

LLAIS WEST WALES REGION

BABIES AND BIRTHS IN HYWEL DDA



A follow up report to our December 2022 Maternity Survey

ACCESSIBLE FORMATS

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.

About Llais.....	4
Background	5
What we did.....	7
What we heard	8
Antenatal care	10
First Child	13
Inductions.....	14
Caesarean and Assisted deliveries.....	15
Postnatal care.....	16
Breastfeeding	17
Staffing, Staff attitudes and communication	19
Environment.....	21
Travel.....	22
Other Suggestions made by people completing our survey	23
Concluding comments	25
Recommendations.....	26
Characteristics of people completing our survey.....	28
Thanks.....	30
Contact details	30
Feedback.....	30

ABOUT LLAIS



We believe in a healthier Wales where people get the health and social care services, they need in a way that works best for them.

We are here to understand your views and experiences of health and social care, and to make sure your feedback is used by decision-makers to shape your services.

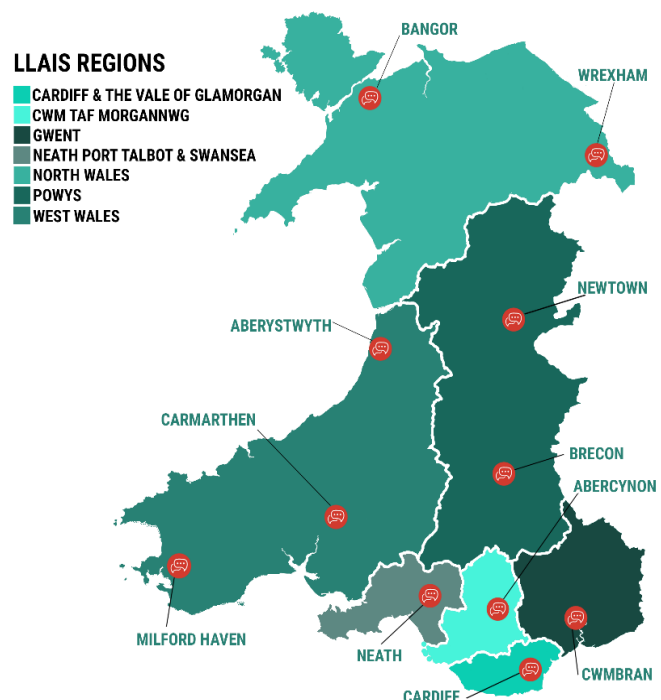
We seek out both good and bad stories so we understand what works well and how services may need to get better. And we look to particularly talk to those whose voices are not often heard.

We also talk to people about their views and experiences by holding events in your local communities or visiting you wherever you're receiving your health or social care service.

We also work with communities and interested groups and in line with national initiatives to gather people's views.

And when things go wrong we support you to make complaints.

There are 7 Llais Regions in Wales. Each one represents the "patient and public" voice in different parts of Wales.



BACKGROUND



Since the establishment of Llais in April 2023 we are continuing the work of Hywel Dda Community Health Council in talking to people who have experienced maternity care in Carmarthenshire, Ceredigion and Pembrokeshire.

Having a baby should be a positive experience but women, babies and partners can sometimes be unhappy if the care they receive isn't right.

We have spoken with people about maternity services in recent years to find out more.

Before the pandemic we visited hospitals and spoke to parent and toddler groups to find out what people's experiences of giving birth had been like.

In 2021 and 2022, we used surveys to find out more about giving birth in the Hywel Dda area. We published reports after gathering this information in each case. You can read our 2022 report here: [2022 CHC Babies and Births Report](#)

In that report we looked at the findings, found common themes and then made 6 key recommendations. In summary these were:

Recommendation 1 – The Health Board should provide much more support for women on the ward after they'd had their babies (post natal care).

Recommendation 2 – The Health Board should gather and use more feedback from women and families.

Recommendation 3 - The Health Board should review the communication and advice given to women during their pregnancy.

