



The matron's handbook

For aspiring and experienced matrons

Updated July 2021

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Foreword

Matrons are vital to delivering high quality care to patients and their relatives across the NHS and the wider health and care sector. They are instrumental in promoting high standards of clinical care, reducing health inequalities and promoting equality for all, workforce retention and recruitment, staff education and development, compassionate, inclusive leadership and patient safety.

The matron's role is the cornerstone of improving the quality of patient care. They do this through visible inclusive leadership and engagement with patients and families, frontline staff and senior management teams. Matrons provide key assurance to the board, providing evidence that the organisation is delivering safe care and supporting and developing staff to fulfil their roles. The matron's role spans all fields within the healthcare setting, including acute, community and mental health services.

It seems apposite that we are launching this Matron's Handbook in 2020, the International Year of the Nurse and Midwife. This is a year we are celebrating commemorating and supporting the future of the professions.

At my first Chief Nursing Officer's (CNO) summit I spoke about my priorities, the biggest being workforce – ensuring a workforce fit for the future and celebrating all the work of #teamCNO. I see all nurses, midwives and care staff as members of this team. My second priority is raising the profile of nursing with renewed pride in what we do as professionals. I spoke of how immensely proud I am of the sheer breadth of our clinical, technical and academic excellence. I see evidence of this in every visit I make to services across England. My third priority is that we, as professionals, speak with a powerful collective #teamCNO #1professional voice, celebrating what we do and collectively forging the future direction of the nursing and midwifery professions.

Matrons in all health and care settings have a huge role to play in delivering these priorities and are critical to ensuring that people and populations access and receive high quality, safe care. They are critical to providing inclusive leadership and support for staff, empowering them to do what is right for all patients and

families, to ensure safe and effective care while reducing inequality wherever it is seen.

This matron's handbook is intended to highlight, reinforce and celebrate the critical role matrons play in health and care services across England. The handbook should be used to prepare staff as leaders for the matron's role and to support newly appointed matrons. Experienced matrons should use it to confirm their skills and support their development further. This handbook is intended as a practical tool for matrons and their teams, and I hope you find it helpful. Thank you for all that you do every day – for patients and for our profession.

This matron's handbook was co-designed with matrons nationally and #teamCNO. Annesha Archyangelio wrote the handbook during her role as Nursing Fellow in Professional Leadership at NHS England and NHS Improvement.



A handwritten signature in black ink that reads "Ruth May".

Ruth May
Chief Nursing Officer for England

Introduction

This handbook is a practical guide for those who aspire to be a matron, those who are already in post and for organisations that want to support this important role. It can be used to prepare ward, department and service leaders for the matron's role and support newly appointed matrons. Experienced matrons should use the handbook to confirm their skills and help them prepare for their career development. It identifies key aspects of the matron's role, with quality of care as the guiding principle.

The handbook should be used by those working within the scope of the matron's role. This includes nurses, midwives and allied health professionals.

Its purpose is to support matrons' personal development, help matrons have an impact on senior healthcare leadership and encourage healthcare professionals to take up the matron's role. It aims to reinforce the importance of the matron's role in delivering high quality care using visionary skills, looking beyond the clinical skills needed for strategic inclusive leadership.

An important element of the handbook concerns ethnic minority staff development. This is a national priority to ensure equality and diversity in the workforce. It is important because we recognise that our staff are our greatest asset, and when they feel supported and happy in work this positivity reaches those very people we are here for – our patients. We are committed to creating a fairer and more diverse NHS for everyone. One way we intend to support this is by developing and supporting ethnic minority staff and staff with any protected characteristic, to progress into senior roles.

The matron's role in this is to contribute to addressing and solving problems for underrepresented and disadvantaged groups and individuals within their organisations, ensuring that the needs of the diverse workforce are met and health inequalities are addressed. This should be undertaken using the nationally and locally available resources to promote and facilitate this, which are available from

the Workforce Race Equality Standard, NHS England and NHS Improvement, the Royal College of Nursing, NHS Leadership Academy, King's Fund, NHS Confederation and other networks and organisations.



A handwritten signature in black ink that reads "Hilary Garratt".

Hilary Garratt CBE
Deputy Chief Nursing Officer for England, Professional and System Leadership

The matron's key roles

The matron's role has evolved since publication of the matron's 10 key responsibilities¹ in 2003 and the matron's charter² in 2004. Some aspects remain the same: for example, providing compassionate inclusive leadership and management to promote high standards of clinical care, patient safety and experience; prevention and control of infections; monitoring cleaning of the environment. Nevertheless, the role has grown to include workforce management, finance and budgeting, education and development, patient flow, performance management, digital technology and research.

We consulted over 300 matrons at three national conferences, a 1,600-strong matron's network and over 40 subject experts who included national and local professionals from the CNO's team; Health Education England; the NHS Leadership Academy; King's Fund; Queen's Nursing Institute; Royal College of Nursing; healthcare trusts' chief nurses and directors of nursing. From this, the following key roles emerged:

1. Inclusive leadership, professional standards and accountability
2. Governance, patient safety and quality
3. Workforce planning and resource management
4. Patient experience and reducing health inequalities
5. Performance and operational oversight
6. Digital and information technology
7. Education, training and development
8. Research and development
9. Collaborative working and clinical effectiveness
10. Service improvement and transformation.

These build on and modernise the 10 original roles identified in 2003. Furthermore, it has become evident that matrons do not take on full caseloads alone – they work in a matrix style, delegating across wards, departments and services. They

¹ Department of Health (2003) *Modern matrons – improving the patient experience*. London

² https://webarchive.nationalarchives.gov.uk/http://www.dh.gov.uk/en/Publicationsandstatistics/Bulletins/Chiefnursingofficerbulletin/Browsable/DH_4954296

translate their trust's vision, mission and values into operational practice. They also support staff, especially new ward leaders, department and service managers.

The NHS Long Term Plan³ and the Interim NHS People Plan⁴ stress the need for inclusive leadership and talent management. Matrons are crucial to achieving this.

Message to matrons

From Dr April Brown, Senior Clinical Lead, NHS England and NHS Improvement, who carried out doctoral research on the matron's role

As you progress into and through your role as a matron:

- be bold and continually seek your academic limits
- work to the limit of your licence and be innovative
- seek forgiveness rather than permission for bold decisions
- always address it, don't walk past it and lead by example
- look and go outside and learn from others
- listen, hear and listen again to patients, their families and your staff
- acknowledge and identify barriers and work together to eliminate them.

³ <https://www.longtermplan.nhs.uk/>

⁴ <https://www.longtermplan.nhs.uk/publication/interim-nhs-people-plan/>

1. Inclusive leadership, professional standards and accountability

Compassionate inclusive leadership – leading and influencing all staff with kindness, empathy and care – is fundamental to the matron’s role. Matrons should use this to lead and influence their staff to deliver high quality care for patients by:

- being visible and providing an authoritative presence
- using strategic thinking to spread understanding of the organisation’s aims
- demonstrating organisational values and behaviours through role modelling and being available to support staff and patients
- being inclusive – advancing equality and opportunity for all and addressing inequality
- displaying clinical and professional credibility through enabling and empowering staff
- acting as an advocate, within their area of responsibility, on behalf of all patients, staff and carers
- educating other professionals and members of the public about the matron’s role
- sharing knowledge, developing broad individual and team skills and seeking out creative opportunities, as well as standardising practice
- ensuring a professional appearance and maintaining professional standards, contributing to leading by example

- being aware of their own leadership style, using self-awareness, being open to receiving and learning from feedback and being aware of unconscious biases
- understanding local policies, practice and frameworks and participating in national and regional initiatives, keeping up to date with the national agenda such as the CNO's strategy, which includes raising the profile of nursing and speaking with one voice
- building trust in the workforce by helping to achieve personal, team and organisational objectives
- ensuring consistent practice by implementing and embedding local and national standards of care
- succession planning, including enabling staff to shadow other professionals
- showing respect to all patients and carers and involving them in decisions about their care – respecting their diverse needs and reducing inequalities of access to care and care delivered
- keeping up to date with new and current nursing standards including pre- and post-registration education development and support for staff.

