



Functionally HOPping





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Our Journey Today

- Explore the five principles of HOP
- Synthesize how the five principles of HOP and their actions are served by a safety and health management system
- Establish practical ways that HOP Principles can be embedded into the safety and health practices of the organization

Five Principles of HOP

People Make
Mistakes

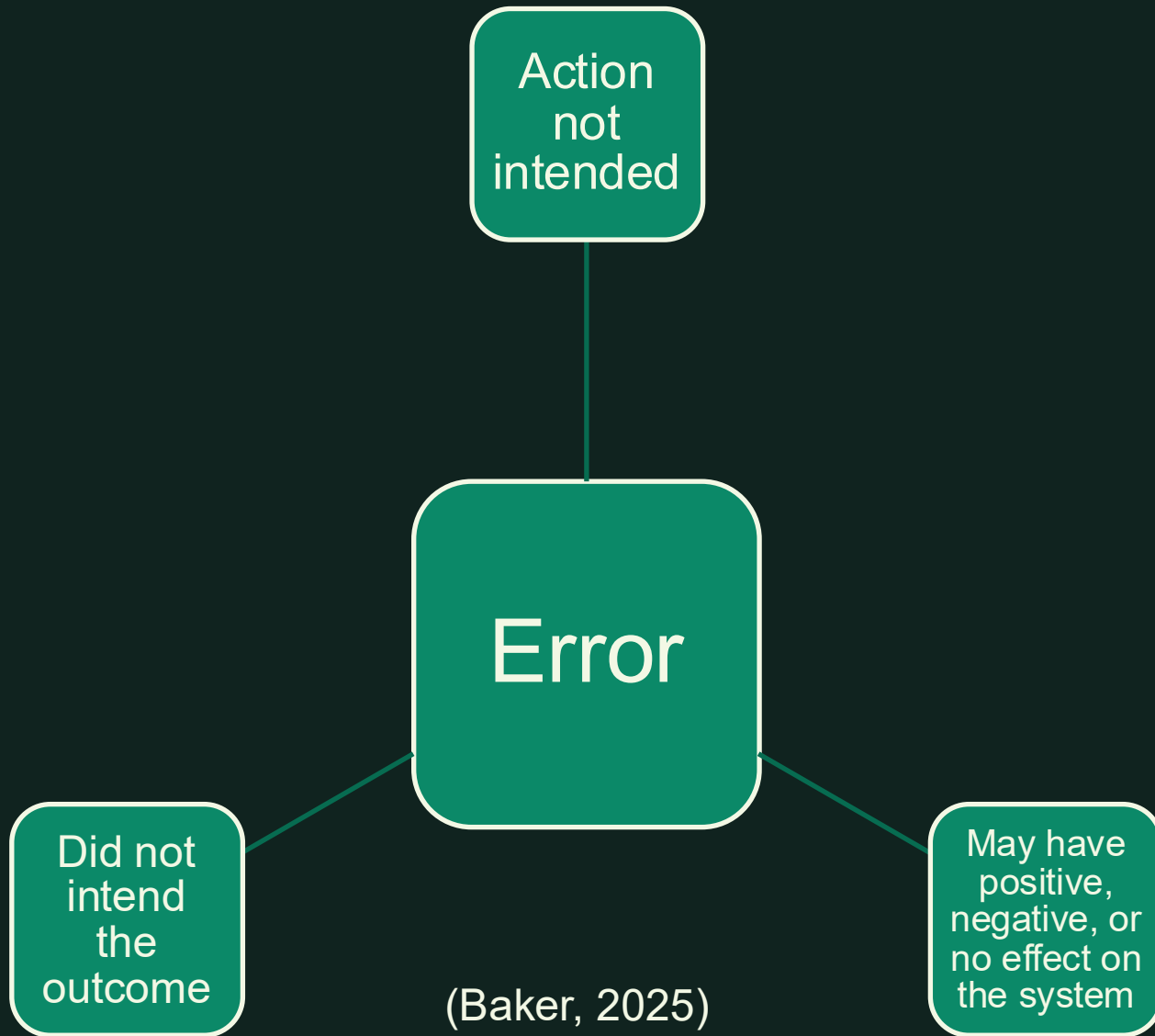
Response
Matters

