Reducing carbon in NHS patient menus

Position paper

Executive summary:

This position paper articulates the British Dietetic Association's (BDA) position on reducing the carbon footprint of NHS inpatient menus. It complements, rather than replaces, existing BDA guidance, including the Nutrition and Hydration Digest (2023), One Blue Dot (2018) toolkit, Eating, drinking and ageing well (2023) and the Environmentally Sustainable Diets Policy (2021) (under review in December 2025). At its core, the BDA stance centres on increasing environmental sustainability within inpatient food provision by expanding plant-rich options, whilst safeguarding nutritional adequacy, and more broadly by embedding carbon reduction across food service provision through menu design, procurement, packaging, and waste management.

The BDA supports the NHS in meeting its net zero commitment by embedding sustainability into food services. This can be achieved through lower-carbon menu design that maintains nutritional adequacy and patient choice, sustainable procurement practices, reducing single-use packaging, and tackling food waste across the supply chain. This paper places particular emphasis on menu options, where targeted action offers the greatest potential for meaningful reductions in carbon. However, we believe a holistic approach to carbon reduction is vital, as all factors at national scale add up, and every intervention plays its part.

This paper sets out our position with reference to existing policies that underpin sustainable dietetic practices. It explores arguments both for and against the adoption of plant-rich menu options and presents stakeholder perspectives gleaned via a workshop. It should inform food strategy campaigns, support workforce engagement, and empower dietetic professionals across the NHS to champion sustainability in catering.

Introduction:

The purpose of this paper is to define the BDA's position on carbon reduction in NHS menus and to signal clear indicators for future progress. Reducing carbon emissions from NHS food services is a tangible step toward environmental sustainability, helping to lower the climate impact of food production and procurement. Within the NHS, the procurement of meals for inpatients represents a significant public sector purchasing activity that can drive broader sustainable healthcare goals while aligning with the National Standards for Healthcare Food and Drink.

We recognise the crucial role of food service dietitians in this space, who raise awareness of appropriate and enjoyable food and beverage services particularly within the NHS sector, and the wider dietetic workforce in enacting these changes on the ground, when working with and treating in patients on a daily basis.

To develop this position, we reviewed both qualitative and quantitative literature and gathered insights via a BDA hosted workshop that captured the diversity of views held by our members.

Definitions:

To ensure clarity and precision in this paper, it is essential to define the key terms that underpin carbon reduction in NHS menus. 'Plant-based' can be both meat-free and plant-rich. Upon consultation with the BDA Sustainable Diets Specialist Group the following definitions have been provided:

A plant-based diet is a dietary pattern that prioritises the consumption of plant foods, including fruits, vegetables, whole grains, legumes, nuts, and seeds, while minimising or excluding animal products such as meat, fish, dairy and eggs.

To elaborate:
It centres meals around whole plant sources to promote both health and environmental benefits at population level. Whole plant foods play a central role and the higher the proportion of varied plant sources, the more health and environmental benefits are seen (EAT LANCET, 2025). When carefully planned, like all dietary patterns, fully and partially plant-based diets can meet nutritional needs and support healthy living across all ages and stages of life.

There are variations across definitions, including elements such as:

- Emphasis on whole plant foods and minimal processing
- Inclusion of small portions of meat if desired

- Ethical and religious considerations and animal welfare
- Some focusing solely on health, others on sustainability or both

A plant-based diet is a dietary pattern in which energy and nutrient requirements are predominantly met through plant foods. Plant-based diets therefore minimise or remove animal-derived food and food products such as meat, fish, dairy and eggs. Plant-based diets can include plant-rich options like flexitarian, pescatarian, vegetarian and vegan dietary patterns. In this document we use the well-defined 'plant-based' when discussing primary evidence, and in discussing solutions at a system level we mainly align with the NHS 'plant-rich' terminology.

Further helpful information around the above definition has been provided in appendix 1.

