

NEBRASKA PUBLIC POWER DISTRICT

COOPER NUCLEAR STATION

INFORMATION ONLY

THE STRATEGIC IMPROVEMENT PLAN (TIP)

Revision 2

NOVEMBER 25, 2002

THE STRATEGIC IMPROVEMENT PLAN

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TIP REVISION LOG

0	4/8/2002	Initial issuance of the TIP. Designed to be an integrated, evolutionary improvement document created to address CNS performance issues. Included a '3-phased' (Tactical, Strategic, and Transition) approach. Contained an initial set of priorities and focus areas established by site management team.
1	6/10/2002	<p>Revision 1 included further identification and scope determination of CNS performance issues. A review of significant internal and external assessments, NRC inspection reports, previous improvement plans, and data from the Corrective Action Program identified a total of eighteen focus areas.</p> <p>The action plans were organized into 4 areas of improvement referred to as 'Pillars of Excellence' and titled, as follows:</p> <ul style="list-style-type: none"> • Organizational Excellence • Operational Excellence • Equipment Excellence • Training Excellence
2	11/22/2002	<p>Revision 2 includes enhancements that were primarily formulated based upon experiences associated with implementation of Revision 1 and from insights from the NRC 95003 inspection process. Revision 2 includes the further development and refinement of the action plans. Actions plans were revised to address results of NRC 95003 inspection, management reviews and lessons-learned, and QA surveillance results. Additional action plans were developed to address issues associated with:</p> <ul style="list-style-type: none"> • Operability Determinations • Teamwork • Internal Communications • Quality Assurance • Industrial Safety • Procedure Management • Radiation Control Practices • Materials Management • Equipment Issue • Design Modification Process <p>The action plans have been resource loaded, prioritized, and scheduled.</p>

AFFIRMATION

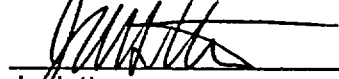
The following NPPD and CNS leaders commit to the individual, team and organizational behaviors necessary to ensure successful results with both the The Strategic Improvement Plan (TIP) and the longer-term transition to Excellence.



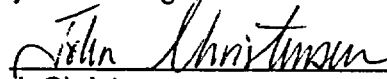
D. Wilson
Vice President - Nuclear and Chief Nuclear Officer



M. Coyle
Site Vice President



J. Hutton
Plant Manager



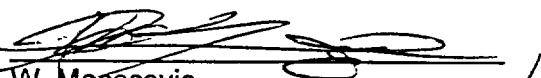
J. Christensen
Nuclear Training Manager



R. Gardner
Operations Manager



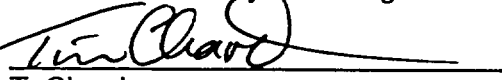
N. Wetherell
Maintenance Manager



W. Macecevic
Work Control Manager



R. Estrada
Performance Analysis Manager



T. Chard
Radiological Manager



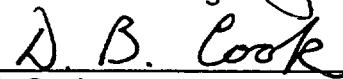
K. R. Jones
Design Engineering Manager



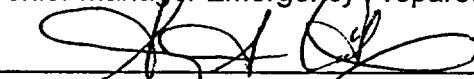
D. Kunsemiller
Senior Manager Quality Assurance



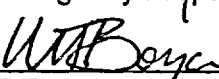
P. Fleming
Nuclear Licensing and Safety Manager



D. Cook
Senior Manager Emergency Preparedness



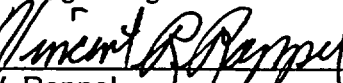
G. Casto
Emergency Preparedness Manager



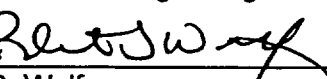
M. Boyce
Senior Manager Continuous Improvement Programs - Acting



D. Christensen
Manager Organizational Development



V. Roppel
Senior Manager Engineering - Acting



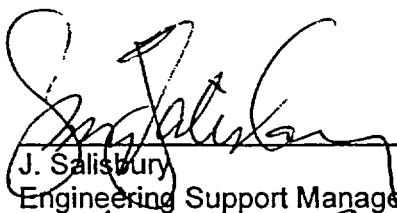
R. Wulf
Plant Engineering Manager - Acting




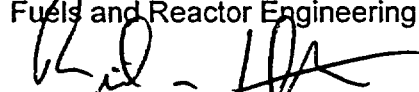
L. Schilling
Administrative Services Manager



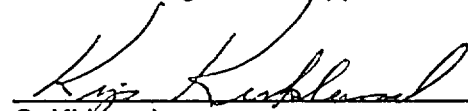
L. Wetherell
Senior Manager - Finance, Strategic Business Planning



J. Salisbury
Engineering Support Manager


J. Lewis
Fuels and Reactor Engineering Manager


R. Dewhirst
Director of Nuclear Projects

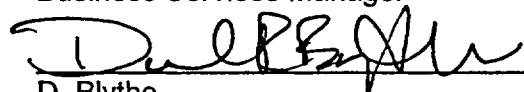

D. Meyers
Senior Manager Site Support



C. Kirkland
Nuclear Information Technology Manager

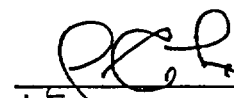

M. Faulkner
Security Manager


H. Minassian
Material Services Manager


S. Brown
Business Services Manager


D. Blythe
Senior Project Manager - TIP


B. Toline
CAP Implementation Manager


J. Fox
Outage Manager

1.0 OVERVIEW

1.1 INTRODUCTION

Cooper Nuclear Station (CNS) continues to be operated in a manner that protects the public health and safety. In recent years, however, overall station performance has not consistently met management expectations and industry standards. Nebraska Public Power District (NPPD) management and employees, the NPPD Board of Directors, and the Nuclear Regulatory Commission (NRC) have acknowledged the need to improve performance at CNS. As a result, NPPD management has taken action to achieve this result.

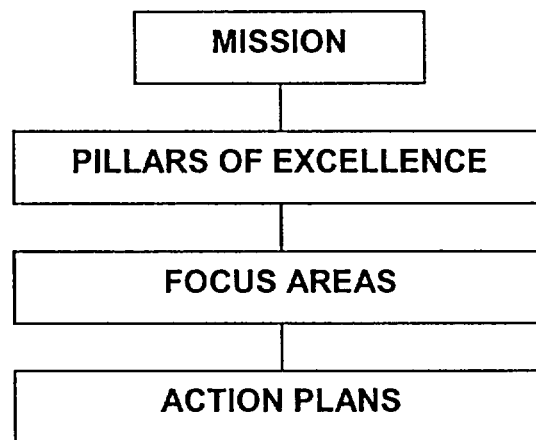
An initiative began in early 2002 to develop a performance improvement strategy which resulted in development of a broad-based improvement plan – The Strategic Improvement Plan (TIP). This document comprises Revision 2 of TIP. Corrective actions and performance enhancements contained in TIP Revision 1 continued to be executed during the development of TIP Revision 2. The issuance of this TIP Revision 2 document, supercedes TIP Revision 1 in its entirety.

TIP Revision 2 is organized as follows:

- Section 1 - provides an overview of TIP Revision 2 by summarizing the TIP's Purpose, CNS Mission Statement, CNS Pillars of Excellence and CNS Roadmap to Excellence.
- Section 2 - summarizes the Focus Area performance issues.
- Section 3 - summarizes the TIP Action Plans.
- Section 4 - summarizes management oversight of TIP implementation.
- Appendices A.1- A.5 - provide a matrix of the Action Plans and copies of TIP Action Plans categorized by Pillars of Excellence.

1.2 PURPOSE

The purpose of TIP is to provide a roadmap for successful performance improvement at CNS. TIP aligns NPPD, the CNS organization, site programs, and initiatives toward the consistent objective of excellent performance. TIP aligns the CNS organization around a common mission and focuses on four Pillars of Excellence for improving station performance. TIP identifies specific focus areas for improvements and provides action plans, and associated action steps, required for implementing and sustaining improved performance. The hierarchal relationship of the elements of TIP are illustrated in the following diagram:



The primary work involved in developing TIP included; 1) identification of focus areas in need of performance improvement, 2) development of action plans and associated action steps leading to the necessary focus area improvements, and 3) development of management oversight and TIP performance monitoring processes to ensure effective implementation of the action plans and sustained performance improvement.

In summary, TIP Revision 2 is the product of an integrated, evolutionary improvement planning process. As such, it continues to be a living document that will be revised and updated as dictated by future evaluations, assessments, and issues.

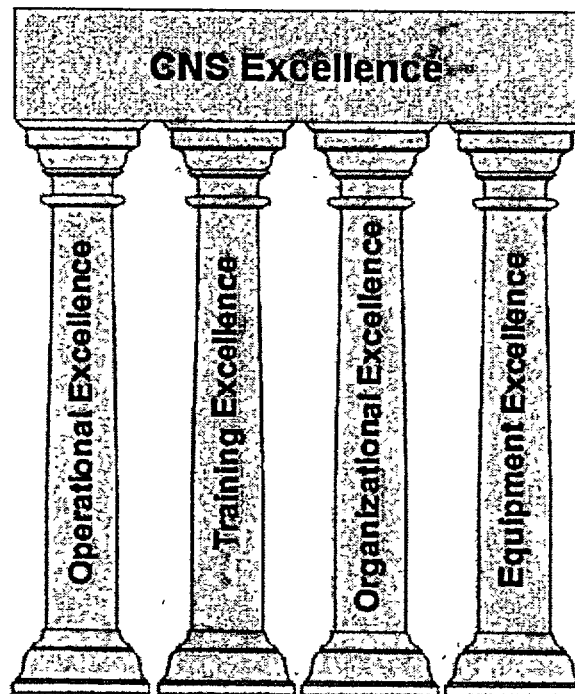
1.3 CNS MISSION STATEMENT

The highest CNS priority is the protection of the public health and safety. Due to the volume and complexity of actions necessary to improve performance at CNS, consistent and persistent NPPD management attention is necessary to improve performance, to sustain those improvements, and to prevent or mitigate emergent issues from having safety significance. This station priority and management's commitment to excellence are reinforced by the following CNS Mission Statement:

**ACHIEVE EXCELLENCE IN SAFE, RELIABLE, AND
COST-EFFECTIVE OPERATION**

1.4 CNS PILLARS OF EXCELLENCE

The Strategic Improvement Plan is focused on four key elements, or pillars, for improving station performance: 1) Organizational Excellence, 2) Operational Excellence, 3) Equipment Excellence, and 4) Training Excellence. CNS Pillars of Excellence are illustrated below.



These Pillars of Excellence represent fundamental areas of plant operation that must be present at CNS to sustain top-level performance. The Pillars of Excellence also were selected as the preferred method for organizing CNS performance management and monitoring activities. TIP is organized to promote a transition to a long-range plan also centered on the four Pillars of Excellence.

1.5 ROADMAP TO EXCELLENCE

The CNS “Roadmap to Excellence” is depicted in Figure 1-1. The “Roadmap to Excellence” identifies a number of major ongoing objectives that must be successfully completed over the next three to four years as the CNS organization strives for excellent performance. Major ongoing objectives are summarized in the following paragraphs.

- **FOCUS AREA PERFORMANCE IMPROVEMENTS**

As explained above, TIP Revision 2 sets forth corrective actions that address longstanding organizational performance, programmatic, and equipment reliability issues.

TIP Revision 2 includes eighteen specific focus areas targeted for improved performance. The issues associated with the eighteen focus areas are broad in scope and form the foundation for comprehensive improvement actions defined in TIP Revision 2. The eighteen focus areas are summarized in Section 2.0. Specific action plans, and associated action steps, have been formulated to address performance issues identified in the focus areas. The action plans are summarized in Section 3.0.

Timely and effective completion of the TIP action plans is required to implement and sustain improved performance. Accomplishing the performance improvements expected in each of the focus areas is a critical objective as CNS strives for excellent performance.

- **INSPECTION PROCEDURE 95003 ISSUE RESOLUTION**

A key CNS objective is the satisfactory resolution of issues associated with the NRC 95003 Inspection and removal of CNS from the Multiple/Repetitive Degraded status of the NRC Reactor Oversight Process Action Matrix. In this regard, it is critical that CNS sustain ongoing improvements in the Emergency Preparedness area in order to close associated "white findings."

- **CONFIRMATORY ACTION LETTER (CAL) CLOSURE**

Another critical action will be the identification and closure of commitments which will be set forth in a future Confirmatory Action Letter (CAL). The NRC will issue a CAL that will confirm appropriate commitments made by CNS. An analysis of the focus areas, conducted during the development of TIP Revision 2, was used to formulate a perspective on those focus areas which are potentially appropriate for inclusion in the CAL. Commitments made by CNS will include a subset of the action plans, and associated action steps, identified by the analysis of the TIP Revision 2 focus areas. Closure of the CAL is an important milestone and a key confirmation step to move forward on the road to excellence.

On the regulatory front, the overall objectives are to return CNS to the Licensee Response Status of the NRC Reactor Oversight Process Action Matrix, close the CAL, and demonstrate sustained improvements resulting from successful execution of TIP Revision 2.

- **TRAINING ACCREDITATION**

TIP Revision 2 includes actions to sustain and strengthen the CNS training programs. A critical parameter to the successful operation of the plant is to retain effective and fully accredited training programs. Obtaining accreditation renewal for the Operations Training Programs is an important, near-term objective.

- **REFUELING OUTAGES (RFOs 21 & 22)**

Although not a regulatory compliance matter, the successful implementation of the refueling outages scheduled for the spring of 2003 (RFO 21) and the fall of 2004 (RFO 22) are also critical station priorities. The objective is to meet outage performance goals. Performance of the scheduled refueling outages will provide management with key performance indications on the success of the TIP actions taken for outage and work planning. The refueling outages also provide management with the opportunity to recalibrate actions mid-course because the 2003 or 2004 refueling activities will provide lessons-learned in many key areas.

- **PERFORMANCE MEASURES & EFFECTIVENESS REVIEWS**

An on-going effort on the road to excellence will be the continuing administration of an effective performance review and oversight process. The performance initiatives in TIP will be measured to ensure the actions are achieving the desired performance improvements. This will be accomplished through indicators that are measurable, achievable, and reinforced by management on a regular basis. These indicators will allow management to recognize substantial improvements and to take immediate action should there be a negative trend or improvements are not meeting established goals. A summary of the oversight processes that will be used to monitor performance is included in Section 4.0.

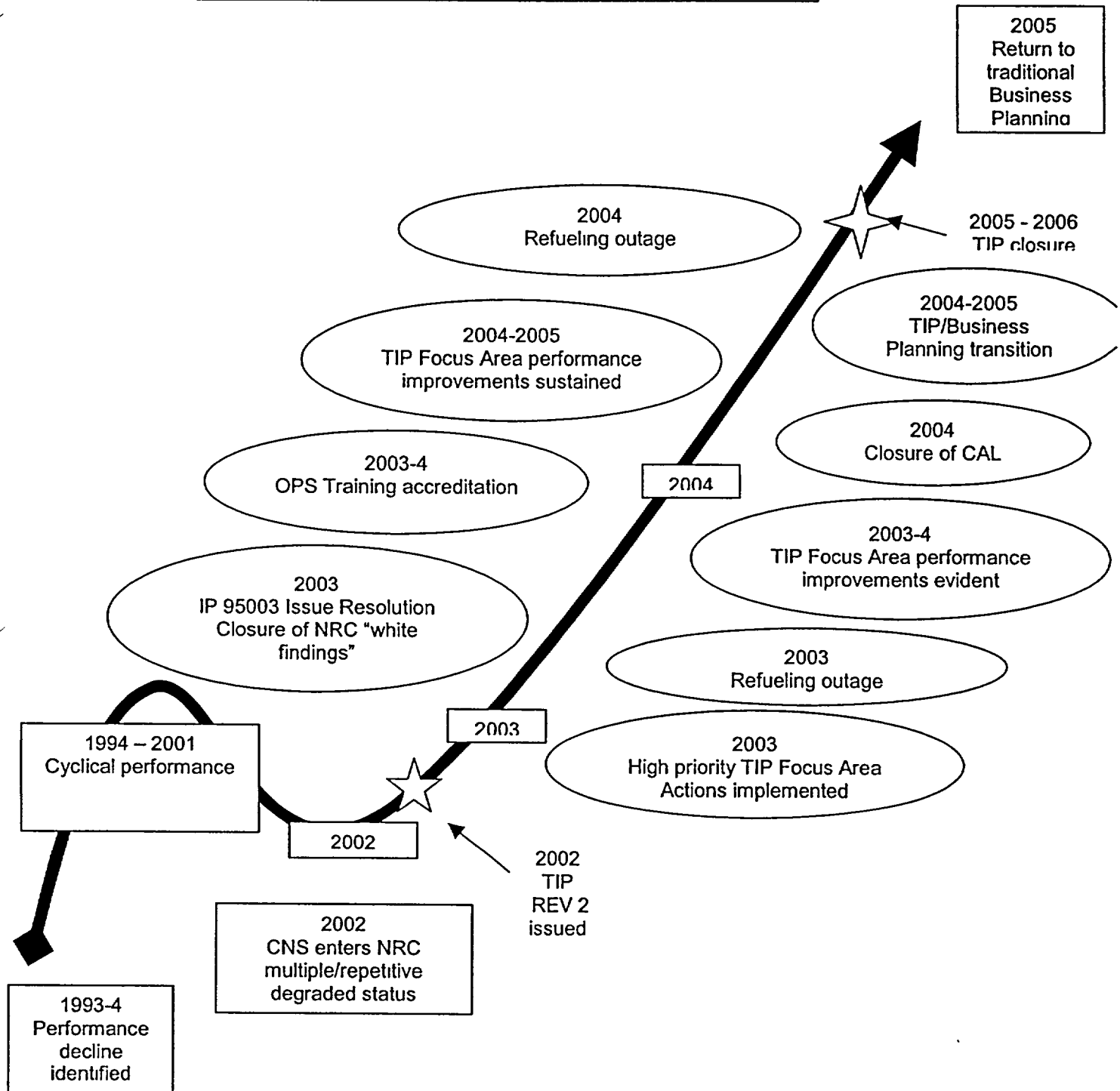
- **TIP/BUSINESS PLANNING TRANSITION**

TIP is a performance improvement plan which focuses on a defined set of performance issues. Consequently, as the issues are resolved and closed to the satisfaction of management, CNS will transition back to a traditional Business Planning mode of operation. As the TIP actions cumulatively approach completion and sustained performance improvements are demonstrated, a transition from TIP to a traditional Business Planning process will occur.

