The role of modern matrons in raising standards of infection control

Modern matrons were introduced to the NHS in 2001 to take a lead in improving aspects of patient care. They have since grown rapidly in number, as both acute and primary care trusts have recognised the benefits of having in place a senior nurse who is able to take a strategic role in improving patient care and giving clinical staff the support they need to achieve improvements. Tackling problems in infection control was seen as a key aspect of their function.

The modern matron role

The Department of Health (2002) envisaged three main strands to the modern matron’s role:

- Securing and assuring higher standards of care by providing leadership to fellow professionals and direct-care staff;
- Ensuring that administrative and support services are designed and delivered to achieve the highest standards of care;
- Providing a visible, accessible and authoritative presence in ward settings, to whom patients and their families can turn for assistance, advice, and support.

Matrons were given the authority to ensure that all members of the multidisciplinary team properly applied the changes required to meet the standards they set. To ensure that these nurses were able to influence non-nursing professionals, trusts were expected to appoint respected practitioners with experience in clinical management who would have the skills to act as clinical leaders and be capable of motivating other members of staff (DoH, 2002).

Modern matrons were given a number of responsibilities in infection control:

- Monitoring ward cleanliness and taking action to ensure specifications are met;
- Preventing hospital-acquired infections;
- Appointing and managing ward housekeepers, who would take day-to-day responsibility for ensuring ward cleanliness.

Trusts appear to have embraced the idea of matrons enthusiastically, and many have appointed a number of them, each responsible for a different clinical area. However, the trusts were given the flexibility to define matrons’ roles in the ways that best met their own organisations’ needs, which means that there is variation in matrons’ responsibilities and influence not only between trusts but in some cases within different areas of the same trust.

For example, funding is an issue for many matrons – but while some matrons have been given their own budgets, others have to rely on influencing how budgets are spent in meeting the needs that they had identified. Not all matrons have direct contact with patients and, despite the fact that they were expected to be readily recognisable to patients and their families, many do not have a specific uniform and some trusts do not use the word ‘matron’ in job titles.

According to the NHS National Performance Advisory Group (2003), these variations have caused problems, such as difficulties in balancing local priorities with national guidelines, and inconsistent interpretation of the modern matron role. The group also says that some modern matron posts are simply a change of title for an existing role.

Achievements in infection control

While the role of modern matrons may need further development and clarification in some cases, there is growing evidence that they are having a positive impact on clinical care (DoH, 2003). One area in which they have had a significant impact is infection control, where matrons appear to be well placed to identify and tackle problems, particularly if they are responsible for managing ward housekeepers.

Hospital cleanliness

This has improved markedly since the matron and housekeeper roles were introduced three years ago. According to figures from the DoH (2003), the proportion of hospitals that were assessed as having ‘good’ standards of cleanliness rose from 23 per cent in 2000 to 60 per cent in 2003, while none were considered ‘poor’ in 2003, compared with 35 per cent in 2000.

These improvement must be attributed, at least in part, to matrons’ ability to spot problems and work not only with ward staff but also managers of cleaning, health and safety, and linen departments. While cleaning staff are in many cases employed by outside contractors, Louise Olley, matron in acute medicine at Homerton University Hospital NHS Foundation Trust in London, believes she can influence the standards of service they provide.

‘I can act as a link between the cleaners and the clinical team, and I can influence their employers in some situations. For example, if there aren’t enough mops, the contractors may say that they only have a budget for so many, but if they come to me I can exert greater influence on the contractors and tell them this is not acceptable.’

Ms Olley says the nature of her role enables her to identify problems related to cleanliness that others may miss. ‘If you’re walking around wards, you see things that you may not notice if you’re working there day to day to

REFERENCES

Department of Health (2003)
Modern Matrons: Improving the Patient Experience. London: DoH.

