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Implementation of Corrective Actions, Monitoring and Reviewing Procedures (PR2/A3)

Developed by

δέκαplus

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Introduction

Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behaviour that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide. It can affect and involve employees, clients, customers and visitors.

The hotel, restaurant and catering (HORECA) industry embraces a large number of different organisations and workplaces including hotels, motels, restaurants, bars, clubs and cafeterias, catering and canteen establishments. A number of factors, either alone or in combination, directly or indirectly, may contribute to stress and violence, and which are more or less characteristic of the sector:

- Long shifts, irregular and unusual working hours
- Income insecurity
- Weak industrial relations institutions
- Informal economy
- Globalization, growing competition, cost-cutting and new technology
- Catering for nightlife customers

About WEED OUT

WEED OUT project is funded by the European Commission´s Erasmus + programme. The project started in November 2021 and lasts for 2 years. This project will design a unique training program and develop the relevant tools for HORECA management to prevent, identify and manage occupational violence. In the case of occupational violence, preventive measures may not eliminate incidents of violent behaviours completely, but they will reduce them considerably and discourage future ones. HORECA is a sector where occupational violence thrives, primarily because it is manned by people with lower formal qualifications or very little training or come from vulnerable groups of the population such as young people, women with family responsibilities, migrants, or members of ethnic minorities. Workplace violence is a health and safety hazard. All hazards require preventive measures to minimize the risk of them occurring. It is important therefore for HORECA management to know how to defuse effectively any such threat. In business, all these hazards are identified and described within a Risk Assessment Plan, which is part of a wider Occupational Health and Safety (OHS) management plan. Most OHS plans, although they recognize Occupational Violence as a risk, they often offer superficial remedies that touch the awareness level. HORECA faces chronic labour

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shortages, and the current levels of workplace violence may demotivate people to seek employment there. Furthermore, workplace violence has a ripple effect on society, the economy, and the quality of life of the Europeans. There is a need for drastic actions to defuse the situation and reverse the current negative labour conditions in the HORECA sector. People working in the HORECA sector are entitled to have safe and healthy working environments. It is time to "Weed out Occupational Violence from HORECA"!

Project Objectives:

- Enhance the role of VET in the effective prevention and management of workplace violence in HORECA.
- Increase awareness among management and stakeholders.
- Offer HORECA managements training to develop further their Occupational Health and Safety management plans against workplace violence.
- Foster inclusive, healthy and safe HORECA employment.
- Improve the Occupational conditions in the sector to attract more labour.
- Manage the emotional, social and psychological stress of the victims.
- Contribute to a violence-free Tourism and Catering sector in Europe.

The purpose of this document

In the previous activity of this project result (PR2), a methodology for assessing and minimising the various risks in any department of hotels, restaurants and catering companies was described. To ensure any measures taken will minimize risk, there is a need of a procedure for implementing the Corrective Actions, as well as Monitoring and Reviewing them.

Thus, an incident management strategy must be both proactive and reactive in nature. That is, while managers should take the necessary precautions such that incidents are prevented altogether, it is equally important to accept the fact that incidents can still occur nonetheless. By acknowledging this fact, managers can then focus their attention on following an effective protocol for handling incidents as effectively as possible.

In that light, this report will be defining a monitoring system, which will specifically outline what to do at the time of, and immediately after an incident. This system records every incident of violence and all contributing factors to it. The investigation helps determine how to prevent the incident from recurring and how to respond to similar future incidents. Finally, the users of this system should be impartial and have appropriate knowledge and experience in work health and safety issues.

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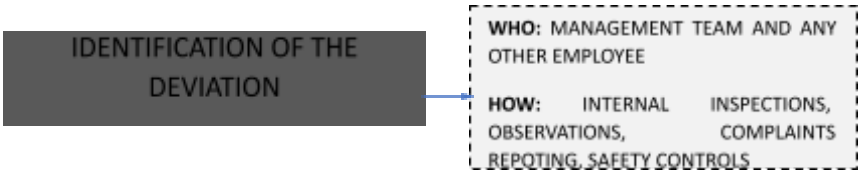
Implementation of Corrective Actions, Monitoring and Reviewing Procedures

In the Appendix, a FLOW CHART depicts the various actions that need to be taken as soon as an occurrence of occupation violence is recognised. It shows the flow of actions that need to take place in order to document it and manage the necessary steps in order for it not to occur again.

