

A large, solid teal wave graphic that starts from the left edge of the page and curves downwards towards the right, creating a decorative background element.

Department of Health

Modern Matrons in the NHS:
a progress report

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Introduction

When patients and the public were consulted about how the NHS could be improved, one of the messages that came through loud and clear was a call for the return of a matron figure, a strong clinical leader with clear authority at ward level.

Matrons disappeared from the NHS following a report in 1966 by the Committee on Senior Nurse Staffing Structures. Further changes resulted from the introduction of 'general management' into the NHS in the 1980s.

Today every hospital Trust has a Chief Nurse or Director of Nursing on the Board. They do an excellent job providing professional leadership in very large and complex organisations, many of which employ thousands of nurses.

When consulted the public said the NHS would be better if strong leadership was more visible and closer to the patient. They said they were concerned that nurses should be given the support and backing they needed to enable them to provide the highest standards of care.

That is why the Government made a commitment in 'The NHS Plan' to introduce modern matrons - senior sisters and charge nurses who are easily identifiable to patients and who have the authority and support they need to make sure the fundamentals of care are right.

Introducing modern matrons

Following consultation the new role was set out in guidance issued to the NHS in April 2001. The three main strands of the matron role were summarised as:

- securing and assuring the highest standards of clinical care by providing leadership to professional and direct care staff
- ensuring that administrative and support services are designed and delivered to achieve the highest standards of care
- providing a visible, accessible and authoritative presence in ward settings – someone to whom patients and their families can turn for assistance advice and support.

¹ The NHS Plan: a plan for investment, a plan for reform, Cm 4818-I, July 2000.

² Health Service Circular 2001/010, Implementing the NHS Plan – Modern Matrons: Strengthening the role of ward sisters and introducing senior sisters.

The guidance also made it clear that nurses appointed to matron posts would need to be respected professionals and experienced clinical managers, people who take a pride in the NHS and who have a reputation for setting and delivering high standards of care. They would need the skills to enable them to lead by example and to motivate and empower others.

The guidance also emphasised important links to related initiatives to help improve the patient experience, including those designed to:

- tackle hospital cleanliness
- improve the quality of hospital food
- introduce ward housekeepers
- prevent hospital acquired infection
- benchmark and improve the fundamental and essential aspects of care
- empower nurses to take on a wider range of clinical tasks

Ten things matrons do:

- **lead by example** – by demonstrating to other nurses the high standards of care NHS patients can expect
- **make sure patients get quality care** – by taking responsibility for driving up standards of care and leading work to improve professional practice and patient services
- **makes sure wards are clean** – by setting and monitoring standards and taking action to ensure that specifications are met
- **ensure patients' nutritional needs are met** – by ensuring that patients get the right meals, at the right time, and that they are able to eat them
- **prevent hospital acquired infection** – by ensuring that infection control measures are properly applied by all staff
- **improve the ward for patients** – by overseeing spending of ward environment budgets by ward sisters and charge nurses

- **empower nurses** – by enabling more nurses to undertake a wider range of clinical responsibilities to speed up patient care, such as admitting and discharging patients, ordering tests and prescribing medicines
- **make sure patients are treated with respect** – by ensuring their privacy and dignity are protected and by making sure they are addressed in the way they choose
- **resolve problems for patients and their relatives** – by acting quickly to deal with problems when and where they occur and by working closely with the Patient Advice and Liaison Service
- **ensure staffing is appropriate to patient need** – by working with ward sisters and charge nurses to assess patient dependency and adjust duty rosters, and to develop proposals for changes to skill mix and staff establishments.

NHS Trusts have reviewed their nursing structures and have begun to establish the new posts. Trusts were given scope to design structures that best suited local needs. Some have taken the opportunity to create entirely new posts. Others have re-designed their senior nurse posts to embrace the new matron role and responsibilities.

Leadership development is essential for staff appointed to modern matron posts. Many have already benefited from more than 30,000 places that have been made available on leadership programmes for frontline staff. Some Trusts have also devised tailor-made development programmes for staff being appointed to modern matron posts.

In recognition of the added responsibilities of modern matron posts, new pay scales have been introduced which have increased salaries for grade H and grade I matron posts to a maximum of £29990 and £32760 respectively.

Progress

When launching the guidance last April, the Right Honourable Alan Milburn MP, Secretary of State for Health, promised that matrons would be on the wards throughout the NHS by 2004, and that there would be 500 in post by April 2002.

