The Return of Matron

More than 30 years ago, the Salmon re-organisation removed the title - 'MATRON'-from nurse administration. Nursing Officers, numbered 7, 8, 9 & 10 took over, in the 1970's.

Ever since their demise the return of Matron has been called for, at intervals, by the public and even by the politicians. It was felt that standards of patient care, of nursing practice and promotion of a clean, healthy environment had deteriorated - without Matrons.

Thus the Modern Matron role was introduced as part of the NHS Plan (2000). This was to give senior Nurses more influence to change and improve hospital care.

The interpretation of the role varies throughout the country. The opinion of some people was "Nurses may not ever have enough power to promote change".

A key element of the Modern Matron role was to provide a visible, accessible presence, who patients and their families can approach for support and advice.

I spoke to Joan Muir (WRI 1990) - Joan has considerable experience including 5 years at the Royal Marsden Hospital. She is now in post as Matron OP Departments - including Kidderminster & Redditch. One of 22 Matrons employed by Worcestershire Hospitals NHS Trust.

Joan felt the "visible accessible presence" was very important, and a distinctive uniform was a key to this. Our Matrons have a rather somber black uniform at present.

The other frequent observation from patients and families relates to cleanliness standards, which were sometimes unsafe unacceptable and a possible source of infection.

In October 2004 the Department of Health published the 'Matrons Charter' - An Action Plan for Cleaner Hospitals. This is a 21 century work plan based on a 19th century instruction from Florence Nightingale! (Department of Health press release - 19th October 2004).

There are 10 key, common sense commitments in the Charter affecting all personnel; e.g. morale of cleaning staff, sufficient resources, patient monitoring etc.

Trusts and individuals must renew their current practice and take necessary steps to meet the spirit of the charter, e.g. (a telling inclusion) - "Nurses and Infection Control Teams will be involved in drawing up contracts and Matrons have authority and power to withhold payment"!

I put this last point to Julie Kyte (WRI 1990) - Matron in Medicine at Worcestershire Royal Hospital, in charge of 54 beds. She felt she had sufficient control over cleaning standards by dint of a good working relationship with the house-keeper. I'm not sure "withholding payments" actually featured in her job description!

An interesting comment from Julie related to the blurring of responsibilities of the Ward Sister with those of the Matron, in the new hierarchy - ? another renaming exercise. Her job description was 50% clinical and 50% administration, with administration often taking precedence. Finding beds seemed to be, as ever, a continual administration problem.

Joan Muir accepted that changes can be difficult to make in the traditional hospital culture. She felt that a confident, open approach was needed; her clinical and administrative experience enabled her to meet the challenges.

Both Matrons agreed that the "Matrons of 2004" were very different from their illustrious predecessors. But they still aimed for high standards in all aspects of patient care. They also felt their staff were often undervalued, coping in stressful 21st century conditions.

Muriel Clayson