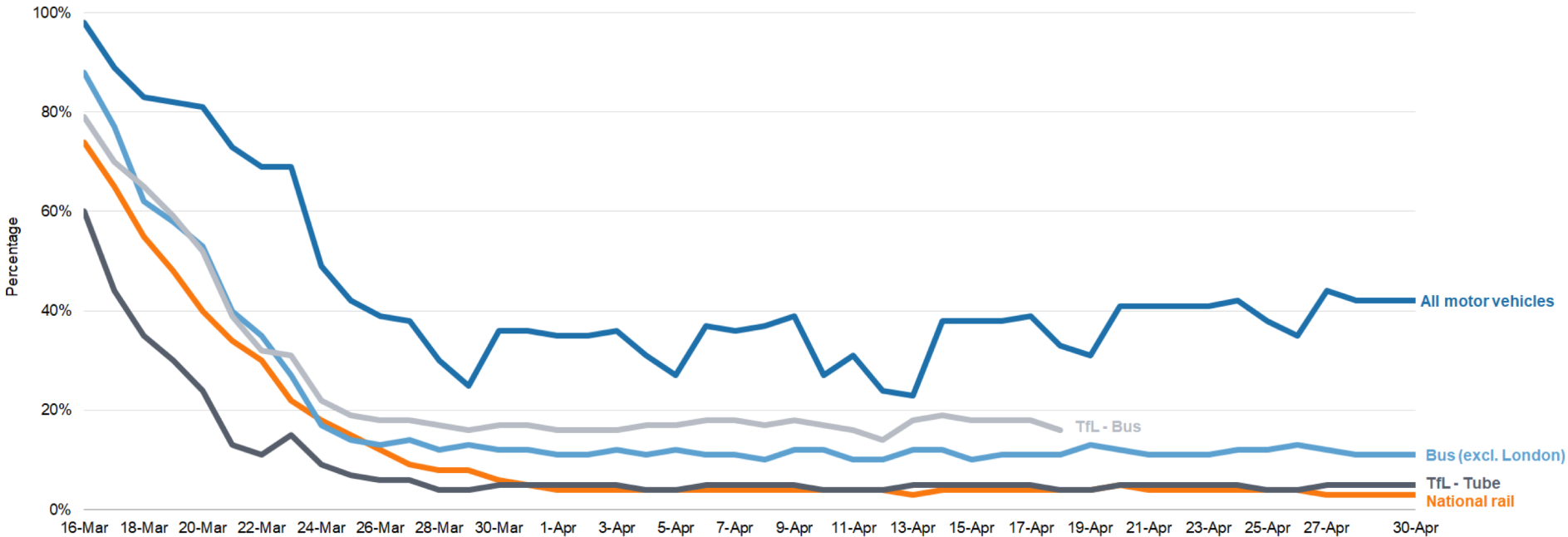


Five tests for adjusting the lockdown

- The NHS has sufficient capacity to provide critical care and specialist treatment right across the UK
- A sustained and consistent fall in daily deaths from Coronavirus
- Reliable data to show that the rate of infection is decreasing to manageable levels across the board
- Operational challenges including testing and PPE are in hand with supply able to meet future demand
- Confident that any adjustments to the current measures will not risk a second peak of infections that overwhelms the NHS

Transport use change (Great Britain)

