



WHITE PAPER

Event Learning Assessment:

Being smart about what to investigate.



INVESTIGATIONS
DIFFERENTLY
ENABLING ORGANISATIONAL CHANGE

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SUMMARY

This paper introduces the "Event Learning Assessment" (ELA) to help organisations prioritise investigations based on learning potential, not just severity. Instead of focusing on every mishap, the ELA helps organisations focus their resources on events with the highest

potential for learning. This means less wasted time and more valuable insights, driving innovation and uncovering valuable insights that can improve safety and build resilience against future risks.

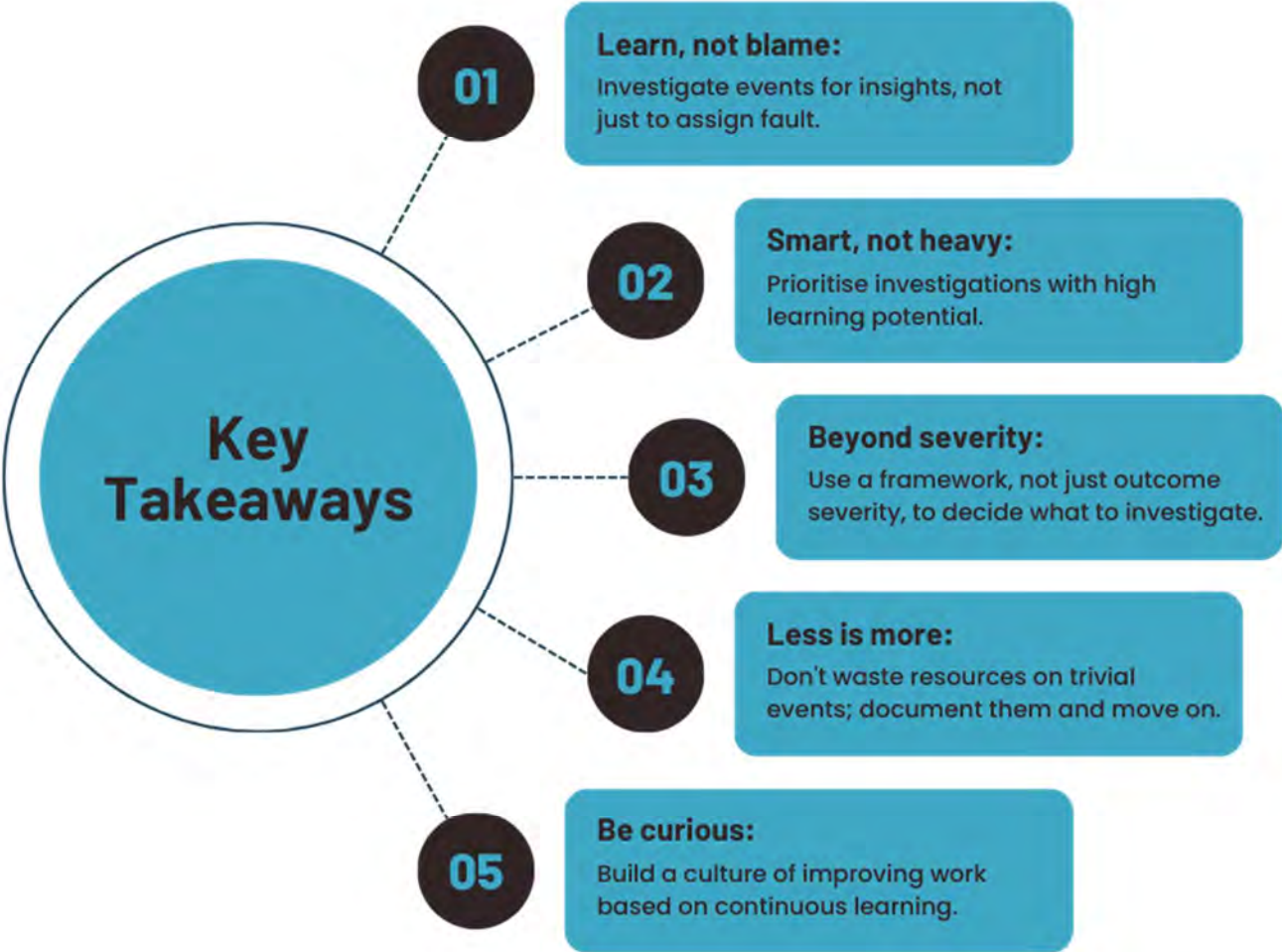


FIGURE 1 Key Takeaways





INTRODUCTION

Most organisations will encounter the challenge of incidents and determining what status to give them. Significant incidents are easy. Where significant harm has occurred due to an incident, there is usually no doubt this will require an investigation. Although different incident definitions exist, changing definitions will not alter a fatality into a non-event. There are legal, social, and ethical obligations to investigate such incidents until there is a satisfactory answer. For other incidents, deciding what defines an incident or not is negotiable and highly subjective, and writing a blank check to investigate every event in an organisation is an impossible commitment to uphold.

