

# Programs/Corrective Action/Procedure Compliance Initiatives

## Improvements in Corrective Action

- Improvements in Operability Reviews
- Improvements in Categorization of Adverse Conditions
- Improvements in Cause Determinations
- Improvements in Corrective Actions
- Improvements in Trending
- Improvements in the Corrective Action Review Board
- Improvements in Causal Analysis Review Group

# Verification of Effectiveness

## Performance Indicators

- Programs and Procedure Compliance
  - Individual program health indicator
  - Program and Process Errors
    - The goal for restart is 0.7 per 10,000 person-hours
  - Condition Reports due to failure to follow procedures
  - Management observations of procedure compliance

# Verification of Effectiveness

## Performance Indicators

- Corrective Actions
  - Categorization Adequacy  
The goal is to have 95% or better
  - Root Cause Quality  
The goal of 90% or better has been established
  - Corrective Action Adequacy  
The goal is 90% or better
  - Repeat Events
  - Timeliness of Corrective Actions

# Verification of Effectiveness

## Assessments

- Programs and Procedure Compliance
  - Program Reviews
  - Quality Assessment audits of procedure compliance.
  - Human Performance Evaluation System (HPES) analysis
  - Quality Assessment surveillances of procedure compliance

# Verification of Effectiveness

## Assessments

- Corrective Actions
  - Engineering Assessment Board review of corrective actions
  - Independent assessment of the adequacy of corrective actions on a semiannual basis.
  - Quality Assessment detailed audits of the adequacy of corrective actions

# Overall Performance Indicators to Measure Improvement

- Self-Identification of Adverse Conditions  
The goal for restart is 80%
- Open Control Room Deficiencies  
The goal is to have zero at restart
- Open Operator Work-Arounds  
The goal is to have zero at restart
- Open Temporary Modifications  
The goal is to have zero at restart
- Root Cause Quality  
The goal is 90% or better

# Overall Performance Indicators to Measure Improvement

- EAB Indicators of quality
- Total Maintenance Backlog  
The goal for restart is less than 500
- Open Modifications  
The goal for restart is less than 200
- Open Procedure Change Request  
The goal for restart is 250
- Restart Training Completion

# **Corrective Action Process Improvement**

*Dave Gudger,  
Manager - Performance Improvement  
Corrective Action Process Owner*

