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King Edward's Hospital Fund for London

CATERING ADVISORY SERVICE

Report

on

PROVISIONS COSTS at the HAMMERSMITH HOSPITAL

prepared by

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for the

BOARD OF GOVERNORS, HAMMERSMITH & ST. MARK'S HOSPITALS

July 1970.

HOKF (Sto)

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FOREWORD

At the request of the Board of Governors, the King's Fund Catering Advisory Service, undertook to investigate the provisions costs at Hammersmith Hospital. For this purpose the Treasurer's Department submitted records of patient occupancy, ward meal requisitions, hospital and medical school staff meals, stores issue sheets and the menus for the period 9th to 22nd February 1970 inclusive. Additionally several visits were paid by members of the Catering Advisory Service to observe the system of preparation and service and to discuss the catering operation with catering and treasurer's staff.

The impression was gained that control procedures were little different from that which pertained before the introduction of Pay as you Eat. Many examples of issues not being properly related to consumption were found. On the other hand it must be stated that every effort seemed to be made to avoid waste by the maximum re-use of left over production in the staff kitchen.

Although detailed control was lacking, we feel it is only right to mention that there are few hospitals to our knowledge which have not experienced a considerable increase in costs following the introduction of Pay as you Eat.

Briefly, it is recommended that to keep costs at a reasonable level standard costed recipes should be used throughout the department, charges should be revised regularly, and all stores orders should be based on known patient requirements or written production figures for staff meals. Call order cooking units should be used for staff and a plated meal service should be considered for patients after the present ordering system has been changed.

We would conclude by recording our thanks to the various officers and staff who freely gave information and supplied us with the basic statistics.

G.J. Stormont
Catering Adviser

July 1970.

INTRODUCTION

1.1 This is an Undergraduate Teaching Hospital having approximately 500 patients and feeding approximately 960 staff at midday. This includes the service provided in the Wolfson Clinic from Monday to Friday for medical school staff.

1.2 There are three kitchens: the South kitchen cooks food for all general and light diet patients, which during the period of the survey averaged 440 and resident doctors and professors averaged 55 at midday, but only 20 in the evenings and weekends. The North kitchen serves the three main staff dining rooms - the nurses restaurant which is adjacent to the kitchen, the cafeteria on the floor above and the Wolfson Restaurant. There is also a diet kitchen which deals with some 110 therapeutic diets and a small metabolic unit.

1.3 The Group Catering Officer is directly responsible for the catering service. He has an assistant Catering Officer and two clerks, one of which is on the higher clerical grade.

1.4 The food costs have risen considerably since the introduction of Pay as You Eat on 1st July 1969, fluctuating between 52/- and 55/- per person per week. During February 1970 the costs were 53/-.

1.5 The factors which affect food costs are buying procedures, storage and control of issues, preparation and cooking and service of food. Time did not allow for a detailed examination of every facet but the meals that were seen being prepared, cooked, and served, gave little reason to suspect these as being root causes of higher food costs. There have been no changes in the buying procedures which would have contributed to the increase in unit costs. Although prices had risen to some extent during the 12 months they were not sufficient to account for this large increase in food costs. It seemed therefore

that the cause must lie in the system of control of issues to the kitchens, portion sizes, and the relationship of charges to the ingredient costs of staff meals.

COSTING

MENUS

2.1 The Catering Officer compiles three menus weekly - one for the patients, one for the doctors and one for other staff. Examples of these are shown in Appendices A1, A2, A3.

2.2 The patients menu (A1) which is published on a weekly basis contained a good range of dishes from which it is possible to choose a well balanced diet.

2.3 The basic menu for staff (A2) is published weekly but daily alternatives are added to it. The alternatives are sometimes made-up dishes from left-overs and are considered by the hospital to be snacks. For example during week ending 15th February

Shepherds Pie served four times
Spaghetti Bolognaise served twice
Meat Pasties served twice
Meat Cutlets served twice
Steak Pie served twice
Ravioli served once
Fried Fish served once
Braised Lamb Chops served once
Beef Casserole served once

On occasions main dishes which appeared on the menu are repeated a day or two later as snacks and sold at snack prices. For example

11th/12th Braised Lamb Chops
12th/14th Beef Casserole

This repetition tends to introduce monotony into the daily menu.

