



King Edward's Hospital Fund for London
CATERING ADVISORY SERVICE

Report
on
COST OF THE CATERING SERVICE
IN SMALL HOSPITALS

prepared by

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for
WEST CORNWALL HMC.

December, 1970.

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INTRODUCTION

1.1 The initial information and statistics required by the Catering Advisory Service for this investigation were obtained by means of questionnaires which were completed by the hospital officers for each of the nine hospitals that the HMC wished to be examined.

1.2 During preliminary discussions with senior Group Officers it was established that catering staff costs should be the main area of investigation. Other considerations which materially affect running costs were also to be included.

1.3 Following a brief inspection of all the hospitals that were under examination, additional information about staffing levels and the allocation of costs was obtained from the treasurer's department. After preliminary investigation it was decided that the time available could most usefully be given to a more detailed examination of Penrice and Cambourne-Redruth Hospitals which had respectively the lowest and highest staff costs in the Group for the quarter ended June 1970. It was further decided to include St. Austell District Hospital where it had been suggested the kitchen might be closed if meals could be transferred from Penrice Hospital.

1.4 The following costs were extracted from the information provided and relate to the quarter ended June 1970.

	D i e t W e e k s			Staff Costs		Provisions	Total
	Pats	Staff	Total	Kitchen	Service	Cost	Cost
Penrice	937	127	1064	13.6	5.10	1.18.11	2.18.3
St. Austell	306	60	366	1.15.8	15. 8	1.18.5	4. 9.9
Cambourne-Redruth	2719	1620	4339	3. 9.4	1.18. 8	2. 4.9*	7.12.9

FOREWORD

At the request of the Hospital Management Committee the King's Fund Catering Advisory Service undertook to examine the cost of the catering service provided in the small hospitals where catering staff costs were considered to be high. The feasibility of closing a number of the kitchens, the provisions expenditure and significant organisational problems were to be included where appropriate.

It was established during visits to the hospitals concerned that none of them could be supplied with cooked food from another hospital if proper nutritional standards were to be maintained.

In all instances where centralised production or preparation is considered a thorough examination of the actual workload and staffing levels existing in the hospitals should take place. Transportation often will reduce considerably the apparent cost advantage and the additional liaison and control problems should also be fully appreciated. When the real needs have been established, staffing levels can frequently be reduced without the introduction of the poor nutritional standards which result from long distribution times. It is towards this type of saving, often made possible by changes in the pattern of the patients day and 'pay as you eat', that the management effort should be directed.

The inaccurate allocation of wages paid in respect of the many activities which are undertaken in small hospitals by a limited number of staff can easily distort the apparent cost of running individual departments. Care should be taken to ensure that by the manner of presentation as well as accuracy of information the unit cost statements clearly reflect the actual cost of running each department.

A lack of information about the price of supplies and the precise requirements of patients contribute to the erratic cost of running the catering service. With the implementation of the suggestions contained in the report and the spirit of co-operation which was evident throughout the Group no doubt these problems will be quickly resolved.

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

December, 1970.

G.J. Stormont,
Catering Adviser to the Fund.

CAMBOURNE-REDRUTH HOSPITAL

Profile

- 2.1 This hospital is at present undergoing considerable upgrading. It will eventually have approximately 74 beds but during the survey period only 20 maternity, 25 gynaecology and 9 other beds were available.
- 2.2 The kitchen is on the ground floor. A central wash up has been built adjacent to the kitchen and the dining room is close to these facilities. The wards are on three floors.
- 2.3 The patients food conveyors use the central lift and must also negotiate a number of slopes to reach the wards.
- 2.4 Responsibility for the catering service in this hospital is held by a Catering Officer, who is also responsible for four other hospitals including Barncoose which is approximately half a mile from this hospital.

Salaries & Wages Expenditure

- 3.1 The man hours allocated in the quarterly cost statement to the department were as follows:

1 Catering Officer	25%
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Kitchen

1 Cook in charge	40 hours
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2 Cooks	40 hours each
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3 Kitchen Porters	40 hours each
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1 Night Cook	8 hours
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1 Night Cook	6 hours
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Dining Room

1 Cashier	40 hours
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1 Waitress	24 hours
------------	----------

1 Waitress	12½ hours
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1 Dining Room Maid	17 hours
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- 3.2 The total overtime worked this year is equal to approximately 52 hours per week. Much of this is due to the long term sickness of the former cook in charge.

