Safety Culture Action Plan (RSB)

# *This action plan should be read in conjunction with the ‘Safety Culture Assessment Report of the ARPANSA Regulatory Services Branch’, April 2019*

# Executive summary

## Introduction

ARPANSA undertook a safety culture maturity assessment of the Regulatory Services Branch (RSB) during February to March 2019. This assessment was a pilot using a custom-built safety culture maturity model, including a survey that rated performance in five elements on a five-point scale from ‘pathological’ to ‘holistic’.

Results show an overall positive safety culture, ranging in maturity from ‘Individual’ to ‘Cooperative’ levels. The more detailed sub-elements spanned a broader range of responses and highlight successful attributes of RSB’s safety culture maturity, as well as areas which deserve attention.

The assessment led to two recommendations, four areas for improvement and one good practice, and recommended that an action plan be developed to address the findings. The actions contained in this plan are not “corrective”, instead they will strengthen RSB’s existing safety culture and develop it towards a holistic culture for safety.

## Summary of action plan

The findings of the report indicate that we have a high degree of cultural maturity overall. The findings are aimed to provide incremental improvements towards a holistic culture. The RSB held workshops with staff to identify desired outcomes and suitable actions to address the findings. This included establishing priorities, setting objectives and measures, as well as determining actions.

Cultural change is something that takes time and the objectives and actions identified for different findings often work together to address underlying issues. As the implementation progresses most actions have a review step, prior to the evaluation step, this allows for adjustments to be made prior to the evaluation of the measure. As a number of the actions call for investigation of issues or development of new initiatives, the timeline may require adjustment following the development of specific actions. However, the overall objectives and measures are unlikely to require change.

The highest priority was assigned to the finding regarding ‘Individual Responsibility & Accountability’, which relates to procedural adherence and the management system. Actions to address this finding include developing and introducing a system of procedural adherence management (including reviews/audits where applicable). The primary purpose of this is to understand the reasons any non-conformance, to drive continuous improvement in our systems and where necessary to reinforce accountabilities.

# Element 1 – Leadership for safety

## Context (from report)

This element describes leadership behaviours that have an impact on regulatory performance, safety and security outcomes. Leadership functions, whilst focused on senior management levels, also reflect work performed at any level when staff undertake tasks and lead initiatives.

### Summary of element results

|  |
| --- |
| **Overall rating** |
| **Cooperative,** We are interdependent: Our job needs teamwork |

Evidence indicates that the safety culture in the RSB regarding leadership for safety is felt by employees to be fairly mature. However, there was some variation across the sub-elements and significant variation within some of the sub-elements.

The focus groups and interviews revealed a strong consensus that leaders in RSB would not compromise safety for popularity in their decision-making, either internally, or externally, for example, with licence holders. This is a noteworthy finding given the importance of prioritising safety above all else in a regulatory context, and the harmful consequences if this is not demonstrated.

## **Finding 1 – Visible leadership for safety**

**Type:** Area for improvement

**Finding:** It appears that, in the main, leaders are seen to operate just to the level of compliance regarding involvement in safety. Additional (visible leadership) behaviours that would demonstrate a higher level of maturity include - proactively seeking out potential issues, identifying risks and monitoring controls, consulting on issues and strategic decisions, and adopting a strategic, structured and outcomes-focused approach.

**Additional context:** Thereport identified that respondents did not perceive that leaders in RSB adopt a structured approach by which issues, which may affect safety, are identified, managed and communicated. The report also identified that while issues may be effectively managed they were not seen as actively identified and effectively communicated. As such, the visibility of this work may be a contributing factor in people’s perceptions.

Note that leaders are persons of any level who have a leadership role in a task, function, or role. For this action item strategic issues include policy formulation and ‘horizon scanning’, while management issues include workload management and maintaining effective operations.

**Expected outcome:** Leadership is visibly proactive; strategic and management issues are seen to be effectively identified, managed and resolved in a systematic manner.