2.4 Although not appearing on the menus cold meat and salads are also offered at midday in all service areas.

2.5 Apart from the observations made above the staff menus are varied and contain a good balance between roasting, grilling and other meats.

2.6 The resident doctors menu is of a rather higher standard than is offered to other staff and includes such items as melon and prawn cocktail, roast duck and rump steak (see price para 7.5).

2.7 Three menus are prepared by the Senior Dietitian which are designed to cover the major diet requirements. They link where appropriate with the menu for general diet patients.

RECORDING OF MEALS

Patients

3.1 The patients menu is sent to the wards at the commencement of the week and the Ward Sister requisitions daily for Tuesday, Wednesday, Thursday and Friday the number of dishes required. The returns are received in the catering office by 9 a.m. for the meals required the following day, but for Saturday, Sunday and Monday's meals the requisitions are in the catering office by 9 a.m. on Friday.

3.2 The ward indents frequently do not correspond to the bed state as at midnight and only a very small number of patients are offered a choice of meal. From appendix B it will be seen that the differences between the bed state and ward requisitions are considerable.

3.3 The present system of ward ordering should be examined with particular reference to pre-ordering which is at present required to cover the week-end period. The aim should be to offer patients at lunch time a choice of meals for the following day. This re-timing would encourage ward staff to offer the choice of meals available to more patients and enable more accurate orders to be placed than is possible under the present system.

Resident Doctors

4.1 Resident doctors meals are recorded from the number of tickets collected by the maids who serve in this dining room. The number of tickets frequently does not seem to justify the quantities of food sent to the dining room (see para 5.8).

Staff

4.2 Meals for staff, with the exception of the resident doctors, professors and a small number of meals supplied in 'out houses', are recorded in cash tills. When cash is taken the cashiers have been instructed to indicate the type of meal sold. Thus the number and type of meals served in the various dining areas are known. This is information which could form the basis of a good system of control.

PORTION CONTROL

5.1 In the past it seems there has been a general understanding between the Catering Officer, his two head chefs and butcher as to what constitutes a portion. For example, the butcher on his own initiative orders the number of chickens of a given weight from the supplier in accordance with their appearance on the menus, copies of which he receives weekly. He does not wait to receive instructions from the Catering Officer on the quantity to be ordered. In due course they are delivered to the respective kitchens and the chef accepts them without checking the weight. This type of control based on experience and personal understanding does not meet the needs of a large hospital operating Pay As You Eat for staff and a choice of meals service for patients.

Patients

5.2 It is clear from the discrepancy which exists between issues to the patients kitchen and the actual amounts required to produce the number of portions

ordered that issues are based on estimates of likely requirements. This estimating, of course, should not be necessary since ward meal requisitions are received at least 24 hours in advance of requirements. The Catering Officer should inform the chef the number of portions required and from this an indent should be made out to the stores and butchers shop to supply the exact amount calculated as being required for the number of portions ordered.

5.3 Unfortunately there does not appear to be any recipes in the kitchens which establish the quantities to be used for a given number of persons to be fed. Whilst with trained chefs it may be difficult to get them to work always to set recipes at least in regard to protein foods there must be a good degree of control and quantities must be adjusted according to requirements.

5.4 The stores issue procedures should permit the submission of requisitions after ward orders have been summarised.

5.5 The difficulty of accurately assessing portions in the bulk containers used in the food conveyors adds to the control problem. A centrally plated meal service would solve this and reduce the amount of nursing time spent serving meals.

5.6 At appendix B besides the ward requisition and bed state, the graph shows the calculated yield from bacon, poultry, meat and fish issued to the South kitchen, and identified as being used for lunch and supper meals during the two weeks in February. From this it will be seen that the yield on many days far exceeds requirements, but on one or two days the issue was less than patients' requirements.

5.7 This lack of control leads to food in excess of requirements being within the kitchen on occasions and on others to there being insufficient to provide adequate portions unless unrecorded stocks are held. The existence of such stock is clearly undesirable.

Resident Doctors & Professors

5.8 The amounts issued to the kitchen for the resident doctors and professors does not vary as would appear to be required by the fluctuation in numbers. There was a pattern of a drop in numbers amounting to approximately 30 at the weekend. A similar difference usually exists between the midday numbers and the evening meal during mid week.