- **TIP CLOSURE**

TIP closure is the culmination of: 1) actions taken to resolve the long-standing performance issues at CNS, 2) satisfactory closure of the associated regulatory issues, and 3) the achievement of performance improvements in the organizational, operational, equipment, and training Pillars of Excellence. TIP closure confirmation will be achieved through satisfactory results reflected in performance indicators, effectiveness reviews, action plan closure documentation, regulatory inspections, accreditation reviews, and effective implementation of actions that support transition to an effective, traditional Business Planning mode of operation.

**FIGURE 1-1
CNS ROADMAP TO EXCELLENCE**



2.0 FOCUS AREAS

2.1 SUMMARY OF FOCUS AREAS

An important step in developing TIP was to identify and understand the scope of performance issues that exist at CNS.

TIP Revision 0 resulted from an improvement initiative begun in early 2002. TIP Revision 0, issued on April 8, 2002, contained an initial set of priorities and focus areas established by the site management team.

Development of TIP Revision 1 emphasized the identification of additional performance issues and their scope. CNS conducted a review of significant internal and external assessments of performance at CNS, NRC inspection reports, previous improvement plans, and data from the Corrective Action Program. A review of these documents resulted in the identification of additional focus areas where improvements were required which had not previously been identified in TIP Revision 0. A total of eighteen focus areas were identified. Revision 1 of the TIP was issued on June 10, 2002.

Revision 1 was issued with the understanding that Revision 2 would be submitted after completion of the NRC 95003 Inspection. At the time of the inspection, the NRC and CNS were aware that TIP was a work-in-progress and that there would be areas requiring further details and additional focus.

Experiences and observations associated with the NRC 95003 Inspection, along with lessons-learned from implementation of TIP Revision 1, contributed to a further refinement in the identification and scoping of CNS performance issues in the eighteen focus areas.

As part of TIP Revision 2, a total of fifty-five action plans have been developed to correct the performance issues associated with the eighteen focus areas. The process used to formulate the focus areas resulted in action plans that include problem statements, causal

factors, and objectives. Action steps included in each action plan are intended to address the causal factors which contributed to the identified performance issue.

As a summary overview, the following paragraphs identify the eighteen focus areas and provide a brief characterization of the improvements and desired outcomes expected from successful implementation of TIP Revision 2. Details regarding specific improvement objectives and planned improvement actions are contained in the TIP action plans attached in Appendices A-2 through A-5.

- **MANAGEMENT EFFECTIVENESS**

Improvement initiatives will correct long-standing organizational issues which have impacted station performance. The CNS organization will align around station objectives and priorities. CNS will consistently communicate and reinforcement standards and expectations that will result in behaviors that improve CNS performance and promote an engaged workforce. Improvements to the succession planning, change management, program management, performance monitoring, and management observation process will improve management effectiveness.

- **COMMUNICATIONS**

Actions are expected to improve the timeliness, accuracy, and consistency of internal and external regulatory communications. Better communications is expected to improve credibility with stakeholders, improve trust between management and the workforce, and improve coordination between work groups.

- **HUMAN PERFORMANCE**

Improvements will be made to the CNS Human Performance program resulting in a decrease in the number of human performance errors.

- **OVERSIGHT AND ASSESSMENT**

Quality Assurance (QA) will be more successful in assuring CNS management more effectively responds appropriately to QA findings. Self-assessments will be more effectively used to proactively identify station problems and improve station performance.

- **FISCAL RESPONSIBILITY**

CNS will consistently adhere to its O&M and Capital budgets. Controls will be established which assure resources are more effectively managed. CNS will be viewed by stakeholders as a fiscally responsible organization.

- **OPERATIONAL FOCUS**

The organization will perform in a manner that places the primary focus of its resources on meeting the operational needs and demands of the plant. An operationally focused culture will permeate the site-wide organization.

- **OPERATIONALLY FOCUSED & ALIGNED ORGANIZATION**

The conduct of operations at CNS will meet industry standards and consistently demonstrate high standards. Performance standards will be effectively communicated and enforced by Operations Management. To support the conduct of operations, improvements will be made to the operability determination process, procedure management process, and industrial safety practices.

- **EMERGENCY PREPAREDNESS**

The CNS Emergency Preparedness Program will continue to be strengthened to assure protection of the health and safety of the public. The CNS corrective action program will be more effectively used to resolve program issues. The CNS Emergency Preparedness Program will be supported by an effective performance monitoring program which will contribute to management's ability to assure the ongoing health of the Emergency Preparedness Program.

- **OUTAGE PLAN DEVELOPMENT**

Management expectations and standards for the preparation of outages will be effectively established and adhered to. Outage support personnel will be in place to ensure that necessary outage preparations have been completed and outage performance objectives are met. Scoping, planning and scheduling activities will be executed to the degree required to support the development of a comprehensive and credible outage schedule.

- **OUTAGE IMPLEMENTATION**

Outage implementation improvements will be made by improving contractor support. Management oversight will be effective in monitoring and controlling performance of outage contractors.

- **WORK PACKAGE DEVELOPMENT**

Improvements will be made in prioritizing, planning, scheduling, and executing work. Consistent organizational ownership, commitment, and support of the 12-Week Schedule will be evident. Expectations for the work management process will be established and reinforced by management.

- **WORK IMPLEMENTATION**

Work practices at CNS will be improved because management will provide greater oversight of work activities and will reinforce performance standards. In turn, this will assure adherence to industrial safety standards, procedure use standards, and radiation control practices, and will improve maintenance work practices.

- **CORRECTIVE ACTION, OPERATING EXPERIENCE, SELF-ASSESSMENT**

High standards and expectations related to all aspects of the Corrective Action Program (CAP), including root cause evaluations and the use of operating experience, will be consistently provided and reinforced to ensure that CAP is effectively utilized to improve station performance.

- **FUNCTIONS & SERVICES**

Business critical support functions and administrative services, including the vendor manual program, procedure management process, and materials management will be maintained and administered at a standard that sufficiently accommodates the needs of plant organizations.

- **MATERIAL CONDITION & EQUIPMENT RELIABILITY**

An integrated equipment reliability process will anticipate and prevent system and equipment problems. Long-standing, specific equipment performance and reliability problems will be resolved for selected high priority systems and components.

- **PROGRAMS**

Improvements to CNS Engineering Programs, which are at various stages along a trend of cyclical programmatic performance, will be made. Engineering Programs will be aligned with industry standards and consistent management oversight will sustain performance.

- **KEY MODIFICATIONS, PROJECTS, CONFIGURATION**

Design modifications, operability determinations, safety analyses and other engineering products will be timely and of sufficient quality to support the operational needs of the station.

- **TRAINING PROGRAM**

The CNS training programs will be used to effectively contribute to resolving long-standing performance issues. CNS work groups will effectively use training to improve and correct problems and to communicate performance standards. Improved line management ownership of training will assure CNS training programs are maintained at current industry standards for training excellence.

2.2 STREAMING ANALYSIS OF FOCUS AREAS

2.2.1 OVERVIEW OF THE STREAMING ANALYSIS PROCESS

The eighteen focus areas characterize the volume and breadth of performance issues at CNS. Based upon experience with the implementation of TIP Revision 1, CNS recognized the need to better prioritize the actions required to resolve the focus area performance issues. A process called "streaming analysis," a form of cause and effect analysis, was selected to identify the higher priority focus areas and associated action plans within TIP Revision 2. In addition to aiding in prioritization of the focus area performance issues, the "streaming analysis" was also used by CNS to formulate a perspective on those focus areas which are potentially appropriate for inclusion in a Confirmatory Action Letter.

2.2.2 RESULTS OF THE STREAMING ANALYSIS

From the results of the "streaming analysis," CNS has determined that the issues and planned corrective actions associated with five focus areas are appropriate to consider for inclusion in a Confirmatory Action Letter:

- Key Modifications, Projects and Configuration
- Corrective Action Program
- Emergency Preparedness
- Human Performance
- Material Condition and Equipment Reliability

The corrective actions completed to date in the Emergency Preparedness (EP) area and the performance of the Emergency Response Organization demonstrate that the issues identified in the White findings have been satisfactorily resolved. Therefore, there are no remaining EP corrective actions considered for inclusion in the Confirmatory Action Letter. However, NPPD recognizes that closure of the White findings in EP needs to be accomplished.

Although not identified as a high priority area through the “streaming analysis,” CNS has determined that, due to long-standing cyclical performance in engineering programs, the Programs Focus Area should also be considered for inclusion in the Confirmatory Action Letter.

3.0 ACTION PLANS

3.1 ACTION PLAN FORMAT AND CONTENT

The TIP action plans are the primary tool for documenting and tracking performance improvement progress and closure. These plans have defined owners with clear and concise problem statements. The actions are assigned to individuals and have start and end dates and expected deliverables.

The action plans in TIP have been resource loaded. Additionally, baseline and outage work has been resource loaded and integrated with the resource requirements of TIP. The resource requirements were then levelized over the duration of the TIP to the extent practical. Change management steps required to implement TIP are also included in appropriate action plans.

Performance management processes and practices will be used to oversee and monitor implementation and closure of each action plan and respective groupings of action plans to ensure success in improving performance. These processes and practices are necessary for achieving targeted levels of improved performance and maintaining those levels for a sustained period. This is an integral part of confirming successful completion and closure of the action plans. Section 4.0 provides additional details on the management oversight and monitoring practices that will be used to monitor execution of TIP and performance results.

3.2 LIST OF ACTION PLANS

The TIP action plans are categorized into the four CNS Pillars of Excellence. Appendix A-1 provides a matrix that depicts the categorization of each action plan by Pillar of Excellence and focus area. The TIP action plans are attached in Appendices A-2 through A-5.

A list of the TIP action plans, categorized by Pillars of Excellence, follows:

ORGANIZATIONAL EXCELLENCE PILLAR	
Management Effectiveness Focus Area	
5.1.1.1	Organizational Effectiveness
5.1.1.3	Integrated Work Management Process
5.1.1.5	Management Observation Program
5.1.1.6	Performance Monitoring
5.1.1.7	Succession Planning
5.1.1.8	Learning Organization & Industry Participation
5.1.1.9	Program Management
5.1.1.10	Change Management
Communications Focus Area	
5.1.3.1	External Regulatory Communications
5.1.3.2	Internal Communications
Human Performance Focus Area	
5.1.4.1	Human Performance
Oversight and Assessment Focus Area	
5.1.5.1	Self Assessment
5.1.5.2	Quality Assurance Effectiveness
Fiscal Responsibility Focus Area	
5.1.6.1	Fiscal Policy Improvement
Operational Focus Focus Area	
5.1.7.1	Operationally Focused Organization

OPERATIONAL EXCELLENCE PILLAR	
Operationally Focused and Aligned Organization Focus Area	
5.2.1.1	Operational Department Excellence
5.2.1.2	Operability Determinations
5.2.1.3	Industrial Safety
5.2.1.4	Procedure Management
Emergency Preparedness Focus Area	
5.2.2.1	Improve/Maintain Emergency Preparedness
Outage Plan Development Focus Area	
5.2.3.1	Outage Management & Monitoring
5.2.3.2	Planning/Timeliness
5.2.3.3	Scheduling/Monitoring
Outage Implementation Focus Area	
5.2.4.4	Contract Management
Work Package Development Focus Area	
5.2.5.1	Work Control Process Improvements (T-12 Process)
5.2.5.2	Work Package Planning Improvements
Work Implementation Focus Area	
5.2.6.1	Work Practices
5.2.6.2	First Line Supervision
5.2.6.4	Radiation Control Practices
Corrective Action, Operating Experience, Self-Assessment Focus Area	
5.2.7.1	Improve Use of CAP to Effectively Resolve Station Problems
5.2.7.2	Root Cause Investigation & Corrective Action Effectiveness
5.2.7.3	Improve Utilization of OER
Functions & Services Focus Area	
5.2.8.1	Vendor Manual Upgrade Program
5.2.8.3	Independent Qualified Reviewer Process
5.2.8.4	Materials Management

EQUIPMENT EXCELLENCE PILLAR	
Material Condition & Equipment Reliability Focus Area	
5.3.1.1	Equipment Reliability Improvement Plan Long Standing Equipment Issues:
5.3.1.2.a	Service Water
5.3.1.2.b	Feedwater Check Valves
5.3.1.2.c	Offsite Power /Switchyard Reliability Improvement
5.3.1.2.d	Feedwater Controls Improvement
5.3.1.2.e	Water Sulfates
5.3.1.2.f	Heating Ventilation and Air Conditioning (HVAC)
5.3.1.2.g	Primary Containment Vacuum Breakers
5.3.1.2.h	Control Room Recorders Obsolescence
5.3.1.2.i	Air Systems
5.3.1.2.j	KAMAN Radiation Monitors
5.3.1.2.k	Optimum Water Chemistry
Programs Focus Area	
5.3.2.1	Engineering Programs
Key Modifications, Projects, Configuration Focus Area	
5.3.3.1	Design Basis Information/ Licensing Basis Information (DBI/LBI) Translation Project
5.3.3.3	Unauthorized Modifications Follow-up Project Completion
5.3.3.4	Design Modification Process

TRAINING EXCELLENCE PILLAR**Training Program Focus Area**

- | | |
|---------|---|
| 5.4.1.1 | Line Ownership of Training |
| 5.4.1.2 | Evaluation and Qualification |
| 5.4.1.3 | Training Organizational Effectiveness |
| 5.4.1.4 | Training Program and Process Enhancements |

3.3 ACTION PLAN IMPLEMENTATION RESPONSIBILITIES

The Site Vice President is responsible for the overall implementation of TIP and will review all completed action plans for closure following completion and evaluation of the action plan for effectiveness. At the implementation level, each TIP action plan has an action plan owner and a focus area owner. Each action plan step has a specific individual who has been assigned responsibility for its implementation. Responsibilities of these individuals are summarized below:

- The action step owner is responsible for completing the assigned action step by the specified completion date.
- The action plan owner is responsible for ensuring the on-time completion of all action steps, as approved. The owner is also responsible for associated performance monitoring activities, and the execution of effectiveness evaluations. The action plan owner must ensure that the action steps achieve the defined action plan objective.
- The focus area owner is responsible for ensuring on-time and effective implementation and completion of all action plans in the assigned focus area. As a result, the focus area owner must stay apprised of the progress made by action plan owners in the implementation of individual action steps.

3.4 ACTION PLAN SCHEDULING AND TRACKING

The actions outlined in TIP are included in an integrated project schedule. The integrated project schedule contains the actions in TIP and also includes other site outage and baseload work. TIP action plan owners are responsible for updating the project schedule. Each TIP scheduled activity is expected to be updated on a monthly basis.

Action plan steps are also included in and tracked by the CNS Corrective Action Program (CAP) database system. As such, CNS employees assigned responsibility for TIP actions steps will manage their assigned action steps in accordance with CNS Administrative Procedure 0.5.NAIT, "Corrective Action Implementation and Nuclear Action Item Tracking."

CAP is used to help status the TIP action plans and is integral to the action plan closure process.

3.5 ACTION PLAN CLOSURE PROCESS

A closure process, in CNS Procedure 0-CNS-63, "The Strategic Improvement Plan (TIP) Progress Monitoring and Action Plan Closure," describes the reviews involved in the closure of the TIP action plans. The closure process for the action steps and action plans are summarized in the following paragraphs.

3.5.1 ACTION STEP CLOSURE

The closure of each action step in an action plan will require a Closure Report using a standard closure format. The action plan owner and the focus area owner are responsible for ensuring that the completion of an action step is documented and preparing the closure report package. An independent review of the action steps closure documentation is also performed. The CAP item for the action step is reviewed and closed.

