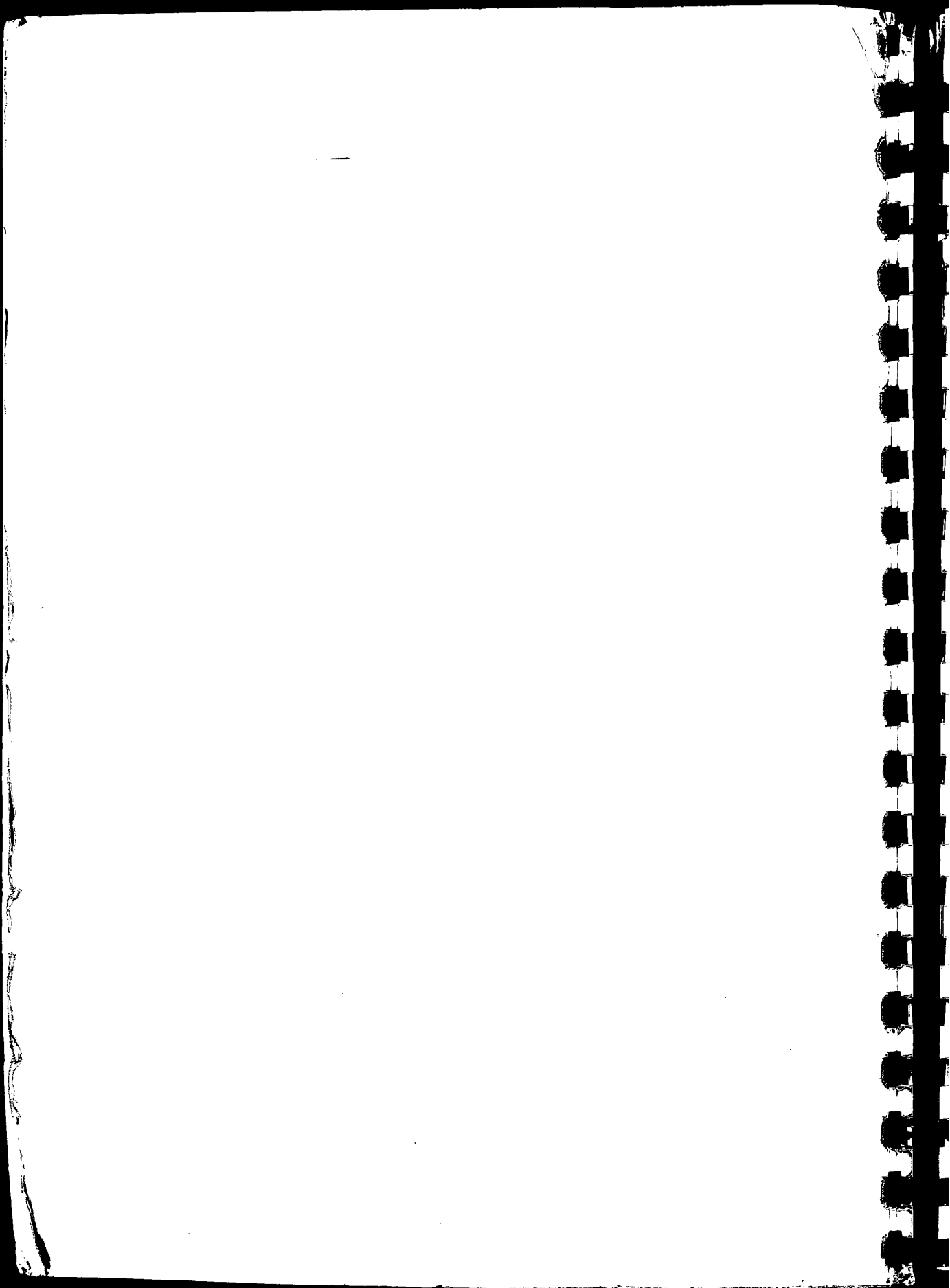


Better Food for Patients

HOKA

Ric



Better Food for Patients

KING'S FUND CENTRE
LIBRARY

Report

Published by King Edward's Hospital Fund for London for Wessex Regional Health Authority

THE HOSPITAL CENTRE LIBRARY 24, NUTFORD PLACE LONDON W1H 6AN	
ACCESSION No. 13418	CLASS MARK HOKA
DATE OF RECEIPT 10 July 1975	PRICE Donation

Better Food for Patients

Report

An Investigation of ways of improving Food Service to Patients

by

JOHN RICE

Catering Adviser to Wessex Regional Health Authority

Foreword

Setting standards, measuring performance and programming remedial action are prime functions of management. They are not, however, ones which are generally applied to feeding patients in hospitals. This account of a study undertaken into means of providing hospital management with such information will, it is hoped, be welcome at the present time when the health service is being reorganised to provide an improved service to the public.

A high quality catering service is an integral part of hospital care and one readily understood by patients. It is also a service which is very challenging to control. Hospitals are planned primarily for medical and nursing needs and these do not always coincide with catering requirements. Further, patients' dietary preferences vary considerably and illness creates additional complications. That such problems are overcome, however, is essential for the patients' well-being, and for the efficient use of resources.

This report has been prepared by caterers closely involved in hospital problems, who care sufficiently about the quality of the service to undertake a critical assessment of its shortcomings. It is hoped that the proposals will be widely read by management and will give a clearer understanding of the steps to be taken to provide better food for patients.

Acknowledgements

In the year spent on the investigation advice has been readily given at every level, from the unit catering officer whose menu starts the catering operation, to the most important people of all, the patients.

Valuable help has been received from staff cooking meals, porters conveying them to the wards, and ward staff undertaking the meals service. Much assistance has also been received from catering colleagues at hospital, district, regional and national levels, and from specialist departments within the regional health authority, in particular the information, nursing and statistics divisions.

Grateful thanks are given for the support of the hospitals used to test the audits produced as part of the study, and to members of the region's catering advisory committee for the positive role they played.

Finally, acknowledgement is made of the very considerable amount of work undertaken by secretarial and editorial staff in presenting this report, and for the generous support of the King's Fund, which made the study possible. Thanks are due in particular to the Fund's former catering adviser, George Stormont, for his invaluable guidance and assistance throughout.

Contents

	page
THE NEED FOR ACTION	5
THE STUDY	5
STAGE 1 Devising Material to Measure Hospital Catering Performance	6
1 Agreeing Standards	
2 Measuring Performance	
Meal Quality Audits	
Patients' Satisfaction Questionnaire	
Procedure Audits	
3 Reporting to Management	
4 Testing the Material	
STAGE 2 Highlighting Deficiencies	8
STAGE 3 Producing Guidance Materials	9
1 Audits	
2 Three Booklets: New Menus	
Cooking	
Ward Service	
3 Course	
CONCLUSIONS AND RECOMMENDATIONS	10
APPENDIX: Extracts from National Surveys of Hospital Catering	11

The Need for Action

Meals service to patients has received a great deal of criticism over the past years, some of it harsh but much of it justified.

In the decade since the publication of the Platt report, *Food in Hospitals**, there have been numerous investigations into standards of hospital catering, among them the reports of the Egon Ronay Organisation* and the Consumers' Association.

Despite adverse comments in these reports and the attendant publicity, it is unfortunately the case that much of the criticism levelled at the standard of patients' meals ten years ago, still obtains today. Many breakfasts and evening meals are served excessively early, and only a small minority of patients is offered a choice of meal. Food is frequently cooked hours before it is required and as much as one third of the provisions expenditure is being wasted due to the careless ordering of cooked meals.

If such defects in the patients' meals service are ever to be overcome they will need the full priority and authority of management. Improvements cannot be achieved by catering officers alone because many of the most crucial catering roles are undertaken by disciplines other than catering. The coordination of these disciplines to achieve a desired result is a management function.

Only when the hospital meals service has been examined in detail against recognised standards of quality and efficiency, is it possible to make a judgment on the catering performance and to programme the action required to overcome deficiencies.

There is some excuse for providing a substandard catering service if it is accepted as such and appropriate steps are being taken to remedy it; there is no excuse if the hospital's management is unaware that the service is substandard and that many of the malpractices criticised ten years ago are still being repeated.

* See Appendix

The Study

This study was undertaken in the hospitals of the Wessex Regional Health Authority with the aim of providing hospital management with information needed to improve the meals service to patients.

It was undertaken in three stages which together took over one year.

The first stage was to devise and test material which could be used by health authorities to measure hospital catering performance.

The second stage was to use the material to highlight recurring deficiencies in different types of hospitals.

The third stage was an attempt to produce guidance to overcome those deficiencies.

It is hoped that the report will be of value to health authorities in indicating the action that has to be taken to reveal and remedy operational shortcomings, and to community health councils in giving them an added understanding of this important part of the hospital service.

Stage 1

DEVISING MATERIAL TO MEASURE HOSPITAL CATERING PERFORMANCE

1 AGREEING STANDARDS

Before making a judgment on the quality of the meals service it is necessary to establish the standards on which the assessment is to be made.

Whether eating out or at home, people have very diverse views on meal times, the types of food they enjoy, how they are cooked and served. Eating patterns reflect age, background, place of birth and personal attitude.

These issues are recognised in commerce. Catering establishments range from hamburger stalls and cafés to luxury restaurants, and food shops stock a variety of types and qualities of food for the simplest to the most discerning palates.

Hospitals cater for the same people, and with such differing consumer views on what constitutes good quality, it was agreed that the standards used for the study should ensure the maximum possible satisfaction to all. It was also agreed that they conform to accepted professional criteria in terms of cooking, hygiene and nutrition.

These standards were established by a working party of hospital caterers and a dietitian, set up in Wessex in 1971*, and comply with proposals of the Department of Health and Social Security for an efficient and good quality meals service for all types of hospital.

**Proposed Standards for the Region's Catering Services, published by Wessex Regional Hospital Board, 1972, available from Wessex Regional Health Authority, Highcroft, Romsey Road, Winchester, Hants.*

2 MEASURING PERFORMANCE

The most effective way of measuring performance and pinpointing operational deficiencies is to undertake a catering survey. Food quality surveys are widely used throughout the hotel and catering industry, and are accepted as valuable to management, useful to consumers and an incentive to improve standards. Investigations normally take the form of random visits by trained professionals assessing against set criteria.

In hospital catering, meal quality surveys are less frequent than elsewhere, and, where used, have been criticised for being over-subjective, examining only one aspect of the meals service (usually cooking) and for being of too short a duration to give an accurate assessment. Yet it is in hospitals that meal quality assessment is most essential. Patients cannot choose to eat elsewhere, there is no 'till' to measure satisfaction, and food is an important part of the patients' recovery and well-being.

Thus, an attempt was made in the study to devise a form of measurement which would be objective, cover all aspects of the meals service, and be of sufficient duration to give a fair result. Additionally, the survey was planned not only to identify shortcomings, but also to indicate the reasons for them and the remedial action needed.

Three types of record were produced
meal quality audits
procedure audits
patients' satisfaction questionnaire

Meal Quality Audits

These took the form of checklists, based upon the quality standards agreed for each aspect of the meals service. The audits covered all the meals and refreshments served in the course of a patient's day and were intended for completion by the assessors, after observing each meal and sampling cooked food on the ward. To assist management in comparing hospital performance and determining priorities, a scoring system was devised which would give each of the units surveyed a quality rating.

Patients' Satisfaction Questionnaire

A questionnaire was produced to obtain a general consensus of patients' reactions to the meals service and the various aspects of it covered in the audit. It was also intended to obtain views on the types of food the patients enjoyed, and suggestions for improving the service.

Procedure Audits

The procedure audits were devised to identify operational shortcomings which had a direct effect on the quality of meals served. They were produced for each activity being assessed and were used simultaneously with meal quality audits, and as a follow-up to identify the reasons for unsatisfactory meal quality.

3 REPORTING TO MANAGEMENT

To take action to improve any type of service, management requires to know certain basic facts. These are: the standards desired, any shortfall in those standards, the remedial action needed, the key personnel involved, the implications and priority. Once these data are known, improvements can be programmed according to their importance and the resources available.

The report for management summarised the findings of the audits in a form aimed at providing this information.

4 TESTING THE MATERIAL

The material was tested over the year in the hospitals selected as typical of those in the Wessex region. In most cases they were of the older type and included acute, geriatric, and psychiatric and mental handicap units of different sizes. A stratified random sample of wards was visited which balanced men's, women's and children's wards as well as medical and surgical specialties.

The aim of the tests was to assess how realistic the standards were, whether the audits needed special skills, if measurement of performance reflected good and poor units, and whether the scoring system was practicable. It was found that the standards were suitable in all types of hospital and that they could, if necessary, be readily adapted to meet special requirements. The surveys revealed that the assessors needed special skills, but that these could be fairly easily acquired in a briefing session and practice survey, given a basic appreciation of catering standards and a good palate. The method of measuring performance was found to be satisfactory.

Examples of the material produced and the results of the tests carried out are given in **Audits**, included in this folder.

Stage 2

HIGHLIGHTING DEFICIENCIES

The second stage was to use the assessment material to highlight recurring deficiencies in the patients' meals service in the selected hospitals. In particular, we wanted to establish whether shortcomings were more common to one type of hospital than another, if they were typical of those in the region generally, and whether resolving them was largely a case of additional resources.

The audits revealed 60 recurring deficiencies in the meals service, covering meal times, menus, cooking and ward service.

Meals were found to be served too early, menus to lack variety, and food to be cooked far earlier than required. At ward level the standard of catering was often found to compare unfavourably with even the most modest café. Food was frequently ordered without consulting patients, coffee was rarely available as an alternative to tea, toast was seldom served with breakfast, and trays were incorrectly laid.

These defects impaired the quality of the service and wasted the catering budget — avoidable waste in many units was about 50p per week, per patient.

Not all the defects were encountered in every hospital, but all units had some and many had a substantial number—in general, long-stay units had more faults than short-stay. A comparison of the survey results with catering practice in a further 100 of the region's hospitals showed the shortcomings to be typical.

In some cases it was seen that failure to reach the agreed standards was the result of inadequate resources. In the majority of cases, however, insufficient priority was being given to patients' meals, there was poor coordination between staff involved and a lack of professionalism. Deficiencies in the ward were largely the result of inadequate training in catering skills, the few hours of instruction provided for ward staff contrasting, for example, with the three weeks' intensive catering training given to airline cabin staff before they are allowed to serve passengers.

Stage 3

PRODUCING GUIDANCE MATERIALS

The final stage of the study was spent in producing the guidance needed to overcome the 60 recurring deficiencies encountered.

The main point to come out of the study was the need to make management and staff more aware of the faults in the meals service and the roles they can play in overcoming them.

There was also seen to be a need to give the patients' meals service its right priority, to involve all disciplines in improvements, and to boost professionalism.

To achieve these ends, it was decided that guidance for management and staff was needed in a form which could be used both to pinpoint operational deficiencies and to overcome them.

The guidance materials, enclosed in the folder, are:

AUDITS:

Meal Quality Audits, Patients' Satisfaction Questionnaire, Procedure Audits, Report to Management

Three booklets for catering and ward staff:

NEW MENUS, COOKING, WARD SERVICE

COURSE: A training programme to teach ward staff the essential skills needed to provide high quality and efficient meals service to patients.

1 Audits

The aim of the audits is to allow management to measure the quality of the patients' meals service in the hospital and to pinpoint operational defects.

The form is that used in the study and explained in the report. The use of audits will depend upon individual hospital requirements and health authority policy. They may be used with or without a scoring system, for comprehensive surveys or spot checks, and for before-and-after checks to evaluate progress. The assessments may be undertaken by health service officers, consumer associations or specialist organisations.

2 Three Booklets: New Menus, Cooking, Ward Service

The aim of the booklets is to inform staff of recurring faults in the patients' meals service and to enlist their help in overcoming them.

The booklets are in the form of 'do's' and 'don'ts' and are based on the 60 recurring deficiencies encountered in the study. Each booklet covers 20 points and has at the end a checklist for staff to score their own performance.

The booklets are suggested for use on multi-discipline study days, for courses, for on-the-job training, and for issue to staff as reminders of professional standards.

3 Course

The aim of the training course is to teach non-catering staff the essential skills needed to provide a high quality and efficient service to patients in the ward.

The programme has 14 sessions which may be taken as a complete course over a five-day period, or the appropriate sessions combined to make up separate courses for particular posts — ward clerk, nurse, housekeeping staff.

It is recommended as a prerequisite of any staff involved in catering activities in the ward. It may be tailored to individual needs and specific hospital requirements.

Conclusions and Recommendations

The declared aim of this study was to provide hospital management and staff in the Wessex Regional Health Authority with information on which to base a better food service for patients.

How far improvements are achieved will depend upon the action taken locally. In a number of instances they can be made by catering management. The most far-reaching, however, require action to be taken by hospital management because they involve staff other than catering.

It is intended to follow up the year's investigation with an evaluation of the effect of the guidance produced both in those hospitals which took part in the study and within the region generally.

Perhaps the three main conclusions to be drawn from the report at this stage are: that action needs to be taken in a great many of the region's hospitals to bring them up to the standards proposed; that the most important of these improvements can be achieved within existing resources; and that in many cases the improvements will themselves bring savings.

The following recommendations are made for the consideration of health authorities:

- 1 that surveys are undertaken in all hospitals to measure catering performance and to pinpoint deficiencies
- 2 that key staff are made aware of the defects and a programme is agreed for resolving them
- 3 that multidisciplinary study days are organised locally to involve staff in the findings of the survey, and that corrective guidance is distributed to assist in overcoming operational shortcomings
- 4 that a catering course be introduced for ward staff serving meals.

Appendix

EXTRACTS FROM NATIONAL SURVEYS OF HOSPITAL CATERING

FOOD IN HOSPITALS — *a study of feeding arrangements and the nutritional value of meals in hospitals* by B. S. Platt, T. P. Eddy and P. L. Pellett, published by Oxford University Press for Nuffield Provincial Hospitals Trust, 1963.

'The best food and the best service with the greatest attention to the patients' needs were given in the best small hospitals, mostly those with fewer than 50-60 beds. The larger the hospital the lower was the efficiency of administration and the quality of food as served. A number of hospitals for the chronic sick were generally unsatisfactory and the food was poor.'

'The standard of meal-service in large hospitals was indifferent and compared unfavourably with that in small hospitals; in 29 per cent of larger hospitals it was described as bad, and in only 34 per cent (compared to 52 per cent in small hospitals) as good. The presentation of food generally left room for improvement.'

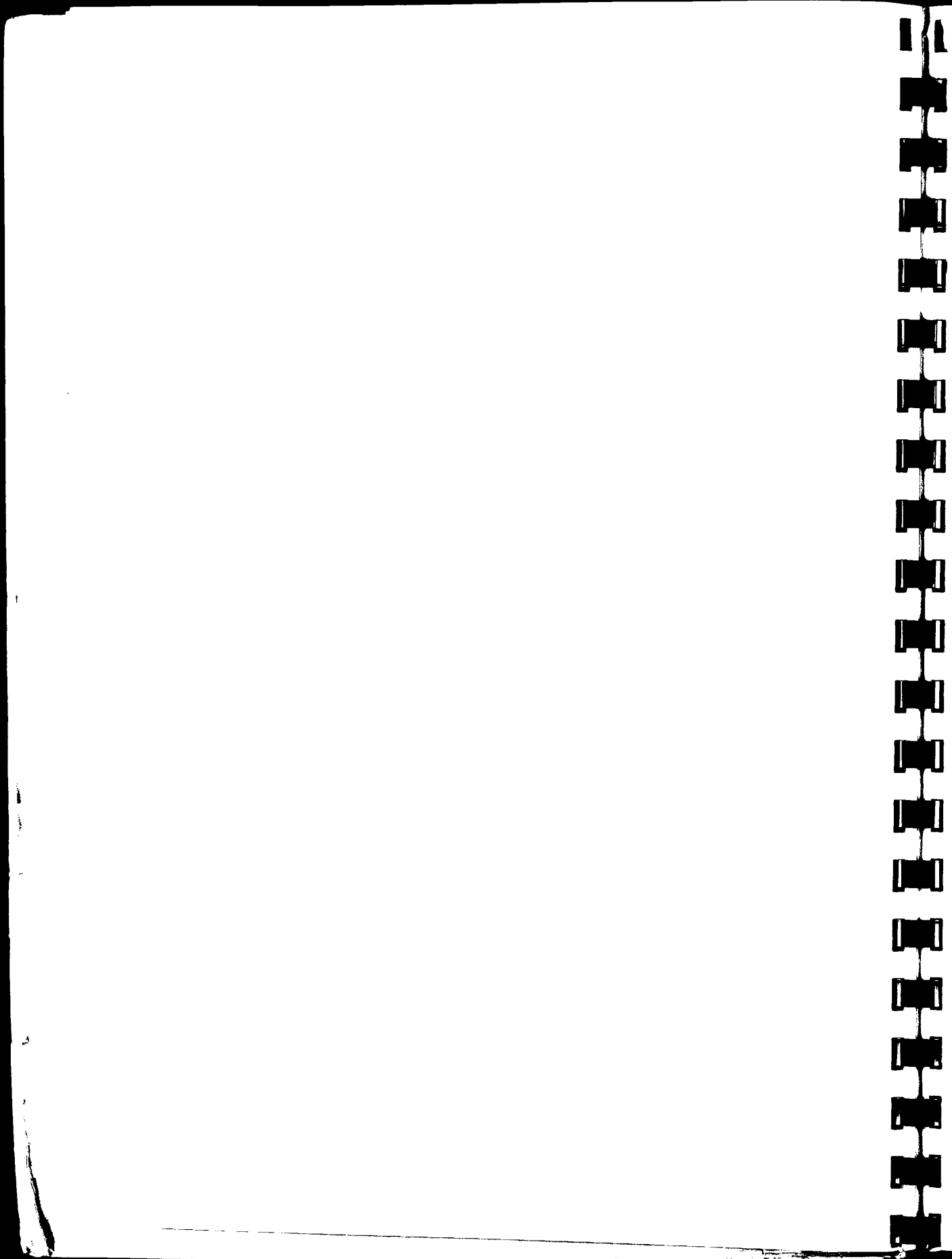
LIFE ON A PSYCHIATRIC WARD by C. Mayhew, M. Appleby, D. Ennals, C. Clark, published in *Health Services Journal*, volume 25. no. 1 January 1972. pp. 5-6.

