THE INTRODUCTION OF THE MODERN MATRON ROLE IN THE NHS

Research Briefing

Introduction

This research briefing contains selected findings from a study of the ‘modern matron’ role in the NHS. The project, funded by the Department of Health’s Policy Research Programme, was undertaken by researchers from the Royal College of Nursing Institute, London, and the University of Sheffield School of Nursing & Midwifery between February 2003 and March 2004. The full report and executive summary will soon be placed on www.rcn.org.uk/publications/ and www.shef.ac.uk/snm/research/modern_matron_evaluation.html

Phase One: National Survey of Directors of Nursing

Postal questionnaires were sent to the 545 Directors of Nursing in all NHS Trusts in England, including Primary Care Trusts (PCTs). The response rate was 76% (n=414). The survey sought information on the number, job titles, salaries, grades and responsibilities of modern matrons already in post. Directors were also asked about the resources allocated to create the posts, and their impact on the nursing service and the wider organisation. The comments received were predominantly enthusiastic, and focused particularly on the post holders’ provision of clinical leadership and their role in improving the patient environment.

Selected findings:

- 73% of responding trusts (including PCTs) had appointed at least one modern matron by June 2003. Assuming similar levels of appointment in non-responding trusts, we estimated the national total to be in the region of 3200 posts.
- The largest number of matron posts within any single organisation was 52 but the majority (75%) of trusts had made between 1 and 10 appointments.
- 47% of matrons were on H grade and 44% were graded I, but a few were on F grade and 9% on G grade.
- Many trusts had diverted some resources to support the introduction of matron posts but only 19% of trust had made new money available.
- The title of ‘matron’, or ‘modern matron’ was not universally adopted; only 50% of trusts nationally used a title that contained the word ‘matron’ anywhere within it. There were 113 different job titles in use.

Phase Two: Case Studies in 10 Trusts

The case studies were designed to investigate all aspects of the matron role in a variety of NHS trusts and, as far as possible, to evaluate its impact. Sites included six acute trusts, two mental health and learning disabilities trusts and two primary care trusts. They were selected from different parts of England, covered different types of locality (rural, urban, and inner city) and represented different organisational structures. Questionnaires were sent to the 176 matrons in these sites, receiving a response rate of 69% (n=121). Twenty-one matrons were interviewed in depth about their preparation for their roles and their early experiences in them. Over 100 of the matrons’ key contacts in the trusts were asked about their experiences of working with matrons and their perceptions of the effectiveness of the role. Whilst it was common for matrons to experience initial difficulties with establishing a clear identity in the organisation and prioritising their activities, it seemed that many of these problems could be minimised where matrons had been given a clear remit, had supportive line managers, had participated in continuing education in leadership techniques and could benefit from the mutual support offered by fellow-matrons.

Models of working for matrons

The researchers identified three main models for implementing the modern matron role:

- The essentially clinical model (‘senior sister’ variant)
- The essentially managerial model (‘nursing officer’ variant)
- The mixed mode model (partly clinical, partly managerial)

The choice of a model and the position of matrons within the management structure of the trust reflected the trust’s priorities, the nature and configuration of its services, and its understanding of the modern matron role. Whilst the research does not support the idea that any one of these models is necessarily the most effective, they may help trusts to think more strategically about establishing and supporting the modern matron role so that post-holders can focus on their 10 key responsibilities (DH 2003)

The impact of matrons

Although the researchers were constrained by a lack of verifiable information on clinical and patient-centred outcomes of care, they collected many anecdotal examples of the positive impact of matrons, including:

