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.

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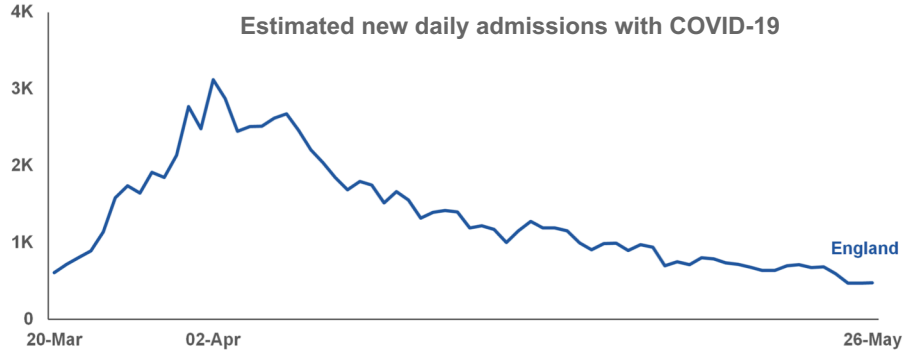
Test 1. Protect the NHS's ability to cope. We must be confident that we are **able to provide sufficient critical care and specialist treatment** right across the UK

475

Estimated admissions with COVID-19 (England) on 26 May

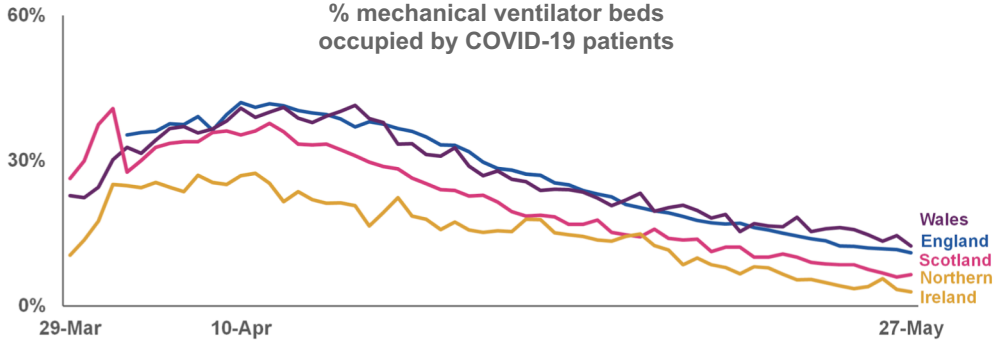
Down from a peak of 3,121 on 2 April



11%

Of UK mechanical ventilator beds occupied with COVID-19 patients on 27 May

Down from a peak of 41% on 10th April



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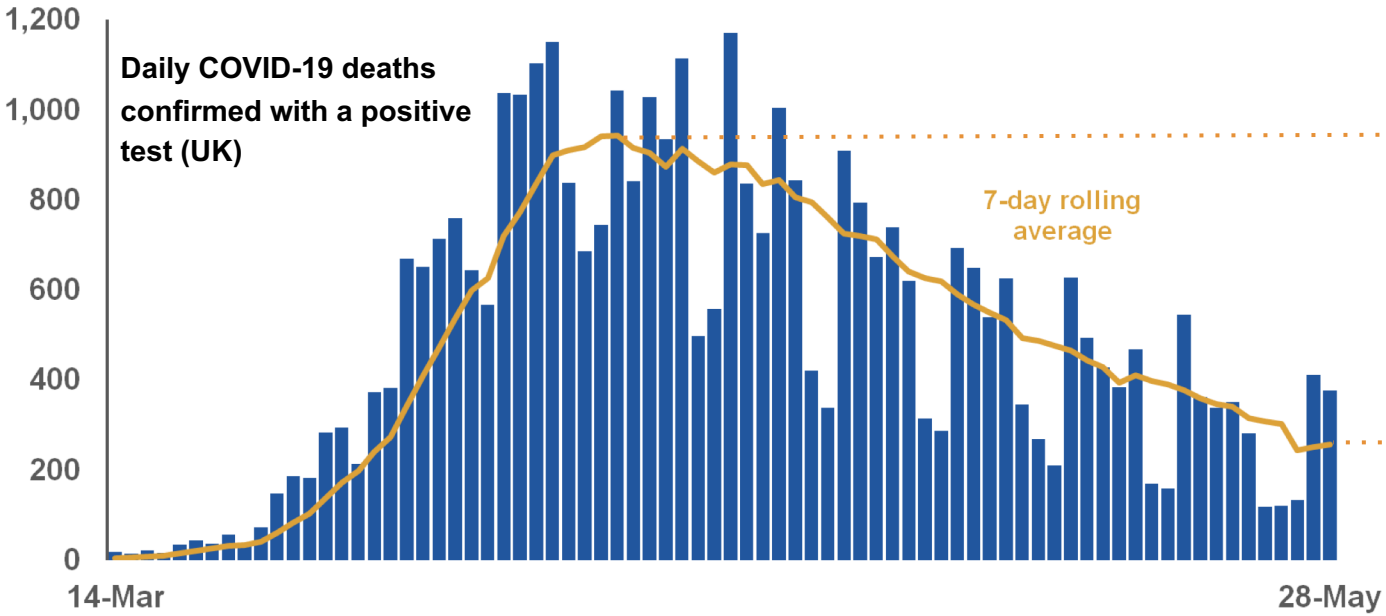
Source: NHS England and devolved administrations. Further details on data sources can be found here:https://www.gov.uk/government/collections/slides-and-datasets- to-accompany-coronavirus-press-conferences