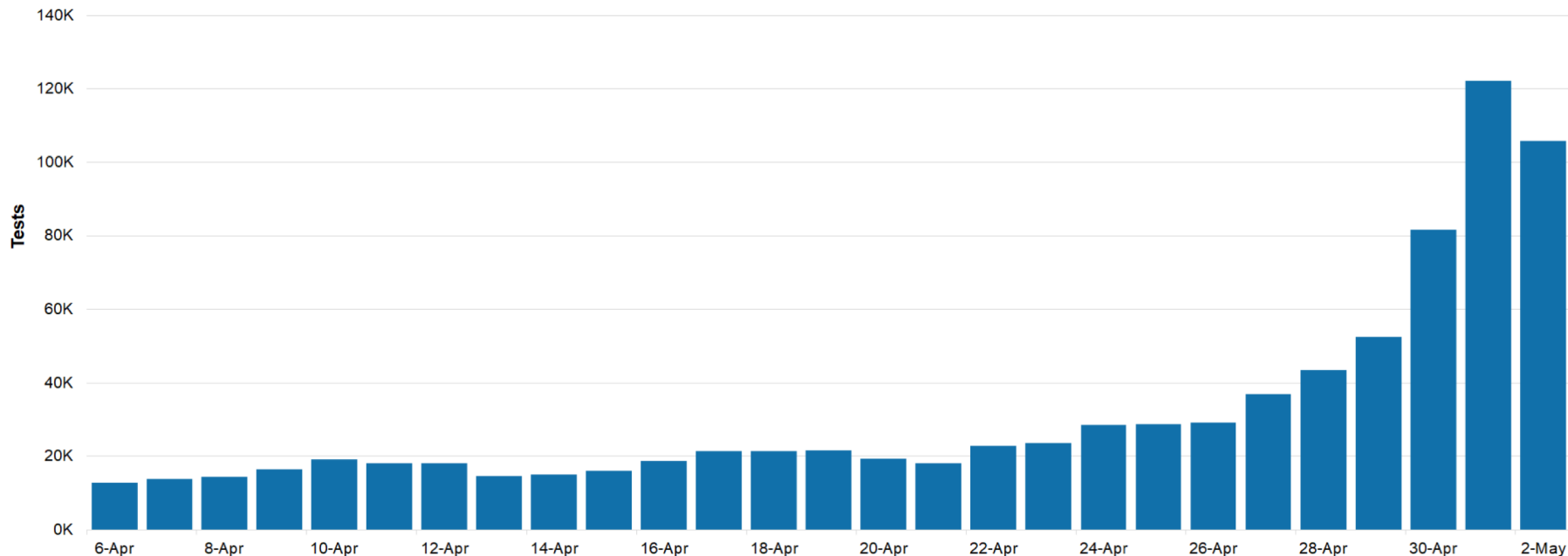
Transport use is down by at least 55% for all transport types since February. Rail and Tube use is down by 95%. The use of motor vehicles has gradually but marginally increased since the beginning of the lockdown.



Source: Department for Transport. Bus (exc London), TFL tube and Bus data has been adjusted to compare against typical usage for the Easter break, whereas motor vehicles and national rail have not. Data on TFL Buses is not available from Sunday 19th April due to the change in [boarding policy](#).

Daily tests (UK)

As of 9am 2nd May, there have been 1,129,907 tests in total. In the 24 hours up to 9am on 2 May, there were 105,937 tests in the UK.