Further information

Nursing and Midwifery Council (NMC) professional standards of practice:
<https://www.nmc.org.uk/standards/code/>

The King's Fund:
<https://www.kingsfund.org.uk/blog/2019/05/five-myths-compassionate-leadership>

NHS Leadership Academy:
<https://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/nine-leadership-dimensions/>

Matrons need to build a culture of inclusive leadership among staff by encouraging professional development and ensuring patients, carers and families are treated with respect. Protected time should be allocated to team development days. These could include celebrating successes and achievements, learning from incidents and complaints, talking openly about diversity and health inequality, and discussing local service improvement projects. Matrons may also consider safety huddles, newsletters, ward meetings, emails and one-to-one meetings to improve communication.

The matron must be seen in the clinical areas, undertaking regular clinical rounds, talking to patients and listening to their concerns, dealing with complaints and involving patients in decision-making.

CQC leadership requirements

The Care Quality Commission (CQC) assesses how well-led trusts are. The criteria it uses in its reviews – its ‘well-led domain’⁵ – are influenced by the Francis report.⁶ The matron’s role in this is to ensure a culture of caring and continuous improvement through clear standards of behaviour and zero tolerance of poor care. Matrons should maintain clear lines of accountability for quality of care, providing assurance from the point where patient care takes place all the way to the board. This can be done through the governance process by monitoring metrics on quality, ensuring effective information, easy access to accurate data and learning from errors, concerns and incidents.

⁵ Further information on CQC’s well-led domain <https://www.england.nhs.uk/well-led-framework/>

⁶ Developmental reviews of leadership and governance using the well-led framework: https://www.england.nhs.uk/wp-content/uploads/2020/08/Well-led_guidance_June_2017.pdf
Guidance for NHS trusts and NHS foundation trusts: <https://www.cqc.org.uk/guidance-providers/nhs-trusts#inspection-monitoring>

Further information

NHS Leadership Academy resources

The NHS Leadership Academy's development programmes for staff across the healthcare sector include:

Developing better leaders, delivering better care:

<https://www.leadershipacademy.nhs.uk>

National leadership development programmes:

<https://www.leadershipacademy.nhs.uk/programmes/>

Talent management and executive search, coaching and mentoring and the healthcare leadership model:

<https://www.leadershipacademy.nhs.uk/resources/>

Nursing excellence

Matrons must have a strong local and national voice and act as ambassadors for the profession to ensure high quality care and effective strategic decision-making.

Shared governance – also known as shared decision-making – is an enabler for nursing excellence. Shared decision-making is not the same as clinical governance. It is not a set of meetings or a one-off event but a 'way of inclusive leadership' that reflects an organisation's commitment to creating a positive practice environment and encouraging professional involvement in sharing decisions, responsibility and accountability for matters affecting practice. Evidence shows it is an effective way to improve engagement as well as increase empowerment and staff satisfaction. This supports the Chief Nursing Officer's desire for the profession to have a collective voice.

Further information

For more on nursing excellence:

<https://www.england.nhs.uk/nursingmidwifery/shared-governance-and-collective-leadership/nursing-midwifery-excellence/>

2. Governance, patient safety and quality

Governance in healthcare is referred to as clinical governance, “a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish”.⁷ It involves monitoring systems and processes to provide assurance of patient safety and quality of care across the organisation.

Audit and monitoring

Matrons provide assurance that wards, departments and services are delivering safe, high quality care. They do this through audits and by monitoring patient and staff experience and satisfaction. These audits include the ward environment, patient experience, quality improvement, assurance, infection prevention and control and other metrics. Matrons provide real-time feedback, share learning from incidents and develop, maintain and monitor action plans following investigations. Themes and findings from audits can be used for trust-wide improvement. NHS Improvement recently published a guide to ward and unit accreditation tools that can be adopted and used locally.⁸

Other audits that matrons may participate in include the Patient-Led Assessment of the Care Environment (PLACE) and the 15 Steps Challenge,⁹ as well as local safety and quality audits that feed into the patient safety forum or clinical audit committee. Data from the Model Hospital¹⁰ can be used to benchmark findings from nursing metrics to improve productivity in clinical care delivery.

⁷ <https://www.rcn.org.uk/clinical-topics/clinical-governance>

⁸ <https://webarchive.nationalarchives.gov.uk/20210318200316/https://improvement.nhs.uk/resources/guide-developing-and-implementing-ward-and-unit-accreditation-programmes/>

⁹ <https://www.england.nhs.uk/participation/resources/15-steps-challenge/>

¹⁰ <https://www.england.nhs.uk/insights-platform/model-hospital/>

Quality and safety performance

Quality includes patient experience, safety and clinical effectiveness and is a key marker of operational performance. The matron should monitor quality using a quality scorecard and develop plans to address any area needing improvement. Outcomes of interventions should be monitored and reported – based on the CQC domains – to the quality committee or groups.

Matrons can use performance improvement measures such as a clear process for assessing risk, daily reviews of learning from risk, incidents and complaints and a process for escalating care. Here the matron should use local quality improvement (QI) strategies – refer to the QI section on pages 35 to 36 – to drive local improvements.

Patient safety

Safety in healthcare is everyone's business. Even with the very best intentions, people make mistakes. Improving safety is about reducing risk and minimising mistakes to reduce avoidable harm. The NHS's ambition is to become the safest healthcare system in the world.¹¹

The national priorities for patient safety that matrons should contribute to include:

- ensuring good understanding of patient safety and the incident management system
- implementing the NHS patient safety strategy¹² and supporting World Patient Safety Day¹³
- attending the patient safety collaborative programme, responding to the patient safety agenda, the Francis Inquiry, developing new patient safety measurements, using the serious incidents policy, NHS Safety Thermometers, using clinical commissioning group (CCG) and regulatory levers to support patient safety improvement

¹¹ <https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/patient-safety/>

¹² <https://improvement.nhs.uk/resources/patient-safety-strategy/>

¹³ <https://www.who.int/campaigns/world-patient-safety-day/>

- working with the risk management team, collaborating with other national NHS and provider organisations such as NHS Resolution (formerly the NHS Litigation Authority), Medicines and Healthcare products Regulatory Agency, NHS Digital, Health Education England (HEE), independent sector, royal colleges and CQC.

Further information

Patient Safety Incident Management System

<https://webarchive.nationalarchives.gov.uk/20200501110617/https://improvement.nhs.uk/resources/development-patient-safety-incident-management-system-dpsims-project-completes-its-alpha-phase/>

Debriefing and learning from practice

Matrons should lead staff in using debriefing to stop and reflect after challenging situations. Debriefing can be undertaken in organised sessions in wards, departments or services – for example, after dealing with patients at the front line of care who have challenging mental health issues, more of whom are now admitted to settings for patients with physical conditions.