Some versions of "zero harm" might encourage investigating every mishap, regardless of significance. However, this is not feasible or helpful in practice, and organisations have neither the capacity nor the capability to do this. Even when organisations say they investigate every incident, there is still the question of what qualifies as an investigation and what

counts as an incident. Even where there is agreement on definitions, there are considerable resource and time costs when investigating all incidents, often with little to show for the investment. This resource drain impacts an organisation's ability to invest in proactive safety management.

The event's
outcome severity
does not equate to
how much the event
can inform risk
management.

Injury Classification Vs Investigation Level

When investigation decisions are deferred to "hard data", this data is subject to manipulation. There is pressure to downgrade incident/injury classifications to avoid the extra work that comes with it. This manipulation of data may make some sense where inquiry efforts are directed, but it comes with the specific cost of corrupting the data for all other uses. These seemingly clear-cut rules move the decision outside the formal safety system, politicising them and weakening the legitimacy of the system and the process.





INTRODUCTION

For non-fatality incidents, many organisations turn to actual injury severity and its potential to guide their investigation efforts. Classifications such as first aid, medical treatment, restricted work, lost time, permanent disability, and fatality serve as benchmarks. The lower severity incidents are investigated with lightweight root cause analysis methods, such as the "5 Whys" or drop-down list of predetermined "root causes". Using injury data and classifications for safety performance raises many concerns (Dekker & Tooma, 2021; Hallowell et al., 2020). Using the data to determine investigation methods is no different.

The severity of the outcome does not equate to the potential or likelihood to learn and inform risk management. Not all risks are equally controllable, not every event can be traced back, and there is no symmetry between cause and effect (Dekker et al., 2011). The event's outcome severity does not equate to how much the event can inform risk management.

Consider two incidents resulting in a broken arm – one is a person tripping while walking through an empty area, and the other is a complex scenario involving climbing in a truck and a handle breaking. Despite identical outcomes, investing time in the second event is more likely to tell you things you did not know and can inform management of work and risk.

Caught in the confines of the severity criterium, organisations dedicate considerable time to investigating events with little opportunity to learn. In healthcare, for instance, many incidents that result in patient falls are reported. Gathering more data on these events using the same method and same team will not lead to new findings (Pham et al., 2013) and will not improve managing the risk. Using severity alone as a guide for where to spend investigation resources does not optimise learning.

Using severity alone as a guide for where to spend investigation resources does not optimise learning.



INTRODUCTION

Potential Outcome Vs Investigation Level

Introducing potential outcomes as a consideration theoretically allows human judgment to refine investigative efforts. There is a tendency for potential outcomes to become entangled in speculative "what-ifs" that lack credibility. These hypothetical scenarios, often borrowed from risk matrices, may upgrade the thoroughness of investigations but do little to allocate resources more strategically. Moreover, potential outcomes still limit the reasoning to outcome severity, neglecting other factors that could help recognise the likelihood or relevance of inquiry leads to learning from the event.

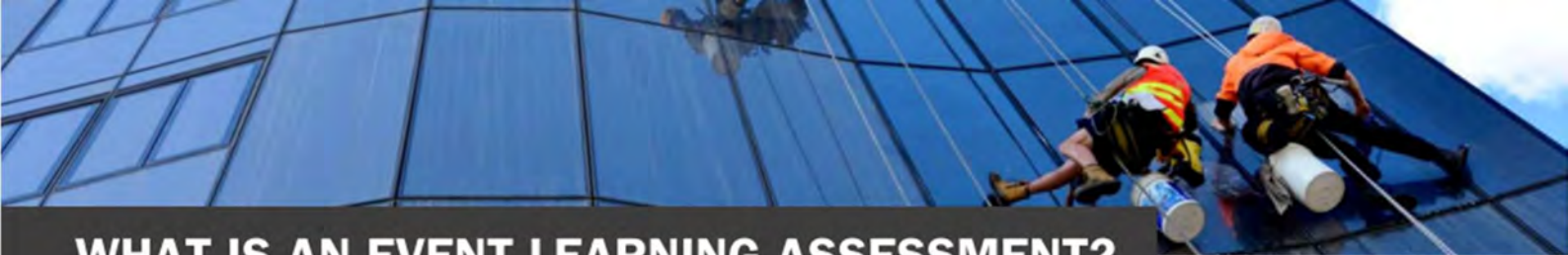
The inefficient allocation of investigative resources could be forgiven if investigations were the sole driver of innovation, but they are not. In most cases, little innovation or future risk reductions come from investigations. Innovation and ideas come from many areas, both inside and outside an organisation. Often, there are already plenty of ideas on how to improve safety.

Other concerns, such as costs, limit the implementation of these ideas.

An Alternative

The Event Learning Assessment offers a strategic pathway for deciding what to investigate and how deep that investigation should be. This approach allows organisations to prioritise investigations strategically, acknowledging that not all incident investigations contribute to learning and innovation. Organisations can optimise resources, foster innovation, and propel safety management to new heights by embracing a more thoughtful approach to incident investigation.

