



King Edward's Hospital Fund for London

Catering Advisory Service

Report

prepared for

THE ROYAL MASONIC HOSPITAL

by

G J Stormont FHCIMA FCFA Catering Adviser

J F Harvey MHCIMA FCFA Deputy Catering Adviser

April 1972

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FOREWORD

An independent hospital of the calibre of the Royal Masonic should provide a good food service. Indeed it can be said that both patients and staff enjoy a reasonably good standard and this has been borne in mind when advising on the specific items of staff, buying, layout, equipment and systems as requested by the Committee.

The quality of kitchen staff is good but it is suggested that a high price indirectly is being paid. The buying methods are in general sound for this kind of unit although eagerness to obtain a low price for good quality must be balanced with storage facilities. The system of service to patients causes over production of food. A centralised service would facilitate the provision of a good selective menu without the attendant food waste inherent in a bulk food trolley service. The service of meals to day staff could be improved and waste reduced whilst providing a greater variety by the use of back bar units in the servery. Night staff could have an equally good selection with minimal staff by the introduction of microwave ovens.

The recommendations in this report will necessitate a certain amount of capital expenditure. Nevertheless it is considered that the improved service to patients warrants it and the money spent for the staff service should be recovered in a reasonable time.

We would like to record our thanks to the officers of the hospital who so freely cooperated with us during the survey.

G J Stormont
Catering Adviser to the King's Fund

April 1972

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INTRODUCTION

1 Following a request by the Management of this hospital to advise on the renewal of equipment for the kitchen a preliminary visit was paid to ascertain exactly what was needed. At this meeting it was agreed that the terms of reference should be:

to advise on

- 1 The staff establishment
- 2 Buying
- 3 Layout of kitchen and dining rooms
- 4 Equipment, stating approximate life and usefulness
- 5 Systems which may show financial savings

In making this survey and recommendations the standard of feeding, which is considered by the hospital management to be good, must not be reduced. A waitress service too must be maintained unless substantial savings can be shown.

2 With these objects in mind the Catering Advisory Service commenced its survey in December. Whilst this survey was taking place the King's Fund were asked for an opinion on 'food costs and control' at this hospital. These two points therefore have been briefly mentioned in this report.

STAFF ESTABLISHMENT

3 Before a staff establishment can be recommended there are certain factors to be considered even after assuming the staff have average skill. These factors which could influence the establishment are the standard of menu, the extent to which prepared foods are purchased, the amount of mechanical aids and labour saving equipment in the kitchen, the type of service to patients and the type of service and equipment in the dining rooms for staff.

Menu

4 The majority of staff have the same basic menu as patients. For breakfast porridge and cereal followed by a cooked dish. For lunch there is a set two course meal consisting of a main dish with vegetables followed by a sweet. Afternoon tea is served with cakes or pastries, sandwiches being available for those patients who request them. A set dinner is served in the evening and consists of three courses. The patients, if not liking the set meal at midday or in the evening, may order items from a special list which includes fish, chicken, omelettes in various forms, or minced beef, and a milk pudding. There is always a cold buffet available and whilst nurses have an alternative of one dish, the senior staff (doctors and sisters) always have a choice of two hot dishes. Further, senior staff have a choice of sweets including fruit and cheese and biscuits in the evening.

5 Whilst the serving of sandwiches for tea rarely pertains except in teaching hospitals the remainder of the menu is to a great extent similar to NHS hospitals.

Prepared Foods

6 The purchasing of prepared or semi prepared foods is no more than is found in the majority of NHS hospitals (see Buying for details).

Mechanical Aids

7 The kitchen is equipped with labour saving equipment similar to that which might be expected and found in most large hospitals (details in Equipment section).

Service to Patients

8 There is a bulk food trolley service to patients. All trolleys leave the kitchen as far as possible at the same time as there are set meal times on the wards. Should a central tray or central plate service be introduced consideration might have to be given to revising the kitchen establishment. However the recommendations in this report for staffing the kitchen are based on a bulk food trolley service.

Service to Staff

9 In the nurses, sisters and doctors dining rooms there is a waitress service but in the ward maids dining room and canteen there is a cafeteria service.

10 Two chefs go from the kitchen to the nurses dining room at midday for 2 hours to help in the service but only one for breakfast and one at supper time. They are in the servery for approximately $\frac{1}{2}$ hour for each meal.

