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Occupational health and safety enforcement strategies to promote concordance in the hospitality industry

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Occupational health and safety enforcement strategies to promote concordance in the hospitality industry

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This research examines the structures in place for health and safety management in a number of commercial catering kitchen workplaces within the hospitality industry. The culture of these organisations is considered in detail with special reference made to the position and influence of the chef on safety practices and organisational safety culture.

It is concluded that, in the workplaces examined, the chef is pivotal in establishing the climate and thus largely the culture of safety. In organisations where the chef had a positive attitude to safety, safety culture was good. Where the chef's attitude to safety was poor safety culture was poor even where more senior managers had a positive attitude. Even in organisations where safety culture was excellent, this came from senior managers but was passed down by appointing and retaining chefs who themselves shared a positive safety attitude.

It is concluded that if enforcement agencies are to maximise concordance with hospitality businesses they must appreciate and recognise the special role of the chef in kitchen workplaces, especially in determining safety climate. It follows from this that the hospitality sector may require a tailored approach to enforcement if compliance strategies are to be optimised.

It was also found that duty holders did not separate the requirements of food safety and occupational health and safety law in the way that enforcement agencies do. The differing philosophies of food safety and occupational health and safety law, therefore, may provide a further obstacle to concordance.

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EXECUTIVE SUMMARY

Within the UK hospitality industry, catering workers have suffered and are continuing to suffer from high rates of injury and ill health at work. Regulations, for example, to improve machine guarding have reduced the risk posed by industrial catering machinery but they have not eradicated accidents. This is because so many of these arise from procedural and management failings rather than mechanical hazards. These failings are more difficult for inspectors to detect at inspections.

For enforcement agencies then it is unlikely that increased activity would improve conditions in these environments, but more appropriate enforcement approaches could prove fruitful. For the agencies to promote compliance with the law and the principle of self-regulation then, it is suggested that a better understanding of the interaction between safety and other concerns in the catering industry is required.

To investigate this the researchers firstly conducted an extensive literature review on organisational culture and the underlying theories of human behaviour then consulted with stakeholder organisations. This led to the development of a range of research tools to examine safety culture in kitchens which, in turn, permitted an in depth analysis of safety management in a variety of different catering operations. The analysis itself covered both subjective and objective assessments of behaviours, attitudes and perceptions of health and safety amongst the various levels of staff within each organisation. The management systems found were compared with published models of safety management.

The findings revealed a complex interaction of factors determining the health and safety performance of each kitchen. Some of these related to faults in kitchen design and many arose through the financially fragile nature of the businesses. All factors though, in some way or another, could be linked to patterns of management and control. These were determined by the commitment of the chef or senior personnel to health and safety and other phenomena which can result in even highly responsible kitchen workers to be forced to engage in unsafe practices. These phenomena are chiefly the commitment of the industry to service on time at all costs and the great autonomy and autocracy of the head chef.

Whilst the complexity of individual kitchen cultures makes it difficult to construct any irrefutable and universally applicable rules, there are definite identifiable issues which should be borne in mind by the inspectors. These include: the pressure for production, the over- riding influence of some head chefs and a poor appreciation of the need for health and safety procedures and a positive safety culture.

These produce common beliefs such as that high safety standards taught at catering colleges can, and should be, separated from the "real word" of commercial catering. Similarly they encourage the largely mistaken belief that the ever-changing mass of safety "regulations" cannot be fully complied with.

The implications for health and safety enforcement in this sector centre upon the unique nature of the "kitchen culture" found in traditional and semi- traditional catering kitchens. It appears that the most effective enforcement approach for these kitchens would be one that was tailored to the organisational culture of the hospitality industry. This requirement for tailoring may well also be true for other industry sectors.

Also many respondents to the research seemed to mix food safety and occupational health and safety issues together in a way that enforcement agencies do not. An example of this is that several referred to the concept of "due diligence" familiar to them from food safety law when talking about occupational health and safety. This reflects a degree of confusion in the minds of duty holders which cannot be conducive to compliance. It may be that the differing philosophies of food safety and occupational health and safety law, e.g. safety law is based upon self-regulation, food law is not, contribute to this confusion

1. INTRODUCTION

This document reports the findings of the research project, "Occupational health and safety enforcement strategies to promote concordance in the hospitality industry". It provides an insight into how hospitality businesses manage safety and the manner in which safety culture interacts with wider organisational culture in a range of catering operations. The term 'concordance' here refers to a mutual understanding or agreement between two parties which in this case are those working in the catering industry and the inspectorate. The findings of this research will therefore help facilitate an increased concordance between hospitality operations and enforcement agencies.

The methodological approach was based upon workplace observations, semi-structured interviews with managers and kitchen staff and assessments of individual approaches and attitudes towards safety. The data from this work was used to map management and workers' perceptions of safety arrangements and responsibilities.

1.1 HEALTH AND SAFETY IN THE SERVICE INDUSTRIES

Within the UK service industry as a whole, recent trends in injury rates show an improvement. In 2000/01 the major injury rate to employees, for example, fell by 6% to 75 per 100,000 workers, the lowest major injury rate since the introduction of the Reporting of injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR 95). Furthermore this rate has shown a year on year decrease since 1996/97. Similarly the over 3 day injury rate to employees in 2000/01 fell from 430.0 per 100,000 workers to 422.3 per 100,000 workers in 1999/2000. This rate has followed a downward trend since 1997/98 and is also the lowest rate recorded since the introduction of RIDDOR 95. The rate of non-fatal injury has also fallen with the rate of reported (RIDDOR) injury descending by 7% in the four years to 2000/01 and the Labour Force Survey (LFS) rate of reportable injury falling by 12% in the four years to 1999/2000. All classifications therefore have experienced a general trend towards lower rates over recent years with the exception of fatal injuries to workers which increased in 2000/01 to 0.4 from 0.3 in 1999/2000 (HSC, 2001, p 37).

More than 1.3 million people work in the hospitality industry in the UK (HSC 2000) creating a potential for injury incidence far greater than many of the other employment sectors. From this perspective if we compare the service industry with other sectors we can begin to appreciate the scale of accident rates. In the case of non-fatal major injuries reported to all enforcing authorities for example, the figure for the service industries stood at 15,604 in 2001/02 (Projected figures for 2002). Of the five industries included in the analysis, this was by far the highest level with *Manufacturing* coming next with 6,879 then *Construction* (3,959), *Agriculture, hunting, forestry and fishing* (598) and *Extractive and utility supply industries* (437) (HSE, 2001).

The sheer number of accidents and injuries obviously partly reflect the large number of individuals who work within the service industries as compared to the other sectors mentioned above. If we examine figures which demonstrate the incidence rate per 100,000 working within each sector then the picture is somewhat altered. Despite this, the absolute numbers show that an immense amount of pain and suffering, not to mention economic loss, is caused by accidents in the service sector.

Looking even further into the statistics and principally at the figures relating to the hotel and catering industry some more enlightening trends can be identified. When analysing the statistics with regard to the location of where the accident actually occurred, it can be seen that the kitchen features as the most dangerous place. 244 major injuries to employees occurred in the kitchen in 1998/99, with the next highest specific category being *on Stairs* where 69 injuries were sustained. Similarly for over 3-day injuries the location of *kitchen* featured in 266 injuries with the next highest specific category being the *Canteen/Restaurant* with 218 (HSC, 2000)

Furthermore it is highly likely that the figures quoted are misleadingly low and that, due to several factors, this industry may be at even greater risk than commonly perceived. This is chiefly due to under reporting as explained below.

Local authorities and the HSE get to know about virtually all fatal injuries but not all non-fatal injuries are reported. HSE places a set of questions each year in the Labour Force Survey (LFS). This is a household survey of a number of employment issues using a large sample size and face to face data collection. It is likely, therefore, that LFS data have a relatively high accuracy compared say to RIDDOR. LFS figures can be compared to RIDDOR reports to provide an estimate of under reporting. Recent LFS results show that employers currently report only about 47% of non-fatal injuries to employees (HSC, 2000)

The reporting levels vary from industry to industry but have been found to be particularly low in many parts of the service sector. The reported injury rates therefore substantially underestimate the true risk of injury in the service industries. So much so that comparisons with the LFS show that as few as 23% of non-fatal injuries to employees in the hotel and catering industry are reported (HSC, 2000).

1.2 PARTICULAR PROBLEMS IN THE HOSPITALITY INDUSTRY

44% of the UK's workforce are employed within small enterprises and there is evidence to suggest that these businesses do not manage health and safety as effectively as larger enterprises (Tait and Walker, 2000). Consequently it has been identified that, at least in some accident categories, small enterprises in the UK exhibit higher accident rates (Stevens, 1999). Small firms have great difficulties in complying with legislative demands on the work environment and often lack the basic knowledge required. Neither employers nor employees tend to feel that safety is relevant and so make no effort to acquire the necessary information (Eakin et al 2000) and fail to see any benefits of prevention in the short term (Antonsson 1997, Lamm 1997). Furthermore, many people believe that small enterprises are less likely than larger ones to declare injuries (Champoux and Brun, 2003).

Such difficulties can be exacerbated by the typical demography of catering workers. There is a high composition of young, temporary workers being employed within the catering sector and a number of issues arise from this.

Smaller firms tend to be more financially fragile and the use of young workers is cheaper for employers both directly (in terms of wages) and indirectly (as the use of casual staff means labour supply can be responsive to demand fluctuations). However, faced with the financial outlay required in training an employee who may only remain with the company for a short time, many employers will be reluctant to see the benefit in doing so.

Even setting aside the issue of training, the younger work force will by nature tend to be less experienced in many aspects of their employment including safety conscious behaviour. Older and more experienced workers will have learned over time their capacity to perform particular tasks within the kitchen and be more alert to the possible dangers that can arise from particular actions.

The trend appearing thus far is that whilst many comparable areas are undergoing a gradual reduction in accidents and injuries sustained, the catering sector does not appear to be experiencing such reductions to the same degree. Moreover the kitchen is contributing greatly as the location of accidents in the overall figures and certain cultural aspects of the business may be exacerbating the situation.

In questioning why the kitchen is such a dangerous place it is tempting to look towards the various items of equipment and machinery which are used in the production of food and the dangers associated with their use. The HSE (1997a) however has found that most injuries sustained in catering are not caused by equipment or machinery accidents but arise instead from general workplace incidents such as slips, falls, handling (of, for example, knives) and burns. Consequently it has been estimated that 70% of accidents in the catering industry could be prevented by improved safety management practice (HSE, 1997b).

In terms of those accidents which do result from equipment or machinery accidents it could be considered restrictive to discuss injuries solely in terms of the technological aspects. Such a notion is arguably inherent in much of the framework legislation which developed in the 1970s and 80s in many European countries (not least the UK in 1974). Here there was a shift from detailed technical safety concerns to issues of decision making and management formulated within a safety policy. Individuals, their organisations, groups and cultures are all important factors in the design, construction, operation and monitoring of technological systems. Rather than dismissing failures as human error it would be more fruitful to analyse the behavioural causes of failure. Indeed Weinstein (1996) claimed that many traditional safety management program interventions which centre exclusively on technical elements do not improve the results of safety on any level except for on a superficial short-term basis.

1.3 ORGANISATIONAL AND SAFETY CULTURE IN THE HOSPITALITY INDUSTRY:

The kitchen in catering operations has a very unusual and idiosyncratic culture rarely found to such an extent in other industries. It could be the case that this contributes to perpetuating the continuing high rates of accidents within the industry. A major focus of this investigation then is to examine this culture and the safety management practices inherent in it. In order to fully describe the characteristics of the kitchen workplace it would be useful to contextualise it within traditional conceptions of culture relating to industry.

Much of the theorising surrounding this area grew from the concept of organisational culture. This is a term often used to describe shared corporate values that affect and influence members' attitudes and behaviours. It is widely acknowledged to be critical to an organisation's success or failure.

The concept of organisational culture received a great deal of attention in the 1980s and has come to describe the supposed common mode of thinking amongst employees of an organisation whereby they share the same behaviours, beliefs, attitudes and values. Attaining such collective thought is very highly coveted amongst organisations. If there is a strong common consensus

amongst, for example, managers regarding certain business goals then the concentration of these opinions will have a greater propensity to achieve the goals than a set of disparate opinions and beliefs which would dilute the drive towards achieving the desired objectives.

The fundamental requirement of this model is that all individuals hold the same goal directed beliefs. In principle this is a point which should not be taken lightly as it would be extremely naïve to assume that all organisational members will unquestioningly hold the same beliefs, attitudes and values to direct the same behaviour in similar circumstances. Whilst it is likely an organisation will advocate a common cultural theme with acceptable modes of conduct and beliefs about how the organisation should function, it would be unrealistic to suggest there would not be a number of variations in the way the theme is expressed and received throughout the company.

By way of example if a company's directors agree on the goal of increasing productivity and hence profit within the workplace there could, in reality, be innumerable factors combating against this goal. A case in point being that employees become resentful of their management for making them work harder in return for no personal gain.

Clearly therefore, the interaction between various factors to do with both the individual and their current situation are highly important in understanding how a successful organisational culture operates.

1.4 SAFETY MANAGEMENT

The importance of management influence in health and safety policies is key. Management factors or, more specifically, leadership has been described as a process of social influence directed towards achievement of a common objective (Paglis and Green, 2002). Those seen to be in a position of authority within the workplace therefore have a very strong influence over moulding the behaviour of other employees.

In the case of safety management there has to be a tangibly observable commitment to safety for employees. It has been demonstrated that a lack of workforce management congruence about organisational goals can adversely impact workforce perceptions (Vancouver and Smith, 1991) whilst Dejoy (1985/1994) pointed out that employees' attributions about management intentions can be a key influence on safety perceptions. For example, if management is perceived as willing to set aside safe practices to meet production goals, employees are likely to attribute management's support for safety as being perfunctory. This could lead some employees to conclude that cutting corners will be rewarded.

The Health and Safety Executive (HSE, 1993) defined safety culture as, "… the product of individual and group values, attitudes, competencies and patterns of behaviour that determine the commitment to, and the style of, an organisation's health and safety programmes. Organisations with a positive safety culture are characterised by communications founded on mutual trust, or by shared perceptions of the importance of safety and by confidence in the efficacy of preventative measures"

The notion of safety culture derives from organisational culture and, similarly, is generally thought of as being a major factor in determining an organisation's ability to manage safety-related aspects of its operations. It refers to an organisation's norms, beliefs, roles, attitudes and practices concerned with minimsing exposure of employees to workplace hazards (Turner 1991).

The goal of a safety culture is to develop a norm in which employees are aware of the risks in their workplace and are continuously on the lookout for hazards (Ostrom, Wilhelmsen and Kaplan, 1993). Indeed Ostrom et al (1993) found that safety performance is affected by an organisation's socially transmitted beliefs and attitudes toward safety.

This commitment to safety can be viewed as one of the many sub-components that make up organisational culture and, just as the success of an organisational culture is in the hands of individual employees, so too is that of safety culture. Within a single kitchen, in the absence of clear goals about safety management, attitudes of staff may vary from person to person. One individual might therefore act in a safety conscious manner but the next may circumvent all the safety rules and procedures to ensure continuation of production.

Catering can essentially be conceived as part of the service industry. With a recent growing tendency for people to eat in other places than the home (Altekruse et al, 1996), few would argue that consumers have become increasingly sensitive to product and service quality. The seemingly ever-increasing choice of restaurants for consumers to choose from puts the staff of these establishments under more pressure to make their business a success. Fundamentally the main purpose of a kitchen is to produce food for its customers on demand and within reasonable time. Within the kitchen then we find a pressurised working environment where the pursuit of service quality often requires kitchen staff and managers to maintain production at all costs (Maguire and Howard, 2001).

As explained above, the management personnel of an organisation have, therefore, a key role to play in safety management. It is well established that management's actions affect employee perceptions of their organisation and safety priorities (Cohen 1977, Zohar 1980). Commercial kitchens are often heavily influenced by the traditional culture of kitchen organisation, particularly the highly autonomous and autocratic role of the chef (Haukedal and Larsen, 1998). This encourages a particular distribution of management responsibility where the role of the chef is increased and the role of other managers diminishes. This produces a different distribution of management influence from that found in most other industries.

The unique atmosphere found within commercial kitchens is, arguably, detrimental to the safety culture therein. In some circumstances it may be the case that whilst very stringent health and safety practices are advocated in a particular kitchen there are no guarantees these prescribed modes of practice will be followed by all personnel.

In attempting to examine further the dynamics which underlie these phenomena it would be useful to draw from the discipline of psychology and determine whether individual staff member's attitudes and associated behaviour are acting to perpetuate the problem.

Within the field of psychology there has been extensive theorising and research undertaken concerning the relationship between attitudes and behaviour. The basic theme emerging from much of this work is that there is a certain relationship between attitudes and behaviour although it is not as clear cut as initially presumed.

A classic study which appeared to show that attitudes and behaviour are not always consistent was undertaken by LaPiere (1934). He travelled across the US with a Chinese couple visiting many hotels and restaurants along the way. Despite this being a time of widespread racial prejudice they were refused service in just one establishment. Following their travels, LaPiere wrote to all the establishments they had visited and asked if they would accept a Chinese couple in their hotel or restaurant. The results indicated that 92% of establishments would not admit a

Chinese couple and so it was proposed that their non-discriminatory behaviour was inconsistent with their written prejudiced attitudes.

Far from the early conceptions regarding the topic it is now understood that, rather than an individual holding a particular attitude which then directly affects their behaviour, there can be numerous mediating factors which may have a greater influence on the individual's behaviour than their attitude.

Ajzen and Fishbein are amongst the leading theorists on this subject and an explanation of their theory of reasoned action (1980) will help develop a theoretical background to our own research. In short, it states that an individual's behaviour is determined both by their attitude and by how they think others would have them behave in a given situation. Furthermore the question of how much influence the individual allows for their own attitude over the opinions of others will often vary based on the specific situation.

The behaviour or action which an individual chooses to take is based on a systematic evaluation of the information available to them. The implications of particular courses of action will therefore be considered and judged based on a reasonable assessment of those implications. The individual's behavioural intention then is a result of the individual's judgement that performing the behaviour is good, their attitude toward the behaviour plus the social pressure put on the individual to perform the behaviour (the subjective norm).

A further psychologically based viewpoint which provides a useful complementary theoretical backdrop to the present investigation is the social cognitive theory (SCT) of Bandura (1986). The basis of this is that an individual's behaviour results from the observation and modelling of others' behaviour, attitudes and emotional reactions. As Bandura stated: "…most human behaviour is learned observationally through modelling: from observing others one forms an idea of how new behaviours are performed, and on later occasions this coded information serves as a guide for action" (p 22).

SCT conceptualises human behaviour as a continuous reciprocal interaction between the individual's (1) personal factors, (2) environment and (3) behaviour. An individual's particular behaviour results, therefore, from a continually reviewed and re-assessed balance of the aforementioned factors to ascertain the most appropriate course of action in a given situation.