Safeguarding all people

NHS England has developed 12 safeguarding programmes based on national legislation covering adults and children,¹⁴ which every NHS organisation, system leader and practitioner must implement. The matron has an essential role here, so must fully understand their duty to report safeguarding incidents to protect their patients, colleagues and community.

Matrons should also hold safeguarding advice and supervisory sessions in wards, departments and services, in accordance with NMC professional practice guidance, to help staff through challenging situations.

¹⁴ These can be found at: <https://www.england.nhs.uk/safeguarding/>

Safeguarding incidents that must be reported include:

- domestic abuse and violence against pregnant women
- serious violence and sexual exploitation of schoolchildren
- illegal drug dealing through 'county lines'
- human trafficking and other incidents, according to the NHS safeguarding policy and procedures.

Environmental cleanliness and IPC

Matrons have a pivotal role in applying the hygiene code and the Health and Social Care Act¹⁵ to ensure a clean and safe environment, liaising with the estates team in reviewing and improving the environmental infrastructure. Infection prevention and control (IPC) and improving cleanliness in the healthcare setting are part of the patient safety portfolio and reduce healthcare-associated infections. Matrons should lead their staff in improving the clinical environment to meet the requirements of the hygiene code and the Health and Social Care Act to ensure safety of patients, families and carers through:

- overseeing the domestic, clinical and non-clinical cleaning responsibilities in the area covered
- leading monthly hand hygiene audits, as well as formative rounds and peer review audits, checking and challenging practice
- leading monitoring of local compliance, with the estates, facilities and IPC teams, through clinical environmental spot checks and audit, followed by updating the risk register with mitigatory actions
- using quality dashboards and league tables for benchmarking and monitoring cleaning practices
- participating in the 15 Steps process ensuring corridors, walkways and visual display areas are clear, clean and tidy, so that the organisation's infrastructure is safe

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<https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>

- contributing to the environmental cleaning service-level agreement and cleaning schedules
- leading the implementation of standards in the area they cover to meet *Clostridioides* (formerly known as *Clostridium*) *difficile* objectives,¹⁶ as well as maintaining zero tolerance of methicillin resistant *Staphylococcus aureus* (MRSA) bloodstream infection
- supporting ward, department and service leaders and IPC in local outbreak management and action planning
- contributing to embedding antibiotic prescribing review and stewardship, according to the *Escherichia coli* bloodstream infection and antimicrobial resistance strategy¹⁷
- contributing to embedding local compliance with IPC-related policy, such as the hand hygiene and uniform policies, which includes ensuring staff are bare below the elbow and hair is tied back when in the clinical area
- ensuring early identification and appropriate isolation of patients with infection risks
- embedding compliance with the aseptic non-touch technique for surgical and invasive procedures
- promoting education and development on all elements of IPC for staff and patients locally, including dedicated campaigns where there is an increased incidence of infections
- leading staff in monitoring compliance with sharps and waste management, ensuring safe practices across the organisation.

¹⁶

https://webarchive.nationalarchives.gov.uk/20210204224609/https://improvement.nhs.uk/documents/808/CDI_objectives_for_NHS_organisations_in_2019_12March.pdf

¹⁷ <https://www.gov.uk/government/publications/uk-5-year-action-plan-for-antimicrobial-resistance-2019-to-2024>

3. Workforce planning and resource management

Effective workforce planning ensures appropriate levels of staff are available to deliver safe, high quality care to patients and service users. Creating an effective workforce requires an evidence-based workforce plan, integrated with finance, activity and performance plans. This must directly involve matrons and managers of the service.

Matrons should use their organisation's workforce planning and resource management systems and processes to support their wards, departments and services: for example, by helping staff implement policies and procedures on sickness, leave, flexible working and other human resources matters.¹⁸

Further information

Operational workforce planning: a self-assessment tool: this helps trusts carry out an organisational diagnosis and identify areas for workforce improvements.

<https://webarchive.nationalarchives.gov.uk/20210318203901/https://improvement.nhs.uk/resources/operational-workforce-planning-self-assessment-tool/>

Case studies from trusts that have implemented workforce planning processes, new roles and new ways of working to tackle some of the workforce challenges they face.

<https://webarchive.nationalarchives.gov.uk/20210318231951/https://improvement.nhs.uk/resources/best-practice-workforce-planning/>

¹⁸ Safer staffing resources can be found at: <https://www.england.nhs.uk/ourwork/safe-staffing/>

The matron should assess every day whether staffing is appropriate to meet patient needs. This should include:

- analysing training needs and reviewing skill mix to ensure safe, high quality care within financial constraints
- ensuring staff reflect on what occurs in the clinical environment at the point of care delivery and the impact on staffing management
- planning succession, ensuring enough capacity to develop the workforce effectively
- contributing to implementing the NHS Long Term Plan and the Interim NHS People Plan locally to address staff shortages and develop additional clinical roles to close skills gaps while advancing equality and addressing the inequality.

Retaining staff is a key component of workforce planning. Matrons should use the national retention support programmes¹⁹ to reduce their staff turnover rates.

The NHS retention improvement guide²⁰ outlines key steps to improving retention of clinical staff, which matrons can use locally. These include:

- developing a retention strategy
- effective use of data and diagnostics
- supporting new starters and newly qualified staff
- flexible working to support work-life balance
- supporting the experienced workforce
- career planning and development
- health and wellbeing, rewards and benefits
- staff engagement and communication.

¹⁹ <https://www.england.nhs.uk/looking-after-our-people/>

²⁰ <https://webarchive.nationalarchives.gov.uk/20210318202203/https://improvement.nhs.uk/resources/retaining-your-clinical-staff-practical-improvement-resource/>

These themes have been distilled from the expert advice of human resources directors, directors of nursing and medical directors, reflecting and complementing the themes explored by NHS Employers in *Improving staff retention: a guide for employers*.²¹ The matron should use these resources in supporting staff retention locally.

New roles

Increasing demand for services, an ageing population, financial constraints and workforce supply and retention issues across many healthcare professions are likely to remain in the NHS for the foreseeable future. These pressures have led to the development of new roles that include the assistant practitioner, physician assistant, physician associate, pharmacy support role and nursing associate. All these roles are designed to support more highly qualified staff such as the registered nurse or doctor.

The matron plays an important part in deploying and monitoring the impact of these roles. Matrons should be fully conversant with all of them and understand how they can support and enhance care. The National Quality Board (NQB) has developed a nursing associate improvement resource²² to help deploy this role safely and effectively. Although it focuses on the nursing associate, the principles can be equally applied to other new roles.

Building a diverse workforce

Senior leaders are responsible and accountable for ensuring the diverse workforce has equal opportunities to develop, regardless of their race, age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, religion and belief, and sexual orientation. Approximately 19% of NHS staff in England are from an ethnic minority background²³ However ethnic minority nurses and midwives are significantly underrepresented in senior pay bands. The matron should lead in understanding and meeting the diverse workforce needs in their area of responsibility.

²¹ <https://www.nhsemployers.org/case-studies-and-resources/2019/04/improving-staff-retention-a-guide-for-employers>

²² <https://webarchive.nationalarchives.gov.uk/20210318203022/https://improvement.nhs.uk/resources/safe-sustainable-and-productive-staffing-nursing-associates/>

²³ <https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/workforce-race-equality-standard-2018-report/>

Diversity depends on organisations having fair recruitment and development processes to fit the right person to the right job. All staff, including ward, department and service leaders, should be trained in the importance of diversity and recognising unconscious bias. The matron should liaise with human resources to ensure the recruitment process and interview panel respect diversity.