- Exercising clinical leadership to improve standards of nursing care, often using “Essence of Care”
- Strengthening clinical governance by developing protocols and achieving greater compliance with them.
Helping to improve skill mix and staff retention.
Implementing and monitoring staff appraisals.
Improving nursing teamwork within and across clinical areas, especially concerning infection control.
Improving staff morale and reducing conflict. Clinical leaders at ward and departmental levels were particularly enthusiastic about the support they received from matrons, whilst more junior staff welcomed the improved communication matrons established between them and senior levels of management.
Identifying staff development needs and meeting them.
Improving standards of cleanliness, shown in some cases by improved PEAT scores. The most notable trust-wide improvements had been achieved by matrons in a trust acting collectively as a group to obtain a change of provider of cleaning services, or to change specifications.
Acting as link between clinical areas and support services such as catering, cleaning, and maintenance.
Reducing formal complaints from patients and their carers. Many of the matrons were working closely with Patient Advice & Liaison Services and were able to deal with patients’ concerns at an early stage, often resolving the problem satisfactorily.
Establishing regular ‘surgeries’ for both patients and carers, at which they could raise concerns or make suggestions for improving services.

Desirability of a strategic approach to establishing matron posts

Some trusts have taken a highly strategic approach to establishing modern matron posts, taking account of the trust’s overall nursing strategy and allocating funding to establish the new posts. However, very few trusts have undertaken any formal evaluation of the role. The research generated both general and specific messages for trusts about the selection and induction of matrons, the need to avoid role overload, and the sort of organisational support that is valued by matrons. Cross-boundary posts require especially careful planning, to allow for the complexity of building professional networks across different agencies, as well as for the day-to-day practicalities of maintaining high visibility and accessibility between different sites.

Key messages include the need for:
- Clarity about the desired model of implementation (for example, extent of involvement in direct care), about the extent of matrons’ authority within the organisation and an expectation of how the role fits the organisation’s nursing strategy.
- Clarity about matrons’ identity and visibility to patients and other staff – trusts may need to revisit decisions on job titles, badges, uniforms and ward and departmental notice boards.
- Clarity about lines of management and accountability and the respective responsibilities of matrons and ward managers including development of working agreements between individuals.
- Manageable workloads, to enable matrons to concentrate on their 10 key responsibilities, to have time to “walk the floor” and be visible.
- Trusts to provide written information for patients on the roles and responsibilities of matrons, how to recognise them and contact them. Any literature should be translated into appropriate languages used in the local area.
- Strong networking across the trust not only with other matrons, for clinical supervision, mentoring and peer support and to share initiatives that work, but also with domestic supervisors and facilities staff to cut through red tape in order to respond quickly to complaints.
- Adequate resources and budgetary control.
- Proper support and facilities (administrative, secretarial, IT including own PC and printer) including individual (not shared) offices, particularly when matrons are likely to be involved in private discussions with patients, carers, or staff.
- Opportunity for matrons to participate in regular reviews of progress with their line managers and to obtain constructive feedback on their performance.
- Greater involvement and authority in relation to cleaning contractors (both with respect to tendering, and day to day in-put).
- Matrons to have regular direct access to their Director of Nursing to ensure that their concerns about standards of basic care are noted at the highest level.
- Trusts to establish clear guidance about the respective roles of matrons and PALS officers in addressing patient and carer concerns and complaints.
- Selection of matrons to take into account the importance of good interpersonal skills and good communication skills, with a focus on the transformational leadership potential of candidates.
- Matrons to have an excellent clinical background in the relevant area so that staff will have confidence in their judgement; the extent of their on-going involvement in direct care will depend upon the scope of their other responsibilities. What this means will depend on the clinical specialism and whether in depth specific technical knowledge is required.
- All new matrons to be given an induction course on which they meet key staff and familiarise themselves with trust systems and policies – this is especially important for matrons who are new to a trust.

Finally, how can we develop future clinical leaders?

- It is important for trusts to be seen to be developing and supporting matron posts in such a way as to make them attractive to future recruits.
- Trusts should also consider future career paths for matrons, and help them to identify developmental needs for career progression.
- Matrons and their managers should be encouraged to think about succession planning and ways in which staff may be helped to prepare themselves for the role in future.

Reference