



Collaborative Intelligence for Safety Critical Systems: challenges and opportunities

CISC
Collaborative Intelligence for Safety Critical systems



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Collaborative intelligence

*“Organizations that use machines merely to displace workers through automation will miss the full potential of AI... Tomorrow’s leaders will instead be those that embrace collaborative intelligence, transforming their operations, their industries and –no less important– their workforces.”**

A “human-centric” approach to AI that collaborate with humans rather than replace them.**

Human contribution:



Train



Explain



Sustain

* Daugherty, P.R.&Wilson, H.J., 2018. Human+Machine: Reimagining Work in the Age of AI. Harvard Business Press.

** Leva, M.C., Podofilini, L. “Assessing Human Performance and Human Reliability in Collaborative Intelligence Scenarios: Upcoming Challenges and Opportunities” in Proceedings of ESREL2020-PSAM15

Collaborative intelligence

A “human-centric” approach to AI that collaborate with humans rather than replace them.

AI Systems’ contribution:



Amplify



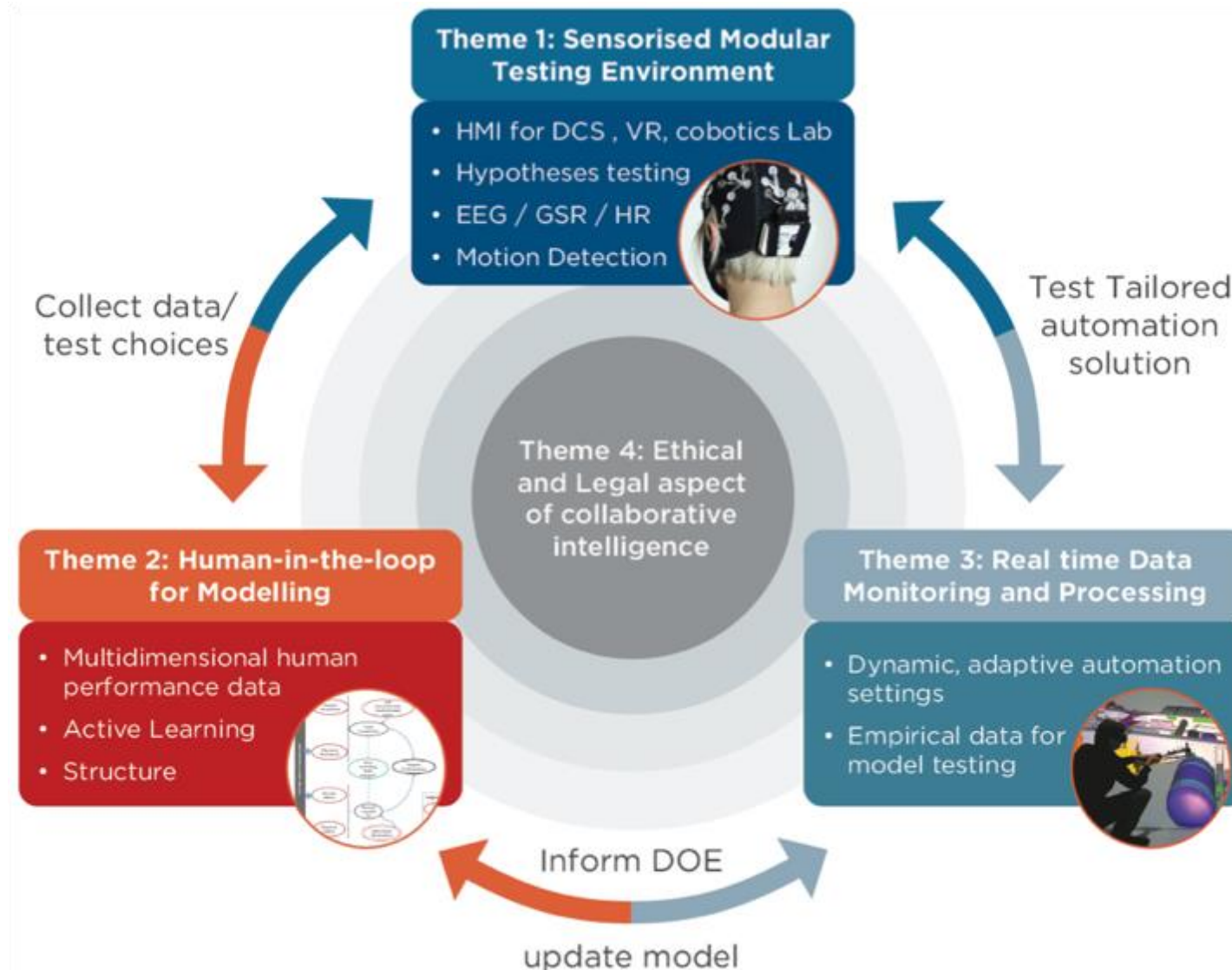
Interact



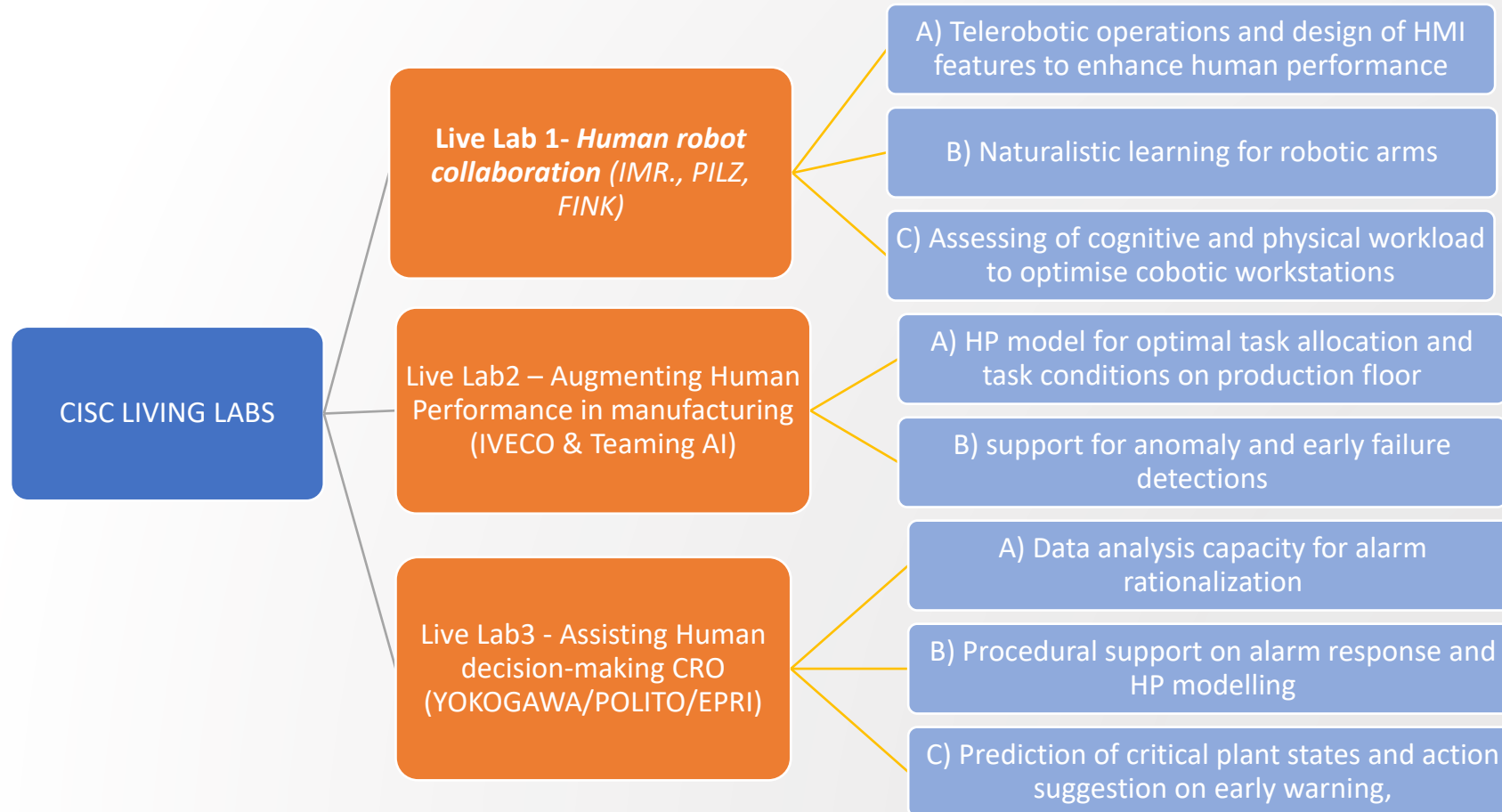
Embody

* Leva, M.C., Podofilini, L. “Assessing Human Performance and Human Reliability in Collaborative Intelligence Scenarios: Upcoming Challenges and Opportunities” in Proceedings of ESREL2020-PSAM15

The CISC Approach to DOE



The CISC Living Labs: collaborative intelligence examples



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Collaborative Intelligence for Safety Critical systems



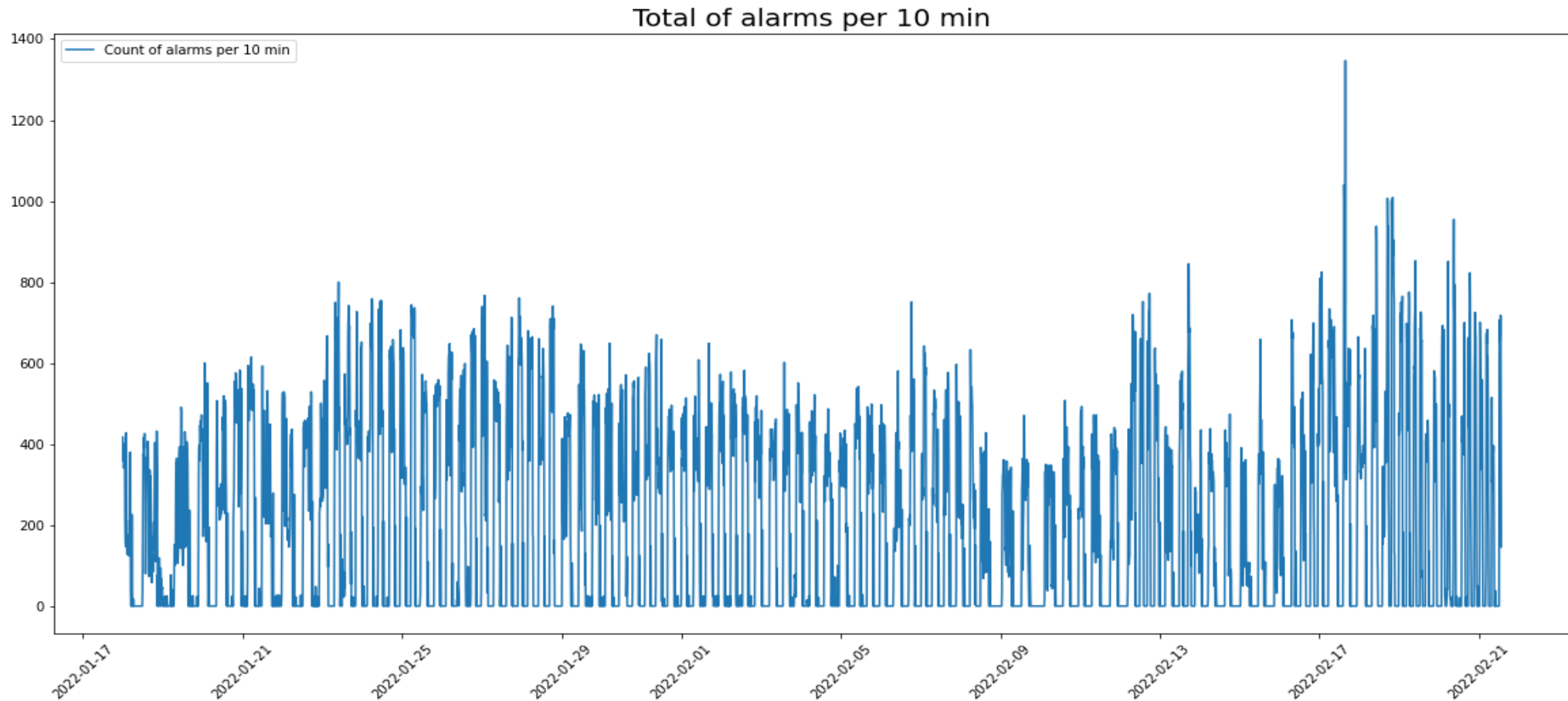
Collaborative intelligence in control room scenarios.