Department of Health (2002)

Ann Shuttleworth looks at how modern matrons can help to improve infection control practices, and the steps they can take to tackle hospital cleanliness and nosocomial infection

KEY WORDS
Modern matrons
Hospital cleanliness Hospital-acquired infection
day.’ She says: ‘That’s why it’s important for us to get out to the clinical areas. It’s no good doing an audit from behind a desk – you need to see how things are done and what’s going on.’

**Hospital-acquired infection**  Matrons’ infection control remit goes wider than ward cleanliness, and they need to work closely with infection control teams and others to reduce the incidence of hospital-acquired infections. Dawn Hill, a nurse consultant in infection control at North Bristol NHS Trust, believes that although this can be a challenge it can be achieved.

‘Infection control is a fundamental element of the modern matron’s remit, and we as an infection control team are working closely with our modern matrons to enable them to take it on,’ she says.

“We have used a clinical governance structure and audit process in the matrons’ specialist clinical areas to identify the infection control issues that need addressing. This creates an ownership among the matrons that enables them to take on infection control.”

Matrons can work with infection control teams in a number of ways to tackle infection control issues. For example, they can improve the availability of hand gels and soaps so that these are easily accessible to staff.

Following on from this, they can work to improve staff awareness of the importance of handwashing – and their regular presence on the wards means they are able to check that staff are adhering to policies on handwashing, while staff know that a senior nurse is keeping an eye on hygiene and cleanliness.

Matrons can also ensure that staff appreciate the importance of minimising the movement of patients from bed to bed, and ensure that staff minimise the risk of spreading infection.

For example, matrons at Norfolk and Norwich University Hospital NHS Trust have introduced a comprehensive policy on uniforms that covers issues such as jewellery and laundering.

Such contributions to infection control should complement the activities of infection control teams, who are unable to have close day-to-day contact with clinical areas. This collaboration involves each recognising the other’s areas of responsibility and expertise, and developing good working relationships. Ms Olley says this took time at Homerton.

“It didn’t happen overnight – it took about a year to build up relationships of trust, but they work well now,” she explains. ‘We don’t work directly with the infection control team but we link in with them. They are the experts in infection control, so I can go to them for advice.’

**Wider influence** While matrons appear to be having a tangible impact in some areas of infection control, in others they face a much more difficult task. For example, some ward environments can make it difficult for hard-pressed staff to adhere to best practice in infection control and this is a more difficult problem to tackle. A lack of facilities is often cited as the reason for poor handwashing practices and is a practical problem encountered by many clinical staff.

While people may appreciate the importance of handwashing between each patient contact, it is not always as easy to do this in practice when there is only one basin and this is inconveniently situated.

For example, if staff are walking past a patient who asks that they, for example, pick up a magazine up from the floor for her or him, the automatic response would generally be to simply pick it up, rather than go to the basin at the end of the ward first.

Although matrons may not be able to sanction the installation of basins on existing wards, they can influence the provision of facilities when refurbishment or rebuilding is being planned.

Ms Olley explains: ‘While we can’t do much about placement of basins in general, at the Homerton we’re rekitting some of the wards and the matrons are involved with managers in planning where everything will go, so they play a key role in making sure clinical areas meet infection control needs.

‘You have to have that link to influence facilities and, because we work well together, we can have that influence.”

**Conclusion** Many of the improvements matrons are making come in response to well-recognised needs. The difference is that trusts now have someone for whom these issues are a core responsibility, who is able to collaborate with relevant professionals to set standards and to make change possible. They can also act as a ‘fresh pair of eyes’ in identifying problems and have the authority to ensure that these are tackled at all levels.

The introduction of modern matrons to NHS hospitals has brought mixed results – the initiative requires further refinement and development if the ultimate objective of improving patient care is to be fulfilled.

However, there is growing evidence that matrons can have a genuine impact on a range of clinical issues to improve patient care, including infection control.

As they become aware of the benefits of doing so, it is likely that more trusts will give matrons the full range of responsibilities that were originally envisaged for the role.

---

**REFERENCES**