Cabinet Secretary for Health and Social Care
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Convener
COVID-19 Recovery Committee
The Scottish Parliament
Edinburgh
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By email: covid19.committee@parliament.scot

23 May 2022

Dear Convener,

EXCESS DEATHS IN SCOTLAND SINCE THE START OF THE PANDEMIC

I am writing in response to your letter on 28 April 2022. First, I would like to thank the Committee for their work on this inquiry to date. In common with countries around the world, the toll of the pandemic in Scotland has been heavy and I send my condolences to everyone who has suffered loss. We must not forget behind these statistics are friends and family who have tragically lost a loved one. The myriad direct and indirect effects of the COVID-19 pandemic on health and mortality is of the greatest importance, and the Committee's work will help to progress understanding of this complex area. I agree with the Committee's conclusion that it is too soon to draw firm conclusions about the precise impact of the COVID-19 pandemic on excess deaths in Scotland, and I share the desire to better understand complex contributing factors in play, so as to learn from the pandemic and support an effective recovery for the NHS in Scotland. Learning lessons from the past two years will bolster our response to future crises and help guide our future policies and recovery.

We have addressed your specific recommendations in turn below. Looking forward, we remain committed to providing high quality evidence and data to understand the impact of the pandemic and to support resilience and recovery. We have recently reviewed the content and frequency of all COVID-19 data reporting, working in partnership with Public Health Scotland and National Records of Scotland, and will continue to closely monitor excess deaths.

Please do not hesitate to reach out if you have any further questions or requests, my officials and I shall be happy to assist.

Yours sincerely,

HUMZA YOUSAF

ANNEX A

Monitoring and surveillance

The Committee suggested that the evidence base that informs decisions on excess mortality should be strengthened.
The Scottish Government and partners are already undertaking work to help further develop this evidence base, working to ensure that a wide range of data sources for different health issues are collected and analysed effectively.

The Committee suggested that the Scottish Government consider the practicality of collecting data on deaths from ischaemic heart disease, cerebrovascular disease and respiratory disease. I can confirm that National Records of Scotland (NRS) will publish data on deaths and excess deaths due to ischaemic heart disease and cerebrovascular disease by location of death in due course as an ad-hoc table on the COVID-19 related statistics page.

It should be noted, however, that NRS has, since the early stages of the pandemic, published weekly data on excess deaths from circulatory diseases by location of death. As ischaemic heart disease and cerebrovascular disease represent a large proportion of deaths from circulatory disease, figures broken down into these more specific causes may not show a different pattern to the figures already published.

NRS already publish weekly data on respiratory deaths by location as part of the weekly deaths data. They can be found in table 8 of the weekly data and charts spreadsheet.[1]

The Committee suggested that the Scottish Government explores the practicality of collecting data on number of people dying whilst on waiting lists. As we mentioned in our initial response to this inquiry, information on causes of death and whether that relates to the intervention for which the patient is on the waiting list for, is not available centrally.

However, information is collected by Public Health Scotland (PHS) on removals from the waiting list where the reason is 'death'; these removals are included in the category 'Other', for which data is published. Via an FoI there is data available where the reason for removal from the waiting list is 'death' – this can be found in Appendix B. These data should be interpreted with caution, PHS note that national data does not allow the identification of deaths where the cause of death can be directly attributed to a delay in the appointment or treatment that the patient is waiting for. PHS advise that the impact of the COVID-19 pandemic should be considered both in respect of the impact it has had on mortality levels in the overall population during particular periods and on the impact it has had on planned care services, including increasing the number of patients waiting to be seen.

The Scottish Government has published a national Clinical Prioritisation Framework for Supporting Elective Care that provides NHS Boards with key principles to support

[1] https://www.nrscotland.gov.uk/files//statistics/covid19/covid-deaths-22-data-week-18.xlsx

the prioritising of their planned care waiting lists during, and as we emerge from the COVID-19 pandemic, aiming to reduce potential harm by prolonged waits.

The Committee also suggested the Scottish Government consider the practicality of collecting data on measures of cancer staging, outcomes and location of diagnosis. Cancer staging is the process of determining the extent to which a cancer has developed and spread at the time of *diagnosis*. As such, cancer stage at presentation is not known or feasible to collect. It is only collected at the time of diagnosis[2] by the Scottish Cancer Registry.

We are continuing to monitor cancer stage at diagnosis. This information comes through the Detect Cancer Early (DCE) programme (for breast, colorectal and lung cancer; to 31 December 2020) and through the Cancer Incidence in Scotland publication (to December 2020). The most recent DCE data available[3] contains data following the first nine months of the pandemic. We will continue to monitor the number of diagnosis in each stage and the unknown stage category. These published data will help inform the impact of COVID-19. The next release of DCE data on stage of diagnosis, covering data to December 2021 is due in October 2022.