- 3.3 The staff unit cost statement reflects in addition to this overtime a level of staffing which we consider is higher than necessary to produce good standards in the department.

- 3.4 A study of staff activities (see appendix A) and an analysis of the work loads leads us to recommend that the kitchen should be closed at 18.30 hours. The provision of a night cook should cease. An alternative method of providing the services required is suggested in para 3.9.

The number of kitchen porters should be reduced by one. The role of the existing dining room staff should be extended to include the collection of patients meal orders (see para 4.3) and work in the central wash up (see para 3.6)

- 3.5 The earlier closure of the kitchen would permit the necessary cover to be provided by two porters working the following shift pattern:

2 days 08.00 to 18.30 hours

3 days 06.00 to 12.40 hours

or 11.20 to 18.30 hours

2 days off duty

- 3.6 The existing practice of having a kitchen porter working for 2 hours daily in the central wash up should stop. A maximum of one hour per day is needed for staffing dining room items used at lunch time and we suggest that this should be provided Monday to Friday by the dining room staff during the period of 13.30 to 14.30 hours. At weekends both porters should be on duty and could provide the necessary cover. This arrangement would mean that when the patient occupancy increases an additional ward domestic will be needed for a limited period each day but with the existing work load this should not be necessary.

- 3.7 The late shift worked by the cooking staff would start at 10.00 hours. This would provide useful additional cover during the peak mid morning and lunch service periods.

- 3.8 It should be noted that the existing entitlement of staff to shift pay would cease on the introduction of these arrangements.

- 3.9 The number of evening meals at present provided for staff after 18.30 varies daily between none and six. The meals are served by the cooking staff. Night meals are provided for up to three staff which under existing arrangements require two hours per night of cooking time. Both these groups of staff could satisfactorily be provided with meals from a microwave oven, sited in the dining room. A small refrigerator would also be required. The cost of this equipment would be saved in under one year by the reduction of labour costs at present needed to provide these meals.

Provisions Expenditure

- 4.1 During the quarter ended June 1970 expenditure exceeded the allocation by 6/9d per diet week. Much of this over-expenditure may be traced to the lack of information in the catering department about the actual needs of the patients. No choice of menu is offered to patients and ward staff order the number of meals required for the day at 09.00 hours. This number is checked with the bed state by the Catering Officer but the arrangements for varying this number at each meal in accordance with actual need are not effective.
- 4.2 The breakfast and main course at midday and supper are plated in the kitchen, the sweet being sent in bulk. Unfortunately the present ordering system does not allow the economies which can result from a central plating system to be realised. Complete full sized meals must be sent to all patients on the normal diet. Experience has shown that smaller portions or meals consisting of fewer courses are required by many patients.
- Evidence of this over issue and lack of communication was seen in the amount of scrambled egg returned after breakfast and the eight complete meals which at the end of the evening meal service were found to be not required by a

ward. This wastage of meals represented 20% of food produced for supper and contrasted with the careful control of the amount cooked in the kitchen.

- 4.3 An excellent standard of cooking and presentation was seen but if costs are to be reduced an effective flexible system of meal selection by patients must be introduced. A menu card (see appendix B) should be distributed by ward staff with the lunch meal to those patients requiring a normal diet. These patients would complete their own cards unless their condition or ability made this difficult. The cards of patients requiring Therapeutic diets would be completed by ward staff. All the cards should be collected by a member of the dining room staff at 14.30 hours. No increase or alteration in the hours worked by dining room staff would be necessary to cover this task. In the absence of the Catering Officer the summary of orders could be prepared by the Cashier.
- 4.4 The existing conveyors, which were designed for bulk meals, should be replaced by plated meal conveyors to allow the sweet course to be plated centrally. This would further improve control of production and allow maximum financial benefit to be obtained from the availability of accurate information.
- 4.5 Expenditure on a number of items could be reduced without unacceptable lowering of standards by improved methods of control.
- Bacon should be issued from Barncosse Hospital in the exact amounts required. A transfer voucher should be used.
- The milk powder issued during the quarter ended June 1970 was sufficient to provide over $\frac{3}{4}$ pint of milk for each diet day. When considered with the level of fresh milk consumption this is excessive and is a reflection of the difficulty of controlling the use of a bulk pack after it is issued to the kitchen. As a positive control we suggest the daily issue of the amount

calculated as being required. This would be approximately 4 lbs per day for the current occupancy. The breaking of bulk should be undertaken by the Group Stores initially to establish a new pattern of usage. It should be realised that the cost of the milk issued to baies, who are not included in the statistics, represents approximately 3d per diet week.