A copy of the menu (appendix D) for weekending 21st February appears to show the amount to be issued for each meal. These figures correspond to the butcher's issue sheets. It should be noted that the number of portions or the weight to be issued does not vary as would appear to be required by the fluctuation in numbers, e.g.

17th February midday	- Lamb chops issued 60 nos.	served 44 portions
20th February evening	- Pork chops issued 60 nos.	served 17 portions

Staff

6.1 In this kitchen (North) it is just as essential as in the patients' kitchen for the Catering Officer to give directions to the chef on the quantities of each dish to be produced to see that indents on stores correspond to his pre-planned portion control.

Written estimates of the likely take-up of dishes should be prepared by the Catering Officer. This information should be used to calculate ordering and stores issues and form the basis of kitchen control. Written instructions should be given by the Catering Officer to the butcher, storekeeper and Head of Kitchen as to the amounts to be issued and portions to be produced as appropriate. The use of standard recipes is obviously essential to this level of control.

6.2 A system of internal recording of transfers of food portions from the kitchen to each service point should be established, linked to the initial

production figure on which issues were made. The portions issued should be balanced by sales and returned portions and action should be taken on any unnecessary overproduction or lack of portion control.

6.3 The extent to which control is lacking is illustrated in appendix C. It will be seen that the estimated yield is far greater on most occasions than sales, but at the time of preparing this graph the quantities issued to the Wolfson Snack Bar were not included. It seems there have been no records kept but information was in due course provided and an estimate of quantities issued was submitted. Even if these were to be added to the sales there would still be a considerable discrepancy which should not occur.
In particular roasting meat and chicken appear to be high even when adjusted to allow for the amounts used for salads and sandwiches.

14.2	Roast Beef 160 lbs issued	170 portions sold
16.2	Roast leg of Pork 401 lbs issued	586 portions sold
21.2	Roast Lamb 191 lbs issued	182 portions sold
22.2	Roast Beef 271 lbs issued	218 portions sold

Note each of the above weights is as issued i.e. unadjusted

15.2	Roast Chicken 160 lbs + 20 lbs (P 4919)	246 portions sold
19.2	Chicken Casserole 465 lbs issued	688 portions sold

6.4 The amount issued for special commitments during this period are also unknown. As a matter of routine issues made for any special purpose should be identified on the Stores Issue Note.

6.5 The introduction of PAYE has made it more difficult to estimate the number of portions of each dish that will be required. With experience it is possible to estimate with reasonable accuracy and thus perhaps have to refuse only a few people a dish towards the end of a meal service. A

better approach is to have only one dish which needs a long time to cook and offer as alternatives a range of other dishes that are cooked to order, or are suitable for rapid cooking in small batches as the meal service progresses. This allows close control to be exercised over the amount produced and avoids the difficulties which can be experienced if a number of the choices appearing on the menu are not available towards the end of the meal service period.

6.6. A cooked to order service could also provide the variety sought by nursing staff at the same time as providing the flexibility required to meet the fluctuating demands experienced since the introduction of pay as you eat. Freedom from the limitations imposed by the present figid system of charges would enable the Catering Department to provide the standard of dishes required, at the appropriate cost to staff.

CHARGES FOR MEALS

7.1 The dishes shown on the weekly menu are sold to staff within the Standard ASC main meal charges as is shown at appendix E. The vegetable and potatoes are included in the cost of the main dish. It has been decided to include within the total ASC cost of the main meal 2/10d (now 3/-) a beverage in addition to the soup, main and sweet course. A snack meal is provided for 1/3d and normally includes potatoes or vegetables.

7.2 If the recommendations contained in HM (67) 10 are accepted by the Board the charges made should in future be based on the value for money suggested i.e. 75% of a main meal and 60% for a snack meal charge should represent the cost of provisions.

7.3 The price paid for each commodity should be used to cost each dish in the weekly menu and any adjustment necessary to keep the cost when taken

one day with another' (HM (67) 10) within the approved limit should be made. This costing and adjustment should taken place every three months.

7.4 The portions served compare favourably with other hospitals and reconsideration should be given to the inclusion of soup and a beverage in the standard meal charge after the other dishes have been costed. It is thought that there is insufficient money left to provide a satsifactory main course in addition to the other items and still achieve the percentage and cost per head recommended.