Cancer stage at instigation of therapy is not collected. Only cancer stage at *diagnosis* is collected by the Scottish Cancer Registry. Given that most patients[4] receive their first treatment within 31 days of the decision to treat, it is unlikely that there would be a significant stage shift between diagnosis and instigation of first treatment.

Data on cancer outcome in terms of survival is already collected and reported on. Outcomes in terms of survival are reported in the Cancer Survival Statistics publication. We will continue to monitor **one** year and **five** year net and observed survival rates for the different cancer sites. The latest publication covers those diagnosed between 2013 and 2017 and reported in January 2021. It will therefore take some time before the impact of the pandemic can be seen in this publication.

The next Cancer Survival Statistics publication pre-announced for 19 April 2022 has been rescheduled by PHS due to a software issue. A technical fix is currently being developed and will be released in due course. PHS will pre-announce a new date as soon as possible. PHS are aiming (software issues permitting) to report 1-year survival for 2020 incident cancers in the autumn, which would be 4-5 months after publishing incidence. It should be noted that PHS are the first UK cancer registry to have published 2020 cancer incidence.

Data on location of cancer diagnosis (as part of emergency admissions as opposed to following GP referral) is already collected and reported on via the Cancer Waiting Times publication, which covers the source of referral for the ten main cancer types. Table 5 shows that of the latest available data to 31 December 2021. Throughout 2021, around 12% of cancer patients on the 31 day pathway were diagnosed with

[2] See page 36 of Cancer Incidence in Scotland for more information on staging information. Cancer Incidence in Scotland (publichealthscotland.scot)
[3] Cancer staging data using 2018 to 2020 DCE data - the impact of COVID-19 - Cancer staging data using 2018 to 2020 DCE data - the impact of COVID-19 - Publications - Public Health Scotland
[4] 97.1% meet the 31 day standard for the quarter ending 31 December 2021. See Cancer waiting times - 1 October to 31 December 2021 - Cancer waiting times - Publications - Public Health Scotland

cancer after a direct referral to hospital. The figure for 2019, prior to the pandemic was also 12%.

As the Committee is aware, as part of the refreshed Digital Health and Care Strategy we committed to publishing Scotland's first ever Data Strategy.
The refreshed strategy draws on learning since 2018 and the COVID-19 pandemic. The pandemic has significantly accelerated some of the ambitions it set out in 2018, while highlighting areas where we can do better and the increased emphasis on digital as a priority area as a result of COVID-19.
The strategy highlights data as a key area of focus. As the committee has noted in its letter, COVID-19 identified gaps around how data is used and flows through the system for maximum public benefit. Therefore, we have committed to publishing a dedicated Data Strategy for Health & Social Care in Scotland for the first time. Our draft document is now out for consultation[5] and we hope that when it is published later in the year it will help resolve issues of lengthy waits to access data, improve our security capabilities, and help individuals to take ownership of Information Governance.

The Digital Health & Care Strategy will also introduce a rolling three-year delivery plan that will be updated each year from Summer 2022 to ensure our commitments across our 6 areas of focus are progressed i) Digital Access: ii) Digital Services; iii) Digital Foundations; iv) Digital Skills and Leadership; v) Digital Futures; and vi) Data-Driven Services and Insight.

Delayed treatment and backlog

The Committee suggested the treatment backlog could be mitigated by focusing on capacity in the social care sector. In October 2021, the Scottish Government announced £300 million in additional funding as part of measures put in place to support current system pressures in the social care sector. This new £300m investment is aimed at maximising capacity, ensuring flow through the system and caring for our staff. This includes £40m for 'step-down' care, so that hospital patients can temporarily go into care homes, or can receive additional care at home support; £62m to maximise the capacity of care at home services; up to £48m to increase the hourly rate of frontline social care staff and £20m to enhance Multi-Disciplinary Teams, so that more social work assessments can be carried out, and to support joint working between health and social care.

This funding was placed with health and social care partnerships in order to assist them in standing up interim care provision, enhance multi-disciplinary working and expand care at home capacity. This will also help patients whose discharge has been delayed, by enabling them to get out of hospital and on to the next stage in their care. In turn, this helps the wider system by ensuring that hospital capacity is being used by those who need that specialist level of clinical care, such as patients waiting for planned care treatment. The pandemic has seen our NHS under the most severe pressure in its 73-year existence. Pausing of non-urgent activity has taken place in health systems across the UK and has inevitably led to a build-up of numbers waiting

[5] Data Strategy for health and social care - Scottish Government - Citizen Space (consult.gov.scot)

for treatment. We are working with NHS Boards to get those who have had treatments or procedures postponed due to COVID-19 the care they need as quickly as possible.

This funding will also support increases in social care capacity in the community and in primary care, helping to ease the pressure on unpaid carers. Our care staff and social work staff have been remarkable throughout the pandemic and this additional investment will help support them to deliver care to people across Scotland. Our Adult Social Care Winter Preparedness Plan set out the measures to protect the sector ahead of winter and outlined how we would support those who use services, the workforce and unpaid carers.

