Midwifery 2020 Programme

Workforce and Workload Workstream Final Report

31 March 2010

Contents

1 Background

The overarching focus of Midwifery 2020 is to maximise the midwifery contribution to improving the experience and outcomes for women, babies and families, ensuring emphasis is placed on meeting the future health and social needs of a rapidly changing population.

The Workforce and Workload Workstream Group collaborated across all participating countries of the UK under the auspices of the Midwifery 2020 Programme of work and were tasked with considering demographics, education commissioning, attrition and workforce planning. Integral to every element of the Midwifery 2020 work is an underpinning philosophy of user involvement, professional education, leadership and the provision of safe, effective and evidence-based maternity care to meet user needs. Scotland led this work on behalf of the four countries, accountable to the Midwifery 2020 UK Programme Board.

2 Introduction

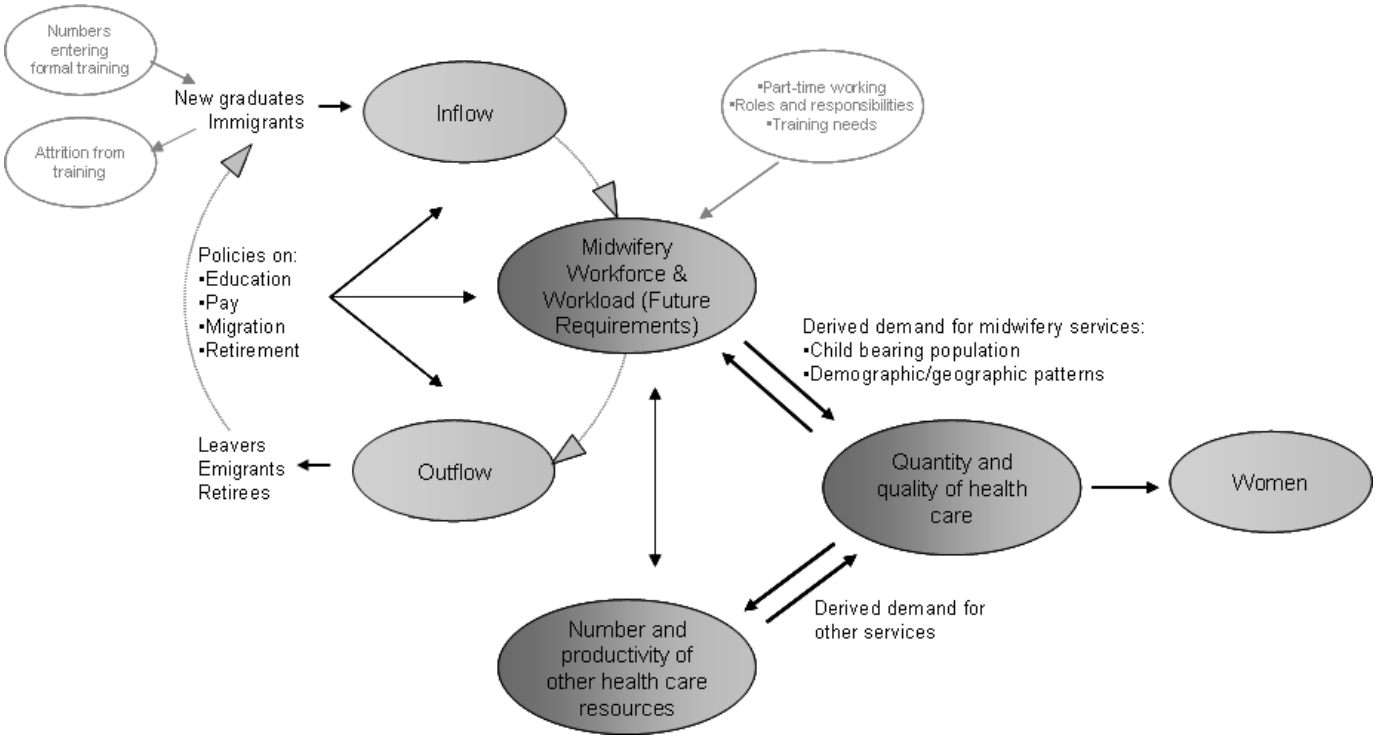
The provision of high quality maternity services is contingent on the availability of an adequate workforce of practising skilled midwives, who are available to lead and contribute to the care of women as part of the multiprofessional team. In order to consider what the key current and future challenges are facing the midwifery workforce, a review of the existing midwifery profile across the UK was undertaken. Additionally, the demand as demonstrated by birth projections was also considered. A two-phased approach was adopted and analysis of data was undertaken by Information Services Division (ISD), NHS National Services Scotland.

Phase 1 involved the collation of data from across all four countries to consider:

- Birth projections for 2020
- Number of midwives currently registered and practising
- Age and working pattern profile of workforce
- Number of students in training
- Attrition rates

Phase 2 identified the key emerging features which form the basis of the group's report and recommendations. However, inevitably there were some limitations to the comparable data available for analysis across the UK, and this, coupled with the complexity of the different drivers and influences which impact on the midwifery workforce and workload, make it difficult to make simple projections. Diagram 1 below is illustrative of some such factors.

Diagram 1



Adapted from: Flow chart of the contribution of physician services to the production of health care, from Simoens S & Hurst J (2006), The Supply of Physician Services in OECD Countries, OECD Health Working Papers 21,p.11 Paris: OECD, http://www.oecd.org/els/health/workingpapers

While the report focuses on midwives, the group acknowledges that there is a significant and growing body of maternity support staff who are largely 'invisible' in terms of the workforce information available on them cross the UK. The evolution and development of maternity support workers however is variable across the UK, as are their titles and training provision. As these roles develop to complement and support midwives in providing a high quality service to women, greater understanding will be required in regard to how the future workforce model may evolve, including guidance on skill mix and appropriate delegation. In February 2010 the Royal College of Midwives published useful guidance in an updated Position Statement regarding Maternity Support Workers and the valuable role they play within the maternity care team (Royal College of Midwives (2010).

The group considered existing workforce measurement tools, the most commonly used across the UK being Birthrate Plus®, however while undoubtedly there are many positive features in the methodology used within the tool, there are also some recognised limitations to its applicability particularly when considering remote and rural perspectives, and Scotland for example is developing an alternative tool. An additional factor to consider is that although most if not all Boards/Trusts across the UK have at some point over the last few years undertaken a Birthrate Plus® exercise, these have not taken place simultaneously; therefore the results are neither current nor comparable.

If a simple model of supply and demand is considered then it could be proposed that the number of midwives required to deliver care is largely influenced by the number of births across the UK. However, there are a significant number of variables to consider which impact on the complexity and intensity of care delivery including women's choice, model of care, risk status and geography. It is rather simplistic therefore to dictate a fixed midwife to birth ratio. In recognition of some of the complexity around this issue, the RCM and RCOG, among others, have undertaken a review of midwifery service provision and workforce planning tools and have recommended as a **minimum** an intrapartum standard of one whole time equivalent midwife per 28 births per year, which takes into account and models for such variability (RCOG *et al*, 2007).

Where all care is delivered by a midwife such as in caseload holding models, a ratio of one midwife to 35 women is recommended (RCOG *et al*, 2007). Both of these recommendations are based on clear evidence that an adequate ratio of midwives to births impacts on both the safety and quality of maternity services and mothers' satisfaction (Healthcare Commission, 2008; Hatem *et al*, 2008). Recommendations also state that midwives should be supported in practice by appropriately qualified support workers and administrative staff, and as care is delivered over 24hrs, 365 days a year then support staff should be available accordingly (Royal College of Midwives, a). More detailed guidance on variances which may require these standards to be improved upon, and the additional requirements for predicted absence, specialist and managerial posts, is given in the RCM associated guidance paper (Royal College of Midwives, b) and in *Safer Childbirth* which is endorsed by four Royal Colleges (RCOG *et al*, 2007).

The Core Role of the Midwife workstream is considering the key principles which should underpin the design of future models of care, to ensure that maternity care provides safety, choice and continuity of care. Clearly workforce and workload planning can only accurately take place when there is an understanding of the local population needs, care settings and service delivery models. Once this information is available, service providers can consider the competencies that are required to deliver such care, and can model their workforce and skill mix accordingly; utilising existing and new roles to optimise women's experiences and clinical outcomes while aiming to improve productivity.

3 Moving into a changing world

3.1 Influences on Current and Future Service Provision

Policy across the UK is consistent in its commitment to deliver a choice of safe, accessible, high quality maternity care which is women focused and family centred. The principle that pregnancy and birth are normal life events is fully acknowledged, as is maximising the opportunity for all women, regardless of risk profile, to have as physiological and positive a birth experience as is possible. However, the profile of women accessing maternity services has changed and demographic and lifestyle challenges place additional demands on the provision of care. The UK is currently experiencing a rising birthrate, women with existing co-morbidity are more readily successfully becoming mothers, women are having babies later in life and assisted conception is resulting in more multiple births. Additionally teenage pregnancy rates are increasing and women from disadvantaged backgrounds and those with complex social needs continue to experience poorer pregnancy outcomes (Lewis, 2007). Appendix 1 sets out some of the actual and potential challenges which will impact on maternity services between now and 2020, many of which increase the complexity of care delivery required from midwives.

3.2 Demographic Change

Demand for health workforce and workforce skills is in part driven and determined by population health - which relates to population size and composition. The population of the United Kingdom (UK) is projected to rise from 61.7 million in 2009 to a high of 66.5 million in 2020. The number of children aged under 16 is projected to increase slightly by 0.04 per cent from 18.67 million to 18.71 million; the number of people of working age is projected to increase from 40.8 million to 42.1 million; the number of people of pensionable age is projected to rise by around 26 per cent from 10.1 million to 12.7 million (the number of people aged 75 and over is projected to increase by around 28 per cent from 4.8 million to 6.2 million) (General Register Office website).

One significant policy challenge related to population changes is to try and retain as many people of working age as possible; to contribute to the economy, and to provide the workforce which will be needed to provide a service to the growing number of those requiring care in the population. Recent immigrants coming mainly from eastern Europe to live and work in the UK have boosted the population, but long term initiatives are required to boost the number of older people who are working, reduce the number of working-age citizens who emigrate, and attract more people of working age to the UK either as returners, or immigrants.

A critical issue to consider when examining the current and future profile of the midwifery workforce is to assess what changes will emerge from population change which will impact on demand for midwifery skills and numbers. With regard to the number of births, the current projection is that these are set to be fairly stable, increasing only slightly from 2011 (933,100) to 2021 (945,900), a 1.4% increase (General Register Office website). However, in recent years birth projections have underestimated actual birth trends across the UK, with the current UK

birthrate at its' highest since 1972 with consecutive year on year increases since 2001 (Telegraph). This has inevitably resulted is significant challenges for midwives and services in responding to the increased demand.

3.3 **Productivity and Economic Growth in the UK**

Demographic change is one key driver, another is the impact of the economic recession on population health, and on the level of available NHS funding. It is clear that public sector funding will be tightly controlled over the next few years, as the full impact of fiscal responses to the global economic crises impact on available funds for the NHS and for other public services. In a tight funding scenario, more effort will be required to identify and implement policies which improve productivity and effectiveness of the health workforce. The NHS has a key role to play with regard to the productive potential of the UK population, in facilitating a solid base for future economic growth. Levels of UK rates of unemployment may contribute to exacerbating health inequalities which exist in disadvantaged areas, where ill-health as a consequence of high rates of unemployment may be a factor.

The UK Governments contend that there is a clear policy argument in favour of supporting the health of the nation from an economic and labour market perspective. They have stressed that healthy people are better placed to participate in the labour market and to acquire the skills they need to enter employment. It has been argued that improving the health of the population, including the NHS workforce, will therefore lead to a more productive workforce by expanding the pool from which recruits can be hired and reducing the number of working days lost due to illness, the number of early retirements due to ill-health, and the number of premature deaths due to treatable illness among those of working age.

The second element in improving economic performance and productivity identified by Government is more direct - it has been recognised that the NHS must also strive to maximise its own productivity. The overarching current policy goal is to create a simpler and more effective public sector, and one that makes the best use of public money.

Changes across the wider economy will also have a significant impact on the financial environment within which the NHS operates. The NHS, like any health system, is a labour intensive industry, where a high proportion of costs, and potential for cost saving and productivity improvement, lies with the workforce. Although funding for health is projected to continue to increase, as a result of the impact of recession on public finances, the overall increase projected over the next two years is significantly lower than the growth that was funded over the period from 1997/98 to 2007/08, and will make productivity improvements a priority. However public expectations of the NHS are likely to continue to increase; and as result the service will face challenges in meeting increasing demand, partly driven by population growth and change, and partly by ever-increasing expectations of service quality in a period of reduced funding growth.

Given the current workloads already facing many midwifery staff, the policy focus must be on improving productivity. Various UK strategy documents set out some policy levers in this area, demonstrating the strategic context within which the NHS can demonstrate the value it places on the workforce. Included in these are using the modernised pay and terms and conditions systems to ensure an effective workforce contribution to wider quality and efficiency targets; the use of improvement methodologies which increase capacity to generate quality improvements and build morale across teams; efficient use of technology in patient care and in information and communications systems across the workforce in support of decision-making, service management and monitoring. The composition and skill mix within maternity teams also needs to be considered as new roles such as maternity care assistants emerge and from the impact of changes within medical career structures (Buchan and O'May).

3.4 **The Midwife as part of the Multidisciplinary Team**

It is recognised that General Practitioners (GPs) have ongoing responsibility for a woman's medical care throughout pregnancy and post birth, including provision for the baby's ongoing medical needs as required. GPs provide excellent primary care to patients of all ages, however evidence shows that women benefit from being seen by specialist pregnancy services as early as possible. Therefore a woman's GP will continue to look after her general medical care, liaising with maternity colleagues as appropriate, with decreasing numbers participating in antenatal care depending on women's choice and model of service provision.

Midwives also work closely with their obstetric colleagues to deliver maternity care for women, however the medical profession is currently undergoing a period of change within the post-graduate education structures resulting in a significant rise in Certificate of Completion of Training (CCT) holders. The full impact of this shift from a service mainly provided by doctors in training, to a service provided by trained doctors, is as yet not fully realised. As previously indicated, public sector funding is expected to reduce in real terms over the coming years and therefore maternity services will require to ensure that all staffing resources (midwifery, medical and support workers) are profiled and managed to both enhance care delivery to women and families and maximise efficiency.

4 What is the current reality?

The starting point for any examination of the future shape of the midwifery workforce is to review its current profile and recent trends and detailed information in regard to this is given below. As an overview however, the broader nursing and midwifery workforce (including support workers etc.) comprises the largest of all staff groups within the NHS, accounting for 672,366 in 2008. The number of midwifery staff in post at September 30th 2008 was 25,664 (19,639 wte), an increase of 571 (341wte) from 2007. The majority of the workforce are female and most are working part time. (NHS UK Statistics)

Figures provided by the Nursing and Midwifery Council (NMC) indicate that there are 39,945 midwives currently registered with the NMC, however for the practise year 2009/10 only 35,889 midwives have submitted a valid Intention to Practise (ItP) which is a prerequisite for working in a post for which a midwifery qualification is required. There are therefore 4056 midwives registered who are not currently practising in a midwifery post and some possibilities regarding this variation are – midwives unable to secure a post, midwives on a career break, those recently retired but still within their registration period and those working overseas.

The future supply of staff is shaped in part by the annual decisions that are made on the number of pre-registration student midwife places that will be funded across the UK. The majority of midwifery education programmes are direct entry three year programmes although a small number of post registration shortened eighteen month programmes also exist. The result of the annual decision on student midwife places is that intakes to pre-registration education will vary year on year; the intake will subsequently determine the size of the "new" workforce coming onto the register three years, or for a small number eighteen months later, taking into account additional factors such as attrition during training.

4.1 **Workforce Data**

Analysis of LSA, ItP and NMC information covers high level 4 country data and was sourced from the following collections:

- Local Supervising Authorities (LSA)
- Intention to Practise (ItP)
- Nursing and Midwifery Council (NMC)

and is detailed in **Appendix 2 - 7**

The following section 4.2 provides analysis of information on the midwifery workforce and is presented for all 4 UK countries where possible. Midwifery data has been sourced from the following collections:

- Scottish Workforce Information Standard System (SWISS)
- Electronic Staff Record (ESR) Welsh data System
- Northern Ireland Department of Health, Social Services and Public Safety
- English Information Centre

Data is incomplete for all 4 countries, however where possible comparisons have been made.

4.2 NHS Midwifery headcount and whole time equivalent for each of the four Countries

Midwifery staff in post information presented within this section has been collected from data published by the 4 countries and includes; ISD Scotland, Information Centre England, Health Solutions Wales and DHSSPS Northern Ireland.

Caution should be used when using the raw data to compare midwife to birth ratio or per capita across the four countries, as due to differences in service provision the actual number of midwives available for care during the antepartum, intrapartum and postpartum period may not be reflective of the overall number showing for that country.

In Scotland for example the data shows that there are 3,321 midwives, however in reality 424 of those midwives work in Neonatal Units caring for sick infants and supporting their families and are not therefore available for births. In England a growth target for increasing the Midwifery workforce has been set to increase by 4,000 in total by September 2010 (Department of Health website).

Table 6 and figure 6 below shows the NHS Midwifery headcount and whole time equivalent for each of the 4 countries.

Table 6: Midwifery Staff in Post at September 2008

	Headcount	Whole Time Equivalent
Wales	1,617	1,270.9
Scotland	3,321	2,670.2
Northern Ireland	1,278	992.4
England	23,659	18,894.9

Figure 6:

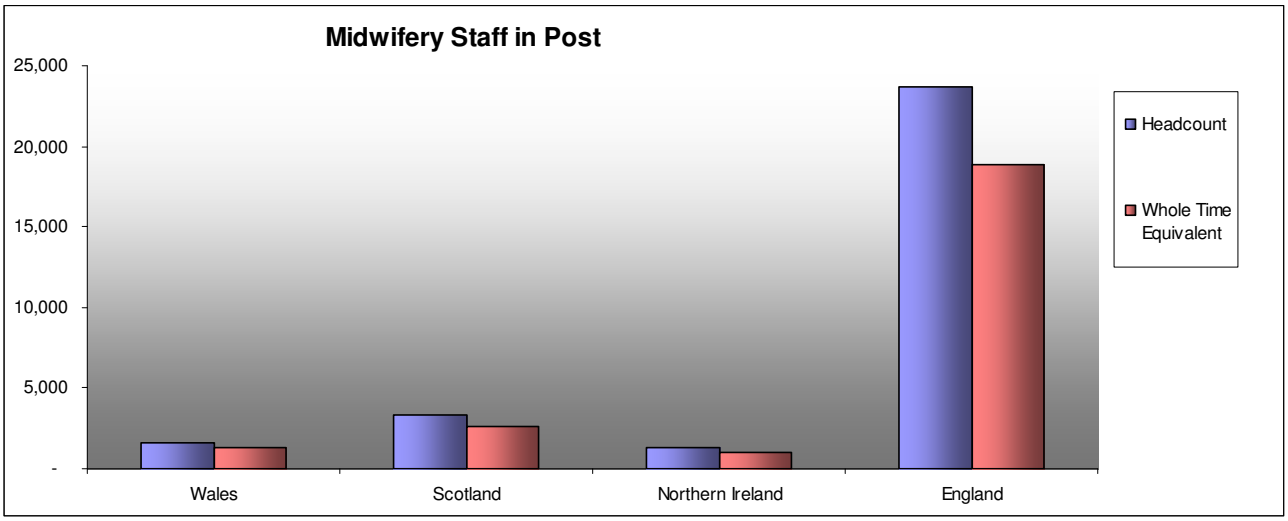


Table 7 and figure 7 below show that Northern Ireland has the most midwives per capita with 72 (55.5 WTE) midwives per 100,000 population. Scotland has the second highest number of midwives per population with 64 (51.4 WTE) per 100,000. Wales and England have the lowest with 54 (42.2 WTE) and 46 (36.4 WTE) respectively. Overall the UK has 48 (38.5 WTE), however this has been heavily influenced by the inclusion of the English data.

