



Report of the Expert Group on Cooks

October 2000

Chairperson's Introduction

All of the recommendations in this report must be seen against the background of the ever increasing demands on the catering service in terms of health and safety and the quality of the product. The demands placed by legislation are increasing. The public hospital catering service is competing with public expectations and the private sector. Chefs have a key role to play in delivering the service. We believe that this report as the first ever review of the chef category in the Health Services will assist chefs and managers in delivering/maintaining and developing the service.

All members of this working group have recognised that chefs are professionals, have made and will continue to make a major contribution to overall catering services and therefore patient care. The talents of chefs must be recognised and those who are willing to develop their skills must be given the opportunity to do so.

The apparently simple act of changing titles is in fact a major change, but this step has been taken because the traditional practice of defining the grades below Head Chef as Cooks reflects back to an earlier era and understates the level of qualification and professionalism appropriate to the grade.

This report is the result of almost two years of deliberation by people representing diverse views and from various backgrounds within the Health Services. Whatever the differences in the outset, it became clear early in our deliberations that each person shared a common objective – to contribute to the positive development of the catering services throughout the Health Services.

Each person studying this report will initially and naturally consider its contents in terms of its effect on him/her, whether the person is a chef or a manager. This is not a report that has implications solely for chefs or for some chefs, it is more far-reaching with implications for managers and service delivery as well. The approach of the Group has ensured that each individual has been consulted. The knowledge and understanding of all service providers in this distinct area in the Health Services has been accessed.

The extensive research backed up by the real experience of those working in the catering area has produced initiatives. A revised and clear rationale for the introduction of revised structures and the distribution of promotional posts has been developed. Each grade within the category has clearly defined duties. There is an obligation on both management and staff in respect of training and communications.



Janet Hughes
Chairperson

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Executive Summary of the Main Recommendations of the Cooks Working Group Report

1 Career Structure

1.1 A revised career structure will be implemented which will provide for a number of promotional outlets within the service. The following is an outline of the revised career structure which incorporates a change in job titles:

- Executive Chef (*Head Chef*)
- Senior Chef (*New Grade*)
- Chef, Grade I (*Cook, Grade I*)
- Chef, Grade II (*Cook, Grade II*)
- Trainee Chef (*Trainee*)

Each grade within the structure has been identified with specific training and responsibility appropriate to that grade.

1.2 The grading of chefs within single-handed institutions will be at Chef, Grade I. In all other locations, the number of positions above Grade II is determined by the number of chefs in the location. Special arrangements are provided for in cook-chill facilities.

1.3 It is recommended that there should be at least one trainee per cooking facility that has a complement of 8 or more chefs or where a cook-chill system is in operation. Smaller locations should also be encouraged to engage trainees in an effort to address the issue of availability of trained staff.

2 Recruitment and Retention

2.1 Long term temporary chefs holding the appropriate qualifications should, on a once-off basis, have their employment regularised where they have two years continuous service at 1st September 1999. Appointments should be made within the official established complement for chefs in the organisation.

2.2 The employment of long term temporary staff should cease and vacancies as they arise within the complement should only be filled by qualified staff.

2.3 Regard should be had to previous work experience in determining incremental credit on appointment, consistent with other grades within the Health Service.

2.4 Unqualified personnel who have undertaken cooking duties in excess of 12 months should be provided with an appropriate system of assessment. This assessment will have regard to on-the-job experience and will identify any additional learning needs to bring all catering personnel up to an acceptable standard thereby ensuring compliance with statutory requirements in areas of food safety and health and safety. Those who achieve the required standard will be appointed to Grade II positions.

2.5 Non-qualified staff should not be used to fill chef vacancies.

2.6 An identified pool of staff should be trained to a minimum standard where short term acting up may be required.

3 Communication and Consultation

- 3.1 A communications strategy should be developed for each catering function.
- 3.2 User groups and catering review committees should be established.
- 3.3 Inter-hospital and community catering initiatives should be established, i.e. quality initiatives.
- 3.4 The communications mechanism should facilitate professional support with particular emphasis on smaller single-handed locations.
- 3.5 A system of internal communications should be established in each catering department that should include chefs, catering assistants and catering managers.
- 3.6 A system of interdisciplinary communications should be established including, catering, nursing, medical, dietitians and household staff.

4 Training and Education

- 4.1 All staff should have equal access to training provided by the organisation.
- 4.2 A training audit should be conducted within each catering department on an annual basis.
- 4.3 Training being provided should reflect the statutory requirement in relation to food safety and health and safety legislation.
- 4.4 Inter agency co-operation may assist the development and delivery of training programmes.
- 4.5 Catering personnel have a professional responsibility to continually update themselves on changing work practices and legislation and to make themselves available for training that is provided.

5 Delivery of Service and Service Quality

- 5.1 Catering service personnel including chefs should be involved in the planning, development, monitoring and reviewing of the service they deliver.
- 5.2 Catering staff must be responsible for the provision of the catering service from food preparation to delivery to the client in order to ensure continuity, quality, safety and overall satisfaction.

6 Review

- 6.1 A National Steering Group will be established and will include representatives from both the employers and the unions. This group will act in an advisory capacity upon implementation of the report. At local level, each Health Board/Hospital Chief Executive will be required to appoint a local implementation group consisting of representatives from Personnel, Catering Management and Chefs. These groups will report to the Steering Group and will be required to give quarterly updates on progress in their own location.
- 6.2 Progress on the implementation of the report and its impact within the service should be reviewed formally between the parties in January 2002.

1.4 Terms of Reference

Both management and the unions agreed the following terms of reference for the Working Group:

- Career Structure;
- Problems relating to Recruitment and Retention;
- Interaction with Other Staff;
- Training and Education Requirements;
- Development Plans for Delivery of Service and Service Quality;
- Changes that have taken place for this category of staff and in this context, to address any anomalies that have arisen;
- Any other issues which the Group considers relevant to the task.