3.5.2 ACTION PLAN CLOSURE

Following completion of the action steps in an action plan, an appropriate effectiveness review will be performed pursuant to guidance in CNS procedure 0-CNS-63. The effectiveness review will focus on ensuring achievement of the defined action plan objectives, effective resolution of the action plan problem statement, and causal factors addressed. A final closure report is then prepared which documents the results of the effectiveness review and appropriate justification for closure of the plan. The package is then reviewed and signed by the Action Plan Owner and Focus Area Owner. A closure review meeting is scheduled with the Site Vice President for his final review and approval. The CAP item for the action plan is reviewed and closed.

3.6 ACTION PLAN REVISIONS

Any revision to an action plan will be managed through the CAP. Revisions that affect the scope, intent, or basis for previously approved revisions (e.g., deletion of actions, addition of actions, change in end dates) require review and approval by the Action Plan Owner, Focus Area owner, and the Site Vice President. Revisions that may impact NRC commitments will be reviewed by Licensing to evaluate the potential commitment impact.

4.0 MANAGEMENT OVERSIGHT OF TIP IMPLEMENTATION

Performance management processes and practices are used to monitor implementation and closure of each action plan and respective groupings of action plans to ensure success in improving performance. These processes and practices are necessary for achieving targeted levels of improved performance and maintaining those levels for a sustained period. This is an integral part of confirming successful completion and closure of the action plans. This section also describes the oversight process through which performance is monitored.

Active and sustained monitoring of performance and clear assignment of responsibility and accountability will be applied to ensure effective implementation of TIP action plans. CNS management is committed to sustained monitoring and frequent reinforcement of performance expectations.

4.1 SENIOR MANAGEMENT OVERSIGHT

The Site Vice President monitors the overall performance for accomplishing TIP actions and is responsible for the overall implementation of the TIP. Oversight is accomplished through performance review meetings, as described in the following paragraphs.

4.1.1 TIP PROGRESS REVIEW MEETINGS

Overall progress toward completing TIP action plans will be reviewed monthly, at a minimum, in a regularly scheduled TIP Progress Review Meeting. This meeting will be chaired by the Site Vice President and attended by members of the management team. Action plan owners and focus area owners will participate in these TIP Progress Review Meetings. The purpose of the meeting will be to review the completion progress of TIP action plans and the effectiveness of actions being completed and to hold focus area owners accountable for both their progress in completing TIP and for achieving performance improvements.

4.1.2 MANAGEMENT PERFORMANCE REVIEW MEETINGS

In addition to TIP Progress Review Meetings, CNS senior management conducts monthly Management Performance Review Meetings (MPRM) to review overall plant and organizational performance based on associated sets of performance indicators. An overview of TIP implementation and effectiveness will be reviewed during the MPRM meetings.

4.1.3 SENIOR MANAGEMENT - NPPD REPORTING

The Vice President-Nuclear and Chief Nuclear Officer will report TIP progress and station performance to the NPPD President and CEO and the NPPD Board Nuclear Committee on a monthly basis.

4.2 QUALITY ASSURANCE ASSESSMENTS

Quality Assurance (QA) has developed a scoping plan for the oversight of activities associated with the TIP. This scoping plan contains guidance for developing QA evaluations of TIP. Specifically, the scoping plan ensures that QA activities are documented and performed in accordance with written procedures or checklists to verify, by examination and evaluation of evidence, that applicable elements of the TIP have been developed, documented, effectively implemented, appropriately measured, and supported by management. During these evaluations, QA will use existing processes for oversight of and for response to emergent issues.

QA will provide periodic reports to the CNO and CNS senior management regarding progress and quality of action plan activities.

4.3 TIP PERFORMANCE MONITORING

4.3.1 TIP PERFORMANCE INDICATORS SUMMARY

Performance management at CNS is the process by which station objectives are attained. It involves the assimilation and analysis of available performance data, including performance indicators, and leads to the development and/or adjustment of plans and

processes for monitoring progress and achieving those objectives. Performance management is controlled through procedural requirements of 0-PI-01, "Performance Indicator Program." This procedure provides guidance and establishes controls for the development, implementation, and management of Performance Indicators (PI) systems for CNS.

4.3.2 APPROACH TO TIP PERFORMANCE MONITORING

The TIP performance monitoring process, as delineated in this document, is a reflection of the following principles.

It provides for monitoring of both TIP implementation - CNS progress in meeting its commitments to take specific actions, and TIP effectiveness - the degree to which those actions are yielding measurable improvement. These are separate and distinct, and both are necessary.

It is important to treat TIP as a single, comprehensive, integrated program, rather than a disconnected set of actions. To that end, PIs look at composite effectiveness (e.g., at a Focus Area level, or higher) where it is meaningful to do so.

A compilation of TIP performance indicators is identified in Sections 4.3.4 and 4.3.5. This compilation was performed to eliminate redundant and overlapping performance indicators that resulted from developing the performance indicators at the individual action plan level. The performance indicators are organized by Pillars of Excellence and then by focus area. The performance indicators will measure both implementation progress and performance within a focus area.

The TIP performance indicators will be reviewed monthly by senior management during the TIP Progress Review Meetings. It is also anticipated that the appropriate TIP performance indicators will be discussed during routine, progress update meetings with the NRC.

As described in the previous paragraphs, performance improvements in each focus area will be monitored through a set of performance indicators. However, effectiveness reviews, self-assessments, or surveys may be utilized as an alternative or a supplement to the performance indicators to further determine effectiveness of TIP related actions.

Procedure 0-CNS-25, "Self Assessments" provides guidance to Focus Area Owners on the performance of self-assessments of progress and performance improvements. These assessments will provide assurance that improvements in performance are effective as a result of actions taken to date.

4.3.3 TIP PERFORMANCE INDICATOR STRUCTURE

TIP PIs are structured as follows:

TIP Effectiveness

TIP effectiveness will be manifested as improvement in overall station performance and in performance at the Focus Area level, as measured by the PIs currently used by management. The set of specific PIs used by station management at the monthly Management Performance Review Meeting has been used as the basic framework for ongoing management assessment of TIP effectiveness, with additional PIs added to provide focus in TIP-important areas.

The composite set of PIs to be used in monitoring TIP effectiveness is summarized later in this section. Nearly all of these are PIs that have been in use at the station, although several are being modified to permit better assessment relative to TIP.

TIP Implementation

This set of PIs shows the station's performance in implementing TIP actions as planned. It focuses only on progress against schedule, not on effectiveness of those actions.

The implementation PIs tabulate how many TIP action items have been completed on or ahead of schedule. The information is compiled at the focus area level and then as a single figure of merit for the entire TIP implementation. This top tier PI is essentially the "TIP Schedule Adherence" station PI currently in use.

4.3.4 OVERALL STATION PERFORMANCE INDICATORS

OVERALL STATION PERFORMANCE INDICATORS	
	• OSHA Recordable Injury Rate (18 Month)
	• Reactor Oversight Program Index
	• INPO Performance Index
	• Production Cost (year-to-date)
	• Forced Loss Rate (18 Month)
	• Unit Capacity Factor (18 Month)
	• Reactivity Management Performance
	• Reactor Coolant System Specific Activity
	• Unplanned Power Changes per 7000 Critical Hours
	• Unplanned (Automatic and Manual) Scrams per 7000 Critical Hours
	• TIP Plan Schedule Adherence

4.3.5 CNS PILLARS OF EXCELLENCE PERFORMANCE INDICATORS

CNS PILLARS OF EXCELLENCE PERFORMANCE INDICATORS	
ORGANIZATIONAL EXCELLENCE PILLAR	
Management Effectiveness Focus Area	
<ul style="list-style-type: none"> • CNS Turnover • OSHA Recordable Injury Rate (18 Month) • Production Cost (year-to-date) • Unit Capacity Factor (18 Month) • Monthly Training Absences • Management Ownership • CAP Performance Index • Overtime (year-to-date) • Licensee Event Reports 	
<ul style="list-style-type: none"> • Management Effectiveness Focus Area TIP Implementation 	
Communications Focus Area	
<ul style="list-style-type: none"> • Communications Focus Area TIP Implementation 	
Human Performance Focus Area	
<ul style="list-style-type: none"> • Qualification Matrix Adherence • Overtime (year-to-date) • Human Performance Event Frequency • Configuration Control Events 	
<ul style="list-style-type: none"> • Human Performance Focus Area TIP Implementation 	
Oversight and Assessment Focus Area	
<ul style="list-style-type: none"> • Training Observation Program Effectiveness • On-schedule Completion of Adverse Findings 	
<ul style="list-style-type: none"> • Oversight and Assessment Focus Area TIP Implementation 	
Fiscal Responsibility Focus Area	
<ul style="list-style-type: none"> • Cost Center Budget Variance • Work Breakdown Structure (WBS) Budget Variance 	
<ul style="list-style-type: none"> • Fiscal Responsibility Focus Area TIP Implementation 	

ORGANIZATIONAL EXCELLENCE PILLAR - CONTINUED
Operational Focus Focus Area
<ul style="list-style-type: none">• Unplanned Limiting Condition for Operation (LCO) – All• Unit Capacity Factor (18 Month)• System Health• Reactor Oversight Program Index• Reactivity Management Performance• Thermal Performance• Licensee Event Reports• Procedure Change Backlog
<ul style="list-style-type: none">• Operational Focus Focus Area TIP Implementation

OPERATIONAL EXCELLENCE PILLAR	
Operationally Focused and Aligned Organization Focus Area	
<ul style="list-style-type: none"> • Unplanned Limiting Condition for Operation (LCO) - All • Unplanned Safety System Actuations • System Health • Industrial Safety Event Precursor Rate • Reactor Oversight Process Index • Forced Loss Rate (18 Month) • Unit Capacity Factor (18 Month) • Deficiencies Outside Control Room • Control Room Deficiencies • Configuration Control Events • Long Term Caution Orders • Gaseous Effluent • Temporary Modifications/Leak Repairs • Reactivity Management Performance • Chemistry Performance • Safety System Functional Failures • RETS/ODCM Radiological Effluent Occurrences • Reactor Coolant Specific Activity • Unplanned Power Changes per 7000 Critical Hours 	<ul style="list-style-type: none"> • Operationally Focused and Aligned Organization Focus Area TIP Implementation
Emergency Preparedness Focus Area	
<ul style="list-style-type: none"> • Emergency Response Organization (ERO) Drill/Exercise Performance • ERO Drill Participation • ERO Position Staffing • Alert and Notification System Reliability 	<ul style="list-style-type: none"> • Emergency Preparedness Focus Area TIP Implementation
Outage Plan Development Focus Area	
<ul style="list-style-type: none"> • Pre-Outage Milestone Schedule Adherence • Refueling Outage (RFO) Milestones on Time 	<ul style="list-style-type: none"> • Outage Plan Development Focus Area TIP Implementation

OPERATIONAL EXCELLENCE PILLAR - CONTINUED
Outage Implementation Focus Area
<ul style="list-style-type: none"> • Pre-Outage Milestone Schedule Adherence • RFO Milestones on Time • Outage Implementation Focus Area TIP Implementation
Work Package Development Focus Area
<ul style="list-style-type: none"> • Overdue Preventive Maintenance (PMs) • On-Line Corrective Maintenance Backlog • Deficiencies Outside Control Room • Control Room Deficiencies • 18 Month Collective Dose • Temporary Modifications/Leak Repairs • Collective Radiation Exposure • Radioactive Waste Volume • Work Package Development Focus Area TIP Implementation
Work Implementation Focus Area
<ul style="list-style-type: none"> • Overdue Preventive Maintenance (PMs) • Maintenance Rework • On-Line Corrective Maintenance Backlog • 18 Month Collective Dose • Contaminated Floor Area • Collective Radiation Exposure • RCS Leak Rate • Radioactive Waste Volume • Work Implementation Focus Area TIP Implementation
Corrective Action, Operating Experience, Self-Assessment Focus Area
<ul style="list-style-type: none"> • Corrective Action Program (CAP) Performance Index • Timeliness of CNS Response to Industry Issues • Corrective Action On-Time Completion • Significant Operating Experience Report (SOER) Implementation • Significant Condition Report (SCR) Recurrence • Corrective Action, OE, SA Focus Area TIP Implementation
Functions and Services Focus Area
<ul style="list-style-type: none"> • Functions and Services Focus Area TIP Implementation

EQUIPMENT EXCELLENCE PILLAR	
Material Condition and Equipment Reliability Focus Area	
<ul style="list-style-type: none"> • Unplanned Limiting Condition for Operations (LCO) – All • Overdue Preventive Maintenance (PMs) • On-Line Corrective Maintenance Backlog • System Health • Forced Loss Rate (18 Month) • Long Term Caution Orders • Gaseous Effluent • Temporary Modifications/Leak Repairs • Unplanned Capability Loss Factor • Safety System Unavailability – Emergency A/C Power System • Safety System Unavailability – High Pressure Coolant Injection System • Safety System Unavailability – Reactor Core Isolation Cooling System • Safety System Unavailability – Residual Heat Removal System • Safety System Functional Failures • Risk Significant Functional Failures • Reactor Coolant System (RCS) Leak Rate • Components in Accelerated Testing • Preventive/Corrective Task Ratio • Chemistry Performance 	
<ul style="list-style-type: none"> • Material Condition and Equipment Reliability Focus Area TIP Implementation 	
Programs Focus Area	
<ul style="list-style-type: none"> • Overdue Preventive Maintenance (PMs) • Program Health 	
<ul style="list-style-type: none"> • Programs Focus Area TIP Implementation 	
Key Modifications, Projects, Configuration Focus Area	
<ul style="list-style-type: none"> • Reactor Oversight Program Index • Long Term Caution Orders • Modification Closeout Backlog • Drawing Change Notice On-time Completion • Drawing and Vendor Manual Change Backlog 	
<ul style="list-style-type: none"> • Key Modifications, Projects, Configuration Focus Area TIP Implementation 	

TRAINING EXCELLENCE PILLAR	
Training Program Focus Area	
	<ul style="list-style-type: none"> • Monthly Training Schedule Changes • Training Observation Program Effectiveness • Qualification Matrix Adherence • Training Effectiveness • Monthly Training Absences
	<ul style="list-style-type: none"> • Training Programs Focus Area TIP Implementation

APPENDIX A-1

**THE STRATEGIC IMPROVEMENT PLAN
TIP**

ACTION PLAN MATRIX

Excellence Pillar	Focus Area	Action Plan Number	Action Plan Title
5.1 Organizational Excellence			
	5.1.1 Management Effectiveness		
		5.1.1.1	Organizational Effectiveness
		5.1.1.3	Integrated Work Management Process
		5.1.1.5	Management Observation Program
		5.1.1.6	Performance Monitoring
		5.1.1.7	Succession Planning
		5.1.1.8	Learning Organization & Industry Participation
		5.1.1.9	Program Management
		5.1.1.10	Change Management
	5.1.3 Communications		
		5.1.3.1	External Regulatory Communications
		5.1.3.2	Internal Communications
	5.1.4 Human Performance		
		5.1.4.1	Human Performance
	5.1.5 Oversight & Assessment		
		5.1.5.1	Self-Assessment
		5.1.5.2	Quality Assurance Effectiveness
	5.1.6 Fiscal Responsibility		
		5.1.6.1	Fiscal Policy Improvement
	5.1.7 Operational Focus		
		5.1.7.1	Operationally Focused Organization

Excellence Pillar	Focus Area	Action Plan Number	Action Plan Title
Operational Excellence	5.2.1 Operationally Focused & Aligned Organization		
		5.2.1.1	Operational Department Excellence
		5.2.1.2	Operability Determinations
		5.2.1.3	Industrial Safety
		5.2.1.4	Procedure Management
	5.2.2 Emergency Preparedness		
		5.2.2.1	Improve/Maintain Emergency Preparedness
	5.2.3 Outage Plan Development		
		5.2.3.1	Outage Management & Monitoring
		5.2.3.2	Planning/Timeliness
		5.2.3.3	Scheduling/Monitoring
	5.2.4 Outage Implementation		
		5.2.4.4	Contract Management
	5.2.5 Work Package Development		
		5.2.5.1	Work Control Process Improvements (T-12 Process)
		5.2.5.2	Work Package Planning Improvements
	5.2.6 Work Implementation		
		5.2.6.1	Work Practices
		5.2.6.2	First Line Supervision
		5.2.6.4	Radiation Control Practices
	5.2.7 Corrective Action, OE, SA		
		5.2.7.1	Improve Use of CAP to Effectively Resolve Station Problems
		5.2.7.2	Root Cause Investigation & Corrective Action Effectiveness
		5.2.7.3	Improve Utilization of OER
	5.2.8 Functions & Services		
		5.2.8.1	Vendor Manual Upgrade Program
		5.2.8.3	Independent Qualified Reviewer Process
		5.2.8.4	Materials Management

Excellence Pillar	Focus Area	Action Plan Number	Action Plan Title
3 Equipment Excellence			
	5.3.1 Material Condition & Equipment Reliability		
		5.3.1.1	Equipment Reliability Improvement Plan
			Long Standing Equipment Issues:
		5.3.1.2.a	Service Water
		5.3.1.2.b	Feedwater Check Valves
		5.3.1.2.c	Offsite Power/Switchyard Reliability Improvement
		5.3.1.2.d	Feedwater Controls Improvement
		5.3.1.2.e	Water Sulfates
		5.3.1.2.f	Heating Ventilation and Air Conditioning (HVAC)
		5.3.1.2.g	Primary Containment Vacuum Breakers
		5.3.1.2.h	Control Room Recorders Obsolescence
		5.3.1.2.i	Air Systems
		5.3.1.2.j	KAMAN Radiation Monitors
		5.3.1.2.k	Optimum Water Chemistry
	5.3.2 Programs		
		5.3.2.1	Engineering Programs
	5.3.3 Key Mods, Projects, Configuration		
		5.3.3.1	Design Basis Information/Licensing Basis Information (DBI/LBI) Translation Project
		5.3.3.3	Unauthorized Modifications Follow-up Project Completion
		5.3.3.4	Design Modification Process
5.4 Training Excellence			
	5.4.1 Training Program		
		5.4.1.1	Line Ownership of Training
		5.4.1.2	Evaluation and Qualification
		5.4.1.3	Training Organizational Effectiveness
		5.4.1.4	Training Program and Process Enhancements

APPENDIX A-2

TIP ACTION PLANS

ORGANIZATIONAL EXCELLENCE PILLAR

TITLE ACTION PLAN

PILLAR OF EXCELLENCE: Organizational Excellence

FOCUS AREA: Management Effectiveness

ACTION PLAN TITLE: Organizational Effectiveness

ACTION PLAN NUMBER: 5.1.1.1

COMPLETION DATE: 1Q/05

ACTION PLAN OWNER: Deb Christensen

FOCUS AREA OWNER: Mike Coyle

APPROVAL:

Deborah Christensen

APPROVAL:

M. Coyle

PROBLEM STATEMENT:

An inability to correct long-standing organizational issues has led to declining station performance. Direction, priorities, standards, and expected behaviors have not been clearly conveyed to the workforce. Lack of ownership and accountability at all levels has resulted in inconsistent follow-through of commitments. As a result, identified performance weaknesses have not been successfully resolved.