Table 7: Midwives per 100,000 population

	Headcount	Whole Time Equivalent
United Kingdom	48	38.5
Wales	54	42.2
Scotland	64	51.4
Northern Ireland	72	55.5
England	46	36.4

Figure 7:

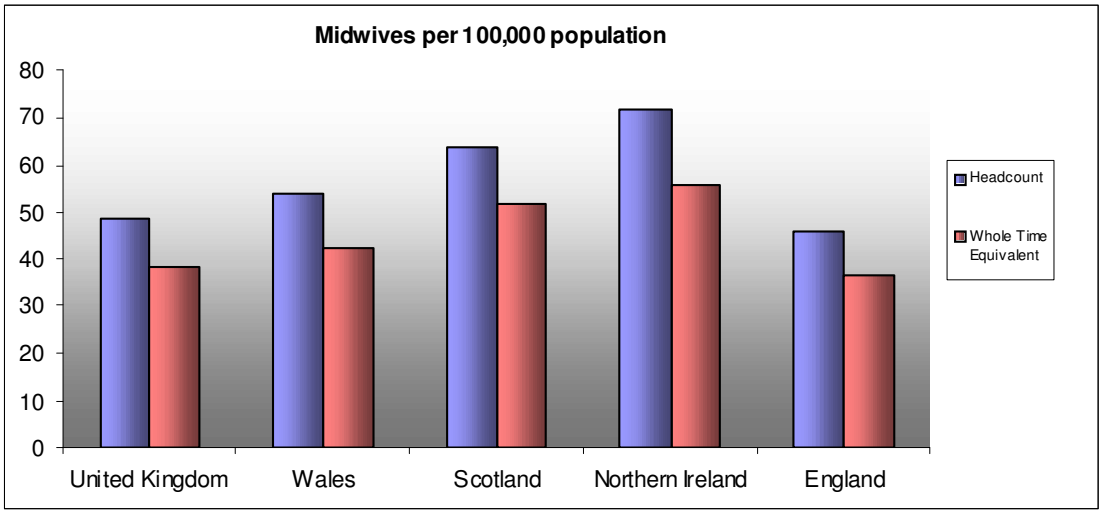
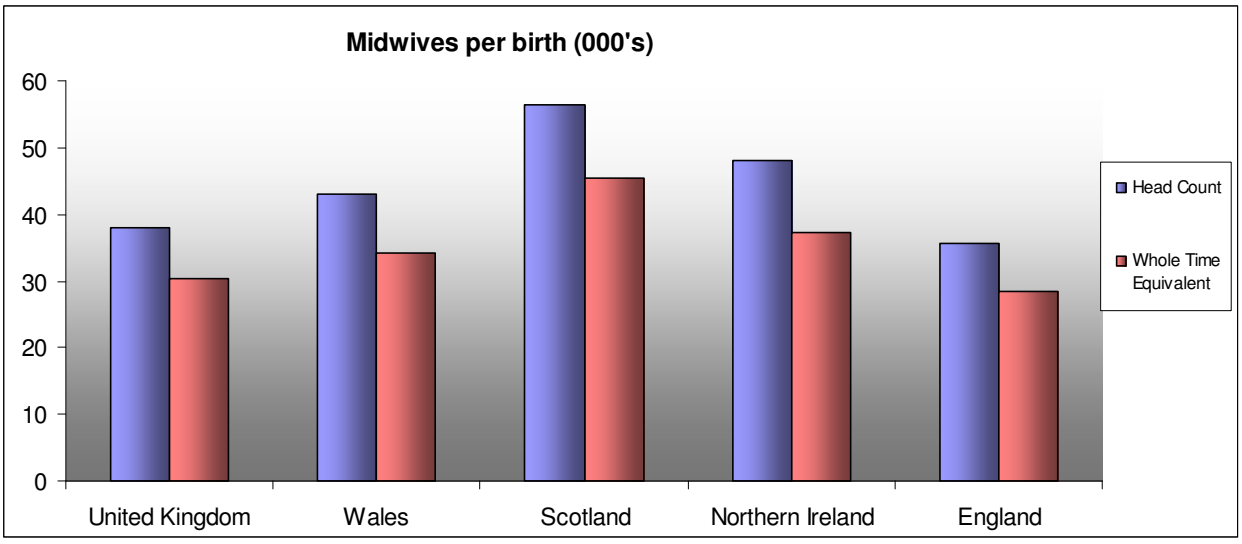


Table 8 and figure 8 below show that Scotland has the highest number of Midwives per birth with 56 (45.4 WTE) per 1,000 births. Northern Ireland and Wales have 48 (37.3 WTE) and 43 (34.3 WTE) midwives per 1,000 births with England having the lowest at 36 (28.4 WTE) midwives per 1,000 births, however as previously indicated the policy direction is to increase the midwifery workforce in England by 4,000 by 2012. Overall the UK has 38 (30.3 WTE) midwives per 1,000 births, however this has been heavily influenced by the inclusion of the English data.

Table 8: Midwives per Birth (000's)

	Headcount	Whole Time Equivalent
United Kingdom	38	30.3
Wales	43	34.3
Scotland	56	45.4
Northern Ireland	48	37.3
England	36	28.4

Figure 8:



Midwifery Establishment figures were only available for Scotland. Table 9 below shows that there are very few midwifery vacancies in NHS Scotland (1.5%). Bank usage accounts for only 0.4% of the overall establishment. There were no agency Midwives used in 2008.

Table 9: Midwifery Establishment

	Bank	Agency	Vacancy	Staff in Post	Establishment
England	-	-	-	-	-
Northern Ireland	-	-	-	-	-
Scotland	10.4	-	41.6	2,670.2	2,722.1
Wales	-	-	-	-	-

4.3 **Midwifery Age Distribution**

Tables and figures 10-13 below show the age distribution trend for Midwives from 2004 to 2009 and are based on WTE. However please note that only Northern Ireland headcount data was available.

England shows a peak similar to that in Scotland around the 40-44 age group. Age group is normally distributed with a slight plateau between ages 25-34. This remains stable over the 5 year period. Please note data was not available for England as at 30 September 2009.

Northern Ireland data is only available for 30 September 2008 and 2009 which shows fewer midwives aged between 36-45 than both Scotland and Wales. Northern Ireland has a noticeable peak between the ages of 46-50, whereas Scotland and Wales plateau between the ages of 41-50. Northern Ireland also shows a consistently higher workforce after the age of 50.

Scotland shows there was a sharp peak between the ages of 40-44 in 2004; this has started to smooth out up until 2008 where a plateau can be seen between the ages of 40-49. However in 2009 a sharp peak appears between the ages of 45-49. This would suggest that the age of a midwife has increased by 5 years where there has been no back fill to the younger ages.

Welsh data shows the distribution has remained stable over the period 2004-2009 with a smooth peak between ages 40-50. Unlike the Scottish pattern, this would suggest that Wales are replacing their older midwives with younger midwives.

In summary, the Midwifery workforce is ageing with around 40%-45% of staff within retirement age in the next 10 years (as evidenced in Figure 28).

Table 10: Age Distribution of Midwives for England at 30 September

	Under 20	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 plus
2004	0.01	3.6	8.4	9.7	17.2	21.7	17.5	12.2	7.8	1.9	0.1
2005	0.01	3.5	9.5	9.4	15.2	21.4	18.6	12.6	7.6	2.0	0.2
2006	-	3.0	9.8	9.6	13.5	21.3	19.1	13.3	7.8	2.3	0.2
2007	-	2.9	10.0	10.0	12.5	20.7	19.7	13.9	7.6	2.5	0.2
2008	-	3.3	10.3	10.1	11.9	19.5	20.0	14.5	7.6	2.5	0.3

Figure 10:

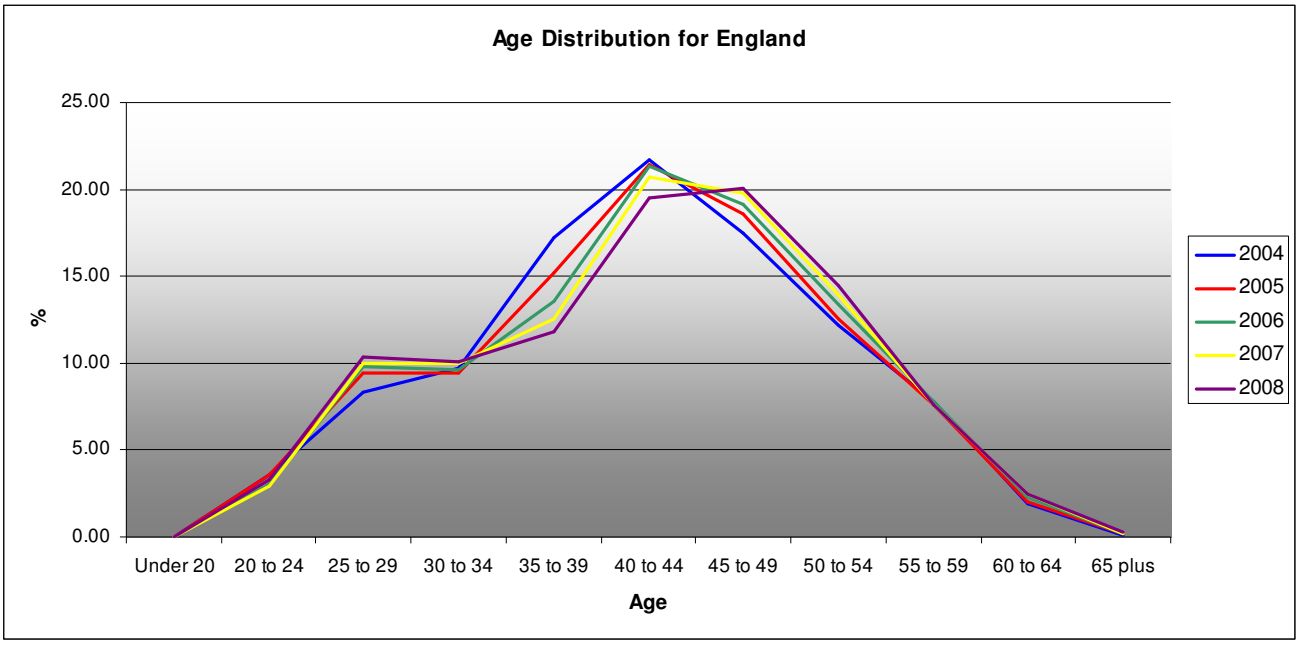


Table 11: Age Distribution of Midwives for Northern Ireland at 30 September

	Under 20	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 plus
2008	-	0.2	6.3	11.6	12.2	15.8	23.3	18.3	9.6	2.7	0.1
2009	-	0.2	7.3	11.3	12.6	14.1	22.1	19.3	10.2	2.7	0.2

Figure 11:

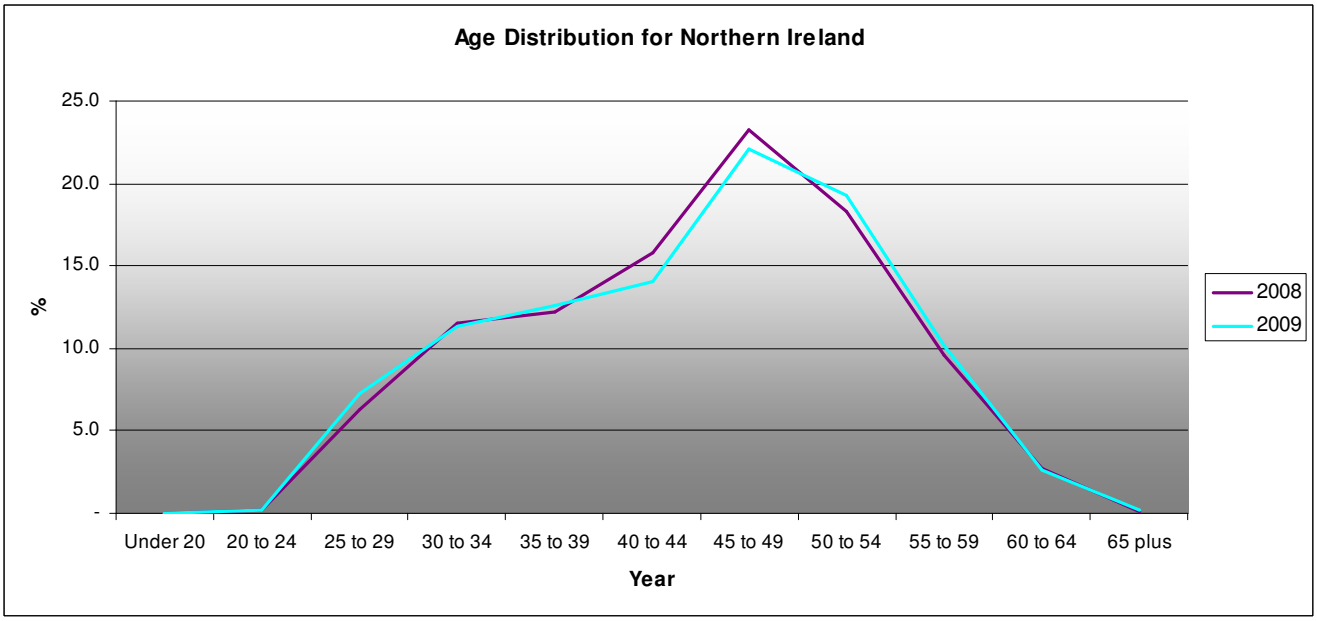


Table 12: Age Distribution of Midwives for Scotland at 30 September

	Under 20	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 plus
2004	-	3.1	9.2	9.1	18.1	26.0	16.9	10.0	6.5	1.0	-
2005	0.04	3.2	8.4	9.4	16.0	26.8	17.9	10.4	6.6	1.3	0.04
2007	-	2.8	8.3	10.0	12.2	24.3	21.9	11.9	7.1	1.5	0.06
2008	-	2.5	8.7	10.6	10.9	21.8	23.2	13.4	7.2	1.5	0.10
2009	-	2.5	7.9	10.3	10.3	18.7	25.5	15.6	7.6	1.7	0.05

Figure 12:

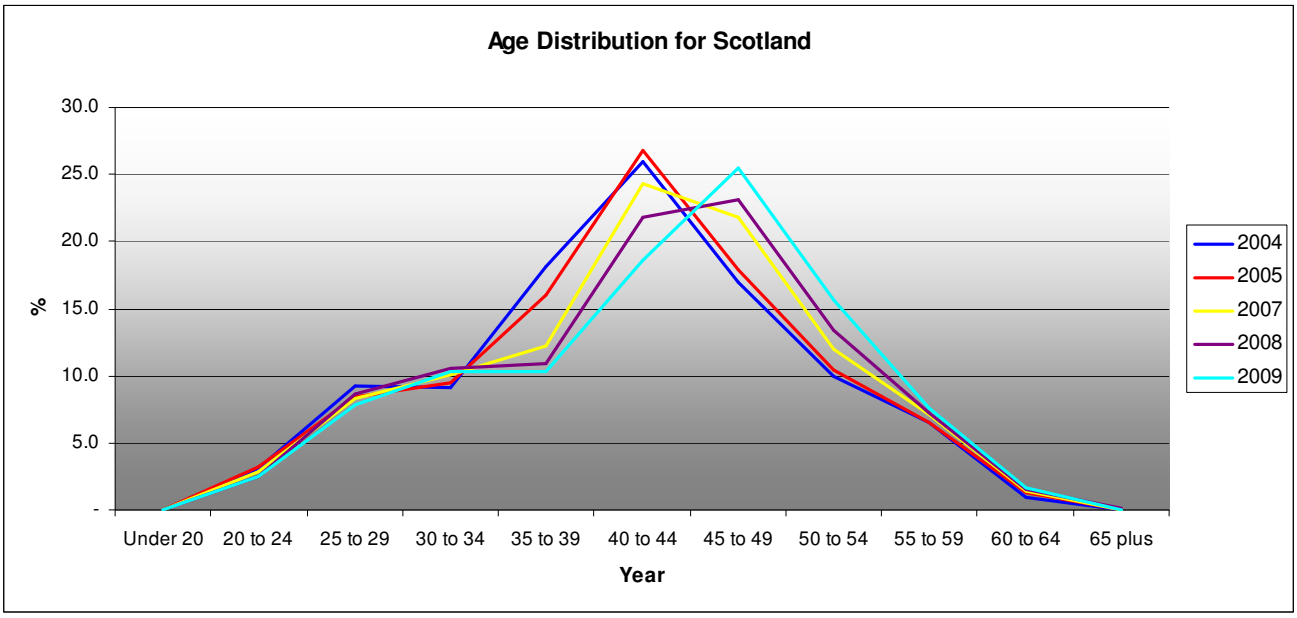
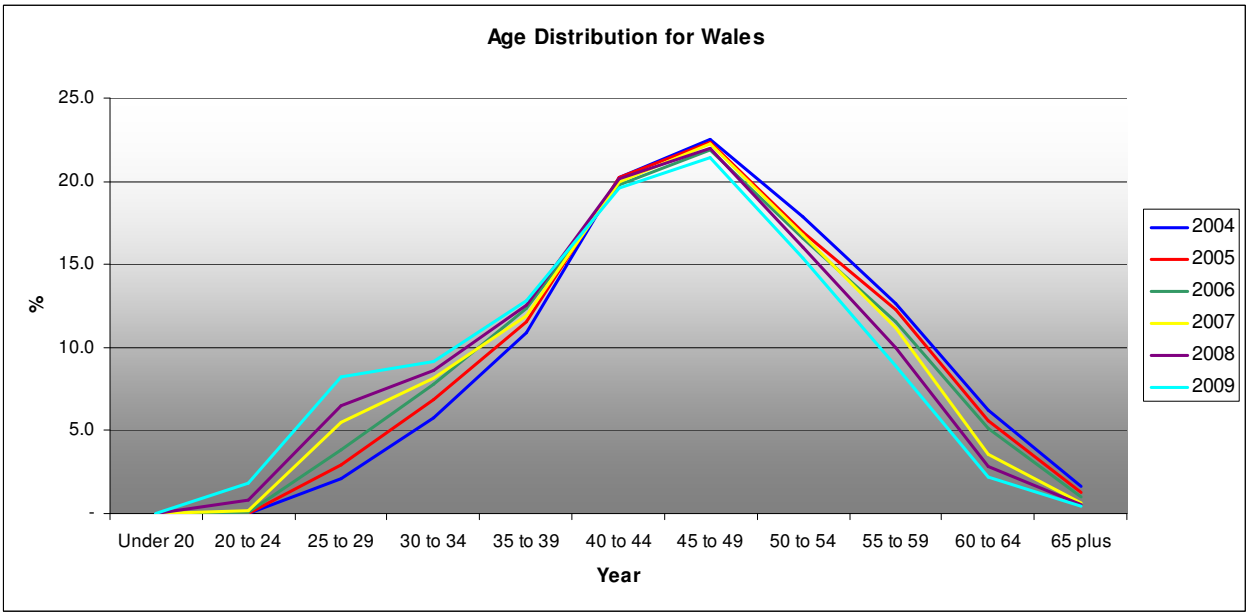


Table 13: Age Distribution of Midwives for Wales at 30 September

	Under 20	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 plus
2004	-	-	2.2	5.8	10.9	20.2	22.6	17.9	12.6	6.2	1.7
2005	-	-	2.9	6.8	11.5	20.3	22.4	16.9	12.2	5.6	1.3
2006	-	0.1	3.9	7.8	12.4	19.7	21.9	16.6	11.5	5.1	1.0
2007	-	0.1	5.5	8.1	11.9	19.9	22.2	16.8	11.2	3.6	0.6
2008	-	0.8	6.5	8.6	12.5	20.2	22.0	16.0	10.0	2.8	0.5
2009	-	1.9	8.3	9.1	12.8	19.6	21.4	15.4	8.9	2.2	0.5

Figure 13:



4.4 Midwifery Agenda for Change Band Structure

Data for Midwifery Agenda for Change (AfC) band structure is available for all four countries. Models of service provision which have been configured to meet the needs of the local population may influence the banding structure within Health Boards/Trusts and therefore direct comparisons across countries can be problematic. The data below is correct as of September 2008.

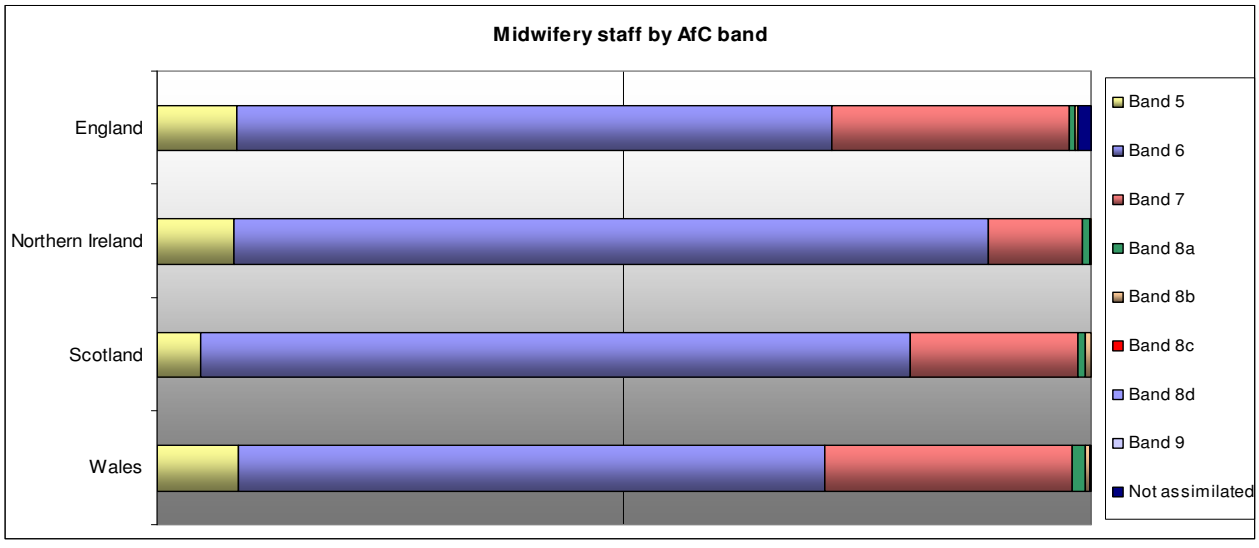
Table 14 and figure 14a below shows that the majority of Northern Ireland's midwives are within band 6 (80%) with a split distribution between bands 5 (8%) and bands 7 (10%). There are only a small proportion of midwives at band 8 or above (0.9%). Scotland also has a large proportion of midwives within band 6 (76%), however there are significantly less band 5's (4.6%) when compared to both Northern Ireland and Wales. There are more band 7's (18%) within Scotland when compared to Northern Ireland but similarly only a small proportion at band 8 or above (1.4%).

England and Wales have similar band structures in midwifery. Compared to both Northern Ireland and Scotland, Wales and England have significantly fewer band 6's (62.9%) (63.7%) but have more band 5's (8.7%) (8.5%). There is also a significantly higher proportion of band 7's (26.4%) (25.5%) when compared to the other countries. Only a small proportion of midwives are band 8 or above (2%) (0.9%). As of September 2008, 1.4% of Midwives in England had either not assimilated or were under review, however given the lapse of time it is likely that this is no longer the case.

Table 14: Midwifery Band Distribution at September 2008 (WTE)

	Wales	Scotland	Northern Ireland	England
Band 5	110.0	122.4	80.4	1,601.7
Band 6	799.0	2,028.5	796.5	12,043.2
Band 7	335.3	480.8	100.3	4,813.2
Band 8a	19.4	21.1	7.0	128.4
Band 8b	4.8	15.3	2.0	30.4
Band 8c	1.0	2.0	-	8.4
Band 8d	-	-	-	1.0
Band 9	-	-	-	
Not assimilated	1.3	-	-	268.6

Figure 14a:



Figures 14b – 14e show the proportion of staff at each band for each country, with the majority of staff at Band 6, a smaller proportion at bands 5 and 7, and a decreasing number of staff at the higher bands.

