QUEENSLAND MINING INDUSTRY

A Past forgotten is a Inture repeated

### Can Safety Really Be Improved in Challenging Times? Learning the Lessons From Elsewhere.

### Susan Johnston





## In 1992:

An explosion, and resulting fireball at the Hickson &
Welch chemical plant near
Castleford UK, killed 5 people and injured nearly 200.

•The UK HSE found that the safety risks generated by a recent reorganisation, had not been recognised, or responded to.







## A Past forgotten is a Future repeated Recently...

- A hospital team successfully:
- Merged 3 workforces,
- Contracted out key services, and
- Relocated to a new hospital
- And delivered great care.
- **BUT** highly trained staff forgot basic safety procedures....
- And bad, but vital, news stopped travelling up the chain.





# Stressed Organisation? Safety is at Risk

## **This Presentation:**

- Draws on direct experience from leaders in the health, oil and gas, and construction sectors.
- Takes account of UK HSE, ILO, US Chemical Safety Board, and international psychology, studies.
- Highlights safety issues arising from organisational change, and possible solutions.
- Queries whether you have given enough thought to experience elsewhere?



### A Workplace is Stressed When:

- The company/site is for sale.
- •There are significant staff lay offs.
- •The management structure is altered substantially.
- •The business is under sustained external pressure.
- There are financial troubles.

Now, in other words...





# Organisational Stress and Safety – the Link

- Multiple cross-sectoral studies mostly on whether there's a link between downsizing and accidents.
- Some eg Probst suggest both increased accident rates, and increased under-reporting.
- General view reorganisation/organisational stress DOES NOT necessarily lead to more incidents, BUT....

New risks ARE introduced in these circumstances, AND, identifying and managing these new risks is the key.





### A Past forgotten is a Future repeated Safety Management in Challenging Times The Great The Ordin

- Safety risks caused by/during the change are assessed.
- Independent safety challenge is part of the transition.
- `Real' leadership is employed.

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- Human limits eg cognitive overload- are recognised.
- Extraordinary employee engagement occurs.

## The Ordinary

- Safety is `business as usual'.
- Transitions are treated like technical tasks.
- `Authoritarian' leaders `drive' the change.
- Human capacity is not considered.
- Corporate offices, and regulators, make it worse.



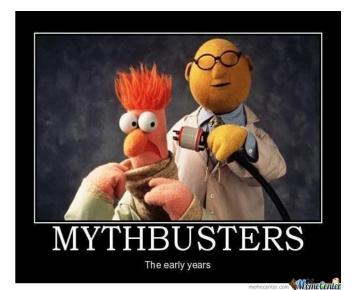
## First let me be clear....

 Most companies DO NOT cut the safety budget as their first response to financial pressure.

 Most managers, are NOT unconcerned about employee safety.

 Most employees will NOT deliberately ignore safety processes.

We need to dispense with the myths, and move on to the real challenges.





### A Past forgotten is a Future repeated Why Assess Transition Safety Risks?

- We were so focussed on getting through the restructure, we didn't think enough about the new risks we were introducing' (*Senior Executive, Oil and Gas*).
- `We risk assess EVERYTHING, but, sadly, not the safety impact of reducing the management structure', (Senior Executive, Construction).
- `Beware the high performance team' they'll deliver, but they're too busy to see the collateral damage'. (Senior Executive, Health).



### A Past forgotten is a Future repeated Why Assess Transition Safety Risks?

- Failure to assess transition safety risks highlighted as key factors in BP Texas City, (15 dead/180 injured), Hickson & Welch, and multiple Swedish processing industry incidents (*Jacobsson, 2007*).
- UK HSE recommendation that safety risks resulting from change, AND risks arising from the way change is implemented, be assessed beforehand.
- `Obvious' risks excessive workloads, role confusion, unclear expectations, mismatch between competency and work demand.
- Less obvious risks `survivor strain', absence of compassion suicides at France Telecom.

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# **The Gold Standard**

- An `independent', safety focussed, review of the transition process.
- Reviewers attend decision making meetings.
- Direct link between reviewers and senior management.

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 Senior manager responsible for achieving positive safety outcomes from transition.

## Process used successfully – rail and chemicals industries.







- Multiple examples of senior staff `overlooking' safety procedures, during periods of organisational change.
- Staff affected usually genuinely amazed, when failures highlighted.
- •Extensive research indicates increased stress is `related to increased cognitive failures' (Probst, 2013).
- Managers implementing major reforms can experience cognitive failure.