CAUSAL FACTORS:

1. Cooper Nuclear Station (CNS) has not been aligned around or committed to a common vision, mission, or values. (Actions 4, 5, 10, 11, 12, 15)
2. Roles and responsibilities (individual and department) are not well defined. (Actions 4, 5, 12, 15)
3. Ownership and accountability behaviors have not been effectively established, communicated, or reinforced. (Actions 1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12)
4. A Line of Sight for vision/mission/values extending from the individual to the department to the station has not been consistently present. (Actions 4, 5, 12, 15)

OBJECTIVES:

1. CNS personnel aligned around a common vision, mission, and values.
2. High standards of performance established, communicated, enforced, and achieved.
3. High degrees of ownership and accountability demonstrated at all levels of the organization.
4. Teamwork demonstrated through an operationally focused and aligned organization.

TRAINING PLAN

NO	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Write white paper describing organizational effectiveness overview. • Define CNS model. • Introduce Organizational Effectiveness elements.	Deb Christensen	4Q/02	4Q/02	White paper developed.
2	Establish Guiding Coalition to serve as site leadership to management and organizational effectiveness.	Mike Coyle	4Q/02	4Q/02	Guiding Coalition established.
3	Identify general industry and nuclear industry Guiding Coalition mentors to serve as coaches to Guiding Coalition members.	Deb Christensen	4Q/02	4Q/02	Mentors identified.
4	Teaming of Guiding Coalition Guiding Coalition aligns/defines key attributes of an Operationally Focused and Aligned Organization. This ties to Action Plan 5.1.7.1.	Mike Coyle	4Q/02	1Q/03	Definition of Behaviors documented. Description of an Operationally Focused and Aligned Organization.
5	Design and implement communications plan that rolls out the work products from action 4. This ties to Action Plan 5.1.7.1.	Deb Christensen	4Q/02	1Q/03	Station personnel presented with CNS vision, mission, values and plan to excellence via: • All hands meeting, and • Department level meetings.
6	Perform Managerial Assessments for organizational effectiveness.	Deb Christensen	2Q/03	3Q/03	Assessments completed.
7	Establish Strategic Staffing model.	Deb Christensen	4Q/02	1Q/03	Model established.
8	Establish Talent Management Program to engage employees in career management.	Deb Christensen	1Q/03	2Q/03	Talent Management Program established.
9	Review organizational structure for effectiveness in becoming an Operationally Focused and Aligned Organization.	Deb Christensen	2Q/03	1Q/04	Organizational structure review completed and recommendations documented.
10	OZ Accountability training – introduce key learnings and accountability behaviors.	Deb Christensen		Complete	OZ training presented to station personnel and documented.
11	Align OZ Accountability training and Interpersonal Management Skills training to create tools for supervisor/manager effectiveness.	Deb Christensen	4Q/02	1Q/03	Supervisor/Manager effectiveness tools created.

TIP ACTION PLAN

NO	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
12	Performance Management Plan and ACEMAN (ACEMAN is a tool describing employee goals) intended to provide Line of Sight to the station goals and to driving an operationally focused organization. This ties to Action Plan 5.1.7.1.	Deb Christensen	4Q/02	1Q/03	Performance Management Plan (optionally including the ACEMAN goals) developed for all site personnel.
13	Perform Organizational Alignment Effectiveness review using Institute of Nuclear Power Operation guidance.	Deb Christensen	4Q/03	4Q/03	Effectiveness Review completed and identified outcomes implemented.
14	Perform a site-wide culture survey to assess attributes of the CNS culture.	Deb Christensen	4Q/03	4Q/03	Summary of survey results.
15	Transition from the Strategic Improvement Plan to an annual Business Planning process that aligns station priorities and goals with functional group priorities and individual performance plans.	Mike Coyle	3Q/03	4Q/04	Business planning process that aligns individual performance with functional group performance that is aligned with Station priorities (line of sight).
16	<u>Change Management</u> Establish a Change Management Plan in accordance with the CNS Change Management Guideline that communicates and reinforces the changes to expectations, requirements, roles and responsibilities.	Deb Christensen	4Q/02	1Q/03	A written Change Management Plan approved by the Assistant to the Site Vice-President.
17	<u>Monitoring – Self-Assessments</u> Self-assessments are performed in accordance with the applicable steps of this Action Plan, including management and organizational reviews, and surveys. Self-Assessments to be performed in accordance with O-CNS-25, Self-Assessment.	Deb Christensen	1Q/03	1Q/04	Assessments are performed to determine effectiveness of actions taken.

TIP ACTION PLAN

NO	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
18	<u>Verification – Final Assessment</u> Perform Final Effectiveness Assessment in accordance with 0-CNS-25, Self-Assessment, to establish that the end state is consistent with the stated objectives.	Deb Christensen	3Q/04	1Q/05	Final Effectiveness Assessment performed; end state is consistent with the stated objectives.

PILLAR OF EXCELLENCE: Organizational Excellence

FOCUS AREA: Management Effectiveness

ACTION PLAN TITLE: Integrated Work Management Process

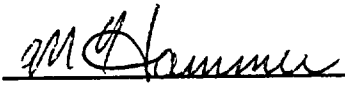
ACTION PLAN NUMBER: 5.1.1.3

COMPLETION DATE: 2Q/06

ACTION PLAN OWNER: Mike Hammer

FOCUS AREA OWNER: Dave Meyers

APPROVAL:



APPROVAL:



PROBLEM STATEMENT:

Station activities are not consistently prioritized, resourced, or scheduled in order to ensure that those providing the greatest value to the station are performed.

CAUSAL FACTORS:

1. Strategic and tactical plans have not been consistently developed and effectively implemented. (Actions 2, 6, 7, 8, 9, 10, Action Plan 5.1.1.1)
2. Priorities, schedules, and resource assignments are not effectively managed. (Actions 3, 4, 5, 6, Action Plan 5.1.1.1)
3. Consistent focus, communication, and reinforcement around a common set of station priorities have been lacking and therefore failed to create the environment necessary to improve performance. (Actions 1, 2, 10, 11, Action Plan 5.1.1.1)

OBJECTIVE:

An integrated site-wide Work Management Process that is used consistently by all departments to prioritize, plan, and schedule work activities. This process ensures that:

1. Activities consistently prioritized and aligned with both long and short-range station goals; those having the highest value planned, resourced, and scheduled. Lower value activities rescheduled or deleted based on their priority.
2. Adequate resources provided to ensure completion of plans, as scheduled, in accordance with their priority.
3. Work activities effectively executed in accordance with established schedules.
4. Participating departments, based upon a consistent prioritization, effectively support planned and scheduled activities.

NO.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Prepare a briefing paper covering the important points of Procedure 0-NPG-4.12, Site Work Prioritization, specifically addressing how priorities are assigned, and what is expected when conflicts arise. Cascade the briefing paper to site employees.	Robin Jacobs		Complete	Briefing paper on station work prioritization process distributed to station personnel.
2	Establish and communicate expectations for updating and use of the Integrated Site-Wide Schedule to preclude over commitment of resources.	Bill Macecevic		Complete	Guidance document developed and communicated to station staff.
3	Revise 0-NPG-4.12 to incorporate additional qualitative criteria to evaluate and consistently rank the priority of a work activity.	Mike Boyce		In Closure	Incorporation of enhanced criteria in 0-NPG-4.12 to establish the priority of an activity.
4	<u>Establish Station Work Baseload</u> Assess existing departmental work activities (including corrective actions) using the revised qualitative prioritization criteria to identify: <ul style="list-style-type: none">• The current workload• The resources required for implementation.	David Blythe	3Q/02	2Q/03	Existing station work activities prioritized in accordance with revised site prioritization criteria. Work activities leveled and a baseline has been established. This includes: <ul style="list-style-type: none">• Reprioritize work activities• Establishment of Departmental Baseline Work with required resources.
5	<u>Establish TIP Resource Requirements</u> Determine resources required to implement the The Strategic Improvement Plan (TIP) Action Plans.	David Blythe	3Q/02	1Q/03	Development of TIP Action Plans with established durations and resources.

NO.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
6	<u>Station Resource Levelization</u> Evaluate and levelize the station baseload work activities and resources and the TIP Action Plans and resources to establish an Integrated Station Work Baseload.	David Blythe	1Q/03	3Q/03	Integration of existing station workload with that of the TIP Action Plans.
7	<u>Establishment of CNS Integrated Work Management Process</u> Establish an Integrated Work Management Team representing the stakeholders to benchmark selected nuclear stations that have an effective process for integrating station activities, planning and resources in accordance with established station priorities. Benchmarking is to be performed in accordance with 0-CNS-06, Guideline for Benchmarking. Benchmarking goals and objectives will be established in accordance with the requirements of 0-CNS-06.	Mike Hammer	3Q/03	1Q/04	In accordance with 0-CNS-06, develop a benchmarking report to identify effective processes for integrating station activities, planning and resources in accordance with established station priorities.
8	Perform a Gap Analysis comparing the effective practices identified in the benchmarking report against the current Work Management Process in order to identify improvement areas that address both strategic and tactical planning.	Mike Hammer	1Q/04	2Q/04	Gap Analysis performed in accordance with 0-CNS-25, Self Assessment, to identify improvement areas based upon comparison of the benchmarked industry practices and the current CNS work management process.
9	Based upon the results of the Gap Analysis define an Integrated Work Management Process to effectively manage station activities, planning and resources.	Mike Hammer	1Q/04	2Q/04	A document describing the desired integrated work management process.

NO	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
10	<p>Revise 0-CNS-26, Integrated Business Planning, to incorporate the Work Management Process and integrate its requirements with the following procedures:</p> <ul style="list-style-type: none"> • 0-NPG-4.12, Site Work Prioritization, • 0-CNS-20, Preparation and Management of the Site Asset Maintenance (Long range) Plan, and • 0.40, Work Control Program. <p>Roles, responsibilities, and expectations are established in the revision of the procedures.</p> <p>(This action is also tied to Action Plans 5.2.5.1, 5.2.5.2, 5.2.3.1, 5.2.3.2, 5.3.2.3)</p>	Mike Hammer	1Q/04	3Q/04	A revised work management process that integrates station activities, planning and resources in accordance with established station priorities including definition of roles, responsibilities and accountabilities.
11	<p>Establish quarterly management meetings to review implementation and performance of the Integrated Work Management Process.</p> <p>Note: Meetings may be combined with the existing Management Review Meetings.</p>	Mike Hammer	3Q/04	2Q/06	Quarterly meetings established to obtain feedback and review performance. Lessons learned identified and corrective actions initiated, as required.
12	<p><u>Change Management</u></p> <p>Establish a Change Management Plan in accordance with the CNS Change Management Guideline that communicates and reinforces the changes to expectations, requirements, roles and responsibilities.</p>	Mike Hammer	1Q/04	3Q/04	A written Change Management Plan approved by the Assistant to the Vice-President.

NO	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
13	<u>Monitoring – Self-Assessments</u> Perform an interim self assessment 12 months after implementing the revision of the integrated work management process to determine the effectiveness of the individual actions. Revise Action Plan based upon Interim Assessment, as required, to improve effectiveness of the Work Management Process. Self-Assessments to be performed in accordance with 0-CNS-25, Self-Assessment.	Dave Robinson	1Q/05	1Q/05	Performance of an interim assessment in order to determine effectiveness of implemented actions. Action Plan revised, as required, based upon results of the interim assessment.
14	<u>Verification – Final Assessment</u> Perform Final Effectiveness Assessment in accordance with 0-CNS-25, Self Assessment, to establish that the required actions have improved the Work Management Process. The Final Effectiveness Assessment establishes that the causal factors have been adequately addressed and that the end state is consistent with the stated Objective.	Mike Hammer	1Q/06	2Q/06	Final Effectiveness Assessment performed to establish that the required actions have addressed the Problem Statement and Causal Factors. End state is consistent with the stated Objective.

TITLE PLAN

PILLAR OF EXCELLENCE: Organizational Excellence

FOCUS AREA: Management Effectiveness

ACTION PLAN TITLE: Management Observation Program

ACTION PLAN NUMBER: 5.1.1.5

COMPLETION DATE: 1Q/04

ACTION PLAN OWNER: David Kimball

FOCUS AREA OWNER: Mike Boyce

APPROVAL:

David S Kimball

APPROVAL:

Mike Boyce

PROBLEM STATEMENT:

Observations of fieldwork activities by managers and supervisors have been insufficient to understand, identify, and correct human performance problems.

CAUSAL FACTORS:

1. Managers and Supervisors are not using the observation process as opportunities for coaching and reinforcing expectations of performance. (Actions 1, 2, 3, 10, 11, Action Plan 5.1.4.1)
2. The management team has not placed a high priority on field observations and, therefore, insufficient time has been devoted to this activity. (Actions 2, 5, 6, 7, 8, 9, 10, 11, 12, Action Plans 5.1.4.1 and 5.2.6.2)
3. Field observations that occur are often focused on job status, housekeeping, and materiel condition and not on worker performance. (Actions 2, 7, 8, 9, 10)
4. Managers and supervisors provide minimal feedback to individuals on their performance. (Actions 1, 2, 3, 10)
5. Analysis of observations was not being completed to provide station management an understanding of the stations performance. (Actions 2, 3, 4)

OBJECTIVES:

1. Quality of management observations increases and remains high.
2. Line managers use the observation reports to improve and sustain human performance.

IMPLEMENTATION PLAN

NO	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Conduct Institute of Nuclear Power Operations Observation Training for the management team.	Dave Linnen		Complete	Completion of training documented in System Applications and Products in Data Processing.
2	Implement a monthly review of management observations and issue report summarizing results of review.	Andy Jacobs		Complete	Distribution of monthly report and review by management team.
3	Establish observation quality indicator to be used by department managers in their review of effectiveness.	Andy Jacobs		Complete	Quality indicator included in monthly report.
4	Provide information to managers and supervisors on how to use the observation reports for their areas.	Andy Jacobs		Complete	Guidance document provided to managers and supervisors.
5	Develop a benchmarking plan for the benchmarking effort in Action 6 in accordance with Procedure 0-CNS-06, Guidelines for Benchmarking.	Roman Estrada	2Q/03	2Q/03	Benchmarking Plan developed in Accordance with Procedure 0-CNS-06.
6	Benchmark a station that has an effective management observation program to evaluate the following topics: <ul style="list-style-type: none"> Population of individuals required to perform management observations, Frequency of required observations, and Methods of reinforcing behaviors for performing focused observations. 	Roman Estrada	3Q/03	1Q/04	Benchmarking report identifying appropriate improvements that should be made to the Cooper Nuclear Station (CNS) Management Observation Program. (See Action 7)

TITLE ACTION PLAN

NO	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
7	<p>Revise or add observation performance indicators and/or upgrade the CNS Management Observation Program based on the above benchmarking activity.</p> <p>Revise Procedure 0-CNS-07, Management Field Observations, to include results of benchmarking, including:</p> <ul style="list-style-type: none">• Expanding the population required to perform management observations to include senior managers, managers, supervisors and crew leaders in technical disciplines.• Increasing the frequency of required observations to at least 3 per month. This will also address the Management visibility concerns that lead to lack of trust.• Reinforce proper behaviors of Management Team members to perform "Focused" observations.	Andy Jacobs	2Q/03	2Q/03	New or revised performance indicators and/or program improvements based on results of benchmarking.
8	<p>Perform a self-assessment on completed management observations to evaluate the effectiveness for improving human performance. Perform self-assessments in accordance with Procedure 0-CNS-25, Self-Assessments. Areas for Improvement will be entered into the Corrective Action Program. (Utilize information gathered by individual departments during their quarterly trend reviews.)</p>	Roman Estrada	3Q/03	4Q/03	Self-Assessment reports identifying and implementing areas for improvement in the Management Observation Program. Changes made to the Management Observation Program to increase effectiveness in making human performance improvements.

