Catering for Staff

By G. J. Stormont, F.H.C.I.
Catering Adviser, King's Fund

KT Sto

Reprinted from
British Hospital Journal & Social Service Review,
September 8, 1967

HOKT (Sto)

THE HOSPITAL CENTRE LIBRARY
24, NUTFORD PLACE LONDON W1H 6AN

ACCESSION NO.	CLASS MARK
012326	HOKT
DATE OF RECEIPT	PRICE
9 Oct 1973	donation

Addendum

Since this article was written certain important changes have taken place in the basis and method of payment for meals. The article should be read in conjunction with this addendum.

Paragraph 27

There are more problems and more systems of meal payment in hospitals than in any other sphere of catering. It is a worry to both the treasurer and the caterer and even the customer is not always happy. Resident staff, other than doctors, pay for meals by a deduction from salary at the end of the month: the deduction for meals being 44s. 4d., which forms part of the total deduction for lodging, laundry and service. (H.M. (67) 56; A.S.C. 93/6/67.)

From February 1967 it has been the policy that all non-resident staff should be catered for on a "Pay as You Eat" basis, the charges being those laid down by the Whitley Council, i.e. breakfasts 1s. 7d., midday meal 2s. 9d., tea 10d. and snack supper 1s. 2d. Juveniles pay half of these charges up to the age of 18 and two-thirds until attaining their 21st birthday. It is recommended that snack meals should be available in addition to basic meals and that the costing of basic meals should be based on a 75 per cent food cost, whereas snack meals should be based on a 60 per cent food cost: the dishes being individually priced. The balance should be a contribution toward overheads.

Paragraph 28

This is now covered by the Ministry of Health regulations concerning "Pay as You Eat." (H.M. (67) 10; N.M.C. Circular 135.)

Paragraph 29

This is now covered by Ministry of Health regulations and by H.M. (67) 56 (A.S.C. Circular 93).

Paragraph 30

The views in this paragraph have now been implemented by the Ministry in their recommendation that "Pay as You Eat" should be implemented by May 1967 and should be available for all staff.

Paragraph 31

The views expressed still pertain in many hospitals who are still awaiting guidance on how to put into effect the Ministry of Health's recommendations. If the ticket system is to be used it would be better if a ticket was issued for each course rather than for a composite meal since staff may not wish to purchase a complete meal.

Paragraphs 35, 36, 37 and 38

The views expressed in these paragraphs have been covered by Ministry of Health recommendations in H.M. (67) 10 and H.M. (67) 56 (N.M.C. Circular 135 and A.S.C. 93).

Paragraph 50

The reduced-price meals available to junior staff should ensure that they receive adequate nourishment.

Catering for Staff

By G. J. Stormont, F.H.C.I.
Catering Adviser, King's Fund

Contents

1-2 Introduction

1. In thinking of hospitals, patients immediately come to mind, and how to feed all these patients. Few people outside the hospital world realise that thousands of staff also have to be fed. While in the psychiatric hospitals for every five or six patients there is one member of staff to be fed at midday, in the teaching hospitals there are usually two or three staff to every patient to be fed. Thus in a teaching hospital of 500 beds 1,500 to 2,000 meals may have to be prepared at midday. Acute non-teaching hospitals will probably have, at midday, one patient to one staff. So that the feeding of staff is an important aspect of the catering manager's work. How are these people fed and how should they be served? In general, points which immediately come to mind are: number of dining areas; type of service; standard of menu; payment of meals.
2. In addition to these points there are other major factors to be taken into consideration, for example, the grade of staff, whether they are resident or non-resident, and the size of hospital. It is stated that some 70 per cent of our hospitals have under 50 beds. Although it requires 10 hospitals of 50 beds each to reach the same number of patients as a 500-bed hospital, because of the wide variety of services provided in the latter hospital as compared with the former, the number of staff increases more than proportionately. Where a 50-bed hospital may be serving 80 midday meals daily, a 500-bed hospital could well be serving 1,000 midday meals. I propose to consider the larger hospitals, certainly in the first place.

Part One
3-50 Administrative Considerations

3. The large hospital will have resident doctors and consultants, senior administrative nursing staff, ward sisters and nurses, senior administrative lay staff and clerical assistants, professional and technical staff, ward orderlies, domestics and porters and of course catering staff of all grades.

4-6 Decentralised Dining Areas

4. The older hospitals, which form the majority of hospitals in Britain tend to have separate dining-rooms for each grade of staff. Resident doctors have one room, consultants another, administrative nursing staff may have a room separate from ward sisters who frequently share a nurses' dining-room which has a section portioned off from junior nurses. Trainee nurses often have a completely separate room. Ancillary staff may have a separate room but may be even further segregated into domestics and porters while catering staff may dine anywhere, for example the catering officer and his senior assistants may dine with senior administrators or with nurses. The cooks may have their own room or dine with ancillary staff. Senior administrators may have their own dining-room or be with medical officers, while junior clerical staff frequently dine with nursing staff and similar arrangements apply to professional and technical staff. Some go even farther and segregate resident nurses from non-residents who have to have a different dining-room.

5. What does this mean?

It means that a service has to be provided in a variety of dining-rooms which may be close together or widely dispersed. The more there are and the farther they are apart the more costly they are to run, in staff, in food (wastage), lighting, heating and equipment if the same food standards are maintained in each room.

6. For residents the dining-room generally has to be open from 7 a.m. to 9 p.m., plus a service for night staff. Where non-residents only have to be served the dining-room is open from approximately 10 a.m. to 4 p.m. Non-residents who are on duty and require meals outside these times usually take them with resident staff. The number of people being served in these rooms may vary from as few as 6 up to 200 or more for a meal. The cost of staffing all these rooms and the problems given to catering managers in trying to provide a service and maintain an adequate number of staff can well be imagined.

7-18 Centralised Dining Areas

7. Some hospitals have centralised or partially centralised their services, resulting in economies while providing a better standard of catering. To provide a selective menu in one dining-room, for example, means that a selection of dishes can be maintained to the end of the service without having any appreciable left-overs.

8. To provide the same selective menu in several dining-rooms would result in either many left-overs which frequently become waste, or in some dishes being finished before the end of the service. With one dining-room more efficient use is made of the serving staff. For example, if a separate dining-room has only 12 people to be served between 12.30 p.m. and 1.30 p.m., someone must be in attendance the whole of this time. This same person during this period could or would probably serve four times this number in a general dining-room.

9. Similarly better use is made of equipment, or more efficient or hygienic equipment can be installed without an increase in the cost per head of persons served (if an assessment is required on capital expenditure).

10. On the grounds of hygiene and saving of labour, an efficient crockery washing system should be organised. One large dining-room dealing with all staff warrants the expenditure on good equipment installed in a well-laid-out dishwashing-room which should be adjacent to the servery. To have several "wash-ups" for the various dining-rooms usually ends in a high labour cost plus inefficient and unhygienic crockery washing. On the other hand to centralise the washing of crockery from a number of dining-rooms requires good organisation, co-operation and punctuality in taking crockery to and from the central wash-up if there is not to be tremendous wastage in staff time.

11. The criticisms generally made against centralised dining arrangements are: the room is noisy; there is no cosy or intimate atmosphere; it is not possible to talk business as there may be people sitting at the table who should not hear the conversation; some senior grades do not wish to sit with junior grades; clothing worn by some staff is unsuitable for a dining-room.

12. All these criticisms can be overcome if the management is prepared to spend the money when centralising all dining arrangements and this they should certainly be prepared to do.

13. Noise

This can be reduced to negligible proportions by: fixing acoustic tiles on the ceiling; hanging long curtains by the windows and on those walls which have hard surfaces; partitioning the service area from the dining area by either a wall with an "in" and "out" door or a decorative lattice partition to a height of not less than 6 ft.; laying carpet or carpet runners on the floor; having cloths on the tables or (failing that) table mats; breaking the dining area by lattice and/or foliage screens.

14. Intimate Atmosphere

This can be achieved by the use of screens which divide the room into sections. If an old room is being converted there may be natural bays which should be maintained providing they do not obstruct efficiency. A large open room can be sectionalised by the use of floral boxes and lattice or trestle work with foliage as these give a pleasant informal atmosphere.

15. Talking Business

Some hospitals already have had common dining areas where all grades of staff take meals for some time now. It has been found that people automatically segregate themselves even if no screens are used or areas reserved. The porter no more wishes to sit with the doctor than the doctor with the porter. Their respective subjects of conversation are generally entirely different. Therefore people naturally sit at tables with those who have a similar interest.

16. Staff Grades

In a common dining area it is possible to have a section partitioned off for senior staff. The use of mobile cloth screens which look like those used in wards is not recommended and could well spoil the whole appearance of a dining area. The dining-room should be made to look as much like a restaurant and as unlike an industrial canteen as possible. The partitionings already being used in some hospitals are floral decorations, wrought iron work, coloured plastics and curtains.

In the senior staff area a waitress service is usually envisaged.