1.5 Methodology

The Group decided to approach its work by:

- (i) issuing a detailed and comprehensive questionnaire to all chefs and catering managers in every hospital throughout the Health Service. The questionnaires sought the views of those who actually carry out the work in the catering department on a day-to-day basis and those who oversee the operation of the service. **(See Appendices 1-3)**
- (ii) the Group also carried out a number of site visits throughout the country to establish consistency with the results of the questionnaires.
- (iii) on completion of the tasks above, both the union and the management were asked to submit a report from their own perspective on the operation of the service. Discussions between the groups commenced and continued for 6 months until agreement on the recommendations of this Working Group were achieved.

The Group has made every effort to reflect the anomalies in the service as they have been reported in both the questionnaires and the site visits. It is important to stress that the proposed recommendations in this report reflect the views of all interested parties in this exercise, i.e. both management and the unions.

2 Career Structure

2.1 Background to the Current Grading Structure

2.1.1 The basis for the current grading structure dates back to 1981 when agreement was reached in relation to the regrading of cook posts. This agreement provided that cook posts would in future be designated as:

- Cook Grade I
- Cook Grade II

as determined by the agreed job evaluation carried out by the Department of Health and a points system. Posts scoring over 375 points were graded as Cook Grade I, posts scoring less than 375 points were graded as Cook Grade II. No examination of these criteria has taken place since 1981.

2.1.2 There is a range of personnel employed under the Cooks Grade which includes, non-qualified staff, trainees, Cooks Grade I, Cooks Grade II and Head Chef.² In addition to the above, the grades of Journeyman Chef and Control Chef exist.

2.1.3 It is important to emphasise that there was no reference point or standard for determining the number of posts at each grade other than the historical points system applied to posts in situ at that time. This has caused an inequitable distribution of promotions within the system.

2.2 Recommended Structure/Framework

2.2.1 The Working Group has developed the following career structure. A change in titles is also proposed:

- Executive Chef
- Senior Chef
- Chef, Grade I
- Chef, Grade II
- Trainee

2.2.2 The new pay scale for the grade of Senior Chef has been constructed and has a differential of 6.5% at the maximum point of the scale above that of a Chef, Grade I. The Senior Chef will act as the assistant head chef in the bigger hospitals/locations, while in the smaller hospitals/locations, he/she may be the chef in charge.

2 *There is no formal job evaluation scheme for Head Chef.*

2.2.3 In order to comprehend the thrust of the new career structure, it is necessary to explain the tools that the Group used in devising the new career structure. It was proposed to reference the banding system that applies in the case of Directors of Nursing/Matrons. The criteria for the new band structure in the case of Directors of Nursing/Matrons was based upon activity levels in the hospital, overall responsibility and hospital budgets. There is a 5-band structure now in place. Band 1 includes all the big urban hospitals, especially those in Dublin, while Band 5 consists mainly of District hospitals in the rural areas. Using this 5-band structure and taking cognisance of the overall existing number of cooks in the system, the following staffing ratios were recommended:

- It is proposed that in all hospitals/locations where there is a single-handed operation, that they should all have a chef at Grade I level.
- Where there are 2-3 chefs, there should be one chef at Grade I level and the remainder at Grade II.
- Where there are 4 chefs there should be two chefs at Grade I and two chefs at Grade II.
- Where there are 5-8 chefs in a kitchen, there should be one Senior Chef, one chef at Grade I level and the remainder at Grade II.
- Where there are 9-11 chefs in a kitchen, there should be one Senior Chef, two chefs at Grade I level and the remainder at Grade II.
- Where there are 12-16 chefs in a kitchen, there should be an Executive Chef, two Senior Chefs, two Chefs at Grade I level and the remainder at Grade II.
- Where there are in excess of 17 chefs in a kitchen, there should be one Executive Chef, two Senior Chefs, four Grade I Chefs and the remainder at Grade II level.
- Where there is a cook-chill system in operation, for the purposes of determining the appropriate structure, the employer should theoretically double the staffing level and apply the ratios in accordance with those set out above.

As a consequence of this new arrangement there will be a significant number of promotions taking place in the system. However, there will also be a number of posts red circled on a personal to holder basis. It is emphasised at this point that this is a normal process in any evaluation exercise. It must also be emphasised at this point that the evaluation system for the re-grading of cooks will be eliminated as a result of the new banding system.

2.2.4 The promotions resulting from the application of the recommended structure will be advertised internally in each hospital and the competition will be held on a confined basis, as a once-off measure as and from October 1st 2000. If there are no internal applications, the hospital should advertise externally when a vacancy exists in the overall staff complement as approved by the Department of Health and Children.

2.2.5 Consideration will be given to appointing a candidate who has not achieved the required qualification, provided that the person gives a commitment to completing the necessary training within a reasonable period. If the candidate does not achieve the qualification within the agreed period, they will revert to their original position. There is an onus on management to support staff in availing of the training necessary to achieve the required standards.

2.3 Anomalies within the Career Structure

- 2.3.1 It was felt that a new career structure and role definition was required to address the anomalies in the system. There was a significant lack of clarity in relation to the specific roles of a Cook, Grade I and a Cook, Grade II. The Group has recommended addressing this anomaly by way of increased training, responsibility and accountability for specific matters. The job descriptions have been re-defined to show the core duties of the Grade II Chef with the additional duties and qualifications required for each grade above Grade II. **(See Appendices 4-7)**
- 2.3.2 The whole thrust of the new career structure is that as a chef progresses up the career structure, s/he must take on increased responsibility, acquire further qualifications and training as well as continuing to fulfil their core duties in the kitchen. This is not necessarily the situation at present due to the organisational arrangements in certain locations, the absence of a reference point for promotional positions and the broad-based nature of the existing job descriptions. With the introduction of cook-chill systems, there is generally a reduction in the number of chef posts over a period of time. We feel however, that it would be inequitable if staff in these locations were to lose out in terms of potential promotional opportunities. In any event, senior positions are required to supervise these large-scale production facilities. In this regard, the grade of Senior Chef has been introduced in order to ensure that in medium sized locations, an individual is clearly identified as having overall responsibility as per their job description. This grade has also been introduced in larger locations as equivalent to a Deputy to the Executive Chef.