Staffing - Kitchen

11 The total average man hours (Appendices 1 and 2) worked in the kitchen at present are

Cooking Staff	777 $\frac{1}{2}$ man hours
Domestic Assistants	<u>827</u> " "
	1604.50

These man hours produce some 11 400 meals per week.

12 For this number of meals the DHSS 'Guide to Good Management Practices' seems to recommend that there should be

Skilled Staff	526.68 man hours
Unskilled Staff	<u>501.60</u> " "
	1028.28

This is some 576 hours less than the Royal Masonic.

13 However duties carried out at the Royal Masonic over and above those mentioned in the DHSS booklet are:

Ward Trolley Cleaning which takes	80	hours
A separate Diet kitchen	323	"
The Head Chef deputising for Catering Officer	40	"
Kitchen staff dining room service & office cleaning	<u>57</u>	"
	500	

Deducting these additional duties from the kitchen staff total hours makes the hours worked only 76 per week above the DHSS recommendations.

14 During the survey it was observed that the work load did not justify these additional hours. It is considered that the early shift starts too early. By reorganisation the four chefs working respectively 48, 44, 54, 45 hours could be reduced to a 40 hour week for each of them. A similar reduction in hours could be made in the domestic staff as it is considered that the amount of work involved could easily be done within the reduced hours. Having stated that work could be completed in less hours the problem of obtaining good staff in London has then to be taken into consideration. It could well be that the hospital feel that if the staff were to be given reduced hours with consequential reduced pay that they may not be able to maintain an adequate number of staff. If this is the feeling of the hospital it is suggested that it is better to pay a higher rate of pay than to make up the wage by registering extra hours which are non productive.

Staffing Dining Rooms

15 There are 5 dining rooms on the ground floor, and one on the top floor within the kitchen area for the kitchen staff. Four of the rooms on the ground floor are controlled collectively by a supervisor and three assistants. The fifth dining room is known as a canteen and is separately controlled.

16 The hours worked in the dining rooms are compared below with the estimated hours as per the DHSS recommendations for an average number of 385 meals at midday. The difference between the two as shown below to some extent may be accounted for by the maids not having a full waitress service and the amount of cleaning in the dining rooms. For example there is a great deal of polishing of wooden floors and furniture.

		Royal Masonic	DHSS*
Main dining room	Waitresses (day)	440 hrs	
Sisters dining room	Waitresses (night)	80	80
Doctors dining room	Waitresses	121	
Ward Maids dining room	Maids	120	
General domestic assistants		<u>289</u>	720
Supervisor		40	
Assistant Supervisor		<u>120</u>	<u>160</u>
		<u>1210</u>	<u>960</u>

Canteen

17 The canteen which is for non resident staff and may be used for patients' relatives, serves only a small number of persons and is open 7 days per week.

18 Whilst it might be said that for a cafeteria service one staff member (or 40 hours per week) to 27 diners at midday is a sound basis, this standard cannot be used for the canteen. Its hours of opening are from 08.00 hrs to 17.00 hrs for 5 days and 14.30 to 18.00 Saturday and Sunday and there must always be staff on duty to cover this period. The average number of meals served daily is 100. It is considered that the present staff establishment for the canteen is reasonable.

1 Manageress	40 hrs per week
2 part-time counter hands	36½ " " "
2 part-time cleaners	<u>62½</u> " " "
	139 " " "

*Note The DHSS calculations are based on allowing a reduction in the working week since the document was published viz 60 man hours per 27 diners at midday for a full waitress service.

BUYING

19 The catering officer is responsible for the purchasing of all provisions, linen, hardware and furniture. An examination was made of the methods of buying and it was found that the following are purchased through the joint purchasing arrangements of the London Teaching Hospitals, flour, milk, coffee, tea, jam and marmalade, dried milk, salt, margarine and fats, ice cream, squash and meat extract. This is a sound basis on which to buy and the prices are competitive. However bread which is available through these arrangements is bought independently because the contractor could not make deliveries at a time convenient to the hospital. The other main items are dealt with as follows:

20 Meat For a number of years one butcher almost invariably has supplied the hospital. Prices are obtained weekly, sometimes twice a week from the regular supplier and compared with other quotations from meat suppliers and market prices as shown in a trade journal. If the competitors give a lower quote the catering officer contacts her regular supplier and advises him. If he is prepared to lower his price she will order: if not she places the order with a competitor.