17-18. Clothing

17. Some staff have duties necessitating their wearing protective clothing which becomes soiled and may even smell. Naturally these people will not be welcomed in a common dining area unless they are prepared to change their clothing before coming

to a meal. On the grounds of hygiene they should be encouraged to wash and change before having a meal. Otherwise a room should be set aside and durable furniture of a type that can be scrubbed should be installed. Because of the small numbers, the menu and service would have to be limited.

18. While these observations generally apply to ancillary staff such as stokers and similar manual workers, should they not also apply to doctors who go into dining-rooms wearing white coats having come from the wards or operating theatre? This disturbs other people who either fear that they are infected or dislike the smell of anaesthetics.

19-24 Type of Service

19. To be waited upon at table, no doubt, appeals to all grades of staff but does it fit in with today's pattern of life? Perhaps the prime consideration with most people is time. Junior nurses and particularly non-resident staff find they have little time to spare at the midday meal either because they have some personal chores in their rooms to do or they want to go out shopping. Therefore they frequently like to be in and out of the dining-room in ten minutes having had a three-course meal. This makes it almost impossible to provide a quick waitress service if there is a choice of dishes. The only possible way to achieve such speed is by cafeteria cum self-service.

20. These two terms are often confused and therefore an explanation is required. Cafeteria service is one where the customer is served by a member of the staff behind the counter. A self-service is where the customer helps himself. A combination of these two gives the quickest service and helps in portion control. For example, cold sweets and cheese and biscuits, salads, and so on may be plated and displayed in a hygienic cabinet from which the customer can take a plate by lifting the flap at the front of the cabinet.

21. This type of service is also economical on serving staff as the customer has to carry the meal to the table. However, the management must not expect a 100 per cent saving on staff in front of the counter, i.e. the waitresses. First, in this country it is still considered essential for the used crockery and trays to be removed from the tables and taken to the "wash-up" by catering staff. However, in many modern hospitals in Scandinavia and in America the customer not only collects his meal but after the meal also places his tray on a conveyor belt near the exit to the restaurant. The belt conveys the tray to the washing area.

22. Secondly in a full waitress service waitresses not only take the meal to the customer and clean the used plates but in between services help with cleaning cutlery, wiping tables, tidying the dining area and preparing for the next meal. Management should not expect to achieve more than a 50 per cent saving of staff in front of the service counter if a room changes from full waitress to cafeteria/self-service. Further a cafeteria service requires more servers behind the counter than a waitress service. For example, if a single dining-room at midday serves 500 people between 12 noon and 2 p.m., for a waitress service it would probably require 10 waitresses, 5 servers, 2 washers-up and a supervisor, a total of 18. For a cafeteria/self-service the number of staff ought to be reduced to 5 clearers, 6 servers, 2 washers-up and a supervisor making 14 in all, excluding beverage service which is common to both. But to get down to these numbers would depend on having a well laid-out dining area whereby trolleys could easily be wheeled between the rows of tables and all tables were easily accessible. It is not possible to give a comparison of staff required between waitress service and cafeteria where staff have meals in a variety of rooms in different parts of the hospital, as so much depends on local circumstances, such as the numbers fed in each room, the distance from the kitchen and from the crockery wash, and so on.

23. Some hospitals choose to make a compromise on the grounds that with three courses the third course, if intended to be hot, may cool before the customer is ready to eat it. With this system the customer takes the soup and main course and the domestic who also clears the tables takes the sweet when required. This is a slower service than the full cafeteria but quicker than a waitress service. However nearly the same number of staff are required as for a waitress service.

24. In hospitals which have adopted centralised dining areas it is usual to provide a waitress service for doctors, senior administrative staff (lay and nursing), and ward sisters, the remainder of the staff having a cafeteria service.

25-26 Standard of Menu

25. In the past it has been said that staff should have a different menu from patients, particularly those nurses who have served meals to patients, because to have the same dish presented to them detracts from their enjoyment of the meal. This, no doubt, was a sound principle to maintain when there was no choice but does this argument hold good today in the medium and larger hospitals? With a good selective menu which is commonplace in progressive hospitals surely this is no longer sound, except, perhaps, for a small minority of either nurses or ward orderlies who may actually have fed patients. Even so, the same selective menu could be presented plus one or two extra items.

26. At midday the menu should offer a selection of two or three hot dishes and a cold dish, to include meat, fish or egg dishes, a choice of two kinds of potatoes and two vegetables plus salad. For the third course there should be two hot sweets and a cold sweet with the alternative of cheese. A somewhat similar style, although perhaps a little more limited, should be offered in the evening menu. It cannot be over-emphasised that while this standard of selection can be offered in a large dining area it becomes quite uneconomical where there is a series of rooms in which small numbers are served.

27-33 Payment for Meals

27-30. By Deduction

27. There are more problems and more systems of meal payment in hospitals than in any other sphere of catering. It is a worry to both the treasurer and the caterer, and even the customer is not always happy. Resident staff pay for meals by a deduction from salary at the end of the month, but the deduction made combines the charges for lodging, laundry and service and no one seems to know how much of the deduction is for meals. At least, no authority is prepared to say, whether it be the Ministry, the management committee or Whitley Council. Non-resident nurses if working full time also pay by salary deductions at the month end, but their payments are for meals "on duty." Again there is no authoritative statement of what the meals shall be. It is often interpreted as two main meals plus a refreshment, mid-morning beverage or afternoon tea. This may have been laid down locally and may well be the basis on which the treasurer makes his calculations for cost per head, but it does not necessarily follow that those are the only meals which the non-resident nurse may take. Catering officers feel that some non-resident nurses may get a full day's meals which falsifies the treasurer's calculations and increases the apparent cost per head.

28. There is even one further grade of nurse to be considered, the part-time non-resident. She neither pays directly for meals nor has deductions from salary. She is entitled to meals free on duty. Again the Whitley Council does not say what they shall be but most hospitals consider she should have one main meal, mid-morning beverage or afternoon tea. It still does not prevent her, as with the full-time non-resident nurse, from having a second main meal.

29. For non-resident ancillary staff there is a stated price for each meal which has been laid down by the Whitley Council to which managements must adhere. It is in broad terms a "main meal," "snack meal," etc. It does not state what it is intended the price shall cover, e.g. the cost of the raw food, the cost of the raw food plus labour, or the cost to cover everything, including all overheads and replacements of equipment. The interpretation

of this varies from hospital to hospital; some do it one way some another and unfortunately for the catering officer, many are in the latter groups.

30. There is no scale of charges laid down by the Whitley Council for other staff who are non-resident, such as administrative, clerical, professional and technical, non-resident doctors,[1] and consultants, etc. Most hospitals make the same charge as for ancillary staff but in some instances a higher charge is made to consultants and senior administrative staff because they may be provided with a private or better furnished dining-room, a waitress service or perhaps a more liberal supply of food.

31. By Ticket

Apart from those who pay by salary deduction, others make their payment by ticket, by cash or by signature in a book. Ticket payment is perhaps the most popular and is used for ancillary staff, administrative and clerical personnel. Usually one ticket covers the full meal including a beverage. Sometimes a separate beverage ticket has to be purchased but there are hospitals which have a separate ticket for each course so that anyone wishing to have part of a meal may do so without having to pay the full charge. Tickets are usually obtained from a machine or from the treasurer's or secretary's office.

32. By Cash

Some hospitals are far from convinced that the ticket system is foolproof and not just as costly as collecting cash and so they have a cashier in the canteen collecting payment for mid-morning beverages, snacks, midday meals and afternoon teas. The cashier collection system is perhaps the safest and most nearly accurate way of recording meals taken by non-resident cash-paying staff.

33. By Signature

The signature system is open to error perhaps more than any other system but it is usually only operative in the consultants' dining-room. If a consultant should forget to sign, the waitress may record the name in the book.

What is the result of all these systems? It is utter chaos and confusion. It is impossible for the treasurer to get accurate costs and equally impossible for the caterer in a large hospital serving hundreds of staff meals daily to ensure that all personnel have only those meals to which they are entitled. Hospitals serving relatively few staff meals can much more easily count the number of meals served.

34-50 Pay as You Take

34. The answer to all this lies in prompt cash payment sometimes known as "Pay as you take." Of course there are some[2] who still maintain it cannot or should not operate for one or more reasons. It is suggested that: it would be difficult to decide how much to charge and it might cost staff a lot more; resident staff are heavily subsidised and it is difficult to separate the emoluments paid under the heading of "board and lodging"; it would be difficult to collect cash or control its taking, particularly in the small hospitals; junior nurses and particularly those in training would be undernourished and would probably buy cigarettes and stockings instead of a meal.

In view of the overwhelming majority of people who want a "pay as you take" system let us examine the objections raised.

35-37. Subsidies

35-36. First it must be agreed that resident staff are heavily subsidised and in the deduction from salary made it seems to be the lodging which receives the higher subsidy. If the charge made to non-resident ancillary staff for meals is used as the basis then the meal subsidy is relatively small. Surely it is not impossible to devise a means of allocating the subsidy between meals and lodging.