³ The Leading Empowered Organisations programme and the Royal College of Nursing Clinical Leadership programme.

Many NHS Trusts have recognised the potential of the modern matron concept and have been swift to establish the new posts. In April 2002 there are nearly 1900 nurses in modern matron posts across the NHS in England, nearly four times as many as originally envisaged.

Region	Numbers of matrons by April 2002
London	452
North West	224
South East	261
Trent	205
West Midlands	210
Northern and Yorkshire	239
South West	180
Eastern	124

Making their mark

Matrons are already making their mark. At Colchester General Hospital each matron not only has responsibility for a designated clinical area, but also shares responsibility for the hospital. The matrons follow a rota taking it in turns to be duty matron for the whole hospital, troubleshooting on behalf of patients and staff. As well as dealing with issues such as bed availability and staffing to help the hospital run smoothly, their distinctive uniforms make them easily identifiable and accessible to patients and visitors too.

This critical mass of senior and experienced nursing staff heralds a concerted drive to improve standards and services on the wards, and to ensure that every patient is cared for in the way they are entitled to expect from the NHS.

Linda Foster, a matron at Stockport NHS Trust, says:

As a modern matron I provide a focal point for clinical leadership, risk management and governance... a driving force to implement the wide-ranging modernisation agenda ... [and] a visible and accessible figure for patients and visitors. I am available to listen and to share information with them, as well as with ward staff and management at every level.

In Burnley Healthcare NHS Trust complaints dropped when modern matrons were introduced. The senior nurses there can now deal with concerns and complaints when and where they arise, and respond in a way that patients understand.

At the Homerton University Hospital NHS Trust in London, Matron for Acute Medicine, Sarah Fernee, says:

I am responsible for three acute medical wards that care for patients with complex chronic medical problems. The diversity of the population and the chronicity of medical problems, combined with acuity of illness, provide a big challenge to the nursing teams in these wards.

I directly manage two ward sisters and one charge nurse, and presently I am working closely with them in order to strengthen their roles as ward based leaders... I contribute to patient care, supporting staff and talking to patients about their health and their experience in hospital. I am available to talk with relatives about any concerns they have and I am a link for the PALS team if there are any informal complaints that have been raised. I feed this information back to the ward sister who plans a course of action with me.

I was involved in resolving an issue with a relative concerned about care a couple of weeks ago. The patient had very complex medical problems... I gave the staff the opportunity to talk about the difficulties in caring for the patient and we discussed a plan of care, and relayed this back to the relatives. For a few days after this, I visited the patient daily and discussed the progress of the patient with the nursing staff. The relatives had my telephone number so they were able to access me about any further concerns they may have.

At the Homerton Hospital in London the matrons there are planning to take weekly slots in the Patient Advice and Liaison Service to be more available to patients and public and to learn from their concerns.

Kath Elliot, Clinical Matron (Surgery) at South Tees Hospitals NHS Trust, says,

The main part of my role has been to ensure that the quality of the patient's experience in hospital is of an excellent standard by... being involved in ward rounds with medical and nursing staff... discussing problems at ward level with staff and working together to find solutions... by empowering ward managers and sisters to recognise their potential as leaders so that they can make decisions that will make a difference and put things right... challenging inappropriate practice [and] ensuring there are appropriate staffing levels and resources available to meet clinical demands and case mix.

Southampton University Hospitals Trust has adopted a model designed to strengthen and expand the role of senior sisters to take on the modern matron responsibilities. A leadership development programme is being used to prepare them for their new responsibilities and the introduction of ward housekeepers and ward secretaries will ensure they are properly supported. In addition to influencing care standards directly, they will also play a key role in the Trust's recruitment and retention strategies, building on the progress that has already been made in reducing turnover and vacancies to ensure the Trust has sufficient staff to deliver high quality care.

At Birmingham Heartlands and Solihull NHS Trusts, Matron for Elderly Medicine, Dawn Wardell, says:

My role encompasses the directorate of Elderly Medicine... 6 wards, 1 Medical Day Hospital and 3 Discharge Liaison Nurses. I am the line manager to the Ward Sisters/Charge Nurses and provide day to day support, both managerially and professionally.

