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Dear Mr Manknell KC

## **REGULATION 28 REPORT TO PREVENT FUTURE DEATHS: MR SUNDEEP GHUMAN**

Thank you for your Regulation 28 report of 15 December 2025 following the inquest into the death of Sundeep Ghuman at HMP Belmarsh on 19 February 2020.

I know that you will share a copy of this response with Mr Ghuman's family, and I would first like to express my condolences for their loss. Every death in custody is a tragedy and the safety of those in our care is my absolute priority.

You have raised several concerns relating to the operation of the cell sharing risk assessment (CSRA) process at HMP Belmarsh and the application of the policy at both a local and national level.

You have identified that practice at HMP High Down and HMP Belmarsh was not in line with the CSRA policy that is set out in *PSI 20/2015 The Cell Sharing Risk Assessment*. HMP Belmarsh has confirmed that it has now withdrawn the S1 system and is operating fully in line with national policy. All prisoners previously categorised under S1 have been reviewed and allocated to the appropriate level in accordance with the relevant guidance. In addition, individuals identified with a racist marker are now designated as 'high risk share' to ensure full compliance with national standards. HMP High Down has also confirmed that it now complies with the policy and uses the correct descriptor for the risk level of such prisoners.

HMPPS is currently updating the CSRA policy, which will be issued as a policy framework that will supersede PSI 20/2015. There are two improvements that we intend to make which address the concerns you have raised. First, the forms in the current PSI contain only two options, 'high risk' and 'standard risk'. Where a prisoner is high risk but only to certain people (as "M" was), the details of those at risk will be set out separately and then entered into the

electronic record in separate places. We will do this by including three options: 'high risk general' (cannot share with anyone); 'high risk specific' (cannot share with certain people or groups); and 'standard risk' (can share with anyone). Where a prisoner is high risk specific the details of those at risk, with whom he or she cannot share, will have to be set out clearly next to that result, where they cannot be missed. The electronic record will be amended to match this. Second, the policy framework will instruct prisons not to use local terms or abbreviations to describe CSRA results. The framework will also contain a statement that any elevated risk, even to one person, makes a prisoner high risk, and that standard risk is not an option in that situation.

Another improvement in the new framework will be to require all prisons to put in place a quality assurance process. This will involve checking samples of initial assessments to see that all available evidence has been taken into account, and that the results are based on that evidence. It will also cover how CSRA is used in practice, to check whether prisoners' cell allocations match their risk level. In addition, independent audits of the CSRA process by our Performance, Assurance and Risk Group will continue.

You suggested that training could be improved to strengthen operational understanding. Alongside the new policy framework we are redesigning the CSRA training materials and these will address how NOMIS alerts for racism should be treated by staff. When implementing the framework, we plan to give prisons enough time to ensure a core group of staff will receive the new training and be able to reinforce its content with colleagues before they are required to comply with it.

In the meantime, all managers at HMP Belmarsh are currently completing the mandated CSRA training as part of scheduled training days. In addition, all staff are required to undertake the CSRA e-learning package to support improvements in assessment quality. Completion of these training requirements is being monitored by the Head of Business Assurance, who holds overall responsibility for the establishment's training programme.

The Long-Term and High Security Estate (LTHSE) Safety Team will also deliver a CSRA upskilling session at a future Heads of Safety Meeting to ensure consistent, policy-compliant application of CSRAs across all LTHSE prisons. It will emphasise that a cautious approach should be taken so that decisions default to the safest option when risk is uncertain or information is incomplete.

As well as improving training, quality assurance measures have been formally embedded within HMP Belmarsh's internal audit processes. These arrangements ensure that decisions and practice remain compliant with national policy and are subject to regular review. Additionally, the LTHSE Safety Team will incorporate CSRA checks during safety assurance visits to provide the Prison Group Directors (PGDs) with assurance that prisons are policy compliant in CSRA application. This will include reviewing a sample of 10% of CSRAs completed in the last 60 days (on reception, transfer, and following incidents) for process compliance and quality. CSRA forms will be checked to ensure there is a clear rationale for

decisions about risk levels and that all data sources used are recorded. Any CSRA found to be non-compliant or poor quality will be escalated to the Head of Safety, Deputy Governor and Governor, with a recommendation of improvement actions. If improvement actions are required, re-checks will be completed within 30 days. If assurance gaps still exist, this will be escalated and reported to the PGD within five working days for Senior Management Team oversight and targeted support.