Why use the term "event" instead of "incident"? It helps to remind us that incidents don't happen in isolation. We must look at the whole event – before, during and after – and all contributing factors. Also, incidents are viewed as always having an adverse outcome. Using the term "event," we are free to investigate those occurrences with a positive outcome.



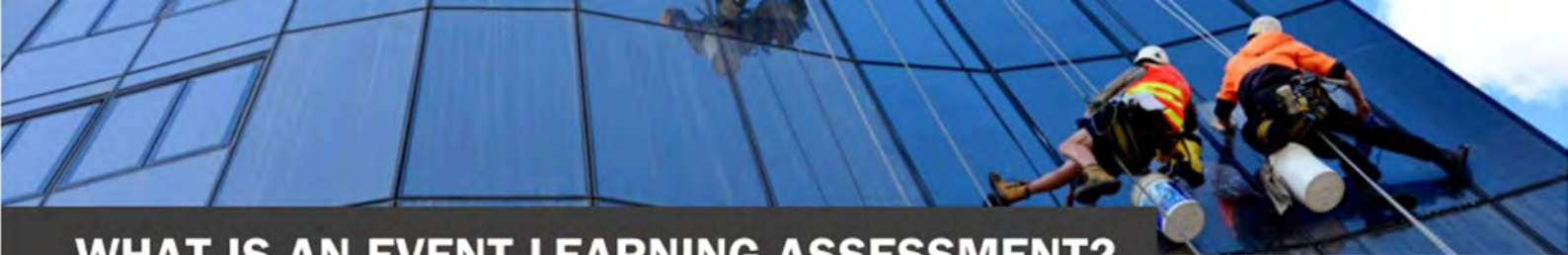
WHAT IS AN EVENT LEARNING ASSESSMENT?

An Event Learning Assessment is a series of questions guiding organisational inquiry. In contrast to motherhood statements, unattainable ideals, and rigid criteria with a straightforward line-in-the-

sand approach, Event Learning Assessments encourage reflection on what the event means for the organisation. This results in informed decisions on how or whether to investigate an event.



FIGURE 2 What is an Event Learning Assessment?



WHAT IS AN EVENT LEARNING ASSESSMENT?

The Event Learning Assessment provides a framework for organisations to determine the most appropriate investigation type. The framework is designed to balance the opportunity for organisational learning with the realities of capacity and capability constraints. Where can an organisation obtain the most benefit from resource spending?

Organisations will already know what to do for events, such as a fatality, that require an investigation conducted under Legal Professional Privilege. Learning is not the main priority for those investigations, as their purpose is to provide information to counsel the client.

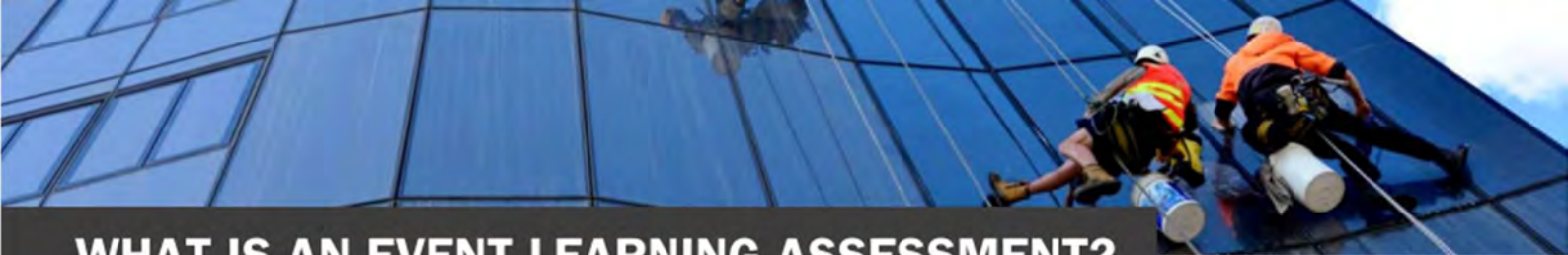


The Event Learning Assessment is relevant when the investigation aims to inform future risk management, and there is

freedom in where and when to direct efforts.

Determining the potential for learning before launching an investigation might seem impossible. After all, learning implies discovering something previously unknown – an inherently elusive outcome before an investigative process unfolds. But while this holds true in an absolute sense, it doesn't mean that each event provides equal opportunity. The Event Learning Assessment recognises that investing time in certain events is more likely to pay off. Investigating certain events is more likely to lead to new information relevant to managing risk or worth sharing with others.

The Event Learning Assessment transcends the conventional confines of investigative frameworks. It breaks from injury classifications and the subjective overuse of risk matrices. It invites organisations to be more dynamic and nuanced in their approach by strategically emphasising learning, refining risk management, and extracting meaningful insights.



WHAT IS AN EVENT LEARNING ASSESSMENT?

The process

The Event Learning Assessment steps reflect on what an event means in relation to the organisational priorities and whether the event presents a good learning opportunity. (The question of what constitutes a good learning opportunity is addressed below.)