Figure 14b:

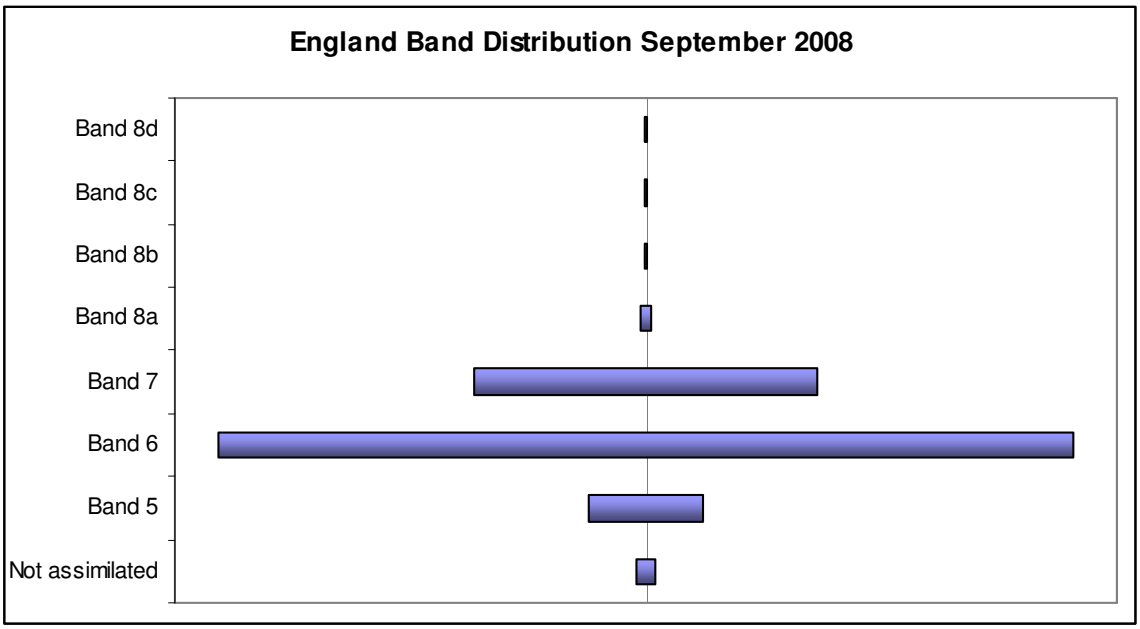


Figure 14c:

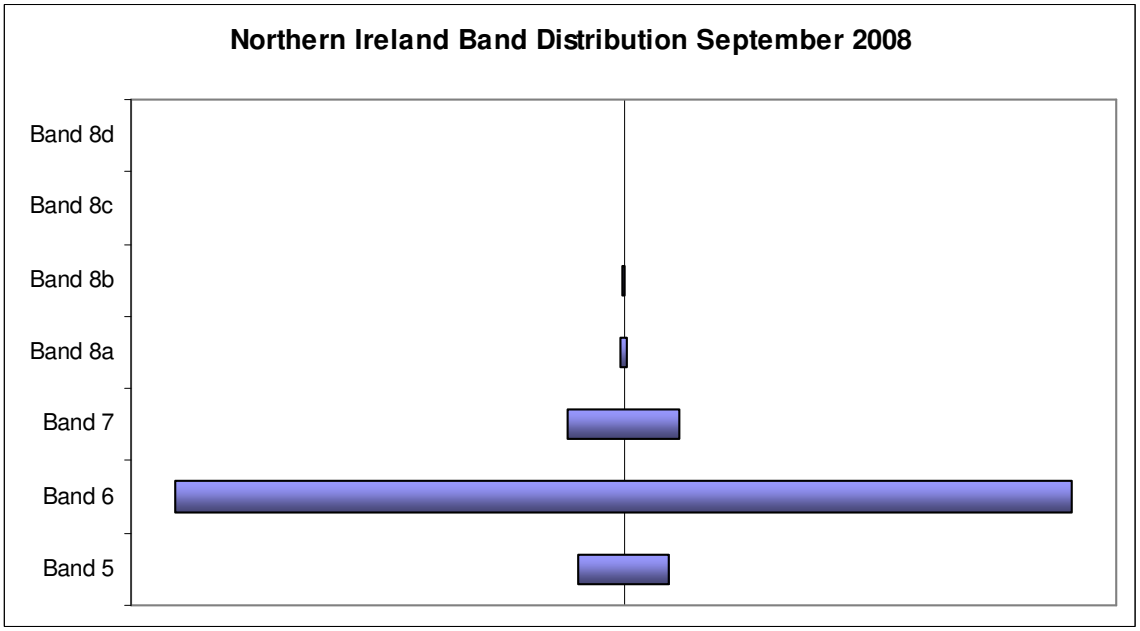


Figure 14d:

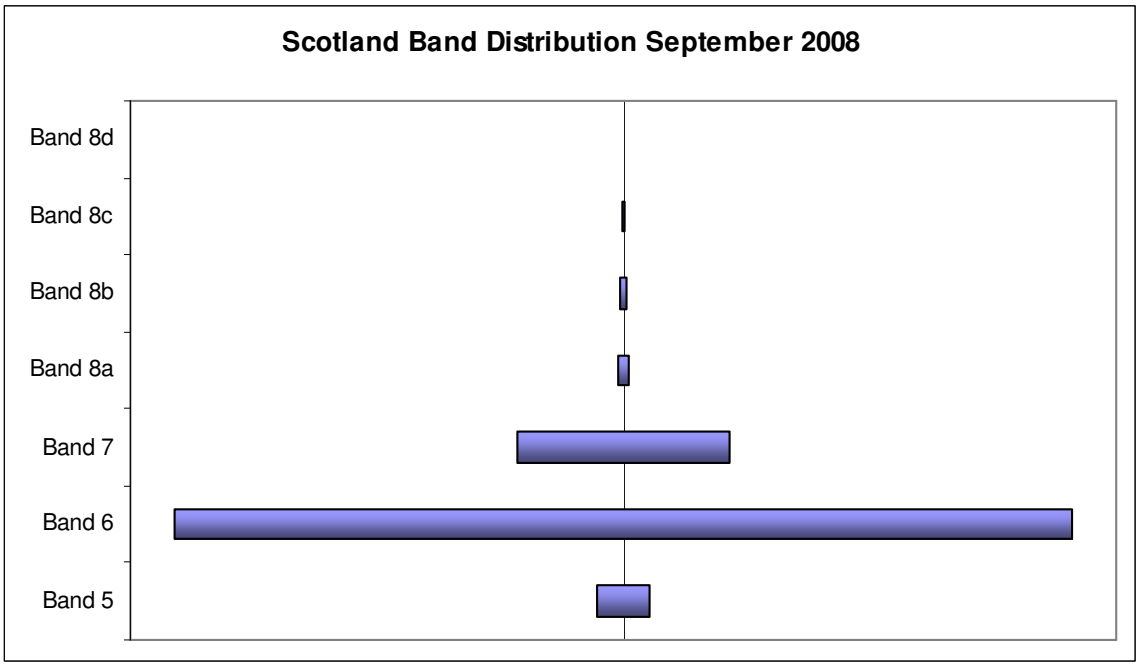


Figure 14e:

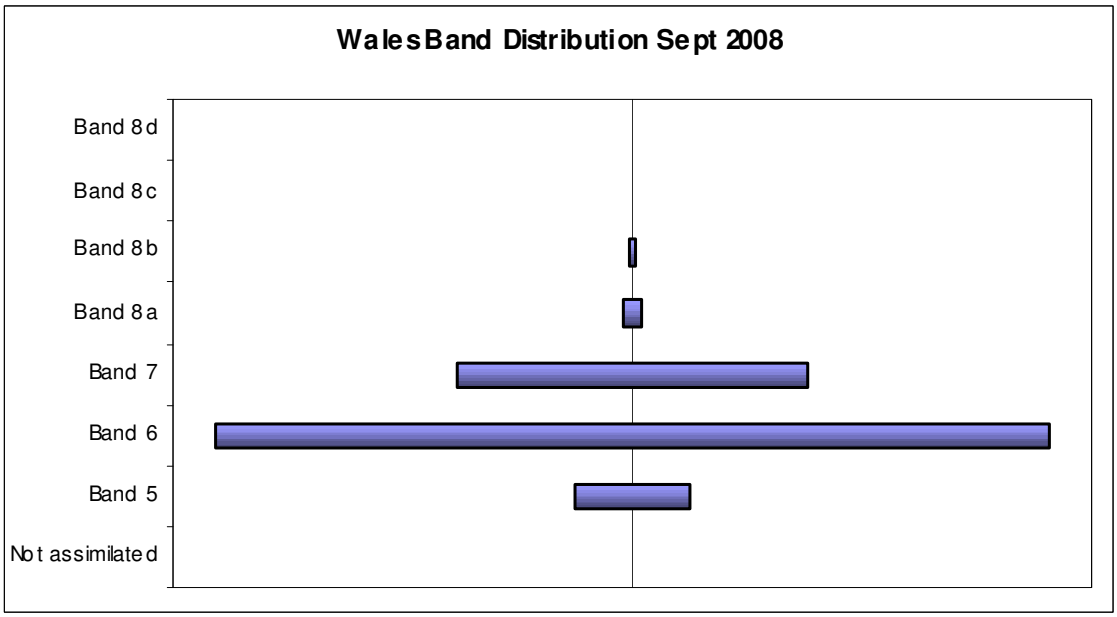


Table 15 and figure 15 below shows the number of Midwives by age group and band structure for Scotland. It is perhaps not surprising to find that within Scotland the majority of band 5's can be found within the younger age groups (ages <20 to 34).

This however is not the case for band 6's and above where the majority of midwives are aged 35+, with a significant proportion of band 6s and band 7s aged between 40 to 54.

Table 15: Scotland - Midwifery age and Band profile as at 30 September 2008

	Total	Under 20	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 plus
Band 5	122.4	-	34.0	25.1	20.3	19.3	12.0	7.6	3.2	-	-	1.0
Band 6	2,028.5	-	34.0	204.8	257.2	251.9	456.2	419.2	227.1	147.4	29.9	0.8
Band 7	480.8	-	-	2.0	4.7	16.6	104.1	176.8	123.0	41.6	11.2	0.9
Band 8a	21.1	-	-	-	-	1.2	4.0	8.0	3.9	4.0	-	-
Band 8b	15.3	-	-	-	1.0	3.0	4.0	6.3	1.0	-	-	-
Band 8c	2.0	-	-	-	-	-	1.0	1.0	-	-	-	-
Band 8d	-	-	-	-	-	-	-	-	-	-	-	-
Band 9	-	-	-	-	-	-	-	-	-	-	-	-

Figure 15:

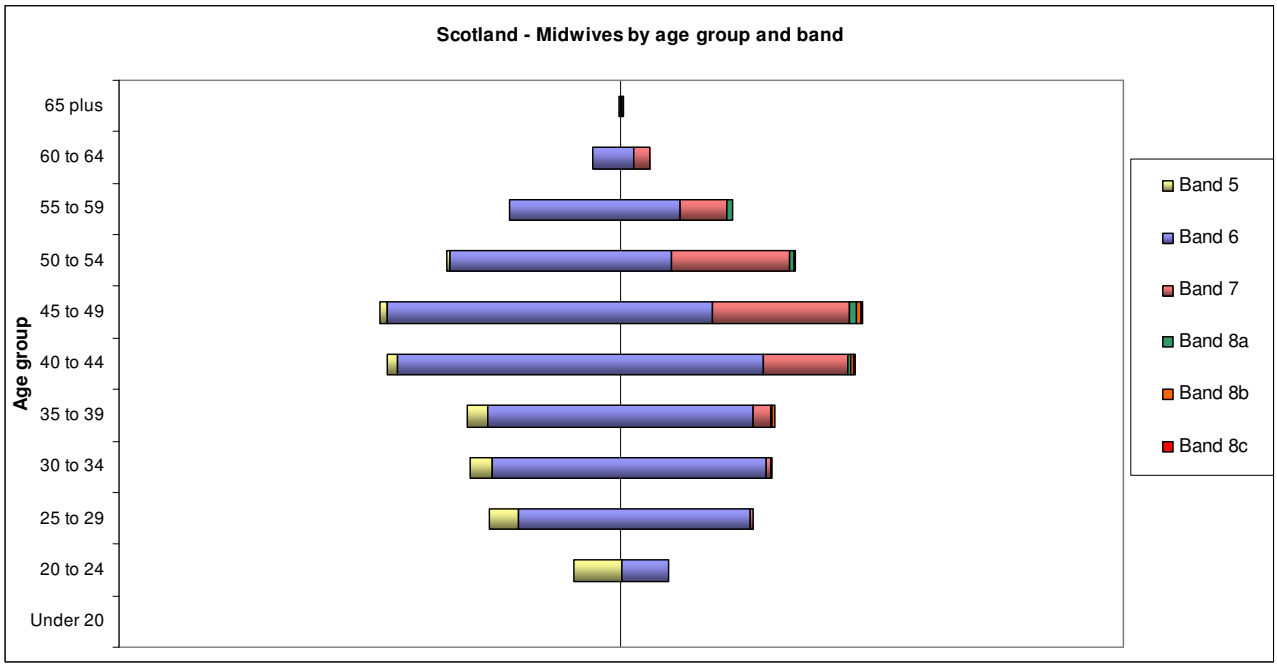


Table 16 and figure 16 below shows the number of Midwives by age group and band structure for Wales.

This shows that the number of band 6 midwives accounts for a significant proportion of all midwives throughout all ages. Unlike Scotland, there is a fairly even spread of band 5s across most age groups including those over 50, which is a surprising finding as Band 5 posts tend to be newly qualified midwives prior to progression to Band 6 at the end of their preceptorship period. Whilst there are less midwives at bands 7+ within Wales when compared to Scotland, the majority of these staff are aged 40-54. This is consistent to that pattern found within Scotland.

Table 16: Wales - Midwifery age and Band profile as at 30 September 2008

	Total	Under 20	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 plus
Band 5	110.0	-	4.4	21.3	21.3	23.6	11.2	12.5	7.6	4.7	2.8	0.6
Band 6	799.0	-	5.8	60.5	82.8	114.2	166.8	155.5	111.8	77.0	20.0	4.7
Band 7	335.3	-	-	1.0	4.8	20.6	71.0	102.6	78.4	43.4	12.0	1.6
Band 8a	19.4	-	-	-	-	1.0	7.0	4.5	4.0	1.9	1.0	-
Band 8b	4.8	-	-	-	0.8	-	-	3.0	1.0	-	-	-
Band 8c	1.0	-	-	-	-	-	-	-	1.0	-	-	-
Band 8d	-	-	-	-	-	-	-	-	-	-	-	-
Band 9	-	-	-	-	-	-	-	-	-	-	-	-
Not assimilated	1.3	-	-	-	-	-	0.4	0.9	-	-	-	-

Figure 16:

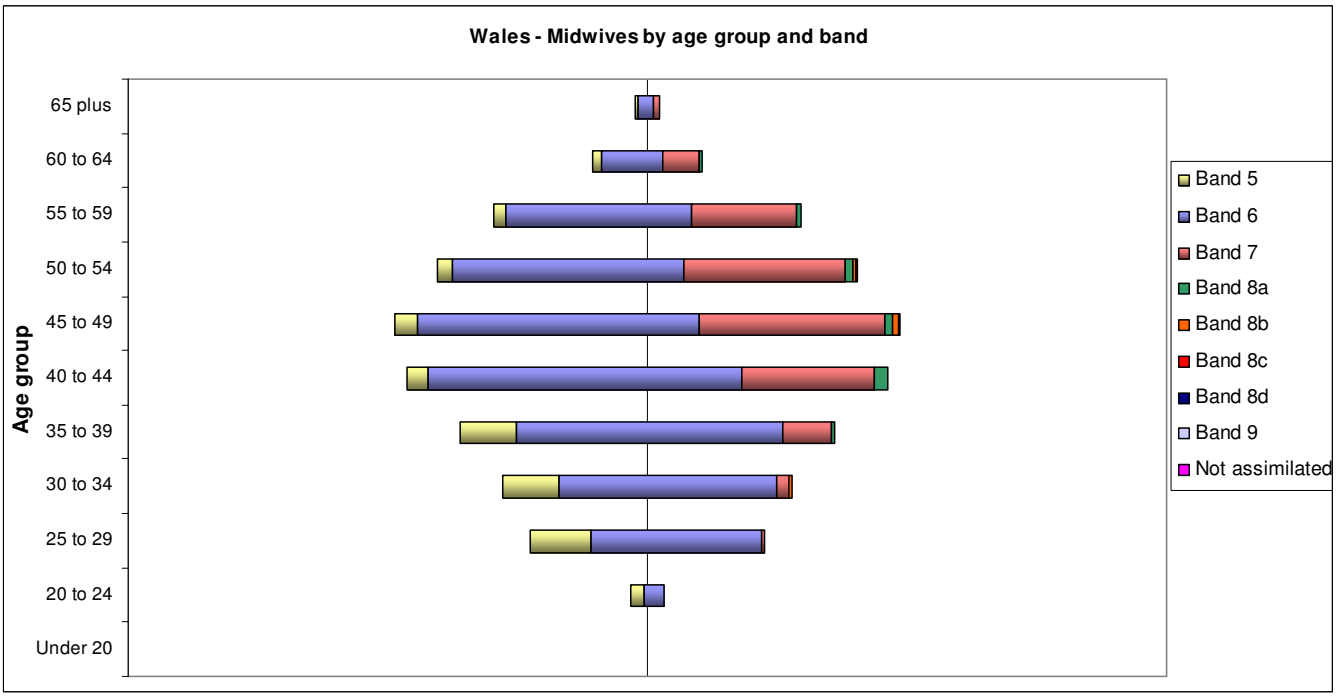


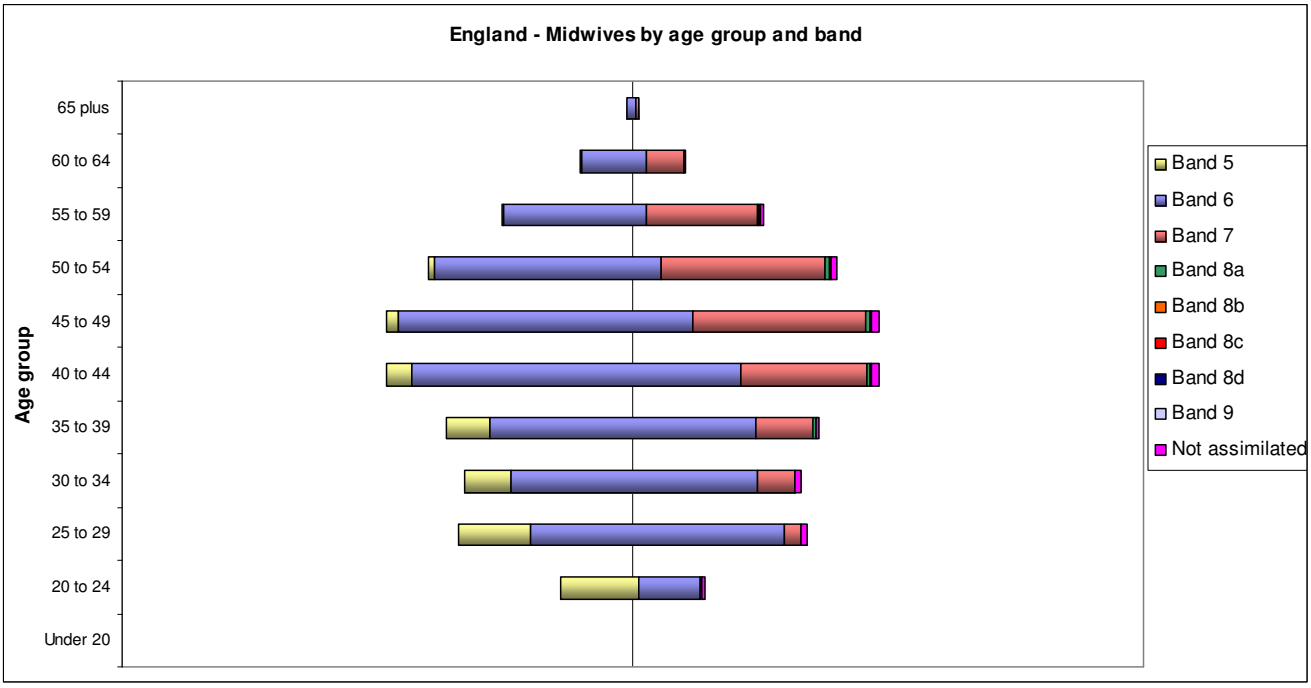
Table 17 and figure 17 below shows the number of Midwives by age group and band structure for England.

This shows that the number of band 6 midwives accounts for a significant proportion of all midwives throughout the age groups. In England the age groups 25 – 29, 30 – 34 and 35 – 39 all have a similar number of midwives and band structures which is in contrast to Scotland and Wales.

Table 17: England - Midwifery age and Band profile as at 30 September 2008

	Total	Under 20	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 plus
Band 5	1,601.7	-	340.5	404.6	258.9	260.8	186.3	93.5	37.1	15.4	3.9	0.8
Band 6	12,043.2	-	269.9	1,414.4	1,401.3	1,598.7	2,472.0	2,262.1	1,520.8	773.0	298.0	33.2
Band 7	4,813.2	-	4.0	91.8	214.6	345.8	943.9	1,325.1	1,100.3	606.8	167.0	13.9
Band 8a	128.4	-	-	2.0	3.6	11.7	28.1	33.0	36.0	13.0	1.0	-
Band 8b	30.4	-	-	-	1.0	1.0	7.0	12.9	3.9	3.7	0.3	0.6
Band 8c	8.4	-	-	-	-	-	2.0	1.0	2.0	3.0	0.4	-
Band 8d	1.0	-	-	-	-	-	1.0	-	-	-	-	-
Band 9	-	-	-	-	-	-	-	-	-	-	-	-
Not assimilated	268.6	-	16.2	35.4	30.4	21.1	50.0	53.9	37.6	19.3	4.5	0.3

Figure 17:



4.5 Career of a Midwife in NHS Scotland

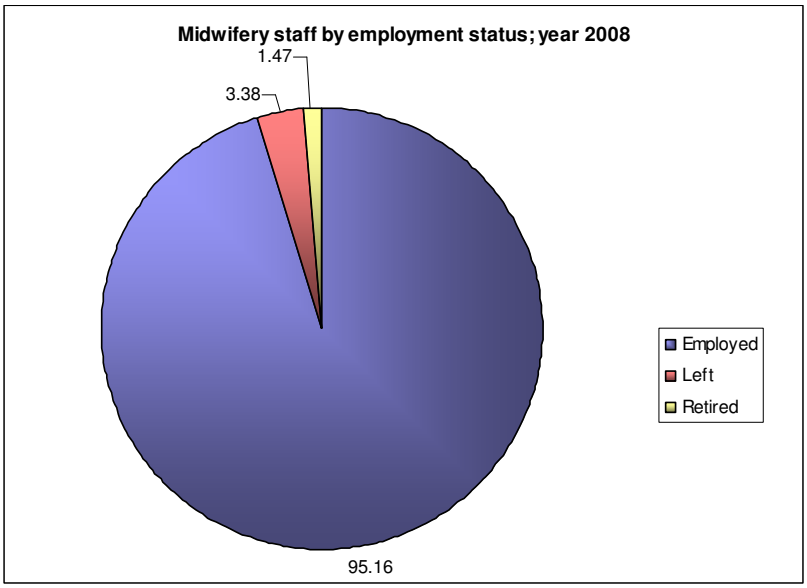
Information within this section presents Scottish data only and explores the career of Midwives leaving NHS Scotland between 2007 to 2009. These data have been derived using staff in post information extracted from the NHS Scotland 'Scottish Workforce Information Standard System'

Table 18 and figure 18 below presents the midwifery employment status for NHS Scotland Midwives. This shows that 33% of leavers are a direct result of retirement.