37. Perhaps a reasonable way to separate "board and lodging" would be to assess "the board" on the cost of "provisions," i.e. the cost of food purchased without any overheads, leaving the remainder of the emolument to be considered as the charge for "lodgings." (Even on this basis it would be found that the "lodgings" are heavily subsidised.) It could be said that the cost of food varies from one hospital to another. This is true but there has been a Ministry recommendation that the cost of food for staff should be, at the present time, 34s. 6d. per head per week (November 1964, 31s. 1d.). This could then be deducted from the present residential charge which would leave a variable charge according to position and status of the resident employee.

38-39. Meal Charges

38. If it is agreed that it is possible to separate board and lodging on the above lines what should the charges for meals be? This would naturally have to be a matter for negotiation at Whitley Council level. Some might think that the charge made should be merely to recover the cost of the raw food. Others might think this charge should cover the cost of raw food plus labour in preparation, cooking and service. No doubt there would be a third group who would wish to recover food, labour, all overheads and replacement of equipment. Surely to go to the extent of this third possibility is going too far. Should not a policy similar to that in other spheres of welfare catering pertain? General industry provides meals for its workers and always subsidises them. Usually the buildings, equipment, lighting and heating are provided free and in many instances a total sum for the year is allocated as a subsidy towards the cost of food and catering staff. While it might be too complicated to allocate a total sum subsidy for each hospital it could be done in a different way. For example it might be stated that the charges made for food should be sufficient to cover the cost of food plus a percentage, say 10 per cent on the food cost, or the cost of food plus the whole of labour cost, or thirdly less a percentage of the total cost of food and labour costs. Perhaps the third method might be the fairest way as this would allow the caterer more freedom to use his judgment in regard to convenience food purchases.

39. It can be argued of course that any of these methods would result in different standards of meals in the various hospitals. No doubt this would happen, but does this really matter as long as the customer, doctor, nurse, administrator, porter or maid receives the type of meal which he or she likes? Indeed it can well be imagined that there would be varying standards inside each hospital. Some people like snack or light meals at midday and a heavier one in the evening and vice versa. So differing standards should be no problem.

40-42. Control

40. If it was agreed that one of these methods should be adopted what would be the control and what would be the practical application? After a decision had been reached in each group on the standard of meals and dishes to be provided the caterer would have to make an assessment and calculate the prices to be charged for the various items. He would have to calculate the cost of his raw food for each item, he would know the cost of his staff and from this a simple calculation can be made for the price to be charged for the dish. This is very little different from what caterers should be doing under the present system if they are to control their costs. With today's menu they should know what each of the dishes will cost in raw materials. The prices to be charged might have to be reviewed from time to time as happens in commercial catering and indeed other welfare catering.

41. Since the treasurer is held responsible for ensuring that there are satisfactory systems of control he would naturally make periodic checks as he does today on expenditure but in addition he would also have to consider income in relation to expenditure. This might be done monthly although many commercial firms, local government catering and welfare catering frequently have

---

[1] Since this was written regulations about doctors' meals have been formed.

[2] A ballot was taken recently, immediately following a conference on staff meals, attended by almost equal proportions of administrators, treasurers, caterers and nursing staff, who expressed the opinion of, 87 for "pay as you take," 2 with reservations, 6 against and 2 abstentions.

a weekly check. Some catering contractors in hospitals at the present time even go farther and have a daily check, and still are able to cater, with a profit, competitively.

42. It is even possible that this provision check will not cause extra work for the treasurer's department as there will be savings of time by not having to convert non-resident meals into resident days, etc.

43-44. Kitchen

43. It has been stated by some people that this system may work satisfactorily where there are separate kitchens for the preparation of patients' and staff meals but it could not work if all were prepared in one kitchen. If all meals were prepared in one kitchen, could not an assessment of the amount spent on the meals be made by deducting the amount spent on patients' meals based on the cost per patient allowed by the hospital management committee from the total expenditure on food? It may well be said that this could only be a theoretical calculation and might bear no relation to facts since patients' food might be used for staff and vice versa. The same could also apply with two separate kitchens since food for some reason or other, whether raw, prepared or cooked, might be transferred from one to the other.

44. Would this really be much different from what happens today? In theory the expenditure on patients and staff food in a general hospital should be the same but is it? Do they not have more expensive foods than patients? The rights and wrongs are not being argued but perhaps an assessment on the lines mentioned above would be acceptable. Similarly an assessment could be made of labour used.

45-48. Cash Collection

45. Perhaps the last major hurdle is the collection of money. Should a member of the treasurer's staff be present for the service of all meals and beverages? If the treasurer has the staff available there is no reason why this should not be done, as sometimes happens in local government catering. On the other hand surely it could be left to a member of the catering manager's staff as more frequently happens in all other forms of catering.

46. Of course there are some very small hospitals which do not have a catering officer or housekeeper caterer. In these the catering is usually run by the matron but advice could be sought from the group or senior catering officer if necessary. On the other hand he might be given direct responsibility. A simple form of control could easily be arranged as the provision of meals, etc., no doubt would be considerably simplified.

47. In regard to the taking of cash for meals is there any reason why a member of the catering staff should not take it and hand it over to matron if she is responsible for the catering?

48. In developing this system of "pay as you take" for all staff, further small snags may arise which no doubt can be overcome. Surely it is better to make a start on a scheme which is wanted by almost every "customer" and deal with the snags as they arise, having planned for all those foreseen, than to sit back and put off the change as progress can never be made by doing nothing because of fear of what might happen.

49-50. Junior Nurses

49. In the past it had always been considered one of the duties of the matron to ensure that nurses, and particularly young nurses, were adequately fed. Indeed parents of nurses expected this of the matron. There are few daughters today who do not go out to work. Many of them live away from home as do most university students. They make their own decisions on what they should or should not eat and how much should be allocated to food and how much to stockings, cigarettes, clothes, etc. Yet in all the other fields of employment in which these daughters work there is normally no sign of their being undernourished. Why then should it be thought that a trainee nurse is less intelligent than other girls and that she will buy cigarettes and stockings in lieu of food?

50. However if it is found essential to ensure that juniors have an adequate intake of food it could possibly be done by a pass system and the caterer would be credited with the meals served.

Part Two

51-96 Planning the Restaurant

51. Today all new hospitals are being planned on the basis of a common dining area for all grades of staff. This arrangement provides a more efficient service, is more economical in staff and in general a better standard of menu can be provided without increased costs. In planning a common dining area consideration has to be given to the purposes for which areas are required, their relationship to each other, and the size of the areas.

52-53 Areas Required

52. From the customer's point of view the first requirement generally is for provision to be made for cloaks. Some people may have had to come through the open air in inclement weather, so space should be allowed for the hanging of coats or cloaks. They may not have had an opportunity to wash and so provision also should be made if possible for toilets. Following this the their relationship to each other, and the size of the areas.

53. From the caterer's point of view, to provide a service, he must have a kitchen, a servery, a crockery-washing area and a store/office. For an efficient and satisfactory service to be provided all areas must be suitably related.

54-63 Relationship of Areas

54. A diagrammatic relation of areas is shown in Fig. 1 and observations on the various areas are made below.

55. The Cloakroom

Arrangements are made for cloaks to be hung either side of the entrance and toilet facilities are included.

56. The Dining Area

From the cloaks there is a direct access to the dining area which is divided into three sections, cafeteria, waitress, private. The cafeteria section is for the junior staff and those requiring a quick service. The waitress section is for senior staff and is smaller than the cafeteria section since there are less people to use it. The private area is for special parties, a room which all hospitals need from time to time. It is essential for this to be in the catering area for a good service to be provided with reasonable economy. To say special parties can be served in the board or committee room is being extravagant both in food and man hours. While realising that old hospitals have no choice in this matter, new hospitals should not have to do this. Generally committee rooms are remote from the kitchen and servery and a good deal of hidden labour costs are involved in transporting food, cutlery, and so on. The labour provided for this is usually done at the expense of the majority, while with a room adjacent to the dining area the work can be integrated with a minimum of inconvenience. There should also be direct access to the kitchen as this room may well have a trolley from which food is served.

57. The Coffee Room

To ensure a quick turnover in the main dining area, in particular at midday, it is essential to serve the after-meal beverage in a separate room and not allow smoking in the dining area. For this purpose, therefore, there needs to be a room adjacent to the dining area and near the exit. If also the hospital design is such that cloaks are used in cold weather the exit should also be near the entrance otherwise people will be walking through the dining area, creating a good deal of cross traffic, in order

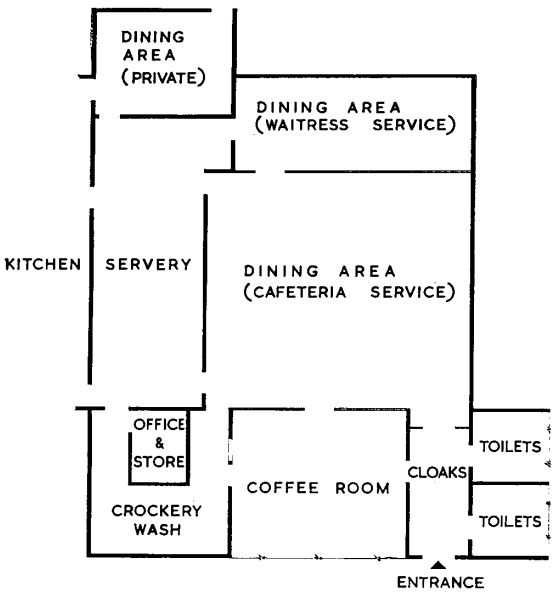


Fig. 1. *Relationship of Areas.*

to pick up their cloaks. It would also be advantageous if the coffee area were near the beverage-making unit.