What follows is an explanation of the different stages seen in the FLOW CHART in order to comprehend what needs to be done.

Stage 1: Identification of the deviation



Usually, enterprises provide newcomer employees with an “employee handbook”. The employee handbook includes employment and job-related information, company policies, and procedures that employees need to know and follow. For instance, among the contents of an employee handbook there is information related to the code of conduct, employee dress code, working hours etc, as well as procedures (e.g. requesting leave of absence) and policies (environmental protection, gifts from customers etc). In this way, “employee handbooks” help establish clear boundaries in terms of what is expected from employees by the employer and vice versa. Supplementary to the “employee handbook” can be various ad-hoc policies or instructions given for a specific occasion (e.g. holiday requests) which are communicated to the staff via email or in writing.

Thus, the first step in the incident management procedure is to refer to the employee handbook and any ad-hoc policies/instructions to see whether a given incident deviates from them.

Considering that both the management team, as well as employees, can violate the guidelines of the “employee handbook” in a way that can be considered an act of occupational violence, the organisation must carry out internal inspections to identify deviations. In addition, deviations may be identified from observing the staff’s behaviour, from reported complaints, or from internal safety controls (i.e. CCTV).

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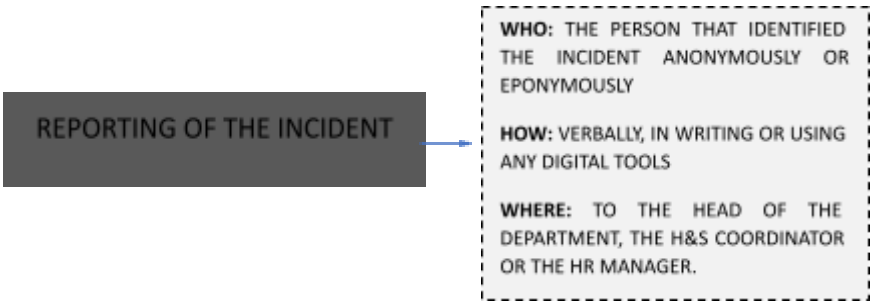
Stage 2: Reporting the incident

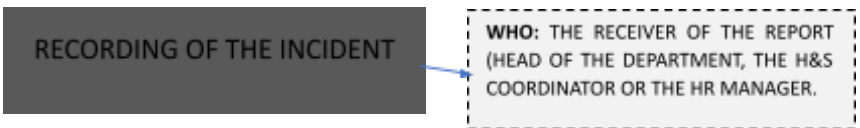


Any member of the organisation who identifies any deviation from the pre-set behavioural guidelines, must report it. The person who identified the deviation is responsible for reporting it to the Head of the corresponding department, or the Health and Safety Coordinator, or the Human Resources Manager. The identifier may choose to report the deviation eponymously or anonymously, and in private. Moreover, the identifier has three options in terms of how to report it: verbally, in writing, or using digital tools (email but not social media).

It should be noted that the Health and Safety Officer is the principal person responsible for handling reported incidents in the workplace. However, it could be that a different person receives a report of a given incident. In that case, the H&S Officer must be informed by that person immediately. Furthermore, in the absence of the H&S Officer, the company should designate the responsibility of handling incidents to someone else. Even if so, the Health and Safety Officer must still be kept informed regarding the progress of the incident handling procedure.

Note: Form A – In the Appendix can be used to report incidents of occupational violence.

Stage 3: Recording of incident



The person who is the official handler of occupational violence incidents must maintain a Registry of Incidents and for each such incident must have its own folder (physical or electronic) where all incident documentation must be kept.

