

SOME ASPECTS ROYAL AIR FORCE MEDICAL
SERVICES ADMINISTRATION

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SOME ASPECTS OF ROYAL AIR FORCE MEDICAL SERVICES
ADMINISTRATION

Through a Travel Grant awarded by the King Edward's Hospital Fund for London, and with the permission of the Ministry of Defence, I spent three weeks visiting Royal Air Force establishments in order to compare the general pattern of Royal Air Force hospital administration with National Health Service administration. One week was spent at R.A.F. Hospital Ely, Cambs., another at R.A.F. Hospital Wegberg, Germany, and one week at the Principal Medical Officer's Department, Headquarters Royal Air Force Germany. During the latter week, one day was spent visiting the Medical Centre R.A.F. Rheindahlen, and a further day at R.A.F. Wildenrath.

The Royal Air Force provides, and administers as one, a fully comprehensive health service for all service personnel. All service dependants overseas are also covered by this service, and for medical treatment a considerable proportion of those at home, where they have the option of registering with the NHS or RAF Medical Service. Dental care for service dependants in UK is provided only under the NHS. Families of service personnel registered with the RAF are eligible to receive treatment to a standard equivalent to that provided under the National Health Service.

In this country, spectacles and all necessary surgical appliances are excluded from these arrangements, but are provided under the National Health Service, whereas abroad these surgical appliances and spectacles are supplied by the Royal Air Force to the standards of the National Health Service.

There are obvious advantages in administering as one the services provided by the hospital, local authority and executive councils, and the Royal Air Force runs an extremely efficient service. The service provided is, however, on a much smaller scale, and not subjected to the same stresses and strain on resources as the National Health Service. For example, most Principal Medical Officers' Departments administer only one hospital and approximately twelve medical centres. Without becoming unwieldy, it is possible to administer efficiently, the general practitioner, ambulance, occupational and environmental health services for the Command from one headquarters.

PRINCIPAL MEDICAL OFFICER'S DEPARTMENT

In the United Kingdom, the Principal Medical Officer and his Department are responsible at Command level for all Medical Services relating to the Command. The service is organised so that each Command has, usually, one hospital to administer, for example Fighter Command administers Ely Hospital. In Germany the P.M.O.'s Department is responsible for all R.A.F. Medical Services in Northern Europe, including R.A.F. Hospital Wegberg.

The senior staffing is as follows:-

Principal Medical Officer
Principal Dental Officer
Deputy Principal Medical Officer (Flying)
Deputy Principal Medical Officer (Hygiene)
Deputy Principal Medical Officer (General)
Command Medical Secretarial Officer (Day Administrator)

(i) Principal Medical Officer

The Principal Medical Officer is responsible to the Air Officer Commanding for the medical services of the Command, and advises him on any medical aspects of policy.

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(ii) Principal Dental Officer

As (i) but on dental matters. He is assisted by a Senior Non-Commissioned Officer (Dental Secretarial)

(iii) Deputy Principal Medical Officer (Flying)

The Deputy Principal Medical Officer (Flying) is fully qualified both medically and as a pilot capable of flying the most up to date aircraft. He advises on all medical aspects of flying, strain on men, physical fitness required and investigates accidents with particular reference to injuries sustained by aircrew involved in a crash. In addition, he is responsible for the air ambulance service which ferries seriously ill patients home from Germany for U.K. treatment. This service operates on average twice a week. Although practicing simultaneously two professions, both of which hold a certain amount of glamour for the general public, the men I spoke to all agreed without hesitation that fundamentally they were doctors.

(iv) Deputy Principal Medical Officer (Hygiene)

The Deputy Principal Medical Officer (Hygiene), like his flying colleague above, has duties uncomparable with the hospital section of the National Health Service. His duties are to provide an environmental and public health type service. With his Senior Non-Commissioned Officer Hygienist, he is responsible for controlling infestation, quite a formidable task in some parts of the world. Even in Germany, there is a serious mosquito problem. Whilst much has been done inside the R.A.F. area, it is difficult to deal with areas outside R.A.F. control. Certain experiments are proceeding concerning this problem.

