Communities

Kevin Stewart (Aberdeen Central) (Scottish National Party): To ask the Scottish Government what information it has on how many people aged 16 to 21 in Scotland claim housing benefit.

Margaret Burgess: The Scottish Government has no functions in relation to housing benefit and this information is not held centrally.

Statistics on housing benefit are published by the Department for Work and Pensions and are publicly available at the following website: https://stat-xplore.dwp.gov.uk/

Richard Baker (North East Scotland) (Scottish Labour): To ask the Scottish Government how many applications for support under the Help to Buy (Scotland) Scheme have been (a) made and (b) granted in (i) Aberdeen and (ii) Aberdeenshire.

Margaret Burgess: The number of applications under the Help to Buy (Scotland) Scheme for Aberdeen City and Aberdeenshire as at 30 September 2014 are set out in the following table:

<table>
<thead>
<tr>
<th>Applications</th>
<th>Aberdeen City</th>
<th>Aberdeenshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved applications</td>
<td>130</td>
<td>354</td>
</tr>
</tbody>
</table>

Murdo Fraser (Mid Scotland and Fife) (Scottish Conservative and Unionist Party): To ask the Scottish Government what the (a) decision-making process and (b) timescale is for an application for a windfarm in a national scenic area.

Derek Mackay: Windfarm proposals of up to and including 50 megawatts will require an application for planning permission.

The exact planning application process, and the time it takes, will depend on the specific nature and location of the proposal. Planning authorities must consult Scottish Natural Heritage (SNH) where they intend granting permission for certain types of development within national scenic areas. Where an authority wishes to grant consent contrary to the advice of SNH, they must notify the application to Scottish Ministers who will consider whether the application should be called in for their determination.

Where a decision is not issued within the prescribed period, or an extended period agreed by the applicant and planning authority, the applicant can appeal to Scottish Ministers or seek local review as appropriate. The prescribed periods are two months for local development and four months for major development.

Proposals over 50 megawatts require consent from Scottish Ministers under section 36 of the Electricity Act 1989. The Scottish Government has an aspirational nine month target for determining applications under section 36, where these do not require a public inquiry or information additional to the original application.

Health and Social Care

Richard Baker (North East Scotland) (Scottish Labour): To ask the Scottish Government how many (a) nurses and (b) consultants have been employed by NHS Grampian in each of the last five years.

Alex Neil: Information regarding how many (a) nurses and (b) consultants have been employed by NHS Grampian in each of the last five years can be found in the following tables.
Table 1: Whole time equivalent nursing staff in post employed in NHS Grampian from 30 September 2009 to 30 June 2014.

<table>
<thead>
<tr>
<th></th>
<th>Sep 10</th>
<th>Sep 11</th>
<th>Sep 12</th>
<th>Sep 13</th>
<th>Jun 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>4,828.6</td>
<td>4,561.4</td>
<td>4,602.6</td>
<td>4,704.2</td>
<td>4,758.3</td>
</tr>
</tbody>
</table>

Source: Scottish Workforce Information Standard System, ISD Scotland

Table 2: Whole time equivalent consultant staff in post employed in NHS Grampian from 30 September 2009 to 30 June 2014.

<table>
<thead>
<tr>
<th></th>
<th>Sep 10</th>
<th>Sep 11</th>
<th>Sep 12</th>
<th>Sep 13</th>
<th>Jun 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultants</td>
<td>448.6</td>
<td>463.8</td>
<td>467.3</td>
<td>464.5</td>
<td>480.5</td>
</tr>
</tbody>
</table>

Source: Scottish Workforce Information Standard System, ISD Scotland

**Jackie Baillie (Dumbarton) (Scottish Labour):** To ask the Scottish Government whether all health and social care partnerships in the NHS Greater Glasgow and Clyde area will be subject to a 10% reduction in budget for (a) 2015-16 and (b) 2016-17.

(S4W-22659)

**Alex Neil:** No, NHS Greater Glasgow and Clyde have confirmed that health and social care partnerships will not be subject to a 10% reduction in 2015-16 or 2016-17.

