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Addressing Food Waste Management Challenges in NHS Hospital Kitchens

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Executive Summary

Food waste within National Health Service (NHS) hospital kitchens constitutes a persistent and structurally embedded sustainability challenge with significant environmental, financial, and organisational consequences. As one of the largest institutional food providers in the United Kingdom, the NHS prepares approximately 141 million patient meals annually. Despite this scale and the centrality of food to patient care, food waste remains a material concern across healthcare settings. Current sector estimates indicate that reducing avoidable food waste by 50% could deliver savings of approximately £43 million annually, alongside improvements in patient experience, operational efficiency and environmental performance (NHS England, 2026).

Beyond financial considerations, food waste represents a critical sustainability issue, embodying wasted agricultural inputs, energy, labour, and water, while contributing to greenhouse gas emissions through production and disposal. This study critically examines sustainability and food waste management practices in NHS hospital kitchens in England. Using a purposive sample (n=37) with a structured questionnaire administered to healthcare chefs, catering managers, and sustainability and facilities professionals, the study conceptualises food waste not as a discrete operational inefficiency but as a socio-technical and behavioural phenomenon embedded within complex healthcare systems. The analysis is informed by the Theory of Planned Behaviour (TPB - Ajzen, 1991) applied in the context Healthcare Catering Food Waste Reduction (HCFW); the proposed theoretical framework extends the original TPB model by integrating organisational support, policy mandates, digital infrastructure, and feedback mechanisms.

The findings reveal a consistent disconnect between awareness and action. While respondents demonstrated high levels of awareness of sustainability policies and NHS Net Zero ambitions, this awareness did not consistently translate into effective food waste reduction practices. Food waste continues to be driven by structural and operational constraints, including overproduction, dietary complexity, patient non-consumption, workforce instability, and fragmented approaches to measurement and reporting. Behavioural intentions to reduce waste are frequently undermined by limited perceived behavioural control, uneven access to training, and weak organisational feedback loops.

Rather than framing food waste as a technical or managerial problem alone, this report argues that waste in NHS hospital kitchens is best understood as an outcome of organisational culture, governance arrangements, and everyday decision-making under conditions of clinical uncertainty and institutional constraint. Meaningful and sustained reductions in food waste require the alignment of behavioural change initiatives with systemic reform, supported by long-term investment in skills development, robust data infrastructures, and visible leadership commitment. The report concludes by outlining implications for policymakers seeking to enable more sustainable healthcare food systems.

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1. Introduction

Food waste has emerged as a central concern in global debates on sustainable food systems, climate change mitigation, and public-sector efficiency (UNEP, 2024). Within healthcare, however, food waste presents a uniquely complex challenge (Cook et al., 2022). NHS hospital kitchens operate at the intersection of clinical care, institutional governance, and large-scale foodservice provision. Decisions surrounding food production and service are shaped not only by cost efficiency but also by ethical responsibilities related to patient care, nutritional adequacy, dignity, and risk management (Department of Health and Social Care, 2020). Consequently, food waste in hospitals cannot be understood simply as evidence of inefficiency or poor practice.

The NHS has articulated ambitious sustainability commitments, most notably through its Net Zero strategy, which identifies food and catering services as an important area for carbon reduction (NHS England, 2020). Hospital food waste is therefore increasingly visible within strategic discourse. Nevertheless, progress in reducing waste remains uneven across NHS trusts. Waste monitoring practices vary significantly, responsibility for food waste reduction is often dispersed across departments, and catering teams frequently operate with limited autonomy or resources to implement systemic change (WRAP, 2016).

Existing research suggests that food waste in healthcare settings is shaped by a combination of structural, operational, and behavioural factors (Mahmoudifar et al., 2025). Overproduction, patient refusals, inflexible service models, and dietary complexity are consistently identified as key drivers of waste. At the same time, staff attitudes, social norms, and perceptions of their ability to act play a critical role in shaping whether waste reduction initiatives are adopted in practice.

Food waste constitutes a substantial component of the wider waste management challenge facing healthcare facilities and represents a significant operational and financial burden for the NHS. Evidence from the Independent Review of NHS Hospital Food indicates that food waste costs approximately £230 million per year, accounting for an estimated 39% of total food-related expenditure when procurement, labour, utilities, and waste management costs are considered (Department of Health and Social Care, 2020). These losses represent resources diverted away from patient care and other critical service priorities. Between 2018 and 2019 alone, approximately 14 million kilograms of unserved meals were discarded across NHS hospitals (Figure 1). However, because plate waste is not measured consistently or reported at a national level, the true scale of food waste within hospital settings is likely to be considerably higher. While many trusts report food waste levels below 10%, sector evidence suggests that total waste may exceed 60% of food provision, equating to an estimated loss of approximately 22 pence per meal (Department of Health and Social Care, 2020).

Photo Credit: Carlos Farinha, The Chefs' Forum

Figure 1: NHS food waste facts

NHS FOOD WASTE

NHS hospitals in England waste approximately 18% to over 25% of patient meals, with around 14 million kilograms of food thrown away annually, costing the health service an estimate £230 million.

This includes both prepared food that is never served and uneaten plate waste, impacting sustainability goals and patient nutrition.

