

responsibility for catering is to lie with the catering officer and lay administrator, the matron must be fully consulted at all times. Where for any reason there is no catering officer, then the appropriate officer to take responsibility for catering would normally be the matron herself. And in any hospital in which there is a special diet kitchen the matron would naturally work in close co-operation with the dietitian and the medical staff.

The matron's relation to domestic staff is less easy to define, because practice is more varied. They may come under her control, direct or through a domestic supervisor (or superintendent), or they may come under a domestic supervisor who is responsible not to her but to the lay administrator of the hospital. It is the view of one of the nursing bodies who appeared before us that where the latter arrangement is adopted, the authority of the nursing staff is often undermined. Their work overlaps with that of the domestic supervisor and there is a risk of bad relations as a result. They feel that the lay supervisor, if any, should be given the fullest scope in the running of her department but that the chain of responsibility should run from the domestic staff themselves through the supervisor to the matron, not to the lay administrator.

On the other hand, several of our lay witnesses, including the National Federation of Hospital Officers, maintain that there is no justification for domestic staff being placed under the matron, except that ward maids and ward orderlies should come under her direct control whilst actually working in the wards.

We think, on the main issue of control being vested ultimately in the lay administrator or in the matron, that either system may be found acceptable, and that both have proved acceptable in practice. In either case the chief administrative officer must be the direct link between the governing body and the supervisor or the matron in this capacity, as in the case of other departmental heads, and he should, in the event of any domestic supervision's coming on the lay side, be ready to consult with and receive advice from the matron, who cannot but be concerned in their welfare and in their work.

#### Nurses' Homes.

The management of nurses' homes raises the general question of the extent to which members of the nursing staff should be appointed to non-nursing posts—a question which also has relevance in connection with certain other posts. It has been urged upon us by representative nursing organisations that the administrative experience gained in the nurses' home will be of value to the potential matron, in providing experience and in acquiring skill in the work of organisation and co-ordination which she may later be called upon to display as matron. In this connection we record the Royal College of Nursing's conviction that "qualification in a number of techniques is no substitute for training for the administrative post of matron."

It has also been represented to us that in addition to providing practical training for the senior nursing staff of the future, the post of home sister may, in some cases, offer suitable work for older nurses—for example, ward sisters or sister tutors—who have the added and very important advantage of being able to undertake supervision, under the matron, of the health of the nurses in the home.

It is clearly wasteful to remove trained nursing staff from the nursing duties for which their numbers are so often inadequate, in order to employ them on administrative duties equally well undertaken by lay officers, and on balance we feel that this should be the governing consideration. Where a warden is appointed, we think, as we have indicated in item (4) of our description of nursing administration, that she should be responsible to the matron.

The question of appointments to nurses' homes will, no doubt, gradually arise less frequently in the future, in view of the Council's recent advice to the Minister on the use of

these homes and on the advantages to trained nursing staff of living away from the hospital in private accommodation. The consideration which we have indicated as important in choosing between a lay or a nursing appointment will, however, continue to have force in filling any other posts which may lie equally on lay or professional territory.

#### Relation of Matron to Governing Body.

The evidence which we have received from representative nursing bodies makes it clear that the contribution which the matron and her nursing staff can make towards hospital administration is not always fully appreciated by some hospital authorities. All the nursing bodies which appeared before us stressed the desire of matrons to have an opportunity of initiating, approving and criticising all matters coming within their sphere, and the right of direct approach to statutory committees wherever this seemed necessary. It seemed to them that in this way they could not only help in shaping nursing policy but would be given the chance of seeing nursing in relation to the other branches of hospital life so as to promote among themselves and their staff the liveliest awareness of hospital problems. The failure on the part of some governing bodies to seek their advice—we were shocked to hear of more than one instance of the appointment of a deputy or assistant matron without any reference to the matron herself—or the scant attention which others paid to it, as reflected in the lack of representation of nursing interests at group committees, put obstacles in the way of these wholly reasonable aspirations.

We are in the fullest sympathy with the general attitude of our witnesses in this matter, which appears to us the practical application of the principle of tripartite administration. In a later, general, chapter we discuss methods by which individual officers, including matrons, can best be kept in touch with what their governing body is planning and doing and how they can contribute their professional advice to the governing body. But attendance of individual officers at meetings—which is in any case, perhaps, sometimes over-emphasised—is not enough. We have discussed, in the field of medical administration, what we regard as the proper place and functions of group medical advisory committees and we are satisfied that similar machinery is required in the nursing field. Many, perhaps most, groups have their nursing committees but the normal constitution of these is predominantly lay: they are rarely parallel to the group medical advisory committees, consisting largely of consultants on the staff of the group. We consider that there is room for a parallel organisation on the nursing side and recommend that all groups should establish one. Whether in detail, it consists of a new constitution for an existing nursing committee, enlarged to include all the matrons and representatives of other senior nursing staff (including ward sisters) in the group, or of a new group nursing advisory committee set up by the matrons and sisters themselves on the analogy of the doctors, does not seem to us to matter a great deal. What does matter is that the collective advice of the nursing staff shall be articulate in the governing body's deliberations. The committee should have a matron as its spokesman, either its chairman or a matron chosen by the others in the group to represent the senior nursing staff at group level; and it will be to her that the governing body will turn, as to the chairman of the group medical advisory committee in medical matters, for all the advice it needs on nursing policy throughout the group.

In addition, we consider that there is a strong case for the establishment in each hospital or group of hospitals which forms a single nursing unit (not normally an administrative group) of a nursing staff committee constituted on similar lines to the medical staff committees. This committee would be appointed by the nursing staff themselves and should include representatives of all the different types of qualified nurses in the unit, in particular of ward sisters.

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