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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Your ref: 00113-2025

26th March 2026

Caroline Saunders
Senior Coroner (Gwent)
Via email: gwent.coroner@newport.gov.uk

Dear Ms Saunders

Re: Regulation 28 Report received by Aneurin Bevan University Health Board further to the inquest touching on the death of Della Bridget Calvey which concluded on 27th January 2026.

Thank you for your letter and accompanying report, which the Health Board received on 5th February 2026.

I am writing to provide you with the Health Board's response to the Regulation 28 Report to Prevent Future Deaths, which was issued following the inquest into the death of Della Bridget Calvey.

As requested, the information presented below is intended to describe the actions which are being taken by Aneurin Bevan University Health Board to mitigate the risk of future deaths. You require the Health Board to provide you with the following information:

1. Confirmation as to whether downgrading NEWS scores in the circumstances described (in the context of COPD) is acceptable practice.
2. What action will be taken to ensure that more robust approach to clinical assessments will take place in the future.

With regard to point 1.

The adaptation of the NEWS score in the context of patients with known hypercapnic respiratory failure (most commonly due to COPD) is recognised normal clinical practice. This was reinforced and standardised by the introduction of 'NEWS2' (first published 2017 but widely adopted across NHS Wales in 2025 – See Welsh Health Circular WHC/2025/002) which specifically has a different oxygen saturation scale for this purpose.

Whilst it is recognised that not all patients with COPD will have confirmed hypercapnic respiratory failure and meet this criteria, there is recognition that patients with COPD exacerbations will often tolerate lower oxygen levels safely. This is demonstrated in the NICE Quality Standard on COPD in adults (QS10) that states that people receiving emergency oxygen for an acute exacerbation of chronic obstructive pulmonary disease should have their oxygen saturation levels maintained between 88% and 92%.

Overall, this demonstrates that the oxygen saturation aspect of a NEWS score in COPD patients may not trigger the same response as in other patients and should be considered in the context [of](#) their overall clinical picture and past history before using this to make clinical decisions.

With regard to point 2.

NEWS2 was formally launched by the Health Board in September 2025 and all flow centre staff have completed the required training, with ongoing compliance monitored as part of annual staff reviews. As standard practice the call handling staff at the flow centre are trained to calculate the NEWS score based on the observations given and would not adjust this for COPD or other conditions. They now escalate all COPD patient referrals to the qualified nurse, who would consider the NEWS score in the context of the full details of the case including the available past medical history. The qualified nurse would then make any clinically appropriate adjustments to the NEWS2 parameters, with a clear clinical rationale documented.

If a patient has COPD but not documented hypercapnic respiratory failure or known low baseline saturations then the qualified nurse would not adjust the NEWS2 score. They may however take the underlying diagnosis of COPD into consideration when assessing how to apply the NEWS to the decision as to where best to send the patient for assessment. Bringing all this information together supports the identification and application of the most appropriate clinical pathway for that patient to follow.

I trust that this information reassures you about the Health Board's processes, guidelines and position with regard to NEWS scores in the context of COPD. However, if you require any further information or assurance, please do not hesitate to contact me.

Yours sincerely



Prif Weithredwr | Chief Executive