Recommendation 4 – The Health Board should improve breastfeeding support for women that wish to breastfeed.

Recommendation 5 – The Health Board should ensure that women are clearly told about our 2021 report and the actions being taken so that people can see what has improved.

Recommendation 6 - To thank both women and staff for their input.

The Health Board was then invited to read our findings and tell us what they were going to do and we published the Health Board's action plan as part of our [2022 CHC Babies and Births Report](#) .

With the establishment of Llais in April 2023, we decided to have another look at our local maternity services.

We ran another survey during July 2023 to have a 'spot check' on people's experiences since our last report. We were pleased to receive 41 separate responses.

WHAT WE DID

Our 2023 survey used the same questions as our 2022 survey so that we could compare what people told us. It was online for 4 weeks and promoted on our social media pages. It was also available as a paper survey on request although no one asked for it in paper form.

We asked simple questions so that people could tell us in their own words; what went well, what didn't go so well

We used an online survey to ask people the same questions that we had asked in 2022.

and what could change to make it better. We also asked about where the birth took place, whether it was a first-time birth and what kind of delivery took place.

We heard from 41 women overall. Most gave birth at Glangwili hospital in Carmarthen (34 births) with 6 births at Bronglais hospital in Aberystwyth and 1 at Withybush hospital in Haverfordwest. In this survey we didn't hear from anyone who'd had a home birth.



21 of the survey responses came from first-time women and 20 came from women who had given birth before. 11 women experienced a normal birth whilst 14 needed a caesarean section and 11 had an assisted birth

(either using ventouse or forceps to help the birth). 5 women told us they'd had an induced labour.

WHAT WE HEARD



We were pleased to hear that many of the comments were positive. However, when we ask people about their NHS care often, we hear that some parts of their experience were good and others not so good. This is again what we heard in this survey. We often heard about the caring attitude shown by staff, particularly the midwives.

“...excellent, the midwives were so calm, supportive, friendly and respectful. I had a tricky birth and they made me feel as at ease as possible considering what was going on.”

“...the midwives on Gwennllian ward were very caring and excellent. My postpartum care by the community midwife team was exceptional.”

“...overall was good, the midwives were lovely people and helped to explain and keep things as high-spirited as they could.”

“...my midwife was amazing throughout especially after a complicated birth with my first child. My birth experience was great I had the same midwife throughout who explained everything.”

“...I cannot fault the maternity staff in Glangwili! They were all amazing, kept me calm and reassured throughout what can be called a long and scary at times Labour! (My midwife) was everything and more I could have wished for in a midwife! I cannot thank her enough for her professionalism and support she gave to myself, my husband and the other staff!”

“...I had consultant-led care and each individual consultant was helpful and knowledgeable.”

We found that many of the survey responses named individual midwives that people wanted to mention specifically. We feel this shows how important and valued those staff were during their childbirth experiences.

Not everything we heard was positive. People may have reported positive experiences overall during their pregnancy, labour and after care but they still wanted to tell us about the things that weren't so good. We have grouped these experiences into different categories, to understand them in more detail.

ANTENATAL CARE

Antenatal care involves visits to the midwife, hospital and sometimes a consultant before the baby is born. Regular checks, tests and scans are done. Women meet their midwife and plans around birth are discussed in these appointments.

It was clear that sometimes departments providing antenatal tests during pregnancy were pressured and this led to long, inconvenient waits.

Alternatively, things could go wrong with simple blood tests.

“...waiting times when attending ante natal clinic at Withybush Hospital. A wait of 1.5 hours was not unusual and on one occasion we were there for 3 hours.”

“...Withybush - some staff at times can be patronising and cold. I was a couple of minutes late for my 20 week scan due to traffic, they made us wait for 20 minutes to be told they would not scan us. Scan was rearranged and we were then made to wait in the waiting area for 35 minutes after myself and my husband taking time off work to do so”.

