

National Health Service.

Hospital Matrons with Extended Responsibilities.

Summary. This memorandum contains guidance, based on the advice of the Standing Nursing Advisory Committee, on the question of the appointment of matrons with duties extending beyond the responsibility for the nursing services in a single hospital. It deals also with the status of head midwives.

1. The Ministry has been asked from time to time for advice in connection with the appointment of matrons to posts with extended responsibilities under the designation of "principal matron" or "group matron." The views of the Standing Nursing Advisory Committee have accordingly been sought on the question of the desirability of such appointments and the duties appropriate to them. The appointments that have come to notice fall into the following four main groups:—

- (i) A single matron appointed for a number of separate hospitals, which are to be administered as a single hospital made up of several units.
- (ii) One matron in charge of a hospital, given certain administrative responsibility for other hospitals which are under their own matrons.
- (iii) A matron with no hospital of her own appointed to carry out certain general duties for a group of hospitals, each of which has its own matron.
- (iv) One matron among those employed by a Hospital Management Committee selected to advise the Committee on general nursing questions.

The Committee has advised the Minister on the general lines indicated in the following paragraphs which he commends to hospital authorities for their guidance.

2. There may be instances where a single matron can suitably be appointed for two or more hospitals, but these will be exceptional and as a general rule each hospital should have its own matron. A hospital with a bed complement of 200 or more will almost always require its own matron; and an *ad hoc* maternity hospital (i.e., a hospital devoted entirely to maternity work) of whatever size, should have its own matron.

3. In those cases where the grouping of hospitals under one matron is considered appropriate, the group should be homogeneous, it being particularly undesirable to associate a mental hospital or mental deficiency institution with other types of hospital under the same matron. The hospitals should, moreover, be so situated in relation to each other that the day to day administration can be carried out by a single matron; this will depend on the circumstances of each case, including the experience and qualifications of the matron concerned. In such a grouping, each unit should be in charge of an assistant matron or a sister as the circumstances require, and the executive responsibilities of these officers should be clearly defined.

4. Where several hospitals, each under its own matron, are grouped to form one nurse training school, it is frequently the practice for the matron of one of the hospitals, not necessarily the largest hospital in the group, to be made responsible for the school. This is, of course, not the only way in which a group school of nursing may be organised; but, where this pattern is followed, the matron in question might be designated "Matron and Superintendent of the Nurse Training School." The matrons of the other hospitals in the group should retain full administrative responsibility within their own hospitals. In a group nurse training school of this type it is desirable that there should be a nursing education sub-committee consisting of the "Matron and Superintendent of the Nurse Training School" and the matrons of the other hospitals concerned, together with nurse tutors and selected ward sisters.* In the interests of uniformity of training it will generally be found desirable that the "Matron and Superintendent of the Nurse Training School" should be consulted about the engagement of those trained staff who are to take part in nurse training and be given

full facilities for visiting the other hospitals in the group, by arrangement with the matrons concerned, to satisfy herself as to the standard of training given. In the case of specific matters requiring investigation she should avail herself of these facilities only if the nursing education sub-committee has failed to resolve the matter.

5. The question whether the post of "Matron and Superintendent of the Nurse Training School" in a group should attract a special rate of remuneration is for the Nurses and Midwives Whitley Council to determine. In the meantime, any hospital authority which has created or proposes to create a post of this nature should submit full details to the Ministry.

6. Subject to what is said in paragraphs 4-6 in regard to nurse training, there seems to be no case for the type of appointment referred to in paragraph 1 (ii) and the creation of a "Principal Matron" grade is considered to be unnecessary and undesirable. The type of appointment described in paragraph 1 (iii) appears particularly undesirable.

7. As regards arrangements of the kind mentioned in paragraph 1 (iv), it is open to a Board of Governors or Hospital Management Committee to select any of its matrons to advise on any specific problem, and different matrons may well be selected to advise on different problems. Apart from the giving of advice on specific problems, it is most desirable for matrons to be kept closely informed of the policy of the Board or Committee. With this object in view some Boards and Committees have set up Matrons' Advisory Committees comprising all the matrons of hospitals in the group. In such an organisation, which might with advantage be more widely adopted, it would be for the matrons to nominate their own representative to attend meetings of the Board or Committee to put forward their problems (as distinct from any matters on which the Board or Committee may desire the advice of a particular matron), and also meetings of any sub-committee when matters of general interest to matrons are under discussion. It is most desirable that the matron of an individual hospital should attend any committee meeting on which matters directly or indirectly affecting her department are being considered. She should be present at meetings of the house committee for her hospital. The recommendations contained in this paragraph should also apply, where appropriate, in mental hospitals to the chief male nurse.

Head Midwives.

8. The Minister has sought the views of the Central Health Services Council about the status which should be accorded to head midwives in hospitals. Their views, which the Minister commends to the attention of hospital authorities are set out in the following paragraphs.

9. In any maternity department (within a general hospital) which is a training school† for pupil midwives, the superintendent midwife should be responsible for the administration of her department directly to the matron of the hospital and not to one of her subordinates‡. All midwifery staff and pupils appointed to the maternity department should be selected by the matron only after consultation and in agreement with the superintendent midwife.

10. Where the Hospital Group contains an *ad hoc* maternity hospital or a maternity department of sufficient size to justify the employment of a superintendent midwife, the matron of the *ad hoc* maternity hospital and/or the superintendent midwife should be members of the Group Nursing and Midwifery Advisory Committees. They should also receive copies of all circulars and instructions having a bearing on the maternity work of the Group.

* It would, of course, be open to the Hospital Management Committee to include in such a Sub-Committee other members, medical or lay.

† The same principle would, of course, apply to any maternity unit which, though not a training-school for pupil midwives, is large enough to justify the employment of a superintendent midwife.

‡ The arrangements made to cover the temporary absence of the matron would, of course, depend on the circumstances of the individual case.

[previous page](#)

[next page](#)