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July 29, 2013
LIC-13-0099

Mr. Arthur T. Howell III
Regional Administrator, Region IV
U. S. Nuclear Regulatory Commission
1600 East Lamar Boulevard
Arlington, TX 76011-4511

- References:
1. Docket No. 50-285
 2. Letter from OPPD (L. P. Cortopassi) to NRC (Document Control Desk), "Fort Calhoun Station Integrated Performance Improvement Plan, Revision 5," dated June 19, 2013 (LIC-13-0086)
 3. Letter from NRC (E. E. Collins) to OPPD (Lou Cortopassi), "Confirmatory Action Letter [EA-13-020]," dated February 26, 2013 (NRC-13-0018)

SUBJECT: Fort Calhoun Station Plan for Sustained Improvement, Revision 0

Dear Mr. Howell,

On June 19, 2013, Omaha Public Power District (OPPD) submitted Revision 5 of the Fort Calhoun Station Integrated Performance Improvement Plan (IPIP) to the U.S. Nuclear Regulatory Commission (NRC). In the "Transition to Plant Operation and Sustained Excellence" section of the IPIP, OPPD committed to develop and submit to the NRC the Fort Calhoun Station Plan for Sustained Improvement. Enclosed with this letter is the Plan for Sustained Improvement which will guide the post-restart continuing improvement actions, transition to the Exelon Nuclear Management Model and full integration into the Exelon fleet. This closes Commitments AR59339-01 and AR59339-02 from Reference 2.

The IPIP has guided the problem discovery, analysis and recovery activities at Fort Calhoun Station since early 2012. Through implementation of the IPIP, OPPD identified and addressed the key underlying causes for the performance decline at Fort Calhoun Station and OPPD's failure to identify and resolve the performance decline on a timely basis establishing the foundation for a safe and efficient restart. Actions taken to address those key areas include:

- Reestablished a clear vision, mission, values and goals – consistently placing safety, continuous improvement and Corrective Action Program effectiveness as top priorities
- Ensured a robust safety culture and safety conscious work environment – safety is always given priority and FCS staff feel comfortable finding and reporting issues
- Restored the Corrective Action Program – the staff has a bias for action for continuous improvement and consistently identifies, captures, analyzes and fixes issues effectively

- Articulated organizational expectations and expanded supervisory and independent oversight – the organization is aligned on clear expectations and accountability systems, effective supervisory and management oversight and independent assessment

In addition, OPPD has identified and addressed a number of technical and programmatic issues to ensure that significant safety concerns do not recur and that plant equipment is operable and reliable to support safe and efficient plant restart.

Implementation of the IPIP is nearing completion and OPPD is preparing to restart the plant. Prior to plant restart, OPPD will submit to the NRC its “Integrated Report to Support Restart of Fort Calhoun Station.” That report will comprehensively describe the completed actions, training, oversight, accountability and performance improvement that form the basis for OPPD’s determination that Fort Calhoun Station can be safely and efficiently returned to service and, subject to completion of any remaining scheduled activities, is ready for restart.

The journey from recovery through plant restart to sustained excellence will be a multi-year effort. The Plan for Sustained Improvement will continue the performance improvement momentum generated during recovery and restart within a structured and predictable management system that facilitates clear planning, implementation and monitoring of performance improvement initiatives after restart. The development, tracking and management tool for the Plan for Sustained Improvement is the Performance Improvement Integrated Matrix (PIIM) which is controlled under station performance improvement procedures.

The PIIM is one key component in Exelon’s continuous improvement process within the accountability-driven Exelon Nuclear Management Model. Every Exelon Nuclear facility utilizes the PIIM process for performance improvement. The PIIM process includes continual monitoring and updating to bring focus on gaps to excellence and improvement initiatives in a predictable and reliable way. The PIIM is a strategic planning tool that facilitates a systematic approach to utilizing the full range of performance improvement tools to identify and address performance gaps. The planning, analyzing and monitoring requirements that are contained within the PIIM allow for tactical application of specific performance improvement tools for effective resolution of issues. This is one element of the Exelon Nuclear Management Model that has contributed to the sustained exceptional performance of the Exelon Nuclear fleet.

Formal planning, implementation, tracking, management review and closure of post-restart action plans will be maintained under station performance improvement procedures. The Plan for Sustained Improvement is controlled under the OPPD policy and Fort Calhoun Station program for continuous performance improvement (PI-FC-1, Revision 0, “Nuclear Policy – Performance Improvement” and PI-FC-10, Revision 0, “Performance Improvement Program Description”) and implemented through procedure FCSG-70, Revision 0, “Performance Improvement Integrated Matrix.” The PIIM will allow the FCS organization to track performance gaps and improvement initiatives with supporting action plans that ensure clear definition of the gap, and complete analysis and documented solution(s) for each gap. Implementation of those solutions, and performance monitoring, metrics and assessments, will ensure lasting improvement.

The action plans in the PIIM are directly connected to the Fort Calhoun Station Corrective Action Program and address post-restart actions generated through discovery efforts, and root and apparent cause assessments associated with the Restart Checklist items and Fundamental Performance Deficiencies. Many of the action plans contained in the PIIM continue the performance improvement in areas addressed in the IPIP and the Restart Checklist for Fort Calhoun Station. Other action plans address gaps to excellence identified through benchmarking Fort Calhoun Station programs and processes against the Exelon Nuclear Management Model or through the department manager’s evaluation of department performance. The performance monitoring and assessment aspects of the PIIM will facilitate identification

of any additional actions determined to be necessary.

Several key areas that action plans address include:

- Organizational effectiveness, safety culture and safety conscious work environment
- Problem identification and resolution
- Performance improvement and learning programs
- Design and licensing basis control and use
- Site operational focus
- Procedures
- Equipment performance
- Programs
- Nuclear oversight
- Transition to the Exelon Nuclear Management Model and integration into the Exelon Nuclear fleet

In addition, on an ongoing basis, the PIIM action plans will address gap closure regarding any significant insights identified from other sources, such as NRC inspections, INPO-identified areas for improvement, assessments, and fleet and industry operating experience.

Finally, sustained excellence will be cemented through the full implementation of the accountability-driven Exelon Nuclear Management Model and integration of Fort Calhoun Station into the Exelon Nuclear fleet. These actions are also included in the PIIM.

Certain actions in the enclosed Plan for Sustained Improvement are highlighted in Attachment 1 to the Plan as key drivers for achieving and sustaining excellence. OPPD provides these key drivers as regulatory commitments to be incorporated into the restart Confirmatory Action Letter to assure sustained improvement following restart of Fort Calhoun Station.

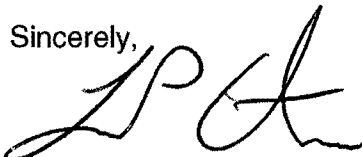
The Plan for Sustained Improvement is owned by Fort Calhoun Station line managers and has been reviewed and approved by the OPPD Chief Nuclear Officer and other senior leaders at the site. Recognizing the importance of lasting performance improvement at Fort Calhoun Station, OPPD and Exelon senior executives have also reviewed and fully support the Plan for Sustained Improvement. The OPPD independent Nuclear Oversight Department also reviewed the Plan.

Close accountability for performance improvement and progress on implementing the Plan for Sustained Improvement will be evaluated frequently by the OPPD Chief Nuclear Officer and other Fort Calhoun Station senior leaders and periodically by OPPD and Exelon senior executives. OPPD's independent Nuclear Oversight Department and Nuclear Safety Review Board will also evaluate the Fort Calhoun Station performance improvement.

We anticipate meeting periodically with NRC Region IV staff after restart to review progress on our implementation of the Fort Calhoun Station Plan for Sustained Improvement.

If you should have any questions, please contact Mr. Terrence W. Simpkin at (402) 533-6263.

Sincerely,



Louis P. Cortopassi
Site Vice President and CNO

LPC/mkb

Enclosure: Fort Calhoun Station Plan for Sustained Improvement, Revision 0

cc: M. R. Johnson, NRC Deputy Executive Director for Reactor and Preparedness Programs
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Fort Calhoun Station Plan for Sustained Improvement Revision 0 - July 29, 2013

1.0 Introduction

In April 2011, Fort Calhoun Station (FCS) was shut down for a normal refueling outage. Before restarting from that outage, FCS was impacted by a flood of the Missouri River from June through September 2011. Also during that time, FCS experienced a fire in the 480 volt electrical distribution system and had several significant NRC inspection findings.

On December 13, 2011, the NRC removed FCS from routine oversight described in Inspection Manual Chapter (IMC) 0305, "Reactor Oversight Process" (ROP) and placed FCS under special oversight described in IMC 0350, "Oversight of Reactor Facilities in a Shutdown Condition due to Significant Performance and/or Operational Concerns" based on the following considerations described in a letter to Omaha Public Power District (OPPD) (Letter from E. Collins to D. Bannister dated 12/13/2011 - ML113470721):

- The plant was in the Multiple/Repetitive Degraded Cornerstone Column (4) of the ROP Action Matrix
- Restart of the plant was delayed due to performance concerns associated with the flood and fire
- The NRC issued a Confirmatory Action Letter (CAL) to document actions that would be taken to restore the plant from the effects of the flood before restart
- OPPD needed to accomplish significant analysis of the extent of condition and extent of cause of known performance deficiencies to fully understand what actions were necessary to restore performance at FCS

OPPD committed to implement the FCS Integrated Performance Improvement Plan (IPIP) (Revision 0 dated March 6, 2012; most recent update is Revision 5 dated June 19, 2013, Letter from L. Cortopassi to A. Howell dated 6/19/2013 - ML13172A351, A352, A342 and A343). The NRC documented OPPD's commitments for restart in a CAL dated June 1, 2012 and updated February 26, 2013 (Letter from E. Collins to L. Cortopassi dated 2/26/2013 - ML13057A287). The IPIP included a systematic evaluation of the extent of condition and extent of cause for performance deficiencies at FCS, and implementation of appropriate corrective actions before restart.

