

Creating a **Learning Organisation**

A one day symposium on Wednesday 14 April 2010
at Keele University, Staffordshire. Part of the

Institute of Ergonomics & Human Factors
ANNUAL CONFERENCE 2010
Bridging the gap between theory and practice

Incidents and accidents in a wide range of industries around the world have shown that organisations are poor at learning from their own experience and from the experiences of others.

All too often, investigations into accidents and incidents find that the underlying causes were the same as in previous events. Incidents in the rail, aviation, chemical, nuclear and other industries are often similar to incidents which have occurred before. A "learning organisation" is one that not only values and encourages learning from its own experiences, but looks beyond itself for lessons - to similar companies in the same industry and to other industries. This is one of the seven key elements identified by HSE in improving safety management, leadership and safety culture.

Learning organisations are characterised by a state of 'chronic unease', for example, they actively seek out information even in areas that appear to be running smoothly. These organisations also 'amplify weak signals' - straining to hear and learn from apparently weak signals, such as the perceptions of frontline staff or lessons from near misses.

This one day symposium will explore barriers to organisational learning and how learning lessons can be made more effective. It will address topics such as getting to root causes, learning from audits, near miss reporting, blame and accountability, communications, corporate memory, leadership, and Key Performance Indicators (KPIs).



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Organisational integrity: challenging ALARP

W I Hamilton, Technical Director, Human Engineering Ltd



The concept of ALARP has served well as a guiding principle for safety management, but this talk will argue that a focus on 'reasonably practicable' can mean missing the opportunity to improve safety as a byproduct of enhanced human and organisational performance.

Ian is a Fellow of the Institute of Ergonomics & Human Factors and a Chartered Psychologist. Following graduation, Ian worked in the defence sector, including the Eurofighter cockpit design. He then moved to the CAA, specialising in Air Traffic Controller workload. As a founding director of Human Engineering in 1995, Ian has led the growth of the professional team, having responsibility for the largest independent team of qualified human factors consultants in the world.

Organisational learning: who, when and how?

Liz Carver, KM Lead, Advanced Technology Centre



"Learning from experience" is a well-used phrase and often results in 'lessons learned', which may be stored in a database. But there are much more important questions to be asked such as: When should learning happen? Who needs to do the learning? Can I learn from my own experience? How is the learning going to be supported? The talk will aim to tackle these questions and more and reference studies to understand how enablers and barriers

have been used to work towards a Seek, Share and Learn culture both to embed safe and effective practices and to enhance business performance.

Liz is a human factors specialist with over 30 years' research experience. Recently she has been concerned with how we build things rather than what. She is working at a corporate level with BAE Systems' Engineering and Project Management Global Councils as well as with individual business units to develop both technological and behavioural solutions to enable knowledge enabled collaborative working.

Establishing Communities of Practice

Tim Hawley, Associate Director, Arup



Fostering collaboration and knowledge sharing across organisational silos and informal networks, to learn, solve problems and improve working practices will be the basis for this talk. It will cover experience from Arup's global networks and the establishment of Communities of Practice within MTR Corporation's Project Division in Hong Kong.

Tim is a senior management consultant and project director, focussing on business performance improvement and change management. He is responsible for Arup Consulting's People & Organisational Change team, comprising a group of organisational psychologists, change experts and human factors consultants. Tim has extensive experience working with clients in Europe, US, Hong Kong and China, on business and organisational transformational programmes from strategy development to implementation.

Human factors investigation in the rail industry

Emma Lowe, Senior Ergonomist, Network Rail

In establishing what happened and why, it is important to understand the types of errors that can occur and the factors that influence people's behaviour and increase their potential for errors. Typically investigator training does not cover human factors issues in sufficient depth to ensure systematic and consistent consideration of factors contributing to the causes of incidents. Neither does it cover in detail the processes by which we might elicit such information in an accurate and objective way. In order to address this gap Network Rail launched an e-learning programme in 2008: Why People Make Mistakes: Investigating the Human Factors. This paper will provide a detailed review of that programme.

Emma joined the rail industry in 1994 and has been involved in safety management, competence management and culture change. Emma has worked collaboratively to ensure human factors is integrated into the business and the key risks associated with

human performance. She has been involved in projects to do with workload, human error, training and competence assessment, shiftwork and stress management.

Developing Safety Performance Indicators for Major Hazard Industries

Peter Dawson, Principal Specialist Inspector, HSE



A methodology for the development and application of such indicators was set out in HSG 254, published in 2006. Findings from worldwide incident investigations continue to demonstrate the importance of active monitoring of process safety control and prevention systems to give early warning of their failure and avoid a catastrophe. The use of such indicators is now seen as a vital component of successful safety leadership, which both

HSE and industry are actively promoting. The presentation will outline how the HSE methodology, and also the more recent sector specific and international guidance, is being applied in the UK and how this can make a significant contribution to the prevention of major accidents.

Peter has worked as a Safety Specialist Inspector in HSE's Hazardous Installations Directorate for the last 12 years, and currently manages a team of Specialists carrying out technical assessments, inspections and investigations on a range of chemical and on-shore Major Hazard sites.

Melinda Lyons, NPSA



The NPSA's National Reporting and Learning Service manages the incident reports received from the NHS. Now maintaining a database with over 4 million incident reports used to identify risk and to generate solutions for the third largest workforce in the world, Melinda will present on the unique challenges that face the NPSA to improve healthcare processes for patient safety.

Melinda has worked in human factors and safety for over 10 years, specialising in emergency management and human error prediction in industries including offshore and air traffic management. For the last five years, she has focussed on applying human factors in patient safety and is currently the Human Factors Lead at the National Patient Safety Agency (NPSA).

Richard Scaife, Director, The Keil Centre



Richard has over 20 years' experience gained in a wide range of industries including aviation, defence, nuclear, chemical process, oil and gas, rail and construction. Richard's work has focussed primarily on the application of human factors to improving safety performance, (including human error, safety culture and behavioural safety) and the design and evaluation of equipment to meet user requirements.

Rob Miles, Principal Specialist Inspector, Human Factors, HSE



Drawing on HSE's own research along with personal experience from many inspections of offshore installations and the organisations that operate them, Rob will endeavour to provide some answers to questions such as: What do we mean by a 'learning organisation' and what processes should we be able to find in one? How do organisations successfully or unsuccessfully use incidents and near misses and why? What should the

effective outcome to an internal incident investigation look like? What characterises a successful change?

Rob leads on the topic of Human and Organisational Factors for the Offshore division of the HSE. He is ably assisted by a team of Specialist H&OF Inspectors providing inspection, enforcement and advice to the UK offshore industry on topics from organisational and behavioural change to user interfaces. His particular interests include safety management systems, shiftwork, competence, behaviour modification, and drug abuse in the workplace.

Also presenting will be **Mike Williams, University of Exeter on Learning about system resilience from a hospital bed crisis.**