

King Edward's Hospital Fund for London

CATERING ADVISORY SERVICE

Report on

Introduction of Central Plate or Tray Service

prepared for

ROYAL NORTHERN HOSPITAL

by

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HOKU (Sto)

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King Edward's Hospital Fund for London

CATERING ADVISORY SERVICE

ROYAL NORTHERN HOSPITAL

Purpose: To advise on the introduction
of a Central Plate or Tray Service

INTRODUCTION

- 1.1 This is an acute hospital of 263 beds, 193 of which are in eight wards varying in size from 11 to 31 beds; the remainder are in single rooms in the St. David's Wing. The main building was erected about 1892 and is a three storey building with wards on each floor which are accessible directly by lift from the main kitchen which is situated on the top floor. The provision stores and catering office occupy part of the basement.
- 1.2 There is another kitchen on the ground floor of the St. David's Wing which was originally intended for private patients although this no longer applies to approximately fifty per cent of the beds. The patients are accommodated on three floors.

1.3 The diet kitchen is situated in the main building on the first floor and is connected to the main kitchen by a small service lift. Access to the wards is hindered by three steps which lead up from the diet kitchen to the level of the corridor served by the main lift.

1.4 The Catering Officer is responsible to the HMC, through the hospital secretary for the management of the department. His responsibilities cover the compilation of menus, ordering of food through nominated suppliers, control of food stores, kitchens, staff and dining rooms, control of provision costs and the trayed meal service to patients in the St. David's Wing.* He is not responsible for service of food to patients in the main block which is served by nursing staff from electrically heated food trolleys. To help him in this work there are two assistant catering officers and a part time clerical assistant.

THE STANDARD OF FEEDING

Menus

2.1 There are three menus for patients, one for those in the main block, another for St. David's Wing and a third for special diets. The general patients menu, a sample is shown at appendix A1, rotates on a six week cycle. It is a set meal of three courses at mid-day and two in the evening. A light meal is shown as an alternative to the main meal. A wide variety of dishes is included in the set lunch menu and the proportion of green vegetables served is very satisfactory.

* During the survey St. David's Wing was closed for reconstruction and the work and staff were transferred to the diet kitchen.

2.2 St. David's Wing menu rotates on a three week cycle. A sample of the individual menu offered to private patients is shown at appendix A2.

A choice of two hot dishes is offered with the additional alternative of a salad at lunch or omelette at dinner. A choice of sweets, which includes fresh fruit, is offered at both meals. This menu is not linked to the general patients menu in the main block although in fact many of the dishes appear on both menus on different days. Non private patients in the block are not offered a choice of meals.

2.3 The therapeutic diet menu follows a six week cycle and at present is only very loosely linked to the general patients menu. A second vegetable is prepared for each meal in addition to the vegetables served to general patients. This menu is prepared by the senior dietitian to meet the needs of all patients in the hospital who require therapeutic diets.

Preparation and Cooking

3.1 The main kitchen produces meals for approximately 150 patients and for the staff cafeteria. During the week approximately 230 staff take lunch daily, the number dropping at the weekends to approximately 40 per day. The number of breakfasts and suppers served to staff is approximately 36 and 45 respectively. All cooking and preparation for staff and patients not on special diets or in the St. David's Wing takes place in this main kitchen, with the exception of basic preparation of vegetables which takes place in a ground floor room outside the main building.

3.2 The St. David's Wing kitchen normally prepares, cooks food and provides a tray meal service and wash up for all the patients in the Wing. This area was closed for reconstruction during the survey, the work and staff having been transferred to the diet kitchen in the main building.

3.3 The diet kitchen is directly controlled by the Dietitian and normally produces food for approximately 40 patients. An average daily demand for the special diets produced is shown at appendix B. It should be noted that gastric and soft sweets are normally supplied by the main kitchen.

3.4 The food seen in the main kitchen with certain exceptions was mostly well cooked but the timing of the work was not very good. The patients food is often ready well in advance of the distribution time. The roasting of meat the day prior to consumption was also noted on one occasion. As there are only boiling pans of 40 gallons or more in the kitchen excessive quantities of sauces are prepared. Fresh vegetables are not cooked in batches, a fault which is also encouraged by the size of the equipment available. Small boiling pans of 10 gallon capacity would do much to improve these aspects of cooking. On the other hand excessive use is not made of the steaming ovens, a fact which contributes much to the standard achieved.