58. The Kitchen

The kitchen should be close to the dining areas, being separate from them by a servery only.

59. The Servery

One common service area should serve all dining areas, whether waitress or cafeteria. This economises in the employment of service line staff, the amount of food supplied and reduces waste, particularly where a selective menu is provided.

60-61. The Crockery Wash

60. This area should be near to the dining area to reduce the time in transporting used crockery. However if adjacent to the dining area it is desirable to consider ways of ensuring that the noise of crockery washing does not penetrate the dining area. Acoustic tiles or sound-absorbing material could be used in conjunction with an ante-room or area to serve as a noise buffer between the actual wash up and dining area.

61. The crockery wash-up area should also be adjacent to the servery to facilitate the return of crockery to the service line.

62-63. The Office/Store

62. Wherever facilities are provided which warrant the employment of a supervisor it is essential to provide an office/store. There will be staff rotas to be prepared, indents for stores, laundry slips, etc. In addition she will need to hold and control the issue of certain commodities such as tea, sugar, marmalade, etc. She may also need to hold reserve stocks of cutlery, crockery, and table napkins.

63. The actual siting of this area in relation to others is not so essential as the previous areas mentioned, but it would be an advantage if it overlooked the servery and dining areas.

64-96 Sizes of Areas

64. The Cloakroom

This will depend on the number of people possibly having to come to the staff restaurant through the open air. If toilets have to be provided, one w.c. per 50 people plus wash basins might be considered reasonable.

65-82. The Dining Area

65. In considering the area required, thought must be given to the peak loading. In the past when there were separate rooms for nurses, sisters, doctors, etc., and when most nurses lived in, the peak loading would have been breakfast as all the day nurses would have come into breakfast at the same time, while at the midday meal they would have been split into two or three groups. Today with communal feeding and more people living out of hospital the peak loading is at the midday meal. Therefore calculation of areas required should be based on this meal.

66. The Ministry of Health's building note No. 11 suggests that the dining area should be based on the tables being used two and a half times during the period from 12 noon to 2 p.m. Thus a dining-room which normally serves 250 midday meals on weekdays should have seats for 100 people. This is quite generous when compared with commercial practice which normally has not less than three and a half times and may even rise in exceptional circumstances to four and a half times. However there are reasons for this. It is perhaps more difficult in hospitals to stagger meals to give a more even spread over the lunch period. Most administrative, technical and professional grades seem to attend at about 1 p.m. in addition to which there may be another group of nurses attending. So until there can be a more even distribution of meal times a two and a half times use of tables must remain.

67. The main points which control the seating capacity are the type of service, the shape of room, the shape and size of tables and the system for clearing the tables.

68. The service may be cafeteria, partial cafeteria or waitress. Whilst the two former require similar areas the latter needs a less area. Before planning for the cafeteria service, a decision must be reached on how much the catering staff are going to help. The questions requiring answers therefore are:

Will the customer collect all three courses at once or will he collect two courses?

Will he return to the service counter for the third course or will the staff bring him the third course?

Will he take a glass of water from the service counter or are there water points in the room or will glasses and water jugs be placed on the table?

Will he collect a bread roll from the service counter or are they on the tables before service?

Will he collect cutlery or is it placed on the tables by staff?

Will the customer be expected to eat off his tray or is there to be a place to put the trays?

Is the customer expected to return his crockery and tray to a point when leaving the dining area, or do catering staff remove crockery and trays?

69. To collect three courses at once might mean that the third course begins to cool if the food is not piping hot when served. Therefore it might be better to take only two courses, and let the staff bring the third course. On the other hand it should be borne in mind that staff might not always be available or alternatively the customer may be in a hurry and by taking all three courses would save time. Therefore the trays for conveyance of the dishes should be adequate in size to carry all three courses, plus the bread roll and glass if this is the policy. It has generally

1. Meat plate 9 in.*
2. Sweet plate 6½ in.
3. Soup plate 6½ in.*
4. Side plate 5 in.
5. Glass 3 in.

* A 9½ in. meat and soup plate could be carried on this tray.

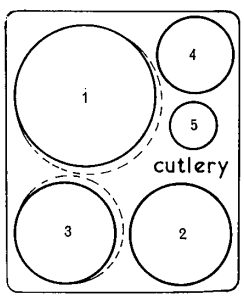


Fig. 2. *18 in. x 15 in. tray carrying three courses.*

been accepted that a 15 in. x 18 in. tray fulfils this requirement. The crockery suitable for this tray however should not exceed the following diameters, meat 9 in., soup 6½ in., sweet 6½ in., bread plate 5 in., glass 3 in. (Fig. 2).

70. Few people like to eat directly off a tray and so provision must be made for tray stacking. Most hospitals arrange tray racks at strategic points. There are, however, some tables designed to hold trays in a rack at the side *(see para 101)*. This type of table of course saves having to use space for racks.

If catering staff are to collect the used crockery and trays, a clearing trolley should be used as it speeds up the operation and therefore less clearing staff are required. The introduction of trolleys into the dining area, whilst customers are coming to and from the tables, means that adequate gangways must be provided.

71. Various types of tables have been tried in hospitals, round, square, oblong and from tables to seat two to those which seat eight, and in the more distant past, lengthy trestle tables. No doubt there are numerous good reasons for the varieties of tables used. However today concentration must be placed on efficiency and if it can be combined with an aesthetic appearance it is better. In deciding on the type and size of table a standard should be set. First it should be able to hold three courses per person, plus sideplates, glasses, water jug and a condiment set without looking too overcrowded. For this approximately 2½ sq. ft. per person is required. Secondly the table should be big enough to avoid elbow nudging whilst eating. This means 2 ft. per person table line. To fulfil these requirements a round table for four needs to be not less than 3½ ft. in diameter using 9 in. meat, 6½ in. soup and 6½ in. sweet plates (Fig. 3). Even so if each of the four decides to eat directly off his tray there will be insufficient room for the four trays (Fig. 7).

72. A round table for 6 without trays needs to be 4 ft. diameter to accommodate all the crockery and cutlery (Fig. 9).

73. A square table with 3 ft. sides will provide the 2¼ sq. ft. per person and will hold all the plates although somewhat crowded (Fig. 4). However it would not hold four trays (Fig. 6). To do this it would have to be increased to 4 ft. square which is 16 sq. ft. and this is uneconomical. It would be better to have a 2½ ft. x 6 ft. table which is 15 sq. ft. and suitable for 6 covers (Fig. 10).

74. It is quite obvious that the oblong table provides the greatest economy in space. A table 4 ft. x 2½ ft. will meet all requirements

Tables Seating Four (set for three courses)

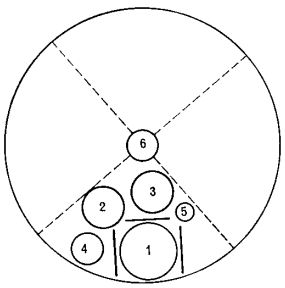


Fig. 3. *Round table 3½ ft. diameter.*
Approximately 2½ sq. ft. per place
Tray stand needed
9 in. soup plate unacceptable
Crowded

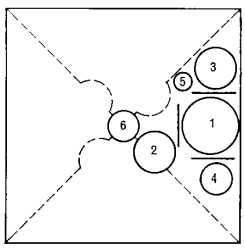


Fig. 4. *Square table 3 ft. x 3 ft.*
2¼ sq. ft. per place
Tray stand needed
Crowded

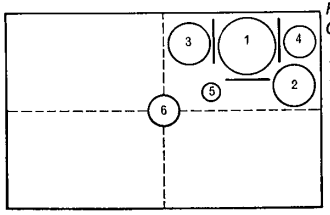


Fig. 5.
Oblong table 4 ft. x 2½ ft.
2½ sq. ft. per place
Tray rack incorporated
Table not crowded
Key 1. Meat plate 9 in.
2. Sweet plate 6½ in.
3. Soup plate 6½ in.
4. Side plate 5 in.
5. Glass 3 in.
6. Water jug 5 in.

Problems with Trays (18 in. x 15 in.)

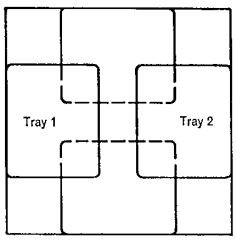


Fig. 6. *Square table 3 ft. x 3ft.*

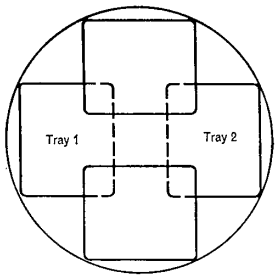
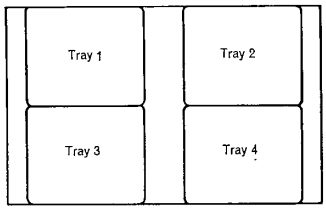


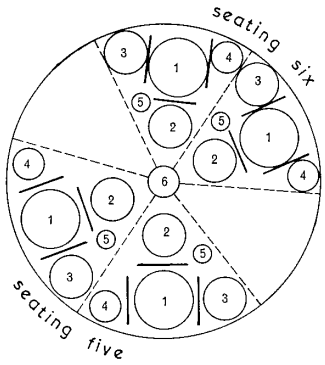
Fig. 7. *Round table 3½ in. in diameter.*

In both cases the trays overlap and tray stands must be provided.