SCALE

Roughly 1 in 6 meals are wasted, with some estimates suggesting up to 1 in 4 meals (26%) are thrown away.

FINANCIAL IMPACT

Food waste accounts for 39% of the total food budget in some reports, wasting roughly 22p of every £1 spent.

ENVIRONMENTAL IMPACT

High amounts of waste were produced, with 6,500 tonnes of unserved meals reported in 2020-202, and this does not include significant

CAUSES

Major factors include unappealing food, rigid portion sizes, and patients having poor appetites due to illhess.

Source: Adapted from Department of Health and Social Care (2020)

This report responds to the need for applied, empirically grounded research that critically examines food waste in NHS hospital kitchens through a behavioural and organisational lens. Rather than focusing primarily on policy evaluation, the report foregrounds practice-based realities and theoretical interpretation, offering insights intended to support reflective practice among healthcare catering professionals. Developed collaboratively by Bournemouth University and The Chefs' Forum, the report contributes to ongoing debates on sustainability in institutional foodservice while retaining a clear applied research orientation.

Photo Credit: Carlos Farinha, The Chefs' Forum

2. Study Background

Food waste in healthcare settings has received comparatively limited attention within the broader food waste literature. While substantial research exists on household food waste and commercial hospitality operations, hospitals represent a distinctive institutional context characterised by clinical risk, regulatory oversight, and complex stakeholder relationships. This gap is striking given that hospitals generate significant quantities of food waste annually, with pronounced environmental and financial consequences (WRAP, 2016).

The literature typically categorises hospital food waste into preparation waste, unserved waste, and plate waste (Abiad et al., 2024). Preparation waste arises from overproduction, trimming losses, and forecasting inaccuracies during food production. Unserved waste refers to food that is prepared but not issued, often due to late patient discharges, emergency admissions, or fluctuating ward demand. Plate waste, frequently identified as the largest contributor, results from food served to patients but not consumed, influenced by illness, appetite loss, food quality perceptions, portion sizes, and meal timing (Hartwell et al., 2006).

From an environmental sustainability perspective, hospital food waste has implications extending beyond disposal costs. Wasted food embodies wasted agricultural inputs, water, energy, and labour, while disposal through landfill produces methane emissions with high global warming potential (UNEP, 2024). Reducing food waste is therefore increasingly recognised as a critical mechanism for lowering the carbon footprint of healthcare systems and supporting Net Zero ambitions (NHS England, 2020).

However, the literature also highlights the distinctive constraints of healthcare catering. Hospitals must cater for diverse and clinically complex populations, often requiring multiple therapeutic diets and strict compliance with nutritional guidelines (Carino et al., 2021). Foodservice operations must balance patient choice with safety, consistency, and clinical appropriateness, frequently under conditions of staffing shortages and budgetary pressure (Osman et al., 2022). These constraints limit the direct transferability of waste reduction strategies developed in commercial foodservice environments.

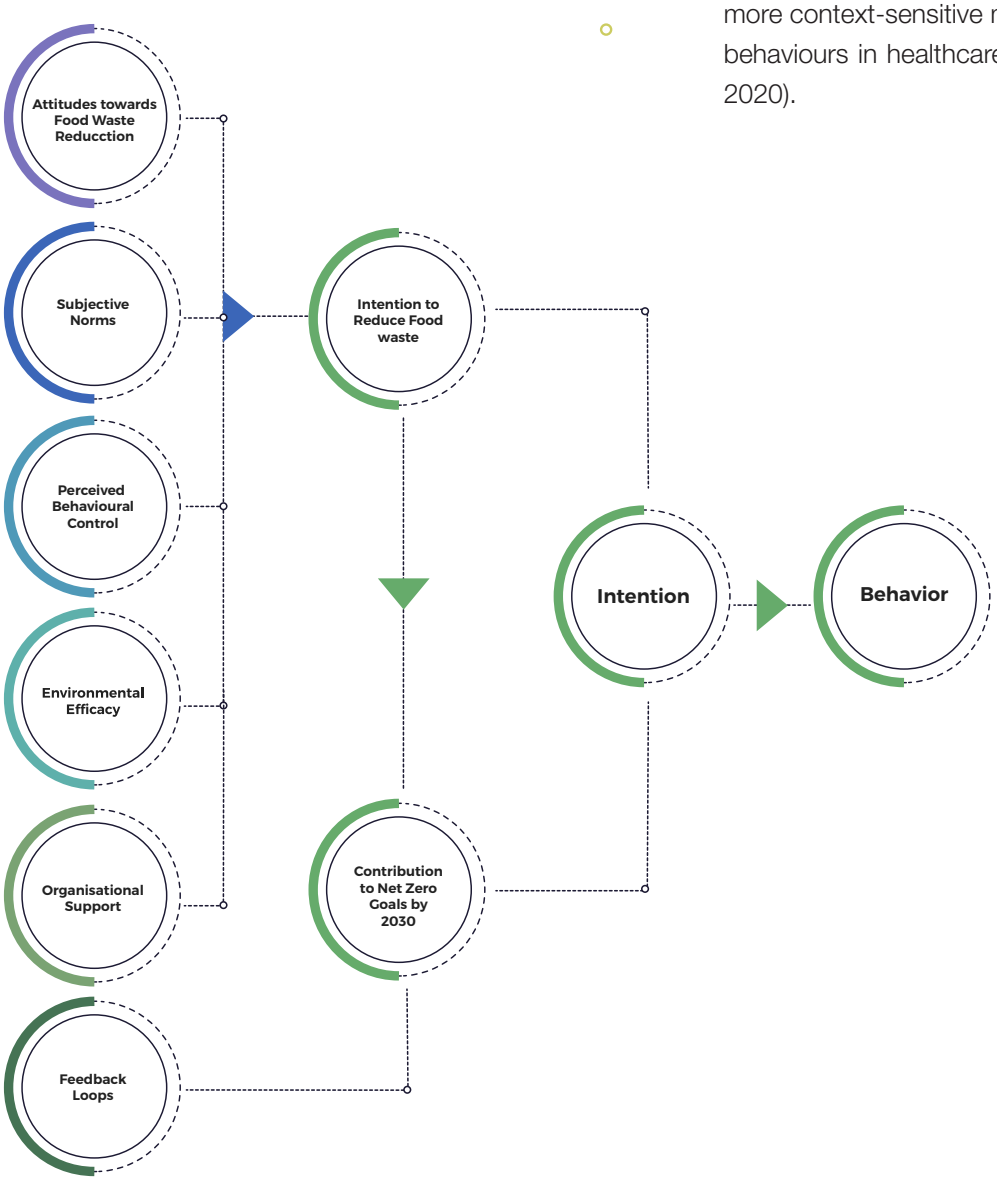
Photo Credit: Carlos Farinha, The Chefs' Forum