The quantity of tea and coffee issued could be reduced by the introduction of smaller packs to facilitate control at ward level which should be issued to an agreed scale. The brands of instant coffee used are available in small packs at the same price or a lower price per lb as when packed in the large tin at present issued. The use of tea bags should also be examined. Experiments in London Teaching Hospitals has shown that if properly controlled their use reduces costs.

The Catering Officer is well aware of the need to ensure that the amounts of meat delivered do not exceed the quantity ordered and continued attention to this should reduce previous expenditure on this item.

- 4.6 The ability of the Catering Officer to control expenditure by modifying the menu to meet fluctuation in the cost of supplies is limited by the lack of up to date information. We recommend that a price list covering all commodities supplied through Central Stores should be produced for each caterer and that a weekly list showing price changes should be delivered with the stores.

PENRICE HOSPITAL

Profile

- 5.1 This is a modern hospital which at present has 24 maternity and 56 chronic sick beds. A further 56 bedded unit is due to be added in 1971/72.
- 5.2 The building has been erected on a sloping site. The ward areas are on a single level which at the lower end of the site enables the kitchen, dining room and central wash up to be built adjacent to each other at ground level under the maternity department. At the upper end of the site the chronic sick department is at ground level.
- 5.3 Access from the service area to the maternity department is by stairs or a lift adjacent to the kitchen. The chronic sick ward's food conveyors are pulled by an electric tug outside the building.
- 5.4 Overall responsibility for catering in this unit and for other small hospitals in the sub group is held by the Catering Officer based at Treliske Hospital in Truro which is 14 miles away. Direct control is exercised by a catering supervisor who also has responsibility for St. Austell District Hospital which is 2.7 miles away.

Salaries & Wages Expenditure

6.1 The man hours allocated to the department in the quarterly cost statement were as follows:

1 Catering Supervisor 50%

Kitchen

1 Cook 40 hours

1 Cook 40 hours

1 Apprentice Cook 40 hours

2 Domestic Assistants 73 hours (total)

Dining Room

2 Domestic Assistants 7 hours (total)

It should be noted that a vacancy existed for an assistant cook and that the apprentice is only temporarily attached.

6.2 The total overtime worked this year is equal to approximately 5 hours per week.

6.3 Domestic staff, who are supervised by the domestic forewoman, are allocated each day to the central wash-up, kitchen and dining room area. Approximately 120 hours per week are needed to maintain the present level of staffing in this area. A study of staff activity (see appendix C) revealed that the allocation, made for costing purposes, of domestic staff does not reflect the work being carried out.

On the day of the study the domestic forewoman covered part of the shift of Domestic B, who, having started work 30 minutes earlier than usual, left before completing the shift. For the purposes of calculating the time normally available it has been assumed that the time lost to the area by this unusual arrangement would have been available for kitchen work.

As shown in the following table insufficient time has been allocated to the dining room and the time available for kitchen work is much less than had been allocated.

	Allocated Domestic Hours	Allocated Cost All staff £ s d	Actual Domestic Hours	Actual Cost All staff £ s d
Kitchen	73	13. 6	34	10. 3
Dining room	7	5. 10	36	1. 7. 8
Total	80	19. 4	70	1.17.11

It should be noted that the effect of revealing that overall 10 hours per week less should be allocated to catering is to increase the figure given under the heading of total in the published quarterly breakdown of catering costs. This figure can be misleading as the number of staff diet weeks used to calculate service staff costs is not shown. This 'TOTAL' cost only relates on a group basis to 32% of the total diet weeks.