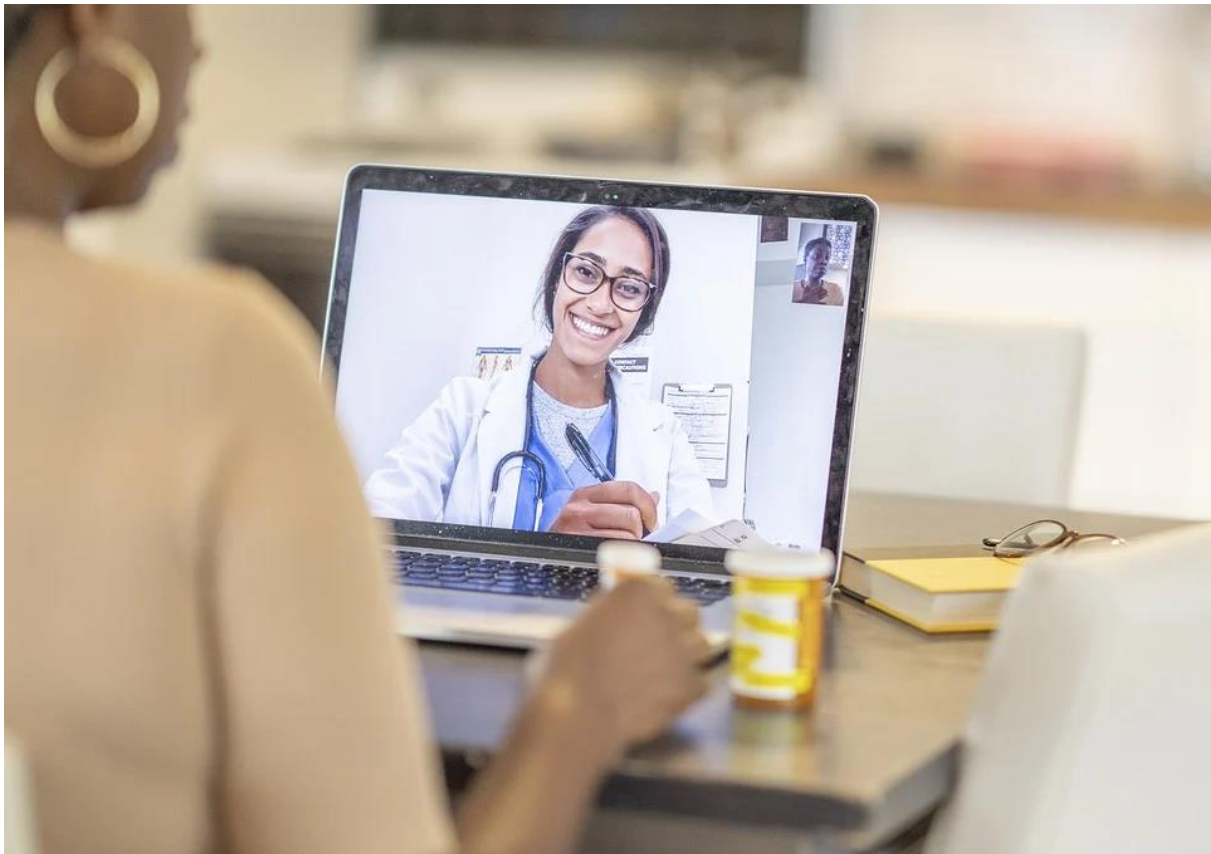


“...A couple of times my blood results didn’t come back, which was frustrating and resulted in more appointments.”

When people learn of their pregnancy they want to do everything they can to plan for a healthy birth. They are encouraged to put together a birth plan so that they have a clear approach and doctors and midwives can (where possible) stick to the

choices that have been considered before labour begins. This wasn’t always the case when we read about people’s experiences however.

“...The birth plan didn’t seem to have been followed, -I had planned for a water birth but it wasn’t set up when we arrived. It turns out it didn’t matter as I wouldn’t have been able to use it anyway but it was a surprise that the midwives on the ward hadn’t seemed to look at the plan!”