Was there a credible potential for a critical event?

If yes, then undertake a high-level investigation.

This question addresses critical events and credible potential. Critical events are defined by organisations, which signifies that they are significant and relevant to how these organisations plan their operations. Designating something as critical implies a commitment to staying informed about it.

The credible potential here is narrower than just a physical possibility. For something to have credible potential, it also needs to be relevant to the specifics of the event. For instance, while a meteor

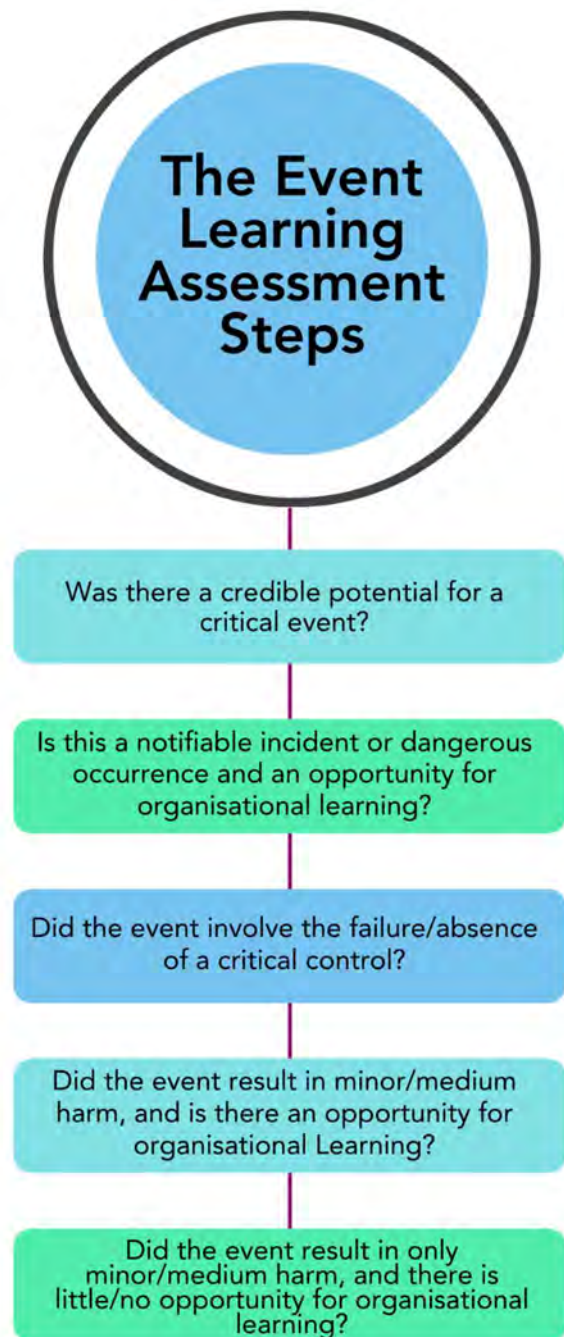
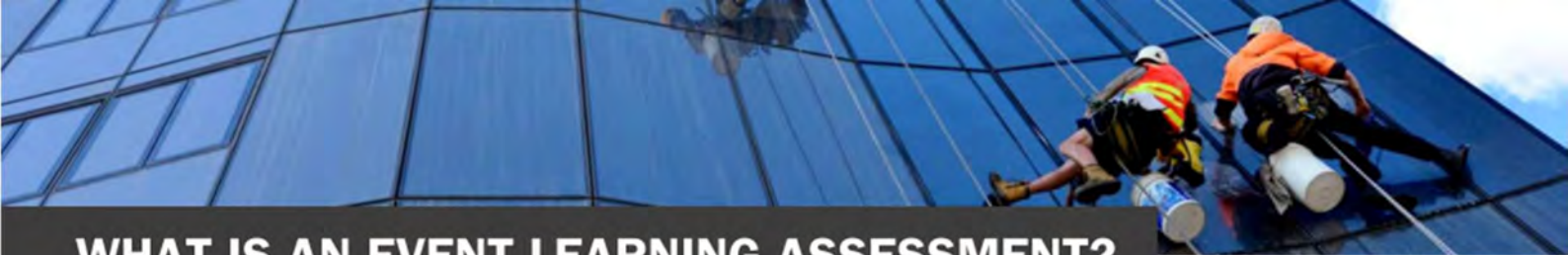


FIGURE 3 Event Learning Assessment Steps



WHAT IS AN EVENT LEARNING ASSESSMENT?