The NHS Scotland Recovery Plan sets out plans and ambitions for recovery. Backed by more than £1 billion of funding, the plan will support an increase in inpatient, daycase and outpatient activity to address the backlogs of care. It also includes a commitment to reduce attendances at emergency departments where alternative care is more appropriate. The Redesign of Urgent Care Programme aims to ensure people can access the right care in the right place at the right time, often as close to home as possible. These programmes of work, alongside other initiatives such as hospital at home, will allow more hospital capacity for those people who require hospital treatment.

Screening programmes

As the Committee is aware, following the temporary suspension of all adult screening programmes in March 2020, NHS Scotland have since resumed these in a phased manner that has prioritised higher-risk screening participants. Capacity remains challenging across all programmes due to COVID-19 and we are working closely with the organisations that oversee screening in Scotland to ensure that screening services remain on track against the recovery roadmaps agreed for each programme, addressing backlogs and ensuring that those at higher risk are prioritised for screening.

In recognition that the COVID-19 pandemic may have exacerbated inequalities in screening uptake across all national screening programmes, we have also committed over £2 million over two years to build a programme of evidence-based, sustainable and scalable projects that tackle inequalities in a systemic way.

The Committee urged the Scottish Government to make every reasonable effort to encourage those with symptoms to now come forward. It is important to note that the national screening programmes are aimed at a well population, individuals who are not known to have the conditions they are being screened for, and therefore we continue to stress through our communications that anyone who is concerned about any signs or symptoms should contact their GP.

The Scottish Government also recognise the importance of addressing the reluctance of individuals contacting NHS services in relation to non-COVID conditions. We have run a number of campaigns informing the public how to properly access services. The ‘General Practice Access’ campaign, across social media and radio over October-November, reassured the public that general practices were open and emphasised

the various ways an appointment might be conducted, including face-to-face, via a video call or on the telephone.

Health inequalities

There is no doubt COVID-19 has impacted some groups more than others – it is an unwelcome reality that communities experience health, quality of life and life expectancy differently across our society and our Programme for Government includes commitments to improve life expectancy and to tackle health inequalities. As we recover as a society, we will ensure the necessary resources are directed at addressing health inequalities and its underlying causes. We work closely with our analytical partners to understand the wider impact on Scotland's population and are committed to improve our understanding of the effect that reduced access to services and the pausing of screening programmes has had on excess deaths.

To improve our understanding of the impact of the pandemic on people from lower socioeconomic backgrounds, NRS will look into publishing a breakdown of excess deaths by Scottish Index of Multiple Deprivation (SIMD) quintile. It should be noted though that it is unlikely to be possible to produce a weekly breakdown at this level, due to smaller numbers. Alongside this, the Scottish Government is improving the data held on protected characteristics as part of the Equality Data Improvement Programme (EDIP). We know that some protected characteristic groups can experience disproportionate health inequalities, therefore by improving our data across a range of protected characteristics through the EDIP, we will improve our evidence base and our understanding of the challenges faced by these groups.

The Committee noted there needs to be a clearer understanding on when alternative consultation methods are appropriate. The use of digital has supported our health and care services to increase resilience, improve public choice and support new ways of working. We remain clear that the use of digital should be made available as a choice for people who can benefit for a variety of different reasons, including those with difficulty travelling, with busy working lives or to reduce impact on climate change. With the growing demand for more digital services, we recognise the need to consider more clearly how these services can be delivered efficiently and sustainably in the future. We know that hybrid working can be enabled by the increased use of digital and are already seeing more flexibility in how our health and care staff work.

Even before the pandemic hybrid appointments were an important part of how care was delivered in general practice. And while over time, as restrictions ease, the balance will shift towards more face to face appointments, a mixture of appointment types will remain a core part of general practice.

The Committee recommends that the Scottish Government takes steps to address the backlog resulting from pausing of national screening programmes. Capacity for screening remains challenging across all programmes due to COVID-19 and we are working closely with the organisations that oversee screening in Scotland to ensure that screening services remain on track against the recovery roadmaps agreed for each programme, addressing backlogs and ensuring that those at higher risk are prioritised for screening. We will keep the Health, Social Care and Sport Committee updated on the progress in addressing the backlog.

The Scottish Government agree that health inequalities is a priority issue that must be addressed as part of Scotland's recovery. The report of the Scottish Government's Primary Care Health Inequalities Short Life Group was published on 14 March 2022[6]. We are looking in detail at all of the recommendations and will prioritise those that will best meet the needs of communities experiencing the greatest inequalities. We have also established a new Development Group to focus on driving forward responses to the five 'foundational recommendations' in the report. It will meet for the first time in May 2022. As the Short Life Working Group did, the new Development Group will draw on a wide range of expertise, including the voices of people with living/lived experience of health inequalities.