*September 18, 2002*



# Corrective Action Process Improvement

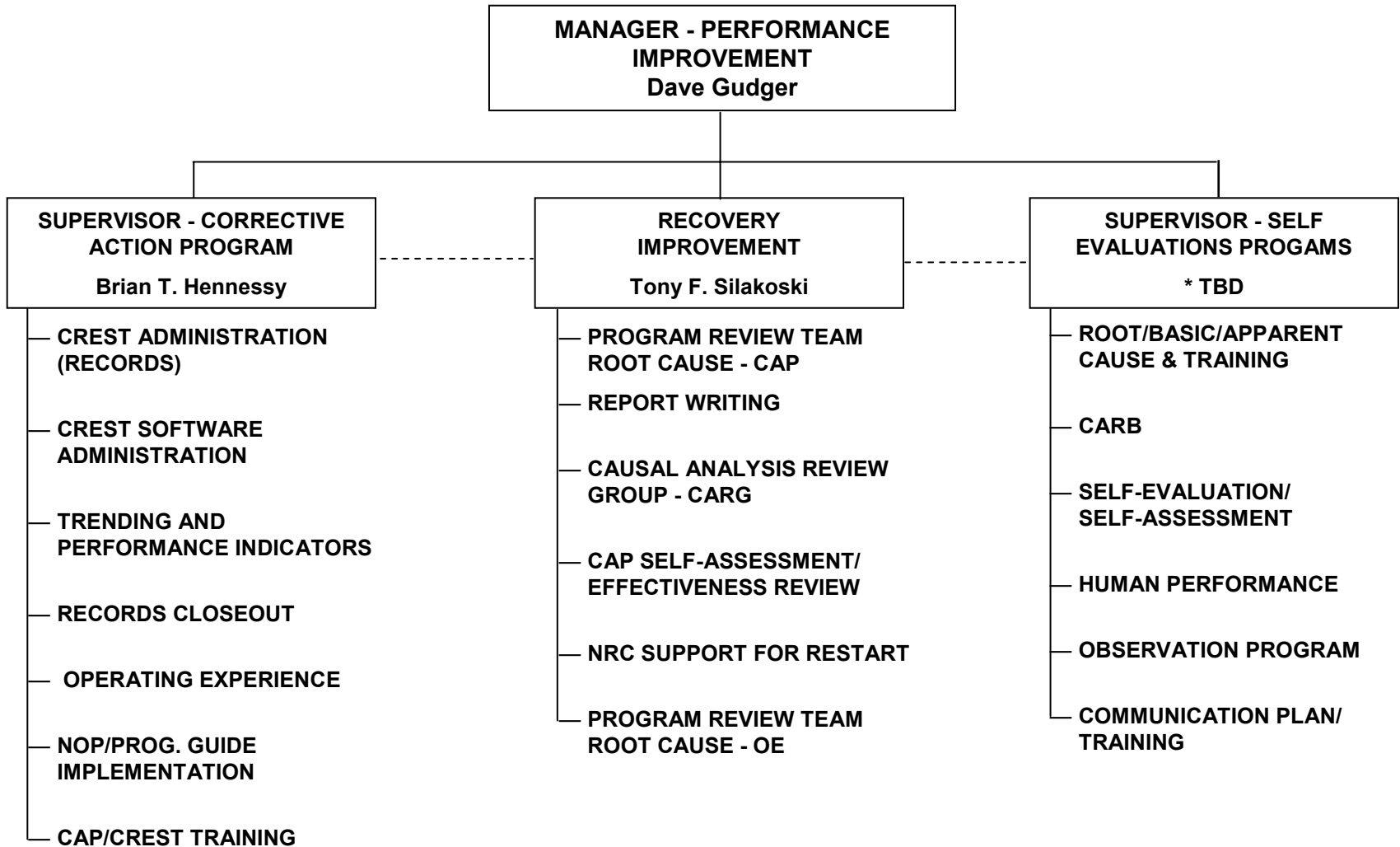
## Purpose

- To discuss the Corrective Action Program improvement plan to address the following items:
  - Corrective Action Program issue
  - Interim/Compensatory measures established for assurance of program integrity
  - Approach to long-term improvement plan

## Corrective Action Program Issue

- Non-Technical Root Cause identified that the implementation of the Corrective Active Program was less than adequate as indicated by the following:
  - Addressing symptoms rather than causes
  - Low categorization of conditions
  - Inadequate corrective actions
  - Inadequate trending
- ✎ Program elements determined to be adequate

# Performance Improvement Organization



## Compensatory Measures

- Barrier Analysis
- Corrective Action Program owners directly involved with management categorization
- Standards enhanced for Senior Reactor Operator reviews
- Causal Analysis Review Group established
- Corrective Action Review Board chaired by Plant Manager
- Corrective Action expert facilitation
- Corrective Action Program closure review

# Major Improvement Initiatives

## New Causal Analysis Review Group Functions

- Review of Basic Cause Evaluations and selected Conditions Adverse to Quality to:
  - Ensure cause quality and programmatic requirement adherence
  - Provide peer review feedback to evaluator and approver for long term quality behavior improvements
  - Used as a Corrective Action Program Users' Group
  - Develop individual departmental corrective action improvement plans in coordination with the Program Owner and other sections and department