21 All meat is purchased as joints, steaks etc and is fully prepared ready for use. Although the price was on the high side the quality examined justified the price. Whilst it is possible to purchase prepared meat at a lower price it would not be of the same quality.

22 Fish and Poultry Prices for both fresh fish and poultry are obtained daily from more than one supplier and the lowest quotation is accepted. Frozen poultry and fish are also purchased from the major companies such as Birds Eye, usually when specially low prices have been offered for substantial quantities. These frozen foods are used when prices for fresh fish and poultry are high due to market conditions.

23 Vegetables, Potatoes and Fruit Orders are phoned daily after obtaining prices from more than one supplier over the telephone. The catering officer generally accepts the lowest price but usually gives her regular supplier the chance to reduce his price if higher than competitors. This is considered normal commercial practice.

24 All fresh vegetables and fruit were examined and were found to be of good quality and would give a good edible yield. The catering officer also takes advantage of the large amount of low temperature storage and purchases frozen vegetables in large amounts when special offers are made by major suppliers. Thus she obtains for comparatively low prices good quality products.

25 Groceries and Canned Goods A number of different suppliers are involved which is quite a normal situation. Certain proprietary items such as coffee, custard and soup mixes are bought direct. After obtaining and examining samples good quality canned foods are also purchased from such firms as Heinz, Margetts etc and reasonably low prices are obtained. From an examination of a number of cans the yield was good.

26 To obtain low prices for canned goods, soups, and coffee quite large quantities are ordered and this causes a problem of storage. It was found that many items are stored in the stores corridors. Apart from the difficulty of controlling these stocks it also means a large capital outlay. It is suggested that this large quantity buying to take advantage of price is not really justified. It would be better to pay a slightly higher price and keep stock low. In the Health Service it is generally accepted that one month's stock is adequate.

Stores Control

27 The food stores are near to the kitchen on the top floor. There is a storekeeper, an assistant storekeeper and a domestic assistant. The latter two are mainly concerned with the linen stores although the assistant storekeeper helps to check all receipts.

28 Bin cards are kept by the storekeeper and spot checks are made every week and compared with the ledger in the catering control office. A reconciliation is made at the end of the year.

29 The storekeeper is responsible for reporting weekly the stock position of all foods in the store, vegetables, fruit and frozen food to the catering officer so that replacement of stocks can be effected. Meat and fish is not considered to be in stock as it is always sent directly to the kitchen cold rooms.

30 All deliveries come up in the goods lift adjacent to the stores entrance. The storekeeper receives all food items and checks quantities and weights against the delivery note and copy order. Deliveries of meat, fish and vegetables are checked for quality by the catering officer or the head chef (her deputy). All issues of food items from the stores are authorised by the catering officer or her deputy with the exception of items going to the kitchen which are authorised by the deputy(head chef).

31 The present procedure for stores accounting, stock checking and receipt of foods is satisfactory with the present personnel in post. However when new appointments are made consideration should be given to revising the procedure particularly with regard to authorisation of issues.

LAYOUT OF KITCHEN AND DINING ROOMS

Kitchen

32 The layout at present is reasonable for a bulk food trolley service to patients. However some minor alterations could facilitate improved work flows in the kitchen. The alterations recommended are set out below and should be read in conjunction with drawing no 351/2.

- 1 Vegetable preparation and vegetable store
Make a new opening direct into vegetable preparation area from the store. Also open low dividing wall between vegetable preparation area and main kitchen to give access to re-positioned food mixer.
- 2 Pastry section
Make new doorway into pastry store from the pastry section working area. Close up doorway leading from the store to the kitchen passageway.
- 3 Equipment
Position new and reconditioned equipment as indicated on the drawing.

33 Should the Committee consider and decide to install a centralised tray or plated meal service to patients at a later date to which reference is made in paras 71-73 the layout of the kitchen would have to be revised.

Dining Rooms

34 After studying the service in all the dining rooms it is considered that the style of service is in character with the hospital's standards and no recommendations are made for changing the style unless financial savings can be the criterion (see paras 66-70). However it is considered that staff breakfasts could be improved with better control over the service if the hot dishes were cooked in the main servery adjacent to both sisters and nurses dining rooms instead of in the top floor kitchen. The equipment required is described in appendix 3 and the modifications to the servery are detailed on drawing no 351/3.

