

RESTRICTED
STATEMENT

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I am the above named person and I live at the address overleaf. I qualified as a nurse in 1979. I have worked in hospitals all over the UK and in January 1993 I began work at the GWMH /C35 . I started work at the Redcliffe Annexe but this was later to become Dryad within the GWMH complex. In 1997 I transferred to Sultan Ward.

I would describe the general patient care on the wards as very good. The needs and demands of patients changed by taking more acute patients and I don't feel medical cover was reflected in the changes. The work loads increased and patient contact was often less.

In May 2003 I left the GWMH, I felt there was a lack of leadership and structure. The hospital did not seem to have a defined role, that it could stick with.

In relation to syringe drivers, the pathway was always met correctly. I believe medications ordered by the doctor have always been justified but by charting a variable dose this puts responsibility onto the qualified nurse. I had some concerns that not all nurses were educated or updated in this field and the subsequent use of diamorphine and midazolom.

In my opinion there were people in key posts at the GWMH who lacked education in their specific field. I do not wish to name these people but my fears relate to senior nursing/management staff. Had a variable range of dose not been charted by the doctors less responsibility would have been put upon the nursing staff.

At not time do I think there was any intention to harm but I do feel there was a lack of education.

I am aware that there is a complaint in existence relating to a Mr DUGGAN /N927 and general patient care. Mr DUGGAN died at the QA /L194 . I was involved in his care whilst he was at the GWMH.

I wish to conclude by saying that the GWMH suffered from what I would call small hospital syndrome, in that it was sometimes difficult to challenge. Also people were allowed to become comfortable in an isolated position.