The IPIP has guided the problem discovery, analysis and recovery activities at FCS since early 2012. Through implementation of the IPIP, OPPD identified and addressed the key underlying causes for the performance decline at FCS; OPPD's failure to identify and resolve the performance decline in a timely manner; and provided a basis for establishing the foundation for a safe and efficient restart. Actions taken to address those key areas include:

- Reestablished a clear Vision, Mission, Values and Goals – consistently placing safety and Corrective Action Program effectiveness as top priorities
- Ensured an effective Safety Culture and Safety Conscious Work Environment – safety is always given priority and FCS staff feel comfortable finding and reporting issues
- Restored the Corrective Action Program – the staff has a bias for action for continuous improvement and consistently identifies, captures, analyzes and fixes issues effectively

- Articulated organizational expectations and expanded supervisory and independent oversight – the organization is aligned on clear expectations and accountability systems, effective supervisory and management oversight and independent assessment

In addition, OPPD has identified and addressed a number of technical and programmatic issues to ensure that significant safety concerns do not recur and that plant equipment is operable and reliable to support safe and efficient plant restart.

Implementation of the IPIP is nearing completion and OPPD is preparing to restart the plant. In Revision 5 of the IPIP, OPPD committed to develop and implement a post-restart continuing improvement plan, this is the Plan for Sustained Improvement (PSI). Also prior to plant restart, OPPD will submit to the NRC its “Integrated Report to Support Restart of Fort Calhoun Station.” That report will comprehensively document the basis for OPPD’s determination that it has completed the actions necessary to ensure that FCS can be safely and efficiently returned to service and, subject to completion of any remaining scheduled activities, is ready for restart.

2.0 Purpose of the Plan for Sustained Improvement

The journey from recovery through plant restart to sustained excellence will be a multi-year effort. The PSI will continue the performance improvement momentum generated during recovery and restart within a structured and predictable management system that facilitates clear planning, implementation and monitoring of performance improvement initiatives after restart. Through implementation of the PSI, OPPD will ensure that actions are effective to prevent recurrence of past performance problems, continue performance improvement, transition to the proven Exelon Nuclear Management Model, integrate FCS into the Exelon Nuclear fleet and achieve and sustain excellence.

3.0 Plan for Sustained Improvement Scope and Structure

One area of accelerated implementation of the Exelon Nuclear Management Model is in performance improvement. The OPPD Chief Nuclear Officer established a nuclear policy for performance improvement (PI-FC-1, Revision 0, “Nuclear Policy – Performance Improvement” - Attachment 2) requiring all staff associated with FCS to demonstrate excellence in performance improvement by embracing continuous improvement and exemplifying problem prevention, detection and correction as a shared value and core business practice. To implement this nuclear policy, OPPD established a performance improvement program (PI-FC-10, Revision 0, “Performance Improvement Program Description” - Attachment 3). This policy and program are consistent with the proven Exelon Nuclear performance improvement policy and program.

The performance improvement program provides a means to ensure safety and business results are continuously achieved through effectively monitoring performance, identifying specific actions to improve less-than-expected performance, and implementing actions to continuously improve performance. The performance improvement tools include learning programs, human performance tools, training solutions, and assessments and performance metrics. This program applies to overall plant performance, process performance, human performance, and equipment material condition.

Within the PSI is the Performance Improvement Integrated Matrix (PIIM) which addresses the performance improvement action plan development, management and tracking. The PIIM is controlled under station procedure FCSG-70, Revision 0, "Performance Improvement Integrated Matrix" (Attachment 4). The PIIM is a tool which allows the organization to track performance improvement initiatives identified through performance monitoring. The PIIM and supporting action plans identify the methods used to analyze and identify the solutions to address performance gaps and assess the effectiveness of implementation of those solutions.

The PIIM is one key component in Exelon Nuclear's continuous improvement process within the Exelon Nuclear Management Model. Every Exelon Nuclear facility utilizes the PIIM process for performance improvement that includes continual monitoring and updating to bring focus on gaps to excellence and improvement initiatives in a predictable and reliable way. The PIIM is a strategic planning framework that facilitates a systematic approach to utilizing the full range of performance improvement tools to address identified performance gaps. The planning, analyzing and reporting requirements contained within the PIIM process allow for tactical application of specific performance improvement tools for effective resolution of issues. This is one element of the Exelon Nuclear Management Model that has contributed to the sustained exceptional performance of the Exelon Nuclear fleet.

The action plans in the PIIM will address post-restart actions generated through root and apparent cause assessments associated with the Restart Checklist items and Fundamental Performance Deficiencies, and OPPD discovery efforts. The performance monitoring and assessments aspects of the PIIM will facilitate identification of any additional actions determined to be necessary to achieve and sustain excellence. The PIIM Action Plans are tied directly to the Corrective Action Program.

In addition, on an ongoing basis, PIIM action plans will be developed or modified to address gap closure regarding any significant insights identified from other sources, such as NRC inspections, INPO-identified Areas for Improvement, self-assessments, and fleet and industry operating experience.

Finally, achieving and sustaining excellence will be cemented through the full implementation of the accountability-driven Exelon Nuclear Management Model and full integration of FCS into the Exelon Nuclear fleet. These actions are also included in the PIIM.

The Plan for Sustained Improvement is owned by FCS line managers and has been reviewed and approved by the OPPD Chief Nuclear Officer and other senior leaders at the site. Recognizing the importance of lasting performance improvement at FCS, OPPD and Exelon senior executives have also reviewed and fully support the Plan for Sustained Improvement. The OPPD independent Nuclear Oversight Department also reviewed the Plan.

Close accountability for performance improvement and progress on implementing the Plan for Sustained Improvement will be evaluated frequently by the OPPD Chief Nuclear Officer and other senior leaders at the site, and periodically by OPPD and Exelon senior executives. OPPD's independent Nuclear Oversight Department and Nuclear Safety Review Board will also evaluate the FCS performance improvement guided by the Plan for Sustained Improvement

The PIIM, the associated 78 detailed action plans, and the periodic status updates will be available onsite for NRC review and inspection.

4.0 Actions Plans Included in the Plan for Sustained Improvement

The action plans included in the PSI/PIIM have been developed to prevent recurrence of the performance issues that resulted in the significant performance decline prior to NRC placing FCS under IMC 0350, and to establish the underpinning foundational elements necessary for sustained excellence in FCS operations. The plans address corporate, site and department-level actions, and are cross-referenced to the INPO “Performance Objectives and Criteria” (PO&C) (INPO 12-013, Revision 0 dated December 2012). The INPO PO&C support excellence in important aspects of nuclear plant operations.

The PIIM contains a comprehensive set of 78 plant performance improvement action plans. The action plans in the PIIM are directly connected to the FCS Corrective Action Program and address post-restart actions generated through discovery efforts, and root and apparent cause assessments associated with the Restart Checklist items and Fundamental Performance Deficiencies. The action plans capture the more important completed actions from the Corrective Action Program and describe those future actions that will ensure continuing improvement and achieving and sustaining excellence. The “Integrated Report to Support Restart of Fort Calhoun Station” will be submitted before restart and will comprehensively describe those completed actions, training, oversight, accountability and performance improvement that form the basis for OPPD’s determination that FCS can be safely and efficiently returned to service. Post-restart actions will also include improvement activities, training, oversight, accountability, and performance monitoring to ensure continuing improvement.

Many of the action plans contained in the PIIM continue the performance improvement in areas addressed in the IPIP and the Restart Checklist for FCS. Other action plans address gaps to excellence identified through benchmarking FCS programs and processes against the Exelon Nuclear Management Model or through department manager’s evaluation of department performance. The performance monitoring and assessment aspects of the PIIM will facilitate identification of any additional actions determined to be necessary.

The key drivers that the action plans address include:

- Organizational effectiveness, safety culture and safety conscious work environment
- Problem identification and resolution
- Performance improvement and learning programs
- Design and licensing basis control and use
- Site operational focus
- Procedures
- Equipment performance
- Programs
- Nuclear oversight
- Transition to the Exelon Nuclear Management Model and integration into the Exelon Nuclear fleet

In addition, on an ongoing basis, the PIIM action plans will address gap closure regarding any significant insights identified from other sources, such as NRC inspections, INPO-identified areas for improvement, assessments, and fleet and industry operating experience.

Sustained excellence will be cemented through the full implementation of the accountability-driven Exelon Nuclear Management Model and integration of FCS into the Exelon Nuclear fleet. These actions are also included in the PIIM.

The corporate-level action plan addresses the implementation of the Exelon Nuclear Management Model at FCS. This comprehensive multi-year effort will result in the transition of 27 functional areas at FCS to the Exelon Nuclear Management Model and subsequent integration of FCS into the Exelon Nuclear fleet. The plan incorporates implementation and integration actions within five phases: (I) Framework Development; (II) Analysis; (III) Design; (IV) Implementation Planning; and (V) Implementation. The actions under Phases I and II have been completed and the Design Phase is in progress. The action plan in the PIIM is supplemented by the “Fort Calhoun Station Operating Services Agreement Integration Project Plan,” which contains business sensitive information and is available onsite for NRC review.

Site-level action plans address continuing performance improvement activities in those areas addressed in the Restart Checklist and the FCS identified Fundamental Performance Deficiencies. Actions include completion of lower safety significance discovery activities that were deferred until after restart, activities to continue improvement in the identified areas, post-restart corrective actions to prevent recurrence, and monitoring and assessing activities to ensure lasting improvement. Department-level plans focus on gaps to excellence identified by individual department managers.