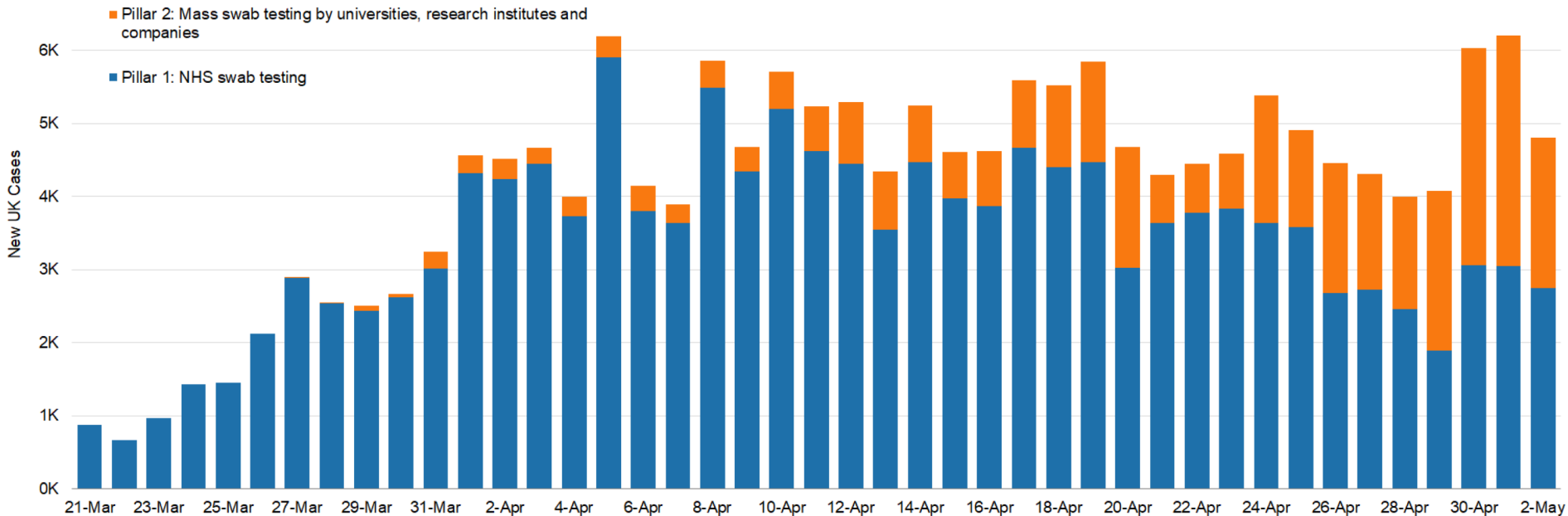


Source: DHSC/ NHSx, NHSE, Welsh Gov., Scottish Gov., Northern Ireland Executive. The number of tests includes; (i) tests processed through our labs, and (ii) tests sent to individuals at home or to satellite testing locations.

New Cases (UK)

Testing is increasing. The number of observed cases has remained relatively stable over the last 3 weeks, though there are likely many more cases than currently recorded here.

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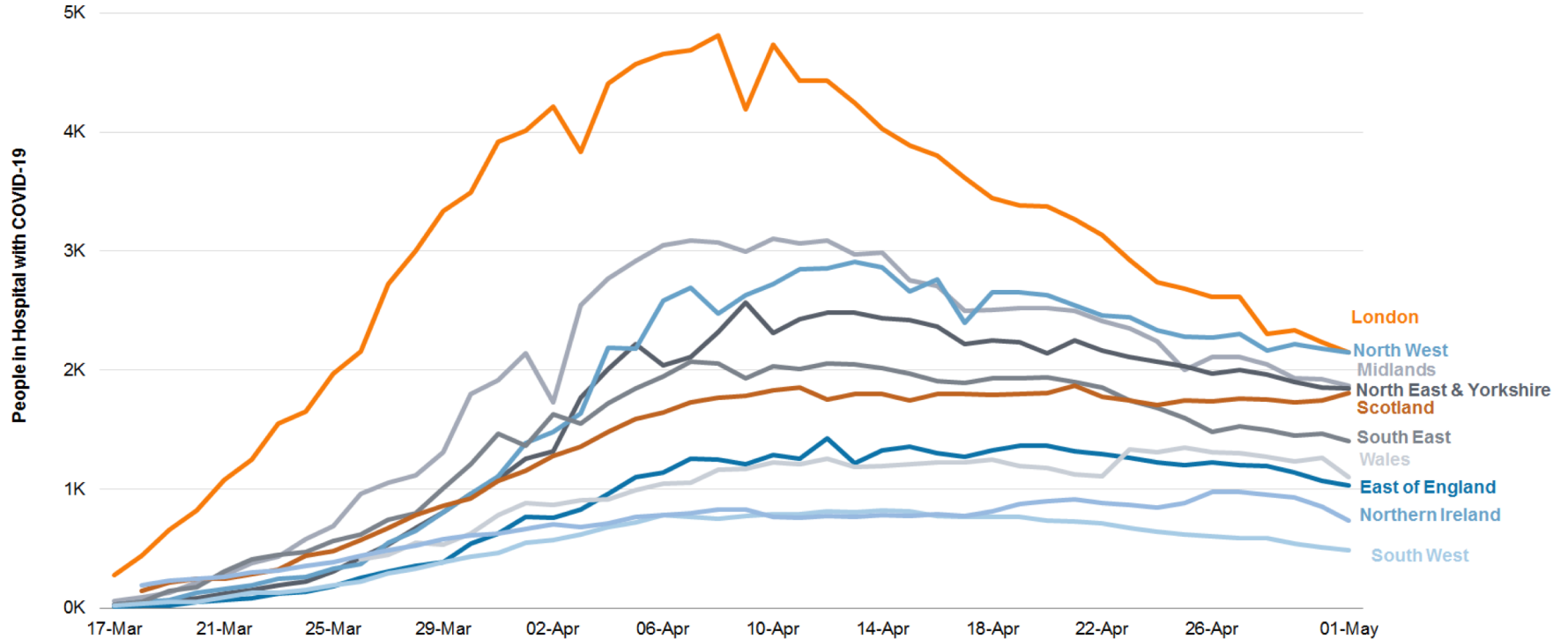