2.4 Trainees

- 2.4.1 The Group recommends the re-introduction and development of the grade of trainee chef back into the system, in order to attract and retain personnel in the future. It is recommended that there should be at least one trainee per cooking facility that has a complement of 8 or more chefs or where a cook-chill system is in operation. Smaller locations should also be encouraged to engage trainees. The commitment to employing trainees will assist in overcoming some of the problems in relation to untrained staff in the kitchen. (See Section 3.2) There is also an opportunity for them to remain within the system if they are recruited directly from the beginning as there are more in-house career opportunities as per the new career structure.
- 2.4.2 Health Boards should group hospitals together where necessary in order to engage a trainee who may be enabled to train in more than one location to gain the necessary experience.
- 2.4.3 Trainees may be sourced internally from existing staff or externally.

3 Problems Relating to Recruitment and Retention

3.1 Recruitment and Retention

3.1.1 Recruitment is primarily a difficulty within the major urban areas. However, we must address this particular issue within the context of the career structure. It is not unreasonable to suggest that a new employee entering the services at trainee level would have an ambition to remain and progress through the career structure in place. It is also important that the role of the chef in the Health Service is viewed externally as being of a professional nature in order to attract the best personnel. The Group has recommended that there be at least one trainee chef per cooking facility that has a complement 8 or more chefs or where a cook-chill system is in operation.

3.1.2 However, the study indicated that over 60% of employees working in a temporary capacity (mainly in rural areas) remained as temporary employees for in excess of 6 months, or even up to two years. The practice of long-term temporary employment to fill full-time vacancies should cease. The Group recommends that priority be given to regularising long-term qualified temporary personnel i.e. those with over 2 years continuous service, into current vacancies, which exist within established complements. This process to be carried out by way of a confined competition and on a once-off basis.

3.1.3 It is also the view of Group that incremental credit in relation to the recruitment of cooks into the service should be treated consistent with all other grades in the Health Service, i.e. that a level of reasonable flexibility be introduced in order to reflect that starting salary is commensurate with experience.

3.1.4 A number of staff feel professionally isolated due to little or insufficient interaction with their professional colleagues. A number of options outlined below are being proposed by the Group in order to address this issue. Such options will be of an agreed and voluntary basis and local discussions should commence in order explore and implement this initiative.

- implementing a formal or structured job rotation between hospital/community/speciality/care groups in order to broaden experience opportunities; and
- exchange/secondment initiatives between Health Boards and other Health Agencies;
- a review of reporting structures by location.

3.2 Non-Qualified Personnel

3.2.1 There is a percentage of non-qualified personnel who exist within the system and are fully utilised on a long-term basis. Under the current legislation in relation to food hygiene and handling and health and safety, it is important that these personnel be skilled up and trained to a higher level than heretofore.

- 3.2.2 In relation to staff who are assigned on a full time basis to cooking duties in excess of 12 months, but are unqualified it is recommended that they undergo an appropriate system of assessment in order to ensure that they comply with acceptable standards. It is the view of Group that these personnel should be trained to the minimum statutory requirements in areas such as food safety and health and safety standards. Two representatives each of management and staff should be nominated to investigate a single system of assessment for these people. They should issue recommendations to the parties by the end of March 2001 and the objective should be to put the system of assessment in to place in June 2001.
- 3.2.3 If they are successful, they may then progress on to the Grade II salary scale with two increments being granted initially on the Grade II salary scale. If they are unsuccessful in the assessment, they must remain at the barrier point until such time that they have successfully completed the assessment.
- 3.2.4 Staff who fulfil the above requirement, but whom are unwilling to participate in the assessment must revert back to their substantive position and be replaced with a qualified Grade II.
- 3.2.5 In future, it is recommended that hospital policy should be that non-qualified personnel should not be used to fill chef positions. It is however, acknowledged that there will always be a need for vacancies to be filled on a short-term acting-up basis (e.g. annual leave, maternity leave, sick leave etc.) preferably by qualified staff. In the absence of qualified staff it is recommended that an identified pool of staff be trained up to a minimum standard, and that they can be drawn upon to act up on a short-term basis only.

4 Interaction with Other Staff

4.1 Communication/Consultation Framework

4.1.1 In keeping with the provisions of a seamless and co-ordinated service between hospitals and community services, it is imperative that the communication/consultation process would include for inter-hospital community catering initiatives being set up. Such initiatives may include quality initiatives in specific areas in catering which in turn would provide a support and networking facility for catering staff meeting in smaller/single-handed establishments. The communication/consultation framework must include Chefs and would have to encompass the following:

- Internal communications between the catering staff which includes the Chefs, the Catering Assistants and the Catering Managers;
- Interdisciplinary communication between catering staff and dietitians, nursing, medical and household staff;
- Communication between the catering services including Chefs and the clients that it serves. This issue is alluded to under the heading of Quality Service and Service Delivery.

4.2 Communication/Consultation Development Plan

4.2.1 A coordinated development plan must be put in place for all kitchens and catering services in both the hospitals and the health boards which takes on board the recommendations of the Expert Group in relation to communication and consultation and to be negotiated at local level.

4.2.2 It is imperative that all chefs ultimately report on professional issues to a Catering Manager. This may be in their own location or elsewhere in their region.

5 Training and Education Requirements

5.1 Importance of Training

5.1.1 The Health Service has a responsibility to ensure that the necessary and appropriate training is provided in order to ensure optimal service for its clients. This training should at least be to minimum EU requirements in the areas of food safety and health and safety legislation. Management and staff now have the responsibility to develop a culture of safe food production by ensuring the introduction of one of the food hygiene management systems. It is essential that management and staff are committed to achieving the optimum standards through continuous training.