The Hygiene staff advise each commanding officer on heating, lighting, ventilation requirements, and carry out ionizing radiation checks on R.A.F. stations. They visit each station every six months. In addition, the D.P.M.O. (Hygiene) is responsible for arranging for the care of all handicapped children belonging to service families. Help is given in this connection by the Nursing Sisters and Officers of the Soldiers, Sailors and Airmen's Families Association (S.S.A.F.A.) and the Women's Royal Voluntary Service.

(v) Deputy Principal Medical Officer (General)

The D.P.M.O. (General) acts as deputy to the P.M.O.

(vi) Command Medical Secretarial Officer

The Command Medical Secretarial Officer is the only lay administrator of commissioned rank at this level. More will be said below concerning career prospects and training. It will be seen, however, that health administration in the Royal Air Force is still extensively medically administered.

The C.M.S.O. advises on and controls stores procedure, office organisation, staffing matters and general administration.

MEDICAL CENTRES

Most Royal Air Force Stations have a Medical Centre, and I visited two such units in Germany. Depending on the size of the married family population the work can range from an extremely busy health centre type of establishment, to stations where the emphasis is on flying and technical matters rather than general practice.

The Medical Centre attached to Headquarters, R.A.F. Germany serves a population of approximately 5000 service personnel and dependants. The staff work in a modern single storey building. Although closely comparable with a health centre service, there are also wards for short term care of servicemen who do not require admission to hospital and the Medical Centre is not dependant on outside pharmacies: there is in consequence a wider range of supporting staff which the National Health Service general practitioner might envy. The departments and staff in post at the time of my visit were as follows:-

Medical	-	2 Medical Officers, 2 vacancies
Administration	-	1 Flight Sergeant in charge 1 Senior Aircraftwoman
Physiotherapy	-	1 Sergeant (also supervises ward nursing)
Reception	-	1 Corporal 1 Civilian (part-time)
Records	-	1 Corporal 1 Civilian (part-time)
Medical equipment	-	1 Corporal
Dispensary	-	1 Senior Aircraftman 1 Senior Aircraftwoman
Nursing	-	This particular unit had been fortunate in recruiting against service vacancies, the following trained part-time staff from the married family population:-

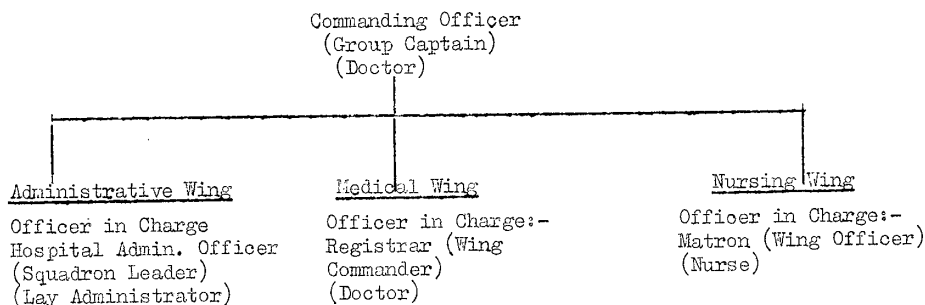
2 S.R.N.'s
3 S.E.N.'s

In addition, a fully equipped dental unit was available and manned on a part-time basis. The administration had at its disposal an ambulance fleet based on the Medical Centre, and the Dispensary could make up most prescriptions issued by the medical staff. The resulting service was most efficient.

HOSPITAL SERVICE

The hospital organisation described below is based on a beddage of approximately 270 - 290 beds. The striking difference between the National Health Service and the Royal Air Force is the lack of Committees in the R.A.F. The Royal Air Force Hospital is managed by its officers, answerable to the commanding officer who has full executive powers. As mentioned earlier, it is predominately medically administered, the senior administrative posts being occupied by doctors.

A typical senior staffing structure is as follows:-



The commissioned ranks, in order of seniority are:-

Group Captain

Wing Commander (R.A.F.) *
Wing Officer (W.R.A.F. and P.M.R.A.F.N.S.)

Squadron Leader (R.A.F.)
Squadron Officer (W.R.A.F. and P.M.R.A.F.N.S.)