TIP ACTION PLAN

NO.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
9	Upgrade use of management observations based on self-assessment results.	Rick Gardner	4Q/03	1Q/04	Changes to procedure 0-CNS-07, as appropriate.
10	<p>Revise Procedure 0-CNS-07 to include the following:</p> <ul style="list-style-type: none">• Description of monthly Management Observation Program Report, e.g., purpose, format, trending, description of quality indicator• Expectation for 100% participation by assigned managers in required observations• Revise the formal grading system for Management Observations.• Establish a requirement in Procedure 0-CNS-07 to provide feedback to the originator and his/her supervisor on observations determined to unacceptable.• Importance of managers and senior managers maintaining visibility with the work force• Ownership change for procedure from Assistant Plant Manager to Manager, Performance Analysis Department (PAD)• Expectation for focus on worker performance. This will include a description of how the monthly Management Observation Program Report and management review of the report at periodic Morning Leadership Meetings will ensure this focus on worker performance.• Expectation for quarterly review of trends by PAD in accordance with Procedure 0-CNS-25 and for incorporating the results of this review into the Management Observation Program Report.	Roman Estrada	4Q/02	3Q/03	Procedure 0-CNS-07 revised to incorporate additional requirements and expectations.

TI ACTION PLAN

NO	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
	<ul style="list-style-type: none">Expectation for PAD to conduct quarterly reviews of management observations pertaining to the Operations, Maintenance, Engineering, and Radiation Protection departmentsExpectation for observers to provide feedback to persons being observed and how this expectation will be reinforced <p>(This action is also tied to Action Plan 5.1.1.1 and 5.1.4.1)</p>				
11	Performance Analysis Department conducts quarterly reviews of management observations pertaining to the Operations, Maintenance, Radiological Protection, and Engineering departments as ongoing self-assessments in accordance with Procedure O-CNS-25, Self-Assessment. Use these reviews to identify results or behaviors that need to be improved.	Andy Jacobs	1Q/03	1Q/04	Quarterly reviews scheduled and conducted.
12	Assess training needs for managers and supervisors (using Systematic Approach to Training (SAT)), on recognizing and confronting inappropriate behavior in the field, intervention techniques, coaching, and recognizing and reinforcing good human performance error prevention behaviors.	Tim Donovan	2Q/03	2Q/03	Needs analysis identifying appropriate training for managers and supervisors.
13	Develop appropriate training for Supervision intervention as determined by the SAT process in action 12.	Tim Donovan	2Q/03	3Q/03	Applicable Training Lesson plans.
14	Train applicable CNS personnel on Supervision intervention.	Tim Donovan	3Q/03	4Q/03	Satisfactory Lesson Completion
15	Formalize the management observation completion matrix and ensure it is reviewed in the Leadership meeting on a weekly basis.	Andy Jacobs	3Q/03	4Q/03	New Performance Indicators or Observation Matrix and minutes from the leadership meetings.

TIR ACTION PLAN

NO.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
16	<u>Change Management</u> Establish a Change Management Plan in accordance with CNS Change Management Guideline that communicates and reinforces the changes to expectations, requirements, roles and responsibilities.	Roman Estrada	2Q/03	3Q/03	A written Change Management Plan approved by the Assistant Vice-President
17	<u>Monitoring – Self-Assessments</u> Perform quarterly assessments of management observations. Self-Assessment to be performed in accordance with 0-CNS-25, Self-Assessment.	Andy Jacobs	1Q/03	1Q/04	Periodic assessments are performed to determine effectiveness of actions taken. Action Plan is revised as required based upon results of the assessments.
18	<u>Verification – Final Assessment</u> Perform Final Effectiveness to be performed in accordance with 0-CNS-25, Self-Assessment to establish that the required actions have improved and that the end state is consistent with the stated objective. Adjust the Management Observation Program, as appropriate, based on the results of this assessment.	Roman Estrada	1Q/04	1Q/04	Final assessment is performed to establish that the required actions have improved the Management Observation Program and that the end state is consistent with the stated objective. Program is revised, as appropriate (see Actions 8, 9 10, 11, 12, and 13 of this Action Plan).

PILLAR OF EXCELLENCE: Organizational Excellence
FOCUS AREA: Management Effectiveness
ACTION PLAN TITLE: Performance Monitoring
ACTION PLAN NUMBER: 5.1.1.6
COMPLETION DATE: 4Q/04
ACTION PLAN OWNER: Regonald West
FOCUS AREA OWNER: Jim Hutton

APPROVAL: 

APPROVAL: 

PROBLEM STATEMENT:

Ineffective establishment and use of leading performance measures, resulting in inconsistent accountability throughout the Cooper Nuclear Station (CNS) organization for performance and improvement initiatives.

CAUSAL FACTORS:

1. Managers and supervisors have not been consistently held accountable for meeting performance goals and established milestones/due dates. (Actions 1, 3, 4, 5, Action Plan 5.1.1.1)
2. Lack of effective performance measures and no regiment for management review of performance trends. (Actions 1, 2, 3, 4, 5, 6)

OBJECTIVES:

1. The CNS effectively utilizes a set of site-wide performance indicators to monitor performance, establish accountability, and correct performance weaknesses.
2. Performance metrics and measuring tools are used by the CNS organization to meet due dates and commitments associated with station priorities and change initiatives.
3. The CNS organization is continually aware of station performance as compared to site expectations, goals, and industry standards.

TI... ACTION PLAN

NO.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Establish a comprehensive set of site-wide performance indicators.	Jim Dutton		Complete	List of site-wide performance indicators that permit monitoring against site goals and industry standards.
2	Concurrent with Revisions 1 of the CNS Strategic Improvement Plan, update the set of site-wide performance indicators, as appropriate, to reflect revisions to the Strategic Improvement Plan.	Jim Dutton		In Closure	Updated set of indicators that are consistent with Revision 1 of the Strategic Improvement Plan.
3	Conduct monthly management reviews of the site-wide performance indicators.	Jim Dutton		Complete	Timely and effective management oversight of the site-wide performance indicators through monthly Management Planning and Review Meetings.
4	Revise Procedure 0-PI-01, Performance Indicator Program, to address development, use, and accountability of departmental performance indicators.	Jim Dutton		Complete	Performance Indicator Procedure, 0-PI-01 revised to address departmental performance indicators.
5	Revise Procedure 0-PI-01, Performance Indicator Program, to address goal, threshold setting.	Jim Dutton		Complete	Performance Indicator Procedure, 0-PI-01 revised to incorporate goal setting.
6	Revise Procedure 0-PI-01, Performance Indicator Program concurrent with Revisions 2 of the CNS Strategic Improvement Plan, update the set of site-wide performance indicators, as appropriate, to reflect revisions to the Strategic Improvement Plan.	Regonald West	2Q/02	4Q/02	Updated set of indicators that are consistent with Revision 2 Strategic Improvement Plan.
7	<u>Change Management</u> Establish a Change Management Plan in accordance with the CNS Change Management Guideline that communicates and reinforces the changes to expectations, requirements, roles and responsibilities.	Jim Dutton	1Q/03	2Q/03	A written Change Management Plan approved by the Assistant to the Vice-President.

TIP ACTION PLAN

NO.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
8	<u>Monitoring – Self-Assessments</u> Perform Interim Assessments 8 months after issuance of revision of Action Plan, 12 months thereafter to determine the effectiveness of the individual actions taken to improve performance monitoring. Revise Action Plan based upon Interim Assessment, as required, to improve effectiveness of the performance monitoring. Self-Assessments to be performed in accordance with 0-CNS-25, Self-Assessment.	Jim Dutton	2Q/03	2Q/04	Interim Assessments are Performed to determine effectiveness of actions taken. Action Plan is revised as required based upon results of the Interim Assessments.
9	<u>Verification – Final Assessment</u> Perform Final Effective Assessment to be performed in accordance with 0-CNS-25, Self-Assessment with assistance of Quality Assurance, to establish that the required actions have improved monitoring departmental performance on a site wide basis.	Jim Dutton	2Q/04	4Q/04	Final Effective Assessment is performed to establish that the required actions have improved the Performance Indicator Program. The Program is visible to both management and personnel, and is utilized consistently to measure site wide and department specific performance.

PILLAR OF EXCELLENCE: Organizational Excellence
FOCUS AREA: Management Effectiveness
ACTION PLAN TITLE: Succession Planning
ACTION PLAN NUMBER: 5.1.1.7
COMPLETION DATE: 1Q/04
ACTION PLAN OWNER: Deb Christensen
FOCUS AREA OWNER: Mike Coyle

APPROVAL:

APPROVAL:

PROBLEM STATEMENT:

The lack of an effective strategic staffing model utilized in a succession plan has negatively impacted organizational effectiveness.

CAUSAL FACTORS:

1. Management has not aligned around a succession planning strategy and as such has not held itself accountable for consistently executing succession planning, employee development, and retention initiatives. (Actions 1, 2, 3, 4, 9, 10, and Action Plan 5.1.1.1)
2. Program oversight and monitoring has not assured successful implementation of the existing succession planning program. (Actions 7, 8)
3. Employee development and mentoring has not been an integral and critical component of the Cooper Nuclear Station (CNS) value system. (Actions 7, 8)
4. Current managers and supervisors do not consistently receive development that prepares them to assume positions of increased responsibility. (Actions 5, 6)

OBJECTIVES:

1. Valued management and supervisory personnel retained.
2. Personnel identified and prepared to fill key management positions when opportunities occur.
3. Bench strength prevalent throughout the management team.
4. Continuity of the management team assures greater alignment around common standards and values.

TIP SUCCESSION PLAN

No	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Conduct a series of planning meetings with CNS management team to formulate an enhanced Succession Plan.	Mike Coyle		Complete	CNS senior management team approved an enhanced Succession Plan.
2	Senior management team will adopt and endorse the Succession Plan to be used at CNS. Update/revise Procedure 0-CNS-01, Core Leadership Development Plan, to meet the standards and expectations set by Mike Coyle and senior team of the new Succession Plan. This will include stressing that the succession planning process will be the primary method of filling future management and supervisory vacancies as opposed to hiring from the outside.	Deb Christensen		Complete	Procedure 0-CNS-01 revised to adopt enhanced Succession Plan.
3	Update the CNS Succession Plan. Related actions include: 1) organizational review to identify staffing strengths and weaknesses, 2) add to existing competency lists to include individual contributors, 3) identify and rank individual contributors, and identify potential opportunities for individual contributors.	Deb Christensen		Complete	Succession plan document updated to identify key personnel, and staffing gaps and weaknesses. (Appendices)
4	Develop professional profiles and candidate position requirement matrix to support the succession plan.	Deb Christensen		Complete	Requirements for each staff position in succession plan defined.
5	Senior managers/managers will formulate individual development plans with applicable candidates identified in the succession plan. Development plans will be incorporated into employee Personal Development Plans.	Deb Christensen	2Q/02	1Q/03	Development plans for succession plan candidates are incorporated into employee Personal Development Plans.
6	Formulate a mentoring program and assign mentors to critical staff positions.	Deb Christensen		Complete	Mentoring program reflected in Procedure 0-CNS-01. Mentors and mentees identified.
7	Senior management will review status/progress reports prepared by the Succession Plan owner on a semi-annual basis.	Deb Christensen	2Q/03	1Q/04	Semi-annual reports of the effectiveness of the succession plan.

No.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
8	Senior management team to perform a semi-annual review and update to the Succession Plan.	Deb Christensen		Complete	Semi-annual succession plan update.
9	Obtain NPPD Board of Directors approval of a Cooper Nuclear Station employee retention plan.	Dave Wilson		Complete	Board approved plan to retain CNS staff.
10	Review exit interview reports over 6 months to identify trends in why employees are departing CNS.	Eulanda Cade	2Q/02	2Q/03	Report issued with causal factors identified and recommendations given.
11	<u>Change Management</u> Establish a Change Management Plan in accordance with the CNS Change Management Guideline that communicates and reinforces the changes to expectations, requirements, roles and responsibilities.	Deb Christensen	4Q/02	1Q/03	A written Change Management Plan approved by the Assistant to the Site Vice-President.
12	<u>Monitoring – Self-Assessments</u> A self-assessment of the effectiveness of the Succession Plan will be conducted semi-annually in accordance with step 7 of the Action Plan. Self-Assessment to be performed in accordance with O-CNS-25, Self-Assessment.	Deb Christensen	4Q/02	4Q/03	Interim Assessments are performed to determine effectiveness of actions taken.
13	<u>Verification – Final Assessment</u> Perform Final Effectiveness Assessment in accordance with O-CNS-25 to establish that the required actions have improved Succession Planning, and the end state is consistent with the stated Objective.	Deb Christensen	4Q/03	1Q/04	Final Effectiveness Assessment is performed to establish that the end state is consistent with the stated Objective.

PILLAR OF EXCELLENCE: Organizational Excellence
FOCUS AREA: Management Effectiveness
ACTION PLAN TITLE: Learning Organization & Industry Participation
ACTION PLAN NUMBER: 5.1.1.8
COMPLETION DATE: 1Q/04
ACTION PLAN OWNER: Garrett Smith
FOCUS AREA OWNER: John Christensen

APPROVAL: _____

APPROVAL: _____

PROBLEM STATEMENT:

Cooper Nuclear Station (CNS) has not effectively utilized industry resources or the experiences and lessons-learned from the industry to contribute to improved and sustained station performance.

CAUSAL FACTORS:

1. Processes are lacking to promote accountability for applying good practices and lessons learned from industry experiences. (Actions 5, 7, 8)
2. Departmental teamwork problems have resulted in failure to implement process improvements (learned from benchmarking or other industry involvement) requiring action by multiple departments. (Actions 1, 2, 3, 4, 5, 6, 7, 8)

OBJECTIVES:

1. Near-term improvements and good practices implemented from the conduct of benchmarking and external assistance.
2. Processes that will improve the quality of benchmarking and industry engagement activities, and result in improved station practices.

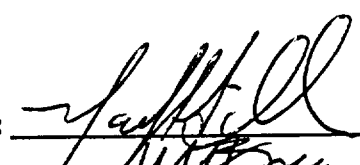
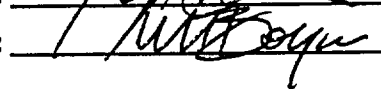
TIP ACTION PLAN

NO.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	With assistance from Institute of Nuclear Power Operations (INPO), identify high priority benchmarking opportunities to be performed by CNS during the next 6-9 month interval.	Mike Coyle		Complete	Recommended list of nuclear stations and targeted focus areas for CNS benchmarking opportunities.
2	Develop a benchmarking plan and coordinate the identification and conduct of near-term targeted benchmarking. Identify areas, sites, schedule, and follow-up assessment requirements. The plan will integrate benchmarking and self-assessment standards and expectations contained in Procedures O-CNS-06 and O-CNS-25 regarding conduct of benchmarking activities and implementation of lessons-learned and best practices.	Garrett Smith		Complete	A plan that includes scheduled benchmarking trips and staff understanding of the expectations for conduct and implementation of outcomes. Documented benchmarking plan approved by senior management team.
3	Develop a Workoff Curve to monitor the implementation of the benchmarking plan.	Garrett Smith		Complete	Performance Indicator for execution of the benchmarking plan.
4	Conduct near-term benchmarking trips in accordance with the approved plan. Following benchmarking trips, develop plans within 60 days to implement lessons-learned and best practices.	Garrett Smith	3Q/02	4Q/03	Completion of priority benchmarking visits followed by development of Action Plans (within 60 days) to implement lessons-learned and best practices.
5	Integrate benchmarking and self-assessment processes and establish a single point of process ownership. Include requirements for identification and tracking of all benchmarking conducted, and process features to assess effectiveness of benchmarking implementation plans.	Roman Estrada	2Q/03	3Q/03	Establishment of clear expectations for conduct of benchmarking and to consistently disposition benchmarking results to improve station processes, practices, and performance.
6	Inventory current CNS participation in industry sponsored organizations and committees (e.g. Regional Utilities Group, Nuclear Energy Institute, INPO, Electric Power Research Institute, Boiling Water Reactor Owners Group, etc.). Assess additional industry participation opportunities that could benefit CNS.	Garrett Smith	3Q/02	4Q/02	Baseline of current industry participation and determination of desired changes.