The PIIM is intended to be a detailed internal performance improvement planning and management tool. Certain of the PIIM action plans contain actions that have been identified as key drivers to achieve sustained improvement and provide the underpinning for achieving and sustaining excellence (Key Drivers for Achieving and Sustaining Excellence - Attachment 1). These key drivers particularly focus on the actions to prevent recurrence for the issues documented in the Restart Checklist and the Fundamental Performance Deficiencies, equipment reliability, and full transition to the Exelon Nuclear Management Model and integration into the Exelon Nuclear fleet.

The Key Drivers for Achieving and Sustaining Excellence bring particular focus to those necessary foundational activities that OPPD provides as regulatory commitments for inclusion in the restart CAL. Closure of the restart CAL will be based on NRC inspection activities that conclude that the commitments have been adequately completed or progress is adequate and the continuing plans are comprehensive.

5.0 Implementation, Tracking and Closure of Plan for Sustained Improvement

Progress on implementing the PSI/PIIM action plans will be tracked by the action plan owner and supported by department Corrective Action Program Coordinators. Action plan status will be updated monthly and reported to the Performance Improvement Program Manager/Site Human Performance Coordinator. The Performance Improvement Program Manager/Site Human Performance Coordinator will maintain overall PSI/PIIM status.

The progress of each action plan will be reviewed and challenged regularly by the OPPD Chief Nuclear Officer and other site senior leaders. This regular implementation progress review and challenge allows for any necessary adjustments in the scope, strategy and schedule of the performance improvement action plans. In addition, the OPPD Chief Executive Officer, and appropriate OPPD and Exelon Nuclear senior executives, will review and challenge progress on the PSI periodically during Management Review Meetings, or another similar forum.

Each action plan includes measures to determine the effectiveness of the actions in improving performance in that specific area. Insights into the success of many of the action plans can be ascertained through the comprehensive set of performance indicators maintained by the plant. When the results of actions cannot be readily measured through performance indicators, performance improvement insights will be gained through assessments. These assessments will include self-assessments, effectiveness reviews or independent assessments performed by individuals from outside line management, as appropriate. The performance indicators and assessment results will be maintained onsite and available for NRC review. When action plan owners determine that the desired performance improvement results have been achieved based on the established measures, they will present that information for FCS senior leader challenge and, if approved, close the action plan.

OPPD's independent Nuclear Oversight Department and Nuclear Safety Review Board will also evaluate the FCS performance improvement guided by the Plan for Sustained Improvement.

The PSI will be complete when the OPPD Chief Nuclear Officer concludes that sufficient action has been taken and progress achieved to have confidence in sustained improvement at FCS and continuing performance improvement activities can transition to the normal performance improvement program and procedures.

Attachments:

1. Key Drivers for Achieving and Sustaining Excellence
2. PI-FC-1, Revision 0, Nuclear Policy – Performance Improvement
3. PI-FC-10, Revision 0, Performance Improvement Program Description
4. FCSG-70, Revision 0, Performance Improvement Integrated Matrix

Attachment 1

Key Drivers for Achieving and Sustaining Excellence

Key Drivers for Achieving and Sustaining Excellence

This document summarizes the actions from the Performance Improvement Integrated Matrix (PIIM) Action Plans that are key to ensuring effective implementation of corrective actions to prevent recurrence for the Restart Checklist items, the safety-significant Fundamental Performance Deficiencies and other critical performance improvement areas to achieve and sustain excellence. Many of the actions in the PIIM Action Plans have been completed. The remaining key actions captured as key drivers are scheduled to be completed. The PIIM Action Plans, including the key drivers, are directly linked to the Corrective Action Program (CAP) and completion dates are controlled under the CAP.

Effectiveness of the actions to address performance gaps will be evaluated using an appropriate combination of performance metrics, and assessments and effectiveness reviews conducted by OPPD, Exelon Nuclear, and/or industry representatives. Progress on gap closure will be reviewed periodically by the Fort Calhoun Station (FCS) senior leadership team, by the OPPD and Exelon Nuclear senior executives during their Management Review Meetings and by the OPPD independent Nuclear Oversight Department and the Nuclear Safety Review Board.

As action plans are completed and monitoring demonstrates that the gap has been closed, the FCS senior leadership team will evaluate the effectiveness of the action plan and determine whether sustained improved performance has been achieved and the plan should be closed. Should additional gaps be identified, actions will be initiated to address those gaps.

Full transition to the Exelon Nuclear Management Model (ENMM) and integration into the Exelon Nuclear fleet will be occurring concurrently with implementation of these action plans. The ENMM transition planning will include consideration of FCS-specific licensing and design characteristics in the implementation of the ENMM. The long term actions to sustain improvement and achieve excellence for many of the action plans are anchored in the transition to the accountability-driven ENMM. The actions to design, plan and implement the FCS ENMM transition are centralized in one action plan addressing 27 functional areas of the plant.

The Plan for Sustained Improvement (PSI) will remain in effect until the OPPD Chief Nuclear Officer determines that the PSI has been effective in maintaining the performance improvement momentum and sufficient progress has been made on the action plans to warrant returning FCS to the normal performance improvement program.

The table below is a list of acronyms used in the Key Drivers for Achieving and Sustaining Excellence document.

| Acronym | Definition |
|----------|--|
| ACA | Apparent Cause Analysis |
| ANSI/ANS | American National Standards Institute/American Nuclear Society |
| CAP | Corrective Action Program |
| CAPCO | Corrective Action Program Coordinator |
| CQE | Critical Quality Equipment |
| DCARB | Department Corrective Action Review Board |
| EEQ | Electrical Equipment Qualification |
| ENMM | Exelon Nuclear Management Model |
| ERRP | Equipment Reliability Restoration Plan |
| INPO | Institute of Nuclear Power Operations |
| ISFSI | Independent Spent Fuel Storage Installation |
| NLI | Nuclear Logistics, Inc. |
| NOS | Nuclear Oversight |
| OPPD | Omaha Public Power District |
| PHC | Plant Health Committee |
| PIIM | Performance Improvement Integrated Matrix |
| PSI | Plan for Sustained Improvement |
| RCA | Root Cause Analysis |
| SCARB | Station Corrective Action Review Board |
| USAR | Updated Safety Analysis Report |

1. Organizational Effectiveness, Safety Culture and Safety Conscious Work Environment

| PIIM Title | PIIM Action Plan Number | Action Item Title | Action Item Number |
|--|-------------------------|---|--------------------|
| Organizational Effectiveness | 2013-0014 | Perform a self-assessment with a team comprised of station and industry personnel to determine if OPPD has established and implemented the essential attributes of governance and oversight, including the key elements of individual roles, responsibilities, and accountabilities | 2012-08132-021 |
| | | Perform a self-assessment of development and implementation the Nuclear Safety Culture Monitoring Panel and Corporate Nuclear Oversight policies and leaders are being held accountable to the policies | 2012-03986-049 |
| | | Establish initial and continuing leadership development programs that incorporate the attributes of a strong nuclear safety culture and an operationally focused organization | 2012-08132-010 |
| | | Perform a leadership skills assessment in the areas of alignment, accountability and standards. | 2012-08132-025 |
| Station Safety Culture/Safety Conscious Work Environment | 2012-0006 | Perform a self-assessment of development and implementation the Nuclear Safety Culture Monitoring Panel and Corporate Nuclear Oversight policies and leaders are being held accountable to the policies | 2012-03986-049 |
| | | Perform an assessment by individuals independent of line management of the Fort Calhoun Safety Conscious Work Environment against industry standards and best practices | 2012-04262-057 |
| | | Perform an assessment by individuals independent of line management of the Fort Calhoun Safety Culture against industry standards and best practices | 2012-04262-068 |

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| | | Perform an assessment by individuals independent of line management of the Fort Calhoun Safety Culture against industry standards and best practices | 2012-04262-069 |
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2. Problem Identification and Resolution

| PIIM Title | PIIM Action Plan Number | Action Item Title | Action Item Number |
|---|-------------------------|---|--------------------|
| | | | |
| CAP Excellence Plan – Problem Identification | 2013-0055 | Develop and implement CAP Fundamentals, reinforced through an accountability model. The CAP behaviors managed under the accountability model will be defined in the CAP Fundamental Rules. CAP procedures will be updated to incorporate the CAP Fundamentals | 2013-08675-006 |
| | | Develop new performance measures for CAP effectiveness | 2013-08675-010 |
| | | Add a CAP rating assessing behaviors in the employee performance review | 2011-10135-078 |
| | | Perform an effectiveness review of the implementation of CAP fundamentals for problem identification | 2013-08675-046 |
| | | | |
| CAP Excellence Plan – Root Cause and Apparent Cause Quality | 2013-0065 | Provide DCARB and SCARB members and CAPCOs training on their responsibilities under the CAP. For SCARB, include appropriate causal analysis training | 2013-08675-034 |
| | | Require SCARB to provide RCA and ACA grading sheets that include specific success criteria prior to approval of cause analyses | 2013-08675-008 |
| | | Add a CAP rating assessing behaviors in the employee performance review | 2011-10135-078 |
| | | Develop and implement CAP Fundamentals, reinforced through an accountability model. The CAP behaviors managed under the accountability model will be defined in the CAP Fundamental Rules. CAP procedures will be updated to incorporate the CAP Fundamentals | 2013-08675-006 |
| | | Develop new performance measures for CAP effectiveness | 2013-08675-010 |

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|---|-----------|---|----------------|
| | | Perform a focused self-assessment of RCA quality | 2012-03495-033 |
| | | Perform an effectiveness review of the SCARB oversight function for CAP | 2013-08675-041 |
| | | | |
| Cap Excellence Plan – Corrective Action Closure | 2013-0062 | Develop and implement CAP Fundamentals, reinforced through an accountability model. The CAP behaviors managed under the accountability model will be defined in the CAP Fundamental Rules. CAP procedures will be updated to incorporate the CAP Fundamentals | 2013-08675-006 |
| | | Add a CAP rating assessing behaviors in the employee performance review | 2011-10135-078 |
| | | Develop new performance measures for CAP effectiveness | 2013-08675-010 |
| | | Perform an interim effectiveness review to determine if action item closure meets timeliness goals and CAP fundamentals are effectively implemented | 2013-08675-043 |
| | | Perform an effectiveness review to determine if the corrective action to prevent recurrence was implemented timely and has been effective | 2013-08675-046 |
| | | Perform an effectiveness review of the coding and timeliness of action item closure | 2013-08675-047 |