Background:

The BDA has led dietetic associations internationally on sustainable nutrition since our first policy statement on the topic in 2013. We have grounded our position through several key publications: the Nutrition and Hydration Digest; chapter four provides comprehensive information and practical guidance to support food service dietitians to make impactful changes, the One Blue Dot toolkit, and the third iteration of our Sustainable Diets Policy.

Nationally, the Hospital Food Review and the NHS Net Zero carbon commitments provide additional context for sustainable food procurement (NHS, 2020a) (NHSE, 2022a). Scientific evidence demonstrates that diets lower in red meat and dairy can substantially reduce greenhouse gas emissions. Frameworks such as our own One Blue Dot toolkit and the EAT-Lancet Planetary Health recommendations offer guidance on achieving carbon reduction while maintaining nutritional adequacy within healthy individuals.

Within some NHS trusts and health boards, procurement policies have begun to reflect environmentally sustainable standards, yet there remains a patchwork of practice. Legal and regulatory considerations further shape how trusts and health boards can adjust contracts and procurement specifications, something that food service dietitians have influence over, underscoring the importance of a unified dietetic voice in both local and national policy updates.

While there have been international case studies where the practice of establishing plant-rich menus by default has been received with both caution and positivity, it is important to recognise the realities of the NHS, where financial pressures and constraints, as well as feedback from inpatient preferences are often a significant priority in food procurement.

Context:

A BDA workshop in Spring 2025 revealed a spectrum of opinions on the pace and extent of carbon reduction in NHS menus within the dietetic profession. However, there was consensus on the desire to support the NHS's work to reduce the carbon footprint of inpatient food services and clear agreement on the need for a definitive BDA position that underlines the association's commitment to sustainability whilst addressing concerns regarding nutritional adequacy, patient choice and acceptance, and operational feasibility.
This position paper aims to bring cohesion for the dietetic profession and provide individual dietitians working within the NHS the authority necessary to advocate for sustainable catering practices, where appropriate.

With this paper the BDA positions itself alongside the NHS and wider society as they accelerate the UK's push toward decarbonisation and carbon neutrality.

Analysis:

It is important to recognise the BDA's strong foundation in sustainability. The Nutrition and Hydration Digest provides a robust pillar on sustainability, guidance for food service dietitians and strong advocacy of plant-rich options and sustainable food services that are aligned with legally underpinned NHS standards. Similarly, One Blue Dot and the Sustainable Diets Policy capture key evidence on reducing red meat and dairy in an individual's diet. However, it has become clear that there is a gap in the leadership tools and resources dietitians need to influence procurement decisions. We acknowledge that both the policy and One Blue Dot would benefit from updates that reflect emerging research and emphasise practical application.

BDA members have shared evidence in favour of greater sustainability in NHS food services from potential procurement savings, improved health, environmental benefits and greater inclusivity. Members have expressed a willingness to adopt appropriate plant-rich models and have noted national initiatives such as NHS Net Zero endorsed procurement that prioritises low-carbon and socially responsible sourcing. Exemplary practice suggestions to date include menus centred on local and seasonal produce, agroecological and conservation farming methods, root-to-tip use of ingredients, and rigorous food-waste reduction.

The NHS England Green Plan guidance, updated in 2025, requires every trust and integrated care board to deliver net zero plans with clear, measurable actions across multiple domains, including food services and catering. This creates a great opportunity to prioritise sustainability in food services and begin to make greater inroads for change.

Food waste in the NHS is a pressing financial, environmental and clinical issue. With £477 million spent on food across the NHS in 2024/25, halving food waste could save an estimated £43 million per year. These funds could be reinvested into patient care, improvements to staff services, and better service delivery (NHSE d).

The NHS falls below industry benchmarks for food waste. WRAP estimates that typically 23% of food is wasted in comparable sectors, such as hospitality, and whilst e.g. hospitality, and WRAP estimates the NHS' current food waste levels are 5% better than this at 18%. There is, however, more we can do, with NHS England's long-term ambition to reduce food waste to under 5% (NHSE d).