The Registry is a working document that shows what incidents that have been managed, or are currently being managing and it provides a record of the outcomes and what action needs to be

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taken to address the identified incident. Typically, an Incident Registry includes the following information:

• Incident report identifier, such as a number;

• A brief description of the incident;

• The date and time of the incident;

• The location of the incident, such as the kitchen, the bar, etc;

• The name/s of any persons involved in the incident;

• The name of the person that reported the incident;

• The details of corrective actions;

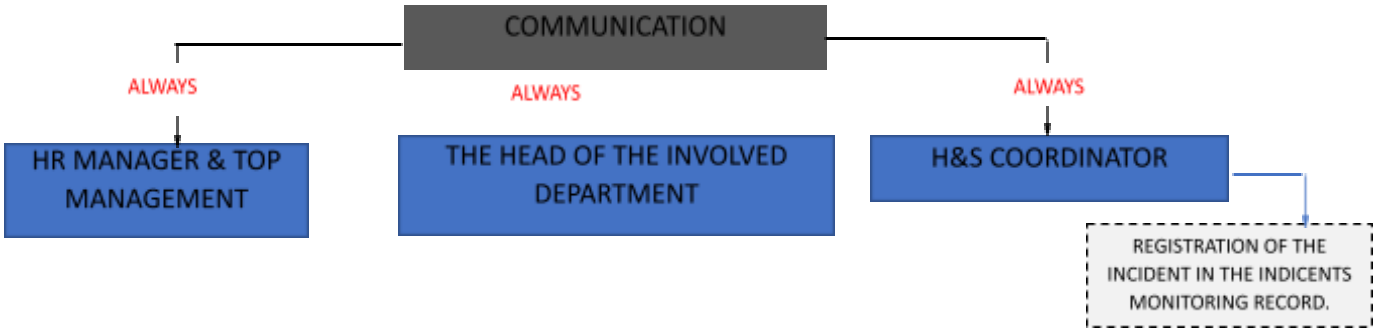
• The name of the person responsible for the corrective actions;

• The target date for any corrective actions;

• The date corrective actions are completed; and

• The details of any reviews conducted of the incident and corrective actions, such as by the Health and Safety Committee.

Stage 4: Communication (about the incident)



The most obvious receiver of any occupational violence incident is the Health and Safety Officer (H&S Officer). The H&S Officer responds to and investigates concerns and complaints from workers/employers and takes appropriate action. Investigates accidents and injuries that occur in the workplace. Responsible for the establishment of, and monitors the performance of, workplace safety and health committees.

If this is not possible for any reason, then the departmental head of the HORECA establishment can be the first contact. Regardless of who receives the report, the following superintendents must be all notified eventually:

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I. Human Resources manager
II. Top management (i.e. the General Manager of the Hotel)
III. Head of the involved department
IV. Health and Safety Coordinator

In turn, the H&S Coordinator then has to register the incident in the incidents monitoring record.

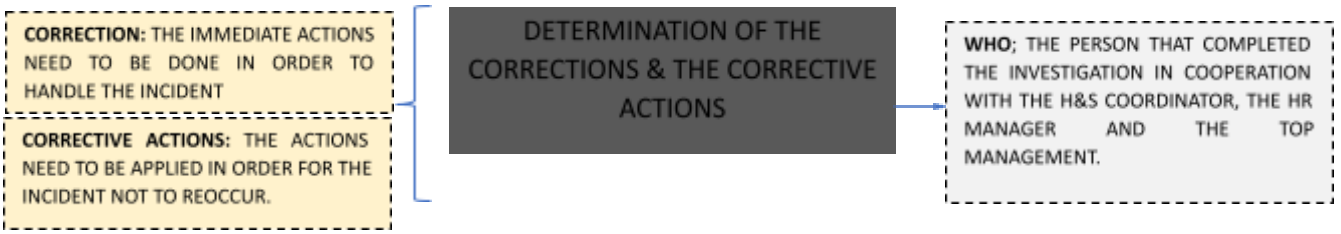
Stage 5: Investigation

The official registration of the incident in the incidents monitoring record prompts an investigation. Thus, the relevant evidence must be presented (i.e. pictures/video from CCTV/witness). The primary purpose of the investigation is to identify the root cause of the problem by utilizing tools such as the cause-effect method. Cause and effect analysis, also called a "cause and effect diagram," is an assessment tool that combines brainstorming and mind mapping techniques to explore the possible causes of an issue.