Flight Lieutenant (R.A.F.)
Flight Officer (W.R.A.F. and P.M.R.A.F.N.S.)

Flying Officer (R.A.F., W.R.A.F., and P.M.R.A.F.N.S.)

It will be seen that the lay administrator, the Hospital Admin. Officer, holds a service rank lower than that of his two colleagues in the tripartite structure.

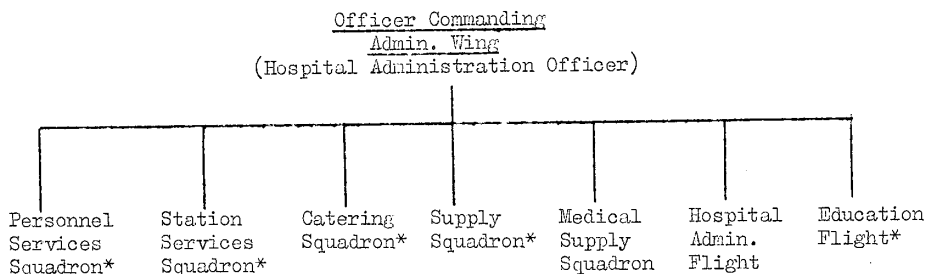
Commanding Officer

The R.A.F. hospital service has been in existence for many years. It is not surprising therefore, that most administrative methods have been standardised, and codes of procedure have been laid down for almost every subject. The Commanding Officer, however, has full executive power and the day to day administration of his unit is entirely his own responsibility. He may call informal committee meetings of his officers to advise him, but the decision is his. He is not responsible to a Management or House Committee as in the N.H.S. This freedom, assisted by the accepted standards of service discipline, produced a very efficiently run unit.

ADMINISTRATIVE WING

As far as possible, the administration of an R.A.F. Hospital follows the general pattern of non Medical Units. This enables many of the staff such as the Accountant Officer and Catering Officer to be employed on all types of Units during their careers. The Medical Secretarial and Medical Technical personnel who work permanently in the medical field wear the same distinctive collar badges as their nursing and medical colleagues.

A typical senior staffing structure of a Hospital Administrative wing is as follows:-



Staff marked * are not hospital grades, but can be posted anywhere in the service.

*P.M.R.A.F.N.S. = Princess Mary's Royal Air Force Nursing Service

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Officer Commanding Admin. Wing

The Officer Commanding, Admin Wing, is usually a lay administrator of Squadron Leader rank, and is responsible to the Commanding Officer for the lay services provided by his wing (see figure 1). A list of his official duties as laid down on one unit can be seen in appendix 1.

Personnel Services Squadron

The Officer in Charge, Personnel Services Squadron deals with all matters peculiar to the administration of the personnel of the unit. Usually these are service problems that could arise on any unit (see figure 1), but the items below are of general interest to the health service.

(i) Civilians

In the United Kingdom, the civilian staff recruited are classed as Civil Servants, and do not come under the Health Services Whitley Council. Although there is a fixed establishment for some civilian posts, other civilians are recruited to fill service vacancies. The officers would, however, much prefer service personnel as the advantages of service discipline are not applicable to the civilian staff.

Training for the civilians is given "on the job". Vacancies filled by civilians include labourers, cleaners, seamstresses, porters, kitchen staff and clerks and typists. In Germany, the civilian staff are recruited on a more casual basis, and are mainly German civilians and some service dependants.

Unfortunately, for security reasons, it was not possible to compare the overall establishment of an R.A.F. Hospital with a civilian one of comparable size.

(ii) Accounting

The hospitals I visited were self accounting stations, the Accounting Officer being responsible for the payment of all salaries and wages and certain local trades accounts.

Budgetary control and estimating procedures appeared to be matters for Ministry level, most goods and services being obtained through channels above hospital level.

(iii) Non-Public Audit Boards

All officers of the Administrative Wing have certain audit duties in connection with non-public funds. These funds, for example extra messing funds raised by deductions from the staff, are subjected to surprise checks at least once every two months.

STATION SERVICES SQUADRON

The Officer in Charge, Station Services deals with the services listed in figure 1. In addition to the normal duties of the post, at one hospital the Officer was a member of the W.R.A.F., and therefore also undertook the administration and welfare work connected with the W.R.A.F. personnel on the unit.