6.4

It will be seen from the study of activity (figure C) that 4 hours and 20 minutes of domestic time is available in the kitchen. This time is available only in short periods, the majority lasting 10 minutes or less. The longest uninterrupted period was 35 minutes. This pattern of activity and level of staffing when combined with the control difficulties which result from the division of responsibility between the catering and domestic supervisors for these staff does not allow satisfactory standards to be achieved. Insufficient time is available for basic cleaning of floors and equipment. Washing up and vegetable preparation are undertaken by cooks. The shift worked by cook 'C' which included 2 hours vegetable preparation and 1½ hours cleaning is normally available one day per week. Although an unnecessary amount of preparation was undertaken during the day studied it is clear that

without this extra shift there is little time available for cooks to carry out tasks that should be covered by domestic assistants. We consider that an additional 5 hours of domestic time a day is required in the kitchen at the present time. These hours should be worked between 10 a.m. and 15.30 hours. This establishment should be further increased by 5 hours a day when the next unit is added. These recommendations are based on the assumption that the existing practice which provides approximately 30 hours per week is continued until the new unit opens. It is estimated that following the opening the increased work load in the central wash-up and dining room will reduce the time available for kitchen work by approximately 24 hours per week.

- 6.5 Considerable time is wasted during preparation and cooking as the result of the siting of the main cooking range and its relationship to the preparation tables and store room. If this range is inter-changed with the fryers and grill there would be a considerable reduction in the amount of walking now necessary and this arrangement would also produce a more compact area in which the majority of the activity would take place. The lack of suitably sited power sockets causes inconvenience to staff and leads to the misuse of equipment. These design faults materially affect the efficiency of the staff and in view of the expected increase in numbers to be fed, it is essential that they are rectified. The alternative will be an otherwise unnecessary increase in staff.

- 6.6 The service of staff meals occupied 50 minutes of cooks time and is clearly a sound arrangement but the lack of control over the cash taken is undesirable. Care is taken to ensure the amount entered into the takings ledger is certified as a correct entry by the cook, but there is no arrangement giving personal protection to the kitchen staff. A manual cash register, tickets or simply a means by which the cash taken is recorded in full view of each customer

should be introduced. Another alternative would be to drop the cash immediately into a locked box standing on the service counter. The key would be held by the administrative staff and the cook would be a witness to the amount cleared and entered into the ledger. It may be necessary to provide a small float but staff should be encouraged to carry the correct coinage. These arrangements would provide protection for staff and would conform to normally accepted standards of accountability.

- 6.7 It should be noted that cooking staff were occupied for 20 minutes with the issue of stores to the wards. This work is usually a charge on 'other staff.' The existing arrangement probably keeps ward issues low but before the new unit opens adequate secure storage should be provided on each ward and the issue should be made direct from Central Stores control being exercised by the Catering Supervisor scrutinising the ward requisitions.

Provisions Expenditure

- 7.1 During the quarter ended June 1970 expenditure per diet week on provisions exceeded the allocated figure of 34/- by 4/11d. This allocated figure is 3/- less than that given to similar hospitals in the group because of the advantageous price of many goods, including meat, most dry stores and fresh vegetables which are drawn from the St. Lawrence Central Stores.
- 7.2 Requisitions are required by the St. Lawrence and St. Clements stores at least three days in advance of delivery. This limits the extent to which the catering supervisor adjusts the quantities of perishable goods delivered to meet fluctuations in requirements. Adequate storage is available which together with the present set menu reduces the cost implication of this lack of flexibility but it would be very significant if a choice of meals is introduced. A plated meal choice system, similar to that

recommended for Cambourne-Redruth (4.3) should be provided for the maternity ward following the re-arrangement of equipment (6.5) and the purchase of a new plated meal conveyor. The introduction of central meal plating for the chronic sick wards would require additional staff to be available during the service periods. This service to the chronic sick wards if introduced must be based on full accurate information about individual patients needs if an increase in provisions expenditure is to be avoided.

7.3

A more cost conscious approach to the use of fresh and frozen vegetables would reduce expenditure on this item. The frequent use of frozen vegetables when cheap fresh supplies are available is encouraged by the shortage of domestic assistance. Tinned vegetables could be used to a greater extent than at present but the more frequent use of fresh items is clearly the more desirable alternative. There is considerable wastage of potatoes because of excessive trimming during preparation.

The control of milk powder could easily be improved in this kitchen by the use of a suitable measure instead of the ladle at present used. The costs shown under dried milk powder include the expenditure on baby milk powder which represents approximately 6d per diet week.