Workforce planning and strategic focus

The Scottish Government agrees that international recruitment exercises should form part of a mutli-faceted approach to recruiting GPs to posts in Scotland, while also acknowledging the view of the Royal College of Physicians on ethical considerations. International recruitment, seeking to attract GPs from outwith the UK, can bring new talent to Scotland yet can also be complex when taking account of compatibility of qualifications and training, as well as visa considerations post-Brexit. Working with Health and Social Care Partnerships, we will continue to pursue recruitment and retention initiatives for GPs, as well as general practice staff in the broader multi-disciplinary and practice management teams, which are multi-faceted across education, training, recruitment and career support, to deliver the general practice teams which Scotland's population needs.

Implementation of the national workforce strategy[7] will be regularly monitored and kept under active review in partnership with local authorities, Health Boards, Health and Social Care Partnerships and the third and independent sectors, and also in conjunction with Health and Social Care employees and their representatives. Actions for implementation and any review of the strategy will reflect, and where relevant incorporate, developments including evidence from the COVID-19 inquiry and provide further opportunity to review the planned Health and Social Care workforce projections.

[6] Primary Care Health Inequalities Short-Life Working Group: report - gov.scot (www.gov.scot)
[7] Scottish Government's Health and social care: national workforce strategy

ANNEX B

Date: 21 February 2022
Our Ref: 2022-001169
Enquiries to: phs.foi@phs.scot

Dear requestor,

Freedom of Information Reference: 2022-001169

Thank you for your request for information of 26 January 2022.

"Under freedom of information legislation please can you provide the number of waiting list Removals for the reason Died in each NHS Board, for New Outpatients and for Inpatients and Day Cases, for each Quarter since 2018 including the most recent quarter for which performance data has been published."

Public Health Scotland can confirm that we do hold relevant information and that this can be provided to you. Please see enclosed the following document:

FOI2022-001169.xlsx

This contains the following trend information by NHS Board of treatment from the quarter ending 31 March 2018 to quarter ending 30 September 2021:

The total number of patients waiting to be seen at a new outpatient appointment or waiting to be admitted for treatment as an inpatient or day case.
The number of removals from waiting lists for the reason 'died'.
We have also included a simple mortality rate to account for variation in waiting list sizes. This is presented as the number of deaths per quarter per 1000 patients waiting at quarter-end.

Please be advised that statistics for the quarter ending 31 December 2021 will be available upon request from 22 February 2022 onwards.

When interpreting the enclosed analysis on the number of patients reported as having died while on a waiting list, Public Health Scotland would advise that there are multiple factors to take into consideration.

Firstly, this data is generated by the using 'reason for removal', a categorisation in national data that records the reason for a patient being removed from a waiting list. For most patients this category provides an indication that a patient has been seen but for other patients it also used to record other reasons for being removed from a waiting list when treatment is no longer required or appropriate. In the latter instance there can be variation in the quality of the precise reason for a patient being removed from a list. For instance, NHS Tayside have reported issues with the recording of the removal reason 'died' throughout the period that the analysis is presented. Consequently, figures contained within

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this analysis are likely to be an undercount for both NHS Tayside and NHS Scotland. Further information will be available locally from NHS Tayside.

Secondly, national data does not allow the identification of deaths where the cause of death can be directly attributed to a delay in the appointment or treatment that the patient is waiting for.

Thirdly, when comparing the rates of reported deaths by Board of treatment for a particular period, a contributing factor will be variation in the characteristics of the patients waiting at that time, including their age, gender, clinical complexity, and overall health status. For example, those waiting in larger territorial Boards will include a greater number of clinically complex patients waiting for specialist services, including those referred from islands or rural Boards.

Lastly the impact of the COVID-19 pandemic should also be considered both in respect of the impact it has had on mortality levels in the overall population during particular periods and on the impact it has had planned care services, including increasing the number of patients waiting to be seen.

Scottish Information Commissioner's website:
For information I include a link to the Regulator's website.

If you are unhappy with our response to your request you have the right to request a review. Your request should be made within 40 working days of receipt of this correspondence, and we will reply within 20 working days of receipt. The review will be undertaken by a reviewer who was not involved in the original decision-making process. The reviewer can be contacted as follows:

The FOI Reviewer
Public Health Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
Email: phs.foi@phs.scot

If our decision is unchanged following a review and you remain dissatisfied, you have the right to make a formal complaint to the Scottish Information Commissioner within six months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/Appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

Yours sincerely

Scott Heald
Director of Data & Digital Innovation
Public Health Scotland

PHS Reference number: IR2022-00081 - FOI2022-00169: To provide the number of waiting list Removals for the reason Died in each NHS Board, for New Outpatients and for Inpatients and Day Cases, for each Quarter since 2018 including the most recent quarter for which performance data has been published.