More importantly, the information gathered from the investigation should be utilised in a way that develops effective solutions for the underlying problem.

Note: Form B – In the Appendix can be used to investigate incidents of occupational violence.

Stage 6: Determination of the corrections



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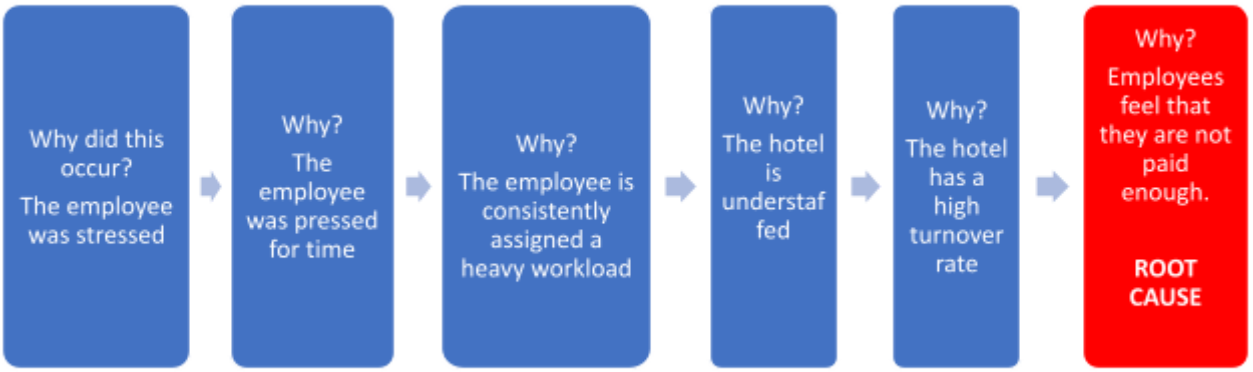
In order to determine the corrective actions necessary to prevent an incident from reoccurring, all the potential contributing factors have to be considered. The majority of incidents in the hospitality industry are related to the factors that can be observed in the Investigation Report (Form B) in the Appendix. These are the environment in which the employees are working, the people (both guests and staff), and the working systems that are put in place by the hotel's management.

Nevertheless, when determining the necessary corrections in response to an incident, the contributing factors should not be viewed in isolation because there is always a root cause behind them. That is, there is always an explanation as to why a given contributing factor leads to the incident. As such, the challenge is identifying the root cause of an incident. For this purpose, one can use a technique known as "Five Whys". This technique is an iterative interrogative technique used to understand the cause-and-effect relationships underlying a given problem. The first step involves asking the question "Why did this happen" (the incident). Once there is a response to the aforementioned question, one must repeat the same exact question until a conclusion is reached. Essentially, the conclusion is reached whenever the question "Why?" no longer yields an additional response and the final response indicates the root cause. Moreover, it should be noted that this may take more or less than five iterations depending on the given problem and the nature of the underlying root cause. The figure below illustrates the application of the Five Whys with an example.

The Five Whys in Practice

Problem: An employee verbally assaulted one of his co-workers



As one can infer the technique helps to directly identify the root cause and indirectly identify the