The use of a digital twin for testing different collaborative intelligence configurations

Live lab 3

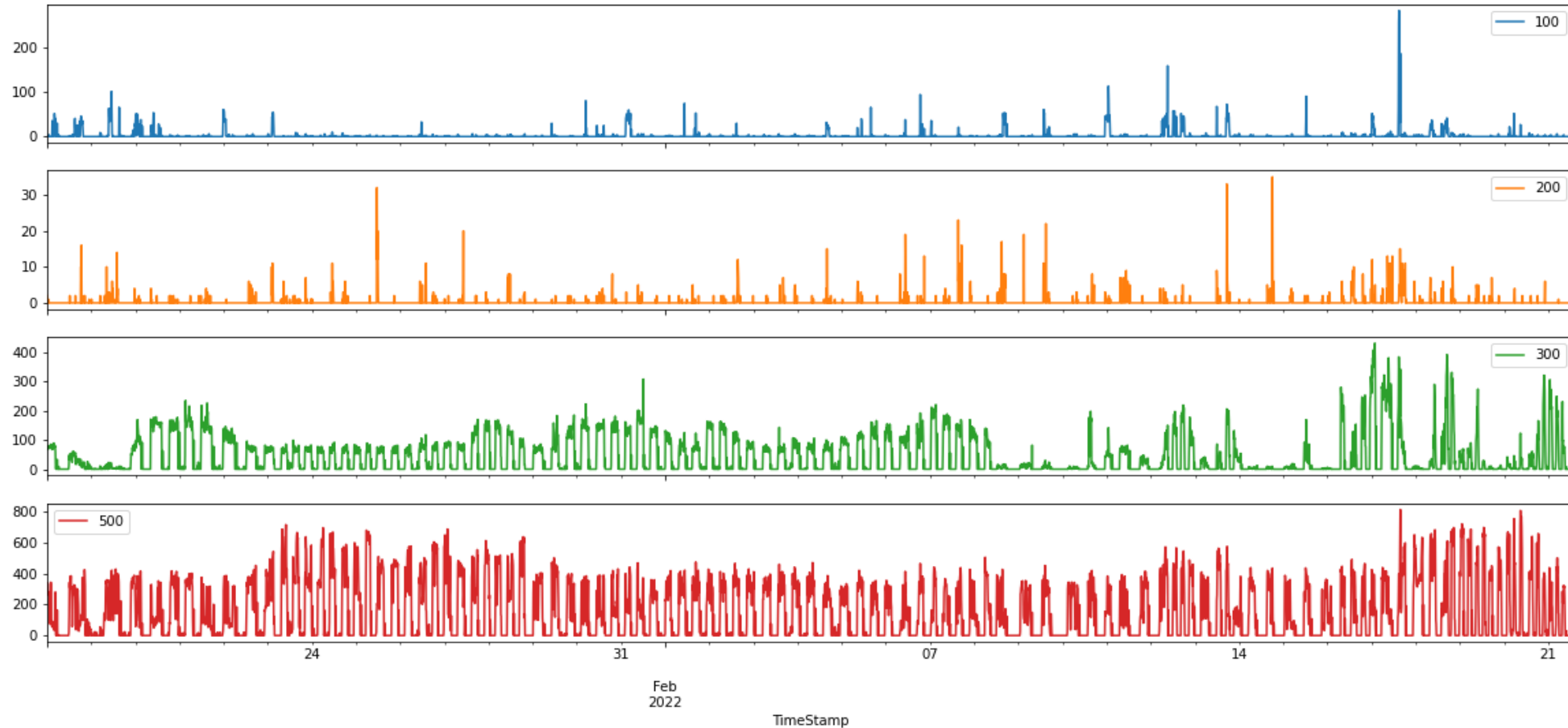


Count of Alarms per 10 min



The graph illustrates the rate of alarms per 10 min over the period from 17 January to 21 February in a UK based Oil and Gas facility.

Count of Alarms per 10 min by Severity



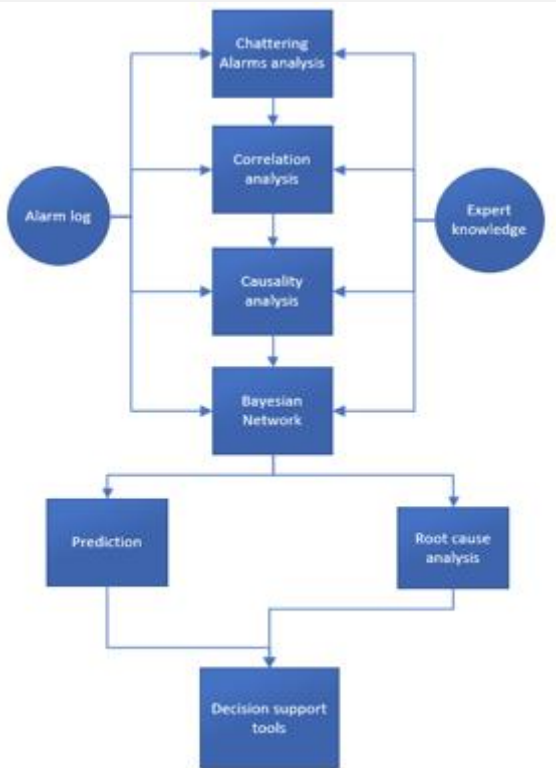
The graph illustrates the count of alarms per 10 min over the period from 17 January to 21 February by level of Severity (100, 200, 300, 500)

Clustering and Bayesian Network proof of concept

1. **Clustering of alarms** based on correlation and identification of alarms related to the shutdown of the valves of the wellhead

2. **Prediction of the trip** of the shutdown valves of the wellhead 15 second before it happened

3. **Root cause analysis to prevent** the shutting down of the wellhead valves and remove redundant alarms



1. Clustering of alarms

Identification of **clusters of alarms** to identify **scenarios**.

Possibility of **Grouping the alarms** base on high correlation to **reduce number of alarms** shown to the operator

These **groups of alarms** can be linked to a known cause and **labeled** using **expert knowledge**. The model can then display the causes of the alarms and assist in decision making in case of cognitive overload.

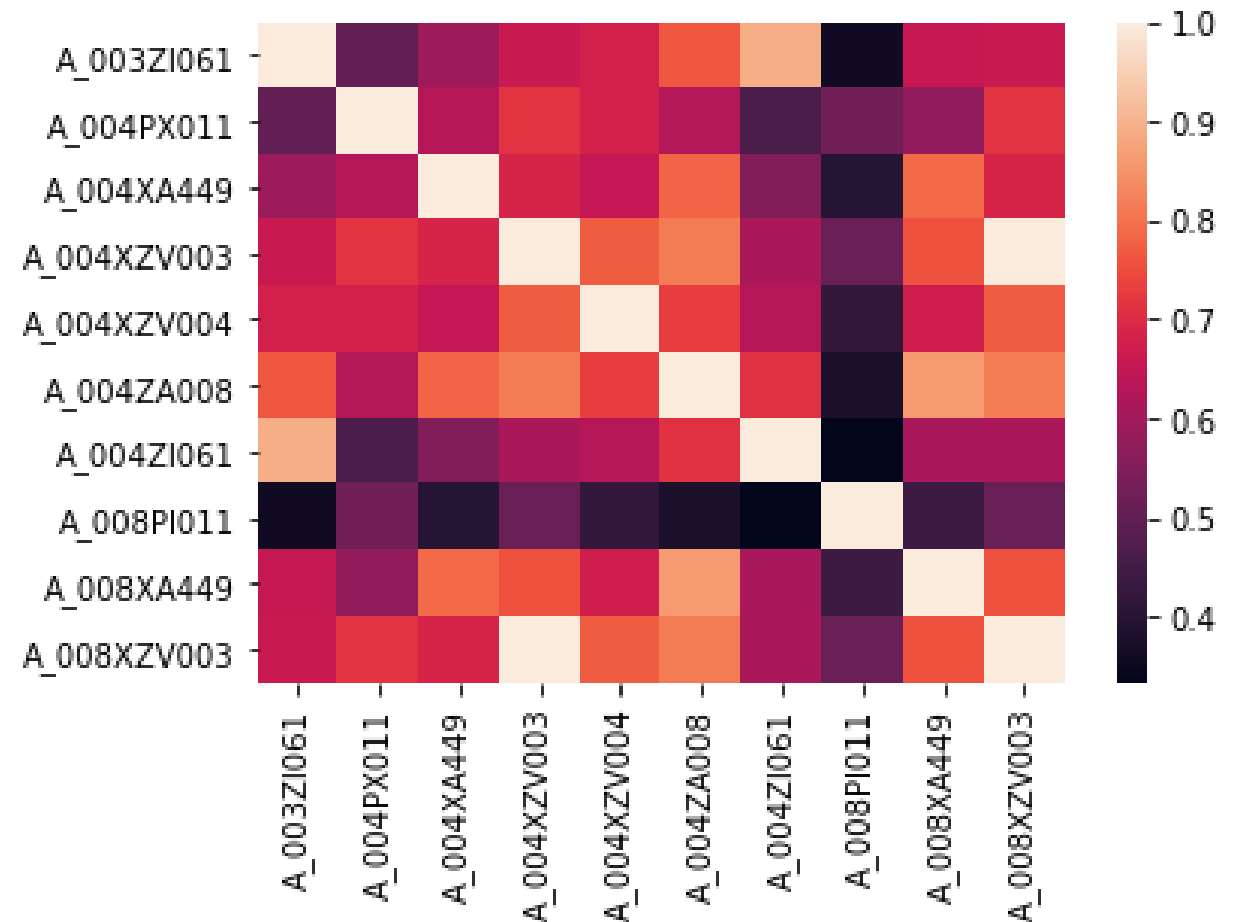


Figure: Correlation map between alarms of the wellheads. Lighter colors denotes higher correlations

Collaborative Intelligence for Safety Critical systems

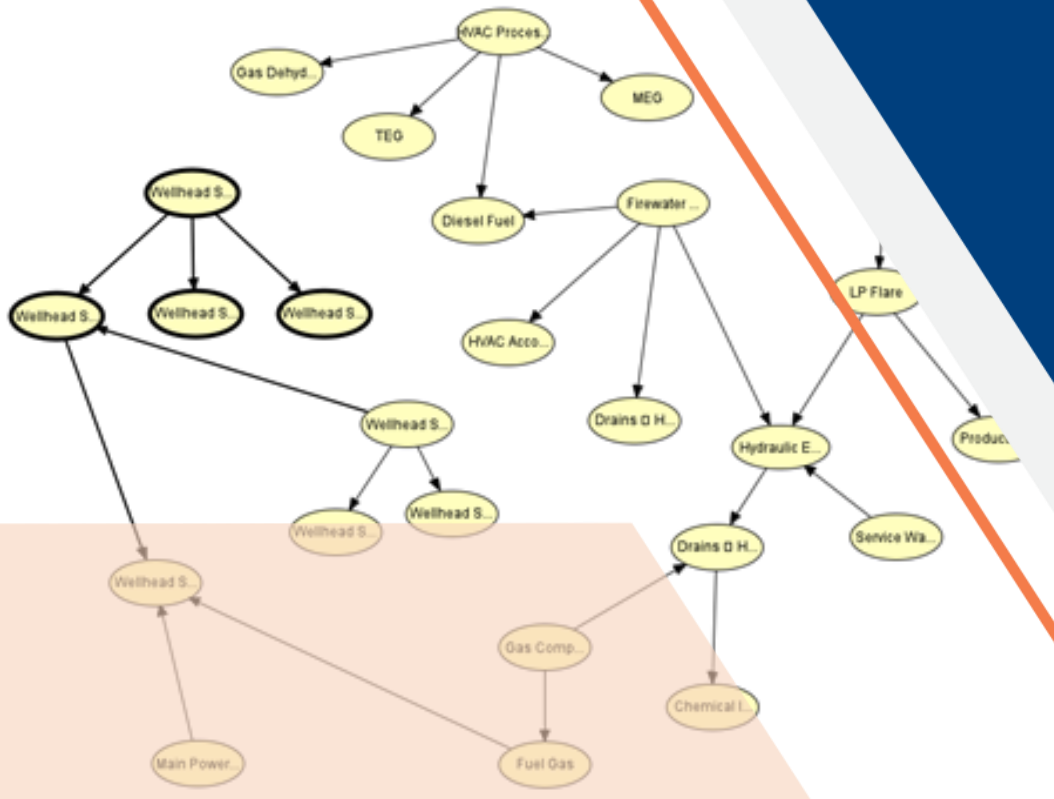
Bayesian Network

Powerful **machine learning** technique to model causal interaction between variables

BN model interaction between alarms in the systems. Can be used to **predict alarms, Trips** and **identify root causes**. Can **Estimate risk** and **cost** of a process upset.