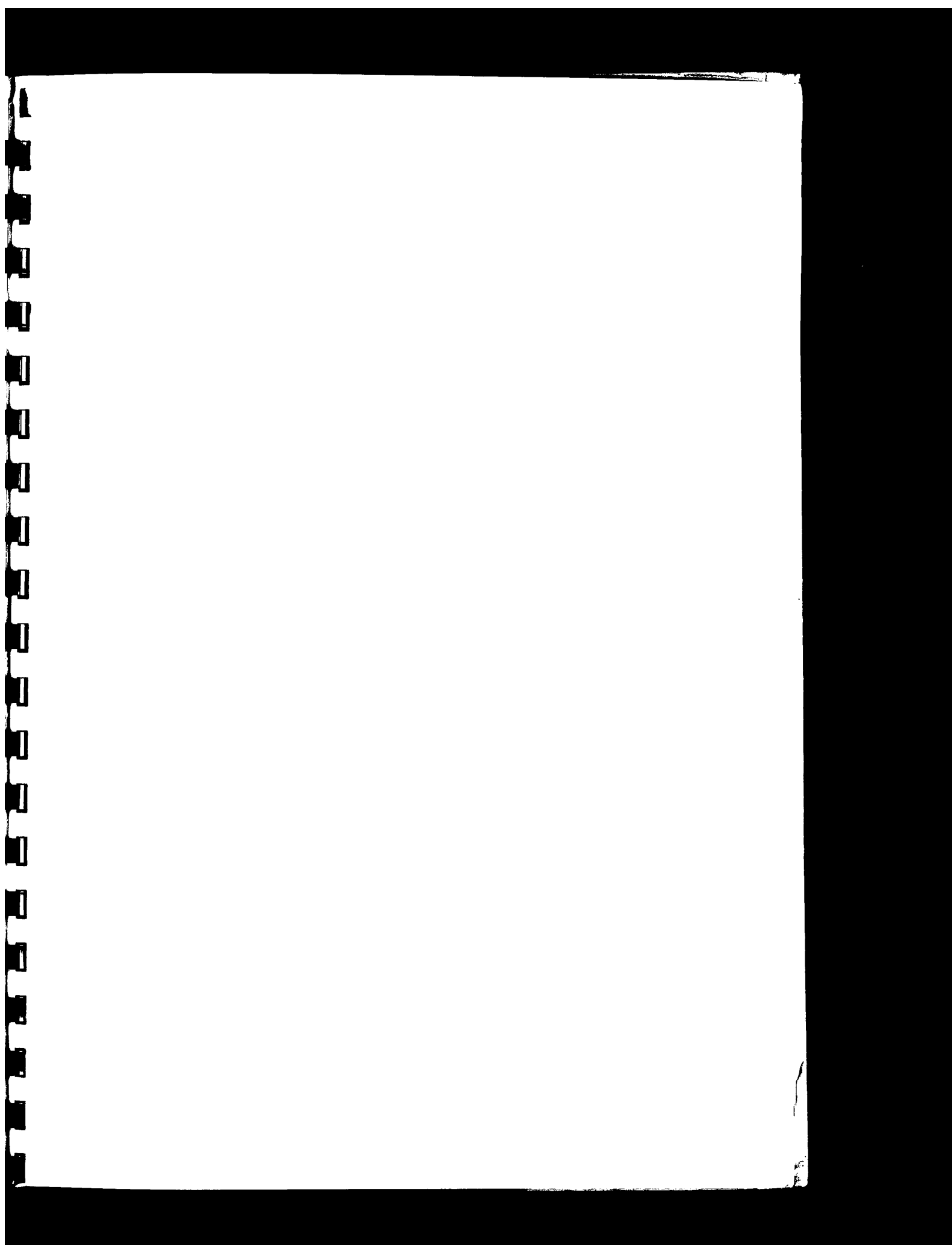
'To all of us the food which was served to the patients was disappointing. To some of us it was less than edible. The diet was starchy with much bread and cocoa. In only one hospital did we receive fresh fruit. Vegetables cooked in a central kitchen reached the wards half cold. The poor quality of meat suffused in fat was rejected by all but the most hungry patients. It was the experience of at least one of us that in a very large hospital, the acute ward received the same diet as the long stay ward. Patients who were physically as well as mentally ill and hardly on their feet from heavy sedation need tempting. The waste which some of us witnessed was enormous. We know that what we saw is to some extent a question of finance. In one hospital the sum of £1.79 pence per person per week was quoted to us and is clearly inadequate.'

A SURVEY OF HOSPITAL CATERING by Egon Ronay Organisation, published by Egon Ronay Organisation Ltd., London, 1972.

'It should be emphasised that we have applied the simplest basic criteria both to raw materials and cooking, and have tried to be as lenient about quality and as understanding of the catering staff's difficulties as possible. Which brings the dismal, in many cases scandalously, low standard of the cooking and often of the raw materials, all the more sharply into focus through a small number of satisfactory experiences.'

'The most discouraging aspect, and the least easy to remedy, is the negative psychological approach in catering and buying. Instead of lifting up the sick, for many of whom meals are the only relief from monotonous hospital routine, most of the food we found was depressing enough to reduce the appetite by its very appearance.'





Better Food for Patients

KING'S FUND CENTRE
LIBRARY

Audits

Published by King Edward's Hospital Fund for London for Wessex Regional Health Authority

THE HOSPITAL CENTRE LIBRARY 24, NUTFORD PLACE LONDON W1H 6AN	
ACCESSION No. 13419	CLASS MARK HOKA
DATE OF RECEIPT 10 July 1975	PRICE Donation

AUDITS

These audits have been produced to measure the quality of the patients' meals service and to pinpoint operational defects. Three types are enclosed, together with a report to management.

Meal Quality Audits

The meal quality audits have been designed to measure the quality of the catering service against desirable professional standards. A scoring system is used to identify aspects requiring attention and to assist in comparing unit performance.

Patients' Satisfaction Questionnaire

A questionnaire is included to obtain the patients' reaction to the meals service and the various aspects of it covered in the audit.

Procedure Audits

The procedure audits are intended to highlight the reasons for any shortcomings encountered and to indicate the action required, and personnel involved.

Report to Management

The report summarises the findings of the audits and questionnaires in a form aimed at assisting management to programme the remedial action required.

Each audit and the report have been completed to illustrate their use.

CONTENTS

	page
MEAL QUALITY AUDITS	3
Meal Times	4
Ordering Meals	6
Menus	8
Food Quality	16
Service	22
Results	27
Unit Performance	28
Inter-unit Comparison	29
PATIENTS' SATISFACTION QUESTIONNAIRE	30
PROCEDURE AUDITS	34
Delays in Service	35
Avoidable Food Waste	36
Recipe	38
REPORT TO MANAGEMENT	40
District Catering Manager's Report	41
Meal Times	43
Ordering Meals	44
Menus	45
Food Quality	46
Service	47

MEAL QUALITY AUDITS

SCOPE

Meal quality audits may be used either for a comprehensive assessment of each aspect of the meals service throughout the patients' day, or to examine a specific part of the service of a particular meal.

FORM

The audits take the form of checklists covering meal times, ordering arrangements, menus, food quality and service. Each audit poses a number of questions on the procedures which make up the activity being assessed, to establish whether it is being undertaken in accordance with the professional standards agreed.

METHOD OF USE

The method of use is for the assessors to observe the catering practices on a number of representative wards and to answer the questions in the audits. Each affirmative answer indicates that the correct procedure is being followed and is ticked and scored. The points scored are then totalled to give a performance rating for the particular aspect of catering being assessed. Once all the audits have been completed, the individual ratings can similarly be added to score the hospital's overall catering performance.

Before undertaking the meal quality audits it is necessary to establish who is to do the assessing and to explain the procedures involved. Additionally, the number and types of wards to be visited, the arrangement for sampling food, and the times to attend the wards selected, should be agreed between the assessors.

An explanation of these procedures, together with the scoring system, is given below.

Appoint the assessors and establish audit procedures

The assessors will most likely be the district catering manager or regional catering officer, and perhaps a member of a community health council or some other interested body without a specific catering background. The assessors must be fully aware of the audit procedures and of the criteria being applied. This is particularly important in assessing cooked food quality because the basis for scoring and the range of dishes to be sampled must be agreed. It is also highly desirable that the assessors have a trial run before undertaking an audit.

Select a day for the service

Whenever possible a day should be chosen at random but consideration should also be given to any unusual circumstances such as staff absences which might unduly influence the result. In some cases it will be helpful to examine both a weekday and a Saturday or Sunday when standards are normally lower because fewer staff are on duty and there is less supervision. For the same reasons a cooked breakfast and evening meal should be seen.

Agree the number and types of wards to be seen

The number of wards to be seen will depend upon the size of hospital. Quality of the catering service can vary considerably between wards, depending on interest of ward staff, pressures of work and numbers on duty. The object of seeing more than one ward is to ensure that the results of the audit are typical of the hospital and cover requirements of all types of patient; for example, children. Wards may be selected as being 'average', 'below average' and 'above average', in terms of catering performance, in the opinion of unit officers, or by random selection. In small hospitals of under 100 beds it will be possible to visit all wards, but in larger units the sample should balance on men's, women's and children's wards, where these exist, and simultaneously balance medical, surgical, maternity, geriatric and psychiatric wards in proportion to the numbers found in the hospital.

It will normally be possible for an assessor to visit three wards in the patients' day, observing one meal and one refreshment on each.

Order additional foods for sampling

The quantities and types of dishes required for sampling should be given to ward sisters before the audits so that additional portions can be ordered.

Attend each meal and refreshment served on the ward

It will be necessary for the assessors to arrive at the ward some time before service starts in order to see the meal-ordering arrangements and preparation of trays. Once the service starts the assessors complete each part of the audits according to the guidance notes.

It can be helpful in implementing any proposals which may follow if the unit catering officer observes the audit himself.

Scoring system

The scoring system is intended to simplify comparison between hospitals and to indicate areas for further investigation.

Two methods of scoring are used in the audits.

For most, each affirmative answer to an audit question scores one point, but in the case of food quality, the assessors score each dish sampled out of three points, to predetermined criteria.

	<i>Points allocated</i>
Meal times	16
Ordering meals	15
Menus	80
Food quality	96
Service	93

300 points

By taking the total score for the unit and dividing it by three it is possible to express the unit's performance as a percentage quality rating.

Similarly, each element of the meals service can be expressed as a percentage quality rating for inter-unit comparison.

MEAL TIMES

Guidance Notes

The times agreed for serving each meal and refreshment should be obtained from the catering officer and recorded.

Each question is answered by marking a tick, meaning Yes, or a cross, meaning No, in the appropriate box, and scoring to the value indicated.

The marks scored are then totalled in the box marked 'unit score'.

MEAL TIMES

Are meals and refreshments served at, or between the following times?

Morning tea	7 to 7 30 am	6.30
Breakfast	7 30 to 8 30 am	7.30
Mid-morning refreshment	10 to 11 am	9.30
Lunch	12 to 1 pm	12
Afternoon tea	3 to 4 pm	2.45
Evening meal	6 to 7 pm	6
Late evening drink	9 to 10 pm	8

Mark	Value	Score
X	1	—
✓	1	1
X	1	—
✓	1	1
X	1	—
✓	1	1
X	1	—

Does the spacing of meal times allow the appropriate breaks between meals?

Morning tea to breakfast	1 hour	1
Breakfast to mid-morning refreshment	2½ hours	2
Mid-morning refreshment to lunch	2 hours	2½
Lunch to afternoon tea	3 hours	2¾*
Afternoon tea to evening meal	3 hours	3¼*
Evening meal to late evening drink	3 hours	2

✓	1	1
X	1	—
X	1	—
✓	1	1
✓	1	1
X	1	—

Are meal times staggered between wards to allow continuous cooking?

at breakfast? no - all served at 7.30
at lunch? no - all served at 12
at evening meal? no - all served at 6

X	1	—
X	1	—
X	1	—

* ¼ hr. tolerance allowed on the 3hr. spacing proposed.

Unit score	6
Maximum score	16

ORDERING MEALS

Guidance Notes

Methods of ordering patients' meals can vary both between wards and for particular meals, so each ward should be assessed for a different meal.

The assessors should find out the time at which wards complete their meal orders and observe the procedure used, before completing the audits as illustrated.

If a patient's condition precludes him from being consulted, the first question should be scored on whether the nurse selects a particular dish which the patient is known to enjoy. There should be no score if orders are made without reference to the menu.

Note that patients should be consulted even when the menu does not show a choice of dishes because they may want only one dish and not the complete meal, and also because any kitchen can find an alternative, given adequate notice.

ORDERING MEALS

BREAKFAST Ward 1

Are patients consulted before meals are ordered? *Yes - menu circulated*

Does the meal order cover each item on the menu?

Does it specify the size of portions required?

Are orders for breakfast taken the previous evening? *No - the previous morning*

Are sickly patients consulted and their food ordered shortly before service? *No - meals ordered on spec.*

Mark	Value	Score
✓	1	1
✓	1	1
✓	1	1
X	1	—
X	1	—

LUNCH Ward 2

Are patients consulted before meals are ordered?

Does the meal order cover each item on the menu?

Does it specify the size of portions required? *Yes - marked 'small appetites'*

Are orders for lunch taken on the same day as it is served? *No - the day before.*

Are sickly patients consulted and their food ordered shortly before service?

✓	1	1
✓	1	1
✓	1	1
X	1	—
X	1	—

EVENING MEAL Ward 3

Are patients consulted before meals are ordered? *No - Sister chooses*

Does the meal order cover each item on the menu? *No - meals ordered as diets and not named dishes*

Does it specify the size of portions required?

Are orders for the evening meal taken on the same day as it is served? *Yes - in the morning*

Are sickly patients consulted and their food ordered shortly before service?

X	1	—
X	1	—
X	1	—
✓	1	1
X	1	—

Unit score	7
Maximum score	15

MENUS

Guidance Notes

A selective menu is proposed for all types of hospital because even the smallest units, like small cafés, should be able to provide a choice of dishes. Such a menu is necessary not only for the patients' satisfaction, but also to permit an efficient organisation within the kitchen.

The menu is scored if the foods listed are actually available, and not if they are 'off' at the time of service.

The three sample menus that follow are scored on pages 9, 11 and 13, to illustrate the method of use.

Breakfast

Cornflakes or porridge

Grilled bacon and tomato

Poached egg on toast

Marmalade, tea, toast

In the example on the next page four points are lost because a continental breakfast was not available. Such a breakfast should always be provided as an attractive complete meal, because many patients like it and it saves money and cooking time. If 20 patients out of 100 choose a continental breakfast, 20 per cent of the cooking time is saved.

The question 'Does the menu include suitable alternatives available in a soft form?' refers to a choice of dish for those patients whose condition restricts them to minced and puréed foods. Too often they are limited to a no-choice régime of scrambled egg and minced beef.

MENUS

BREAKFAST

Are menu items fully described?

Are the descriptions accurate?

Are ward-produced accompaniments included?

Mark	Value	Score
✓	1	1
✓	1	1
✓	1	1

Continental breakfast

Is a continental breakfast available?

Does it include a speciality item?
(croissant roll, grapefruit or similar)

Are toast or rolls served?

Is there a choice of tea, coffee,
chocolate or milk?

X	1	—
X	1	—
X	1	—
X	1	—

Cooked breakfast

Are cereals, porridge or fruit juice
provided?

Is there a choice of two or more
cooked protein dishes?

Are different types of food used? *Yes - egg
+ meat.*

Are the cooking methods varied? *Yes - grilled
+ poached*

Is a light dish included? *Yes - poached
eggs.*

Are the dishes tempting? *Reasonably.*

Does the menu include:
appropriate accompaniments for
cooked dishes? *Yes - tomatoes
+ toast*

suitable alternatives available in
a soft form? *no - only* *no - only*
toast or rolls? *buttered bread* *scrambled*
served *eggs available*

choice of tea, coffee, chocolate
or milk? *no - only tea*

Is a range of light dishes available
for patients too ill to take the
normal menu?

✓	1	1
✓	1	1
✓	1	1
✓	1	1
✓	1	1
✓	1	1
✓	1	1
X	1	—
X	1	—
X	1	—
X	1	—

Unit score	10
Maximum score	18

Guidance Notes

Lunch

Soup

Grilled lamb chop

Boiled ham and parsley sauce

Pork luncheon meat and salad

Carrots and parsnips

Sauté or mashed potatoes

Baked apple and custard

Milk pudding

Cheese and biscuits

The menu loses points because of inadequate dish descriptions and poor balance of main courses (all meats) and vegetables (both root).

Additionally, three points are lost because there is neither a light dish menu nor a snack menu.

The light dish menu includes a range of dishes suitable for patients feeling too ill to eat a dish from the normal menu and perhaps wanting only a cup of broth and some toast, or a poached egg and milk.

The snack menu lists a range of nutritious and easily prepared cold snacks and should be kept on the patient's bed table as an alternative to the normal menu. It is planned both to meet the needs of patients preferring a light snack to a full meal and to reduce the provisions costs.

Both light dish menu and snack menu are described in *New Menus*.

MENUS

LUNCH

Are menu items fully described? *Neither milk pudding nor cheese specified*
Are the descriptions accurate? *No - potatoes not saute but deep-fried*
Are ward-produced accompaniments included?

Starters

Is there soup, fruit juice or similar starter?

Main course

Is there a choice of three or more main courses?
Are different types of food used? *No - all meat*
Are cooking methods varied? *Yes - grilled + boiled*
Are dishes tempting and imaginative? *Not really*
Is a light dish included?
Are suitable alternatives available in a soft form? *No - only minced beef provided.*
Is a cold alternative included?
Is an additional light dish menu available?
Is a snack menu used?

Vegetables

Is there a choice of different types of vegetable? (green, root, pulse) *No - brown root*
Are they appropriate for main course choices?
Is there an alternative for light diets?
Are vegetables available in a soft form?
Is a salad alternative provided? *No - restricted to the cold dish*

Potatoes

Are cooking methods varied?
Are they appropriate for main course choices?
Is one dish suitable for light diets?
Are potatoes available in a soft form?

Sweets

Is there a choice of two or more sweets?
Are dishes tempting and imaginative? *Reasonably*
Is there an alternative for light diets?
Are sweets available in soft form? *No - only milk pudding offered*
Is cheese or dessert fruit provided as an additional alternative?
Is an additional light dish menu available?

Yes - the ward has a range of jellies, ke-creams and blanc-mange to choose from.

Mark	Value	Score
X	1	—
X	1	—
X	1	—
✓	1	1

✓	1	1
X	1	—
✓	1	1
X	1	—
✓	1	1
X	1	—
✓	1	1
X	1	—
X	1	—

X	1	—
✓	1	1
✓	1	1
✓	1	1
X	1	—

✓	1	1
✓	1	1
✓	1	1
✓	1	1

✓	1	1
✓	1	1
✓	1	1
X	1	—
✓	1	1
✓	1	1

Unit score	17
Maximum score	28

Guidance Notes

Evening meal

Fried haddock in batter with lemon
Sauté kidneys, sausages and mushrooms in rich sauce
Egg mayonnaise

Peas, braised celery
or
Dressed tomato salad
Chipped or new potatoes

Pear and ice cream with hot chocolate sauce
Caramel cream
Fresh plums

Coffee or tea

Note that the evening meal scores higher than lunch for its fuller descriptions and better balance of type and variety of food. It loses points, however, because neither a light nor snack menu is available. Even when an attractive meal is provided, these two menus are still required for patients who may not be tempted by any of the items listed.

MENUS

EVENING MEAL

- Are menu items fully described?
Are the descriptions accurate?
Are ward-produced accompaniments included?

Mark	Value	Score
✓	1	1
✓	1	1
✓	1	1

Main course

- Is there a choice of three or more main courses?
Are different types of food used? *Yes - fish, meat + eggs*
Are cooking methods varied? *Yes - fried + sauté*
Are dishes tempting and imaginative? *Reasonably*
Is a light dish included? *Yes*
Are suitable alternatives available in a soft form? *Yes - kidneys*
Is a cold alternative included?
Is an additional light dish menu available?
Is a snack menu used?

✓	1	1
✓	1	1
✓	1	1
✓	1	1
✓	1	1
✓	1	1
✓	1	1
X	1	—
X	1	—

Vegetables

- Is there a choice of different types of vegetable? (green, root, pulse)
Are they appropriate for main course choices?
Is there an alternative for light diets?
Are vegetables available in a soft form? *Yes - peas*
Is a salad alternative provided?