Interview panels should be diverse: for example, they could include an appropriately senior staff member from an ethnic minority background or a staff member who is registered as disabled. An executive board member should be responsible for key performance indicators for staff recruitment and the Workforce Race Equality Standard (WRES) action plan. Ethnic minority staff, and staff with any protected characteristic, should have equal opportunities to undertake development courses, leadership programmes, secondments and internal promotion through succession planning in their organisations.

Enabling staff development that is equitable

It is well recognised that ethnic minority staff face a 'glass ceiling' in healthcare, and other sectors, and this hampers their career progression compared to their white counterparts.²⁴ Candidates from an ethnic minority background remain statistically less likely to be appointed to senior roles. Many with an MSc or PhD in addition to their nursing degree do not have a senior job, according to WRES data. Enrolling ethnic minority staff on a training and development programme or finding them secondments is only the first step: the real test is the support they receive to secure a post they aspire to when they return to their organisation.

The matron as a senior leader should raise awareness across their workforce of the challenges that diversity brings and the inequalities that exist within their area of responsibility. They should lead on strategies to support equitable staff development by having an effective talent management, development and succession planning programme that identifies staff from any background for roles they are qualified to fill. Systems and processes should reduce the risk of unconscious bias and ensure, for example, that ethnic minority staff are as fairly selected for opportunities as their white counterparts.

²⁴ <https://www.england.nhs.uk/wp-content/uploads/2019/01/wres-leadership-strategy.pdf>

An appreciative enquiry into enabling ethnic minority staff to progress into senior leadership positions recommended producing an action plan for improvement.²⁵ Matrons should implement these in the areas for which they are responsible.

These strategies help identify how to support ethnic minority staff to progress into senior roles through to executive nurse level. At the beginning of 2019, 10 out of 156 executive nurses in NHS trusts came from an ethnic minority background,²⁶ which is just over 5%; ethnic minority staff comprise approximately 40% of frontline NHS staff.²⁷

Other ways matrons can support, engage, develop and progress ethnic minority staff include:

- using affirmative action to solve ethnic minority issues
- introducing talent management and succession planning to get the right staff in the right roles
- expecting staff to develop and progress; managerial support is needed for this
- encouraging all senior ethnic minority staff to support their ethnic minority colleagues, sharing their experience of how they progressed to a senior level
- having systems and processes that support ethnic minority staff and include support from senior and executive-level ethnic minority and white staff.

Although the appreciative enquiry focused on ethnic minority staff, these actions apply equally to all staff, including any with a protected characteristic.

²⁵ *Enabling BME nurse and midwife progression into senior leadership positions*
<https://www.england.nhs.uk/publication/enabling-black-and-minority-ethnic-bme-nurse-and-midwife-progression-into-senior-leadership-positions/>

²⁶ WRES January 2019.

²⁷ WRES data 2018.

4. Patient experience and reducing health inequalities

Matrons should model good engagement with patients, carers and families, taking a proactive role in improving patient experience and reducing health inequalities. This should include routinely involving patients in their care and asking them, ‘What matters to you?’ rather than ‘What is the matter?’

NHS England’s Always Events²⁸ methodology is one means of contributing to this, through co-production and collaborative partnership.

Measures matrons can take to lead the continuous improvement of patient experience and ensure positive outcomes of care include:

- embedding NHS Improvement’s patient experience improvement framework,²⁹ which includes the national staff surveys, headlines tool and the Friends and Family Test, throughout all the organisation’s processes to ensure learning from patient experience
- promoting compassionate and approachable inclusive leadership, influencing staff to embrace experience of care across the organisation.

The patient experience framework focuses on key areas of leadership, culture, data collection and triangulation, and learning to deliver improvements and patient-centred programmes of care.

To ensure good patient experience, adopt a nurturing culture and implement consistent processes by which staff can learn from incidents, complaints and other forms of feedback. Staff must have the right skills and motivation to enable patient feedback to drive innovation and improvement work involving staff, patients, relatives and external stakeholders in decisions about service delivery.

²⁸ More information can be found at: <https://www.england.nhs.uk/always-events/>

²⁹ <https://www.england.nhs.uk/publication/patient-experience-improvement-framework/>

The matron's role in end-of-life care

How we care for the dying is an indicator of how we care for all sick and vulnerable people.³⁰ This demonstrates the importance of ensuring care of the dying patient in hospital is the best it can be.

Matrons are well-placed to ensure the care of the dying person and their families is culturally sensitive and is the best it can be. End-of-life care is one of the key CQC inspection domains for trusts, demonstrating its importance. The national programme of work is based on *Ambitions for palliative and end of life care* (Department of Health 2008), which is a national strategy based on local actions. It is essential that matrons support their teams and can use the self-assessment tool to see how well wards, departments and services are doing against the national standards.

All trusts have taken part in the National Audit for Care at End of Life (NACEL), and matrons can use its results to develop service improvement plans for their areas. It is important that patient and carers experience for end-of-life care is used to develop and improve care, and matrons should review complaints and audits to do this.

Further information

Resources for matrons to provide support in improving end-of-life care:

- <http://endoflifecareambitions.org.uk/resources/>
- <https://www.gov.uk/government/publications/liverpool-care-pathway-review-response-to-recommendations>
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/536326/choice-response.pdf
- <https://s3.eu-west-2.amazonaws.com/nhsbn-static/NACEL/2019/NACEL%20-%20National%20Report%202018%20Final%20-%20Report.pdf>

³⁰ National end-of-life care strategy 2008.

5. Performance and operational oversight

Matrons support their staff in monitoring quality and safety, operational performance and financial stability.

The matron should review operational performance for their area and ask:

- What is the state of our operational performance?
- Where are we heading and where do we want it to be?
- What have our improvement initiatives achieved?
- How do we explain the increase or decrease in operational performance?

Answers to questions like these contribute to planning the next steps in service and patient care delivery to meet the operational performance indicators, also called key performance indicators (KPIs). Matrons have a major role in leading their staff to achieve KPIs by working with the senior management team in monitoring practice to preserve quality of care, using various improvement tools including risk assessments and checklists.

Operational performance should be in line with the accountability framework based on the CQC domain, including:

- responsive – cancer and elective referral to treatment times (RTT), delayed transfer of care (DTC)
- effective – dementia, mortality, readmission reduction
- safe – harm-free care, incident management, IPC, VTE, pressure ulcers
- caring – Friends and Family Test, complaints, mixed-sex breaches, end-of-life care
- well-led – workforce, training and development, leadership.

Further information

For further information on CQC's strategy in operational delivery:

https://www.cqc.org.uk/sites/default/files/20160523_strategy_16-21_strategy_final_web_01.pdf

Improving flow through the emergency care pathway

Measures the matron may consider introducing locally to improve flow through the emergency care pathway are:

- Red to Green³¹
- identifying and managing frailty at the front door and virtual wards³²
- senior multidisciplinary board rounds for daily dashboard review and monitoring
- using a rapid assessment treatment centre at the weekends
- using 'Healthcare at Home' to take patients out of hospital
- learning from other organisations by buddying with them
- embedding criteria-led discharge as part of discharge planning and implementing a discharge facility
- reducing DTOCs
- seamless referral processing and streaming
- stranded patients' protocol and seven-day working.