The model allows **Transparency** in reasoning and **trustworthy decision**

Can be use for a short cuts to becoming an experience operator thank to the decision-making models.



3. Possible Root cause analysis

Redundancy between the alarms to predict the trip of the wellhead.

3 alarms to predict the trip with **90% chance over 38**

Possibility to **reduce the number of alarm** display to the operator.

Alarm prioritization in terms of increase of probability of TRIP

Top 3 Alarms (026 Gas compression system)	
A_026BPZI070	Low Low Gas compression pressure indicator
026BFI064	Open Alarm Gas compression press flow indicator
026BPI047	Hight Gas compression pressure indicator

Table: Alarm order in term of increase of probability of the TRIP of the wellhead.

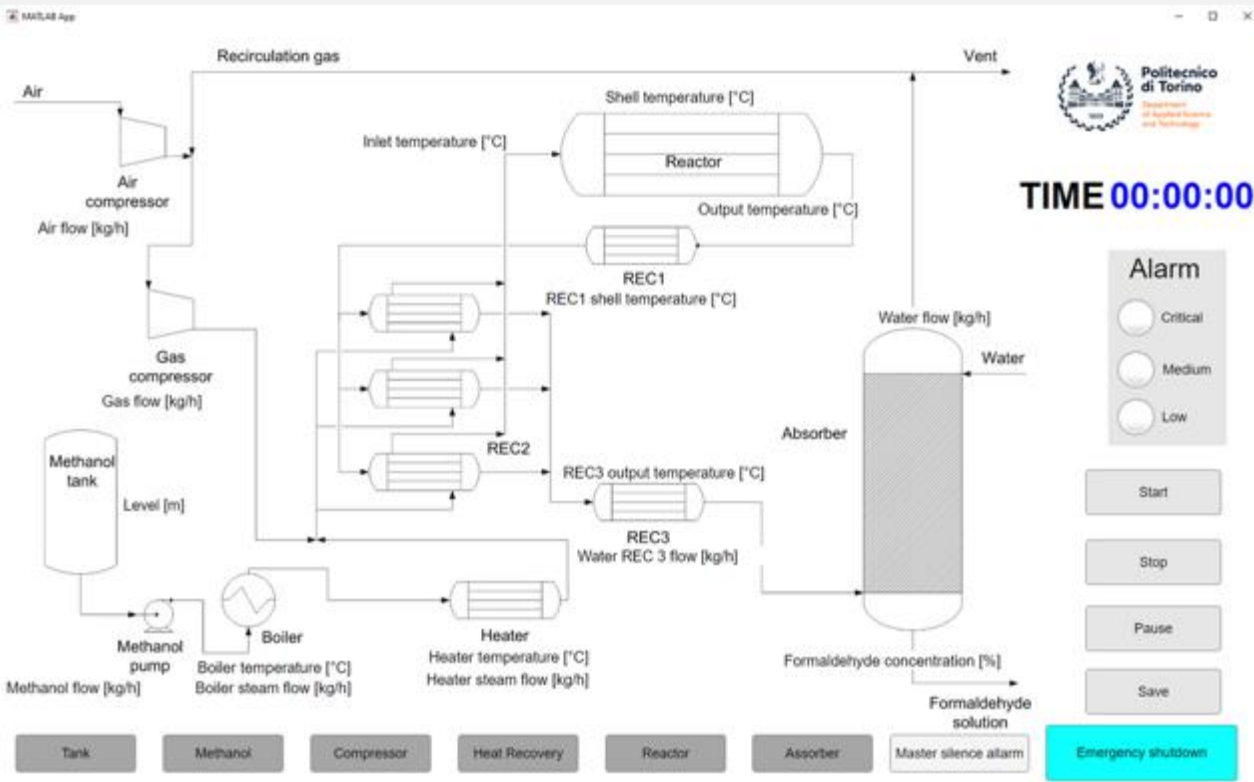
Experiment: alarm management & intervention simulator

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Collaborative Intelligence for Safety Critical systems



Live Lab 3 : Decision making support in control room



Factors varied: Alarm design
(Investigating problem 1)

Ack	Sound	Priority	State	Time	Tag	Section
<input type="checkbox"/>	<input type="checkbox"/>	3	Active	00:01:37	FAL11	Heat_Recovery
<input type="checkbox"/>	<input type="checkbox"/>	1	Active	00:04:38	TAH17	Absorber
<input type="checkbox"/>	<input type="checkbox"/>	2	Active	00:05:41	CAL20	Absorber
<input type="checkbox"/>	<input type="checkbox"/>	3	Active	00:05:53	FAL20	Absorber
<input type="checkbox"/>	<input type="checkbox"/>	1	Active	00:06:02	FAL16	Absorber
<input type="checkbox"/>	<input type="checkbox"/>	1	Active	00:06:26	TAH18	Absorber
<input type="checkbox"/>	<input type="checkbox"/>	2	Active	00:06:34	TAH20	Absorber
<input type="checkbox"/>	<input type="checkbox"/>	2	Active	00:06:54	TAH12	Heat_Recovery
<input type="checkbox"/>	<input type="checkbox"/>	3	Active	00:08:56	TAL15	Reactor
<input type="checkbox"/>	<input type="checkbox"/>	3	Active	00:09:11	TAH09	Heat_Recovery
<input type="checkbox"/>	<input type="checkbox"/>	1	Active	00:10:59	PAH07	compressor
<input type="checkbox"/>	<input type="checkbox"/>	3	Active	00:11:07	PAL15	Reactor
<input type="checkbox"/>	<input type="checkbox"/>	1	Active	00:15:48	TAL13	Reactor
<input type="checkbox"/>	<input type="checkbox"/>	1	Active	00:15:52	TALL14	Reactor
<input type="checkbox"/>	<input type="checkbox"/>	3	Active	00:15:57	PAH08	Heat_Recovery

Sound	Priority	State	Time	Tag	Section	
<input type="checkbox"/>		1	Active	00:01:37	FAL11	H
<input type="checkbox"/>		1	Active	00:04:38	TAH17	A
<input type="checkbox"/>		1	Active	00:05:40	FAH08	H
<input type="checkbox"/>		1	Active	00:05:41	CAL20	A
<input type="checkbox"/>		1	Active	00:05:53	FAL20	A
<input type="checkbox"/>		1	Active	00:06:02	FAL16	A
<input type="checkbox"/>		1	Active	00:06:06	PAL08	H
<input type="checkbox"/>		1	Active	00:06:26	TAH18	A
<input type="checkbox"/>		1	Active	00:06:34	TAH20	A
<input type="checkbox"/>		1	Active	00:06:54	TAH12	H

Type of plant - Chemical Process Industry
(Formaldehyde production).
Alarm flood condition: present

Micaela Demichela, Gabriele Baldissoni, and Gianfranco Camuncoli.

Risk-Based Decision Making for the Management of Change in Process Plants: Benefits of Integrating Probabilistic and Phenomenological Analysis. Industrial Engineering Chemistry Research 2017 56 (50), 14873-14887

This experiment is to

- investigate the **impact of decision support systems** on control room operators in safety critical status,
- analyse the **different factors** impacting *its ability to perceive and then respond* (conduct actions on the monitor) to **critical alarms**.
- There are four groups of participants (with different level of HMI support) and 3 scenarios with different level of complexity

01

Paper procedures

02

Alarm rationalization
+ Paper procedures

03

Alarm rationalization
+ Screen based
procedures

04

Alarm rationalization
+ Screen based
procedures + AI
recommendation
support



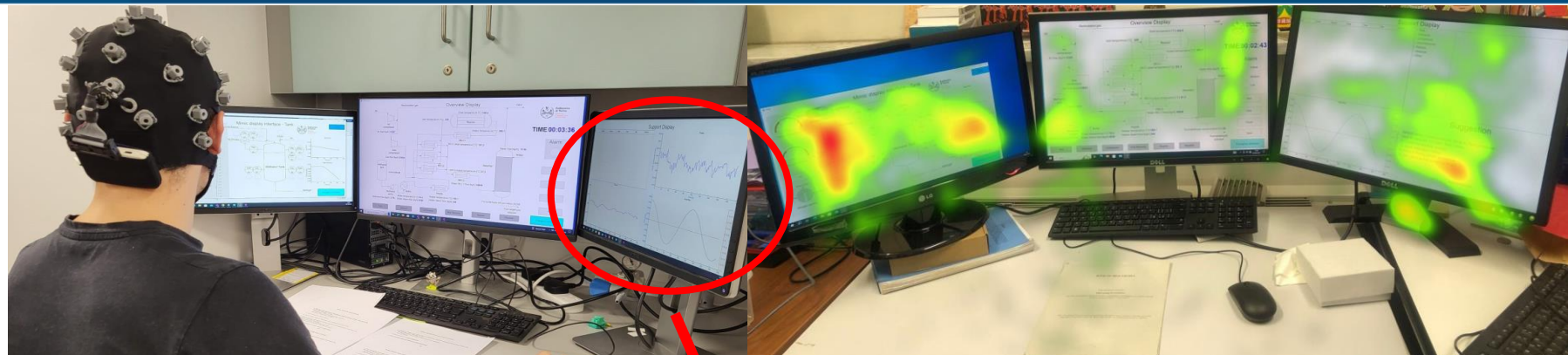
What does human in the loop mean?

- There are different types of “humans” in the machine learning loop
- human-in-the-loop decision-making is where content is flagged by the AI and human moderators review what has been flagged and confirm whether the machine was correct in order to enhance the algorithm's decision-making? (**this is one of the most widely used concept..but often not working well..**)

True HITL automation allows human intervention to execute actions and control the entire workflow. By allowing ad hoc application of human judgment, it's more flexible and powerful. (Forbes technology council 2022)

The support Interface:

For GROUP 4 only it contains an AI generated recommendation system



The support interface will appear on the right monitor, and it shows 4 sections.

The top left, shows the list of alarms and their different characteristics (name, state, priority, time, tag, section and acknowledgement case where the participant should click to acknowledge it).

The top right, shows the procedures section. the participant should click on the specific section then the specific alarm to view its corresponding procedure.

The bottom left, is a graph that shows and the flow of water and product concentration in the absorber.

The bottom right, is the AI recommendation system

Alarm	Priority	State	Time	Tag	Section
2	Active	00:00:28	FAL01	Tank	

- Tank
 - Methanol
 - Compressor
 - WAH06
 - FAL06
 - FAL07
 - VAH07
 - TAH07
 - VAH06
 - TAH06
 - Heat Recovery
 - Reactor
 - Absorber
 - Other

Air Flow Low (FAL06)

1. Check the Compressor Power (see compressor power [kW] on mimic). Cross check with nominal Power value [65-75 kW]. If power above or below the nominal power, do step 2. else, do nothing.
2. Switch Pump power valve to manual.
3. Move and adjust Pointer on compressor power scale between 65 and 75.

