

**RESTRICTED****STATEMENT****Number: S31**

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Age	[ Over 18]
Statement Date	[ 22/OCT/2002]
Signature Witness Name	<b>Code A</b>
Signed Name	[ A.L Howard]
Telephone No	<b>Code A</b>
Date Of Birth	
Occupation	[ RETIRED HEALTH CARE SUPPORT WORKER]
Address	<b>Code A</b>
Forename 1	[ AGNES LITTLE]
Surname	[ HOWARD]

I am the above named person and I live at the address shown overleaf. I have been involved in nursing since 1959. I began my career in WRNS as a Sick Unit Attendant. I spent two years in the Royal Navy prior to having a family. I returned to nursing in 1969 as an auxiliary nurse with the National Health Service. At this stage I had no formal qualifications as a Nurse. Since that time I have worked as a Health Care Support Worker which requires no formal qualifications.

In 1973 I began work at the GWMH working on Geriatric Wards and all minor surgery wards. I later moved to Northcott Annexe which was a 12 bed Geriatric Unit. I was working permanent nights, from 2015 hours to 0745 in the morning. I have always worked nights. Northcott Annexe shut in about 1990 and I began working back at the GWMH to begin with on all the geriatric wards but eventually on Dryad Ward. Dryad Ward has 20 beds, and when I started work there in the early 90's it was set up for the long term care of the elderly.

The role of the ward was changed for about 12 – 18 months for rehabilitative care. However, it reverted back to continuing care for the elderly.

My duties at the GWMH were general care duties, these would include, getting people ready for bed, feeding them fluids, washing, toileting and rousing them in the morning. I could not give drugs to patients unless they were passed to me by an RGN. I would not undertake medical procedures such as changing dressings unless it was to assist a trained Nurse.

I first knew Dr. BARTON from working at the GWMH. I think she began working there in the early 1990's. She would do a daily round early in the morning whilst I was coming off nights and a longer round once a week during the day. I would say, 'Good morning' to Dr. BARTON and she would reply she had the manners of a firm school teacher. I never discussed patient care with Dr. BARTON, I might say Mr. So-and-So had a bad night but this would be on an informal basis. It tended to be the RGN's who would discuss patient care with Dr. BARTON. I never had any problems with Dr. BARTON or any concerns with the way she treated patients.

I recall the introduction of syringe drivers, I think it was in the early 90's. I don't if Dr. BARTON was at the hospital or not when we started to use them. Because of my level I had no involvement in the use of our setting up of syringe drivers. The syringe drivers were used to assist with pain management. Other types of pain management would normally be used prior to syringe drivers. It would be a Doctor who would prescribe the drugs and the syringe driver. I am aware that some of the staff were not happy about the amount of drugs being used in palliative care. I was not one of the people who expressed any concerns, because I was not in a position to express my concerns.

The people who went on the syringe drivers were dying, in my opinion they were very ill and the syringe driver helped control pain they may have and did away with the need for numerous injections.

I never attended any courses on syringe drivers or palliative care. I am aware that there were some meetings regarding these issues but I never became involved myself. I believe that Dr. BARTON was a well respected Doctor who always did the best for her patients.

I wish to add that I retired from the GWMH on 31/08/2002. I am aware that SN TUBBITT and SN GIFFIN have raised concerns about medical practises at the GWMH. They spoke with me informally stating that they were not happy with the amounts of drugs being used. I know that they took their concerns to the R.C.N.