The NHS is price sensitive, and cost-per-meal is a significant factor in decision making. Cost analyses indicate that lower-carbon recipes need not be more expensive: appropriately substituting to include more plant proteins and seasonal produce can deliver similar nutritional standards at neutral or lower cost, whilst also reducing waste and emissions. Studies have shown that serving meat-free meals in public sector catering (including in-patient catering) could save the NHS £74 million annually, and serving a meat-free lunch five days a week could save the NHS £2.2 billion annually (CAWF, 2024). There is also an emerging appetite from the general public to implement plant-rich changes. In a UK study 78% of inpatients were neutral or in favour of removing processed red meats from hospital food menus (Truman et al., 2023), and polling from 2021 found that 68% of people surveyed agreed that the public sector should provide healthy and sustainable meal choices, and a further 80% agreed that public sector food (hospitals, schools, government services etc) should help people minimise their impact on the environment (Food Rise, 2024). However, while this response is positive, it may not fully reflect what hospital inpatients choose to eat or the needs of some nutritionally vulnerable inpatients, whose requirements and choices must remain paramount.

Throughout the BDA workshop there was consideration for patient choice, respect for cultural inclusion and recognition of potential practical barriers to implementation.
Providing a variety of plant-rich options can accommodate some of the cultural, religious, and certain specific dietary needs across diverse communities. For example, around 28% of the general population have special dietary needs such as, lactose intolerance (8%), religious observances (7%), and flexitarian diets (13%), all of which have been found to benefit from plant-rich options (Food Rise, 2024).
A nurse-led study published in the *British Journal of Nursing* found that increasing the visibility of vegetarian options quadrupled their selection rates. Importantly, the study highlighted how changes in meal options, such as a 25% reduction in beef ordering, would deliver an estimated 300kg CO_2e saving per day, leading to substantial system-wide savings when aggregated across a hospital's annual menu cycle (British Journal of Nursing, 2025).

At a trust and health board level, it is key for the dietetic workforce to be empowered with confidence and evidence to successfully influence decision makers on the viability of carbon reduction incentives for inpatient food services. Imperial College Healthcare NHS Trust's Carbon Reduction Plan explicitly targets food services by pledging to "increase the proportion of lower carbon / plant-based inpatient meals ordered" and "reduce inpatient food waste" as core metrics within its 2024–27 green plan. This case study and others like it are provided in appendix 2 to help illustrate that catering targets for carbon reduction in menus are now embedded in institutional decarbonisation strategies.

Challenges:

Concerns about this approach include nutritional adequacy and viability depending on the individual inpatient's dietary preferences and requirements. Patient safety, health and recovery will always be the BDA's priority. Those working with individuals where, in the judgement of healthcare professionals, require meat and dairy based meals, should feel supported with the knowledge that a choice of dishes containing meat, fish and dairy products will always remain. Further robust research is required to address existing evidence gaps to assess and resolve uncertainties on the safety of plant-rich diets for unwell or acutely unwell patients.

Specific concerns relate to patient acceptability, limited meal choices, potentially confining mealtimes, portion sizes, nutritional content, food waste and consistency of plant-rich meals, as well as the scale of implementing plant-rich options where ingredients and innovation are currently lacking. The scale of the NHS serving an estimated 140 million inpatient meals annually, exposes the limitations of local and seasonal procurement, as many regional growers cannot consistently fulfil orders year-round or at the volumes required. As climate change continues to change food production and altercosts, , good partnerships with suppliers committed to plant-rich innovation are a critical factor in decision-making likely to champion sustainability.

There is a need for more research to provide the dietetic workforce with clear, evidence-based data, such as carbon-footprint comparisons and cost analyses to persuade stakeholders of the value of plant-rich options. There is also a need for stronger, legally binding government procurement rules that protect sustainable options. Strengthening the sustainability rules on government procurement for the NHS can unlock a sleeping giant of transformation and set examples about climate, food and health across our national food system.