ST. AUSTELL DISTRICT HOSPITAL

Profile

- 8.1 This hospital has 27 mainly acute beds which are in four rooms, the largest of which has eleven beds. They are treated for catering purposes as a single ward.
- 8.2 The building is on a sloping site which has resulted in the ward area being on a lower ground of floor level than the kitchen. The ward kitchen has a dishwashing machine. The staff dining room is close to the kitchen where the washing up from this room takes place.
- 8.3 The three steps leading up out of the kitchen and six steps which lead down to the ward area make it necessary to use a heated food box for the patients food.
- The ward is accessible from outside the building through the ambulance bay but this is at the bottom of a steep slope.
- 8.4 Catering here is directly controlled by the Catering Supervisor who is also responsible for Penrice.
- It had been suggested by officers of the HMC that meals might be transported from Penrice to this hospital to permit the closure of this kitchen.

Salaries & Wages Expenditure

9.1 The man hours allocated to the department were as follows:

1 Catering Supervisor 50%

Kitchen

1 Cook 40 hours

1 Cook 20 hours

1 Assistant Cook 27 hours

2 Domestics 10 hours each

1 Domestic 30 hours

1 Domestic 15 hours

Dining Room

3 Domestic Assistants 10 hours each

9.2 The total overtime worked is equal to approximately 3 hours per week.

9.3 The study of activity (see appendixD) was undertaken on a day which coincided with the working by a cook of one of the split duty shift which are part of the normal working pattern in the kitchen. These shifts are clearly not desirable. We suggest that on the retirement of the full time cook and the assistant cook the establishment should be changed and two cooks each to work 22 hours per week should be recruited. The shifts worked should then cover the following periods:

07.00 - 13.30 hours

16.00 - 19.00 hours

A rota based on the following pattern could be introduced to provide the necessary cover:

Sun	Mon	Tues	Wed	Thu	Fri	Sat
off	off	16.00-19.00	07.00-13.00	16.00-19.00	07.00-13.30	16.00-19.00
07.00-13.00	07.00-13.00	off	off	off	16.30-19.00	07.00-13.30
16.00-19.00	16.00-19.00	07.00-13.30	16.00-19.00	07.00-13.30	off	off

This arrangement would produce an overall reduction of 23 hours per week when fully implemented.

- 9.4 The allocation of domestic staff costs is confused by three staff who are used to carry out small tasks in the department as part of their total working day the majority of which is costed to other departments. It is also shown in appendix D that the domestic whose time is fully allocated to the catering department spent 20 minutes cleaning a doctors changing room. Despite these problems of allocation, and the fact that the study was undertaken on a Saturday we believe that the 30 hours per week allocated to the dining room is a reasonable reflection of the actual time taken in view of the tray service provided mid week for the outpatients department.

The kitchen domestic hours available are more than adequate and could be reduced by 10 hours without undue hardship. The present generous cover is reflected in the excellent standard of cleanliness in the kitchen.

Provision Expenditure

- 10.1 During the quarter ended June 1970 expenditure per diet week was 3/5d in excess of the allocation of 35/-.
- 10.2 The practice of buying potatoes from a local supplier contributed to the high cost during this period. Over the nine weeks for which comparative figures are available the average difference in price when compared with Penrice was approximately 17/- per cwt. We recommend that if possible supplies of potatoes should in future be drawn from St. Lawrence's. This step would no doubt also result in vegetables being obtained from the same source which should, if orders are carefully controlled, lead to further savings.

Kitchen Closure Proposal

- 11.1 The possibility of transporting cooked food from Penrice Hospital which is 2.7 miles away was examined, bearing in mind the overriding importance of nutritional standards.
- 11.2 Although at first sight there would seem to be a large potential saving in staff costs in practice the actual reduction would only be in the region of 65 hours per week more than the proposals already outlined for reducing staff. This is a reflection of the present staffing levels in both hospitals and the projected development at Penrice and includes the additional time involved in transport arrangements, assuming that duplicate sets of equipment were used.
- 11.3 Although access to the ward area is available through the ambulance bay the movement of the cooked food from Penrice kitchen to the point of service of St. Austell would take approximately 20 minutes under good road conditions. This is too long to maintain sound nutritional standards and prevents us recommending that the service should be reorganised on this basis. It would also lead to loss of palatability and the production of a limited menu or the economic production of some items at St. Austell.
- 11.4 Proposals for the centralisation of preparation with perhaps cooking still taking place at the peripheral kitchen to avoid reduction of nutritional standards could lead to substantial savings in certain instances where the level of existing staffing and the number being fed create suitable conditions but this is not the case in these hospitals and this is further reason why we recommend that both kitchens should continue to function with the adjustments to staffing levels suggested.