**Jackie Baillie (Dumbarton) (Scottish Labour):** To ask the Scottish Government what financial challenge West Dunbartonshire Health and Social Care Partnership will have in (a) 2015-16 and (b) 2016-17 in light of NHS Greater Glasgow and Clyde projecting a 10% budget reduction over those years.

(S4W-22660)

**Alex Neil:** This is primarily a matter for the individual health board, although NHS Greater Glasgow and Clyde has indicated that the opening budget for the West Dunbartonshire Health and Social Care Partnership is still in the process of being finalised.

The board and local authority are currently working to confirm the budgets from which the health and social care partnership budgets will be derived.

**Jackie Baillie (Dumbarton) (Scottish Labour):** To ask the Scottish Government what the budget will be for each new health and social care partnership in (a) 2015-16 and (b) 2016-17.

(S4W-22661)

**Alex Neil:** In each partnership area, it is the responsibility of the health board and local authority to delegate functions to the integration joint board, and budgets relating to those functions.

Each health board and local authority will agree an integration scheme, setting out their integrated arrangements for health and social care, and this will include their method for determining budgets to be delegated to the integration joint board. The integration scheme is subject to ministerial approval.

**Jackie Baillie (Dumbarton) (Scottish Labour):** To ask the Scottish Government what the status is of the recently leaked paper suggesting that the NHS will have to meet a funding gap of up to £450 million.

(S4W-22665)

**Alex Neil:** As has been stated previously, this paper is part of the regular discussions among NHS leaders to plan proactively for future healthcare provision, so as to ensure that we maintain the delivery of quality care and treatment within boards’ allocated funding. Budget planning enabled NHS to make efficiency savings of 3% per year for the last six years, releasing more than £1.5 billion to be redirected to fund frontline NHS services.

For 2015-16 there is a planned overall increase of £256 million in health resource spending. This will see the resources allocated to territorial NHS boards, those who deliver direct patient care, increase
by 2.7 per cent. This is an above real terms increase, and represents the sixth above-inflation increase in a row. Every territorial board will see their budgets increased.

Additional capital funding will take the overall increase to £288 million in 2015-16, bringing the total health budget to £12.16 billion.

Neil Findlay (Lothian) (Scottish Labour): To ask the Scottish Government whether the (a) Cabinet Secretary for Health and Wellbeing and (b) Chief Medical Officer approved the issuing of the letter by the Deputy Chief Medical Officer dated 16 July 2014 to all medical directors encouraging them to get women to sign up to a clinical trial investigating the best type of synthetic mid-urethral slings for the treatment of stress urinary incontinence.

(S4W-22679)

Alex Neil: The letter from the Deputy Chief Medical Officer to medical directors, dated 16 July 2014, reaffirms the guidance issued to medical directors by the Acting Chief Medical Officer on 20 June 2014, which stated:

“If women are being considered for entry into clinical trials then use of mesh can be approved for women being entered into the arm(s) of the trial using this option. The Cabinet Secretary endorses this position”.

The clinical trials in question have appropriate ethical approval from the National Institute of Health Research for the procedures being used, including the necessary fully informed consent processes. They are funded from the public sector and are not funded by any manufacturer or supplier.”

Neil Findlay (Lothian) (Scottish Labour): To ask the Scottish Government whether it considers that the letter dated 16 July 2014 from the Deputy Chief Medical Officer to medical directors is consistent with the advice of the Cabinet Secretary for Health and Wellbeing that NHS boards suspend the use of mesh devices pending the results of an independent review.

(S4W-22680)

Alex Neil: The decision to request that boards consider suspending the routine use of synthetic mesh implants for these procedures does not prevent individual women and their clinicians agreeing on the need for a particular service – this is still available.

The letter reaffirmed my statement that for the improvement of our future evidence and where women fully consent, if they are being considered for entry into clinical trials then use of mesh for the conditions affected (pelvic organ prolapse) can be approved for those entered into the arm(s) of the trial using this option.

Neil Findlay (Lothian) (Scottish Labour): To ask the Scottish Government what clinical trials and studies into synthetic mesh products are being conducted in Scotland; how many have taken place since 1998, and how much each (a) NHS board and (b) doctor was paid for participating.

(S4W-22681)

Alex Neil: The information requested is not held centrally. The independent review of transvaginal mesh implants will appraise the current research evidence on synthetic mesh implants. The review will report early next year and will publish all clinical trials and studies appraised.