END

How useful was the analog value for you?
(refer the image for an example of the analog value)
(1: Low, 5: High)

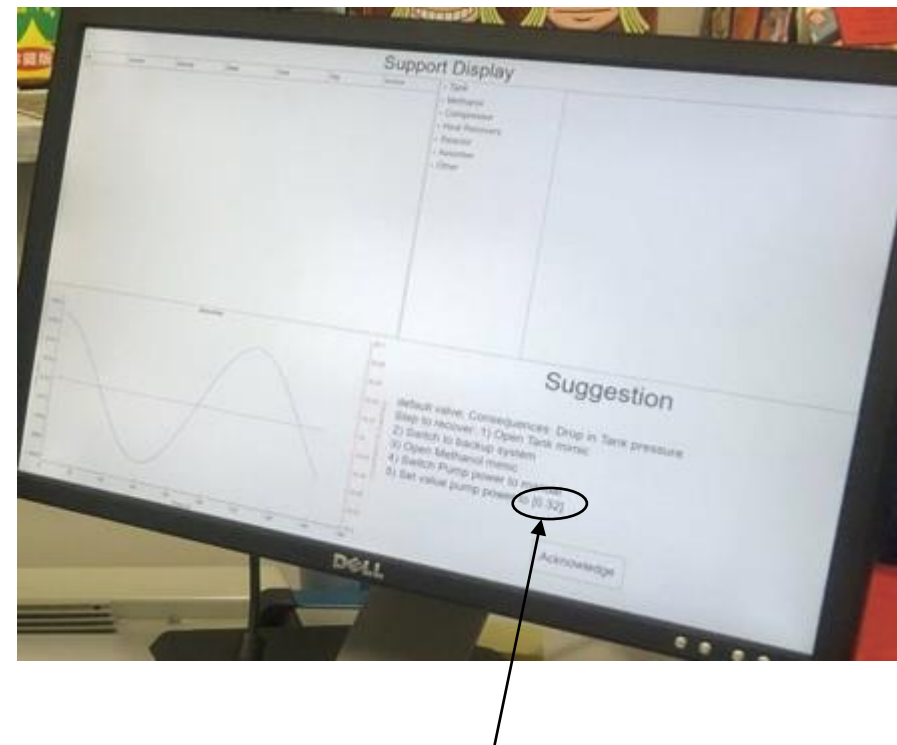
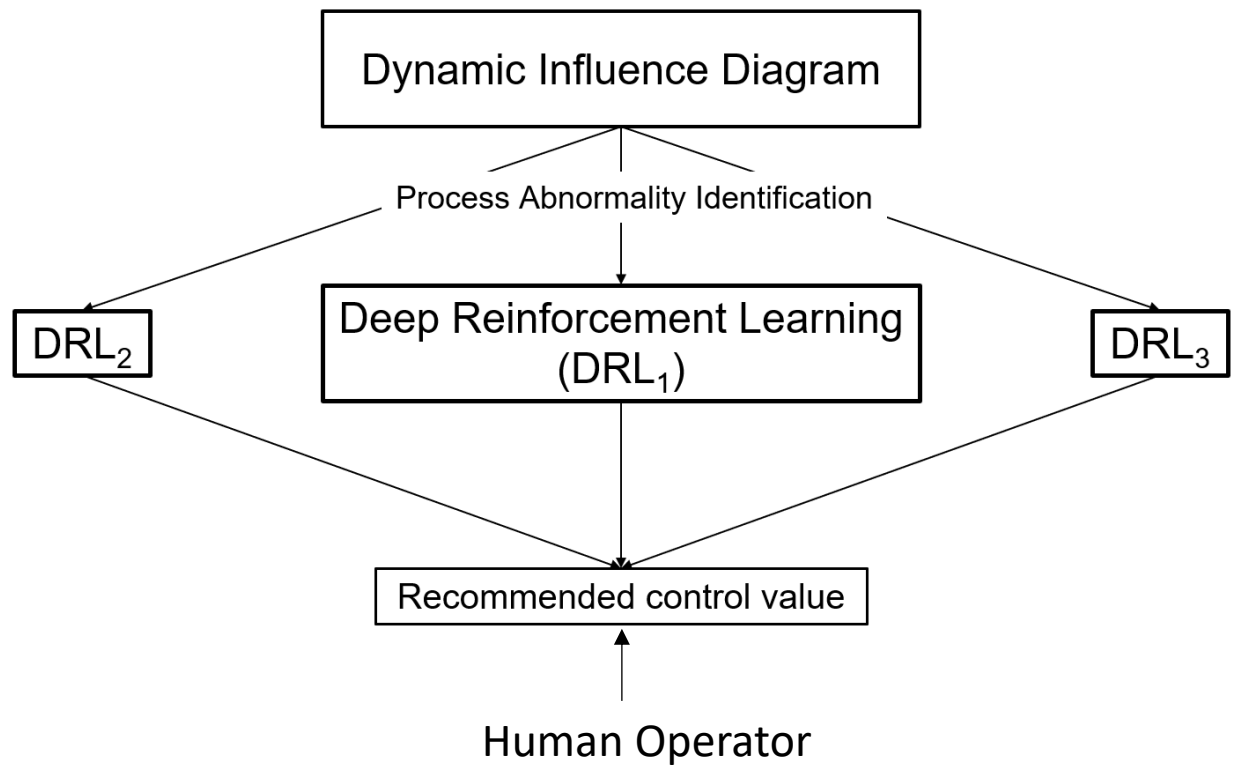
Suggestion

Step to recover

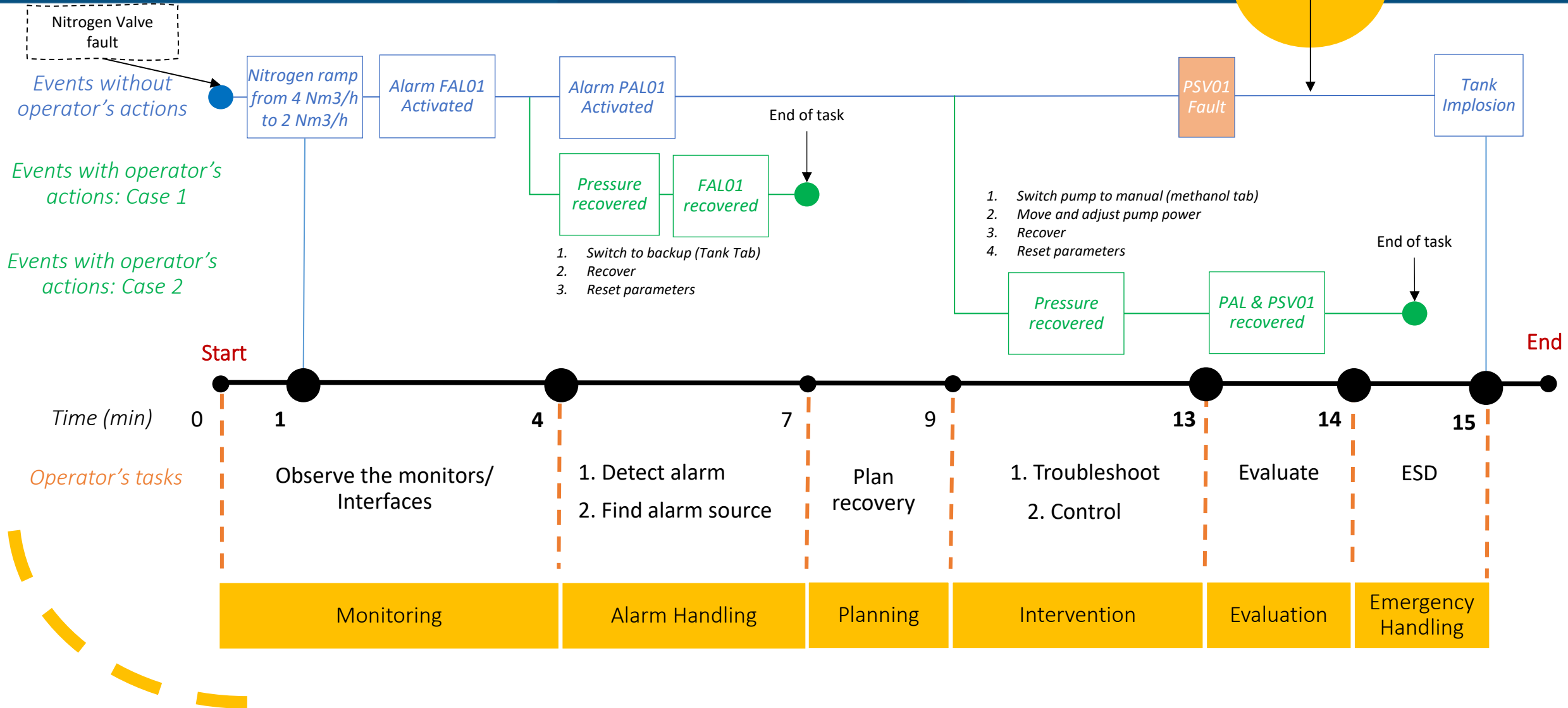
- 1) Open Tank mimic
- 2) Switch to manual nitrogen flow
- 3) Set nitrogen flow to **[5.62]**