Dishwashing

35 The dishwashing area is cramped and during peak periods is overcrowded. Considerable hand drying of crockery takes place, and all cutlery was washed by hand whilst observations were being made. There are two main causes of this peak activity and hand drying. One there is insufficient china and cutlery to lay up the dining room for the second sitting at lunch time without washing the majority of dirty items from the first sitting. Secondly the dishwashing machine is undersized for the number of main meals served at midday, it being suitable for only some 200 main meals although 365 people are served.

36 Installing a larger machine would improve the speed of washing up and enable maids and doctors dining room china also to be washed in one central place. However a larger machine with adequate tabling will require an enlarged area. Drawing no 351/3 indicates how this could be achieved which briefly is

- 1 Extend present dishwashing area by removing partition wall and constructing new walls and doorway
- 2 Construct or provide new shelving for storage of clean china
- 3 Site new dishwashing machine, tabling and waste disposal unit

KITCHEN EQUIPMENT

37 The general condition of work benches, tables and sink units is good and these have not been included in the assessment, nor have items of small equipment, as it is assumed the catering officer and senior kitchen staff will regularly order replacements of such items in the course of their normal work of inspection and control of the kitchen.

38 The condition and useful life of the kitchen equipment has been considered from three aspects.

- 1 Those items which should be replaced because of age or condition
- 2 The need for modern machinery to increase productivity and decrease the labour intensive tasks in a kitchen
- 3 The future development of the food services to patients and staff

Pastry Section

39 Steaming Ovens These ovens are not in use except for storage. It is understood that steamed puddings are not put on the menu because the steamers do not produce a satisfactory result. Their age, condition and design are such that overhauling them would not be worthwhile. A new steamer should be purchased.

40 Pastry/Bakers Oven This oven will provide many years of service and does not need replacing. The actual suitability of the oven for general kitchen use is limited and the floor area occupied by the oven in relation to its output could be improved by using modern hot air convection ovens. When conversion to North Sea gas takes place there will be a certain amount of new gas control equipment required and it is recommended that specialist advice from North Thames Gas Board and the oven manufacturers is obtained to ascertain the cost.

41 Crypto 40 qt Mixing Machine The mixer is showing signs of wear, particularly when the different mixing speeds are selected and the gear change is noisy. The machine should be overhauled and transferred to the vegetable preparation area. A new high speed mixer should be installed. A Hobart 'Baker Boy' would be suitable.

42 Peerless 10 qt Bench Mixer This mixer shows signs of wear on mixing speed gear change and mixing bowl retaining fittings. Overhaul by manufacturers is advisable providing spare parts are available for a further two years.

43 Deep Fat Fryers No really effective cool zone was built into the design of these fryers although they were probably the best available at the time of original purchase. Compared with later designs they tend to break down oil and fat rather more quickly, and have a lower heat recovery rate and output performance for the gas consumed. In addition, and most important, the fryers do not comply with Technical Memorandum 16, Fire Precautions 1970 DHSS, and the advice that all gas heated deep fat fryers should be fitted with a secondary safety temperature cut-out in addition to the normal thermostat. In view of the problems that may be experienced in fitting such devices to fryers of this type it is strongly recommended that they are replaced or modified as soon as possible. Advice of the North Thames Gas Board is recommended.

Vegetable Preparation Area

44 Peerless Potato Chipping Machine This machine does not compare with its modern counterpart and should be replaced with a similar machine that will cut several different sizes of chips and in addition will be easier to clean and safer in operation.

45 Potato Peeling Machine 28 lbs capacity The machine does not need immediate replacement but is considered to be too large a capacity for effective use by female kitchen workers and should be replaced by 2 x 14 lbs capacity peelers in time.

46 Waste Disposal Machine (additional) Because the difficulties of disposing of waste and trimmings from the potato peeling machine and vegetables generally in a top floor kitchen the installation of a waste disposal machine should be considered. The decision to instal a waste disposer should be based on advice from the engineer as to suitability of drains and waste pipe system to receive the resulting effluent.

47 Wet Steaming Ovens The steaming ovens in the vegetable preparation area are in the same condition as those in the pastry preparation area and should be replaced as soon as possible by modern designed equipment.

48 Vegetable Cutting Slicing and Shredding Machine (additional) To facilitate the work in the vegetable room a machine designed for grating, shredding etc is recommended as an extra to existing machines.