7.5 The charge made to resident doctors and professors for their main meals is not sufficient to justify in financial terms the standard of menu and service provided when compared to other staff meals. This fact must be considered when the cost of running the catering service is appraised.

SUMMARY OF RECOMMENDATIONS

Patients

8.1 The present system of meal requisitioning should be examined to achieve more accurate ordering by wards. (3.1-3.3)

8.2 Patients should be offered a choice of meals. (3.3)

8.3 Particular attention should be paid by the Catering Officer to the ordering from suppliers and control of issues through the butchers shop (5.1., 5.6)

8.4 Standard recipes and portion control should be established for all dishes. (5.3)

8.5 All stores issues should be related to the known requirements of patients. (5.2., 5.4)

8.6 When funds are available consideration should be given to the introduction of a plated meal service as a means of further improving control and the service offered to patients. (5.5)

8.7 Any action necessary should be taken to ensure that provisions are not held with the hospital unless recorded as stock which is subject to audit control. (5.7)

Staff

9.1 Standard recipes should be used for each dish and portion sizes established. (6.1)

9.2 Written estimates of the likely take up of dishes should be prepared by the Catering Officer, and be used to calculate orders and stores issues and form the basis of kitchen control. (6.1)

9.3 A system of internal recording of transfers of food portions from the kitchen to each service point should be established. (6.2)

9.4 Any issues made for special functions and the amounts actually used should be clearly identified and related to the income received. (6.4)

9.5 There should be two types of service and menus available: (6.5-6.6)

(a) A menu cycle providing a hot meal with a salad alternative at the standard ASC meal charge.

(b) A wide range of dishes priced according to their individual ingredient cost should be provided by call order units in one of the service areas available to staff staff.

9.6 If the recommendations contained in HM (67) 10 as to the value for money to be provided are accepted by the Board the performance of the catering department should in future be measured against this criteria. (6.6., 7.2-7.5)

9.7 The price paid for each commodity should be used to cost each dish (7.2-7.3)

9.8 The costing of all dishes and the adjustment of the menu provided at the ASC charge should take place every three months. (7.3)

9.9 Reconsideration should be given to the present policy including the beverage within the standard meal charge when the other dishes have been costed. (7.4)

Example of a day's MENU for Patients

Breakfast

Porridge

Grilled Bacon & Tomatoes
Poached Eggs

Dinner

Celery Soup

Roast Beef & Yorkshire Pudding
Roast Potatoes
Cabbage

Fricasse of Veal
Creamed Potatoes
Cabbage

Chicken Casserole
Creamed Potatoes
Cabbage Puree

Apple Pie & Custard
Baked Rice Pudding

Supper

Scotch Broth

Spaghetti Bolognaise
Parsley Potatoes

Minced Beef
Duchesse Potatoes

Pineapple and Custard
Ground Rice Pudding

Cheese & Biscuits

Cauliflower
Celery

Example of a day's MENU for Staff

Breakfast

Bacon
Tomatoes
Fried Egg on Toast

Dinner

2d	Tomato Soup		
1/11d	Roast Lamb	with	(Roast or Fried Potatoes
1/11d	Yankee Steak		(Brussel Sprouts
1/3d	Fried Fish	with	Fried Potatoes
1/3d	Meat Pastie		
4d	Baked Rice Pudding		
4d	Ice Cream & Chocolate Sauce		

Supper

4d	Mushroom Soup
1/11d	Fried Fillet of Haddock, fried potatoes & green peas
1/3d	Meat Cutlet and Saute Potatoes
4d	Cream Slices