Overcoming these supply-chain constraints demands new contracting approaches; framework agreements that comply with the BDA Nutrition and Hydration Digest guidance and can guarantee volume commitments, seasonal menu planning, and long-term partnerships with growers who can scale sustainably are essential. Fortunately, there are some case studies that demonstrate clear, positive

progression in this area. St George's Trust's collaboration with 'Mitie' and 'apetito' show how substituting a small number of high-carbon dishes with poultry, fish, and vegan alternatives can yield measurable emissions savings without increasing food costs (appendix 2). Using targeted data, adaptive procurement models, and close dietitian and chef collaboration, trusts can bridge the gap between carbon-reduction ambitions and the day-to-day realities of hospital catering.

In appendix 2 we have provided case studies from pioneering trusts demonstrating that practical solutions exist to bridge the gap between policy ideals and everyday foodservice operations.

Health considerations:

Adequate nutrition to support the recovery of inpatients and their safe discharge home remains paramount, even as sustainability measures are advanced. While shifting towards plant-rich diets offers environmental benefits, there are potential risks if meat is removed. The nutrients provided by meat, such as iron, zinc, vitamin B12, and high-quality protein, must be adequately replaced to avoid deficiencies. This is particularly critical for nutritionally vulnerable groups, whose needs and choices must remain a priority in any food service and dietary choices.

Hospital inpatients present a wide range of nutritional needs, with many being nutritionally vulnerable. Illness often alters food preferences, and patients typically seek familiar, comforting meals during their inpatient stay. To support recovery and prevent unintentional weight loss, particularly in patients with reduced appetite, and older adults, menus must prioritise dishes that are familiar, appealing, and nutritionally balanced in accordance with the standards outlined in the BDA Nutrition and Hydration Digest. Plant-rich options should be included to provide variety for patients who regularly choose these meals and to encourage healthier choices where clinically appropriate. While nutritionally well patients generally have shorter hospital stays, making plant-rich menus less impactful on their long-term health, those with extended stays are more likely to be at risk of malnutrition, data from 2023 states that 47% of hospital patients were at risk nutritionally (BAPEN, 2023). These patients require nutrient-dense meals to maintain health and aid recovery. Menu planning must therefore ensure that all dishes are both familiar and appealing, while meeting essential nutritional parameters to safeguard patient wellbeing.

There are documented health benefits for shifting to plant-rich options, for a general dietary pattern. The EAT Lancet Commission (2025) found that if we can shift towards the planetary health diet we would see:

- Significant reductions in cardiovascular disease, coronary heart disease, stroke, type 2 diabetes, and certain cancers (notably colorectal and lung).
- Reduced mortality –15 million early deaths prevented or 40,000 deaths per day

(up to 27% of total mortality) annually.

- Healthier weights - strong associations with lower obesity risk and better metabolic profiles.

By promoting a variety of plant-based sources of protein, the planetary health diet also supports the '**One Health'** approach by reducing our reliance on intensive livestock production, a major source of antimicrobial use and resistance (One Health, 2021).

Economic costs and benefits:

EAT Lancet (2025) estimates that transforming the global food system will require about $200–500 billion in annual investment.

However, this investment is expected to yield rapid economic returns, avoiding roughly $5 trillion per year in rising healthcare and environmental costs.

We already know from a 2024 study by the Office of Health Economics (2024) that if everyone in England adopted an 80% plant-based diet, the NHS could save approximately £6.7 billion per year through disease reduction, if implemented correctly.

Plant-rich menus:

Research, such as The EAT Lancet commission, has called on healthcare institutions to not overlook taste. Taste can drive food choices. Procurement should prioritise flavourful, culturally relevant meals that showcase the variety and creativity possible within plant-rich diets. Practical strategies include more plant-rich culinary training of chefs and dietitians for food preparation, recipe development, menu innovation, and patient taste-testing, to ensure meals are satisfying and appealing, meeting all cultural needs. Exploring new recipes or adapting traditional favourites can help demonstrate how healthy, sustainable food can be delicious and desirable.