49 Food Mixer 10 qt capacity Bench Model This machine is used mainly for creaming potatoes and in order to produce the quantity required several mixings are necessary. The present 40 qt mixer referred to in para 41 would be quite adequate for this purpose. The 10 qt mixer could be used as an additional unit in the kitchen.

50 Gas Heated Roasting Oven This oven is used only for roasting potatoes and is very old. By today's standards it is inefficient and its immediate replacement with a hot air circulation oven is recommended. The new oven should be sited in the cooking area to ensure its being put to optimum use.

Meat and Fish Preparation Area

51 Crypto Power Unit for Mincing etc Although this item of equipment is still in working order it is in need of overhaul and a manufacturer's report should be obtained on the availability of spare parts. Most tasks this machine is required to do can be undertaken with the new specialist vegetable cutting and shredding machines (items 48 & 41). Providing the machine can be overhauled for a relatively reasonable sum it should be kept in reserve.

52 Boiling Pans (main cooking and vegetable preparation areas) All the pans are still in good condition and are a credit to their original manufacturers and the persons who maintain them. It is presumed that annual inspection of their safe working condition for insurance purposes takes place and therefore all are satisfactory from this aspect.

53 The only criticism that is made is of the overall dimensions of the fixed and in particular the tilting pans. More compact boiling pans are now available which would save a good deal of floor space. Therefore if the patient meal services are developed compact boiling pans would be recommended. Until this time, if within 5 years, there should be no need to replace any of the boiling pans.

54 Central Gas Heated Chef's Ranges (main kitchen) The range tops and ovens, bain marie and grills are all in satisfactory condition. The siting of the two grills at one end of the island suite and directly over the boiling top completely restricts full use of two boiling top sections. However this does not affect the production of meals as the boiling tops are in excess of requirements. The equipment with regular maintenance will continue to give satisfactory service for 5 years unless spare parts are no longer available in less than this time.

Diet Kitchen

55 Steaming Oven Remarks made previously about steaming ovens in other sections apply equally here. The replacement should be a 'Dart High Pressure' fast cooking steam oven, which will improve the kitchen facilities and produce a superior cooked product to that of a standard wet steam oven.

56 Chester Gas Range While this range is in working order, and its useful life may be prolonged by good maintenance for 3 years or more, its replacement by a modern boiling top and a small hot air convection oven is advised. A 4' gas heated 1 open top range and a modular convection oven 3' x 2'6" on stand are recommended.

57 Food Liquidiser is working satisfactorily; it should last about 2 years but will depend on the amount of usage.

58 Hot Cupboard The age and condition of this item are such that replacement should be made within 2 years. Dependant upon the future development of the kitchen and the menu system adopted it could be an advantage for this unit to be a mobile hot cupboard with bain marie containers fitted into the top.

59 Food Trolleys The bulk food trolleys apart from minor faults to door catches, hinges and door tracks are in reasonable working order. Their replacement must depend on the decision to redevelop the kitchen and the date on which this will commence. Should the changes in patient food service recommended in this report not take place for 5 years, a budget allowance should be made to replace some 4 to 5 bulk food conveyors in this time. The decision as to when, and which trolleys need replacing should be taken

annually and a forecast put forward by the catering officer and engineer in advance of the budget allocation for any one year. The current cost of a bulk food conveyor is approximately £250-£300 depending on size.

60 Gas Equipment - conversion to natural gas burning Prior to natural gas being brought to the hospital approximately at the end of 1973, it is recommended that a survey and report on all items of gas fired catering equipment is made by the Commercial Division of the North Thames Gas Board. It is understood that the survey and report will be provided free of charge as well as advising on the cost of any controls and desirable modifications. The Gas Board will also be able to tell in advance if any of the equipment is too old for conversion. Action taken now will give the Committee sufficient time to budget for the cost involved. Early commissioning of alterations and modifications to gas equipment will considerably improve the change over to natural gas in the catering dept.

Schedule for action on equipment

61 1972

- 1 Request North Thames Gas Board, Commercial Division, Kensington, to complete a survey of gas equipment with regard to conversion to natural gas, and modification of deep fat fryers with safety cut out devices.