Working with the Ward Sisters we review any complaint or patient/relative feedback and work with staff to change practice. I walk around every day at least once, sometimes more, to make myself available to relatives and patients who may want to talk to me about care or other issues. As I work one late duty per week this means that I do come into contact with relatives at a time suitable for them.

Anecdotally I have received very positive feedback on the matron role from both relatives and patients.

The whole ethos of the matron role is to ensure patients receive high quality care in an environment that is clean and appropriate. As a role model I feel that I am providing leadership for staff and a positive image to the general public for the areas in my care.

The introduction of modern matrons has helped to revitalise interest in the fundamental and essential aspects care and encouraged nurses to look afresh at their professional practice and the quality of the patient experience.

The 'Essence of Care'⁴ patient-focused benchmarking tool is proving to be an important resource, helping modern matrons and other nursing staff to examine their practice, compare it with the best and design action plans to improve standards. In one Trust matrons are meeting regularly with ward sisters in 'improving the patient experience' forums. In another each matron is taking the lead and tackling a topic of concern, such as patient falls, to monitor and improve practice.

⁴ The Essence of Care: Patient-focused benchmarking for health care practitioners, Department of Health, February 2001.

Vanessa Read, who works at Dorset County Hospital in Dorchester, says, *I am responsible for nursing services within the Family Services Directorate which means I provide professional and operational advice to nursing staff whilst also advising the Directorate and Trust on wider nursing issues. The other main aspect of my role is to promote and maintain Clinical Governance within the Directorate, taking the lead for clinical and non-clinical risk management.*

On a typical day I will visit the wards/departments under my responsibility... have meetings with senior nursing staff whom I supervise to assist and support them in leading their service. I am available on a radiopager ... and can respond to any urgent issues... especially to assist with dealing with patients and relatives.

There is now considerable enthusiasm for the new role amongst both staff and patients. Some Trusts report improvements in staff morale. This is associated with a sense that nurses are regaining control of the patient environment and have the authority to deliver care that is more in keeping with their fundamental professional values.

At Essex Rivers Healthcare NHS Trust, Speciality Matron (Critical Care) Sharon Gordon, says:

My first duty is to visit all departments, ITU and HDU and the three recovery units. I liaise with the nurse in charge of each area to determine the workload, staffing levels and any other resource concerns that require attention... Whilst in each department I assess and monitor the environment. I have found on occasions some issues that need attention that had not been seen by the busy nurses whose main concern is caring for patients and supporting their family.

I have received feedback from staff, particularly junior staff, both nursing and medical, feel that knowing I will visit the department each day at this time is very reassuring. Staff have also informed me that by my just asking "how are you" has increased their morale and reduced stress levels.

As Duty Matron...

...there is no typical day. The responsibilities and duties are very varied. Duty Matron is accessible to both staff and the public via a designated bleep. Calls can range from giving advice to responding to emergencies. It is the responsibility of the Duty Matron to ensure optimum efficiency of available resources, such as bed utilisation and deployment of staff. The Duty Matron is also responsible for ensuring quality targets are met... In Colchester, despite experiencing up to twice as many emergency admissions as is usual for this time of the year, we have not had any 12-hour trolley waits – a credit to all concerned, co-ordinated by the Duty Matron.

Over the coming months the programme to introduce modern matrons will continue, Next steps will include:

- more modern matrons for the NHS, with numbers rising by another 500 posts by 2004;
- the first annual reports from matrons about local progress implementing the Chief Nursing Officer's 'ten key roles for nurses' that were set out in The NHS Plan;
- the publication of guidance about workload assessment, staffing and skill mix to help matrons support those sisters and charge nurses who will be controlling ward staffing budgets by the end of this year;
- the publication of two patient-focused benchmark standards – on communication – to add to the suite published in the 'Essence of Care', to help matrons drive up standards and further improve the fundamentals of care;
- an evaluation of the matron role to establish its impact and to produce examples of best practice that can be spread across the NHS;
- an identifiable matron for every Accident and Emergency department, responsible for improving the patient experience;
- an assessment of the potential for wider application of the matron concept so that the benefits of highly visible, accessible and authoritative leadership are available in every healthcare setting.

Modern matrons are providing clinical leadership where it is most needed, at the frontline. They are helping to empower nurses and are ensuring that patients not only receive the highest standards of care, but know who to turn to when problems arise. It is clear that in the NHS the introduction of modern matrons is already making a difference.

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