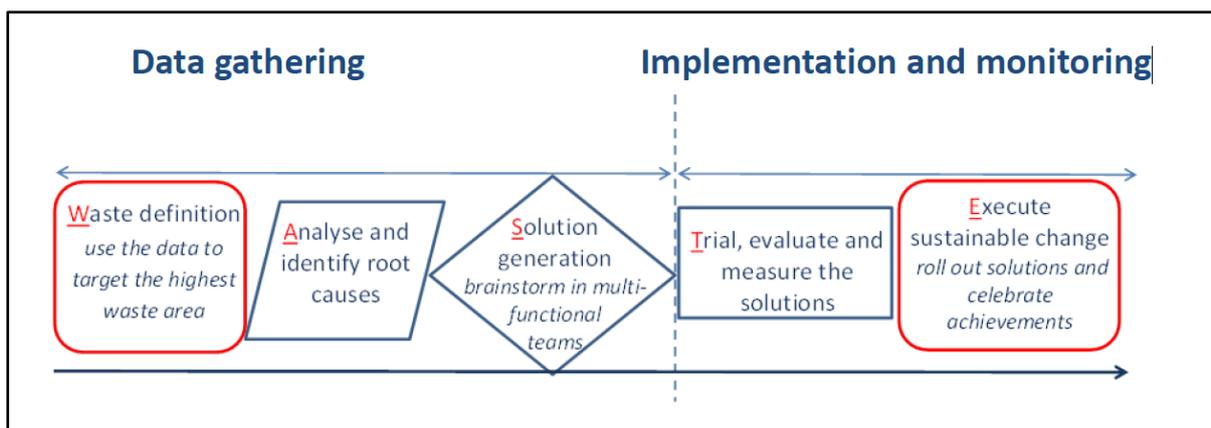


Healthcare: Checklist of root causes for food waste and solutions

These checklists are provided to assist hospitals in identifying the root causes for waste production and the actions that can be taken to reduce this waste. They are designed to support Steps 2 and 3 of [WRAP's 5 Step W.A.S.T.E problem-solving approach](#).



After you have completed the waste definition (Step 1), you are ready to analyse the reasons why waste is generated (Step 2) and determine which actions you would like to implement in order to reduce the waste (Step 3).

You can use the checklists to 'tick off' the causes/actions you want to follow up on, sign them off when complete or incorporate them into your own standalone Action Plan. They are suitable for staff working at a manager level, responsible for identifying and implementing any changes to a service e.g. Hostess Supervisor, Kitchen Supervisor and Catering Manager.

The checklists are applicable to both patient and restaurant meals and are available for the following topics:

- [Meal and menu planning](#)
- [Patient meal ordering practices](#)
- [Food preparation and production](#)
- [Meal portioning and serving](#)
- [Stock Control](#)

1. Meal and Menu Planning

Root Cause	Action	Not applicable	Already in place	Investigate (Date)	Action complete (Date)
Too much choice on a patient menu can contribute to waste, if meals are produced but never served or can result in many spare portions in a cook-freeze service	Review the All Wales Menu Framework guidelines to establish if there are opportunities to streamline the menu, whilst still meeting the choice and nutritional guidelines for patients.				
Lack of alignment between patient and dining room menu. Generally, the more complicated the menu, the more opportunity there is to create waste	Increase the commonality between menus - where possible, serve the same hot meals in the dining room as served to patients to reduce: the number of (SKUs) ingredients kept in stock; preparation, production and unserved waste. Serve overproduced patient food from a traditional cook system in the dining room.				
Too much choice on dining room menu	Identify overlap in menu options and assess if contributing to waste e.g. different salad choices (pre-packed, salad bar), multiple potato based dishes, sandwich fillings and consider menu adjustment.				
Unsuitable menu for meal period, day of the week or season	Analyse till data from dining rooms and unserved food data from wards to identify poor sellers and/or over-production. Adjust menu and production accordingly to reflect demand.				
Surplus perishable ingredients ordered for only one dish can often be discarded as waste	Use up perishable items in more than one dish.				

2. Patient meal ordering practices

Potential Root Cause	Action	Not applicable	Already in place	Investigate (Date)	Action Complete (Date)
Ordering patient meals after production has commenced leads to 'guess work' in production	Ideally, production should not commence until number of meals required by patients is known. If this can't be changed, plan carefully using historical data as much as possible to forecast meal popularity and adjust production accordingly e.g. time of year, patient numbers				
Meal orders not accurately translated into the quantity of food sent to a ward	Make sure the patient menu choice forms are up to date with the current menu Ensure that forms/tools used to collate orders for a ward are easy to use, and training is provided to new starters.				
Lack of assistance provided to patients when completing menu choice forms can produce incomplete forms or order errors	Provide patients with assistance where necessary				
Guesswork in meal order for absent or uncommunicative patients resulting in 'just in case' meals	Determine from nursing staff why patients are absent, when they will return and if they will eat. For uncommunicative (asleep, not responding), agree with nursing what meals to provide. Actively discourage the ordering of meals for empty beds that may become occupied Have other options available should these patients require a meal (e.g. sandwiches, quick-cook options, collect meals from the hospital restaurant)				