Station Police

A member of the R.A.F. Police was stationed at one hospital I visited. During the past few years, apparently, the work of the R.A.F. Police has changed from maintaining discipline over the lower ranks, to civilian type police duties such as investigating petty pilfering, checking security arrangements, lecturing on security etc.

ADMIN WING:-

President - Services Institute
(N.A.A.F.I. Services)

Royal Air Force Association Liaison
Officer

Royal Air Force Benevolent Fund Liaison
Officer

Chairman - Whitley Council (Civilian Staffs)

PERSONNEL
SERVICES
SQUADRON

Officers
Airwomen
Airmen
Civilians
Discipline
Accounting
Welfare
Postal Services
Registry
Stationery
Messenger
Service
Careers Advise
President:- Non
Public Audit
Board.

STATION SERVICES
SQUADRON

Station Police
Padres
Sports
Station Security
Fire
Bedding Store
Domestic Accommodation
W.R.A.F. administration
Co-ordination of returns
Telephone Services
President:- Airmens' Mess
Committee

CATERING SQUADRON

Hospital Kitchen
Officers' Mess Staff
Sergeants Mess Staff
Airmens' Mess
Central Plate Wash

SUPPLY
SQUADRON

All non-medical
supplies
Motor Transport
Section

MEDICAL SUPPLY
SQUADRON

All medical
supplies
Patients Comforts
Fund

HOSPITAL ADMIN
FLIGHT

Families Agent
Hospital Cleaning
Camp Cleanliness
Barrack Damages
Linen and Pack Store
Carpenters Shop
Incinerator Plant
Disinfectant Plant
Hospital Supplies
Delivery Service

EDUCATION FLIGHT

Education for
Staff and Patients
Trade Training
& Conducting
Tests.

Figure 1 Services provided by Administrative Wing

Perhaps consideration should be given to more widely employing security officers in the National Health Service.

CATERING SQUADRON

Unlike the other sections at hospital level, the Catering Section is vitally concerned with day to day running costs, in the same manner as its civilian counterpart. Daily numbers fed statistics are raised, and the daily issues costed. In this manner the Catering Officer can tell each day exactly how much it is costing to feed each patient and staff member. The average cost per patient per day is 8s. whilst for staff the figure is 4s. 6d.

I heard criticism of certain Health Service teaching hospitals R.A.F. Catering Staff had visited where the standard of food for the staff was obviously much better than that of the patients. However, I found the standard of R.A.F. food served to both patients and staff very high. The menus were prepared in an eight week cycle with a choice at each meal of at least four, sometimes as many as twelve, different items. A selective menu system was in operation, patients indicated the day before which item they would prefer. At the time of my visit, plans were being finalised for an individually plated service. A sample menu is shown in Appendix 2.

The Airmen's Mess of today bears no resemblance to that of National Service days. Each unit enters for a service competition to find the best run catering establishment and competition is fierce. Each mess I visited was tastefully decorated. The tables were covered with table cloths and the cutlery laid out. The days of queueing with your "irons" behind your back have gone! An extensive choice of hot meals was being served on a self service basis, but for those who preferred it, a full cold buffet was available. An infra-red steak bar was provided, and to complete the picture two ice cold dispensers were serving orange and lemon squash.

SUPPLY SQUADRON

At one hospital the non-medical supplies were kept separate, and dealt with by different departments. However, the administration is similar to that of the Medical Supply Squadron described below, and at the other hospital both were combined.

MEDICAL SUPPLY SQUADRON

The Royal Air Force is highly standardised concerning equipment, and all departments have a scale of normal requirements. If a replacement or a new item is required and it appears on the scale then the item is ordered by the department with certainty that it will be supplied by the Supply Squadron.

If the item does not appear on the scale then a demand is submitted with a covering explanation as to why the item is required. The Commanding Officer authorises additional expenditure up to a certain limit (£250 for structural alterations) and in other cases the demand is passed to the Command Headquarters. The individual hospital is much less concerned with the financial implications than their national health service counterparts, financial control is mainly exercised from Ministry level.