✓	1	1
✓	1	1
✓	1	1
✓	1	1
✓	1	1

Potatoes

- Are cooking methods varied? *Yes - fried + boiled*
Are they appropriate for main course choices?
Is one dish suitable for light diets?
Are potatoes available in a soft form? *Yes - creamed provided*

✓	1	1
✓	1	1
✓	1	1
✓	1	1

Sweets

- Is there a choice of two or more sweets?
Are dishes tempting and imaginative? *Reasonably*
Is there an alternative for light diets?
Are sweets available in soft form?
Is cheese or dessert fruit provided as an additional alternative?
Is an additional light dish menu available?

✓	1	1
✓	1	1
✓	1	1
✓	1	1
✓	1	1
X	1	—

Unit score	24
Maximum score	27

Guidance Notes

The refreshments are scored after watching the variety of food and beverages offered on the wards.

In general, the type of snack provided with a beverage will depend upon the patient's appetite and the time of the next meal. Thus, where the patient is active — perhaps in a psychiatric hospital — a more substantial elevenses might be provided than just a biscuit. Similarly, a slightly more filling snack might be expected in the evening (some ten hours before the next meal) than at afternoon tea (only two and a half hours before supper).

Because refreshments should be kept as light as a proper balance between carbohydrate and protein foods will allow, guidance on the content of between-meal snacks should be obtained from the dietitian.

As with other audits, the refreshments are scored over three wards.

MENUS

REFRESHMENTS

Morning tea

Is there a choice of beverage?
Yes - tea or coffee

Mark	Value	Score
✓	1	1

Mid-morning refreshment

Is there a choice of beverage? *NO - just coffee*

Are biscuits provided?
Yes - but also bread + jam - too heavy for geriatric patients at this time

X	1	—
X	1	—

Afternoon tea

Is there a choice of beverage? *NO - only tea*

Are cakes or biscuits provided? *Yes - a cake*

X	1	—
✓	1	1

Late evening drink

Is there a choice of beverage? *Yes - a wide range*

Are cakes or biscuits provided? *Yes - biscuits or buttered toast*

✓	1	1
✓	1	1

Unit score	4
Maximum score	7

FOOD QUALITY

Guidance Notes

The food quality audit is for use in assessing the quality of the food at the time of plating.

The criterion used is how far the particular dish meets the accepted professional requirements that should apply whether served in a hospital, café or hotel. These requirements are those for which hospital cooks, as all others, are trained and paid — the London City and Guilds qualifications. No lesser standards than these should be used. The quality of a cottage pie, omelette or Lancashire hot-pot, prepared in a hospital kitchen, should be equal to that prepared in a five-star restaurant.

The following method of assessing quality is proposed:

- 1 Determine the dishes to be sampled before the meal and agree the main characteristics required under the headings of appearance, taste, temperature and texture.
- 2 Sample each dish and note the findings in the appropriate column in the audit.
- 3 Score each dish on how far it meets the characteristics desired.

The scoring systems used can be varied to suit the assessor. Different methods tried during the study indicated that the overall results will not be affected provided that the same criteria are used in making a judgment.

The method illustrated in the examples scores each dish out of a total of three points based on how far it meets the overall requirements, bearing in mind each of the main characteristics.

The points are then allocated as follows:

a very good quality dish on all aspects	3 points
a good quality dish, but falling slightly short of requirements on one feature	2 points
a fair quality dish but room for improvement on two aspects	1 point
a poor quality dish, either deficient in more than two aspects, or one defect being sufficient to spoil the dish	no score

Example

A plain omelette

1 Main characteristics required:

appearance	a tidy crescent shape, good yellow colour (no white flecks) and moist
taste	eggy (not milky) and well seasoned with pepper and salt
temperature	hot
texture	firm on outside, soft in centre

2 Scoring

meeting all requirements	3 points
good, but slightly firmer than it should be	2 points
fair, but a little underseasoned as well as firmer than desired	1 point
meeting all requirements, but cold	no score

The food quality audit covers meals both cooked in the kitchen and prepared on the ward.

In scoring meals it is helpful if the assessor records defects which result from ward rather than kitchen mishaps — for example, food getting cold through service delays.

Examples of the scoring of food quality are given in the following pages.

FOOD QUALITY

Ward 1

BREAKFAST

Dish sampled

1 Porridge
(starter)

2 Grilled bacon
(cooked protein
dish)

3 Tomatoes
(accompaniment)

4 Poached egg
(light protein
dish)

5 Scrambled
eggs
(soft protein
dish)

6 Buttered
bread
(toast/rolls)

7 Coffee.
(beverage)

COMMENTS				Value	Score
Appearance	Taste	Temperature	Texture		
good	good	pipin hot	smooth	3	3
good colour	good	slightly cool	tender and crisp	3	2
straight from the can — very wet	a little bitter	hot	mushy	3	0
good	acceptable	hot	hard	3	0
like a mucky egg custard	insipid	hot	whisked egg custard	3	0
nice and thin	good	/	bread could have been newer	3	2
good appearance and smell	strong coffee flavour	hot	smooth	3	3

Unit score	10
Maximum score	21

FOOD QUALITY

Ward 2

LUNCH

Dish sampled

Spring
1 Vegetable soup
(starter)

2 Lamb chop
(cooked protein
dish)

Boiled
3 Silverside
(light or soft
protein dish)

4 Gravy (with
chop)
(sauce or
gravy)

5 Shred carrots
(vegetable)

lettuce and
6 tomato salad
(second
vegetable or
salad)

7 Sauté
(potato)

8 Mashed
(second potato)

9 Baked apple
(sweet dish)

Creamed
10 rice pudding
(light or soft
sweet)

COMMENTS					Value	Score
Appearance	Taste	Temperature	Texture			
Reasonable	Well-Seasoned	Served from cold jug - Cool	Vegetables tender		3	1
Not browned and un-trimmed	un-Seasoned	hot	dried up		3	0
nice colour and moist	beefy and well-Seasoned	hot	tender		3	3
dark brown	meat extract - hot lamb	hot	smooth - no lumps		3	1
rather dry	acceptable	hot	over-cooked		3	1
a bit tied - too long on trolley	heeded a dressing	acceptable	good		3	1
nice colour but not sliced	unseasoned	hot	too crisp - (deep fried)		3	1
good	slightly watery	hot	reasonable		3	2
good colour but slightly squashed	Very good	hot	over-cooked		3	2
creamy	very good	hot	smooth		3	3

Unit score	15
Maximum score	30

FOOD QUALITY

EVENING MEAL

Ward 3

Dish sampled

1 Fried haddock
(cooked protein dish)

2 Kidneys
(light dish or soft protein dish)

Egg
3 mayonnaise
(sauce or gravy)

4 Peas
(vegetable)

Tomato
5 Salad
(second vegetable or salad)

Chipped
6 potatoes
(potato)

Boiled
7 Potatoes
(second potato)

Pear, ice-cream
8 + chocolate sauce
(sweet dish)

Caramel
9 cream
(light or soft sweet)

	COMMENTS				Value	Score
	Appearance	Taste	Temperature	Texture		
1	Batter soggy	fresh	hot	fish firm but batter separating	3	1
2	Excellent and good smell	rich and meaty	hot	tender	3	3
3	Good colour	Very good - sauce made in kitchen	cold	firm	3	3
4	good	no salt	hot	a bit mushy	3	1
5	good - parsley + onion rings	good - basil in seasoning for dressing	cold	firm	3	3
6	a bit steamed	good	hot	more soggy than crisp	3	1
7	breaking up	good	hot	rather powdery	3	1
8	attractive	very good	ice-cream cold and sauce hot	good - sauce smooth	3	3
9	nicely coloured caramel	good	cold	smooth	3	3

Unit score	19
Maximum score	27

FOOD QUALITY

REFRESHMENTS

Ward 1

Mid-morning refreshment

1 Coffee *
(beverage)

COMMENTS				Value	Score
Appearance	Taste	Temperature	Texture		
micky + no coffee aroma	not strong enough	hot	smooth	3	—
reasonable	good	/	new bread but jam rather a purée	3	2

2 Bread + jam
(snack)

Ward 2

Afternoon tea

3 Tea
(beverage)

good	fresh	hot	good - no leaves	3	3
good colour	good ginger taste	/	good	3	3

4 Ginger cake
(snack)

Ward 3

Late evening drink

5 Horlicks
(beverage)

good colour and frothy	malty	a bit cool but acceptable	smooth	3	2
good	good	hot	crisp	3	3

6 Buttered toast
(snack)

* ward staff made it with all milk and used instant coffee which had been kept too long.

Unit score	13
Maximum score	18

SERVICE

Guidance Notes

The criteria for ward service are that it should complement the quality of the meal and be no less than one would expect in any reasonable restaurant — clean and matching tableware, prompt and courteous service, foods tastefully plated. Such standards are particularly important in hospitals where appetites are often uncertain and a chipped cup or an overloaded plate can lead to food being rejected.

The assessor should visit the ward 30 to 40 minutes before the scheduled meal time to see the laying of trays and the preparation of patients for meals, and should complete the audit in the course of the service.

The question 'Is obviously substandard food rejected?' can be put to the ward staff if there is no instance of such food at the time of the audit. Ideally, the question should be put using an example such as 'If you found some of the poached eggs for breakfast were hard, what action would you take?'

Note that delays in the service should be penalised, even where the reasons for them are wholly excusable; such reasons, however, should be recorded.

SERVICE

BREAKFAST Ward I

Preparing patients for meals

Are water jugs filled, pillows and bed tables adjusted before the service starts?

Mark	Value	Score
✓	1	1

Laying trays and tables

Is a correct tray/table setting provided with

full set of cutlery? *no side knife*
 crockery complete?
 salt and pepper? *no pepper*
 napkin?

X	1	—
✓	1	1
X	1	—
X	1	—
✓	1	1
X	1	—
✓	1	1

Is cutlery of the right size, clean and matching?

Is crockery clean, unchipped and matching? *no - some cups chipped*

Are tables and trays clean and unmarked?

Consulting patients

Are meal orders checked with patients before plating?

Are patients consulted on size of portions?

✓	1	1
✓	1	1

Plating meals

Are plates for hot meals preheated?

Is the food tastefully plated for the starter?

for the main course?

no - too much juice from canned tomatoes
 Is obviously substandard food rejected? *no - hard eggs served.*

✓	1	1
✓	1	1
X	1	—
X	1	—

Serving

Does the service start at the scheduled time?

Is it unhurried but with no delays between courses? *no - delay while nurse sent back to kitchen for more bacon **

Are all menu items and appropriate adjuncts available? *no - toast omitted*

Is crockery cleared before serving the next course?

Are beverages served with meals?

Is the service courteous?

attentive?

hygienic?

✓	1	1
X	1	—
X	1	—
✓	1	1
✓	1	1
✓	1	1
✓	1	1
✓	1	1

Hand feeding

Are there adequate arrangements for hand feeding? *no - hand feeding was delayed until all other patients were served by which time the food was cold.*

X	1	—
---	---	---

* Two pieces served instead of one.

Unit score	14
Maximum score	23

SERVICE

LUNCH Ward 2

Preparing patients for meals

Are water jugs filled, pillows and bed tables adjusted before the service starts?

Mark	Value	Score
✓	1	1

Laying trays and tables

Is a correct tray/table setting provided with

full set of cutlery? *No - Sweet forks omitted*
 crockery complete?
 salt and pepper?
 napkin?

X	1	—
✓	1	1
✓	1	1
✓	1	1
X	1	—
X	1	—
✓	1	1

Is cutlery of the right size, clean and matching? *Tarnished spoons*

Is crockery clean, unchipped and matching? *odd crockery used*

Are tables and trays clean and unmarked?

Consulting patients

Are meal orders checked with patients before plating?

Are patients consulted on size of portions?

✓	1	1
✓	1	1

Plating meals

Are plates for hot meals preheated? *No - forgotten*

Is the food tastefully plated for the main course?

for the sweet course?

Is obviously substandard food rejected? *No - mustard spilt over plate edge*
*Yes - Chops sent back and replaced before service **

X	1	—
✓	1	1
X	1	—
✓	1	1

Serving

Does the service start at the scheduled time? *within 5 minutes*

Is it unhurried but with no delays between courses?

Are all menu items and appropriate adjuncts available? *Neither mustard nor French dressing*
 Is crockery cleared before serving the next course?

Are beverages served after meals? *No - with the Sweet*

Is the service courteous?

attentive?

hygienic?

✓	1	1
✓	1	1
X	1	—
✓	1	1
X	1	—
✓	1	1
✓	1	1
✓	1	1

Hand feeding

Are there adequate arrangements for hand feeding?

Yes - 2 staff hand feeding throughout the service

✓	1	1
---	---	---

* Kitchen replaced immediately from staff dining room

Unit score	16
Maximum score	23

SERVICE

EVENING MEAL Ward 3

Preparing patients for meals

Are water jugs filled, pillows and bed tables adjusted before the service starts? *No - during service*

Mark	Value	Score
X	1	—

Laying trays and tables

Is a correct tray/table setting provided with

full set of cutlery? *no sweet fork*
 crockery complete?
 salt and pepper? *only salt*
 napkin?

X	1	—
✓	1	1
X	1	—
X	1	—
✓	1	1
X	1	—
X	1	—

Is cutlery of the right size, clean and matching?

Is crockery clean, unchipped and matching? *No - plates chipped*

Are tables and trays clean and unmarked? *Trays discoloured*

Consulting patients

Are meal orders checked with patients before plating? *No*

Are patients consulted on size of portions? *No - Staff too rushed*

X	1	—
X	1	—

Plating meals

Are plates for hot meals preheated?

Is the food tastefully plated for the main course?

for the sweet course?

Is obviously substandard food rejected? *No **

✓	1	1
✓	1	1
✓	1	1
X	1	—

Serving

Does the service start at the scheduled time?

Is it unhurried but with no delays between courses? *rather rushed*

Are all menu items and appropriate adjuncts available? *Lenion for fish forgotten*

Is crockery cleared before serving the next course?

Are beverages served after meals?

Is the service courteous?

attentive? *No - too few staff (only 2)*
 hygienic?

✓	1	1
X	1	—
X	1	—
X	1	—
✓	1	1
✓	1	1
X	1	—
✓	1	1

Hand feeding

Are there adequate arrangements for hand feeding?

X	1	—
---	---	---

* Nurses said they would not have time to replace poor quality food.

Unit score	9
Maximum score	23

SERVICE

REFRESHMENTS

Ward 1

Morning tea

Are cup, saucer and teaspoon provided? *No teaspoon - suggested + stirred on trolley*

Is the crockery clean, unchipped and matching? *Saucers chipped*

Are sugar and milk added to order?

Is the service unhurried, but without delays?

courteous and attentive?

Are there adequate arrangements for hand feeding?

Mark	Value	Score
X	1	—
X	1	—
✓	1	1
✓	1	1
✓	1	1
✓	1	1

Mid-morning refreshment

Are cup, saucer and teaspoon provided?

Is the crockery clean, unchipped and matching? *NO - tannin stains in cups*

Are sugar and milk added to order? *NO - coffee ready milked*

Is the service unhurried, but without delays?

courteous and attentive?

Are there adequate arrangements for hand feeding?

✓	1	1
X	1	—
X	1	—
✓	1	1
✓	1	1
✓	1	1

Ward 2

Afternoon tea

Are cup, saucer, teaspoon, and where necessary sideplate provided? *Neither teaspoons, nor sideplates for cakes*

Is the crockery clean, unchipped and matching? *Odd cups and saucers*

Are sugar and milk added to order?

Is the service unhurried, but without delays? *NO - staff called away for new admission*

courteous and attentive?

Are there adequate arrangements for hand feeding?

Visitors helped.

X	1	—
X	1	—
✓	1	1
X	1	—
✓	1	1
✓	1	1

Ward 3

Late evening drink

Are cup, saucer and teaspoon provided? *NO Teaspoons*

Is the crockery clean, unchipped and matching?

Are sugar and milk added to order?

Is the service unhurried, but without delays?

courteous and attentive?

Are there adequate arrangements for hand feeding?

X	1	—
✓	1	1
✓	1	1
✓	1	1
✓	1	1
✓	1	1

Unit score	16
Maximum score	24

RESULTS

Guidance Notes

The unit performance sheet overleaf is intended to present the audit results in a form which will readily identify shortcomings and priorities.

Each audit score is recorded on the performance sheet and totalled to give both a section score and an overall performance rating.

The scores and the ratings are then expressed as percentages in order to show any shortfall on the desired quality standards for each part of the meals service.

The inter-unit comparison sheet records for comparison the audit results of different meals or wards, and different hospitals.

UNIT PERFORMANCE

MEAL TIMES

ORDERING MEALS

MENUS

Breakfast

Lunch

Evening meal

Refreshments

FOOD QUALITY

Breakfast

Lunch

Evening meal

Refreshments

SERVICE

Breakfast

Lunch

Evening meal

Refreshments

OVERALL RATING

Points scored	Total section score	Maximum points possible	Quality rating per cent
6	6	16	38
7	7	15	47
10 17 24 4	55	80	69
10 15 19 13	57	96	59
14 16 9 16	55	93	59
	180	300	60

Unit quality rating 60%

INTER-UNIT COMPARISON

1 BETWEEN MEALS

Food Quality		Overall score 59 per cent
Breakfast	(48) %	
Lunch	(50) %	
Evening meal	70 %	
Refreshments	72 %	

2 BETWEEN HOSPITALS

	Hospital A per cent	Hospital B per cent	Hospital C per cent
Meal times	(38)	60	70
Ordering meals	(47)	(30)	60
Menus	69	(50)	(40)
Food quality	59	60	70
Service	59	(40)	60
Overall rating	60	(50)	(58)

Note that the ringed scores suggests areas for early action. Even the highest score is, however, still 30 per cent short of the level of quality agreed as desirable.

PATIENTS SATISFACTION QUESTIONNAIRE

SCOPE

In addition to measuring the quality of the catering against professional standards it is important to obtain the views of the patients on how far the service meets their individual needs, and whether they feel some aspects might be improved.

The method of obtaining such views will depend upon the type of patient.

If age or condition makes communication difficult, or if responses are irrational, it is best to observe the patient's general reaction to the meals served. This can be recorded by the assessor at the time of the audit and individual requirements discussed with nursing staff. Such patients would include the severely disturbed or handicapped. In other cases, patients' reactions can be obtained by questionnaire and interview. Interviews are normally required for the very young, the elderly, and most of the mentally ill or handicapped, as well as for patients with eye or hand injuries.

FORM

The questionnaire covers the same five aspects of the meals service as the meal quality audits, so that patients' comments can be compared with the findings of the assessor. The questionnaire is both anonymous and confidential, to encourage a frank response.

Ten questions are asked, each of which is given a range of alternative answers to indicate particular degrees of satisfaction. This range of answers is included because earlier experience showed that when faced with only two options, patients tended to be over-generous. Thus, if asked, 'Do we provide the type of food you enjoy?' and given the choice of saying 'Yes' or 'No', the patient might select 'Yes' as being the more correct, whereas, with a wider choice he might choose 'Most of the time', indicating that there was still room for improvement.

METHOD OF USE

The questionnaires may either be restricted to those wards being assessed in the meal quality audits, or circulated to all patients.

When used on the wards being surveyed, they should be handed out by the assessors. In other cases, they might be distributed by staff (other than catering or nursing personnel) who have received instruction on the purpose of the questions, and can explain them to patients. Each questionnaire should be circulated with an accompanying letter, and returned in a pre-addressed envelope marked 'Confidential'.

Once returned, the questionnaires should be summarised in ward order with the answers to each part expressed as a percentage, and all additional

comments listed. In this way it will be possible to compare one ward result with another as well as to get an overall hospital view on the level of satisfaction.

ASSESSING RESULTS

An analysis of the results of questionnaires completed in the course of the study showed that they were very useful for identifying sources of patients' discontent and establishing minority needs. The level of patients' satisfaction was, however, invariably higher than the findings of the assessors.

This is felt to be due to a number of factors, the most obvious being that the meal quality audits are more comprehensive, and the professional standards used more demanding, than those on which most patients' judgments are made.

Further, when in hospital people appear to be less ready to criticise the quality of the meals service than might be the case outside. This was experienced in the study when patients expressed satisfaction with a service in which eggs were hard-boiled, chipped cups commonplace, and where there were frequent delays. When investigated, it was found that they made allowances for hospital difficulties or were too appreciative of general nursing care to criticise. Another factor may be that hospital meals are free.

In addition to showing high levels of patients' satisfaction, the questionnaires also indicated that care needs to be taken in comparing the results of different hospitals, as the type and mix of patients can influence results.

Patients in long-stay hospitals are generally more easily satisfied than those in short-stay units who are more in touch with standards in the community at large. This applies particularly to patients who have spent all their lives in hospitals and whose standards are those of the institution. Long-stay patients may also be more sensitive to offending staff than those in hospital for a relatively short time. Additionally, recent hospital studies have shown men to be less critical than women, and older patients more easily satisfied than the young.

In essence, therefore, the results showed questionnaires to be an effective way of identifying patients' needs but suggest that high satisfaction levels need to be treated with caution as the criteria used may be substantially lower than those professionally desirable.

