a Restriction Order.

Your Advocate emphasised the evidence given by the two medical practitioners that you would not have committed the offence but for your illness and your culpability is low, which we take into account fully. You have been waiting nearly a year on remand to be sentenced, which we also take into account.

We were struck by Mr De Kooker's description of your presentation in prison as "*the most vulnerable and confused I have ever witnessed from him.*" This was echoed by the Prison Governor and indeed

others. Your Advocate spoke of your remorse and shame. The Court also heard a few words from you, by way of apology, which it appreciates and has taken fully into account.

Risk

You are assessed by Mr De Kooker as having a very high likelihood of re-offending and a high risk of serious harm to the public through violence, carrying weapons and the arson offence itself. You also pose a risk of harm to yourself. Mr De Kooker explains that since 2018 you have been managed as one of Guernsey's very few highest risk MAPPA subjects. He summarises your offending history and the various disposals, including custody with post-release supervision and says this, "*he has received all sentencing disposals from the Court and intervention from numerous agencies but they have done little to deter him from continued high risk offending.*" He does not consider that you can be safely managed in the community with any degree of certainty or success. His view is that it is more by luck than judgement that you have not caused further significant harm to yourself or others, thus far. He concurs that you need a bespoke package of specialist treatment which will require you to be sent off-island and he therefore supports the HTO. Careful liaison will be required before any return to Guernsey to manage the risk and he recommends a Restriction Order, in view of those risks. He cannot recommend any community-based disposal.

He explained during the hearing that you will remain subject to Guernsey MAPPA indefinitely. If you are transferred to England, you will also be subject to UK MAPPA but Guernsey will still take the lead. He asked the Court to note that MAPPA is not a statutory scheme and has no enforcement powers. A HTO will not provide any post-release supervision.

Both Doctors Khan and Bishop also gave evidence of the risk you pose, to which reference has already been made. Dr Khan in particular considered that risk was increased in view of your diagnosis.

Alternatives to a Hospital Transfer Order

Section 66 2(2)(b) requires the Court to consider of "*other available methods of dealing with the offender*", so the Court has considered whether other orders might be available under the Mental Health Law were you to be imprisoned which would provide you with treatment while preserving the remainder of any custodial sentence after treatment has finished.

Under section 74 of the Mental Health Law, Hospital Transfer Order enables a Law Officer to apply to the Court for an order that a serving prisoner be made subject to a Hospital Transfer Order. The grounds are slightly different, but the Court still can only grant a transfer to an approved establishment for treatment there. The advantage of this order is you could receive a prison sentence but still be transferred for treatment and, were your treatment to end before your sentence had ended, you would have to serve the remainder of the sentence and post-sentence supervision would apply in that case. The disadvantage is that your treatment would be terminated at the end of any sentence which, as Advocate Green submitted could constrain your treatment.

The Court also considered Orders available under Section 23 and 24 of the Mental Health Law, namely Treatment Orders. This type of Order is made on the application of an approved Social Worker to a Law Officer and the Court is not involved. It enables a person to be admitted and detained in an approved establishment for treatment there. The section does not state that it has no application to a serving prisoner. Crown Advocate Dunford submitted that there was insufficient information to be quite sure how this section could apply and how it would lead to a transfer to Chadwick Lodge. Although Section 82 is triggered by a Treatment Order, Dr Bishop's view was that the civil nature of a section 23 Order limited the means of supervising such an order. It was his view that it could be used

and he has experience of these orders, but it would usually be used in respect of a remand prisoner and he questioned its use at this late stage.

Decision on Custody or Hospital Transfer Order

The Court has carefully considered the two options; custody would be an appropriate disposal in view of the seriousness of the offence, your very extensive criminal record and the very high level of risk which engages the principles of punishment and protection of the public, principally, and deterrence to a lesser extent but, in your case, the Court is persuaded that the most suitable method of disposal is a HTO, taking into account all the circumstances, the nature of the offence, your character and antecedents, your culpability, the harm and the other available methods of disposal. You need treatment more than punishment. Treatment will best reduce the serious risk of harm that you pose. A custodial sentence would not have this effect and has been tried many times over in the past, without success.

The Court specifically considered the availability of a Section 74 order which could be combined with custody but was persuaded that it could curtail your treatment and that this would be inappropriate as treatment should be the focus at this stage. A Section 23 Order has also been considered and is not an attractive option, at this stage. The Order that is to be made is a Hospital Treatment Order to Les Oberlands for treatment there, as has been outlined. The Court confirms that it is satisfied with the arrangements for your admission to Les Oberlands and it directs that meanwhile you should be conveyed to and detained at a place of safety, namely the prison in accordance with Section 81(1).