3. Performance Improvement and Learning Programs

| PIIM Title | PIIM Action Plan Number | Action Item Title | Action Item Number |
|-------------------------|-------------------------|---|--------------------|
| Performance Improvement | 2013-0015 | Establish tiered trending code structure for condition reports consistent with Exelon nuclear standards | 2013-08675-035 |
| | | Revise and issue the FCS performance improvement implementing procedures to align with the Exelon procedures | 2012-08126-018 |
| | | Develop and execute a change management plan for the leadership team regarding the newly revised performance improvement procedures and disseminate the information in related INPO documents | 2012-08126-015 |
| | | Provide the Site Vice President a site-wide quarterly integrated performance assessment report that identifies opportunities for station improvement derived from the Performance Improvement program | 2012-08126-030 |
| Human Performance | 2013-0061 | Implement the human performance strategy: a. Ensure that the Human Performance Steering Team oversees the implementation of the human performance strategy; and b. Integrate the human performance strategy into the business plan to ensure that resources are available for improvements | 2012-08135-014 |
| | | Evaluate the effectiveness of the human performance strategy | 2012-08135-015 |
| | | Develop and implement a Human Performance Strategic Plan | 2012-08135-008 |
| | | Maintain the right picture of excellence in human performance through monitoring progress in improving human performance via the Human Performance Steering Team, monitoring operating experience and conducting regular benchmarking and self-assessment activities, updating the human performance strategic plan as needed, and using change management to guide the implementation of improvement initiatives | 2012-08135-016 |

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| | | Perform quarterly review of human performance indicators | 2012-08135-026, -027 and -028 |
| | | Conduct a self-assessment with industry peers to ensure program meets industry best practices | 2012-08135-29 |

4. Design and Licensing Basis Control and Use

| PIIM Title | PIIM Action Plan Number | Action Item Title | Action Item Number |
|----------------------------|-------------------------|---|--------------------|
| Design And Licensing Basis | 2013-0086 | Complete Phase II of the key calculation identification and improvement process. Phase II of the process evaluates the critical calculation's defined purpose and methodology, defined acceptance criteria and appropriateness of the results and conclusions | 2013-05570-025 |
| | | Perform a technical assessment of modifications performed between January 1, 1989 and January 1, 2007 on a population of the Top 6 Risk Significant Systems that provides a 95/95 confidence level that no nuclear safety issues have been introduced into the plant. | 2013-05570-003 |
| | | Strengthen the Engineering Assurance Group to improve the oversight of engineering products that affect the design or licensing basis | 2013-05570-010 |
| | | Decide the appropriate DBD model for FCS. | 2013-05570-079 |
| | | Change the commitment for SEP-4 (Design Basis Documents) to remove the requirement for maintaining Design Basis Documents. | 2013-05570-001 |
| | | Develop performance metrics to trend and trigger action on the performance of the use, implementation, and identification of design and licensing bases issues such as, effective and ineffective 50.59 evaluations, and procedure inadequacies related to design and licensing bases | 2013-05570-057 |
| | | Develop and implement an aggregate station performance indicator to measure the effectiveness of maintenance of and use of licensing and design bases information | 2013-05570-067 |
| | | Complete Phase 3 of the Key Calculation Project. Phase 3 consists of revising any deficient critical calculation or engineering analysis identified from Phase 2, as needed. | 2013-05570-004 |
| | | Modify engineering support personnel initial and continuing training addressing the design and licensing basis record types and retrieval | 2013-05570-049 |
| | | Deliver the modified training to the engineering support personnel | 2013-05570-052 |

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| | | Ensure at least one engineering self-assessment is performed on a risk significant system in 2013 | RA2011-0309 |
| | | Ensure at least one engineering self-assessment is performed on a risk significant system in 2014 | RA2011-0310 |
| | | Ensure at least one engineering self-assessment is performed on a risk significant system in 2015 | RA2011-0311 |
| | | Ensure at least one engineering self-assessment is performed on a risk significant system in 2016 | RA2011-0312 |
| | | Ensure at least one engineering self-assessment is performed on a risk significant system in 2017 | RA2011-2318 |
| | | Identify and define the current licensing bases and assure licensing bases documentation remains current, accurate, complete, and retrievable | 2013-05570-026 |
| | | Identify and define the design bases and assure design bases documentation remains current, accurate, complete, and retrievable | 2013-05570-076 |
| | | Validate the design and licensing basis has been translated into plant operation by verifying that the operation, surveillance, and maintenance of the safety-related components does not compromise the design and licensing basis | 2013-05570-005 |

5. Site Operational Focus

| PIIM Title | PIIM Action Plan Number | Action Item Title | Action Item Number |
|--|-------------------------|--|--------------------|
| | | | |
| Site Operational Focus, Operational Decision Making and Anticipating System Response | 2013-0037 | Develop initial and continuing leadership development program for management that incorporates the attributes of a strong nuclear safety culture and an operationally focused organization | 2012-08132-010 |
| | | Monitor the operationally focused Organizational Effectiveness metrics | RA2013-7462-001 |

6. Procedures

| PIIM Title | PIIM Action Plan Number | Action Item Title | Action Item Number |
|---|-------------------------|---|--------------------|
| | | | |
| Procedure Quality and Procedure Management | 2013-0012 | Evaluate and determine the procedures requiring upgrade | 2012-18351-001 |
| | | Implement a comprehensive procedure upgrade project | 2012-08136-014 |
| | | Institute a validation and verification review process for corrective maintenance work order instructions | 2012-08136-022 |
| | | Perform an assessment by individuals independent of line management to confirm that procedure management policies meet industry standards and regulatory requirements and are effectively implemented | 2012-08136-023 |
| | | Perform an assessment by individuals independent of line management to confirm that implementation of the procedure management program meets or exceeds industry standards and regulatory requirements and is effectively implemented | 2012-08136-024 |
| | | | |
| Abnormal and Emergency Operating Procedures | 2013-0031 | Revise and issue all procedures identified during the abnormal and emergency operating procedures extent of condition review | 2013-09711-006 |
| | | Complete the extent of condition upgrade of all station alarm response procedures | 2013-09711-005 |
| | | Review the corrective action system for six months and evaluate the frequency of operating procedure inadequacies | 2011-3016-048 |
| | | Ensure adequate technical basis for abnormal operating procedures addressing acts of nature other than flooding | 2011-2387-072 |

7. Equipment Performance

| PIIM Title | PIIM Action Plan Number | Action Item Title | Action Item Number |
|------------------------|-------------------------|---|--------------------|
| Tornado Protection | 2013-0041 | Complete modifications to adequately protect required equipment from tornado missiles | 2013-04266-007 |
| | | Revise Updated Safety Analysis Report (USAR) and other design basis documents | 2013-04266-014 |
| | | Verify that design and licensing basis documents have been adequately updated and reviewed under the 10CFR50.59 process | 2013-04266-016 |
| Equipment Service Life | 2013-0088 | Establish a comprehensive Equipment Reliability Restoration Plan (ERRP) to be approved by the Plant Health Committee (PHC) | 2012-08134-012 |
| | | Establish a comprehensive and sustainable system and component Performance Monitoring Program benchmarking against Exelon Nuclear practices | 2012-08134-024 |
| | | Review Condition Reports generated during the 2 nd Quarter 2013 specifically for age-related degradation of components | 2013-09658-001 |
| | | Update the preventative maintenance program basis document and procedure | 2012-15357-001 |
| | | Establish a requirement for an annual self-assessment of station equipment reliability processes and programs for review by the Plant Health Committee | 2012-08134-19 |
| | | Train system, program and procurement engineers on equipment condition assessment including cause and failure analysis, failure modes and effects analysis, aging management, and life cycle management | 2012-09491-20 |
| | | Review Condition Reports generated during the 3 rd Quarter 2013 specifically for age-related degradation of components | 2013-09658-002 |
| | | Provide supplemental resources in preventative maintenance planning to reduce the backlog of end-of-service-life work orders and other preventative maintenance basis requirements | 2012-09491-014 |

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| | | Review Condition Reports generated during the 4 th Quarter 2013 specifically for age-related degradation of components | 2013-09658-003 |
| | | Perform a self-assessment of equipment reliability programs and PHC oversight or programs | 2012-08134-039 |
| | | Review Condition Reports generated during the 1 st Quarter 2014 specifically for age-related degradation of components | 2013-09658-004 |
| | | Perform reviews of the approximately 10,000 PM tasks and components that must be evaluated and analyzed post-restart for End of Service Life concerns | 2013-09658-005 |
| | | Review Condition Reports generated during the 3 rd Quarter 2014 specifically for age-related degradation of components | 2012-09491-015 |
| | | Complete implementation of the approved ERRP | 2013-09658-006 |
| | | Review Condition Reports generated during the 4 th Quarter 2014 specifically for age-related degradation of components | 2012-08134-013 |
| | | Perform final effectiveness assessment of equipment reliability, preventative maintenance and performance monitoring programs, including the Plant Health Committee oversight of equipment reliability | 2013-09491-023 |
| | | | |
| Containment Internal Structures | 2013-0013 | Resolve discrepancies for the Internal Structure of Containment, including any needed plant modifications | 2012-04392-014 |
| | | | |
| Equipment Reliability/Equipment Performance | 2013-0027 | Perform interim effectiveness reviews of the Plant Health Committee process and performance | 2012-08134-039 |
| | | Perform a final effectiveness review of the Plant Health Committee process and performance | 2012-08134-040 |
| | | | |
| Electrical Equipment Qualification/High Energy Line Break | 2013-0021 | Provide a documented basis that demonstrates all EEQ Equipment is installed and configured in accordance with the requirements of the associated HARSH files | 2013-02857-014 |
| | | Revise all EEQ procedures such that all EEQ engineering activities are performed under the PED-QP-2 configuration change control process | 2013-02857-016 |