62 2 Replace roasting oven in vegetable preparation area - item 50

- Replace deep fat fryers if safety devices cannot be fitted
- Order modifications to gas equipment if advised to do so
- Invite manufacturers of food mixers, power unit and potato peeler to report on mechanical condition and estimate for factory overhaul, and to report on future availability of spare parts. Items 41, 42, 44, 45, 49, 51

63 1972/3

- 1 Replace steaming ovens in pastry, vegetable preparation and diet kitchen
Items 39, 47, 55
- 2 Purchase new high speed mixer for pastry section. Item 41
- 3 Purchase new vegetable, cutting and dicing machine. Item 48
- 4 Purchase back bar cooking equipment for servery

64 1973

- 1 Purchase new oven and gas boiling top for diet kitchen. Item 56
- 2 Complete alterations to dish washing room in dining area

SYSTEMS WHICH MAY SHOW FINANCIAL SAVINGS

65 Changing the systems of food service to patients and staff will involve expenditure for equipment, engineering services and building work. However because of reduced running costs resulting from the introduction of new methods for staff service it may be possible to offset this expenditure over a period of years. In regard to patients this may not be so easy but the effect it has on patient care must also be taken into consideration.

Staff Service

66 A system which should show a financial saving is the introduction of a cafeteria service, combined with a grill or a call order bar in the main staff dining area which would serve all categories of staff rather than having several dining rooms.

67 To achieve the best results and avoid queues the present pattern of fixed times for meals would need to be altered to a continuous service. This system of service would facilitate the introduction of "Pay As You Eat" policy if the Committee decide to adopt it. It is estimated there would be a reduction on staff of up to 25%, or approximately £6 000 p a on current wage rates as compared with the present pattern of waitress service.

68 The cost of equipment to create the change of food service would be not less than £4 000 to which must be added building, engineering, decorating and furnishing costs. Should the Committee wish to introduce a cafeteria system a revised layout would be prepared.

69 For night staff service the Committee's attention is drawn to the development in many hospitals which are now providing satisfactory meal service through the use of microwave ovens in conjunction with a refrigerator or refrigerated vending machines. Because of the number of meals served at night in the Royal Masonic it is proposed that one person only should be on duty if this system is adopted.

70 The current cost of night catering staff with relief staff for both kitchen and dining room is £5 505. Allowing £2 000 p a for reduced night duty catering staff, the cost of equipment to enable the meal service to continue can be recovered by the £3 500 p a saving in the first year.

	<u>Capital Cost</u>	
Scheme (a) Meal and drink vending machines		
coupled with a microwave oven	£2 697	
Maintenance cost first year	<u>150</u>	
	£2 829	total
Scheme (b) Microwave oven and new refrigerator	£ 699	
Maintenance cost first year	<u>50</u>	
	£ 749	total

Patients Service

71 Although it is considered that overall staff savings cannot be achieved by the introduction of a central tray or plated meal service for patients, nevertheless it is suggested that the Committee might wish to consider this type of service.

72 Attached to this report is a paper on "Planning the Patients Food Service" which sets out the advantages and disadvantages of the various systems. Briefly the advantages of a centralised service are

- 1 Nurses time is saved - in NHS hospitals the Salmon Report is being adopted
- 2 Food waste is reduced - only the exact amount need be sent to the ward
- 3 Presentation in general is better - trained operators plate the food
- 4 Central crockery washing is facilitated - crockery has to be returned to a central point in any case for service
- 5 Selective menu is easier to provide
- 6 Nutrition and palatability of food improved - cooking whilst service takes place

73 Based on current prices for a central tray service a bed complement of 270 will cost approximately £11 500: a plated meal service will cost £3 500. Both estimates exclude structural alterations, equipment, installation and engineering costs.

OTHER OBSERVATIONS

74 It has been thought that it might be helpful to the Royal Masonic if observations were made on certain aspects of the catering which were not in the original terms of reference.

Food Costs

75 A short time was spent in looking at the overall food costs for the hospital but the conclusion was reached that it was not possible to present a worthwhile opinion because

- a) the short time available for an examination of such statistics as were presented by the Treasurer
- b) The costs could not be compared with the NHS hospitals - most non teaching hospitals have been on 'pay as you eat' for staff for a long time - Teaching Hospitals only a proportion are on 'pay as you eat'.

However for general information a comparison of costs is shown below although it is felt that it is of limited value.

76 Cost of provisions and labour per in-patient week for acute hospitals over 100 beds

Royal Masonic Hospital	£5.99
Average RHB's England	£6.46
North West MRHB	£6.94
North East MRHB	£7.20
South East MRHB	£6.56
South West MRHB	£7.14
London Teaching Hospitals	£10.55

Although as the costs show above, the Royal Masonic appears to be the lowest nevertheless there is room for improvement in control.