Source: Department of Health and Social Care. Pillar 1: Swab testing in PHE labs and NHS hospitals for those with a medical need and, where possible, the most critical key workers. Pillar 2: Mass swab testing for critical workers in the NHS, social care and other sectors and symptomatic household members, delivered by a partnership of universities, research institutes and companies. Cases are reported when lab tests are completed. This may be a few days after initial testing.

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People in Hospital with COVID-19 (UK)

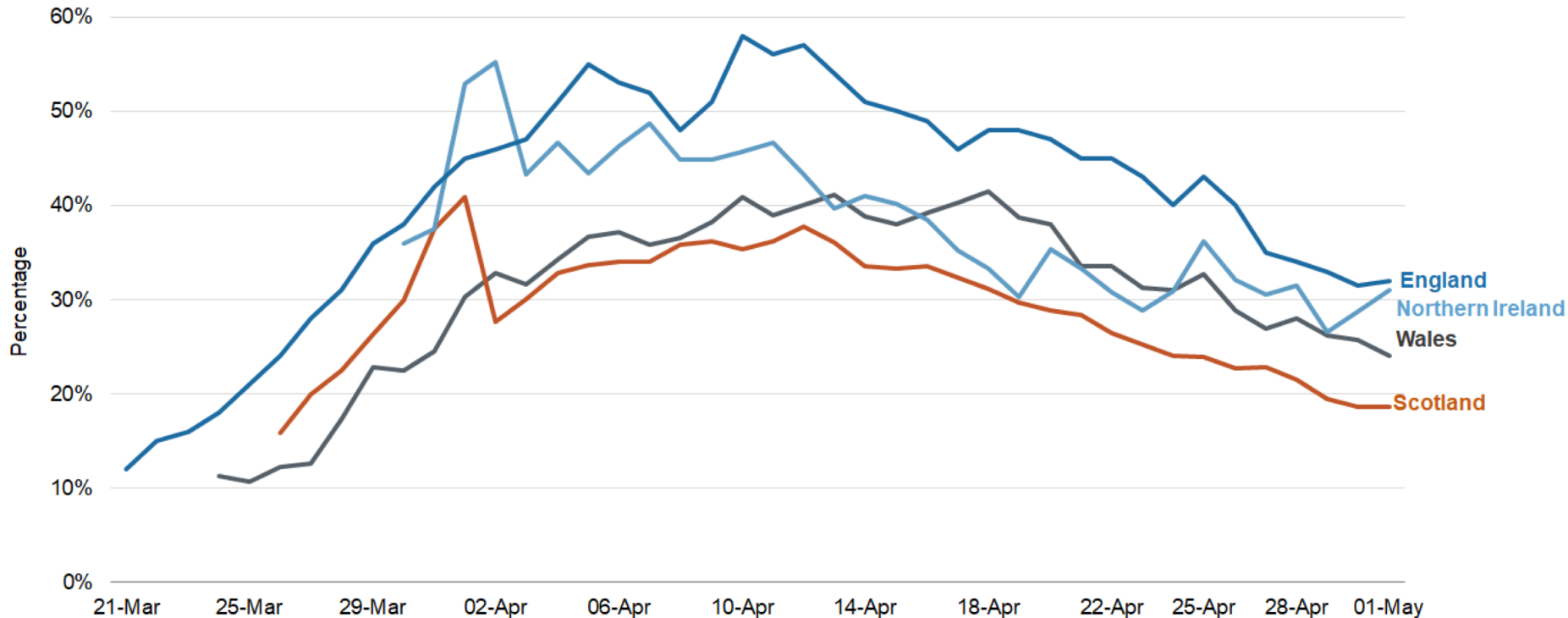
Over the last week the number of people with COVID-19 in UK hospitals has fallen from 16,810 to 14,605, a decrease of just over 13%.