**Measure of success:** Leaders consistently demonstrate that both strategic issues and management issues are sought out and openly managed where appropriate.

**Strategies for sustaining outcomes:** Review, as part of the planning cycle, how effectively strategic and management issues were identified, controlled and communicated.

**Priority:** Medium

**Lead:** Branch head **Resources/key stakeholders:** RSB executive group

**Timeline:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Actions** | **Jul-Sep 2019** | **Oct-Dec 2019** | **Jan-Mar  2020** | **Apr-Jun  2020** | **Jul-Sep 2020** | **Oct-Dec 2020** | **Jan-Mar  2021** | **Apr-Jun  2021** | **+** |
| **Develop** |  |  |  |  |  |  |  |  |  |
| **Implement** |  |  |  |  |  |  |  |  |  |
| **Review/ measure** |  |  |  |  |  |  |  |  |  |

**Actions and workshop outcomes:**

Review the arrangement for identifying and managing issues including safety issues, is visible to staff. During the workshop it was identified that the flow of information did not always ensure that issues were raised and discussed in a timely manner. Instances were identified where information transfer was one directional, distributed from managers to staff, without a robust mechanism to ensure information can flow up the chain. The potential of formally connecting section meetings to branch and executive meetings, as well as introducing separate branch executive meetings specifically dedicated to strategic issues and management issues, was discussed. These options will be evaluated and where applicable implemented.

To sustain the improvement the branch planning day and associated activities could include an evaluation of strategic and management issues over the previous year. Such evaluation may include the review of significant issues which were prominent in the past year to evaluate how they were identified, controlled, monitored and communicated. This analysis would inform the next years planning and ensure that this operational experience is recorded.

# Element 2 – Individual responsibility & accountability

## Context (from report)

This element describes individual commitment and ownership around their role and the standards they meet to support safety and regulatory outcomes.

### Summary of element results

|  |
| --- |
| **Overall rating** |
| **Individual commitment -** We are individually involved |

The overall safety culture maturity result for this element was at an Individual level. Personal accountability and commitment to a high standard for behaviours exhibited and performance is important in a healthy safety culture. Support and reinforcement of this responsibility and accountability should come from leaders, and the management systems in place. Findings indicate that there is some room for improvement in building a shared view of collective responsibility, and in how the organisation supports ‘speaking-up’ behaviour.

## **Finding 2 – Collective responsibility**

**Type:** Area for improvement

**Finding:** At present the Branch does not appear to hold a clear and shared perception that each person is ‘individually **and collectively** responsible for ARPANSA’s regulatory outcomes’.

This presents an opportunity for employees to adopt a more strategic and visionary view of their contribution to the organisation. Individual work should be anchored on the strategic values of ARPANSA. This would likely improve collaboration and coordination of activities across the organisation and diminish potential siloing of information.

**Additional context:** Thereport identified that improvements to the collaboration and coordination of activities would be desirable. There are a number of factors of why a collective understanding on an issue may not be achieved. For example, a staff member dealing with a specific issue may not be aware of operational experience in dealing with a similar issue that may be known by other staff. Similarly, information conveyed to individuals, for example from applications, forums and conferences, is often not shared effectively. Enhanced information sharing would help to build a greater collective consciousness, and thereby collective responsibility on outcomes.

**Expected outcome:** There is a shared understanding of our experiences, and we learn from operational experience to enhance our regulatory outcomes.

**Measure of success:** Our management system captures operational experience, and facilitates the sharing of information between individuals.

**Sustaining outcomes:** Annual evaluationof significant regulatory issues/outcomes covering consistency and staff awareness.

Annual evaluationof significant regulatory issues/outcomes to identify how effectively past operational experience and knowledge was utilised, and how effectively experience on the issue/outcome was shared and recorded.