No overlap of trays. Tables constructed with built-in tray racks.

Fig. 8. *Oblong table 4 ft. x 2½ ft.*

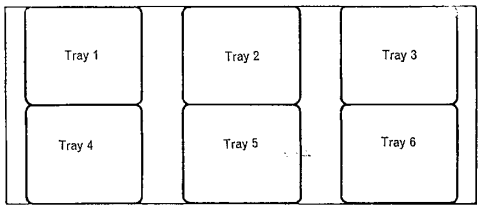


Seating six—
2 sq. ft. per place
Tray stand needed
Crowded

Key
1. Meat plate 9 in.
2. Sweet plate 6½ in.
3. Soup plate 6½ in.
4. Side plate 5 in.
5. Glass 3 in.
6. Water jug 5 in.

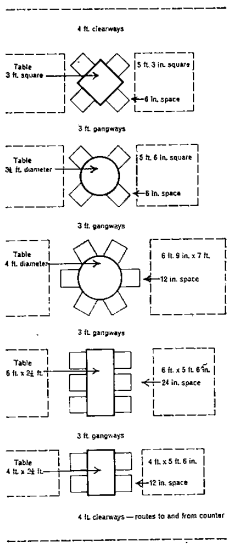
Seating five—
2½ sq. ft. per place
Tray stand needed
Not crowded but uneconomical in floor space

Fig. 9. *Round tables 4 ft. in diameter. (Seating five or six.)*



2½ sq. ft. per place
Arrangement for three course settings as for tables for four.

Fig. 10. *Oblong tables 6 ft. x 2½ ft. seating six.*



Space needed for tray racks

Space needed for tray racks

Space needed for tray racks
Same area if seating five

Table incorporates tray racks or includes some 4 ft. tables with separate racks at end

Table incorporates tray rack for economical layout

Fig. 11. *Spaces occupied by tables and chairs*

(Figs. 8 and 5). It provides adequate elbow room and all the crockery can be placed on the table with or without the tray. For 6 the table could be extended another 2 ft., for 8 a further 2 ft. This is satisfactory as long as people do not sit at the ends when immediately the crockery overlaps those sitting either side.

75. It has been suggested that an adequate service could be provided by smaller tables if the third course were taken to the customer. Up to a point this could be, and some hospitals have purchased tables as small as 3 ft. 6 in. x 2 ft. However, it is not possible to keep trays on the table. Secondly knees and feet will frequently be touching under the table and thirdly it is generally found that the diner moves nearer to the end of the table to get elbow room and overlaps the aisle (gangway) and so still takes up his full 2 ft. The infinitesimal monetary saving seems hardly worth while for the inconvenience caused.

76. As the oblong table seems to be the most economical table to meet all requirements, the question arises on how many it should seat. Ideally there should be tables of differing sizes to meet various wishes. Some people like to sit 2 at a table, others 6 or more but to have several sizes could lead to a good deal of waste space or inconvenience for staff clearing tables. It has been mentioned earlier that to speed the clearing of tables with a minimum of staff, trolleys should be used. While trolleys are manoeuvrable to a certain degree, straight paths facilitate their use and are possibly more economical in area. The minimum width of a clear gangway should be 3 ft. to allow customers to pass the trolley or each other. The seats at the tables have to be easily accessible for a person carrying a tray and the simplest way is to have tables for 4 only, with a gangway either side of the table. The distance between the tables should be 4 ft. This just allows room to move the chair without knocking the chair behind too much. When tables for 6 are used, invariably the end seats are taken first and the next person coming is unable to get to the centre seat without the outer person moving. Further the person clearing used crockery has to stretch in front of the end person to reach the crockery used by the people who were sitting in the centre seats. If tables for 6 or more are used the distance between tables should be increased to 5 ft. minimum. Spaces occupied by various sizes of tables with chairs are shown in Fig. 11.

77. A layout of a staff restaurant suitable for 250-300 people is shown in Fig. 12, using 4 ft. x 2½ ft. tables. It will be noted that gangways are 3 ft. wide, that the space in front of the servery is 4 ft. and the entrance where a queue might form is also 4 ft. It will also be noted that no space has been allowed for tray stands. The dining area for cafeteria service excluding servery

Rectangular tables 4 ft. x 2½ ft. incorporating tray racks
Square tables 3 ft. x 3 ft. for waitress service
Gangways 3 ft. for cafeteria service
2 ft. for waitresses
Clearways 4 ft.

Cafeteria area—seating 76 at approx. 15 sq. ft. per place
Waitress area—seating 36 at approx. 11½ sq. ft. per place

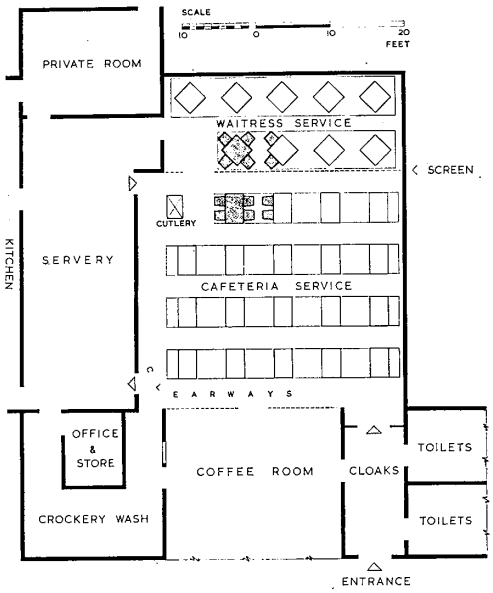


Fig. 12. *Staff restaurant seating 112 at tables for four. Serving 250/300 lunches.*

Six seater tables 6 ft. x 2½ ft.
Gangways 3 ft.
Clearways 4 ft.
Between tables 5 ft. or
Between chairs 2 ft.

If all tables incorporate tray racks
Seats, 90
Area, 1,360 sq. ft.
Per place 15 sq. ft. approx.

With separate racks and some tables for four
Seats, 84
Area, 1,360 sq. ft.
Per place, 16 sq. ft. approx.

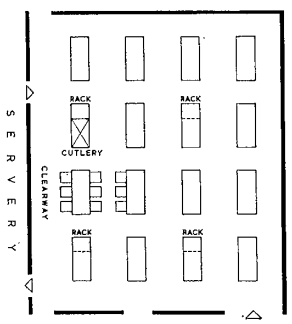


Fig. 13. *Tables for six—layout seating 84/90.*

Six seater tables	6 ft. x 2½ ft.
Gangways	3 ft.
Clearways	4 ft.
Between tables	5 ft. or
Between chairs	2 ft.

If all tables incorporate tray racks—	With separate racks and using some tables for four—
Seats, 174	Seats, 158
Area, 2,593 sq. ft.	Area, 2,593 sq. ft.
Per place, 15 sq. ft. approx.	Per place, 16½ sq. ft. approx.

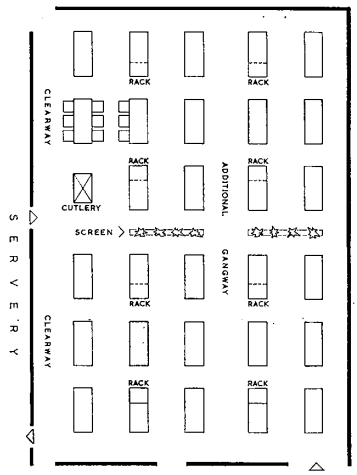


Fig. 14. *Tables for six with layout seating 158/174.*

comes to 15 sq. ft. per place. With tables for 4 it is possible to have a tray rack incorporated at each end of the table.

78. With larger tables for 6 or 8, apart from not looking as attractive as smaller tables, it is necessary to allow space for tray stands if the diner is not to eat directly off the tray. It is also considered that the cleaner will take longer to clear tables. Figs. 13 and 14 illustrate the area required which is between 15 and 16½ sq. ft. per place. However it is emphasised that the larger the table the less attractive the room which begins to adopt a canteen-like appearance.

79. In hospitals providing meals for some 500 at midday many more places are required as shown in Fig. 15. Unfortunately the larger the room the less pleasing will be the appearance unless there is a break in the serried ranks of tables. It will also be noisier. Perhaps the most attractive staff restaurants are in those hospitals which have introduced lattice work combined with foliage or floral decorations. These not only break the room up, giving a pleasing appearance, but also help to absorb sound waves. It is also a simple way of creating areas for groups of people, which can quickly be adjusted if necessary. In these larger dining areas it is also essential to have an additional cross gangway to facilitate room movement. It will be noted that the dining area is approximately 15½ sq. ft. per person.