You have raised concerns about an inconsistent response to alerts about racism. The expectation of staff conducting CSRAs is that they will exercise caution and such alerts will be taken seriously. Where time is available the basis for them will need to be explored further and a decision not to act in accordance with them may be appropriate. But such a decision must not be reached solely on the basis of what the prisoner says. And where there is doubt and/or where there is no time to explore further, the alert will need to be taken at face value and the individual made high risk (cannot share with a particular group) until further investigation can take place. Clarification of this point will be included in the training that will be provided for the roll out of the new policy framework, and compliance will be checked through the new quality assurance process described above.

Some of the problems that arise in this situation are the result of the presence of an excessive number of alerts on NOMIS, caused by the absence of any consistent process for reviewing, and where appropriate deactivating, old alerts. There are broader plans to address this which are currently on hold pending other work, including the transitioning of information management from the legacy NOMIS system to the modern Digital Prison Services platform (which will improve accuracy, accessibility and operational efficiency generally, as well as bring specific benefits in terms of the way in which CSRAs are recorded). These plans will be taken forward at the earliest opportunity with a view to reducing the number of inappropriate alerts and thereby making the task of staff making decisions on the basis of such alerts much more straightforward.

You have observed that during the allocation of prisoners to shared cells there is scope to strengthen the consideration of risks beyond the minimum CSRA requirements. You suggested this may be particularly relevant in relation to risks associated with violence and drug use.

The CSRA is the process for managing the risk of serious in-cell violence, and decisions about cell sharing should always be made in accordance with the prisoner's CSRA. However, this is not the only consideration in such decisions. Whilst not something that is set out in a formal policy (because it would be impossible to describe all the various factors that may be relevant or all the different contexts in which such decisions may need to take place) there is an expectation that staff will exercise their judgement when allocating cells with a view to anticipating and minimising any conflict and maximising prisoner welfare. The extent to which this is possible will depend on the information available about the individuals and the circumstances in which the decision is being taken. But it is a potentially important way in which staff can exercise control over the residential environment. As well as prisoner

preferences (which it may not always be appropriate to follow for various reasons), these decisions will be influenced by what is known about the individuals in a more general sense than the narrow range of factors that is considered in the CSRA.

This may include information about the potential for, or vulnerability to, intimidation or manipulation, and any suspected substance misuse. Depending on the circumstances such information may affect decisions about cell sharing in a number of different ways. As you point out, the risk of a suspected drug user coercing another (previously non-using) prisoner into drug use must be considered and may lead to a decision that sharing between two individuals is not appropriate. However, there may be instances in which the risk to a suspected drug user could be mitigated by sharing with a non-user who may be able to raise the alarm in the event of an overdose. These are therefore difficult and finely balanced decisions that must be made on the basis of the details of the individual case.

Drug misuse is not, of itself, a reason to change a prisoner's CSRA. Not all individuals who use drugs become more violent, and staff are instructed to remain alert to any behavioural changes that may indicate an increased risk of violence or harm to others, regardless of the underlying cause. The forthcoming policy framework will reinforce this message and will emphasise the importance of acting quickly when a prisoner is seen to be more violent, including making them temporarily high risk while the situation is reviewed.

You have raised also the risk associated with secondary exposure to psychoactive substances. This is a matter that we have also considered and based on the evidence available, we do not believe this currently presents a significant risk.

Testing has been carried out to assess the possibility of secondary exposure, focusing on staff. This included post-shift urine testing and personal and residential air sampling. No psychoactive substances were detected in the urine tests or personal air samples, and only trace levels of contaminants were found in residential air samples.

From this, the conclusion is that secondary exposure is highly unlikely to result in any adverse effects. We recognise that the composition of psychoactive substances in prisons continues to change, and we are not complacent. However, at present we do not consider secondary exposure to pose a risk to the cell mates of those using psychoactive substances.

Finally, you have raised concerns about the levels of violence and drug use at HMP Belmarsh and its impact on the safety of prisoners.

Reducing violence in prisons is a key priority, and we are working hard to make prisons as safe as possible. We know that prisoners in overcrowded cells are 19% more likely to be involved in an assault, and we are tackling overcrowding and aim to build 14,000 new prison places by 2031.

Since Mr Ghuman's death the operational capacity at HMP Belmarsh has been reduced by 136 places. This has enabled the removal of triple-occupancy cells, resulting in improved decency standards and enhanced safety across the residential accommodation.