1 Source of information

Waiting Times Datamart	The Waiting Times Datamart collects episode level waiting times information for Inpatients, Day cases and Outpatients

2 Notes on interpretation and data quality

a For further detail and analysis on patients covered by the new outpatient 12-week standard and the 12-week Treatment Time Guarantee for inpatients or day cases please see the latest publication below:

https://www.publichealthscotland.scot/publications/nhs-waiting-times-stage-of-treatment

b PHS regularly quality assures the waiting times data supplied by NHS Boards. Detail on specific data quality issues experienced by Boards can be found on the dedicated webpage below:

https://www.isdscotland.org/Health-Topics/Waiting-Times/Inpatient-Day-Cases-and-Outpatients/Data-Quality/?id=Data-Quality

c **NHS Tayside have reported issues with the recording of the removal reason 'died' throughout the period the analysis is presented. Figures contained within this analysis are therefore likely to be an undercount for both NHS Tayside and NHSScotland. Further information will be available locally from NHS Tayside.**

d The services involved continue to be affected by COVID-19 (Coronavirus) pandemic. In the early stages of the outbreak most non-urgent treatment was paused or reduced and there were fewer referrals to services. Since then services have been remobilising but capacity is constrained by the requirement for additional infection control measures. In addition, further waves of the virus have slowed the recovery of services due to the need to again pause or reduce services for reasons such as increased staff absence or the need to divert resources because of an increase in unscheduled hospitalisations.

New Outpatient Admission: Number and rate of removal reason of "Died" by board and quarter NHS Scotland, up to 30 September 2021

***Please note NHS Tayside figures for the number on list during 2018 are sourced from local aggregate returns rather than the national waiting times datamart. The number removed for reason 'died' is unavailable for this period.**

NHS Board of treatment	Indicator	31-Mar-18*	30-Jun-18*	30-Sep-18*	31-Dec-18*	31-Mar-19	30-Jun-19	30-Sep-19	31-Dec-19	31-Mar-20	30-Jun-20	30-Sep-20	31-Dec-20	31-Mar-21	30-Jun-21	30-Sep-21
NHS Scotland	Died	1,445	1,201	1,156	1,310	1,212	1,149	1,193	1,201	1,177	1,317	1,114	1,498	1,697	1,483	1,845
	Number on list	305,641	321,909	326,357	314,330	311,225	323,462	319,132	281,926	256,724	265,963	319,080	339,870	351,449	395,388	420,771
	Rate per 1,000 waiting	**4.7**	**3.7**	**3.5**	**4.2**	**3.9**	**3.6**	**3.7**	**4.3**	**4.6**	**5.0**	**3.5**	**4.4**	**4.8**	**3.8**	**4.4**
Golden Jubilee National Hospital	Died	3	2	2	5	4	3	6	9	9	6	7	11	9	4	8
	Number on list	258	265	261	274	267	325	332	299	325	241	255	235	226	235	238
	Rate per 1,000 waiting	**11.6**	**7.5**	**7.7**	**18.2**	**15.0**	**9.2**	**18.1**	**30.1**	**27.7**	**24.9**	**27.5**	**46.8**	**39.8**	**17.0**	**33.6**
NHS Ayrshire & Arran	Died	139	113	102	110	133	135	123	144	138	156	143	202	231	191	234
	Number on list	22,256	24,560	25,473	25,621	26,281	25,656	25,256	21,876	20,940	23,248	29,699	33,181	35,797	38,106	39,825
	Rate per 1,000 waiting	**6.2**	**4.6**	**4.0**	**4.3**	**5.1**	**5.3**	**4.9**	**6.6**	**6.6**	**6.7**	**4.8**	**6.1**	**6.5**	**5.0**	**5.9**
NHS Borders	Died	50	30	21	36	42	22	22	41	42	14	20	33	32	34	51
	Number on list	4,840	4,561	5,249	5,445	4,826	6,279	5,232	4,040	3,518	3,508	5,148	6,074	6,759	8,517	9,555
	Rate per 1,000 waiting	**10.3**	**6.6**	**4.0**	**6.6**	**8.7**	**3.5**	**4.2**	**10.1**	**11.9**	**4.0**	**3.9**	**5.4**	**4.7**	**4.0**	**5.3**
NHS Dumfries & Galloway	Died	39	28	25	28	32	27	31	24	37	21	35	36	50	36	61
	Number on list	6,003	6,168	6,095	5,836	5,691	6,410	6,488	6,556	5,748	5,847	7,516	7,918	8,864	9,790	9,489
	Rate per 1,000 waiting	**6.5**	**4.5**	**4.1**	**4.8**	**5.6**	**4.2**	**4.8**	**3.7**	**6.4**	**3.6**	**4.7**	**4.5**	**5.6**	**3.7**	**6.4**