**Priority:** Low

**Lead:** Safety Systems **Resources/Key stakeholders:** All staff, RSB Support Officer

**Timeline:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Actions** | **Jul-Sep 2019** | **Oct-Dec 2019** | **Jan-Mar  2020** | **Apr-Jun  2020** | **Jul-Sep 2020** | **Oct-Dec 2020** | **Jan-Mar  2021** | **Apr-Jun  2021** | **+** |
| **Develop** |  |  |  |  |  |  |  |  |  |
| **Implement** |  |  |  |  |  |  |  |  |  |
| **Review/ measure** |  |  |  |  |  |  |  |  |  |

**Actions and workshop outcomes:**

Improvements to the flow of information would help to build the collective consciousness of the Regulatory Services Branch. Information should be shared with all parties who may effected. This can include information on inspections, applications, enforcement, national and international experience. This information should be captured in the management system, but also shared via formal and informal channels. Informal channels may include periodic sharing of experience within a structured forum. Information flow also includes where information is submitted to one officer which may affect another, or where similar issues have occurred in the past. However, the mere inclusion of many people in an email does not typically indicate effective Information flow or availability.

A periodic review of significant regulatory issues/outcomes to evaluate how information flow affected the outcome, would help to sustain high outcomes on this issue.

## Finding 3 – Value alignment

**Type:** Area for improvement

**Finding:** Consider implementing a values alignment initiative. Seek to determine how the organisational values could be ‘brought to life’ such that they drive employee day to day behaviours and collective goals and facilitate a common purpose and achievement of ARPANSA’s core mission.

**Additional context:** Thereport identified that while individuals identified that they believe they followed ARPANSA’s values and mission in general, they may not always be able to recall the specific text.

**Expected outcome:** ARPANSA’s values are known to staff and referred to whenever appropriate

**Measure of success:** ARPANSA’svalues are prominent and are followed in the workplace.

**Sustaining outcomes:** ARPANSA’s values and vision will be formally presented during strategic planning or evaluation, such as the annual branch planning meetings and individual performance evaluations.

**Priority:** Low

**Lead:** RSBexecutive group **Resources/key stakeholders:** Safety Systems

**Timeline:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Actions** | **Jul-Sep 2019** | **Oct-Dec 2019** | **Jan-Mar  2020** | **Apr-Jun  2020** | **Jul-Sep 2020** | **Oct-Dec 2020** | **Jan-Mar  2021** | **Apr-Jun  2021** | **+** |
| **Develop** |  |  |  |  |  |  |  |  |  |
| **Implement** |  |  |  |  |  |  |  |  |  |
| **Review/ measure** |  |  |  |  |  |  |  |  |  |

**Detail of actions:**

Enhanced promotion of the values though forums such as:

* prominently display ARPANSA’s values/mission in the workplace physically or digitally so that they are highly visible
* incorporate ARPANSA values explicitly into the APDS. This will facilitate a conversation on the values as part of individual performance evaluation
* formally incorporate the values into the training day, planning day and other appropriate forums.

## Finding 4 – Individual responsibility & accountability

**Type:** Recommendation

**Finding:** Strategies for enhancing ‘Individual Responsibility & Accountability’ rating should be investigated in relation to Procedural adherence and the management system. For instance, it is suggested that feedback is sought from employees about their views and responsibilities in relation to the demands of the management system. The core objective in such an activity would be to examine the interface between employees and the management system that impacts on efficiency and effectiveness in meeting key outcomes.

**Additional context:** Thereport identified that people did not always follow the management system because they ‘knew what they were doing’. The report did not identify why, but considered that this may be that people felt that following management systems did not always lead to the best outcomes - for example using an alternative approach that achieves the same key outcomes more efficiently. There are likely a number of factors that lead to this perception. These may include a lack of clear roles in the procedure, effective change management to update procedures, adequate resourcing, seeing the value of all steps in a process, and the management oversight of procedural adherence.