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



Difference of **687** from the peak of the 7-day rolling average to today's 7-day rolling average

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 15 May, ONS reported 45,231 cumulative registered deaths from COVID-19. This was 11,233 more than the DHSC figure for the same date.

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Source: DHSC, sourced from NHS England, Public Health England, devolved administrations. Further details on data sources can be found here: https://www.gov.uk/government/collections/slides-and-datasets-to-accompany-coronavirus-press-conferences

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

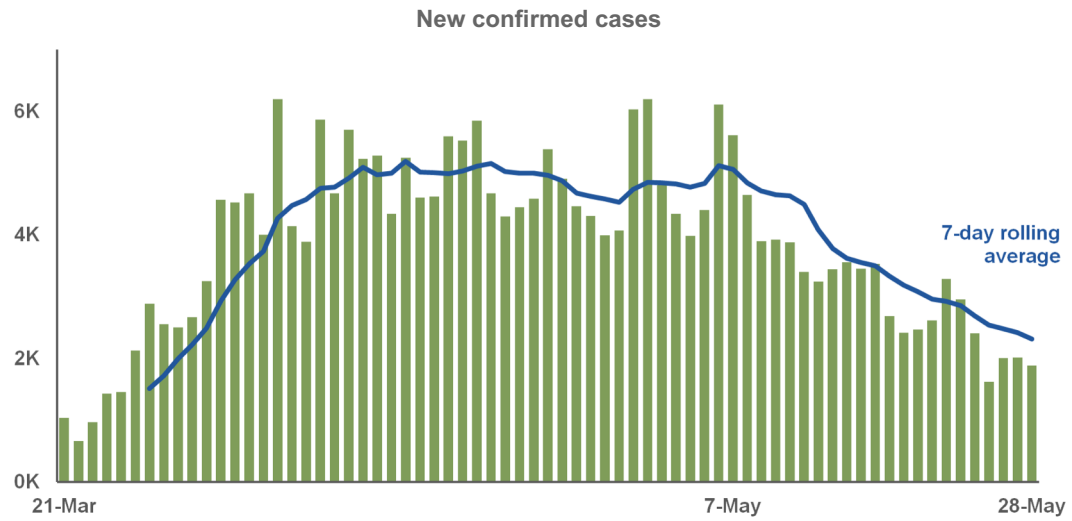
Confirmed cases

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

1,887 cases confirmed as of 28 May

269,127 cases confirmed in total

2,312 average number of new cases in the last 7 days, down from an average of 5,066 in the first week of May



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Source: NHS England and devolved administrations.
Further details on data sources can be found here:
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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

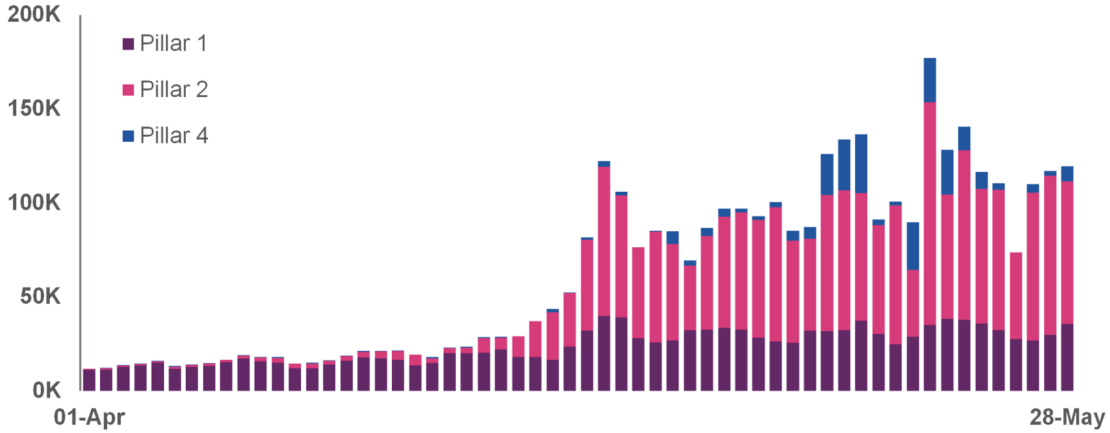
PPE supplies boosted by new deals with international suppliers and domestic production.