2.1 Theoretical Underpinning

Behavioural approaches have been increasingly employed to explain why food waste persists despite awareness of its negative impacts. The Theory of Planned Behaviour (TPB) suggests that behaviour is shaped by attitudes, subjective norms, and perceived behavioural control (Ajzen, 1991). In healthcare kitchens, staff may hold positive attitudes towards sustainability and experience normative pressure to reduce waste yet still perceive limited control over outcomes due to external constraints such as procurement contracts, staffing levels, or lack of managerial support (Agwa and Elnadory, 2023).

Recognising these limitations, our study suggests an Enhanced Theory of Planned Behaviour for Healthcare Catering Food Waste Reduction (ETPB-HCFW). This framework (Figure 2) extends TPB by incorporating organisational support, environmental efficacy, digital monitoring systems, and feedback loops, offering a more context-sensitive model for analysing food waste behaviours in healthcare settings (Ajzen and Schmidt, 2020).

Figure 2: Enhanced Theory of Planned behaviour (ETPB-HCFW)



Source: Authors own

3. Methodology

The research adopted a quantitative, deductive design to examine whether food waste in NHS hospital kitchens is difficult to monitor and reduce due primarily to structural and organisational barriers rather than a lack of awareness or motivation among staff. A structured questionnaire was selected as the primary data collection instrument in order to capture measurable data on practices, perceptions, and behaviours across a geographically dispersed professional population (Bryman, 2016).

The survey questionnaire was distributed digitally through The Chefs' Forum's network to 50 healthcare catering professionals working within NHS trusts in England, including chefs, catering managers, sustainability leads, and facilities management staff. A purposive sampling strategy was employed (Saunders et al., 2023) to ensure that respondents had direct involvement in foodservice operations, waste management, or sustainability reporting. In total, 37 valid responses were collected.

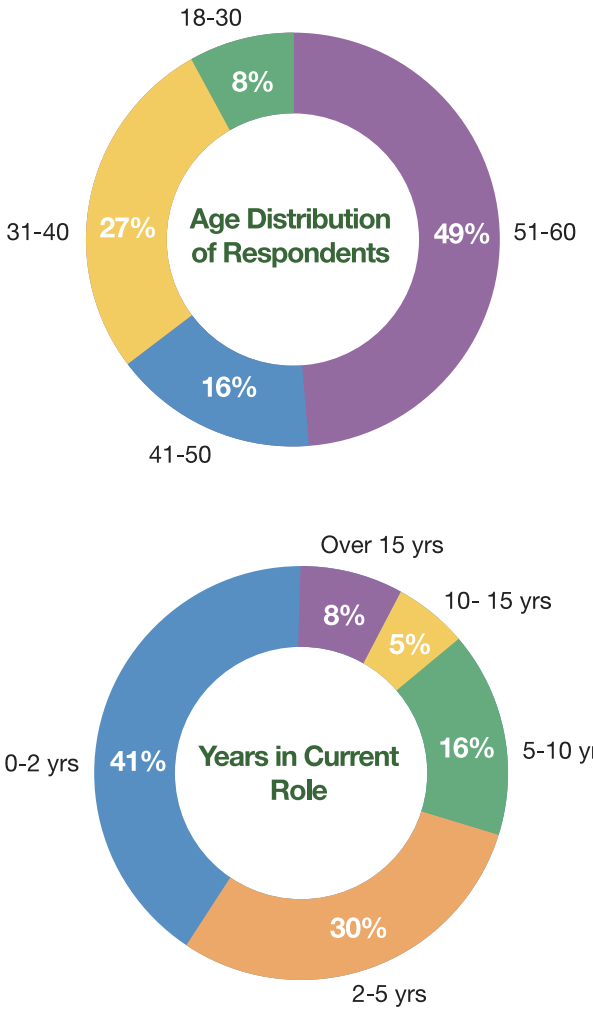
The survey items were explicitly designed in alignment with the proposed ETPB-HCFW framework. Questions examined attitudes towards food waste reduction, awareness of sustainability policies, perceived behavioural control, access to training, use of waste measurement technologies, and the presence of organisational feedback mechanisms. Likert-scale items were used to assess levels of agreement, facilitating comparative analysis across respondents.