COLLECTING MORE DETAILED INFORMATION

When more detailed information is sought on patients' views, a longer questionnaire will be required. In this event it may be preferable to conduct a survey on a selective interview basis rather than to impose a chore on all patients.

CONFIDENTIAL

MEAL QUALITY QUESTIONNAIRE

HOSPITAL

Please tick the answer which comes nearest to your views
and add any comments you wish in the space provided

WARD

LENGTH OF STAY

TYPE OF DIET:

Normal

☐

Special

☐

If special, please say what type (diabetic, low salt and so on).

1 MEAL TIMES

Do you find the present meal
times satisfactory?

YES

NO

SOME

If you find any meal times unsatisfactory,
please write the times at which you would
prefer meals to be served

Morning tea	Breakfast	Mid-morn- ing re- freshment	Lunch	Afternoon tea	Evening meal	Late Evening snack

2 MENU

Does the menu include the type of
foods you enjoy?

ALWAYS

MOSTLY

HALF THE TIME

RARELY

NEVER

What foods would you prefer :

at breakfast?

at lunch?

at supper?

3 CHOOSING MEALS

Do you choose your own meals?

ALWAYS
MOSTLY
HALF THE TIME
RARELY
NEVER

Which meals don't you choose?

breakfast

lunch

evening meal

4 COOKING

Are your meals cooked as you like them?

ALWAYS
MOSTLY
HALF THE TIME
RARELY
NEVER

Which dishes would you want improved?

Breakfast dishes	Soups	Main courses	Sauces	Vegetables	Potatoes	Sweets

5 TEMPERATURE

Are your meals as hot as you would wish?

ALWAYS
MOSTLY
HALF THE TIME
RARELY
NEVER

Is any meal cooler than another?

breakfast?

lunch?

evening meal?

6 APPEARANCE

Does the food look appetising on the plate?

ALWAYS
MOSTLY
HALF THE TIME
RARELY
NEVER

7 PORTION SIZES

Do you get the size of portions you want? ALWAYS
MOSTLY
HALF THE TIME
RARELY
NEVER

Are they: too large?
too small?

8 SPEED OF SERVICE

Are meals served promptly without delays? ALWAYS
MOSTLY
HALF THE TIME
RARELY
NEVER

At which meals are delays most common?

9 TODAY'S SERVICE

How has today's catering service compared with the rest of your stay? VERY MUCH BETTER
BETTER
THE SAME
SLIGHTLY WORSE
VERY MUCH WORSE

In which ways has it differed?

10 TO SUM UP

Finally, if you were asked by your friends what sort of meals you had in hospital, how would you describe them? THE VERY BEST
HOTEL STANDARDS
AS GOOD AS ONE
HAS AT HOME
ADEQUATE
RATHER
INSTITUTIONAL
BEST FORGOTTEN

Thank you very much for your help.

PROCEDURE AUDITS

SCOPE

Procedure audits are intended for checking the catering processes which influence meal quality and can be readily produced for any activity. They may be used simultaneously with a quality audit as a follow-up to investigate an unsatisfactory result, or as an ongoing management check.

FORM

The audits take the form of checklists and cover the crucial control factors in the activity being examined. Each is designed to identify any defects, to show the effect on food quality, and to indicate the staff involved.

METHOD OF USE

The method of use is to observe the particular procedure being assessed and to check that each sequence is completed in the correct manner, any deviation being recorded on the audit.

Because they require special skills, the audits should be undertaken by catering personnel and can be a valuable aid to a staff training programme. For the purpose of the meal quality survey, however, they are best carried out by the catering manager.

EXAMPLES

Three examples of procedure audits are illustrated. The first, on delays between cooking and serving meals; the second, on cooking methods; the third, on avoidable waste.

Delays in Service Audit

This audit examines the period between food being cooked and arriving at the patient's bedside. There are three or more disciplines involved in this procedure and three points where delays can occur.

The method used in the audit is for the assessor to select a ward and to record the times at which the food for that ward is cooked, loaded into the food trolley, delivered and served. Note is also kept of the reason for any delays, and the effect on the food.

In the example shown, the difference in time between the first and third columns is controlled by kitchen staff, the third and fourth by porters, the fourth and fifth by ward staff.

It can be seen that the greatest delay occurs between food being cooked and sent to the wards — a common fault in most hospitals. The main reason for this is the tradition that all patients should be served with their meals at the same time. Hospital kitchens are neither equipped nor staffed to achieve this, so that much of the food has to be cooked excessively early and kept hot — the main reason for spoilt meals.

The answer is simply to stagger the service of meals between wards to allow continuous cooking and a direct pan-to-trolley service.

DELAYS IN SERVICE AUDIT

Dish tested	Cooking completed	Food loaded in trolley	Trolley despatched	Delivered to ward	Food served	Minutes since cooking	Effect on food
<u>Breakfast</u>							
Porridge	6 30	6 56	7 30	7 35	7 45	75	In good condition
Grilled bacon	6 50	7 00	7 30	7 35	7 55	65	Satisfactory
Poached egg	6 55	7 05	7 30	7 35	7 55	(60)	Hard and 'plastic' looking
Scrambled eggs	6 55	7 05	7 30	7 35	7 55	60	Set firm
Grilled tomatoes	6 15	6 30	7 30	7 35	7 55	(100)	Mushy
Toast for scrambled eggs	6 30	6 35	7 30	7 35	7 55	(85)	Biscuit hard
<u>Lunch</u>							
Soup	10 05	10 15	11 55	12 00	12 05	120	In good condition
Lamb chops	10 15	10 30	11 55	12 00	12 12	117	Dried up
Boiled silverside	9 50	10 00	11 55	12 00	12 12	142	In good condition
Sliced carrots	10 45	10 55	11 55	12 00	12 12	(87)	Over-cooked
Sauté potatoes	10 10	10 20	11 55	12 00	12 12	(122)	Over-cooked
Creamed potatoes	10 15	10 30	11 55	12 00	12 12	(117)	Watery due to condensation
Baked apples	10 15	10 30	11 55	12 00	12 25	(130)	Over-cooked and mushy
Custard	10 30	10 45	11 55	12 00	12 25	115	In good condition

Note that vegetables not only spoil in appearance and texture through over-keeping, but also lose their nutritional value.

In this example, portering and nursing delays are minimal — in practice, staff shortages, medical rounds and nursing pressures can also lead to food being spoiled.

Avoidable Food Waste Audit

The purpose of the audit is to highlight any waste which occurs as a result of either over-issue from the kitchen or excess ordering by ward staff.

The method is to record the portions of food requisitioned for a ward at a particular meal, or series of meals, and to compare these with the portions received and served. The ensuing waste is then expressed in terms of food cost.

The first and second columns of the audit show the quantities of cooked food ordered and issued; the difference between these figures and those in the third column gives the excess to requirement.

In the example given it can be seen that the kitchen staff have been careless in portioning the kidneys and peas, and have added a couple of extra portions of most vegetables and potatoes to be 'on the safe side'. The caramel custard has been made in a ten-portion container rather than in smaller units, to make up the odd number. Although it appears modest in quantity, the over-issue amounts to 54p in value.

The over-ordering of meals is due to patients not having been consulted and this can be seen by the regular pattern of ordering. Complete meals have been ordered for 30 patients, whereas one patient only wants a sweet and two do not want anything at all. Additionally, two meals have been ordered in case new patients are admitted, and two patients were discharged after lunch without informing the kitchen. The ward over-ordering amounts to £1.10.

The joint effect of this over-issue and over-ordering is to spend £1.64 on food which is not eaten, that is, over 5p a patient for this one meal.

The figures help to explain why food waste is so high in many hospitals, depressing the catering standard and wasting valuable resources. In the course of the study, avoidable food waste at ward level accounted for up to a third of the total expenditure on provisions. The waste was seen to be highest at the evening meal, and on children's wards.

The remedy is for improved quantity control in the kitchen and for ward staff to consult patients before requisitioning meals. It is also important that a set procedure is established to order meals for newly admitted patients and to notify the kitchen staff when patients are discharged.

AVOIDABLE FOOD WASTE

WARD 3 NO OF PATIENTS 30 EVENING MEAL

Menu item	Portions ordered	Portions issued	Portions unserved	Portion cost	Value of unserved food
Fried haddock	20	20	5	7p	35p
Sauté kidneys	7	8	3	10p	30p
Egg mayonnaise	3	3	-	7p	-
Peas	20	24	9	2p	18p
Celery	7	9	4	3p	12p
Tomato salad	3	6	3	3p	9p
Chips	20	22	7	3p	21p
New potatoes	10	12	4	3p	12p
Ice cream	20	20	6	3p	18p
Caramel cream	7	10	3	3p	9p
Plums	3	3	-	4p	-
					£1.64

Total value of food issued £5.38 (100 per cent)

Value of food unserved
(avoidable waste) 1.64 (30 per cent)

Ward over-ordering £1.10 (20 per cent)

Kitchen over-issue .54 (10 per cent)

Recipe Audit

The recipe audit examines each of the sequences which make up the cooking operation, to pinpoint any omissions which result in poor quality food.

The method is to watch the preparation and cooking of selected menu items and to record any deviation from the accepted procedures. Such deviation may be due to lack of training, shortage of equipment, or to taking short cuts to save time. Because hospital cooks are normally well trained, and kitchens well equipped, the fault usually lies in taking short cuts. Initially, these may be taken to overcome a difficult staffing situation, but they too easily become commonplace.

In the examples given, kitchen short cuts spoil the food and the effect on the quality is shown in the food quality audit — scrambled eggs 'like a milky egg custard', lamb chops 'not browned and untrimmed', sauté potatoes 'unseasoned' and 'deep fried'.

The reasons for the short cuts are that it is easier for the cook to put the potatoes in the fat fryer, or the eggs in the steamer, than to stand over a pan; and more convenient to put the chops into the oven than to turn them under the grill.

The answer is improved supervision and a proper check on quality before any meal leaves the kitchen. All kitchens occasionally produce substandard food but it should never be allowed to appear in front of the diner. The other remedy is to involve cooking staff far more in the service of meals; too often they produce meals day after day without any contact at all with the patient.

RECIPE AUDIT

Dishes tested	scrambled egg	grilled lamb chop	sauté potatoes
<u>QUALITY</u>			
Is the quality of ingredients acceptable?	✓	✓	✓
<u>PROPORTIONS</u>			
Are the correct proportions used?	no - too much milk	N/A	✓
<u>PREPARATION</u>			
Is the food properly prepared?	✓	no - untrimmed	no - not sliced
<u>EQUIPMENT</u>			
Is the right type of equipment used?	no - cooked in steamer	no - cooked in oven	no - cooked in fat fryer
<u>COOKING PROCEDURES</u>			
Are the cooking procedures acceptable?	no - as egg custard	no	no
<u>TIMES</u>			
Is the duration of cooking correct?	no - too long	no - too long	no
<u>SEASONING</u>			
Is the food properly seasoned?	no	not seasoned	no
<u>GARNISHING</u>			
Is the correct garnish served?	N/A	N/A	N/A
<u>PRESENTATION</u>			
Is the dish presented for ease of service and attractive appearance?	✓	no - deep container made serving difficult	Yes - shallow container
<u>HYGIENE</u>			
Is there a high standard of hygiene?	✓	✓	✓

REPORT TO MANAGEMENT

SCOPE

The report should summarise the findings of the meal quality survey to assist management in taking remedial action.

FORM

It should take the form of a brief description of the defects encountered and the action needed to overcome them, together with particulars of the key staff involved, implications, and priority.

METHOD OF USE

The report would be prepared by the district catering manager following the survey, and would be based upon the findings of the two audits and questionnaires used.

It should be submitted to the district and hospital management teams through the support services manager and unit administrator, who would be asked to consider those recommendations which either involved personnel, other than catering, or had financial implications.

The catering manager should raise any issue relating solely to catering with the unit catering officer and keep a record on his file of the progress made.

The support services manager and unit or sector administrator would circulate copies of the report to the heads of departments involved, chair meetings to consider the proposals made, and agree the necessary action.

MANAGEMENT ACTION

Once the objectives and course of action are agreed, management will wish to draw up a programme for achieving them.

The programme might be prepared under two headings:

Action within the catering department

Action involving other departments.

Both sections would include action with and without revenue implications and a date would be agreed for implementing each proposal according to its importance and the resources available.

Finally, the catering manager will be responsible for making follow-up visits to ensure that the appropriate action had been taken, and of reporting any proposals still outstanding to the support services manager.

EXAMPLE

An example of a report to management is given in the following pages.

PATIENTS' MEAL QUALITY SURVEY AT THE
HOSPITAL

DISTRICT CATERING MANAGER'S REPORT

Survey

The survey was undertaken on 1 April 1975 and covered a complete day's meals. As part of the investigation, questionnaires were circulated to patients by members of the district community health council in order to obtain a consumer's view of the service.

Findings

The hospital scored a quality rating of 60 per cent for a period which both catering officer and patients considered typical. The quality rating indicates that the hospital lacks 40 per cent of the standards needed to ensure a high quality meal service to patients. A copy of the audit results is enclosed with this report, together with a summary of the patients' comments.

Each of the five aspects of the catering service assessed requires some action to bring it to the desired standard. The immediate priority, however, is to reorganise the meal times and methods of ordering meals, which were the least satisfactory parts of the catering service, and which resulted in spoilt meals and excessive food waste.

The questionnaires confirmed the need for action on the points highlighted by the audits and while the majority of patients found the overall service satisfactory, 20 per cent criticised one or more aspect. This figure represents an average of six dissatisfied patients on a 30-bed ward and is too high a figure for a hospital which should meet the needs of every patient.

Action Proposed

The action proposed for overcoming each of the defects encountered is listed in the following pages, together with key staff concerned. Faults involving catering personnel have been discussed with the unit catering officer who was present throughout the survey, and he is reporting to me at the end of this month on his plans to implement each of the proposals. Once I have his report, I will arrange for a follow-up visit and will inform you what action has been taken.

Deficiencies involving other than catering staff are included in this report and I shall be glad if you will arrange that they are brought to the attention of the heads of departments concerned.

Staff Involved

Five disciplines are involved in the action proposed to remedy faults encountered and these are shown below:

	<u>Personnel involved</u>
Meal times	nursing, domestic and catering
Ordering meals	nursing, domestic, portering and catering
Menus	catering and nursing
Food quality	catering and nursing
Service	nursing, domestic and supplies

Implications

The implications of the proposals need to be considered with the heads of departments concerned.

The proposals which affect catering staff do not involve any additional monies, and, indeed, the menu changes proposed would give the opportunity of containing the provisions expenditure.

The cost of proposals involving other disciplines appear to be limited to the replacement of substandard tableware, although there may be some staffing implications. The recommendations for improving the system of ordering meals, however, will give a potential saving currently estimated in the region of 50p per patient weekly and part of this might be used to offset any additional staffing.

Conclusion

The survey showed that whilst there are many good features of the catering service, among them a selective menu and a courteous service in the wards, there are, nevertheless, a number of faults which together depress the standard to an unacceptable level. In some cases, neither staff nor management are aware of these defects which have become accepted as common practice over the years. Yet most could be overcome provided they are made known and that there is full cooperation between the departments concerned.

Proposals for overcoming the defects referred to in this report are listed in the following pages.

Further Action

I shall be pleased to attend any meetings to discuss the recommendations made and in particular to consider the most effective ways of involving staff in the findings of the survey, of distributing the guidance booklets and of establishing a catering course for ward staff. I am also available to assist in any way I can in producing a programme to improve the catering service.

MEAL TIMES

Deficiencies

Two aspects of meal times were found to be unsatisfactory, the first being the difference between hospital routine and customary times of taking meals and refreshments; the second, the practice of serving all patients with meals at the same time.

In all wards morning tea is served at 6 30, which is too early for most patients - a point made in the majority of questionnaires - and the evening drink would be preferred later than 8. The spacing between main meals is acceptable, but a later mid-morning refreshment and afternoon tea are required than the present times of 9 30 am and 2 45 pm.

The main fault however, was that all patients' meals are served at the same time. This is not practical, with present kitchen facilities and staffing, without cooking much of the food excessively early and keeping it hot. In the course of the survey, many dishes were cooked up to two hours before they were due to be served, resulting in spoilt food and a loss of vitamins.

Action Proposed

- 1 That morning teas be served from 7 am and late evening drink from 9 - 10 pm.
- 2 That the mid-morning refreshment be served from 10 am and afternoon tea from 3 pm.
- 3 That meal times are staggered between wards, to give a meal span of up to one hour to permit the continuous cooking of meals in batches immediately before despatch. This arrangement will have the advantage of spreading ward staff meal times over the same period and will thus allow quicker service in the staff restaurant.

Key Staff Involved

District Nursing Officer, Divisional Nursing Officer	proposals 1-2-3
Domestic Superintendent	proposals 1-2-3
Head Porter	proposal 3
Catering Officer	proposals 1-2-3

ORDERING MEALS

Deficiencies

The questionnaires and audits showed that the system of ordering meals caused patients dissatisfaction, and led to substantial amounts of food being wasted.

Patients were dissatisfied with ward staff ordering meals without consulting them on either the type of food or the size of portions they wanted. In some cases staff ordered meals without knowing the menu, and left the kitchen personnel to send a meal for the type of diet specified. These practices resulted in a number of patients being served with food they disliked, or given two to three courses when they only wanted one. The rejected and left-over meals were wasted because they were not suitable for re-use, and also because it is the policy to discard cooked food once it enters the ward.

Other cases of avoidable waste were: ordering meals sometimes a day or more before they were served, requisitioning additional food in case of new admissions; discharging patients without cancelling their meals.

Ordering meals too far in advance was a common criticism of patients whose condition had changed in the period since giving their order, and who could not face the meal presented.

Action Proposed

- 1 That patients are consulted on the types and quantities of food they want
- 2 That all meals are ordered as portions of named dishes from the menu
- 3 That orders are taken on the day that meals are to be served, with the exception of cooked breakfasts, which might be ordered on the preceding evening
- 4 That orders for sickly patients are taken shortly before each meal
- 5 That set procedures are introduced to take new patients' meal orders on their admission, and to cancel unwanted meals

Key Staff Involved

District Nursing Officer, Divisional
Nursing Officer

proposals 1-2-3-4-5

Catering Officer

1-2-3-4-5

MENUS

Deficiencies

The audits revealed that the menus fell short of the standards necessary to ensure maximum satisfaction to patients. The shortcomings did not occur at every meal - the menu for the evening meal being far better, with only three faults, than that for breakfast or lunch with eight and eleven faults respectively - but each had scope for improvement. Five of the defects were due to omissions on the wards.

Menu faults included incomplete and inaccurate dish descriptions, insufficient variety in the main courses and vegetables served at lunch, and a lack of choice for patients on soft and light diets. Further, neither a continental breakfast nor a snack menu were available for patients wanting an alternative to a full meal.

Ward omissions were: not providing a choice of beverage at either breakfast, mid-morning, or afternoon tea; substituting buttered bread for toast and rolls at breakfast. Additionally, bread and jam were served in the geriatric ward at mid-morning, impairing the patients' appetites for the following lunch.

Action Proposed

- 1 That a comprehensive range of new menus is prepared by the catering officer to conform to the standards indicated in the booklet New Menus
- 2 That toast or warm rolls are available at breakfast, and that a choice of beverage is provided at each meal and refreshment
- 3 That snacks served with refreshments be kept as light as acceptable so that appetites are not impaired

Key Staff Involved

Catering Officer	proposal 1
District Nursing Officer, Divisional Nursing Officer	proposals 2-3
Domestic Superintendent	proposals 2-3

FOOD QUALITY

Deficiencies

In the course of the survey 30 items of food were tested for quality and 13 of these fell short of the standards desired, as a result of shortcomings in the kitchen and on the wards.

The majority of dishes were spoiled in the kitchen by using the wrong type of food, recipes or methods, and also by cooking excessively early. The most frequently spoilt foods were grilled and fried dishes, eggs, and vegetables, which all deteriorate with keeping.

Ward shortcomings spoiled a good quality soup which was not kept hot, and the mid-morning coffee was stale and weak. Further, the quality of the fried fish and the salad were marred by not being served with the lemon and french dressing provided.

Action Proposed

- 1 That the results of the audit are discussed with kitchen staff and their assistance is sought in overcoming the defects highlighted, using the booklet, Cooking
- 2 That standard recipes and cooking methods are introduced for all menu items, starting with those which are most frequently spoiled
- 3 That ward meal times are staggered, and kitchen procedures organised, to permit continuous cooking and the last minute preparation of foods which deteriorate with keeping (see Meal Times - proposal 3)
- 4 That each dish is tested for quality before it leaves the kitchen and any substandard food is replaced
- 5 That immediate guidance is given to ward staff on keeping meals hot, making beverages, and similar skills which influence food quality; this guidance to be provided initially through on-the-job training and later by a ward catering course

Key Staff Involved

Catering Officer	proposals 1-2-3-4-5
District Nursing Officer, Divisional Nursing Officer	proposals 3-4
Domestic Superintendent	proposals 3-4

SERVICE

Deficiencies

A total of 30 defects were encountered in the ward service throughout the complete day's meals and refreshments. Of these defects 13 occurred on the first ward visited, 10 on the second, and 15 on the third.

The most common failings (18) occurred in laying up trays and tables for meals. Insufficient cutlery was used, and much of the crockery was chipped and cracked. Cruets were frequently omitted, some trays were badly stained and only one ward provided napkins.