In practice then, this viewpoint would reason that whilst the individual brings something to the environment (whether it be their attitudes, values or other cognitions), the environment also brings something to the individual which in turn reshapes their cognitive structure. A potent example for the given investigation would be a new employee in a kitchen. They might come into the position with a series of personal beliefs and attitudes that reflect a highly developed commitment to health and safety. If the predominant culture within the kitchen is incongruent with this then the individual may have to compromise their belief system in order to function efficiently within it.

Some sources of influence are likely to be stronger than others for the individual and in fact the interaction between the three factors will differ based on the individual, the particular behaviour being examined and the specific situation in which the behaviour occurs (Bandura 1986). The new member of staff may hold very strong beliefs and simply not risk any injury to themselves but, on account of the 'production at all costs' culture of some kitchens, they may be unlikely to be offered employment in the post for very long.

Important in the individual's decision making process are a number of factors. One of these is *attention* where, obviously, for an individual to learn anything he must be paying attention to the features of the modelled behaviour. Crucially though there are additional considerations which made it more or less likely that attention will be paid. The position of the individual modelling the behaviour for example can be extremely influential with cues from the actions of an authoritative workplace superiour being much more readily internalised.

Motivation is another important factor. The individual has to see the benefits of behaving in a certain way for it to appear an attractive option to take. However, in combination with other factors (e.g. the threat of reprimands from superiours for slow production) certain unappealing behaviours may have to be adopted as a means to an end.

Bringing the two theoretical approaches together allows us to develop a model of how particular styles of behaviour will originate and develop whilst explaining a potential concurrent change in the collective opinions of staff members regarding health and safety practices within the kitchen.

SCT is concerned with how the social environment influences an individual's behaviour and places particular emphasis on the importance of modelling. Bandura argues that social behaviours are learned by observing the behaviour of others in the social group where the observation of others provides information on the likely consequences of particular behaviours. At one level, a particular behaviour will be performed if it is seen to result in a positive outcome for the person engaging in that behaviour (Vander Zanden 1980). Factors influencing the likelihood of behaviour change include characteristics of the model (how influential they are) and the perceived nature and severity of the consequences (reward or punishment) of behaviour. An individual conducts an unconscious cost-benefit analysis when deciding whether or not to engage in a particular behaviour. The individual's perception of outcomes is a key factor, regardless of whether this judgement is an accurate reflection of actual outcomes.

Turning to the theories of Ajzen again we may recall that particular behaviour tends to results from an individual's judgement that performing the behaviour is good, their attitude toward the behaviour plus the social pressure put on the individual to perform the behaviour (the subjective norm).

If we again put this model back into a familiar context for the present study we can see its value in explicating a kitchen's safety culture. Suppose within the kitchen there is a particular member of staff who has very high standards in terms of health and safety. Initially we might propose that this positive attitude to health and safety would result in behaviour reflecting this. However, once we introduce the various other factors to be found within the kitchen we see that this might not be the case after all.

As outlined earlier it is proposed that the head chef is a very powerful influence within the kitchen. Their attitude toward health and safety may permeate the entire culture found within the kitchen (the subjective norm). If their primary goal is production at all costs then it seems that the subjective norm would overpower the individual's own well meaning attitudes resulting in behaviour at variance to how he would like to behave i.e. in a safety conscious manner.

To have a full appreciation of safety culture within catering organsisations the researchers aim to take account of the three factors deemed relevant from the theoretical background (i.e. personal factors, situational factors and behaviour).

This follows a tradition of successful accident causation models produced in past research. For example Heinrich et al (1980) identified an interaction between behaviour, situations and person factors at operator levels. Similarly Adams (1976) recognised the reciprocal relationship between these factors whilst Reason (1993) also recognised a similar model stating that person, situational and behavioural factors are the immediate precursors to unsafe acts.

1.5 UK HEALTH AND SAFETY LAW

If we turn now to examine UK occupational health and safety legislation then we may be able to find other evidence to explain the continuing high rates of injury within commercial kitchens. Occupational health and safety law in the UK is based upon the principle of self-regulation. This policy was proposed by the Robens Committee that reported in 1972 (Robens, 1972) and resulted in the Health and Safety at Work etc Act 1974. Under the Act and consistent with the policy of self regulation, employers are made responsible for the health, safety and welfare of their employees *so far as is reasonably practicable* (Health and Safety at Work etc Act 1974). Employers therefore rather than the state or the safety inspectorates are legally responsible for controlling workplace risks. It has been pointed out by Kingston-Howlett (2001) that ultimately the resources used to achieve health and safe work are those of the duty holder.

There are three core elements upon which the policy of self-regulation depends: effective management, worker involvement and expert advice (Robens 1972). Whilst it is with the first element that this project is primarily concerned, it could be argued that the other are dependent upon successful practice of the first.

Employers, via their organisational management structures, delegate responsibility for safety down to managers at various levels in their organisations. The employer, however, remains ultimately responsible for the success of this strategy. The way in which employers allocate responsibility for safety management and the effectiveness and appropriateness of this allocation is central to safety management in most organisations. This is because safety can only be managed effectively if responsibility is appropriately and clearly allocated.

Returning to the safety management and culture within kitchens, the Robens Committee said in its report that first line managers were vital to effective safety management (Robens, 1972). Dawson *et al* (1988) however, point out that the Health and Safety at Work etc Act itself contains nothing specifically on the role of line managers.

In many industries the line manager is merely the inheritor of system defects or 'latent errors' (Reason, 1993) created higher up within the operating system. However in hospitality due to the autocratic position the chefs hold, it may be that they have greater autonomy to create their own safety environment. The chef, because of his/her special position in the kitchen hierarchy, is a very potent line manager in terms of safety management. This potency, however, can act in both a positive and negative way. Nichols and Armstrong (1973) found in their research in manufacturing workshops that first line supervisors were often themselves the people who encouraged workers to take risks to keep up production. Howard and Maguire (2001) found evidence of a similar phenomenon in catering kitchens where the chef is responsible for both safety and production, sometimes under very difficult circumstances. It appears therefore that ensuring workers' safety in catering kitchens through self-regulation may not always be easily achieved.

The picture emerging so far is that the continuing high rates of injury and ill health within the catering industry may have their origins in an interaction of various formal and informal structures associated with it and the demands faced by this industry. More specifically, it appears the generic guidelines used by enforcement inspectorates in helping to create healthy and safe working environments (i.e. self-regulation) are incompatible with the productions demands and associated culture (authoritative position, for example, of the chef) found within catering kitchens.

2.1 EXPERT AND STAKEHOLDER CONSULTATION

Meetings were held with two key stakeholders which have extensive experience in the field of catering and safety. The aim here was to isolate particular problems which those within the industry have identified. These issues were then integrated into the research to address the more practical or everyday issues which are not identified by previous research.

In these meetings the researcher adopted an informal approach using a general list of questions to elicit accounts of the culture found within the catering industry, problems inherent in it and possible ways to address them.

2.1 CHARTERED INSTITUTE OF ENVIRONMENTAL HEALTH (CIEH)

As regards the continuing high rates of accident and ill health within the catering industry the representative felt the major reason behind this was the approach taken by enforcement bodies i.e. the Health and Safety Executive (HSE) and local authorities in their inspections.

Certain parallels could be drawn between the representative's views on inspecting bodies and the common thinking amongst staff within kitchens, namely the prime importance of food quality and its production above any other objective including health and safety. Indeed it was suggested that the bias towards emphasising food safety over more general health and safety matters was informally institutionalised within the guidelines for inspecting food-producing premises.

There are a number of information sheets produced by the HSE relating to the catering industry. These were criticised as unappealing to kitchen staff and coming across as very dry. In addition, the CIEH representative claimed that, whilst these documents exist, the regulators should be doing more to promote them to employers. Anecdotal evidence suggested that the organisations which do possess copies of these documents will invariably keep them in the manager's office where they are of no practical benefit to kitchen staff.

As regards inspections of premises the representative believes the actual process of inspection is fundamentally flawed.

Invariably the first point of contact which an inspector has is the manager of the establishment. The inspector will meet with the manager of the premises to be guided round the kitchens. It was proposed that the manager is not necessarily the best contact for inspectors for two main reasons. First because they, in their supervisory role, may not be as familiar with the actual day to day work practices within the kitchen as some of the other staff and, secondly, any recommendations which the inspector makes will simply be filtered down to the kitchen staff by the manager.

It was believed that it may be beneficial to include chefs within the inspection process. They may be able to give a better idea of how the kitchen actually works and could discuss with the inspector certain courses of action, based on what may be possible given the unique culture of their environment, to improve health and safety practices. Meetings solely with the manager may be clouded by management talk, inaccurate accounts of work practices and subsequent recommendations being made which, whilst well meaning, are unlikely to work in practice.

Using the example of slip and trip accidents, the representative reasoned that employers would be the more likely than other personnel to know about the HSE's recent drive to educate people in the often simple methods which can be used to reduce accidents of this type. The message may or may not be filtered down to staff and, in instances where it has, the importance of the message will customarily lose some its strength.

The representative also raised the issue of health and safety meetings noting their importance in maintaining awareness of health and safety issues and questioning whether such meetings actually take place at all or with any relative frequency in organisations.

The role of young staff was also considered to be of particular concern. In towns such as Brighton where work within the service industry operates on a very seasonal basis, employers often hire young workers to fill the short-term posts. This works out cheaply for the employer and also suits the employees who may, for example, be returning to full time education following the peak tourism season of such towns. Unfortunately, the temporary nature of their employment acts as a disincentive for employers to invest in any, what they may regard as, unnecessary expense. Under this category we would be likely to find health and safety training. So, whilst the law states that all staff should be adequately trained, many employers will not see the threat from such issues as a major concern.

Returning to the role of the HSE and enforcement bodies in general, it could be the case the employers do not view non-compliance with health and safety regulations as a major concern due to the perceived minimal threat which the enforcement agencies present. The representative likened the issue of health and safety within the kitchen at present to the rules and regulations which used to apply to scaffolding used when building work is taking place.

A few years ago the standard of scaffolding commonly erected was very low, with health and safety issues causing great concern. A drive towards tightening up the regulations and actually enforcing them was made by the HSE with the result being that scaffolding in the UK today is far safer than it had previously been.

In essence then, many employers feel the threat of prosecution which they face with regard to kitchen health and safety infringements are very low and it could be the case that if increased enforcement were introduced then this would have the effect of making employers more accountable.

Perhaps thought to be of most importance to the representative in terms of enforcement of health and safety in the catering industry are the circumstances under which inspections are made. Generally when making inspections of restaurants the two issues of food safety and health and safety in the kitchen will be addressed. It is common practice for an inspector to undertake the food safety part of the investigation initially. This may take around an hour and is followed by the health and safety inspection of kitchens. By this time however, the employer may have already reached saturation point in terms of the information he has received and is unlikely to internalise any points made regarding more general health and safety recommendations.

When questioned why this practice of simultaneous inspection takes place, the representative raised some interesting points. Aside from the obvious convenience of carrying out two inspections at once, there appears to be something of a bias existing which encourages inspectors to focus more on food safety issues

Informally speaking, the topic of food safety can appear more tangible with, for example, temperature probes of foodstuffs giving clear, unambiguous data which, if need be, can be acted upon. The potential hazards which may be associated with accidents or ill health in the kitchen are not always so readily observable and so may not be given the attention they actually warrant.

More formally instituted reasons why the health and safety inspections might not be given sufficient attention are because of the more formal guidelines issued by the Food Standards Agency (FSA). These give inspectors clear guidelines of which factors should be examined in a way that is not so easily distinguishable from the more general health and safety viewpoint. The FSA have a system of scoring which is clearly defined and, furthermore, there is also a requirement for a certain amount of food inspections to be undertaken per year by each local authority.

It was proposed that even in the design stage of food production in organisations there may be a bias towards the food safety side rather than health and safety.

2.2 HOTEL AND CATERING INTERNATIONAL MANAGEMENT ASSOCIATION (HCIMA)

The representative from the HCIMA has worked within the catering industry for roughly 40 years and has therefore witnessed many alterations to health and safety regulations and is extremely knowledgeable about the industry as a whole.

When asked why he thought there were such high rates of injury and ill health in the industry, he proposed that much of it stems from the poor rates of pay offered to kitchen employees. As a result of that they are often expected to work long hours invariably leads to employees suffering from fatigue; a condition which in turn can lead to mistakes being made and accidents occurring. In addition the nature of the kitchen environment makes for a pressurised working environment which exacerbates the problem.

The representative was sceptical over whether that many establishments actually have any kind of health and safety policy. He also believed that there is often resistance from other staff in establishments to health and safety related initiatives. Safety officers, for example, are often viewed with suspicion and, rather than thinking that they are there to protect staff interests, they are often viewed as being there to condemn staff.

A dim view was also taken of employers' health and safety training where it was suspected that many establishments do not offer such instruction. The representative talked of the good job which educational institutions do in teaching to a standard but added, "what's quite worrying is that when these employees go out into their respective places of work, if there isn't something in place to support what they've learned then all the training in the world won't help if it's not constantly supported … I'm cynical enough and have been around long enough to know that there wouldn't be the amount of accidents that there are if there were these safety issues in place and constant little reminders."[1]

He believed that, whilst some employers simply don't recognise the importance of training, there was a cost implication as well. Although it may not be a huge amount, he pointed out, the

[1] To ensure the anonymity of interviewees, interview transcriptions have not been included in this version of the report. This text within this version has also been edited to maintain confidentiality.

industry works on quite a small profit margin and, "consequently all they think about is profit. Safety certainly doesn't come top of the list."

Legally speaking employers are obliged to provide training for their staff although clearly this doesn't always happen. The representative pointed out that, in an ideal world, there would be sufficient manpower within the inspecting bodies to make sure the issues are enforced but again this is not a viable option: "With all the legislation in the world I think you still have to get the employer to realise the importance of these health and safety issues."

The influence of the head chef was also discussed and considered to be of great importance.

For newly qualified chefs who have had considerable health and safety training the transferral to the work environment can often see them forced into adapting their safety focused working practices: "Well the classic phrase is 'You're not at college now, this is the real world!'" and "what happens is they're put under pressure, they're literally told what to do and if they want the job it'd be difficult for them because they desperately want the job." For example it may be the case that to follow procedures takes slightly longer than not and so an individual behaving that way could even, in some kitchens, leave themselves open to ridicule.

In addition it was thought there is often a problem with procedures filtering down to kitchen staff where, "those in a position of authority where ultimately the responsibility rests is taken by an operations manager for example who can sit in their desks with all the health and safety regulations saying 'Yes, we comply' but when you go down the line … they work under pressure and sadly they cut corners and are probably not as health and safety conscious as they should be."

The threat of enforcement action is not viewed as a great threat by companies. He went on to say that, "the impression I've got is that they gamble … and of course if you get away with it 9 times out of 10 and then on the 10th time you get caught you think 'Well at least I got away with it most of the time'". Unfortunately many issues are not often easily identifiable to the untrained eye and to talk to managers about health and safety you could be given a very wrong impression: "I think the senior staff who are ultimately responsible will ensure, in theory, that they have covered all eventualities but that's all theoretical at the end of the day."

To conclude then, the representative said that, "If I had to sum it up though I don't think the industry recognises the importance and the risk which they take some of the time by not carrying out the training and reinforcing the training … you don't manage from a desk in my view, you have to get down there."

Summary

The consultation with these bodies helped to identify a number of key points thought to be instrumental in the continued high poor health and safety rates in the catering industry.

To summarise these opinions in bullet point form then we can state that these stakeholders believe the continued high rates of injury and ill health in the catering industry result from a combination of the factors below.

- **Approach taken by enforcement bodies.**
  - Threat of enforcement action insufficient to promote compliance.
  - Inspection procedures fundamentally flawed.

- **Personnel structure of organisations.**
  - Procedural guidelines produced at higher level of management.
  - Guidelines not effectively filtered down to kitchen staff.

- **Bias toward food hygiene by duty holders and inspectorate.**
  - Guidance from enforcement agencies on food hygiene is more clear and easy to implement than more general health and safety therefore:
    - Inspectors focus on these issues.
    - Duty holders make this their prime concern.

- **Financial concerns of duty holders.**
  - Limited resources result in safety framework implementation being a luxury rather than a necessity.

- **General attitude of catering industry to health and safety**
  - Uncompromising attitude of many head chefs in prioritising production at all costs.
  - Health and safety personnel viewed as existing to criticise/condemn staff rather than help them.
  - Overall importance and necessity for issues such as staff training not recognised.

3. PUBLISHED MODELS OF SAFETY MANAGEMENT AND RESEARCH AIMS

In the previous sections of this report we have provided a review of the literature, an outline of the legislative framework and a description of how experienced professionals in the industry view, amongst other things, the interaction between workplace and legislative demands.

To take this a stage further we now intend to set the background to the rest of this report in terms of the published models of safety management that are available. The models will not be discussed at great length here but rather explained as an introduction to some of the salient arguments to be returned to in the conclusions of this report.

There are a number of published models which provide employers with guidance on how to effectively manage health and safety within their organisations. Amongst these are HSE's "Successful health and safety management (HSG65)", HSE's "Management of health and safety at work (L21)" and BSi's "Guide to occupational health and safety management systems BS8800:1996".

They all take a similar approach to health and safety management and recommend a set of key principles to create a working environment that fosters good practice. These include (1) the development of effective health and safety policies, (2) organising an effective management structure to deliver these policies, (3) planning a systematic approach to implementing policies, and (4) measuring the performance and impact of these policies then auditing and reviewing performance.

3.1 DEVELOPING EFFECTIVE HEALTH AND SAFETY POLICIES

In the development of effective health and safety policies it is recommended that organisational factors, job factors and individual factors are given careful consideration.

The organisation itself is seen as the most important factor here with its influence informing both job and individual factors. Importantly the health and safety culture which is established in a company should, "promote employee involvement at all levels" (HSE 2000, p10).

In considering job factors it is stressed that the individual's capabilities should not be mismatched with their job requirements. For example, to ask an employee to perform a task for which they have not received any training is clearly a violation of this principle.

Personal factors bring another complexity to the equation where the individual himself has certain traits; some of which cannot be adapted or modified to suit their duties. The literature suggest that in these instances, "people may therefore need to be matched to their jobs through appropriate selection techniques" (HSE 2000, p 10).

3.2 ORGANISING AN EFFECTIVE MANAGEMENT STRUCTURE

The control of management functions is seen as integral to organising an effective management structure and is achieved through encouraging all employees to share a common commitment to

health and safety objectives. This needs to be framed within a culture of co-operation rather than forcing employees to accept particular guidelines.

Indeed this principle is embedded in law where it is a legal requirement for all employees in the UK to be consulted, not just informed, about those health and safety issues that might affect them [Health and safety (consultation with employees) regulations 1996].

Good communication is therefore to be adopted in the pursuit of a safe working environment.

Of equal importance is ensuring that employees are competent in making a contribution to health and safety. Whilst the provision of training is the most obvious means of achieving this, further points such as the writing in of health and safety requirements to job descriptions are recommended.

3.3 SYSTEMATIC APPROACH TO IMPLEMENTING POLICIES

A major component of planning a systematic approach to implementing policies is the carrying out of hazard identification, risk assessments and implementing risk controls.

The development of these measures will therefore provide the underlying principles upon which training, supervision and integration of employees into the workplace are based.

