



Ministry
of Justice

HM Prison and Probation Service COVID-19 Official Statistics

Data to 31 August 2020

Ministry of Justice

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Introduction

This official statistics release provides monthly data on the spread of COVID-19 in the prison and probation service in England and Wales and mitigating actions being taken to limit the spread of the virus and save lives. This release covers the period from Monday 16 March 2020 at the start of the COVID-19 outbreak to Monday 31 August 2020 and is the first publication where the figures are being presented by calendar month, having previously been published by week.

It provides information on:

- Deaths among prisoners, children in custody and probation service users where COVID-19 is the suspected cause.
- Prisoners released early from custody under COVID-19 temporary release schemes.
- Confirmed COVID-19 cases in prisoners and children in custody (i.e. positive tests).
- Narrative on capacity management data for prisons.

Key Findings

The key findings in this release are:

- **44** deaths since the start of the pandemic among HMPPS service users where COVID-19 was the suspected cause, of whom **23** were prisoners and **21** were probation service users. There have been no COVID-19 suspected deaths of service users in the last three months.
- **560** prisoners or children tested positive for COVID-19 since the start of the pandemic, across **87** establishments, almost all of whom were adults. The number of new monthly confirmed cases has increased by **20** since July 2020.

- **315** prisoners have been released under COVID-19 temporary release schemes, **53** were compassionate releases.

Background

Since the start of the COVID-19 pandemic, there has been keen public and Parliamentary interest in how the Ministry of Justice (MOJ) and Her Majesty's Prison and Probation Service (HMPPS) are managing the running of prisons and the probation system to limit the spread of the virus while maintaining the core functions of these vital parts of the justice system. Publishing this data aims to bring transparency to the strategies HMPPS is employing to manage the prison and probation systems, as well as the impact of the virus on service users and staff.

The core tenet of HMPPS's prison strategy, building on Public Health England (PHE) and Public Health Wales (PHW) advice and learning developed in managing an early outbreak of the virus, is the implementation of effective isolation, reverse cohorting of new entrants to custody, and shielding of vulnerable prisoners. In addition, HMPPS have reduced the movement of prisoners and staff between prisons to prevent the "seeding and feeding" of infection, and have restricted regimes to prevent social contact in custody.

Using the latest modelling from PHE, HMPPS estimate that creating a headroom across the prison estate of 5,500 (5,000 in the adult male estate) would allow them to fully implement this strategy, and could be effective in limiting the spread of the virus. The model on transmission of COVID-19 in prisons can be [found here](#)¹. HMPPS is seeking to achieve that headroom through a combination of reductions in operational capacity, new prison accommodation, releases from prison, and reduced receptions into prison. The management of HMPPS' actions has been informed by the advice of experts from public health authorities, and will be kept under constant review.

1. Capacity management

As of 28 August 2020, the prison population is 79,400, showing a reduction of 4,500 since 13 March 2020². This has primarily been driven by a reduction in inflows from the courts due to COVID-19 disruption, whilst outflows have continued as usual as prisoners reach their release dates. As at 31 August 2020, the useable operational capacity of the prison system had been reduced by around 3,800 places to support implementation of the compartmentalisation strategy described below.

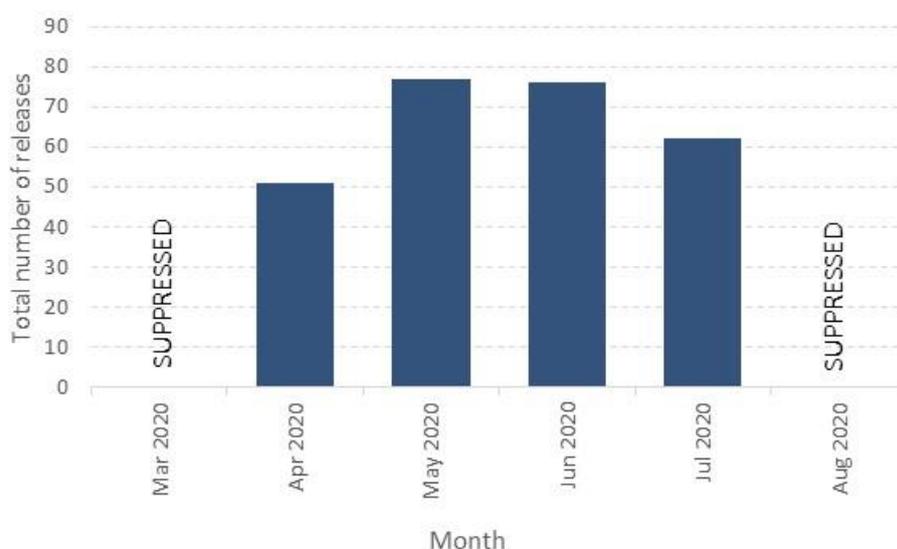
Further measures were introduced in April 2020 to ease pressure on prisons in the short-term. This saw the early release of some low-risk offenders near to the end of their custodial sentence and some other risk-assessed vulnerable prisoners, including pregnant women and mothers with babies on compassionate grounds. The release of low-risk offenders near the end of their custodial sentence was paused from the end of August. As of 31 August 2020, the number of early releases under COVID-19 temporary release schemes to date is 315, of whom 53 were compassionate releases of vulnerable prisoners, pregnant women and mothers with babies. Figure 1 shows the total monthly releases under COVID-19 temporary release schemes to 31 August 2020.