80. The total area required for a waitress service will be considerably less than for cafeteria, and the area needed per place is correspondingly less. A waitress is more " manoeuvrable " than a trolley. She can move in and out of narrow spaces where a trolley cannot, which gives the advantage of a reduced gangway. Since it is a waitress service, other shapes and sizes of tables may be used without loss of efficiency.

81. While many people feel that a round table looks the best there are others who consider that a square table can be equally as pleasing especially if placed diagonally. Although with a waitress service the customer receives only one course at a time, nevertheless if square or round tables are used, a similar table area per person is required as for a cafeteria service. The table will be set with water jug, glasses, condiments, side plates, cutlery, menu and possibly flowers and to look not overcrowded a table of 3 ft. square is required or a round table 3½ ft. in diameter. The advantage with a straight-sided table is that for special occasions the tables can be placed end to end in a continuous line. Round or oval tables are not adaptable.

82. Figs. 12 and 15 show the area required for waitress service which is approximately 11 sq. ft. and 11½ sq. ft. respectively.

83. The Coffee-room

There are few people who do not like tea or coffee after the midmeal especially when it is free. If the restaurant seats 100 it does not necessarily follow that there must be seats for 100 in the coffee room. To consume a beverage may only take a third of the time to have a three course meal, i.e. five minutes. On the other hand a smoker may take up to ten minutes. So on average time, allowance should be made for half the people to be accommodated. However this should not be construed as meaning that seats and tables are required for half the dining area complement. Many people will stand. It is therefore recommended that the coffee-room area should be between one-third and one-half of that of the dining area.

84-91. The Servery

84. The area required for service will vary according to the number of customers. The simplest is provided by a single service counter from which hot and cold foods are served. A service counter of 36 ft. should deal satisfactorily with up to 500 midday

Rectangular tables	4 ft. x 2½ ft.	incorporating tray racks
Square tables	3 ft. x 3 ft.	for waitress service
Gangways	3 ft.	for cafeteria service
	2 ft.	for waitresses
Clearways	4 ft.	

Cafeteria area—seating 140 at approx. 15½ sq. ft. per place
Waitress area—seating 52 at approx. 11 sq. ft. per place

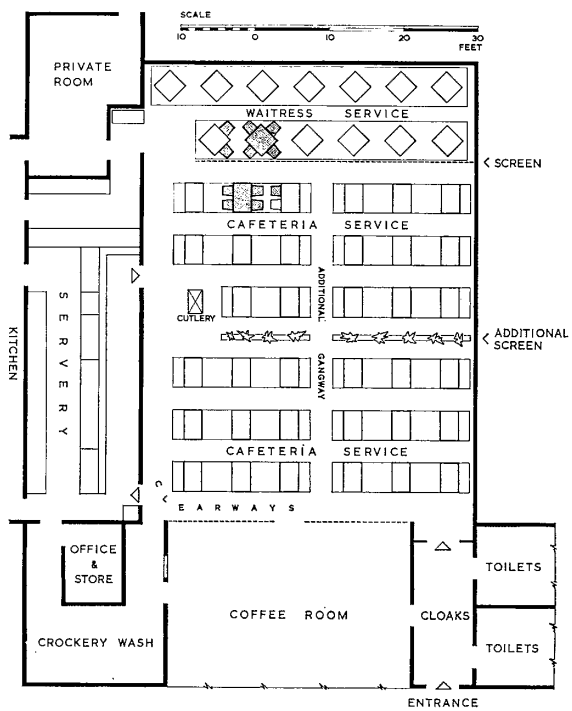


Fig. 15. *Staff restaurant serving 500 lunches. Seating for 192 at tables for four.*

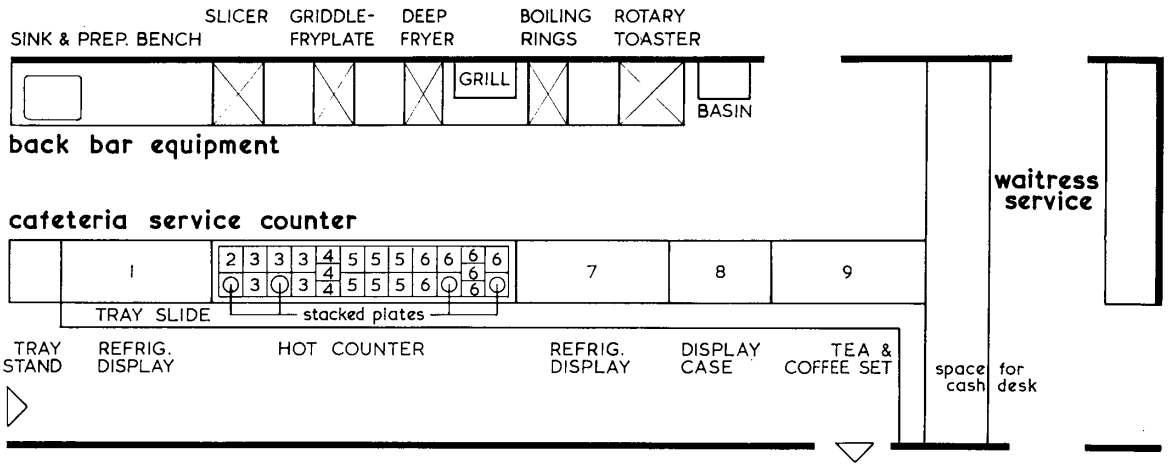


Fig. 16. *Typical layout for the servery.*

Key giving locations from which items could be served.

1. Chilled fruit juices, jellied consommes, cold hors-d'oeuvre, collation of cold meats, appetisers, salads, etc.
2. Soup
3. Meat, fish and egg dishes
4. Gravies and sauces
5. Assorted potatoes and vegetables
6. Sweets, sauces and savouries
7. Assorted chilled sweets, cold fruit and milk drinks, jellies, fruits, creams, ices, individual salads
8. Cheese and biscuits, pastries and cakes, dessert fruits, rolls and butter, bread and cold sauces
9. Hot beverages

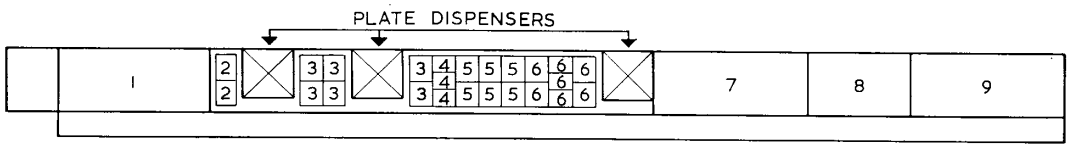


Fig. 17. *Alternative counter layout using plate dispensers.*

meals. If there is to be a waitress service, too, a separate service counter is required.

85. The servery may be separated from the dining area by screens or other partitioning. From the screen to the rear wall of the servery should be 15 ft. (*see* Figs. 16 and 17). A width of about 4 ft. is required to allow sufficient space for those wanting dishes from the end of the counter to pass those standing selecting dishes. The service counter will be $3\frac{1}{2}$ ft. wide including tray rail. The back counter will be approximately $2\frac{1}{2}$ ft. 5 ft. should be allowed between back bar and service counter. This is sufficient for a trolley to move behind anyone serving at the counter without any inconvenience. To have it wider than this is a waste of building materials and creates a good deal of extra walking for the service staff. Too many serveries which are too wide have been built since the war. Designers should be there to run these serveries and hear the comments of staff who work there.

86. Thus for a servery dealing with 300 to 500 midday meals an area of approximately 550 sq. ft. is required, plus a section for waitresses possibly another 100-150 sq. ft.

87. For 200 to 300 midday meals the service area should be about 300-350 sq. ft. At the lower end of the scale it might be possible to integrate the waitress and cafeteria services without difficulty.

88. If the number of people for midday meals increases beyond the 500 mark, serving space must be considerably increased. This can be done by doubling the length of the service counter or having separate serving stations for different foods.

89. In the former case there is a choice of simply doubling the counter and repeating the same layout of dishes hot and cold. This allows two lines to form immediately. Alternatively each section of the counter is doubled and people in the queue leapfrog each other for service. The first is generally considered the better as half the counter can be completely cut off for breakfasts or suppers when the numbers are considerably reduced.

90. The alternative system of separate serving stations is often favoured in America. It operates in three ways : In the first system (Fig. 18) soup, fruit juices, etc., and the second course are served from one service counter and the sweets from another. There would be hot and cold dishes on each counter. The second way is to serve soup, hot meat, vegetables and hot sweets from one counter, cold meats and cold sweets from another (Fig. 19). The third method is to have one counter for soup, hot meat and vegetables, a second counter for fruit juices, cold meats, salads and a third for sweets, both hot and cold (Fig. 20). The greatest problem with separate service stations is in providing access to the counter to replenish dishes without causing cross traffic and moving amongst the customers. It also means that it is not possible to provide a waitress service without having completely separate arrangements. It further interferes with table clearing or means that the crockery wash has to be remotely sited. There are other minor difficulties such as collecting cold meat from one counter and going to another for hot potatoes.

91. On the whole where there is a cafeteria and waitress service it is better to have one service line which could be doubled to speed service.