SUMMARY OF RECOMMENDATIONS

Cambourne-Redruth Hospital

- 12.1 Kitchen should close at 18.30 hours (3.4, 3.9)
- 12.2 The provision of a night cook should cease and a microwave cooker and refrigerator should be purchased (3.4, 3.9).
- 12.3 The number of kitchen porters should be reduced from 3 to 2 (3.4, 3.5, 3.6).
- 12.4 Staffing of central wash up should be reorganised (3.4).
- 12.5 Information should be obtained about patients needs by means of a preselecting choice system (4.1, 4.2, 4.3).
- 12.6 The role of the dining room staff should be extended (3.6, 4.3).
- 12.7 Purpose built plated meal conveyors should be purchased (4.4).
- 12.8 Bacon should be issued from Barncoose and tighter control exercised over milk powder, tea and coffee through collaboration with the supplies department (4.5).
- 12.9 The current price of commodities supplied through central stores should be readily available to Catering Officers (4.6).

Penrice Hospital

- 13.1 The allocation of staffing costs should be revised (6.3).
- 13.2 The number of staff diet weeks should be included on the quarterly cost statement (6.3).
- 13.3 An additional 35 hours domestic staff time should be immediately made available (6.4).
- 13.4 When the new unit is opened a further 35 domestic hours should be provided (6.4).
- 13.5 Equipment should be resited in the kitchen and additional electric sockets provided (6.5)
- 13.6 Arrangements should be made to provide protection for staff handling cash (6.6).

- 13.7 Issues to wards should be made direct from central stores (6.7).
- 13.8 The use of fresh and tinned vegetables should be increased (7.3).
- 13.9 A centrally plated meal choice system should be introduced for the maternity ward. Central plating should only be introduced for the chronic sick wards based on detailed information. (7.2)

St. Austell District Hospital

- 14.1 Kitchen shifts should be altered and a new rota introduced (9.3).
- 14.2 Cook hours should be reduced by 23 hours per week (9.3).
- 14.3 Kitchen domestic cover should be reduced by 10 hours per week (9.4).
- 14.4 Potatoes and vegetables should be drawn from St . Lawrences (10.2).
- 14.5 Cooked meals should not be supplied from Penrice Hospital (11.3).
- 14.6 Central preparation should not be introduced (11.4).