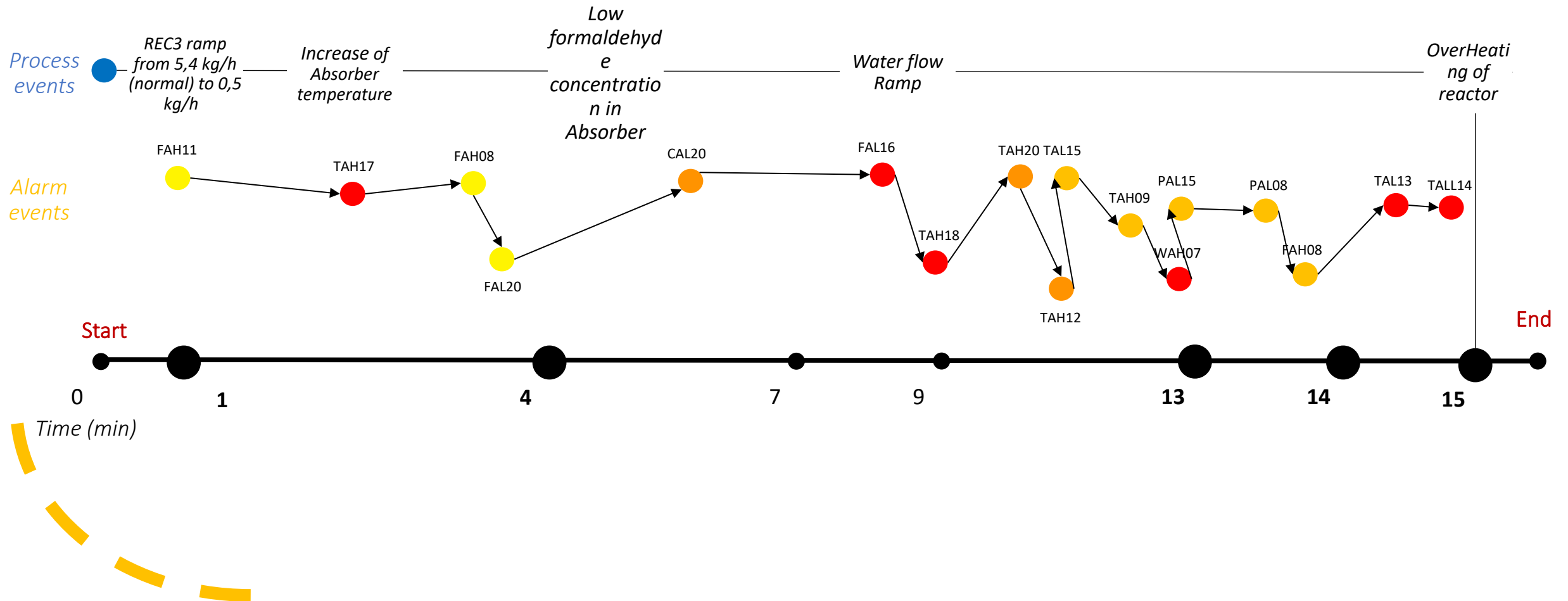
AI-Enhanced Recommendation System



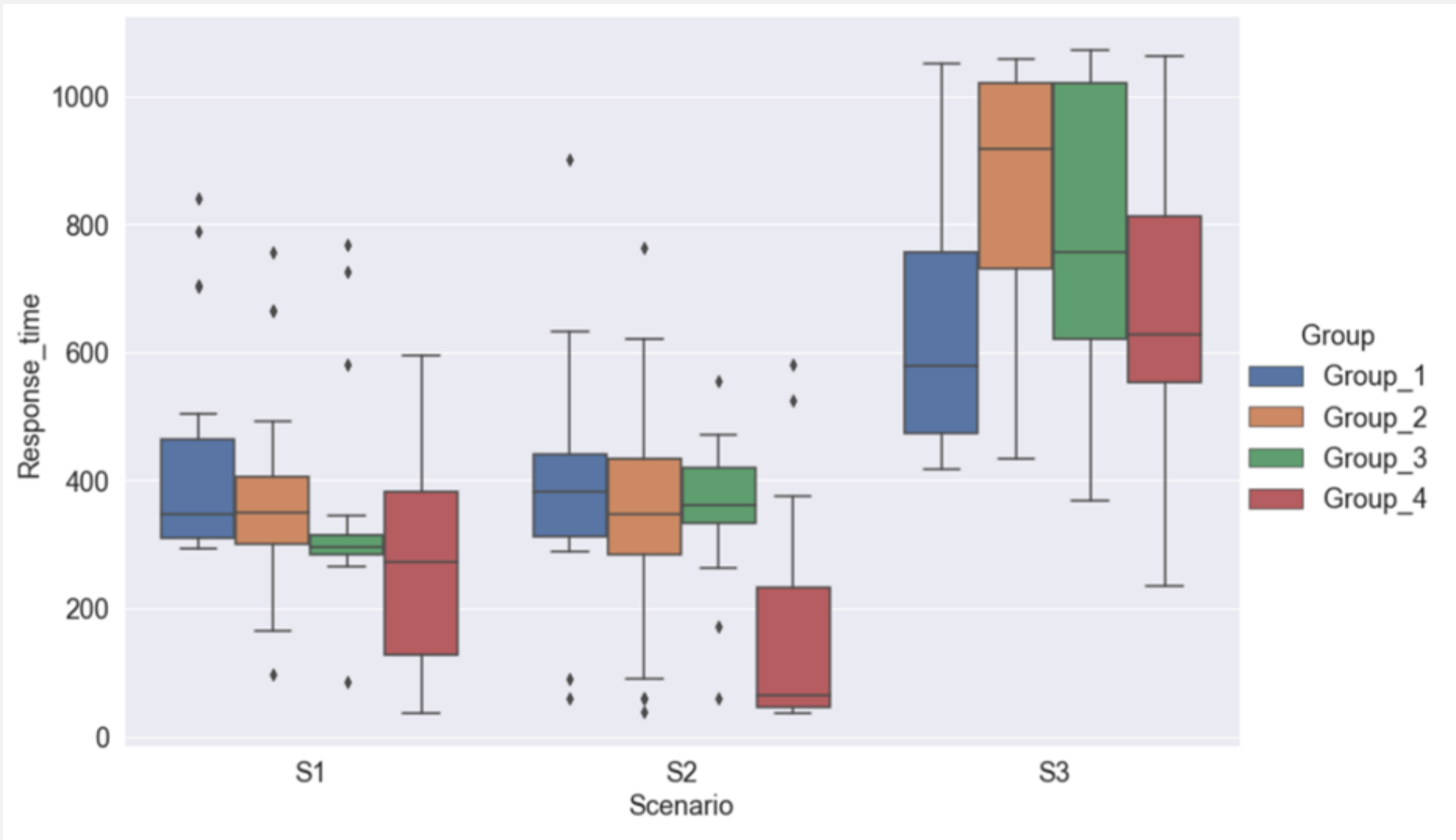
Scenario 2: Events and Task timeline



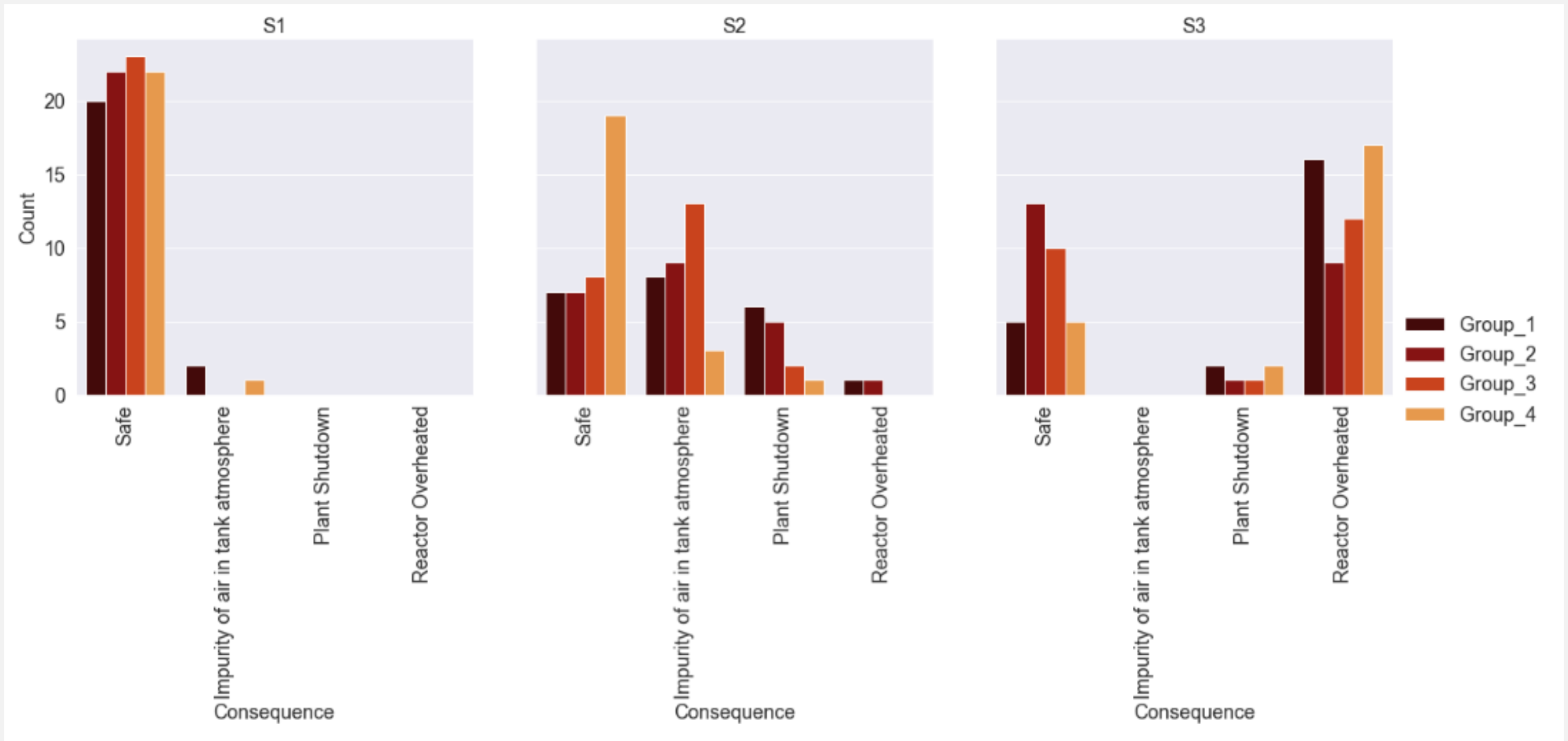
Scenario 3: Events timeline



Response Time

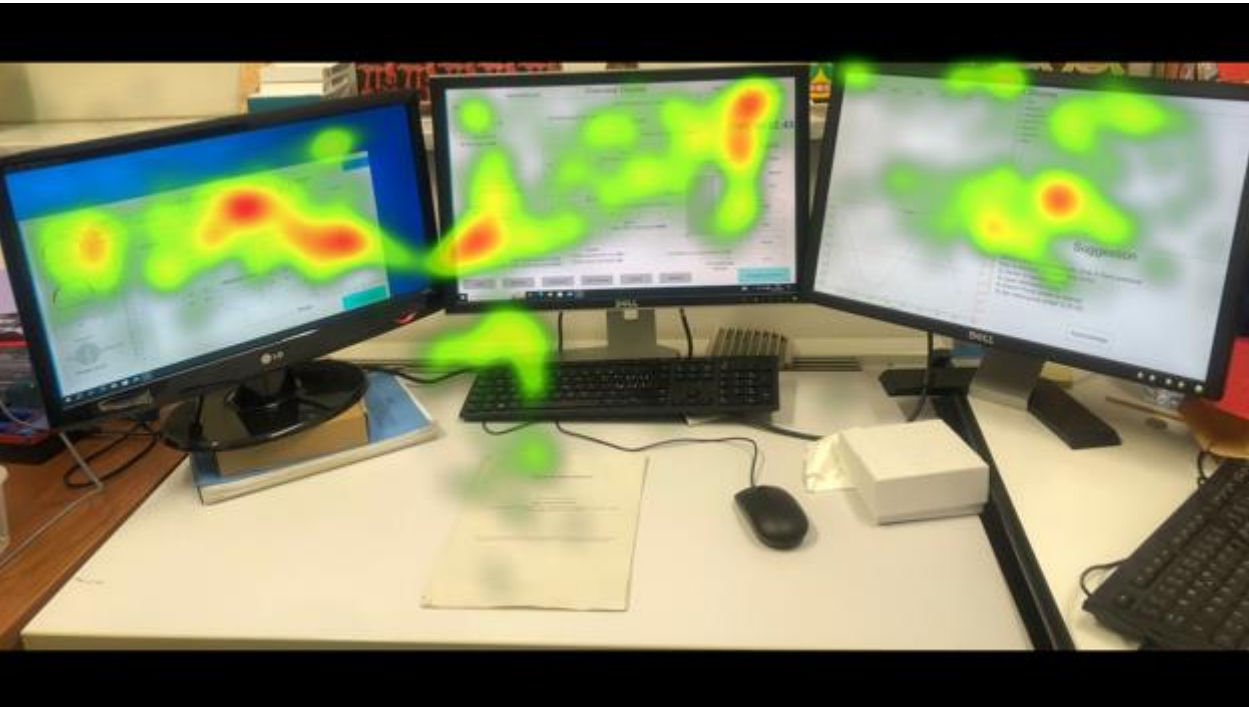


Consequences





Within Participants (Group 4)





Group 3 vs Group 4





Cross Analysis with Other Metrics



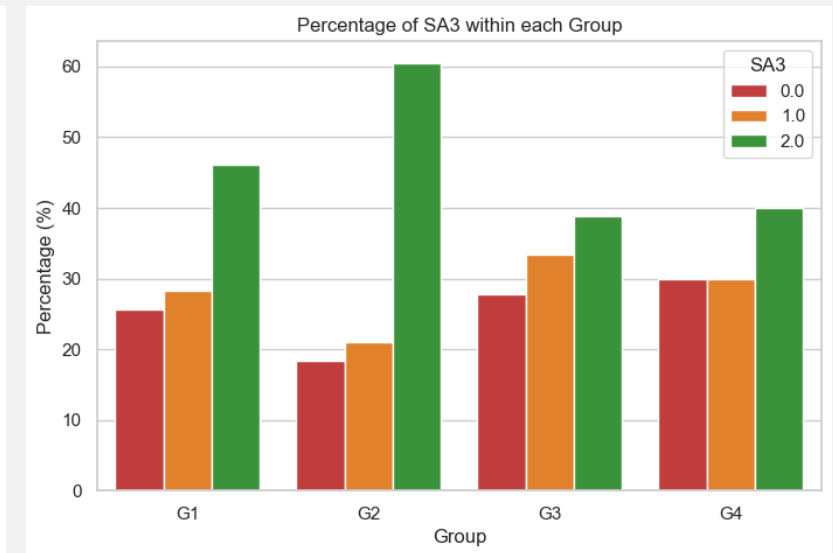
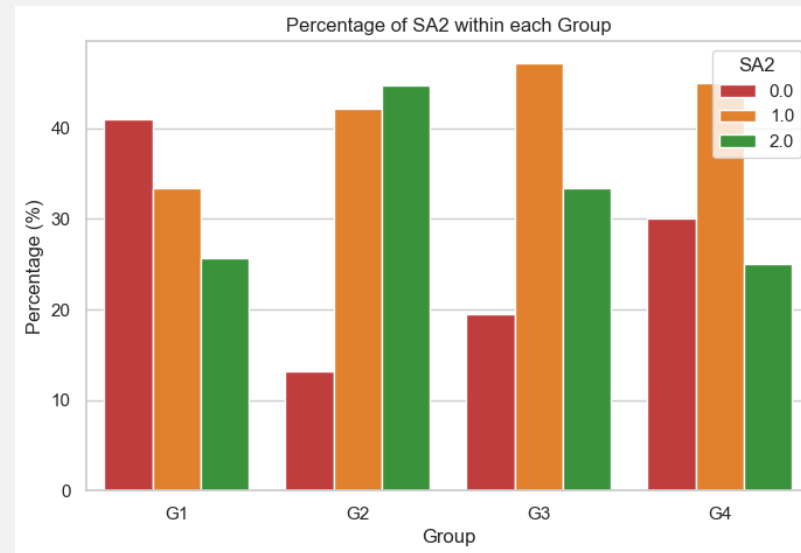
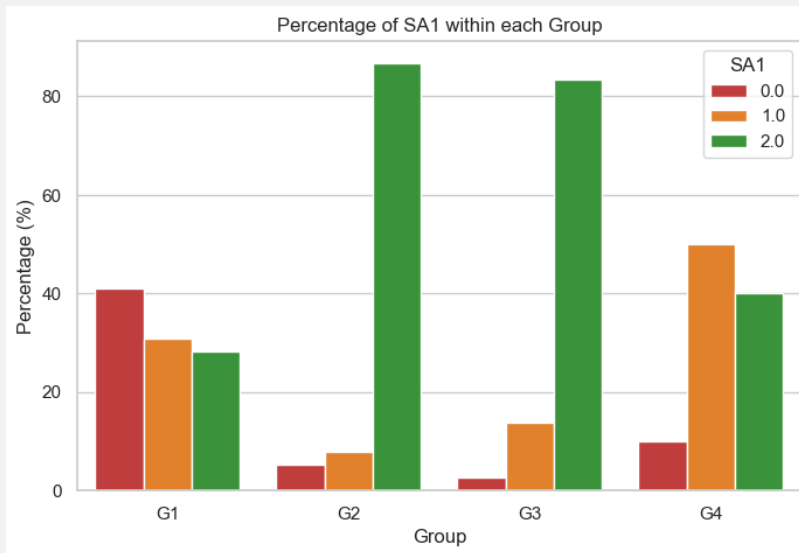
- It was observed that the participant that follows through AI suggestions tend to solve the problem earlier with lesser task load.
- However, with lower situational awareness as compared to the other participant that followed screen procedures.