Leading services to improve the care pathway is a key component of ensuring care quality – the central point of the matron's role. Designated professionals should take the lead on operational patient flow, which will free the matron's time to focus on care quality. Matrons should contribute to bed, ward, department and service reconfiguration, while taking into consideration demand and capacity throughout the care pathway. This will have an impact on how staff are used across the

³¹ Further resources available at: <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2016/12/rig-red-green-bed-days.pdf>
https://webarchive.nationalarchives.gov.uk/20210121171832tf_/https://improvement.nhs.uk/improvement-offers/red2green-campaign/

³² Further resources available at: <https://www.england.nhs.uk/urgent-emergency-care/reducing-length-of-stay/reducing-long-term-stays/systems-and-processes/>

organisation and benefit quality and safety, reducing the likelihood of incidents through effective safeguarding processes.

Finance, budget and business planning

Sound knowledge and experience in finance, budget and business planning contribute to delivering cost-effective, efficient and high quality care. The matron as a leader in the senior management team should contribute to achieving the financial plan for their area of responsibility. To do this, they must understand the financial position and meet the forecast plan for departmental and service budgets, including the overall nursing budget.

The matron should seek support from the finance team regarding commissioning of services, activity payments and performance, cost improvement programmes (CIP) and Quality, Innovation, Productivity and Prevention (QIPP) programmes. This includes assessing the impact of cost control measures on the trust's quality and safety of care by liaising with the senior management team.

To contribute to meeting finance and activity targets, matrons should keep a schedule of expected monthly deliverables – for example, budget due dates and report deadlines – and they should know where to acquire reports and data. This includes delivering CQUIN schemes and RTT activity and reviewing workforce establishment costing as part of operational performance.

The matron's role in finance, budgeting, strategy and business planning includes working with the senior management team to write service development and management programmes and business cases. In this way, the matron contributes to strategic and team development regarding projects in the local healthcare system.

Matrons should seek guidance on using the financial dashboard and introductory training on financial management from the internal finance team. Other guidance on financial delivery is available from NHS Improvement³³ and NHS England.³⁴

³³ <https://improvement.nhs.uk/search/?q=financial+delivery>

³⁴ <https://www.england.nhs.uk/?s=finance>

6. Digital and technology

Introduction

The ambition for digitally enabled care to go mainstream across the NHS was set in the [NHS Long Term Plan](#) published in January 2019. The COVID-19 pandemic has led to a rapid increase in the pace of digital transformation in the NHS. The NHS has seen how technology and data help to provide safe and compassionate care to patients and to communicate with each other. This is likely to be sustained and the need for nurses with digital expertise and the ability to lead change is increasing exponentially.

In 2020, the first national Chief Nursing Information Officer for England was appointed to lead nursing and midwifery strategy in safe and effective care of patients through use of technology. The [White Paper \(February 2021\)](#) demonstrated renewed commitment to ensure more effective data sharing across the health and care system and digital transformation of care pathways.

The matron's role in technology enabled care

The matron's responsibility is to identify areas of care that could be improved and data that might be required to enhance patient care. Matrons should support the development and implementation of technologically enabled care pathways and services, and the uptake of new digital innovations.

As nurse leaders, matrons are well positioned to influence service design and lead implementation through their knowledge of workflows and decision-making capabilities.

Matrons should ensure that new and existing staff are digitally literate and are fully supported to innovate, contribute to service design and the use of technology. Technology should be embedded in all aspects of nursing including recruitment, induction and education and training to enhance delivery of health and care services.

Digitally enabling nursing and midwifery

The Chief Nursing Information Officer for England has defined eight principles of what good digital transformation looks like for nursing and midwifery.

1. Use technology to support nurses and midwives' vital role in joining up care.
2. Empower frontline staff through adoption of the principles of the CNO's collective leadership programme.
3. Professionalise nursing and midwifery informatics.
4. Reduce the documentation burden on nurses and midwives.
5. Release time to care.
6. Improve safety and reduce avoidable harm.
7. Strengthen the evidence base for nursing and midwifery using big data to target care and support decision-making about nursing and midwifery interventions.
8. Empower people to actively participate and contribute to their care.

Technology solutions for the NHS in response to COVID-19

- [Remote working using Microsoft Teams](#)

Microsoft Teams provides secure instant messaging, direct audio and video calls between NHS colleagues and has virtual meeting capabilities. It can support remote and mobile working between NHS colleagues.

- [How Microsoft Teams can support your clinical practice during the pandemic](#)

Documents some case studies and benefits of adopting MS Teams and NHS Mail rollout across different clinical settings; 1.2 million NHS staff have access to MS 365 IT deal – saving the NHS £300 million. NHS Digital has now transitioned over 2 million accounts.

- [The use of online and video consultations during the COVID-19 pandemic – delivering the best care to patients](#)

Shift in general practice to delivering a ‘total triage’ model of care enabled by online, video and telephone consultations. [‘Online consultation at Docklands Medical Centre’](#) is an example of how one general practice has been using this innovation.

- [Video conferencing technology in primary and secondary care](#)

Rapid deployment and effective implementation of video consultations across primary and secondary care, ensuring many more people can receive safe and effective care without having to travel to their GP practice, hospital or clinic; 99% of GP practices and 77% of trusts are now enabled to offer video consultations, enabling health professionals to provide care and advice to patients at home.

- [Health and care videos available to NHS clinicians free of charge](#)

Trusted, clinically assured patient videos to help improve the experience of patients and clinicians.

- [NHS 111 online coronavirus services](#)

A brilliant example of the NHS harnessing the power of technology during the pandemic, to develop and deliver essential online services supporting the public and the health and care system; 2.2 million NHS 111 online COVID-19 assessments have been completed by a new 24-hour service, enabling more than 13 million SMS messages to be sent to support those shielding.

- [Supporting care with remote monitoring](#)

As the UK enters the second wave of the COVID-19 pandemic, many NHS organisations are considering how they can deliver more care to people at home.

- [How data is supporting the COVID-19 response](#)

Information is critical to the response to COVID-19. Key pieces of data extracted from health and care settings, combined with information provided by patients themselves, will be used in new ways to care for people and help the NHS and social care to better understand and respond to the virus.

- [500,000 NHS staff benefit from telecoms deal](#)

A series of easily accessible offers to help NHS staff, care homes and care providers upgrade existing connectivity during the COVID-19 response.

- [Information sharing across primary care](#)

Introduction of GP Connect to enable sharing of patient records across primary care practices, including NHS 111 being able to book direct appointments for patients.

Information governance

Information governance is often viewed as a concern by NHS staff. Many systems have already been given approval and the responsibility of the matrons is to work with their local information governance teams on any new system that may require additional support. Below is the latest guidance to support you:

- [Use and share information with confidence](#) – Guidance highlighting key points to consider when sharing information to support care.
- [COVID-19 IG advice](#) – To help health and care staff adapt and provide advice on managing and sharing information appropriately to support care during the pandemic.
- [Control of patient information \(COPI\) notices](#) – Legislation to require NHS Digital to share confidential patient information with organisations entitled to process this under COPI for COVID-19 purposes.

Resources available for patients and the public

There is a wealth of digital products to support patients and their carers digitally, most of which are commissioned locally. Please see below for some examples of nationally available services.

- [The NHS App](#) provides a simple and secure way for people to access a range of NHS services on their smartphone or tablet. Further [information and guidance](#) on the NHS App can be found on the NHS Digital page.
- The [Health at home](#) campaign provides guidance on accessing a range of health and care services from home or on the move using your smartphone,

computer or tablet. There have been over 7.2 million YouTube views of the 'Health at home' campaign and over 1,000 downloads of the guidance.

