

Interview on 14 July 2020

DARREN THORNE: Okay, it's recording, and I can see that the level is going up and down. So in the room is Julie Fogarty, Kay and Darren, on the 14th of July. Okay. Thank you Julie for agreeing to meet with us. Could you just start off by telling us your role, because you had two, possibly three roles since your start in 2005.

JULIE FOGARTY: So in 2005 I was the matron for Women and Children's Services. So within my remit there was neonatal services as well as midwifery. In 2010, the organization underwent a restructure and the women and Children's Division was devolved. And bizarrely, neonatal services and children's services were split from women services. So at that juncture, I became the head of midwifery and I my remit was for maternity services and I had no involvement in the management of the neonatal services. And that in itself was very strange because I would have maybe a mother on the ward who was in my care. Her babies in the neonatal unit. Yet that was managed by a different service. But also all reports all went through two different, so there were two different boards. So I sat in planned care and we had a planned care sort of like route, and the neonatal had their own group at that stage they didn't have a governance board within urgent care, but planned care did so and that was a step change that the organization took at that time. I remained as head of midwifery until April 2017, when I was asked by the director of nursing to go and look after risk and safety because the leader from that area had moved on whilst the trust decided what they would do with that service. And actually, I enjoyed it. It's something different. I was ready for a change. Therefore, when the post was advertised externally, I applied for that post and was successful. So I was the associate director of Risk and Safety from April 2017.

DARREN THORNE: Okay. I just want to take you back to your first comment. You described the fact that the neonatal units are in a different division. And we understand that for many people, from your opinion. Did that contribute to things being a bit more difficult in relation to your role?

JULIE FOGARTY: I would say it did, because you know that the services are interlinked and intertwined. And it meant that as a head of midwifery, I was not aware that there were issues within the neonatal unit because I wouldn't be at any meetings where they were discussed. And so, um, the two linked together because ultimately, you know, we need to look at the mum, provide the care. And if we're not getting that right, then we're gonna see an increase in babies going through into the neonatal unit. So the two were underpinned and I just found it a frustrating part because when I worked as a matron and saw how well it all worked and how the teamwork was there. And when there was the change, there was a lot of anger within the trust and a lot of bitterness because people didn't want the women and children's division to dissolve like splits. Whereas I took the pragmatic approach. It's happened. We have to do the best we can. And I have something new as head of midwifery and I wanted to have the best maternity services, you know, I could with the resources that I have. But I was always aware of that and whilst I used to go to the neonatal unit to chat to the manager there, because it's important that we kept the lines of communication open. I wouldn't go in and say, tell me about your rates. Tell me about this case, because that

JULIE FOGARTY: Well for us it was stillbirths as well. So it was stillbirths since we had an increased number in stillbirths and neonatal deaths. So where you see we're looking at our data all the time. It was I think for us it was more stillbirths, but we've had quite a few foetal abnormalities. So and obviously we can update from what was submitted to datix and you had to do external and they would have had to submit externally their numbers as well to networks, etcetera.

DARREN THORNE: And a national audit, I think there is a whole debate around the national audits. Well, particularly for the unexpected, unexplained deaths where the data was submitted from hospitals.

JULIE FOGARTY: You see, and so on, because that was a whole different service. We wouldn't be aware of what was being submitted or not. Whereas like for me, I knew if we had a maternal death, I knew exactly who we have to submit to. And that make sure that we do report we do a review and report. And again, it would come to the governance board.

DARREN THORNE: I'm just trying to put myself in that sort of timeframe. You would have been working in new different divisions for five years by that point, you'd have been so far established into those...

JULIE FOGARTY: Silo working. It was true silo work. So I'm not saying that the midwifery staff and the neonatal staff did not well on the clinical shop floor. So, you know, as soon as they had someone coming through the door, they thought straight through the door to let the neonatal staff nurse in. So from a clinical point of view that they worked well, but from a governance and regulatory discussions and planning. Moving the service forward. It was like complete silo working and there was lots of examples. So one is, we used to have a swipe card access. And the manager decided she was stopping the swipe card access for midwifery staff to be able to go through to the neonatal unit. So, of course, straightaway they ring me. So I went out and I said to someone, we have an emergency on the labour Ward and her being

DARREN THORNE: Someone being Eiran ?

JULIE FOGARTY: Yeah Eiran. So someone runs straight through because they're in room 15. Yeah, because it's two seconds rather than going up to the office, to the phone. You know, people if they were coming through all the time, you know, not regularly. If they can't get through there and they've got to stand and wait, we're going to put people at risk. Why don't you instead monitor who's coming through? And if it's inappropriate, then we'll do something about it. So where is that kind of thing would never have happened if it was still, if you were working together as a team because you know what you'd say instead, is I have noticed the footfalls gone up. Well, the footfall had gone up, but it wasn't the midwifery staff. It was other people, you know.

DARREN THORNE: Yeah using it as a shortcut.

JULIE FOGARTY: Yeah.