Almost all the supplies and equipment are supplied from military or governmental depots, very few items are bought locally.

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Food supplies are obtained from service sources or the N.A.A.F.I., and medical equipment from the central Medical Equipment Depot. Examples of the few contracts placed locally are dry cleaning, window cleaning, chimney sweeping and funeral services.

The Supplies Officer, who also controls the Dispensary, is commissioned from the Dispenser trade. The rights of Crown Privilege allow the Service to train dispensers to its own standards. Although their qualification is acceptable only for practice within the Service organisation, this is not due essentially to differences in standards, but to the fact that the Service and the Pharmaceutical Society have been unable to agree on the terms of service commensurate with the civilian qualification.

The maintenance of the fabric is partly the concern of the Supplies Officer, but in the main the Ministry of Public Buildings and Works deals with the building and maintenance problems.

MEDICAL WING

The Medical Wing is commanded by the Hospital Registrar. This post is partly administrative and partly clinical and bears no resemblance to the N.H.S. Hospital Registrar. He is based in the Out-Patients' Department where he controls the out-patients clinics and admission and discharge procedures. The Medical Records Department is, therefore, under direct medical control. Clinics invariably start on time, service discipline ensures that they do!! Waiting lists range from one to eight weeks according to speciality.

All patients attend a discharge parade conducted by the Registrar. He ensures that although fit for discharge they are returning to suitable duties. Each patient is asked if he has any complaints or suggestions. A number of medical officers felt, however, that this was an outdated system and valuable beds could be blocked whilst fit patients waited for discharge parade.

A system of planned admissions is in practice. Each patient booked at clinic for admission is given the expected date of admission, and this is sent to the ward sister who keeps this, and indeed all information appertaining to her patients, on a Kardex system. This is very efficient, but I feel could not be operated very successfully in the N.H.S. where the pressure is so much greater. R.A.F. Hospitals are established on a minimum average bed occupancy of 70% though they frequently attain a higher rate, partly because the Service permits the filling of a percentage of empty beds by N.H.S. patients.

Medical auxiliary departments, path lab, x-ray, physiotherapy etc., are also administered through the Medical Wing.

NURSING WING

As with all other departments, the Senior Matron and her staff are under the control of the Commanding Officer. The nursing administrative staff appears quite small for the size of the hospital, consisting of the Senior Matron (Wing Officer rank) and an assistant (Squadron Officer rank). However, there are six other Squadron Officers in charge of departments, and they rotate in turn to perform evening and week-end "Duty Matron" duties. In addition, during sickness and holidays, they can be temporarily transferred to administrative duties.

TRAINING AND PROMOTION - NURSING & ADMINISTRATIVE STAFF

NURSING STAFF

(i) Female Staff

At the present time, entry to the R.A.F. nursing field can be obtained in three different ways for female staff. Firstly by direct entry to the

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W.R.A.F. to train as a Nursing Attendant, secondly by entry into the Princess Mary's Royal Air Force Nursing Service to train as a student nurse for state registration, and thirdly, a qualified S.R.N. may, if suitable, obtain a commission into the P.M.R.A.F.N.S.

(ii) Male Staff

Male staff are accepted into the R.A.F. Nursing Service either as trainee nursing attendants or student nurses. Qualified staff may join the R.A.F., but not the P.M.R.A.F.N.S., and are not usually commissioned.

Nursing Attendant Training

The R.A.F. is soon to commence pupil nurse training, and it will be interesting to see what will become of the Nursing Attendant. Although there is no similar grade in the health service, the training and experience received by the service nursing attendant in the past has been in some ways comparable with the enrolled nurse.

However, since student nurse training commenced in the service in 1954, the nursing attendant has looked upon the Medical Centre as his plum posting, claiming that in hospital he has been often reduced to domestic work.

The Nursing Attendant undertakes his or her Preliminary Training School type course at the Medical Training Establishment at Halton, and if successful passes out with the rank of Leading Aircraftman/women. He is then posted to a Hospital or Medical Centre for continuation training. When his Senior N.C.O. feels he has a good working knowledge of administration, he may apply for a promotion examination. Various examinations may be taken to qualify as an S.A.C. and later, Corporal. Subjects include stores procedure and office organisation, and an R.A.F. education examination. Exemption from the education examination is granted if 2 or more G.C.E.'s are held, including English.