TIP ACTION PLAN

NO.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
7	Formulate and obtain CNS management endorsement of an industry participation strategy. Establish responsibilities for external and internal communications associated with each external affiliation. Also include elements to systematically capture and disposition learning opportunities from external affiliations.	Garrett Smith	3Q/02	2Q/03	Documented strategy and resource plan for Industry participation. Execution of strategy that targets staff resources to value added industry participation activities. Established responsibilities for communications with the industry group, as well as internal communications regarding offerings and activities of the external group.
8	Formulate and execute a strategy to obtain assistance from INPO. Obtain agreement from INPO regarding near-term, future assist visits, loaned employee commitments, and ongoing additional support activities.	Jim Hutton		Complete	Enhanced utilization of INPO assets and programs. Documented strategy and resource plan for INPO assistance.
9a	Self-assessment to measure the site wide level of improvement achieved by application of information compiled from benchmarking. Self-assessment will be performed in accordance with o-CNS-25, Self-Assessment.	Garrett Smith	3Q/03	4Q/03	Interim assessment performed to determine effectiveness of actions taken. Action Plan is revised as required based upon results of the Interim assessment.
9b	Perform Final Effectiveness Assessment to establish that the required actions have improved industry participation and engagement in best industry practices. Self-assessment will be performed in accordance with 0-CNS-25, Self-Assessment.	Garrett Smith	4Q/03	1Q/04	Final effectiveness Assessment is performed to establish that the required actions have improved the station's level of industry participation.

PILLAR OF EXCELLENCE: Organizational Excellence
FOCUS AREA: Management Effectiveness
ACTION PLAN TITLE: Program Management
ACTION PLAN NUMBER: 5.1.1.9
COMPLETION DATE: 1Q/05
ACTION PLAN OWNER: Mark Gillan
FOCUS AREA OWNER: Mike Boyce

APPROVAL: 
APPROVAL: 

PROBLEM STATEMENT:

Cooper Nuclear Station (CNS) has not effectively implemented and internalized performance monitoring standards and expectations for key site programs. (Engineering Programs are addressed in Action Plan 5.3.2.1.)

CAUSAL FACTORS:

1. CNS has not adequately defined the scope and nature of what constitutes a site program and has therefore missed opportunities to improve performance of site programs. (Action 1)
2. The basic infrastructure (standards and expectations) for management of site programs has not been adequately established and applied to all site programs. (Actions 1, 2)
3. Performance monitoring of site programs including self-assessment has not been routinely conducted. (Actions 2, 3, 4)
4. The use of self-assessment and the Corrective Action Program to fix problems has been inconsistent and in some cases ineffective. (Action 1)

OBJECTIVES:

1. Programs outside of the scope of Procedure 0-CNS-12 identified.
2. Standards and expectations for program management outside of Procedure 0-CNS-12 established and applied.
3. Management Plans.
4. Performance monitoring applied to the programs outside of Procedure 0-CNS-12.

NO	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	<p>Develop new CNS document to address performance standards and expectations to be applied to site programs (Programs within the scope of Procedure 0-CNS-12 will not be included)</p> <p>This includes:</p> <ul style="list-style-type: none"> • Application criteria (i.e., Emergency Preparedness, Maintenance, Work Control, ALARA). • Performance monitoring standards, expectations. • Identification of the tools available to monitor performance. • Reporting requirements. 	Mark Gillan	4Q/02	2Q/03	Document established delineating program management standards and expectations with regards to program implementation including methods for reviewing the status of program(s).
2	<p>Establish an implementation priority for the development of performance standards and expectations.</p> <ul style="list-style-type: none"> • Establish the criteria for prioritization. • Prioritize the Programs. • Develop a list of the Programs requiring performance standards. 	Mark Gillan	2Q/03	3Q/03	Listing of programs to have program plans and the priority for development.
3	Department Managers develop implementation plans to apply the process to station programs.	Jim Dutton	3Q/03	4Q/03	Resource loaded and scheduled plans for each identified program.
4	Program owners/Department Managers execute implementation plans and initiate performance monitoring for the defined programs.	Jim Dutton	4Q/03	4Q/04	Performance indicators monitoring the performance of selected programs.
5	Process champion provide facilitation to the organization for the development of plans and implementation of the plans.	Mark Gillan	3Q/03	4Q/04	Personnel impacted by implementation of this program are identified and facilitation provided.

TIP ACTION PLAN

NO.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
6	<u>Change Management</u> Establish a Change Management Plan in accordance with the CNS Change Management Guideline that communicates and reinforces the changes to expectations, requirements, roles and responsibilities.	Mark Gillan	4Q/02	1Q/03	A written Change Management Plan approved by the Assistant to the Site Vice-President.
7	<u>Monitoring – Self-Assessments</u> Perform Interim Self-Assessment 13 months after issuance of revision of Action Plan to determine the effectiveness of the individual actions taken. Revise the action plan based upon the self-assessment results. Self-Assessments to be performed in accordance with 0-CNS-25, Self-Assessment.	Mark Gillan	4Q/03	1Q/04	Performance of assessment to determine effectiveness of actions taken. Action Plan would be revised as required based upon the results.
8	<u>Verification – Final Assessment</u> Perform Final Effective Assessment in accordance with 0-CNS-25, Self-Assessment, to establish that the required actions have improved Program Management at CNS. This assessment will review program plans that have been implemented to determine if the improvements identified are being implemented such that program improvement is being noted.	Mark Gillan	4Q/04	1Q/05	Final Effectiveness Assessment performed. End state is consistent with the stated objective or the action plan is revised.

TITLE ACTION PLAN

PILLAR OF EXCELLENCE: Organizational Excellence
FOCUS AREA: Management Effectiveness
ACTION PLAN TITLE: Change Management
ACTION PLAN NUMBER: 5.1.1.10
COMPLETION DATE: 4Q/04
ACTION PLAN OWNER: Deb Christensen
FOCUS AREA OWNER: Mike Coyle

APPROVAL:

APPROVAL:

Deb Christensen
MT Coyle DE

PROBLEM STATEMENT:

An effective change management process has not been consistently used at Cooper Nuclear Station (CNS) to establish and support realizing improvements. Change initiatives to improve processes, practices, and performance have not consistently achieved or sustained the desired outcomes or expected results.

CAUSAL FACTORS:

1. Station management has not established and enforced an expectation for consistent use and application of a change management process. (Actions 3, 4)
2. Lack of a systematic process to implement and monitor change. (Actions 3, 4)

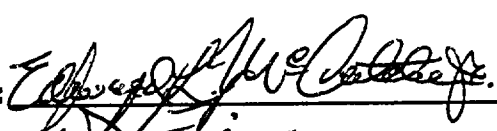
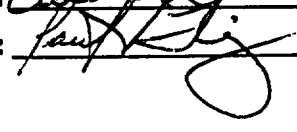
OBJECTIVES:

1. Improvement and change initiatives successfully executed.
2. Change initiatives and change programs monitored for effectiveness.

TIP ACTION PLAN

NO.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Appoint a change management contact, responsible for rolling out the revised station Change Management Program.	Mike Coyle		Complete	Individual identified.
2	Use the current change management guidance (CNS Change Management Guide) during development of TIP Revision 1 and Revision 2.	David Blythe		Complete	TIP Revision 2 that includes appropriate change management activities.
3	Revise or replace existing procedures/guidance on Change Management utilizing Change Management at other selected facilities.	Deb Christensen	4Q/02	2Q/03	Revised or new CNS Change Management procedure and associated policies/handbooks developed.
4	Develop and deliver Change Management orientation for managers and supervisors.	Deb Christensen	2Q/03	2Q/03	Orientation developed and delivered to managers and supervisors.
5	<u>Change Management</u> Establish a Change Management Plan in accordance with the CNS Change Management Guideline that communicates and reinforces the changes to expectations, requirements, roles and responsibilities.	Deb Christensen	4Q/02	1Q/03	A written Change Management Plan approved by the Assistant to the Site Vice-President.
6	<u>Monitoring – Self-Assessments</u> Conduct a self-assessment to determine the effectiveness of selected change initiatives. Self-Assessment to be performed in accordance with 0-CNS-25, Self-Assessment.	Kim Liebig	3Q/03	4Q/03	Assessments are performed to determine effectiveness of actions taken.
7	<u>Verification – Final Assessment</u> Perform Final Effectiveness Assessment in accordance with 0-CNS-25, Self-Assessment, to establish that change initiatives are being followed through to completion, and the end state is consistent with the stated Objective.	Deb Christensen	4Q/04	4Q/04	Final Effectiveness Assessment performed; end state is consistent with the stated Objective.

PILLAR OF EXCELLENCE: Organizational Excellence
FOCUS AREA: Communications
ACTION PLAN TITLE: External Regulatory Communications
ACTION PLAN NUMBER: 5.1.3.1
COMPLETION DATE: 2Q/05
ACTION PLAN OWNER: Edward L. McCutchen, Jr.
FOCUS AREA OWNER: Paul V. Fleming

APPROVAL: 
APPROVAL: 

PROBLEM STATEMENT:

Cooper Nuclear Station (CNS) communications with regulatory agencies have not been well coordinated in the past. Additionally, some written reports and submittals have contained errors, requiring correction and re-submittal.

CAUSAL FACTORS:

1. Expectations and standards for communication with external regulatory agencies have not been consistently established, communicated, and enforced. (Actions 1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14)
2. Roles and responsibilities for communication with external regulatory agencies are not clear. (Actions 2, 3, 4, 5, 6, 7, 8)
3. Regulatory submittal content, timeliness, and quality standards/expectations have not been consistently met without rework. (Actions 1, 2, 3)

OBJECTIVES:

1. Clearly defined roles, responsibilities and expectations that result in complete, accurate and timely communication to the Nuclear Regulatory Commission (NRC) (Resident Inspectors, Region IV, Office of Nuclear Reactor Regulation and NRC Senior Management).
2. Improved guidance documents for communicating with the regulator such that effective communications is sustained.
3. The appropriate levels of training provided to improve the organization's understanding of and accountability for regulatory communications.

TITLE ACTION PLAN

NO.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
REGULATORY COMMUNICATION ROLES, RESPONSIBILITIES, EXPECTATIONS AND STANDARDS					
1	Provide immediate instructions, expectations and mentoring for Licensing personnel involved in the receipt and action ownership of incoming correspondence (including both electronic and 'hard copy' correspondence).	Norena Robinson		Complete	Instructions and expectations for receipt, assignment, and tracking of correspondence established and implemented.
2	Prepare and issue guidance/expectations for conduct of the regulatory interface.	Dave Kunsemiller		In Closure	Principles and expectations for conduct of regulatory interface established and issued. (This will be used to revise procedure 0-CNS-17.)
3	Establish a Licensing Action Review Board with an appropriate procedure or guideline. The purpose of this review board is to ensure that selected licensing actions achieve the goal of timely, accurate and complete written communication with the NRC.	Dave VanDerKamp	4Q/02	3Q/03	Procedure or guideline ready to implement. (This will be used to revise procedure 0-CNS-17.)
4	Prepare and issue an overall strategy for conducting communications with the regulator.	Jim Sumpter	4Q/02	3Q/03	Strategy document developed and approved. (This will be used to revise procedure 0-CNS-17.)
5	Develop and issue a response plan with increased line ownership for timely resolution of NRC Resident Inspector issues.	Jim Flaherty	4Q/02	3Q/03	Documented plan for NRC Resident Inspections developed and approved. (This will be used to revise procedure 0-CNS-17.)
IMPROVE GUIDANCE DOCUMENTS					
6	Revise procedure 0-CNS-17, Site-Wide Licensing Directive to reflect critical elements of Actions 2, 3, 4 and 5.	Norena Robinson	4Q/02	3Q/03	Revised 0-CNS-17 procedure for external communications established and ready to implement.

II. ACTION PLAN

NO.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
7	Identify and revise key station procedures needed to reflect changes to 0-CNS-17.	Dave VanDerKamp	2Q/03	1Q/04	New or revised Licensing site-wide procedures established and ready to implement.
8	Identify and revise Licensing department guidelines needed to reflect changes to 0-CNS-17 and associated revised station procedures.	Jim Sumpter	2Q/03	2Q/04	New or revised Licensing guidelines established and ready to implement.
9	Implement revised procedures and guidelines upon completion of required change management training.	Norena Robinson	4Q/03	3Q/04	New or revised procedures and guidelines implemented.
PROVIDE TRAINING					
10	Determine target population and level of training for changes to 0-CNS-17 based on a Needs Analysis.	John Christensen	2Q/03	3Q/03	Needs Analysis complete. Target population list documented.
11	Develop training material for the changes to 0-CNS-17.	John Christensen	3Q/03	3Q/03	Training material approved.
12	Based on a Needs Analysis, determine target population and level of training for the procedure and guideline changes resulting from changes to 0-CNS-17.	John Christensen	3Q/03	4Q/03	Needs Analysis complete. Target population list documented.
13	Develop training material for the procedure and guideline changes resulting from changes to 0-CNS-17.	John Christensen	4Q/03	2Q/04	New or revised Licensing site-wide procedures implemented.
14	Perform training, as needed, on 0-CNS-17 and associated procedures/guidelines that changed as a result of revisions to 0-CNS-17.	John Christensen	1Q/04	3Q/04	Procedures and guidelines change management training completed.
MONITOR CNS PERFORMANCE OF VERBAL AND WRITTEN COMMUNICATION					
15	Perform an effectiveness review 6 months following completion of the first group of procedures revision/upgrade to evaluate achievement of objectives.	Luann Bray	2Q/04	1Q/05	Effectiveness review report; entry of discrepant conditions into Corrective Action Program (CAP).

TITLE ACTION PLAN

NO	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
16	Revise External Communication actions (this Action Plan) as required in response to findings of the effectiveness review.	Ed McCutchen	4Q/04	1Q/05	CAP action items.
17	<u>Change Management</u> Establish a Change Management Plan in accordance with the CNS Change Management Guideline that communicates and reinforces the changes to expectations, requirements, roles and responsibilities.	Ed McCutchen	2Q/03	3Q/03	A written Change Management Plan approved by the Assistant to the Site Vice-President.
18	<u>Monitoring – Self-Assessments</u> Perform an Initial Self-Assessment 7 months after issuance of Revision 2 of Action Plan, and then review in the quarterly Self-Assessment Evaluation thereafter to determine the effectiveness of the individual actions taken to improve the External Communications. Revise Action Plan based upon Interim Assessments, as required, to improve effectiveness of the External Communication. Self-Assessments to be performed in accordance with 0-CNS-25. Self-Assessment.	Luann Bray	2Q/03	4Q/04	Interim Assessments are performed to determine effectiveness of actions taken. Action Plan is revised as required based upon results of the Interim Assessments. Deliverables are: <ul style="list-style-type: none"> • Initial Self Assessment Report • Quarterly Self Assessment Evaluation Reports • Action 16 complete
19	<u>Verification – Final Assessment</u> Perform Final Effectiveness Assessment in accordance with 0-CNS-25, Self-Assessment, to establish that the required actions have improved NPPD communications with regulatory agencies, the nuclear industry, and the public; and the end state is consistent with the stated Objective.	Ed McCutchen	1Q/05	2Q/05	Final Effectiveness Assessment is performed to establish that the required actions have improved External Communications, and the end state is consistent with the stated Objective.

PILLAR OF EXCELLENCE: Organizational Excellence

FOCUS AREA: Communications

ACTION PLAN TITLE: Internal Communications

ACTION PLAN NUMBER: 5.1.3.2

COMPLETION DATE: 3Q/04

ACTION PLAN OWNER: Deborah L. Stemple

FOCUS AREA OWNER: Deb Christensen

APPROVAL:

APPROVAL:

PROBLEM STATEMENT:

Cooper Nuclear Station (CNS) lacks a strategy and the tools for consistently effective internal communications. Meetings and direct (face-to-face) communications between managers, supervisors, and employees have been ineffective.

CAUSAL FACTORS:

1. There is no infrastructure for internal communications such as a consistent set of standards, expectations, methods, defined roles and responsibilities that is consistently executed. (Action 1, Action Plan 5.1.1.1)
2. Managers have not sufficiently nor consistently executed and reinforced expectations for timely and effective internal communications. (This is a behavioral issue with respect to accountability and follow-through that will be addressed through Action Plan 5.1.1.1)
3. There is no effective policy to promulgate the expectations for the planning, scheduling, conduct and effective use of meetings. (Action 2)
4. There is no effective process for communicating ideas/suggestions and then no process to evaluate those ideas/suggestions. (Action 3)

OBJECTIVES:

1. Infrastructure for effective internal communications established. Consistent, effective, and timely internal communication such that employees have the right information at the right time to perform their jobs.

TIP ACTION PLAN

NO.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Develop an internal communications strategy that defines CNS management's communication philosophy, roles and responsibilities, the communication tools available, and guidance for applying the appropriate tool for specific types of communication.	Glenn Troester	4Q/02	1Q/03	Internal communications strategy, approved by the Site Vice-President.
2	Establish guideline for effective meetings.	Kim Keeton	4Q/02	1Q/03	Meeting guideline incorporated into internal communications strategy, approved by the Site Vice-President.
3	Develop a mechanism or process by which ideas and suggestions can be raised and fairly evaluated.	Lonni Smith	4Q/02	1Q/03	Process/guidelines incorporated into internal communications strategy, approved by the Site Vice-President.
4	<u>Change Management</u> Establish a Change Management Plan in accordance with the CNS Change Management Guideline that communicates and reinforces the changes to expectations, requirements, roles and responsibilities.	Deb Stemple	4Q/02	4Q/02	A written Change Management Plan approved by the Assistant to the Vice-President.
5a	<u>Monitoring – Self-Assessments</u> Establish baseline performance for internal communications by developing and conducting a site-wide survey that addresses face-to-face communication adequacy, communication barriers, and meeting effectiveness.	Mikel Claborn (Nebraska Public Power District (NPPD) Corporate)	4Q/02	1Q/03	Internal communications baseline survey report.
5b	Analyze survey results and identify if areas of the action plan need to be revised.	Glenn Troester	1Q/03	1Q/03	Revision to action plan if required.
5c	Conduct a follow-up internal communications survey.	Mikel Claborn (NPPD Corporate)	2Q/03	2Q/03	Internal communications follow-up survey report.
5d	Analyze results from follow-up survey; compare to baseline survey to determine performance and identify any needed changes to Internal Communications Strategy.	Glenn Troester	3Q/03	3Q/03	Internal Communications Strategy revised if necessary.