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| | | Fully implement the engineering analyses that form the basis of the EEQ Program including the affected documents | 2013-02857-009 |
| | | Perform an effectiveness review of 20 work orders for maintenance on EQ equipment and 10 engineering changes for EEQ completed within a six-month period to verify the material used in EEQ maintenance is properly documented in maintenance work packages and all EEQ requirements are met in the engineering changes | 2013-02857-019 |
| | | Perform an assessment by individuals independent of line management evaluating FCS against INPO EPG-02 and NRC Temporary Instruction 2515/76 to ensure compliance with 10 CFR 50.49 and industry standards | 2013-02857-015 |
| | | | |
| Safety System Functional Failures | 2013-0056 | Perform an effectiveness assessment of safety system performance/functional failures | 2011-2677-008 |
| | | | |
| Cables and Connections | 2013-0033 | Provide procedural expectations and guidance to electrical craft for handling aged electrical cables | 2012-08617-011 |
| | | Staff the cables and connections program with sufficient qualified staff | 2012-03544-012 |
| | | Develop a change management plan to implement the cables and connections program | 2012-03544-014 |
| | | Execute plans to recover the EEQ and cable aging management programs to White or better status | 2013-08134-026 |
| | | Perform an effectiveness review of the strategy for maintaining dry those safety-related and important-to-safety cables susceptible to wetting | 2009-04216-020 |
| | | Perform a self-assessment of the cables and connections program | RA2013-02158-003 |
| | | Perform a self-assessment regarding the stations monitoring of the condition of medium and low voltage safety-related and important-to-safety cables susceptible to wetting | RA2013-02157-003 |

8. Programs

| PIIM Title | PIIM Action Plan Number | Action Item Title | Action Item Number |
|--|-------------------------|--|--------------------|
| Engineering Rigor | 2013-0011 | Implement a new engineering organizational structure consistent with industry best practices | 2012-08125-008 |
| | | Include as a key accountability in performance plans and reviews for each engineer and engineering leader compliance with the Conduct of Engineering procedure | 2012-08125-015 |
| | | Develop and implement a plan to increase the depth of design and licensing basis knowledge for engineers and engineering leaders | 2012-08125-027 |
| | | Improve the engineering support personnel training regarding the design and licensing basis | 2013-05570-049 |
| Equipment Safety Classification and Safety Related Equipment Maintenance | 2013-0036 | Evaluate Critical Quality Element boundaries against ANSI/ANS-52.1 | 2013-05570-011 |
| | | Conduct an assessment by individuals independent of line management of: 1. CRs to look for on-CQE parts installed in a CQE application; and 2. Quality of work orders with respect to materials/parts classification | 2012-05615-009 |
| | | Prepare/validate system and component level safety classification analyses for safety related systems | 2012-05615-018 |
| | | Create a Bill of Materials for critical equipment | 2012-05615-013 |
| | | Submit a revision to USAR to reflect the change in nomenclature | 2012-05615-017 |
| | | Revise the QA Plan to reflect the change in nomenclature | 2012-05615-016 |
| | | Convert the CQE List to the QList Manual | 2012-05615-014 |

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| | | Conduct an assessment by individuals independent of line management of: 1. CRs to look for on-CQE parts installed in a CQE application; and 2. Quality of work orders with respect to materials/parts classification | 2012-05615-011 |
| Electrical Bus Modifications and Maintenance | 2013-0016 | Perform an effectiveness review of modifications created/implemented within the past 18 months to determine if new/different failure modes were introduced by features not part of original equipment | 2011-6621-038 |
| | | Utilize the revised maintenance procedures to inspect the 480 volt switchgear during the next refueling outage | 2011-5414-045 |
| | | Perform an effectiveness review of the completion of work requests to inspect all 480 volt NLI breakers during the next refueling outage. Inspections should include a check on resistance values, finger cluster discoloration, loose bolting, and other signs of breaker/bus stab degradation | 2011-5414-026 |
| Deficiencies in Design and Implementation of Fundamental Regulatory Required Processes | 2013-0007 | Design, develop and implement training to close knowledge and performance gaps for operators regarding the nature, scope and importance of the current licensing basis, the 10CFR50.59 process, the degraded/nonconforming and operability determination processes, and the reportability determination process | 2012-08137-031 |
| | | Perform a review by individuals independent of line management of station application of Technical Specifications during plant mode changes | 2012-08137-012 |
| | | Design, develop and implement training to close knowledge and performance gaps for engineers regarding the nature, scope and importance of the current licensing basis, the 10CFR50.59 process, the degraded/nonconforming and operability determination processes, and the reportability determination process | 2012-08137-032 |
| | | Establish a 10CFR50.59 performance monitoring group to review and score operability determinations, screenings and safety evaluations | 2012-08177-022 |

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| | | Perform a self-assessment of the department and station standards consistent with industry best practices for screening of degraded/non-conforming conditions, operability determinations, functionality evaluations, timely resolution of degraded/non-conforming conditions and effective operational decision making regarding degraded plant components or conditions | 2012-09494-012 |
| | | Perform a self-assessment of screening of degraded/non-conforming conditions, operability determinations, reportability determination and Technical Specification compliance | 2012-08137-035 |
| | | | |
| Design Change 10CFR50.59 Practices | 2013-0066 | Revise the 10CFR72.48 training to reflect industry best practices and to include ISFSI licensing basis requirements for 10CFR72.48 screeners | 2012-08177-028 |
| | | Revise the 10CFR50.59 training to reflect industry best practices and to include mentoring as part of the qualification process for 10CFR50.59 screeners | 2012-08177-027 |
| | | Develop and incorporate specific audit directions to assess 10CFR50.59 and 10CFR72.48 process and documentation quality using NRC Inspection Procedure Attachment 71111.02, "Evaluations of Changes, Test, or Experiments" | 2012-08177-020 |
| | | Develop performance metrics to trend and trigger action on the performance of the use, implementation, and identification of design and licensing bases issues such as, effective 10CFR50.59 evaluations, and procedure adequacy related to design and licensing bases | 2013-05570-057 |
| | | Implement a 50.59 Performance Monitoring Group made up of individuals from the different areas that perform 10CFR50.59 reviews. This group should go into effect after the Engineering Assurance Group has determined that FCS has raised the standards internally | 2012-08177-022 |
| | | Evaluate performance metrics regarding 10CFR50.59 effectiveness | 2013-05570-068 |
| | | | |
| Piping Code and System Classification and Analysis | 2013-0071 | Review the USAS B31.7 and ASME III code reconciliation and correct any code discrepancies | 2012-07725-025 |

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| | | Provide calculations documenting thermal fatigue analysis on the Class I piping systems for primary plant sampling, reactor coolant gas vent, reactor coolant, safety injection, and waste disposal in accordance with USAS B31.7 Draft 1968 | 2012-07724-023 |
| | | Review all Class I piping modifications since April 8, 1994 and document the effectiveness of the procedure for ensuring that thermal fatigue analysis was performed | 2012-07724-022 |
| | | | |
| Vendor Manual and Vendor Information Control Program | 2013-0060 | Revise engineering procedures to reflect vendor manual control process changes | 2012-09227-010 |
| | | Revise lists, tables and vendor supplied documents to reflect vendor manual control process changes | 2012-09227-017 |
| | | Perform a self-assessment regarding governance, oversight and implementation of the vendor manual program | RA2013-2186 |
| | | | |
| Safeguards Information Digital Storage Control | 2013-009 | Perform an effectiveness assessment of corrective actions to prevent recurrence including ten random surveys of safeguards information qualified personnel to ensure they understand the requirements for procuring safeguards information digital storage devices, the approved use location, and the new procedures describing the process of working with safeguards information | 2012-05931-026 |
| | | Perform a drill on effective purchase of a safeguards information digital storage device | 2012-05931-034 |
| | | Perform a self-assessment of safeguards information control | RA2012-05255 |

9. Nuclear Oversight

| PIIM Title | PIIM Action Plan Number | Action Item Title | Action Item Number |
|---------------------------------|-------------------------|--|--------------------|
| Nuclear Oversight Effectiveness | 2013-0010 | Perform an effectiveness review to include: 1. Actions implemented and verify that they remain active/in place by reviewing NOS procedures to ensure expectations for trending, benchmarking, self-assessment, missed opportunity reviews, and observations have been identified; verifying agenda and attendance sheets for face-to-face meetings are complete and accurate; verifying completion of scheduled monthly reinforcement of expectations by NOS management; and verifying revision of OPPD Policy No. 3.06 includes the requirement to provide a quarterly report on NOS improvements that resulted from trending, benchmarking, self- assessments, missed opportunity review, and observations; 2. NOS Manager quarterly reports to the VP of Energy Delivery and Chief Compliance Officer to verify that NOS department improvements have been realized | 2012-08142-030 |

10. Transition to the Exelon Nuclear Management Model and Integration into the Exelon Nuclear Fleet

| PIIM Title | PIIM Action Plan Number | Action Item Title | Action Item Number |
|---|-------------------------|--|--------------------|
| Transition to the Exelon Nuclear Management Model and Integration into the Exelon Nuclear Fleet | 2013-0077 | Phase III – Exelon Nuclear Management Model Transition Implementation Design | RA 2013-2215-003 |
| | | Phase IV – Exelon Nuclear Management Model Transition Implementation Planning | RA 2013-2215-004 |
| | | Phase V – Exelon Nuclear Management Model Transition Implementation | RA 2013-2215-005 |
| | | OPPD CNO and Exelon SrVP conduct regular periodic performance challenge meetings to assure transition and integration activities are progressing and effective | RA2013-2214-006 |

Attachment 2

**PI-FC-1, Revision 0, Nuclear Policy – Performance
Improvement**

Nuclear Policy

Performance Improvement

POLICY STATEMENT

OPPD and Exelon Nuclear personnel working at Fort Calhoun Station shall demonstrate excellence in performance improvement by embracing continuous improvement as a desired outcome, exemplifying problem prevention, detection, and correction as a shared value and a core business practice. Such an organization strives at all levels to achieve high levels of operational performance by effective application of the attributes of the performance improvement model.