It is usual at this stage for the Nursing Attendant, if seeking promotion, to decide whether to take special training for S.R.N. Qualification, Laboratory Technician, Radiographer, Physiotherapist, Operating Room Technician, Dispenser or to continue into the Medical Secretarial field.

Further examinations for Sergeant and Flight Sergeant Medical Secretarial promotion include hospital administration, the National Health Service, medical stores and secretarial practice. Towards the top of the S.N.C.O. ladder a time element of approximately three years experience is also taken into consideration.

It will be seen, therefore, that all service trained medical auxiliaries and administrators start their careers with a basic nurse training. Officer vacancies, mainly administrative, are advertised and personnel aged 30 and over may apply. The majority of these vacancies are filled by personnel who have trained as Dispensers or Medical Secretarial N.C.O.'s. When selected for officer training, the candidate has to complete successfully the normal rigorous military training given to officer cadets.

Student Nurse Training

The service has 3 courses each year for student training, one each at R.A.F. Hospitals Ely, Halton and Wroughton. In addition, because of legal difficulties in sending female personnel abroad under the age of 19, a male only course is held at R.A.F. Hospital Wegberg in Germany. Recruitment is made from Nursing Attendant applicants, and direct entry into the non-commissioned element of the P.M.R.A.F.N.S.

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Recruitment is good, the number of candidates being well in excess of the number of places. Consequently, the candidates chosen are of a high educational standard, most possessing a number of G.C.E.'s at ordinary level, and some have A levels. A chance to travel (part of the 2nd year of training is spent in Germany) and better pay contribute to the high rate of applications. The contract signed by P.M.R.A.F.N.S. is 4 years, 3 years training and one year as a staff nurse of junior technician rank. Approximately a third of the students will be lost through the normal wastage problems as experienced by the N.H.S.

TRAINED STAFF

On completion of her 4 year course, the staff nurse often leaves the service to obtain her midwifery qualifications. If she so desires, she may apply for a commission in the P.M.R.A.F.N.S. An applicant, whether service or civilian, must satisfy the Commissioning Board that she has good officer qualities. The male staff nurse usually soldiers on as a career airman on a long term engagement.

The P.M.R.A.F.N.S. commissioned Sister can obtain promotion on a time element basis, with no further training, but many volunteer for training in specialist subjects, e.g. air evacuation duties. Although my experience was necessarily limited, the pace appeared slower than the N.H.S. and a number of sisters informed me that they had difficulty in adjusting to the different pace when they joined the service. Although commissioned officers, the lowest ranks of Sister, Flying Officers, often agreed that they were undertaking staff nurse duties.

The male staff nurse, usually of a junior rank, obtains promotion by sitting trade promotion examinations, and then is still lower in rank than the junior sister. This virtual bar on male nurses obtaining commissioned rank is bitterly felt by the male staff, but most admitted that for financial and security reasons they would not wish to leave the service. With marriage and other allowances it is possible to earn up to approximately £24 - £34 per week depending on rank. There are some commissioning opportunities for male nurses. Educationally qualified male nurses may apply for training as nurse tutors and will be given 2 years whole time study leave with pay to obtain this qualification. They are normally commissioned when qualified.

ADMINISTRATIVE STAFF

As mentioned above, lay hospital administrators in the R.A.F. of both senior N.C.O. and officer status commenced their careers with basic nurse training. This will appear unusual to N.H.S. administrators, but having undergone this training during my own service days, I have always felt it has been of value, giving the administrator an insight into nursing problems.

Most administrators of S.N.C.O. level in hospitals are working either in support of the Hospital Admin. Officer, or running sections of the Records and Out-Patients Departments. Many about to leave the service between the age of 44 - 55 have written to home town hospitals to enquire about possible posts but have received two line replies stating "watch the local press for vacancies". Consequently this unsatisfactory reply discourages, and very few obtain hospital posts. I found the vast majority intelligent and well versed in health service matters. They do not want general administrative grade posts, but clerical posts where they can do a useful job, and at the same time supplement their pensions. Even at 55, it is reasonable to expect that many will give 10 years good service, whilst a girl recruited at 18 years may leave after 3 or 4 years to start a family.

