

Health and Wellbeing Case Study

AECOM Lower Thames Crossing: Safety Theme of the Week

Throughout their work on the Lower Thames Crossing (LTC), the AECOM LTC Project Team ran a 'Safety Theme of the Week' initiative. This involved a new topic on physical and/or mental wellbeing being circulated to the team each week. The information brought attention to significant challenges faced by those working in the sector including tiredness, human failures and poor communication, as well as wider issues such as suicide. The team are also provided with access to a scheme which provides information and support for managers and employees on how to spot signs of ill mental health and the help available.

The email 'Safety Theme of the Week' circulations are outlined below:

Week 1: Fatigue

Fatigue is a serious and significant problem and unfortunately too common. The consequences of fatigue can be life changing and fatigue has been cited as a root cause in a number of substantial accidents. Please focus your safety messages for the week around this theme. There is further information and guidance available on this topic available from the HSE:

<https://www.hsl.gov.uk/workplace-fatigue-management>

Week 2: Managing Fatigue Risk

Fatigue is the result of insufficient sleep and rest between activities. A combination of work and non-work factors can interact to cause deteriorations in human performance and lead to the onset of uncontrollable sleep. To summarise, these include:

- Shift start time.
- Shift duration and time spent in work-related activities.
- Nature of task and working environment.
- Opportunity for, and quality of rest before, during and after work periods.
- Individual factors, such as fitness and health, age, body clock, lifestyle, activities outside work, including second jobs and domestic commitments.

The main work-related causes of fatigue include:

- Long shifts, particularly those that impinge on the normal hours of sleep (eg nights and early starts).
- Rapid turnarounds (eg insufficient time available between shifts for rest and recovery).
- High numbers of consecutive shifts.
- Inadequate breaks within a shift.
- Variability in the shift pattern (eg a rotating shift pattern that changes about once a week; short notices changes to roster; backward rotating shifts; variable shift start times in a sequence of consecutive shifts).
- Unplanned work (eg on-call duties; overtime; emergencies).
- Commuting time.
- Workload and nature of task.

- Features of the work environment (eg temperature, noise, vibration).

Details on the how these issues are to be managed on the project were also circulated.

Week 3: Look and Listen on LTC

We want to facilitate a safe and supportive environment for all the workers who will be on the project. We need to lead and show we are focussed and present in this area. Starting with mental health and wellbeing. This article is sobering:

<http://www.constructionmanagemagazine.com/news/seddon-launches-mental-health-initiative-after-emp/>.

Please start all your meetings next week with a safety moment on this theme. It may be worth discussing what the culture is here or other companies, how can we spot early warning signs, what you can do if you are concerned.

AECOM also offer a mental health scheme which offers support for managers and employees on how to spot signs of ill mental health and the help available.

Week 4: Leadership

Effective health and safety performance comes from leadership. We all need to examine their own behaviours, both individually and collectively, against the guidance given - and, where they see that they fall short of the standards it sets them, to change what they do to become more effective leaders in health and safety.

The following principles are intended to underpin the actions in this guidance and so lead to good health and safety performance.

Strong and active leadership from the top:

- visible, active commitment from the board
- establishing effective 'downward' communication systems and management structures
- integration of good health and safety management with business decisions

Worker involvement:

- engaging the workforce in the promotion and achievement of safe and healthy conditions
- effective 'upward' communication
- providing high quality training

Assessment and review:

- identifying and managing health and safety risks
- accessing (and following) competent advice
- monitoring, reporting and reviewing performance

On LTC we have a behavioural chartership which sets out the behaviours we expect from every member of the project including those around safety, respect and challenge.

Week 5: Communication

This week's safety theme is how to overcome poor communication on the LTC project by using the **three-way communication** method.

Effective verbal communication is critical to project safety. It is important we all know the tools available and steps to use for strong and effective communication. To understand how to communicate more effectively, first we need to understand the restrictions we need to overcome:

- Cultural Barriers – English maybe a second language, leading to messages being misunderstood.
- Assumptions – making assumptions, jumping to the wrong conclusion about a message being conveyed can lead to misinterpretation and confusion.
- Poorly conveyed messages – if the wrong terminology or language is used, or messages are long winded, this can caused confusion and persons may switch off, causing the message to be missed.

Other factors affecting good communication – choice of media

Messages being sent over radio, phone and emails can be misinterpreted, unclear (bad reception, interference, poor reception, background noise) and lack nonverbal cues (body language).

The solution - Three-way Communication

“Three-way communication” is also called the repeat back process.

Three-way communication can be very effective in validating the message being sent between the sender and receiver, reducing the chance of a mistake occurring during a work task.

How Three-way Communication Works

1. **Sender:** the sender states a clear message to the receiver.
2. **Receiver:** The receiver acknowledges the communication by repeating the critical information in the communication back to the sender. If the receiver did not understand the communication, they must ask the sender for clarification.
3. **Confirmation and Feedback:** The last step is the sender confirms the message is correctly understood by the receiver or if it is not understood the sender must indicate the message is not understood, and the three-way communication process has to start over.