Neil Findlay (Lothian) (Scottish Labour): To ask the Scottish Government where the centres of excellence for the removal of defective mesh products are in Scotland; how many doctors are trained and able to remove such products, and what type of procedure is most commonly used to do so.

(S4W-22682)

Alex Neil: Pathway documents have been developed by the expert group and the Deputy Chief Medical Officer is now working with healthcare planners to implement the necessary changes to deliver this new service.
Currently NHS Greater Glasgow and Clyde, NHS Ayrshire and Arran, NHS Lothian and NHS Grampian have accredited subspecialist surgeons and are developing multi-disciplinary teams that are able to provide clinical support to women experiencing complications. The Glasgow team has consistently demonstrated adequate expertise accompanied with relevant workload and success rates in dealing with advanced mesh complications requiring highly specialised surgical techniques.

Depending on individual conditions, some patients will require treatment in the local hospital, some will need referral to the regional centre and some will require referral to the national centre. The pathway document details the referral criteria specific to each patient presentation and guides patients and their surgeons to the best place to provide further treatment tailored to their individual condition.

The Deputy Chief Medical Officer has written to all NHS boards requesting information on current practice in the surgical treatment of stress urinary incontinence and pelvic organ prolapse, including confirmation of the number of subspecialist urogynaecologists. NHS boards are in the process of collating this information, which will be published once available.

The most common procedure used to treat women experiencing complications is partial removal of mesh device (or excision of mesh erosion). This procedure is performed by a number of surgeons around the country and, in most situations, no further treatment is required. However, if further partial removal is required and/or if complete removal is being considered, the pathway document developed by the expert group indicates forward referral to the national centre where expertise will be concentrated to provide such highly-specialised service to patients. This service will also deal with patients who have developed complications such as fistula tracts or bladder or bowel involvement.

Neil Findlay (Lothian) (Scottish Labour): To ask the Scottish Government what the terms of reference are for the independent review of the safety of mesh devices; who the members or the review group are; what the criteria for membership are, and whether it considers that the composition of the group represents a fair range of views.

(S4W-22683)

Alex Neil: The terms of reference and membership of the independent review group will be published on the ‘Independent Review of Transvaginal Mesh Implants’ website, which will be available from mid November 2014. The website address is as follows:

http://www.scotland.gov.uk/About/Review/Transvaginal-Mesh-Implants

Membership of the group is reviewed periodically and additional members invited to attend when necessary. This is to ensure the appropriate level of expertise and range of opinion is represented. The composition of the group has been developed to represent all interested parties, including:

One chairperson (retired public health consultant);
Two patients who have experienced complications;
Two patients who have experienced a positive outcome;
Four clinicians with a special interest in urogynaecology practicing in Scotland;
One public health consultant;
One researcher;
Three professional bodies;
Three Scottish Government officials (two clinicians and one policy officer);
One medicines and healthcare products regulatory agency official.

Members attending periodically:
One physiotherapist;
Two clinicians (unique device identifier project lead);
One Scottish Government public health consultant.

Members to be confirmed:
One pain management consultant;
One general practitioner;
One clinician with a special interest in urogynaecology;
One Information Services Division consultant in public health.

Neil Findlay (Lothian) (Scottish Labour): To ask the Scottish Government whether the independent review into mesh devices will publish all minutes and notes of its activity.
Alex Neil: Yes, the Scottish Government intends to publish all minutes and relevant documents relating to the independent review, where appropriate.

All documents, once published, can be viewed at the following web address from mid November 2014: http://www.scotland.gov.uk/About/Review/Transvaginal-Mesh-Implants

Neil Findlay (Lothian) (Scottish Labour): To ask the Scottish Government whether it is considering new coding procedures for the recording of mesh-related adverse incidents and, if so, what procedures.

Alex Neil: The independent review has invited a consultant in public health from NHS Information Services Division to support the group when considering coding of procedures.

The UK working group, chaired by Professor Keith Willett, on surgery using vaginal mesh is considering how data collection can be improved. This will include coding of mesh procedures.

The Deputy Chief Medical Officer is representing the Scottish Government on this group.