3.5 As regards the layout and equipment there is no shortage of working surfaces but part of the kitchen area is under utilised. As the period during which visits were made coincided with the closing of the St. David's Wing kitchen its work and that of the diet kitchen was being carried out in unusual circumstances. It was therefore difficult to draw valid conclusions about their normal standards of production. Nevertheless it could be stated that good presentation was being achieved of both therapeutic diets and the plated meals that were sent to the Wing. The timing of all the production was better in this kitchen, particular attention being paid to the cooking of vegetables.

Meals Service

- 4.1 In the ward kitchens the domestic staff prepare the patients trays in readiness for the bulk meal conveyors which are normally delivered by general porters during the period from 7 to 7.15 a.m. for breakfast, 11.45 to 12 noon for lunch and 6.15 to 6.30 p.m. for dinner.
- 4.2 The food is usually served by the ward sister from the conveyor sited in the kitchen. The plates are distributed by nurses assisted by domestic staff when available.
- 4.3 The conveyor is then taken into the ward and the sweets served from it after the patients have eaten the main course.
- 4.4 The patients trays and plates are returned to the ward kitchen by nurses or by domestics as directed by nursing staff. The washing of the trolley, cutlery and crockery is carried out by domestic staff using sinks in the ward kitchens.
- 4.5 The time measurement studies undertaken in two wards of the hospital and other investigations made, revealed that the total time between the breakfast being ready in the conveyors and served to all the patients is approximately 40 minutes. The time taken for the main lunch course to be served is approximately 50 minutes and the main supper course approximately 55 minutes. As can readily be appreciated the quality and appearance, if not also the nutritional value of the food will depreciate over this period.
- 4.6 In St. David's Wing the meals are plated and placed on trays in the Wing kitchen and are delivered to patients by waitresses who also collect the trays.

ADMINISTRATION

Meals Ordering

- 5.1 Each ward in the main building receives a copy of the weekly menu and the nursing staff complete a daily order for the main, light and therapeutic diets required for the following day. This sheet is usually completed during the afternoon for the following day's requirements but is not taken to the stores until the night nurses go off duty in the morning of the day to which it refers.
- 5.2 The orders are consolidated in the catering office and the information is passed to the main and diet kitchens. Partly because this information is not available earlier there is a well established tendency to overproduce food in the main kitchen.
- 5.3 Test weighings of ward plate waste, shown at appendix C, confirm that too much food is frequently sent to the wards.
- 5.4 The overproduction can be traced to three main causes, viz:
 - a. Issues not being directly related to the number of portions ordered.
This applies particularly to items which are ordered from suppliers in advance, e.g. meat, fish.
 - b. Lack of dishes in which the precise number of portions required can conveniently be cooked and distributed.
 - c. The need to avoid as far as possible wards having to send back for additional food allied to the difficulty of accurately assessing portions in a bulk container both at the kitchen and ward level.

5.5 In the St. David's Wing each private patient receives a menu for the following day with the tea tray. The completed menus are returned with the tray or, if necessary, late in the evening and are consolidated by the catering office the following morning.

Staff

6.1 The staffing levels in each of the three main kitchens are adequate for the volume of work being undertaken. The total number of full time equivalent staff in post at the time of the survey was 42 (see appendix D). The main kitchen has two cooks on duty for breakfast, three for the preparation of lunch who are joined by a fourth just before lunch. The evening meal is prepared by two cooks one of whom goes off duty when the patients meals has been served. The remaining cook stays on duty until the staff dinner has been served.

6.2 Some working of days off is required to maintain this pattern and because there is a vacancy for an assistant cook, the head cook has to participate in each of these duties.

6.3 The diet kitchen is staffed by two full time and one part time cooks who are more than capable of carrying out the work required by the present system.

6.4 The St. David's Wing kitchen has one assistant head cook and two cooks and it is most unlikely that a reduction could be made here without considerably increasing the overtime worked.

6.5 The number of domestic assistants and kitchen porters available in each kitchen is reasonable to maintain proper standards of cleanliness and to provide support for the cooking staff.