TITLE ACTION PLAN

NO	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
5e	Develop policy/process for on-going internal communications surveys that supports the performance measure; incorporate policy in the internal communications strategy.	Glenn Troester	3Q/03	3Q/03	Approved policy for on-going surveys and incorporation in Internal Communications Strategy.
6	<u>Verification – Final Assessment</u> Perform Final Effectiveness Assessment in accordance with O-CNS-25, Self-Assessment to establish that the required actions have improved internal communications and the end state is consistent with the objective.	Deb Christensen	2Q/04	3Q/04	Final Closeout Effectiveness Review Report and action items entered in CAP as appropriate

PILLAR OF EXCELLENCE: Organizational Excellence

FOCUS AREA: Human Performance

ACTION PLAN TITLE: Human Performance

ACTION PLAN NUMBER: 5.1.4.1

COMPLETION DATE: 3Q/05

ACTION PLAN OWNER: David Montgomery

FOCUS AREA OWNER: Jim Hutton

APPROVAL:

APPROVAL:

PROBLEM STATEMENT:

The station has failed to recognize declining human performance and take effective corrective action.

CAUSAL FACTORS:

1. Insufficient infrastructure for the Human Performance Program. (Actions 1, 2, 3, 4, 5a, 5b, 6, 7, 8, 22,23, 24a, 24b, 25, 26, 27, 28)
2. Less than adequate understanding of human performance principles. (Actions 9, 10, 11, 12, 13a, 13b, 13c, 14, 15)
3. Lack of clear and consistent communication involving human performance principles. (Actions 16, 17)
4. Inconsistent application of a root cause methodology to identifying and correcting latent organizational weaknesses. (Actions 18, 19, 20a, 20b, 21)
5. Failure to recognize declining performance due to less than adequate effectiveness measures. (Actions 25, 26, 27, 28)

OBJECTIVES:

1. Organizational human performance that results in safe and reliable plant operation as indicated by the station human performance event free clock.
2. Human Performance program structure that includes:
 - A communication strategy,
 - Quality effectiveness measures,
 - Training,
 - Clearly defined expectations and reinforcement for behaviors at all levels of the organization,
 - Defined process interactions with continuous improvement initiatives such as self-assessment, management observation, corrective action,
 - Organizational structure providing sufficient oversight and sponsorship of human performance, and
 - Event investigation process.

TIP ACTION PLAN

NO	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
DEVELOP INFRASTRUCTURE TO DEFINE HUMAN PERFORMANCE EXCELLENCE					
1	Benchmark other utilities to identify program structure common in the industry. Benchmarking is to be performed in accordance with 0-CNS-06, Guideline for Benchmarking. Benchmarking goals and objectives will be established in accordance with the requirements established by 0-CNS-06.	David Montgomery	4Q/02	1Q/03	Completed Benchmark report in accordance with CNS station Procedure 0-CNS-06 for benchmarking.
2	Establish a Senior Management Steering Committee for human performance.	David Montgomery	4Q/02	1Q/03	A charter that defines committee roles and responsibilities and meeting periodicity.

NO.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
3	Develop a human performance program policy.	David Montgomery	4Q/02	1Q/03	<div>Completed human performance station policy that describes:<ul style="list-style-type: none">▪ Communication strategy▪ Performance indicators▪ Training expectations▪ Error prevention tools▪ Behavioral expectations for all levels of the organization including:<ul style="list-style-type: none">▪ contact time▪ visibility▪ communications▪ Process interactions with:<ul style="list-style-type: none">▪ operating experience▪ corrective actions▪ self-assessment▪ management observations▪ Organizational structure w/ management involvement to include roles and responsibilities for:<ul style="list-style-type: none">▪ A human performance improvement team▪ A senior management steering committee▪ The station human performance coordinator▪ Positive reinforcement expectations▪ Descriptions of error types including information to identify errors versus violations▪ Event investigation process and expectations.</div>

NO	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
4	Perform communication sessions with station personnel on the policy after it is developed. The communication sessions will include a description of expectations for behaviors at all levels in the organization.	David Montgomery	2Q/03	2Q/03	Documented work center meetings performed by the work center Manager or Supervisor with a handout provided by the station Human Performance Coordinator.
5a	Training will perform appropriate analysis to determine the impact on station personnel, the targeted audience, the training schedule, and required resources based on the new human performance policy document.	Tim Donovan	4Q/02	2Q/03	Completed analysis performed by the Training Department.
5b	Deliver training on the new Human Performance Policy to appropriate station personnel as determined by the analysis in Action 5a.	Tim Donovan	3Q/03	1Q/04	Documentation of training for appropriate station personnel on Human Performance Policy.
6	Perform an assessment of the Cooper Nuclear Station (CNS) human performance program against the Nuclear Energy Institute/Institute of Nuclear Power Operation/Electrical Power Research Institute (NEI/INPO/EPRI) Benchmarking report on the Human Performance Process	David Montgomery	2Q/03	3Q/03	Completed GAP analysis report. Gaps will be entered into the CNS corrective action program. Evidence of implementation of appropriate corrective action to resolve identified gaps.
7	Review the current management observation program to identify gaps between the current process and the policy that is developed on human performance. The management observation program will be reviewed against the NEI/INPO/EPRI Benchmarking report on the Human Performance Process. (Action Plan 5.1.1.5 also addresses the Management Observation Program).	David Montgomery	2Q/03	3Q/03	Completed GAP analysis report. Gaps will be entered into the CNS corrective action program. Evidence of implementation of appropriate corrective action to resolve identified gaps.
8	Develop a positive reinforcement process to help the leadership team with recognizing and reinforcing desired behaviors.	David Montgomery	3Q/03	1Q/04	A positive reinforcement strategy that promotes and measures reinforcement activities taken by station leadership.

TIP A ACTION PLAN

NO	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
IMPROVE STATION PERSONNEL UNDERSTANDING OF HUMAN PERFORMANCE PRINCIPLES					
9	Establish a Human Performance Improvement Team with representatives from throughout the organization to aid in department communications and use of department human performance event free clocks.	David Montgomery		In Closure	Team established and charter developed.
10	Establish a requirement for human performance fundamentals training for all new employees.	David Montgomery	4Q/02	1Q/03	Completed station policy for human performance that establishes this requirement.
11	Develop Human Performance Training for new employees.	Tim Donovan	4Q/02	1Q/03	Completed lesson plan(s) for use in initial training of new employees.
12	Provide a Human Performance Refresher for station personnel. This may be in the form of tailgates.	David Montgomery	1Q/03	1Q/03	Completed tailgate sessions for all station personnel on human performance fundamentals including recognizing error likely situations, error prevent tools, and the anatomy of an event.
13a	Training will perform appropriate analysis to determine the impact on station personnel, the targeted audience, the training schedule, and required resources for performing formal human performance training including the need for periodic refresher training, as necessary.	Tim Donovan	2Q/03	3Q/03	Memo to the Human Performance Coordinator from the training department.
13b	Deliver appropriate formal Human Performance training to station personnel as determined by the analysis in Action 13a.	Tim Donovan	3Q/03	4Q/04	Documentation of Human Performance training for appropriate station personnel.
13c	Establish appropriate formal Human Performance re-qualification requirements and re-qualification schedule for station personnel as determined in Action 13a.	Tim Donovan	3Q/03	4Q/03	Documented re-qualification requirements for station personnel and established re-qualification schedule.
14	Perform an INPO GAP analysis to identify knowledge gaps for station management.	David Montgomery	3Q/03	4Q/03	Completed GAP Analysis with results captured for use by INPO in performing Action 15.

NO.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
15	Provide INPO Supervisor/Manager Training based on GAP results.	David Montgomery	4Q/03	4Q/03	Documentation of completed training documentation for all supervisors, managers, and senior managers.
DEVELOP A SITE WIDE COMMUNICATION STRATEGY THAT DESCRIBES THE TOPICS TO BE DISCUSSED AT PERIODIC HUMAN PERFORMANCE STANDOWNS					
16	Perform benchmarking to identify how other utilities determine the topics to be focused on for the station. Benchmarking is to be performed in accordance with 0-CNS-06, Guideline for Benchmarking. Benchmarking goals and objectives will be established in accordance with the requirements established by 0-CNS-06.	David Montgomery	4Q/02	1Q/03	Completed Benchmark report in accordance with CNS station procedure for benchmarking.
17	Incorporate a strategy for determining the items to be communicated in the human performance policy being developed in Action 3.	David Montgomery	1Q/03	1Q/03	Completed station policy for human performance that establishes this requirement.
STRENGTHEN THE STATION'S HUMAN PERFORMANCE ROOT CAUSE ABILITY TO IDENTIFY AND CORRECT LATENT ORGANIZATIONAL WEAKNESSES.					
18	Revise the Human Error Review Board process to improve the focus on organizational/jobsite conditions. This will be accomplished through removal of focus on individual disciplinary action.	David Montgomery		In Closure	Revised procedure 0-CNS-59, Event Review Board, 4/2002. Note: This process is being reviewed in Action No. 1 with the deliverable being a revised process described in Action No. 3.

TIP ACTION PLAN

NO	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
19	Review regulatory and industry guidance such as Nuclear Regulatory Guide (NUREG) 1545/Nuclear Regulatory Commission (NRC) inspection procedure 71841 and NEI/INPO/EPRI Benchmarking Report on Human Performance Process, and INPO Human Performance Fundamentals and add guidance to station procedures for performing evaluations of events related to human performance. (Action Plans 5.2.7.1 and 5.2.7.2 also address the Corrective Action Program)	David Montgomery	1Q/03	2Q/03	Guidance from NRC/INPO/NEI/EPRI identified and incorporated in appropriate CNS Procedures.
20a	Revise Root Cause Training as appropriate to address human performance related root causes based on any changes made as a result of this action plan or as a result of GAP analysis of regulatory or industry guidance. (Action Plans 5.2.7.1 and 5.2.7.2 also address the Corrective Action Program)	Tim Donovan	2Q/03	3Q/03	Revised root cause training program including guidance on Human Performance Cause Analysis.
20b	Deliver revised root cause training incorporated Human Performance Root Cause Analysis to root cause investigators.	Tim Donovan	3Q/03	1Q/04	Documentation of completed training of root cause investigators.
21	Review the work control process to identify gaps in the process that, if closed would improve human performance. Items to be considered include the attributes listed in LP002, NEI/INPO/EPRI Benchmarking report on the Human Performance Process. Specifically evaluate the station processes affecting job site conditions, task planning, individual behaviors, and performance assessment.	David Montgomery	4Q/03	1Q/04	Completed GAP analysis report. Gaps will be entered into the CNS corrective action program. Evidence of implementation of appropriate corrective action to resolve identified gaps.

NO	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
DEVELOP AND IMPLEMENT A PEER OBSERVATION PROGRAM					
22	Benchmark utilities that perform peer observations. This will be accomplished in accordance with the CNS procedure on benchmarking and may include data gathering, trips to other stations, or bringing other utilities to CNS to gain the necessary information to develop the program.	David Montgomery	1Q/04	3Q/04	Completed Benchmark report in accordance with CNS station procedure for benchmarking.
23	Develop a policy for the performance of peer observations. The policy will be based on benchmarking results and the needs determined by senior station management. As a minimum the policy will describe: <ul style="list-style-type: none">▪ Roles and responsibilities,▪ Observations to be included in the program,▪ Actions to be taken based on observation results, and▪ Tracking and trending of observations.	David Montgomery	3Q/04	4Q/04	The deliverable for this action will either be a new station policy outlining the peer observation program or a revised human performance program description with a section devoted to the details of a peer observation program.
24a	Training will perform appropriate analysis to determine the impact on station personnel, the targeted audience, the training schedule, and required resources for performing training on the newly developed peer observation program.	Tim Donovan	4Q/04	2Q/05	Completed analysis performed by the Training Department.
24b	Deliver the peer observation program training to appropriate station personnel as determined in Action 24a.	David Montgomery	2Q/05	3Q/05	Documentation of peer observation training for appropriate station personnel.
IMPROVE THE METHOD FOR MEASURING HUMAN PERFORMANCE					
25	Develop a site human performance event free clock to provide focus for the station.	David Montgomery		Complete	Site clock established with guidance in the Human Performance Deskguide.
26	Develop department human performance event free clocks to provide focus for each department.	David Montgomery		Complete	Department clocks established with guidance in the Human Performance Deskguide.

TIP ACTION PLAN

NO.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
27	Incorporate the periodic review of station performance indicators related to human performance into the human performance program policy.	David Montgomery	4Q/02	1Q/03	Completed station policy for human performance that establishes this requirement.
28	Develop a method to trend low threshold human performance items.	David Montgomery	4Q/02	1Q/03	Completed station policy for human performance that establishes this requirement.

NO	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
GENERAL					
29	<p><u>Training</u></p> <p>CNS will use the systematic approach to training when determining the training needs as a result of this action plan. Specific action steps have been assigned to address these needs.</p> <p>Action 5a & 5b – Training will perform appropriate analysis to determine the impact on station personnel, the targeted audience, the training schedule, and required resources based on the new human performance policy document.</p> <p>Action 13a, 13b & 13c - Training will perform appropriate analysis to determine the impact on station personnel, the targeted audience, the training schedule, and required resources for performing formal human performance training including the need for periodic refresher training, as necessary.</p> <p>Action 11 – Develop human performance training for new employees.</p> <p>Action 20a & 20b – Revise Root Cause Training as appropriate to address human performance related root causes based on any changes made as a result of this action plan or as a result of GAP analysis of regulatory or industry guidance.</p> <p>Action 24a & 24b – Training will perform appropriate analysis to determine the impact on station personnel, the targeted audience, the training schedule, and required resources for performing training on the newly developed Peer Observation Program.</p>	Tim Donovan	2Q/03	2Q/05	Station personnel impacted by the procedural revisions are identified and trained in accordance with the Systematic Approach to Training.

TIP A ACTION PLAN

NO	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
30	<u>Change Management</u> Establish a Change Management Plan in accordance with the CNS Change Management Guideline that communicates and reinforces the changes to expectations, requirements, roles and responsibilities.	David Montgomery	2Q/03	2Q/03	A written Change Management Plan approved by the Assistant to the Site Vice-President.
31	<u>Monitoring – Self-Assessments</u> Perform Interim Self-Assessment 6 months after issuance of revision of Action Plan, (and every 12 months thereafter) to determine the effectiveness of the individual actions taken to improve the Human Performance. The action plan will be revised, as necessary, based upon Interim Assessment. Self-Assessments to be performed in accordance with 0-CNS-25, Self-Assessment.	David Montgomery	2Q/03	3Q/04	Interim Assessments are performed to determine effectiveness of actions taken. Areas for improvement will be entered into the corrective action program and the Action Plan will be revised as required based upon results of the Interim Assessments.
32	<u>Verification – Final Assessment</u> Perform Final Effectiveness Assessment with assistance of INPO, to establish that the required actions have improved station human performance and the end state is consistent with the stated Objective. Self-Assessment to be performed in accordance with 0-CNS-25, Self-Assessment.	David Montgomery	3Q/05	3Q/05	Final Effectiveness Assessment is performed to establish that the required actions have improved station performance, and the end state is consistent with the stated Objective.

TITLE ACTION PLAN

PILLAR OF EXCELLENCE: Organizational Excellence

FOCUS AREA: Oversight & Assessment

ACTION PLAN TITLE: Self-Assessment

ACTION PLAN NUMBER: 5.1.5.1

COMPLETION DATE: 2Q/05

ACTION PLAN OWNER: Roman Estrada

FOCUS AREA OWNER: Mike Boyce

APPROVAL:

APPROVAL:

PROBLEM STATEMENT:

Cooper Nuclear Station (CNS) is weak in the organizational discipline of planning, execution, and follow through of self-assessments.