Over 100 new deals with suppliers around the world

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

Daily testing

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



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Source: DHSC, NHS England and devolved administrations.
Further details on data sources can be found here:
https://www.gov.uk/government/collections/slides-and-datasets-to-accompany-coronavirus-press-conferences

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

Schools

Social contact

Retail

These changes are underpinned by the launch of NHS Test and Trace

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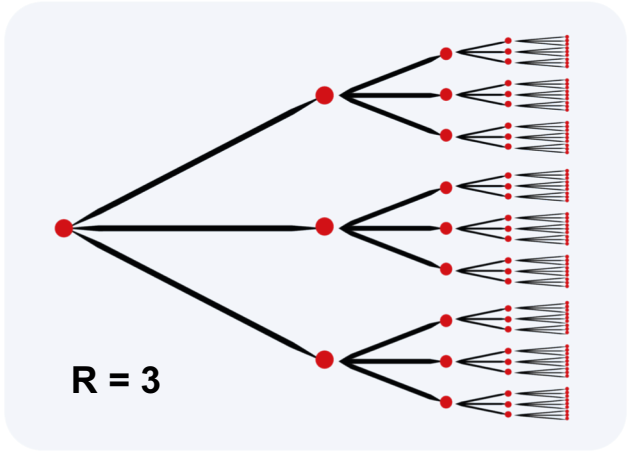
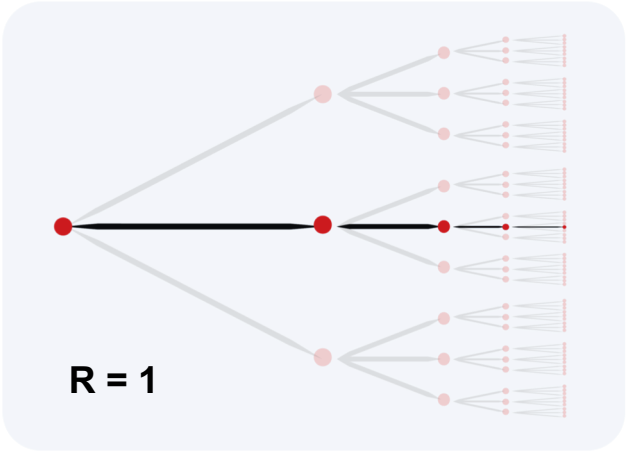
R number

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





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Source: Scientific Advisory Group for Emergencies.Further details on data sources can be found here:
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurvey pilot/england21may2020

Estimated average number of people who had COVID-19 (England)

COVID-19 Infection Survey pilot

11 May to 24 May 2020

133,000

Estimated number of the community who had COVID-19 (95% confidence interval: 62,000 to 250,000)

0.24%

Estimated proportion of the community with COVID-19 (95% confidence interval: 0.11% to 0.46%)

54,000

Estimated number of new COVID-19 infections per week in the community (95% confidence interval: 34,000 to 86,000)

6.78%

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

26 April to 24 May 2020

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

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Source: COVID-19 Infection Survey, Office for National Statistics.
Further details on data sources can be found here:
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/28may2020

Annex: Statistical notes

Data from hospitals
Estimated daily admissions with COVID-19 (England): 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.

Ventilator beds with COVID-19 patients (UK): Reporting on bed capacity has shifted from critical care bed capacity to ventilator bed capacity, which is a clearer indicator of our ability to care for COVID-19 patients. Overall percentage 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 this graph are impacted by both reserved and devolved policies. For Wales, mechanical ventilator beds and critical care beds are identical. For Scotland, mechanical ventilator beds and critical care beds are identical. Scottish figures include a small number of patients who are not on mechanical ventilation. For England, the denominator is the number of beds which are capable of delivering mechanical ventilation. The numerator is the number of COVID patients in beds which are capable of delivering mechanical ventilation. For Northern Ireland, the denominator is the number of beds which are capable of delivering mechanical ventilation, based on its current maximum surge capacity. The numerator is 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.

Confirmed 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.

Personal protective equipment
Update published by Department of Health and Social Care on 26 May.

Annex: Statistical notes

Tests (UK)
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 located are counted when tests are dispatched and not at the time of processing in the laboratory. Pillar 1: swab testing in PHE labs and NHS hospitals for those with a clinical need, and health and care workers. Pillar 2: swab testing for the wider population aged 5 and over, as set out in government guidance. Pillar 4: serology and swab testing for national surveillance supported by PHE, ONS, Biobank, universities and other partners to learn more about the prevalence and spread of the virus and for other testing research purposes, for example on the accuracy and ease of use of home 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.

COVID-19 Infection Survey (England): The Office for National Statistics (ONS) is initially conducting a pilot survey with 10,000 households in England. The sample size is currently increasing to this level. All individuals aged two years and over in sampled households were invited to provide samples for testing. This means approximately 25,000 people will be involved in the pilot study. 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 enable estimates of the rate of transmission of the infection, often referred to as ‘R’. ONS have published further information on the strengths and limitations of the estimates. 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.