Blame Fixes
Nothing

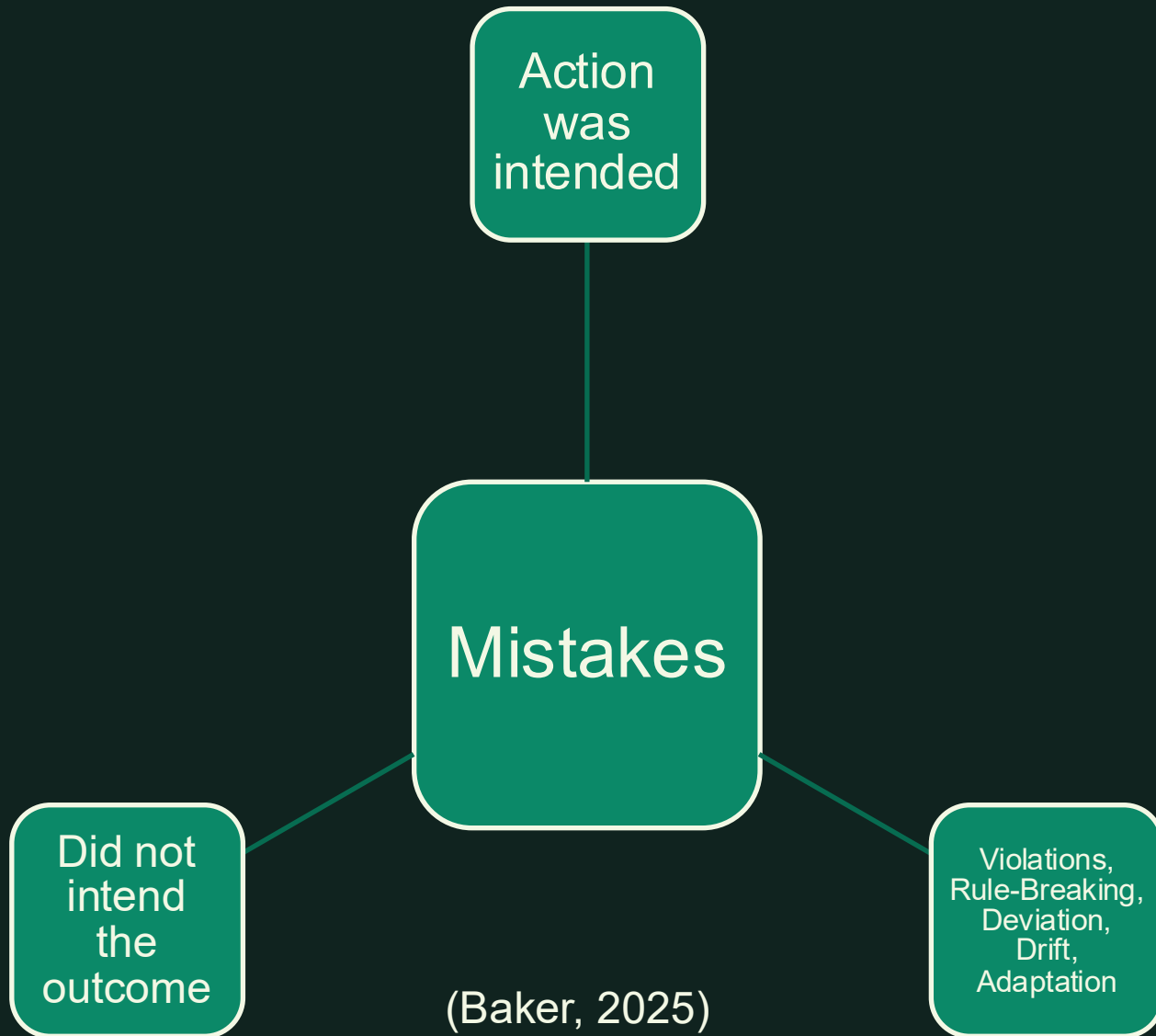
Context
Drives
Behavior

Learning is
Vital

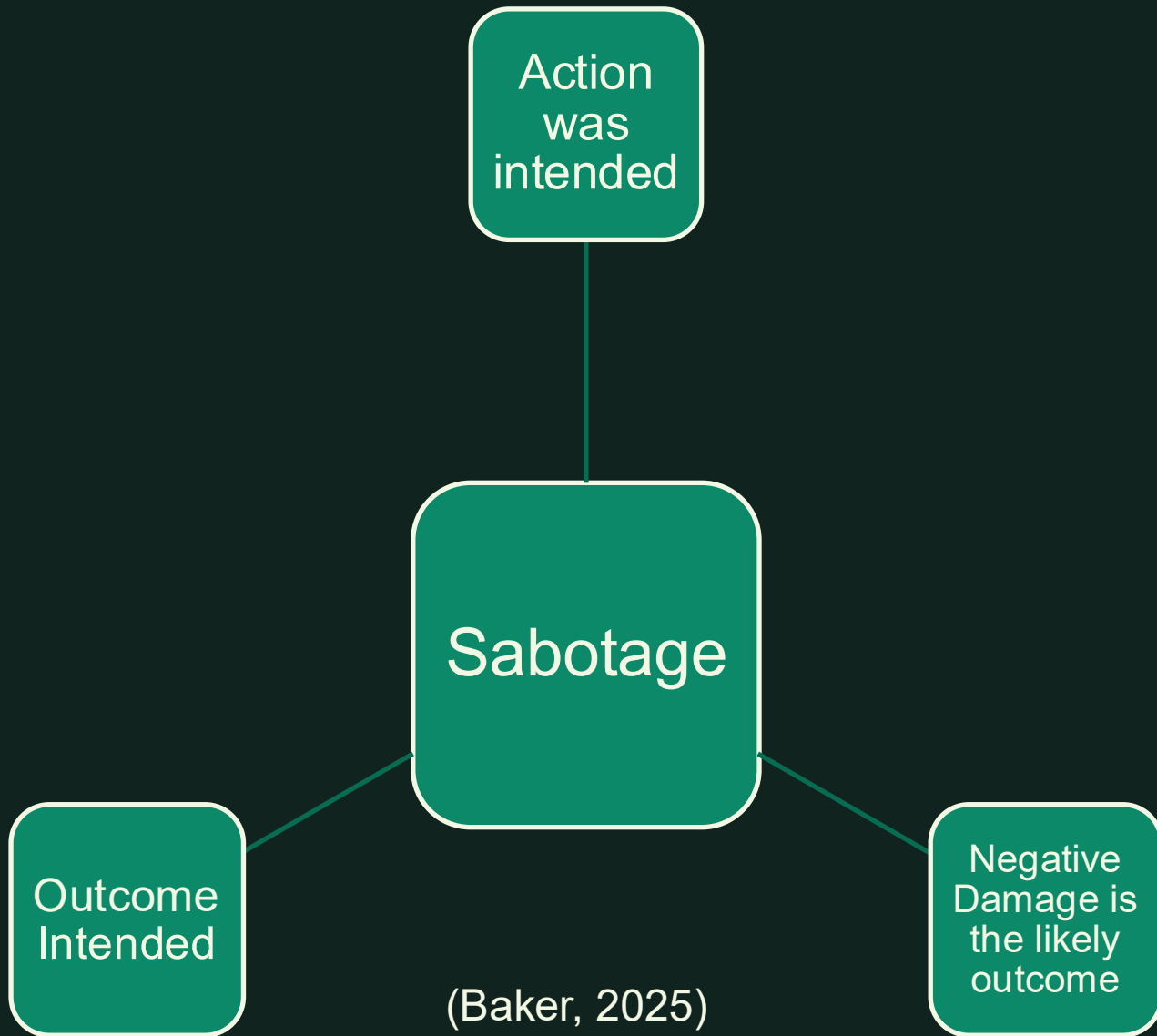
People Make Mistakes



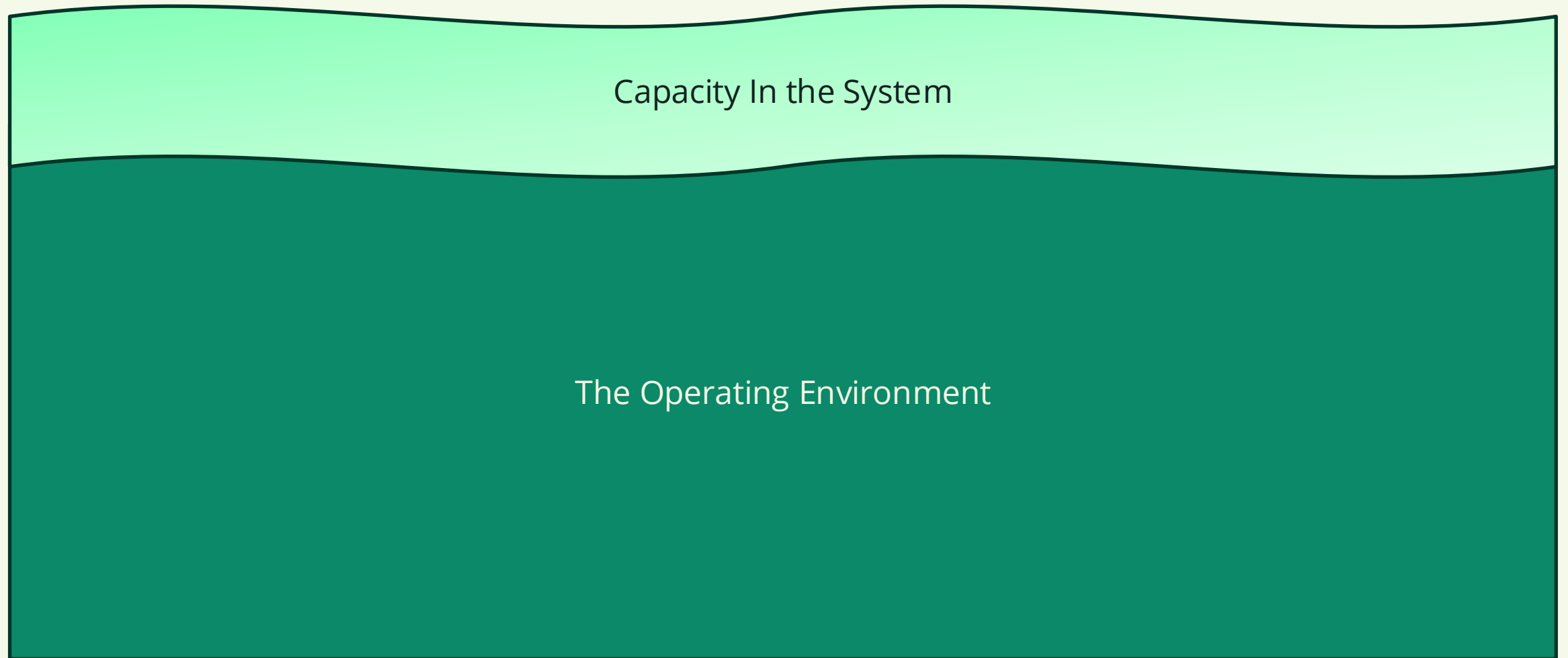
People Make Mistakes



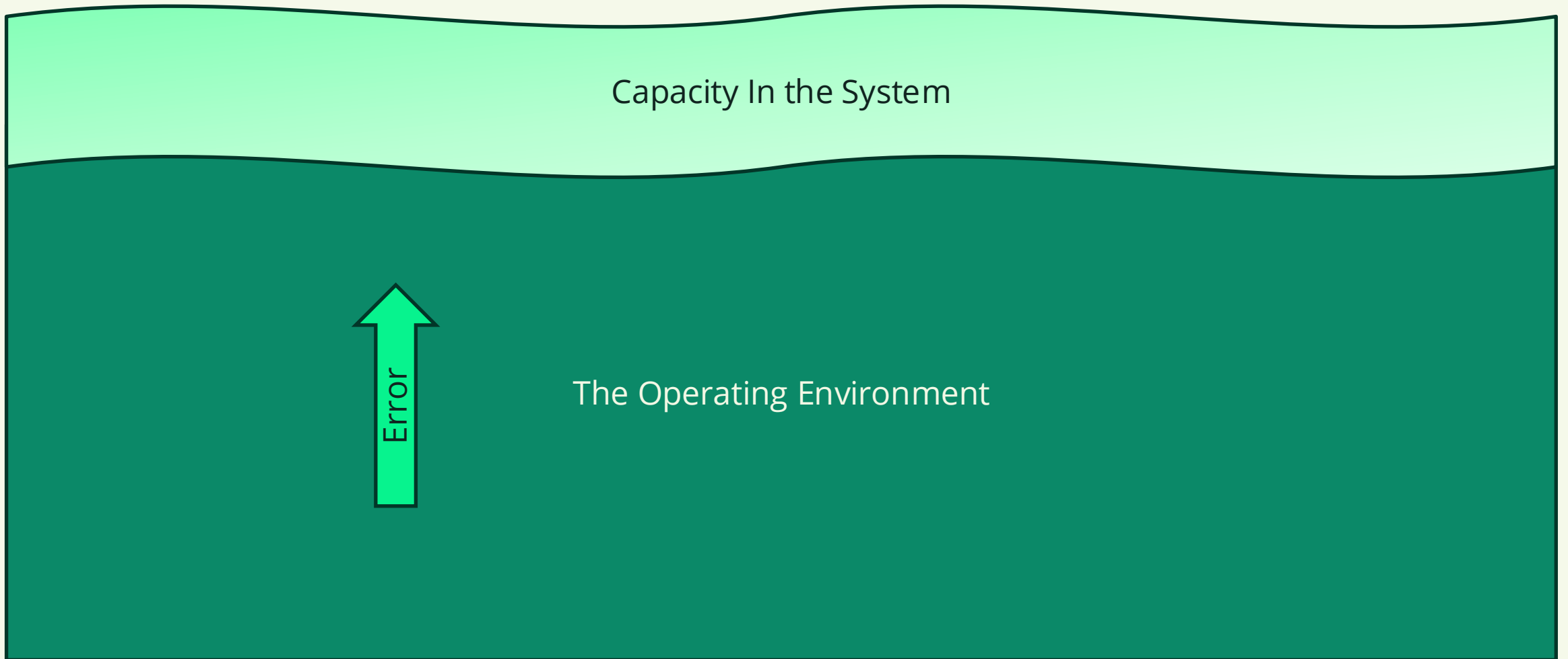
People Make Mistakes



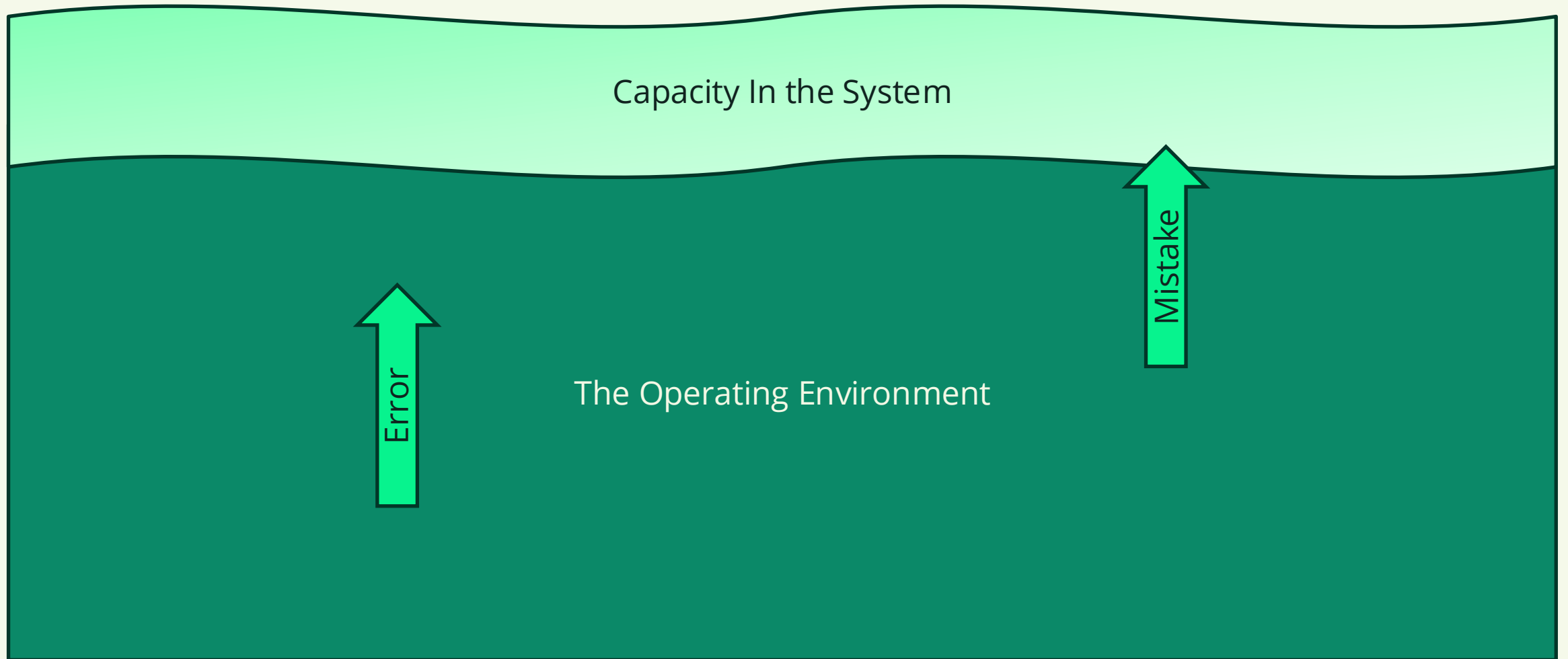
People Make Mistakes



People Make Mistakes

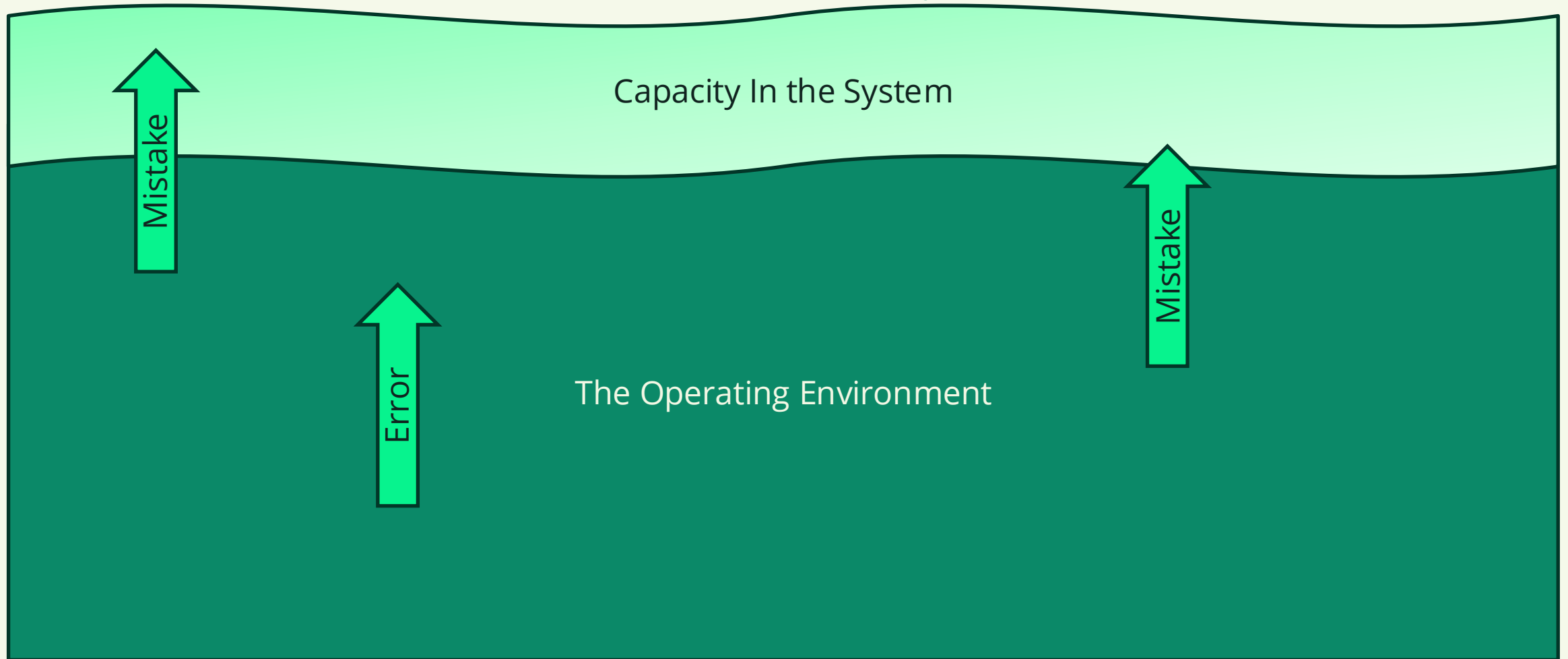


People Make Mistakes

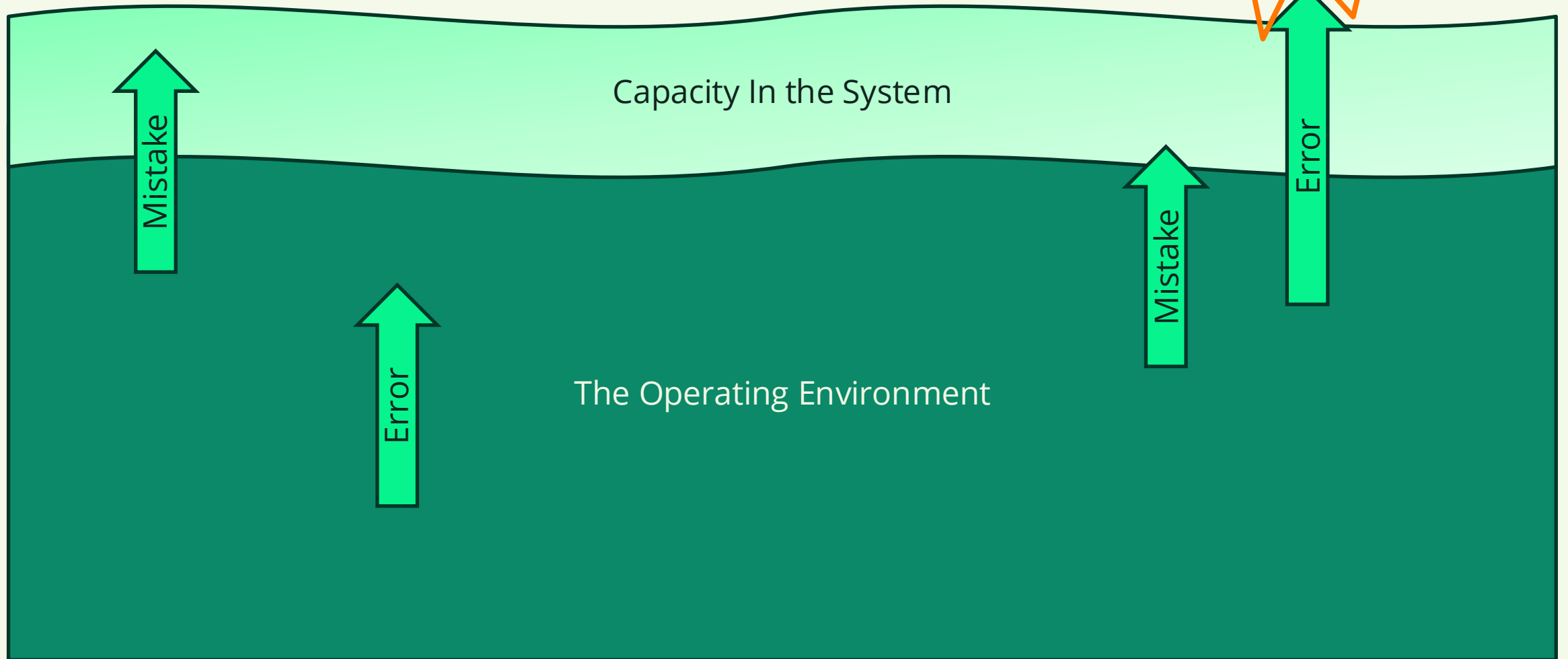


People Make Mistakes

System has been resilient



People Make Mistakes



Response Matters

“Let's work the problem, people.
Let's not make things any worse by guessing.”
- Gene Kranz



Example chosen with AI Support



Blame Fixes Nothing

"You can blame or you can learn. You can't do both."

– Gareth Locke

Context Drives Behavior

- Error Provocative Environments (Professor Chris Colburn):
 - “Environment that lacks controls to such a degree that the area itself “provokes, entices, or stimulates individuals to make errors.”
- Making Bad Choices Versus Having Bad Choices (Dr. Todd Conklin)
 - We look at employees like they make bad choices – in reality, they may be making the least worst of available options
- Local Rationality Principle
 - Karl Popper: People act reasonably given their specific situation
 - Herbert Simon: “Bounded Rationality” or “Satisficing” gets us to “Good Enough”
- Do we really have Free Will in a complex organization?