# Major Improvement Initiatives

## NEW CAP Performance Indicators

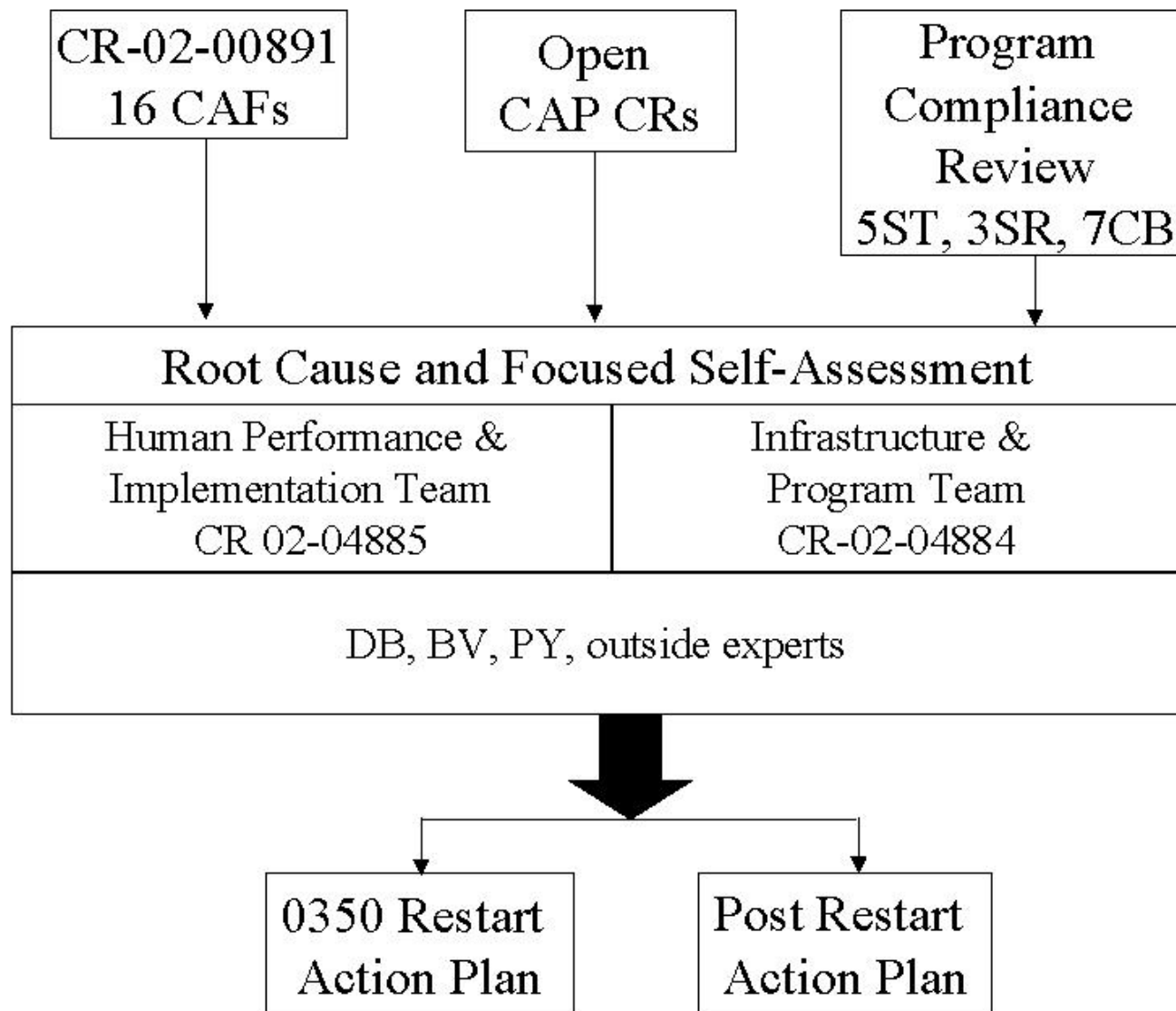
**Purpose:** To monitor transition to improved quality and ownership.