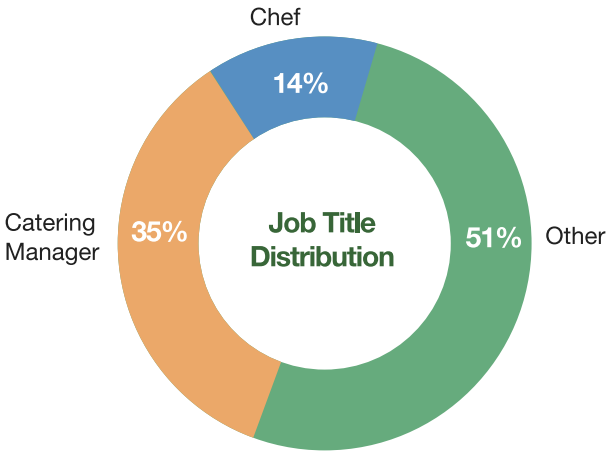
While the sample size limits statistical generalisability, the study was intentionally exploratory and applied in nature (Stebbins, 2025). The aim was not to produce nationally representative estimates but to generate theoretically informed insights into the lived realities of food waste management within NHS hospital kitchens. Ethical approval was obtained through the host institution (University of West London) procedures, and participation was voluntary and anonymised.

4. Findings

The findings reveal a workforce characterised by a combination of professional experience and organisational instability. A substantial proportion of respondents were aged over 50, reflecting the seniority commonly associated with catering leadership roles in healthcare. At the same time, more than 70% had been in their current role for fewer than five years, suggesting high levels of turnover, restructuring, or role transition (Figure 3). Such instability poses challenges for the sustained implementation of food waste reduction initiatives, which in organisational level depend on continuity, institutional memory, and cumulative learning (Argyris and Schön, 1996).

Figure 3: Participant Demographics





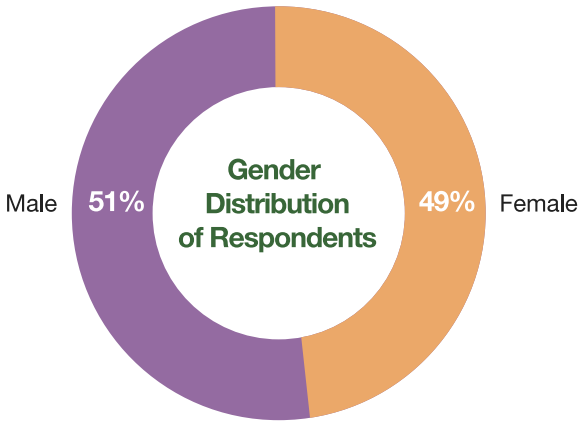
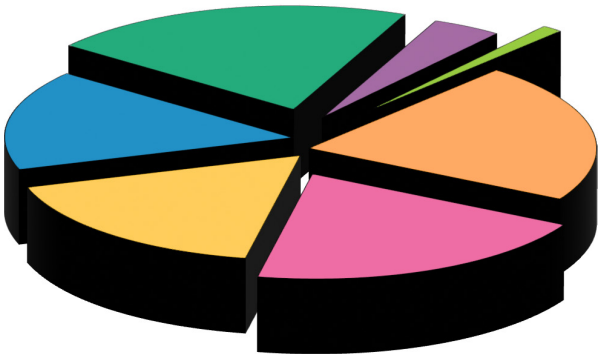


Figure 4: Awareness of sustainability agendas



ANSWER CHOICES		
NHS England Independent Food Review	76%	28
Eat Well Guide	70%	26
Guardians of Grub	59%	22
WRAP	54%	20
NHS Net Zero Strategy	73%	27
I'm not sure	14%	5
Other	3%	1
Total Respondents:		**37**

Source: Authors own

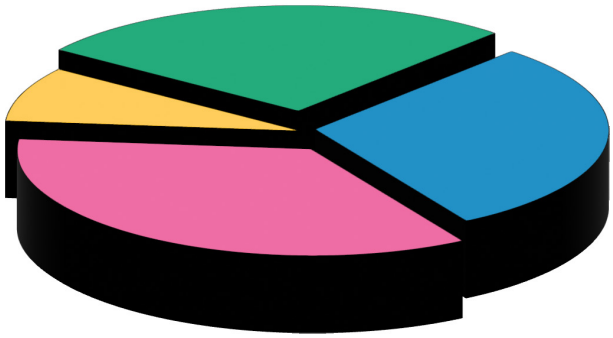
Photo Credit: Carlos Farinha, The Chefs' Forum

Awareness of sustainability agendas was generally high (Figure 4). Most respondents reported familiarity with local sustainability policies and national initiatives linked to NHS Net Zero objectives (NHS England, 2020). However, this awareness coexisted with notable gaps in operational practice. Although the majority indicated that food waste was measured within their organisation, measurement approaches varied widely and were often limited to basic estimates of weight or volume, without systematic integration of financial or carbon metrics (WRAP, 2016).