Example of a day's MENU for Resident Doctors

Breakfast

Porridge

Grilled Bacon & Tomatoes

Lunch 3/4d

Celery Soup

Roast Beef & Yorkshire Pudding
Roast Potatoes
Cabbage

Apple Pie & Custard

Dinner 3/4d

Scotch Broth

Roast Duck & Orange Salad
Fondant Potatoes
Cabbage

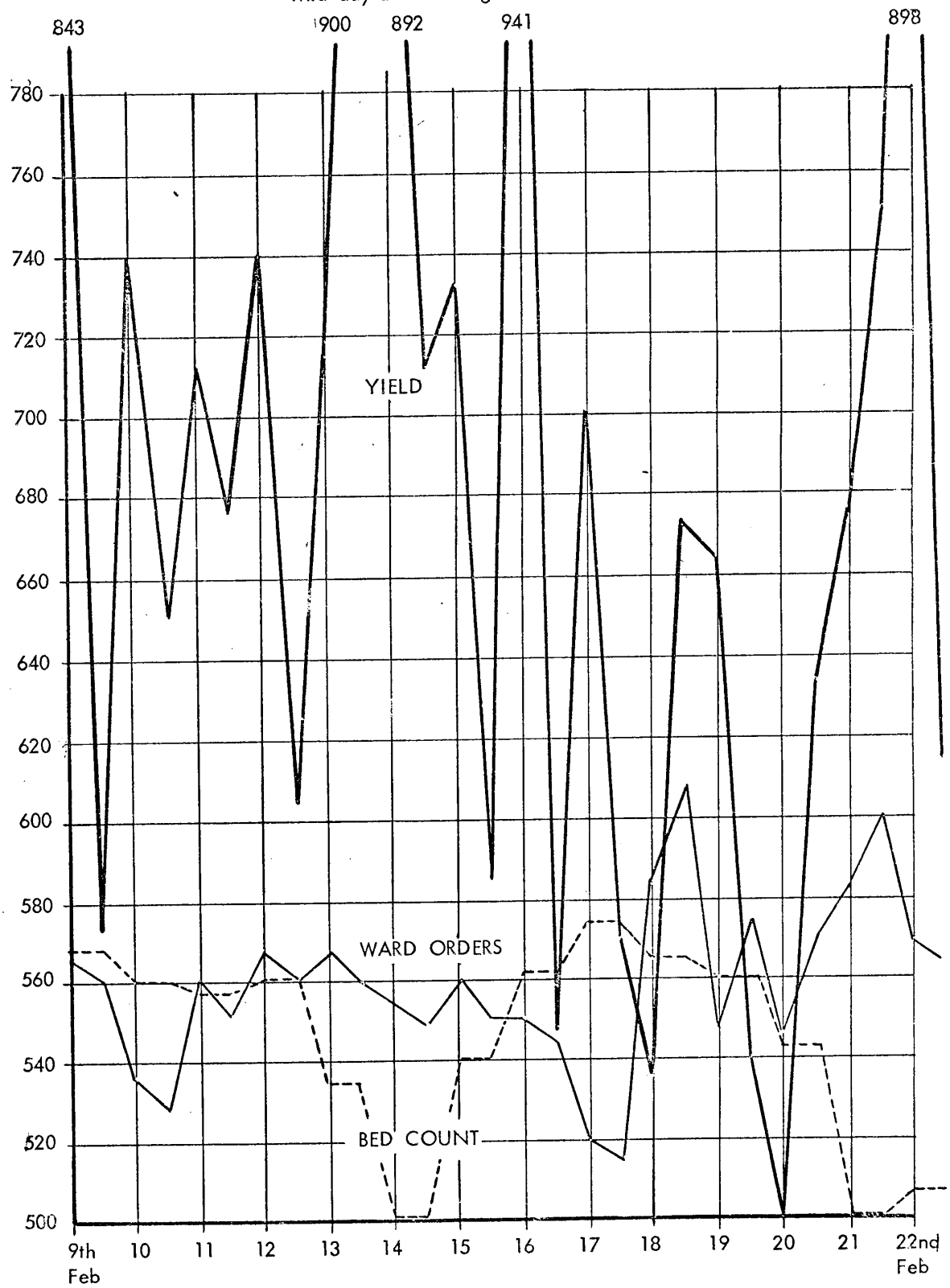
Pineapple & Custard

HAMMERSMITH HOSPITAL

Appendix B

Patients' Meals - south kitchen and diet kitchen

Calculated yield based on issues in relation to ward orders and bed count
for the period 9th - 22nd February, 1970
Mid-day and Evening meals