3.4 MEASURING THE IMPACT OF POLICIES (reviewing and auditing)

In the simplest case this can consist of inspections and questioning to ensure that the policies implemented are proving effective. The basis for judging their efficacy should be based on all the points previously mentioned. To extract one facet of this an employer might re-examine training procedures if an individual is not performing to standard, questioning whether the training received was clear or if it was appropriate for the job being undertaken.

In a more reactive approach to measuring the impact of policies, consultation of accident reports can be made. These will be able to highlight if particular aspects of an employee's job pose more of a threat to him than others. If this is the case then further investigation should be undertaken to find out why.

3.5 RESEARCH AIMS

Bearing the models in mind, the research aims to be pursued in this investigation will be guided by the principles described above.

To this end the research was deigned to:
- Examine the organisational culture of each establishment visited.
- Examine the resultant safety culture in each organisation.
- Examine how effective these cultures are in promoting a safe working environment.

Within these activities the research will:
- Pay particular attention to the role of the individual employee within each organisation.
- Give special consideration to the training which each organisation offers.

Allowing the researchers to:

- Identify unique characteristics of the catering industry which may hinder safe working practices.
- Identify management structures which work in practice.

4. METHODS

4.1 PARTICIPANTS

The first phase of stakeholder participants described previously aided the development of research materials.

The second phase of participants comprised the employees of various catering organisations throughout the UK. Efforts were made to select a variety of kitchens which represented the diversity of catering operations in existence throughout the industry. These included a training college, two hospitals, a public house/restaurant, a restaurant/hotel, two kitchens serving sections of the UK military and one kitchen operating on a commercial basis in an educational institution.

4.2 MATERIALS

The materials used were the kitchen observation checklist, management interview schedule, kitchen staff interview schedule, critical incident case study and the health and safety questionnaire (displayed in appendices two to six respectively).

4.3 PROCEDURE

The specific procedure adopted varied between organisations visited and was adapted in each instance to cause the least amount of disruption to each establishment.

Typically a period of observation within the chosen kitchen was conducted first. Depending on the nature of the kitchen (its size and number of employees) the observation period ranged from half an hour to an hour with secondary visits made to some of the larger operations. Efforts were made to carry out the observation throughout the peak production time of each individual kitchen as this was thought to be the period where difficulties can arise for kitchen staff and the potential for accidents rises.

Interviews with staff of each organisation always began with those in a management role. Management staff invariably have a greater knowledge of the company's health and safety framework so, by gaining this knowledge first and understanding how things *should* be done, the researchers were allowed to probe certain kitchen staff's responses where necessary.

The critical incident case study was incorporated into the interviews at the stage the interviewer thought most appropriate. Sometimes, for example, the topic of the case study (slips and trips) would be raised independently by the interviewee and so, to maintain fluidity the case study would be introduced there. In instances where it had not been raised then the case study tended to be introduced towards the end of the interview.

The time of administration of the health and safety questionnaire also varied. Under some circumstances where interviews were lengthy it was thought best to delay the administration of the questionnaire and send it to the manager separately for completion. On these occassions the researchers felt too much was being asked of the interviewees and to make them fill in questionnaires at the time may have resulted in slightly 'jaded' responses.

4.4 DEVELOPMENT OF THE METHODS

Through the piloting of materials, reference to the concerns of stakeholders and analysis of related literature the researchers produced 5 main research tools to be used in the investigation. These are (1) Kitchen observation checklist, (2) Management interview schedule, (3) Kitchen staff interview schedule, (4) Critical incident case study and (5) Health and safety attitudes questionnaire.

The combined interpretation of results from these measures permits an in-depth understanding of the key parameters of safety management in catering organisations and allows recommendations to be made for approaches that will help reduce the incidence of ill health and injury within this sector. The methods address a number of facets relevant to the study including investigations of employer/employee perceptions and behaviour, formal and informal artifacts and situational assessments of work practices.

In short these tools allow this research to ascertain whether the management structure in kitchens is such that there is limited room for personnel to act out with the bounds of the culture dictated by more senior staff.

Each level of the analysis builds upon the previous level in a perspective representative of grounded theory. This is an approach widely used in qualitative research which, "uses a systematic set of procedures to develop and inductively derive theory about phenomena" (Strauss and Corbin 1990 p 24). The purpose of this is to build up an explanation of affairs that is faithful to the evidence.

Kitchen observation checklist

The kitchen observation checklist was used by the researchers as a reference point to ensure that all observations made when visiting each individual kitchen maintained uniformity in their collection of data. It was developed from a very basic model which merely listed the main features to be mindful of. Having visited several kitchens however, it was quickly realised that the richness of data available on observational visits might not be fully gathered without consultation of an extensive checklist.

In addition to ensuring the researchers had taken note of all the relevant facets, the use of a checklist also served to make sure the focus of observations across kitchens was the same in each case. Any subjective assessments on the part of the observer should, as a result, be minimised thus contributing to the validity and reliability of data gathered in this exercise.

The topics covered in the checklist parallel those thought to be most important in the overall study and can be seen as a tool of verification for the responses received from interviews. The researchers, from preliminary results, realised that the health and safety practices described by interviewees do not necessarily reflect what happens in the kitchen. This checklist takes that finding on board and provides a means to complement interview data to give a more accurate representation of events.

Management and kitchen staff interview schedules

The two interview schedules were developed, in addition to complementing the data gathered from other research materials, to provide a portrayal of the 'two sides of the coin' in views of the organisations' health and safety policies. Early findings suggested a parity of opinions and approaches to health and safety between management and kitchen staff. The interview schedules provided a means of comparing these opinions.

The questions asked on both schedules cover the same general themes but with significant differences in the way they are addressed to the interviewee. The aim here is simply to pitch the questions at the right level for the status of the interviewee.

Whilst the main concerns of health and safety policy, training and threats to employees are addressed, the schedules also contain more subtle probing questions. These allow the researchers to gauge the hierarchical structure which may be found and assess whether it has a beneficial or detrimental effect of health and safety practices by, amongst other things, the resultant implications for effective communications amongst personnel.

Critical incident case study

In order to bring a practical element to interviewees' responses, the hypothetical critical incident case study was devised.

True critical incident analysis is where the researcher notes the manner in which individuals behave towards and deal with a specific event as it happens or soon after its occurrence. For example the analysis of responses and interventions to an airline crash or natural disaster might be made to assess how effective they were and how they might be improved in the event of future reoccurrence.

For the purposes of the present study we devised a hypothetical critical incident to assess individual staff members reactions to a specific incident common within the kitchen.

The incident used here is a slip accident wherein a staff member sustains a serious injury. There were various reasons for selecting slips and trips as the focus here. First it is one of the accidents found to be quite common in the catering industry therefore there is a relatively high degree of likelihood that the interviewee may have witnessed such an event first hand. Secondly, due to the Government's acknowledgement that slips and trips are a major problem, there has been a great effort by the HSE and others to raise awareness of this. Thirdly, due to this drive by the HSE, if staff members have received training, it is likely that slip and trip accidents would have formed part of it.

It was therefore proposed that, of the range of possible accidents occurring in the kitchen, staff would be likely to have an understanding of this particular type of accident and be well versed in how they should deal with them.

The researchers were thus allowed to determine with whom responsibility lay for dealing with accidents and injuries, establish a further appreciation of the management structure within the kitchen, find the extent and adequacy of training and get an indication of the more general culture within the kitchen.

Health and safety attitudes questionnaire

The health and safety attitudes questionnaire is a shortened version of the questionnaire constructed by Rundmo and Hale (2003) with some modification made to individual items. Their study showed that some attitudes may be an important causal factor for managers' behavioural intentions as well as behaviour.

It was considered that introducing this additional factor of assessing individual's attitudes towards safety would give a well-rounded representation of kitchen culture.

Taking all the measures into account the researchers produced research materials to fully explain all phenomena and potential eventualities within the catering industry.

5. RESULTS AND DISCUSSION

In this section of the report, data from a selection of the kitchens examined are presented. The selected kitchens illustrate all of the key points that were found. The findings from all of the kitchens visited are not, therefore, reported. This is to avoid unnecessary repetition.

The data from each of the selected kitchens will therefore be presented here. This will consist firstly of a brief background of each organisation to put the subsequent data into context. Clearly whilst all kitchens share the common aim of producing food for people, the clientelle for whom they are producing the food and the manner in which it is presented to them can all have a bearing on the actual workings of the individual kitchen. For example a smaller restaurant may only cater for a handful of customers a day whilst a kitchen in an institutional setting may cater for thousands. The difference in, for example, manpower required to cope with these varying situations will affect working patterns and, as will be demonstrated, have a spin off affect on health and safety management.

A description of each of the premises will therefore be presented giving details of such information as their 'target market'. Following on from this, our in depth analyses of individual and company attitudes towards health and safety will be made with specific attention paid to the influence which management forces have over this.

To fully illustrate the points contained in the following sections, quotes and reflections of the thoughts of those interviewed will be extensively drawn upon with the full transcriptions of those interviews being presented in the appendices of this report.

To begin with we examine the internal functioning of a hotel training school. It was thought useful to examine this area of catering almost as a starting point and backdrop to discussions of industry-based establishments. Consideration was given to the proposition of industry representatives (see interview with HCIMA) that best practice is taught in training colleges and then spread throughout the industry by the graduates of these colleges. As shall be outlined however, whilst the standards performed to in the educational establishment under scrutiny proved to be very good, the influence of formally trained individuals within the industry is subject to a number of closely inter-related factors which can, as often as not, result in poor practice.

Within the examination of each organisation outlined in this discussion a uniform set of key points will be compared and contrasted. These include individual knowledge about the company's health and safety policies such as points on training, the monitoring of training and effectiveness of guidance. Subjective assessments of the efficacy of these policies will be made as well as objective assessments of each kitchen's overall culture.

Cautionary point

At this stage an important point should be mentioned that has implications for the conclusions reached in this report. This is that despite the considerable experience of the researchers in working with hospitality organisations, considerable difficulty was found in arranging appropriate access to participants. The results obtained were from those organisations that did agree to participate. Several organisations declined despite originally agreeing to take part and often getting to a fairly advanced stage of the process.

In larger organisations there were often several introductory meetings held with a representative of the organisation (often a health and safety manager) to the point where access to the organisation seemed assured. Often, however, as soon as the directors of the organisation were asked for formal approval the participants would withdraw citing such reasons that it would be 'inappropriate' for their health and safety procedures to be explored in a research project.

In smaller establishments there was generally less 'courtship' involved and unwillingness to participate was very quickly stated in most cases. Reasons for this were rarely given but particular comments made suggested that many organisations were fearful of potential repercussions from the research. Of course all organisations contacted were assured that the findings of the research would remain confidential.

This seems to illustrate a mistrust of anyone asking about health and safety, perhaps stemming from a feeling that activities might be misrepresented.

In those smaller organisations which did participate it seemed people often had an 'axe to grind' and saw this as an opportunity to voice their concerns over, for example, recent environmental health visits that they had received.

Overall then the organisations that did participate in the study seemed to feel that they had 'nothing to hide' and considered their practices to be of a high standard. The results presented here are therefore composed of organisations with a supposedly high commitment to health and safety.

This illustrates the difficulty of conducting meaningful research in this sector.

5.1 KITCHEN ONE
Management of best practice (theory)

Background

The data presented in this section relates to an educational facility which specialises in catering training.

The college has a range of mixed ability students who are educated in the various qualifications related to catering with departments specialising in pastry work, baking and more general culinary skills.

As might be expected of an educational facility, much of the equipment is more closely monitored for defects and potential problems than might be done in the industry. Similarly, the supervision of students is more strict that might be expected of more junior kitchen staff in industry based settings.

The college operates by running several kitchens specialising in particular culinary skills such as production kitchens, a patisserie area and a bakery. In addition there are two dining areas open to the public which sell foods prepared within the school. These include a café open at lunchtimes and a fine dining brasserie area which opens on selected evenings.

Observation

The term used to describe the kitchen areas of the college is Realistic Working Environments (RWEs) where attempts are made to prepare students for what they might expect when they gain fully fledged employment in the catering industry. As with all training and education however there are major differences between theory and practice.

The observation checklist used in this research was designed for use in industry based settings and so proved to be not quite as pertinent a tool here as it was in the other organisations. Nevertheless a brief description of the observation period will be made to provide a further introduction to the practices of the college.

There were several different kitchen areas in the college with class sizes ranging from 7 to about 15 at the time of observation. As might be expected it was perfectly clear who was the head chef (or lecturer) and who were the assistant chefs (students). The preferred method of teaching was by instruction then supervision where a particular culinary act was carried out first by the demonstrator then by the students whilst the demonstrator maintained constant supervision issuing help and advice where needed.

There were very few signs of any causes for alarm from a health and safety viewpoint although many times the different lecturers were heard to issue cautionary warnings to students in instances where there was potential danger. For example in the patisserie kitchen, baking trays were being used with an extremely hot oven and continual points of advice were issued by the lecturer to promote good practice such as placing the hot trays in the middle of the stainless steel work-benches rather than at the side. Clearly the trays would heat the bench surfaces so, by concentrating this heat to the middle of the bench it would help minimise the risk of other students burning themselves when walking past.

No easily identifiable health and safety hazards were observed apart from those which go hand in hand with working in a kitchen (eg using knives). Even for such things as these lecturers were heard to encourage students to ensure their knives were sharp before using them in class. Constant reinforcement of good practice was therefore being made.

Such reinforcement was backed up by numerous safety related posters and notices being on display throughout the various kitchen areas.

Interview Data

Interviews were carried out with several of the lecturers and students. With the second group the interviews reviewed here are with those students who were at the latter end of their studies ie those who were also working within the industry as chefs or assistant chefs. It was thought this would give the researchers a greater insight into the transition from education to industry and be able to highlight the differences between them thus allowing for an appraisal of how good practice might be maintained within the industry.

The first lecturing chef (LC1) has been at the college for many years and specialises in educating students about patisserie skills. His experience in this position was thought vital in gaining an understanding of how the catering business has changed over the years and how the college has reacted and dealt with such changes.

The second lecturer chef (LC2) whose interview is reviewed here has worked at the college for only 4 months. His responses to questions gave a fresh insight into the internal workings of the college and, having worked up until recently in commercial operations, he was also excellently equipped to highlight the differences between the college and industry environments.

The three student chefs (SC1, SC2 and SC3) interviewed were all from level 3, the most advanced stage of the National Vocational Qualification (NVQ) in catering. By this stage of their studies the students increasingly take charge of the commercial as well as the culinary side of things by ordering stock for the brasserie.

LC1 described the method of teaching which he uses with his students. Rather than relying on the use of machines, he teaches the students how to prepare dishes from scratch by hand. He pointed out that this gives them an increased appreciation of the entire process yet it also has the dual result of eliminating the danger posed by industrial machinery. Obviously not all dishes can be economically prepared in this manner but to encourage the students in this method of production early in their careers might serve to make them less reliant on potentially dangerous equipment later on.

LC2 mainly teaches those students on level 1 of the NVQ. This results in a group of mixed ability including those who have previously worked or are currently working in the industry to those with no catering experience whatsoever. This can have varying implications for students' conduct where, "some … are in employment in the industry and they're the ones that tend to know how to behave suitably in the kitchen", yet on the other hand, "there are certain things that are done differently in the industry and a lot of them seem to think they can bring that into the college."

From the lecturers' point of view then it is not always an easy task to ensure that their students are conducting themselves in an acceptable manner. It is also clear from these early comments that much of what becomes common practice in the industry would not be accepted by those prescribing best practice.

The general ethos of training in the college is to begin by teaching students the preferred way of doing things then constantly reinforcing it in classes until it becomes the norm. Gradually the lecturers encourage greater autonomy on the part of the students but constantly monitor them to correct any inappropriate conduct and reinforce behaving in a health and safety conscious manner.

Each student therefore receives a comprehensive induction on health and safety when they first come to the college. As described by one of the students (SC2), "*in* the first few weeks they give a run down of what's expected", and for example, "you always have to make sure knives and everything are cleaned properly, put away properly and used safely". The same student also went on to describe how, " in the first 6 to 8 weeks at college you're constantly under supervision and they just literally go through everything with you and basically drum it into you so you're always aware of what you should be doing." After this stage the effect of visual reminders also play a part in reinforcing good practice where SC3 pointed out that, "there's also posters and things up telling you how to wash your hands, don't put knives into the sink and things like that."

This approach does seem effective and was apparent in a variety of the students' comments. For example when talking of the importance of good housekeeping SC1 said, "You do that without realising it now – it's pretty much the first thing you do."

From the LC2's point of view the formal regulations imposed on students are fairly limited ("The majority of the guidelines I'm set to follow are the obvious ones such as uniforms for health and safety reasons … and correct attitude and behaviour") but this does not pose a problem as, once the basics have been acquired by students, more informal training continues.

Another good example of ensuring students know the dangers of the kitchen was described by LC1 when discussing the critical incident scenario. In the event of an accident he'd take the class, "sit them down and have a look at what happened, discuss it with the rest of the group, how did it happen, why did it happen and just make sure everyone knows how to avoid it in the future."

The supervisory role of the lecturers is continual and sometimes severe steps have to be taken to keep people in line. Indeed on more than one occasion LC1 has threatened to suspend students for inappropriate behaviour. He said that, "you'll get some horseplay, acting about, fooling, behavioural problems and those are dealt with swiftly and decisively …the threat is if you do that again you don't come back in this room ever."

The influence of behavioural problems in the workplace is therefore something that must be considered in understanding the high rates of accidents in kitchens. This is obviously a cause for concern not just in the college but more so in a commercial setting. As noted by SC2, "here you're pretty much wrapped up in cotton wool in a way because there's always someone supervising you but when you get out into the industry it's not always going to be like that."

In a similar vein the culture of the industry was described as a very different place by LC2: "in an industrial kitchen you're naturally going to get more distractions because you've got all this

shouting at you, you've got other people around who you associate with on a daily basis, you're talking, you're not studying what you're doing and there's an element of risk there."

So, whilst behavioural problems can be a concern in the present environment we would expect it to be more pronounced in the industry where considerably less supervision is in evidence.

In addition, an understanding of one aspect of commercial kitchen culture is beginning to emerge. LC2's comments allude to the fact that the kitchen is, in some respects, just like any other workplace where colleagues know each other and socialise to an extent within the workplace. The difference in consequences between say the typing office worker who presses the wrong letter on a keyboard whilst distractedly chatting to a colleague and the kitchen worker using a sharp knife under the same circumstances however needs little further explanation.

The students themselves seemed to think the main difference between the two environments would be time constraints where in the college, "we've always got enough time to make something and have it ready by the time we need it but if you're in the industry you've got to work to time constraints and if you're under pressure you can easily make mistakes" (SC3).

The issue of dangerous machinery also seems to be an area in the industry where staff may be put at unnecessary risk. Within the college attempts to limit the students' use of these is made as, "we don't allow students to use the gravity feed slicers, we don't allow them to use the big commercial bowl choppers and things like that" (LC1). Certain other pieces of equipment such as the liquidisers do have a danger attached to them ["you can take the lids off them and they'll still be running" (SC3)] but again continual reinforcement is made about using them safely ["pretty much everytime you use them the lecturers do tend to remind you what to do just to give you a quick run down of what you should and shouldn't do" (SC2)]. For those students working in industry though it can be a different experience where, "they're not meant to but, despite your age, you might be given the slicer and they go 'Here you go, slice that!'" (SC1).