Uneaten patient meals were consistently identified as the primary source of food waste, followed by overproduction and portioning errors (Figure 5). These findings reflect the structural realities of hospital foodservice, where patient appetite and clinical condition are unpredictable, and risk-averse practices often prioritise availability over precision in production planning (Mahmoudifar et al., 2025).

Training emerged as a critical weakness across the sample (Figure 6). Only a minority of respondents (27%) reported extensive training in food waste reduction or carbon accounting, while a substantial proportion had received no formal training at all, despite expressing interest in developing relevant skills. This lack of training undermines perceived behavioural control, limiting staff confidence and capacity to implement waste reduction strategies even when motivation is present (Bhaskara et al., 2025).

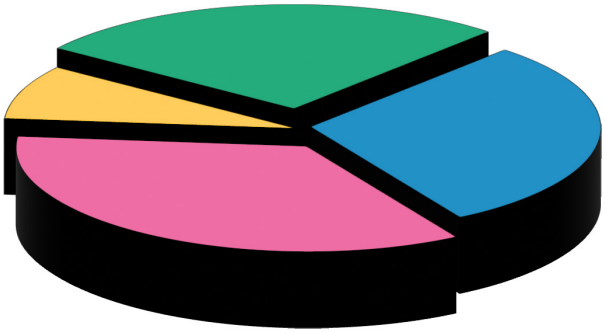
Figure 5: Sources of Food Waste



ANSWER CHOICES		
Overproduction	78%	29
Uneaten patient meals	92%	34
Expired stock	22%	8
Incorrect portion sizes	70%	26
I'm not sure	0%	0
Total Respondents:		**37**

Source: Authors own

Figure 6: NHS Chefs waste & Sustainability management training

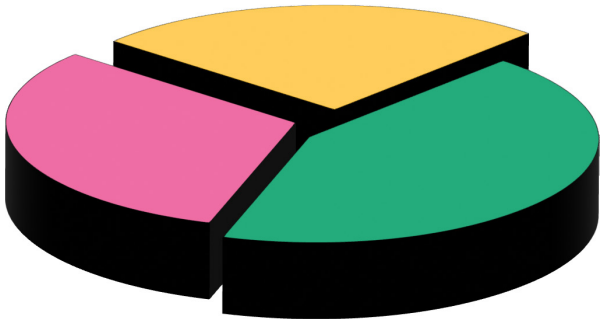


ANSWER CHOICES		
Overproduction	78%	29
Uneaten patient meals	92%	34
Expired stock	22%	8
Incorrect portion sizes	70%	26
I'm not sure	0%	0
Total Respondents:		**37**

Source: Authors own

Awareness of digital waste monitoring technologies exceeded perceptions of their effectiveness (Figure 7). Many respondents were familiar with electronic menu ordering systems and digital waste tracking tools, yet fewer reported these systems as effective in practice. This discrepancy points to challenges associated with implementation, integration into existing workflows, and insufficient organisational support rather than technological inadequacy per se (Freeburn and Strachan, 2023).

