

- If cases continued to increase there would be 1200 in five to six days, then 2600, then 5000 two to three days later;
- There was nothing that could be done about the number of cases already in the system. This was 177,000 cases without accounting for any further cases;
- There may be drugs available to stop people getting pneumonia and dying, and other interventions to reduce stress on ICUs overall.

Responding, the CHIEF EXECUTIVE OF THE NHS said that the NHS was aiming for 500 new beds in the coming week to ten days, and 400 new beds per week after that. The private sector would also provide more beds from the following week. To increase capacity, the first thing to do was empty critical care beds. There had been a conference call of all ITU specialists the previous evening, and they estimated that they would be able to free up between a third to a half of all critical care beds as the situation worsened. The current critical care occupancy was 79 per cent and emptying out. Northwick Park hospital had been filling up the previous night and had spread the load across London. The NHS was aiming for 2,800 ventilated beds and 300 in the independent sector in London, using both critical care capacity and ventilator capacity in operating rooms. He said that they were looking at staffing as part of their twelve week plan.

Responding, the GOVERNMENT CHIEF SCIENTIFIC ADVISOR said that the data had been worked out in terms of doubling times. The supply of beds would become critical at about 3.5 doubling times on current projections. The North East and Yorkshire were at seven doubling times, which showed the importance of work to increase the doubling time. The worst case scenario was that ITU capacity in London would be overwhelmed in nine days' time, but the projection was that this would happen in 15 days' time. The data only took account of some of the measures to increase capacity. The

measures being taken should push this from between five and seven days to 21 days, and if it was 21 days then the NHS would cap out below the surge capacity. This was the aim.

Responding, the HEALTH SECRETARY said that the data on ITU capacity should form part of the 'battle plan' update to this meeting the following week and a plan on bed capacity would be presented at this meeting the following day. The 'battle plan' would include testing and the launch of an app, which the top coders in the world were working on and would be ready in a couple of weeks.

Continuing, the HEALTH SECRETARY said that there was a long term plan to distribute personal protective equipment (PPE), and work on ventilator supply was ongoing. There were a huge amount of offers to help with ventilator supply, including Dyson. This was in hand. He said that his instinct was to go far beyond the proposals for a 30,000 limit on ventilators as he saw very little downside to procuring more. On testing, he was buying large numbers of antibody tests, but until they were on the plane out of China he did not want to raise hopes. He said that he expected that antibody tests would be available in a couple of weeks. The testing run rate for the active virus was 6-7,000. This was getting up to 8,000 but the Government ran out of tests. The chemicals needed for the tests were in short supply around the world.

Continuing, the HEALTH SECRETARY said that there were outstanding questions regarding the enforcement of measures and whether the police could be put onto other tasks, such as specific areas of contact tracing, if crime fell.

Summing up, the PRIME MINISTER said that it was not disputed that the figures were extremely bad, and that the situation remained dire and was getting worse. With a mammoth effort the Government might be able to cope with the previous infections that were already in the system. Whilst