Additionally, NHS National Services Scotland is reviewing the national adverse incident reporting system in light of the under-reporting of pelvic floor mesh incidents. This has already resulted in the introduction of a new code specifically for recording and monitoring mesh-related adverse incidents.

Neil Findlay (Lothian) (Scottish Labour): To ask the Scottish Government whether it plans to form and resource a (a) self-help group and (b) helpline for victims of mesh devices.

Alex Neil: The Deputy Chief Medical Officer is exploring options that will offer additional support for women who are experiencing complications.

Neil Findlay (Lothian) (Scottish Labour): To ask the Scottish Government whether it has informed the European Commission (EC) of its advice to NHS boards regarding suspending the use of mesh devices pending the results of the independent review and whether it has contacted the EC Scientific Committee on Emerging and Newly Identified Health Risks working group looking at the safety of surgical meshes used in urogynecological surgery in relation to this matter.

Alex Neil: The Scottish Government wrote to the Chair of the European Commission’s Scientific Committee on Emerging and Newly Identified Health Risks in May and June 2014 regarding the regulation of mesh implants.

The correspondence outlined the concerns raised by women who have experienced serious complications as a result of mesh implants.

Neil Findlay (Lothian) (Scottish Labour): To ask the Scottish Government what representations it has received regarding any conflicts of interest in relation to the EC Scientific Committee on Emerging and Newly Identified Health Risks working group on the safety of surgical meshes used in urogynecological surgery.

Alex Neil: The Scottish Government received one representation regarding a conflict of interest. The European Commission has confirmed that all experts participating in the Scientific Risk Assessment Advisory Structure need to declare commitment, confidentiality, and interests in the subject matter before participating in the work. Declarations of interests are updated orally at each meeting. The declarations will be published once the work on the particular subject matter has been concluded.
Likewise, the composition of a working group is published only once an opinion has been approved by the scientific committee.

Neil Findlay (Lothian) (Scottish Labour): To ask the Scottish Government what discussions it has had with the Medicines and Healthcare Products Regulatory Agency regarding the independent review of mesh products initiated by the Cabinet Secretary for Health and Wellbeing and the European Commission Scientific Committee on Emerging and Newly Identified Health Risks working group looking at the safety of surgical meshes used in urogynecological surgery.

(S4W-22690)

Alex Neil: The Scottish Government has not had specific discussions regarding the independent review with the Medicines and Healthcare Products Regulatory Agency (MHRA). I met with Sir Gordon Duff, chairman of the MHRA, in June 2014 and following this meeting formally invited a representative of the MHRA to participate in the independent review, sharing the draft terms of reference.

The Scottish Government has corresponded with the European Commission’s Scientific Committee on Emerging and Newly Identified Health Risks to acknowledge that the commission is seeking further research and expert opinion on ‘The safety of surgical meshes used in urogynaecological surgery’ and that we look forward to receiving the results in January 2015.

The Deputy Chief Medical Officer has also corresponded to seek reassurance of the declared interests of members of the working group and that any declared interests of members will not influence the work of the group or of its recommendations when the opinion is published. The European Commission have provided this reassurance.

Neil Findlay (Lothian) (Scottish Labour): To ask the Scottish Government from what manufacturers NHS boards have purchased mesh devices and what information it has on whether any manufacturers found liable of providing defective devices in US courts have supplied mesh devices to NHS boards in Scotland.

(S4W-22691)

Alex Neil: The information requested is not held centrally.

Neil Findlay (Lothian) (Scottish Labour): To ask the Scottish Government how many pending litigations there are in Scotland in relation to defective mesh implants and against whom.

(S4W-22692)

Alex Neil: As at 22 October 2014, the Scottish Government has been made aware of the following potential or pending litigations against NHSScotland:

314 claims and summonses, of which 139 summonses have been served and 12 of which have been lodged.

Neil Findlay (Lothian) (Scottish Labour): To ask the Scottish Government what discussions it has had with (a) the manufacturers of mesh devices and (b) NHS boards about the potential financial implications of litigation.

(S4W-22693)

Alex Neil: The Scottish Government has not discussed the potential financial implications with mesh manufactures or NHS boards.