Table 18: Midwifery staff by employment status

	2007	2008	2009
Number of Midwives employed in NHS Scotland	2526.0	2692.9	2808.5
Number of Midwives left NHS Scotland	65.5	95.5	79.0
Number of Midwives retired from NHS Scotland	30.8	41.5	45.4

Figure 18:



Leavers have been split into the following categories; retirement and left. ***This does not take into account employees who have left employment in midwifery and have subsequently returned to a midwifery post or other NHS post.***

Table 19 below shows that for those midwives who have retired, the average length of service during 2007 and 2008 was approximately 25-26 years. However this pattern in 2009 has changed where the average length of service of a retired midwife was approximately 31 years. However as the numbers involved are small it is difficult to draw any conclusions around this as further trend analysis would be required to confirm whether midwives are staying in post longer.

Information on midwives who have left post during 2007 to 2009 shows that the average length of service of a midwife during 2007 and 2008 was approximately 9-10 years. This pattern changes slightly during 2009 where the average length of service of midwives who have subsequently left

post is approximately 8 years. This is perhaps not surprising given the higher proportion of younger aged midwives in a band 5 post and indeed may suggest midwives are having career or maternity breaks.

Table 19: Average length of service

	2007	2008	2009
Leavers	10.0	9.6	8.2
Retirals	25.5	26.2	31.0

Table 20 below shows the average leaving age of a midwife (other than due to retirement) is 39 years old. This also shows that the average retiral age of a midwife is 58 years old. This pattern has remained consistent over the past 3 years.

Table 20: Average leaving/retiral age

	2007	2008	2009
Leavers	40.5	39.4	39.1
Retirals	58.6	58.7	59.3

Table 21 below shows for those midwives who have subsequently retired, their average age when they took up post was 31. The average age at commencement of post for midwives who have since left post was 30.

Table 21: Average age at commencement of post

	2007	2008	2009
Leavers	30.0	29.6	30.6
Retirals	33.2	32.4	28.1

Figure 22a below shows Midwifery leavers by year and length of service.

This shows that there are a significant number of midwives who leave post within the first 5 years of service. This appears to steadily fall after 5 years suggesting that midwives working over 5 years are more likely to remain in post until retirement.

Figure 22a:

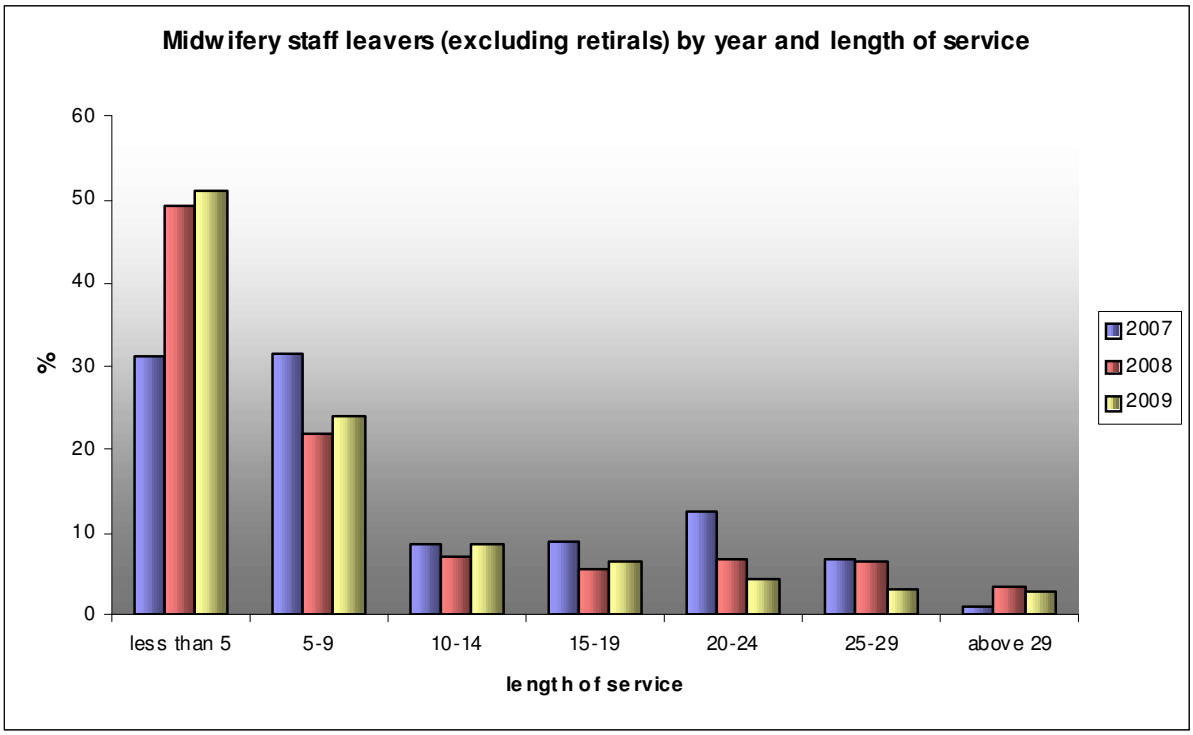
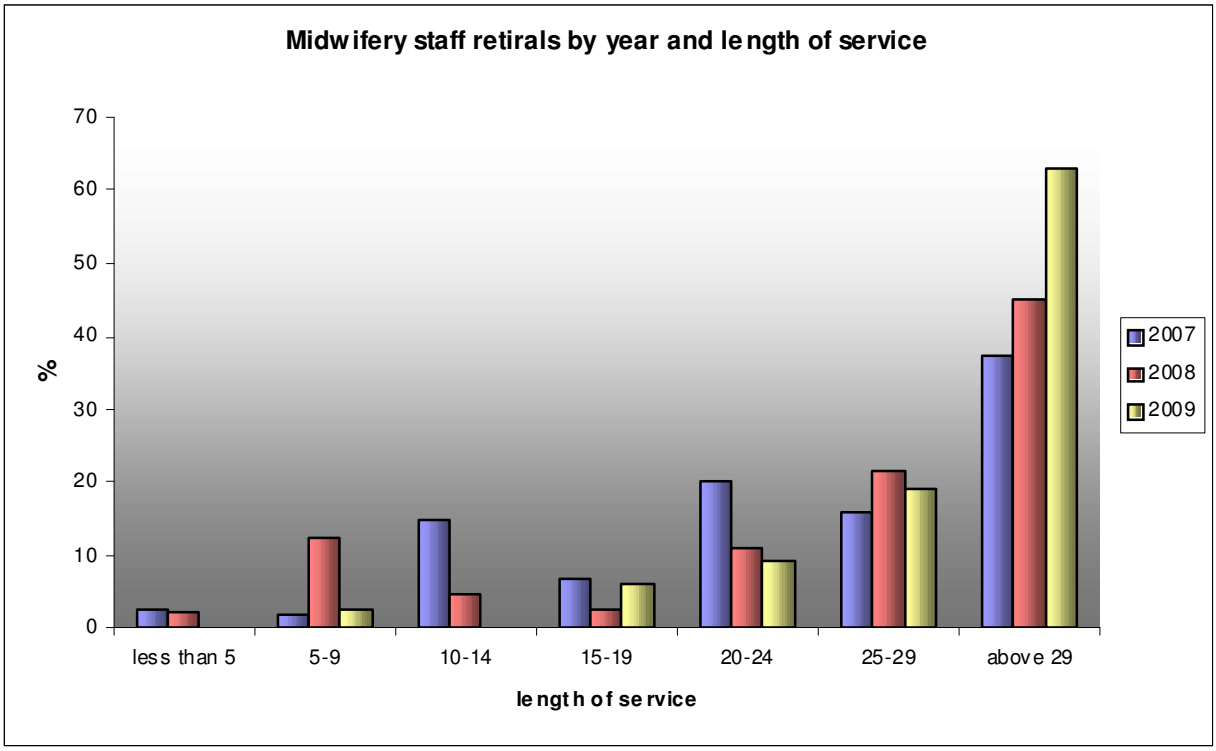


Figure 22b below shows that for those midwives who have subsequently retired, the majority have worked for more than 20 years and a significant number have worked more than 29 years.

Figure 22b:



4.6 Key Messages from Section 4

Key Messages

- There are 4056 midwives currently registered with the NMC who are not practising as midwives
- 40%-45% of the midwifery workforce will reach retirement age in the next ten years
- More that two thirds of midwives are over 40 and a quarter are over 50, with Northern Ireland having the highest proportion of midwives over 50
- The average age of a midwife is 42-43 years
- Across the UK the overall percentage of midwives working part-time is 57% with Scotland and Northern Ireland having 62% and 66% respectively
- Midwife to birth ratio or per capita is not directly comparable across the UK due to differences such as service provision, geography etc.
- 96% of midwives work in the NHS
- Scotland data would suggest that there is little movement in the workforce with the peak age of a midwife increasing over the last five years, whereas in Wales the pattern would suggest that older midwives are being replaced with younger midwives
- Midwives who have retired have an average length of service of 31 years (Scotland)
- Midwives who have left other than retirements on average have an 8 year service (Scotland)
- A significant number of midwives leave post within the first 5 years of service (Scotland)

5 What is the future direction?

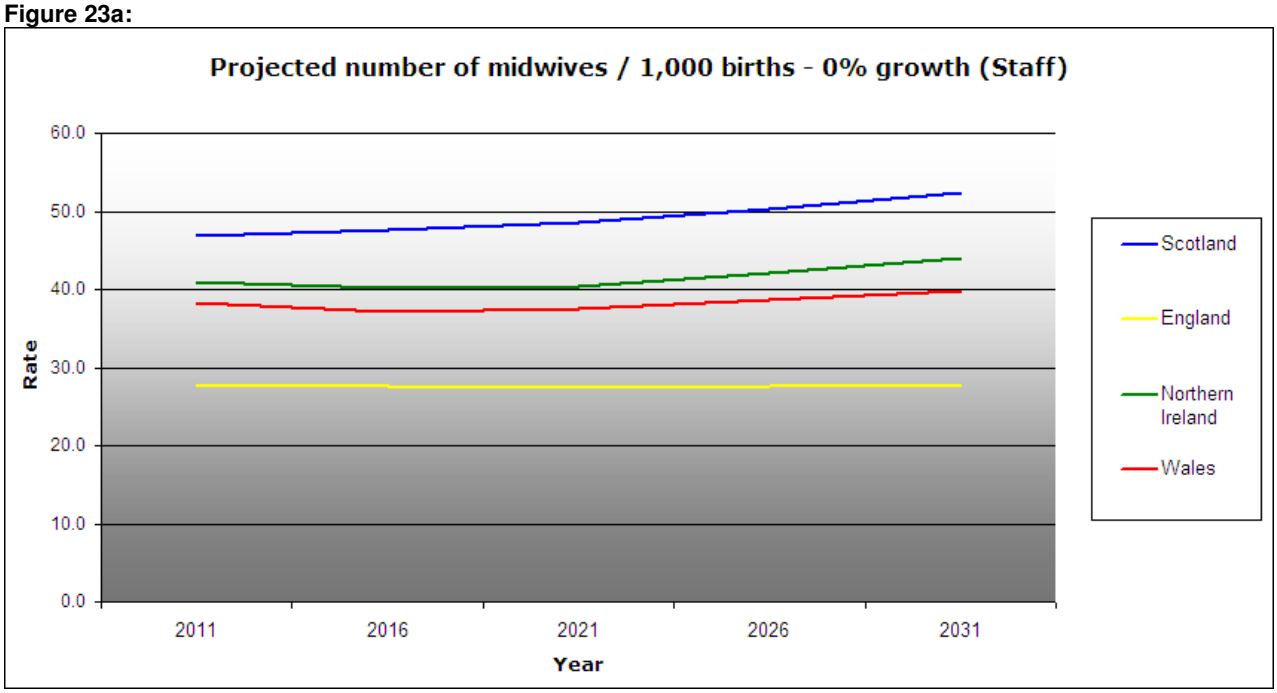
Figures 23a and 23b below have been derived using data collected from the Welsh ESR Data Warehouse, English Information Centre and the Northern Ireland Department of Health, Social Services and Public Safety. This compares the 4 countries WTE staff in post with the projected number of births. However these data are only available at 5 year intervals.

5.1 Midwives per birth based on future birth-rate projections

The following section presents some modelling based on future birth-rate projections, however there are limitations to the data. First of all if the birth projections are inaccurate as they have been over the last ten years then the number of births could be anywhere between 10-15% higher. Secondly the information does not take into account the shortage of midwives already alluded to in England, therefore other modelling scenarios would be required to test out the various assumptions.

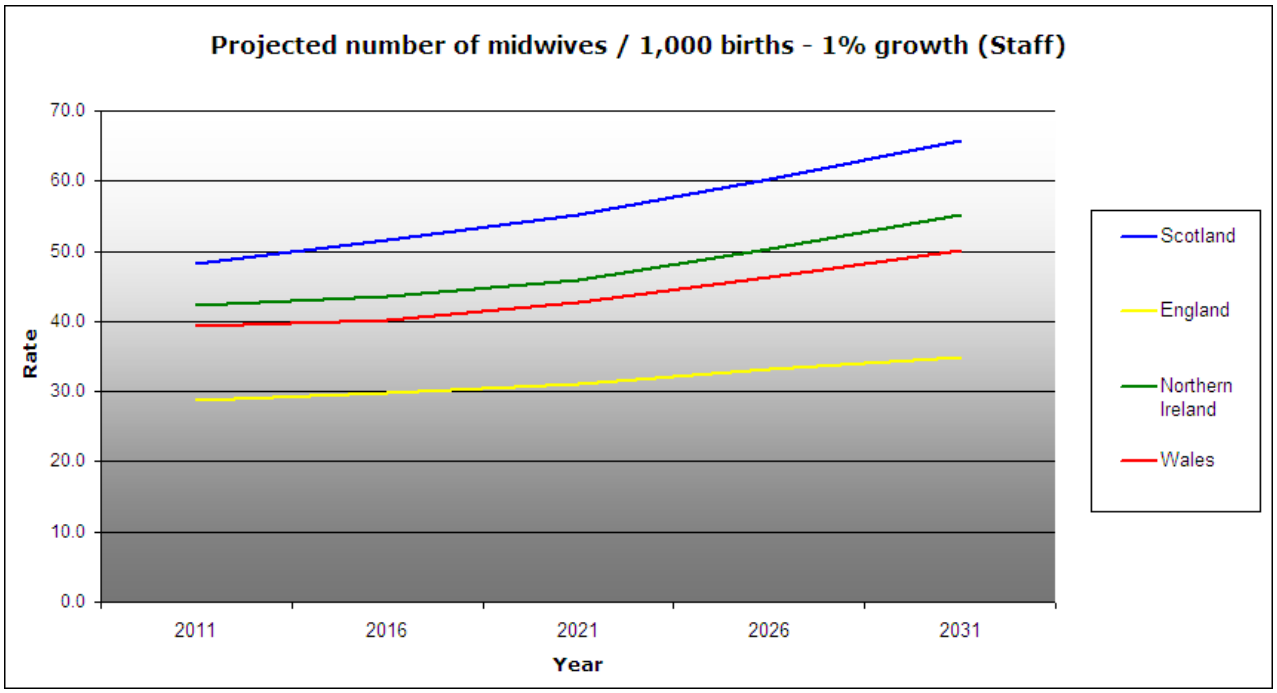
Assuming a 0% Midwifery staff growth rate, the number of Midwives per 1,000 births for Scotland is rising steadily as the projected birth rate is expected to decrease. For Wales, England and Northern Ireland the Midwives per birth ratio is fairly stable as their birth rate is expected to increase slightly but from 2021 all of the countries birth rates are expected to decrease. This shows that the midwife per birth ratio rises because the number of births is projected to fall from 2021 to 2031, however in England a smaller decrease in births is expected.

Figure 23a:



Assuming a 1% Midwifery staff growth rate (as found within NHS Scotland over the last 10 years), the number of midwives per birth is expected to increase by approximately 5% up to 2021 and approximately 20-25% to 2031.

Figure 23b:



5.2 Midwives by Whole Time/Part Time Profile

Tables and figures below show the whole time/part time split of midwives for NHS Scotland by headcount and WTE.

Table 24a and figure 24a is based on Headcount of Midwifery staff. This shows that over the past 10 years whole time staff have decreased from 49.4% in 1998 to 37.6% in 2009.

Table 24a:
Whole-Time / Part-Time Profile of Midwives in Scotland as at 30 September - % Trend

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Whole-Time	49.4	49.3	47.7	47.1	47.1	45.4	44.5	43.2	-	39.2	38.4	37.6
Part-Time	50.6	50.7	52.3	52.9	52.9	54.6	55.5	56.8	-	60.8	61.6	62.4

Figure 24a:

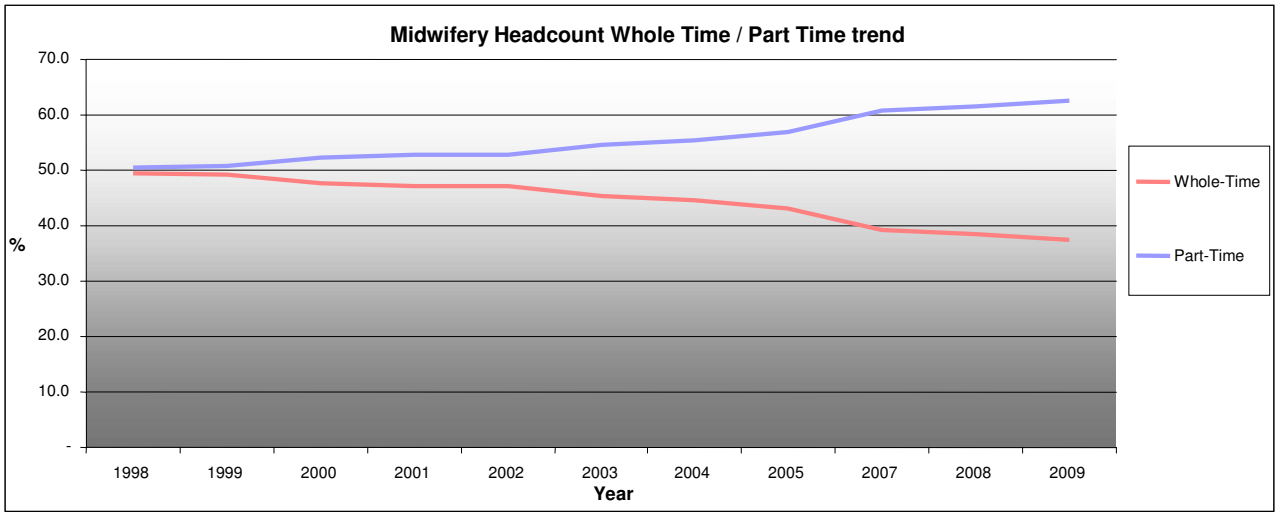


Table 24b and figure 24b is based on WTE of Midwifery staff. This shows the midwifery WTE has decreased for whole time staff from 61.3% in 1998 to 46.8% in 2009.

This suggests that at present, more midwives are currently working part time hours and this trend has increased year on year for the last ten years. Consideration requires to be given to the impact of this shift towards part-time working on recruitment, continuing professional development (CPD) and mandatory training requirements.

Table 24b:
Whole-Time / Part-Time Profile of Midwives in Scotland as at 30 September - % Trend

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Whole-Time	61.3	60.8	59.1	58.1	58.0	56.0	55.1	53.6	-	48.7	47.8	46.8
Part-Time	38.7	39.2	40.9	41.9	42.0	44.0	44.9	46.4	-	51.3	52.2	53.2

Figure 24b:

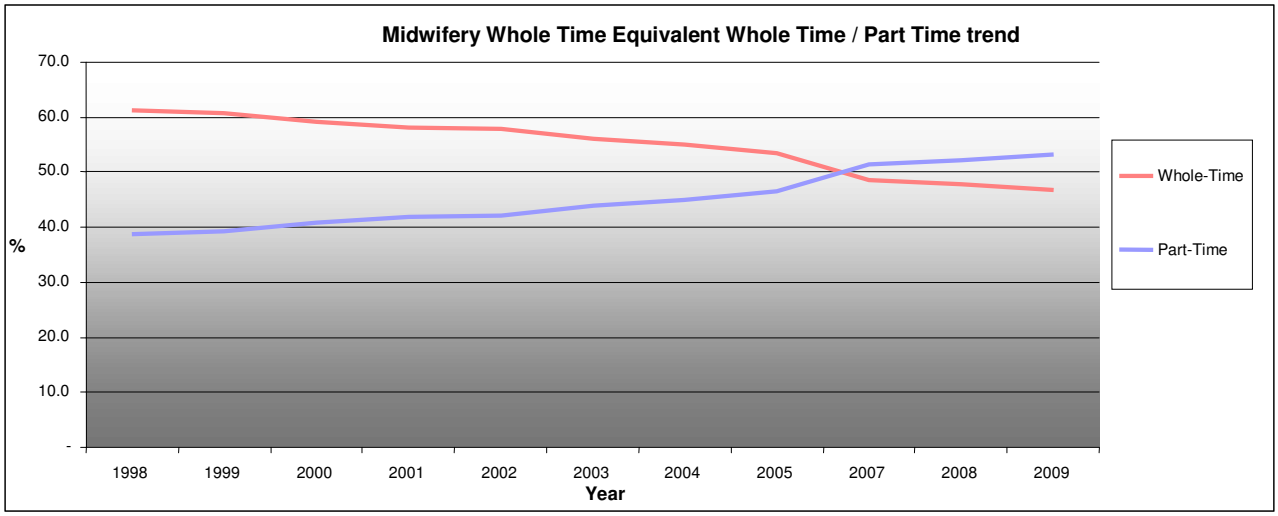


Table 25a and figure 25a is based on Headcount of Midwifery staff in Wales. This shows that over the past 5 years whole time staff and part time staffing levels have remained stable, 40% and 60% respectively.