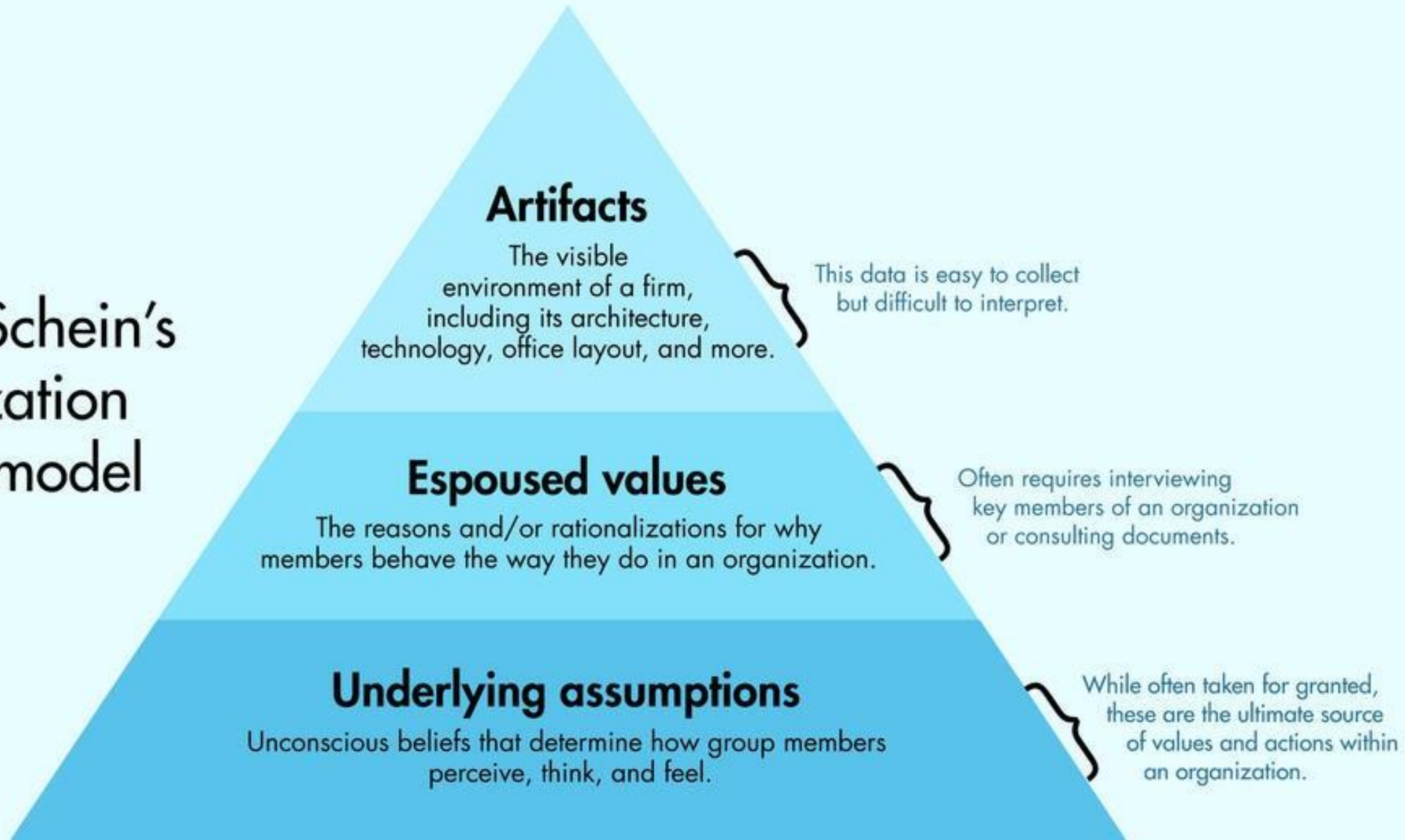
Learning is Vital

- Are we able to arrive at a “conclusive destination” or will we end up satisficing anyway?
- Learning drives context
- Learning softens response
- Learning reduces blame
- Learning supports continual improvement

*Learning does not mean you have to like it!



Edgar Schein's organization culture model



Artefacts

Tangible manifestations of culture

Values

Ethical statements
of rightness

Basic
assumptions

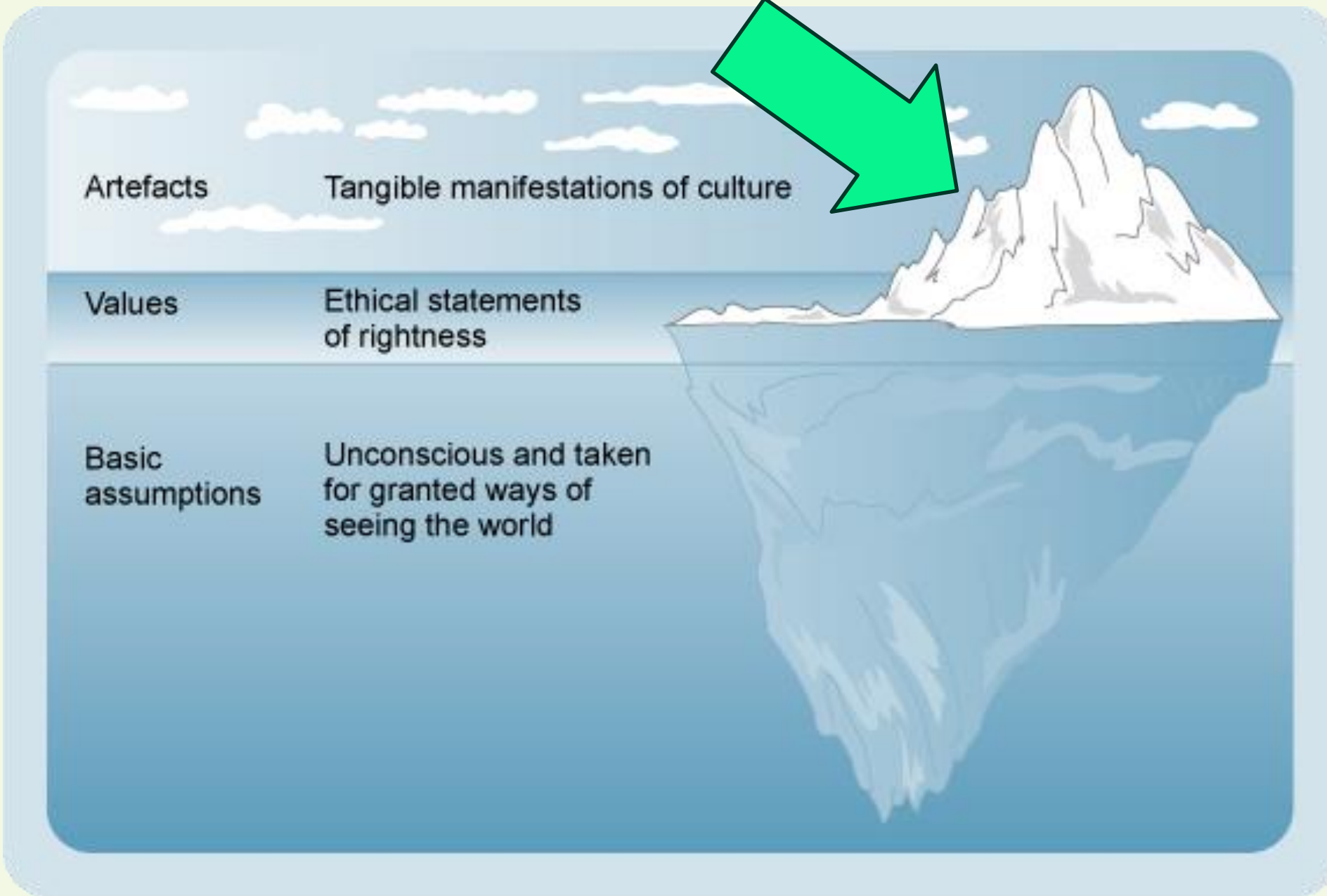
Unconscious and taken
for granted ways of
seeing the world