77 At present in sending food to the wards the kitchen supplies a small surplus in each trolley to ensure sufficient food is available to cater for 'changes of mind' by the patients at actual serving time. The result is overproduction of food and a surplus left in the trolley which cannot be used. This should not occur but takes place in most hospitals where there is a bulk trolley service. A new system of meal selection is required.

78 The system as recommended in the following paragraphs will be equally suitable for a plated meal or central tray service. Additionally the system will decrease the time nurses spend in obtaining the patients' selection.

Patients' Menu

79 A five week cycle of menus should be prepared which would be altered to include new dishes or allow for seasonal variation. The light dishes provided at present should continue to be available from a standard list which ward staff could offer if necessary to individual patients.

80 The normal choice offered to patients should consist at lunch and supper of a soup or fruit juice, three main dishes, one of which would be suitable for light diets, a choice of vegetables and potatoes followed by two sweets with milk pudding, cheese and biscuits and fresh fruit as alternatives. Coffee and tea should be available.

81 Breakfast should be a standard menu of fruit juice, cereals and prunes followed by eggs cooked as required with bacon, sausages, tomatoes and fried bread always being available. Smoked fish and other suitable dishes could be offered occasionally. A continental breakfast with hot rolls should always be available as an alternative to the cooked breakfast.

Afternoon tea should offer a choice of biscuits, scones and cakes.

Meal Ordering

82 Individual menus should be sent to each patient so that each person can indicate his/her own choice. As shown in appendix 4 the menu card is perforated to produce 5 separate pieces each with a printed heading. The menus should be typed and duplicated on to pre-formed blank cards daily if possible. The ward number or identification should be stamped on the menu card in the catering office before they are distributed. The menus should be sent every morning with the breakfast trolleys and returned to the catering department before 2 p.m.

83 At ward level the menus can be distributed with the mid-morning drink or lunch trays. The name is entered by the patient or the ward staff according to the availability of staff and the condition of the patient. Each patient should select his/her own meals, with help only if necessary. If a patient is incapable or on a special diet the nursing staff should fill the card in for them.

84 The designation of special diets should be entered separately on the menu card by the senior nurse on duty and standard colour code stickers affixed. This will enable their recognition in the catering department more easily. The dietitian will still need to visit these patients.

85 A summary of the menu cards should be completed by 3.30 p.m. and the information about the demands used to calculate the kitchen issues required from stores. A copy of the summary must be passed to the kitchen immediately it is completed.

Staff Menu

86 The pattern of staff menus should be changed to provide a choice of a single pre-cooked meal as at present, a selection of cooked to order dishes, and salads. Soup should be available at lunch and supper. All breakfasts should be cooked to order in the servery. The aim should be to reduce wastage due to over production but at the same time increase the choice available at each meal.

87 If a 'pay as you eat' system is introduced in the future there will be a demand for part meals and snacks which the proposals for reorganising the servery area (see par 34) are designed to meet.

Future Catering Management Function

88 During the survey reference was made to the impending retirement, almost simultaneously, of the catering officer and her deputy the head chef. Therefore some thought has been given to this situation. As the hospital is independent of the Health Service and to some degree limited in size, it seems both necessary and desirable to combine certain administrative functions within the catering manager's

job specification for the future. With the supporting clerical services that exist the purchasing responsibility could be increased to include hardware, cleaning materials and other items. The catering management responsibilities can be extended to include patient food service and domestic services particularly if the nursing department adopts the Salmon Committee report recommendations. This change would create a better post for the professional caterer and could be given the title of Hospital Hotel Services Manager.

Consideration should be given to this problem in the immediate future and to the management structure required.

April 1972.