Appendix A

	COOKS		PORTERS		WAITRESSES		CASHIER	
	A	B	A	B	A	B		
06.00/06.15	P P P		K K K					CAMBOURNE- REDRUTH HOSPITAL
06.15/06.30	C C C		K K K					
06.30/06.45	C C S		V V V					
06.45/07.00	S S S		V S S					CATERING ACTIVITIES
07.00/07.15	P P K		K K K					
07.15/07.30	P P P		P P W					
07.30/07.45	B B B		B B B					
07.45/08.00	P P P		K K K					
08.00/07.15	P P P		K K K					B meal breaks
08.15/08.30	P P P		K K K					
08.30/08.45	P P P		I I I				D D D	C cooking
08.45/09.00	C C C		I I I				D D D	
09.00/09.15	C C C		K K K				D D D	D dining room
09.15/09.30	C C C		K K K				D D D	
09.15/09.45	C C C		K K K				D D D	I stores issue
09.45/10.00	B B C		B B K				B B D	
10.00/10.15	C C C		K K K				D D D	K kitchen
10.15/10.30	P P P		K K K				D D D	cleaning
10.30/10.45	C C C		K K K			M M D	D D D	
10.45/11.00	C C C		K K K			M M M	D D D	M miscellaneous
11.00/11.15	C C C		K K K			D D D	D D D	
11.15/11.30	C C C		S K K			D D D	D D D	P food
11.30/11.45	C S S		K S S			D D D	D D D	preparation
11.45/12.00	S S S		S S S			D D D	D D D	
12.00/12.15	C C C	C C C	K K K	W W W	M M M	D D D	D D D	S service of
12.15/12.30	C C C	C C C	K K K	W W W	D D D	D D D	D D D	patients' food
12.30/12.45	C C C	C C C	K K K	W W W	D D D	D D D	D D D	
12.45/13.00	C C C	P P P	K K K	W W W	D D D	D D D	D D D	V vegetable
13.00/13.15	P P P	P P P	K K K	W W W	D D D	D D D	D D D	preparation
13.15/13.30	C C C	P P P	K K K	W W W	D D D	D D D	D D D	
13.30/13.45	C C C	P P P	K K K	W W W	D D D	D D D	D D D	W central
13.45/14.00	C K K	P P P	K K K	W W W	D D D	D D D	D D D	wash-up
14.00/14.15		P P P		W W K	D D D	D D D	B B B	
14.15/14.30		P P P		K K K	D D D	D D D	B B B	
14.30/14.45		P P P		K K K		D D D	D D D	
14.45/15.00		C C C		V V V		D D D	D D D	
15.00/15.15		C C C		V V V			D D D	
15.15/15.30		C C C		V V V			D D D	
15.30/15.45		C B B		V B B			D D D	
15.45/16.00		C C C		K K K			D D D	
16.00/16.15		P P P		K K K			D D D	
16.15/16.30		C C C		K K K			D D D	
16.30/16.45		C C C		K K K			D D D	
16.45/17.00		C C C		K K K			D D D	
17.00/17.15		C C C		K K K				
17.15/17.30		C C C		K K K				
17.30/17.45		C S S		K K K				
17.45/18.00		C C C		K K K				
18.00/18.15		D D P		K K K				
18.15/18.30		P P P		K K K				
18.30/18.45		P P P		K K K				
18.45/19.00		C C C		K K K				
19.00/19.15		D D P		K K K				
19.15/19.30		P P P		K K K				
19.30/19.45		P P P		K K K				
19.45/20.00		P P P		K K K				

Date..... Ward No.....

Mr/Mrs/Missrequires
.....diet

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

Please indicate your choice in the
boxes provided.

Mark ☐ S for small portion
" ☐ N for normal portion
" ☐ L for large portion

BREAKFAST

Porridge ☐
Cornflakes ☐

Grilled Bacon ☐
Scrambled Egg ☐

Fried Bread ☐
Tomatoes ☐

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

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

LUNCH

Oxtail Soup ☐

Roast Lamb, Mint Sauce ☐
Curried Beef & Rice ☐
Cold Ham & Green Salad ☐

Buttered Carrots ☐
Spinach ☐
Roast Potatoes ☐
New Potatoes ☐

Mandarin Orange Flan & Cream ☐
Baked Egg Custard ☐
Cheese & Biscuits ☐

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

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

SUPPER

Celery Soup ☐

Baked Cod, Mornay Sauce ☐
Grilled Pork Chop, Apple Sauce ☐
Scotch Egg & Green Salad ☐