Table 25a:
Whole-Time / Part-Time Profile of Midwives in Wales as at September - % Trend

	2004	2005	2006	2007	2008	2009
Whole-Time	38.2	41.5	42.0	41.0	41.4	40.2
Part-Time	61.8	58.5	58.0	59.0	58.6	59.8

Figure 25a:

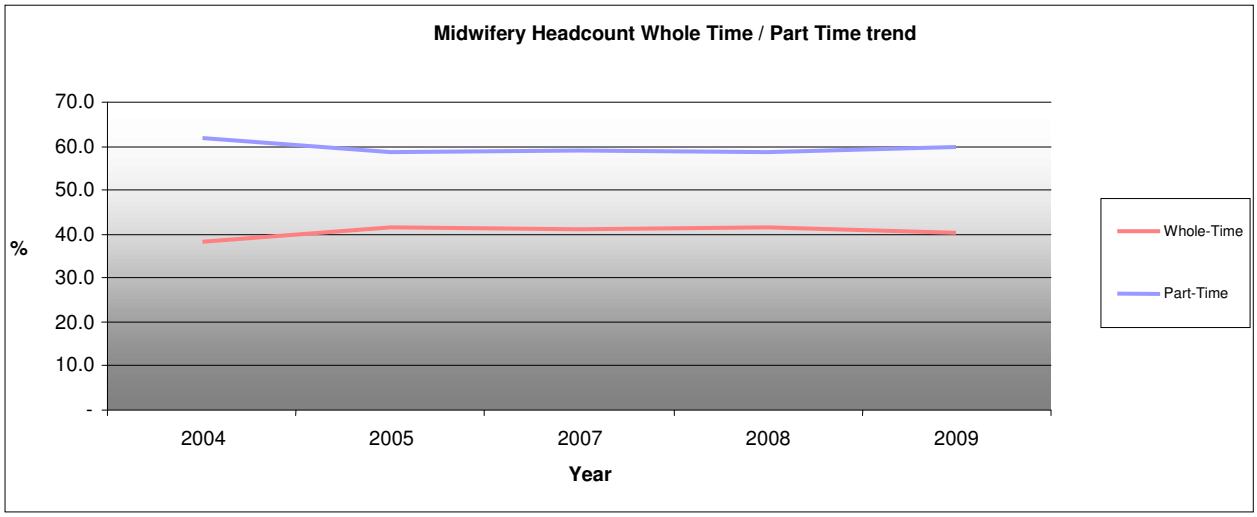


Table 25b and figure 25b is based on WTE of Midwifery staff in Wales. This shows that over the past 5 years whole time staff and part time staffing levels have remained stable; the WTE is made up by 50% of whole time staff and 50% of part time staff.

Table 25b:
Whole-Time / Part-Time Profile of Midwives in Wales as at September - % Trend

	2004	2005	2006	2007	2008	2009
Whole-Time	52.9	53.6	53.5	52.4	52.9	51.2
Part-Time	47.1	46.4	46.5	47.6	47.1	48.8

Figure 25b:

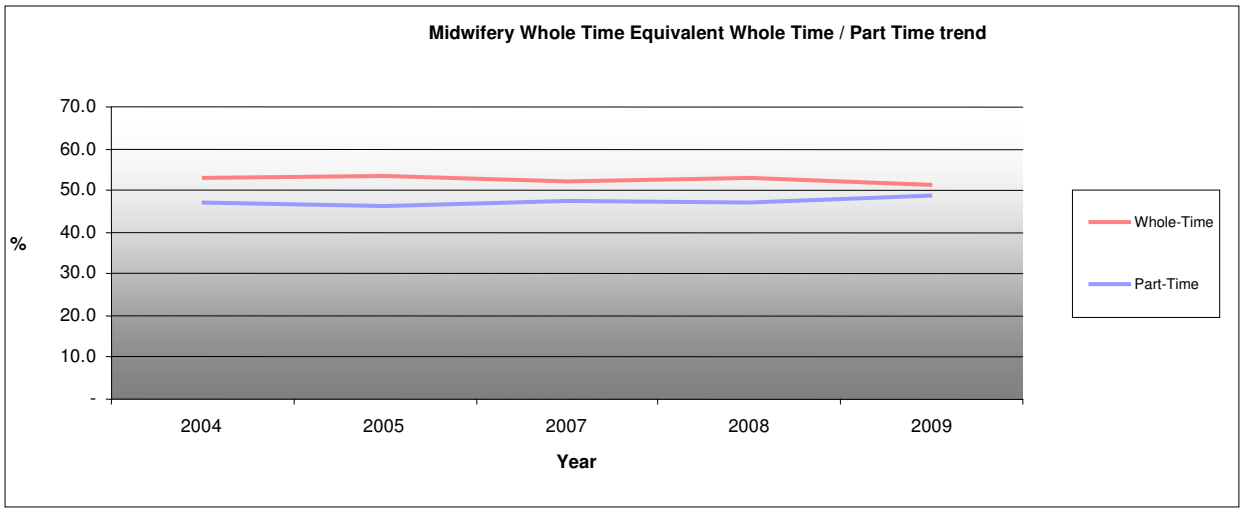


Table 26a and figure 26a is based on Headcount of Midwifery staff in England. This shows that over the past 10 years there has been a reduction in the number of staff working full time from 52.9% to 43.4%.

Table 26a:
Whole-Time / Part-Time Profile of Midwives in England as at September - % Trend

Year	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Whole-Time	52.9	51.1	49.9	48.3	47.0	45.0	44.8	44.4	43.5	43.4
Part-Time	47.1	48.9	50.1	51.7	53.0	55.0	55.2	55.6	56.5	56.6

Figure 26a:

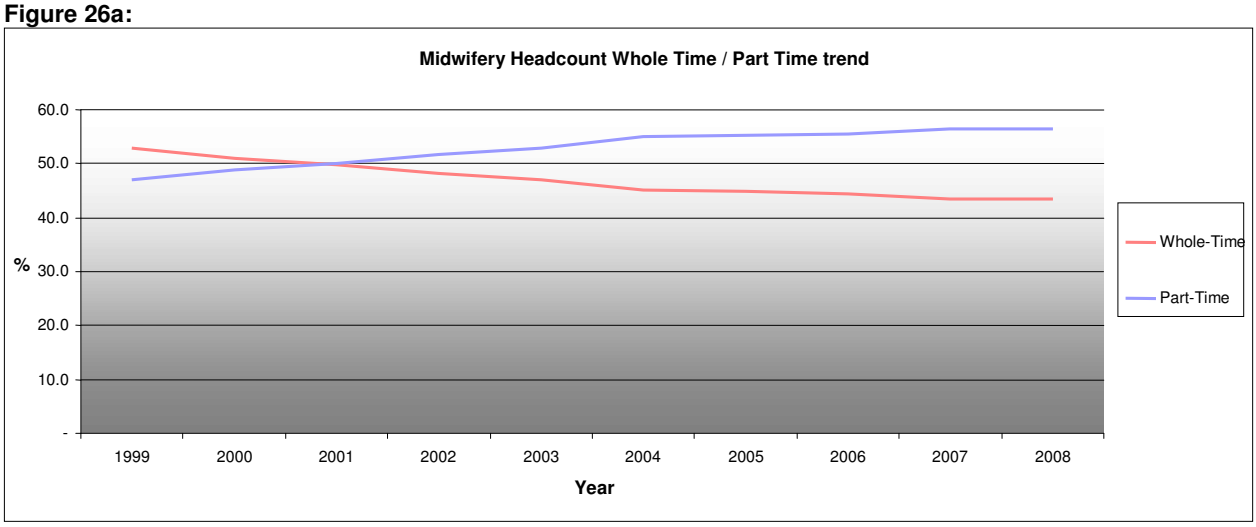


Table 26b and figure 26b is based on the WTE of Midwifery staff in England. There has been a shift in how the WTE is made up from staff working full time accounting for 64% (part time 36%) to full time representing 54.4% (part time 45.6%). In summary this shows that the number of full time staff is decreasing and part time is increasing.

Table 26b:
Whole-Time / Part-Time Profile of Midwives in England as at September - % Trend

Year	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Whole-Time	64.0	62.2	61.0	59.7	58.6	56.9	56.5	55.9	54.6	54.4
Part-Time	36.0	37.8	39.0	40.3	41.4	43.1	43.5	44.1	45.4	45.6

Figure 26b:

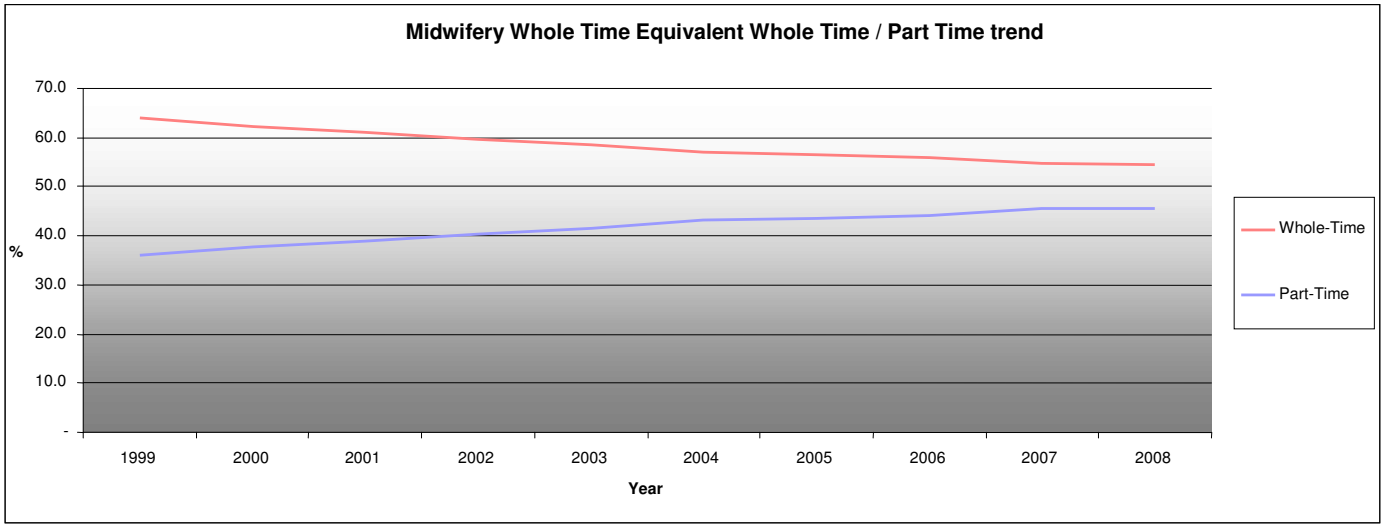


Table 27a and figure 27a is based on WTE breakdown for Midwifery staff in Scotland over the past 10 years. This shows that over that time full time staff are decreasing while staff who work just short of fulltime (0.8 < wte < 1) have increased significantly. A possible explanation for this is the introduction of twelve hour shifts in the early nineties, as many staff have opted to work three shifts per week rather than working one week of four per month and have dropped a few hours per week to accommodate this. The percentage of staff working less than 0.8 wte has remained stable, although it is worth noting that the percentage of staff working between 0.4 and 0.6 has decreased slightly while staff working 0.6 and 0.8 has increased.

Table 27a:
Whole time equivalent trend for Scotland as at September.

WTE	1998	1999	2000	2001	2002	2003	2004	2005	2007	2008	2009
Less than 0.2	1.4	1.7	1.0	1.2	1.3	1.7	2.5	3.8	2.1	2.2	3.1
0.2 < wte < 0.4	24.3	28.4	36.5	37.3	39.0	41.1	42.0	50.0	47.9	50.3	45.8
0.4 < wte < 0.6	439.9	445.8	437.7	404.4	397.0	392.0	389.6	375.1	319.4	335.7	343.4
0.6 < wte < 0.8	423.8	501.0	539.8	588.9	601.9	646.3	664.2	675.3	711.7	736.8	755.2
0.8 < wte < 1	49.4	63.4	71.3	71.9	68.5	96.6	112.8	155.6	223.1	269.2	283.5
wte=1	1,491.0	1,611.0	1,570.0	1,527.0	1,528.0	1,498.0	1,463.0	1,451.0	1,228.0	1,276.0	1,260.0

Figure 27a:

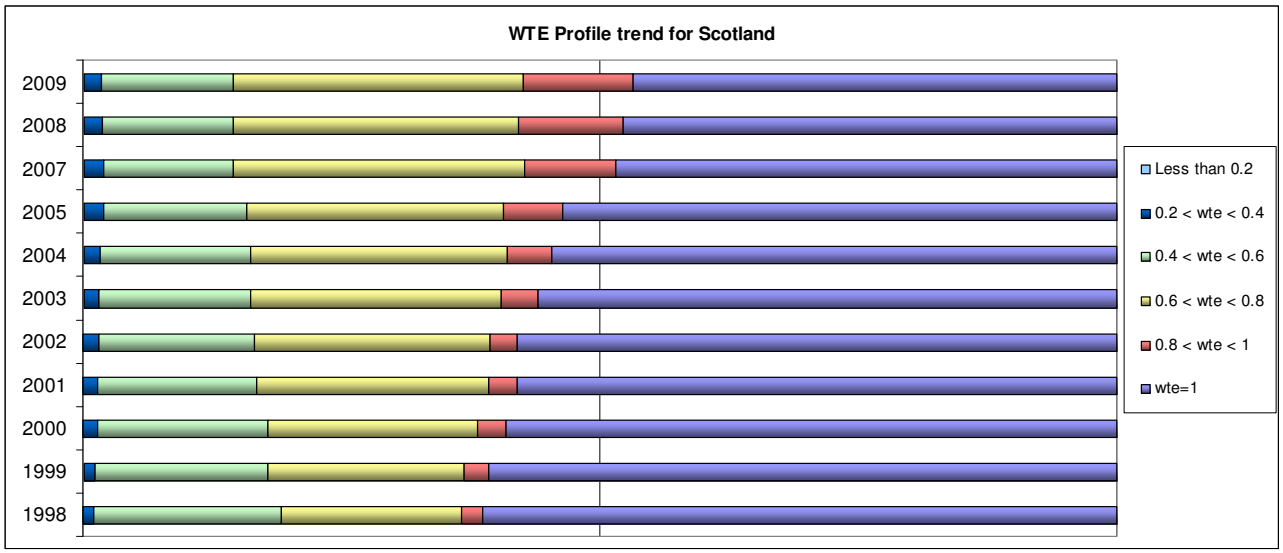


Table 27b and figure 27b is based on WTE breakdown for Midwifery staff in Wales over the past 6 years. This shows the Welsh part-time/WTE mix has remained stable.

Table 27b:
Whole time equivalent trend for Wales as at September.

WTE	2004	2005	2006	2007	2008	2009
Less than 0.2	3.9	5.0	5.3	5.1	4.1	3.5
0.2 < wte < 0.4	39.2	45.2	46.6	47.4	49.2	45.2
0.4 < wte < 0.6	165.8	175.4	179.8	154.6	166.4	167.2
0.6 < wte < 0.8	285.2	324.6	336.0	337.9	320.6	323.1
0.8 < wte < 1	42.4	48.8	53.1	53.2	57.3	58.6
wte=1	602.0	691.0	714.0	658.0	670.0	628.0

Figure 27b:

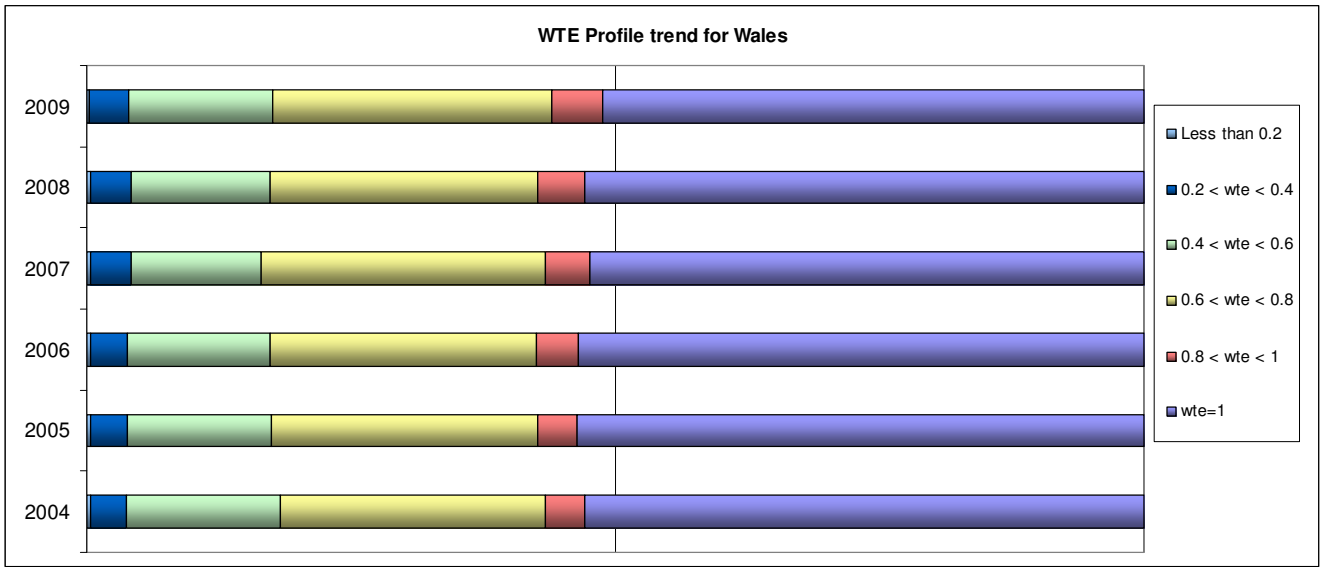
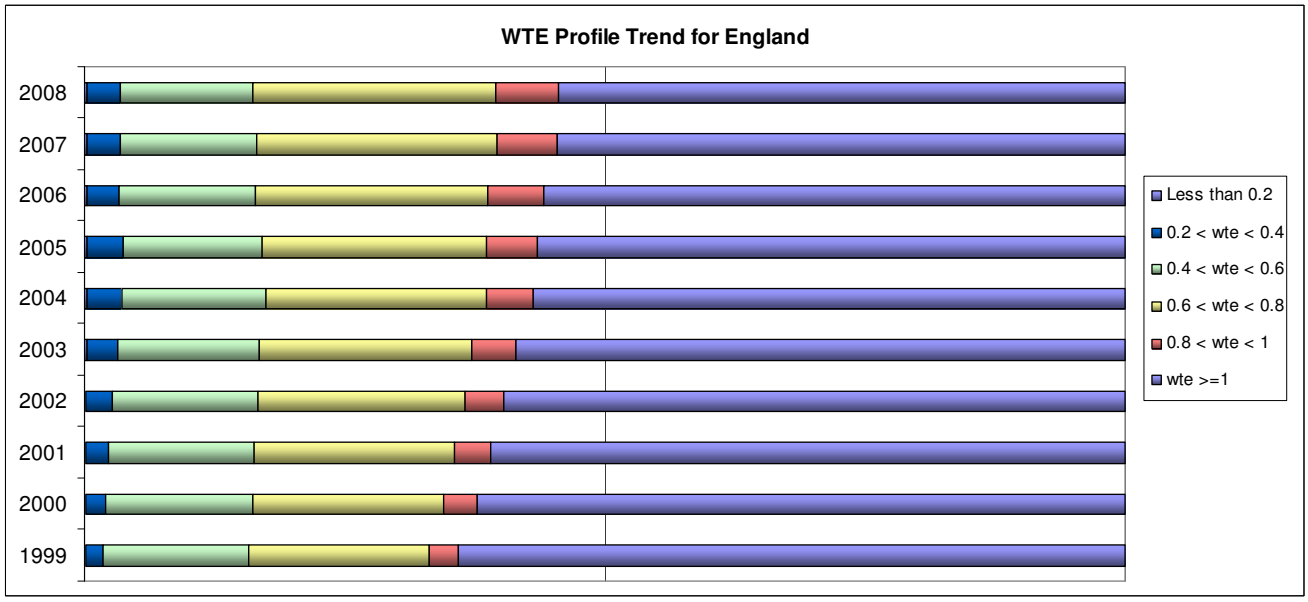


Table 27c and figure 27c is based on WTE breakdown for Midwifery staff in England over the past 10 years. This shows in England that there is a definite decrease in full time staff (wte=1) while staff working greater than 0.6 WTE and less than 1 WTE has increased showing a shift from full time to part time trend.

Table 27c:
Whole time equivalent trend for England as at September.

WTE	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Less than 0.2	13.0	15.6	20.0	31.5	41.3	54.6	56.5	49.6	47.5	48.8
0.2 < wte < 0.4	301.4	328.8	379.1	446.9	535.1	606.6	617.1	571.8	600.6	604.7
0.4 < wte < 0.6	2411.4	2418.4	2459.7	2445.2	2435.5	2506.8	2450.6	2395.4	2449.2	2400.4
0.6 < wte < 0.8	2990.2	3152.1	3387.0	3493.2	3640.7	3845.8	3956.3	4097.5	4344.1	4416.4
0.8 < wte < 1	497.4	556.7	602.4	667.5	740.0	798.8	883.5	988.5	1069.2	1142.3
wte >=1	11062.0	10658.0	10723.0	10482.0	10462.0	10322.0	10362.0	10267.2	10237.0	10282.3

Figure 27c:



5.3 **Midwife Retirement Projections**

Figure 28 below shows the percentage of midwifery staff aged 58 and over by trend for NHS Scotland, Wales and England. As Table 22 within the career of a midwife (Scotland) section suggests, the average age of a retired Midwife is 58. For this reason an average age of 58 has been applied to data presented within figure 29.

This shows that Wales (45.8%) has a consistently higher percentage of Midwives due to retire by 2020 when compared to Scotland and England (39.1% and 40.3% respectively). By 2030, 82.9% of Welsh Midwives will have retired compared with 77.2% in Scotland and 75.5% in England.