5.1.2 There is an obligation under Partnership 2000 that 3% of every organisation's payroll budget be used for the purposes of training and development. It is the responsibility of management to provide and ensure adequate training to meet EU statutory requirements, thereby providing a safe food production system that is fully compliant with all food safety regulations, while it is the responsibility of the chef to ensure food hygiene and handling standards are met within his/her kitchen. It is considered that co-operation between Health Agencies in this area will be of assistance.

5.1.3 All kitchen personnel must be made aware that they are now accountable and responsible for the highest quality in the delivery of their service.

5.2 Continuing Personal and Professional Development

5.2.1 Because of the rapidly changing nature of Health Services, all staff need to be aware of the requirement for continuing education and training. The individual needs to identify their personal and professional development needs in the context of their individual experience and the changing needs of the organisation. The organisation aims to help identify and support training and education needs that have been identified. However, there are resource implications and pressures and there will be an ongoing requirement to prioritise appropriate training within the grades. It is necessary to provide maximum learning opportunities for all staff so that the skills necessary to fulfil their professional roles can be developed.

5.2.2 All staff should have an equal opportunity to avail of such training and should be openly communicated to all personnel. All staff must complete the training provided by management during their working hours. Every effort should be made to maintain normal staffing levels during training.

5.3 Training Needs

5.3.1 Health Service Employers would welcome a positive input from Chefs in relation to conducting a training needs analysis. Indeed, it is clear from the responses in both the management and staff questionnaire³, together with the site visits, that many of the training needs have already been identified throughout the catering services, particularly in relation to the chefs' role.

3 In the study, 65% of the staff indicated that they required additional training in order to carry out their work sufficiently.

5.3.2 The Group recommends that Management and staff work together to identify priority needs and opportunities in training. Consideration should be given to utilising both external expertise and the creation of in-house training teams. **(See Appendix 8)**

5.3.3 The following principal areas of training needs were identified:

- HACCP – **Hazard Analysis Critical Control Points**. HACCP is a management system for ensuring food safety through the identification, assessment and control of hazards in the food chain. HACCP is a significant development that has affected cooks in recent years. In this regard, with the introduction of HACCP and other quality measures, it is desirable that training and education must be of a proactive nature in order to meet with service requirements and demands.
- Special dietary needs for patients. It must be emphasised that the cook is not responsible for the identification of dietary needs for patients. The role of the cook in this regard is to prepare the food in accordance with the needs of the patients as determined by appropriate personnel.
- Training in Supervisory Skills – A number of Chefs have indicated that they need training in supervisory skills. Such an initiative should be provided within the context of the revised job descriptions.

5.3.4 A training plan should differentiate between the training needs required to carry out the core tasks of the chef and those associated with the enhanced role which would be needed in order to facilitate people moving upwardly within the structure, i.e. from Cook II through to Cook I etc.

5.4 Training Audit

5.4.1 The process must begin with an audit of the staff in the organisation, what training they have, what training they need and prioritising the training needs. In this context, the group have identified the following training needs in order of priority:

- Management of Food Hygiene
- Health and Safety
- Supervisory Management Programmes
- HACCP
- Trainers in Industry
- Food Cost Control.

6 Development Plans for Delivery of Service and Service Quality

6.1 Challenges Facing the Health Services

6.1.1 The challenges facing the Health Services are wide-ranging and include the following:

- growing consumer consciousness in health care and growing demands and expectations for higher quality, consumer-oriented services;
- the continuing pressure for expansion in the range of services that fall within the remit of the Health Service in Ireland;
- the implications of the changing demographic profile of the population with an enhanced life expectancy;
- due to the nature of health care, the need for close and continuous inter-sectoral co-operation to achieve health and social gain.

6.1.2 The challenges need to be addressed in the planning and delivery of services in an equitable, cost-effective and efficient manner, while bearing in mind the continuing problem of distributing the finite resources available for Health Services.

6.2 Setting the Objectives

6.2.1 The setting of objectives from a corporate level down to the individual and team level is a fundamental activity in service delivery. This process should involve catering services personnel including Chefs in the planning, development, monitoring and review of the services in the environment in which they are delivered.

6.3 Service Plans

6.3.1 Service plans will be the vehicle for the introduction and agreement of development plans for delivery of service, e.g. cook-chill v conventional, centralised v local production. The plans must also include a consumer feedback mechanism as a service evaluation measure.

6.4 Service Quality

6.4.1 It is interesting that both the management and the staff responses to quality of service were of a positive nature. However, it is very clear that the provision of quality in the context of quality control is no longer of an optional nature, but is a legal requirement and must be viewed in this particular context. It is imperative that catering staff be responsible for and in control of the provision of catering services from preparation to delivery, to the client in order to ensure continuity, safety and customer satisfaction.

6.4.2 The Group recommends that the catering department be responsible for the entire process from start to finish and that any personnel who deliver food to the client require to be fully trained compliant with statutory food handling standards. Local discussions should take place within six months in order to advance the implementation of this recommendation.

Review

Progress on the implementation of the report and its impact within the service should be reviewed jointly between the parties in January 2002.

A National Steering Group will be established and will include representatives from both the employers and the unions. This group will act in an advisory capacity upon implementation of the report. At local level, each Health Board/Hospital Chief Executive will be required to appoint a local implementation group consisting of representatives from Personnel, Catering Management and Chefs. These groups will report to the Steering Group and will be required to give quarterly updates on progress in their own location.

Appendix I

Flexibility/Change

What progress, if any, has there been in your hospital with regard to implementing the flexibility and change measures provided for in the PCW Agreement for Cooks?

Technology

Full Co-operation with and Commitment to Implementing the Health Strategy – Shaping A Healthier Future – and its Application to the Catering Service

Evaluating Client Satisfaction

Quality of Service Initiatives

Ongoing monitoring and evaluation of the effectiveness of services being provided – costs, outcomes and accountability.