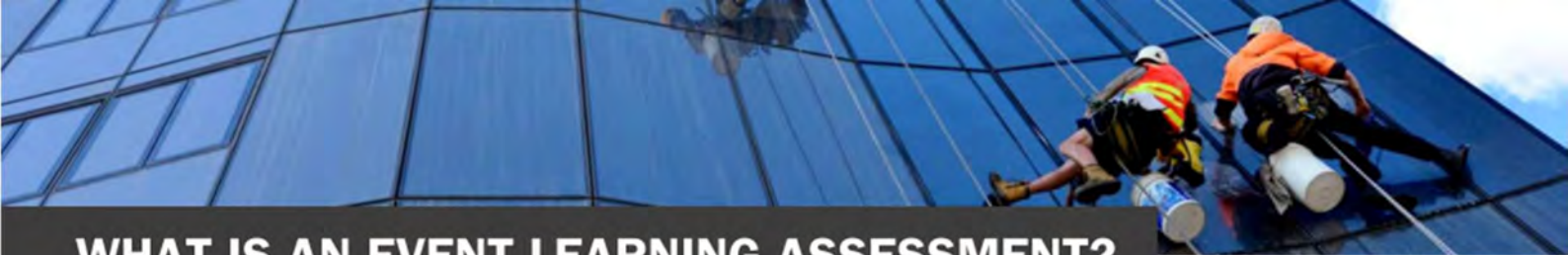
could have struck a person involved, this scenario lacks credibility and is unrelated to the specifics of almost any event. Investigating meteor strikes will not provide insight into managing tripping in a parking lot. The "what-ifs" raised must establish a clear connection to the specific event or include plausible variations relevant to the specific type of operation. The inquiry should yield a comprehensive narrative and explore different perspectives among stakeholders in a manner akin to a Blueline investigation.

Accurately differentiating between "possible" and "credible" events is paramount for effective safety management. While both terms indicate potential incidents, they diverge significantly in their implications for decision-making and resource allocation. Possible events, as the name suggests, reside within the expansive domain of technical feasibility). They encompass any conceivable scenario, regardless of its probability or context. For instance, in a construction zone, a possible event could include a crane collapse, even if rigorous safety protocols are in place. The mere existence of the crane and the laws of

physics render this a technically possible occurrence. However, focusing on possible events can lead to an overwhelming array of hypothetical scenarios, potentially hindering prioritisation, and resource allocation.



Credible events, on the other hand, ascend to a higher level of concern by anchoring themselves in evidence and contextual relevance. Given the specific circumstances and historical data, they represent incidents that could occur and have a realistic likelihood of materialising. In the construction zone, a credible event might involve a worker falling from a ladder, as this aligns with documented safety statistics and industry trends.



WHAT IS AN EVENT LEARNING ASSESSMENT?

Is this a notifiable incident or dangerous occurrence and an opportunity for organisational learning?

If yes to both, then undertake a high-level investigation.

Regulators in different industries define notifiable or dangerous occurrences that organisations must report on. However, not all incidents that require reporting warrant an in-depth investigation. Various regulators collect data on specific types of events across organisations and prioritise reporting such occurrences over the details of specific events. Some of this data is collected for statistical purposes and Government reporting. In these cases, registering and classifying an incident might suffice. The decision to investigate deeper into an event should

hinge on the potential for organisational learning. A shareable narrative and in-depth analysis are ideal when such an opportunity arises.

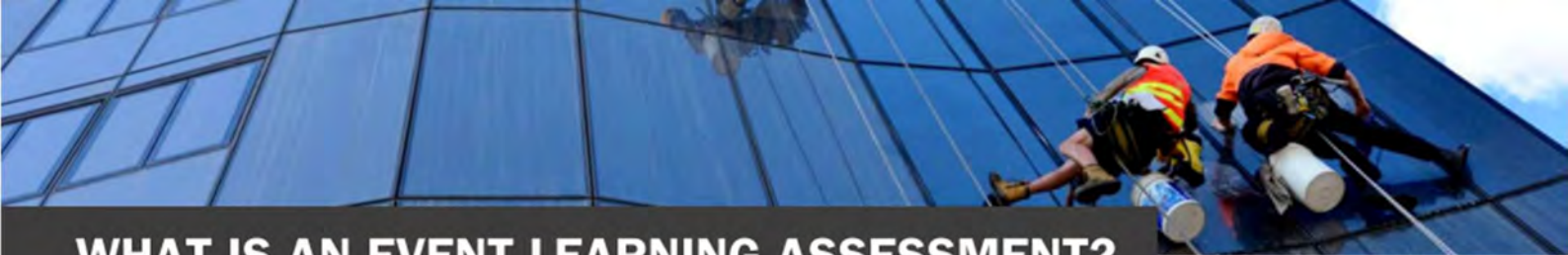
Notifiable events are considered of interest on an industry-wide scale, and stakeholders might seek takeaways and assess the event's relevance to their conditions. This emphasises the importance of a strategic and insightful approach to investigations similar to those utilised by Blueline Investigations.

It should be noted that where the regulator has legal mechanisms to request an investigation, those mechanisms do not stipulate the type of investigation or even what an investigation looks like. This allows organisations to determine the type and depth of the investigation.

Did the event involve the failure/absence of a critical control?

If yes, then inquire. Depending on the circumstances, this can entail an investigation or group-based reflection.





WHAT IS AN EVENT LEARNING ASSESSMENT?