The R.A.F. seconds various trade groups during their last 6 months service to civilian organisations on resettlement courses. Why not second these senior N.C.O.'s to the health service in a similar manner?

The commissioned lay administrator is a fairly recent innovation. Approximately 10 years ago apart from the quartermaster, no career structure

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was available for commissioned administrators. At the present time the top lay administrative post at hospital level is that of Hospital Admin. Officer.

I asked both lay and medical administrators whether they thought the future commanding officer of a hospital would be a lay officer. The medical administrators, somewhat naturally, felt this would never happen. They pointed out that in a state of emergency all service hospital personnel must react immediately to the orders of the commanding officer, and as this involved medical and nursing problems, only a doctor could be expected to co-ordinate all these services. Moreover, under present arrangements, the commanding officer was the general manager, and all staff, medical, nursing and lay recognised him as their head. This, in their opinion, was the only efficient way to run a hospital.

The lay administrators felt that the time could come eventually, but not in the foreseeable future, when the commanding officer would be a lay administrator, with the hospital registrar acting as the medical administrator. Possibly the two posts would be of equal rank. The staff in Germany have recently visited the U.S. Air Force Hospital in the American Sector where they had seen officers of equal rank (colonels) responsible for running the hospital. One, medically qualified, dealt with medical matters, and the other acted as the administrative head.

ACKNOWLEDGEMENTS

I would like to take this opportunity of expressing my thanks to the following, whose help and co-operation made the tour possible:-

King Edward's Hospital Fund for London

The Institute of Hospital Administrators

The Ministry of Defence

The Principal Medical Officer and staff, H.Q., R.A.F. Germany

The Commanding Officer and staff, R.A.F. Hospital Ely

The Commanding Officer and staff, R.A.F. Hospital Wegberg

The West Cheshire Hospital Management Committee

DE WA

21st June, 1967

J. M. WILSON

APPENDIX 1

DUTIES OF THE OFFICER COMMANDING -- ADMINISTRATIVE WING

Responsible to the Station Commander for:-

- (a) Implementation of administrative policy laid down by higher authority.
- (b) The direction and control of the administrative services of the station.
- (c) Works services within the station.
- (d) Discipline and smartness.
- (e) Advising the Station Commander on all Boards of Enquiry, investigations etc.
- (f) Surprise checks of public cash, rations, etc.
- (g) Advising Station Commander, Registrar and Senior Matron on general administrative matters.
- (h) Station security.
- (i) Station War Plan administration.
- (j) Station organisation and routine.
- (k) Station Standing Orders.
- (l) Powers of write off, as delegated.
- (m) President of Service Institute.
- (n) Appointment of all officers to secondary duties in liaison with Station Commander.
- (o) Chairman of Whitley Committee (conditions of civilian staff)