**Expected outcome:** Followclearprocedures that are appropriate to the outcomes. This will be enabled by procedures that have clear roles and responsibilities, with sufficient flexibility to ensure best outcomes, effective change management (including communication), and recorded justified deviations from the procedure that drive improvement.

**Measure of success:** A high level of procedural adherence, to procedures that reflect effective processes. Procedures will be clear but concise.

**Sustaining outcomes:** Periodicreviews of procedural adherence against key procedures.

**Priority:** High

**Lead:** Safety Systems **Resources/key stakeholders:** Branchmanagers

**Timeline:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Actions** | **Jul-Sep 2019** | **Oct-Dec 2019** | **Jan-Mar  2020** | **Apr-Jun  2020** | **Jul-Sep 2020** | **Oct-Dec 2020** | **Jan-Mar  2021** | **Apr-Jun  2021** | **+** |
| **Develop** |  |  |  |  |  |  |  |  |  |
| **Implement** |  |  |  |  |  |  |  |  |  |
| **Review/ measure** |  |  |  |  |  |  |  |  |  |

**Actions and workshop outcomes:**

Develop and introduce system of procedural adherence management (including reviews/audits where applicable), which ensure that deviations are accounted for and documented, to ensure positive outcomes and effective procedures. The primary purpose of this is to understand the reasons for any non-conformance, to drive continuous improvement in our systems and where necessary to reinforce accountabilities. The management system should record the consultation on procedure development and revision.

# Element 4 - Collaboration & open communication

## Context (from report)

This element describes the degree of cooperation and transparency in communications internally and externally, and how ‘just and fair’ the work environment is.

### Summary of element results

|  |
| --- |
| **Overall rating** |
| **Cooperative,** We are interdependent: Our job needs teamwork |

Findings for the sub-element content areas are mixed. The external facing work (e.g. external collaboration) is a strength, and reveals that information provided is used to inform decision-making, which is then fed back as appropriate. However, in other areas such as involvement and inclusion particularly around consultation and decision making, were rated low.

A positive result was found in relation to a ‘just and fair’ culture. The internal work environment presents as one in which employees are treated fairly, rather than being a culture of blame when things go wrong. This is essential in relation to safety and reliability where non-emotional and non-biased decision making is key to the problem-solving process in effectively understanding root cause.

## Finding 6 – Involvement and inclusion

**Type:** Recommendation

**Finding:** A positive and mature culture is one where all employees are encouraged and provided opportunities for influence in decision-making and feel included at work. Given the particularly low finding in the involvement and inclusion sub-element this is viewed as an area for improvement for the Regulatory Services Branch and should be further explored with staff. It is noted that this activity is related to existing strategic planning, for example, ARPANSA Workforce Plan 2017-2021. Reviewing action plan progression and tracking the deliverables/outcomes for RSB employees considering these safety culture assessment results may be useful.

**Additional context:** Thereport identified that there were perceived deficiencies in both ‘knowledge sharing and communication’ and in ‘involvement and inclusion’.

The report highlighted a perceived limitation in the flow of information, and noted that the issue may lie in behavioural norms and employee perceptions about internal collaboration and transparency rather than at a strategic-level. As formal mechanisms exist the action plan focuses on the cultural elements and on utilisation of the communication channels.

The report noted that amongst the ideas offered to enhance involvement and inclusion there were practical suggestions in relation to opportunities for increasing multi-directional communications and/or information sharing. For example, canvassing staff views before branch executive meetings and discussing the results of meetings, rather than simply posting them on the ARPANSA intranet. Early involvement, and open and transparent consultation where possible, are important to improve this element.

**Expected outcome:** Employeeshave opportunities to provide input to relevant decisions and stay informed of decisions and outcomes which may have significant impact on the workplace.

**Measure of success:** Information sharing on outcomes/issues and consultation on future decisions are utilised effectively. Decisions, wherever possible, take into consideration the input of all affected staff in order to increase a sense of ‘agency and ownership’ with decisions before actions are implemented. This includes the use of formal and informal communication channels as applicable.