Patients on one of the three wards visited, which was very under-staffed, were neither prepared for their meals nor consulted on portion sizes, and the plating of food was faulted in all wards. The faults in plating included serving obviously spoilt food, and the unattractive presentation of meals.

Nine deficiencies were recorded in the serving of meals and covered delays between courses, omission of sauces and accompaniments, serving beverages with the meal rather than following it. Hand feeding arrangements were poor on two wards, and resulted in patients being fed with cold food.

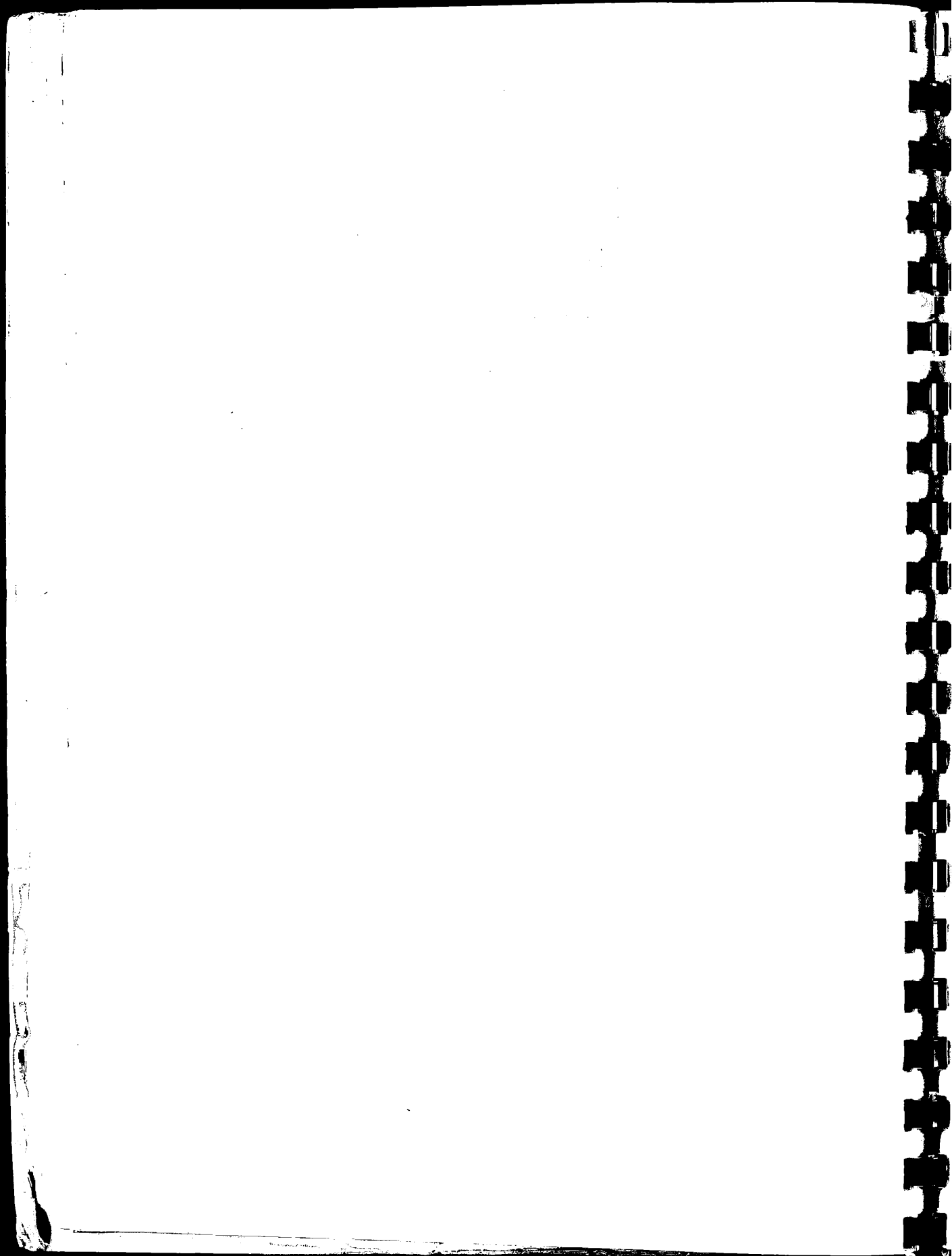
Action proposed

- 1 That standard service procedures are introduced in every ward as specified in the booklet Ward Service
- 2 That a ward catering course is established to teach service skills to ward staff (see Food Quality - proposal 5)
- 3 That substandard tableware be replaced
- 4 That the ward staffing at meal times is reviewed
- 5 That where a high proportion of patients requires hand feeding advice is sought from the catering officer on ways of providing them with freshly cooked meals (microwave service, staggered deliveries and similar techniques)
- 6 That the catering officer (and nominated staff) visit the wards for at least one meal or refreshment daily, using the audit to highlight defects and give assistance to ward staff in overcoming them. Such visits should cover both weekdays and weekends

Key Staff Involved

District Nursing Officer, Divisional
Nursing Officer
Domestic Superintendent
Supplies Officer
Catering Officer

proposals 1-2-3-4-5-6
proposals 1-2-3-4-5-6
proposal 3
proposals 1-2-3-4-5-6



Better Food for Patients

course

Published by King Edward's Hospital Fund for London for Wessex Regional Health Authority

THE HOSPITAL CENTRE LIBRARY 24, NUTFORD PLACE LONDON W1H 6AN	
ACCESSION No. 13420	CLASS MARK HOKA
DATE OF RECEIPT 10 July 1975	PRICE Dondion

Course

A TRAINING PROGRAMME TO TEACH WARD STAFF THE ESSENTIAL SKILLS NEEDED TO PROVIDE HIGH QUALITY AND EFFICIENT MEALS SERVICE TO PATIENTS

The programme has 14 sessions which may be taken as a complete course over a five-day period, or the appropriate sessions can be combined to make up separate courses for particular posts—ward clerk, nurse, housekeeping staff.

The course is designed for staff involved in catering activities in the ward. It may be tailored to individual needs and specific hospitals.

SESSION 1: Introduction (talk) Objective of the course — importance of ward catering in the complete meals service — amount of ward staff time spent on serving meals	$\frac{1}{2}$ HOUR
SESSION 2: Ward Catering Function (talk and discussion) Ward catering roles (sisters, nurses, housekeeping staff) — division of catering activities — needs of patients — handling patients — stress of illness — dealing with complaints — seeking advice	2 HOURS
SESSION 3: Ward Kitchen Facilities (talk, handouts of equipment and notes, visit to ward kitchen) Storage — preparation — cooking and washing-up facilities — fixed and loose equipment — building notes recommendations — whom to contact — engineering repairs — equipment replacement	2 HOURS
SESSION 4: Hygiene In Food Handling (talk and films, discussion, visit to laboratory) Importance of hygiene — sources of infection — hygiene regulations — personal and general hygiene — waste disposal	2 HOURS
SESSION 5: Ordering Provisions and Controlling Food Stocks (talk, visit to hospital provision stores, discussion) Amount of budget spent on dry goods — ordering procedures — basis of allocation — topping up arrangements — methods of storage — milk — dry goods — ensuring stock rotation	2 HOURS
SESSION 6: Nutrition and the Meals Service (talk, film and visual aids) Basic requirements — special diets — minority needs (racial, religious and vegetarian) — keeping an eye on what the patients eat — seeking advice	2 HOURS

SESSION 7: Ordering Meals for Patients (talk, visit to wards when choice is taken, and visit to the kitchen to see orders being processed, discussion)

Times of taking orders — consulting patients and explaining the menu — advising on choice — special diets and light dishes — methods of ordering meals — ordering for patients unable to choose for themselves — the very young — communication problems — severely handicapped — providing a visual choice — newly admitted patients — cancelling meals

**2
HOURS**

SESSION 8: Preparing for Meals (short talk, demonstrations and practice, visit to wards at mealtimes)

Checking the menu — preparing trays — breakfast/lunch/evening meal — pre-heating plates and setting out utensils — correct crockery and cutlery — special types for the handicapped and very young — putting out the appropriate meal accompaniments — getting patients ready — water jugs — bed tables — distributing trays

**2
HOURS**

SESSION 9: Receiving the Food Trolley (talk and demonstration, visit to kitchen to see trolleys being loaded and follow them through to the ward)

Plugging-in on arrival — checking contents against meals ordered — checking quality and temperature of food — locating dishes in trolley — removing foods for refrigeration — ice cream

**2
HOURS**

SESSION 10: Serving meals (talk and demonstration, visit to dining-room servery, visit to wards at mealtimes, and practice)

Having the right equipment — serving utensils — plates and covers — deciding the service point — ward layout — methods of service — serving in times of staff shortage — correct sequence of service — appropriate accompaniments

**2
HOURS**

SESSION 11: Hand Feeding (talk, display of equipment, demonstration, practice and discussion)

Methods of feeding — types of feeding aids — avoiding delays in service — new techniques — lightweight cutlery and special crockery for the handicapped

**2
HOURS**

SESSION 12: Making Beverages, and Occasional Cooking (talk, demonstration, handout on beverage-making for large numbers, practice, visit to wards, display of equipment)

Making beverages — ground coffee, tea, Horlicks, milk shakes — types of sugar, wrapped, brown, white — types of milk, hot, cold — creamers — proportions for different numbers — measuring aids — serving beverages — individual trays — trolley service — making toast in quantities — special aids — preparing egg dishes — boiled, poached

**2
HOURS**

SESSION 13: Clearing Away and Washing-up (talk, film, demonstration and practice)

Sequence and methods of clearing, washing food trolley and containers — various ways of washing crockery — by hand — different types of machines — use of detergents — water temperature — rejecting substandard tableware — keeping ward kitchen equipment clean

**2
HOURS**

SESSION 14: Summing Up (talk and discussion, handouts of checklists)

Recap on work covered, stressing the main points to check

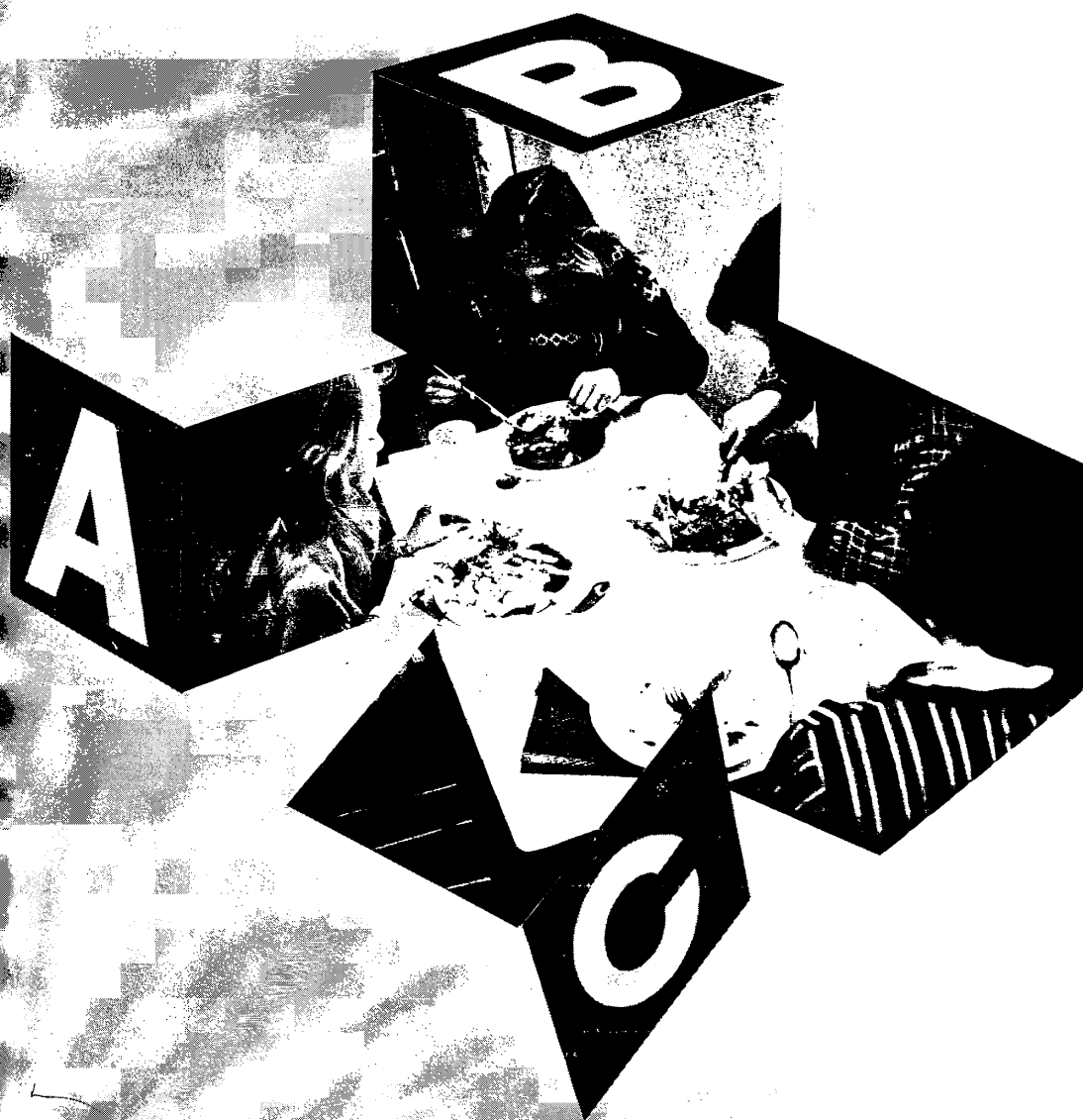
**2½
HOURS**

TOTAL TIME: 27 HOURS

Better Food for Patients

NEW MENUS

Published by King Edward's Hospital Fund for London for Wessex Regional Health Authority



THE HOSPITAL CENTRE LIBRARY 24, NUTFORD PLACE LONDON W1H 6AN	
ACCESSION NO. 13421	CLASS MARK HOKA
DATE OF RECEIPT 10 July 1975	PRICE Donation



King Edward's Hospital Fund for London

Patron: Her Majesty The Queen

Governors: HRH Princess Alexandra,
The Hon Mrs Angus Ogilvy GVO
Lord Ashburton KG KCVO JP
Lord Cottesloe GBE TD

Treasurer: R J Dent

Chairman of the Management Committee:
Lord Hayter

Secretary: G A Phalp CBE TD

14 PALACE COURT LONDON W2 4HT
Telephone: 01-727 0581

Better Food for Patients

NEW MENUS

by

JOHN RICE

Catering Adviser to the
Wessex Regional Health Authority

New Menus

The menu is the starting point in the catering operation for all types of establishment, from café to five-star restaurant.

It is the public's introduction to the catering standard within and will be the factor which decides prospective diners to cross the threshold or to try somewhere else. It is also an indication of the restaurateur's interest in food and of his flair. Even at the level of the pub snack, the landlord who tempts his customers with home-made game pie and fresh crab sandwiches has the edge on the pub across the road which merely offers pork pie and cheese rolls.

Since hospitals cater for a complete cross-section of the community, with very different eating patterns—and since patients can't 'try somewhere else'—there is far greater need for variety and choice of food in hospitals than in other organisations. To meet the differing needs of patients with an interesting and varied menu, within budget limits, calls for a high degree of skill and imagination.

THIS BOOKLET

In recent surveys hospital menus have been criticised as unimaginative, lacking in variety, for majority tastes only, and more related to financial constraints than to patients' needs.

In those hospitals where menus were poor, this was frequently due to the caterer's misunderstanding of the part menus play in food costs, and to the belief that dishes for patients must necessarily be cheap. In fact, the costs of feeding patients are less affected by menu content than by the quantity of food regularly wasted by over-ordering.

While it is desirable to balance cheap dishes with dearer ones, inexpensive food need not be dull; indeed, many patients prefer it. A lunch of pizza may be chosen instead of lamb casserole; a breakfast of orange juice, warm croissants and coffee instead of cereal, sausages and beans.

This booklet is intended as a memory aid to hospital caterers when planning menus. The 20 'do's' and 'don'ts' are based on the most frequently recurring deficiencies encountered in surveys. It is hoped that the booklet will help to ensure that hospital menus meet patients' requirements.

CONTENTS

page

Accurate & Specific 4

Comprehensive 5

Varied 6

Properly Costed 7

Utilising Resources 8

Patient's Needs 9

Examples 10

Check Lists 14

Accurate & Specific

X DON'T

USE INACCURATE DISH DESCRIPTIONS —

'garden' peas for processed peas,
'sauté' potatoes for deep fried potatoes.

AND DON'T EXPECT THE COOKS TO READ YOUR MIND

You may see the breakfast tomatoes
as 'half Guernsey grilled and sprinkled
with parsley'.

They may see them as 'a couple of cans
of Bulgarian flashed through the steamer'.

✓ DO

REMEMBER THAT YOU ARE OBLIGED TO SERVE THE TYPE OF FOOD, AND FOLLOW THE COOKING METHOD, YOU DESCRIBE

AND FULLY EXPLAIN EACH MENU ITEM TO THE CHEF

Specify the type of food, portion size,
recipe, cooking method and
presentation desired.

X DON'T

USE VAGUE GENERIC TERMS FOR FOOD LISTED

Avoid:

Soup
Cold meat and salad
Grilled sausages
Milk pudding
Cheese and biscuits
Dessert fruit

Such descriptions are of little use to the
patient who may enjoy pork sausages but
not beef, cold ham but not brawn.

✓ DO

BE SPECIFIC AND NAME THE TYPES OF FOODS USED

Leek and potato soup
Cold ham with chicory and tomato salad
Grilled pork sausages
Creamed rice pudding
Danish blue cheese with water biscuits
Fresh cherries





Comprehensive

X DON'T

WORK ON THE PREMISE THAT IF THE PATIENTS WANT ANYTHING SPECIAL THE WARD STAFF CAN ORDER IT AS AN EXTRA

Neither the patients nor the staff can be expected to know the range of food obtainable from the kitchen.

AND DON'T USE THE FACT THAT PATIENTS ARE NOT CONSULTED AS AN EXCUSE FOR A SINGLE-DISH MENU

X DON'T

EXCLUDE THOSE FOODS WHICH ARE PREPARED AT WARD LEVEL

Without guidance it is easy for ward staff to forget the toast at breakfast or coffee as an alternative to tea — perhaps also to impair patients' appetites by serving the wrong type of snacks between meals.

AND DON'T LEAVE WARD STAFF TO GUESS WHICH ACCOMPANIMENTS TO SERVE

✓ DO

INCLUDE IN YOUR MENUS ALL THE DISHES YOU HAVE AVAILABLE AND SHOW PATIENTS AND WARD STAFF THAT A CHOICE IS PROVIDED



IT IS THE CATERER'S REPUTATION THAT IS AT STAKE

✓ DO

LIST ALL WARD-PRODUCED ITEMS

They are essential for a proper menu balance, and are paid for from the catering budget.

AND WRITE THE APPROPRIATE ACCOMPANIMENTS ON THE MENU—

horseradish sauce with roast beef,
french dressing with green salad.

Varied

X DON'T

WRITE A 'HOBSON'S CHOICE' MENU

You can't meet the diverse tastes of many hundreds of patients with one dish.

X DON'T

USE THE SAME MENU AS YOU DID FIVE YEARS AGO

Eating patterns have changed, standards have risen, and so have costs.

AND DON'T OMIT UNUSUAL ALTERNATIVES ON THE GROUND THAT ONLY A MINORITY WILL CHOOSE THEM

It is the discerning minority who can make or break a hospital's culinary reputation.

X DON'T

OMIT ALL EXPENSIVE FOODS

It will restrict variety to an unacceptable level.

X DON'T

LIMIT YOUR SELECTION TO SIMILAR TYPES OF FOOD —

using only meat dishes as main course alternatives, and serving two root vegetables together.

OR TO SIMILAR METHODS OF COOKING —

combining braised, stewed and boiled dishes on the same menu.

'Now, '69 was a good year.'



✓ DO

PROVIDE A VARIED SELECTION OF DISHES AT EACH MEAL

Patients can then make a choice to meet their particular tastes and inclinations at a particular time.

✓ DO

RELATE YOUR CHOICES TO THE NEEDS OF TODAY'S PATIENTS

They are eating more salads and cold sweets, and are much more adventurous as a result of increased travel and general interest in food.

AND DO INCLUDE INTERESTING AND FASHIONABLE MINORITY DISHES AS WELL AS ESTABLISHED FAVOURITES

Such dishes help to overcome the institutional image of hospitals, keep the kitchen staff on their toes and add fun to their routine.

✓ DO

REMEMBER THAT THE HOSPITAL CATERER'S PRIME ROLE IS TO PROVIDE VARIED AND GOOD QUALITY FOOD FOR PATIENTS

Use your catering skill to balance cheaper items with dearer ones.

✓ DO

VARY THE TYPES AVAILABLE AT EACH MEAL

Incorporate meat, fish, egg, and cheese dishes in the main course selection, and mix roots, greens and pulses as vegetable alternatives.

AND DO USE DIFFERENT COOKING METHODS

Balance dry cooking methods (roasting, frying and grilling) with wet (braising, stewing and boiling) to give variety.