POLICY INTENT

OPPD and Exelon Nuclear employees shall:

- Acknowledge that management has the responsibility to establish a culture that values continuous improvement through the use of the Exelon Nuclear Management Model.
- Communicate clear management expectations for implementing controls and designation of personnel authorized to conduct the Performance Improvement Program.
- Convey that this program applies to overall plant performance, process performance, human performance, and materiel condition.
- Strengthen the organizations ability to identify exceptional performance and to assess current performance for gaps to desired levels of performance.
- Create a learning environment that encourages continuous improvement by IDENTIFYING, ANALYZING, AND PLANNING SOLUTIONS.
- Strengthen the ability of the organization to efficiently IMPLEMENT SOLUTIONS.
- Integrate the organizational tools used to assess site and organizational performance.

APPLICABILITY

This policy is applicable to all OPPD and Exelon Nuclear personnel working at Fort Calhoun Station.

OPPD management shall have the following responsibilities associated with the implementation of this policy:

- Communicate individual roles, responsibilities, expected behaviors, results and standards in clear unmistakable terms.
- Search for opportunities to use the Performance Improvement attributes and tools to improve work processes, team / individual performance and to eliminate organizational weaknesses.
- Enable organization to correct gaps in personnel, training or procedures.
- Hold individuals accountable to meet the expectations of this policy.

IMPLEMENTATION

This policy shall be implemented by establishing and maintaining:

- Training programs that develop Performance Improvement attributes and tools among all OPPD and Exelon personnel working at Fort Calhoun Station.
- Performance Improvement procedures and standards which contain Performance Improvement tools used by all levels of the organization.
- Direction for the implementation and use of the Performance Improvement Program.

EXELON CORPORATE POLICY REFERENCE

None

Approved:

L. Cortopassi
FCS Site Vice-President

06/27/13
Date

Attachment 3

PI-FC-10, Revision 0, Performance Improvement Program Description

Program Description

PERFORMANCE IMPROVEMENT PROGRAM DESCRIPTION

1.0 Purpose

- 1.1 This document is the program description for the performance improvement (PI) program and defines the means by which the program is implemented.
- 1.2 The performance improvement program provides a means to ensure business results are achieved through effectively monitoring performance, identifying specific actions to improve less-than-expected performance, and implementing actions to improve performance.
- 1.3 Performance Improvement tools includes incorporation of learning programs, human performance tools, training solutions, and performance metrics, etc. This program applies to overall plant performance, process performance, human performance, and materiel condition.

2.0 Terms And Definition

- 2.1 Identifying, Analyzing, and Planning Solutions – This is collection of activities that determine ACTIONS needed to close the GAPS.
- 2.2 Implementing Solutions – These are the collective activities that result in applying the chosen solutions to close the GAPS.
- 2.3 Performance Improvement Integrated Matrix (PIIM) – This is the PI program matrix that is used as a communication tool to understand how the various tools are used in an integrated manner.
- 2.4 Performance Monitoring – This refers to those activities that assess current performance and identify gaps between current and desired levels of performance or results.
- 2.5 Standards – a basis for comparison; a reference point against which other things can be evaluated.

3.0 RESPONSIBILITIES

- 3.1 Corporate Performance Improvement Manager
 - 3.1.1 Program owner for implementation.
 - 3.1.2 Provides oversight of both corporate and the sites for the Performance Improvement (PI) Model, use of PI tools, and the Performance Improvement Integrated Matrix (PIIM).
- 3.2 Corporate Licensing Programs Manager
 - 3.2.1 Responsible for supporting PI activities to ensure appropriate Learning Programs tool usage.

3.3 Plant Manager

3.3.1 Provides oversight of site use of the PI Model and PIIM, including quarterly meetings.

3.4 Regulatory Assurance Manager

3.4.1 Supports the Plant Manager and Site Human Performance Coordinator for oversight of the PI Model, use of PI tools and the PIIM.

3.5 Site/Corporate Functional Area Manager (SFAM/CFAM)

3.5.1 Responsible for the effective and efficient implementation of performance improvement tools, within their functional areas. Performance improvement tools are strategically aligned to site, corporate, and functional area performance and business goals.

3.5.2 Identifies owners for PIIM to ensure accountability and responsibility for monitoring of plans.

3.6 Site Human Performance Coordinator

3.6.1 The Site Human Performance Coordinator is the owner and implementer of the performance improvement program and procedures at their site

3.6.2 Facilitate line ownership of performance improvement and assessment.

3.6.3 Provide implementers with performance assessment tools and training.

3.6.4 Ensure that trend analysts have the knowledge, skills, and ability necessary to perform the trending function.

3.6.5 Perform the station-level trending that is focused to identify interdepartmental and cross-functional trends.

3.6.6 Ensure that the effectiveness of trending and performance assessment activities is periodically assessed.

3.6.7 Provide oversight for organizational and programmatic effectiveness for the site.

3.6.8 Ensure appropriate understanding of most current data such as performance indicators, and observations from management, NSRB, INPO, and NRC.

3.7 Corporate and Site Learning Programs Owners

3.7.1 Working under the direction of the corporate licensing programs manager, provide oversight of site and corporate use of performance improvement tools, as related to the specific learning program functional area.

3.7.2 Responsible to implement program procedures with the intent for further integration with the Performance Improvement Model.

3.8 Department Corrective Action Program Coordinator

3.8.1 A graded approach is used for smaller departments, including corporate area functional departments, such that the activities are commensurate with the activities of the department.

3.8.2 Supports the SFAM to facilitate/manage the PI program and designated performance gaps for department.

3.8.3 Supports the SFAM with review of analytical data from various inputs, e.g., CAP, Trending, Self-Assessment, Benchmarking, or Operating Experience, performance indicators, and observations.

3.8.4 Facilitate department ownership of the Performance Improvement Program by providing oversight and guidance on the application of the Performance Improvement Model and the use of Performance Improvement tools such as Self Assessment, Benchmarking, Operating Experience, and the Corrective Action Program.

4.0 MAIN BODY

4.1 Performance Improvement Philosophy

4.1.1 Excellence in Performance Improvement is defined as organization which at all levels strives for continuous improvement. This objective is achieved by effective application of the three key attributes of the Performance Improvement (PI) model – performance monitoring; analyzing, identifying, and planning solutions; and implementing solutions.

4.2 Performance Improvement Objectives

4.2.1 Performance Improvement activities are simple, efficient, incorporate human performance considerations, and facilitate effective performance during all phases of plant operations.

4.2.2 Roles and responsibilities of personnel involved in implementing the performance improvement activities are clearly defined.

4.2.3 Applicable lessons learned are incorporated uniformly into the business processes to improve adequacy and efficiency.

4.2.4 Exceptional performance is recognized.

4.2.5 Performance shortfalls against established standards and expectations are recognized for resolution.

4.3 Important Organizational Attributes

4.3.1 Leadership and Oversight

- A. Strong leadership and oversight, along with a dynamic learning environment, promote effective performance improvement. Managers establish and fuel the enthusiasm for organizational learning. They also set high standards that challenge the status quo and ensure that basic processes upon which performance improvement is built are robust, well-supported, effectively monitored, and sustained.

4.3.2 Culture

- A. Managers consider the organization's culture (norms and values) as they implement performance improvement activities. Managers understand how things exist and how things get done. They use that understanding to tailor approaches to the various performance improvement activities by taking advantage of cultural strengths while avoiding problems caused by relying on cultural attributes that are not as strong.

4.3.3 Knowledge and Skills

- A. The knowledge and skill of those implementing key performance improvement activities are important contributing factors, and ensuring key members of the organizations that perform the activities are sufficiently trained on their particular supporting roles is key to sustainable performance improvement.

4.4 Program Integration

4.4.1 The performance improvement program is a set of integrated processes for the operation and support of OPPD and the Exelon Nuclear fleet. The program is intended to measure performance to established standards through performance monitoring, improves less than expected performance, and highlight exceptional performance.

4.4.2 Program integration is achieved through the identification of performance monitoring; analyzing, identifying, and planning solution; and implementing solutions, see Attachment 1.

5.0 **DOCUMENTATION** - None

6.0 **REFERENCES**

6.1 INPO AP-903, "Performance Improvement Process Description"

6.2 INPO AP 05-005, "Guidelines for Performance Improvement and Nuclear Power Stations"

6.3 INPO AP-07-007, "Performance Assessment and Trending"

- 6.4 PI-FC-1, "Performance Improvement Policy"
- 6.5 FCSG-70, "Performance Improvement Integrated Matrix"
- 6.6 PI-AA-30, "Performance Improvement Reviews and Interventions"
- 6.7 PI-AA-1002, "Performance Improvement Toolbox"
- 6.8 PI-AA-1003, "Performance Improvement Excellence Plan Development"

Attachment 4

FCSG-70, Revision 0, Performance Improvement Integrated Matrix

FCSG-70

Performance Improvement Integrated Matrix

Rev 0

Safety Classification:

Non-Safety

Usage Level:

Information

| | |
|---------------------------|--------------------------------|
| Change No.: | EC 60911 |
| Reason for Change: | New document. |
| Preparer: | Drueke, B. |
| Sponsor: | Drueke, B. |
| Owner: | Assistant Plant Manager |
| Issued: | 05-31-13 3:00 pm |

Fort Calhoun Station

1.0 PURPOSE AND SCOPE

1.1 Purpose

1.1.1 The purpose of this document is to describe the elements of the Performance Improvement Integrated Matrix (PIIM). The PIIM is tool which allows the organization to track gaps and performance initiatives identified through performance monitoring. The PIIM and supporting excellence plan(s) identify the methods used to analyze and identify the solutions and the associated implementation.