Figure 7: Digital waste monitoring technologies awareness

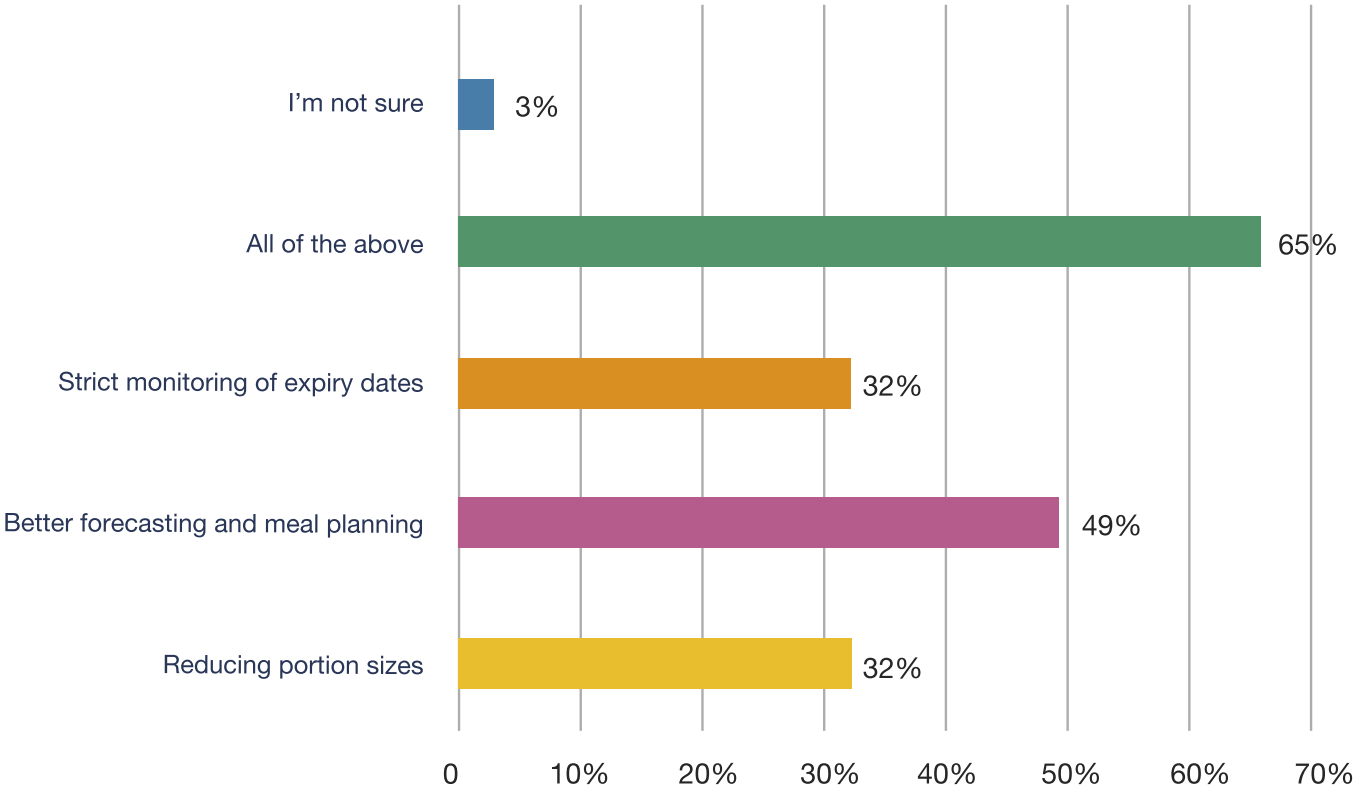


ANSWER CHOICES		
Biodigester	59%	22
Maceration	43%	16
None of the above	35%	13
Other (please specify)	8%	0
Total Respondents:		**37**

Source: Authors own

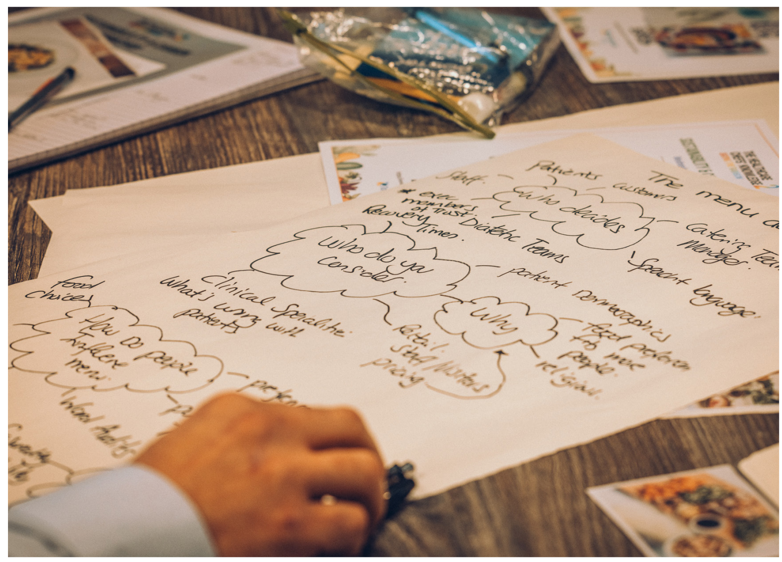
Participants also identified a range of methods used to minimise food waste in hospital kitchens, as illustrated in Figure 8. The findings indicate that 65% of hospitals employ a combination of all available food waste reduction strategies. Among individual approaches, better forecasting and meal planning emerge as the most widely adopted method (49%), followed by strict monitoring of expiry dates (32%) and the reduction of portion sizes (32%). The prominence of forecasting and meal planning reflects its strategic importance in improving operational efficiency, reducing costs, and better aligning food provision with patient demand, as emphasised by NHS England (2020).

Figure 8: Food waste practices in NHS hospital kitchens



Source: Authors own

Photo Credit: Carlos Farinha, The Chefs' Forum



Who decides
Dietetic Teams
Clinical Specialist
patient demographics

Northampton
College

5. Discussion

The findings of this study provide a rich basis for critically examining why food waste persists within NHS hospital kitchens despite heightened awareness of sustainability agendas and explicit organisational commitments to Net Zero targets (Figure 9). Interpreted through the Enhanced Theory of Planned Behaviour for Healthcare Catering Food Waste Reduction (ETPB-HCFW), the results highlight the limitations of individualised or awareness-based approaches and instead point to the decisive influence of organisational context, professional cultures, and socio-technical systems.