Monthly/Four Weekly Paypath

Appraisal Systems

Recording Attendance

Appendix 2

For Official Use Only: Code

Expert Groups – Cooks

Staff Questionnaire

An Expert Group has been established to examine and report on the changes which have taken place in the role of Cooks employed in the Health Service and, in this context, to address any anomalies that have arisen. In order to facilitate the work of the Expert Group, all cooks employed in the Health Service are being asked to complete this questionnaire. *Please note that the information provided by you will be treated in the strictest confidence.*

Please return your completed questionnaire to your local shop steward no later than **April 20th, 1998.**

1 Gender

Male Female

2 Age

Under 25 26-35
36-45 46-55
56-65

3 Job Title

Head Chef Assistant Head Chef
Journeyman Chef Cook Grade I
Cook Grade II Trainee
Other (please specify) _____

4 Employment Status

Permanent Job-Sharer
Wholetime Temporary Part-time

5 Experience as a Cook/Trainee Cook

Total number of years employed as a cook/trainee cook in the Health Service years

Number of years employed in your current post years

Number of years employed as a cook/trainee cook outside the Health Service years

6 Promotion/Regrading

(a) Were you promoted/regraded to your current post?

No (If no, please go to Q7)

Yes

(b) If the answer is yes, please state the year in which you were promoted/regraded:

7(a) Were you employed at any grade other than cook?

No (If no, please go to Q8)

Yes

(b) If the answer to is yes, how long were you in this post before you were regraded?

8 Hours of Work

(a) Do you normally work more than 78 hours per fortnight?

No (If no, please go to Q9)

Yes

(b) If the answer is yes, please state the average number of hours worked per fortnight:

9 Qualifications

706/1 706/2

706/3 NCCCBI

None of the above

Other (please specify its national equivalent)

10 Training

In addition to your formal qualification, have you undertaken a training course in any of the following areas (please tick as appropriate):

	In House	External
Health and Safety	<input type="checkbox"/>	<input type="checkbox"/>
Hygiene	<input type="checkbox"/>	<input type="checkbox"/>
Food Preparation	<input type="checkbox"/>	<input type="checkbox"/>
Menu Planning	<input type="checkbox"/>	<input type="checkbox"/>
Quality Control	<input type="checkbox"/>	<input type="checkbox"/>
Special Dietary Needs	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory/Management Skills	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		

11 Additional training

(a) Do you feel you require any additional training to assist you in your work?

No (If no, please go to Q12)

Yes

(b) If the answer is yes, please tick one or more of the following boxes to indicate the type of training you feel you require

Health and Safety	<input type="checkbox"/>	Hygiene	<input type="checkbox"/>
Food Preparation	<input type="checkbox"/>	Menu Planning	<input type="checkbox"/>
Quality Control	<input type="checkbox"/>	Special Dietary Needs	<input type="checkbox"/>
Supervisory/Skills	<input type="checkbox"/>	Teamworking	<input type="checkbox"/>
Budgetary Control	<input type="checkbox"/>	Training for Trainers	<input type="checkbox"/>

Other (please specify)

12 Reporting Relationships

Who is the main person you report to?

Catering Officer Assistant Catering Officer

Cook Grade I Cook Grade II

Other (please specify)

13 Supervision

(a) Do you supervise other staff?

No (If no, please go to Q14)

Yes

(b) If the answer to is yes, please tick one or more of the following boxes to indicate the categories of employees whom you supervise.

	Grade	Number
Assistant Head Chef	<input type="checkbox"/>	<input type="checkbox"/>
Journeyman Chef	<input type="checkbox"/>	<input type="checkbox"/>
Cook Grade I	<input type="checkbox"/>	<input type="checkbox"/>
Cook Grade II	<input type="checkbox"/>	<input type="checkbox"/>
Trainee	<input type="checkbox"/>	<input type="checkbox"/>
Catering/Domestic Aides	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		

14 Teamworking

Who do you consider to be the members of the catering team in your department?

Head Chef Assistant Head Chef

Journeyman Chef Cook Grade I

Cook Grade II Trainee

Other (please specify)

15(a) Is there a Catering Officer/Assistant Catering Officer employed in your hospital?

No (If no, please go to Q16)

Yes

- (b) If the answer is no, please state the job title(s) of the person(s) responsible for the following tasks:

Purchasing

Staffing

Menu Planning

Health and Safety Policy

Quality Control

- 16(a) Is there a Dietician employed in your hospital?

No (If no, please go to Q17)

Yes

- (b) If the answer is yes, please state the job title(s) of the person(s) responsible for planning menus for patients with special dietary needs.

17 Quality of Service

- (a) In your opinion, does the catering department in your hospital deliver a high quality of service?

Yes (If yes, please go to Q18)

No

- (b) If the answer is no, how do you feel the quality of service could be improved?

- (c) What obstacles (if any) do you see to the maintenance or development of a high quality of service in future years? Please tick as appropriate:

Inappropriate structures High turnover of staff

Staffing shortages Lack of appropriate training

Inadequate investment in equipment

Other (please specify)

Appendix 3

For Official Use Only: Code

Expert Groups – Cooks

Management Questionnaire

1 What is the average number of meals served by the Catering Department on a daily basis?

2(a) Grading Structure of the Catering Department

Grade	Numbers employed (WTE)
Catering Officer	<input type="text"/>
Assistant Catering Officer	<input type="text"/>
Head Chef	<input type="text"/>
Assistant Head Chef	<input type="text"/>
Cook Grade I	<input type="text"/>
Cook Grade II	<input type="text"/>
Trainees	<input type="text"/>
Other	<input type="text"/>

(Please specify grade)

(b) Have you had any Acting Cook Grade II positions in the last 2 years?

No (If no, please go to Q3)

Yes

(c) If the answer is yes, please state the number of staff who were/are employed as Acting Cook Grade II.