We read about how it was sometimes difficult to prepare for the birth. We heard that it was difficult to access (non-NHS) ante-natal classes. This means that the Health Board may need to do more to ensure that support is in place for families that want to spend time preparing for the birth.

“...I paid for NCT classes and had to travel from Llandysul to Swansea to attend these. They were really great but I was shocked there weren't any parenting courses available locally.”

A common theme we saw in the responses was the frustration that women felt when there were different people telling them different things about their care. They found this confusing and unsettling, particularly leading up to a birth.

“...Seeing a different consultant each time was difficult and time consuming as it would take them time to get up to speed on my

complex notes and once we had a plan in place for my delivery it then kept changing depending on which consultant I spoke to.”

“...Not seeing the same community midwife - we saw at least 6 different people pre- and post-delivery.”

“...We were also given lots of different information from different Drs and midwives throughout our experience which can be confusing.”

“...Very mixed care from consultants; one gave excellent advice, another gave advice verging on negligent, insisting I had an infection pre-40 weeks for absolutely no good reason. Second consultant, a week later, agreed this was poor guidance.”

“...I never saw the same consultant twice and so had mixed messages and a few that lead to gaps in care and support.”

We feel that the Health Board needs to improve the continuity of care where possible and reduce the uncertainty that it brings for pregnant women and families.

FIRST CHILD

Giving birth for the first time can be stressful because people don't know what to expect. They can be unsure if what they are experiencing is normal or out of the ordinary. In previous reports we heard that first time women felt that they didn't get as much support and reassurance as they needed, particularly if maternity units were busy or understaffed. Those concerns weren't quite as obvious this time but some new mums did make similar comments.

“...The postnatal ward was busy and understaffed so I didn't feel like I was checked on as much as I could have been as a first time mother regarding breastfeeding etc.”

Another said;



“...As a first-time mother I did not realise the breastfeeding issues connected to c-section until 16 days after delivery by which time baby had lost 10% of his weight which had

made me extremely anxious. This should have been explained earlier when I was worried sick about him.”

INDUCTIONS

An induction or induced labour is when clinicians need to start a labour artificially. In the UK, about 1 in every 5 labours are started in this way. From our survey there seemed to be some concerns from women who experienced an induced birth.

“...I feel that for inductions there is too much focus on monitoring and not enough focus on helping me progress in my labour. Gravity is the biggest help in labour and I was made to sit down the whole time due to my heart rate and temp which I explained with stress and pain but wasn't taken seriously and had to sit down and my labour didn't progress when I wanted to walk around”

We heard from one women who was experiencing painful labour symptoms that she felt overlooked until she was finally moved to the labour ward where there was more intensive staff support.

“...Getting to the labour ward was a huge relief. I was induced because my waters broke early and was told I should be constantly monitored. This certainly wasn't the case in the induction room.

I feel like at the very least there should have been more than one person on duty in that room and gas and air should have been available for active labour- or I should have been moved sooner.”

CAESAREAN AND ASSISTED DELIVERIES

The responses we received related to caesarean and assisted deliveries were similar to our last survey. People were usually happy with the care they received at the point of surgery or in labour. Their views were mixed when they thought about the care they had afterwards. There were some very encouraging comments around the care and support surrounding the stress of this major surgery;



“...The care received in the labour ward was excellent and the staff helped to reassure me when I was very nervous about the c-section.”

“...my birth experience was traumatic due to having an emergency c-section however the midwives were very reassuring and caring.”

“...I was asked if I would like to play music during my c-section which made me feel very comfortable. My c-section scar has healed beautifully.”

“...staff in Bronglais, Ambulance staff and the Anaesthetist in Glangwili were all incredible and I’m so grateful for them as I was petrified.”