- [Digital isolation notes](#) help people with symptoms of COVID-19 to provide evidence to their employer of being advised to self-isolate due to coronavirus. The isolation note is sent electronically preventing the need for people to visit or contact their GP.

Additional case studies and resources

- [The power of data in a pandemic](#) – blog from Ming Tang, Matthew Gould (Chief Executive, NHSX), Dr Indra Joshi (Director of AI, NHSX).
- [Mixed-reality headsets in hospitals help protect staff and reduce need for PPE – article from Imperial College Healthcare NHS Trust.](#)
- [Being present in new ways: Nurses, technology and COVID-19](#) – blog from Dr David Barrett, Faculty of Health Sciences, University of Hull; @barrett1972.
- [Remote monitoring of healthcare in the North East](#) – case study from NHSX.
- [The Greater Manchester Care Record](#) – from Health Innovation Manchester.
- Digital playbooks supporting remote care and digital outpatient pathways in ophthalmology, dermatology, respiratory, cardiology and MSK – <https://www.nhsx.nhs.uk/key-tools-and-info/digital-playbooks/>.
- NHSX programme 'What good looks like' aims to empower frontline NHS leaders to do all they can do to promote digital good practice across health and care. It is a model for digital maturity to help accelerate digital transformation.
- The [Global Digital Exemplar \(GDE\) Blueprints](#) are step-by-step good practice guides helping trusts deliver digital capabilities technology at pace and cost effectively to improve services for patients and staff.
- [Digital Literacy](#) is a resource that supports capabilities that fit someone for living, learning, working, participating and thriving in a digital society, including self-assessment.

Career and professional development opportunities

- [The NHS Digital Academy](#) is a virtual organisation set up to develop a new generation of excellent digital leaders who can drive the information and technology transformation of the NHS.
- [The DigitalHealth.London Digital Pioneer Fellowship](#) supports change makers, employed by NHS organisations in London and the South East, to design and lead transformation projects underpinned by digital innovation.
- [Clinical entrepreneur training programme](#) is for both clinical and non-clinical healthcare professionals with an interest in entrepreneurship and innovation.
- The [Digital Nurse Network](#) is an online community supporting nursing teams in the development of a digital-ready workforce that is sustainable for the future.
- [The Shuri Network](#) is the first NHS and care network of women of colour in digital health. Members and allies encourage colleagues to participate in digital innovation and create change.
- [Florence Nightingale Foundation](#) provides opportunities for nurses and midwives to apply for fully funded digital leaders' fellowships.
- [The College of Healthcare Information Management Executives \(CHIME\)](#) Digital Leadership Academy is available to those influencing and leading change.
- [Healthcare Information and Management Systems Society \(HIMSS\)](#) allows exploration of key insights, education, career development and events to healthcare providers ensuring the right information is available at the right time.
- [TOPOL Digital Fellowships](#) provide health professionals with time, support and training to lead digital health transformations and innovations in their organisations.
- [Minerva Now](#) is aimed at women in middle or senior positions working in a digital health and care environment to understand their unique abilities and how they can be used to improve leadership skills.

7. Education, training and development

Education, training, development and support of staff are fundamental to the matron's role, valuable to matrons themselves and vital for career progression. It is desirable for matrons to have an MSc level qualification to meet the requirements of their senior role, either from a bespoke or standard MSc programme.

Self-development for matrons

Self-development for the matron may take various forms, from participating in quality improvement projects to being involved in national staff retention collaboratives. Matrons should network with colleagues to share learning and discuss challenges, benefit from peer support and jointly develop solutions to problems. Refer to the development framework in the Appendix for further information on self-development.

Staff development

The matron's role includes developing all staff, particularly ward, department and service leaders. Matrons should support and develop staff to handle complaints, review incidents and cascade learning across the organisation. Use NHS Improvement's guidance³⁹ on how to support career development opportunities for your staff and use this to motivate them to stay with the organisation.

As part of staff development, trusts should:

- use detailed diagnostic data that meets the needs of the diverse workforce
- engage staff at all levels
- get board-level support for staff development and safe staffing across the organisation

³⁹ <https://webarchive.nationalarchives.gov.uk/20200327162003/https://improvement.nhs.uk/resources/career-planning-and-development/>

- review and reduce high turnover and improve the staffing establishment
- develop and implement a recruitment strategy
- develop a strategy that advances equality and addresses inequality.

There are various means of funding staff development, including continuing professional development (CPD) funding from HEE. Matrons should ensure a training needs analysis is completed to identify their own and staff development needs. All staff should have an equal opportunity for training and development. Staff with the greatest training needs should be allocated funding first, with others placed on a waiting list for the following year or the next round of the training programme.

Matrons should ensure courses are available for specialist professionals in their team, such as those working in cancer, renal medicine, and infection prevention and control, as well as for educators, advanced practitioners, lead practitioners and non-registered staff.

Implementing personalised care

Chapter 1 of the NHS Long Term Plan makes personalised care business as usual across the health and care system: it is one of the five major, practical changes to the NHS that will take place over the next five years. *Universal personalised care: implementing the comprehensive model* (2019)⁴⁰ is the delivery plan for how this will be achieved and should be essential reading for all matrons.

Personalised care means people have choice and control over the way their care is planned and delivered, based on ‘what matters’ to them and their individual strengths, needs and preferences. It is a whole-population, all-ages approach to supporting people and their carers to manage their physical and mental health and wellbeing.

Matrons will be expected to develop both their own and the workforce’s professional skills and behaviours to deliver personalised care and to influence a fundamental shift in the traditional patient/clinician power balance. Evidence shows that to

⁴⁰ <https://www.england.nhs.uk/personalisedcare/upc/comprehensive-model/>

realise the full benefits from personalised care, its six components should be delivered together and in full when possible:

- shared decision-making
- personalised care and support planning
- supported self-management
- choice
- social prescribing and community-based approaches
- personal health budgets.

NHS England and NHS Improvement have a workplan to embed shared decision-making and personalised care and support planning into pre and post-registration training for doctors, nurses and other allied health professionals: 75,000 health and care staff will be trained by 2023/24, including matrons.

Visit NHS England and NHS Improvement's website to learn more.⁴¹

Further information

Self-development resources for matrons

The King's Fund offers leadership development courses for matrons:

<https://www.kingsfund.org.uk/courses>

RCN resources on professional development:

<https://www.rcn.org.uk/professional-development/professional-services/leadership-programmes/system-leadership-programme>

<https://www.rcn.org.uk/professional-development/professional-services/leadership-programmes/demonstrating-value>

RCN resources on leadership for inclusion:

<https://www.rcn.org.uk/professional-development/professional-services/leadership-programmes>

⁴¹ www.england.nhs.uk/personalisedcare

8. Research and development

Matrons should be clear about what research and development (R&D) involve and support staff who would like to follow a clinical academic career through a research portfolio. The matron should support local R&D by advising on where to access information to begin research projects and how to access R&D training. Additional support will be available from the organisation's R&D department, as well as from colleagues who have undertaken research themselves. Starting a journal club and joining the organisation's library are also great ways of promoting research locally.

Matrons themselves as well as their staff can carry out research to advance evidence-based practice and implement it across the organisation. This could be part of a degree programme for professional development or a service improvement project, where the research element is undertaken in their organisation as part of their clinical role. The matron can also take part in research by expert multidisciplinary teams, including nurses, doctors, scientists, academics and allied health professionals.