(d) For how long **on average** would Cook Grade II positions be filled on an acting-up basis?

Less than 6 months 6 months to 1 year

1-2 years 2 years or more

3(a) Is there a Catering Officer/Assistant Catering Officer employed in your hospital?

Yes (If yes, please go to Q4)

No

(b) If the answer is no, please state the job title(s) of the person(s) responsible for the following tasks:

Purchasing _____

Staffing _____

Menu Planning _____

Health and Safety Policy _____

Quality Control _____

4(a) System of Cooking

Conventional Cook-Chill

A combination of both

(b) Has the system altered over the last 5 years?

Yes

No

5 Rostering Arrangements

5 day (Monday to Friday) 5 over 7

5 over 10

6 Recruitment of Cooks

(a) Please specify the main method of recruiting cooks:

Advertisements in local newspapers

Advertisements in national newspapers

Internal promotion

Recommendations from other employees

(b) Have you experienced difficulties in filling temporary posts?

No (If no, please go to Q6c)

Yes

If yes, please give reasons

(c) Have you experienced difficulties in filling permanent posts?

No (If no, please go to Q7)

Yes

If yes, please give reasons

7 Retention

(a) Do you have difficulties in retaining cooks in your employment?

No (If no, please go to Q8)

Yes

(b) If the answer is yes, please indicate the main reason(s) why you find it difficult to retain cooks:

Dissatisfaction with pay

Lack of promotional opportunities

Lack of training/development opportunities

Dissatisfaction with local working environment

Other (please specify)

8 There is a different job description for Cook Grade I and Cook Grade II. In your opinion, is there a significant difference in practice between the duties performed by these grades?

9(a) Have you introduced major new equipment in the previous three years?

No (If no, please go to Q10)

Yes

(b) If the answer is yes, were staff given training in how to operate the equipment?

Yes

No

10 Training

(a) What training needs have you identified in relation to cooks?

(b) Please give details of any training courses undertaken by staff in the last five years:

(i) External

(ii) In-service

(c) Do you provide sponsorship for domestic/attendant staff who wish to undergo training to qualify as a cook?

Yes

No

11 Contracting-out catering services

(a) Have you ever used private contractors?

No (If no, please go to Q12)

Yes

(b) If the answer is yes, please state why you decided to hire contractors?

(c) If you no longer use contractors, please state why?

12 Quality Assessment

(a) Have you carried out user satisfaction surveys in respect of the following?

(i) *Patients*

Frequency of Surveys

Yes

No

(ii) *Staff*

Frequency of Surveys

Yes

No

13(a) Do staff in your hospital use the catering service on a regular basis?

Yes

(If yes, please go to Q14)

No

(b) If the answer is no, please give reasons:

Appendix 4

Job Descriptions

Job Title

Chef, Grade II

Place of Work

Catering Department

Relationships

Responsible through the Catering Officer for the efficient performance of all duties reporting to the Chef Grade I or appropriate catering manager.

Main Purpose of Job

To assist with the preparation and service of meals to the hospital at the required time in accordance with the hospital and statutory standards.

Qualifications

Each candidate must:

- a be of good character.
- b be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service.
- c have obtained the **London City & Guilds Examination No. 706/1 & No. 706/2/NCCB** or such equivalent qualifications as may be approved by the Minister for Health from time to time.

It is desirable that each candidate will have completed a **Preliminary Hygiene Course** as recommended by the Environmental Health Officer. If the successful candidate has not completed these courses, he/she will be required to do so and the necessary training will be provided.

Duties

- Requisitioning of foodstuffs and materials
- Preparation of both raw and cooked food
- Cooking of food
- Portioning and packing of both raw and cooked food
- Rotation and allocation of foodstuffs
- Labelling, chilling and storage of food
- Regeneration and services of food
- Record keeping
- Cash-handling/reconciliation, where appropriate

- Ensure that you maintain the cleanliness and good order of your area of assignment and associated areas to the highest possible standard
- Ensure efficient and economical use of materials and equipment
- To adhere to specifications, standards and procedures while at work
- To practice all hygiene, cook-chill and health and safety procedures.
- To report mechanical defects and needs for repairs
- Provide assistance and advice to staff in packing/plating areas on portion size
- Indenting for kitchen supplies
- Checking for meals at all service points throughout the site for quality, quantity and presentation
- Operating of computer system
- To take all necessary steps to ensure the maximum security of your area of assignment and all equipment and supplies contained therein
- To report to management immediately any accidents, fire, stock loss, damage, unfit food and take such action as may be appropriate
- To assist with special functions as required
- To attend training courses when required
- Any other duties relevant to the post as may be allocated by the Head Chef, Senior Chef or the Catering Officer/Assistant Catering Officer.

Appendix 5

Job Descriptions

Job Title

Chef, Grade I

Place of Work

Catering Department

Relationships

Responsible through the Catering Officer for the efficient performance of all duties reporting to the Head Chef, Production Manager or appropriate manager.

Main Purpose of Job

To assist with the preparation and service of meals to the hospital at the required time in accordance with the hospital and statutory standards.

To supervise grade II chefs and other relevant staff within the Central Production Unit (*CPU refers to both conventional and cook-chill operations*) in the performance of their duties and in conformity with the hospital and statutory standards.

To deputise in the absence of the Senior Chef/Head Chef.

Qualifications

Each candidate must:

- a be of good character
- b be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service.
- c have obtained the **London City & Guilds Examination No. 706/1 & No. 706/2/NCCB** or such equivalent qualifications as may be approved by the Minister for Health from time to time.
- d have experience in cooking for a large number of persons.

It is desirable, that each candidate will have completed a course in the **Management of Food Hygiene**, a **Health & Safety** course, an **Introductory Course in Supervision** and a course in **Food Cost Control** with a recognised training agency. If the successful candidate has not completed these courses, he/she will be required to do so and the necessary training will be provided.