Understanding what plant-rich 'by default' means:

There has been some confusion about what plant-based by default menus mean. For clarity they can be described as follows:

- A wide selection of plant-based dishes are included on the menu
- Utilises choice architecture and nudge behaviour techniques to encourage the selection of these meals, for example placing vegan options first on menus
- Dishes with meat, fish, dairy and eggs remain on the menu to protect choice

Outpatient opportunities:

NHS restaurants and retail outlets that cater to staff and visitors should proactively promote plant-rich dishes as part of their commitment to health and sustainability. Menus must reflect the diverse dietary needs of healthcare staff, patients, and visitors by offering a wide range of plant-rich options. Staff and visitor catering should respond to the growing demand for healthier and more sustainable choices by prioritising plant-rich dishes and ensuring that product and menu selections aim to encourage more sustainable practice within NHS facility and catering teams. All promotional materials should present plant-rich options positively, highlight their nutritional benefits, and, where feasible, include carbon labelling to inform customers about environmental impact. This approach supports public health objectives and aligns with NHS sustainability goals.

Future developments:

The BDA aims to empower the dietetic workforce to work with NHS procurement services to revise standard catering tender specifications to include defined metrics towards meeting and publishing verifiable carbon reduction. We will support dietitians to exercise leadership in sustainability with multi-stakeholder procurement groups to effectively work with sustainability leads, finance officers, and patient representatives as standard practice at integrated care board and trust board level.

The changing political and procurement arena provides a real opportunity for BDA members to advocate for strengthened sustainability criteria in catering tenders, revised contract specifications that balance nutritional care and sustainability, and multi-stakeholder collaboration that can elevate the dietetic perspective in central policymaking. The newly released NHS 10-year plan and upcoming DEFRA food strategy provide clear indications that targets based on scientific evidence are welcomed by the government. Regular reporting on environmental performance will ensure further transparency and incentivise suppliers and reassure NHS trusts and health boards.

Dietetics is an evidence-based profession, BDA members are encouraged to champion further research to capture existing innovations, extend trials to outpatient and visitor menus, and evaluate patient acceptability and nutritional outcomes. Monitoring and evaluation processes should also be dynamic, allowing the BDA's position and resources to evolve alongside emerging evidence and policy developments.

Conclusion:

Our vision is clear: the NHS should exemplify sustainable procurement to promote lasting change in our national food system, achieving measurable carbon reductions in its menus and serving as a pillar of an environmentally responsible healthcare system.

While existing BDA guidance lays strong foundations, it is imperative that leadership and advocacy within the NHS and its suppliers is strengthened, to reduce carbon emissions in NHS inpatient menus.

Efforts to reduce the carbon footprint of NHS menus must always prioritise patient safety, nutritional adequacy, and individual choice. While plant-rich approaches can deliver meaningful environmental benefits, they should be implemented in a way that maintains clinically appropriate options for all patients. A balanced approach, where lower-carbon options are expanded and well positioned, without removing choice, ensures that carbon reductions are improved alongside high standards of patient care and recovery.

BDA members are encouraged to use their trusted voices to champion sustainable procurement within their trusts and health boards, collaborate closely with catering teams to introduce plant-rich menus, and actively engage with future BDA initiatives.

We encourage food service dietitians to demonstrate the depth of their knowledge and skills, sharing best practices, innovative solutions, and practical insights, and to actively contribute to research that addresses the evidence gaps, ensuring their expertise drives both nutritional excellence and health alongside meaningful carbon reduction.

Appendices:

Appendix 1:

For reference the following has been included in the upcoming 7th edition of the Manual of Dietetic Practice

What is a plant-based diet?