Figure 9: Key challenges to addressing food waste in NHS hospitals

Source: Authors own

5.1 Awareness–action gaps and the limits of attitudinal change

A central insight from the findings is the persistent gap between awareness and action. Respondents demonstrated high levels of familiarity with sustainability policies and national initiatives, suggesting that informational deficits are not the primary barrier to food waste reduction. This challenges assumptions, common in both policy and practice discourse, that improved awareness alone will drive behavioural change. In behavioural terms, positive attitudes and supportive subjective norms were evident, yet these did not consistently translate into practice. This reinforces longstanding critiques of linear behaviour-change models, which overestimate the capacity of attitudes to predict action in complex organisational environments (Ajzen, 1991; Ajzen and Schmidt, 2020).

Within NHS hospital kitchens, sustainability is frequently articulated as a desirable objective but remains secondary to immediate clinical and operational priorities. The findings suggest that staff may internalise sustainability as an abstract organisational value rather than as a set of actionable practices embedded in daily routines. From an ETPB-HCFW perspective, this reflects a structural weakening of perceived behavioural control: individuals may wish to act sustainably but do not perceive themselves as having sufficient authority, resources, or time to do so effectively (Cook et al., 2023). As a result, food waste becomes normalised as an unavoidable by-product of care delivery rather than a preventable outcome.

5.2 Plate waste, ethics of care, and institutional constraints

The dominance of plate waste as the primary source of food waste underscores the ethical and practical complexity of waste reduction in healthcare contexts. Unlike commercial foodservice, where consumer non-consumption is often interpreted as a market signal, patient non-consumption is deeply entangled with illness, recovery, and clinical vulnerability. Respondents' identification of uneaten meals as a major waste stream reflects not only operational inefficiencies but also the inherent uncertainty of patient appetite and capacity to eat.

This raises important ethical questions about the limits of waste reduction in settings of care. Aggressive waste minimisation strategies risk conflicting with principles of patient-centred care, dignity, and nutritional adequacy. The findings suggest that catering staff operate within a moral economy in which the risk of under-provision is perceived as more consequential than the risk of waste. Overproduction, therefore, functions as a form of institutional risk management. From a critical perspective, this complicates simplistic narratives that frame food waste solely as inefficiency and highlights the need for ethically sensitive approaches that recognise the primacy of care over resource optimisation (Barnhill & Civita, 2020).

5.3 Workforce instability and the fragility of sustainability initiatives

The workforce profile emerging from the findings reveals a further structural challenge: the coexistence of professional experience with high levels of role turnover and relatively short tenures. While seniority can support sustainability leadership, organisational instability undermines the embedding of long-term practices. Sustainability initiatives in such contexts are often reliant on individual champions rather than institutionalised processes, rendering them vulnerable to disruption when staff leave or roles change.

From a behavioural standpoint, workforce instability weakens feedback loops and learning mechanisms central to the ETPB-HCFW framework. Where staff turnover is high, data continuity is disrupted, informal knowledge is lost, and sustainability practices struggle to become routinised. This contributes to a cycle in which waste reduction efforts remain episodic and project-based rather than cumulative and systemic. The findings therefore align with broader research in work studies and HRM, linking precarious employment conditions in catering and hospitality to limited organisational capacity for sustainability innovation (Giousmpasoglou, 2024).

5.4 Training, capability, and perceived behavioural control

Training deficits identified in the findings point to a significant capability gap within NHS hospital kitchens. While respondents frequently expressed interest in food waste reduction and carbon literacy, formal training opportunities were unevenly distributed and often absent altogether. This lack of structured training directly undermines perceived behavioural control, a core determinant of behaviour within both TPB and the ETPB-HCFW.

Without adequate training, staff may struggle to interpret waste data, engage meaningfully with digital monitoring systems, or redesign processes in ways that reduce waste without compromising care (Manimaran et al., 2023). Sustainability thus becomes dependent on tacit knowledge, individual motivation, or informal experimentation rather than organisational competence. This reinforces a form of 'soft responsibility', where individuals are expected to act sustainably without being provided with the tools, skills, or authority necessary to do so. The findings therefore support calls within the literature to reconceptualise sustainability training as a core professional competency rather than an optional add-on (Bhaskara et al., 2025).

5.5 Digital technologies as socio-technical systems

The discrepancy between awareness of digital tools and perceptions of their effectiveness highlights the socio-technical nature of food waste management. Technologies such as electronic menu ordering systems and digital waste tracking platforms are often presented as technical solutions to waste (van Bakel et al., 2024), yet the findings suggest that their impact is mediated by organisational context. Where technologies are introduced without adequate training, workflow integration, or managerial support, their potential benefits remain unrealised (Bux, 2024).

From an ETPB-HCFW perspective, digital tools can enhance feedback loops and environmental efficacy by making waste visible and actionable. However, when implemented superficially, they risk becoming performative artefacts rather than instruments of change. The findings indicate that technology adoption in NHS kitchens is constrained not by resistance among staff but by fragmented implementation strategies and limited alignment with everyday practices. This reinforces the argument that digitalisation alone cannot deliver sustainability gains without accompanying organisational change (Freeburn and Strachan, 2023).

5.6 Organisational support, feedback loops, and cultural change

A key contribution of the ETPB-HCFW framework is its emphasis on organisational support and feedback loops as enabling conditions for sustained behavioural change. The findings suggest that where feedback on food waste is infrequent, opaque, or disconnected from decision-making, staff engagement is weakened. Conversely, regular feedback has the potential to normalise waste reduction as a shared responsibility and to reinforce pro-environmental norms.