Much of this is related to the business side of catering where financial concerns are often towards the forefront of production scheduling. In addition to the time constraints mentioned by the student chef, LC1 talked of a tendency for employers to work their employees to unreasonable levels: "Fatigue is an issue these days; just generally working very long hours plus you're trying to employ fewer and fewer staff. I know chefs that are employed on a forty hour week, are paid for a forty hour week but work eighty to a hundred hours a week and they actually signed a disclaimer saying they're willing to do that. Now that creates fatigue and fatigue creates sloppiness and sloppiness creates accidents in that respect … things slip because people are trying to make more and more money."

The other lecturer chef (LC2) thought there was a great deal of often misguided interpretation made of what is required by establishments in terms of health and safety. The uniqueness of each kitchen was therefore thought to be a primary factor in the health and safety standards which are achieved: "Everywhere has their own shortcuts, everywhere has their own way of doing things, every chef I've ever worked with has done things differently but when it comes to the health and safety guidelines I think it's what the individual interprets as being important rather than what they're actually supposed to be following … obviously they have guidelines to follow but they're put in order of importance to fit the different places of work."

He also went on to describe how industry standards change from time to time and, for smaller scale companies with limited manpower, it can be a struggle to keep up to date. Using the example of temperature probing and holding temperatures he mentioned that, "that's why a lot of

small businesses not exactly disregard it because I think they've all got a knowledge of it but they tend to be slightly less coherent about it because they're so full of numbers and they think 'Well, what is it today?' and they just think 'Well, whatever, we'll just go with what we've got!' and you're not actually up to scratch so if you are then tested or inspected you could fall short."

Similarly the chef hinted at how standards can slip especially in small business: "in industry, in the smaller organisations that I've worked in, they tend to be slightly more lax than the College … there do seem to be things that people have forgotten or delegated and then forgotten about or passed on to somebody else".

As regards the communications in kitchens some illuminating thoughts were voiced by SC3. In reference to matters of concern in the kitchen he said that in the industry, "there's more of a structure – here (*the college*) we go to one person that's in charge of us and if there's a problem we go to them but if it was in the industry it would got through a chain of people more than anything because you have almost like the different ranks."

There must therefore be effective communication between the 'ranks' of a kitchen to ensure that problems are addressed by those in a position to do something about it.

Despite all the precautions it is hard to argue that accidents can be eradicated completely in the kitchen. In some respects it is part and parcel of the job and as one of the students put it (SC1) when they get a slight burn or a cut, "it's like a secretary getting a paper cut", and will happen at least from time to time.

As alluded to earlier the standard of the kitchen within the kitchen is very high. For example they are spacious enough to work in and the equipment used is up to date in meeting current legislative demands. As LC1 put it, "it tends to be a safe environment here as long as it's properly controlled." Obviously problems can arise even here but in environments where such strict controls are not in place, the potential for problems increases greatly.

Summary

The college gives students an excellent grounding in the skills required to work within the catering industry. Health and safety training is based around making sure the students know how to behave in the kitchen from the outset and then continually monitoring their activities to ensure their standards do not slip.

Despite this grounding it cannot be denied that the college environment is very difficult from the industry one resulting in a series of factors which can make standards slip. Many of these were thought to stem from a financial basis.

One finding which confounded expectations here was that there was considerably less 'formal' guidelines (such as guidebooks or factsheets) than expected with supervision really being the key to maintaining a safe working environment.

To summarise the main points realised from this kitchen then we can state the following.

- **Safe working environment is maintained through:**
  - Firstly giving examples of the correct way of doing things.
  - Offering strict supervision to ensure the continual practice of this.

- Continually reinforcing best practice through constant reminders in the form of, for example, instructional posters.
- Best practice becomes second nature to students.

- **Industry based settings may dilute best practice on account of:**
  - Financial implications steering employers toward overworking staff.
  - Considerably less supervision.
  - More pressure on production.

- **Factors unique to individual commercial kitchens:**
  - Legislative guidelines are viewed as open to considerable interpretation.
  - Certain guidelines are prioritised or discarded through subjective judgements
  - Lack of conformity to changes in legislation due to a confusion of what is required.

5.2 KITCHEN TWO

Barriers to health and safety management in small businesses

Background

This establishment is a branded brewery public house.

The pub still retains links with the brewery but was bought approximately 2 years ago by the current manager. Since being taken over this establishment has expanded significantly from a very small pub and now comprises a beer garden and increased indoor space. The establishment is, first and foremost, a pub but has received widespread praise for its menu and quality of food.

Observation

The kitchen is a fairly compact area which leads through a door immediately off the main pub area. The dishwashing area is to the back right of the kitchen with refrigeration and freezer units against the far left wall and cooking units (oven, grill etc) occupying most of the wall immediately to the left of the door. There is very little evidence of any other 'industrial' equipment such as machine slicers. Much of the remaining available space accommodates work surfaces which run the perimeter of the kitchen area. In addition there are additional cold storage units located in the cellar downstairs.

At the time of observation there were 3 people working in the kitchen: the head chef, chef and kitchen porter.

The division of labour within the kitchen sees the head chef carrying out the majority of cooking with the chef being restricted mainly to preparatory work whilst the kitchen porter carries out the most menial of tasks (solely dishwashing throughout the observation period).

Each member of staff seemed to know their position within the kitchen and accepted it although the attitudes shown towards the kitchen porter were very dismissive. Whilst he appeared accepting of this situation, it became perceptible that he wasn't really 'part of the team' and was viewed more as simply an expendible hired hand.

Reflecting this, the relations between the head chef and chef were perfectly amicable as they worked well together and independently made mutually accepted suggestions regarding production scheduling. The kitchen porter, on the other hand, was not addressed and did not address either of the other two staff during the period of observation.

The only easily identifiable hazards to health and safety were the slightly cramped layout of the kitchen and the splashed water on the floor around the dishwashing area. In the staff interviews both these points were mentioned although certainly for the former point there seems little that could be done to improve the situation. The lack of communication between head chef, chef and the kitchen porter could be a contributing factor to the latter point although due to the size of the kitchen it seems that this problem would continue to some degree even with increased direction.

There were no obvious safety related signs or posters on display although 7 rolls of stickers each with a day of the week printed on were secured to the wall on a dispenser. These are designed to be put onto refrigerated items to remind staff how long they have been in there. However, it was

revealed by the chef that they are rarely used and are only there as a result of what he saw as an unnecessary recommendation by an Environmental Health Officer. There was certainly an air of expert defensiveness about this comment with the chef seemingly insulted by the suggestion that he might not be capable of keeping track of stock.

It is difficult to predict if the introduction of warning notices or posters would benefit health and safety in this kitchen. As mentioned by the head chef during interview it is a small kitchen and those who work in it quickly become aware of the potential hazards within it. He mentioned that the outer part of the stove regularly becomes over heated but, with limited personnel exposed to this area of the pub combined with the small size of the area, it seems staff would very quickly become familiar with such a danger and behave in a way that minimised any risk.

A possible means of preventing injuries would be protective clothing. All the kitchen staff were quite casually dressed with none of the protective clothing usually seen in commercial kitchens in evidence apart from the KP. He wore a long apron although this seemed more to protect his trousers from being splashed as he washed the dishes.

Overall the kitchen, despite being small, seemed well kept with a good level of housekeeping. The only items on display (such as knives) were those in immediate use with all items not in use having a specific storage area.

Interview data

Interviews were held with the proprietor/manager who has held that position for two and a half years, the head chef (HC) who has been there for the same amount of time and the second chef (C) who has worked in the kitchen for nine months. It transpired that the kitchen porter, from the Ukraine, had very limited English skills and so was not included in the interview process.

Interviews were carried out in the early evening at a table in the pub. This made effective audio recordings difficult to achieve therefore notes were made throughout the interviews.

The manager of this establishment employs 10 staff, 3 of whom are full time kitchen staff. He described the food served as more imaginative than typical 'pub grub'. The kitchen staff strive to produce meals which are a cut above other pubs and even the traditionally popular dishes on offer are prepared and served in a manner more commonly found in a restaurant than a pub. All the dishes are prepared to order with fresh ingredients used throughout. On a typical Friday or Saturday the manager would expect around 25 to 30 meals to be served.

The head chef (HC), on the other hand, stated that he would expect to prepare 30 to 50 covers. This was a considerably higher figure than stated by the manager and could be indicative of one or more factors. First it could simply be that it is difficult to identify a specific figure when asked directly. Secondly perhaps the head chef, through professional pride, was eager to enhance the perceived production of the kitchen to an outsider or thirdly, and potentially the most damaging to an apposite understanding of health and safety practices, management and kitchen staff's understanding of the kitchen's activities are different.

The manager, when asked whether or not there are any safety guidelines advocated for the kitchen, talked of a company he had recently entered into a contract with to facilitate health and safety procedures in the workplace. The company (named Peninsula) specialise in providing expert advice to establishments which in turn enables them to fulfil all health and safety

requirements. Peninsula have only recently been taken on by the manager and, as yet, have still to implement their recommendations.

When asked whether there were any safety guidelines for the kitchen the head chef also replied there were not. When prompted he then went on to describe procedures relating more to food safety such as their use of colour coded chopping boards to avoid cross-contamination. His rationalisation for the lack of safety guidelines were that there are only 3 kitchen staff at any one time and he felt they were all capable of working in a health and safety conscious manner. Such a response was common for many of the questions put to him and he seemed at times to struggle to see what relevance matters such as health and safety training would have to him in the kitchen. Certainly he did not see how the combination of a small kitchen and small number of staff could result in any threat to employees' health and safety.

In terms of safety guidelines the chef also confirmed there were no set guidelines in place but added that he had studied health and safety at the local University and felt confident that his awareness of such issues was perfectly adequate. Similarly to the head chef, he pointed out their use of coloured coded chopping boards to guard against cross-contamination of foods and added that particular sanitising products are used for cleaning. As far as other matters concerning more explicitly health and safety related measures such as risk assessment went, such issues were not mentioned at all.

At present therefore there are no formal guidelines in place for safety in the kitchen and the production of health and safety guidelines have effectively been put on hold until Peninsula make their recommendations.

Unsurprisingly then, in terms of training in the workplace the manager does not impose any training procedure on staff. This is related to how he thinks it is best to use the labour of staff which he has. Clearly, he went on to say, staff are at work for a specified number of hours per day and the financial and practical implications of holding training sessions are prohibitive. He seemed happy to let kitchen staff learn by experience and described the training which they receive as being 'on the job' and in 'bite sized chunks'. It became apparent therefore that he takes no real part in this side of the business and seems perfectly confident in leaving the kitchen staff to their own devices.

Another point raised regarding training was related to the level of wages he was able to offer for particular positions. The role of kitchen porter was the most obvious example of this where a very poor wage is offered which very few people would contemplate. The only individuals willing to work for such poor wages are, he contended, those that can't get anything better. Invariably this group comprises individuals with poor English language skills. Clearly this barrier to communication makes anything apart from the most basic of training difficult to achieve. This mirrored and confirmed the comments made by HCIMA earlier.

The issue of training revealed similar explanation from the assistant chef in that no formal training had been offered to him. The skills and understanding of health and safety he has gained since starting work with the pub have largely been informed by following the lead of the head chef with the practices he uses in the kitchen dictating what is acceptable and what is unacceptable behaviour.

As noted earlier however, the assistant chef has been formally trained in health and safety at University. He is therefore more highly qualified than the head chef but it would seem continues to follow his lead whether it is right or wrong.

One of the few points prompted from the head chef which bore a relevance to health and safety matters (as opposed to food hygiene) were in relation to cleaning regimes. He stated that records are kept to ensure, for example, floors are regularly cleaned of debris (eg. produce and spilled oil) thus minimising the risk from potential slip or trip accidents.

Similarly, when asked if he tended to be involved in the kitchen's everyday safety activities, the manager replied that he did. The extent of this involvement however tended to be the gathering of the records and checklists related to things such as cleaning schedules and temperature checks although he also conceded that both his and the kitchen staff's commitment to such matters could be greater.

Interestingly, however, the chef pointed out that temperature checks of food are done manually without the use of temperature probes. The manager alluded to the fact that he collects temperature checklists from the kitchen staff but the chef's reckoning was that in checking the temperature of, for example a beef joint, he would simply cut into it and use his own personal judgement to assess whether or not it had been cooked adequately. Such an approach seemed reflective of the non-use of adhesive labels for stored food in that it was viewed as a slight on his professionalism that he would need to use any equipment to check if something had been cooked thoroughly enough.

As noted during the observation period there does not appear to be much in the way of industrial equipment in the kitchen. The head chef backed this up by saying that he does not employ any specialist equipment, the only potentially dangerous implements used being knives. Similarly the chef also considered that the only hazardous items in use were the knives and added that these were always stored in their racks following use.

Much of the interview with the head chef in particular created an image of the kitchen as a completely risk free area. Many of the questions put to him perhaps seemed slightly out of context and, more often that not, his responses were resultantly short. When asked whether there was anything about his job or the kitchen that he thought could potentially cause a threat to his health and safety he replied that there was not. However he then went on to say that there were certain, what he described as, *unavoidable* things such as splashed hot oil or perhaps the floor being slippery under foot near the pot washing area. The assistant chef also believed that there were no major risks to health and safety from the immediate environment or his work. He, reflecting the head chef's views on the matter, went on to discuss the inevitabilities of the occasional burn holding out his hands to display some existing burns and scars but pragmatically suggested they were part and parcel of the job. The manager too, when asked whether he thought there were any features of the kitchen or the staff's duties that might pose a threat to their health and safety, replied in the negative.

Corresponding sentiments were expressed by the head chef and the chef when questioned over the management's attitudes to health and safety. They both responded in a manner which suggested it had little to do with management. The thinking seemed to be that they simply get on with their jobs using personal knowledge and common sense to maintain health and safety.

Overall then it appears that the kitchen staff are left to their own devices by the manager. As long as they continue to produce food on demand then that is clearly the most important issue for him. As regards matters of health and safety it seems the manager is happy to leave that in the hands of the kitchen staff.

The manager discussed the business side of running an establishment such as this and it quickly became clear why the issue of health and safety is not given much attention.

He explained how he has found the management of health and safety matters impossible to undertake on account of the innumerable other tasks he has to perform. In describing his day to day tasks in running the pub it quickly became clear that the effort involved in dealing with orders, hiring staff, managing banking matters, arranging wages and so on made the task of researching and implementing a sound health and safety structure nigh on impossible to achieve.

He talked of how confusing he found the various rules and regulations surrounding health and safety legislation and of what a mammoth task it was to ensure that all legal requirements are fulfilled and all appropriate documentation had been gathered. Essentially then whilst he was acutely aware of the importance of health and safety matters, the time and effort involved in both finding out what was actually expected of him as the manager of a catering establishment and transmuting these findings into a workable system was too great to undertake whilst maintaining the fluidity of other aspects of the business.

It was for these reasons the manager contacted Peninsula to, essentially, contract out the management of this side of the business. Peninsula operate by being paid a sum to carry out an audit of the company on a yearly basis and provide outlines of responsibility for each member of staff so that all legal aspects of health and safety legislation are fulfilled in the most efficient manner. In addition all the appropriate documentation and recommended procedural guidebooks are provided to the establishment. Peninsula therefore seemingly provide a highly detailed and comprehensive service although the manager pointed out that it does come at a price. This particular establishment is a very successful business and, for its size, brings in relatively high profit margins. The manager suggested that the average profits gained from a similarly sized establishment would not permit most to seek advice from the likes of companies such as Peninsula.

With regard to safety inspections the manager does not involve himself in such matters for the reasons mentioned above but, since taking the pub over 2 and a half years ago, has had 3 walk in visits from Environmental Health Inspectors. Part of the reason why the brewery had been willing to sell the pub to him in the first place was because of the poor kitchen facilities and their requirement for upgrading. Initially then when he took over the pub the sole food production was sandwiches although the Environmental Health Department believed the kitchen was unfit even for this limited production.

Since then the kitchen has been completely refitted and, whilst remaining fairly basic, it possesses all the means of production required to offer a full menu.

Following the scheduled interview questions, conversation drifted towards discussion of the visits from the Environmental Health Department which the manager had received. Although not entirely within the remit of the interview the points he raised proved quite interesting.

His overall impression of the visits he had received were that the Environmental Health representatives all adopted very disparate and inconsistent approaches to their inspections. As also suggested in discussions with previous interviewees there didn't appear to be any agreed upon criteria with which to investigate health and safety in catering establishments.

The manager, having worked in the business for a considerable time, felt that the procedures adopted by inspectors in the area were even less predictable than in other London boroughs. As

mentioned, he had found it extremely difficult to ensure that he was attaining health and safety standards and he further gave the impression that the visits from inspectors had confused him even more. Becoming increasingly anxious that he might not be acting within health and safety legislation was the primary motivation behind contacting Peninsula.

Summary

Commitment to health and safety at this establishment is at present characterised by management confusion over what is expected of management and a lack of resources to ensure the required standards are being met. There is also a disinclination on the part of kitchen staff to perceive that formal safety guidelines and increased commitment to health and safety may be beneficial to them.

The manager, with whom ultimate responsibility lies, was unable to find the time to train staff on such matters and gave the impression that, even if he did, he had no easy means of ensuring that his approach would reflect recommendations of the HSE or other enforcement bodies. Despite this the manager's intentions towards resolving this issue were commendable but, financially speaking, only open to him on account of the pub's success.

The kitchen staff themselves were perfectly happy to work under current conditions and saw no need for improvement in health and safety related matters. The underlying rationale for such a viewpoint was mainly related to the unique nature of the kitchen in question where there didn't appear to many obvious things that could go wrong or lead to an accident for example. Certain comments made by the staff implied that they would be resistant to change in this respect and may even take it as an insult to their profession reasoning that, if anyone knows how to function most efficiently in their kitchen it's them.

Whether or not this is the case there was evidence of a slight separation between management and kitchen staff control. As identified previously, the actions of the head chef set the tone for other kitchen staff with the chef following his lead regardless of whether or not his practices are sound from a health and safety viewpoint.

This establishment is in a period of transition at present and, in keeping with previous findings, the manager is anxious to ensure health and safety requirements are met. From the discussions with kitchen staff however, it seems that if new procedures are imposed within the kitchen it is unlikely they will be accepted.

Furthermore, the impression that the manager had build up of the inspectorate was less than favourable. He thought that the comments made by difference inspectors on visits to the pub were very different and fraught with inconsistencies making him extremely confused as to what was expected of him.

To summarise the main points realised from this kitchen then we can state the following.

- **No health and safety guidelines were prescribed my management due to:**
  - Insufficient time available to implement any strategy.
  - Uncertainty over what is required.

- **Control of kitchen activities was effectively relinquished by management.**
  - Kitchen staff left to manage their safety culture.

- **Influence of the head chef:**
  - Second chef adopts the head chef's mode of behaviour whether or not it promotes a safe working environment.