The National Institute for Health Research (NIHR)⁴² provides resources and programmes to support research in clinical practice, including Good Clinical Practice courses, fellowship programmes, funding opportunities and the NIHR Dissemination Centre resources. Mid-career health services researchers and practitioners can apply for the Commonwealth Fund's Harkness Fellowships⁴³ in healthcare policy and practice, which provide a unique opportunity for staff to work on a project of their choice abroad. The matron's role in leading research and development should act as a catalyst for innovative practice and drive change, improving clinical outcomes for patients. Matrons and their staff can use the UK Clinical Research Network (UKCRN)⁴⁴ to provide an infrastructure enabling high quality clinical research to take place in the NHS, so patients can benefit from new and better treatments.

⁴² <https://www.nihr.ac.uk>

⁴³ <https://www.commonwealthfund.org/>

⁴⁴ <https://www.ukcrn.org/research-infrastructure/clinical-research-networks/uk-clinical-research-network-ukcrn/>

9. Collaborative working and clinical effectiveness

Collaborative working and clinical effectiveness are key to the matron's role in reducing unwarranted variation in care, improving patient safety, reducing inequality in healthcare and enhancing staff wellbeing, as well as conserving resources.

Collaborative working

Collaborating with and supporting staff will demand skills in managing and leading people, role modelling and negotiation at the frontline of care. The matron should use their clinical experience and academic knowledge and seek support from their senior management team for this.

The matron should use collaboration to ensure patients and their families get quality inclusive care by:

- holding matron's surgeries and drop-in sessions
- being aware of, and having strategies to advance equality and reduce inequality
- using IT to benchmark and achieve the best patient care outcomes
- implementing and embedding national care quality standards locally
- using podcasts to aid learning from experience, both from good practice and areas where there is room for improvement
- sharing improvement projects, new care models and pathways nationally
- gaining administrative support for the matron's role where possible
- collaborating with quality partners, patient and public involvement groups and peers in local improvement programmes
- developing staff and educating patients about clinical effectiveness.

Delivering effective clinical care

The matron has a lead role in ensuring patients receive effective clinical care every day and must lead their staff to deliver it. Ways to do this include:

- using measures, metrics and guidelines
- sharing examples of good practice through networking
- strategy development to help meet local objectives
- developing effective local steering groups for local projects
- cross-system working that shares area-specific guidance and policies
- establishing local improvement collaboratives
- raising awareness of the benefits of education and training
- engaging with wider national campaigns, including those for nutrition and hydration, pressure ulcer prevention, falls, infection prevention and control and discharge.

Ensure patients' nutritional needs are met through:

- having systems to carry out nutritional assessments
- being involved in commissioning patient food
- ensuring meals are accessible to patients
- ensuring meals meet patients' cultural needs
- encouraging families to meet patients' nutritional needs
- ensuring that ward and departmental hostesses are available to assist with meals
- ensure wards and departments have access to dietetics assessment and advice
- reviewing nutrition documentation.

Monitoring clinical effectiveness

Meetings the matron needs to attend should be clearly identified, taking account of their other clinical responsibilities. These meetings may include those with the director of nursing or chief nurse, ward, department and service leaders and the senior management team, to receive and provide updates and give feedback on care delivery. There may also be quality improvement meetings where the matrons and ward, department and service leaders should report on quality improvement methodologies and changes regarding their services. Matrons must attend and lead at incident management and root cause analysis investigation meetings. Meetings are vital for updates on professional standards and providing assurance on practice compliance to maintain clinical effectiveness.

Further information

QI resources

QI tools:

<https://www.england.nhs.uk/quality-service-improvement-and-redesign-qsir-tools/>

Sharing your QI projects and learning from others:

<https://www.england.nhs.uk/improvement-hub/>

Sustaining improvement:

<https://www.england.nhs.uk/quality-service-improvement-and-redesign-qsir-tools/tools-by-stage-of-project/#stage-6>

Use of data in QI:

<https://www.england.nhs.uk/a-focus-on-staff-health-and-wellbeing/publications-and-resources/making-data-count/>

10. Service improvement and transformation

Service improvement and transformation include empowering staff to take on a wider range of clinical tasks. Here the matron should:

- gain support from the senior management team for staff to take on a wider range of clinical tasks
- allocate protected management time to Band 7 leaders and hold regular one-to-one meetings with them
- carry out talent mapping and training needs analysis (TNA) relevant to the personalised and department development plan, checking that all staff are ready and committed to life-long learning
- provide development opportunities to all, ensuring all staff are given equitable access to development that meets their specific needs and requirements
- ensure the TNA and education programme cover the development of nurse consultants, advanced nurse practitioners, emergency nurse practitioners, midwives, all levels of clinical nurse specialists, Band 7 leaders who empower the Band 5 and 6 staff to support and develop the Band 2 to 4 staff
- encourage continuous quality improvement and be a change agent
- share learning and knowledge with other organisations
- motivate others to give the highest quality care
- engage with primary care partners and community services.

Quality improvement

Quality improvement (QI) is 'a systematic approach to improving service quality, efficiency and morale – not just a mechanism to solve problems in failing parts of the organisation. It is a way of expanding improvement beyond organisational or functional boundaries, so that impact is possible across the wider health and social care system'.⁴⁵ Various QI programmes and accreditation schemes are available; trusts should choose the most appropriate for their circumstances. QI programmes are a means of achieving clinical effectiveness and encouraging collaboration in clinical areas.

What are the benefits of QI?

The literature about nurse involvement in QI highlights benefits to patients and to staff. Patient harm is reduced, operational performance improves, and financial savings can be made. Staff satisfaction increases, and staff sickness absence reduces. Trusts taking part in NHS Improvement collaboratives have benefited in many ways: the table below contains links to examples.

| QI topic | Benefits | Resources |
|------------------------|---|---|
| Criteria-led discharge | Increased weekend discharges | https://webarchive.nationalarchives.gov.uk/20200501110421/https://improvement.nhs.uk/resources/criteria-led-discharge/ |
| End-of-life care | Improves the outcomes for end of life care for patients | https://webarchive.nationalarchives.gov.uk/20200501110421/https://improvement.nhs.uk/resources/criteria-led-discharge/ |
| Frailty | Identifying and managing frailty for early intervention | https://webarchive.nationalarchives.gov.uk/20210318230343/https://improvement.nhs.uk/resources/rapid-improvement-guide-identifying-and-managing-frailty/ |

Matrons have a pivotal role in QI as they are the link between the executive nurse and frontline staff. They can help in measuring current practice against best practice and monitoring improvement. They can encourage staff to suggest ideas for improving services, allocate resources to improvement projects and support staff to test change on a small scale before rolling it out. This may include administrative support and providing an objective view of everyday practice.

⁴⁵ CQC, 2018. https://www.cqc.org.uk/sites/default/files/20180911_QI_hospitals_FINAL.pdf

Appendix: The matron's developmental framework and competencies

The roles described in *The matron's handbook* should be used as a development framework to assure the senior management team that the matron is fulfilling their role. Ward, department and service leaders should use the handbook to prepare for undertaking the matron's role. Matrons themselves can use it to prepare for their career development. This handbook is also a reference guide for non-mandatory training and CPD, which can be used as evidence for NMC revalidation and appraisal meetings. This is not an exhaustive list nor a mandatory tool. Additional development activities should be undertaken based on personal and organisational needs.

Assessing the matron's developmental needs and competency

Matrons should assess themselves against the competencies and actions in the table below and rate themselves based on these levels:

- **LD** – needs a lot of development
- **SD** – need some development
- **WD** – I feel I am well developed
- **NA** – not applicable.