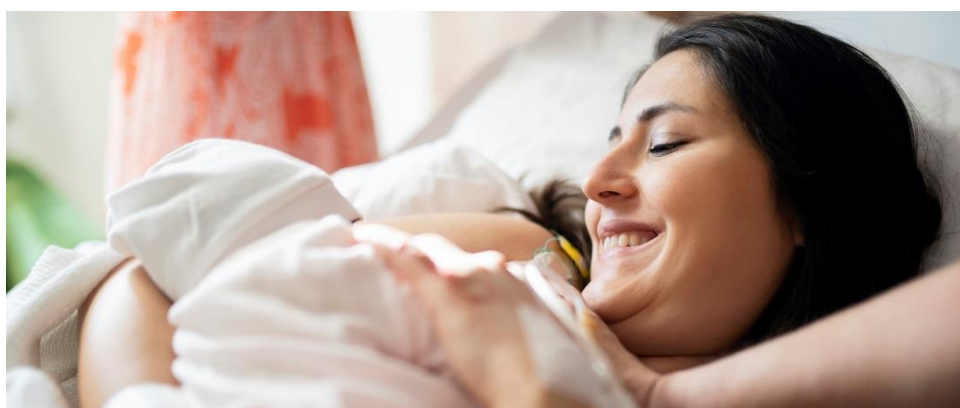
We often hear positive and reassuring stories about times when there are a lot of staff focusing on one person, taking them to theatre etc. It is also common to hear that experiences are not as good afterwards.

“...All the staff were fantastic in theatre but... after birth I felt each new Dr had a different opinion about my low platelets and whether or not I could go home. I also heard midwives discussing my medical notes and they seemed to think I hadn't had tests that I should have, this wasn't very reassuring.”

One woman told she was very unhappy when forceps were needed to help the birth of her child which she feels caused complications later. She told us that this issue was under investigation by the Health Board.

POSTNATAL CARE

When we asked women about the care they received after they had given birth we heard a very mixed picture. This was an issue we highlighted in our in last report, and it feels like there still improvements to be made.



Some were very complimentary about their post-natal care.

“...Postnatal care from the maternity ward was amazing - they would always answer our panicked “first parent” calls whenever we were in a pickle.”

“...Postnatal care was amazing, the midwives came to check on my episiotomy wound a few times”

“...I was on the postnatal ward for 9 days and the care I received from everyone was fantastic.”

Not everyone had the same view however.

“My postnatal care was abysmal. They treated me like I was an experienced mother when it was my first baby. I had to beg for a shower when my epidural wore off and I had to take my baby with me to shower they never offered to oversee him for 10 minutes. They never said how to shower with stitches and what I couldn’t do.”

“...Not much postnatal care. (I was) suffering from very painful legs however not receiving any care really”

“...The post natal ward in Glangwili seemed very busy and midwives did not appear to read patient notes at changeover as we had to repeat the same information after each changeover.”

BREASTFEEDING

Many people have heard the phrase “breast is best” and there are major benefits for babies who breastfeed. Current guidance suggesting 6 months of breastfeeding exclusively is really good. Helping mothers to learn how to breastfeed can mean expert support is needed particularly for some babies who struggle to feed.

At the same time women need to be given the choice about how they feed their babies and should not be pressured or made to feel a failure if breastfeeding doesn’t work out for them. In our survey we heard very mixed feedback, some was very positive. One woman said;

“...Excellent, great after care and support with breastfeeding.”

Another said;

“...It’s great that the Midwifery Led Unit provide frenectomies.”

(This is a procedure where a baby who has been diagnosed with a tongue tie can have this sorted out to allow the baby to breastfeed more easily).



“...The tongue tie specialist was brilliant and great support for breast feeding”

It was good to hear that people felt supported but this wasn't case for everyone

who shared their experiences with us. Others felt that there wasn't enough support and that breastfeeding (especially for babies who struggled to feed) wasn't a priority for staff or that expertise was lacking.

“...The only thing I can think of that needs a lot of improvement is breastfeeding training. Again, this is not a reflection on the staff as they absolutely did their best, but our son’s tongue tie and poor latch was missed by both a midwife and health visitor which led to a lot of pain and stress and, ultimately, switching to formula before we wanted. I think it would help so many women if more staff were given the opportunity to train as an IBCLC (Lactation Consultant) as not everyone can afford to see one privately.”