Figure 28:

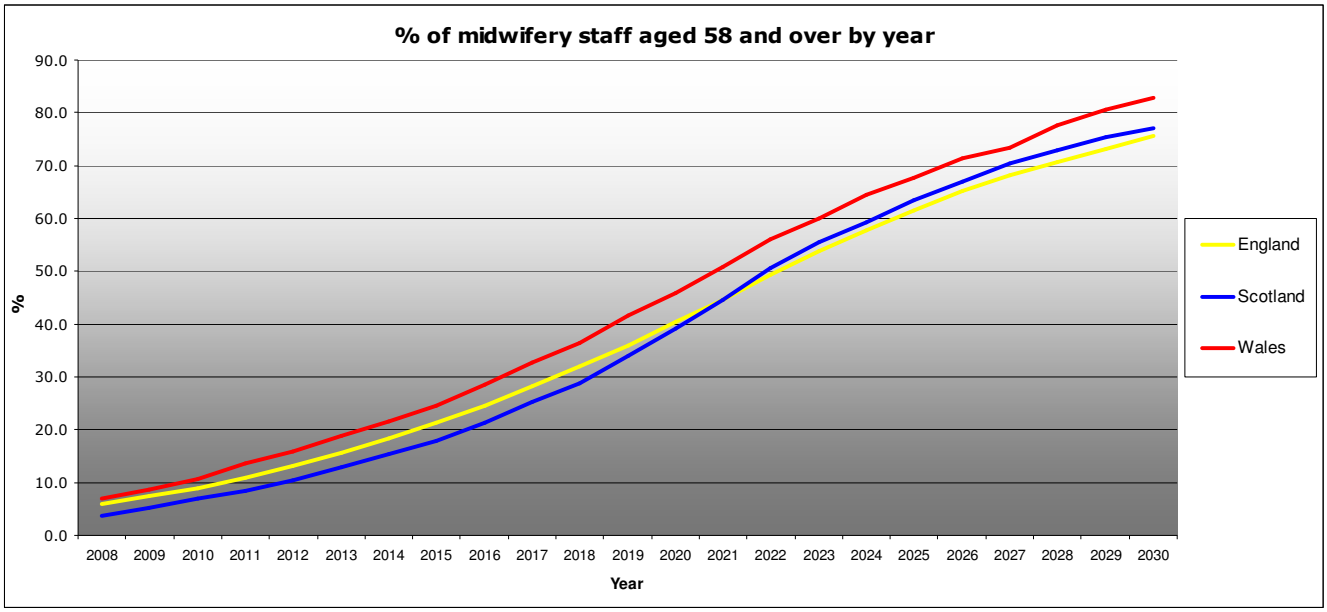


Figure 29 below shows the percentage of Midwives due to retire if a retiral age of 65 is assumed. This shows that Wales has a consistently higher percentage of Midwives due to retire with 18.7% retiring by 2020 compared to 12.9% in Scotland and 15.6% in England. By 2030, 60% of Welsh Midwives will have retired compared with 55.6% in Scotland and 53.8% in England.

Figure 29:

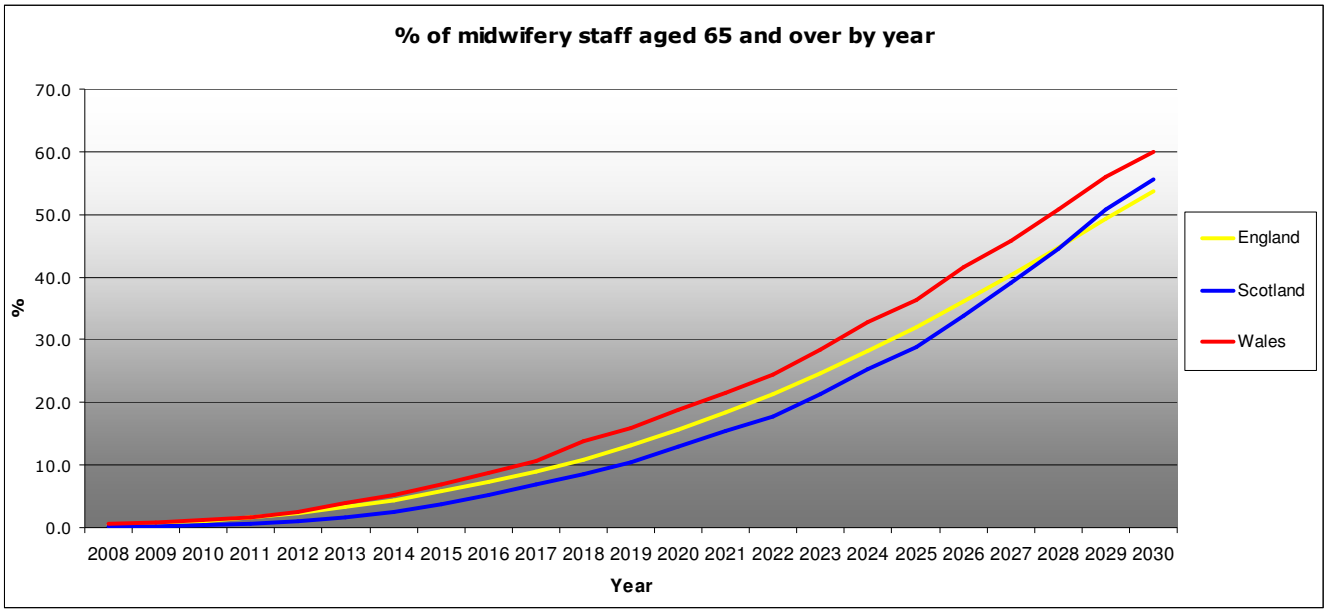
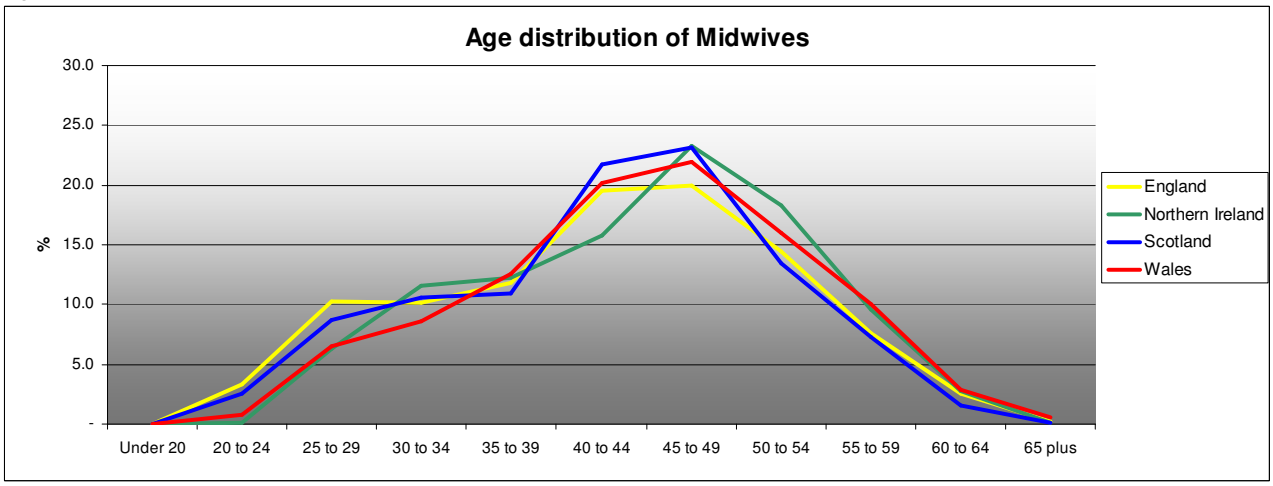


Figure 30 below highlights potential issues that should be considered when planning future provision of midwives.

It would appear that Wales will have issues with their consistently higher number of Midwives aged 50+. Scotland however, will start to see problems post 2020 where midwives currently aged 40-50 start to reach retirement age. Northern Ireland have a larger proportion of Midwives 45+ without having the resources to plug the gap from age 30-44. England have a similar age structure to Scotland with a gap between age group 25-40. They do not have as high a plateau in the 40-49 year olds but caution should still be made.

Figure 30:



5.4 Key Messages from Section 5

Key Messages

- Overall the trend is towards an increase in the number of midwives working part-time
- The average age of a midwife at retirement is 58 (Scotland)
- Wales has a consistently higher percentage of Midwives due to retire by 2020 when compared to Scotland and England even if retiral age adjusted to 65
- Scotland will encounter problems post 2020 as their midwives currently aged 40-50 reach retirement age
- Northern Ireland has a larger proportion of midwives 45+ without having the resources to plug the gap from age 30-44 year olds
- England has a similar age structure to Scotland with a gap between age group 24-40

6 Recruitment, Retirals and Students

This section looks at modelling and how various scenarios can contribute to different outcomes. The tables and graphs below are based on the current growth climate (0% growth rate), the retiral age being 58, based on current average Scottish retiral age, student numbers graduating based on university projections for the next three years and then averaged out for subsequent years and the GRO birth projections.

Other scenarios can be looked at based on changing these variables, for example, using a birth rate rising by 10% instead of the projections provided by GRO or a less favourable retirement age and how that impacts on the required midwives into the future.

Assuming 0% growth rate on NHS Scotland Midwifery staff based on September 30th 2008 data and using Births projections from GRO, Midwives per 1,000 births has been calculated. This can be seen on table 31a below.

Table 31a:
NHS Scotland Midwifery - Headcount

Year	Required Midwives for Current Care	Number of Births	Midwives / 1,000 births	58+ Retirals	Students Graduating	Recruitment Required including Graduates	Recruitment Required for Retirals
2008	3,180.00	56,709	56.1	-	-	-	-
2009	3,202.26	57,106	56.1	48	159	-89	70
2010	3,216.34	57,357	56.1	57	178	-107	71
2011	3,218.02	57,387	56.1	50	194	-142	52
2012	3,202.21	57,105	56.1	61	173	-128	45
2013	3,172.43	56,574	56.1	83	176	-123	53
2014	3,146.69	56,115	56.1	85	176	-117	59
2015	3,136.04	55,925	56.1	80	176	-107	69
2016	3,129.36	55,806	56.1	112	176	-71	105
2017	3,121.12	55,659	56.1	134	176	-50	126
2018	3,110.19	55,464	56.1	114	176	-73	103
2019	3,094.04	55,176	56.1	170	176	-22	154
2020	3,073.79	54,815	56.1	174	176	-22	154

Figure 31a shows three indicators for NHS Scotland:

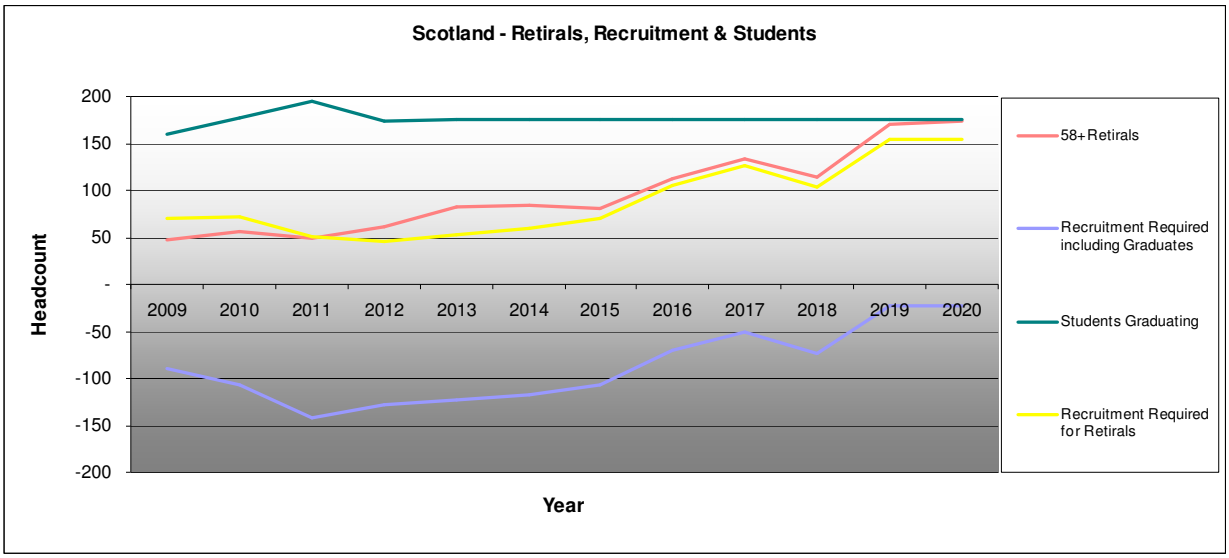
- The Number of Retirals per year based on retirement age of 58
- The recruitment that would be required to keep the midwives per 1,000 births stable.
- The total number of graduated Midwives per year up until 2012. From 2012 the average graduated midwives for the past 4 years has been used.

Figure 31a shows that in 2009 there was a gap between the number of assumed retirals and the recruitment required to maintain the level of midwives/births ratio. It indicates that there are 70 Midwives needed to cover retirals where as the number of students graduating is 159 which implies we have an over supply of 89 midwives. This pattern continues through to 2020, although

it should be noted that the level of recruitment required including students decreases over this period which means we still have an over supply but to a lesser degree.

This implies that NHS Scotland are training a significantly higher number of student Midwives between 2009 to 2015 than required but this decreases in the period from 2015 to 2020. However as before this must be interpreted with the caveat that birth projections have in the past not been accurate and therefore if the previous birth pattern is replicated a different scenario would ensue.

Figure 31a:



Again, assuming 0% growth rate on NHS Wales Midwifery staff based on September 30th 2008 data and using Births projections from GRO, Midwives per 1,000 births has been calculated. This can be seen on table 32a below.

Table 32a

NHS Wales Midwifery - Headcount

Year	Required Midwives for Current Care	Number of Births	Midwives / 1,000 births	58+ Retirals	Students Graduating	Recruitment Required including Graduates	Recruitment Required for Retirals
2008	1,505.00	35,755	42.1	-	-	-	-
2009	1,488.45	35,362	42.1	30	80	-67	13
2010	1,472.07	34,973	42.1	31	89	-74	15
2011	1,456.38	34,600	42.1	49	73	-40	33
2012	1,459.15	34,666	42.1	36	49	-10	39
2013	1,462.07	34,735	42.1	45	73	-25	48
2014	1,473.77	35,013	42.1	46	73	-15	58
2015	1,488.50	35,363	42.1	47	73	-11	62
2016	1,498.48	35,600	42.1	65	73	2	75
2017	1,496.08	35,543	42.1	69	73	-6	67
2018	1,493.39	35,479	42.1	59	73	-17	56
2019	1,490.40	35,408	42.1	83	73	7	80
2020	1,488.16	35,355	42.1	68	73	-7	66

Figure 32a shows three indicators for NHS Wales:

- The Number of Retirals per year based on retirement age of 58
- The recruitment that would be required to keep the midwives per 1,000 births stable.
- The total number of graduated Midwives per year up until 2012. From 2012 the average graduated midwives for the past 4 years has been used.

Figure 32a shows that from 2009 to 2012 there is an over supply of students, however from 2012 to 2020 Wales have a near matching of supply of students to cover retirals while maintaining the same level of midwives to births ratio. Wales have a consistent level of retirals over the next 10 years which differs in comparison to England and Scotland who both see a consistent rise in retirals over the next 10 years. Again this scenario is presented with the caveat that future birth projections are accurate.

Figure 32a:

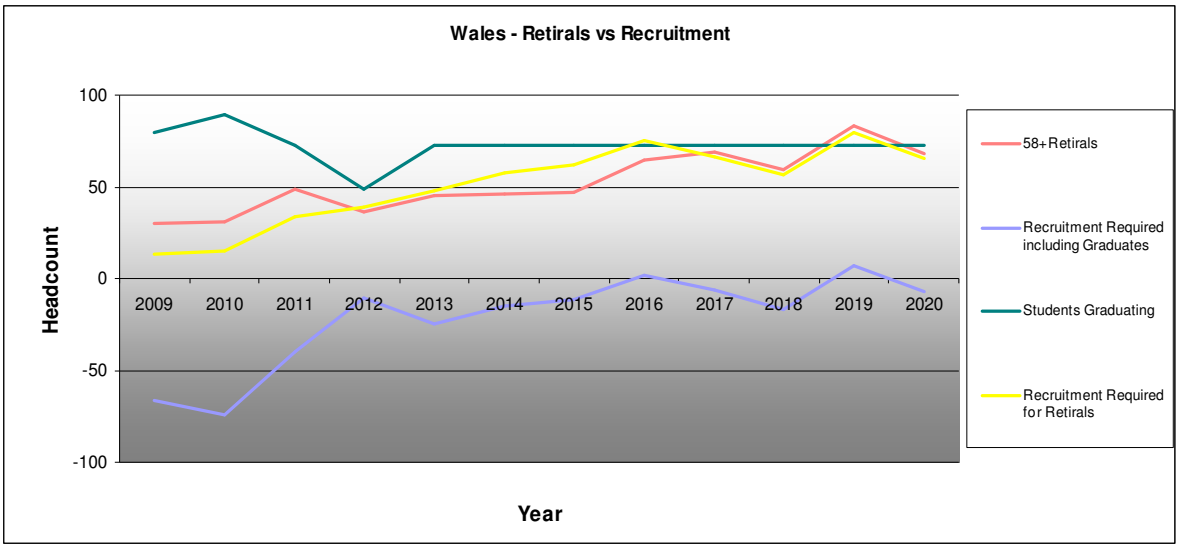


Table 33a

NHS England Midwifery - Headcount

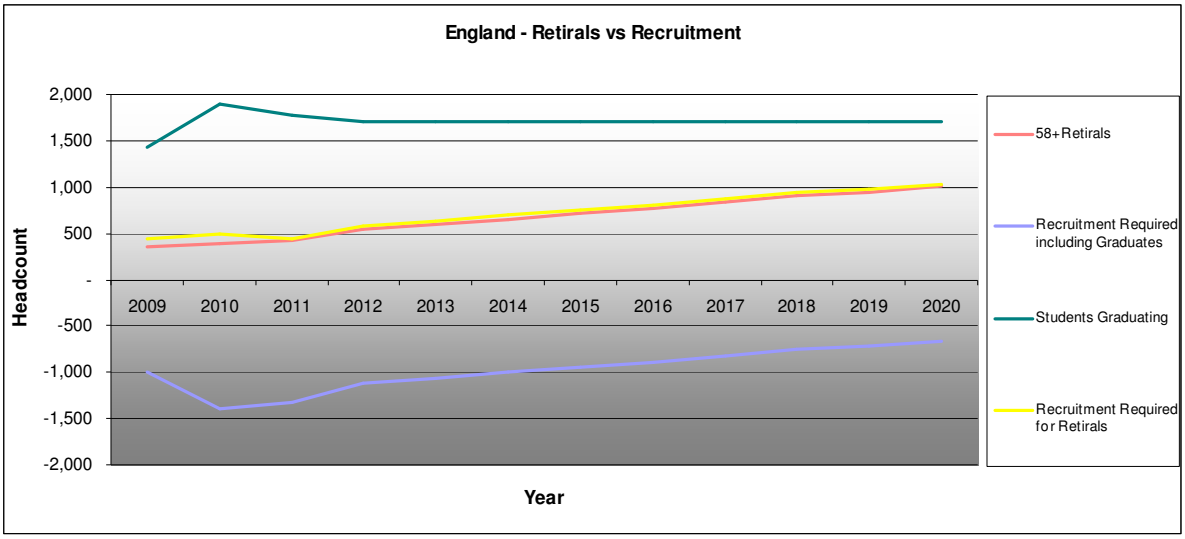
Year	Required Midwives for Current Care	Number of Births	Midwives / 1,000 births	58+ Retirals	Students Graduating	Recruitment Required including Graduates	Recruitment Required for Retirals
2008	22,280.00	672,596	33.1	-	-	-	-
2009	22,369.12	675,286	33.1	356	1433	-988	445
2010	22,480.97	678,663	33.1	388	1894	-1394	500
2011	22,488.82	678,900	33.1	432	1770	-1330	440
2012	22,527.05	680,054	33.1	545	1707	-1124	583
2013	22,567.60	681,278	33.1	589	1701	-1071	630
2014	22,610.48	682,573	33.1	656	1701	-1002	699
2015	22,655.70	683,938	33.1	715	1701	-941	760
2016	22,690.89	685,000	33.1	773	1701	-893	808
2017	22,724.92	686,028	33.1	848	1701	-819	882
2018	22,761.28	687,125	33.1	907	1701	-758	943
2019	22,799.98	688,293	33.1	945	1701	-717	984
2020	22,823.39	689,000	33.1	1,005	1701	-673	1028

Figure 33a shows three indicators for NHS England:

- The Number of Retirals per year based on retirement age of 58
- The recruitment that would be required to keep the midwives per 1,000 births stable.
- The total number of graduated Midwives per year up until 2012. From 2012 the average graduated midwives for the past 4 years has been used.

Figure 33a shows that from 2009 to 2020 there is an over supply of students in comparison to the number needed to cover retirals whilst maintaining the same ratio of midwives to births, however from 2010 to 2020 the level of over supply decreases consistently. Since this is merely projected student figures this can be managed.

Figure 33a:



6.1 **Attrition**

Due to differences in data collection it has not been possible to collate comparable data on pre-registration attrition rates across the UK. From the information gathered it is evident that there is considerable variation in percentages of attrition across various regions in England (Hansard, 2009), whereas Wales have smaller numbers of students who do not complete training. Scotland report that overall attrition rates have been falling slightly over the last four completed years and remain lower than attrition from nursing branch programmes. They also report that the average age of applicant is just over 25, with an applicant to place ratio of 3.9:1, and that successful applicants have more qualifications than the four nursing specialties. Additionally the average age of a midwife graduate has risen over the last seven years from 28 to 31.

Control of pre-registration attrition continues to be challenging as reasons for withdrawal from training can be multifactorial including a change in personal circumstances, maternity leave etc., however efforts to minimise attrition rates remain a key strategic imperative for the UK Health Departments and Universities.

