Protect the NHS’s ability to cope. We must be confident that we are able to provide sufficient critical care and specialist treatment right across the UK.

See a sustained and consistent fall in the daily death rates from COVID-19 so we are confident that we have moved beyond the peak.

Reliable data from SAGE showing that the rate of infection is decreasing to manageable levels across the board.

Be confident that the range of operational challenges, including testing capacity and PPE, are in hand, with supply able to meet future demand.

Be confident that any adjustments to the current measures will not risk a second peak of infections that overwhelsms the NHS.

5 tests for adjusting the lockdown

1. Protect the NHS’s ability to cope. We must be confident that we are able to provide sufficient critical care and specialist treatment right across the UK.

2. See a sustained and consistent fall in the daily death rates from COVID-19 so we are confident that we have moved beyond the peak.

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

4. Be confident that the range of operational challenges, including testing capacity and PPE, are in hand, with supply able to meet future demand.

5. Be confident that any adjustments to the current measures will not risk a second peak of infections that overwhelms the NHS.
Test 1. Protect the NHS’s ability to cope. We must be confident that we are able to provide sufficient critical care and specialist treatment right across the UK.

Estimated admissions with COVID-19 on 7 June (England, Wales, Northern Ireland)
Down from a peak of 3,431 on 1 April

443

Mechanical ventilator beds occupied with COVID-19 patients on 9 June (UK)
Down from a peak of 3,301 on 12 April

492

Test 2. See a **sustained and consistent fall in the daily death rates** from COVID-19 so we are confident that we have moved beyond the peak.

Weekly registered deaths from the Office for National Statistics include cases where COVID-19 is mentioned on the death certificate but was not confirmed with a test. On 29 May, ONS reported 50,107 cumulative registered deaths from COVID-19. This was 11,514 more than the DHSC figure for the same date.
Test 3. Reliable data from SAGE showing that the rate of infection is decreasing to manageable levels across the board.

Only includes cases tested positive. There are more cases than confirmed here.

290,143 cases confirmed in total

Difference of 3,776 from the peak of the 7-day rolling average to today’s 7-day rolling average

Test 4. Be confident that the range of operational challenges, including testing capacity and PPE, are in hand, with supply able to meet future demand.

PPE
PPE supplies boosted by new deals with international suppliers and domestic production.

Testing
Some people are tested more than once. Tests may be reported on a different day than when they occur.

Total tests
6,042,622

Antigen tests
5,348,488

Antibody tests
386,984

Serology testing
307,150

Over 150 new deals with suppliers around the world

2.2 billion items of PPE to be manufactured in the UK, including facemasks, visors, gowns and aprons

Test 5. Be confident that any adjustments to the current measures will not risk a second peak of infections that overwhelms the NHS.

- Retail
- Social contact
- Some outdoor attractions
- Individual prayer

These changes are underpinned by NHS Test and Trace.
R number

We want to keep the R number below 1.0.
R is the average number of additional people infected by each infected person.

Current R (UK)

R = 0.7 - 0.9

R = 3

R = 1

Source: Scientific Advisory Group for Emergencies. Further details on data sources can be found here: https://www.gov.uk/guidance/the-r-number-in-the-uk
Estimated average number of people who had COVID-19 (England)
COVID-19 Infection Survey pilot

17 May to 30 May 2020

- **0.10%**
  - Estimated proportion of the community with COVID-19
  - (95% confidence interval: 0.05% to 0.18%)

- **53,000**
  - Estimated number of the community who had COVID-19
  - (95% confidence interval: 25,000 to 99,000)

26 April to 30 May 2020

- **39,000**
  - Estimated number of new COVID-19 infections per week in the community
  - (95% confidence interval: 26,000 to 55,000)

- **6.78%**
  - Estimated proportion of individuals who tested positive for antibodies to COVID-19
  - (95% confidence interval: 5.21% to 8.64%)

These estimates do not include people in hospital, care homes or other institutional settings.

Weekly death registrations (England and Wales)

The total number of deaths (all causes) and the number of deaths involving COVID-19 continued to decrease in the last week.

Source: Office for National Statistics. Further details on data sources can be found here: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/latest
Annex: Statistical notes

Data from hospitals

Estimated daily admissions with COVID-19 (UK): England data captures people admitted to hospital who already had a confirmed COVID-19 status at point of admission, and adds those who tested positive in the previous 24 hours whilst in hospital. Inpatients diagnosed with COVID-19 after admission are assumed to have been admitted on the day prior to their diagnosis. England data were revised on 8 June to reflect a methodology change in calculating estimated admissions and has resulted in historical revisions of the full time series. Northern Ireland data includes suspected and confirmed COVID-19 admissions by admission date. Wales data includes confirmed and suspected cases, and is the number of admissions to the hospital in the previous 24 hour period up to 9am. The status of COVID/non-COVID is as at the time of reporting not at time of admission. Data for Scotland provides the profile of admissions into hospital for patients who tested positive for COVID-19 in the 14 days prior to admission to hospital, on the day of their admission or during their stay in hospital. The data are published weekly by Public Health Scotland: https://beta.isdscotland.org/find-publications-and-data/population-health/covid-19/covid-19-statistical-report/