Green Peas ☐
Grilled Tomatoes ☐
Puree Potatoes ☐
New Potatoes ☐

Meringue and Cream ☐
Semolina Pudding ☐
Cheese & Biscuits ☐

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

Perforation -----

Appendix B

	COOKS			DOMESTICS				PENRICE HOSPITAL CATERING ACTIVITIES
	A	B	C	A	B	C	D	
06.00/06.15								
06.15/06.30								
06.30/06.45								
06.45/07.00								
07.00/07.15	C C C							
07.15/07.30	C C C							
07.30/07.45	V V V			W D D	K K K			
07.45/08.00	S S C			K K K	D D D			B meal breaks
08.00/08.15	P P P			K D K	D D D			
08.15/08.30	P P P			W W K	W W W			C cooking
08.30/08.45	P C C			W W W	W W W			
08.45/09.00	C C C			W W W	W W W			D dining room
09.00/09.15	C C K			W W W	W W W			
09.15/09.30	P P C	P P P		M M M	M M M			I stores issue
09.30/09.45	C C B	P P B		B B D	B B D			
09.45/10.00	B P P	B P P		D D D	D D D			K kitchen cleaning
10.00/10.15	C C C	C C C	S S S	K K O	K K O			
10.15/10.30	C C C	P P P	S S S	O O D	O O K			
10.30/10.45	C C C	C C C	S S D	W W D	K D D			M miscellaneous
10.45/11.00	C S S	C C C	P P P	D D D	D D D			
11.00/11.15	C C C	K C C	C C C	D D K	D D D			O cleaning other areas
11.15/11.30	C C C	C C C	C C C	K K K	D D D			
11.30/11.45	C C C	K K K	S S S	K K K	K K K			
11.45/12.00	P P P	K K K	V V V	B B B	B B B			P food preparation
12.00/12.15	M M M	D D D	V V V	B B B	B B B			
12.15/12.30	D D D	D D P	V V V	W W W	W W W			
12.30/12.45	D D D	P K K	V V V	W W D	W W W			S service of patients' food
12.45/13.00	D D K	C C C	V V V	W D M	W D M			
13.00/13.15	M D D	P P P	V V V	W W W	W W W			
13.15/13.30	P P P	P P P	K K K	W W D	W W W			V vegetable preparation
13.30/13.45	P P P	P P P	K K K	D D D	D D D			
13.45/14.00	B B B	B B B	B B B	K K K	D D D			
14.00/14.15	B B B	B B B	B B B	K K K		K K K		W ward washing up
14.15/14.30	P P P	V V V	V V V	D D D				
14.30/14.45	P P P	V V V	V V V	K D D				
14.45/15.00	P P P	C C C	C C C	K K K				
15.00/15.15	P B B	K B B	B B P	B B D				
15.15/15.30	P P P	P P P	P P P	D D D		D D D		
15.30/15.45		C C C	P P P	W W W		W W W		
15.45/16.00		C C C	P P P	W K D				
16.00/16.15		C C C	P P P					
16.15/16.30		C C C	P P P					
16.30/16.45		B B B	B B B					
16.45/17.00		B B B	B B B					
17.00/17.15		C C C	P P P					
17.15/17.30		C S K	C C C					
17.30/17.45		S S S	K K K					
17.45/18.00		C C C	P P D					
18.00/18.15		C C C	K K K					
18.15/18.30		K K K	D D K					
18.30/18.45		I I I	I K K				W	
18.45/19.00		K K K	K K K				W W W	
19.00/19.15						W W W	W W W	
19.15/19.30						W	W W W	
19.30/19.45								
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	COOK A	DOMESTICS A	B
06.00/06.15			
06.15/06.30			
06.30/06.45			
06.45/07.00			
07.00/07.15	C C C		
07.15/07.30	C C C	S S S	
07.30/07.45	S S C	V V V	
07.45/08.00	P P P	K K K	
08.00/08.15	P P P	D D D	
08.15/08.30	P P P	V V V	
08.30/08.45	C C C	V V V	
08.45/09.00	P P P	D D V	
09.00/09.15	P P P	V V V	
09.15/09.30	C C C	V V V	
09.30/09.45	B B C	B B D	
09.45/10.00	C C C	D D D	
10.00/10.15	C C C	D K K	
10.15/10.30	C C C	K D D	
10.30/10.45	C C C	D D D	
10.45/11.00	C C C	D D D	
11.00/11.15	C C C	K K K	
11.15/11.30	C C C	K K K	
11.30/11.45	S S K	K K K	
11.45/12.00	S S S	K K D	
12.00/12.15	K K K	K K K	
12.15/12.30	K K K	K D D	
12.30/12.45	K K K	D D K	
12.45/13.00	P P P	D D D	
13.00/13.15	P P P	D D K	
13.15/13.30	P P P	K D D	
13.30/13.45		K K K	
13.45/14.00		K K K	
14.00/14.15		K K K	
14.15/14.30		K K K	
14.30/14.45		K K K	
14.45/15.00		K K K	
15.00/15.15		K K K	
15.15/15.30		K O O	
15.30/15.45		O O D	
15.45/16.00		D D D	
16.00/16.15			D
16.15/16.30			
16.30/16.45			
16.45/17.00			
17.00/17.15	P P P		
17.15/17.30	C C C		
17.30/17.45	C C S		
17.45/18.00	S S S		
18.00/18.15	K D C		
18.15/18.30	D D D		
18.30/18.45	K K K		
18.45/19.00	K K P		
19.00/19.15			
19.15/19.30			
19.30/19.45			
19.45/20.00			

ST AUSTELL DISTRICT
HOSPITAL

CATERING
ACTIVITIES

- B meal breaks
- C cooking
- D dining room
- K kitchen cleaning
- O cleaning other areas
- P food preparation
- S service of patients' food
- V vegetable preparation