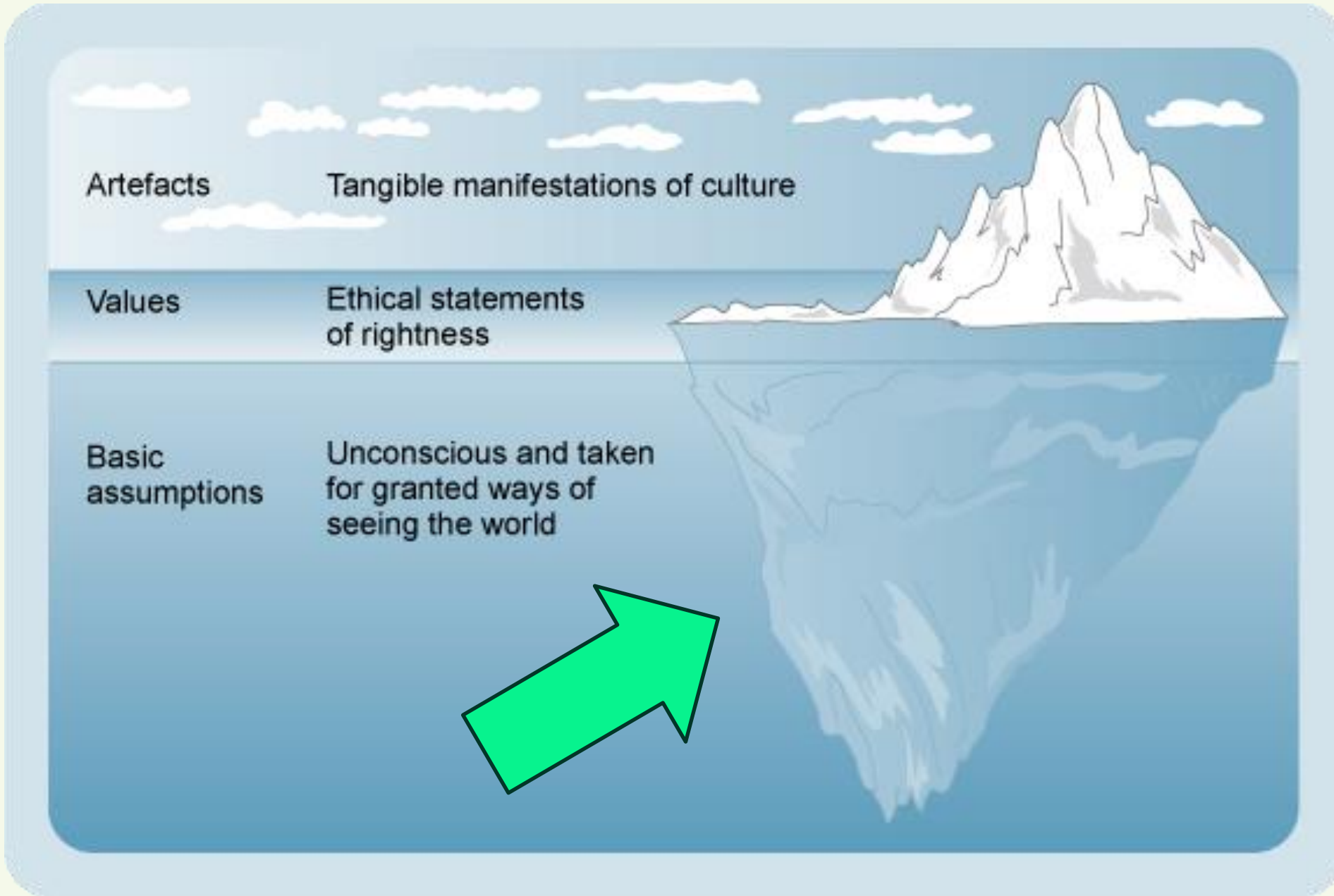
The Open University







The Open University



The Open University

The Starting Point



The Next Step - Don't Talk - Act

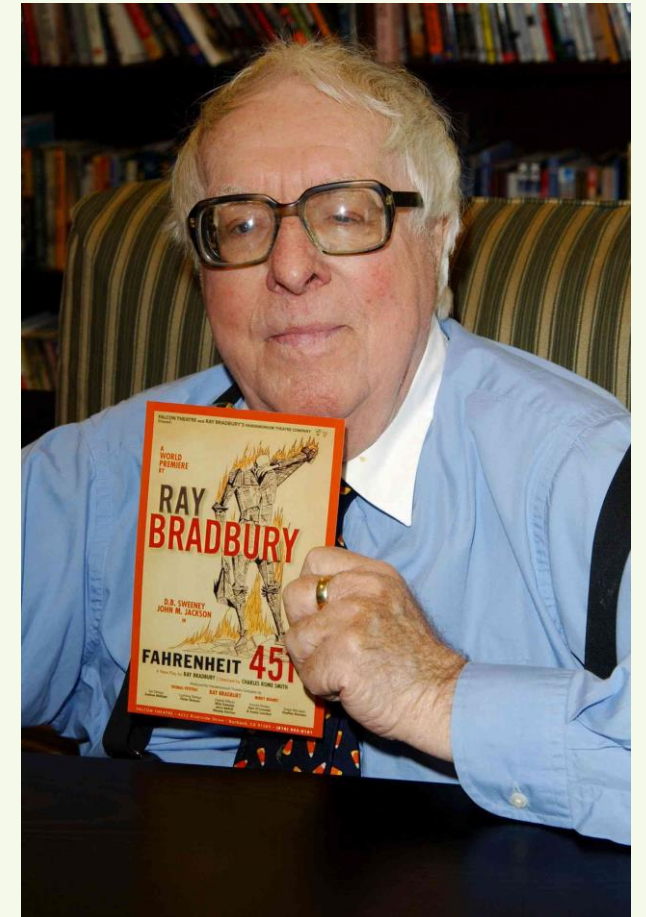


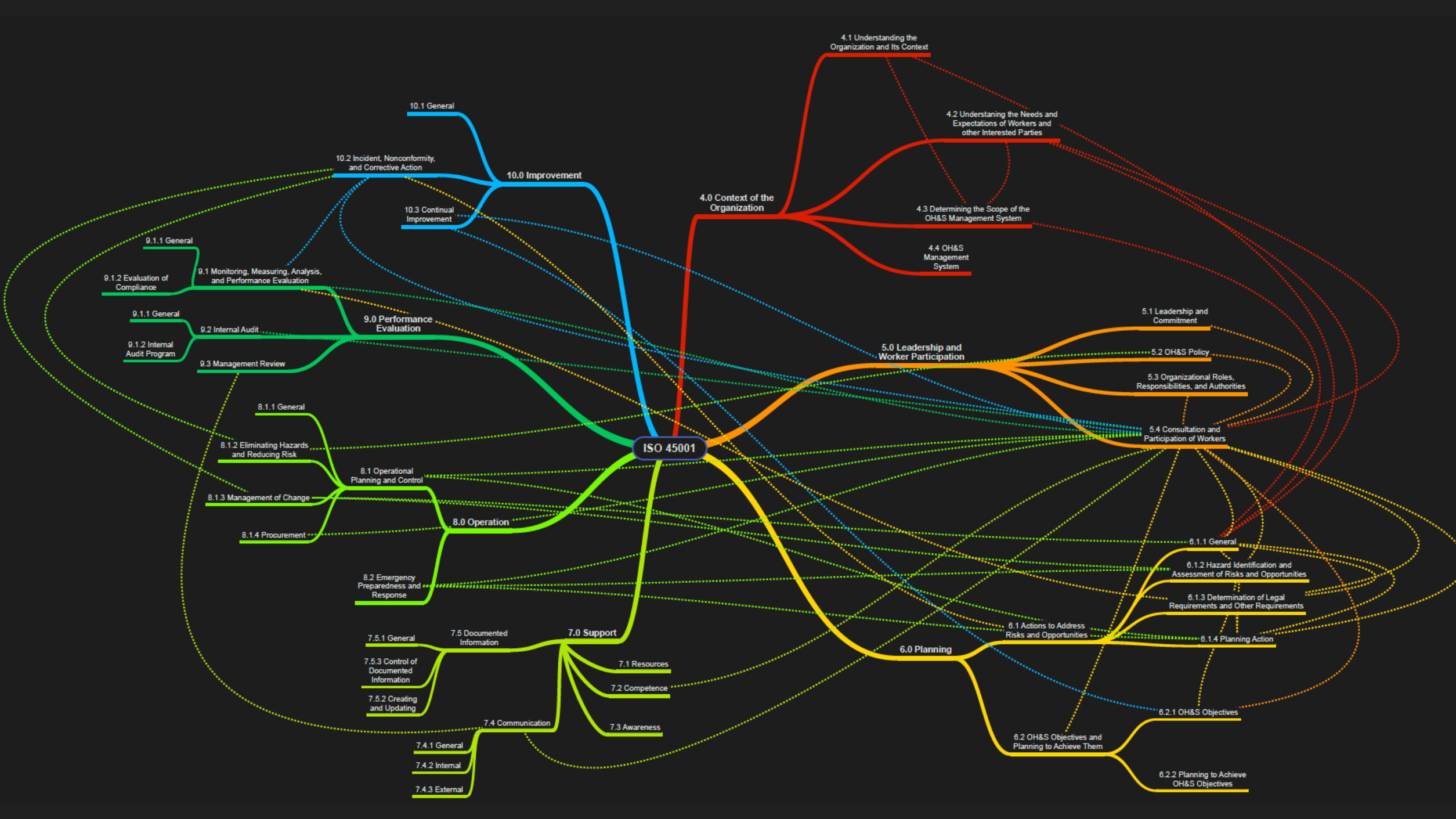
"Action expresses priorities."