KITCHEN

Cooks & Chefs Man Hours

The kitchen is based loosely on the 'partie' system whereby the work of the chefs and cooks is divided as follows:

<u>Hours per week</u>	<u>Nos</u>	<u>Main Kitchen</u>
40	1	Head chef who is also deputy catering officer
35	1	Assistant head chef
48	1	Senior chef - vegetable section
44	1	Breakfast and roast chef
54	1	Breakfast and larder chef
96	2	Tournant which includes relief night chef
48	1	Chef who looks after doctors' day room, sisters and all sandwiches
45	1	Pastry chef who prepares all sweets and some cakes
39½	1	Cook for vegetable section
40 (basic)	1	Cook who prepares sauces, gravies, milk puddings plus assisting in dining room servery
48	1	Cook for light diets
40	1	Cook on night duty
<u>Diet Kitchen</u>		
40 (basic)	1	Cook in charge who also visits patients at ward level who are prescribed special diets
160 (basic)	2	Diet cooks
<u>777½ total hours cooking staff</u>		

KITCHEN

Domestic Staff Man Hours

Domestic staff are engaged as follows:

<u>Hours per week</u>	<u>Nos</u>	<u>Duties</u>
40	1	Cleaning offices, trolleys, main kitchen
80	2	Vegetable preparation assistants
40	1	Cleaner - main kitchen
40	1	Cleaner and washing up pastry section
40	1	Food trolley cleaning/pan wash
40	1	Cleaner staff dining rooms/cloakrooms and corridor of department
40	1	Cleaner - main kitchen
40	1	Cleaner - kitchen equipment
40	1	Pan washing
48½	1	General supervisor of kitchen domestic staff and control of all kitchen staff and kitchen laundry
57	1	Serve food and clean kitchen staff dining rooms, washing up china, catering department office cleaning
171½		Part time domestic assistants for vegetable preparation
<u>Diet Kitchen</u>		
40	1	General cleaner
43¼	1	General cleaner
26¾ (average)		General cleaner (part time)
<hr/>		
827	total hours domestic staff	

EQUIPMENT FOR DINING ROOM SERVERY

Deep Fat Fryer

One electrically heated deep fat fryer with secondary safety cut out thermostat. Pan size to be approximately 12" x 21". Output to be not less than 140 lbs of browned chips per hour (pre blanched). Loading to be approximately 6 kw.

Griddle Plate

One electrically heated griddle plate with thermostatic control. Plate size to be approximately 18" x 24". Loading to be approximately 8 kw.

Boiling Rings

One unit housing two 8" radiant boiling rings with variable heat control switches. Overall dimensions to be approximately 12" x 24". Total loading 4.25 kw.

Dishwashing Machine

One steam heated or electrically heated single tank automatic rack conveying machine, having a minimum rack capacity of 60 and not more than 80 per hour.



1929933866

Date Ward Name: Mr/Mrs/Miss (to be filled in by patient)

Date Ward

Mr/Mrs/Miss

requires a diet

This section should be completed by Ward Staff if a therapeutic diet has been prescribed

Please indicate your choice in the boxes provided

Mark ☐ S for small portion

" ☐ N for normal portion

" ☐ L for large portion

BREAKFAST

Fruit Juice ☐ Prunes ☐
 Comflakes ☐ Porridge ☐
 Continental Breakfast ☐

Eggs
 Fried ☐ Boiled ☐
 Scrambled ☐ Poached ☐
 Grilled Bacon ☐ Grilled Sausages ☐
 Tomatoes ☐ Fried Bread ☐
 Tea ☐ Coffee ☐

Name: Mr/Mrs/Miss
 (to be filled in by patient)

Name: Mr/Mrs/Miss
 (to be filled in by patient)

LUNCH

Fruit Juice ☐
 Oxtail Soup ☐
 Roast Lamb, Mint Sauce ☐
 Curried Beef & Rice ☐
 Cold Ham & Green Salad ☐
 Buttered Carrots ☐
 Spinach ☐
 Roast Potatoes ☐
 New Potatoes ☐

Pear Helene ☐
 Mandarin Orange Flan & Cream ☐
 Baked Egg Custard ☐
 Cheese & Biscuits ☐
 Cox's Orange Pippin ☐

AFTERNOON TEA

Tea ☐ Biscuits ☐ Cake ☐
 Buttered Scones ☐

Name: Mr/Mrs/Miss
 (to be filled in by patient)

Name: Mr/Mrs/Miss
 (to be filled in by patient)

SUPPER

Fruit Juice ☐
 Celery Soup ☐
 Baked Cod, Mornay Sauce ☐
 Grilled Pork Chop, Apple Sauce ☐
 Scotch Egg & Green Salad ☐
 Green Peas ☐
 Grilled Tomatoes ☐
 Puree Potatoes ☐
 New Potatoes ☐
 Apple Charlotte & Custard ☐
 Meringue and Cream ☐
 Semolina Pudding ☐
 Cheese & Biscuits ☐
 Dessert Pear ☐

King's Fund



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