

A HSE Human Factors Perspective

Ed Corbett C.Psychol. Head of Human Factors & Organisational Performance

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Content



- Background to HSE
- GB data (scale of issue lagging data)
- Observations from HSE and consultant perspective
- Promote a view that 'Safety Science' can add significant value
 - HF, HOP, System Safety, SII, Safety Differently, New View



To prevent death, injury and ill-health in Great Britain's workplaces – by becoming part of the solution

...to investigate work-related accidents and ill health and take enforcement action when appropriate

Science & Research, Regulatory, Policy



"A fundamental principle underpinning the HSW Act is that **those who create risks from work activity are responsible for protecting workers and the public from the consequences**. Thus, the HSW Act places specific responsibilities on **employers**, the self-employed, employees, designers, manufacturers, importers, suppliers and people in charge of premises. Associated legislation places additional duties on owners, occupiers, licensees and managers."

From: Reducing Risk, Protecting People (HSE)

<u>Not</u> about individual 'error'. Blaming on individual 'error' doesn't inoculate organisations/leaders from accountability

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GB statistics 2018/19



Work-related ill health cases (new or long-standing) in 2018/19

Source: Estimates based on self-reports from the Labour Force Survey, people who worked in the last 12 months



Work-related stress, depression or anxiety cases (new or longstanding) in 2018/19

Source: Estimates based on self-reports from the Labour Force Survey, people who worked in the last 12 months



Work-related musculoskeletal disorder cases (new or longstanding) in 2018/19

Source: Estimates based on self-reports from the Labour Force Survey, people who worked in the last 12 months



Annual costs of new cases of work-related ill health in 2017/18, excluding long latency illness such as cancer

Source: Estimates based on HSE Costs to Britain Model



Workers sustaining a non-fatal injury in 2018/19

Source: Estimates based on self-reports from the Labour Force Survey



Working days lost due to workrelated ill health and non-fatal workplace injuries in 2018/19

Source: Estimates based on self-reports from the Labour Force Survey



Non-fatal injuries to employees reported by employers in 2018/19 Source: RIDDOR

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Lung disease deaths each year

estimated to be linked to past

Source: Counts from death certificates and estimates from epidemiological information

exposures at work



Fatal injuries to workers in 2018/19

Source: RIDDOR



Mesothelioma deaths in 2017, with a similar number of lung cancer deaths linked to past exposures to asbestos

Source: Counts from death certificates and estimates from epidemiological information



Annual costs of workplace injury in 2017/18

Source: Estimates based on HSE Costs to Britain Model



Annual costs of work-related injury and new cases of ill health in 2017/18, excluding long latency illness such as cancer

Source: Estimates based on HSE Costs to Britain Model

GB statistics 2019/20





Work-related ill health cases (new or long-standing) in 2019/20

Source: Estimates based on self-reports from the Labour Force Survey, people who worked in the last 12 months



Workers	sustaining	a non-fatal
injury in		

Source: Estimates based on self-reports from the Labour Force Survey





Working days lost due to work-related ill health and non-fatal workplace injuries in 2019/20

Source: Estimates based on self-reports from the Labour Force Survey



Work-related stress, depression or anxiety cases (new or longstanding) in 2019/20

Source: Estimates based on self-reports from the Labour Force Survey, people who worked in the last 12 months

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Non-fatal injuries to employees reported by employers in 2019/20

Source: RIDDOR



Lung disease deaths each year estimated to be linked to past exposures at work

Source: Counts from mesothelioma and other death certificates and estimates from epidemiological information



Work-related musculoskeletal disorder cases (new or long-standing) in 2019/20

Source: Estimates based on self-reports from the Labour Force Survey, people who worked in the last 12 months



Fatal injuries to workers in 2019/20

Source: RIDDOR



Mesothelioma deaths in 2018 with a similar number of lung cancer deaths linked to past exposures to asbestos

Source: Mesothelioma death certificates



Annual costs of new cases of work-related ill health in 2018/19, excluding longlatency illness such as cancer

Source: Estimates based on HSE Costs to Britain Model



Annual costs of workplace injury in 2018/19

Source: Estimates based on HSE Costs to Britain Model



Annual costs of work-related injury and new cases of ill health in 2018/19, excluding long-latency illness such as cancer

Source: Estimates based on HSE Costs to Britain Model



Observations: 'Cases' for 'doing' H&S

Moral

'It's the right thing to do'

So no more cases, right?