— Mahatma Gandhi

"Don't tell me what you believe in. Show me what you do, and I will believe in you."

— Ray Bradbury





Action #1 – People Make Mistakes

Find where the system is resilient (capacity to absorb) and study it (Codifying where applicable)

- Start by looking at socio-technical interactions. (Where people and systems are interacting).
- Success is more common than failure.
 - We don't have to wait to start
- Understand what errors the system can absorb and what errors it cannot
- Get the team talking about adaptation, what they do to make work happen successfully – ask the team where error and mistake are likely to happen
 - In reality, they probably know in advance!

Action #2 – Response Matters

- Have a standardized approach for when things go wrong
 - Write this into your incident and near miss procedures
 - Give the team a starting point for how to respond and train that starting point
- Practice empathy first, care second, looking backward third
 - Yes, it takes practice!

Action #3 - Blame Fixes Nothing

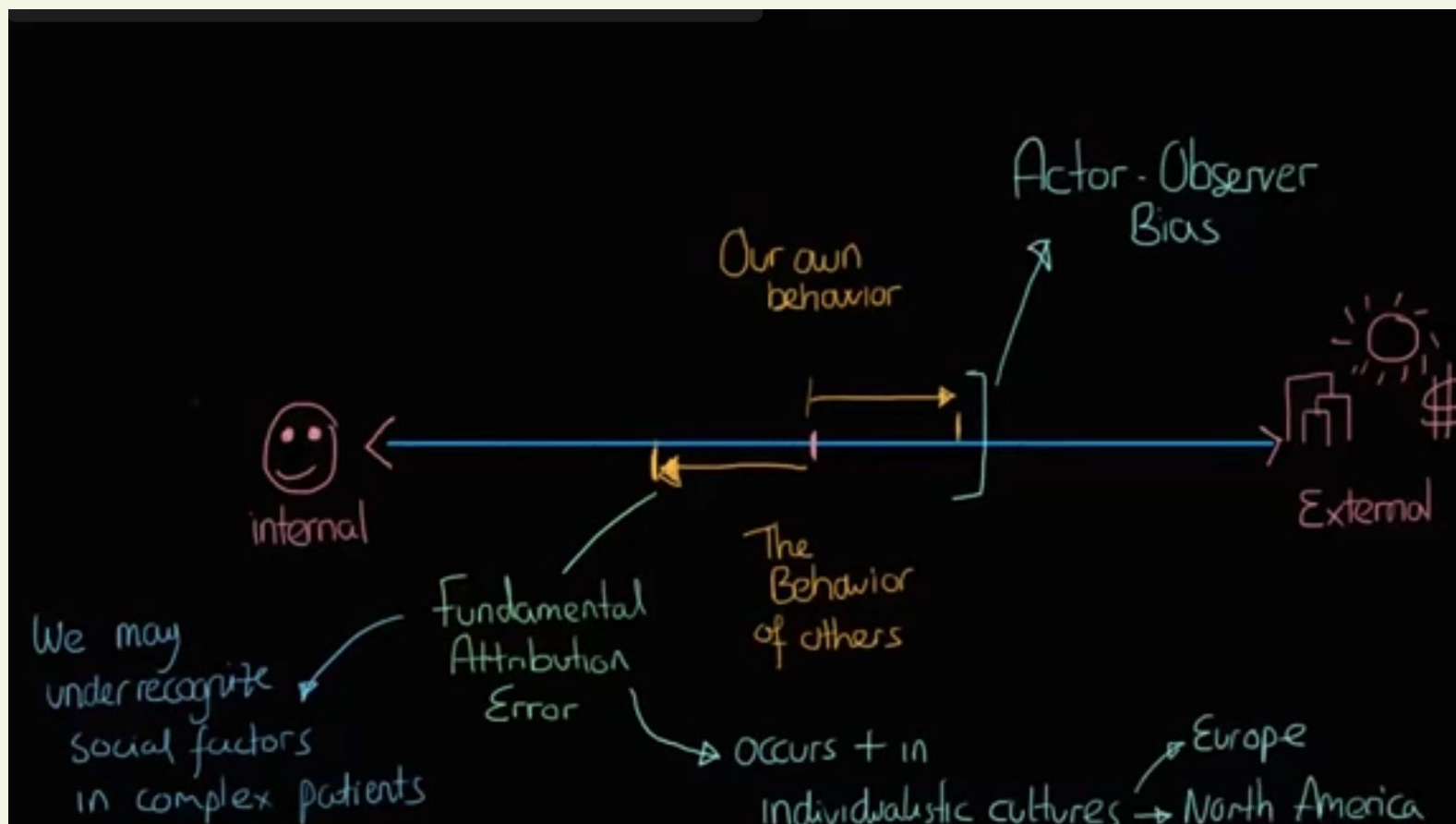
Roosevelt Boulevard in Philadelphia alone accounts for 10% of all traffic deaths in the city (25 from 2018-2022)



Action #3 - Blame Fixes Nothing

Stop blaming, shaming, retraining, suspending, docking pay, and firing

- Driving down reporting
- Not preventing the incident, you are just putting a new person at risk of the same outcome
- Blame drives down engagement and trust
- If it is truly malicious, then that is sabotage and requires a different response



Action #4 - Context Drives Behavior

- Don't over prescribe "Root Cause"
 - Write reports that put context forward – not outcome or singular "cause"
- Seek to understand the "why"
- Use people to better understand context
- Start introducing new language and thinking
 - Error Provocative Environments
 - Making Bad Choices Versus Having Bad Choices
 - Local Rationality Principle
- In a risk-based manner, celebrate success and openly discuss challenges
 - Risk Assessments are living
 - Engage your people in them – they are ultimately the ones at risk

Action #5 – Learning is Vital

- Dig into your Continual Improvement Process
 - How are we closing the Act to Plan Gap?
 - Are we verifying effectiveness?
 - Are we capturing further learning
- In the context of learning

PDCA = Continual Improvement Action, Pivot, Do, Check, Revise, Action, Pivot Again

What do the Standards Say?

- ISO 45001 10.3 Continual Improvement
 - Continually improve suitability, adequacy, and effectiveness of OH&S Management System
 - Enhancing Performance
 - Promoting culture that supports the OHSMS
 - Promoting participation of workers in implementing continual improvement
 - Communicating results of continual improvement to workers
 - Maintaining documented information
- ISO 45001 6.1.4 Planning Action
 - Integrate and implement the actions into its OH&S management system processes or other business processes;
 - Evaluate the effectiveness of these actions

What do the Standards Say?