Properly Costed

X DON'T

ACCEPT THE COST OF PROVISIONS AS THE VALUE OF THE PATIENTS' MENU

The cost of provisions may also be affected by excess production, kitchen mishaps, and over-subsidised staff meals.

X DON'T

REGULARLY COST THE QUANTITIES AND TYPES OF DISHES ORDERED BY THE PATIENTS, AND COMPARE WITH THE EXPENDITURE ON PROVISIONS

The difference between the two indicates your operational efficiency.

AND DO VISIT ALL WARDS TO ELIMINATE OVER-ORDERING AND WASTE — MAJOR CAUSES OF UNDULY HIGH MENU COSTS

X DON'T

ASSUME THAT THE PATIENTS WILL AUTOMATICALLY CHOOSE THE MOST EXPENSIVE DISH SO THAT YOU NEEDN'T BOTHER TO 'SELL' THE OTHERS

✓ DO

USE YOUR EXPERTISE TO 'SELL' LOW-COST DISHES

Add a quality sauce to sell an inexpensive meat, and a stick of asparagus to give additional appeal to an open sandwich. Use imaginative snack menus, and distinctive platters to encourage patients to choose nutritious low-cost meals.

X DON'T

SIT DOWN TO WRITE A NEW MENU EACH WEEK

✓ DO

PLAN A FOUR-TO SIX-WEEK RECURRING MENU AND INTRODUCE SEASONAL VARIATIONS, AND 'SPECIAL BUYS' AS APPROPRIATE

This method makes it easier to control cash flow, place food orders, and organise the kitchen.

Utilising Resources



DON'T

WORK SOLELY ON THE INGREDIENT COSTS OF DISHES USED ON THE MENU



DO

ALSO CONSIDER THE LABOUR INVOLVEMENT

The dearer but more easily prepared dish may, in fact, be more economical than the cheaper dish which requires longer preparation and cooking time.



DON'T

WRITE MENUS WHICH FAIL TO MAKE FULL USE OF COOKING EXPERTISE

Avoid employing experienced chefs to slice canned meat, and qualified trainees to make simple salads.

AND DON'T FILL THE MENU WITH TIME-CONSUMING DISHES ALL OF WHICH REQUIRE LAST MINUTE COOKING

It results in short cuts to established recipes and excessively early cooking.



DO

MAKE FULL USE OF YOUR SKILLED STAFF AND STRETCH THEIR ABILITIES TO GIVE THEM THE SATISFACTION OF A FULL WORKING DAY AND INTERESTING AND CHALLENGING DISHES

Compared to many hotels, hospital kitchens have a wealth of cooking talent but it is rarely used to capacity.

AND DO BALANCE ITEMS REQUIRING LAST MINUTE COOKING WITH THOSE WHICH CAN BE PREPARED AND COOKED IN ADVANCE



DON'T

LIMIT COLD DISHES AND SALADS TO THE CHEAPEST FOODS

It is a false economy — few people will choose them.

AND DON'T RESTRICT THEM TO ONE MEAL DAILY



DO

MAKE A FEATURE OF COLD DISHES WHICH ARE ESPECIALLY TEMPTING

The more patients select them, the more time will be available for the last minute cooking and artistic presentation of hot alternatives.

SERVE THEM AS ALTERNATIVES AT EACH MEAL AND EVERY COURSE

Use speciality rolls or fresh grapefruit to sell a continental breakfast. Serve dressed salads as an alternative to cooked vegetables.

COLD FOODS CAN SOLVE MANY PROBLEMS AS THEY CAN BE PREPARED IN OFF PEAK PERIODS, REQUIRE LITTLE OR NO COOKING, RARELY SPOIL IN TRANSIT TO THE PATIENT, AND ARE A USEFUL WAY OF USING EXCESS PRODUCTION

Relating to Patient's Needs

X DON'T

RESTRICT THE PATIENT WHO IS FEELING OFF COLOUR TO ONE DISH ON THE BASIC MENU

✓ DO

PROVIDE AN ADDITIONAL RANGE OF LIGHT AND EASILY DIGESTED DISHES AT EACH MEAL

X DON'T

SERVE SOFT FOODS TO PATIENTS JUST BECAUSE THEY CAN'T COPE WITH BONES, AND DON'T PROVIDE AN UNVARIED REGIME OF SCRAMBLED EGG AND MINCED BEEF TO PATIENTS WHO REQUIRE A SOFT DIET

✓ DO

PROVIDE THE NORMAL RANGE OF MENU ITEMS WITH ANY BONES REMOVED BEFORE COOKING AND DO, WHEN A SOFT DIET IS REQUIRED, PROVIDE THE NORMAL MENU ITEMS IN A MINCED FORM — using good quality sauces for drier foods.

X DON'T

SEND THE NORMAL ADULT MENU TO THE CHILDREN'S WARD AND RELY ON WARD STAFF TO ASK THE CHILDREN IF THEY PREFER SOMETHING ELSE

✓ DO

MAKE A FEATURE OF CHILDREN'S MENUS, ILLUSTRATING THEM WITH POPULAR CARTOON CHARACTERS AND USING FAMILIAR AND AMUSING TERMS FOR DISHES SERVED

X DON'T

RESTRICT THE ELDERLY TO BLAND FOOD AND SOFT DIETS WITHOUT GIVING THEM THE OPTION OF A CHOICE OF THE MORE USUAL, AND TASTIER, DISHES

✓ DO

PROVIDE THE NORMAL RANGE OF DISHES FOR THE ELDERLY

It is enough to have to spend one's latter years in hospital without the added indignity of an unnecessary 'nursery' regime of bland food and milk puddings.

X DON'T

SERVE DULL ECONOMY MENUS TO THE MENTALLY HANDICAPPED ON THE GROUND THAT THEIR LACK OF DISCERNMENT DOES NOT JUSTIFY FOOD FOR OTHER THAN THEIR BASIC NUTRITIONAL NEEDS, AND DON'T PERPETUATE THE HISTORICALLY LOW COST AND INSTITUTIONAL DIET FOR THE MENTALLY ILL

✓ DO

PROVIDE A VARIED RANGE OF THE GENERALLY ACCEPTED FOODS FOR THE MENTALLY HANDICAPPED

Food can play an important role in awakening discernment, in social education, and in equipping for rehabilitation within the community.

AND DO REMEMBER THAT MANY PATIENTS IN OUR PSYCHIATRIC HOSPITALS ARE PHYSICALLY FIT AND HAVE HEALTHY APPETITES

Provide menus to meet their needs with the same variety of dishes as in general hospitals.

X DON'T

IGNORE THE NEEDS OF MINORITY GROUPS WITH RACIAL, RELIGIOUS, OR MORAL RESTRICTIONS ON THEIR DIET

✓ DO

CONSULT THE PATIENT AND DIETITIAN AND AGREE A RANGE OF ACCEPTABLE DISHES OVER A REASONABLE MENU CYCLE FOR THE PATIENT'S LENGTH OF STAY

PERIODICALLY USE QUESTIONNAIRES TO ASSESS THE SUITABILITY OF THE MENUS

EXAMPLES OF TYPES PROPOSED

The Basic Daily Menu

MORNING TEA

From 7 am Cup of tea or coffee

BREAKFAST

From 8 am Choice from menus

MID-MORNING BREAK

From 10 am Choice of coffee, tea or milk drink with digestive or petit beurre biscuits

LUNCH

From noon Choice from menus

AFTERNOON TEA

From 3 pm Choice of coffee or tea, with almond slice or rich tea biscuits

EVENING MEAL

From 6 pm Choice from menus

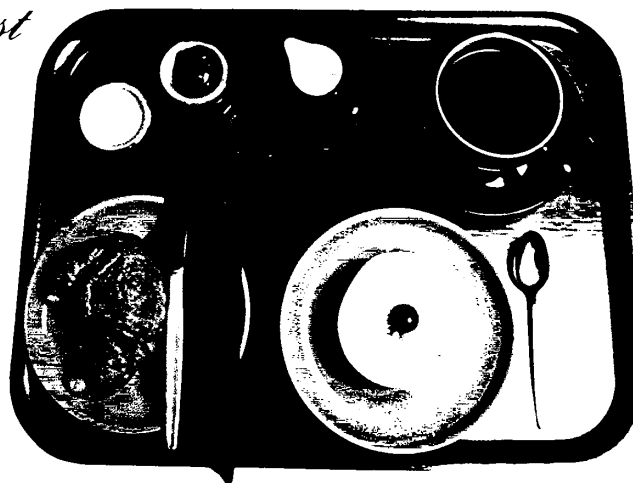
NIGHT DRINK

From 9 pm Choice of coffee, tea, milk drink, and selection of biscuits

A complete daily menu covering foods prepared both in the kitchen, and at ward level, is essential for effective budgetary control. The cost of ward-prepared foodstuffs can account for over 25 per cent of the catering budget.

The Basic Breakfast

Ideally, choice of a continental or cooked breakfast should be provided, the former being given a distinctive name, such as Wessex Tray. To attract patients to the uncooked breakfast, items should be included which are not in the cooked meal, such as fruit juice, grapefruit, speciality bread rolls. Cooked breakfast should contain cereals and a choice of protein dishes with appropriate accompaniments. At least one breakfast dish should be suitable for patients on a light diet.



WESSEX TRAY

Fresh orange juice or half grapefruit

Warm crescent rolls or Ryvita, toast, butter, marmalade or honey

Coffee, tea, milk or chocolate

FULL BREAKFAST

Porridge
Choice of cereals with milk

Choice of grilled bacon with tomato on fried bread
Scrambled egg on toast
Smoked haddock fillet

Toast, roll, butter and marmalade
Tea or coffee

The Basic Lunch

Lunch might be a two- or three-course meal, depending upon the type of patient.

The main course should include a choice of three to four dishes, of which one is suitable for patients on light diets and one a popular cold alternative.

A choice of potatoes and vegetables should be given, with salad as an alternative to vegetables with any dish.

The sweet course should provide two to three choices, at least one of which is suitable for light diets.

Dessert fruit, cheese and biscuits should be available as alternatives to sweets.

MENU

Asparagus soup or grapefruit juice

Grilled lamb cutlet with mint jelly
Poached haddock in mushroom
and tomato sauce
Cheese omelette

Cold ham and salami platter

Sauté or mashed potatoes
Creamed spinach, peas or
Green salad with french dressing

Apple crumble with custard
Caramel cream
Strawberry melba

Double Gloucester cheese
with biscuits

Fresh cherries

Coffee or tea

The Basic Evening Meal

The evening meal would be similar to that served at lunch, but rather lighter — restricted to two courses, and only cold sweets served.

MENU

Grilled fresh mackerel
Fricassée of chicken
Savoury flan of bacon, egg and cheese
(quiche lorraine)
Game pâté with toast

Chipped or baked jacket potatoes
Fried courgettes, french beans
or
Tomato and onion salad

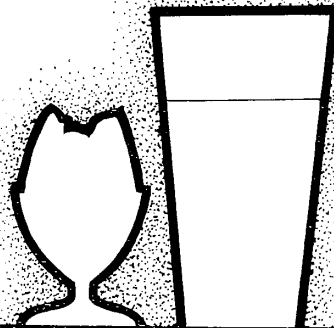
Gooseberry fool
Sherry trifle
Cox's orange pippin

Danish blue cheese with biscuits and celery

Coffee or tea

Special Light Dish Menu.

This menu is proposed for patients who are too ill to be tempted by the basic menus. It is unlikely that such patients would want more than one light dish — perhaps a bowl of broth and some finger toast, or a small omelette and a glass of milk.



Soup	Chicken broth or beef consommé
Eggs	Poached, baked, boiled or scrambled eggs or omelette
Fish	Grilled or poached fillet of plaice, whiting or halibut
Meat or fowl	Minced beef and creamed veal or chicken
Potatoes	Plain boiled or creamed
Vegetables	From the menu
Sweets	Egg custard, rice, semolina or tapioca milk puddings, yogurt, jelly or ice cream
Sundries	Finger toast Glass of milk Cup of coffee or tea

The Snack Menu

HOT PLATTERS

Pizza with green salad
Ham and celery in cheese sauce
Chicken curry with rice and poppadums
Beefburger roll with watercress and sliced tomato

COLD PLATTERS

Half avocado with sliced salami and salad
Dorset paté with french bread
Ploughman's lunch with pickle

Open sandwiches of:

Crab with cucumber Ham and gherkin
Chicken and asparagus Egg and anchovy
Beef with horseradish

SUNDRIES

Bowl of minestrone soup
Cup of coffee or tea
Glass of cold milk

The Snack Menu is suggested for larger hospitals seeking to add variety to their patients' meals and to meet the needs of those patients who prefer a nutritious snack to a full meal.

The menu would feature imaginative, ready-prepared dishes, which could be either hot or cold. As the choice is limited to one course, costs can be reduced and portions of quality food included.

It is suggested that the Snack Menu be placed on the patient's locker and used as an alternative to ordering the basic meal.

The Salad Bowl

The Salad Bowl is recommended for use on occasions such as Sunday evening, when most hospitals tend to provide a cold meal. The range of foods on the menu would be similar to those provided in the staff's cold buffet. To add to the dish appeal, salads for this and the Snack Menu might be put on attractive individual platters and soups served in distinctive marmites.

MENU

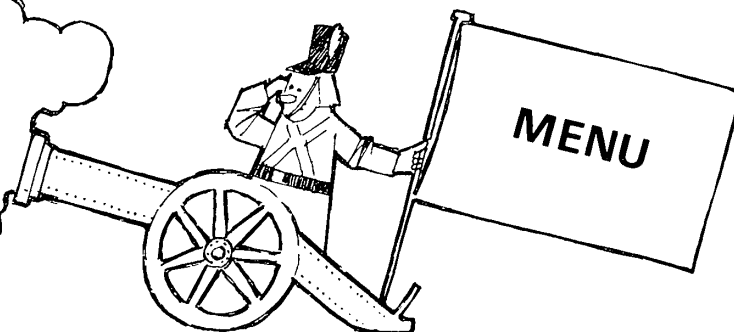
Any one item

Boiled ham
Tongue
Garlic sausage
Sliced pork pie
Chicken
Scotch eggs
Eggs in curried mayonnaise
Soused herring
Cheddar cheese

Any three items

Lettuce, plain
Lettuce, dressed
Tomato and chicory salad
Coleslaw
French beans in dressing
Chilled ratatouille
Potato salad and chives
Cucumber
Pickled onions
Warm bread roll
Hot jacket potato

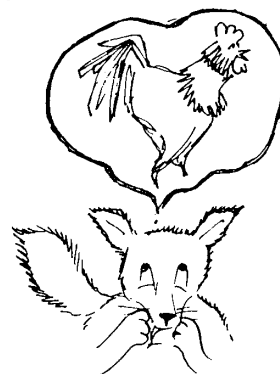
A SPECIAL
SET MENU TO
TEMPT THE
RELUCTANT
EATERS



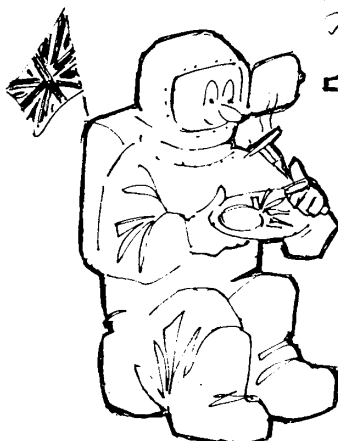
Children's Favourites

Super Starters
Tomato and chicken soup

Cowboy Bill's Breakfast
Bacon, sausage and beans



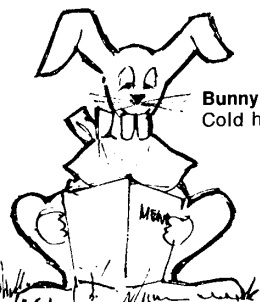
Freddie Fox's Favourite
Sliced roast chicken 'n chips



Spaceman's Special
Hamburger, egg and chips



Fisherman's Surprise
Fish fingers, peas and chips



Bunny's Delight
Cold ham, salad and chips



Piggy's Tempting Puds
Jelly and cream
Trifle
Ice cream and chocolate sauce
Apple pie and custard
Milk shake
(chocolate, strawberry or vanilla)

Check Lists

ACCURATE AND SPECIFIC (page 4)

Do you:

Serve the type of food and follow the cooking method you describe? ☐

Explain each menu item to the chef? ☐

Use specific terms for each menu item? ☐

COMPREHENSIVE (page 5)

Do you:

Include on the menu all the dishes you have available? ☐

List items prepared on the ward? ☐

Write on the menu the accompaniments to be added at ward level? ☐

VARIED (page 6)

Do you:

Provide a selection of dishes at each meal? ☐

Relate your choices to the needs of today's patients? ☐

Include interesting and fashionable minority dishes as well as established favourites? ☐

Remember that the caterer's main role is to provide varied and good quality food? ☐

Vary the types of food at each meal? ☐

Use different cooking methods for menu alternatives? ☐

PROPERLY COSTED (page 7)

Do you:

Regularly cost the patients' menu and compare it with the expenditure on provisions? ☐

Visit all wards to eliminate over-ordering and waste? ☐

Use your expertise to 'sell' low-cost dishes? ☐

Plan a recurring menu? ☐

UTILISING RESOURCES (page 8)

Do you:

Consider the labour involvement in dishes used on the menu? ☐

Make full use of skilled staff and their abilities? ☐

Balance items requiring last minute cooking with those which can be prepared and cooked in advance? ☐

Make a feature of cold alternatives at each meal and every course? ☐

RELATING TO PATIENTS' NEEDS (page 9)

Do you:

Provide an additional range of light and easily digested dishes at each meal? ☐

Provide bone-free meals for those with eating difficulties? ☐

Mince suitable basic menu alternatives for soft dishes? ☐

Make a feature of children's menus? ☐

Include the normal range of dishes for the elderly? ☐

Provide varied and good quality meals for the mentally ill and handicapped? ☐

Consult the patient and dietitian on the needs of minority groups? ☐

Periodically use questionnaires to assess the acceptability of the menus? ☐

BREAKFAST
Continental Tray

- Is a continental breakfast available? ☐
- Is a speciality dish, such as
croissant or fruit juice included? ☐
- Are toast/rolls, butter, preserves
included? ☐
- Is there a choice of coffee or tea? ☐

Full Breakfast

- Are cereals and fruit juice included? ☐
- Is there a choice of two or more
dishes? ☐
- Is a light dish included? ☐
- Is the menu tempting and
imaginative? ☐
- Does it include: ☐
- Appropriate accompaniments,
such as tomatoes, fried bread? ☐
- Suitable alternatives available
in soft form? ☐
- Variety of dishes and cooking
methods — that is, not all egg
dishes or all fried items? ☐
- Additional light dish alternatives? ☐
- Toast/rolls, butter, preserves? ☐

LUNCH

Starters

- Is soup or fruit juice provided? ☐

Main Courses

- Is there a choice of three or
more main courses? ☐
- Are different types of food used? ☐
- Are cooking methods varied? ☐
- Are the dishes tempting and
imaginative? ☐
- Is a light dish included? ☐
- Are main course dishes available
in soft form? ☐
- Is a cold alternative included? ☐
- Is an additional light dish
menu available? ☐
- Is a snack menu used? ☐

Vegetables

- Is there a choice of green, root
or pulse vegetables? ☐
- Is there an alternative for
light diets? ☐
- Are vegetables available in
soft form? ☐
- Is a salad alternative provided? ☐

Potatoes

- Is there a choice of cooking method? ☐
- Is there an alternative for light diets? ☐
- Are potatoes available in soft form? ☐

Sweets

- Is there a choice of
three or more sweets? ☐
- Are the dishes tempting
and imaginative? ☐
- Is there an alternative for light diets? ☐
- Are sweets available in soft form? ☐
- Are cheese and dessert fruit provided
as additional alternatives? ☐
- Is an additional light dish menu
available? ☐

REFRESHMENTS

Early morning

Is there a choice of drink? ☐

Mid-morning

Is there a choice of drink? ☐

Are biscuits provided? ☐

Afternoon

Is there a choice of drink? ☐

Are cakes and biscuits provided? ☐

Evening

Is there a choice of drink? ☐

Are cakes or biscuits provided? ☐

EVENING MEAL

Main Courses

Is there a choice of three or more main courses? ☐

Are different types of food used? ☐

Are cooking methods varied? ☐

Are dishes tempting and imaginative? ☐

Is a light dish included? ☐

Are main course dishes available in soft form? ☐

Is a cold alternative included? ☐

Is an additional light dish menu available? ☐

Is a snack menu used? ☐

Vegetables

Is there a choice of green, root or pulse vegetables? ☐

Is there an alternative for light diets? ☐

Are vegetables available in soft form? ☐

Is a salad alternative provided? ☐

Potatoes

Is there a choice of cooking method? ☐

Is there an alternative for light diets? ☐

Are potatoes available in soft form? ☐

Sweets

Is there a choice of three or more sweets? ☐

Are dishes tempting and imaginative? ☐

Is there an alternative for light diets? ☐

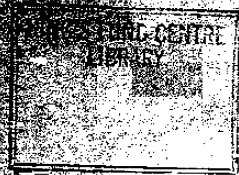
Are sweets available in soft form? ☐

Are cheese and dessert fruit provided as additional alternatives? ☐

Is an additional light dish menu available? ☐

£1.30

Better Food for Patients



COOKING

Published by King Edward's Hospital Fund for London for Wessex Regional Health Authority



THE HOSPITAL CENTRE LIBRARY 24, NUTFORD PLACE LONDON W1H 6AN	
ACCESSION NO. 13422	CLASS MARK HOKA
DATE OF RECEIPT 10 July 1975	PRICE Donation



King Edward's Hospital Fund for London

Patron: Her Majesty The Queen

Governors: HRH Princess Alexandra,
The Hon Mrs Angus Ogilvy GVO
Lord Ashburton KG KCVO JP
Lord Cottesloe GBE TD

Treasurer: R J Dent

Chairman of the Management Committee:
Lord Hayter

Secretary: G A Phalp CBE TD

14 PALACE COURT LONDON W2 4HT
Telephone: 01-727 0581

Better Food for Patients

COOKING

by

JOHN RICE

Catering Adviser to the
Wessex Regional Health Authority

Cooking

The role of the internationally famous chef de cuisine and his kitchen brigade is rightly held in high esteem. Cooking is an ancient and civilised art and the chef's reputation jealously guarded.