Ventilator beds with COVID-19 patients (UK): Reporting on bed capacity has shifted from ventilator bed capacity to the number of ventilator beds occupied with COVID-19 patients. The data shows the overall number of Mechanical Ventilation beds that are occupied by COVID patients, by nation. This measure includes both Nightingale hospitals and Dragon's Heart/Ysbyty Calon y Ddraig field hospital. The trends in these graphs are impacted by both reserved and devolved policies. For Wales mechanical ventilator beds cover invasive ventilated beds in a critical care setting, plus those outside of a critical care environment. Scottish figures include people in ICU with confirmed or suspected COVID-19, and may include a small number of patients who are not on mechanical ventilation. England figures include the number of COVID patients in beds which are capable of delivering mechanical ventilation. Northern Ireland figures include the number of COVID patients in beds which are capable of delivering mechanical ventilation.

Daily COVID-19 deaths confirmed with a positive test (UK)
Figures on deaths relate to those who have tested positive for COVID-19. The 7-day rolling average (mean) of daily deaths is plotted on the last day of each seven day period. UK deaths are reported when paperwork is filed, rather than time of death. Deaths are reported in the 24 hours up to 5pm on the previous day. On 1 June the deaths data have been revised to include an additional 445 deaths in England from the period 26 April – 31 May. The published daily series has been revised to show when these deaths were reported. For more information please see: https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public

New cases (UK)
Cases are reported when lab tests are completed. This may be a few days after initial testing. Chart date corresponds to the date tests were reported as of the 24 hours before 9am that day. Only includes cases tested positive. There are more cases than confirmed here. There may be a small percentage of cases where the same person has had more than one positive test result for COVID-19. For more information please see: https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public
Annex: Statistical notes

Tests: The number of tests includes; (i) tests processed through our laboratories, and (ii) tests sent to individuals at home or to satellite testing locations. Tests processed through laboratories are counted at the time of processing in the laboratory and not when they are issued to people. Tests sent to individuals at home or to satellite testing locations are counted when tests are dispatched and not at the time of processing in the laboratory. Testing under Pillar 3 has been included from 1 June. Antigen testing combines Pillar 1 and 2 tests. Antibody testing relates to Pillar 3 testing and serology testing to understand the spread of the virus relates to Pillar 4 testing.

Current R (UK): R is not usually a useful measure on its own and needs to be considered alongside the number of new cases. R is the average number of secondary cases directly generated by an individual case. The R number does not estimate how many people are currently infected. R is estimated from multiple data sources, including ICU/hospital admissions, ONS/CQC death figures, behavioural contact surveys, and others. For more information please see: https://www.gov.uk/guidance/the-r-number-in-the-uk

COVID-19 Infection Survey (England): The Office for National Statistics (ONS) is initially conducting a pilot survey aiming to achieve data from 10,000 households in England. All individuals aged two years and over in sampled households were invited to provide samples for testing. Following completion of the pilot survey, the full survey will expand the size of the sample over the next 12 months and look to cover people across all four UK nations. This study addresses an important clinical priority: finding out how many people across the UK have a COVID-19 infection at a given point in time, or at least test positive for it, either with or without symptoms; how many new cases have occurred in a given time period; and how many people are ever likely to have had the infection. It will also contribute to estimates of the rate of transmission of the infection, often referred to as ‘R’. All estimates are subject to uncertainty, given that a sample is only part of the wider population. The 95% confidence intervals are calculated so that, if we were to repeat this study many times, with many different samples of households, then 95% of the time the confidence intervals would contain the true value that we are seeking to estimate. The estimated new COVID-19 infections per week is based on results of people tested throughout the study period, which began 26 April.

Weekly death registrations where COVID-19 was confirmed or suspected (England and Wales)
Figures on weekly deaths published by Office for National Statistics (ONS). ONS weekly COVID-19 death data is based on death registrations where COVID-19 was mentioned on the death certificate. The ‘all deaths’ figure includes deaths by all causes (including COVID-19). Figures are based on the date the death was registered, not when it occurred. There is usually a delay of at least five days between occurrence and registration. Figures include deaths of non-residents. All figures for 2020 are provisional. The number of death registrations was impacted by the Early May Bank Holiday; the number of registrations decreased from 2,950 deaths on Friday 1 May 2020 to 88 deaths on Friday 8 May 2020.

Further information and data
UK - COVID-19 in the UK
Welsh Government - NHS activity and capacity during the COVID-19 pandemic
Scottish Government - COVID-19 daily data for Scotland
Northern Ireland - COVID-19 statistics