1. Evaluate business impact
2. Improvement Actions have to go back through P-D-C-A

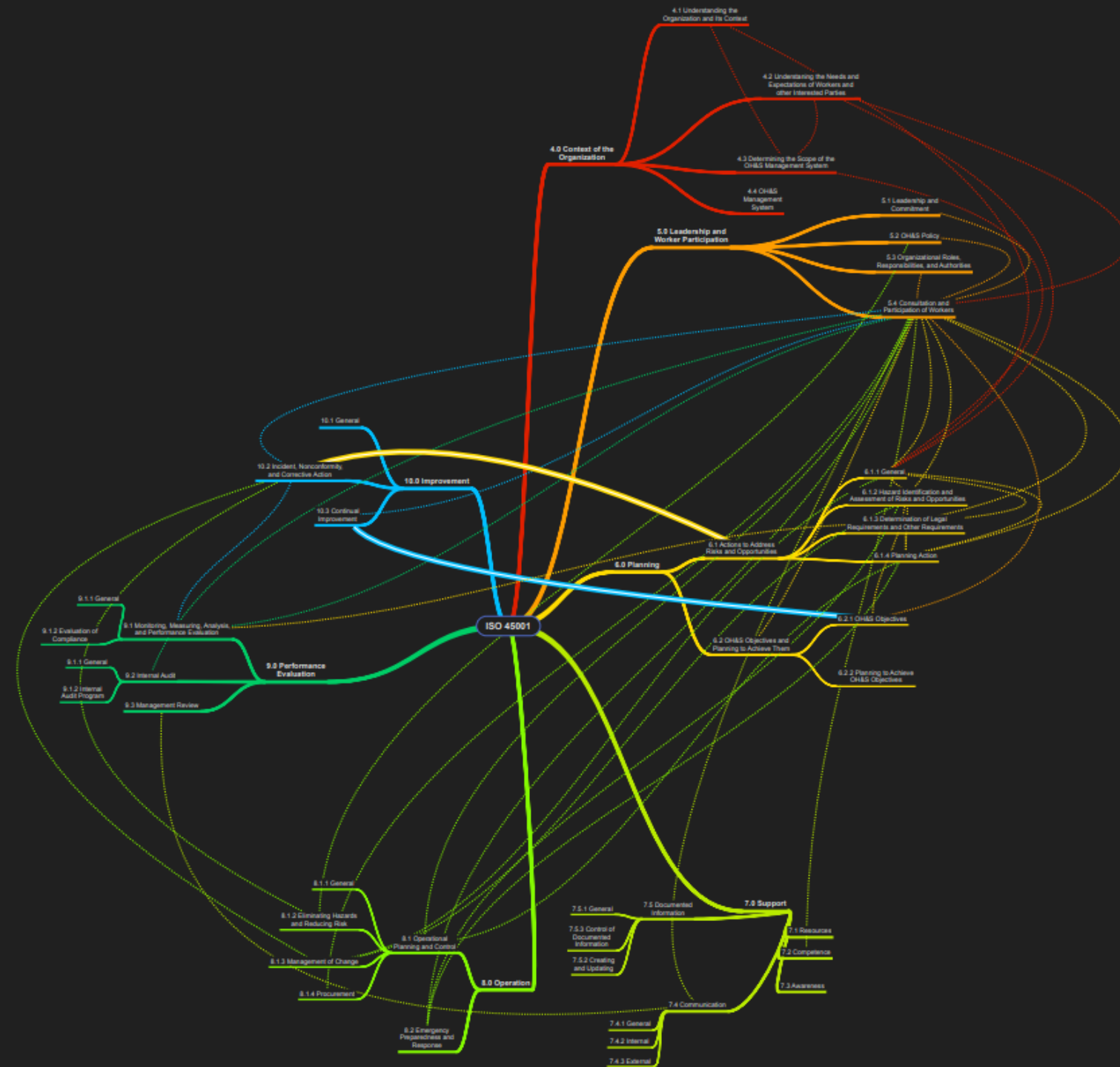


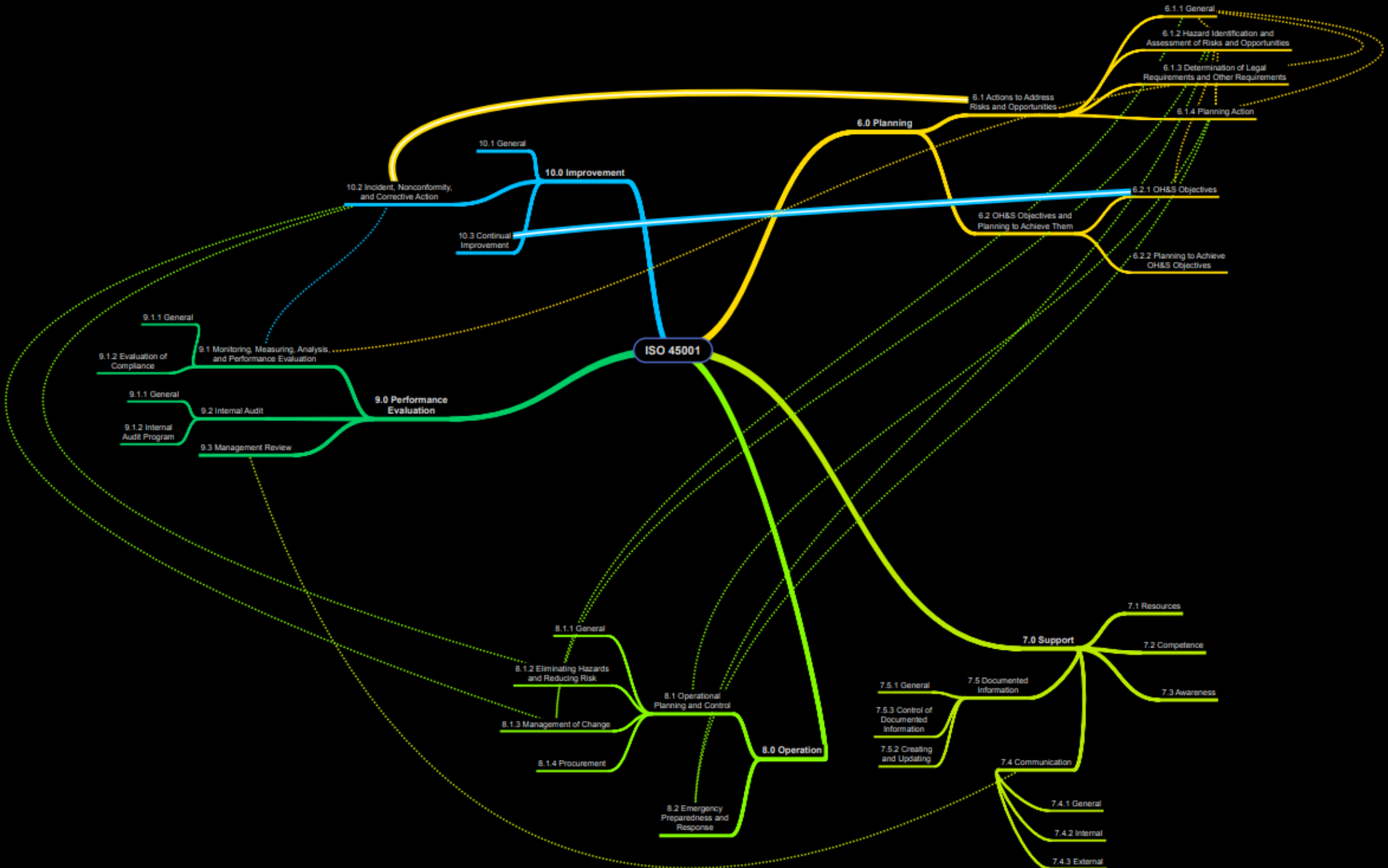
What do the Standards Say?

1. Evaluate business impact
2. Improvement Actions have to go back through P-D-C-A

(Go from A to P to D to C in order to check)







HOP is a ...

- Mindset best applied through Systemic Action
- Philosophy that directly influences our values and beliefs (Underlying assumptions)
- Way to broaden our thinking and expand our understanding of work and the work environment
- New way to respond in the workplace
- Path toward more direct and useful engagement of employees

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