In hospital catering the head chef or kitchen superintendent and his team play no less a part. Alexis Soyer, one of the greatest chefs of all time, first brought the skill of the profession to the hospital world during the Crimean War and, since this time, cooking has progressively improved. In recent years, hospital kitchen staff have collected many outstanding awards in competition with their hotel colleagues, including the much coveted Chef of the Year prize, awarded to the best chef in the United Kingdom. That such culinary expertise is available in hospitals is right and proper. In no other area is food more important than in catering for the sick and handicapped.

In short-stay hospitals, meal breaks are often the one known and reassuring routine in a strange new situation. Appetites have to be tempted to ensure recovery and an interest in food is an early sign of the patient's well-being. As patients recover, meals play an increasingly important role in their stay and are a popular topic of conversation after they leave.

In long-stay units high standards of cooking can do much to make life more enjoyable. They help in the rehabilitation of the ill and handicapped and in the boosting of staff and patient morale. To produce high culinary standards in hospitals, where the kitchen is often far from the patient's bedside, calls for all the ingenuity, flair and expertise of the master chef and his kitchen team.

THIS BOOKLET

Despite progress over the years, recent surveys of hospital cooking standards have shown that in some units the quality of cooking remains substantially less than desired and that in most there is still need for improvement. This booklet is intended to highlight the action which needs to be taken to remedy cooking deficiencies and to protect the reputation of the hospital chef.

The 'do's' and 'don'ts' listed are based on the 20 most commonly recurring deficiencies encountered in recent surveys. Where any 'don'ts' occur in your kitchen take immediate action to remedy them, both in the interests of your patients' well-being and of your own professional standing.

CONTENTS

page

Food Quality 4

Quantities 5

Preparation 6

Cooking 8

Loading 10

Service 11

Check List 12



Food Quality

Don't try to pass mutton off as lamb!

X DON'T

USE INFERIOR FOODS —

excessively fatty meat
oversized fish fillets
stringy runner beans
discoloured cauliflowers
tasteless chewy peas

X DON'T

TRY TO ECONOMISE BY USING CHEAPER TYPES OR CUTS OF FOOD THAN THOSE DESCRIBED ON THE MENU

Don't:
pass off mutton as lamb
or coley for cod;
use braising joints for roasting,
broken rice for risotto dishes,
canned tomatoes for grilling.

✓ DO

USE GOOD QUALITY FOODS —

acceptable grades of meat and fish
tender young beans
white cauliflowers
small firm sprouts
tender tasty peas

✓ DO

INSIST ON THE CORRECT FOODS FOR THE PARTICULAR DISH AND COOKING METHOD SPECIFIED —

prime joints for roasting
long grain rice for risotto and curry
fresh tomatoes for grilling



You can't make a silk purse out of a sow's ear.

**GOOD QUALITY
INGREDIENTS ARE
ESSENTIAL FOR GOOD
QUALITY MEALS**



Quantities



'But I only wanted cheese and biscuits!'



DON'T

**ACCEPT WARD REQUISITIONS
WHICH ORDER FOOD IN DIET CATEGORIES**

This sort of blanket ordering means that two to three courses are being ordered for every patient at each meal when, in fact, many patients may want only one course. Unserved food goes into the swill. It wastes the catering budget — and your hard work!



DO

**INSIST THAT WARD STAFF
ORDER PATIENTS' MEALS IN PORTIONS
OF NAMED FOODS — AND COOK TO
THESE NUMBERS**

'Do you reckon an ounce of cheese is about right for a hundred patients, Joe?'



DON'T

ATTEMPT TO REDUCE COSTS BY SKIMPING ON INGREDIENTS —

the cheese in the macaroni,
the egg in the omelettes,
the kidney in the steak and kidney pie.

BUT DON'T BE UNDULY EXTRAVAGANT



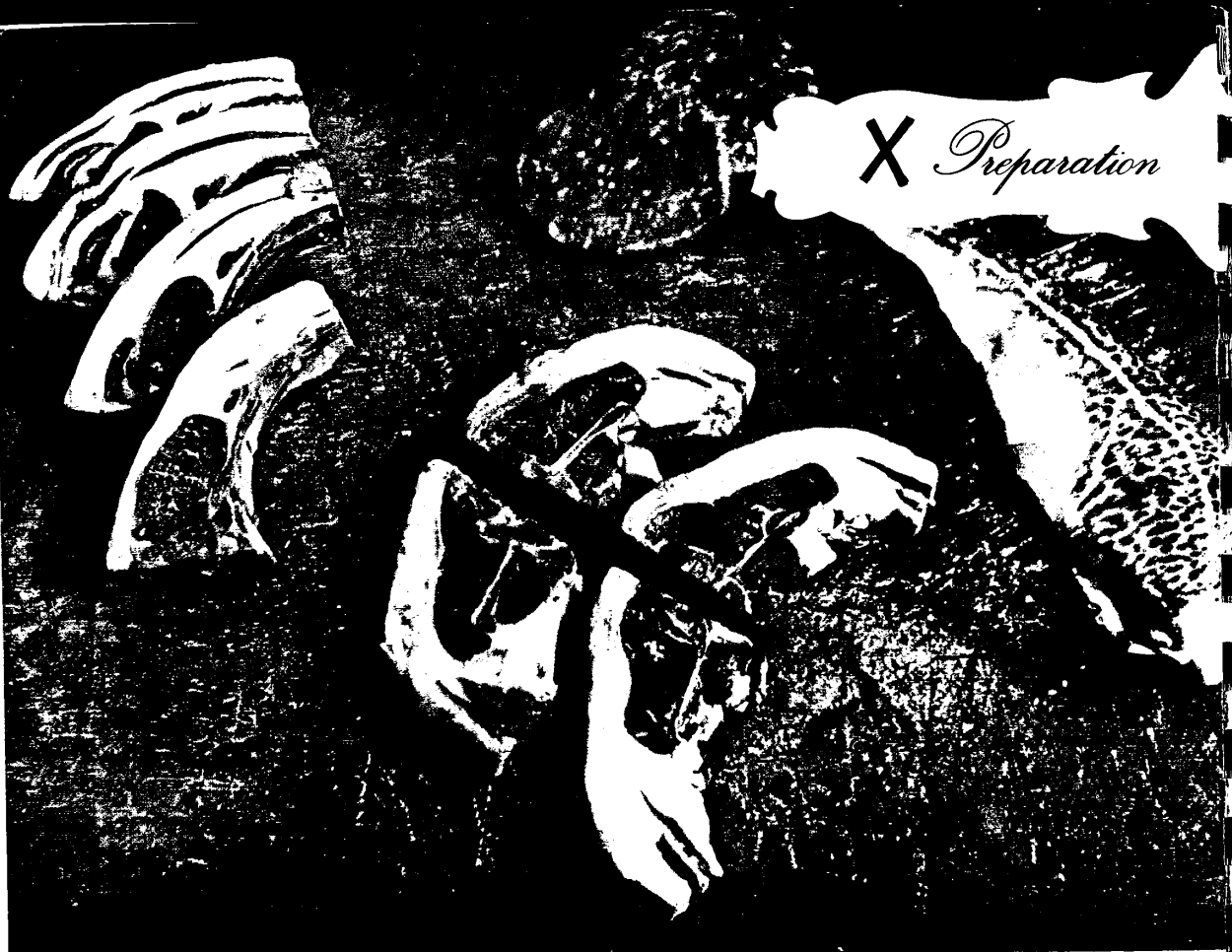
DO

USE THE FULL RANGE AND PROPORTIONS OF INGREDIENTS SPECIFIED IN STANDARD RECIPES

Correct proportions are indispensable for good eating, and essential when dishes are also for patients on therapeutic diets — the trend in most kitchens.



**COOKING ECONOMIES ARE NOT ACHIEVED BY REDUCING QUANTITIES
BUT BY ELIMINATING WASTE FROM EXCESS ORDERING,
OVER-PRODUCTION AND COOKING MISHAPS**



X *Preparation*

X **DON'T**

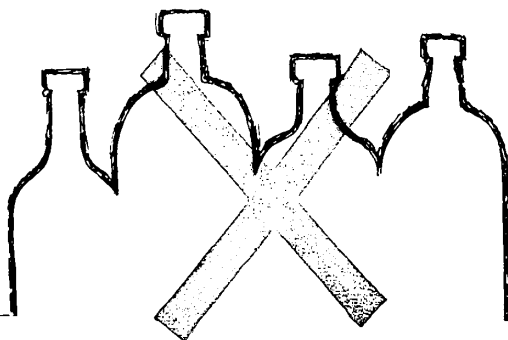
TAKE SHORT CUTS IN PREPARING FOOD

Don't:
use untrimmed chops and cutlets,
cook grills without seasoning them first,
cut fresh fillets into chunks, and leave the skin on,
soak vegetables overnight,
use substandard ready-prepared foods.

X **DON'T**

**TRY TO SAVE TIME BY
USING CHARACTERLESS SAUCES**

Reject proprietary cold sauces, highly coloured and
tasteless gravy mixes, and the same bland sauce
for fish, fowl and meat.



✓ Preparation



DO

PREPARE FOOD SO THAT IT IS ATTRACTIVE, PALATABLE AND NUTRITIOUS

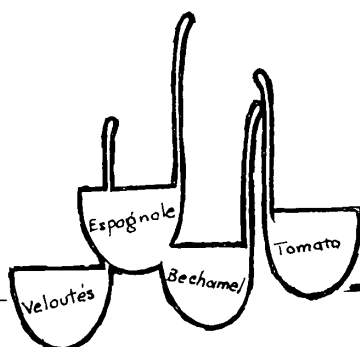
Trim chops and cutlets to give the maximum edible portion and 'eye appeal'.
Carefully cut and skin fish fillets to ensure attractive presentation.
Prepare vegetables and potatoes on the day they are to be cooked.
Use only those ready-prepared foods which are of equal quality to those you can yourself produce.



DO

BUILD UP A REPUTATION FOR HIGH QUALITY SAUCES

Produce your own basic mayonnaise, veloutés, espagnole, bechamel and tomato sauces.



THE DIFFERENCE BETWEEN THE AMATEUR AND THE PROFESSIONAL IS IN THE QUALITY OF THE SAUCE



DON'T

COOK FOOD HAPHAZARDLY —

don't fry the chips for lunch at 10 am
or slice the cold ham at noon.
The ham should be sliced much earlier
and kept in the cold room until needed.
The chips should be cooked at the last minute.



DO

PLAN THE MEAL PRODUCTION AROUND THE
COOKING TIME FOR EACH DISH
PREPARE ALL POSSIBLE FOODS IN ADVANCE (EARLY
STARTERS) AND COOK AT THE LAST MINUTE ITEMS
WHICH SPOIL WITH KEEPING (LATE STARTERS)

EARLY STARTERS

(do not spoil
with keeping)

Foods and salads
to be served cold
Hot and cold sauces
The contents of pies,
puddings, stews and
braised dishes
All pastry

LATE STARTERS

(spoil with keeping)

Vegetables and potatoes
Grilled and fried dishes
Egg and fish dishes



'Time to start frying, Bill — it's
only two hours to breakfast!'



DON'T

INDULGE IN BULK COOKING — DON'T
TRY TO FRY EGGS FOR 300 PEOPLE
ALL HAVING BREAKFAST AT THE SAME TIME —

you'll have to cook excessively early and
keep the food hot, and that's the main
reason for spoilt meals in hospitals.



DO

INSIST ON WARD MEALS BEING STAGGERED
TO ALLOW CONTINUOUS COOKING

Cook eggs and other late starters in batches,
one ward at a time, immediately before
delivery to the ward.



DON'T

CHANGE THE COOKING METHOD TO SAVE TIME

Don't:
cook sauté or roast potatoes in the deep fryer,
scramble eggs in the steamer,
or grill in the roasting oven.



DO

COOK ALL DISHES ACCORDING TO
THE MENU DESCRIPTION

Sauté in the shallow fryer.
Roast in the oven.
Scramble eggs in a pan.
Grill under the salamander.

Cooking



DON'T
**OVERCOOK AND UNDERSEASON
VEGETABLES AND POTATOES —**
it drowns the vitamins and kills the taste.



DO
**RELATE CAREFULLY THE DURATION OF
COOKING TO THE ITEM BEING COOKED,
AND CHECK FOR SEASONING BEFORE
DESPATCH**



DON'T
COMPROMISE YOUR STANDARDS
Don't:
Cook soups straight from the packet

Put stewed and braised dishes
straight into the cooking liquor
Slice roast beef wafer-thin
and keep it hot in gravy
Poach fish and
boil fowl in the steamer
Invariably slice carrots
and french beans

Omit all herbs
on the grounds of economy



DO
TAKE A PRIDE IN YOUR CRAFT

Add chopped parsley, chives and the
appropriate garnish.
Fry them first to give them colour
and draw out the flavour.
Slice it to medium thickness, and
send it to the wards with gravy separate.
Cook them in liquor and
keep the stock for the sauce.
Also serve them whole — it makes
overcooking less likely and preserves
the taste.
Take advantage of the many herbs and
seasonings to bring out the flavour,
and to add interest to bland dishes.

ANYONE CAN COOK AN INDIFFERENT MEAL!

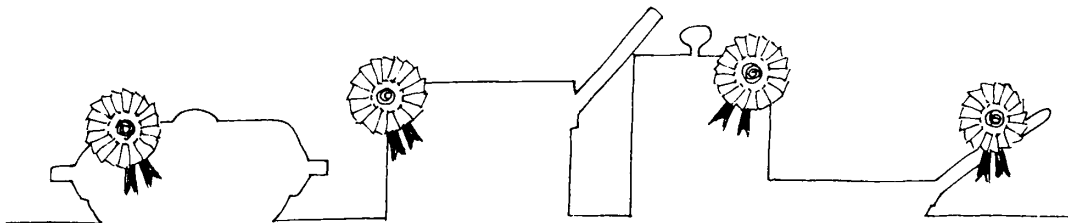


DON'T
**SEND TO PATIENTS ANY DISH WHICH YOU WOULD
NOT BE PROUD TO SERVE TO YOUR GUESTS**



DO
**GIVE THE PATIENTS THE BENEFIT
OF YOUR EXPERTISE**

YOU ARE EMPLOYED FOR YOUR PROFESSIONALISM — YOUR STANDARDS MATTER!



Loading



DON'T

SELECT THE FOOD CONTAINERS AT RANDOM

Don't:
load soup into jugs on top of the trolley,
put four portions of pie into a 20-portion
container or guess the amount of custard
required for ten people.



DO

GRADE ALL THE CONTAINERS AND SELECT THE RIGHT SIZE FOR THE TYPE AND PORTION OF DISH ORDERED

Whenever possible serve the dish in the container in which it was cooked.
Use deep containers for soups and sauces, shallow containers for pies and roasts.



DON'T

PUT THE GRAVY NEXT TO THE CHOCOLATE SAUCE OR THE MAYONNAISE ALONGSIDE THE CUSTARD —

it is all too likely that some poor patient will be served with gravy on his ice
cream or mayonnaise on his apple crumble.



DO

KEEP THE MAIN COURSES OF THE MEAL TOGETHER AND IDENTIFY DISHES WHICH MAY BE MISTAKEN —

mark the lids with the name of the food and, where necessary, the quantity.



DON'T

SPEND YOUR MORNING WALKING AROUND THE TROLLEY PARK LOADING MENU ITEMS ONE AT A TIME —

it leads to cold and spoilt food, complicates quality and quantity controls,
and wastes valuable cooking time.



DO

WHENEVER POSSIBLE LOAD TROLLEYS ONE AT A TIME AT THE SERVICE COUNTER IMMEDIATELY BEFORE DESPATCH —

and check each menu item for quality and quantity at the same time.



DON'T

SEND ANY FOOD FROM THE KITCHEN WHICH IS NOT OF THE HIGHEST QUALITY IN APPEARANCE, TASTE, TEXTURE AND TEMPERATURE, OR ADD A COUPLE OF EXTRA PORTIONS TO BE ON THE SAFE SIDE



DO

**REJECT SUBSTANDARD FOOD AND CAREFULLY CHECK THAT THERE IS
NEITHER OVER- NOR UNDER-ISSUE
POOR QUALITY LEADS TO DISSATISFIED PATIENTS
OVER-ISSUE WASTES MONEY NEEDED TO IMPROVE STANDARDS
UNDER-ISSUE CAUSES DELAYS AND INCONVENIENCE**

Service



DON'T

LOSE INTEREST IN THE MEAL
AS SOON AS THE FOOD LEAVES
THE KITCHEN



DO

TAKE AN INTEREST IN HOW YOUR
FOOD APPEARS IN FRONT OF THE
PATIENT BY REGULARLY VISITING
WARDS WITH THE MEAL TROLLEY



DON'T

LEAVE WARD STAFF TO GUESS AT
PORTION SIZES AND CORRECT
PRESENTATION



DO

SHOW AN INTEREST IN WARD SERVICE
PROBLEMS AND MAKE SURE THAT
YOUR FOOD IS SERVED PROPERLY



DON'T

LET THE PATIENTS ACCEPT COLD
EGGS AS UNAVOIDABLE AND THE
ABSENCE OF HORSERADISH AS
COMMONPLACE



DO

CHECK FOOD TEMPERATURES AND
ADVISE ON ESSENTIAL ADJUNCTS
FOR THE MEAL



DON'T

LEAVE PATIENTS WITH NO-ONE TO
DISCUSS THE MEALS SERVICE WITH
EXCEPT THEIR NEIGHBOURS



DO

LISTEN TO THE VIEWS OF THE
PATIENTS (INCLUDING CHILDREN).
WHERE POSSIBLE REMEDY
COMPLAINTS, AND PASS ON ALL
COMMENTS TO THE CATERING
OFFICER

A CLOSE RAPPORT BETWEEN THE KITCHEN AND THE WARD
IS ESSENTIAL FOR THE PATIENTS' WELL-BEING

Check List

SCORE YOUR PERFORMANCE

FOOD QUALITY (page 4)

Do you:

Use the correct type and cut of food for the particular dish and cooking method described on the menu?

☐

Use good quality foods?

☐

QUANTITIES (page 5)

Do you:

Insist that ward staff order patients' meals in portions of named foods?

☐

Use the full range and proportions of ingredients specified in standard recipes?

☐

PREPARATION (page 6)

Do you:

Prepare food so that it is attractive, palatable and nutritious?

☐

Build up a reputation for high quality sauces?

☐

COOKING (page 8)

Do you:

Plan the meal production around the cooking time for each dish and prepare all possible foods in advance?

☐

Cook items which spoil with keeping at the last minute?

☐

Insist on ward meals being staggered to allow continuous cooking?

☐

Cook all dishes in the correct equipment?

☐

Relate carefully the duration of cooking to the item being cooked, and check for seasoning before despatch?

☐

Take a pride in your craft?

☐

Give the patients the benefit of your expertise?

☐

LOADING (page 10)

Do you:

Grade all the containers and select the right size for the type and portion of dish ordered?

☐

Keep the main courses of the meal together and identify dishes which may be mistaken?

☐

Load trolleys one at a time at the service counter immediately before despatch?

☐

Reject substandard food and carefully check that there is neither over- nor under-issue?

☐

SERVICE (page 11)

Do you:

Visit the wards with the food trolley?

☐

Show an interest in ward service problems and make sure that your food is served properly?

☐

Check food temperatures and advise on essential adjuncts for the meal?

☐

Listen to the views of patients (including children) and pass on all comments to the catering officer?

☐



£1.30

Better Food for Patients

WARD SERVICE

Published by King Edward's Hospital Fund for London for Wessex Regional Health Authority



THE HOSPITAL CENTRE LIBRARY 24, NUTFORD PLACE LONDON W1H 6AN	
ACCESSION NO. 13423	CLASS MARK HOKA
DATE OF RECEIPT 10 July 1975	PRICE Donation



King Edward's Hospital Fund for London

Patron: Her Majesty The Queen

Governors: HRH Princess Alexandra,
The Hon Mrs Angus Ogilvy GVO
Lord Ashburton KG KCVO JP
Lord Cottesloe GBE TD

Treasurer: R J Dent

Chairman of the Management Committee:
Lord Hayter

Secretary: G A Phalp CBE TD

14 PALACE COURT LONDON W2 4HT
Telephone: 01-727 0581

Better Food for Patients

WARD SERVICE

by

JOHN RICE

Catering Adviser to the
Wessex Regional Health Authority

Ward Service

An efficient, caring and courteous meals service is appreciated by all of us who go out for a meal. It is particularly important for patients in hospital whose appetites require tempting to help their recovery.