¹ <https://www.gov.uk/government/publications/covid-19-population-management-strategy-for-prisons>

² <https://www.gov.uk/government/statistics/prison-population-figures-2020>

HMPPS have also adopted a capacity management approach known as 'compartmentalisation'. This involves the isolation of all prisoners with symptoms, the shielding of vulnerable prisoners in the system and all new arrivals being quarantined for 14 days.

Figure 1: Total number of HMPPS service users released early from custody under COVID-19 temporary release schemes, England and Wales, monthly from March 2020*



Values of 2 or fewer are suppressed to prevent disclosure of individuals. Secondary suppression has also been applied where required.

2. Deaths

The service has taken the measures outlined to limit the spread of the virus and to protect staff and service users. However, prisons and probation, like all other sectors in the England in Wales have experienced deaths due to COVID-19.

Deaths reported are those where COVID-19 is suspected to be the cause. Each case will be investigated by the Prison and Probation Ombudsman to determine the official cause of death. In the period to 31 August 2020, there had been a total of 44 deaths among HMPPS service users suspected to be due to COVID-19. This includes 23 prisoner deaths, with no deaths of children in custody. Amongst the probation caseload, there were 21 deaths suspected to be due to COVID-19. Of these, 14 were under supervision of the National Probation Service and 7 in Community Rehabilitation Companies. There have been no COVID-19 suspected deaths of service users in the last three months.

Data relating to the deaths of prison and probation officers to 31 July 2020 are published in the [HMPPS Workforce Statistics](https://www.gov.uk/government/collections/national-offender-management-service-workforce-statistics)³.

³ <https://www.gov.uk/government/collections/national-offender-management-service-workforce-statistics>

Data relating to the deaths of service users have been published in the National Statistics report [Safety in Custody](#)⁴ and will be published in the official statistics report [Deaths of Offenders in the Community](#)⁵.

3. Testing

Testing practices in prisons and Youth Custody Service sites have been determined locally. Initially, once a small sample of prisoners or children had tested positive in an establishment, no further tests were carried out on symptomatic individuals to preserve testing kits and on the assumption all further tests would be positive. This policy was changed on 15 April 2020 due to the increased availability of testing supplies meaning all symptomatic prisoners or children are now tested.

In the period to 31 August 2020, a cumulative total of 560 prisoners or children have tested positive for COVID-19 across 87 establishments. 550 of these positive test results were for prisoners and 10 were children⁶. The number of new monthly confirmed cases has increased by 20 since July 2020⁶.

A testing programme to help understand the spread of COVID-19 in prisons and how it is transmitted through individual establishments and the wider estate began on the 20 July. The study, lasting up to 12 weeks, will take place in 28 prisons and is being carried out in collaboration with the University of Southampton, Public Health England, and the Department of Health and Social Care.

Every one of the 20,000 prisoners and 10,000 staff at the 28 sites will be invited to carry out an antigen test, consisting of mouth and nose swabs, to see if they currently have the virus. Participation is completely voluntary and confidential.

After the first set of tests, some staff will also be offered an antibody test to find out if they have previously had the virus (although future immunity if you have had the virus is still unclear).

As this testing programme is ongoing it is not possible to confirm when the results of this programme are going to be published at this stage.

⁴ <https://www.gov.uk/government/collections/safety-in-custody-statistics>

⁵ <https://www.gov.uk/government/collections/death-of-offenders-in-the-community>

⁶ Figures have been rounded to reflect data quality, therefore sub-categories may not sum to the aggregated data shown.

Data Quality

Although care is taken when processing and analysing the returns, the detail collected is subject to the inaccuracies inherent in any large-scale recording system. Much of the data collected during the COVID-19 pandemic has been done at pace, with recording practices evolving as we understand more about the requirements and conditions we are facing. In order to present the timeliest information, the data presented in this report have not been subjected to the usual standard of quality assurance associated with official statistics.

To address potential inaccuracies, data are generally rounded to two significant figures to reflect the level of confidence. As such, sub-categories may not sum to the aggregated data shown.

Much of the data will undergo additional assurance in due course and be reported as official statistics in the following releases:

- [Safety in Custody](#)
- [Deaths of Offenders in the Community](#)

All deaths are phoned into MOJ headquarters on a daily basis. The cause of deaths in prison are classified as *apparent* until a police investigation and coroner's inquest have been concluded and the Prisons and Probation Ombudsman's office publish a detailed 'Fatal Incident Report'. Recording practices for COVID-19 related deaths have been updated since the start of the pandemic, meaning the exact cause is not always available or known. Furthermore, the cause of many deaths will be uncertain and awaiting an inquest; we have taken steps to reflect this uncertainty by reporting all cases in which COVID-19 was suspected to be a factor.

Contact points

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