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Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwllans Cymru
Welsh Ambulance Services
University NHS Trust

Cadeirydd
Chair: [REDACTED]

Prif Weithredwraig
Chief Executive: [REDACTED]

Swyddfa'r Prif Weithredwr a'r Cadeirydd Chair and Chief Executive's Office

Our ref: 1362

31 March 2026

FAO Caroline Saunders

Senior Coroner Gwent

By email only: gwent.coroner@newport.gov.uk

Dear Ms Saunders,

Prevent Future Death Report relating to Della_Bridget_Calvey.

I am writing in response to the Regulation 28 report to prevent future deaths, that you issued on 5 February 2026.

It is noted that the concerns raised were:

"The totality of the evidence indicated that it was not unusual for NEWS scores to be downgraded if a patient had COPD, even when their baseline saturations were not known. The rationale being "COPD sufferers often have lower oxygen saturation levels". Whilst this may be true, applying this to all COPD sufferers, I consider to be an unsafe practice.

Mae'r Ymddiriedolaeth yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg, ac na fydd gohebu yn Gymraeg yn arwain at oedi

The Trust welcomes correspondence in Welsh or English, and that corresponding in Welsh will not lead to a delay

www.ambulance.wales.nhs.uk

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1. Confirmation whether downgrading NEWS scores in the circumstances described is acceptable practice (please note that support for this position was provided by the Clinical Lead who has a training remit)

2. What action will be taken to ensure that more robust approach to clinical assessments will take place in the future."

WAST response to your concerns

To inform the Trust response, the inquest bundle has been reviewed by the Regional Clinical Lead-Consultant Paramedic for Southeast Wales. The opinion reached has been supported by the Trust Associate Medical Director and Executive Director for Paramedicine.

The National Institute for Health and Care Excellence (NICE) describe Chronic Obstructive Pulmonary Disease (COPD) as a common, treatable (but not curable), and largely preventable lung condition. It is characterised by a persistent symptom such as breathlessness, cough and sputum due to airflow obstruction that is the result of chronic inflammation caused by exposure to noxious particles or gasses, usually from tobacco smoke or environmental and occupational exposure.

The British Thoracic Society (BTS) identifies that oxygen saturation levels for patients who are acutely ill who are not at risk hypercapnic respiratory failure is 94-98%, and for those with known COPD, or other known risk factors for hypercapnic respiratory failure, a target saturation range of 88-92% is suggested pending the availability of blood gas results.

As you will be aware NEWS is a National Early Warning Score to support the identification of deterioration in patients who are acutely unwell. It measures the respiratory rate, pulse, oxygen saturation levels, systolic blood pressure, consciousness and temperature. When considering oxygen saturation levels there are two scales that could be considered. Scale 1 would be for most patients who are not at risk of hypercapnic respiratory failure, and scale 2 is intended for patients who suffer with conditions such as COPD who are at risk of hypercapnic respiratory failure.

NEWS and similar scoring systems (such as those used in paediatric patients, etc) are designed to identify patients at risk of deterioration, in order to identify a requirement for review by a clinician. While such scores are of value in both identifying unwell patients, and tracking trends, there is no specific score value at which hospital admission is mandatory. Once an ambulance clinician has reviewed a patient, they will take into account all of their findings – including the history, examination findings (including vital signs / NEWS score), any investigations they have undertaken, along with the patient's wishes before determining the most appropriate next step in management, which may include conveyance to hospital. But this is not determined by parameters such as NEWS score in isolation.

In conclusion, and in response to the concern raised within the PFD, namely:

"Confirmation whether downgrading NEWS scores in the circumstances described is acceptable practice (please note that support for this position was provided by the Clinical Lead who has a training remit)."

The Trust would not support its clinicians to routinely downgrade a NEWS score. However, within NEWS there are 2 scales for patients who are either at risk of hypercapnic respiratory

failure and those patients who are not. Evidence presented identifies that patients with COPD are at risk of hypercapnic respiratory failure. To utilise scale 2 of the National Early Warning Score is not considered to be down grading a NEWS but utilising the system to appropriately recognise a patient deterioration.

Organisational learning has taken place. In 2021 WAST introduced its ePCR. This electronic record calculation for NEWS is automated following entry of observation by attending clinician. It will be noted above the second NEWS recorded for Mrs Calvey was 4, this may suggest improvement in a patient's condition. However, this score was calculated with an incomplete set of observation (temperature not repeated). Changes are being made to the ePCR that will stop a NEWS being calculated without a complete set of observations ensuring an accurate entry.

With regard to *"What action will be taken to ensure that more robust approach to clinical assessments will take place in the future."*

The Trust does not intend to take any further action, over and above the organisational learning shared above.

I would like to again offer my sincere condolences to Mrs. Calvey's family on their sad loss. Any reference to the support of the actions taken by our staff is in no way intended to be dismissive of the unacceptable and tragic loss of life and the grief her family are experiencing.

If you wish to take up the offer of a meeting with myself or a member of my Executive team, please contact [REDACTED] Legal Services Manager, who will be happy to arrange this. Her contact email is [REDACTED] and her telephone number is: [REDACTED] (please leave a message if your call is unanswered and she will contact you as soon as possible).

Yours sincerely

[REDACTED]

[REDACTED]

CHIEF EXECUTIVE