Restriction Order

I now turn to the issue of a Restriction Order. The Court was asked to consider a Restriction Order, under Section 70 of the Mental Health Law which would prevent you from being released from Les Oberlands without the consent of the Court and would require regular updates containing important information prescribed by the Court. Section 70 (i) reads as follows:

Power of Royal Court to make restriction orders

(1) Where a hospital treatment order is made in respect of an offender by the Royal Court, and it appear to the Court, having regard to -

- (a) the nature of the offence,*
- (b) the antecedents of the offender, and*
- (c) the risk of his committing further offences if set at large,*

that it is necessary for the protection of the public from serious harm so to do, the Court may, subject to the provisions of this section, further order that the hospital treatment order shall take effect as a hospital treatment order with special restrictions, either without limit of time or during such a period as may be specified by the Court; and an order under this section shall be known as “a restriction order.”

Your stay at Les Oberlands is likely to be short. The plan is to transfer you to Chadwick Lodge, under a Transfer Order under Section 82 of the Mental Health Law so the question was whether there was any purpose in a Restriction Order in your case. As a matter of Guernsey Law, under the 2016 Ordinance, once a Transfer Order were made, the Restriction Order would cease to have effect on your admission to Chadwick Lodge, but we were told that under Section 85 you would be deemed to be subject to an equivalent Order under the Mental Health Act and it was suggested that the reverse would apply on your return to Guernsey, so that you would effectively be subject to a Restriction Order here, if the English Restriction Order was still in force on your return to Guernsey. I hasten to add that this is what was understood to be the case and is not definitely the case.

The Court had the evidence of Doctors Bishop and Khan on the benefits or otherwise of a Restriction Order. Dr Bishop was in favour, as, in his experience of managing Guernsey patients in English

hospitals, the existence of a Restriction Order helps to prevent them from being stuck there and unable to return to Guernsey. He also cited the utility of a Restriction Order for post-release compliance with treatment, such as medication and testing, but we were unable to see how the type of Restriction Order that we might impose would assist in that way. Dr Khan, on the other hand, was not in favour of a Restriction Order. He saw it as a potential hinderance, especially once your psychosis had been treated and it is the personality disorder which is what is left. He could not see that the extra hoops of a Restriction Order requiring a Court's involvement or the involvement of a Tribunal in England would do anything other than delay the progress to other stages of treatment and return home.

The Court is concerned that an HTO contains no provision for post-release supervision and, as was noted in the English case of R v Birch (1989) 11 Cr Ap R (S) 202 the Court is faced with a dilemma that you need treatment but you could be released after six months. Whilst MAPPA has a statutory genesis through the Criminal Justice (Offenders and Miscellaneous Provisions) (Bailiwick of Guernsey) Law 2013, it lacks enforcement powers. This Court is concerned that, post-release, there is no statutory framework in place to enforce your compliance with treatment in the community or to impose conditions to ensure that the public is appropriately protected from harm.

It is important to consider the test that this Court must apply if it wishes to make a Restriction Order and that test is set out in Section 70. It requires a Hospital Treatment Order to have been made and the Court should have regard to the nature of the offence, the antecedents of the offender and the risk of his committing further offences if set at large and it must then determine that it is necessary for the protection of the public from serious harm to make an order. The Order can be made either without limit of time or during such period, as maybe specified by the Court. As required by section 70 (2) the Court has heard evidence from at least one of the medical practitioners whose evidence was taken into account in the making of the HTO. Advocate Green referred to the English case of Birch cited above, which is on a similar section in the Mental Health Act which has provided the Court with useful guidance. The point was made that the test is the protection of the public from harm. The test is not the impact on the progress of the treatment plan, which was the focus of the evidence before us, although it is fair to say that compliance with treatment and management of harm may well be two sides of the same coin.

If you are transferred to England and an equivalent order is deemed made, your release and transfer will be subject to the English regime. The Court has considered carefully the statutory criteria referred to. You committed the offence whilst delusional and having a psychotic episode. We are satisfied on the evidence from all the witnesses, but particularly from Mr Lucas and the careful risk assessment from Mr De Kooker, which includes information as to your assessment as the highest risk subject under MAPPA, that a Restriction Order is necessary to protect the public from serious harm. It will be unlimited in its duration.

Conclusion

In all the circumstances, the Court has decided that it is appropriate to make a Hospital Treatment Order and a Restriction Order. We will need to discuss further the exact terms of the Restriction Order in terms of the updates and assistance will be required from Counsel as to the drafting of the Orders to ensure that they comply with the statutory requirements and will be acceptable in the context of any transfer.

Crown Advocate Dunford has indicated that a Law Officer will make an application under Section 82 for transfer of you to Chadwick Lodge and this Court is able to indicate that it will consent to such an application.

Mr Goddard, the Court thanks you for your apology. It is clear that you need treatment, so the Hospital Treatment Order is made and the Court hopes that this will work for you.

Catherine Maureen Fooks
Judge of the Royal Court

30th January 2023