1.1.2 The planning, analyzing and reporting tools that are contained within the Performance Improvement program are designed for ensuring integrated use of existing learning programs so that organizations can strategically plan resolution of important issues by effective use of the PIIM.

1.2 Scope

1.2.1 This procedure applies to all functional areas within Fort Calhoun Station. The use of this program applies to both site and corporate personnel.

2.0 DEFINITIONS

2.1 Performance Improvement – Excellence in performance improvement is embodied by the organization that views improving performance as a never-ending pursuit rather than a final destination. Such an organization strives at all levels to achieve high levels of operational performance by effective application of the three key attributes of the performance improvement model.

- Performance Monitoring
- Analyzing, Identifying, and Planning Solutions
- Implementing Solutions

2.2 Performance Improvement Integration Matrix (PIIM) - The PIIM is a strategic planning tool that facilitates a systematic approach to addressing identified performance gaps. The PIIM allows for tactical application of specific performance improvement tools for effective resolution of issues by a coordinated usage.

3.0 RESPONSIBILITIES

3.1 Site Human Performance Coordinator - Responsible for ensuring the site PIIM is completed on a quarterly basis. Leads the site quarterly PI assessment meetings.

3.2 Corrective Action Program Coordinator (CAPCO) - Responsible to update and maintain the departmental PIIM, as directed by the Human Performance Coordinator and Department Manager.

4.0 PROCEDURE

4.1 Applicability

4.1.1 Performance improvement assessment involves periodically analyzing issues contained in a wide variety of documented performance information, including corrective action data or data trends; benchmarking and self-assessment results; observation data from both station personnel and external groups; and performance indicator information.

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| i | <u>NOTE</u> | i |
| | Whether a department specific, site level, or corporate level gap, only the most significant issues should be included on the PIIM. Rigor should be maintained to avoid additional items of interest to ensure the PIIMs are focused in priority and better able to be managed. | |

4.1.2 The threshold criteria are as follows:

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| i | <u>NOTE</u> | i |
| | Sections 4.1.1, 4.1.2, and 4.1.3 and describe the minimum types of items considered. | |

- A. Department level gaps for plan usage that need further analysis and intervention are recommended by the Condition Review Group(CRG)/Station Corrective Action Review Board (SCARB) or CAPCOs and approved by the Department Manager.
 - 1. Performance areas in variance as identified in the department summary of the Site Business Plan Performance Report.
 - 2. Significant or recurring department performance issues (e.g., NOS yellow rating for more than one rating period, Level A, B, or C CR).
 - 3. INPO Areas for Improvement and Performance Deficiencies.
 - 4. Other gaps to excellence as determined by senior management, e.g., Excellence Plan items Excellence Plan Development.

4.1.2 (continued)

- B. Site level gaps for plan usage that need further analysis and intervention are recommended by the CRG/SCARB or CAPCO and approved by the Plant Manager.
 - 1. Performance areas in variance as identified in the executive summary of the Site Business Plan Performance Report.
 - 2. Significant or recurring site organizational or programmatic issues, including Human Performance significant issues affecting plant performance (e.g., INPO AFIs, ATV findings, equipment issues impacting safety or generation, noteworthy adverse trends).
 - 3. Executive summary INPO AFIs.
 - 4. NRC Substantive Cross-Cutting issues.
 - 5. Department level identified performance gap that impacts more than one department with significant improvement opportunity or value, and has site impact.

- C. Corporate level gaps for plan usage that need further analysis and intervention are recommended by CRG/SCARB, or CAPCO and approved by the CRG Chairperson or other members of the corporate executive management team.
 - 1. Performance areas in variance as identified in the executive summary of the Senior Management Business Plan Performance Report.
 - 2. Significant organizational or programmatic issues, including Human Performance significant issues affecting fleet performance (e.g., INPO AFIs, ATV findings, repeat equipment issues impacting safety or generation, noteworthy adverse trends).
 - 3. Significant recurring performance gap identified through a peer group meeting or assessment.
 - 4. Other gaps to excellence as a corporate peer group.

| | | |
|----------|---|----------|
| i | <u>NOTE</u> | i |
| | Focus on the most important, active performance gaps. | |

4.1.3 Performance gap review

- A. Performance assessment identifies performance gaps, creates or adjusts action plans, and develops organizational alignment and understanding of priority issues. The most visible outcome is an organizational focus on the top gaps to excellence that, if addressed effectively, will make the most impact on performance by fixing an important weakness, avoiding an emerging problem, or making a step change toward excellence or an industry best practice. The top gaps to excellence are generally broad issues rather than specific instances. Plans contain actions to permanently close the top performance gaps, to monitor performance improvement, and to measure gap closure effectiveness.
- B. See Attachment 3 - Department Performance Improvement Review Tools, for data inputs to be considered when identifying performance gaps or gaps to excellence.
- C. For each organizational unit (department, site, or fleet) performance assessment activities are scheduled to provide a balance between day-to-day performance, and having sufficient new performance information to perform meaningful analysis. The periodicity outlined below illustrates the guidance but is not the only scheduling option. A graded approach should be applied to smaller business units where there is limited data.
 - 1. Department performance assessments are typically performed monthly.
 - 2. Site performance assessments are typically performed quarterly. The site quarterly performance assessment meeting provides a roll up of site performance gaps and plans for excellence.
 - 3. Fleet performance assessments are typically performed quarterly, or at a frequency that corresponds to the business planning cycle. Fleet peer teams may review performance more frequently or may perform specific analyses or assessments that are inputs to the fleet performance assessment.

4.1.3C (continued)

4. Comprehensive performance information is reviewed and performance improvement plans are adjusted at performance improvement assessment meetings. The meetings are scheduled so that an increasingly broader perspective of the existing gaps to excellence emerges. The scheduling supports a natural progression from the specifics of department performance to the broader perspectives of station and fleet performance. This tiered approach develops line manager ownership of performance, creates engagement and alignment of individuals at many levels of the organization, and coordinates and integrates improvement efforts.

4.1.4 Trending

- A. Trending results should be incorporated as part of the performance gap review. See Attachment 3 - Department Performance Improvement Review Tools for trending input considerations.
- B. Trend analysis (from Corrective Action Program, observation program, self-assessments, benchmarking, performance indicators, and other data sources) should be performed monthly to identify adverse trends of importance that may be developing.
- C. Cognitive trending will be included as part of the performance gaps review by assessing all available performance data.

4.1.5 Self-assessment and benchmarking schedules will be reviewed during the site performance assessment meetings, as determined necessary.

4.1.6 INPO and Mid-Cycle performance gaps

- A. INPO AFIs, Performance Deficiencies, and mid-cycle assessment performance gaps shall be identified as performance gaps in the PIIM.
- B. Closure and effectiveness of INPO and mid-cycle assessment related items should follow the [FGCG-58](#), FCS INPO/WANO Plant Evaluation Preparation Plan.

4.1.7 Performance Gap Closure

- A. Closure of a specified performance gap is done at the recommendation of the functional area owner, and by the review and approval of the site management team. Documentation should be added to the associated PI Action Plan stating that the performance gap was approved for closure.

4.2 Performance Improvement Integrated Matrix

4.2.1 Fill out Attachment 1 - Sample Performance Improvement Integrated Matrix (PIIM).

- A. Identify if it is a Corporate, Site, or Department level PIIM
- B. Identify the period for which the PIIM is being completed.
- C. Identify the specific performance gap(s) to be addressed.

| | | |
|----------|---|----------|
| i | <u>NOTE</u> Reference code tables are provided in Attachment 1 - Sample Performance Improvement Integrated Matrix (PIIM), for use in filling out the stakeholder section. | i |
|----------|---|----------|

| | | |
|----------|---|----------|
| i | <u>NOTE</u> The term performance gap is used for either a performance gap or gap to excellence. | i |
|----------|---|----------|

4.2.2 Fill out Attachment 1 - Sample Performance Improvement Integrated Matrix (PIIM), under the section titled Stakeholders as follows:

- A. List the Site responsible for monitoring the performance gap resolution.
- B. List the Department Area Owner responsible for monitoring the performance gap resolution.
- C. Determine if the performance gap is a Site Focus Area and list if applicable.
- D. List the Site Alignment Area name or other site strategic focus area for the gap to excellence for resolution, if applicable.

- 4.2.3 For Attachment 1, Sample PIIM, in the Performance Monitoring (Gap Identification and Monitoring Results), Analyzing, Identifying, and Planning Solutions (PI Tools and Actions), and Implementing Solutions (Results) Sections, fill in the boxes using the codes listed on the PIIM to indicate the parts of the model that were utilized.
- A. Complete the Performance Monitoring (Gap Identification and Monitoring Results) Section using the "I" for Identified by the Process/Organization or "M" for Monitoring Results.
 - B. Complete the Analyzing, Identifying, and Planning Solutions (PI Tools and Actions) Section using the "S" for Scheduled Action to be Taken or "C" for Completed Action.
 - C. Complete the Implementing Solution (Results) Section using the "S" for Scheduled Action to be Taken, "O" for On-going Actions, or "C" for Completed Action.
- 4.2.4 Complete Attachment 1, Sample PIIM, Plan Management.
- A. Identify the Origination Date of the when the performance gap is put on the PIIM.
 - B. Identify the Original Closure Date planned for the performance gap and Revised Closure Date, if applicable.
 - C. Identify the Status Date (Last Reviewed Date / Next Scheduled Review Date).
 - D. Gap Status, Status the performance trend over the current quarter as follows:
 - 1. "G" (Green) - Complete. Management determines actions taken to address performance gap have been successfully completed and have been determined effective.
 - 2. "W" (White) - On Track. Action plan items to close performance gap are on-track based on the established effectiveness metrics.
 - 3. "Y" (Yellow) - Off Track. Action plan items have passed commitment date or current performance is off track based on established effectiveness metrics.
 - 4. "R" (Red) - Ineffective. Management determines actions have not been effective to address sustainability of resolution of performance.
 - E. Identify the single point Owner of the performance gap.