CONCLUSIONS

It is considered that:

- 7.1 St. David's Wing should continue to provide a tray meal service on the same lines as at present and not be integrated with the main block patients.
- 7.2 There cannot be a central tray service because of insufficient space but there should be a plated meal service in the main block (possible exception children's ward). This would reduce food waste and facilitate work in the main and diet kitchen. If properly managed a considerable reduction of the time lapse between cooking and consumption could be achieved.
- 7.3 A plated meal service can be provided in the main kitchen as shown in the layout in plan no. 133/10.
- 7.4 A good layout for a central wash-up cannot be planned within the areas available i.e. main and diet kitchens. Consideration was given to using the staff restaurant wash up but it is not considered feasible because of the inevitable congestion that would result.
- 7.5 The menus for the general patients for St. David's Wing and the majority of the therapeutic diets should be integrated as this should lead to an improvement in the control of purchasing and the use of staff.
- 7.6 There will be a slight saving in nursing time with a central plated meals service but there should be no increase in catering staff man hours as the service can be provided by re-allocation of work and staff within the department.
- 7.7 The movement of food between the diet and main kitchens, particularly after it has been cooked or plated should be kept to a minimum in view of the size and condition of the service lift, and difficulties of access to the main lifts.

RECOMMENDATIONS

In introducing a plated meal service the following recommendations are made:

- 8.1 A plated meal service should be provided for all patients in the main block, with the possible exception of the Childrens Ward which might continue to receive a bulk meal service. Patients should always choose their own meals whenever their condition makes this possible.

Menu

- 9.1 A four week cycle of menus should be compiled but be adjusted to introduce new dishes and on a day to day basis to utilise available food.
It should be done by the Catering Officer in consultation with the Dietitian so that it would form the basis of all patient feeding within the hospital. The King's Fund publication ' Therapeutic Diets in Hospitals' might be helpful.
- 9.2 On each day a choice of a main or a light breakfast should be available. At lunch soup should be offered followed by a choice of three main courses, one of which could frequently be cold. A choice of two sweets, milk pudding or cheese and biscuits should be offered. At supper a number of choices on the menu should be the same. Example of a day's menu is shown in appendix E.

Preparation and Cooking

- 10.1 As much of the preparation and cooking as is possible should take place in the main kitchen as other arrangements are not likely to produce a maximum utilisation of staff.
- 10.2 Because of the limited space available special therapeutic diets should continue to be prepared in the diet kitchen but the use of this area should be restricted to this work.

- 10.3 The basic preparation of vegetables should continue in the ground floor preparation room but the cooking of all vegetables, except those required for salt free diets, should take place in the main kitchen.
- 10.4 Salads should also be prepared and plated in the main kitchen. Sleeve plate carriers should be used to move the plated salads into the cold room until actually required for service. Cold sweets should be handled in the same way to ensure that the maximum time possible the food is in a refrigerated temperature.
- 10.5 All other cooking in the main kitchen should be carefully controlled to ensure that food is only cooked in quantities and at the time it is required for service. Written standard recipes (see para 11.10) with the cooking time clearly indicated should be used to plan the daily work of the kitchen.
- 10.6 The diet kitchen should produce sweets for diabetics, reducing and low fat diets and in addition produce gluten free, givanetti, low salt and other diets requiring specialised dishes. Special feeds and drinks should also be prepared in this kitchen.

Meal Ordering

- 11.1 Individual menus should be used by the patients to indicate as far as possible their own meal choice. As shown at appendix E the menu card should be perforated to produce six separate pieces and printed with headings. The menu should be typed and duplicated daily.
- 11.2 The pieces should be used to mark the breakfasts and the main and sweet courses at lunch and supper. The sixth piece would be needed during the distribution, collection, checking and collation of the menus and orders.

- 11.3 The ward number and date should be stamped on the menu in the catering office before they are distributed.
- 11.4 The menus should be distributed to the wards each morning by the general porters. This distribution and the collection of the completed menus could well be worked with existing post rounds.
- 11.5 At ward level the menu should be distributed with the lunch trays, the patients names being entered by ward staff or by the patients depending on the availability of staff and the ability and condition of the patient.
- 11.6 Each patient should select their meal, with the assistance of ward staff if necessary, and the completed menus should be available for collection by the porters who make the 14.00 hours round.
- 11.7 The menus of patients incapable, because of their condition, of making their own selection should be completed by the ward sister.
- 11.8 The name and description of any therapeutic diets required should be entered by ward staff. This entry on the menu card will replace the daily diet return and should still be followed up and checked by the Dietitian. The standard colour code label should be attached to the menu pieces by the diet clerk after the menus have been returned to the catering office.
- 11.9 Any alteration to the requirements of the ward after the menus have been collected should be telephoned to the catering department as they become known.
- 11.10 The consolidation of the menu cards should be completed by 3.30 p.m. when the summary of demands for all dishes would be available. This information should then be used together with standard recipes to calculate the issues required from stores to produce the number of portions ordered.