Neil Findlay (Lothian) (Scottish Labour): To ask the Scottish Government what concerns it has regarding the potential financial implications of litigation in relation to defective mesh devices.

(S4W-22694)
**Alex Neil:** The Scottish Government has put patient safety first and taken action to investigate concerns regarding transvaginal mesh implants. It has not discussed the financial implications of litigation in respect of mesh implants with NHS boards.

**Neil Findlay (Lothian) (Scottish Labour):** To ask the Scottish Government, in light of the discussion of the matter at the meeting of the Working Group on Transvaginal Mesh Implants on 18 June 2013, whether discussions have taken place with NHS management regarding the potential financial resource implications in relation to the multi-disciplinary approach to complications with mesh surgery.

(S4W-22695)

**Alex Neil:** The Deputy Chief Medical Officer is currently developing a pathway for women experiencing complications and has met with a healthcare planner. Any resource implications will be considered as part of this process.

**Liz Smith (Mid Scotland and Fife) (Scottish Conservative and Unionist Party):** To ask the Scottish Government how many inpatient psychiatric units there are in Scotland for children and young people with (a) mental health issues and (b) severe learning difficulties.

(S4W-22713)

**Michael Matheson:** The following table shows the three regional adolescent inpatient units operating across Scotland based in Glasgow, Edinburgh and Dundee:

<table>
<thead>
<tr>
<th>Unit</th>
<th>No. of beds</th>
<th>Area served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal Edinburgh Hospital</td>
<td>12</td>
<td>South East of Scotland (Lothian, Fife and Borders)</td>
</tr>
<tr>
<td>Skye House, Stobhill, Glasgow</td>
<td>24</td>
<td>West of Scotland (Greater Glasgow and Clyde, Forth Valley, Lanarkshire, Dumfries and Galloway and Ayrshire and Arran)</td>
</tr>
<tr>
<td>Dudhope House, Dundee</td>
<td>6 (a further six beds will be available from mid-2015).</td>
<td>North of Scotland (Tayside, Grampian, Highland, Shetland, Orkney and Western Isles)</td>
</tr>
</tbody>
</table>

Severe psychiatric conditions are rare in children under 12, but those who require intensive support and treatment can be cared for in the nine bedded specialist units within the Royal Hospital for Sick Children, Yorkhill.

Admission for children with a learning disability would be considered on a case-by-case basis, normally only being required in the most severe and complex cases. One specialist bed is provided for children and young people with severe learning disability in Lothian, at the Royal Edinburgh Hospital, staffed when required, by the intensive learning disability Child and Adolescent Mental Health Services team.

**Richard Simpson (Mid Scotland and Fife) (Scottish Labour):** To ask the Scottish Government what the difference in reduction or increase in alcohol consumption between Scotland and England has been in each year since the ban on discounting for alcohol was introduced.

(S4W-22784)

**Alex Neil:** NHS Health Scotland carried out a study of the impact of the Alcohol etc. (Scotland) Act 2010 on off-trade sales in Scotland which included a quantity discount ban, and found that the Act was associated with a 2.6% decrease in per adult off-trade alcohol sales in Scotland. The report, *Monitoring and Evaluating Scotland’s Alcohol Strategy: The impact of the Alcohol Act on off-trade alcohol sales in Scotland, May 2013* is available at: [http://www.healthscotland.com/uploads/documents/21101-Alcohol%20Act%20Report%20May%202013.pdf](http://www.healthscotland.com/uploads/documents/21101-Alcohol%20Act%20Report%20May%202013.pdf)
England and Wales were included in the analysis to enable a comparison to be made with Scotland. NHS Health Scotland found that similar changes were not observed in England and Wales, where the Act does not apply, lending weight to the hypothesis that the changes witnessed in Scotland were as a result of the Act rather than due to other unmeasured factors.

Richard Simpson (Mid Scotland and Fife) (Scottish Labour): To ask the Scottish Government what reduction in alcohol consumption the University of Sheffield econometric study and reports to the Scottish Government predicted would arise from ending discounting alone.