Where to use Three-way Communication

This method should naturally form part of day-to-day communications. The following key communication requirements will be enhanced from using three-way communication:

- Site Inductions
- Daily Briefings
- RAMS briefings
- Daily co-ordination meetings
- Permits
- Safety Bulletins and Tool box talks
- Safety meetings
- Site inspections and audits

Good communication is key to achieving a strong safety culture across the LTC project.

Week 6: Mental Health

This weeks Safety Theme is **Mental Health**.

This follows a report in the Guardian last week, regarding the **Mental Health and wellbeing** of Construction Workers on Hinkley Point C.

The report claims (based on information from the Unite Union) that within the first four months of 2019, **ten** workers have attempted suicide and since construction started in 2016 **two** workers connected to the project have taken their lives.

EDF have disputed the figures, however it brings home the message that we need to look out for one another. The full article can be found here: <https://www.theguardian.com> AECOM have produced an overarching Occupational Health Management Plan for the LTC project, that was shared by Jon Rayner in July. The plan sets out what is required for the duration of the project, the extract below covers mental health:

2.1.5.4 Management of Mental Health and Wellbeing.

The Health and Safety Executive defines stress as *'an adverse reaction to excessive pressure'* undertaking a proper risk assessment for stress and taking action should help to ensure that staff are efficient and effective. In looking at stress all delivery partners must consider the following and put in place measures which reduce the impact these elements have on individual employees:

- *Demands, including workload, working hours and targets. They also include the demands related to management attitudes towards risk, absence and what is expected of employees.*
- *Control; how much influence an employee has over the way that they do their work including the way in which work is allocated, monitored and controlled, and the extent to which there is flexibility with regard to the way that things are done.*
- *Relationships; at all levels, and includes the personal trust that develops between line managers and staff and between work colleagues, and the extent to which team working and mutual respect are encouraged.*
- *Change; organisational change, and the personal trust that develops between line managers and staff and between work colleagues and the extent to which staff are consulted and/ or involved in change.*
- *Role; the extent to which individuals understand their role and responsibilities within the organisation and the actions that the organisation takes to minimise role conflict or overload.*
- *Supporting and training factors. This relates specifically to the support that individuals receive from their managers and colleagues, and the extent to which they are given appropriate training to carry out their role.*

Each subcontractor has produced an Occupational Health and Wellbeing plan for each package of works, please review the plans for your package of works.

What can we do? Try and spot signs:

Signs of poor mental health can be difficult to identify, as each person's experience of mental health is different. The information below provides some indicators that could suggest someone may be struggling with their mental health at work:

Physical	Emotional	Behavioural
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Constant tiredness	Appearing anxious or distressed	Acting out of character
Increased sickness absence	Tearful	More introverted or extroverted than usual
Frequent minor illnesses	Loss of sense of humour	Consistently arriving late at work or leaving early
Difficulty sleeping	Sensitive to criticism	Working excessively longer hours
Rapid weight loss or gain	Indecisiveness	Withdrawal
Lack of care over personal appearance and/or hygiene	Lack of concentration	Irritability, anger or aggression
Nervous or trembling speech	Inability to remember things	Restlessness
	Loss of motivation	Disruptive or antisocial behaviour
	Lack of confidence	Increased alcohol, caffeine or cigarette consumption
		Uncharacteristic errors in work
		Unexplained drops in performance

Opening communication

If you are concerned about a person's mental wellbeing or have your own concerns, talk to your line manager so they can start a conversation. Talking is the first step and line managers will be supported/guided by HR Representatives to ensure it is handled sensitively and correctly. Further information can be found on Ecosystem.

Week 7: Suicide

This week's safety theme is **Suicide**.

Last week you were all made aware of World Suicide Prevention Day (10th September - attached) and in the subsequent days there were two hard hitting, powerful media documentaries / interviews in the news by celebrities who admitted they have had suicidal thoughts.

Suicide is a real risk. In your EPIC training, you were all provided with statistical information for the LTC project; it is likely that two people across the lifetime of the LTC project will commit suicide unless we take action.

What can we do?

TALK to each other, listen, support and point people in the direction of help - communication is key and knowing where to get help is really important.

Within AECOM there is a scheme called Let's Talk which has a load of information and support for managers and employees on how to spot signs of ill mental health and the help available.

Those that have completed their induction will have seen a video on mental health from Construction Industry Helpline: <https://www.constructionindustryhelpline.com/> which provides free advice to those in the construction industry and their families.

In the coming weeks each package will have a Mental Health Poster sent out for display within their welfare cabins, which will provide you with even more help and information for you to brief out to everyone on your package and provide useful support numbers for those who may be having these thoughts.

Week 8: Human factors: Managing human failures

Everyone can make errors no matter how well trained and motivated they are. However in the workplace, the consequences of such human failure can be severe. Analysis of accidents and incidents shows that human failure contributes to almost all accidents and exposures to substances hazardous to health. Many major accidents were initiated by human failure. In order to avoid accidents and ill-health, companies need to manage human failure as robustly as the technical and engineering measures they use for that purpose.

