

## Questions & Answers | The Importance of Crash Analysis

Webinar September, 2019

### Q: What is a crash?

A: According to the World Health Organisation a crash is a collision involving at least one vehicle in motion, on a public or private road to which the public has right of access.

### Q: We operate motor cycles and sometimes rent vehicles. Should we include them in our crash reporting as well?

A: Fleet Forum advises to include these crashes as well in your reporting as it gives you an opportunity to analyse the safety of your motorcycle or rental vehicle operations.

### Q: WHO talks about public and private roads to which the public has access. Does this mean that we do not have to report the crashes that happen on our compound?

A: Fleet Forum advises to include these crashes as well in your reporting as it gives you an opportunity to analyse the safe vehicle movements in your compound. Similarly, if your organisation operates in a secluded area (for example a refugee camp) where your fleet moves; crashes that happen there should be reported.

### Q: What is the difference between a crash or accident? Or a crash and incident?

A: Fleet Forum suggests to use the WHO term 'crash' as 'accident' implies that the situation was unavoidable and that there was nothing that could be done to prevent the crash from happening. The term 'incident' is often used in organisations to refer to events with minor consequences which in turn than also lead to less attention or follow up in the organisation. In our opinion crashes with a minor consequence are equally important to report. That is why we use one terminology

### Q: Why is reporting and analysis of crashes important?

A: The most important reason to report and analyse crashes is to **avoid the next crash**.

To do that we need to **constantly learn from crashes** and see if our road safety management approach does not have holes or gaps in it.

### Q: In our organisation, when a crash happens, we send a claim to the insurance company to get the damage repaired. Is that the same as reporting and analysis?

A: At Fleet Forum we don't see this as crash analysis. This is what we call insurance reporting, the process that you need to do to make sure the losses are compensated. We refer to crash reporting and analysis as the process of continuous learning to avoid future crashes from happening.

### Q: What is root cause analysis?

A: Root cause analysis is an approach for identifying the underlying and root causes of an incident so that the most effective solutions can be identified and implemented. Root Cause Analysis is based on the basic idea that effective safety management requires more than merely "fighting symptoms" for problems that develop, but finding a way to prevent them.

### Q: What is the '5 Why method'?

A: In theory it takes five "whys" to get to the root causes, but in practice there will be cases where you may use more or fewer than five "whys". Keep in mind that also with this technique you can find multiple root causes.

### Q: Where can I learn more about the '5 Why method'?

A: On Fleet Forum's [Knowledge Centre](#) a document around root cause analysis and the '5 Why' method can be found.

**Q: What are some of the Do's when my organisation wants to start reporting and analysing crashes?**

**A:** Tips to establish a reporting and analysis culture in your organisation

- Make it simple to report, the initial reporting should not take a long time, use technology where possible
- Involve everyone: crash reporting should be everyone's responsibility; all staff members should feel that they could report. As part of your reporting, ask their ideas how to avoid the crash in the future;
- Always keep on asking questions and use multiple data sources (for example: phone records, how many hours did the driver rest in the period before the crash happen, did everyone in the vehicle wear seatbelts, was there something out of the ordinary (bad news, changed circumstances etc.);
- Install a 'crash investigation team' from multiple divisions, instead of one person doing the analysis;
- Communicate your finding (lessons learned, interventions chosen, statistics) to the organisation. Show them that their reporting is valuable to the organisation;
- Include crash analysis on the agenda of your monthly senior management team meeting and at least twice a year at a CEO-led meeting at HQ.

**Q: Got it. And the Don'ts?**

**A:** Here are some effective ways to kill a reporting and analysis culture in your organisation:

- Ask for data you will not use. When you design your reporting procedure; look at every data point and ask yourself: how will this piece of data help me learn about the crash. If you cannot answer that question: you have to reconsider asking that piece of information;
- Make it about blame. Crash analysis is not about who is to blame. It is about learning how to avoid a future crash and it is therefore not relevant who is to blame. That will only hinder your learning process.

**Q: What is a Near Miss? And similarly, what is a Good Catch (of Good Save)?**

**A:** Near miss: an unplanned event that didn't result in injury, illness, or damage – but had the potential to do so. Near misses are also referred to as 'narrow escapes'.

A Good Catch is when someone recognizes an unsafe condition or poor-quality work, and **proactively acts to prevent** something bad from happening.

**Q: When is my organisation ready for near miss (or good catch) reporting?**

**A:** Here are some characteristics of organisations that have successfully implemented near miss reporting and analysis programmes. In these organisations.....

- 1) Reporting is seen as something positive;
- 2) There is no blame-culture;
- 3) Reporting can be done anonymously;
- 4) There is clarity on what a near miss or good catch is;
- 5) The organisation is comfortable with 'easy reporting' ('it should not take more than 60 seconds to report');
- 6) Rewards for reporting near misses exist;
- 7) Staff members are involved in finding solutions or interventions for the near miss
- 8) Based on the reported near misses, visible changes are made.

If you do not recognise these elements as being present in your organisation we do advise not to implement near miss reporting yet. First work on getting these elements in place.

**Q: In my organisation, many people are scared of reporting the near misses. How can we get rid of that scare??**

**A:** Staff being scared to report near misses (or actual crashes) can be a symptom of an existing blame culture. Apart from the above criteria for implementing near miss reporting programmes, here are some tips that might help you to change the culture:

1. Define behavioural standards that lead to outcomes as a first principle, rather than the outcomes themselves.
2. Manage people with more regard to agreed behaviour than actual results.
3. When the results are not there, treat it as a failure of process, not failure of someone.

4. Engage everyone to find ways to prevent the failure recurring by establishing a new behavioural model.
5. Encourage transparency in reporting by not penalising human error.

This is definitely not a task that one person can do by him/herself, it requires the engagement and ownership of senior leaders in the organisation.

**Q: What if the driver reports "near misses" frequently, which question is better to ask: a question around the competency of driver or staff not following the SOPs or a question about the situation of road?**

**A:** Ask both questions. And many more 😊 Remember: to get good insight in the causes of the near misses you want to ask many questions and approach the near miss (or actual crash) from multiple angles.