An appetite which is already uncertain can be lost altogether if the patient is faced with a heaped plate of even the most well cooked food, and interruptions in the service, cracked cups, inadequate or soiled cutlery, and unattractive crockery will quickly detract from meal quality.

In the ward, staff consult patients on their choice of meals, check those meals for quality before serving them, and keep a watchful eye on whether they are being eaten.

Less obvious than the actual serving of food is the part played by the ward staff in preparing the essential adjuncts to the meals and refreshments served throughout the day. Boiled eggs at breakfast, the question of whether toast is served, the availability of alternatives to tea after lunch or dinner, the quality of coffee, the opportunity of an oil and vinegar dressing with salad, and of mustard or horseradish with meat, are all ward responsibilities.

The provision of a high quality ward catering service seven days a week calls for skill, effort and dedication.

THIS BOOKLET

This booklet spotlights the main action which can be taken at ward level to ensure a high quality meals service to patients.

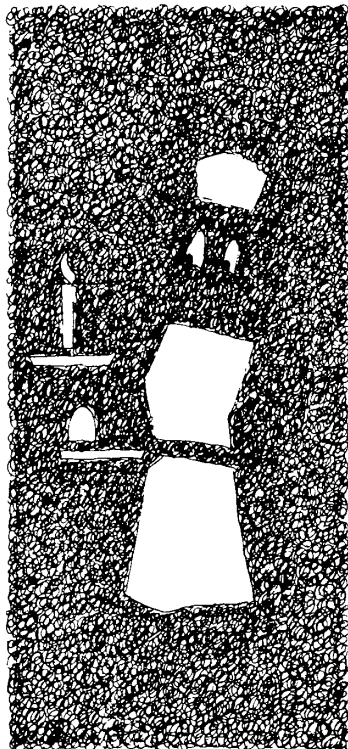
The 'do's' and 'don'ts' listed are based on the 20 most frequently recurring shortcomings encountered on recent surveys. It is hoped that they will help to remind ward staff of possible pitfalls in the meals service and to suggest how these might be avoided.

CONTENTS

page

<i>Meal Times</i>	4
<i>Ordering Meals</i>	5
<i>Preparing for Meals</i>	6
<i>Food Trolley</i>	8
<i>Serving Meals</i>	9
<i>Clearing Away</i>	10
<i>Check Lists</i>	11

Meal Times



X DON'T

**SERVE BREAKFAST IN THE SMALL HOURS AND
DON'T SERVE THE LAST MEAL AT TEA-TIME**

✓ DO

**SERVE MEALS AT SOCIALLY ACCEPTABLE
TIMES WITH THE CORRECT SPACING BETWEEN
THEM TO ENCOURAGE APPETITES**

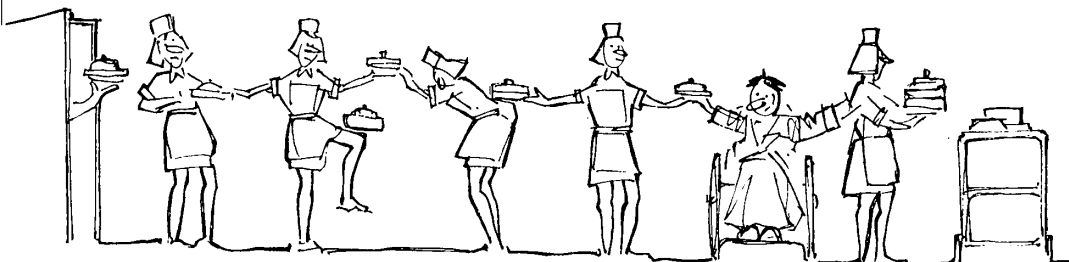
	from
Morning tea	7 am
Breakfast	8 am
Coffee	10 am
Lunch	noon
Tea	3 pm
Evening meal	6 pm
TV snack	8 pm

X DON'T **SERVE YOUR MEALS AT THE SAME TIME AS ALL OTHER WARDS**

It is not possible to produce a great many meals
for a set time without cooking them excessively
early and keeping them hot — the main reason
for spoilt food in hospitals.

✓ DO **ARRANGE INDIVIDUAL MEAL TIMES FOR YOUR WARD WITH THE CATERING OFFICER**

This will permit last minute cooking and a direct
pan-to-trolley service of freshly cooked food.



Ordering Meals



DON'T

ACCEPT A 'NO CHOICE' MENU OR CHOOSE MEALS WITHOUT CONSULTING YOUR PATIENTS —

there is no benefit from food left on the plate.

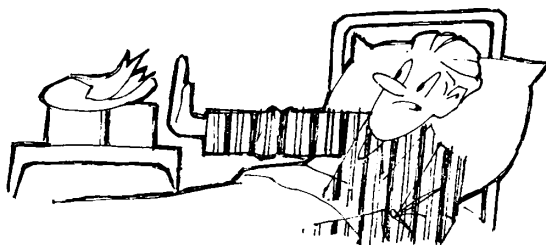
"O.K. So it's full of essential vitamins, amino acids and minerals, but I just hate kippers!"



DO

INSIST ON A CHOICE OF DISHES AT EACH MEAL AND ORDER THE TYPE OF FOOD WHICH THE PATIENT ENJOYS

Also keep a watchful eye on whether meals are being eaten.



DON'T

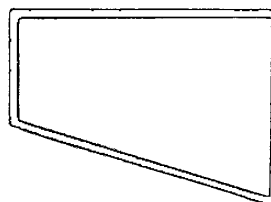
ORDER MEALS IN DIET CATEGORIES

This sort of blanket ordering means that two or three courses are being ordered for each meal when, in fact, many patients may want only one course. The unserved food goes into the ward swill bucket. This wastes money and depresses standards.

NIGHTINGALE WARD

Monday 1 July

- 20 Full Diets
- 10 Light Diets
- 2 Soft Diets



NIGHTINGALE WARD

Monday 1 July

- Breakfast
 - 8 Porridge
 - 12 Fried eggs with tomato
 - 8 Scrambled eggs
- The remaining patients do not want a cooked breakfast



DO

ORDER MEALS IN PORTIONS OF NAMED DISHES AND AVOID WASTE



DON'T

ORDER MEALS LONG BEFORE THEY ARE REQUIRED

Patients' conditions and appetites change and new arrivals and departures can cause problems.



DO

TAKE MEAL ORDERS AS NEAR AS POSSIBLE TO THE TIME OF SERVICE

Order at breakfast for the following lunch and evening meal and in the evening for the next day's breakfast. When appetites are fickle order shortly before each meal.

CARELESS ORDERING COSTS THOUSANDS OF POUNDS A YEAR, AND DOES NOTHING FOR THE PATIENTS

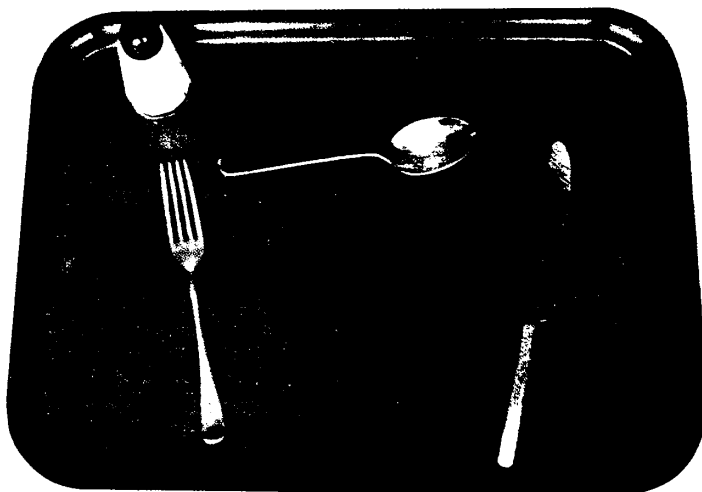
Preparing for Meals



DON'T

MAKE DO WITH ODD SETS OF CROCKERY AND CUTLERY AND DON'T LAY UP TRAYS WITH YOUR THOUGHTS ON THE WASHING-UP

Chasing a piece of fruit around a plate with only a sweet spoon can raise blood pressure.



DON'T

HEAT PLATES FOR A COLD MEAL OR PUT OUT KNIVES AND FORKS FOR BOILED EGGS



DO

CHECK THE MENU BEFORE EACH MEAL AND ENSURE THAT THE CORRECT SETTING IS PROVIDED



DON'T

LIMIT COLD SAUCES TO KETCHUP OR SALAD CREAM



DO

INSIST ON THE APPROPRIATE COLD SAUCES FOR THE FOOD BEING SERVED —

french dressing with salads,
horseradish with roast or grilled beef,
mint jelly with roast or grilled lamb,
tartare with fried fish.

Preparing for Meals



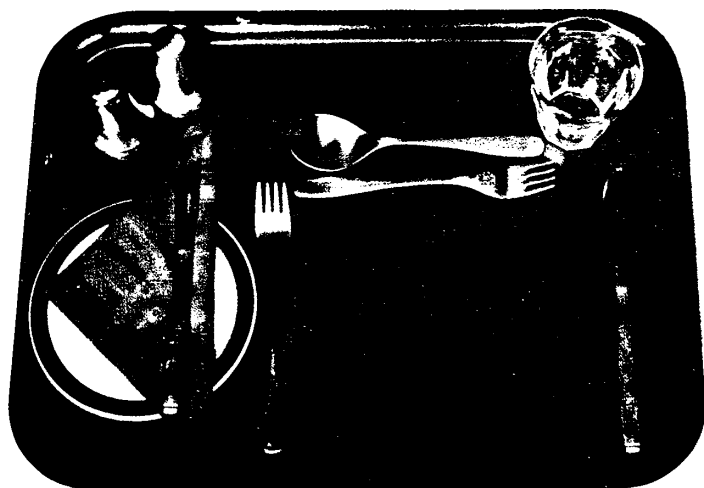
DON'T

LAY UP TRAYS
DURING THE
MEAL OR DELAY
THE SERVICE
WHILE YOU FILL
WATER JUGS



DO

PREPARE TRAYS
AND FILL JUGS
BEFORE THE
TROLLEY ARRIVES
AND ENSURE THAT
PATIENTS ARE
READY TO RECEIVE
THE MEAL



DO

PROVIDE FULL AND
MATCHING SETS OF
CROCKERY AND
CUTLERY AND LAY
THE TRAY TO
ENHANCE THE MEAL
— GET SPECIAL
TABLEWARE FOR
YOUNG CHILDREN
AND HANDICAPPED
PATIENTS



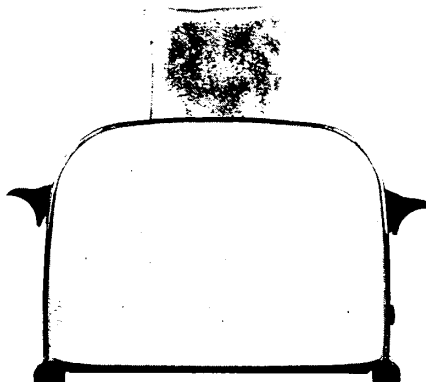
DON'T

SERVE ONLY BUTTERED BREAD FOR
BREAKFAST OR RESTRICT BEVERAGES
TO TEA



DO

REMEMBER THAT MANY PATIENTS ENJOY
TOAST, WARM ROLLS AND COFFEE



Receiving that Food Trolley

X DON'T

LEAVE THE FOOD TROLLEY
STANDING IN THE CORRIDOR

*'Heads it's the chocolate sauce,
tails it's the gravy!'*

X DON'T

RISK INTERRUPTING THE
SERVICE WHILE YOU SEND
BACK TO THE KITCHEN
FOR MORE FOOD

✓ DO

PLUG IT IN AS SOON AS IT
ARRIVES TO KEEP THE
FOOD HOT —
and start the service
as soon as it has been checked.

✓ DO

CHECK THE QUANTITY OF
FOOD RECEIVED AGAINST
THAT ORDERED BEFORE YOU
START SERVING

X DON'T

RISK SERVING THE WRONG
DISH OR ACCOMPANIMENT —
IT COULD RUIN THE
PATIENT'S MEAL

X DON'T

SERVE BULLET-HARD EGGS
OR LUKEWARM FOOD

✓ DO

IDENTIFY ALL THE DISHES
SENT AND NOTE THEIR
POSITION IN THE TROLLEY

✓ DO

REJECT OBVIOUSLY
UNACCEPTABLE DISHES AND
HAVE THEM REPLACED

Two minutes spent on checking
the trolley before the service
will save your time, your patience
... and your feet!

Serving Meals



DON'T

SERVE FRIED EGGS WITH
DESSERTSPOONS OR
TRANSFER HOT SAUCES
TO COLD SERVING JUGS



DO

INSIST ON A FULL RANGE
OF CORRECT SERVING
UTENSILS, FROM EGG
SLICES AND PERFORATED
SPOONS TO SOUP AND
SAUCE LADLES



DON'T

SERVE TEA OR COFFEE
WHILE LUNCH IS
BEING EATEN



DO

SERVE TEA AND
COFFEE WITH
BREAKFAST BUT
AFTER OTHER
MEALS



DON'T

USE CHIPPED
OR CRACKED
CROCKERY —
IT'S A HAZARD
TO HEALTH



DO

IMMEDIATELY
REPLACE
SUBSTANDARD
TABLEWARE



DON'T

POUR THE GRAVY
OVER THE
POTATOES OR
OVERLOAD THE
PLATE



DO

USE YOUR SKILL TO
PRESENT THE MEAL
ATTRACTIVELY

Serving Meals



DON'T

WASTE VALUABLE
STAFF TIME ON
OUTDATED SERVING
TECHNIQUES



DO

SEEK SPECIALIST
CATERING ADVICE
ON THE MOST
EFFECTIVE WAY OF
SERVING MEALS
AND ENCOURAGE
COOKING STAFF
TO SEE THE
END PRODUCT

A CLOSE RAPPORT BETWEEN THE
KITCHEN STAFF AND THE WARD
STAFF IS ESSENTIAL FOR THE
PATIENTS' WELLBEING



DON'T

NEGLECT CLEARING
AND WASHING-UP



DO

ENSURE THAT THE CORRECT SEQUENCE
IS FOLLOWED —

clear away between courses,
scrape plates away from the bedside,
wash, rinse and air dry.

Check Lists

MEAL TIMES (page 4)

Do you serve:

Morning tea from 7 am?

Breakfast from 8 am?

Coffee from 10 am?

Lunch from noon?

Tea from 3 pm?

Evening meal from 6 pm?

TV snack from 9 pm?

Have breakfast, lunch and evening meal times been agreed with the catering officer?

☐
☐
☐
☐
☐
☐
☐
☐

ORDERING MEALS (page 5)

Is a choice provided at each meal?

Are meals ordered in portions of named dishes?

Are lunch and evening meal ordered on the day they are to be served?

Is breakfast ordered the previous evening?

☐
☐
☐
☐

PREPARING FOR MEALS (pages 6 and 7)

Are trays prepared and patients ready?

Are there full and matching sets of crockery and cutlery?

Is there special tableware for young children and handicapped patients?

Are there correct tray settings for the meals ordered?

Is there a full range of appropriate cold sauces?

Are toast, warm rolls and coffee served at breakfast?

☐
☐
☐
☐
☐
☐

FOOD TROLLEY (page 8)

Is the food trolley plugged in on arrival?

Are food quantities checked against the meal order?

Are dishes identified and located?

Are unacceptable dishes rejected?

Is service started as soon as the trolley is checked?

☐
☐
☐
☐
☐

SERVING MEALS (pages 8 and 9)

Is there a full range of serving utensils?

Has advice been sought on the most effective service?

Are meals presented attractively?

Are beverages served *with* breakfast but *after* lunch and the evening meal?

Is chipped or cracked crockery immediately replaced?

☐
☐
☐
☐
☐

CLEARING AWAY (page 10)

Are trays cleared between courses?

Is plate-scraping done away from the bedside?

Is crockery washed, rinsed and air dried?

☐
☐
☐

Check Lists

EQUIPMENT

Have you the right equipment? ☐

FIXED ITEMS

Hot closet, large enough to take all plates ☐

Two boiling rings ☐

Automatic water boiler ☐

Refrigerator ☐

Provisions cupboard ☐

Crockery cupboard with cutlery drawer ☐

Double sink and drainer unit with air drying rack ☐

OR

Single sink unit and dishwashing machine ☐

Adequate working surface ☐

Washbasin ☐

LOOSE ITEMS

Two waste bins for swill and refuse ☐

Two service trolleys or one trolley and a mobile tray rack ☐

Suitable pots and pans, including an egg poacher ☐

Electric kettle ☐

Correctly labelled storage containers for dry provisions ☐

SERVICE UTENSILS

Tongs and serving spoons ☐

Perforated serving spoons ☐

Fish slices ☐

Ice cream scoops ☐

Soup and sauce ladles for 2 oz to 6 oz capacity ☐

SUNDRY ITEMS

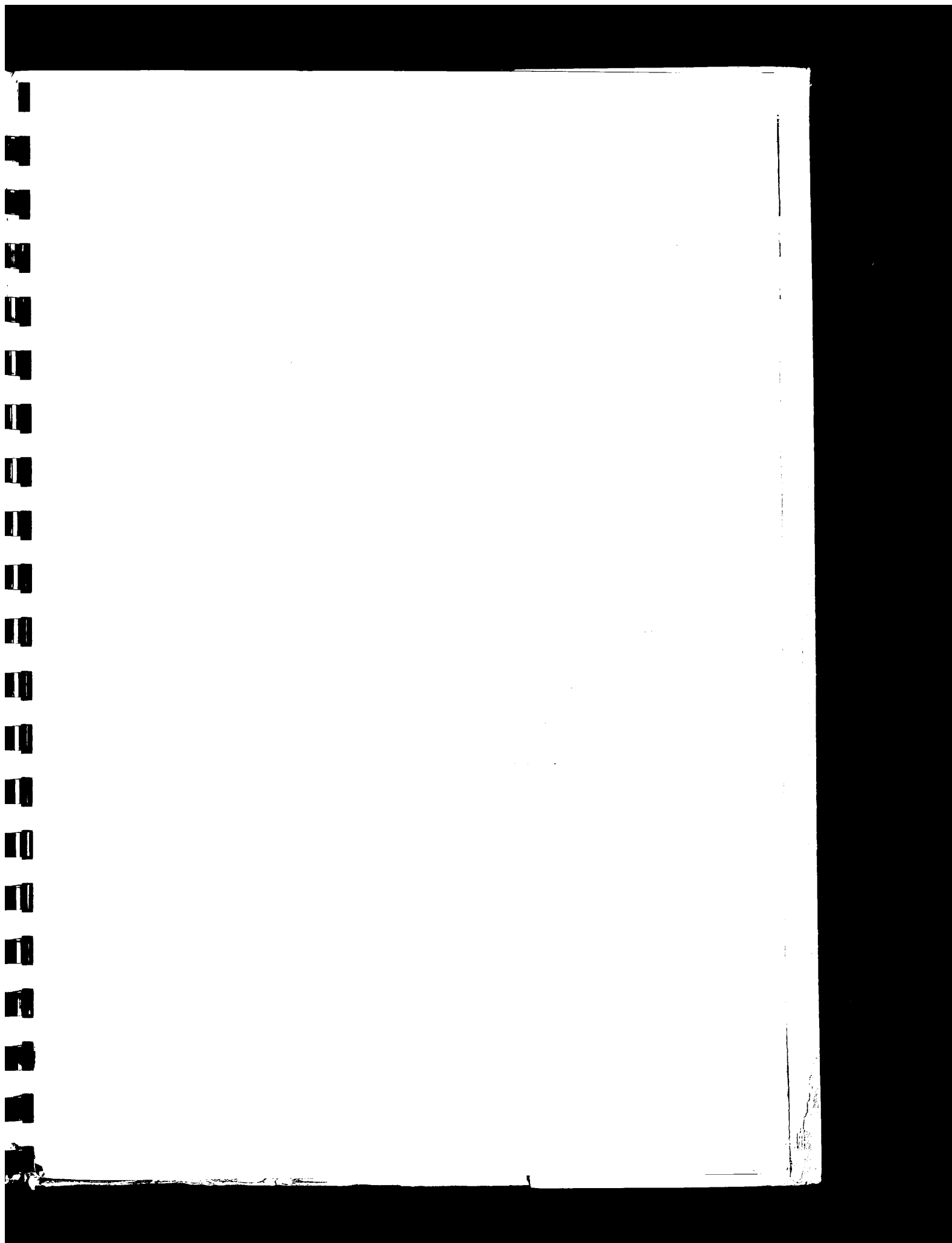
Audible egg-timer ☐

Wall or table can- and bottle-openers ☐

Blender for fruit or milk drinks ☐

Corkscrews ☐

SEE HEALTH
EQUIPMENT NOTE 4,
WARD UNITS
(HMSO 1971), FOR A
DETAILED LIST OF ALL
THE EQUIPMENT,
CROCKERY AND CUTLERY
RECOMMENDED FOR WARD
KITCHENS/PANTRIES





1929933866

£1.30

King's Fund



54001000058621

Contents

REPORT
AUDITS
COURSE

Booklets for Staff

NEW MENUS
COOKING
WARD SERVICE

Price £6.30