A number of measures to strengthen safety, reduce violence, and improve the management of prisoner movements have been implemented. A cohorted regime is now in place, ensuring prisoners are managed in fixed groups to minimise unnecessary mixing across residential units. All internal movements are subject to risk assessment to prevent contact between individuals who may present a threat to one another. This approach includes separate internal movement routes, visits scheduled strictly by residential unit, adjustments to corporate worship groups, and cohorted access to activities such as work and education.

First Night Centre processes have also been strengthened and a robust assessment procedure is now in place for all individuals entering custody, whether via court or transfer. These assessments ensure that information is current and accurate, that any risks to others are clearly identified, and that critical information is promptly shared with all relevant stakeholders. The First Night Centre now works closely with the local Safety team, which further improves the flow of information and early risk identification.

Additionally, security and conflict management arrangements have been enhanced through the establishment of a dedicated Conflict and Gang Team. This team is responsible for investigating and managing issues that could lead to violence, and ensures that prisoners are only moved to locations where they can be safely accommodated.

The Safety Intervention Meeting has also been reinforced and now takes place regularly with consistent attendance from key stakeholders. This forum enables timely information sharing and supports effective decision-making around individuals who may require additional monitoring or intervention.

We also continue to work closely with health partners to address substance misuse. This includes the implementation of Incentivised Substance Free Living Units in 88 prisons, including HMP Belmarsh, where prisoners commit to behavioural compacts, regular drug testing, and access to enhanced opportunities. We have embedded 54 Drug Strategy Leads in key establishments, and appointed 17 Group Drug and Alcohol Leads who are now embedded to provide strategic oversight. The Adult Health, Care and Wellbeing Core Capabilities Framework was introduced in May 2025, and through the Enable Programme, MoJ, HMPPS and NHS England are accelerating specialist training on drugs, alcohol dependency, and trauma-informed care. Additionally, a comprehensive redesign of Foundation Training for new prison officers is underway, including mandatory modules on drug and alcohol misuse for all staff.

Supported by these national initiatives, HMP Belmarsh has reviewed and implemented a number of measures to strengthen drug-misuse management, recovery support and overall safety within the establishment. A comprehensive Drug Strategy is embedded across the

prison, focusing on both the supply and demand of illicit substances, while also maintaining a strong emphasis on support, detoxification, and long-term recovery.

A key development is the implementation of an Incentivised Substance-Free Living (ISFL) unit. This dedicated wing is designed to promote recovery and abstinence, with prisoners signing a formal compact committing to monthly drug testing. Those engaging with the ISFL scheme are able to access additional incentives, including extended domestic periods, increased gym access, and enhanced wing-level provisions. This approach has had a positive impact on stability across the prison and has contributed to reductions in drug misuse.

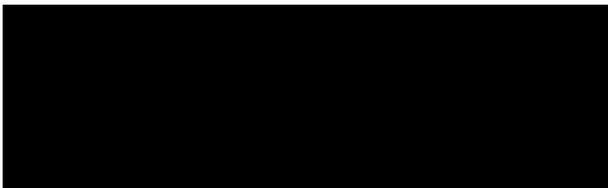
Mandatory Drug Testing (MDT) continues to operate robustly at HMP Belmarsh, with 5% of the population subject to random testing each month. Alongside this, enforcement and support measures are in place to manage the risks associated with substance misuse. Prisoners found under the influence or in possession of illicit substances are subject to adjudication and appropriate disciplinary action, while structured support is provided by Phoenix Futures and keyworker-led interventions. Monthly multi-disciplinary reviews ensure that care and recovery plans are individually tailored.

Governance arrangements have also been strengthened. A dedicated Drug Strategy Lead oversees the coordination of activity across security, healthcare, residential units, and external partners. Monthly multi-disciplinary meetings are held to monitor trends, review incidents, and manage emerging risks. In addition, recovery and rehabilitation provision remains a central focus. The partnership with Phoenix Futures continues to deliver treatment and harm-reduction support. Lived Experience courses and staff training are in place to improve prisoner engagement and ensure continuity of care on release. These measures have supported high levels of community recovery engagement post-custody.

In order to improve the response to an opioid overdose, naloxone is now available across all residential units, and staff have been trained to administer it.

Thank you again for bringing your concerns to my attention. I trust that this response provides assurance that action is being taken to address the matters raised.

Yours sincerely,



Director General of Operations