NHS Fife	Died	44	41	46	48	50	46	33	53	46	59	66	57	90	77	102
	Number on list	14,375	14,849	14,227	13,712	13,353	14,607	14,855	13,201	11,263	11,861	15,615	16,546	19,110	20,568	21,315
	Rate per 1,000 waiting	**3.1**	**2.8**	**3.2**	**3.5**	**3.7**	**3.1**	**2.2**	**4.0**	**4.1**	**5.0**	**4.2**	**3.4**	**4.7**	**3.7**	**4.8**
NHS Forth Valley	Died	42	38	42	60	49	41	48	38	35	41	36	64	89	62	73
	Number on list	12,747	13,332	14,795	13,486	11,592	13,833	15,085	13,136	11,544	11,510	14,519	15,528	15,136	17,169	18,183
	Rate per 1,000 waiting	**3.3**	**2.9**	**2.8**	**4.4**	**4.2**	**3.0**	**3.2**	**2.9**	**3.0**	**3.6**	**2.5**	**4.1**	**5.9**	**3.6**	**4.0**
NHS Grampian	Died	93	102	96	101	100	112	80	92	98	103	98	95	146	136	196
	Number on list	34,956	36,720	37,504	36,390	35,435	35,207	32,237	29,169	25,308	24,411	27,860	30,660	32,551	35,045	36,956
	Rate per 1,000 waiting	**2.7**	**2.8**	**2.6**	**2.8**	**2.8**	**3.2**	**2.5**	**3.2**	**3.9**	**4.2**	**3.5**	**3.1**	**4.5**	**3.9**	**5.3**
NHS Greater Glasgow & Clyde	Died	411	287	270	305	263	255	274	317	291	404	336	421	420	389	448
	Number on list	84,457	86,355	86,071	80,780	78,955	82,765	82,276	76,035	72,614	75,999	89,692	95,240	95,776	113,751	123,565
	Rate per 1,000 waiting	**4.9**	**3.3**	**3.1**	**3.8**	**3.3**	**3.1**	**3.3**	**4.2**	**4.0**	**5.3**	**3.7**	**4.4**	**4.4**	**3.4**	**3.6**
NHS Highland	Died	45	33	41	35	38	47	49	54	38	43	40	38	57	43	58
	Number on list	11,865	12,182	12,656	12,267	11,375	13,355	13,131	11,554	10,404	9,795	11,974	13,160	13,999	15,980	18,198
	Rate per 1,000 waiting	**3.8**	**2.7**	**3.2**	**2.9**	**3.3**	**3.5**	**3.7**	**4.7**	**3.7**	**4.4**	**3.3**	**2.9**	**4.1**	**2.7**	**3.2**
NHS Lanarkshire	Died	159	135	116	138	109	120	118	111	124	165	145	259	245	239	295
	Number on list	25,850	28,483	27,477	24,926	23,186	24,421	23,195	20,013	19,966	21,837	28,772	28,198	29,390	35,316	37,026
	Rate per 1,000 waiting	**6.2**	**4.7**	**4.2**	**5.5**	**4.7**	**4.9**	**5.1**	**5.5**	**6.2**	**7.6**	**5.0**	**9.2**	**8.3**	**6.8**	**8.0**
NHS Lothian	Died	410	383	385	432	382	338	405	307	305	296	180	275	313	254	302
	Number on list	62,407	67,089	67,795	66,975	66,784	65,950	66,875	56,887	49,988	54,766	62,232	66,168	68,254	74,583	76,598
	Rate per 1,000 waiting	**6.6**	**5.7**	**5.7**	**6.5**	**5.7**	**5.1**	**6.1**	**5.4**	**6.1**	**5.4**	**2.9**	**4.2**	**4.6**	**3.4**	**3.9**
NHS Orkney	Died	3	1	3	3	3	0	1	1	5	4	2	3	3	2	5
	Number on list	869	946	861	847	932	1,124	970	809	675	726	931	1,052	909	959	1,092
	Rate per 1,000 waiting	**3.5**	**1.1**	**3.5**	**3.5**	**3.2**	**0.0**	**1.0**	**1.2**	**7.4**	**5.5**	**2.1**	**2.9**	**3.3**	**2.1**	**4.6**

NHS Shetland	Died	2	6	4	2	1	0	1	2	2	2	2	0	5	4	3
	Number on list	1,039	1,114	1,097	915	846	836	826	701	722	763	912	929	872	918	870
	Rate per 1,000 waiting	**1.9**	**5.4**	**3.6**	**2.2**	**1.2**	**0.0**	**1.2**	**2.9**	**2.8**	**2.6**	**2.2**	**0.0**	**5.7**	**4.4**	**3.4**
NHS Tayside	Died	..	..	..	..	1	1	0	1	0	1	1	2	0	1	1
	Number on list	22,811	24,161	25,706	25,833	30,699	31,661	31,340	26,651	22,948	20,646	23,005	23,924	22,877	23,518	26,928
	Rate per 1,000 waiting	**..**	**..**	**..**	**..**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.1**	**0.0**	**0.0**	**0.0**
NHS Western Isles	Died	5	2	3	7	5	2	2	7	7	2	3	2	7	11	8
	Number on list	908	1,124	1,090	1,023	1,003	1,033	1,034	999	761	805	950	1,057	929	933	933
	Rate per 1,000 waiting	**5.5**	**1.8**	**2.8**	**6.8**	**5.0**	**1.9**	**1.9**	**7.0**	**9.2**	**2.5**	**3.2**	**1.9**	**7.5**	**11.8**	**8.6**