This was echoed in another response;

“...I would definitely suggest more breastfeeding support. My baby lost too much weight in the first three days as I wasn't sure about

the signs of them not eating enough. He also had a poor latch. I didn't have a good breastfeeding experience and wonder if it'd better if they spent more time with me explaining how to latch him and what to look out for.”

“...more help with breastfeeding. I would have like to have seen a lactation consultant or breastfeeding specialist midwife.”

“I was left with a baby and no support on what to do. My advice on breastfeeding was put him belly to belly and shove his head to your breast. I had no idea he had a tongue tie until his checks before we were discharged.”

Acknowledging these points another women had an entirely different perspective and felt that breastfeeding was being promoted too far.

“...A midwife was pressuring me to breastfeed and not bottle feed when the baby was struggling to latch.”

STAFFING, STAFF ATTITUDES AND COMMUNICATION

Clearly many of the responses we received praised staff for their caring approach. Despite this, people highlighted stories where staffing levels were low or that staff were very busy. As might be expected, this impacted on their experience.

“...Sad to see staffing levels low, but still received excellent and compassionate care regardless from midwives who were clearly rushed off their feet.”

“...We had to wait a long time to be admitted to the labour ward due to lack of staff, however this is more a reflection of resource issues than staff themselves.”

Although most responses praised staff for their kindness and support, there were also some concerns about staff attitudes.

“...I was extremely anxious and I don't feel the doctor took my mental health into consideration enough.”

“ (I was) ...told monitoring someone with ‘a belly like mine’ and ‘muffin top’ was difficult.”

“...The doctor told me I was selfish for wanting to breastfeed and should formula feed my baby. Some of the healthcare assistants I encountered were quite rude.”

One women felt that she was not listened to during her labour as she experienced severe pain due to a pelvic pain condition.

“...I had a consultant make a nasty remark when midwife broke my waters and I didn't get out of bed because I had severe SPD (symphysis pubis dysfunction) and could not move, she made a remark that I would have a bad experience with birth if I didn't move.”

One issue that is raised regularly by the public is communication. This was true in the maternity experiences we heard. Some people felt that they weren't given up to date information about their care or that opportunities were missed to provide information on what to expect (for example after a particular procedure).

“...My birth experience was amazing, my midwife was great but after delivering and her shift finishing the communication stopped”

“...Very limited communication about when I could be discharged, medications I was put on etc.”

“...I waited 3 days following a failed induction on the ward to go up to labour ward to have my waters broken, communication was very poor, hardly saw midwives , did not know what was going on even when I asked.”

“...More communication on the post-natal ward needed regarding discharge etc.”

Other women told us that there were sometimes communication problems between different NHS staff or teams.



“...After the birth of our son, there was a miscommunication between the paediatric Dr, the team from SCBU (Special Care Baby Unit) and the midwives which ultimately resulted in our son being taken away from us

and put on the SCBU for 5 days under intense phototherapy. The care we received throughout was of a very high standard, but the lack of prior warning that this could happen and the way it happened was very stressful.”

ENVIRONMENT

Whilst the Health Board has updated many of its hospital maternity wards in recent years, some still felt frustrated and uncomfortable in the hospital went to at times. Managing temperature was certainly problematic for some who needed rest after their labour.

“...It was like a sauna in the ward after recovery so I was sweltering and could not get off to sleep so I had a restless night”

“...Dinefwr ward was very hot. Windows were open but it was very uncomfortable. Could do with modernisation. Toilet and shower facilities were not very good.”

Others had worries about noise and space during their stay in hospital.

“...The Labour ward was very good and I felt well cared for and safe. The room was spacious and private and there were lots of staff on hand. I was treated with kindness and encouragement. The postnatal room that I was in for 3 days was very noisy so I couldn’t sleep. My corner of the room was cramped and I had a drip so it was hard to move.”