Although there is no universally agreed definition, a dietary pattern is considered to be ‘plant-based’ when either most or all of the energy and nutrients are derived from minimally processed plant sources (Storz, 2022)(Clem, 2021). Plant-based diets can therefore include flexitarian, pescatarian, vegetarian and vegan dietary patterns containing varying levels of animal-based foods as shown in table 1 and 2.

Table 1. The varying levels of animal foods included in different dietary patterns

Dietary pattern	What is included
Omnivorous	All plant and animal foods are included
Flexitarian	Primarily plant-based but any animal foods included on occasion

Pescatarian	Includes fish and seafood alongside dairy and eggs but no land animal flesh
Ovo-lactovegetarian	Includes dairy and eggs but no fish or land animal flesh
Vegan	No animal or animal-derived foods consumed including meat, fish, eggs, dairy and honey

Table 2. The varying levels of animal foods included in different dietary patterns

Dietary pattern	**Meat (flesh of land animals)**	**Fish and seafood**	**Dairy**	**Eggs**	**Honey**	**Plant foods**
Omnivorous	✓	✓	✓	✓	✓	✓
Flexitarian	✓	✓	✓	✓	✓	✓
Pescatarian	✗	✓	✓	✓	✓	✓
Ovo-lactovegetarian	✗	✗	✓	✓	✓	✓
Vegan	✗	✗	✗	✗	✗	✓

With an emphasis on fruits, vegetables, whole grains and legumes, seeds and nuts, plant-based diets provide a variety of nutrients, fibre and phytochemicals that result in a range of beneficial health outcomes in humans (Esquivel, 2022). Much like any other dietary pattern, certain nutrients require special attention to ensure adequacy. Those important on a plant-based diet, particularly if no animal products are consumed, include vitamin B12, vitamin D, iodine, calcium and omega 3 fatty acids. It is important to note that these nutrients can all be sourced from plant foods and with appropriate supplementation, and a diet containing animal foods does not by default protect against nutrient deficiencies (Neufingerl, 2021) and can have negative health impacts.

All essential and non-essential amino acids are contained in all plant foods in varying quantities (Gardner, 2019). Most dietary patterns with access to sufficient energy and a variety of food types provide adequate protein. Although intake has been found to increase along with the increase in animal foods included, even those on a vegan dietary pattern meet protein recommendations (Mariotti, 2019). In

addition, the terms ‘low quality’ and ‘incomplete’ when referring to plant proteins are now considered misleading and outdated due to their limited relevance in areas of adequate food access (Mariotti, 2019). Calcium and iron are commonly associated with dairy and red meat; however, these minerals are originally found in plant foods. On plant-based diets, sufficient alternatives, including fortified options, can adequately cover requirements in all ages and life stages (Esquivel, 2022). Animal feed is commonly fortified with iodine and cobalt, resulting in higher intake of iodine and B12 in those consuming supplemented animal products. Appropriate alternative supplementation or fortified products are therefore recommended on plant-based diets (Neufingerl, 2021). Due to limited food sources, vitamin D remains a recommendation across all dietary patterns, including plant-based diets, as outlined by NICE (Gov UK, 2020b). Those on diets that exclude fish are recommended to ensure sufficient omega 3 fatty acids through consuming plant sources of alpha-linolenic acid (ALA) and considering an algae-based supplement containing EPA and DHA to replace fish-sources Esquivel, 2022).

Appendix 2:

Case study 1: UHS Pie and Porridge Project

At University Hospital Southampton (UHS), nurse-led “Pie and Porridge” tackled both waste and emissions. By carefully monitoring waste and introducing energy-dense mini-meals, the team reduced portion sizes for lower appetite patients while preserving nutrition. They re-engineered menus to place vegetarian and vegan options at the top, and halved beef offerings. Since the launch, plant-based meal selection has quadrupled, and 660 mini-meals have been ordered, shrinking food waste and patient complaints. Surveys show 97 percent of patients now rate menu choices as “very good” or “good,” and 99 percent praise flavour. The initiative won a Greener Nurses Award and is being scaled across other Serco-partnered hospitals.