Situation Awareness Observation protocol results

SPAM-adapted Questions:

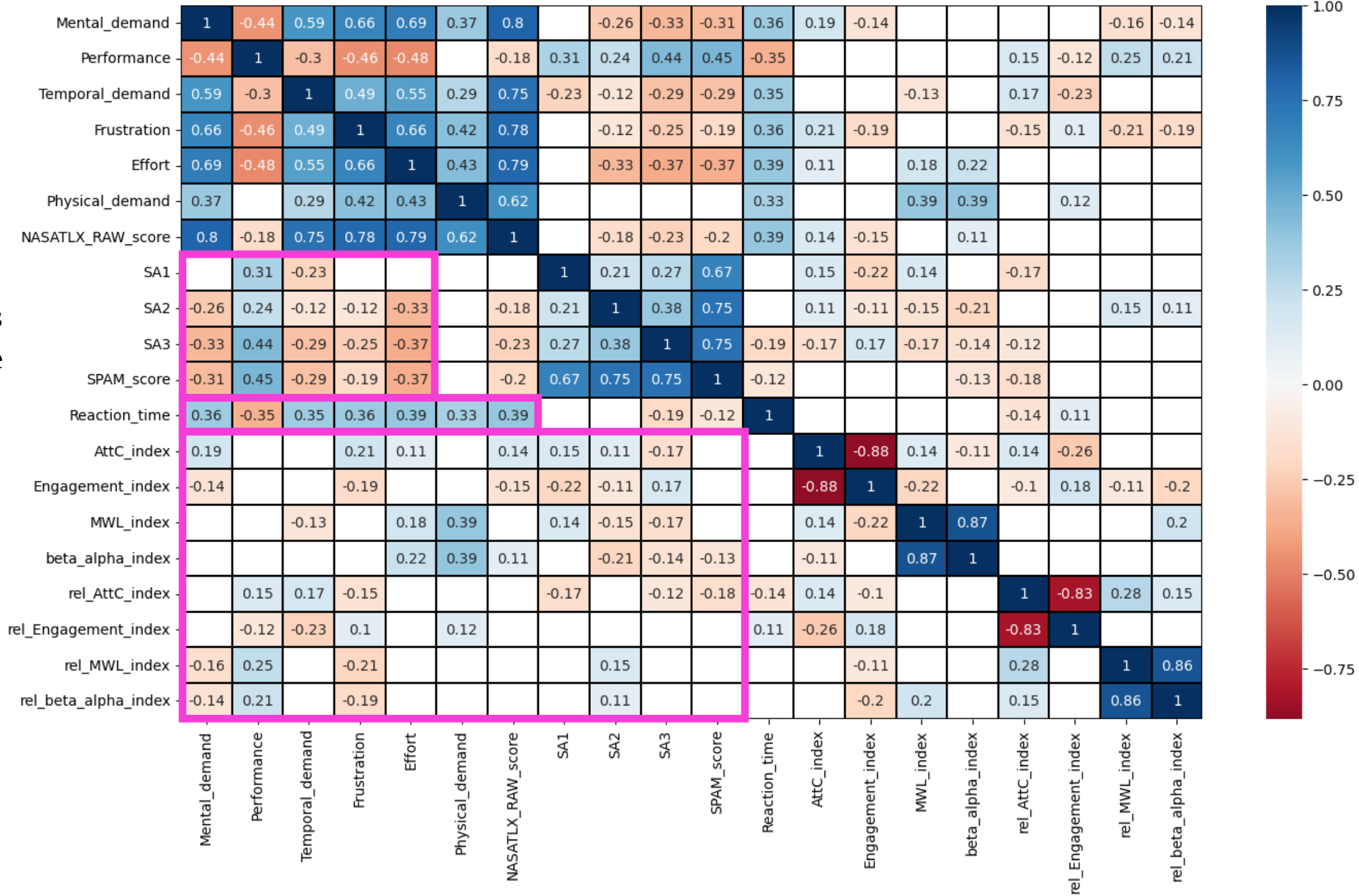
1. Which of these alarms, in your opinion, requires to be verified first and why?
2. Why do you think the critical alarm is activated? And what do you intend to do?
3. After your actions, what do you think is going to change in the system? Why?

Results from S1

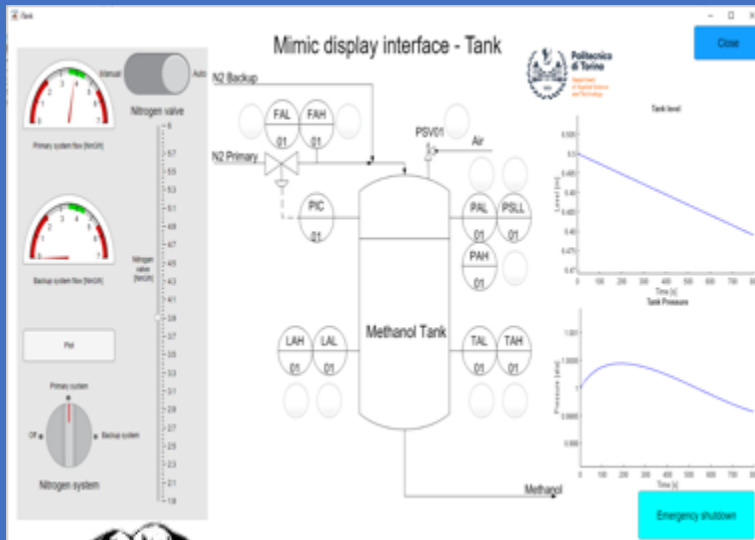


EEG correlation Matrix

Reaction time has been added to the correlation matrix. For the 5 mins Recording after main alarm for each scenario.




general observations



Observation	Reason	Impact	Recommendation
<p>Unexpected behaviours: More mimics opened. More alarms were acknowledged than expected.</p>	<ul style="list-style-type: none"> - Pressure - Poor alarm rationalisation – G1 (Poor awareness) 	<ul style="list-style-type: none"> - Performance - Accuracy 	<p>Alarm prioritisation.</p>
<p>Unexpected behaviours: Clicking the wrong buttons.</p>	<p>Buttons had similar colours or had close proximity to each other.</p>	<p>Premature plant shutdown.</p>	<ul style="list-style-type: none"> - Uniquely assign colours per function. - Maintain distance
<p>Similarities in outcomes: The performance of people with paper procedures is considerably similar to that of the digital format. (Task: easy to medium complexity).</p>	<ul style="list-style-type: none"> - Simultaneous interfacing by those in Group2. 	<p>Near performance to G2.</p>	<ul style="list-style-type: none"> - Limit scrolling with digital interfaces. - System positioning on Head movement - Alarm links to procedures or other features to ease search task.

The case for Labelling historian and Log data

AI SUPPORT



Support Display

Ack	Sound	Priority	State	Time	Tag	Section
<input type="checkbox"/>	<input type="checkbox"/>	3	Active	00:05:03	LAH01	Tank
<input type="checkbox"/>	<input type="checkbox"/>	1	Active	00:05:04	PAL01	Tank

1. Check the Pressure value [ata] on the graph (see Graph on tank mimic). Cross check with nominal Pressure value [1 ata]
IF, pressure below or above 1 [ata], do STEP 2.
ELSE, do nothing

2. Check the Nitrogen flow (see Primary system flow meter [Nm³/h] on tank mimic). Cross check with nominal Nitrogen flow value [4 Nm³/h]
IF, Nitrogen flow less than 3.5 [Nm³/h] or greater than 4.5 [Nm³/h], then continue STEP 3.
ELSE, go to STEP 1.

3. Switch Nitrogen valve to manual.

4. Move and adjust Pointer on Nitrogen valve scale between 5.2 and 5.5 Nm³/h.

5. Monitor, for a while, Tank Pressure with Plot on Tank mimic (nominal value = 1 ata).
IF, Pressure starts increasing, then continue STEP 6.
ELSE, go to STEP 8.

6. Monitor Tank Pressure with Plot until PAL01 is recovered (turn off).
IF PAL01 is recovered, END (notify the supervisors in the room).
ELSE, go to STEP 2.

Suggestion

FAULT control pressure | CONSEQUENCE: Drop in tank Pressure |
Step to recover:
1) Open Tank mimic
2) Switch to manual nitrogen flow
3) Set nitrogen flow to [5.4]

Acknowledge

Support Display

Ack	Sound	Priority	State	Time	Tag	Section
<input type="checkbox"/>	<input type="checkbox"/>	3	Active	00:05:03	LAH01	Tank
<input type="checkbox"/>	<input type="checkbox"/>	1	Active	00:05:04	PAL01	Tank

- Tank
 - PAH01
 - PAL01
 - FAL01
 - FAH01
 - PSLL01
 - PSV01
 - LAH01
 - LAL01
 - TAL01
 - TAH01
- Methanol
- Compressor
- Heat Recovery
- Reactor
- Assorber
- Other

1. Check the Pressure value [ata] on the graph (see Graph on tank mimic). Cross check with nominal Pressure value [1 ata]
IF, pressure below or above 1 [ata], do STEP 2.
ELSE, do nothing