However, feedback mechanisms must be meaningful rather than symbolic. Data collection without interpretation or dialogue risks reinforcing disengagement, particularly in resource-constrained environments. The findings therefore point to the importance of embedding feedback within reflective practices, such as team discussions, performance reviews, and cross-departmental collaboration. Such practices can contribute to cultural change by reframing food waste from an unavoidable operational issue to a collective organisational challenge.

5.7 Reframing food waste as a systemic outcome

Taken together, the findings and their interpretation underscore the limitations of framing food waste as an individual or technical problem. Food waste in NHS hospital kitchens emerges instead as a systemic outcome of institutional priorities, professional norms, and socio-technical arrangements. (Figure 10). The ETPB-HCFW provides a valuable conceptual tool for capturing these dynamics, highlighting how behavioural intentions are shaped and constrained by organisational structures.

The authors argue that this reframing has important implications. It suggests that meaningful reductions in food waste are unlikely to result from isolated interventions or short-term initiatives. Instead, progress depends on sustained alignment between organisational governance, workforce development, and technological infrastructure. Such alignment is challenging within healthcare systems characterised by competing priorities and chronic resource pressures. Nevertheless, the findings indicate that targeted investment in capability building, clearer governance, and robust feedback mechanisms can create conditions more conducive to sustainable practice.

In sum, the expanded discussion reinforces the central argument of this report: food waste in NHS hospital kitchens should be understood not as an operational anomaly but as an embedded feature of institutional foodservice systems. Addressing it therefore requires approaches that are as complex and multi-layered as the systems in which it is produced.

Figure 9: Key challenges to addressing food waste in NHS hospitals

Source: https://www.cddft.nhs.uk/about-us/news/how-our-catering-services-are-tackling-food-waste-and-powering-greener-future

6. Recommendations

The findings of our study suggest that addressing food waste in NHS hospital kitchens requires a shift from fragmented initiatives to more integrated organisational approaches. Investment in skills development is essential, particularly in food waste measurement, data interpretation, and carbon literacy. Embedding sustainability competencies within professional development pathways would enhance staff capability and reduce reliance on individual champions.

Improving measurement and feedback systems is also critical. More frequent and standardised waste monitoring, combined with transparent feedback to catering teams, would support organisational learning and accountability. Digital tools have a role to play in this process, but their effectiveness depends on alignment with existing workflows, adequate training, and visible leadership endorsement.

At the organisational level, clearer governance arrangements are needed to embed sustainability within catering operations. Explicit allocation of responsibility for food waste reduction, aligned across clinical, estates, and catering functions, would support more coherent action. While this report is not positioned primarily as a policy document, policymakers have an enabling role through consistent guidance, investment in training infrastructure, and support for integrated data systems across NHS trusts. Grounded in the empirical findings and informed by the ETPB-HCFW framework, the recommendations for addressing food waste in NHS hospital kitchens are presented in Table 1.

Table1: Recommendations for reducing food waste in NHS hospital kitchens

Recommendation	Rationale	Expected Impact
Embed mandatory training in food waste reduction, carbon literacy, and sustainable menu planning.	Voluntary training shows low uptake; structured programmes address skills and knowledge gaps.	Improved staff capability, consistent practice, stronger alignment with Net Zero targets.
Invest in digital infrastructure (ordering platforms, waste tracking, forecasting tools.	Overproduction and inaccurate monitoring remain key waste drivers. Digital tools enhance efficiency and data accuracy.	Reduced overproduction, better forecasting, enhanced feedback loops, cost savings.
Integrate sustainability metrics into NHS catering governance (link with Green Plans and Net Zero strategy).	Current policies emphasise awareness but lack operational accountability. Embedding metrics strengthens oversight.	Clearer accountability, measurable progress, alignment with NHS Net Zero agenda.
Appoint sustainability leads within catering teams.	Lack of leadership structures limits consistent implementation. Sustainability champions can drive behavioural change.	Stronger governance, enhanced accountability, improved policy adoption across facilities.
Strengthen communication between clinical and catering staff.	Fragmented communication creates inefficiencies and waste from mismatched dietary provision).	Better menu design, reduced patient meal refusals, improved patient satisfaction.

Source: Authors own

7. Conclusion

This report demonstrates that food waste in NHS hospital kitchens is best understood as the product of behavioural, organisational, and systemic interactions rather than isolated operational failures. Although awareness of sustainability objectives is widespread, effective action is constrained by limited perceived behavioural control, uneven training provision, and weak feedback mechanisms.

By applying an enhanced behavioural framework, the research offers a more nuanced understanding of why food waste persists and where intervention is most likely to be effective. Reducing food waste in healthcare catering is not only an environmental imperative but also an opportunity to strengthen organisational learning, financial resilience, and the credibility of the NHS Net Zero agenda.

Hospital kitchens occupy a critical position within the healthcare sustainability landscape. With sustained investment in people, systems, and leadership, they can evolve from sites of unavoidable waste into exemplars of sustainable institutional foodservice.

Source: https://stock.adobe.com [File #: 264566258], by Monstar Studio. © Adobe Stock

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