6.2 Key Messages from Section 6

Key Messages

Caveat around this information is that it relies on accurate birth projections and past projections have significantly underestimated birth trends over the last ten years. However if accurate:

- Implication is that Scotland are training a significantly higher number of student midwives between 2009 to 2015 than required, however this decreases in the period from 2015 to 2020
- In Wales from 2009 to 2012 there is an over supply of students, however from 2012 to 2020 Wales have a near matching of supply of students to cover retirals while maintaining the same level of midwives to birth ratio
- Wales have a consistent level of retirals over the next 10 years which differs in comparison to England and Scotland who both see a consistent rise in retirals over the same period
- England projections show that from 2009 to 2020 there is an over supply of students in comparison to the number needed to cover retirals, however as indicated earlier the policy direction is to increase midwifery numbers by 4,000 by 2012. The level of over supply decreases consistently from 2010 to 2020.
- Pre-registration attrition rates are variable across higher educational establishments and examples of innovative ways to tackle attrition should be shared to ensure that minimisation of attrition remains a key strategic imperative for the UK Health Departments and Universities

7 Overall Key Messages & Recommendations

Key Messages

- Consideration of four country aggregated workforce data is not appropriate due to devolved policy differences, models and demographic challenges such as those of remote and rural service provision.
- There are limitations in current supply and demand workforce information as staff demographics and birth projections are crude measures of workforce. Importantly they do not measure workload issues such as increasing complexity of care, inequalities, policy drivers; and the subsequent impact of these on the increasing role expectations required of the midwife.
- 40%-45% of the midwifery workforce will reach retirement age in the next ten years.
- There is limited workforce information available on maternity support workers which restricts effective consideration of future workforce modelling, including the appropriate skill mix to ensure the provision of safe, effective, high quality care for women.

Recommendations

- Each country requires to undertake modelling, including testing against different birth rate and retirement scenarios, in order to ensure robust midwifery workforce planning is in place to meet the future needs of women accessing services. It is important that this takes place at country level where policy can influence required changes,
- Analysis is required of the impact of the increasing trend towards part-time working among midwives including that on future recruitment, predicted absence and time required for continuing professional development.
- UK profile of maternity support workers is required, including analysis and understanding of titles, training, roles, portability and workforce demographics.
- Cognisance is required of the outcomes from other Midwifery 2020 workstreams to enable further modelling of workforce profiles to ensure future possibilities such as innovative models of care, integration of new roles and resultant implications for skill mix are considered.
- Further understanding is required in relation to why many midwives leave the service within 5 years of qualifying; retention strategies such as structured preceptorship and career planning should be enhanced to reduce postgraduate attrition.

Section 8: Membership of Workforce and Workload Workstream

Malcolm Wright (Chair)	Chief Executive, NHS Education for Scotland
Irene Barkby	Nurse Director, NHS National Services Scotland
Carole Bell	Head of Midwifery/Directorate Nurse Family Health, Wales Representative (joint representation with Sharn Jones)
Jim Buchan	Professor, Social Science and Health Care
Nansi Evans	Student Midwife
Louise Hamilton Welsh	NHS Human Resources Directors representative
Sharn Jones	Wales Representative (joint representation with Carole Bell)
Kate Kenmure	Consultant Midwife
Noreen Kent	Midwifery 2020 UK Programme Director
Heather Knox	Director of Regional Planning West of Scotland
Jaki Lambert	Midwife in Clinical Practice
Aileen Lawrie	Midwife in Clinical Practice
Carmel Lloyd	Nursing & Midwifery Council Representative
Karen Lockhart	Nursing Officer (Education), Scottish Government Health Directorates
Colette McIntosh	Lead Midwife for Education, University of Stirling
Morag Martindale	Royal College of General Practitioners
Jackie Mitchell	National Officer, Royal College of Midwives
Mary O'Neil	Maternity Care Assistant
Lynne Pacanowksi	Head of Midwifery, England Representative
Diane Skåtun	Health Economist
Ben Stenson	Royal College of Paediatrics and Child Health
Susan Stewart	Head of Midwifery
Verena Wallace	Local Supervising Authority Midwifery Officer, Northern Ireland Representative

Section 9: Workforce and Workload Workstream Glossary of Terms

Agenda for Change	The NHS system of pay that is linked to the job content, and the skills and knowledge staff apply to perform jobs.
Antepartum	The period before childbirth.
Attrition	Gradual, natural reduction in staff, through retirement or resignation.
Back fill	The process of filling the positions vacated by staff when they are seconded to another role within the organisation.
Birthrate Plus®	Birthrate Plus is a framework for workforce planning and strategic decision making in maternity services. To determine the case mix for this model, clinical scores are allocated retrospectively to mothers and babies depending on the normality of the process and outcome of the labour. There are five categories of clinical score used in Birthrate Plus
Chief Nursing Officer	Responsible for delivering the Government's strategy for nursing, and leading all nurses, midwives, health visitors, and allied health professionals. Each country has a CNO – England, Scotland, Northern and Ireland Wales.
Continuing Professional Development	Is the means by which members of professional associations maintain, improve and broaden their knowledge and skills and develop the personal qualities required in their professional lives.
GRO	General Register Office. Government Offices (England and Wales www.gro.gov.uk, Scotland www.gro-scotland.gov.uk, and Northern Ireland www.groin.gov.uk) responsible for registering births, deaths, marriages, adoptions and divorces in the UK.
Headcount	The number of staff working for an organisation, regardless of whether they are part-time or full-time.
Health Boards	NHS Boards in Scotland are responsible for health care services in 14 local areas.
Information Services Division (ISD)	A business operating unit of NHS National Services Scotland, responsible for health information, statistics and IT services.

Intention to Practise (ItP)

Form submitted to the Nursing and Midwifery Council by all registered midwives who intend to practise midwifery. The ItP serves two main purposes; it informs the local supervising authority (LSA) of the individual's intention to practice in its geographical area and also confirms they have met the NMC requirements to maintain registration as a midwife.

Intrapartum — Pertaining to the period of labour and birth.

Local Supervising Authority (LSA)

The body that provides a framework to ensure the statutory supervision of midwives, as required in the Nursing and Midwifery Order (2001) and the Nursing and Midwifery Council's (NMC) Midwives rules and standards (2007) is exercised to a satisfactory standard within its geographical boundary. In England the LSAs are the Strategic Health Authorities, in Scotland they are the Health Boards, in Northern Ireland the Public Health Agency and in Wales the Health Inspectorate.

LSA Midwifery Officer (LSAMO)

The appointed officer who is responsible for carrying out the LSA function (see LSA above). They are experienced practising midwives with focus on issues relating to midwifery practice within their defined area. The LSAMO role is unique, in that it does not represent the interests of either the commissioners or providers of NHS maternity services.

Maternity team care — Although every women has care by a midwife, for women with complex pregnancies, care is provided by a maternity team comprising midwives, obstetricians, anaesthetists, neonatologists and other specialists working in partnership

Maternity Care Assistant (MCA)

Someone who works as part of a team and assists the practising midwife in carrying out maternity care, both in community and hospital settings. The role varies locally and may include duties (under the direction and supervision of a midwife) for which midwifery training and registration are not required.
Also referred to as Health Care assistant/Support worker

Midwifery — The profession which leads on normal pregnancy and birth and provides expert care to all mothers and babies irrespective of complexity during

	pregnancy, childbirth and the postnatal period within a family centred environment.
Midwife Led care	Care where the midwife is the lead professional. Midwife led care is suitable for women assessed to be low risk. Also referred to as Midwife led practice
Midwifery units/birth centres	A facility (free standing or within a maternity hospital) managed and run by midwives which provides a comfortable home-like environment for women and partners who anticipate a straightforward birth. As with home births, all midwifery services must be provided within the safety net of a functioning local network providing prompt emergency transfer when required
Neonatal care	Medical care for newborn babies
Nursing and Midwifery Council (NMC)	To establish standards of education, training, conduct and performance for nurses and midwives and to ensure the maintenance of those standards.
Postpartum	The period immediately after birth
RCM	Royal College of Midwives. UK trade union and professional organisation for midwives.
RCOG	Royal College of Obstetricians and Gynaecologists
Supervisor of Midwives	This is an appointed role and statutory responsibility, which provides support and guidance to every practising midwife in the United Kingdom. Appointees are experienced midwives, who have had added training to ensure the functions of the LSA is adhered to. Their primary purpose is to protect women and babies by actively promoting a safe standard of midwifery practice, within the promotion of excellence in midwifery care.
Trust	An NHS body that provides secondary care or hospital based healthcare services from one or more hospitals.
WTE	Whole time equivalent is a way to measure a worker's involvement in a project. An WTE of 1.0 means that the person is equivalent to a full-time worker, while an WTE of 0.5 signals that the worker is only half-time. Also referred to as FTE (Full-time equivalent)

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Appendix 1

MIDWIFERY 2020 PROGRAMME BOARD MEETING - 04 FEBRUARY 2009
SUMMARY OF FACILITATED SESSION

MIDWIFERY 2020 VISON FOR THE FUTURE

POLITICAL/LEGAL	CHALLENGE FOR MIDWIFERY 2020
Greater emphasis on child protection	° Working in partnership with other agencies – better joint working between professions ° Extending work with family
EU regulations	° Working times directive
EU migration	° Demands of working with a mobile and increasingly diverse population
'right' to have a child	° People who may never have had the opportunity to parent may have access to reproductive technology
What form will the NHS take in 2020?	° Raises the challenge of how the service will be funded and managed
Increased emphasis on womens rights	° Working with women with, potentially, increasing expectations of the service ° 2020 may well involve greater 'partnership' working with women

ECONOMIC/WORKFORCE	CHALLENGE FOR MIDWIFERY 2020
Midwifery – are there enough people coming through?	° Declining population and greater opportunities available for young people raises the question of who will provide Midwifery care, who will the profession recruit? ° Strong sense that the workforce will still be mainly female in 2020 and mainly part time
More inter-professional working	° Extending the type of work now done with Sure Start, Social Work and Social Services ° More and better joint working
Increasingly ageing workforce	° What can be done to ensure that a new cohort of leaders is ready in 2020?
Training and development	° 2020 midwife will need greater clinical skills
Career pathways	° In order to attract people into the profession may need to provide more part time courses ° Need to recognise that the profession will have to attract older people for whom midwifery will be their second or even third career choice
Growing polarisation of rich and poor families	° Meeting the needs of socially excluded groups, for example, in terms of advice and support

SOCIAL	CHALLENGE FOR MIDWIFERY 2020
'Blended' families	° Working with families with children from different relationships
Lack of social support for families	° Who will provide this support?
Loss of extended families and role models	° How will mothers and fathers learn to be parents? Who will provide this input?
More 'motherless' mothers	° More women without support or advice offered by own Mother
Older mothers	° 'risks' associated with older mothers
Rising expectations – access to knowledge	° Meeting rising expectations of mothers who are better informed of choices/options open to them. For example, will there be an increasing demand for caesarean sections?
Obesity amongst women	° Looking at the consequences for the health of the mother and her baby
Ageing society – where will resources be spent	° With an increasingly ageing population and a falling birth rate, will Midwifery have to compete for funds?
More women working to support families	° More women in work during pregnancy and more women returning to work after giving birth.
Increased emphasis on parenting skills	° Who will provide education for parenting skills and when will this input be given? At school, prior to conception?
More mobile population	° How will the NHS keep track on an increasingly mobile population?

TECHNOLOGICAL	CHALLENGE FOR MIDWIFERY 2020
Availability of information via www – well informed population	° Working with an increasingly well informed client group
Gene therapy	° Dealing with service user expectations and difficult decisions
Reproductive technology – parents with conditions previously prohibitive now having children	° Increased medical needs of a cohort of mothers – some unknown risks in pregnancy/childbirth
IT to communicate with women in remote communities	° Use of telemedicine in remote parts of Scotland – need to communicate differently, awareness of need to intervene in very difficult geographies.
Increased use of IVR/IUI	° Potential increase in multiple births ° Parental demands and associated anxieties ° Training and development needs

Appendix 2: Analysis of LSA Data

Table 1 below shows headcount figures for Midwifery staff sourced from Local Supervising Authority (LSA) and Nursing and Midwifery Council data as at 1st April 2009. The LSA data includes information on the number of midwives within the LSA and the number of Intention to Practise (ItP) forms received by the LSA. The variance between the two figures is due to the fact that as some midwives practise in more than one LSA the number of ItP's received can be greater than the number of midwives employed within that LSA. An example would be a midwife who works mainly in Scotland and sometimes works as an agency midwife in London and therefore submits an ItP form to both LSA areas. The LSA support team are working on reconciliation of the reports in the LSA database with the requirements of the NMC and as from 2010 all LSAs in the UK will use the LSA database for the annual Intention to Practise process.

Table 1: Midwifery numbers for Local Supervising Authority and NMC by country as at 01/04/2009

	Headcount		
	LSA	ITP	NMC
England	27,755	29,389	26,326
Northern Ireland	1,394	1,484	1,334
Scotland	3,784	3,872	3,754
Wales	1,683	1,692	1,588

1. Data not available for West of Scotland. Scotland headcount and ITP totals created using LSA data for North and South East Scotland, and NMC data for West of Scotland.

Figure 1:

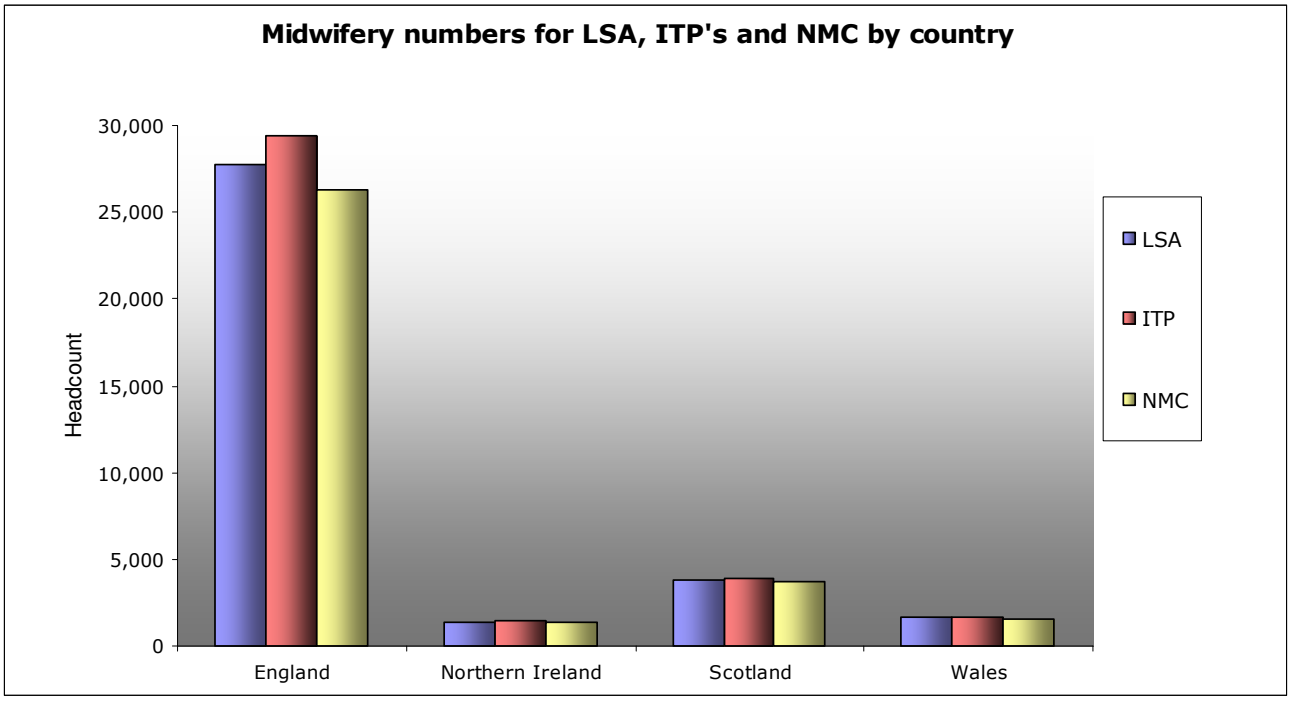


Table 2 and figure 2 shows the age distribution of Midwives. This shows that Northern Ireland has fewer midwives aged between 36-45 than the other countries (England 31.6%, Northern Ireland 28.2%, Scotland 35.1% and Wales 35.8%). There is also a noticeable peak in Northern Ireland for those midwives aged between 46-50. This is not the case for the other countries where the age profile plateaus between 41-50. Northern Ireland also shows a higher proportion of the midwifery workforce aged older than 50 (England 26.4%, Northern Ireland 38%, Scotland 23.8% and Wales 24.7%).

Table 2: Midwifery LSA age profile by country as at 01/04/2009

Headcount

	Under 21	21 to 25	26 to 30	31 to 35	36 to 40	41 to 45	46 to 50	51 to 55	56 to 60	61 to 65	Over 65
England[1]	0	789	2,198	2,480	3,036	5,040	5,275	3,694	2,007	858	199
Northern Ireland	0	2	41	140	173	202	307	291	163	65	10
Scotland[2]	0	49	146	197	266	462	463	297	155	38	4
Wales	0	47	127	134	247	344	345	240	128	34	6
Total	0	887	2,512	2,951	3,722	6,048	6,390	4,522	2,453	995	219

%

	Under 21	21 to 25	26 to 30	31 to 35	36 to 40	41 to 45	46 to 50	51 to 55	56 to 60	61 to 65	Over 65
England	0.0	3.1	8.6	9.7	11.9	19.7	20.6	14.4	7.8	3.4	0.8
Northern Ireland	0.0	0.1	2.9	10.0	12.4	14.5	22.0	20.9	11.7	4.7	0.7
Scotland	0.0	2.4	7.0	9.5	12.8	22.2	22.3	14.3	7.5	1.8	0.2
Wales	0.0	2.8	7.7	8.1	15.0	20.8	20.9	14.5	7.7	2.1	0.4
Total	0.0	2.9	8.2	9.6	12.1	19.7	20.8	14.7	8.0	3.2	0.7

1. England data excludes South East LSA
2. Scotland data excludes West of Scotland LSA
3. Wales data excludes Independent, University and Other Midwives.

Figure 2:

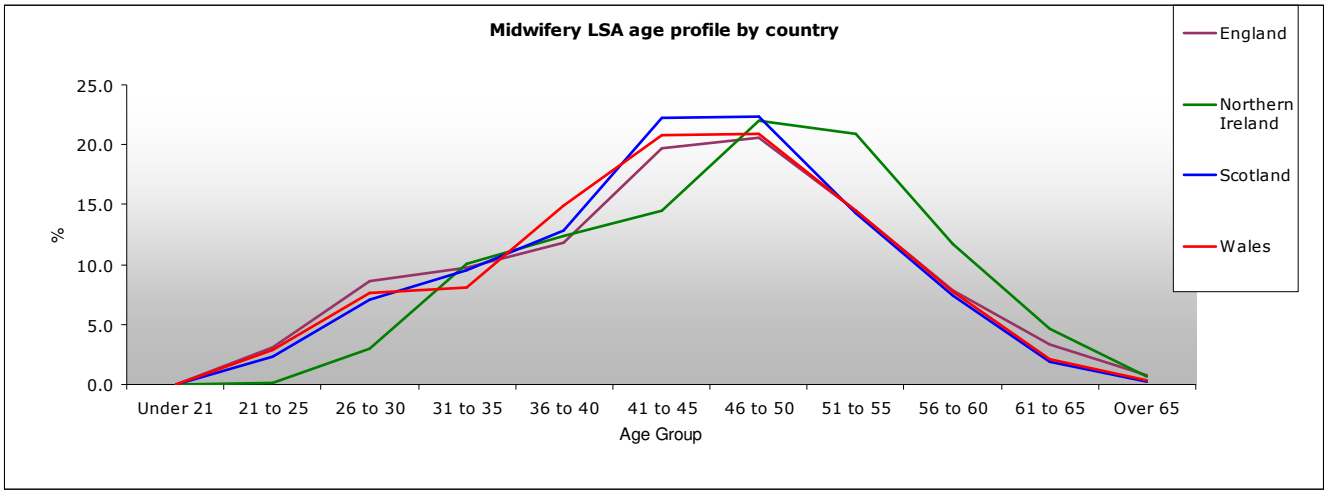


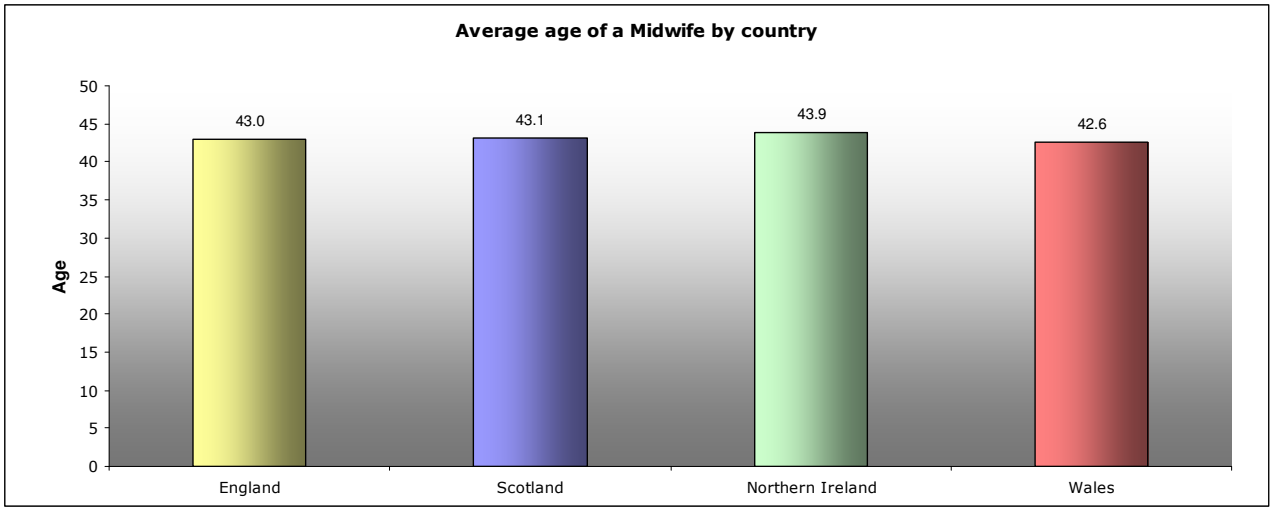
Table 3 and figure 3 below shows that the average age of a midwife across all 4 countries at 42-43 years of age.

Table 3: Midwifery LSA - Average age as at 1st April 2009 by country

	Average age
England	43.0
Scotland	43.1
Northern Ireland	43.9
Wales	42.6

1. England data excludes South East LSA
2. Scotland data excludes West of Scotland LSA

Figure 3:



The distribution of Midwives across practice type shows that the vast majority of Midwives work within the NHS (95.8%) with only a small percentage working within a private setting (0.5%), agency (0.5%), higher education institute (1.9%), self employed (0.5%) or other settings (0.9%).