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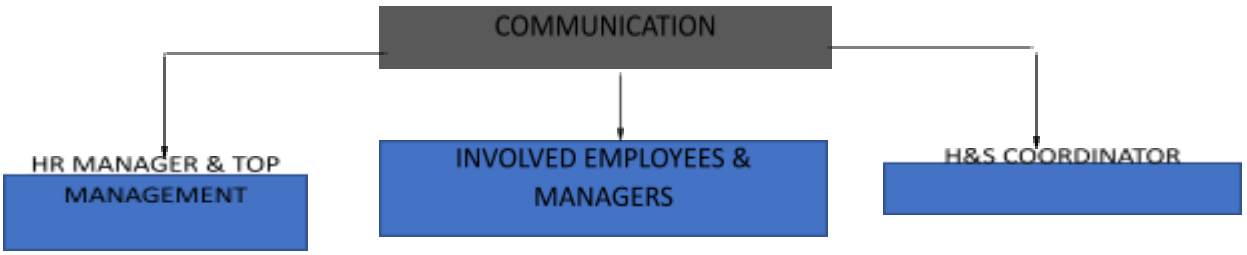
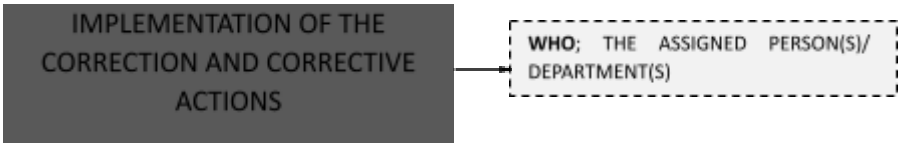
contributing factors of an incident. Once the management team has this valuable information it can determine the corrections necessary to prevent an incident from happening again.

Stage 7: Communication (about the corrective action)



The members of the management must inform each other of the proposed corrections. Given how the incident management procedure at this stage is official, the communication process should be kept on the record so that there is proof it took place. For that purpose, the management team may choose to use digital or physical tools as long as the communication is recorded.

Stage 8: Implementation of the corrective actions



Implementing corrective actions requires structuring a plan. The reason behind this is that plans allow the organisation to track down its progress toward correcting the root cause of an incident. In fact, for this purpose organisations can use a so-called “Corrective Action Plan” which is a document that lists a series of measures for fixing the issues and gaps in organisational procedures that could have a negative impact on the business. It essentially outlines the process for resolving a problem that prevents the firm from satisfying its objectives.

The Appendix provides a Correction Plan that can be used (Form C). In fact, by answering the questions in the proposed Corrective Action Plan managers can ensure that the implementation of the corrective action is successful. The reason behind this is that having an actual plan removes all

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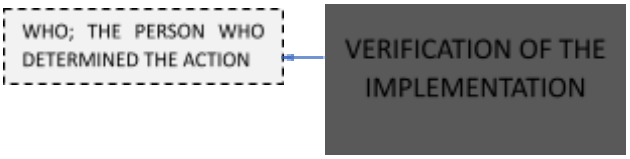
the guesswork from the equation and therefore boosts the managers' confidence in implementing corrective actions.

Stage 9: Verification of the implementation



Verifying the implementation of corrective action means looking for proof that the incidents' root causes have been eliminated or, at least, minimized. In addition, considering that eliminating a given root cause altogether may not always be feasible. Therefore, a reduction of the risk can sometimes still be a satisfactory result.

In order to verify that the root cause has been minimized or eliminated, evidence is required. Moreover, evidence should be based on facts and should therefore preferably take the form of data or records. Alternatively, simple first-hand observations or verbal evidence can also be utilised as evidence. Nevertheless, in some cases, there might be a lot of evidence available, and examining all of it can be quite an inefficient process. For this reason, it is important to sample the evidence such that only a representative subgroup of the evidence is examined thoroughly.

In general, the verification process should aim to answer the following questions by using evidence:

- Has the root cause been addressed?
- Have the corrective actions been implemented fully?
- Have any procedures been redesigned?
- Have the employees been informed of any changes?
- Has the problem reoccurred?
- Has the management been informed of any changes?