As in the case of critical events, organisations define critical controls and risks as significant, which implies a commitment to wanting to know about them. If an organisation is comfortable with failures relating to what they've classified as critical controls, then it might be worth reconsidering whether that control is actually critical.

The most effective approach to inquire about these events depends on the specific circumstances. If the event appears to result from unusual factors or factors poorly understood by those involved, opting for a high-level investigation is the preferred choice. Such an approach exposes the hidden factors that lie beneath the surface.

For events characterised by common factors or threads, the preference is a collaborative group reflection involving operational staff, such as Learning Teams. This aligns the inquiry method with the nature and complexity of the work, allowing operational staff to weave together their shared experiences and collective knowledge to glean insights and implement improvements (Hopkins, 2008).

Did the event result in minor/medium harm, and is there an opportunity for organisational Learning?

If so, then an "Event Insight©" * is needed.

The level of harm does not equate to how much there is to learn from an event and whether much will be gained from investigating the incident. While for high levels of harm, there is a strong social obligation to try, for lower levels of harm, there is an opportunity to be strategic about where to direct efforts. This is where it becomes relevant to assess whether there is a serious opportunity for learning and spend the resources where they are most likely to make a difference. The details of this will be discussed in the next section.

**To learn more about Event Insights©, please read our white paper: "Event Insights; Making minor incidents matter."*





WHAT IS AN EVENT LEARNING ASSESSMENT?

Did the event result in only minor/medium harm, and there is little/no opportunity for organisational learning?

If yes, then record the event details and do not investigate.

Being strategic about using investigation resources includes recognising where to minimise investigation efforts. Costs should be minimised if there is no social obligation to investigate and little opportunity to learn.

Diving deep into events with little learning potential will unlikely lead to new conclusions. Rather than trying to learn per event, such events are best placed in a larger perspective. This is where documentation comes in and the aggregation it facilitates.

Aggregating and trending data is not new, although many organisations struggle with how to use this data. Documentation should focus on categories related to work and how it is managed, like tasks, locations and used equipment, which allows for easy translation to management decisions. This can include the decision to conduct

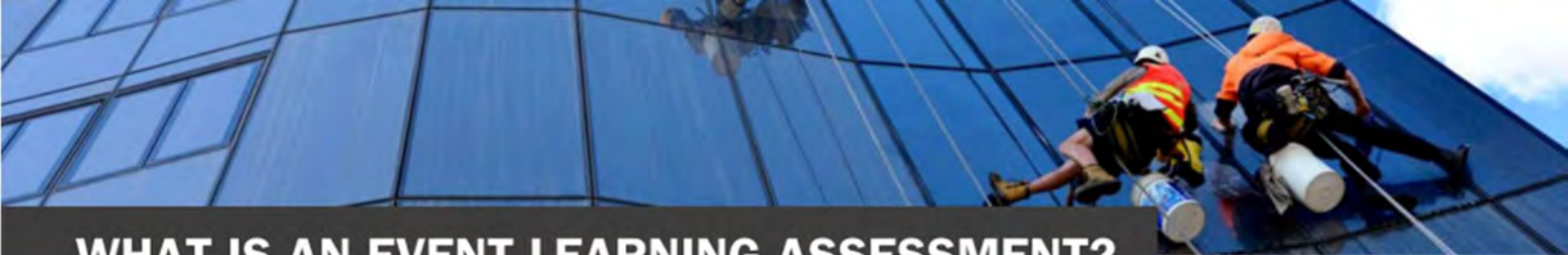
general inquiries into the risks of a task with frequent incidents.

Lowering documentation requirements removes barriers to reporting events, creating conditions to improve data quality. Two reasons people avoid reporting are the extra work it creates and the belief it will make no difference (Schaaf & Kanse, 2004). By minimising subsequent investigation and creating a clearer link to subsequent decisions, both are addressed.

Defining the opportunity for organisational learning

The question of what can define organisational learning requires nuanced reflection of the context of the work and the event itself. Certain event factors point to conditions where finding new information is more likely:

- **Have there been recent changes in the task or conditions surrounding the event?** The newer something is, the less likely everyone will fully understand the current situation. One change often leads to changes in the routine of the people around that (Feldman et al., 2016), leading to

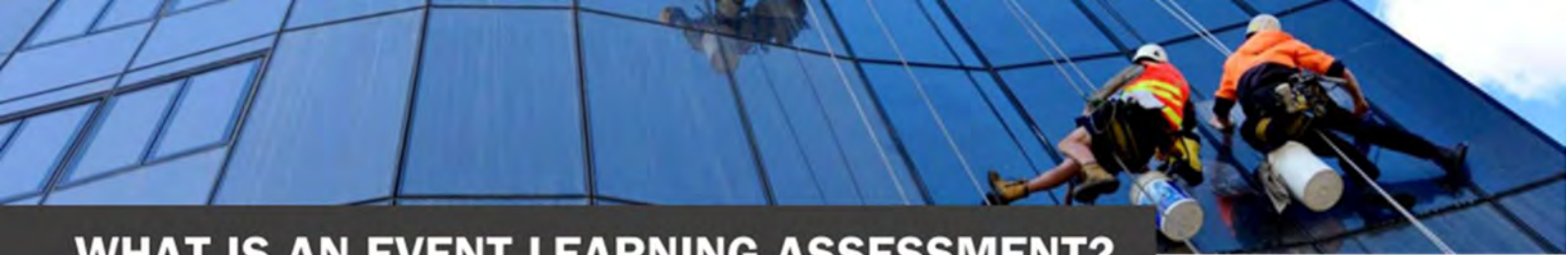


WHAT IS AN EVENT LEARNING ASSESSMENT?

