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Editorial.

Ministry of Health Central Health Services Council.

Report of the Committee on the Internal Administration of Hospitals.

THE COMMITTEE APPOINTED by the Central Health Council on March 14th, 1950, "to consider and report on the existing methods of administration in individual hospitals and (by request) within hospital management committee groups with particular reference to (i) matter of finance, staff and supplies; (ii) the extent to which differences in the work undertaken at different hospitals call for differences in their administrative organisation; (iii) the extent to which administrative duties should be undertaken by medical and nursing staff."

It would appear the necessity of this very explanatory comprehensive and unbiased report, which reviews any aspects of Internal Administration of Hospitals, was inevitable in view of the difficulties and perplexities, caused by the underlying structure and pattern of hospital administration which have been substantially changed by the Act of 1946.

We feel, therefore, it would be helpful to our readers to publish a very full report on nursing administration:—

Nursing Administration.

Position of the Matron.

IT IS APPARENT, IN reviewing the present-day duties and functions of the matron and her senior nursing staff against the background of their duties and functions a generation or more ago, that the intervening years have witnessed a progressive narrowing in scope and in kind. At one time the matron, as "mistress of the household," was called upon to supervise virtually all aspects of the work of the hospital. In the last 30 years or so the increasing complexity of hospital administration has rendered such attempts increasingly difficult of fulfilment, and numbers of specialist posts have been created to minimise this complexity.

Whilst it is of great importance that the matron should not be burdened with responsibilities which can equally well be undertaken by lay staff or which are more properly the concern of specialised talents, it is also of importance that her position, as an equal partner in the scheme of tripartite administration, should be fully recognised. It is, we think, undeniable that it is primarily the matron and her nursing staff who create the comfort, the content and the "atmosphere" of the hospital and who can most influence the feelings with which the general public regard it. The matron is a personal link between the community and its hospital. Outstanding qualities are and will always be needed to fill this exacting post; good matrons are unlikely to be attracted in sufficient numbers unless their key position in the organisation of the hospital service is recognised. As the Royal College of Nursing remarked in their memorandum of evidence, "the position, scope and responsibility accorded to the matron of today affect the calibre of new entrants to the profession, and so the calibre of the matrons of tomorrow and their contribution to the hospitals' administrative efficiency."

The grouping of hospitals in the National Health Service has, however, placed the matron in a somewhat obscure position. In former days, at least in the voluntary hospitals, the matron was normally in close and effective touch with her governing body. Now, we have been given to understand, she is much less so, at least if she is not the matron of what may be regarded as the headquarters hospital of the group. (Perhaps in this respect she is in a position analagous to that of the matron of a hospital in the former local authority service.) Nevertheless, as head of one part of the tripartite administration of her hospital, she must be regarded as directly responsible to the governing body of the whole group.

In this connexion we considered with the Standing Nursing Advisory Committee the question of appointing principal or group matrons in a position of authority over the other matrons in the group. Since the Minister has already commended to hospital authorities the advice given him by the Standing Nursing Advisory Committee, we do no more than summarise here the conclusions reached. We concur in that Committee's view that each hospital should have its own matron and that where, exceptionally, more than one hospital is grouped under a single matron, the hospitals should be of the same type. Where hospitals are grouped to form a single nurse-training school, one of their matrons should be made responsible for the school but the others retain full administrative responsibility for their own hospitals, The grade of principal matron is therefore unnecessary and undesirable and the appointment of a matron with no hospital of her own to carry out general duties for a group is particularly undesirable.

It follows from this that, as head of the nursing services in her hospital, the matron must be responsible direct to the governing body. In practice this is perhaps most usually expressed through the house committee of her own hospital and we regard it as essential that she should have the closest possible relations at least with this subordinate body. But it must always be clear that, as she is responsible to the governing body, the matron must have the right of direct access to them on any matter of nursing administration.

In saying this, however, we are over-simplifying by regarding the matron only as the head of the nursing services. This is not in fact the case. In considering and attempting to formulate the administrative duties properly undertaken by the matron and her nursing staff it is important to appreciate that the matron really acts in a dual capacity—as professional head of the nursing services of the hospital and as an administrator supervising certain non-nursing departments.

Her first capacity is clear enough—to recruit and maintain the nursing services and, frequently, to be responsible also for a nursing and midwifery training school. Her second is far less well-defined. She may on occasion assume the role of chief resident executive officer and may then have to take