Financial (the carrot)

'Doing' H&S can save money / increase efficiency

Legal (the stick)

Not 'doing' H&S carries penalties

The MBA mentality? The MBA mentality? The MBA mentality? Executive building? Executive building? "There is one and only one social responsibility of business - to use its resources and engage in activities designed to increase its profits so long as it stays within the rules of the game, which is to say, engages in open and free competition without deception or fraud" -Milton Friedman

Similar perspective from Edgar Schein

Executive culture and financial performance

Operationalising Safety: What are the primary objectives of work?



- To be safe?
 - 'Safety is our number one priority'
 - Zero Harm (ALARP? Costs?)
 - Honesty? Trust?
 - Gaming targets
- 'maximising profit for shareholders' / 'to get stuff done'
 - Your pension funds / investments
 - Do you check H&S for employees? Environmental impact? etc.
- Numerous goal conflicts, many stemming from productivity, profit, efficiency / 'getting stuff done' etc.
- Current climate: '*Doing more with less'*, perhaps:
 - Requiring workers to take on greater workloads; more demanding workloads, with fewer resources?
 - Unconscious gambling with H&S?
 - Discuss the goal conflicts; why people do what they do; and the **grey area** of real life decisions...



Simple dilemma:

How long do you wait at the red light at the temporary lights?

It's a rule; but we move to adaptive behaviour

Many reasons:

- Peer pressure
- Time pressure
- Know better
- 'I'm careful'
- Etc.

Human Factors basics:

-Feedback and human behaviour

-Inviting input (not being passive and waiting for it), being curious and genuinely listening are critical to 'fix' the real causes

-'error' as a symptom, not a cause

-If nobody is flagging issues, it doesn't mean there are no issues!

-What adaptations are people making to get work done?

New views / perspectives



- Need to be legally compliant
- 'Safety Science' multiple 'New View' perspectives bring value, learning, and evidence base
- Much builds on the discipline of Human Factors, Psychology, and Safety Science more broadly
 - Perhaps become 'individual' / branded
 - Polarised views

Language differences



- No value in arguing 'we know that already!', 'Money for old rope'...
 - Extract the lessons: they are not applied as much as they should be
- Academic concept definitions and measurement, and sometimes 'branding'

Older language	Newer language
Active failures / latent conditions	Sharp end / blunt end
Living in an ivory tower	Work as Imagined / Work as Done
Put yourself in their shoes	Local rationality
Blame culture	Psychological Safety
Uncontrolled Change	Organisational Drift

Leadership Matters



Moving away from the 'sharp end'

Leadership Traps



- Select and promote leaders based on charisma rather than competence (including H&S)
- Forget that actions '*speak'* louder than words
- Desire to act, rather than to understand (action/solution over curiosity).
- Attracted to simplicity
 - Oversimplification of data (quantitative over qualitative quantitative with *red, amber, green* is even better e.g. a risk register)
 - Collection of data is the end, rather than the means to the end

• Don't have time to learn

- Personal competence in H&S
- Investment in skills, time, and resources for investigations (N.B. an investigation report alone isn't *learning*)
- Proactive learning
 - Safety Critical Task Analysis
 - Asking about e.g. fatigue, stress, design
 - Adaptations workers make that maintain/enable safety

Leadership Traps



- Focus on safety and neglect health (including mental health)
- Ambiguity / 'grey area' is your friend: blame for 'non-compliance', and blame for not using 'common sense'
- Putting 'distance' between the issue and the organisation
 - Worker 'error' over excessive workload, demanding/unacceptable shift patterns, design issues, or lack of resources etc.
- Emphasis on financial performance How we measure leadership performance
 - Is safety only of interest when we have a lack of safety / an incident?
 - No wonder blame is a preference!
 - HOP principles 'Blame achieves nothing', perhaps it does (local rationality)
- Must be seen to be right as a leader / lacking humility
 - Rather than recognising leaders make mistakes, and these can be amplified in an organisation
- 'Toxic Positivity' Only receptive to good news.
 - Create a distorted world view Upward 'demand for positivity'
 - Distinguish *optimism* from *positivity*

Leadership: First steps

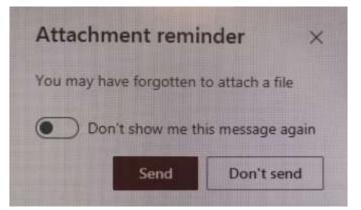
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Basic reflection questions

- What is your risk profile?
- What are you prioritising (proactive and reactive learning)?
- What are you doing to manage to ALARP?

Some key takeaways

- Listen and learn
- Invest significantly more time understanding work (good and bad), than coming up with solutions (80/20? 90/10?)
- Prioritise effort/resources (where does reverse parking fit?)
- Quality over quantity (walkabouts)



Questions and keeping in touch



LinkedIn Or ed.corbett@hse.gov.uk

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