Alex Neil: The econometric modelling carried out by the University of Sheffield estimated a reduction in overall alcohol consumption of 3% with the introduction of a total ban on off-trade discounting. A total ban is assumed to prohibit all forms of price-based promotion, including straight discounting from list price in addition to quantity discounts. Further information can be found at: https://www.shef.ac.uk/polopoly_fs/1.156503!/file/scotlandjan.pdf

Richard Simpson (Mid Scotland and Fife) (Scottish Labour): To ask the Scottish Government what its position is on the findings of the Scottish Public Services Ombudsman report 20130161, which examined a failure by NHS professionals to engage in communication with a carer about her husband, despite her having financial and welfare power of attorney for him and being his designated named person, and what steps it is taking to ensure that NHS staff receive appropriate training on all legislation with regard to adults with incapacity.

Alex Neil: The principles of the Mental Health (Care and Treatment) (Scotland) Act 2003 are clear in their requirement for a named person, carer and any guardian or welfare attorney of an individual who has to be given care or treatment to be informed and consulted upon aspects of the individual's care.

The responsibility to ensure NHS staff are appropriately trained on legislative requirements regarding adults with incapacity rests with health boards as employers. The Staff Governance Standard applies to all staff employed by, or officials of, NHS boards. Specifically, the standard requires all NHS boards to demonstrate that staff are well informed and appropriately trained and developed. To assist boards meet their training and educational responsibilities for their staff, NHS Education for Scotland provides a range of educational and learning resources on this important matter, including a learning resource to support and prepare health and social care practitioners in the practical application of legislation with regard to adults with incapacity entitled Respecting and Protecting Adults with Incapacity: http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/mental-health-and-learning-disabilities/publications-and-resources/publications-repository/respecting-and-protecting-adults-with-incapacity.aspx, and a resource for staff in acute general hospital settings aimed at safeguarding the rights of people who lack capacity to consent to treatment entitled Think Capacity Think Consent http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/mental-health-and-learning-disabilities/publications-and-resources/publications-repository/think-capacity-think-consent.aspx).

In addition, the Scottish Government has been supporting a project to improve awareness of the support and protection of adults at risk of harm presenting in NHS Accident and Emergency settings: http://www.scotland.gov.uk/Resource/0045/00458759.pdf

Richard Simpson (Mid Scotland and Fife) (Scottish Labour): To ask the Scottish Government by how much the salaries of NHS (a) senior managers, (b) nurses and (c) health visitors changed in April 2014, also expressed as a percentage.

Alex Neil: No decision has been taken yet on the pay award for 2014-15 for NHS Scotland senior management posts. Their pay award will be agreed by Scottish Ministers in due course, in line with our public sector pay policy and the annual pay and performance cycle for this staff group. Nurses and health visitors are both covered by the Agenda for Change pay and conditions package and their
settlement is detailed in pay circular PCS(AFC)2014/1, published on 14 March 2014 and available at: www.sehd.scot.nhs.uk/pcs/PCS2014(AFC)01.pdf

Richard Simpson (Mid Scotland and Fife) (Scottish Labour): To ask the Scottish Government how many junior doctor posts in accident and emergency departments were (a) filled and (b) unfilled in August 2014, broken down by grade.

(S4W-22793)

Alex Neil: For purposes of clarity, we assume the term junior doctors to mean all doctors in recognised training programmes prior to the gaining of a Certificate of Completion of Training.

A range of junior doctor posts will, as part of their training programmes, spend time within A&E departments. In terms of recruitment into junior doctor posts for the August 2014 intake, the following table provides information following the conclusion of national recruitment on those posts that will predominantly work in A&E departments.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Level</th>
<th>Type</th>
<th>Vacancies</th>
<th>Filled</th>
<th>Fill (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCS* – Acute Medicine</td>
<td>1</td>
<td>CT</td>
<td>10</td>
<td>10</td>
<td>100</td>
</tr>
<tr>
<td>ACCS – Anaesthetics</td>
<td>1</td>
<td>CT</td>
<td>17</td>
<td>17</td>
<td>100</td>
</tr>
<tr>
<td>ACCS – Emergency Medicine</td>
<td>1</td>
<td>CT</td>
<td>30</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Anaesthetics Core</td>
<td>1</td>
<td>CT</td>
<td>49</td>
<td>49</td>
<td>100</td>
</tr>
<tr>
<td>Anaesthetics</td>
<td>3</td>
<td>ST</td>
<td>43</td>
<td>32</td>
<td>74</td>
</tr>
<tr>
<td>Anaesthetics/ICM Dual</td>
<td>3</td>
<td>ST</td>
<td>12</td>
<td>9</td>
<td>75</td>
</tr>
<tr>
<td>Intensive Care Medicine Dual</td>
<td>4</td>
<td>ST</td>
<td>21</td>
<td>6</td>
<td>29</td>
</tr>
</tbody>
</table>