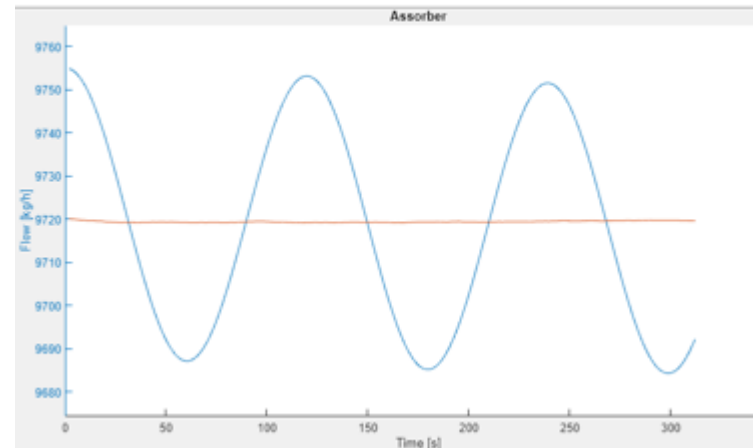
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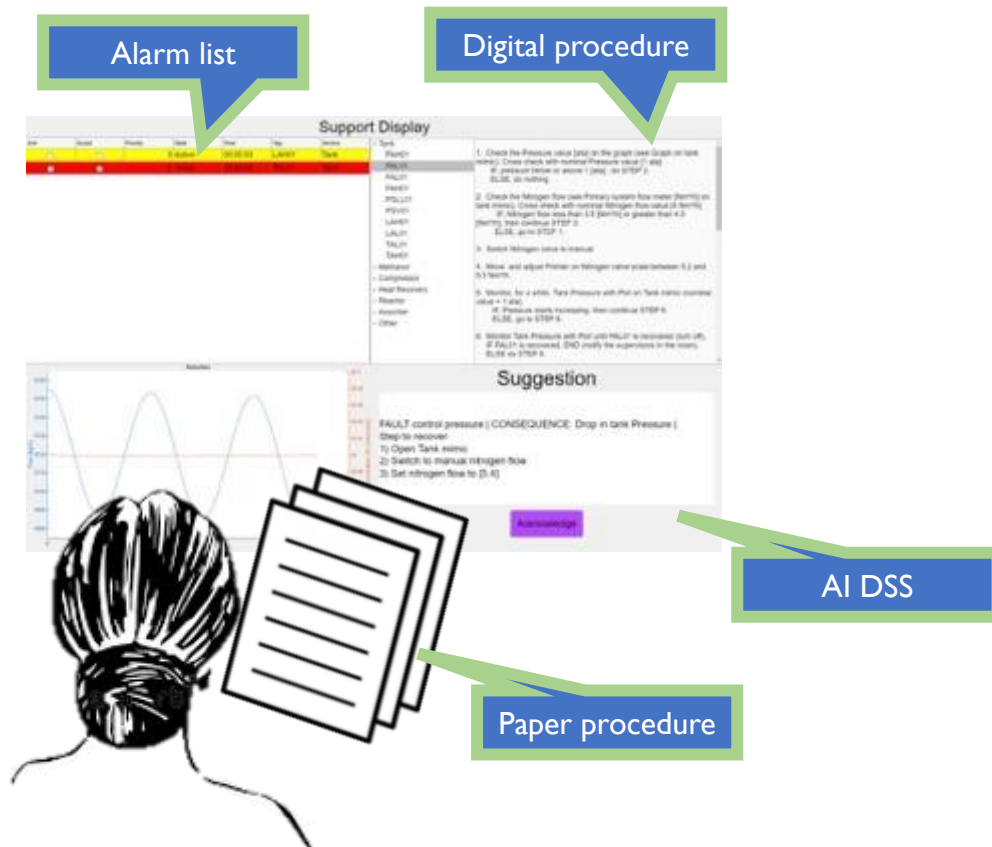
Suggestion

FAULT control pressure | CONSEQUENCE: Drop in tank Pressure |
Step to recover:
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Acknowledge

Future work

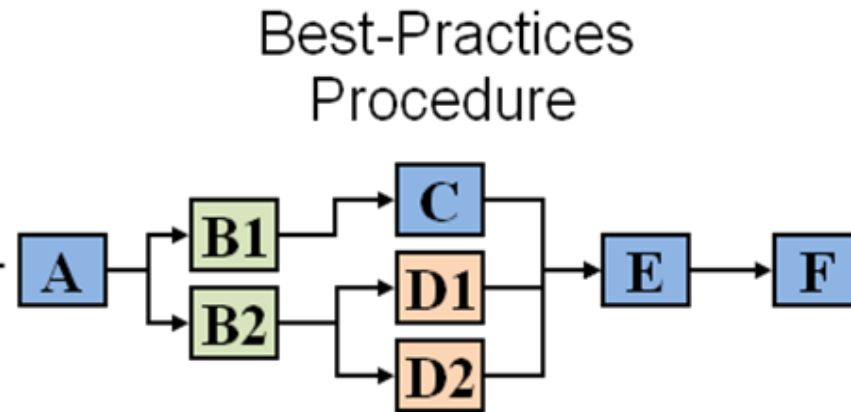
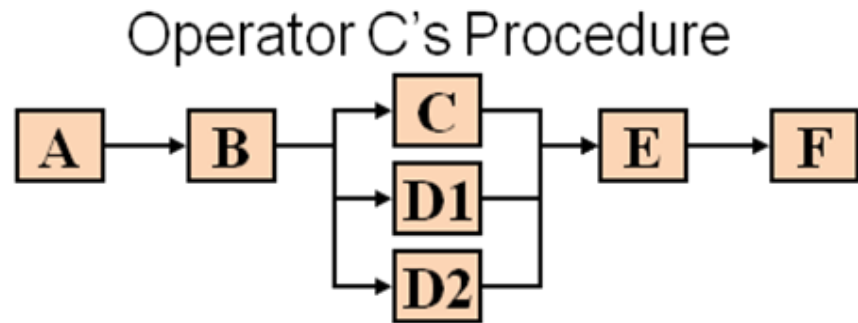
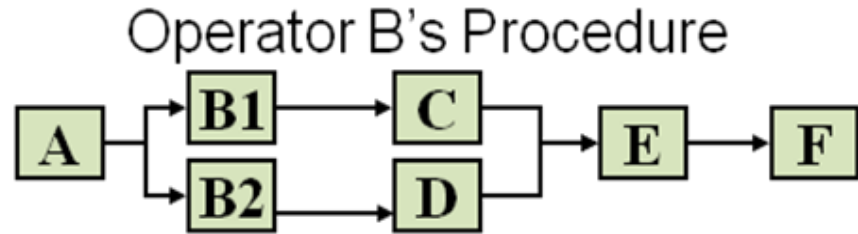
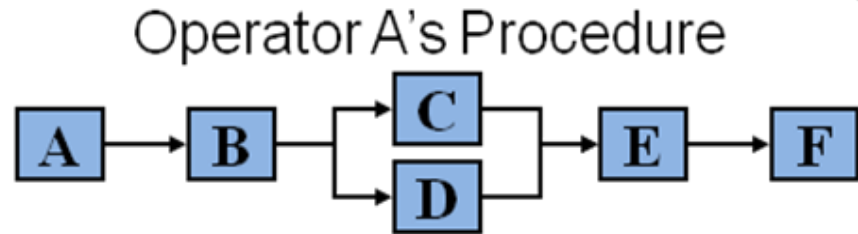
- Redesign the AI DSS Display (only for summarising situation no details instructions)
- Redesign Digital Procedure
- Real-time Operator-System Interaction Modelling
- Labelled human action in historian or DCS logs to also correlate first response action to the alarm they refer to
- Identifying other possible way to solve situations.



Human Factors in system design: ISA standards

Procedure Management (ISA 106)

Preserving Experience and Procedural Knowledge



“Having your best operators all day, every day”

Capturing Best Practices Procedures

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Collaborative Intelligence for Safety Critical systems



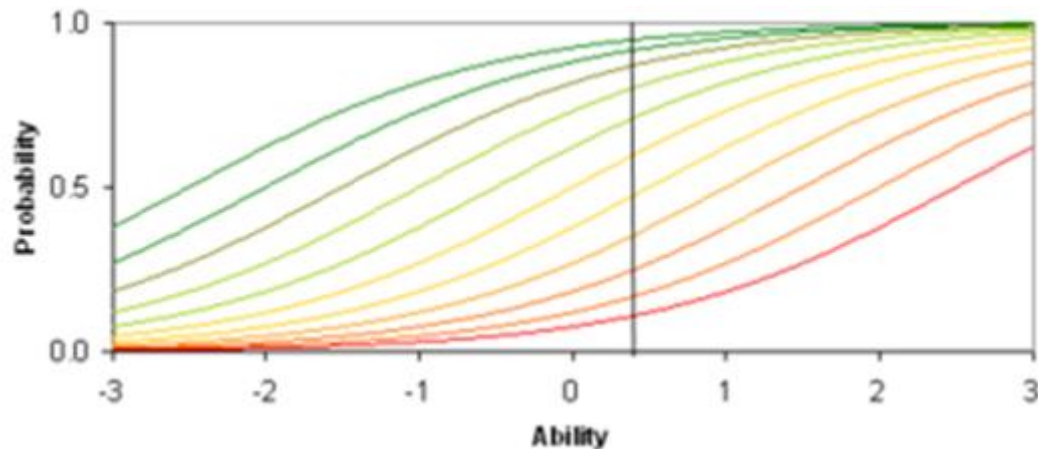
Cross sectional aspects in collaborative intelligence applications



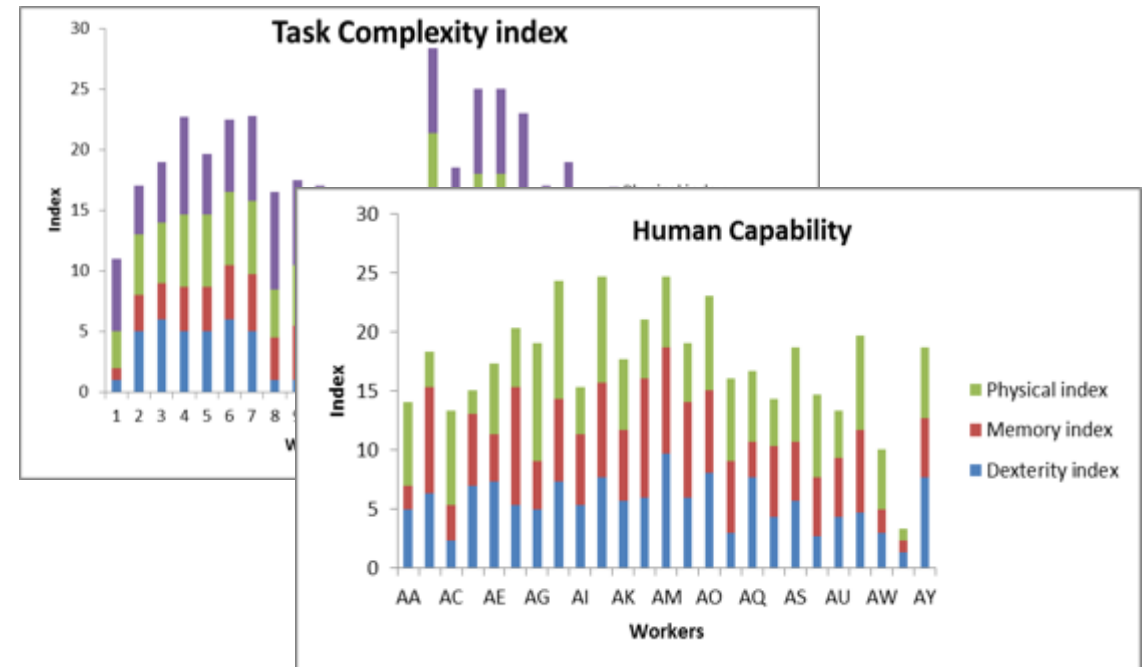
HRA models to understand humans

Mental workload is a variable closely connected with Human-System Performance. *

$$\Pr (X_{ni} = 1) = \frac{e^{b_n - d_i}}{1 + e^{b_n - d_i}}$$

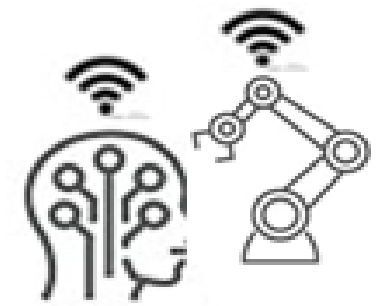


Worker performance can be individually characterised by observable characteristics some of them obtained via bio-sensors. *