Source: NHSE, Welsh Gov., Scottish Gov., Northern Ireland Executive. National data may not be directly comparable as data about COVID-19 patients in hospitals is collected differently across nations. Community hospitals are included in figures for Wales from 23 April onwards.

Critical Care Beds with COVID-19 patients (UK)

Different health systems collect this data differently.

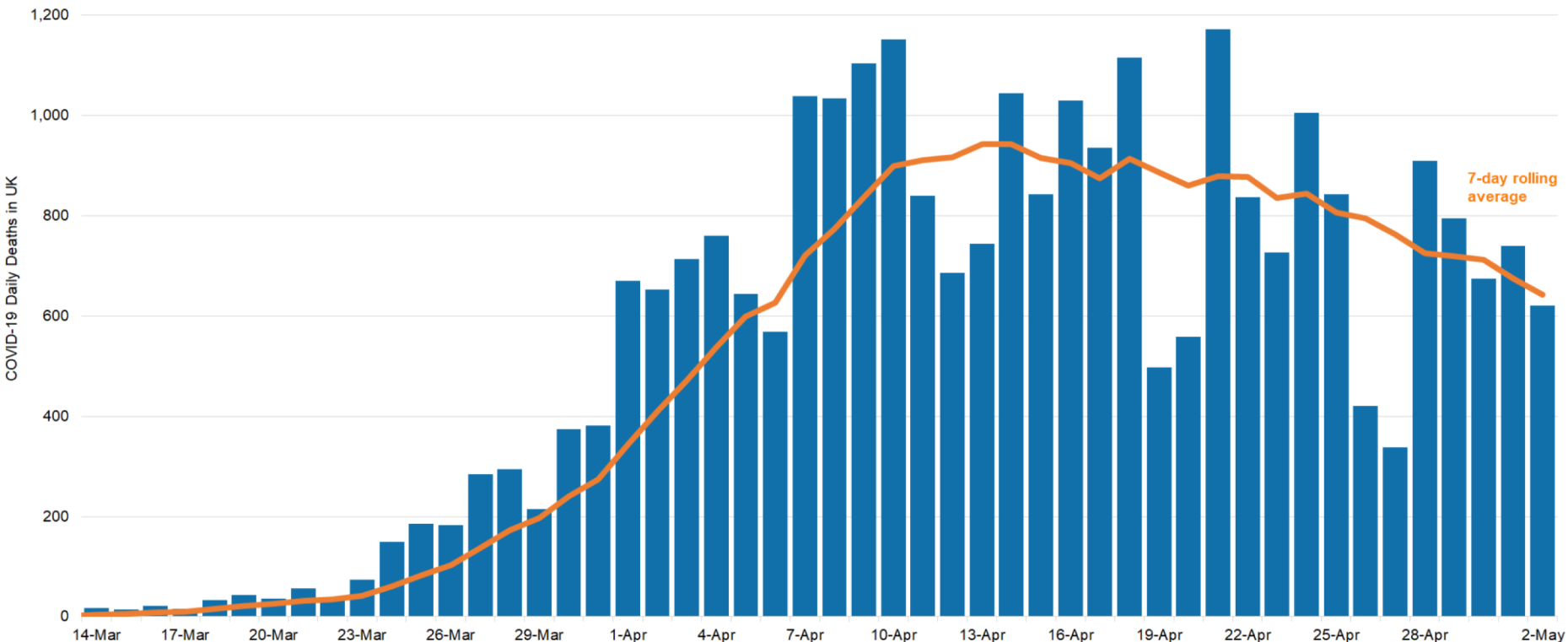


Source: NHSE, Welsh Gov., Scottish Gov., Northern Ireland Executive. In England critical care beds count high dependency units / intensive therapy unit beds as critical care beds, in Wales critical care beds are taken to be invasive ventilation beds including new surge capacity, in Scotland critical care beds include ICU beds and additional surge capacity, and in Northern Ireland critical care beds includes all ICU beds.