92. The Crockery Wash

This should be about 200 sq. ft. but much will depend on access, position, etc. (*see* King's Fund booklet *Crockery Washing*).

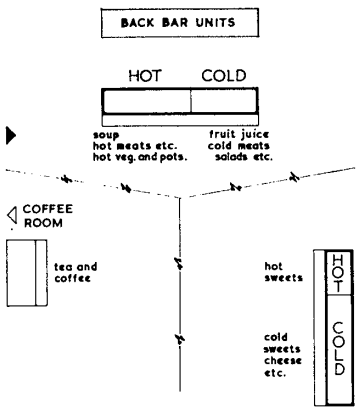


Fig. 18. *System 1.*

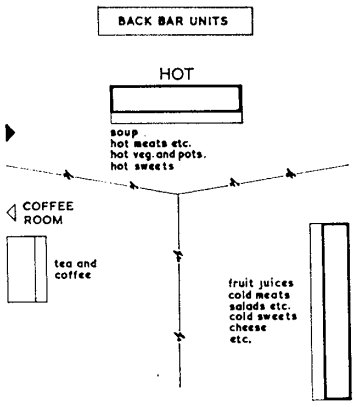


Fig. 19. *System 2.*

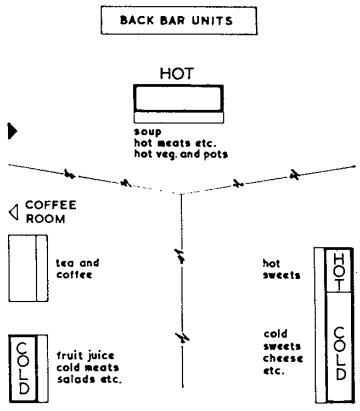
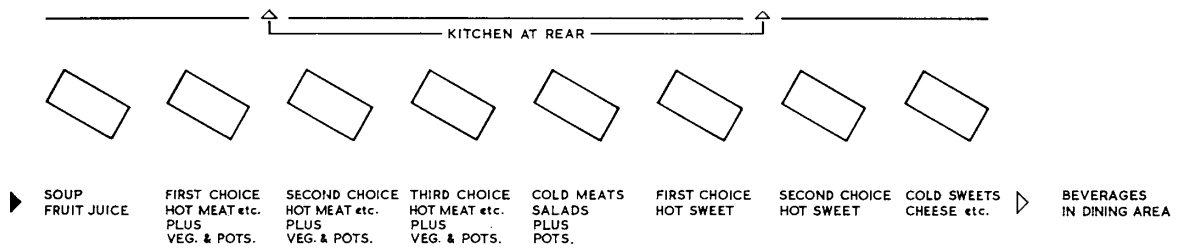


Fig. 20. *System 3.*

Figs. 18, 19 and 20.—*Separate service stations.*



ARRANGED IN LINE AS SHOWN OR IN TWO ROWS

The server at each station can press a bell which indicates in the kitchen that further supplies are required. The head chef, knowing what each station is serving, then sends in the appropriate dish.

Fig. 21. *A modern American stations system for large numbers—1,000+.*

93. The Office/Store

This will vary according to stocks held but generally 80-100 sq. ft. should be sufficient.

94-96. The Sandwich Room

94. In the larger hospitals it is essential to have an area allocated for sandwiches and snacks. Quite a number of people prefer light refreshments at midday. For these people to stand in the same line as those requiring a full meal results in slowing the service for those taking meals and makes it more difficult with a ticket system. Sandwiches and snacks should be paid for in cash.

95. This area could be entirely separate from the other areas or could be combined with the "coffee"-room. If all beverages are charged, i.e. a meal ticket does not include a beverage, it is comparatively simple to combine it with the coffee-room. If the beverage is included in the meal charge a separate room should be planned. Figs. 22, 23 and 25 illustrate possible positions for this unit.

96. A hospital serving some 300 main meals probably requires additional sandwiches or teas for a further 60 to 90 people. If not more than 60 require tea and/or sandwiches during a midday period of say 12.15 p.m. to 1.45 p.m. an area of 250 sq. ft. would be adequate and would provide seats for the majority during this period (*see* Fig. 24). However the problem which might arise is that some people might treat this as a rest room and occupy the seats for a full hour. Thus the room would become overcrowded and would fail to fulfil its purpose as a sandwich and snack room. Therefore it is better, for a more rapid turnover and certainly if the same area has to serve more than 60, to have just plate stands and no seats as shown in Fig. 24. This does not encourage people to stay and allows more people to rest their plates or cups on high level stands. A reasonable height for these stands is 3 ft. 6 in. and a diameter of 2 ft. should be adequate for 5 or 6 people to use.

97-124 Equipment

97-104. Tables

97. There is a huge variety of tables available today. The polished or coated natural wood surfaces provide the best appearance to a room and can be purchased with wooden or steel legs. They should be used in conjunction with table mats.

98. Perhaps the most popular are the plastic-topped tables such as Formica, Warerite, etc. They have a good surface which is easily wiped but they are very noisy in use. Although a table mat may be provided there is usually only one per place. Thus when the diner brings his tray with three courses, only one plate is put on the mat and the others come in direct contact with the hard surface. The noise created is probably as great as the noise from chatter at the tables.

99. The old plain white deal table top seems to have gone completely out of dining areas. Yet there is much to be said for it especially if used in conjunction with plastic tablecloths, the designs of which today deceive almost everyone until they are touched. The white deal table if covered with baize under the

plastic cloth absorbs a lot of sound, and the cloth is easily wiped. At the same time the general appearance is one of a good-class restaurant.

100. In regard to the design firstly the height of the table should be such as to be easy to sit to and eat from by the average man or woman. With the average seat height of a chair the table top should be 29 in. from the ground. If it is lower than this tall men find it inconvenient; to have it higher than this small ladies would find it uncomfortable, particularly when using a knife.

101. If one is prepared to sacrifice a little in regard to the smaller people a table with a height of 30 in. allows a shelf to be placed below which is useful for handbags or alternatively plates which have been used.

102. Care must be taken in deciding how many legs the tables should have. Some tables have a solid centre leg with a wide base. This is very convenient as with tables for 4 it allows the diner to slide into his seat without moving his chair. (This could lead to a slight reduction in the overall dining area.) Other tables may have two legs, again solidly made which have similar advantages to the above.

103. Generally the most popular are the tables with four legs. However the positioning of these four legs is extremely important. It may look very nice for the legs to be inset several inches from the corners but this has the disadvantage of cramping leg space beneath. These should be avoided. Tables with legs set well to the corners offer comfortable seating (Fig. 26).

104. It is rare indeed that tables need to be self-stacking so do not place any weight on this score when deciding the type of table to purchase.

105-109. Chairs

105. An upright chair is the most suitable for having a meal. It has been observed that chairs have sometimes been purchased which have a seat sloping upwards towards the front with a back sloping outwards towards the top. This creates a reclining position which is suitable for relaxing over coffee but cramps the stomach when trying to sit at a table and there is virtually no support for the back.

106. The height is the next point to be considered. It must be appreciated that it is impossible to have a standard chair which will suit all sizes of person. On an average height chair a person with very short legs will hardly be able to touch the ground with his toes and conversely a man with long legs will find that his knees will be in a slightly upward position and if there is a shelf below the table his knees may be touching it. Generally a chair with a seat 18 in. from the ground will be found to meet average requirements.

107. A chair with arms is more comfortable than one without arms but of course more expensive. Similarly a padded seat is to be preferred. However there are many chairs which have moulded seats and backs, are reasonably comfortable to sit on for a short time, and cost much less than upholstered chairs.

108. Apart from these observations, perhaps the point which appeals to most purchasers is the "stackability" or otherwise of a chair. Is too much weight now being given to "stackability"? Chairs with this "virtue" were originally designed for use in rooms which had a dual purpose, e.g. for dining at one hour of the day and for a dance floor at another. Later it was thought that because they were stackable it would facilitate cleaning the dining area. So chairs are often stacked whilst one-half of the dining area is swept and then the other. The alternatives are either to place the chairs upside down on the table or to move the chairs indiscriminately as the cleaner comes to them. The former is not really recommended although the chairs could be wiped before being put on the table. The second alternative may take longer than stacking the chairs but is this extra time really significant? And should this time not be weighed against the damage done to the chairs every time they are stacked? Look at chairs which have been stacked three times a day and examine them after a few weeks or even a few days and notice how the paint, varnish or enamel, and sometimes even chromium plate is being chipped. Then look at the upholstery of the chair to see if that is being marked or cut.

109. If these few minutes of time each day are all that important then the hospital will have to accept chairs being damaged within a short time of purchase. Our view is that unless the restaurant is used frequently for other purposes, it would be better not to regard stackability as a point in favour of a purchase but rather as a point against.

110-121. Service Counter

110. Today's standards demand that hot food is hot that cold food is cold and that the principles of hygiene are observed. To this end the service counter must have a hot section heated by gas, steam or electricity. Normally electricity is too dear for the hospital whilst steam is the cheapest. Therefore steam is used by most hospitals. Some hospitals still purchase flat pie dishes, trays, etc., for kitchen use without considering the service (either to staff or patients). It is high time that administrators, purchasing officers and others looked at catering as a whole.