unexpected knock-on effects elsewhere. It is hard for anyone to fully understand or oversee these by themselves. Individual reflection is likely to be insufficient in this case. This means a dedicated inquiry that shares information across individuals is likely beneficial.

- **Did the event involve multiple controls?** Events involving multiple controls offer a unique learning opportunity, as understanding how these components interact can be challenging. Controls are often designed in isolation, and their combined effects may go unnoticed. Exploring events with multiple controls sheds light on aspects rarely considered otherwise.
- **Are there multiple stakeholders involved in this task?** Incidents involving joint action from multiple stakeholders add complexity. Different groups have different priorities, and that can lead to working at cross-purposes (Woods & Branlat, 2011). The more diverse and distant stakeholders are, the less likely anybody is to have a complete picture of how things play out. Inquiry into multiple stakeholder events can help provide reflection and adjustments that separated individuals cannot easily do alone.
- **Can others outside the team benefit from learning about this event?** Considering whether others outside the team can benefit from learning about the event extends beyond the event's factors. It involves assessing the event's relevance to the current goals of specific stakeholders or the organisation. If an event overlaps with existing agendas, there will be more interest in the results and a higher likelihood that the conclusions will inform decisions (Cohen et al., 1972).

These questions are not intended to be a checklist. They are designed to generate relevant discussion; the more affirmative answers there are, the greater the opportunity for organisational learning. Depending on the organisation's capacity and local experience, the criteria the event



WHAT IS AN EVENT LEARNING ASSESSMENT?

needs to meet for a dedicated inquiry can be adjusted accordingly. This strategic approach allows organisations to tailor their learning efforts to each event's specific characteristics and potential.

Who gets to draw the line?

Determining who has the authority to draw the line is as influential as the criteria guiding investigative decisions (Dekker, 2009). A small group of different stakeholders best undertakes the reflection, each offering unique perspectives mediated by an independent (of the work) facilitator. For instance, a safety advisor facilitates a discussion with the work area manager, a supervisor, and a health and safety representative. Operators directly involved in the event often possess invaluable insights, positioning them well to make informed decisions. When direct involvement from involved operators is impractical, presenting a (random) selection of events to various stakeholders or their representatives becomes a viable approach. They can provide feedback on the original assessments, refining the

decision-making process for future instances.

Benefits Event Learning Assessment

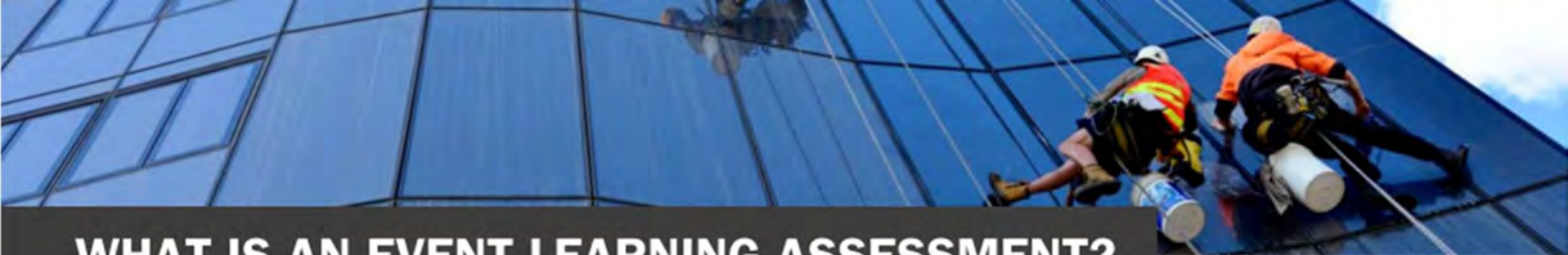
- ✓ Optimisation of learning efforts.
- ✓ Alignment of inquiry efforts with organisational priorities.
- ✓ Reduction of strain on operations.
- ✓ Reinforcement of the goal of learning.

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FIGURE 4 The benefits of the Event Learning Assessment.