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Daily COVID-19 Deaths in All Settings (UK)

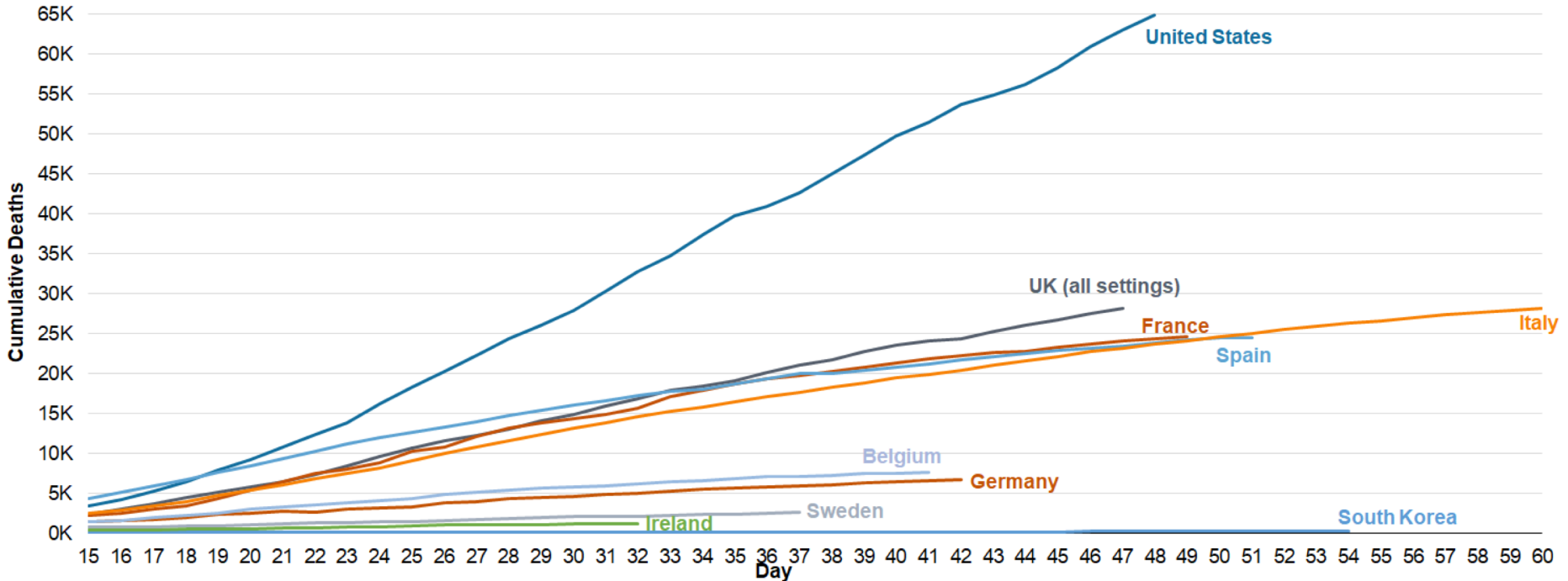
There were an additional 621 deaths of people who had tested positive for coronavirus.



Source: Department of Health and Social Care, sourced from Public Health England and the devolved administrations. 7-day rolling average (mean) of daily deaths.

Global Death Comparison

Country data is aligned by stage of the outbreak. Day 0 equals the first day **50 cumulative deaths were reported**. Different countries have different methods of counting COVID-19 deaths which means it is difficult to compare statistics across countries.



Source: Public Health England, UK devolved administrations, Johns Hopkins University. UK figures on deaths relate to those who have tests positive for COVID-19, whichever setting they died in. International reporting procedures and lags are unclear, so may not be comparing like-for-like.