.. - Denotes data not available

Inpatient and Day Case Admission: Number and rate of removal reason of "Died" by board and quarter NHS Scotland, up to 30 September 2021

Public Health Scotland

***Please note NHS Tayside figures for the number on list during 2018 are sourced from local aggregate returns rather than the national waiting times datamart. The number removed for reason 'died' is unavailable for this period.**

NHS Board of treatment	Indicator	31-Mar-18*	30-Jun-18*	30-Sep-18	31-Dec-18	31-Mar-19	30-Jun-19	30-Sep-19	31-Dec-19	31-Mar-20	30-Jun-20	30-Sep-20	31-Dec-20	31-Mar-21	30-Jun-21	30-Sep-21
NHS Scotland	Died	254	204	219	259	248	214	236	289	267	384	293	370	397	297	333
	Number on list	72,305	73,005	74,399	77,315	75,704	75,613	77,264	79,929	78,991	85,220	85,497	85,430	94,940	97,303	106,371
	Rate per 1,000 waiting	**3.5**	**2.8**	**2.9**	**3.3**	**3.3**	**2.8**	**3.1**	**3.6**	**3.4**	**4.5**	**3.4**	**4.3**	**4.2**	**3.1**	**3.1**
Golden Jubilee National Hospital	Died	7	11	9	14	9	11	9	17	15	14	7	14	13	11	18
	Number on list	990	1,217	1,288	1,252	1,168	1,323	1,296	1,427	1,311	1,251	1,187	1,149	1,135	1,348	1,431
	Rate per 1,000 waiting	**7.1**	**9.0**	**7.0**	**11.2**	**7.7**	**8.3**	**6.9**	**11.9**	**11.4**	**11.2**	**5.9**	**12.2**	**11.5**	**8.2**	**12.6**
NHS Ayrshire & Arran	Died	29	18	14	15	15	14	14	25	16	34	15	39	33	24	34
	Number on list	3,643	3,484	3,546	3,787	3,867	4,024	3,792	3,994	4,336	4,612	4,483	4,800	5 644	6,013	6,769
	Rate per 1,000 waiting	**8.0**	**5.2**	**3.9**	**4.0**	**3.9**	**3.5**	**3.7**	**6.3**	**3.7**	**7.4**	**3.3**	**8.1**	**5.8**	**4.0**	**5.0**
NHS Borders	Died	1	0	1	0	2	0	0	1	1	1	10	2	9	7	6
	Number on list	1,267	1,379	1,093	1,130	1,114	996	1,193	1,316	1,189	1,205	1,289	1,370	1,715	1 760	1 947
	Rate per 1,000 waiting	**0.8**	**0.0**	**0.9**	**0.0**	**1.8**	**0.0**	**0.0**	**0.8**	**0.8**	**0.8**	**7.8**	**1.5**	**5.2**	**4.0**	**3.1**
NHS Dumfries & Galloway	Died	8	9	8	7	15	4	6	12	7	12	11	8	9	11	8
	Number on list	2,038	2,238	2,227	2,159	2,202	2,196	2,200	2,370	2,341	2,388	2,070	1,667	1,895	2,096	2,424
	Rate per 1,000 waiting	**3.9**	**4.0**	**3.6**	**3.2**	**6.8**	**1.8**	**2.7**	**5.1**	**3.0**	**5.0**	**5.3**	**4.8**	**4.7**	**5.2**	**3.3**
NHS Fife	Died	24	23	22	18	16	10	10	9	15	12	20	16	8	18	17