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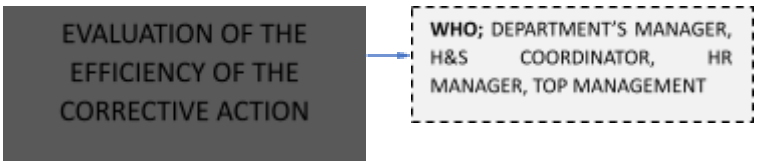
Stage 10: Evaluation ~~of the~~ efficiency of the corrective action



The department's manager, the H&S coordinator, the HR manager, and the Top management must evaluate the corrective action's efficiency. In addition, it is a good practice to evaluate the corrective action's effectiveness after a predetermined period. If, however, the corrective action is found to be ineffective or inefficient, then it should be revaluated and revised.

As far as the evaluation procedure is concerned, there is no exclusive way of measuring the efficiency of a corrective action. A suggested method for evaluating the effectiveness of a process is Scorecard.

Developing a Scorecard

A process performance scorecard is the behaviour of a process over time. Here are three steps to simplify how and what to measure on a scorecard to ensure that the processes produce the desired results.

1) Measure Compliance

First, you will need to know whether employees are complying with the steps in your core process. You need to verify if the process is Done Right. One way to measure this is to spot-check a key step in the process to make sure it's Done Right. You don't need to check every step or every instance of every step. You just need to check enough instances and steps to get sufficient data to satisfy yourself that your people are consistently following the process.

2) Measure Frequency

How often is the step performed? If it's something that only gets performed once a quarter, it's probably not worth measuring on a weekly scorecard. If it's a step that gets performed 42 times a week, then having a handful of spot checks may give you the data you need.

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3) Measure the Outcome

Here the Desired Result is measured. If all the steps of the process were followed, the result of the process should produce the correct result. For example, if the goal is to perform 2 inspections a week, or to record the reception activity for 2 hours a day, then those are the desired outcomes that we want to measure on the scorecard to know whether the right results are being generated in any given week.

Here is how you put it all together. Supposedly, you measure compliance, frequency, and outcome on one of your scorecards. If the compliance and frequency numbers show that a given process is on track, but the outcome measurable is off track, then it means either there is a functional error in the process or there is a people's problem. Staff may have not understood their role in the process, or are not motivated enough to participate or do not have the capacity to perform it.

Stage 11: Data analysis/further actions

The H&S coordinator and the HR manager may choose to conduct data analysis to gain valuable insights when reviewing the procedures for implementing corrective actions. For instance, they may choose to study how many incidents occurred over a given period and use the data from the Incident Investigation to better comprehend the drivers of a given incident. As a result, similar incidents can perhaps be better prevented in the future.