* ACCS = Acute Care Common Stem

Learning and Justice

Ken Macintosh (Eastwood) (Scottish Labour): To ask the Scottish Government what action it is taking to ensure that young people have access not only to employment, but to “decent work” as promoted by the STUC.

(S4O-3619)

Angela Constance: The Scottish Government will publish and implement a refreshed youth employment strategy later this year. It is committed to providing opportunities that allows all of Scotland’s young people to realise their full potential.

It is clear that our policies are driving a recovery in all labour market measures but we want more people working in better jobs and for employers that value their efforts.

Earlier this year the government set up the independent Working Together Review. Based on the report’s recommendations, published in August 2014, the First Minister confirmed on 15 October 2014 that a fair work convention would be established. The Scottish Government’s view is that fair work in Scotland can and should be enhanced by devolution of powers relating to employment rights and duties and industrial relations which are currently reserved to the UK Government.

Rhoda Grant (Highlands and Islands) (Scottish Labour): To ask the Scottish Government what it is doing to reduce the gender pay gap.

(S4O-3620)

Angela Constance: From 2007 to date the Scottish Government has committed £3.9 million to fund projects aimed at tackling the gender pay gap and occupational segregation.

Under the public sector equality duty in the Equality Act 2010, the Scottish Government introduced a specific duty to place a requirement on relevant public authorities to publish gender pay gap information and statements on equal pay.

The devolution of equality and employment law, as set out in our proposals to the Smith Commission, would enable us to introduce further measures to reduce the gender pay gap.
Fiona McLeod (Strathkelvin and Bearsden) (Scottish National Party): To ask the Scottish Government what statutory duties local authorities have to maintain the buildings of their special needs schools to a safe standard.

(S4W-22822)

Michael Russell: Section 17 of the Education (Scotland) Act 1980 places the responsibility for the maintenance of all school buildings with the local authority. Local authorities also have responsibility, under the Health and Safety at Work Act 1974, to ensure - as far as is reasonably practicable - the health and safety of pupils in school. The Occupiers’ Liability (Scotland) Act 1960 places the responsibility with those in control of the land or premises (in this case local authorities) to maintain or repair the premises.

Transport Scotland

Jim Hume (South Scotland) (Scottish Liberal Democrats): To ask the Scottish Government what discussions it plans with Abellio regarding opening railway stations at (a) Reston and (b) East Linton.

(S4W-22802)

Keith Brown: The new ScotRail franchise contains revised timetables which can accommodate future calls at Reston and East Linton. However, the responsibility to demonstrate the need for the new stations remains the responsibility of the promoters. The joint Scottish Stations Fund application from the South East of Scotland Transport Partnership and East Lothian and Scottish Borders councils is still being assessed as further development work is required to ascertain the total cost of each station.

A decision on the application will be made, in line with the governance of the Scottish Stations Fund, by the Scottish Route Investment Review Group which comprises representatives from Transport Scotland, Network Rail and passenger and freight operators once the development work has been completed.

Elaine Murray (Dumfriesshire) (Scottish Labour): To ask the Scottish Government how and where Transport Scotland advertises trunk road closures arising from community events.

(S4W-22823)

Keith Brown: Transport Scotland publishes information notices in relation to temporary traffic regulation orders providing for trunk road closures (including those closures which are necessary in connection with the holding of a community event) in line with relevant current legislative requirements.

These notices are published in at least one local and/or national newspaper circulating in the area in which any road to which the order relates is situated.

In appropriate cases, a notice can also be displayed at each end of the length of road in question and at the points at which it will be necessary to diverge from the road.

It is the responsibility of the event organiser to consult, plan and organise wider publicity for the event.

The following questions received holding answers:

S4W-22652
S4W-22653
S4W-22658
S4W-22667