CAUSAL FACTORS:

Self-Assessment is not consistently applied or effectively implemented due to lack of organizational ownership and support. (Actions 1, 2, 3, 4, 5, 6, 7, 8, 9, Action Plan 5.2.6.4)

OBJECTIVES:

1. Self-Assessments are consistently used to proactively identify station problems and to improve station performance.

TITLE ACTION PLAN

NO	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Revise 0-CNS-25 to clearly state that Notifications initiated to address Self-Assessment recommendations must be processed through the Corrective Action Program (CAP).	Ralph Drier	3Q/02	1Q/03	Completed Revision to 0-CNS-25.
2	Conduct benchmarking at selected utilities to identify beneficial Organizational behaviors and practices related to Self-Assessment/Continuous Improvement/Excellence. Benchmarking is to be performed in accordance with 0-CNS-06, Guideline for Benchmarking. Benchmarking goals and objectives will be established in accordance with the requirements established by 0-CNS-06.	Ralph Drier	3Q/02	1Q/03	Report that identifies beneficial practices/behaviors related to Self-Assessment/Continuous Improvement/Excellence.
3	Complete a comparison of CNS Organizational behaviors related to Self-Assessment/Continuous Improvement/Excellence to beneficial practices/behaviors identified during benchmarking and determine which could be effectively implemented at CNS.	Ralph Drier	2Q/03	2Q/03	Report that identifies beneficial practices/behaviors that could be effectively implemented at CNS and includes action plan to implement improvements.
4	Conduct briefings with Department Managers and Self-Assessment Coordinators to discuss the following: <ul style="list-style-type: none">Continuous Improvement/Excellence concept and processAttributes of Continuous Improvement Culture (Learning Organization)The role of Self-Assessment in Continuous ImprovementSelf-Assessment related roles and responsibilities.	Ralph Drier	2Q/03	3Q/03	List of Department Managers and Self-Assessment Coordinators that attended the briefings, copy of talking paper and handout.

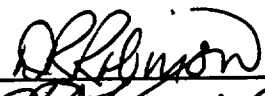

TIP ACTION PLAN

NO	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
5	Conduct Work Group/Department level briefings following: <ul style="list-style-type: none">• Continuous Improvement/Excellence concept and process• Attributes of Continuous Improvement Culture (Learning Organization)• The role of Self-Assessment in Continuous Improvement• Self-Assessment related roles and responsibilities.	Ralph Drier	3Q/03	1Q/04	List of personnel that attended the meetings, copy of talking paper and handout.
6	Develop and implement guidance to facilitate quality reviews of focused self-assessments and implement in 0-CNS-25. (Include a criterion (check point) that Self-Assessment recommendations be processed through CAP) The quality reviews will focus on the conduct and results of the assessment as described in the assessment report.	Ralph Drier	3Q/03	1Q/04	0-CNS-25 revised to include requirements for quality reviews of Focused Self-Assessments. (Including criterion that recommendations be processed through CAP)
7	Develop and implement guidance to facilitate effectiveness reviews of focused self-assessments and implement in 0-CNS-25. The effectiveness reviews will focus on whether the actions identified by assessments have resulted in the intended performance improvement.	Ralph Drier	3Q/03	1Q/04	0-CNS-25 revised to include requirements for effectiveness reviews of Focused Self-Assessments.

NO.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
8	<p>Conduct meetings with Department Managers and Self-Assessment Coordinators to review this Action Plan. The meetings should address the following:</p> <ul style="list-style-type: none">• The reasons for the change(s)<ol style="list-style-type: none">1. Current state of Self-Assessment at CNS2. Cause of current state3. Vision for the future of Self-Assessment at CNS4. Likely consequences of <u>not</u> making the changes• Overview of plan objectives and actions• Impact of the plan• Required resources<ol style="list-style-type: none">1. Possible negative impacts of implementing the plan2. Potential failure modes and methods to resolve contingencies• Performance measures used to track plan effectiveness• Planned effectiveness review	Ralph Drier	4Q/02	1Q/03	List of Department Managers and Self-Assessment Coordinators that attended the meetings, copy of talking paper and handout.
9	<p><u>Change Management</u></p> <p>Establish a Change Management Plan in accordance with the CNS Change Management Guideline that communicates and reinforces the changes to expectations, requirements, roles and responsibilities.</p>	Ralph Drier	2Q/03	2Q/03	A written Change Management Plan approved by the Assistant to the Vice-President.

NO.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
10	<u>Monitoring – Self-Assessments</u> Conduct an assessment of Station Self-Assessment performance to determine whether planned activities are resulting in an acceptable level of improvement. Level of performance improvement will be considered acceptable if, based on the performance level identified on plan performance indicators and the expected rate of improvement, it is likely that the plan objectives will be accomplished. Causal analysis will be completed for any area(s) with lower than acceptable levels of improvement and recovery plans will be developed and implemented. Self-Assessments to be performed in accordance with 0-CNS-25, Self-Assessment.	Ralph Drier	4Q/03	4Q/03	Assessment Report, including causal analysis and recovery plans for all areas identified as experiencing lower than acceptable performance improvement.
11	<u>Verification – Final Assessment</u> Perform Final Effectiveness Assessment in accordance with 0-CNS-25, Self-Assessment, to establish that the completed actions have improved the Self-Assessment process and met the stated Objective.	Ralph Drier	4Q/04	2Q/05	Final Effectiveness Assessment is performed to establish that the required actions have improved Self-Assessments and the end state is consistent with the stated Objective.

PILLAR OF EXCELLENCE: Organizational Excellence
FOCUS AREA: Oversight & Assessment
ACTION PLAN TITLE: Quality Assurance Effectiveness
ACTION PLAN NUMBER: 5.1.5.2
COMPLETION DATE: 2Q/04
ACTION PLAN OWNER: Dave Robinson
FOCUS AREA OWNER: Dave Kunsemiller

APPROVAL: 
APPROVAL:  11-18-02

PROBLEM STATEMENT:

The Quality Assurance (QA) organization has not been consistent in the "follow-up" of findings and getting plant management to effectively respond to their findings.

CAUSAL FACTORS:

1. Quality Assurance was not successful in communicating to site and corporate management the need to effectively act on the widespread performance issues as they were identified. (Actions 1, 2, 3)
2. Quality Assurance was not fully engaged in "follow-up" of findings to ensure that the corrective actions are effective in the resolution of the issues. (Action 1)

OBJECTIVES:

1. QA is fully engaged with "follow-up" of their findings and successful in communicating to plant management to effectively respond to their findings.

TIP ACTION PLAN

NO.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Develop and implement guidance/requirements for the "follow-up" of QA findings. This guidance shall also detail specific actions taken for untimely and/or inadequate response(s) to these findings.	David Robinson	4Q/02	1Q/03	Procedure/policy revised or developed.
2	Develop and provide a quarterly report to the VP (Vice President) on plant management responsiveness to QA findings. In addition, communicate routinely on this subject to management.	David Robinson	4Q/02	4Q/03	A formal report to the VP on a quarterly basis. Routine communication to plant management.
3	Revise Nuclear Quality Procedure 2.7, Escalation Process, to detail specific actions taken for untimely and/or inadequate response(s) to QA Escalation issues.	David Robinson	2Q/03	3Q/03	Procedure revised.
4	Training will be required following revision to the QA follow-up and escalation processes. Targeted Personnel – QA	David Robinson	3Q/03	3Q/03	Personnel Impacted by the procedural revisions are identified and trained in accordance with the systematic approach to training.
5	<u>Change Management</u> Establish a Change Management Plan in accordance with the Cooper Nuclear Station (CNS) Change Management Guideline that communicates and reinforces the changes to expectations, requirements, roles and responsibilities.	David Robinson	2Q/03	3Q/03	A written Change Management Plan approved by the Assistant to the VP.

TIP ACTION PLAN

NO	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
6	<u>Monitoring – Self-Assessments</u> Perform Interim Self Assessments (on a quarterly basis after issuance of revision 2 to this Action Plan) to determine the effectiveness of the individual actions taken. Revise Action Plan based upon Interim Assessment, as required, to improve effectiveness of Quality Assurance. Self Assessments to be performed in accordance with 0-CNS-25, Self Assessment.	David Robinson	2Q/03	2Q/04	Interim Assessments are Performed to determine effectiveness of actions taken. Action Plan is revised as required based upon results of the Interim Assessments.
7	<u>Verification – Final Assessment</u> Perform Final Effectiveness Assessment in accordance with 0-CNS-25, Self-Assessment to establish that the required actions have improved the Quality Assurance effectiveness such that they are fully engaged with "follow-up" of findings and more successful in communicating to plant management to effectively respond to their findings. Ensure the end state is consistent with the stated objective.	David Robinson	2Q/04	2Q/04	Final Effectiveness Assessment is performed to establish that the required actions have improved Quality Assurance's effectiveness, and the end state is consistent with the stated Objective.

PILLAR OF EXCELLENCE: Organizational Excellence

FOCUS AREA: Fiscal Responsibility

ACTION PLAN TITLE: Fiscal Policy Improvement

ACTION PLAN NUMBER: 5.1.6.1

COMPLETION DATE: 2Q/04

ACTION PLAN OWNER: Sharon Brown

FOCUS AREA OWNER: Laurie Wetherell

APPROVAL: 

APPROVAL: 

PROBLEM STATEMENT:

Cooper Nuclear Station (CNS) has overspent approved budgets and bypassed the financial approval process.

CAUSAL FACTORS:

1. Accountability and ownership of the budget had been weak at all levels of the CNS organization. (Actions 1, 2, 6, 9)
2. Clear standards and expectations regarding the importance of financial performance and accountability had not been set. (Actions 1, 2, 3, 4, 9)
3. Changing priorities has led to inefficient use of resources and the lack of funding for some projects. (Actions 3, 4, 5, 7, 9)
4. Managers and supervisors did not routinely meet with budget representatives to develop accurate budgets and forecasts or to present current results. (Actions 1, 2, 5, 6)

OBJECTIVES:

1. Financial resources and controls established so that resources are effectively managed.

NO.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Conduct formal, monthly reviews of projects and contracts that are being proposed for board approval. Participants include the Chief Nuclear Officer (CNO), Site Vice-President (VP), Cost Engineering, Supply Chain Management, and project/contract owners.	Sharon Brown		Complete	Monthly meetings are held to review proposed projects and contracts that will be presented to the Board for approval.
2	Develop formal budget performance reviews with appropriate CNS stakeholders.	Laurie Wetherell		Complete	Monthly budget variance meetings are held.
3	Create an emergent fund to be controlled by the Site Vice-President.	Laurie Wetherell		Complete	A contingency fund has been created to fund emergent work.
4	Revise Procedure 0-CNS-20 to ensure that funds are not released for projects until detailed plans are developed and approved, and to integrate Nuclear Management Company (NMC) requirements, if appropriate.	Sharon Brown	2Q/02	3Q/03	Procedure 0-CNS-20 revised and issued.
5	Refine the 2003 budget prior to the board freezing the allocations in Systems Applications and Products in Data Processing (SAP).	Laurie Wetherell		Complete	The 2003 budgets have been completed.
6	Develop a revised labor budget to support the revised dropout 2003 budget requests proposed by senior managers.	Laurie Wetherell		Complete	Staffing Plan has been approved.
7	Develop a project plan addressing Nuclear Regulatory Commission (NRC) 95003 letter detailing projected financial impact of developing Revision 1 of The Strategic Improvement Plan (TIP).	Paul Caudill		In Closure	Project Plan has been completed.
8	Complete effectiveness review of 2002 financial results to demonstrate better site focus on financial accountability and better use of resources.	Sharon Brown	1Q/03	1Q/03	Completed effectiveness review.

TIF ACTION PLAN

NO.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
9	Training of targeted personnel from the following departments following development of the procedure revisions: <ul style="list-style-type: none"> • All department managers • Budget Team • Project managers and owners • Cost Engineering staff 	Sharon Brown	3Q/03	4Q/03	Station personnel impacted by the procedural revisions are identified and trained.
10	<u>Change Management</u> Establish a Change Management Plan in accordance with the CNS Change Management Guideline that communicates and reinforces the changes to expectations, requirements, roles and responsibilities.	Sharon Brown	3Q/03	3Q/03	A written Change Management Plan approved by the Assistant to the Site Vice-President.
11	<u>Monitoring – Self-Assessments</u> Conduct self-assessment of the effectiveness of 0-CNS-20 in January 2004. Self-Assessment to be performed in accordance with 0-CNS-25, Self-Assessment.	Sharon Brown	1Q/04	2Q/04	Interim assessment performed to determine effectiveness of actions taken. Action Plan revised as required based upon results of the Interim assessment.
12	<u>Verification – Final Assessment</u> Perform Final Effectiveness Assessment in accordance with 0-CNS-25, Self-Assessment, to establish that the required actions have demonstrated better site focus on financial accountability and better use of resources.	Sharon Brown	2Q/04	2Q/04	Final assessment performed to establish that the required actions have improved the financial management process.

PILLAR OF EXCELLENCE: Organizational Excellence
FOCUS AREA: Operational Focus
ACTION PLAN TITLE: Operationally Focused Organization
ACTION PLAN NUMBER: 5.1.7.1
COMPLETION DATE: 2Q/04
ACTION PLAN OWNER: Jim Hutton
FOCUS AREA OWNER: Mike Coyle

APPROVAL: _____

APPROVAL: _____

[Signature]
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PROBLEM STATEMENT:

The organization has not performed in a manner that places the primary focus of its resources on meeting the operational needs and demands of the plant.

CAUSAL FACTORS:

1. The organization has not developed a common understanding of the routine behaviors and processes necessary to prevent equipment failures, program failures, and events that reduce the reliability and safety of the plant. (Actions 1, 2, 3, 4, 5, 6, 7, 8, Action Plan 5.1.1.1)

OBJECTIVES:

1. An operationally focused culture that permeates the site-wide organization.
2. The prevention of equipment/system failures; undesirable plant events minimized or mitigated quickly.
3. Cooper Nuclear Station (CNS) recognized by the industry as an operationally excellent plant.

TIP ACTION PLAN

NO.	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
1	Establish a Guiding Coalition at the Senior Management level. This action ties to Action Plan 5.1.1.1.	Mike Coyle	4Q/02	4Q/02	Guiding Coalition established.
2	Conduct facilitated sessions with the Guiding Coalition to develop a common set of characteristics of an operationally focused organization. The Guiding Coalition will internalize each characteristic and develop a common understanding of its plant application. Utilize experience from recently conducted operational focus benchmarking visits, industry expertise, and Institute of Nuclear Power Operations (INPO). This action ties to Action Plan 5.1.1.1.	Mike Coyle	1Q/03	1Q/03	A documented set of common characteristics of an operationally focused organization at CNS.
3	Conduct facilitated sessions with the Guiding Coalition to: (a) Identify the behaviors of the Guiding Coalition that will firmly establish the operationally focused characteristics in the CNS work culture. (b) Identify the gaps between the operationally focused behaviors and the Guiding Coalition's current behavior. (c) Identify the set of behaviors and actions the Guiding Coalition can take to close the gaps from item (b). This action ties to Action Plan 5.1.1.1.	Jim Hutton	1Q/03	1Q/03	A leadership team with a common understanding of operational focus and a documented set of actions to move the organizational to an operational focus.
4	Assign owners from the Guiding Coalition to implement the items from action 3 (c).	Jim Hutton	1Q/03	1Q/03	Actions owners assigned.
5	Develop a guidance document for use in "cascade down" line management meeting as described in Action 6. This aligns with Action Plan 5.1.1.1.	John Christensen	1Q/03	2Q/03	A completed and approved Operational Focus guidance document for use by line managers.

TITLE ACTION PLAN

NO	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
6	The Guiding Coalition meets with their immediate staff and other support organization leaders to facilitate internalization of the operational focus characteristics. This internalization will involve the specific change in behaviors and processes within their organizational unit necessary to adopt these operational focus characteristics. This process is cascaded down through the entire organization. This ties with Action Plan 5.1.1.1.	Jim Hutton	2Q/03	2Q/03	Operational focus characteristics introduced to all organizational levels in terms of their specific work activities and responsibilities.
7	Implement the actions and changes identified in Actions 4 and 6. This includes the Guiding Coalition's reinforcement of the characteristics via their routine activities of managing the plant.	Jim Hutton	2Q/03	3Q/03	Evaluation performed that cites the actions, behaviors, and changes identified in Actions 4 and 6 being implemented and regularly reinforced.
8	Utilize an assessment process to determine the degree of cultural shift accomplished. The assessment should be performed every 6 months until it is determined that an operational focus culture is firmly established and it is supported by excellent results in plant performance indicators. Self-Assessments to be performed in accordance with 0-CNS-25, Self-Assessment.	Jim Hutton	3Q/03	2Q/04	Assessments performed.
9	<u>Change Management</u> Establish a Change Management Plan in accordance with the CNS Change Management Guideline that communicates and reinforces the changes to expectations, requirements, roles and responsibilities.	Jim Hutton	4Q/02	1Q/03	A written Change Management Plan approved by the Assistant to the Site Vice-President.
10	<u>Monitoring – Self-Assessments</u> A Self-Assessment of the effectiveness of the Action Plan will be conducted semi-annually in accordance with Action 8 of the Action Plan.	Jim Hutton	2Q/03	2Q/03	Interim Assessments are performed to determine effectiveness of actions taken. First Self-Assessment completed, and corrective actions documented.

TI ACTION PLAN

No	ACTION	ACTION OWNER	START DATE	END DATE	DELIVERABLE
11	Verification – Final Assessment Verification will be determined as described in Action 8 of this action plan.	Jim Hutton	2Q/04	2Q/04	Final Effectiveness Assessment is performed to establish that the end state is consistent with the stated Objective.