- **Kitchen staff unlikely to embrace increased health and safety guidance:**
  - 'Professional defensivness' was exhibited.
  - Subjective opinion on the part of kitchen staff that they, as experts, are capable of behaving in a health and safety conscious manner.

- **Bias toward food hygiene**
  - Confusion over food hygiene matters and more general health and safety matters where the latter was seemingly not recognised as a separate entity by kitchen staff.

- **Perception of inspectorate's role:**
  - Inspectors' approaches considered too subjective and individualistic.
  - Disparate information and inconsistent recommendations were offered.

5.3 KITCHEN THREE
Barriers to communication

Background

This kitchen services the students, staff and guests of a University.

On a regular day there will be roughly 5000 people in the building catered for by the kitchen with, on a busy day, 3-4000 using the catering facilities provided. Not all of these however could be classed as 'full customers' as some may simply qualify as a customer by buying a coffee.

The types of food prepared offers a range of main course meals, snacks, pizzas, salads and sandwiches. Further details regarding food production offered by the interviewees were that the kitchen make their own deserts but buy in chips, pies and similarly pre-prepared foodstuffs. In addition banqueting facilities for those attending conferences within the University are provided.

Observation

The kitchen area on first impressions seems relatively small for the amount of people who use it but sustained observation revealed large storage areas located outwith the main kitchen area. The kitchen therefore, whilst seemingly small is amply spacious for the activities which take place within it.

At the time of observation there were 5 members of staff working within the kitchen. It was clear that 2 of these were kitchen porters whilst the others were what seemed to be a head chef and two less senior chefs. Amongst these staff members there appeared to be a healthy respect for the various positions which they all held and good co-ordination of related activities to ensure a smoothly functioning kitchen.

There did not appear to be any overtly obvious threats to health and safety in the kitchen. Knives, for example, were all stored safely when not in use and there was very little in the way of floor debris left unattended. In addition, walkways were free from potential obstructions.

There seemed to be considerable evidence of the organisation's commitment to health and safety with many safety related signs and posters up throughout the kitchen. These were all easily visible, in the appropriate location and well maintained. Many of these signs were 'official' documents produced by health agencies but others were simply handwritten perhaps suggesting that the organisation was keen to perform more highly than minimum health and safety standards might suggest.

Interview Data

The interviews reviewed here were conducted with the operations manager, the catering manager and the head chef. The interviewees did not consent to audio recordings being made therefore extensive notes were taken throughout.

The operations manager (OM) has worked in his present capacity for 3 years. Employed originally in the catering business as a chef for 9 years, he has now been in the business for over 30 years.

The catering manager (CM) has worked in the industry for 19 years whilst the head chef (HC) has been with the company for roughly 15 years.

In short then, the team working at this organisation are highly experienced in the industry.

As shall be seen through the information to follow, the difference in perceptions of health and safety management and practice between the 'office' staff (OM) and the kitchen staff (CM and HC) are highly pronounced in this particular example. To fully highlight the differences the data from either party will be outlined separately starting with the OM.

The OM oversees a number of different departments within the University and can be responsible for up to 50 personnel depending on seasonal variations in employment. In terms of catering staff there are roughly 20 individuals accountable to him and, within the specific kitchen selected for this particular investigation, there are usually 6 staff working at any one time.

Of these 6 staff, 3 are chefs and 3 are kitchen porters. The kitchen staff recognise 3 'break times' throughout the day with the peak of production falling in between the times of 11am and 2pm.

Prior to the OM's arrival in his current post he said there was very little in the way of formal safety guidelines for conduct in the kitchen. Since joining though, he has compiled what seems a comprehensive volume of literature which covers staff training and accounts for some specific problems encountered in the kitchen. These guidelines do not necessarily conform to any external guidelines but have been built up by reference to the interviewee's extensive experience in the field and exchanges of ideas with fellow industry contemporaries.

As far as implementing the guidelines, the OM is not involved with this personally but rather delegates the task to local managers who have more contact with the day-to-day kitchen staff. In the case of a new employee, the information relevant to their job description will be conveyed to them via the local manager (more specifically, the CM in this instance) within 5 days of their employment tenure.

In terms of overall responsibility, the interviewee manages 6 main units, each of which is headed by a unit manager/supervisor (again in this case the CM). It is these 'second in command' employees who undertake the training of new employees with the OM leading the way in a supervisory capacity.

In the event that an accident actually occurred the OM claimed it would be recorded in the accident book then, depending on its seriousness, an investigation would be undertaken by an internal Health and Safety Department. It was stated that not all accidents would be recorded although emphasised that those excluded would only include things like minor cuts.

One particular 'accident' which did occur recently (approximately 2 years ago) was where a female employee allegedly 'fell off a trolley'. The issue of what she was actually doing on a trolley in the first place was never explicitly made apparent although there was an implication made that she was behaving in an inappropriate manner. There did, however, appear to be some doubt over whether or not this incident did actually occur. The employee in question was described by the interviewee as having the reputation of a troublemaker and the accident

investigation itself revealed no witnesses. This led to the assumption that some fraudulent financial gain was the primary motivation of the employee by attempting to claim for damages. Ultimately it transpired that her employment with the company was terminated.

Under advice, the interviewee introduced a new safety check for the use of trolleys to guard against any future claims of this nature although, in the two years since that time, there has been no requirement for it to be used.

As mentioned, the interviewee is not involved in the kitchen's everyday safety activities but leads the way for the various unit managers. In terms of safety matters arising in company meetings this has now become quite rare also. When the interviewee started with the organisation and introduced the various new safety guidelines he organised regular meetings (every two months) with the unit managers to discuss the new guidelines with them. Now, however, the managers are fully briefed and the need to have such meetings has diminished. Nowadays the interviewee tends to send out emails to the staff if there are any particular points he feels need to be brought up.

More recently, in keeping with the Government's focus on the problem of slips and trips within the workplace, short training sessions were organised for all staff to recognise the dangers of these particular types of accidents and improve resistance against them.

In terms of production scheduling where staff might be particularly busy and prone to 'cutting corners' it would be unlikely for health and safety matters to arise in meetings and, if they did, it would only be very briefly.

In judging the communication links between himself and other staff, the interviewee believed this was good implying that if kitchen staff were to encounter difficulties he would be on hand to advise how to remedy them.

As regards training, the level given to employees varies depending on their role and capabilities. There is a training pack which outlines all aspects of what a new employee should know although in the case of agency staff, some of them have poor English language abilities, are therefore difficult to communicate with, and do not receive the training. In instances such as this the employee would be restricted in the tasks they were given and would, for example, be given the role of pot washer. They would be limited from engaging in tasks which required specific training such as the use of some machinery and the chefs within the kitchen would 'keep an eye on them' to make sure they were performing to standard.

Of the staff who do receive training there is no formal periodic retraining sessions although the interviewee believes that ongoing training features to a degree. This would be in the form of on-the-spot reviews where, for example, the catering manager had seen an employee do something wrong then would take them aside to explain the correct procedures.

The interviewee's overall belief about the training he advocates is that there is sufficient emphasis placed on health and safety matters but is concerned that, however well the training is put together, there is always a chance the messages won't get through to staff.

Safety inspections of the kitchens are not generally carried out but do occur periodically. They tend to be on a random basis perhaps once a year and might carried out by the internal health and safety team or Health and Safety Inspectors. In the event that particular elements of the inspection do not reach the required standard they are simply rectified as soon as possible. If it

were to be a machinery fault such as a faulty machine guard then the machine would not be used until it had been repaired to the required standard.

As previously alluded to, the OM's view on health and safety was rather different from the CM and HC whose opinions on the matter will now be discussed.

As regards health and safety, the CM stated that he was immediately responsible for on the spot safety within the kitchen. Principally this was the same arrangement as described by the OM. In the event that some form of accident or injury were to occur though it was initially agreed upon by both the CM and HC that there were no formal guidelines in place for dealing with this. Following this, however, a certain procedure of sorts was then described wherein the injured individual would first be identified then the company emergency line called with the emphasis being that it would be this external department who would deal with the incident. There was no mention of the accident book which the OM talked of.

As an example of the procedures followed in the event of an accident or injury, the CM talked of a staff member who collapsed in the kitchen. There seemed to be some confusion over whether this was as a result of the heat in the kitchen, a heart disorder or a combination of the two. On this occasion the organisation's helpline was phoned and the medical staff from this department quickly attended the scene and dealt with the individual as soon as they could.

Another incident concerned a staff member who was separating soup into several large containers from a larger pot. The soup was still extremely hot coming from the pot after cooking and through the process of separating it, the containers which were being stored temporarily on the floor of the kitchen became a hazard. The employee, walking backwards carrying a freshly filled bowl of soup, tripped on those on the floor injuring himself on two accounts: by the impact of the fall and the scalding effect of the soup. Again in this instance the emergency line was called and the staff from that department dealt with matters from thereon in.

The CM's reading of this accident and subsequent injury was that it could not have been prevented. He attributed this to the chosen actions of the injured individual and the design of the kitchen not being conducive to such tasks.

It was later mentioned in the interview that, where necessary, an incident report form would be completed and the incident noted in the accident report book. It was further mentioned, however, that neither the CM nor the HC knew where these documents were actually located suggesting that they are very seldom put to use.

A common theme running throughout the interviews with the CM and HC was the difficulty of accounting for some accidents. Both interviewees explicitly indicated that rather than being able to take a preventative approach to accidents they had to be accounted for reactively. In other words an accident, or the cause of the accident, would only be dealt with after an accident had occurred. Regardless of the appropriateness of this approach it is clearly easier to identify hazards if they have caused an accidents and it was considered that this would be the preferred method of introducing new safety regulations within the kitchen.

The issue of training raised some interesting points with the comprehensive version of events put forward by the OM not as evident at this level. The CM acknowledged that in an ideal world (as per the organisation's regulations and indeed health and safety legislation) each new employee would be given an induction and training on health and safety within the kitchen. In reality however, this is not really practiced. Most new employees tend to come from agencies and are

brought in to do a specific job such as when the existing kitchen staff realise they will be short handed for particularly busy times. Such new starts may only be with the company for a matter of days and the CM explained that, as they are brought in at the busiest times, trying to find time to give them training is nigh on impossible. In an effort to rectify this he uses the same recruitment agencies and attempts to get the same staff in for short-term positions although he readily admits that this is often not possible.

In addition the CM questioned the quality of staff which the agencies provide. In the case of kitchen porters he would expect most to have previous experience of this position and be implicitly aware of what is expected of them. However, the amount and quality of experience can vary considerably. Similarly to in kitchen two there are also sometimes language difficulties where staff with limited English language skills are employed. At present the kitchen hosts a French employee whose skills in English are fairly poor. Indeed whilst the interview was taking place he interrupted to question the interviewee over his agency time sheet. The difficulty in communication even with this simple exchange was quite apparent.

In terms of other training, the CM, like the OM, mentioned the slips and trips training which was given to staff some time ago. This consisted of a half-hour training session which all staff received.

When discussing the principles of health and safety training it became clear that the CM had a very low opinion of it. He believed that 99% of good practice is accounted for by common sense with only 1% explained by teaching. Referring back to the OM's views, it was noted that he hinted at a similar opinion by saying that however well the training programmes are designed, there is no guarantee the message of them will get through to staff.

Turning to other issues which might prevent a better health and safety environment one issue deemed very important was kitchen design and the equipment in use. Often, it was claimed by the HC, the regulations surrounding health and safety legislation change more quickly than a company may be able to cope with from a financial perspective. For example a new kitchen might be designed and built which complies with all regulations and has up to date equipment but a couple of years later with the introduction of new legislation the kitchen might no longer reach the required standard.

Whilst the researchers accept that regulations change over time, the assertions of the HC do seem a little confused. To suggest that legislation changes so swiftly as to render recently accepted equipment useless is, to put it bluntly, something of a myth which suggests either an ignorance of the law or a confusion over it. Whichever the case, the end result is the same and the question of why this perception exists reflects poorly on both this company's organisational structure (the OM was certainly more knowledgeable about legislation) and the approach of inspecting officers.

An example of poor design in these particular kitchens is the absence of a dedicated area for refuse. There is no space in the kitchen area for this so any refuse must simply be discarded in haphazard piles until a member of staff has the opportunity to remove it to the outside bins.

When questioned over the difficulties of maintaining health and safety standards under pressurised times of work both the CM and HC replied without hesitation that 'cutting corners' would be commonplace. An example of this was the temperature checks which are supposed to be made upon fridges, freezers and food. The CM stated that he would like to be able to do this and assure himself that all appliances and food were being stored within the designated safe

temperatures but that lack of personnel resources made this impossible expect for at very quiet times.

The common theme running throughout this interview therefore was that the kitchen staff do attempt to minimise hazards and act with 'due diligence' as the HC put it. On account of poor design, lack of resources and a pressurised environment however the health and safety standards to which they are expected to perform are often not attained. Interestingly the term 'due diligence' derives from food safety law and there would appear to be a major confusion by the head chef over what was considered as a health and safety issue and what was a food hygiene issue with the former, at worse, not even being recognised as a separate branch which needs to be pursued.

As mentioned earlier the CM believed that 99% of good practice can be accounted for by common sense on the part of the individual with only 1% explained by teaching. This suggested that this particular kitchen takes a rather *laissez faire* approach to health and safety, placing the onus of maintaining standards on the individual employee rather than advocating strict procedures for personnel.

Some technological elements have been built into the design of the kitchens as standard such as the lock on the deep freeze room. The procedures associated with this mean that the door will not be locked whilst an individual is in there with a light outside the freezer indicating this.

In stark contrast to the OM's admission of only one accident that he knew of occurring in the kitchen, countless stories, some with very severe consequences, were recounted by the CM and HC. These involved major lacerations at the slicing machine, severe scalds and burns, cuts with knives etc. As regards the slicing machine (noted as the most dangerous piece of equipment on the premises) safety signs have been put up beside it reminding staff of the need to utilise the safety guard and other safety precautions. As the CM repeatedly mentioned however, he finds it impossible to account for the actions of certain individuals who disregard the rules.

Summary

Despite the good intentions of the OM, it would appear that this particular kitchen does not employ a strict health and safety focused approach to working practices. The impression gained from kitchen staff was that accidents will continue to happen regardless of additional preventative measures and that injuries and accidents are simply a facet of the job.

The kitchen staff take a reactive approach to prevention where any new safety precautions would be introduced by learning from mistakes and it would appear that each individual is responsible for their own wellbeing leading, potentially, to variations in the health and safety conscious behaviour between employees.

Initial impressions upon observation were that this was a smoothly running kitchen with a strong commitment to the prevention of accidents. Indeed the interview with the OM served to strengthen this conviction. When interviewing kitchen staff however, a very different impression was formed. Importantly then a general inspection of kitchen areas is not always a useful tool for judging commitment to health and safety whilst an equally significant point is that higher management personnel, certainly in this instance, are not the most appropriate people to question over such issues.

The varying accounts given by the different interviewees was, at times, quite striking with the operations manager's replies giving the impression of a kitchen with a much greater commitment to health and safety than that described by the catering manager or head chef.

The operations manager claimed to have implemented thorough and comprehensive safety guidelines which cover a broad range of health and safety related problems which may arise in the kitchen. Conversely, neither the catering manager nor the head chef seemed aware of any particular safety guidelines and when pressed on what they would do in the event of an accident, stated an emergency procedure which basically takes the matter out of their hands and into those of a different department.

Overall then the operations manager described a well functioning and efficient kitchen which has a high commitment to health and safety as evidenced by the lack of accidents or injuries sustained in the kitchen. Opinions from kitchen staff themselves were sometimes in direct contrast to this where cutting corners in relation to health and safety appears to be the common practice.

It is plain to see there is a considerable breakdown of communications in this kitchen between those who introduce the health and safety policy and those who are supposedly practicing it. In this particular instance however, the operations manager believed there were good communication links within the organisation suggesting that there would be a transmission of common beliefs and ideas amongst staff.

It could be the case that the highest manager is perfectly well aware of his legislative obligations and produces guidelines and safety regulations to satisfy them. They may semi-intentionally not be filtered down to staff or done so only half heartedly as they consider legislative demands to be impractical for a working kitchen.

As pointed out by Morrow and Crum (1998), interest in employee safety is often dictated by the need to control costs borne from such things as worker's compensation or possible legal action taken by affected employees. If duty workers have a certain system in place which protects them against these potential expenses then the cynical view would be that they see this as sufficient and any social responsibility they feel for employees is a secondary concern.

A further explanation is that the operations manager does pass on the various rules he has introduces but that the kitchen staff do not implement them either through a resentment of managerial staff thought to be common in the industry or a shared consideration that such guidelines are incompatible with the workplace.

In some respects, this kitchen exhibits parallels with kitchen two. Whilst it differs in that safety guidelines are produced, it is effectively the same as these are not adhered to and the kitchen staff effectively govern themselves.

To summarise the main points realised from this kitchen then we can state the following.

- **Guidelines have been produced by upper management:**
  - Reference was not made to any approved HSE, for example, guidelines on safety management in their development.

- **Guidelines are not adhered to by kitchen staff[2]:**
  - Caused potentially through duty holder's desire to protect the company's interests rather than staff welfare.
  - Caused potentially through them being impractical for the current environment.
  - Caused potentially through the resistance of staff to them for other reasons (eg view that their experience permits them to be the best judge of how to behave in the kitchen).

- **Kitchen staff took a reactive rather than preventative approach to accidents:**
  - Accidents were viewed as unforeseeable and impossible to account for in advance.
  - Any changes in behavioural practices were therefore only considered after an accident had occurred.

- **Implications for inspectors:**
  - Upper management's approach to health and safety seemed, on first impressions, excellent.
  - Observation of the kitchen itself didn't raise any major cause for alarm.
  - Only when investigating attitudes further than most health officers would did the extent of problems inherent in this organisation become apparent.

[2] *Identifying a single most important reason for this phenomena was difficult to achieve therefore several of the suggested causal factors are presented.*

5.4 KITCHEN FOUR
The importance of kitchen design

Background

This kitchen services the 1500 strong crew of an aircraft carrier vessel. Apart from the obvious challenges faced by the crew when the ship is off-shore, the catering team have a number of unique problems to content with. Most kitchens, by and large, have ready access to stock as and when they need it but in this environment there are often no easily available supplies for weeks. The logisitics of providing full catering of up to 3 meals per day for this many people is staggeringly complicated and demands that every spare storage area is fully utilised.

Observation

There are several kitchen areas on board the vessel such as a private kitchen, the bakery kitchen and the main kitchen which was the one selected for this particular investigation. Being on board a sea-going vessel, the kitchen has been designed with physical space at a premium and consequently the area used in food preparation is extremely cramped and replete with potential hazards.

On initial observation of the kitchen quarters the first impression is of the lack of space available. Every area appears to be over-used with fridge and storage areas placed at the entrance of the kitchen with barely enough room to manouevre past let alone carry or deposit foodstuffs in them. Moving beyond this area there is a 'storage area' for potatoes and other less perishable vegetables. This essentially is just the floor of the kitchen where sacks of potatoes have been placed due to a lack of any other available space.