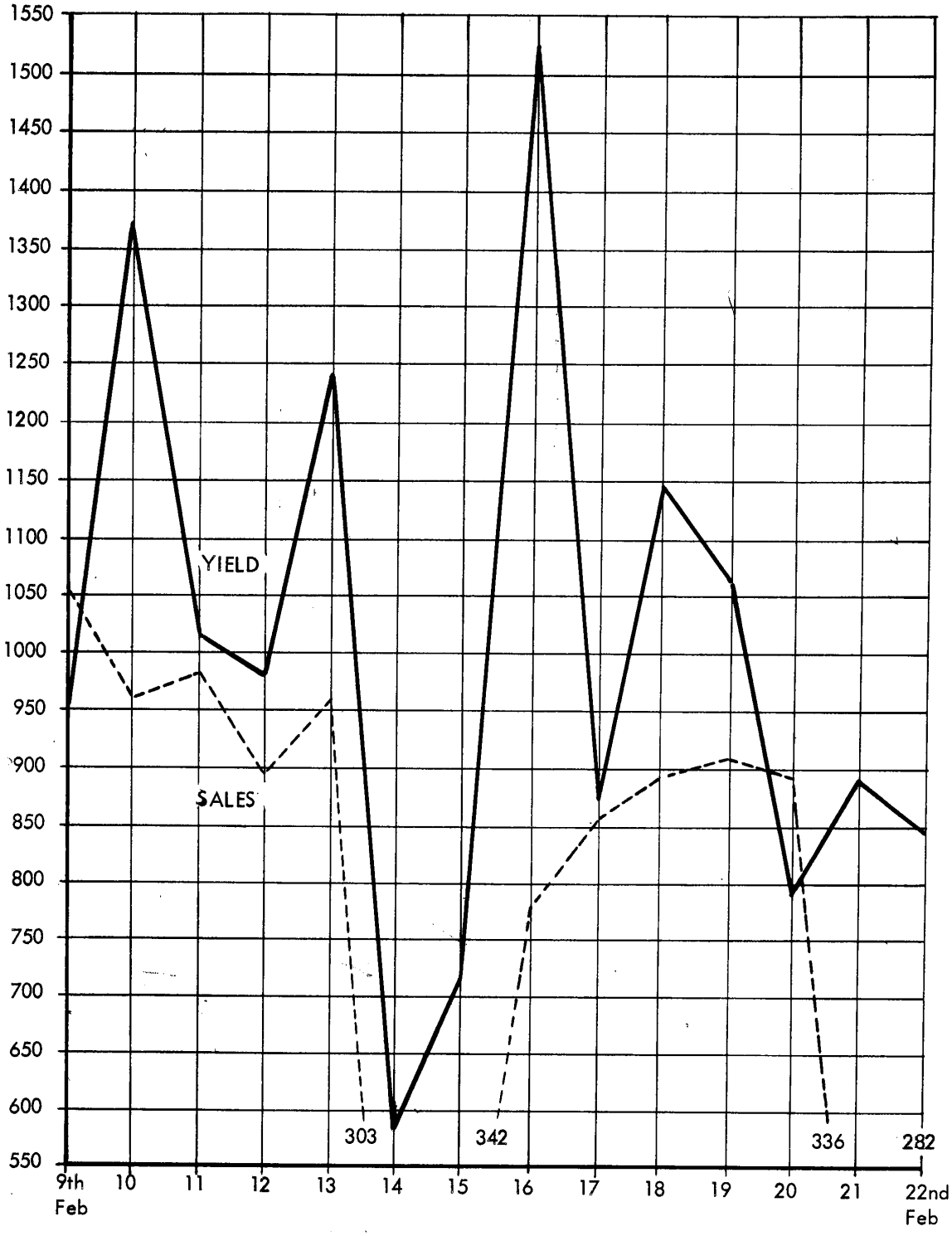


HAMMERSMITH HOSPITAL

Appendix C

Staff meals - north kitchen

Calculated yield based on issues in relation to sales in the Nurses' Restaurant, Cafeteria, Sisters' Dining Room, Wolfson's Servery, Secretary's Flat, Catering office for the period 9th - 22nd February, 1970
Mid-day and Evening meals