Table 4: Midwifery LSA Practice-type profile by country as at 01/04/2009

Headcount

	NHS (inc bank)	Private hospital / Service	Agency	Higher Education Institution	Self employed (Independent)	Other (specify)
England	24,408	138	145	500	141	244
Northern Ireland	1,368	4	2	16	3	1
Scotland	2,022	3	0	37	7	8
Wales	1,613	4	0	26	1	8
Total	29,411	149	147	579	152	261

1. England data excludes South East LSA
2. Scotland data excludes West of Scotland LSA

Figure 4:

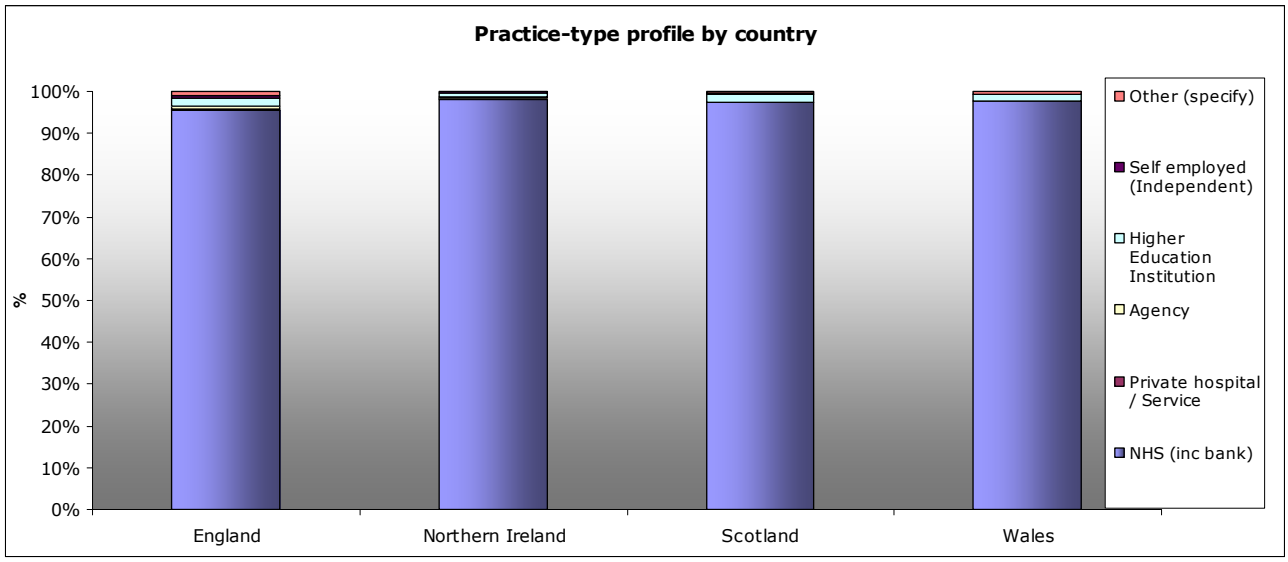


Table 5 and figure 5 below shows the percentage distribution of whole-time to part-time staff. Part time staff are defined as members of staff working less than 1 WTE (WTE=contracted hours/conditioned hours). This shows that Wales has the highest ratio of whole-time to part-time staff with 53% on a whole time post. England has a slightly lower whole time percentage at 49%. Scotland and Northern Ireland have a significantly higher part-time percentage at 62.2% and 66.5% respectively.

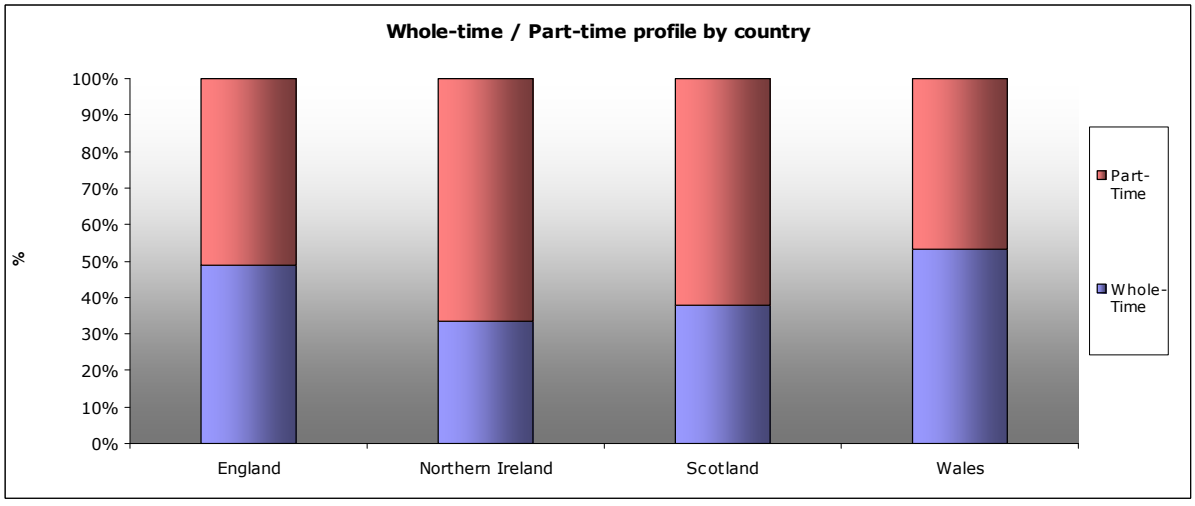
Table 5: Midwifery - Whole-time / Part-time profile by country as at 01/04/2009

All Midwives

	Total	Whole-Time	Whole-Time %	Part-Time	Part-Time %
England	22,826	11,116	48.7	11,710	51.3
Northern Ireland	1,394	465	33.4	929	66.6
Scotland	2,077	785	37.8	1,292	62.2
Wales	1,652	881	53.3	771	46.7

1. England data excludes South East and South West LSA
2. Scotland data excludes West of Scotland LSA

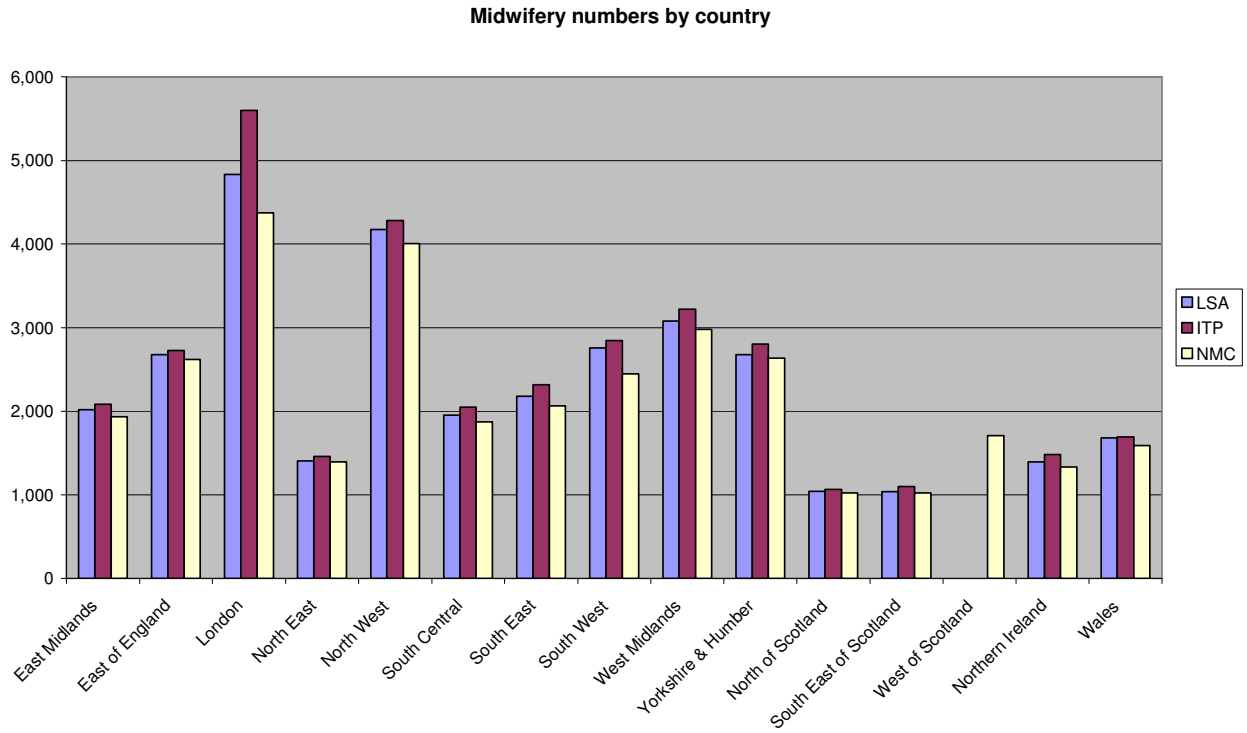
Figure 5:



Appendix 3:Midwifery numbers by LSA as at 01/04/2009

	Headcount		
	LSA	ITP	NMC
England			
East Midlands	2,018	2,083	1,935
East of England	2,679	2,729	2,622
London	4,833	5,600	4,372
North East	1,403	1,459	1,393
North West	4,175	4,280	4,008
South Central	1,953	2,049	1,871
South East	2,179	2,317	2,065
South West	2,757	2,847	2,447
West Midlands	3,079	3,223	2,978
Yorkshire & Humber	2,679	2,802	2,635
Scotland			
North of Scotland	1,042	1,066	1,024
South East of Scotland	1,035	1,099	1,023
West of Scotland			1,707
Northern Ireland	1,394	1,484	1,334
Wales	1,683	1,692	1,588

1. Headcount and ITP data not available for West of Scotland



Appendix 4:Midwifery age profile by LSA as at 01/04/2009

Midwifery age profile by LSA as at 01/04/2009

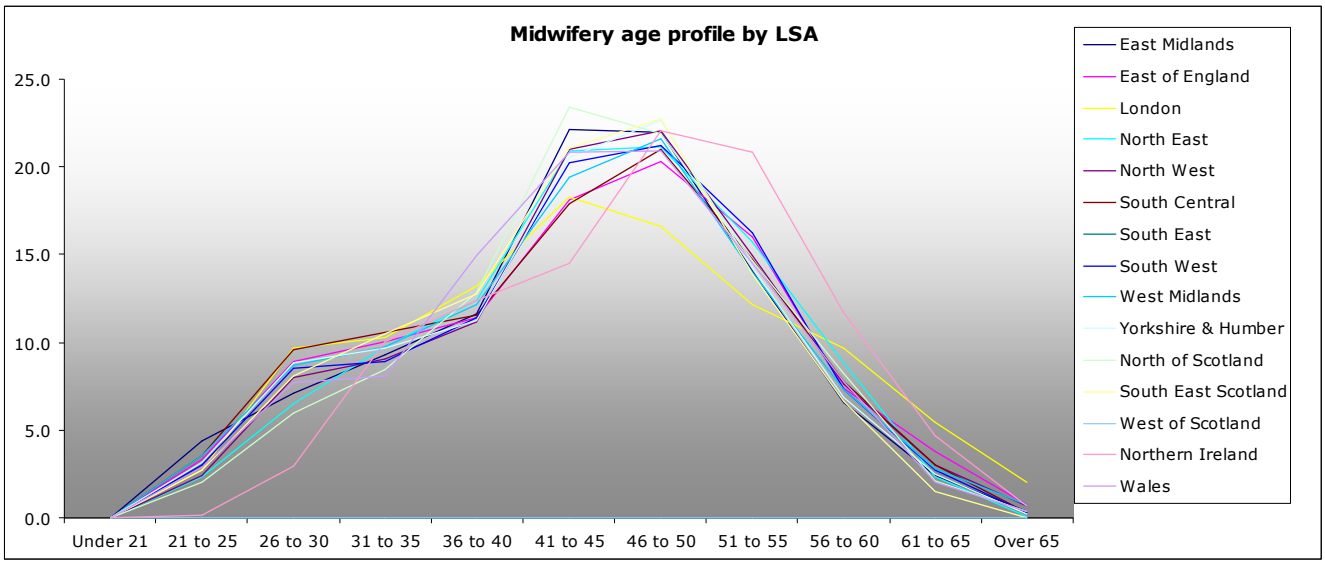
Headcount

	Under 21	21 to 25	26 to 30	31 to 35	36 to 40	41 to 45	46 to 50	51 to 55	56 to 60	61 to 65	Over 65
England											
East Midlands	0	89	144	188	235	447	443	284	132	49	7
East of England	0	90	238	269	305	485	544	428	198	102	20
London	0	130	466	495	639	882	803	588	469	261	100
North East	0	33	91	137	174	293	297	220	124	33	1
North West	0	101	333	379	467	877	921	624	319	127	27
South Central	0	69	187	207	225	350	410	288	152	59	6
South East	-	-	-	-	-	-	-	-	-	-	-
South West	0	83	236	246	314	558	586	448	203	74	9
West Midlands	0	110	267	300	375	597	664	431	226	86	23
Yorkshire & Humber	0	84	236	259	302	551	607	383	184	67	6
Scotland											
North of Scotland	0	21	62	88	134	244	228	153	86	22	4
South East Scotland	0	28	84	109	132	218	235	144	69	16	0
West of Scotland	-	-	-	-	-	-	-	-	-	-	-
Northern Ireland	0	2	41	140	173	202	307	291	163	65	10
Wales	0	47	127	134	247	344	345	240	128	34	6

%

	Under 21	21 to 25	26 to 30	31 to 35	36 to 40	41 to 45	46 to 50	51 to 55	56 to 60	61 to 65	Over 65
England											
East Midlands	0.0	4.4	7.1	9.3	11.6	22.2	22.0	14.1	6.5	2.4	0.3
East of England	0.0	3.4	8.9	10.0	11.4	18.1	20.3	16.0	7.4	3.8	0.7
London	0.0	2.7	9.6	10.2	13.2	18.2	16.6	12.2	9.7	5.4	2.1
North East	0.0	2.4	6.5	9.8	12.4	20.9	21.2	15.7	8.8	2.4	0.1
North West	0.0	2.4	8.0	9.1	11.2	21.0	22.1	14.9	7.6	3.0	0.6
South Central	0.0	3.5	9.6	10.6	11.5	17.9	21.0	14.7	7.8	3.0	0.3
South East	-	-	-	-	-	-	-	-	-	-	-
South West	0.0	3.0	8.6	8.9	11.4	20.2	21.3	16.2	7.4	2.7	0.3
West Midlands	0.0	3.6	8.7	9.7	12.2	19.4	21.6	14.0	7.3	2.8	0.7
Yorkshire & Humber	0.0	3.1	8.8	9.7	11.3	20.6	22.7	14.3	6.9	2.5	0.2
Scotland											
North of Scotland	0.0	2.0	6.0	8.4	12.9	23.4	21.9	14.7	8.3	2.1	0.4
South East Scotland	0.0	2.7	8.1	10.5	12.8	21.1	22.7	13.9	6.7	1.5	0.0
West of Scotland	-	-	-	-	-	-	-	-	-	-	-
Northern Ireland	0.0	0.1	2.9	10.0	12.4	14.5	22.0	20.9	11.7	4.7	0.7
Wales	0.0	2.8	7.7	8.1	15.0	20.8	20.9	14.5	7.7	2.1	0.4

1. Data for South East LSA in England was not supplied.
2. Data for West of Scotland LSA was not supplied.

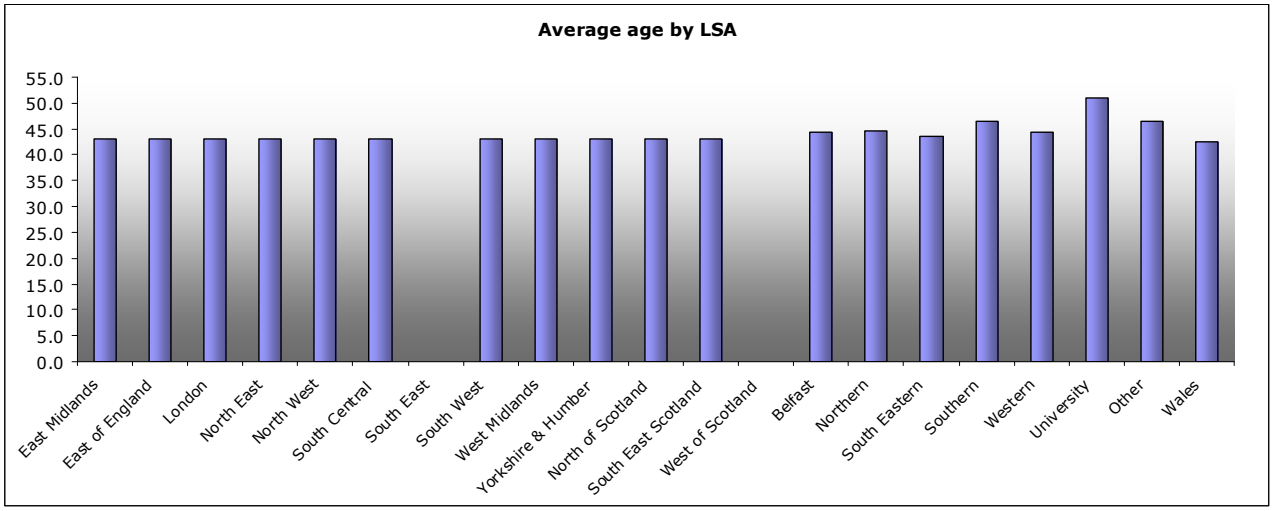


Appendix 5: Average age from LSA as at 01/04/2009

Midwifery - Average age as at 1st April 2009 by LSA

	Average age
England	
East Midlands	43.1
East of England	43.1
London	43.0
North East	43.0
North West	43.0
South Central	43.1
South East	-
South West	43.0
West Midlands	43.0
Yorkshire & Humber	43.0
Scotland	
North of Scotland	43.0
South East Scotland	43.1
West of Scotland	0.0
Northern Ireland	
Belfast	44.5
Northern	44.7
South Eastern	43.7
Southern	46.5
Western	44.4
University	50.9
Other	46.6
Wales	42.6

1. Data for South East LSA in England was not supplied.
2. Data for West of Scotland was not supplied.



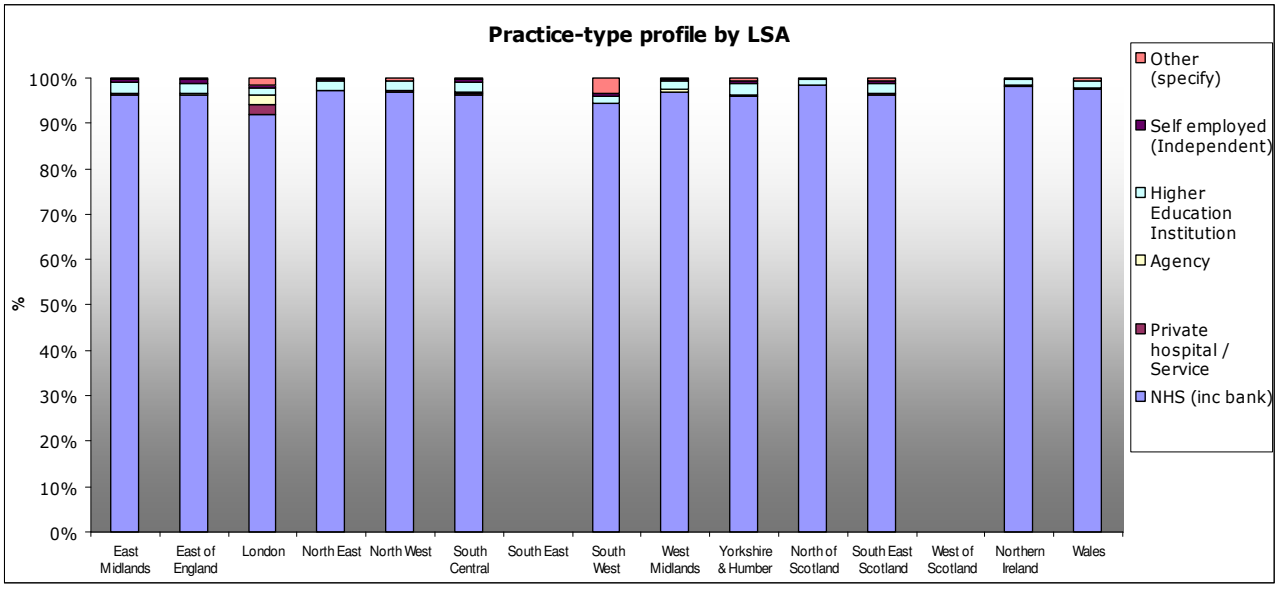
Appendix 6: Practice type profile by LSA as at 01/04/2009

Practice-type profile by LSA as 01/04/2009

Headcount

	NHS (inc bank)	Private hospital / Service	Agency	Higher Education Institution	Self employed (Independent)	Other (specify)
England						
East Midlands	1,945	3	2	51	10	7
East of England	2,580	2	8	55	24	10
London	4,439	105	103	76	41	69
North East	1,363	0	0	32	2	6
North West	4,046	8	9	81	11	20
South Central	1,881	4	7	40	15	6
South East	-	-	-	-	-	-
South West	2,603	2	1	36	18	97
West Midlands	2,980	8	10	63	5	13
Yorkshire & Humber	2,571	6	5	66	15	16
Scotland						
North of Scotland	1,025	0	0	14	1	2
South East Scotland	997	3	0	23	6	6
West of Scotland	-	-	-	-	-	-
Northern Ireland	1,362	4	1	16	3	1
Wales	1,613	4	0	26	1	8

1. Data for South East LSA in England was not supplied.
2. Data for West of Scotland was not supplied.



Appendix 7: Whole time/Part-time profile by LSA as at 01/04/2009

Midwifery - Whole-time / Part-time profile by LSA as at 01/04/2009

All Midwives

	Total	WT	WT %	PT	PT %
England					
East Midlands	2,018	847	42.0	1,171	58.0
East of England	2,679	1,122	41.9	1,557	58.1
London	4,833	3,166	65.5	1,667	34.5
North East	1,410	681	48.3	729	51.7
North West	4,175	1,930	46.2	2,245	53.8
South Central	1,953	831	42.5	1,122	57.5
South East	-	-	-	-	-
South West	-	-	-	-	-
West Midlands	3,079	1,255	40.8	1,824	59.2
Yorkshire & Humber	2,679	1,284	47.9	1,395	52.1
Scotland					
North of Scotland	1,042	383	36.8	659	63.2
South East Scotland	1,035	402	38.8	633	61.2
West of Scotland	-	-	-	-	-
Northern Ireland	1,387	464	33.5	923	66.5
Wales	1,652	881	53.3	771	46.7

1. England data excludes South East and South West LSA
2. Scotland data excludes West of Scotland LSA