**Sustaining outcomes:** Review of consultation and information sharing, such as through surveys.

**Priority:** Medium

**Lead:** Branch head **Resources/key stakeholders:** AllRSBstaff

**Timeline:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Actions** | **Jul-Sep 2019** | **Oct-Dec 2019** | **Jan-Mar  2020** | **Apr-Jun  2020** | **Jul-Sep 2020** | **Oct-Dec 2020** | **Jan-Mar  2021** | **Apr-Jun  2021** | **+** |
| **Develop** |  |  |  |  |  |  |  |  |  |
| **Information sharing** |  |  |  |  |  |  |  |  |  |
| **Involvement initiatives** |  |  |  |  |  |  |  |  |  |
| **Review/ measure** |  |  |  |  |  |  |  |  |  |

**Actions and workshop outcomes:**

Develop and implement enhanced information sharing initiatives to support internal communication, such as on regulatory outcomes/issues/engagement/significant decisions etc.

Develop and implement enhanced opportunities to provide input to relevant decisions, with clarity on which aspect is for collaboration, consultation, or communication.

# Element 5 - Continuous improvement and self-assessment

## Context (from report)

This element describes the organisational commitment to continuous improvement and learning.

### Summary of element results

|  |
| --- |
| **Overall rating** |
| **Individual commitment -** We are individually involved |

Overall ARPANSA performed well against this element showing individual commitment to improvement and self-assessment. ARPANSA undertakes a significant number of assessments including this safety culture assessment, a recent International Regulatory Review Service (IRRS) mission, annual Regulatory Performance Framework (RPF) assessments, and routine internal reporting. Most improvement opportunities identified in this assessment centred on active communication and learning.

## Finding 7 – Measuring and reporting

**Type:** Area for improvement

**Finding:** Given the variance in responses in relation to the ‘measurement and reporting’ sub-element within RSB, it is suggested that this area is further explored. For instance, how effective are the current indicators selected for measurement, in providing data to drive strategic and operational planning and improve performance? How well is reporting integrated in to work items and operational activities? How well are the reporting outcomes communicated?

**Additional context:** Reporting includes information required by parties external to RSB and reporting which has been developed by RSB to gauge effectiveness and efficiency. Additionally there is a significant amount of information collected which can affect planning and management but which does not form part of routine reporting.

Thereport identified that it was not always clear how our reporting and data collection was used beyond the immediate reporting. There is currently no equivalent of the ‘you said/we did’ model which would demonstrate how measurement and reporting data has been used to drive change and set our strategic objectives.

**Expected outcome:** We understand how our data relates to our operation and use that knowledge to improve our performance.

**Measure of success:** Measurement and reporting is considered useful by staff, and informs planning and strategic direction.

**Sustaining outcomes:** Review performance data and targets during annual planning with a focus on learning from where we do well, where we don’t meet targets, and how effective the targets were.

**Priority:** Low

**Lead:** Safety Systems **Resources/key stakeholders:** RSBexecutive group

**Timeline:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Actions** | **Jul-Sep 2019** | **Oct-Dec 2019** | **Jan-Mar  2020** | **Apr-Jun  2020** | **Jul-Sep 2020** | **Oct-Dec 2020** | **Jan-Mar  2021** | **Apr-Jun  2021** | **+** |
| **Develop** |  |  |  |  |  |  |  |  |  |
| **Implement** |  |  |  |  |  |  |  |  |  |
| **Review/ measure** |  |  |  |  |  |  |  |  |  |

**Actions and workshop outcomes:**

Mandatory reporting should be collected efficiently and be clear to staff.

Data, including reporting and other sources, should drive business practices to ensure that we are evidence based and data-driven. The collection and reporting of information which is not useful to decision making should avoided where it places undue burden on staff.

During the planning cycle a review of the information collected, and of data used in decision making (i.e. would additional data have been useful?) will help to ensure that relevant data is collected and reported.