- 11.11 The copy of the summary should be passed to the kitchens immediately it becomes available.
- 11.12 Estimates of the possible meat requirements should be given to the butcher in advance but it must be possible to adjust this estimate when the actual amount requires is known. This should improve cost control.
- 11.13 The menus should be divided in the catering office into the separate courses for each meal and be banded into marked card bundles to be issued to the kitchen as they are required for plating.

Meals Service

- 12.1 Before each meal service is due to start the bundles of menu card pieces should be issued to the kitchen.
- 12.2 Each ward trolley should be wheeled in turn to the kitchen and placed as shown on plan at appendix F.
- 12.3 The senior cook on duty should ensure that all the food required for service is assembled on the service point unless it is possible to cook the dish as it is required for plating in order to improve the standard achieved, e.g. fried eggs, omelettes, chipped potatoes.
- 12.4 The cold items should be removed from the cold room only in the quantities required for each ward. They should be placed on the mobile trolley shown.
- 12.5 A senior member of staff should take charge of the plating of meals, occupying the position marked 'A' on the plan at appendix F and when the plated has been completed he should put a plate cover over it and place the menu piece on top of the cover to indicate the patient for whom it is intended. A second

member of staff will be required at position 'B' at lunch and supper to take charge of plating and carry out the loading of the sweets.

Positions marked 'C' will be staff required for serving the main course on to the plates. The 'D' position is required to serve the sweet.

It will be seen that a minimum of two will be required for service at breakfast time and five at lunch and supper time.

- 12.6 The main and sweet courses should be plated simultaneously and as each conveyor is completed it should be immediately delivered to the ward.
- 12.7 A set sequence of conveyor loading should be established in consultation with nursing staff and the necessary staggering of meal times on the wards should be arranged to coincide with the delivery times. The breakfast should be staggered over a twenty minute period, lunch and supper should cover a forty minute period. It would, of course, be possible to retain the set meal service times but this is not recommended as this would require some meals to be plated for long periods before they are delivered to the wards.
- 12.8 It is recommended that porridge and soup should be sent to the ward in the bulk container but that in order to save nursing time gravy and custard should be added to the appropriate plates in the main kitchen.
- 12.9 At ward level the trays should be prepared as at present before the arrival of the conveyor. As considerable time would be saved if tray trolleys and the conveyors are wheeled into the ward it is recommended that this should happen unless the condition of patients is such that it is vitally important to keep noise levels at a minimum.

12.10 Each patient should receive the main course and soup if ordered together.
The sweet should be served after the main course has been eaten.

12.11 The trays should be cleared using the trolleys and the washing up must
unfortunately continue to take place in the ward kitchens.

12.12 Immediately the conveyor is returned to the catering department the plates
should be removed and placed in the cold room or the heated lowerators in
accordance with the requirement shown on the summary for the next meal.
The plate covers should also be heated or cooled as required.

Staff

13.1 With the transfer of work from the diet kitchen it is recommended that the
part time cook is moved to the main kitchen and work from 07.00 hours
to 11.00 hours.

13.2 The existing cook shift in the main kitchen which begins at 09.00 hours
should be altered to cover the period from 10.00 hours to 19.00 hours.

13.3 The diet kitchen should have a cook on duty from 09.30 hours to 18.00 hours
every day. This would enable the second cook at present employed full time
in the diet kitchen to work for three days in the main kitchen. In order to
encourage real integration diet cooks should work in the main kitchen on
alternate weeks.

One full time domestic assistant should be transferred to the main kitchen. This
transfer should not rotate among the staff.

13.4 The use of dining room staff to ^{provide} ~~video~~ the extra assistance required to plate the
supper meal is recommended. One of the part time evening staff should be used
for this purpose between the hours of 18.00 hours and 18.45 hours. Some re-
organisation of the preparation and cleaning work in the restaurant during the

late afternoon will be necessary to achieve this without putting unreasonable pressure on the evening staff but the drop in number of staff fed in the evening which has occurred should make this possible.

Plated Meal Conveyors

14.1 New plated meal conveyors are required for each ward with the exception of the childrens ward and St. David's Wing. These conveyors or trolleys should have the facility of one insulated cold compartment for cold foods and 3 bain marie containers for sauces and soups. The hot compartments of the trolley should heat to 180°F-185°F.

The plate covers for main meals should be designed so that each plate can 'nest' in the top of the plate cover beneath it. This allows for safe stacking of plated meals within the trolley. Generally the china to be used for all meals and the various plate covers should be firmly decided upon before the meal conveyors are ordered or specified.