APPENDIX 2

SPECIMEN MENU

R.A.F. HOSPITAL ELY, Cambridgeshire

Week Number Seven

SATURDAY	SUNDAY	MONDAY	TUESDAY
Prunes or Grapefruit	Prunes or Grapefruit	Prunes or Grapefruit	Prunes or Grapefruit
Kippers	Smoked Haddock	Kippers	Smoked Haddock
Grilled Bacon Grilled Sausages Grilled Tomato	Fried Egg Grilled Bacon	Scrambled Egg Baked Beans on Toast	Fried Egg Grilled Sausages Grilled Tomato
Beef & Tomato Soup	Cream of Pea Soup	Celery Soup	Asparagus Soup
Roast Chicken Bread Sauce Savoury Stuffing Roast Potatoes French Beans	Roast Beef & Yorkshire Pudding Roast Potatoes Cauliflower Au gratin	Roast Leg Mutton Onion Sauce Parmentiere Pots Broad Beans	Roast leg of Pork Apple Sauce Chipped Potatoes Vichy Carrots
Individual Steak & Kidney Pudding Boiled Potatoes French Beans	Roast Veal Roast Potatoes Cauliflower Au gratin	Chicken & Ham Pastie Parmentiere Pots Broad Beans	Fried Fillet of Fresh Haddock Chipped Potatoes Vichy Carrots
Mushroom Omelette Boiled Potatoes French Beans		Saute Beef Marengo Boiled Potatoes Broad Beans	Steak & Tomato Pie Boiled Potatoes Vichy Carrots
Cold Meat Salad	Cold Tongue Salad	Cold Salmon Salad	Cold Chicken Salad
Steamed Golden Sponge	Eves Pudding	Fresh Fruit Pie	Fruit Tart & Cream
Lemon Pancakes	Trifles Cream	Queen of Puddings	Fruit Jelly & Ice Cream
Semolina Pudding & Jam Sauce	Fresh Fruit	Baked Rice Pudding	Bread & Butter Pudding
Ice Cream	Ice Cream	Ice Cream	Ice Cream
Hamburger Steaks Fried Onions Chipped Potatoes Vichy Carrots	Grilled Pork Chop Creamed Potatoes Garden Peas	Braised Liver & Onions Saute Potatoes Peas & Carrots	Chicken Maryland Boiled Potatoes Garden Peas
Grilled Sausages & Mushrooms Chipped Potatoes Vichy Carrots	Fillet of Sole Duglere Creamed Potatoes Garden Peas	Sausage toad-in-the Hole Saute Potatoes Peas & Carrots	Baked Ham Virginia Boiled Potatoes
Grilled Lamb Chop Chipped Potatoes Vichy Carrots	Cold Veal Salad	Veal Escalopes with Spaghetti Saute Potatoes Peas & Carrots	Grilled Minute Steak & Onions Boiled Potatoes Garden Peas
Gooseberry Pie	Ice Cream Gateaux	Plum Pie & Custard	Mock Mince Pie
Jelly & Blancmange	Mandarin Orange Sponge Flan	Alpine Cream	Raspberries & Cream
Baked Egg Custard	Sago Pudding	Pineapple Fritters	Fresh Fruit

MENU

R.A.F. Hospital Ely, Cambridgeshire

Week Number Seven

WEDNESDAY	THURSDAY	FRIDAY
Prunes or Grapefruit Kippers Poached Egg on Toast Grilled Bacon	Prunes or Grapefruit Smoked Haddock Grilled Bacon Grilled Sausage Baked Beans	Prunes or Grapefruit Kippers Fried Egg Grilled Tomato Grilled Bacon
Cream of Mushroom Roast Norfolk Turkey Roast Potatoes Runner Beans Beef Cutlets Roast Potatoes Runner Beans Grilled Lamb Chop Creamed Potatoes Runner Beans Cold Meat Salad Apple Crumble Steamed Jam Sponge Tapioca Pudding Ice Cream	Scotch Broth Roast Cushion Veal Escaloped Potatoes Cauliflower Steak & Mushroom Pie Boiled Potatoes Buttered Cabbage Curried Eggs & Rice Escaloped Potatoes Cauliflower Cold Turkey Salad Banana Fritters Pineapple & Ice Cream Steamed Rich Fruit Pudding	Cream of Tomato Roast Leg Lamb Roast Potatoes Garden Peas Beef Olives Chipped Potatoes Garden Peas Fried Fillet Cod Chipped Potatoes Garden Peas Tuna Fish Salad Dutch Apple Tart Pears & Ice Cream Instant Whip
Salmon Steak Tartare Creamed Potatoes Broad Beans Bacon & Egg Pie Creamed Potatoes Broad Beans Braised Medallions of Beef Creamed Potatoes Broad Beans Apple Turnovers Banana & Ice Cream Lemon Meringue Cup	Mixed Grill, Egg, Bacon Kidney, Tomato, Sausage, Baked Beans, Chipped Potatoes, Welsh Rarebit. Chipped Potatoes Grilled Tomato Cornish Pastie, Chipped Potatoes Grilled Tomato Gooseberry Flan Decorated Trifle Crene Caramel	Grilled Plaice, Lemon, Tomato Peas, Creamed Potatoes. Sausage & Spaghetti Creamed Potatoes, Carrots Chicken Fricassee Creamed Potatoes Carrots Apple Fool Bakewell Tart Chocolate Mousse



King's Fund



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