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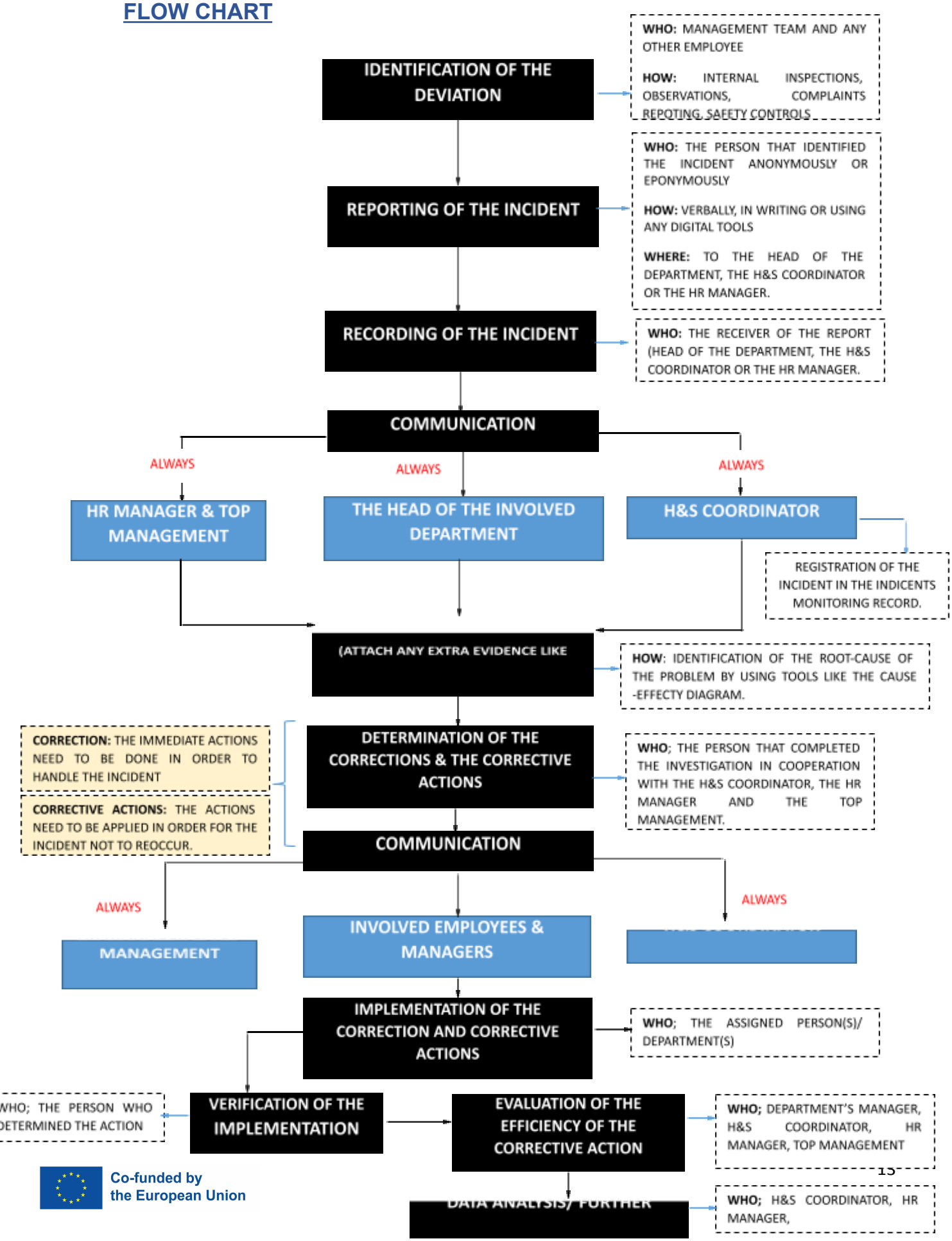
Appendix

FLOW CHART



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Form A - Incident Reporting

Reported by: _____ **Date of report:** _____

Title / Role: _____ **Incident No.:** _____

Department: _____

INCIDENT INFORMATION

Type of incident: _____ **Date of incident:** _____

Location: _____

City: _____ **ZIP code:** _____

Injuries: _____

Hazard identified: _____

Statement of the affected party

Name / Role / Contact details of parties involved

1. _____
2. _____
3. _____

Name / Role / Contact details of witnesses

1. _____
2. _____
3. _____

Supervisor Name: _____ **Supervisor signature:** _____ **Date:** _____

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Form B – Incident Investigation

Incident details			
Name of the person involved in the Incident:		Date of Incident:	
Location of the incident:			
Incident investigation team: (name, role)			
What task was being performed at the time of the incident?			
What happened?			
Why did it happen?			
What factors contributed to the incident?			
Environment		**People**	
Lighting	Working alone	Drugs/alcohol	Time pressure
Layout/Design	Other	Personal issues/ Stress	Other
Work systems		**Other factors**	
Unidentified hazard	Inadequate training/supervision		
Inadequate controls implemented	Other		
Corrective actions			
Contributing factor (from the above list)	**What measures will be taken to fix the problem?**	**Who will be responsible for**	**Deadline**

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		fixing the problem?	
Has the problem been fixed?			
Name	**Signature**	**Date**	
The person involved in the incident:			
Health & Safety Officer:			
Manager/Supervisor:			

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Form C - Corrective Action Plan

Describe the problem
What will be done? (Action steps, description)
Why will it be done? (Justification, reason)
Where will it be done? (Location, area)
When will it be done? (Time, dates, deadlines)
Who will do it? (Who's responsible?)
How will it be done? (Method, process)
How much? (What will it cost to do/make?)