Five tests for adjusting the lockdown

1. The NHS has sufficient capacity to provide critical care and specialist treatment right across the UK.

2. A sustained and consistent fall in daily deaths from Coronavirus.

3. Reliable data to show that the rate of infection is decreasing to manageable levels across the board.

4. Operational challenges including testing and PPE are in hand with supply able to meet future demand.

5. 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 use and Tube use are both down by over 95%. The use of motor vehicles has seen gradual small increases 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 5th May, there have been 1,383,842 tests in total. In the 24 hours up to 9am on 5th May, there were 84,806 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)
On 5th May 4,406 new cases were recorded. There are likely to be more cases than recorded here.

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.
Estimate of COVID-19 Hospital Admissions (England)

This is the breakdown of the NHS England estimate for admissions with COVID-19.

Source: NHS England. Data are for NHS Hospital Acute Trusts with a type 1 A&E in England. Inpatients diagnosed with COVID-19 after admission are assumed to have been admitted on the day prior to their diagnosis.
People in Hospital with COVID-19 (UK)

Over the last week the number of people with COVID-19 in GB hospitals has fallen from 15,408 to 13,208, a decrease of 14%.

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. Due to an issue with the data warehouse in Northern Ireland, the latest figures have not been updated.
Critical Care Beds with COVID-19 patients (UK)

Less than a third of critical care beds are occupied by COVID-19 patients. This has been decreasing for most of the UK over the last 2 weeks.

Source: NHSE, Welsh Gov., Scottish Gov., Northern Ireland Executive. Different health systems collect this data differently. 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.
Daily COVID-19 Recorded Deaths (UK)

There were an additional 693 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.
ONS Registered Deaths from COVID-19 by Place of Occurrence (England and Wales)

From the start of the outbreak up to the week ending 24 April, 72% of COVID-19 deaths took place in hospital and 22% in care homes. The proportion of deaths which took place in care homes increased over that period.

Source: Office for National Statistics. The average (median) registration delay is four days. ONS data includes those without a test for COVID-19 but where COVID-19 was mentioned on the death certificate. Deaths at home are those at the usual residence of the deceased (according to the informant) where this is not a communal establishment. “Other” includes deaths in hospices, communal establishments other than hospices, care homes and hospitals, and elsewhere.
Global Death Comparison

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. Country data is aligned by stage of the outbreak. Day 0 equals the first day 50 cumulative deaths were reported. 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.