

---

## Information sheet

# Healthcare: Solutions to common food waste issues

**Although hospital catering arrangements vary, there are some common problems that lead to waste. This element of the Toolkit expands on the information contained in the Checklists, describing how to tackle the root causes thereby reducing the amount of avoidable food waste.**

### **This sheet provides further guidance on:**

- Reducing unserved food from a cook-freeze catering model
- Managing meal requirements on wards with a high turnover of patients
- Planning menus for patient and visitor dining rooms
- Preparation and ordering of 'just in case' meals

### **Reducing unserved food from a cook-freeze catering model**

A cook-freeze service model means that food is cooked in large quantities, decanted into multi-portion packs and then frozen (or in some operations it is chilled) until required. The facility that undertakes this function is sometimes called a Central Production Unit (CPU), and can be provided by a Health Board/Trust or by a third party. The meals are stored in a freezer holding area, from which the required meals are picked and regenerated on the day of the meal service.

This model has advantages in that:

- It enables an extensive menu to be offered to patients;
- The meals are usually plated-up at ward level and therefore retain their temperature;
- Portion size requests at the time of service by patients can be more easily accommodated;
- Avoids kitchen preparation and production waste, if prepared off-site.



Typical unserved food waste from a cook-freeze service

However, the multi-portion packs (sometimes referred to as bulk packs) can intrinsically create waste if more portions need to be regenerated than are ordered by a ward. For example, if seven patients order cottage pie, then usually an eight portion multi-pack will need to be regenerated, resulting in 1 portion unserved.

---

---

### **Opportunities to reduce waste**

- Take patient menu choices as close to meal service as possible (e.g. after breakfast for the lunch service);
- Determine the true cut off time at which the patient meal requirements cannot be changed – encourage communication between the nursing and catering teams, so that any changes can be accommodated up to this time (e.g. when regeneration trolleys are loaded);
- Ensure that the correct pack size or combination of packs are picked from the freezer to minimise the creation of spare portions;
- Share packs/portions with a neighbouring ward if possible (e.g. if one ward level kitchen between two wards);
- Stock sufficient two-portion packs to increase flexibility in regeneration and to accommodate less popular menu choices. (Whilst the unit cost per portion of the smaller packs is higher, this additional cost is more than outweighed by the savings achieved through the reduction in unserved meals);
- Ensure serving staff know the correct size of a single portion and use the correct serving spoons;
- Avoid regenerating additional meal packs to give additional choice to patients who were absent at the time of the meal order or 'just in case' meals for currently unoccupied beds.

## Managing meal requirements on wards with a high turnover of patients

Most acute hospitals will have wards where the patient numbers and names are constantly changing such as Accident & Emergency and Surgical Assessment Wards. This makes it more difficult to predict how many and what types of meals to provide to these wards.

Common factors that result in waste on these wards are:

- Taking a meal order for a patient the day before meal service – often this patient is no longer on the ward having been discharged, moved to a different ward or is waiting for/undergoing surgery at meal time;
- Ordering for the maximum number of patients that could potentially be on the ward and requiring a meal.



Typical unserved food waste from a Surgical Assessment Ward

### Opportunities to reduce waste

- If taking meal orders directly from patients, do this as close to the meal service time as possible;
- Improve communication between the nursing/dietetic/catering teams to maintain accuracy of meal ordering, so that meal orders can follow the patient if necessary to another ward or the meal can be cancelled/modified (e.g. if patient in surgery);
- Block ordering meals for a ward frequently results in high levels of unserved food. Monitor waste levels, the number of patients on the ward and the number of meals eaten over a few weeks. This data will provide trend information, to establish if the number of meals delivered to the ward can be reduced to represent the most likely number of patients who will actually eat;
- Where there are empty beds on a ward, avoid ordering 'just in case' meals. If these beds become occupied, have quick cook or cold meals available or use food from the restaurant as a contingency.

---

## Planning menus for patient and visitor dining rooms

In addition to catering for patients on the wards, the majority of large hospitals provide a dining room for staff and visitors. Often two separate menus for hot meals exist; catering teams justify this by explaining that the dining room customers like different foods, the patient meals are not suitable or they like to have more choice than patients. As a rule of thumb, the more complicated the menu (i.e. number of dishes, number of ingredients, different cooking methods), the more opportunity there is to generate waste.

Common root causes for waste are:

- On-site preparation of multiple dishes typically leads to more preparation waste e.g. trimmings, spoilage, cooking vessel waste;
- Over production of patient meals remain unserved as not on the dining room menu.

### **Opportunities to reduce waste**

- Plan menus for both patients and the dining room, increasing the consistency between both menus (i.e. use the same recipes and serve the menu choices on the same day). This is particularly advantageous if a hospital operates its own traditional on-site kitchen, since it reduces preparation waste, makes it easier to forecast/plan production, creates staffing efficiencies and enables any patient overproduction to be served in the dining room;
- Increased consistency will reduce the number of dishes on the menu. This is likely to have the effect of reducing the number of ingredients held in stock, reducing the risk of ingredient spoilage and potentially lowering the initial outlay cost for ingredients;
- Monitor patient and dining room demand, to accurately forecast how many meals are likely to be required to reduce the likelihood of over production;
- Resist the temptation to provide too much choice in the dining room – do not prepare more food too far in advance in fear of running out

## Preparation and ordering of 'just in case' meals

'Just in case' meals are a problem common to virtually every hospital. At the root of this is an understandable concern by catering, nursing and dietitian teams that patients and diners will not get the food they need. Unfortunately, 'just in case' often leads to waste because many of the meals are never served and are discarded.



Chips are one of the foods most frequently discarded from hospital restaurants

### Opportunities to reduce waste

- Provide alternative meal options for new patients or those who missed the meal order period e.g. quick cook options such as soups and microwavable meals, sandwiches, meals from the dining room, ward level fridge stock;
- Educate staff that it is unacceptable to order meals for unoccupied beds, just in case patients arrive when there are options available that enable patients to get a meal if they need it - make sure that staff know about these options and that the catering team is contactable;
- Be realistic about the number of patients that are likely to eat on a ward based on historical data and provide the ward with fewer portions if necessary;
- For restaurants, avoid the temptation to prepare additional meals in case you run out of a specific dish when there are other hot meal options available. When reaching the end of the meal service period, prepare small batches of additional meals if you are confident there will be sufficient demand to reduce the likelihood of unserved meals;
- Consider introducing a hospital food waste policy to set expectations and set targets for waste reduction.

WRAP has developed [example action plans](#) that can be used as a template to help implement change in your workplace.

While we have tried to make sure this information sheet is accurate, WRAP does not accept liability for any loss, damage, cost or expense incurred or arising from reliance on this information sheet. Readers are responsible for assessing the accuracy and conclusions of the content of this information sheet. Quotations and case studies have been drawn from the public domain, with permissions sought where practicable. This report does not represent endorsement of the examples used and has not been endorsed by the organisations and individuals featured within it. This material is subject to copyright. You can copy it free of charge and may use excerpts from it provided they are not used in a misleading context and you must identify the source of the material and acknowledge WRAP's copyright. You must not use this report or material from it to endorse or suggest WRAP has endorsed a commercial product or service. For more details please see WRAP's terms and conditions on our website at [www.wrap.org.uk](http://www.wrap.org.uk)

<http://www.wrap.org.uk/content/preventing-waste-healthcare-sector>