Source: A blog about a food waste sustainability project at UHS - led by nurse Suzy Moody - University Hospital Southampton

Case study 2: St George’s University Hospitals NHS Foundation Trust – Mitie & apetito Low-Carbon Menu

In 2021, facilities partner Mitie and apetito co-designed a “low-carbon menu” for St George’s Trust. By replacing three high-carbon meat dishes per fortnight with poultry, fish and vegan options, the new menu is projected to save 23 tonnes of CO_2 annually. All recipes were reviewed by dietitians to ensure balanced nutrition, and the trust’s patient-ordering app was leveraged to match meal production precisely to demand, further reducing waste. This model has been rolled out to other NHS customers to help meet the service’s 2040 net-zero goal.

Source: Mitie & Apetito launch ‘low carbon menu’ for hospital patients | Mitie

Case study 3: Nurse-Led Ward-Level Sustainability Audit (Kingston University Hospital)

A 2024 nurse-led study in a large t hospital quantified ward-level food and packaging waste over four days across ten adult wards. They found that lunchtime waste constituted almost twice the mass of breakfast waste, concluding to over 73 tonnes of food tossed annually. By analysing patient menu choices, they demonstrated that beef-rich meals drove the highest carbon footprint. Simply increasing the visibility of vegetarian options on ward boards led to a four-fold rise in their selection, markedly reducing meal-by-meal emissions (approximately 2 kg CO_2e saved per vegetarian meal). This project helped establish a robust waste-audit methodology but also kick-started a packaging-recycling stream and a pilot root-to-tip cooking programme to maximise ingredient use.

Source: British Journal of Nursing - Enhancing food sustainability in the acute hospital setting – a nurse-led study of patient food

Case study 4: Imperial College Healthcare NHS Trust

Imperial College Healthcare NHS Trust's sustainable catering programme demonstrates how dietitians and policymakers can jointly drive carbon reduction through practical, health-aligned changes. Dietitians reshaped inpatient menus to foreground plant-based meals and reduce processed meat use, supporting both nutritional wellbeing and lower-carbon eating. At the same time, policymakers embedded sustainable catering within the Trust's wider Green Plan, strengthening local sourcing, cutting food-related waste, and coordinating action through a cross-disciplinary sustainable food working group. Together, these efforts create a food system that nudges patients toward healthier, climate-friendly choices while aligning procurement, staff engagement, and operational strategy with NHS net-zero ambitions.

Source: Sustainable catering | Imperial College Healthcare NHS Trust

Case study 5: University Hospitals Birmingham NHS Foundation Trust – acute setting analysis

In University Hospitals Birmingham NHS Foundation Trust, an initiative was undertaken to explore whether inpatient meals could be made more sustainable without compromising nutritional standards. The catering team conducted a comparative nutrient analysis of their existing two-week menu, which was predominantly meat-based, and a redesigned alternative menu where meat dishes were replaced with meat-free or plant-based options such as legumes, eggs and dairy. Nutrient data was sourced from catering suppliers and analysed to compare average energy, macronutrient, fibre and salt levels across all lunch and dinner mains. The findings demonstrated that the plant-based alternative menu was able to match the original menu for calories, protein and fat, while offering beneficial increases in fibre and reductions in salt. These results indicated that meaningful reductions in meat offerings could be achieved without detriment to overall nutritional quality. The case highlights how large NHS trusts can leverage their scale to promote environmental sustainability through evidence-based menu redesign.

Source: Increasing meat-free and plant-based patient menu choices in an acute hospital setting: a comparative nutrient analysis | Frontline Gastroenterology

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3rd Floor, Interchange Place, 151-165 Edmund Street, Birmingham, B3 2TA
email: info@bda.uk.com