Duties

- Requisitioning of foodstuffs and materials
- Preparation of both raw and cooked food
- Cooking of food
- Portioning and packing of both raw and cooked food

- Rotation and allocation of foodstuffs
- Labelling, chilling and storage of food
- Regeneration and services of food
- Record keeping
- Ensure that you maintain the cleanliness and good order of your area of assignment and associated areas to the highest possible standard
- Ensure efficient and economical use of materials and equipment
- To adhere to specifications, standards and procedures while at work
- To practice all hygiene, cook-chill and health and safety procedures, including HACCP
- To report mechanical defects and needs for repairs
- To take all necessary steps to ensure the maximum security of your area of assignment and all equipment and supplies contained therein
- To report to management immediately any accidents, fire, stock loss, damage, unfit food and take such action as may be appropriate
- To assist with special functions as required
- To attend training courses when required
- Provide assistance and advice to staff in packing/plating areas on portion size
- Indenting for kitchen supplies
- Checking for meals at all service points throughout the site for quality, quantity and presentation
- Operating of computer system
- Any other duties relevant to the post as may be allocated by the Head Chef, Senior Chef or the Catering Officer/Assistant Catering Officer.

The Following Duties are the Principal Duties of a Grade I Chef in Conjunction with Those Set Out Above

- Organising and allocating work in the CPU to the relevant staff
- Supervise, direct and control staff in the performance of their duties and in doing so, to ensure total compliance with the hospital and statutory standards, including health & safety⁴ and to advise the relevant manager of any deviations from same
- Assist with the arrangements of duty rotas
- Implementing costs control measures aiming to achieve maximum utilisation of resources
- Stocktaking at regular intervals
- Checking the quality of goods received as per specification
- Collation of patient's meal numbers
- Liaising with user groups on the compilation of menus and the provision of services
- To be aware of modern developments in the industry and to assist in their introduction where necessary and changes in food trends with a view to maximising sales.

⁴ Food Hygiene regulations, Health, Safety & Welfare at Work Act, 1989, etc.

Appendix 6

Job Descriptions

Job Title

Senior Chef

Place of Work

Catering Department

Relationships

Responsible through the Catering Officer for the efficient performance of all duties reporting to the Head Chef, Production Manager or appropriate manager.

Main Purpose of Job

To assist with the preparation and service of meals to the hospital at the required time in accordance with the hospital and statutory standards.

To supervise grade II & grade I chefs and other relevant staff within the CPU in the performance of their duties and in conformity with the hospital and statutory standards.

To deputise in the absence of the Head Chef.

Qualifications

Each candidate must:

- a** be of good character.
- b** be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service.
- c** have obtained the **London City & Guilds Examination No. 706/1 & No. 706/2/NCCB** or such equivalent qualifications as may be approved by the Minister for Health from time to time.
- d** have at least three years satisfactory experience in cooking for an institution or other establishment, catering for a large number of persons.

It is desirable that each candidate will have completed a course in **Implementing Hazard Analysis (HACCP)**, a **Health & Safety** course, completed the **Trainers in Industry** course and have completed the **Supervisory Management Programme** with a recognised training agency. If the successful candidate has not completed these courses, he/she will be required to do so and the necessary training will be provided.

Duties

- Requisitioning of foodstuffs and materials
- Preparation of both raw and cooked food
- Cooking of food
- Portioning and packing of both raw and cooked food
- Rotation and allocation of foodstuffs
- Labelling, chilling and storage of food
- Regeneration and services of food
- Record keeping
- Ensure that you maintain the cleanliness and good order of your area of assignment and associated areas to the highest possible standard
- Ensure efficient and economical use of materials and equipment
- To adhere to specifications, standards and procedures while at work
- To practice all hygiene, cook-chill and health and safety procedures.
- To report mechanical defects and needs for repairs
- To take all necessary steps to ensure the maximum security of your area of assignment and all equipment and supplies contained therein
- To report to management immediately any accidents, fire, stock loss, damage, unfit food and take such action as may be appropriate
- Organising and allocating work in the CPU to the relevant staff
- Supervise, direct and control staff in the performance of their duties and in doing so, to ensure total compliance with the hospital and statutory standards and to advise the relevant manager of any deviations from same
- Devise the duty rotas
- Provide assistance and advice to staff in packing/plating areas on portion size
- Implementing costs control measures aiming to achieve maximum utilisation of resources
- Stocktaking at regular intervals
- Checking the quality of goods received as per specification
- Checking for meals at all service points throughout the site for quality, quantity and presentation
- Operating of computer system
- Liaising with user groups on the compilation of menus and the provision of services
- Partaking in training courses as required
- To be aware of modern developments in the industry and to assist in their introduction where necessary and changes in food trends with a view to maximising sales
- Deputise in the absence of the Head Chef and ensure that all procedures are adhered to in his/her absence
- Any other duties relevant to the post as may be allocated by the Head Chef or the Catering Officer/Assistant Catering Officer.

In Addition to the Above Duties, the Senior Chef will take on Special Responsibility for the Following

Health & Safety

It is envisaged that the Senior Chef will take overall responsibility for health & safety in the kitchen. The following will be the primary duties:

- Ensuring that all equipment is safe and in good working order
- Ensuring that all staff are adequately trained
- Ensure that all staff practice health and safety procedures
- Follow-up any health and safety matters that may arise and bring them through to a conclusion.

Training Needs

- Identify the training needs of all catering personnel
- Fulfil the role of *Train the Trainer*
- Monitor and record training in the catering department.

HACCP

- Ensure full compliance of the system within the kitchen
- Ensure that any new developments are implemented.

Appendix 7

Job Descriptions

Job Title

Executive Chef

Place of Work

Catering Department

Relationships

Responsible through the Catering Officer or equivalent for the efficient performance of all duties reporting to the Assistant Catering Officer assigned to production.