Layout

15.1 The drawing no. 133/10 shows the re-positioning of certain existing items to permit the installation of a new suite of service equipment in a convenient position for the individual loading of the plated meal conveyors.

15.2 The alterations recommended can be summarised as follows:

The hot cupboard at the end of the central range is not required in the new scheme but the one nearest the boiling pans is shown resited at the opposite end of the central range. The bench and small old refrigerator at the other end of the kitchen are also not required.

Removal of the above unwanted equipment will permit the stainless steel tables now sited centrally to be moved, one to each end of the kitchen.

This adjustment will provide a better arrangement for work of general preparation at the far end of the kitchen where it should not be so hot since two hot cupboards will then have been removed from this area.

Both mixing machines and a gravity feed slicer are shown resited to free the area required for the new service equipment.

Two 4 bain marie hot cupboards linked with a lowerator

for the service of hot main courses

At right angles to the above another 4" unit for the

service of hot sweets and next to this is a mobile lowerator

followed by a mobile trolley for cold sweets. A 1'6" mobile

stand for the plate covers is also required centrally with the

trolley loading area.

15.3 The only alteration recommended to the present cooking apparatus is that the boiling pan at each end of the existing battery of four be removed and the other two resited to permit the installation of three small tilting kettles. This will provide more flexibility and assist in meeting the demands of a choice menu.

OTHER RECOMMENDATIONS

St. David's Wing

16.1 For St. David's Wing a limited number of dishes should be added to the basic menu.

16.2 The timing of the distribution and collection of orders should be altered to conform to that recommended for the main block. This would enable the same degree of control to be exercised over orders, and issues to the kitchen as will be possible in the main and diet kitchens.

Example of a day's MENU for General Patients

Breakfast

Poached Egg on Toast

Lunch

Chicken Soup

Roast Beef, Yorkshire Pudding

Spaghetti Bolognese

Cauliflower

Roast & Boiled Potatoes

Apricots & Ice Cream

Semolina Pudding

Dinner

Thick Vegetable Soup

Lamb Chop

Cod Mornay

Spinach

Duchesse Potatoes

Bakewell Tart & Custard

Macaroni Milk Pudding

ROYAL NORTHERN HOSPITAL

St. David's Wing for Private Patients

Name..... Room.....

BREAKFAST
Please circle food desired

Grapefruit Juice

Cornflakes

Porridge Oats

Rice Krispies

All-bran

Boiled Eggs

Smoked Haddock Fillet

Toast Bread Ryvita

Marmalade

Tea Coffee

SUNDAY 1

ROYAL NORTHERN HOSPITAL

St. David's Wing for Private Patients

Name..... Room.....

LUNCHEON
Please circle food desired

Orange Juice

Clear Soup

Thick Vegetable Soup

Roast Topside of Beef &
Yorkshire Pudding
Cold Roast Chicken (L/S)
(Salad Optional)Cabbage
Roast & Boiled PotatoesGooseberry Tart & Custard
Macaroni Pudding
Fresh Fruit

Tea Coffee

SUNDAY 1

ROYAL NORTHERN HOSPITAL

St. David's Wing for Private Patients

Name..... Room.....

DINNER
Please circle food desired

Fruit Juice

Oxtail Soup

Veal & Ham Vol-au-Vent
Egg Mornay

Omelettes to order

Sliced Beans
Parsley Potatoes-----
Pineapple Flan
Fresh Fruit
Cheese & BiscuitsSUNDAY 1

Appendix B

DIET KITCHEN

Average daily number of Therapeutic Diets produced

Soup only	3
Gastric II/V softs/bIII	10
Diabetic	11
Reducing	7
Low Salt	1
Low Fat	3
Low protein	2
Givanetti etc	1
Gluten free	1
Vegetarian	1
Special drinks extra	10 + 6 patients regular order Complan
Feeds	2

Note Gastric/Soft sweets are not supplied from Diet Kitchen unless in Fluid form.