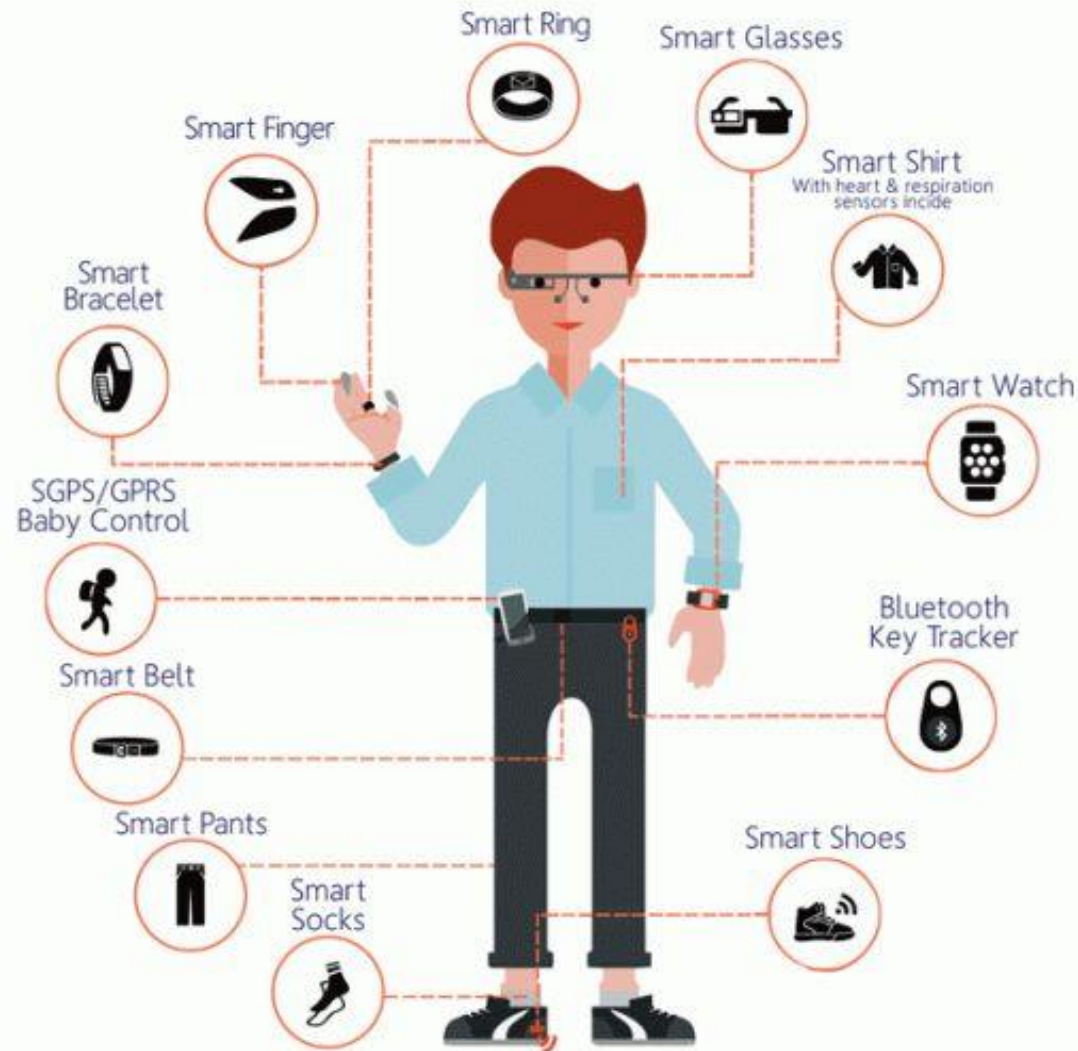


* Leva et al. "Task complexity, and operators' capabilities as predictor of human error" in ESREL 2018

Moving towards a more pervasive assessment of the humans in the systems



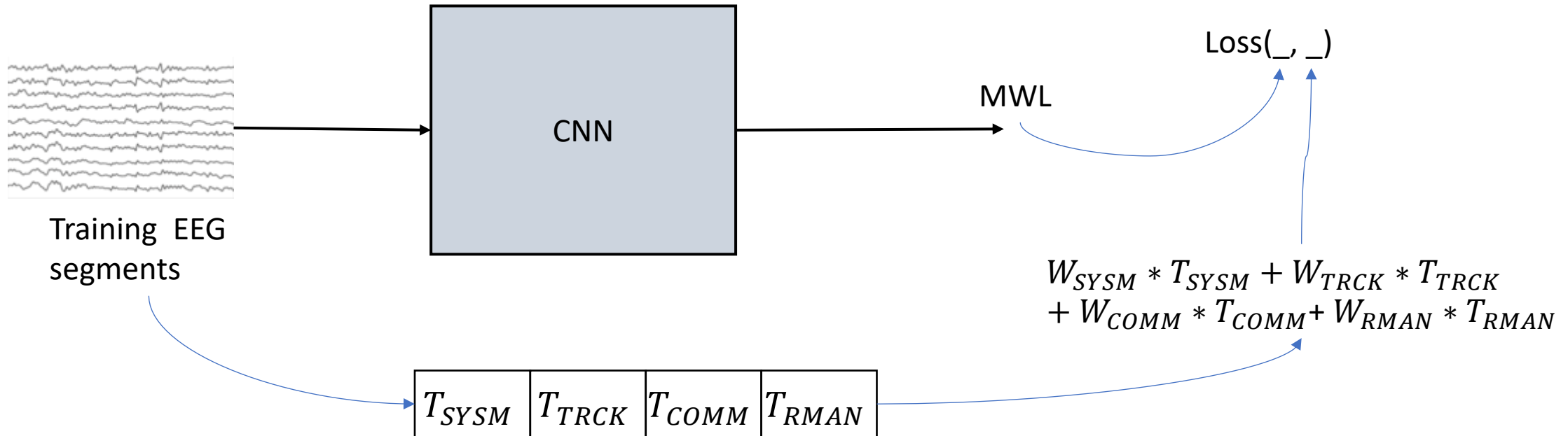
- IOT, wearable technologies and AI are enhancing capacity to assess the human in the system in a way that was not possible before.



5th

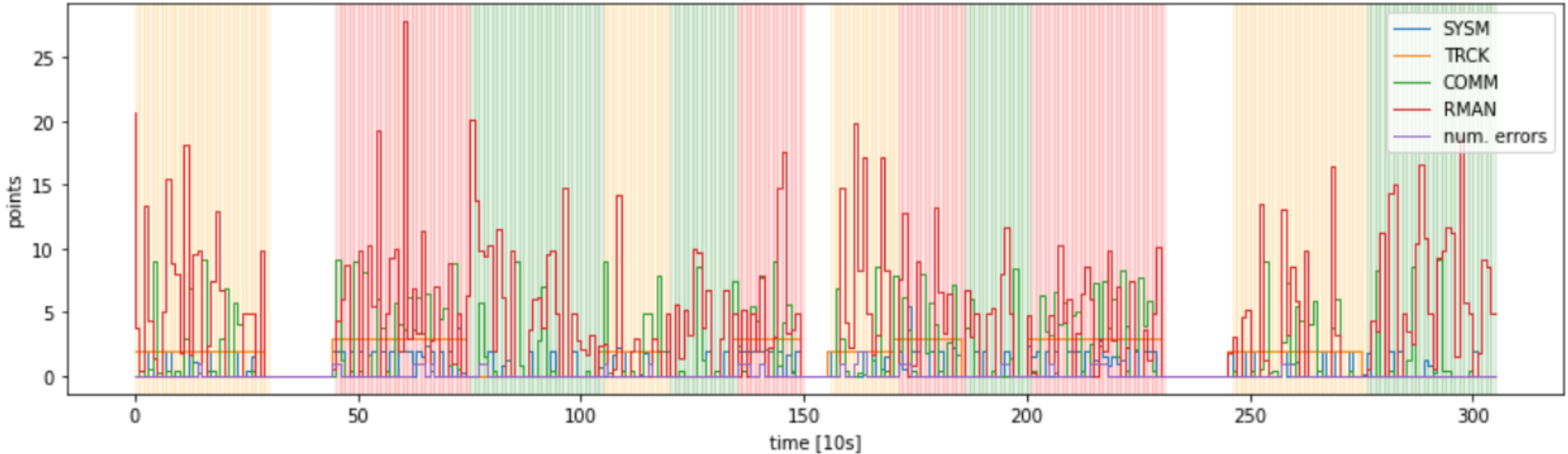
Mass customization & cyber physical cognitive systems

Continuous modeling of MWL (Milos)



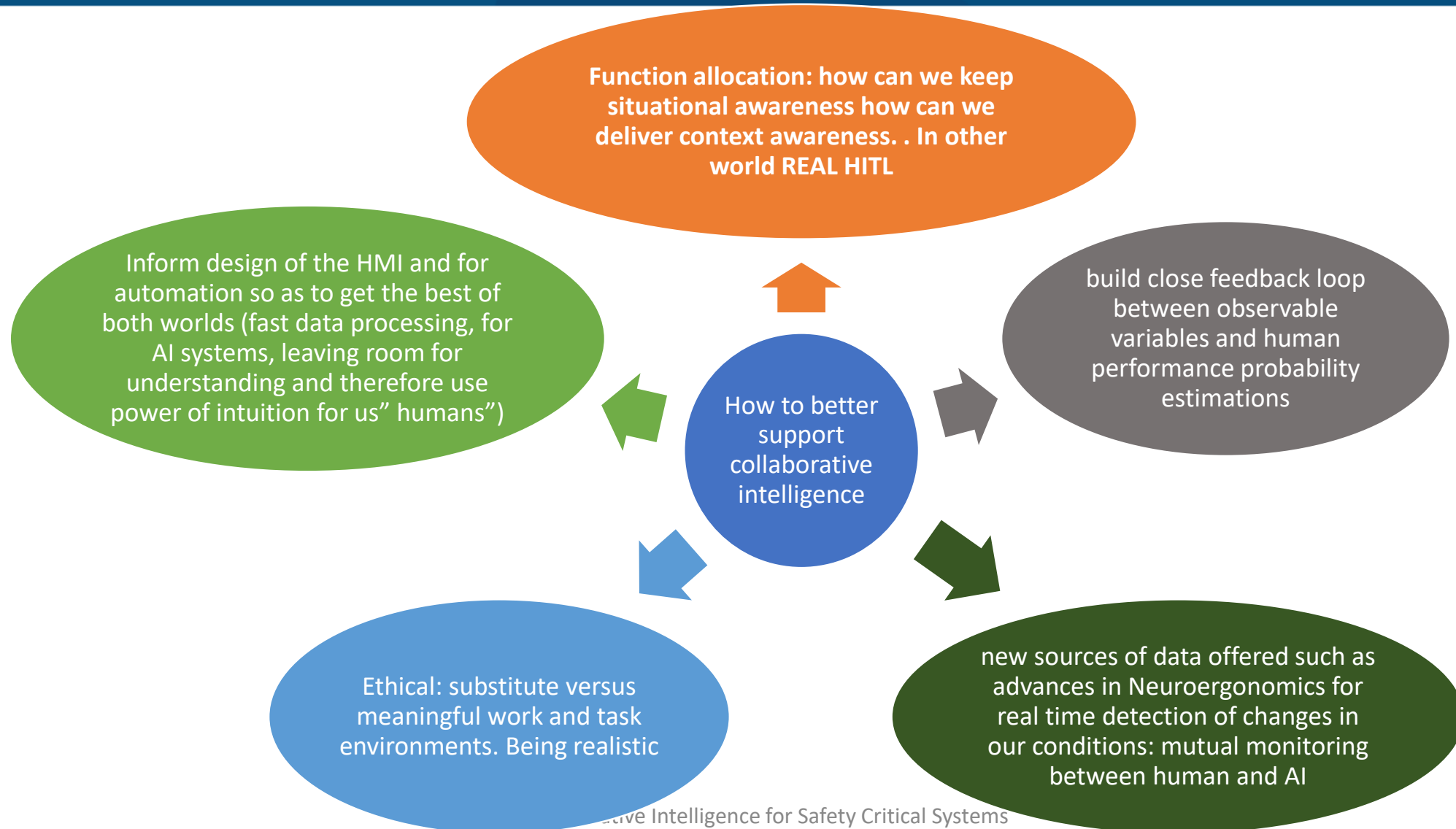
A Deep learning approach for EEG data analysis to recognise high mental workload situations

subject 50 session 1



- Instead of modeling MWL with custom tasks difficulties – make the NN learn tasks difficulties
- Problem Model that predict NASA MABT task does not perform well on assembly task

Conclusions Key challenges and opportunities





Welcome to ESREL SRA-E
in Stavanger, Norway!

15-19 June 2025

METHODOLOGIES

Accident and Incident Modeling

Decision Making under Uncertainty

Foundations of Risk and Reliability Assessment and Management

Human Factors and Human Reliability

Maintenance Modeling and Applications

Mathematical and Computational Methods in Reliability and Safety

Organizational Factors and Safety Culture

Prognostics and System Health Management

Resilience Engineering

Risk Assessment

Risk Management

Structural Reliability Applications

System Reliability Applications

Uncertainty Analysis

Human Factors and Human Reliability

The focus of this technical committee is the analysis of human performance for the safe and reliable operation of complex socio-technical systems. The technical committee fosters research and collaborations on methods, applications, and on the use of analysis results for decision-making.

This committee keeps together the human reliability analysis and human factors disciplines: the ESREL conference is one of the few occasions in which both communities meet. Our aim is to jointly benefit from sharing the latest advances of both fields.

Examples of topics of interest for the committee are:

- Characterization, measurement, and models of performance influencing factors
- Integration of the human component in risk and resilience engineering
- Human performance models and data in complex socio-technical systems
- Human reliability analysis

The committee maintains close links with the

- Human Reliability Analysis Society, <http://hrasociety.org/blog/>
- The Probabilistic Safety Assessment and Management (PSAM) Conference <http://www.iapsam.org/>

Chair:

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