Kitchen staff are required to work side by side in tight corridor-like work stations with less than a metre of space to move within them. This made for some very undesirable practices as the staff attempted to work within the constraints of the environment whilst preparing massive amounts of food.

There appeared to be roughly 15 kitchen staff working at the period of observation although it was extremely difficult to discern the various roles or positions of them. As far as could be gathered from the observation period there did not appear to be any strict delineation or hierarchy amongst the staff. Everyone appeared to be sharing in the jobs which needed to be done with an emphasis on all staff working together to achieve a singular task rather than working individually on separate tasks to co-ordinate an overall objective. It could be that this is the only manner to work within such limited areas and the prospect of having a range of individual tasks being undertaken would be at best unwieldy and at worst impossible to achieve given the space limitations.

Again, perhaps related to the lack of space, there were many observable instances of dangerous equipment being left out on work surfaces which, on several occassions, were knocked to the floor as staff brushed past. Storage space for hand held equipment seemed to be centralised within the kitchen with a specific area for knives to be stored for example. The effort involved in manouevering past colleagues to cleanse and then restore certain implements was therefore impractical for most staff members.

The other main difficulty observed within this kitchen was the floor. It was constantly very wet underfoot with little to no drainage. On observation the researcher was informed there was a design fault with the drainage system meaning it would block up when only a slight amount of food escaped into it. Unfortunately, if this happened to one of the drainage channels then, as they are interconnected, all other channels would also become blocked. This had become such a chronic problem that staff had taken a decision to simply work around the problem rather than continually having engineers 'fix' it.

Tremendously large pots are required in the preparation of food on this scale and an example of difficulties arising from this were observed when an oversized pot of potatoes had just been boiled. The pot boiling area is located on the other side of the kitchen from the drainage sink and to carry it this distance is a very difficult and hazardous task. The solution used by staff was to simply drain the water from the pot directly on to the floor in the vain hope that the malfunctioning floor drainage system would cope with it.

Interview data

The interviews reviewed here were carried out with three members of the management and training staff and one chef.

The first catering manager (CM1) is in charge of this particular kitchen whilst the other (CM2) is in charge of one of the other kitchens. The nature of their posts however requires them to work closely and often be present in the other's kitchen.

Also interviewed was the training manager (TM) and a chef (C) from the main kitchen.

When asked if there were any safety guidelines in place the initial response was, "only what's laid down by legislation more than anything" (TM). Further questioning suggested that such guidelines were more toward the food hygiene side of things ["issues about hygiene, temperature monitoring and all that sort of thing" (TM)].

Further discussion led to the mention of more accident prevention measures in place throughout the organisation such as the Care of Substances Hazardous to Health (COSHH) Health regulations 2002 and a company insistence on the use of Personal Protective Equipment (PPE) for related activities.

The TM talked of the training procedures which he carries out: "within a 24 hour period of joining they (*new employees*) would be given their induction training … which again can involve COSHH, the equipment (*of the kitchen*), how to use it, how to clean it etc." He also went on to mention that more 'everyday' accidents are covered in the induction packs as well.

The management were asked about slips and trips where the TM said, "it's drummed into them that if there's a spill on the deck that they have to mop it up and clean it up straight away … it's almost more a common sense thing rather than it being drummed into them; it's a common sense thing that if there's oil on the deck you get it cleaned up, you wouldn't be walking around in it."

The chef also had a good attitude towards dealing with slip and trip hazards: "if you know that it's happened (*a spill on the floor*) then hot, soapy water down to get rid of it but if you know that's happened and you neglect it then if someone goes down and slips then someone says 'Oh

no, I did that earlier!' then it's his fault because he didn't get rid of it … there's no need to just forget about something like that!"

The chef's comments not only displayed a healthy approach to dealing with slip hazards but also a fuller appreciation of recording accidents by mentioning that he would note it in the accident log book; something which all the managers stated would be an important part of the procedure.

When asked about responsibility for health and safety in the kitchen CM2 stated that the catering manager is ultimately responsible but that on the spot responsibility is delegated to the senior chef on duty in the kitchen at that time.

Again, there was no confusion on the chef's part as he also noted that the responsibility lay with the catering manager. He then went on to say that, "He (*CM1*) wants to keep on top of cleaning and things safety wise so he'll go round and inspect it too many times in the day; it's just so many times … if he doesn't like something he'll get one of the (*senior chefs*) to detail us", showing that even though the catering manager may delegate certain duties to his kitchen staff, he is not complacent as regards health and safety.

This commitment was also evident in some of the CM's other comments where he was rather critical of the organisation's overall personnel structure: "We do have a health and safety guy … who is actually health and safety qualified etc. But he isn't a caterer, he just does the accounting. I actually believe we should have someone really but these days we need manning … and (*the organisation*) is very unwilling to pay anyone too much if we can get away with it. I mean it's fact!"

Regarding other health and safety measures, there was a series of risk assessments carried out although as they were carried out by a team which the kitchen management have no real knowledge of, they are not particularly *au fait* with what had actually been done or how the team went about it.

One point which became clear throughout interviews with the various organisations included in this study was the different way in which the term 'risk assessment' was used. In many cases the risk assessment consists of identifying all pieces of electrical equipment to ensure they are operating correctly and are safe to use. In the researchers' view this falls short of the true definition of risk assessments as outlined in L21 (ie: "a risk assessment … should ensure all aspects of the work activity are reviewed" Para 18 (b) p 8).

This requires the interaction of the employee to be accounted for in risk assessments and not just, for example, an annual maintenance check for frayed cabling or faulty equipment. A true risk assessment should obviously ensure that equipment is safe but that should really be just the initial step in analysing how each worker uses the equipment (ie are they using it properly, are they any prescribed ways of using it properly etc). Essentially then the risk assessment should examine behavioural practices as well to ensure that risk is indeed minimised.

Safety inspections are carried out on a more routine basis every three months where the catering managers check to ensure all the correct procedures are in place. As a comprehensive look at various practices this, whilst covering elements of it, is not purely health and safety related *per se* but does go some way to examining the manner in which staff are interacting with the environment and various pieces of equipment.

When considering the threats which might be posed to staff in the kitchen, various points were mentioned which would not normally have to be considered. CM2 thought that, "probably the biggest health and safety one is storage to be honest." This was certainly evident in the observation period but other points related to being on a ship were volunteered by CM2. For example the difficulty in transporting supplies to the kitchen from the delivery area: "if the lifts or other bits of kit aren't working then you've got to hump that gear yourself and you haven't got an option. You know, manhandling boxes and spuds up and down ladders, through the passageways, up and down ropes …"

Within the actual kitchen area TM noted that the size of the kitchen often causes problems: "things … related to the limited space we've got is our big copper kettles with boiling water in … and if you pick them up and move back then you've got a bench behind you and there's just no room to manoeuvre." CM2 added that due to the design of the kitchen, when using the copper kettles, "you've got to stand on the wall side … so if anything goes wrong then you'll have to jump over the bench to get away from it."

The chef agreed that much of the dangers in the kitchen stemmed from its design: "there's a grater in there which sticks out … I mean we never use it and it's just in the way and people keep on banging themselves on it." He also mentioned the state of the floor in saying that, "the worst thing in there is the slipping hazards because if there's oil on the deck it gets a bit slippy sometimes."

He talked further about the equipment in the kitchen which he thought could cause problems: "There's a couple of bits of equipment which, if you're on a shore base and you're under 18 there's certain bits of equipment you're not allowed to use. So the meat slicer you won't be able to use that", thus demonstrating both an awareness of certain dangers and an understanding of the legal status which some items of machinery have in terms of underage use.

As far as accidents which have occurred, one involved a chef who fell over hitting her head. At the time it was thought to be very serious as she was unable to feel her legs. This unfortunate incident displayed the effectiveness of the organisation's emergency procedures where the other chefs raised the alarm and she was correctly moved to the casualty area.

Another serious accident which occurred resulted in one chef sustaining a severe cut from a knife. "We had (*a particular chef*) who sliced his hand with a 10 inch cook's knife", said CM1 but when questioned further about the circumstances surrounding the accident, the mangement team were reluctant to elaborate ["I'd rather not go into it" (CM1), "Lack of concentration I think is probably the easiest way to describe it" (CM2)].

The chef, on the other hand described the incident in more detail: "he had a knife or something and he was messing about with it and he's got a huge cut down there and the blood just started pouring out all over the floor and he had to run down the passageway to sick bay and he's got this scar now because he had all the stitches in it". When pressed on how the accident actually came about the chef revealed that, "Erm, he was pretending to dance I think and he went and did a dance like that and just sliced his arm."

Under some circumstances then there is little that can be done to prevent certain accidents from arising. In this particular case, "that was down to his own fault because he was just being stupid" (C) and, "there's no accounting for stupidity unfortunately" (TM).

Summary

In the researcher's opinion the health and safety guidelines adopted in this particular establishment are generally of a good standard. Despite this the kitchen is without doubt the most dangerous one visited in this study.

This was largely due to the design of kitchen which allows no real margin for error on the part of kitchen staff. They seem to have adapted to this quite well with the systems of work adopted but as the training manager said, "generally it's an accident waiting to happen out there and how we get away with it on a day to day basis is really beyond me."

The researcher who visited this particular kitchen is not fully versed in the criteria by which an inspector would deem a kitchen unsafe. However, his experience in visiting a variety of different establishments and identifying hazards within them leads him to believe that, under different circumstances, a kitchen such as this would likely be served with a prohibition notice.

To summarise the main points realised from this kitchen then we can state the following.

- **Staff training:**
  - Similarly to previous discussions this was tailored towards food hygiene but contained an increased emphasis on accident prevention than seen before.
  - Kitchen staff and management descriptions of training procedures were consistent therefore confirming that training does actually take place.

- **Management commitment to health and safety:**
  - Supervision and instruction of staff carried out informally on a daily basis.
  - Wider appreciation that background health and safety training is not sufficient to maintain a safe working environment.

- **Over-riding effect of poor kitchen design:**
  - Whilst the overall approach to health and safety was very good, the design of the kitchen served to counteracted this.

5.5 KITCHEN FIVE
Challenges faced in larger operations

Background

This is a huge kitchen area with numerous staff, catering for the patients and guests of a hospital.

The production here is equally large with lunch and dinner being produced for between 4 and 5 hundred patients per day. In addition there is a separate lunch service of roughly 450 meals, 150 for dinner and around 200 breakfasts for the staff and visitors' restaurant.

The kitchen, which opened in 1997, operated largely by buying foods in but now produces around 80% of it in house. Problematically the design of the kitchen has remained the same since that time and factors such as the limited work surfaces available have become increasingly critical in attempting to maintain an acceptable standard of housekeeping.

Kitchen Observation

At the time of observation there was between 25 and 30 kitchen staff with a clear hierarchy in evidence. Principal chefs had their own individual kitchen areas to work in whilst other chefs were more mobile and worked in the particular kitchen area with the greatest demand at any point in time. In addition there were heads of each individual department such as the chefs and kitchen porter crew. The latter of these seemed to take very much a supervisory role in instructing his crew, perhaps due to the fact that many of them had very poor English skills. This appeared a suitable arrangement for most of the time although there were certain frictions between the head KP and his crew on occasion with quite heated exchanges occurring.

As far as potential hazards were concerned, the major problem was to be found in the main kitchen area where the floor was extremely wet all the time. As explained in the interviews with the catering manager the drainage system is completely inadequate for the level of production and whilst measures have been tried to cope with this problem, they too seem inadequate. At present the coping strategy is for the KPs to come through to this area now and again and brush the excess liquid towards the drains. To give an idea of how slippy the area can be, one of the KPs method of getting this done quickly was to take a run at the floor, put his brush down and slide a metre or so on the floor towards the drain.

Other problems related to the floor included a well meaning KP cleaning a spillage in the corridor which connects all the various storage and kitchen areas. Unfortunately, rather than taking the bucket to the spillage, he removed the wet mop from the bucket, walked the length of the corridor and dripped water all along the thoroughfare thus increasing the problem.

In the dishwash area there is a particular area of drainage set aside although the use of this facility is largely neglected. For example, one chef was seen to drain a large pot of recently boiled cauliflower straight onto the floor in the general vicinity of the drain. Acts such as this suggested a lack of knowledge or concern for possible treacherous underfoot conditions as taking a few extra steps towards the drainage area (which has small containment kerb like structures around it) would have prevented the contamination from spreading throughout the area.

This kitchen is a very busy and hectic one. Unlike a normal restaurant the production here is extremely structured; presumably this comes from knowing almost exactly how many people require food and when.

From the researchers' point of view, formal interviews with staff were therefore very difficult to attain and became worse when the catering services manager (CSM) gave express instructions not to take kitchen staff aside. This was despite prior agreement that this was necessary for the investigation. On the first visit to the premises this was accepted as an easily made oversight and when arrangements were made for the second visit there were assurances that kitchen staff would be made available for the interview. Obviously it is a busy kitchen but when, on the second visit where there was no ambiguity about the reason for the visit and every possible prior warning had been made, the CSM expressed the same sentiments as before it was clearly a disappointment for the researchers.

As will be conveyed through the information presented below, there grew a suspicion that the CSM's reluctance to let any kitchen staff be interviewed perhaps had less to do with their busy schedule than she claimed.

Data gathered from individual kitchen staff was therefore less detailed than in other establishments visited and was attained through only very brief questioning. Nonetheless, some of the more illuminating points realised are presented below.

Interview data

In terms of safety guidelines the CSM carries out a formal inspection of the kitchen on a weekly basis. In addition the CSM is in the kitchen everyday so, if there are any health and safety issues which need to be addressed, then they are dealt with immediately. In terms of equipment failures for example, the hospital has an internal maintenance team who, when alerted to difficulties, are usually on hand to remedy them within a couple of hours.

Matters of safety tend to be addressed on a day to day basis and the CSM claimed that, "all the key members of staff there know the protocol if there's a leak or anything like that then they would come in to me and I would log a call to the works department." By key members of staff the CSM is referring to the head of each individual crew such as the chief kitchen porter.

In theory this sounded to be an effective arrangement but in practice the observation period did not reflect that it was at all effective in promoting a safe working environment. It became clear as the interview progressed that 'health and safety' was a term being used by the CSM to refer simply to physical defects of the immediate environment rather than the act of attempting to control the unsafe behaviours of staff members.

Indeed as far as teaching or encouraging behaviour to reduce such problems went, the interviewee, despite prompting, could not detail any instructional advice of this nature.

The hospital has close links with another hospital in the vicinity and the interviewee's initial description of how they collaborated sounded extremely positive: "We have health and safety meetings: those are cross site meetings which we have." Unfortunately the researcher was inclined to doubt the validity of these claims as slight contradictions were identified in the interviewee's comments later on. For example when the topic of these meetings was reprised (*Interviewer*: "you mentioned about company meetings, I just wondered to what extent safety

matters come up in those … is that common?") the reply was less conclusive (*CSM*: "Well, it's not common no").

It is obviously to be expected that many interviewees, particularly those in a management position, would be eager to enhance their perceived commitment to health and safety matters in the current context. Of concern from the interviewee's point of view however was that this inconsistency in details only became fully apparent upon re-reading the interview transcription. As touched upon in earlier discussions this, potentially, could have major implications for inspectorate agencies in the sense that initial consultations with duty holders can create a good impression of the procedures which are in place. A brief examination of the kitchen area itself may, in some cases, not readily present any information to contradict this. This suggests that inspectors' examinations should be extremely thorough if they are to be effective.

The CSM claimed to be in the kitchen all the time to identify problems and have them rectified. One of the problems that had supposedly been fixed was mentioned: "We have had problems with, well we haven't had it for the past three or four months because it's been addressed, where we had serious floods out there … in … the dishwash area."

On the observation period this area was still completely flooded and work was continuing as normal. It could be that the problem was significantly worse in the past but, regardless of whether or not that was the case, the area was still extremely unsafe. The researchers' conclusion was that the CSM was not as active in her inspections as she claimed.

The topic of training staff on health and safety was raised but, again, little detailed information was offered on the subject. In defence of the CSM the training is undertaken by a professional trainer so she was perhaps unable to comment in detail about the content of it.

On the other hand though this perhaps externalises the responsibility for health and safety matters. Essentially then, if the catering manager of a kitchen is not fully conversant with the guidance which staff have been given then it makes it impossible to understand what dangers they may or may not be aware of.

This is not necessarily a specific criticism of the CSM in this kitchen but a more general comment on the practices of larger organisations which run mass courses of this type. Reading between the lines the CSM, despite assuming responsibility for it, doesn't view health and safety amongst staff as a major component of her job. It belongs to a separate department which offers a largely generic health and safety course which probably has limited relevance to the environment in which the staff work.

In addition, all new staff receive an induction which, while acting as an orientation to the department and the organisation as a whole, also covers health and safety.

The formal training sessions are run several times a year at which time the CSM tries to have staff retrained. Obviously due to personnel management it is not possible to have all staff put on the course but efforts are made to at least have key members put on the course. As in many of the kitchens reviewed in this study, the bias toward food hygiene was evident ("I'm more concerned about getting everyone back on the food hygiene training").

During observation the researcher asked a few questions of various members of staff. In the dish-wash area a KP was asked (as an introductory question to pave the way for further queries) how long he'd been working in the kitchen for. His English skills were so poor that he struggled

to understand the question so it would appear that any training courses would have been lost on him.

The head chef working in the main kitchen was engaged in brief discussion. This resulted in quite strong views being expressed about the underfoot conditions. It was made patently clear that he was far from satisfied with the conditions he had to work in and felt that the management's response to this problem was distinctly unsatisfactory.

We cannot hold the CSM responsible for this problem as she expressed in the interview that consultations had been held with her superiours to address the issue. It was also stated that a considerable sum of money would be required to restore the kitchen area to an acceptable standard. At the lower levels though staff are still expected to work in these treacherous conditions which is indicative of how financial considerations are often the root of why many accidents and injuries originate in the first place.

To summarise the main points realised from this kitchen then we can state the following.

- **'Generic' health and safety training:**
  - A problem unique to larger organisations where general training with little relevance to their own working environment is given to staff.
  - Does not permit those in a position of responsibility to fully appreciate how or why staff members might be behaving inappropriately.

- **Bias toward food hygiene:**
  - As before, management commitment to food hygiene issues was the main priority.

- **Financial considerations:**
  - Such factors tend to be associated with less established organisations but were also evident here.
  - The price of financing improvements to kitchen design are sometimes placed higher than the safety of employees.

- **Difficulties in communication**
  - Particularly in larger cities in the UK, migrant workers fill less well paid posts.
  - Whilst not doubting their intelligence or potential to adequately fulfil these posts, poor English skills severely hamper the actualisation of this potential.

- **Implications for inspectorate agencies:**
  - Whilst legal obligations in providing training and certain guidelines are superficially fulfilled, these fall far short in terms of exhibiting improved working conditions.

5.6 KITCHEN SIX

The prime importance of supervision over training

Background

This is another very large kitchen in which the safety procedures adhered to are broadly similar to those used in kitchen four. As will be made apparent in the following discussion however, the risks to which employees are exposed are considerably less and the method by which similar safety guidelines can be interpreted to produce very different environments will be explained.