TRAVEL

Some women told us about the difficulty that their various journeys created as they used maternity services. Whilst Llais realises that some hospitals in Hywel Dda simply cannot support all of the necessary staff and clinics to allow appointments to take place in the nearest hospital, the Health Board needs to understand how travel affects people in terms of inconvenience, discomfort and cost.

“...My care was moved from Withybush to Glangwili as I needed in-depth scans on my son’s brain, this lead to a huge amount of travelling for me from the west of Pembrokeshire. By the end of my pregnancy I was having 2-4 appointments a week which was a big strain on energy levels and financially.”

“...Car journey from Milford Haven to Glangwili -too far to travel whilst in active labour, labouring upon arrival to hospital.”

“...It can be quite unsettling to not know which hospital you will be delivering in if you live in Pembrokeshire. The decision is made when you're in labour which can cause a lot of anxiety and uncertainty.”

OTHER SUGGESTIONS MADE BY PEOPLE COMPLETING OUR SURVEY

When we asked people what could have been changed to make things better during their maternity experience, we note that some were very happy with their experience:

“...I wouldn't change anything.”

One issue that some women raised was wanting the opportunity for a discussion with a health professional to look back at their labour. Some women wanted to understand and make sense of what they'd just gone through in their birth. They may simply need reassurance that they didn't do anything wrong. The lack of opportunity to “debrief” following their birth was clearly something that some regretted.

“...Proper debriefing and longer care for the mother after labour and delivery (is needed).”

“...My notes were taken immediately after delivery so I wasn't able to read about what happened and why things did not go to plan. I have since requested a reflections session and haven't heard back about it.”

“...Women should be told that they will not get their pregnancy notes back as it is a journey that women may want to take pictures of to keep and the same with the birth notes.”

“...Was promised a debrief of what happened post birth with blood loss as my memory of the event was limited but this didn't happen until over 48 hours later when I asked for some information.”

The availability of partners being able to stay with women in labour or postnatally to support them has been an issue raised regularly in past

years. We know that the Health Board needs to manage who is on a ward for security and safety purposes, particularly to provide privacy for other women in shared areas. However, some women still felt that their partner was crucial and missed them when they had to go, particularly when staffing was scarce. We were told:



“...My partner got sent out constantly as it was outside the visiting times and almost missed the birth as I was not permitted to ring him when my waters broke.”

Others said;

“...The midwife told my partner he'd have to leave at 8pm even though he was my only effective form of pain relief when he rubbed my back and I couldn't speak for myself anymore because of constant contractions.”

“...Let the fathers to be/new father stay. I had a very traumatic birth and was left with my newborn after no sleep for 48 hours and no support. My partner had to go sit in the car for 2 hours just after I had delivered. I was overwhelmed and in pain and would have benefitted from my partner's support.”

We feel that the Health Board should review its arrangements for partners being able to stay and support new women, particularly as

staffing is clearly problematic at times and some report feeling isolated when they need help.

CONCLUDING COMMENTS

It was fantastic to hear that so many women had positive overall experiences. In this survey and our previous reports, we feel that in general, most women were satisfied with happy outcomes, their baby safely at home, having had kindness from NHS staff.

However, there were also problems. We understand that when births become complex or need urgent changes, this can be stressful and upsetting. This means that some of the responses we receive might be more critical than births which go more smoothly.

Llais suggests that whilst the Health Board should listen to the many compliments that were directed towards staff, it must also work towards further improvements, particularly in areas where we have highlighted concerns before. It is clear that some women had mixed experiences. We have therefore developed a number of recommendations that the Health Board needs to consider and act on.