Appendix C

PLATE WASTE

<u>Ward 5</u>	<u>Bed State</u>	<u>Ibs dry waste</u>	<u>Ward 4</u>	<u>Bed State</u>	<u>Ibs dry waste</u>
	29	23		28	22
	28	16 $\frac{1}{2}$		27	12 $\frac{1}{4}$
	25	22		25	14
	27	7 $\frac{1}{4}$		25	14 $\frac{3}{4}$
	25	9		26	10 $\frac{1}{2}$
	21	13 $\frac{1}{2}$		25	11 $\frac{1}{4}$
	21	12		24	10 $\frac{1}{2}$
	23	8		27	12
	23	10 $\frac{1}{4}$		27	10
	24	12		26	7 $\frac{1}{2}$
	26	22		28	12 $\frac{1}{4}$
	26	9 $\frac{3}{4}$		26	10
	25	12 $\frac{1}{2}$		25	13 $\frac{1}{2}$
	26	8		25	7
	349	185 $\frac{3}{4}$		364	167 $\frac{1}{2}$
	—	—		—	—

Average weight of dry plate waste
per patient per day \approx 8.4 oz.

Average weight of dry plate waste
per patient per day \approx 7.4 oz.

S T A F F

AREA	<u>ESTABLISHMENT</u>			<u>IN POST</u>		
	Full time	Part time	Total	Full time	Part time	Total
Kitchen	11	1 (18 hrs)	11 + 18 hrs	10	1 (18 hrs)	10 + 18 hrs
Kitchen (St. David's Wing)	6	2 (36 hrs)	6 + 36 hrs	6	1 (36 hrs)	6 + 36 hrs
Restaurant (Waitress)	14	4 (80 hrs)	16	11	4 (98 $\frac{1}{2}$ hrs)	13 + 18 $\frac{1}{2}$ hrs
Restaurant (Waitress) St. David's Wing	7	2 (36 hrs)	7 + 36 hrs	6	2 (36 hrs)	6 + 36 hrs
<u>T O T A L S</u>						
Kitchen	21	4 (73 hrs)	22 + 33 hrs	20	4 (73 hrs)	21 + 33 hrs
Service	21	6 (120 hrs)	24	17	4 (134 $\frac{1}{2}$)	20 + 14 $\frac{1}{2}$ hrs
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	42	10 (193 hrs)	46 + 33 hrs	37	10 (207 $\frac{1}{2}$)	42 + 7 $\frac{1}{2}$ hrs
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

+ 2 Catering Officers = 76

+ 1 Catering Officer = 39 GHE

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

Mr/Mrs/Miss requires
..... 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

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

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

BREAKFAST

Porridge

Cornflakes

Grilled Bacon

Scrambled Egg

Fried Bread

Tomatoes

Mandarin Orange Flan & Cream

Baked Egg Custard

Cheese & Biscuits

Meringue and Cream

Semolina Pudding

Cheese & Biscuits

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

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

LUNCH

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

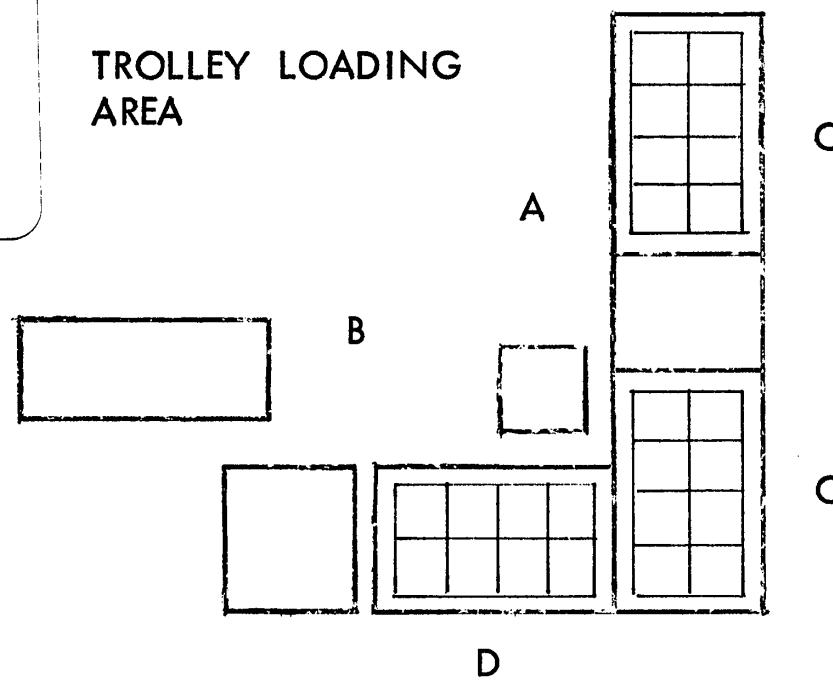
SUPPER



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Appendix F

TROLLEY LOADING
AREA



For details of complete kitchen layout see
drawing no. 133/10

King's Fund



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