### Essential Psychology

•No matter how good you, or your staff, are, cognitive limits apply.

#### Transitions place higher cognitive loads on people.

•You need to recognise the potential for cognitive error, and design the transition process accordingly.

 Many airlines now train crews on the limits of human capacity.





# Leadership – Again....

- We've become used to hearing that `strong', and/or `visible', safety leadership is key to keeping people safe.
- Good executives going through transitions, or tough times, are usually conscious of the need to keep on stressing the importance of working safely.
- But `strong', `visible', and well motivated, leadership may have very little impact at all when .....





### A Past forgotten is a Future repeated Barriers to Effective Safety Leadership

- Burnt out employees can't process the leader's message.
- No effort's been made to understand the current state of play at each site – leadership messages seem unreal as a result.
- Employees have not been told what execs are afraid of, and why.
- Individual teams have not been asked to provide ideas on how to maintain/improve safety performance.
- Executives, corporate safety, and external stakeholders overload already stressed workplaces with no-value requirements.
- No direct line of sight between the workforce and Head Office.

(With thanks to Heifetz and Laurie, 2001)



### A Past forgotten is a Future repeated One Example

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- A very safety focussed Health Chief Executive was astonished to find – after a major transition – that serious safety issues had not been brought to his attention, because:
  - Most staff were simply struggling to get through their `to do' list cognitive overload was widespread.
  - While the transition tasks had been well identified, and planned, the collateral consequences for key individuals had not been adequately recognised. Good middle managers were too stressed to give safety issues the attention they deserved.
  - While the Chief Executive had always stated that, if necessary, safety issues should be brought to him, most staff had no idea of how to do this.
  - There was a `can do' culture that inadvertently inhibited honest feedback.
  - Individual teams had safety solutions in mind but did not feel they had scope to implement them.



## Authoritarian Leadership



## Isn't Safe

- Already stressed individuals won't open up about safety concerns.
- People think best when they are not being slapped down.
- Humiliation, fear, and hopelessness HAVE been linked to poor safety outcomes.
- Authoritarians get the TASKS, not the JOB, done.



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## **Processes are NOT** panaceas

- Today's generalisation many technically qualified managers are comfortable with processes, and deeply uncomfortable with complex adaptive change involving other humans.
- Organisations who failed to safely transition, sometimes had wonderfully detailed, technically robust processes.
- UK HSE warning process is NECESSARY but not SUFFICIENT.
- Mining has a long history of over optimistic reliance on process.
- LOSA audits in the airline industry show errors occur in the cockpit on 82% of all flights – failure management the key.



## **`Real' Safety Leadership**

(with thanks to Footbridge Consulting)

- Pre-transition, the safety risks associated with change are identified.
- There is ongoing, independent review of whether line assessments of safety risk are right.
- The extra load on those implementing the change is recognised and support provided.
- Employee views on current safety issues, and how safety can be maintained through the change, are sought.
- Corporate activities are adjusted to encourage safe transition.





## Safety Professionals?

## What should safety staff do in challenging times?

#### What skills do they really need?

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•Some companies have moved all corporate staff to site to identify site barriers, and advise site management.

 Some companies have refocussed corporate office staff onto support, guidance, and site `temperature checks'.



See UK HSE Best Practice Model



## The Role of the Regulator

If experience suggests that companies and individuals should modify their approach to managing safety in challenging times, where does this leave regulators?

- `The most stressful experience we had while going through the transition was responding to incessant, silly, demands for more information from the Department.' (Health Executive).
- Site visits are fine, we need external eyes, but when my biggest issue is how to ensure that our processes on night shift are right, and I'm being audited on nit-picky crap, it is really frustrating'. (Construction Executive).





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## Opinion

•Obviously, Mines Inspectorates need to enforce the Acts.

 BUT, more can be done to understand the risks associated with organisational stress, and to consider how the Inspectorates might modify HOW they do their work.

•The Commissioner for Mine Safety & Health role has been a real disappointment. Oh, I offended you with my opinion? You should hear the ones I keep to myself!

It needs to be recast.



## Back to the Beginning

Once the human issues were recognised, management:

•Gave wards greater capacity to solve their own safety issues.

Asked open ended questions.

 Made themselves more physically accessible to all staff.

Across the hospital, hand hygiene improved, and infection rates dropped, dramatically.







# Thank-you.