Photographed copy of

RESIDENT DOCTORS' DINING ROOM - WEEKENDING - 21ST FEBRUARY 1970

	Breakfast	Lunch	Dinner
Sunday	Grapefruit Grilled Bacon & Fried Eggs	Tomato Soup 12½p Roast Chicken & Bread Sauce Roast Potatoes Cauliflower & W/See Fruit Trifle	Minestrone Soup 20p Veal & Ham Pie Winter Salad Parsley Potatoes Peaches & Ice Cream
Monday	Cold Ham or Scrambled Eggs	Vegetable Soup 15p Steak & Kidney Pie 20p Creamed Potatoes Mixed Vegetables Bakewell Tart & Custard	Cream of Chicken Soup 60 NC Grilled Rump Steak & Onions French Fried Potatoes Grilled Tomatoes Mincemeat Tart & Custard
Tuesday	Grilled Sausages & Baked Beans	Mushroom Soup 60 NC Grilled Lamb Chops Tomatoes Saute Potatoes Baked Egg Custard	Prawn Cocktail 75 NC Roast Chicken & Bacon Fondant Potatoes Cauliflower au Gratin Rhubarb Crumble & Custard
Wednesday	Grilled Bacon & Tomatoes	Chicken Noodle Soup 10p Roast Lamb & Mint Sauce or 10p Roast Beef & Yorkshire Pudding Fondant Potatoes Cabbage Fruit & Ice Cream	Celery Soup 60 NC Tomato Chipolatas 80 Eggs 10 Bacon Mixed Grill Mushrooms Tomatoes Saute Potatoes Cherry Tart & Custard
Thursday	Chipolata Sausages & Baked Beans	Oxtail Soup 10p Fried Liver & Bacon or Braised Beef 10p Creamed and Saute Potatoes Tomatoes Steamed Chocolate Roll & Vanilla Sauce	Melon 20p Roast Veal & Stuffing Roast Potatoes Cabbage Apricots & Ice Cream
Friday	Poached Haddock or Eggs to order	Celery Soup 20p Grilled Plaice & Tartare Sauce Fried Potatoes Peas Apple & Plum Pie & Custard	Oxtail Soup 60 NC Grilled Pork Chops & Apple Sauce Parsley Potatoes Brussel Sprouts Jam Pancakes
Saturday	Scrambled Eggs on Toast	Green Pea Soup 60 NC Lancashire Hot Pot Parsley Potatoes Runner Beans Caramel Pudding	Florida Cocktail 60 NC Braised Steaks Duchesse Potatoes Carrots Cabinet Pudding

Daily Lunch - Cold Buffet

Appendix D

Appendix E

MEAL CHARGES AS AND FROM SUNDAY, 27THE OCTOBER 1968

(1) FULL MEALS WITH WAITRESS SERVICE

(a) Resident Doctors' dining room
(b) Sisters' dining room
(c) Wolfson Restaurant (including Consultants' dining room)
(d) Other small dining rooms (where a waitress service is provided)

Breakfast (light)	1/6d)
" (full)	2/2d)
Lunch (full)	3/4d) where applicable
Afternoon Tea (full)	1/4d)
Supper (full)	3/4d)

(2) CAFETERIA SERVICE AND OUT-HOUSES

(a) Nurses' restaurant
(b) Cafeteria (upstairs)
(c) Sisters' dining room
(d) St. Helena's Home
(e) Burlington Hall
(f) Beaufort Gardens
(g) St. James's
(h) Caithness Road

BREAKFAST	Cereals	3d		
	Main Course	11d		
	Toast & marmalade	3d		
	Tea	2d		
	Coffee	3d		
	Milk	4d		
	Boiled egg	6d		
	Bread & butter	2d		
LUNCH	Full meal with roll, butter, coffee	2/10d		
	Choice of main course with veg.	1/11d	Snack Meal	1/3d
	Choice of salad	1/11d		
	Soup	2d		
	Sweet	4d		
	Roll & butter	2d		
	Tea	2d		
	Coffee	3d		
	Milk	4d		
	Squash	3d		
TEA	Bread & butter - 2 slices	2d		
	Jam, paste, sandwich spread, etc.	2d		
	Cakes	3d		
	Biscuits	2d & 3d		
	Tea	2d		
SUPPER	Full meal with roll, butter, coffee	2/10d		
	Choice of main course with veg.	1/11d	Snack Meal	1/3d
	Soup	2d		
	Sweet	4d		
	Roll & butter or bread & butter	2d		
	Tea	2d		
	Coffee	3d		
	Milk	4d		
	Squash	3d		

(3) WOLFSON SNACK BAR

Charges fixed by Catering Officer.

W.H. Banbury
Group Catering Officer