After identifying specific developmental needs, the matron should complete the actions based on the 10 key roles to fulfil their developmental needs, including signing off those where competence is already evident.

Table: The matron’s developmental competencies

| Objectives | Competencies and actions | LD | SD | WD | NA | Progress | Completion date |
|--|--|----|----|----|----|----------|-----------------|
| 1. Inclusive leadership, professional standards and accountability | | | | | | | |
| Compassionate inclusive leadership to maintain professional standards and accountability | Role model a compassionate inclusive leadership culture across services | | | | | | |
| | Lead the workforce to deliver quality care to meet KPIs for the service | | | | | | |
| | Use management days to carry out HR duties such as appraisals, leave-planning and sickness management reviews. | | | | | | |
| | Implement the CQC well-led domains in the matron’s area of Responsibility | | | | | | |
| | Undertake inclusive leadership development, including understanding and carrying out the matron’s key roles | | | | | | |
| | Access support to develop in the matron’s role, including training and development | | | | | | |
| | Represent the voice of the profession, speak with one universal national voice and act as an ambassador | | | | | | |

| Objectives | Competencies and actions | LD | SD | WD | NA | Progress | Completion date |
|--|--|----|----|----|----|----------|-----------------|
| 2. Governance, patient safety and quality | | | | | | | |
| Implement systems and processes to ensure governance, patient safety and quality | Use monitoring of systems and processes to provide assurance of patient safety and quality of care across area of responsibility | | | | | | |
| | Use innovative methods to maintain governance, patient safety and quality, such as shared governance, shared decision-making, pathway to excellence or magnet frameworks to deliver nursing excellence | | | | | | |
| | Audit and monitor practice to maintain patient care quality, using methods such as ward accreditation and electronic monitoring systems to give real-time feedback | | | | | | |
| | Implement the updated patient safety strategy within the matron's area of responsibility, including the new Patient Safety Incident Management System and just culture | | | | | | |
| | Ensure safeguarding covers all people by embedding all safeguarding legislation, policies and procedures within local area of responsibility | | | | | | |
| | Maintain environmental cleanliness and infection prevention and control compliance locally, ensuring that IPC is everyone's responsibility | | | | | | |

| Objectives | Competencies and actions | LD | SD | WD | NA | Progress | Completion date |
|------------|--------------------------|----|----|----|----|----------|-----------------|
|------------|--------------------------|----|----|----|----|----------|-----------------|

3. Workforce planning and resource management

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| Lead workforce planning and resource management to create a workforce fit for the future | Drive recruitment and retention locally to grow the workforce | | | | | | |
| | Provide disciplinary support and performance management to ensure safe and quality care delivered by engaged staff | | | | | | |
| | Undertake workforce establishment reviews and ensure staffing levels are safe to deliver quality care by the appropriately skilled staff | | | | | | |
| | Undertake training and development of the workforce to ensure equality of access and inequalities are removed | | | | | | |
| | Implement new roles, such as nursing associates and NMC future nurse, to create a workforce fit for the future | | | | | | |
| | Build a diverse workforce by ensuring processes support fair recruitment, including diverse representation on interview panels | | | | | | |
| | Implement and embed processes locally to enable development of all staff and fair progression into senior roles | | | | | | |

| Objectives | Competencies and actions | LD | SD | WD | NA | Progress | Completion date |
|------------|--------------------------|----|----|----|----|----------|-----------------|
|------------|--------------------------|----|----|----|----|----------|-----------------|

4. Patient experience, pathways and outcomes, reducing health inequalities

| | | | | | | | |
|---|---|--|--|--|--|--|--|
| Lead on patient and staff experience to maintain patient safety and quality | Implement and update the patient and staff experience agenda | | | | | | |
| | Implement and update patient pathways and monitor outcomes | | | | | | |
| | Use various methods of gathering patient and staff feedback on experience of care and act on the learning | | | | | | |
| | Implement the experience of care strategy locally | | | | | | |
| | Work collaboratively across healthcare settings to improve staff and patient experience of care | | | | | | |

5. Performance and operational oversight

| | | | | | | | |
|--|---|--|--|--|--|--|--|
| Maintain performance and oversight of services | Monitor operational performance to ensure effective and responsive care | | | | | | |
| | Maintain quality and safety to meet standards of care | | | | | | |
| | Implement local systems and processes to ensure high quality care is delivered through the emergency care pathways, including at times of high demand | | | | | | |

| Objectives | Competencies and actions | LD | SD | WD | NA | Progress | Completion date |
|------------|--------------------------|----|----|----|----|----------|-----------------|
|------------|--------------------------|----|----|----|----|----------|-----------------|

6. Digital and information technology

| | | | | | | | |
|---|---|--|--|--|--|--|--|
| Support the delivery of digital and information technology infrastructure | Use digital technology and systems to deliver more timely care | | | | | | |
| | Ensure staff access IT training and development to gain skills to use the systems available | | | | | | |
| | Escalate the need for adequate IT resources at the start of employment to deliver timely and effective care | | | | | | |

7. Education, training and development

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| Provision of education, training and development for staff | During induction, the organisation should make clear what it expects from its matrons – for example, highlighting relevant key performance indicators and identifying what their supervisory role involves | | | | | | |
| | Identify and address personal development needs through regular discussion with your line manager – both matrons and their staff | | | | | | |
| | Complete a personal development review and plan, undertaking a 360-degree assessment and feedback as well as any other measures used locally | | | | | | |
| | Access personal development through masterclasses, study days, universities and other organisations. Be aware of own unconscious bias | | | | | | |

| Objectives | Competencies and actions | LD | SD | WD | NA | Progress | Completion date |
|--|---|----|----|----|----|----------|-----------------|
| 8. Research and development | | | | | | | |
| Provision of research and development for staff | Guide staff on where to access training and participate in research and development | | | | | | |
| | Contribute to and participate in research and development nationally and locally – both matrons and their staff | | | | | | |
| 9. Collaborative working and clinical effectiveness | | | | | | | |
| Collaborative working and clinical effectiveness | Use clinical effectiveness and collaboration to ensure patients and their families receive quality care | | | | | | |
| | Monitor clinical effectiveness using processes such as meetings, audits and collaborative forums | | | | | | |
| 10. Service improvement and transformation | | | | | | | |
| Service improvement and transformation delivery | Deliver service improvement and transformation, including empowering staff to take on a wider range of clinical tasks | | | | | | |
| | Implement quality improvement methods to deliver continuous improvement locally | | | | | | |

| Objectives | Competencies and actions | LD | SD | WD | NA | Progress | Completion date |
|------------|--------------------------|----|----|----|----|----------|-----------------|
|------------|--------------------------|----|----|----|----|----------|-----------------|

11. Finance, budget and business planning

| | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|
| Finance, budget and business planning | Monitor finance and activity to ensure care is delivered, and resources are used, cost-effectively | | | | | | |
| | Access training and development locally to support financial delivery within the matron's role | | | | | | |

12. Role modelling, staff engagement, health and wellbeing

| | | | | | | | |
|--|---|--|--|--|--|--|--|
| Role modelling, staff engagement, health and wellbeing | Ensure staff engagement through collaboratively working at all levels of the organization | | | | | | |
| | Promote health and wellbeing through guiding staff to the available resources | | | | | | |
| | Support role modelling and visibility to promote a professional image | | | | | | |
| | Celebrate success for self and team by applying for awards | | | | | | |

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