Main Purpose of Job

To direct staff in the preparation and presentation of food to an agreed standard through the effective and efficient utilisation of available resources.

Qualifications

Each candidate must:

- a** be of good character
- b** be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service.
- c** have obtained the **London City & Guilds Examination No. 706/1 & No. 706/2/NCCB** or such equivalent qualifications as may be approved by the Minister for Health from time to time.
- d** have at least five years satisfactory experience in cooking for an institution or other establishment, catering for a large number of persons, at supervisory/senior level.
- e** experience in the operation of a Cook-Chill System would be desirable, where appropriate.

It is desirable that each candidate will have completed a course in **Implementing Hazard Analysis (HACCP)**, a **Health & Safety** course, completed the **Trainers in Industry** course and have completed the **Supervisory Management Programme** with a recognised training agency. If the successful candidate has not completed these courses, he/she will be required to do so and the necessary training will be provided.

Duties

Quality of Catering

- 1 To ensure the preparation, cooking and presentation of food to a consistently high standard for patients, restaurants, snack bar areas, and a wide range of functions and staff in accordance with the approved recipes and the catering requirements.
- 2 To monitor and check the quantity and quality of supplies upon delivery so as to ensure that only superior produce is accepted.
- 3 To assist in the design of purchasing specifications when necessary.
- 4 To apply the quality criteria of colour, taste, texture, flavour, temperature, portion size and presentation to all prepared meals.
- 5 To assist in the planning of menus.
- 6 To prepare food from time-to-time.

Productivity

- 1 To implement efficient and effective work methods and systems and to identify and agree production schedules which will facilitate the achievement of high levels of productivity.
- 2 To assist in the preparation of staff rotas which will provide adequate cover in the most effective manner.

Cost Control

- 1 To practice economy in the kitchen and to minimise any incidence of over production, excessive use of energy and food spoilage due to poor stock rotation.
- 2 To advise the production manager of stock requirements.
- 3 To assist the accounts/stores controller with stocktaking.
- 4 To assist in measures designed to ensure adherence to budget allocation.

Supervision

- 1 To direct, control and organise all staff within your direct span of control and to ensure that the required operational standards are achieved and maintained.
- 2 To communicate the unavailability of dishes, the composition of dishes and other relevant information to operational manager.
- 3 To ensure the development and training of kitchen staff in new systems, methods and procedures of food preparation, cooking and presentation.
- 4 To set a good example for staff with regard to punctuality, attendance, attitude and application to work.
- 5 To maintain fair discipline and to foster a spirit of co-operation and pride in the daily work lives of staff members.

Hygiene

- 1 To practice high standards of personal hygiene at all times in terms of grooming and wearing of proper attire.
- 2 To maintain the required standards of operational hygiene within the kitchen at all times.
- 3 To ensure that agreed operational specifications, i.e. cleaning schedules are adhered to.
- 4 To be aware of food hygiene regulations and to ensure that the staff strictly adhere to the requirements.

Safety & Security

- 1 To ensure that adequate safety measures are in operation and to maintain equipment and appliances in good condition.
- 2 To be fully conversant with the Health and Safety at Work Act, 1989 and to ensure that staff under your direct control are fully aware of their responsibilities under the law, and that they comply with all safety regulations and attend fire lectures periodically.
- 3 To ensure the security of food stocks at all times.
- 4 To report all accidents and near misses immediately.

Interpersonal Skills

- 1 To maintain a harmonious work relationship amongst all staff.
- 2 To provide all kitchen staff with a thorough understanding of their jobs and standards of performance and to clarify their duties and responsibilities.
- 3 To communicate positive attitudes, sincere interest and responsiveness to others' needs and to interact in a positive way with management staff and customer.
- 4 To promote a good public relations image by communicating directly with patients and customers when required.

Adherence to Policy

- 1 To have a complete understanding of hospital board policy in respect of personnel matters, catering, fire, hygiene, health and safety, security, energy conservation, smoking etc. and to comply with these policies.
- 2 To ensure that these policies are communicated to staff under your direct control.
- 3 To assist in the practical support and implementation with regard to staff training and to identify the need for additional training.

General

- 1 To undertake such other duties as may be required from time to time and to act for other senior staff as required.

Appendix 8

Cooks Project Implementation Plan

Grade	Qualifications	Training Needs	Training Internal/ External	Time Frame
Chef, Grade II	706/1 & 706/2	1. Preliminary Hygiene Course	I - EHO	12 months
Chef, Grade I	as above	2. Management of Food Hygiene	I/E	1 year
		3. Health & Safety	I	2 years
		4. Introductory Course in Supervision	E	2 years
		5. Food Cost Control	E	1 year
Senior Chef	as above	<i>as above plus</i>		
		1. Implementing Hazard Analysis	E	3 years
		2. Health & Safety (Management)	I	1 year
		3. Trainers in Industry	E	3 years
		4. Supervisory Management Programme	I/E	2 years
Executive Chef	as above	<i>as above</i>		

Training & Education

The process must begin with an audit of the staff in the organisation, what training they have, what training they need and prioritising the training needs. In this context, the group have identified the following training needs in order of priority:

- 1 Management of Food Hygiene
- 2 Health & Safety
- 3 Supervisory Management Programmes
- 4 HACCP
- 5 Trainers in Industry
- 6 Food Cost Control.

Communication & Consultation

All chefs in the health service will co-operate with any initiatives being set up to improve communications within the profession.

Delivery of Service & Service Quality

All chefs in the health service will co-operate with any initiatives being set up to improve the delivery of service and service quality in their organisation.

Implementation Mechanism

A National Steering Group will be established which will include representatives from both the employers and unions. This group will act in an advisory capacity in relation to the implementation of the report. At local level, each Health Board/Hospital Chief Executive will be required to appoint a local implementation group consisting of representatives from Personnel, Catering Management and Chefs. These groups will report to the Steering Group and will be required to give quarterly updates on progress in their own location.