Another reason for including this kitchen in the report was that staff members within this kitchen are subject to very different guidelines. A high proportion of staff are temporary workers and are subject to considerably less stringent guidelines and training recommended by the parent organisation. Despite this, mechanisms are in place to ensure that staff are not placed at any undue risk.

There are roughly 25 kitchen staff in all catering for up to 1000 people per day. A large variety of foods are offered to suit all tastes including salads, a wide selection of main meals, deserts and snacks. These are served either on a self-service basis or as a more traditional waiter service.

Observation

There is an extremely large open plan main production area which has a series of smaller kitchen areas around it. These effectively compartmentalise the overall production with the main area dealing with preparation of main meals, another area specialising in deserts, one dedicated to producing cook-chill meals and so on.

There were roughly 20 staff in the kitchen at the time of observation with a very clear structure apparent where each sub-department has a line manager, head chef and subsidiary chefs.

On account of the sheer scale of space available there was no warrant for concern over cramped working conditions. The line managers were continually on hand to direct and supervise production within their allotted area with head chefs seemingly acting on the same basis but being more involved in the actual food preparation itself.

As mentioned, a large number of those in the kitchen are temporary staff operating under different guidelines from the others. This did not give rise to any difficulties as the line managers and the regular inspections by the catering manager ensure everyone was acting in a manner likely to maintain health and safety standards.

Interview data

Interviews reviewed herein were held with the catering manager (CM1), a secondary catering manager (CM2), a line manager (LM) and a head chef (HC).

In the researchers' opinion the model of management which exists in this organisation most closely resembles that of kitchen one (the training college) in that training is given to provide a

basis for good practice but perhaps more important in the continual maintenance of this is a strong emphasis on supervision.

CM1 appears to run a very strict operation and goes beyond the guidelines offered by the organisation to ensure a safe working environment.

The guidelines advocated by the organisation dictate that monthly training sessions be taken by staff and that all new employees be given an induction to their surroundings. These were discussed in detail by all staff members interviewed.

To outline the basic introduction which new staff are furnished with first, this forms part of their general introduction. There were differing accounts of to what extent health and safety is covered by the induction. CM1 for example said, "we have induction training but not health and safety training (*for new employees*)", whilst CM2 claimed that, "they have to read through all our logs, health and safety manuals, accident prevention and things like that." He also went on to say, "when you join … they give you a basic understanding of health and safety policies, accident prevention, health and hygiene, temperature controls, critical points, hazard analysis and that sort of thing." HC took a similar stance to CM1 where in the induction, "we do hygiene and HACCP training but it's not a major thing."

So, for new staff, the extent of health and safety training in their induction period was not made explicitly clear through interviews. The only conclusion that the researchers can come to here is that health and safety training features to some extent in new staffs' training but is not considered to be a major component of it.

As regards training for existing employees this takes place on a monthly basis. The focus of this again is not necessarily accident prevention *per se* but more food hygiene related. It is based on six main areas ["food poisoning, HACCP, cleaning and decontamination, fridge temperature controls and things like that" (CM1)] and whilst it is, "more towards health and hygiene … they'll always put in questions about health and safety" (CM2).

Once again therefore the importance of food hygiene is placed in higher regard than more general health and safety. Perhaps one of the most concise explanations gained throughout this project of why this is so often the case was provided by LM. In illustrating the merits of continual training he explained, "it's a good idea because everyone can lapse in different careers and I think in the food industry if you have a lapse in your personal hygiene for example then you're going to get problems starting with food poisoning and things. So I think it's always a good idea to keep on top of the hygiene issues because obviously it's going to counteract all the other issues." He later added that, "at the end of the day, especially if it's hygiene related and it leads to food poisoning and it all comes back to you then you're the one in trouble."

It would appear therefore that the fear of being held accountable for harming customers in some cases over-rides the individual's concern for his or her immediate safety in the kitchen. By extension then we might argue that this would be the primary concern for those in overall charge of various organisations also.

To return to the format of training in the current establishments though staff are taken out of their working environments for an hour or so every month, given the training then, to ensure they have understood it, are given a test. The LM gave perhaps the most succinct explanation of the aim of this method of continual training: "It just keeps you up there so if there's any change in

legislation then you get informed of it. It's just continuation training so you're always on line if there's any new rules come out."

As with many of the formal guidelines which CM1 is obliged to carry out, he was slightly disparaging ("All the answers are given in the brief and at then end of it we given them a dickey test … if they fail the test they have to take it again but that rarely happens"). Clearly then he considers the issues and topics of the training and subsequent test rather simplistic.

Other interviewees were more positive. The HC for example compared it to the training which temporary staff receive saying that they, "sit down and do a questionnaire once every 6 months whereas we do monthly training; you know (*our organisation*) likes to be the best and we try to be the best at everything."

CM1 takes what many would consider to be a more realistic assessment of attempting to teach staff about health and safety. He was asked whether he thought that more training on health and safety should be introduced but the suggestion was met with limited enthusiasm: "To be honest … I don't know how much health and safety training would affect the staff; I mean they come in here, do their cooking and they're aware of certain dangers in the kitchen … and it may open their eyes to preventative measures but I can't see it making a great deal of difference to be perfectly honest."

In order to make staff aware of specific health and safety points emails and pamphlets are often issued. They have to sign as having read these pieces of guidance although, "half of them I think just ignore it and then sign it anyway but it's there for them to read and that's all I can do. Some people just aren't interested in that sort of thing."

Essentially then CM1 views his role as being more to do with ensuring staff are aware of hygiene issues with accident prevention being, "a more preventative than a teaching type thing".

Whilst on first impressions this would not appear to be an attitude capable of fostering a safe working environment, more information regarding his daily activities served to clarify how exactly he does manage the kitchen staff. He said, "I walk the floor every day … and I've got a line manager with me who does the same and we just walk around irritating people and saying 'Wipe up that spillage' or whatever because you know from your own experience and see when things are going to go wrong or things that could go wrong." When he identifies potential problems and notices things that could cause difficulties he would, "make the occasional tool box talk to a group of people"

The smooth functioning of this kitchen therefore seems largely down to the CM1. Strictly speaking there aren't sufficient guidelines in place to educate staff members but his active involvement seems sufficient to counter this.

HC discussed the difference to the safety culture of the kitchen since CM1 took up his post. He said the involvement of management in safety matters was a lot better, "since this manager has joined I think because now we've got a manager that works on the floor like a shop manager if you like whereas before they just used to sit in here (*the office*); there was a couple of them and that's all they'd do … paperwork although they'd pop out at lunchtime and make sure everything's OK. But now he's on the floor all the time … and it's just like 'Leave us alone!'" Despite this facetious last remark he did go on to say, "he's quite good."

As remarked by CM1 above, the assistance of the line manager is important in ensuring the smooth and safe running of the kitchen. LM's views on certain matters very closely mirrored those of CM1 although his opinions on the importance of training were more favourable. After being asked if he thought enough emphasis was placed on health and safety training he asserted that, "if there's new things (*new approaches to training or new regulations for example*) coming out then we'd like to use them. I think it's one of those things where you can never not know enough. That's obviously just my opinion but I think that when new things come out you should always introduce them and give training on them."

More in line with CM1's though he went on to say, "I don't think there's anything else you could teach them (*the kitchen staff*) at the moment. As long as your person in charge of each section is *au fait* with everything that's going on then he can obviously go and supervise or instruct everyone in working in the correct way."

Generally speaking, CM2's attitude towards the whole concept of keeping the kitchen safe was a welcome contribution to the management staffs' efforts. He stated that, "I think every accident's preventable", which very few interviewees would agree with, preferring instead to adopt the maxim of 'accidents will happen.' Furthermore, whilst some interviewees expressed disparaging remarks about legislative obligations, CM2 pointed out that, "they're there for a reason and they create a safer working environment for others."

Procedures in the event of a serious accident occurring described by interviewees reflected a strong consensus with all describing a similar plan of action. CM1 described how there were a number of first aid trained personnel on duty at any one time and for those that might not be so well informed (ie the temporary staff), "there's a list of other guys who are first aiders on the wall out there beside the first aid box … and it has instructions to say if there's an accident then go and get a hold of one of these people." Similarly CM2 stated that, "there'll be a first aid box with a list next to it of all the first aid qualified personnel so there'll always be someone on the 'shop floor' basically if first aid is required."

Unfortunately this plan is not infallible as HC pointed out: "I do think they should have a first aider for every shift because at 4 o'clock they go home … there's no one qualified who stays on after that time." Not to be disheartened by this he went on to say, "just make sure you don't do anything to yourself after 4 o'clock … or *at the weekend*!"

Summary

The formal training offered here places, as with all establishments discussed so far, a stronger emphasis on matters of food hygiene. Suggestions were also made as to why this is the case. Simply put it appears that the threat posed to companies if they were to serve contaminated food which, in turn, led to poisoning a large number of people is much greater than if an individual employee were to sustain a serious injury. In the first instance not only could the company be subject to numerous litigious claims all stemming from one incident but also the reputation of the establishment could be so severely damaged that their business might not survive. In the case of one staff member having an accident then it would only result in one claim being made and with the maxim of 'accidents will happen' being so inherent, it is unlikely that the establishment's reputation would be affected.

Returning more directly to the kitchen at hand however, despite the lack of education offered to employees on health and safety, the strict culture of supervision made the environment extremely

safe to work in. This was achieved by having a catering manager to oversee the operations, line managers to supervise in each individual department and also head chefs within the departments to back this up. With such a management structure in place it, without wishing to the diminish the important of it in other establishments with different management structures, made the rationale for providing training in issues such as accident prevention largely redundant.

The kitchen is not without its problems however as evidenced by the emergency contingency plans which involve first aid qualified personnel to be present at all times.

To summarise the main points realised from this kitchen then we can state the following.

- **Unusual management style:**
  - Kitchen staff members subject to close supervision by more senior staff.
  - Strong management commitment is required for this to be successful.

- **Requirement for training in health and safety questioned:**
  - The management style resulted in there being no real need for health and safety training.
  - Catering manager felt issues of accident prevention cannot be taught.

5.7 KITCHEN SEVEN
Best practice

Background

This establishment is a roadside coaching inn run by a husband and wife. It offers a bar, restaurant and accommodation in the hotel area. Per week the inn caters for between 1500 and 2000 people with the business gradually building through the week with the tables being turned to accommodate new custom up to 3 times on a Saturday. Seating is available for 130 customers.

The inn employs around 40 staff with 9 full time chefs and 6 kitchen porters.

There is a great range of food available with a very extensive menu on offer. All dishes are prepared freshly to order and appears to be of a very high standard both in terms of ingredients used and the preparation involved.

The kitchen itself is spacious and well designed with sufficient room and storage for staff to work unhindered. In addition it is so spotlessly clean that levels of housekeeping must be very high.

Despite a clear hierarchy in evidence the relations between staff were excellent and more of a friendly rather than deferential attitude was shown to senior chefs. In short it was clear from the outset that this was an exceptionally well run kitchen in which every staff member was an integral part of the set up.

No real hazards could be identified throughout the observation period and the only instance where a potentially hazardous situation may have arisen was in an exchange between the head chef and a kitchen porter.

The head chef here asked the KP to fetch something from outside the back door of the kitchen. The KP however was in the midst of mopping an area of the floor. What was admirable of the KP first of all was that he was 'fencing off' the area of the floor being mopped at that moment with an easily transportable plastic barrier. He continually moved this along as he mopped so that no damp area of the floor was exposed to anyone but himself. Secondly, when the request was made by the head chef, he explained his predicament of not wanting to leave the damp floor unattended. The head chef in turn accepted this and agreed that the KP should ensure the area was safe before performing this other task.

As outlined in other kitchen analyses within the study, KPs are often dismissed as having no real place in contributing to how the kitchen should operate. In this particular kitchen however, it would appear that all staff members' contributions are considered with the head chef's attitude being instrumental in fostering this culture.

Interview data

The interviews reviewed here were held with the two joint managers/proprietors (M1 and M2), the head chef (HC) and a commis chef (CC).

The two managers divide responsibility for different aspects of the business. Whilst the boundaries of these responsibilities are by no means exclusive, the basic premise is that M1 takes

a greater lead in the health and safety aspects of the business whilst M2's greatest preoccupation is with control of stock.

Moving on however, when M1 first began to discuss the health and safety guidelines which they have adopted, the effort and thought involved in their development quickly became clear. Much of the formal training given to staff is in the form of risk assessments where, "we have assessed every piece of equipment for risk and we have proper risk assessment records which every member of staff has as part of their induction package."

Rather than just imposing these guidelines on staff, they have actually been developed in conjunction with them to fully appreciate the interaction between behaviour in the kitchen and use of potentially dangerous equipment ["I work with (*the head chef*) and (*the two second chefs*) to put together … a risk assessment of all the pieces of equipment and also behaviour in the kitchen. We all worked together on that and I can't do it without their input"].

HC backed up this assertion and actually went into greater detail of the risk assessments than M1 which displayed his wholesale involvement in their development. ("I've done a lot of work on that!") outlining how they had been written and re-written over a period of several years to produce the most up to date and pertinent information required.

The risk assessments are given to new staff on their induction for them to read and understand, they then sign to signify that they have read and understood the information contained within them. Unlike, for example in kitchen five (the catering department of a hospital) where such a practice seems designed more to cover the company than to protect its employees, "we let them take it away, it's not a forced thing like you must sign this straight away, it's more like, take it away, read it and we give new starts half an hour in the staff room to make sure that they do understand" (HC).

In addition, thought has also been given to not overloading employees with unneccesary information. In kitchen three for example (the catering department of an educational institution), a great volume of rules and regulations had been developed which, due in part to its sheer size, was rendered purposeless as a useable tool. In this particular kitchen, "there's different packs for different people … the wash-up's got a different pack from (*the chefs*)"(HC), meaning that the individual employees would be more inclined to actually internalise the information they are given.

As explained by CC this approach has paid dividends. He cited the practices of an establishment in which he had previously worked where, "you kind of get told to do certain things in a lot of places but not necessarily why you have to do them. You're told clean this or do something this way but you're not actually aware of about why you're doing it." In contrast the procedures adopted in the current establishments seem to foster a more pro-active approach: "if you know the background … then you're more likely to do things of your own free will where you maybe see things … and you're aware of the risk or the harm that it can do then you're much more likely to do something off your own back rather than waiting to be told."

It is a legal obligation for employers to make a record of any accidents that might occur. In reality though many establishments (eg kitchen three) do not pay much heed to this requirement. In the current establishment though strict records are kept which are then used to inform the development of training ["by looking at the accident book you can see what sort of things have been happening that we need to have a look at and perhaps correct" (M1)]. So, for something which other establishments see as an administrative burden, the attitude here is to use it as a tool

for improvement where, “it’s actually very handy for us anyway because when you’re re-doing the induction packs involving health and safety and risk assessment then if anything’s happened you can try and improve it based on the past” (M1).

This level of commitment to ensuring a safe working environment was shared by all those working in this establishment. M2, for example, when asked how important he thought safety training was relative to more general job training said, “I think it’s just as important. I think it really is. I mean you do training, you have training but to be safe is paramount … it’s not just training, it’s like training full stop.”

Every single task which more junior kitchen staff are asked to undertake would be something which one of the senior chefs has already given them full training on. Such a mode of training is based around a ‘buddy’ system whereby a new member of staff will be paired with an experienced member of staff who knows how everything is done correctly until such a time they are deemed sufficiently skilled to cope by themselves. As M1 put it, “they’re like fledglings: you can let them go after a certain time but you can’t really let them loose on the general public immediately.”

M1 also discussed the period after this time where a high level of supervision is still maintained. She noted that, “with the younger members of staff .. they’re under supervision the whole time, they’re not actually allowed to be in the kitchen without a supervisor”.

From the other manager’s point of view he, whilst not directly involved in the development of risk assessments, does monitor things on a more hands on basis: “I’m very, very involved on a day to day basis of not writing risk assessments but looking to see what people are doing because you can write as many risk assessments as you want but if a chef is messing about in the kitchen then it’s something that you’re got to sort out straight away.”

Similarly HC, when discussing informal instruction about health and safety in the kitchen and the need to remind staff of certain points, his attitude was excellent: “they have to be refreshed – that’s just something that you have to do .. they’re all conscious of the health and safety aspects but the problem is you’re working with a lot of people in the kitchen so it’s got to be safe and if there’s something unsafe they have to tell you, that’s the procedure, they have to tell you because it could endanger everybody else.”

In more detailed discussion about the training which staff receive M1 described quite exceptional standards which really benefit the staff on a personal and professional level. Great encouragement is made for them to train formally in house with an external assessor coming in regularly to monitor their progress towards gaining NVQ qualifications. Not to rest on her laurels though M1 is still keen to push her staff further and was slightly dissatisfied with the teaching contained in the NVQ qualifications: “there is formal training and I have to say … it hasn’t been that good. I found that there were lots of things which they didn’t seem to know after they had completed to level 2 even. So we’ve got our own operating procedures to enrich the training. *I’ve* been able to write a lot of stuff for training which I thought would have more value for the operation here. I mean it’s about validity isn’t it and what works for us.”

The discussion thus far has centred more around the views and behaviours of the management (including the head chef) but, even going further down the line the attitudes still maintain the same commitment to health and safety.with more remedial kitchen tasks [“When chopping and stuff like that, it’s important to keep the chopping board secure, knives sharp so you don’t end up cutting yourself – that’s quite a big part of what I do” (CC)].

Also, when asked what he thought of the management's views towards health and safety CC said, "I think they're pretty on to it really. Obviously from (*M1's*) perspective they're really good at, with sheets like these (*risk assessment guides*), keeping us informed, they're very good at that. And then going down the line to (*the head chef*) who also has quite high standards in the kitchen as well – he keeps us in line, makes sure we get everything done, keep things clean and stuff. So we all know about the stuff so I think from the top all the way down it's pretty good."

He also made some interesting comments related to places he had previously worked in and when asked about how the current establishment compared said, "this place is much more on the ball in terms of informing you about health and safety. I think the other places were good on it but there was only really the management who knew it and then sort of delegated." This was a very familiar story evident in many of the other kitchens reviewed in this report.

As always, no matter how good the practices of an individual establishment are there is always the possibility of an accident occurring.

When asked about the slips and trips scenario M1 was open enough to concede that, "it's a huge problem, it really is", and then went on to say, "What you have to do is build into their day that even though they may be busy with pots up to here that they have to stop, they have to sweep up, they have to wash floors on a regular basis throughout the shift … you have to build that in so that they will actually register that it is a major requirement."

In discussing how the actual injury would be dealt with she pointed out that there are always at least 3 first aid qualified members of staff on hand throughout any shift. They are capable of dealing with remedial injuries such as minor cuts or burns. For more serious injuries the inn has made a special arrangement with the local doctor's surgery where they can be taken and seen almost immediately. In the case of very serious difficulties arrangements are in place for travel to the local hospital.