Potential Root Cause	Action	Not applicable	Already in place	Investigate (Date)	Action Complete (Date)
Lack of timely communication and clear procedures on reporting changes in patient eating requirements	Communicate with nursing/dietitians the latest time they can update changes in patient meal requirements prior to the meal service period. Ensure any lunchtime patient information is updated for the evening meal order. Ensure there are clear procedures in place to: <ul style="list-style-type: none"> • Transfer patient meal orders from one ward to another; • Order meals, at short notice, for new patients; • Cancel patient meal orders at short notice. 				
Over-provision of meals in bulk to wards with a high turnover of patients, such as A & E and Surgical Assessment.	Monitor the number of meals served and unserved to establish if the quantity of food sent to ward level could be reduced. Discuss data with ward sister/nurses to agree quantity of food required. Provide reassurance that additional food would be available if required.				
Lack of clear guidance/training on portion sizes can result in avoidable unserved and plate waste	All staff should be provided with clear guidance on when it is acceptable, in agreement with the dietitian, to order a smaller portion for patients.				

3. Food Preparation and Production

Potential Root Cause	Action	Not applicable	Already in place	Investigate (Date)	Action Complete (Date)
Salad and sandwich preparation often results in waste from lettuce leaves, tomatoes and cucumbers.	Waste reduction can be achieved through: improved stock control of perishable food stuffs; demand forecasting and making sure salad is not prepared too far in advance.				
Inaccurate demand forecasting can result in over production of meals	Analyse patient order and dining room till data/unreserved food portions to forecast likely number of meals required and modify recipe weights accordingly. Consider putting out less food at the start of a dining room service and replenishing more often. Analyse bulk food waste returned to the kitchen, to determine if less food can be sent to ward level e.g. pre-prepared porridge.				
Cooking a large number of portions towards the end of dining room service 'just in case' can create waste	Resist providing additional choice to customer when other choices still remain. Do not be afraid to 'run out' of a dish. If you still wish to provide hot choice, cook to order towards the end of service instead of a batch cook				
Too much food delivered to central serving belt for patient meals resulting in wasted portions	Towards the end of service, reduce the amount of food delivered to the serving belt. Keep food warm and serve in dining room.				
Recipe batch sizes may not match required quantities	Increase the number of production batch size options for each recipe to help chefs prepare the right amount. Encourage chefs to weigh ingredients or use pre-weighed packs in recipes.				

4. Meal portioning and serving

Potential Root Cause	Action	Not applicable	Already in place	Investigate (Date)	Action Complete (Date)
Overgenerous portions can lead to plate waste. WRAP data suggests the main reason people gave for leaving food in a restaurant is that portion sizes are too big (41%)	<p>Give customers a choice of portion size and/or serve on a smaller plate.</p> <p>Update menus/blackboards with portion size and price information.</p> <p>Chips, vegetables and salad (including garnishes) are the most likely food to be left. Consider reducing the standard portion size and eliminating garnishes.</p>				
Inadequate training on portion size and utensils for serving staff can lead to plate waste or unserved waste	<p>Provide refresher training sessions on what constitutes a normal and small portion.</p> <p>Assist staff by providing appropriate utensils i.e. a level serving spoon of peas equals a single portion; 2 scoops of mashed potato is a single portion</p> <p>Pre-portion dishes in a central kitchen where possible e.g. score portions on a pie crust</p> <p>Before serving at ward level, pre-portion dishes in bulk food containers to ensure the correct portion size is given.</p>				
Filling bulk containers of prepared food by eye can lead to over filling	Determine how many portions a container can hold and weigh food into containers.				

5. Stock control

Potential Root Cause	Action	Not applicable	Already in place	Investigate (Date)	Action Complete (Date)
Overstocked ward level fridges can lead to increased risk of spoilage with items becoming out of date and discarded as waste.	<p>Agree type of food to be carried within the ward level fridge and stock levels for out of hours catering (e.g. for diabetics).</p> <p>Provide training on stock control of ward level fridges e.g. check stock before collection from main kitchen, only retain minimum stock levels and avoid random items.</p> <p>Regular monitoring of stock levels by supervisors</p>				
Poor stock control in central kitchens fridges and freezers can lead to spoilage	<p>Check the temperature of equipment regularly</p> <p>Rotate the stock – first in, first out (FiFo)</p> <p>Use date/day colour stickers for prepared or opened items e.g. slices cold meats, salads, baked beans to control use by dates</p>				
Over-purchasing of perishable items	<p>Forecast stock requirements and do not purchase more than you require.</p> <p>Adjust purchasing based on historical data and any changes in the menu.</p>				
Poor quality of suppliers of ingredients and prepared meals	<p>Check all food deliveries and return any products that do not meet standards.</p>				