The challenge is to develop error tolerant systems and to prevent errors from initiating; to manage human error proactively it should be addressed as part of the risk assessment process, where:

- Significant potential human errors are identified,
- Those factors that make errors more or less likely are identified (such as poor design, distraction, time pressure, workload, competence, morale, noise levels and communication systems)
- Control measures are devised and implemented, preferably by redesign of the task or equipment

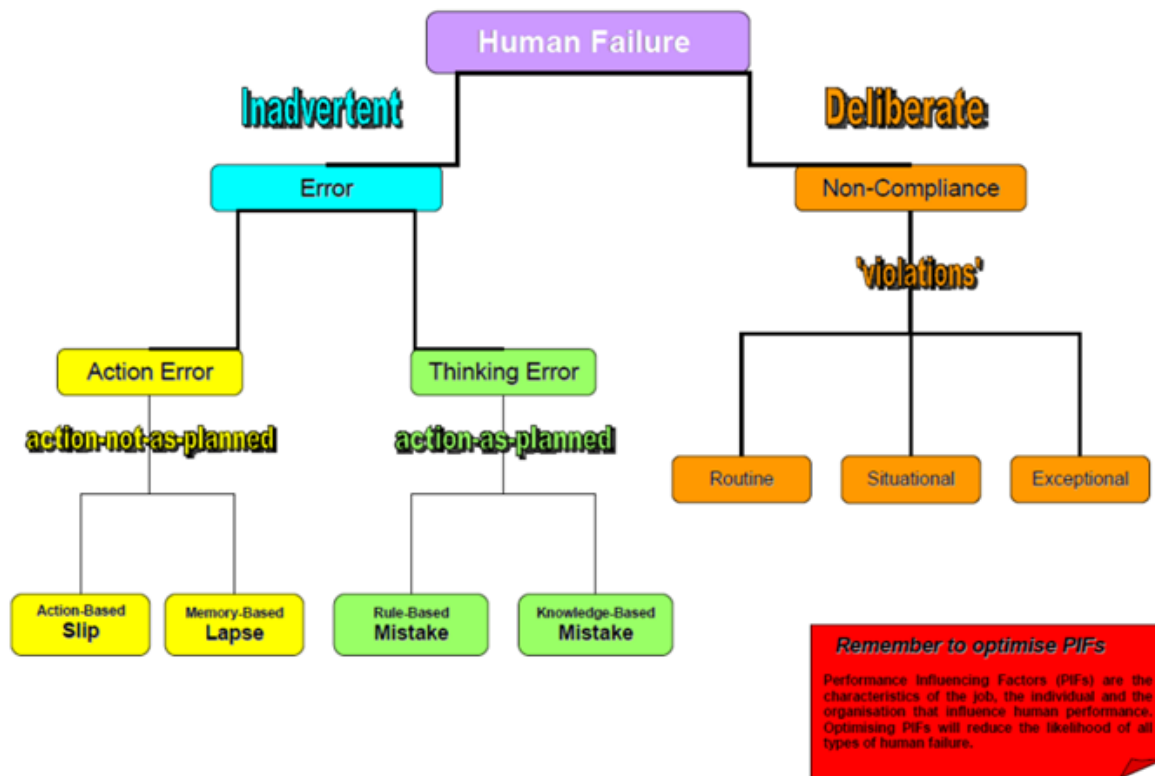
This Key Topic is also very relevant when trying to learn lessons following an incident or near miss. This also involves identifying the human errors that led to the accident and those factors that made such errors more likely.

Types of human failure

It is important to be aware that human failure is not random; understanding why errors occur and the different factors which make them worse will help you develop more effective controls. There are two main types of human failure:

- Errors: actions or decisions which were not intended
- Violations: deliberate deviations from a rule or procedure

Human Failure Types



Key Principles in Managing Human Failure

- Human failure is normal and predictable. It can be identified and managed.
- Industry should tackle error reduction in a structured and proactive way, with as much rigour as the technical aspects of safety. Managing human failure should be integral to the safety management system.
- A poorly designed activity might be prone to a combination of errors and more than one solution may be necessary.
- Involve workers in design of tasks and procedures.
- Risk assessment should identify where human failure can occur in safety critical tasks, the performance influencing factors which might make it more likely, and the control measures necessary to prevent it.
- Incident Investigations should seek to identify why individuals have failed rather than stopping at 'operator error'.

Common Pitfalls in Managing Human Failure

There is more to managing human failure in complex systems than simply considering the actions of individual operators. However, there is obvious merit in managing the performance of the personnel who play an important role in preventing and controlling risks, as long as the context in which this behaviour occurs is also considered.

When assessing the role of people in carrying out a task, be careful that you do not:

- Treat operators as if they are superhuman, able to intervene heroically in emergencies.
- Assume that an operator will always be present, detect a problem and immediately take appropriate action.

- Assume that people will always follow procedures.
- Rely on operators being well-trained, when it is not clear how the training provided relates to accident prevention or control.
- Rely on training to effectively tackle slips/lapses.
- State that operators are highly motivated and thus not prone to unintentional failures or deliberate violations.
- Ignore the human component completely and failing to discuss human performance at all in risk assessments.