Sandwich Room Locations

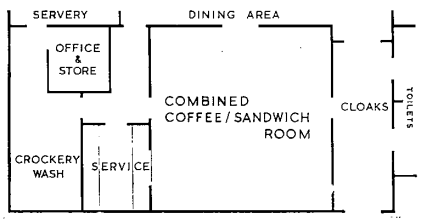


Fig. 22. *Coffee room enlarged to incorporate sandwich room.*

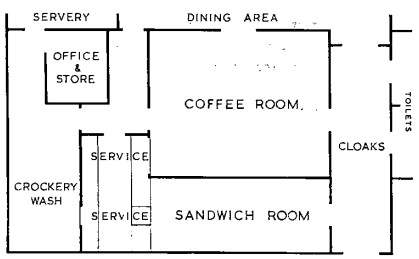
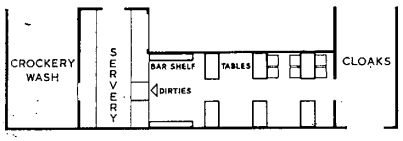


Fig. 23. *Separate sandwich room adjacent to coffee room with common service area.*

Sandwich Room Accommodation



Tables	3 ft x 2 ft.
Space between tables	4½ ft.
Centre gangways	3 ft.

Fig. 24. *Layout with seating and bar shelf provided.*

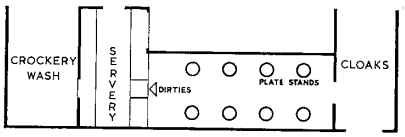


Plate stands 2 ft. diameter
5 ft. centre
2 ft. from wall

Fig. 25. *Layout with standing accommodation only.*

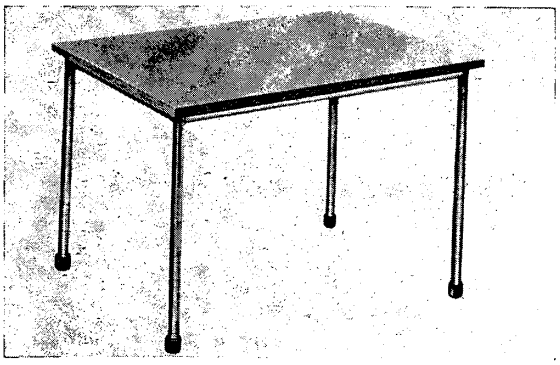


Fig. 26

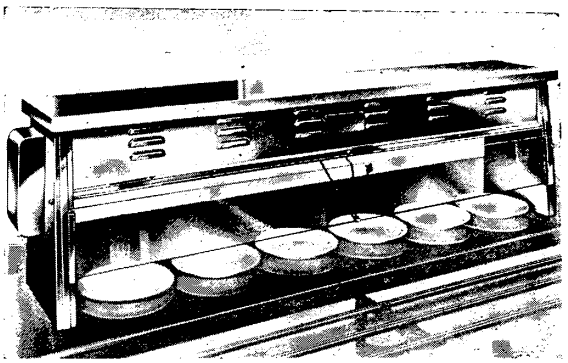


Fig. 27

Preparation, cooking and service should all integrate and only dishes which can be used for all these purposes and are interchangeable, should be purchased. As long as non-standard dishes (i.e. dishes which will not fit a bain-marie) are bought, a flat-topped service counter is required. The disadvantages of the flat-topped counter are obvious in that the food cools rapidly compared with the bain-marie type of counter.

111. The bain-marie type of counter may be heated in three ways, one, by water heated by steam coil set in the water, another by a self-generating steam tank in the base of the counter with steam ducts to the bain-marie, and thirdly by direct steam injection into the bain-marie. Gas or electricity could also be used for a wet bain-marie but generally is not popular in hospitals.

112. The first system, with today's staffing problem, requires water to be laid on to the bain-marie and a waste pipe leading directly to the drainage system. Even with these facilities it is difficult enough to get staff to change the water after each service. This should be done as the water will soon begin to smell. There is also difficulty in wiping beneath the steam coil.

113. With the second system the water does not become contaminated as no pans can come in contact with the water and any spillage goes into a tray. The base of the bain-marie is easy to clean as there are no coils in the bain-marie. This system costs a little more than the first but on the grounds of hygiene and ease of cleaning it is worth it.

114. The third system of direct injection of steam is a good one. It is clean, hygienic and has the same advantages as the second system but some hospital engineers consider that steam is being wasted.

115. Apart from wet bains-marie and steam heat there is one school of thought that considers dry heat created by gas or electricity is quite satisfactory for keeping foods in the bain-marie of the hot cupboard hot without any drying of the foods, which has proved correct from experiments carried out. It does not have the disadvantage of the "wet" bains-marie steaming up which generally necessitates extract canopies above the counter.

116. In order that pies and similar dishes may be cooked in the same container from which they are plated, approximately $2\frac{1}{2}$ times the number of containers the bain-marie will hold are required. The calculations on sizes and depths should be made by the caterer in accordance with the menu he serves.

117. Some hospitals have the counter open so that the "customer" may help himself. From observations on several services it has been found that the speed of service is considerably slowed down and may get down as low as 2 per minute passing along the service line. With a full complement of staff behind the counter there should be no difficulty in achieving 10 a minute.

118. On the grounds of hygiene a "sneeze" plate with heated shelf above should be fitted to the counter. It is also an advantage to have a shelf or cover above this, fitted with infra-red heat and illuminated with tungsten lights which give a warm appetising appearance to hot food (Fig. 27).

119. Cold foods should be split into two groups; those which should be quite cold and those which should be at atmospheric temperature. In the former category come jellies, ice cream, fruit trifles and salads. These should be in a refrigerated display cabinet illuminated with daylight blue strip lighting. This gives a cool appetising appearance to the food. As the salads will be in the cabinet only a short time there is no need to cover them individually as the lettuce will remain crisp and attractive for a short period. The cabinet should have sliding doors at the rear for the servers to replenish and lift up flaps at the front so that the customer can help himself.

120. Foods such as cheese, bread, butter should be at room temperature, although in the case of bread rolls it would be an advantage if they could be served hot. Whilst these items might be served or displayed on a flat counter, on the grounds of hygiene, they should be in a display cabinet similar to that above but not refrigerated.

121. To facilitate handling of plates mobile plate dispensers should be used. As the plates are washed they are placed straight into the dispenser which should be wheeled to the service counter where a cut out should have been arranged. The dispensers should be fitted so that the plates can be hot or cold. Unfortunately this usually means using electricity which is costly because of the system on which charges are based.

122-124. Back Bar Units

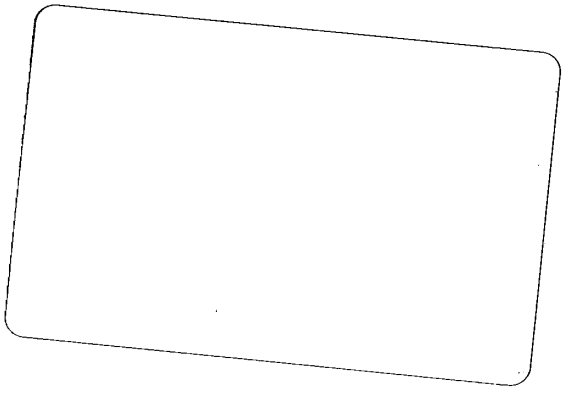
122. It is believed by many, including some catering officers, that where a kitchen is adjacent to a staff restaurant that back bar units are an unnecessary expense. This, of course, must evolve from the basis of the standard the person concerned expects. Some catering officers even believe they have so much control over their kitchen that the staff never fry chips, fish or eggs in advance and that the dining-room staff are always just waiting to serve the chips coming from the frying pan in the kitchen. Similarly they believe that roast meat is never sliced in advance and that the kitchen staff wait until the dining-room staff ask for some roast meat. From observations on hundreds of hospitals this is not the case. Meat is sliced in advance, covered with gravy and kept hot, chips too are fried and put in trays in the hot cupboard until the dining-room staff ask for more. Of course the senior and more mature catering officers and administrators appreciate that this must happen, and that it is impossible to control kitchen staff to such a fine degree particularly when the kitchen staff cannot even see what is happening in the dining-room.

123. To ensure last-minute finishing of dishes, back-bar units should be installed in all restaurants serving large numbers. Those hospitals which have tried it have noticed a marked difference in the standards which their customers have appreciated. It has also been remarked that it has had a good psychological effect on them, in seeing the chef bringing the chips straight out of the frying pan and into the serving dish, and in seeing him slicing meat which is served immediately without having been soaked in gravy.

124. Therefore on the back bar of a large hospital there should be a deep fat fryer, a gravity feed slicer, a salamander, a rotary toaster (500 slices per hour) a two-ring boiler and possibly a griddle plate.

1929933866

King's Fund
54001000262678



Obtainable from
Catering Advisory Service
King Edward's Hospital Fund for London
24 Nutford Place
London, W.1

Price 2s., post free

Reprinted from *British Hospital Journal and Social Service Review*, 27-29 Furnival Street, London, E.C.4.