RECOMMENDATIONS

Our 2022 report made 6 recommendations and an action plan was developed by the Health Board to address these. Whilst there have been some improvements which women have told us about, we feel that further work needs to be done:

- 1.** The Health Board must continue to focus on improving the level of postnatal support for new mums. Llais understands that staffing is often very difficult, but many women felt that they needed more help and care after they had their baby. The Health Board should monitor this routinely.
- 2.** Llais acknowledges that welcoming partners into hospital wards is a difficult balance for the Health Board to manage, as it appreciates the support that partners bring to individual women alongside protecting privacy and security for all. We would ask that the Health Board takes the opportunity to review its arrangements however, given how isolated or alone some women felt, particularly when staffing levels are limited.
- 3.** There was evidence to suggest that breastfeeding support was good for some but looking at the experiences of others there is still more to do to ensure that the necessary breastfeeding expertise is available and staffing numbers allow this support to be given, particularly for babies that are struggling to feed.
- 4.** Some women reported problems receiving a debrief about their birth. This was clearly important for them. Adequate staff need to be available to ensure that opportunities are not missed to do this.

5. Some women reported that their stay in some hospital areas was difficult because it was so hot. We don't know if the Health Board avoids use of fans (e.g. for infection control reasons), whether there was simply a shortage at that time, or another problem, but if it's possible for women to regulate their temperature to be more comfortable then the Health Board should ensure it can make this happen.

6. Communication clearly worked well for some, but Llais knows that poor communication lies at the heart of many poor patient experiences, before during and after an event such as childbirth. Once again, our survey showed that some women experienced poor communication from staff during their journey. This caused preventable stress during labour. Llais acknowledges that it can happen in settings when staff are busy and under pressure, but in a general sense it isn't acceptable. The Health Board needs to ensure that cultures of good practice around communication shown by many staff are universal and a core value of the department.

7. We were interested to hear that NCT classes were difficult to access or not running locally. This made us worried about the level of antenatal and parenting support that women and partners were getting beyond clinical contact with midwives and other NHS staff. If there were alternative opportunities, we couldn't see these on the Health Board's website. Because of this, we're asking the Health Board to tell us what is available for women in the three counties, whether signposting is adequate and whether more needs to be put in place with local partners.

CHARACTERISTICS OF PEOPLE COMPLETING OUR SURVEY

Llais is committed to ensuring that everyone has the opportunity to have their say about their care and we gather information to ensure we are doing our best not to exclude anyone. The following describes the characteristics of those who spoke to us.

- 6 people said their preferred language was Welsh, 34 English and 1 said they had no preference.
- All respondents identified as women.
- No respondents identified as trans people.
- 38 respondents described their sexual orientation as heterosexual or straight, 1 as asexual, 1 as bisexual and 1 preferred not to say.
- Ages of respondents ranged from 19 years to 47 with an average age of approximately 34 (higher than Wales average of 31)
- 22 reported having no religion, 14 reported they were Christian, 2 said they were atheists, 3 preferred not to say.
- 36 said their ethnicity was white (Welsh/English/Scots/NI/British, 1 said Gypsy/Irish Traveller, 2 white (other), 1 Arab and 1 preferred not to say
- 1 respondent said they were disabled.
- 1 respondent said they were a carer of someone with long term disability or ill-health
- When asked about their financial status:
 - 4 said they had more than enough for necessities, and a large amount of disposable income, that they can save or spend on extras or leisure

- 24 said they had more than enough for basic necessities, and a small amount of disposable income, that they can save or spend on extras or leisure
- 7 said they had just enough for basic necessities and little else
- 3 said that they don't have enough for basic necessities and sometimes run out of money
- 3 preferred not to say

THANKS

We thank everyone who took the time to share their views and experiences with us about their health and care services and to share their ideas.

We hope the feedback people have taken time to share influences healthcare services to recognise and value what they do well – and take action where they need to as quickly as they can to make things better.

FEEDBACK

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.

CONTACT DETAILS

LLAIS WEST WALES REGION,
SUITE 5, 1ST FLOOR,
TY MYRDDIN,
CARMARTHEN,
SA31 1LP.

TELEPHONE: 01646 697610
EMAIL: WESTWALESENQUIRIES@LLAISCYMRU.ORG
WEBSITE: WWW.LLAISCYMRU.ORG
FACEBOOK: @LLAISWALES
TWITTER: LLAIS_WALES