- 4.2.5 Complete Attachment 2, Performance Improvement (PI) Action Plan, for each performance gap identified on Attachment 1, Sample PIIM.
- 4.2.6 Ensure that metrics or other specific objective criteria are included in Attachment 2, PI Action Plan in order to demonstrate success of closing the performance gap.
- 4.2.7 Provide back-up material (electronic file or binder) for Attachment 1, Sample PIIM, such that the complete plans, performance metrics, and documents with associated tracking numbers are clearly identified.
- 4.2.8 Perform a periodic review of the PIIM, in accordance with Section 4.2.2 to assess progress on performance gaps.
- 4.2.9 Report out on progress to management in the appropriate forum.
 - A. For a department performance gap, the report out is performed during the department monthly performance assessment review.
 - B. For site performance gaps, the report out is performed during the site quarterly performance assessment review meeting.
 - C. For corporate functional area performance gaps, the report out is performed during the corporate quarterly performance assessment meeting.
 - D. When a performance gap is determined to be closed per Section 4.3, the item should remain on the PIIM for the following management review cycle; after which the performance gap can be deleted from the PIIM spreadsheet.
 - E. When an INPO related issue (e.g., AFIs, Performance Deficiencies) is determined to be closed, the item should be maintained on the PIIM throughout the duration of the INPO cycle for the site.

5.0 RETENTION/RECORDS

- 5.1 The Performance Improvement Integrated Matrix (PIIM) and associated action plans (Attachment 1) are the appropriate items to document important performance gaps.

6.0 REFERENCES AND COMMITMENTS

- 6.1 INPO 05-003, Performance Objectives and Criteria
- 6.2 INPO 05-005, Guidelines for Performance Improvement of Nuclear Stations
- 6.3 INPO 07-007, Performance Assessment and Trending
- 6.4 [FGCG-58](#), FCS INPO/WANO Plant Evaluation Preparation Plan.

7.0 ATTACHMENTS

- 7.1 Attachment 1 - Sample Performance Improvement Integrated Matrix (PIIM)
- 7.2 Attachment 2 - Performance Improvement Action Plan
- 7.3 Attachment 3 - Department Performance Improvement Review Tools

Attachment 1 - Sample Performance Improvement Integrated Matrix (PIIM)

Period _____
 Corporate _____ Site _____ Department _____

| Site / Department: | | | | Period: | | | | | | | | | | | | Action Plan AR Number: | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|--|-----------------------------------|---|-----------------------------------|--------------|-------------------------------------|---|-------------------------|-----------------------|-----------------------|---|-----------------------------|-------------------------------------|-----------------|---------------------------|-----|-----|----------|-----------------------------------|----------------------|-----------------------------------|-------------|-------------------|------------------------|-----------------------------------|-----------------|------------------------|--------------------|-------------------|-------------------|--|-------------------------------|----------|------------------|-----------------------------------|
| Stakeholders [Use Keys Below for this Section] | | | Performance Gap / Issue (Fundamental in Variance) | | FIND: How was the gap identified? | | | | ANALYZE: What tools are being used? | | | | | | FIX: How it is being fixed? | | Plan Management | | | | | | | | | | | | | | | | | | | | | |
| Site | Dept. Area Owner (Functional / Cross-Functional Area) | Site Focus Area | Site Alignment Area | Performance Gap / Issue (Fundamental in Variance) | | Performance Monitoring [Gap Ident. & Monitoring Results] | | | | Analyzing, Identifying, and Planning Solutions [Use of PI Tools] | | | | | | Implementing Solutions [Results] | | Plan Management | | | | | | | | | | | | | | | | | | | | |
| | | | | Standards | Self Assessment | Metrics (Performance Indicators) | Trending (Performance Assessment) | Benchmarking | OPEX (Plant and Industry) | FMS (Behavior Observations) | CAP (Problem Reporting) | Effectiveness Reviews | INPO / Mid-Cycle Gaps | Independent Oversight (NCS, NRC, NSRB, Mgmt. Challenge) | Benchmarking / Workshop | Self-Assessment | OPEX | WGE / Informal Evaluation | CCA | RCA | ACE/EACE | SYSTEM IQ (Sys. Perf. Monitoring) | Deep Dive Assessment | Process Improvement Init. (Janus) | INPO Assist | Business Planning | Plant Health Committee | TEEW (Timg. Eff. Eval. Worksheet) | Action Tracking | CFAM Fleetwide Actions | Project Management | Outage Management | Change Management | Management Oversight, Involvement, and Reinforcement | Organizational Accountability | Training | Origination Date | Closure Date (Original / Revised) |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status Codes: I, M | | | | | Status Codes: S, C | | | | | Status Codes: S, O, C | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Site BRW = Braidwood NCS = Corporate BYR = Byron OYS = Oyster Creek CPS = Clinton PEA = Peach Bottom DRE = Dresden QDC = Quad Cities LAS = LaSalle TMI = Three Mile Island LIM = Limerick | | Dept. Area Owner - Functional and Cross-Functional Areas CY = Chemistry MA = Maintenance EN = Engineering NO = Nuclear Oversight EP = Emergency Preparedness NF = Nuclear Fuels DRE = Dresden OU = Outage Management LAS = LaSalle OP = Operations LIM = Limerick FP = Fire Protection OR = Organizational Effectiveness LS = Licensing / Reg Assurance PI = Performance Improvement | | | | Site Focus Area C = Corporate Functional Area F = Fleet Y = Site Focus Area | | | | Status Codes I = Identified by this process/organization S = Scheduled action to be taken O = On-going actions / On Track GRN G = Complete / Action Plan is Effective WHT W = On Track based on Established Metrics YEL Y = Off Track / Overdue Commitments or Off Track Based on Metrics RED R = Ineffective / Actions Not Sustainable for Resolution | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Attachment 2 - Performance Improvement Action Plan

Corporate _____ Site _____ Department _____

Area Owner:

Affected Functional/Cross-Functional Areas:

Performance Gap Title:

Performance Gap Description (Clearly define the gap/problem that is being addressed by this improvement action plan):

How Identified:

Potential/Actual Consequences:

Analysis Products:

| CR Number | Description | Status | Owner | Due Date |
|-----------|-------------|--------|-------|----------|
| | | | | |
| | | | | |

Key Actions (Completed/Planned)

| CR Number | Action Description | Status | Owner | Due Date |
|-----------|--------------------|--------|-------|----------|
| | | | | |
| | | | | |

Performance Monitoring Tools:

| Tool | Description | Goal |
|------|-------------|------|
| | | |
| | | |

Metrics Used to Demonstrate Sustainability (Show Metric and goal to declare success):

Results Achieved:

Attachment 3 - Department Performance Improvement Review Tools

1.0 PIIM GAP REVIEW (SUGGESTED INPUTS FOR DEPARTMENT)

- 1.1 Significant adverse changes in performance
- 1.2 Top Department Focus Areas/drivers (how identified)
- 1.3 Tools used to understand gap
- 1.4 Key actions to resolve gap
- 1.5 Metrics used to monitor improvement of the gap

2.0 METRIC AND DATA REVIEW

- 2.1 Metrics
 - 2.1.1 Changes to METRICS during previous month (Identify drivers)
 - 2.1.2 Overall trend (Steady/Improving/Declining)
 - 2.1.3 Current point losses/gains
 - 2.1.4 Projections (indicator projection graphs, optional)
- 2.2 Other Key Performance Indicators (Business Plan, Fleet Comparison, internal, etc.)
 - 2.2.1 Indicators in variance (Yellow/Red Windows)
- 2.3 External indicator data (NOS, NSRB, NRC, INPO)

3.0 TREND ANALYSIS REVIEW

- 3.1 Human Performance
 - 3.1.1 Recent events over the last quarter (Prompt Investigations)
 - 3.1.2 Clock Resets -any common themes among types of events, causes, crews
- 3.2 CAP – HU and Equipment (adverse trend review and analysis, significant CRs)
- 3.3 Trends (Yellow windows - roll-up report, below standards observations, and other trends)
- 3.4 Cognitive trending

4.0 SELF-ASSESSMENT AND BENCHMARKING REVIEW

- 4.1 Schedule review (Completed/Planned)

Attachment 3 - Department Performance Improvement Review Tools

4.2 Important recommendations (learnings) from reports

4.3 Recommended changes to schedule based on performance

5.0 KEY PI ACTION PLAN REVIEW

5.1 Review Plans Ready for Closure

5.1.1 Recommendation for plan closure

5.1.2 Discuss results achieved for sustainability (metrics monitored, goals achieved)

5.1.3 Plan to stay on PIIM Matrix for one quarter after close-out

5.2 Review OPEN PI Action Plans

5.2.1 Items off-track (Key actions scheduled, areas requiring attention, results to date)

5.2.2 Challenges to existing PI Plans?

5.3 Plans under development

5.4 Help on department-specific performance gap action plans?

5.5 Help on cross-functional performance gap action plans?

6.0 DATA INPUTS

6.1 Department PIIM

6.2 Department CAP Trend Review and Analysis

6.3 Trend Charts

6.4 Self-Assessment and Benchmarking Schedule

6.5 Key Performance Indicators

6.6 Open PIIM Action Plan

6.7 List of Crew Clock Resets, HU Trends and Analysis