When posed the question about whether or not he thought the staff faced any potential risks in the kitchen many people say no. M2 here was no exception but this time you felt confident in his assessment as he said, "I don't really because we do go through it with them and we are quite strict with them about what they do all the time." On second consideration though he revised this statement saying that there was an element of risk from things like burning but added that every possible precaution is taken to minimise these things: "We provide the right sort of clothing for them: long sleeves, they've got hats, they've got decent footwear to use …"

Furthermore M2 recounted an episode in the Summer during the middle of a heatwave which made the kitchen extremely hot: "I mean we've got fly screens everywhere, super-extraction and a huge fan but when it's hot, it's hot and there's not an airconditioner in the world that could get that kitchen down to temperature." So, when all else fails a very sympathetic course of action was taken and in those particular occassions, "we can get the chefs out to go and sit down for half an hour – we do look at things like that because the hotter they get, the more frustrated they get and accidents happen so we would rather they come in, do half an hour, get a drink, sit outside and then go back in and that's the sort of thing which is not a risk assessment but more just being sensible to your staff."

An uncompromising stance is taken however for those that do not fall in line with the M2's procedures: "I will get rid of people, trust me. It will not bother me to get rid of … people if they don't come to my rules and regulations."

From M2's point of view it was clear he knew he was running an exceptional operation in terms of health and safety as he often invites health and safety staff to visit the premises: "they normally try to bring a junior with them because they're really impressed with the standard and cleanliness of the kitchen and the way we look at stuff." Indeed his commitment to matters of health and safety were obvious in some of his other sentiments: "I want to be known as the cleanest operation in the country."

Something which has come up in several of the organisations visited is the difficulty of getting the right staff to do the right job. In this establishment M1 takes a necessarily pragmatic view: "I've always thought that there's no such thing as an exact science when it comes to personnel management and personnel selection; you can't choose perfect people but most people you can train and most people respond to being looked after well."

Summary

The safety culture fostered in this establishment was the most developed and successful of all those studied throughout this investigation.

It is based around a mutual respect in the organisational culture where management recognise the welfare of their staff as being of prime importance. The result of this is that staff members respond to and act upon the recommendations made by more senior staff.

Great thought went into the development of training tools and frameworks to ensure they were appropriate for the specific environment and tailored to reflect the needs of individual staff members.

To summarise the main points realised from this kitchen then we can state the following.

- **Training**:
  - Risk assessments tailored to the kitchen ensured the relevance of training.
  - Employees were not overloaded with irrelevant information but given training dependant on the nature of their position.
  - In addition to initial training, staff members are still supervised closely to ensure they fully understand the requirement of behaving in a certain way.

- **Development of training materials:**
  - Key members of staff (ie senior kitchen staff) were heavily involved in the development of training materials.
  - Allowed for highly tailored and therefore extremely practical guidance.

- **Commitment to health and safety:**
  - All staff, regardless of their position in the establishment's hierarchy, were fully committed to health and safety issues.

6. GENERAL DISCUSSION

Having examined safety management practices in the selected kitchen workplaces in detail it is now possible to return to the concepts explained in the *published models of safety management* section of this report. This appears to show that the prescribed models can be adopted and applied to produce an excellent working environment but that, in most cases, barriers are in place which prevent this.

To recall the four key stages to successful health and safety management, these were *Developing effective health and safety policies*, *Organising an effective management structure,* taking a *Systematic approach to implementing policies* and *Measuring the impact of policies*.

These factors are intertwined in actual workplaces as HSG65 recognises. They are also not mutually exclusive in the data presented here and so are below discussed together.

A major concern in the development of policies is that they may only turn out to be, "examples of management paying lip service to improved health and safety performance" (HSE 2000 p 6). Whilst it was out with the scope of this study to determine conclusively whether examples of this exist, the evidence strongly suggested that it did.

Certainly within kitchen three, the senior management had produced a comprehensive set of guidelines for staff to follow. These were presumably meant to be available to kitchen staff but their knowledge of such guidelines was patently lacking. Perhaps of importance here was the more strategic or administrative role of senior management where guidelines had been produced without attention to employee's attitudes. HSG65 states that, "participation by employees supports risk control by encouraging their 'ownership' of health and safety policies" (HSE 2000 p 22). In direct contrast, the employees of this organisation had regulations foisted upon them where, up until relatively recently, none had existed.

Part of the problem here was lack of appropriate communication between the different strata of employees. Senior management delegated responsibility for the distribution and implementation of new guidelines amongst kitchen staff to the catering manager. His commitment to health and safety matters was very poor and he was of the opinion that accidents cannot be prevented in the kitchen. With very similar views being held by the head chef, this set the tone for all other employees in the kitchen.

It is essential therefore to lead by example and active communication that health and safety matters are a concern of the organisation must be transmitted to employees. HSG65 claims that written communication in the form of health and policy statements can be very effective here. In kitchen six we may recall that policy statements were issued to staff. The manager had doubts about whether staff took any real notice of these but it would seem that even the act of maintaining this visible commitment is, at the very least, a solid base upon which to build an effective safety framework.

Staff are much more likely to be predisposed to further health and safety guidelines in these instances than in situations where there is no active lead such as in kitchen five. Responsibility for health and safety matters had in many respects been removed from those in the workplace as health and safety training was administered by a team out with the kitchen. The staff numbers here were great and, whilst seniority in status was observable, there did not seem to be any one person or set of persons taking effective control of health and safety matters. In addition, as

there were constant reminders of the management's lack of commitment to health and safety (flooded floors for example), it should have perhaps come as little surprise that many individual examples of poor conduct were apparent in employees' actions.

In many instances therefore, the design of the kitchen is crucial. As was explained in the analysis of kitchen four there can be commendable practices in operation but, where physical workplace design is poor from the outset it is difficult to alleviate poor safety situations day to day. These poorly designed workplaces may well, therefore, contribute to a poor safety climate in that they affect workers perceptions of the management's commitment to safety

7. CONCLUSIONS

It can be concluded from this research that:

- Published models of safety management can work well in kitchen workplaces but they can be made ineffective by failures in management control mechanisms.
- Unfortunately failures of management control systems are common in catering workplaces.
- These failures often materialise at the level of the chef. This is because of the highly autonomous and autocratic role of the chef in traditional kitchens.
- Another factor that contributes to the non implementation of safety management policies is the "service on time at all costs" philosophy that is common in hospitality businesses.

The recommendation that arises from the above are:

- Enforcement agencies are only likely to maximise concordance in hospitality businesses if they are aware of the organisational culture of kitchen workplaces.
- This may mean that a tailored approach to enforcement is needed for this sector.

The research also found that:

- The different philosophies of health and safety and food safety law may be confusing to duty holders who do not distinguish between the two issues in the way that enforcement officers do.

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APPENDIX ONE

KITCHEN OBSERVATION CHECKLIST

General

1: How many individuals are working in the kitchen?
- 1.1: What are their roles?
  (i.e. number of chefs, assistant chefs, kitchen porters, etc)
  - 1.1.1: Is the demarcation between these roles easily identifiable?
- 1.2: Does the kitchen appear to be functioning efficiently?

Chain of command

2: Are there any obvious signs of a hierarchy amongst staff?
- 2.1: How is this demonstrated?
  - 2.1.1: Does this hierarchy appear to be respected by all staff?
    - 2.1.2: Yes/No – How is this manifest?

Kitchen culture

3: Do relations between staff appear to foster a co-operative culture?
- 3.1: If yes – Do chefs amicably instruct other personnel?
- 3.2: If no – Do more senior staff appear unapproachable to junior staff?

Health and safety standards

4: Are there any easily identifiable hazards to health and safety?
- 4.1: If yes – Could these be easily rectified? (e.g. by improved housekeeping)
  - 4.1.1: Have any staff appeared to notice the hazard?
  - 4.1.2: Any obvious reason why they have not dealt with it?
    (e.g. too busy, don't see it as a significant threat, not 'their area')
- 4.2: If no – Are these design / hardware issues?
  (e.g. poor design of kitchen, machine guards missing / faulty)
  - 4.1.1: Does faulty equipment continue to be used?
  - 4.1.2: Does this appear to be an accepted practice?

Health and safety commitment

5: Are there any safety related posters / notices on display?
- 5.1: If yes – Are these effective (e.g. in good repair, clear and unambiguous guidelines)
- 5.2: If no – Are there any areas of the kitchen that would clearly benefit from warning notices?
  (e.g. – areas which are hazardous due to poor design)

Health and safety practice

6: Overall, does the kitchen appear to be functioning in a health and safety conscious manner?
- 6.1: Are pathways free from obstructions?
  - 6.1.1: Yes/No – Are any members of staff objecting to this?
- 6.2: Are work areas free from clutter?
  - 6.2.1: Yes/No – Are any members of staff objecting to this?
- 6.3: Is equipment (e.g. knives) cleaned and stored correctly after use?
  - 6.3.1: Yes/No – Are any members of staff objecting to this?
- 6.4: Do staff appear to be taking appropriate precautions? (e.g. use of PPE)

6.4.1: Yes/No – Are any members of staff objecting to this?

6.5: Do unnecessary risks appear to be taken?

6.5.1: If yes – What appear to be the reasons for this?
(e.g. time constraints, easiest way, under-appreciation of risks?)

APPENDIX TWO

MANAGEMENT INTERVIEW SCHEDULE

Name: _____

Job title: _____

Organisation: _____

Length of time in job: _____

1: How many staff do you have in all?
- 1.1: How many kitchen employees do you have?
  - 1.1.1: And how many work in the kitchen at any one time?
- 1.2: Could you outline what types of food preparation are carried out?
- 1.3: And for how many people do you cater?

2: Do you have any particular safety guidelines which apply to the kitchen?
- 2.1: *(If yes)* Could you describe any of these to me?
  - 2.1.1: What sort of format are these in? *(e.g. formal written documents, informal verbal guidelines)*
  - 2.1.2: Do you implement these procedures personally?
    - *(If yes)* How?
    - (*If no*) Who does?, How?
- 2.2: *(If no)* Do you think that health and safety standards would be affected if there were some safety guidelines in place?
  - 2.2.1: *(If yes)* What specifically do you think would change?
    Are there any particular reasons why you don't have any guidelines?
  - 2.2.2: *(If no)* Why not?
- 2.3: Do you have copies of the catering information sheets produced by the HSE?
- 2.4: Who is responsible for on-the-spot safety in the kitchen?
  - 2.4.1: Who does he/she report to?
  - 2.4.2: Who does he/she report to? (*To top of management chain*)

3: Do you tend to be involved in the kitchen's everyday safety activities?
- 3.1: What about if you have company meetings, would health and safety matters often arise?
  - 3.1.1: And say for production scheduling where staff might be particularly busy?
- 3.2: So if you had a meeting with the head chef for example is it likely that safety matters would arise?
- 3.3 Would you say there was a good open communication link between management and kitchen staff?

3.3.1: Between yourself and the head chef?
3.3.2: Between yourself and other kitchen personnel

3.4: So, overall, what would you say the management's general policy on safety within the kitchen is?

4: Do new staff receive training?

4.1: *(If yes)* Do health and safety matters feature to some extent in new workers' training then?

4.1.1: *(If yes)* What particular health and safety matters are featured in their training?

4.1.2: Do you ever have follow-up, periodic retraining sessions?

4.2: How important would you say safety training is relative to more generally job training?

4.3: (*If safety training is given*) Do you feel enough emphasis is placed upon these matters? / Would you like to see a greater emphasis given to these matters?

4.3.1: (*If yes*) Are there any particular factors which you feel limit the amount of health and safety training you can give?

5: Do you have safety inspections carried out in the kitchen areas?

5.1: (*If yes*) How often?

5.1.1: Who carries out the inspections?

5.1.2: What happens if there are particular elements of the inspection which don't reach the specified standards?

5.2: Do these inspections adhere to the company's safety procedures?

5.2.1: (*If yes*) Are staff involved in the development of these procedures?

5: Are there any particular features of the kitchen or the kitchen staff's duties that you feel might pose a risk to them in terms of health and safety?

5.1: *(If yes)* Are there any obstacles to reducing the risks from them?

5.2: Can you think of any way the risk from these could be reduced?

APPENDIX THREE

KITCHEN STAFF INTERVIEW SCHEDULE

Name: _____

Job title: _____

Organisation: _____

Length of time in job: _____

1: What is your role within the kitchen?
- 1.1: Could you describe your day-to-day tasks please?
- 1.2: Do you use any specialist equipment for these tasks?
  - 1.2.1: *(If yes)* Is this equipment potentially dangerous?

2: Are you aware of any particular safety guidelines which apply to the kitchen?
- 2.1: *(If yes)* Could you describe any of these to me?
- 2.2: Were these guidelines explained to you by another member of staff?
  - 2.2.1: Which member of staff?
  - 2.2.2: Who does he/she report to?
  - 2.2.3: Who does he/she report to? *(To top of management chain)*
- 2.3: Do you think these guidelines are adequate?
  - 2.3.1: (*If no)* Why not? What improvements would you like to see?
- 2.4: *(If no)* Do you think that health and safety standards would be affected if there were some safety guidelines in place?
  - 2.3.1: *(If yes)* What specifically do you think would change?
  - 2.3.2: *(If no)* Why not?
- 2.4: Who would you say is responsible for on-the-spot safety in the kitchen?
  - 2.4.1: Who does he/she report to?
  - 2.4.2: Who does he/she report to? *(To top of management chain)*

3: What would you say the management staff's views are towards health and safety in the kitchen?
- 3.1: *Ask for further information whether response is positive or negative*
- 3.2: Do management staff tend to be involved in the kitchen's everyday safety activities?
- *3.3: If you were uncertain about a particular health and safety matter what would you do? (Be prepared to give example e.g. handling of chemicals)*
  - 3.3.1: Would you ask advice of anyone? Who?
  - 3.3.2: Why them in particular?
  - 3.3.3: And what if they weren't able to help? *Etc, etc*

3.4: Do you feel you can talk freely to other members of staff?
3.4.1: More specifically: *To other kitchen staff?*
3.4.2: To management personnel?

4: Depending on length of time employee has been with the company:
(If less than 5 years i.e. recently enough that the interviewee actually remembers)
Did you receive training when you first started working here?
4.1: About general job duties?
4.2: About health and safety matters?
4.2.1: (*If yes*) What particular things did this cover?
4.3: Regardless of tenure length
Do you ever have training sessions in work?
4.3.1: *(If yes)* Has any of it been health and safety related?
4.3.2: Have you received training in the use of any specialist equipment?
4.4: Do you think the company sees safety training as an important thing?
4.5: Do you think you would benefit from more training on health and safety matters?
4.5.1: How useful do you think this would be?

5: Are there any particular features of the kitchen or your duties that you feel might pose a risk to you in terms of health and safety?
5.1: *(If yes)* Are you happy to work under these conditions?
5.1.1: Can you think of any way the risk from these could be reduced?
5.1.2: Would you feel comfortable suggesting this to other members of staff?
5.1.3: Do you think they would be receptive to such suggestions?

APPENDIX FOUR

CRITICAL INCIDENT CASE STUDY

Technique to be used:

Each interviewee will be subject to the same example. This involves a hypothetical scenario in which a fellow member of staff slips within the kitchen. The scenario will be described verbally to the individual and then a series of questions asked to ascertain the following:

(a) With whom the responsibility lies for dealing with accidents and injuries.
(b) Further appreciation of the management structure within the particular kitchen.
(c) The adequacy of training within the particular kitchen.
(d) An indication of the more general culture within the kitchen.

The questions asked will cover various aspects of the hypothetical incident asking, first, a quite general question regarding a specific aspect. Depending on the response of the interviewee, a series of additional prompt questions will be used to explore common practices further.

Scenario

One of the other members of staff is walking through the kitchen carrying a large tray of food *(substitute the most appropriate type for the particular kitchen i.e. rolls, desserts, etc)*. The tray is partly obscuring his view of where he's walking as he approaches a patch of grease on the floor. As he steps on the grease his foot slips and he falls awkwardly, scattering the contents of the tray everywhere. He seems to be in a great deal of pain. His fingers and lower arm swell up and it looks like he's broken his wrist.

Interviewee directed questions

1 *(Introductory question)* Could you talk me through what you would do in the event of this happening?

(General introductory question to ascertain interviewee's initial thoughts. The questions below will be used to build upon the initial response and prompt for more in depth explanations. They will be split into several subcategories: (1) How the injured employee would be dealt with, (2) How the hazard would be dealt with, (3) Possible action to minimise future reoccurrence. (4) Legislation regarding health and safety and (5) Actual occurrences)

Dealing with the injured employee

2 What steps would you take to help the person that slipped?

(Additional prompt questions below to be asked where necessary)

2.1 Would you be expected to help the injured individual personally?
2.1.1 And is taking that action something that *(more senior member of staff)* said should be done?
2.2 Would you be expected to consult a more senior member of the kitchen staff?
2.3 Would you be expected to consult a qualified first-aider?
2.3.1: Who is the first aider?
2.3.2: What if he/she is unavailable for some reason (e.g. off sick)?
2.4 Other contingency plans? Are staff equipped to deal with injuries/accidents if they happen?

Dealing with the hazard

3 What would be done about the actual hazard itself?

3.1 Would you do that?

3.1.1 Would another member of staff do that?

3.2 So, whose responsibility is it in the kitchen to look out for hazards and deal with any that there are?

3.3 Could you talk me through the procedure for removing the slip hazard?

3.3.1 And is taking that action something that *(more senior member of staff)* said should be done?

Prevention

4 Can you think of anything to do which might help to reduce accidents like this in the future?
(Such as being vigilant of slip hazards, trying to avoid carrying large trays of food around)

4.1 And would you feel comfortable suggesting these things to *(more senior member of staff)*?

Legislation

5 Are you aware of any legal requirements that should be fulfilled in the event of an accident?
(Incident/Accident report forms)

Actual Occurrences

6 Have you witnessed any accidents or injuries in this kitchen?

6.1 Could you talk me through what happened then?

APPENDIX FIVE

Health and Safety in the Hospitality Industry – Questionnaire

Please indicate your level of agreement with each of the statements in the table below by ticking the appropriate box.

Example:

Statement	**←Disagree ---------- Agree→**						
	1	2	3	4	5	6	7
Kitchens produce food.							✓

X

Ticking '7' here indicates a high level of agreement with the statement.

Name: _____

Organisation: _____

(NB: The personal details above are for reference only, all completed questionnaires will be treated confidentially)

Statement	**Level of agreement Please tick (✓) below**						
	←Disagree ---------- Agree→						
	1	2	3	4	5	6	7
I often talk to colleagues about working safely.							
Accidents just happen, there is little one can do to avoid them.							
Sometimes it is necessary to turn a blind eye to rule violations.							

Lots of small injuries are a sign that more serious accidents could also occur.							
I think a lot about how to prevent accidents.							
Involvement in accident prevention is time consuming.							
Sometimes production has to be given priority over safety.							
The use of machines and technical equipment make accidents unavoidable.							
I believe there is room for improvement in the company's health and safety policies.							
Rules and instructions relating to safety make it difficult to attain production goals.							
The company is run by a few people. There is not much I can to do influence company policy.							
Accidents and near-misses are caused by bad management.							
If the odds are against you, it's impossible to avoid an accident.							
I help colleagues to work more safely.							
Sometimes it is necessary to ignore safety regulations to get a job done.							
Behaving in a health and safety conscious way is mainly down to common sense.							

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