	Number on list	3,470	3,404	3,411	3,262	2,704	2,626	3,051	3,224	3,330	3,488	2,947	2,828	3,048	3,116	3,493
	Rate per 1,000 waiting	**6.9**	**6.8**	**6.4**	**5.5**	**5.9**	**3.8**	**3.3**	**2.8**	**4.5**	**3.4**	**6.8**	**5.7**	**2.6**	**5.8**	**4.9**
NHS Forth Valley	Died	7	7	9	12	14	6	4	6	7	6	12	15	16	12	10
	Number on list	3,481	3,305	3,251	3,194	3,020	2,883	2,678	3,013	2,907	3,249	2,977	2,826	3,244	3,027	3,244
	Rate per 1,000 waiting	**2.0**	**2.1**	**2.8**	**3.8**	**4.6**	**2.1**	**1.5**	**2.0**	**2.4**	**1.8**	**4.0**	**5.3**	**4.9**	**4.0**	**3.1**
NHS Grampian	Died	42	38	30	43	32	31	41	36	45	56	43	42	49	34	41
	Number on list	9,594	9,710	9,489	9,733	8,982	8,498	8,689	9,300	9,431	9,985	10,484	10,311	11,080	11,259	12,633
	Rate per 1,000 waiting	**4.4**	**3.9**	**3.2**	**4.4**	**3.6**	**3.6**	**4.7**	**3.9**	**4.8**	**5.6**	**4.1**	**4.1**	**4.4**	**3.0**	**3.2**
NHS Greater Glasgow & Clyde	Died	52	38	32	57	63	49	58	83	61	105	76	107	123	72	78
	Number on list	19,070	18,589	19,092	21,256	21,548	22,725	23,856	23,439	22,248	24,342	24,481	24,136	27,568	26,859	29,189
	Rate per 1,000 waiting	**2.7**	**2.0**	**1.7**	**2.7**	**2.9**	**2.2**	**2.4**	**3.5**	**2.7**	**4.3**	**3.1**	**4.4**	**4.5**	**2.7**	**2.7**
NHS Highland	Died	18	15	14	16	15	21	15	10	16	24	16	9	20	21	25
	Number on list	4,847	5,106	5,226	5,222	5,123	4,917	4,922	5,016	5,162	5,212	5,134	5,165	5,679	5,915	6,109
	Rate per 1,000 waiting	**3.7**	**2.9**	**2.7**	**3.1**	**2.9**	**4.3**	**3.0**	**2.0**	**3.1**	**4.6**	**3.1**	**1.7**	**3.5**	**3.6**	**4.1**
NHS Lanarkshire	Died	23	21	28	24	31	23	30	45	44	53	33	45	65	33	40
	Number on list	6,731	7,081	7,848	7,502	6,601	6,737	6,723	7,062	7,017	7,314	7,500	8,366	9,486	9,672	10,058
	Rate per 1,000 waiting	**3.4**	**3.0**	**3.6**	**3.2**	**4.7**	**3.4**	**4.5**	**6.4**	**6.3**	**7.2**	**4.4**	**5.4**	**6.9**	**3.4**	**4.0**
NHS Lothian	Died	42	23	32	46	32	43	42	42	40	59	49	68	50	48	54
	Number on list	10,698	10,641	10,466	10,981	11,512	10,961	11,204	11,616	11,720	13,429	14,284	14,248	14,828	15,934	17,928
	Rate per 1,000 waiting	**3.9**	**2.2**	**3.1**	**4.2**	**2.8**	**3.9**	**3.7**	**3.6**	**3.4**	**4.4**	**3.4**	**4.8**	**3.4**	**3.0**	**3.0**
NHS Orkney	Died	0	0	0	3	1	1	2	0	0	1	1	2	0	4	0
	Number on list	108	137	185	185	176	165	190	230	188	153	132	163	201	285	292
	Rate per 1,000 waiting	**0.0**	**0.0**	**0.0**	**16.2**	**5.7**	**6.1**	**10.5**	**0.0**	**0.0**	**6.5**	**7.6**	**12.3**	**0.0**	**14.0**	**0.0**
NHS Shetland	Died	0	1	0	1	1	0	0	1	0	5	0	1	0	1	1
	Number on list	219	207	217	243	221	219	252	258	268	305	265	260	290	291	390

	Rate per 1,000 waiting	**0.0**	**4.8**	**0.0**	**4.1**	**4.5**	**0.0**	**0.0**	**3.9**	**0.0**	**16.4**	**0.0**	**3.8**	**0.0**	**3.4**	**2.6**
NHS Tayside	Died	..	..	19	1	1	0	3	1	0	0	0	0	1	1	0
	Number on list	5,907	6,251	6,802	7,157	7,208	7,077	6,980	7,397	7,275	7,977	7,923	7,858	8,719	9,319	10,014
	Rate per 1,000 waiting	**..**	**..**	**2.8**	**0.1**	**0.1**	**0.0**	**0.4**	**0.1**	**0.0**	**0.0**	**0.0**	**0.0**	**0.1**	**0.1**	**0.0**
NHS Western Isles	Died	1	0	1	2	1	1	2	1	0	2	0	2	1	0	1
	Number on list	242	256	258	252	258	266	238	267	268	310	341	283	408	409	450
	Rate per 1,000 waiting	**4.1**	**0.0**	**3.9**	**7.9**	**3.9**	**3.8**	**8.4**	**3.7**	**0.0**	**6.5**	**0.0**	**7.1**	**2.5**	**0.0**	**2.2**

.. - Denotes data not available