The Event Learning Assessment introduces an innovative framework for organisations to determine the most appropriate investigation type. The framework encourages reflection on what the event means to the organisation. It is designed to balance the opportunity for organisational learning with the realities of capacity and capability constraints,

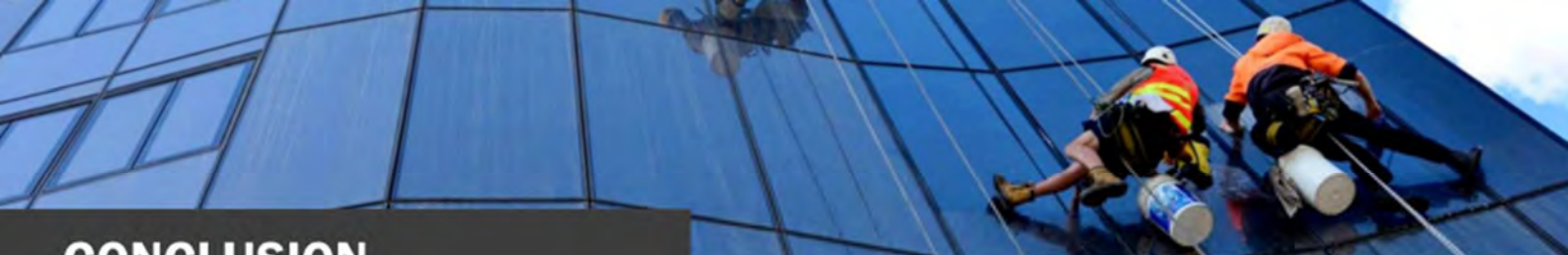




WHAT IS AN EVENT LEARNING ASSESSMENT?

enabling organisations to direct their inquiry efforts strategically.

- **Optimisation of learning efforts.** This initiative aims to optimise learning endeavours, directing resources where there is a genuine need and opportunity for learning. Unlike approaching events based solely on their outcomes, the Event Learning Assessment assesses what the event signifies for the organisation and anticipates likely inquiry outcomes before resource allocation.
- **Alignment of inquiry efforts with organisational priorities.** Aligning inquiry efforts with organisational priorities is a cornerstone of the Event Learning Assessment, confirming that they are allied with key risk management priorities. It ensures that a significant portion of learning is directed towards what the organisation deems crucial, fostering greater synergy within the organisational framework.
- **Reduction of strain on operations.** This approach minimises strain on operations by reducing investigations that yield no new learning. This efficiency translates to less time spent conducting investigations and less interference with operations. It also diminishes the time spent disseminating conclusions that offer no novel insights, thereby opening opportunities to allocate resources directly towards enhancing operational safety.
- **Reinforcement of the goal of learning.** By linking the decision to investigate an event with the potential for meaningful learning, the Event Learning Assessment reinforces the overarching goal of inquiry: learning. This connection adds valuable pressure in favour of learning, countering the many pressures that steer investigations towards assigning blame to individuals.




CONCLUSION

Investigations into minor incidents can consume many resources and yield little knowledge. The standard guideline of outcome severity is a poor predictor of how much can be learned from investigating the event. This inefficiency drains resources that could directly be spent on safety. Event Learning Assessments provide a tool to be more strategic about which event to spend time on.

Event Learning Assessments guide inquiry efforts towards events where relevant learning is likely. It does this by reflecting on what the event means to the organisation and the wider industry and whether it provides an opportunity to refine existing beliefs or provide learning. An appropriate inquiry method can then be selected based on the event and organisational goals. The Event Learning Assessment offers a break with injury classifications and risk matrices. It places learning central to where resources are spent.





ABOUT THE AUTHORS

Mark Alston

Mark Alston, Director of Investigations Differently, with over two decades of experience, has established himself as an innovative leader in investigations and risk management. He is known for his progressive approach, leveraging modern safety concepts to assist organisations in the reduction of risk.

With a strong operational background, his mission is to encourage organisations to adopt proactive data-driven processes, challenge conventional paradigms and embrace a more adaptable and resilient approach.

Mark Alston's extensive expertise spans global organisations in the mining, construction, government, defence, health, and utilities industries and includes Australasian and International clients such as the Royal Australian Airforce, Mitchell Services, the Office of Industrial Relations, ABB, Perenti, Airservices Australia, NZ Corrections, KFC, and Asplundh.

Mark's engaging speaking style, combining extensive industry knowledge with groundbreaking concepts, has made him a sought-after figure in investigations and risk management discussions



Jop Havinga, PhD

Dr. Jop Havinga works as a research fellow at Griffith University's Safety Science Innovation Lab and as a consultant in various industries. Having his feet in both industry and academia often made him provide a bridge between the two worlds, highlighting the realities of organisational life and challenging taken for granted practices and beliefs. Driven by a conviction in the power of curiosity and being honest with ourselves, Dr. Havinga is dedicated to uncovering the nature of workplace dynamics and challenges.

With this curiosity, Dr. Havinga delves into understanding the perspectives and rationalities of individuals within organizations, from frontline operators to top management, the environment they find themselves in, and explores what follows from this. He has been at the forefront on the exploration of how to learn from what goes on in organisation for safety purpose, having developed both academic and industry methodologies for this purpose, which have come standard within consultancies. He is often sought out for projects that cover unfamiliar ground in this space.





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