 **Establishing Performance Category Measures for each program attribute to be in place by September 30<sup>th</sup>.**

- Productivity
- Timeliness
- Efficiency
- Quality
- Effectiveness

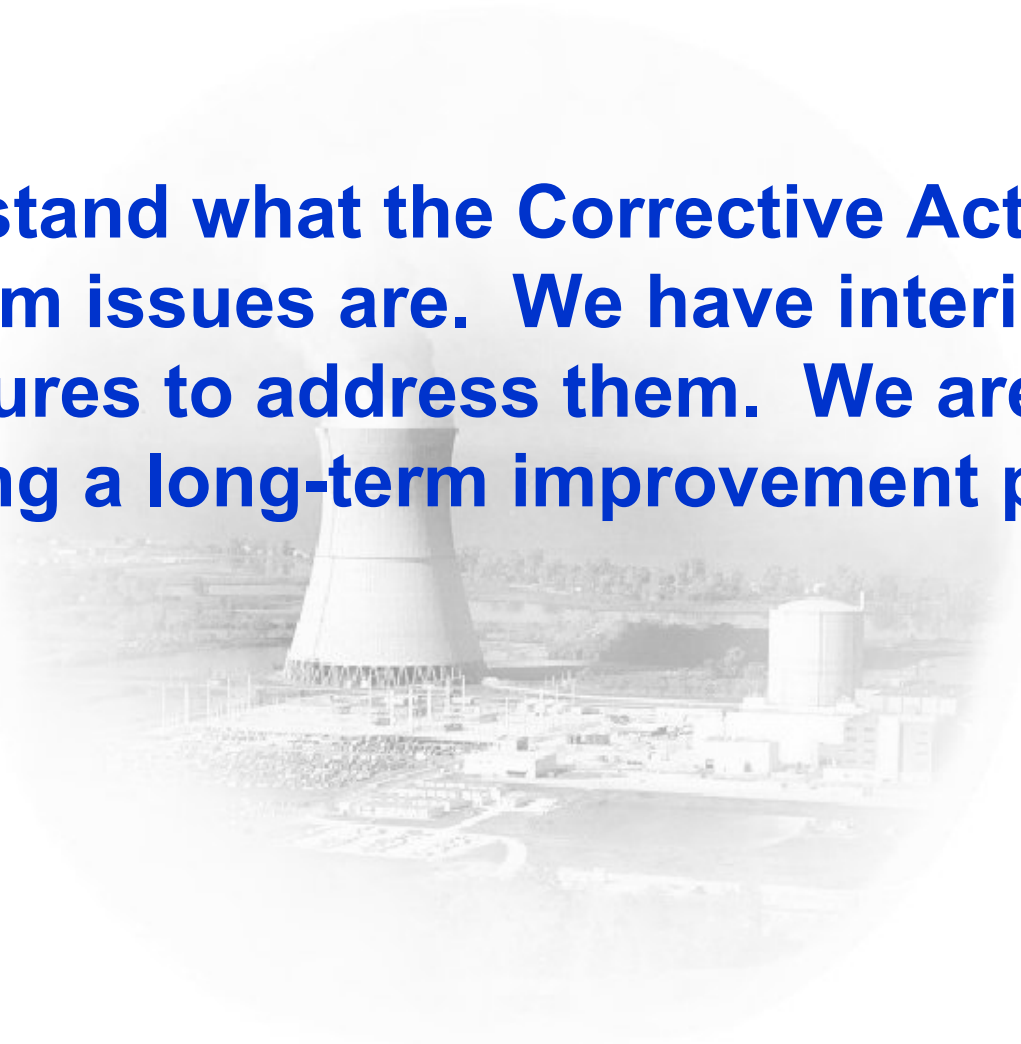


# Root Cause / CAP Focused Assessment




# Conclusion

**We understand what the Corrective Action Program issues are. We have interim measures to address them. We are developing a long-term improvement plan.**





**DAVIS-BESSE**  
**Safety Conscious Work**  
**Environment**  
**Independent Assessment**



*Presentation for NRC Meeting*

*September 18, 2002*

*L.W. Pearce*

# Agenda

- Assessment Structure and Methodology
- Survey Results
- Actions to Address Assessment Findings
- Conclusion

# Structure and Methodology

## Team:

- Ken Woessner (*FirstEnergy QA*)
- Stewart Ebnetter (*Ind. Consultant, Former NRC Senior Manager*)
- George Edgar & Paul Zaffuts (*Morgan Lewis*)

## Four Core Criteria and Thirteen Attributes Derived From NRC Policy Statement:

- Worker willingness to Raise Concerns / Management Support for Raising Concerns.
- Effectiveness of ECP/Ombudsman Program.
- Management's Effectiveness in Resolving Issues Using Normal Processes.
- Management's Effectiveness in Detecting and Preventing Retaliation and Chilling Effect.

# Structure and Methodology

## Data Sources:

- Survey of Large FENOC and Contractor Personnel Sample.
- SCWE-Related Policies, Procedures, and Work Practices.
- SCWE Performance Indicators.
- Diagnostic Quiz on SCWE Principles Provided to 20 Management Personnel.
- Interviews of Selected Personnel.

# Survey Results - Willingness of Workers to Raise Concerns

## KEY SURVEY QUESTIONS

## AGREE OR STRONGLY AGREE

1999    1/2002    8/2002

☐ Ability to challenge non-conservative decision by management?	48%	81%	70%
☐ Feel free to approach mgmt. with nuclear/quality concerns?	80%	92%	80%
☐ Raise nuclear/quality concerns w/out fear of retaliation?	73%	89%	72%

## PERFORMANCE INDICATOR

1999    2000    2001    7/2002

2308    3253    3478    5700

Condition reports initiated -----

(annualized)

Although workers are writing CRs in increasing numbers, they have declining confidence in their ability to approach management with concerns or challenge non-conservative management decisions.

# Survey Results - Management Support for Raising Concerns

## KEY SURVEY QUESTIONS

## AGREE OR STRONGLY AGREE

	1999	1/2002	8/2002
☐ Mgmt wants concerns reported?	84%	86%	76%
☐ Mgmt is willing to listen to problems?	47%	72%	63%
☐ Constructive criticism is encouraged?	44%	70%	52%
☐ Mgmt. cares more about identification / resolution of nuclear/quality concerns than cost/schedule?	NA	NA	39%

There has been an erosion in worker perception of management's commitment to encourage, address, and resolve concerns.

# Survey Results - ECP/Ombudsman

## KEY SURVEY QUESTIONS

## AGREE OR STRONGLY AGREE

	1999	1/2002	8/2002
☐ I can use ECP/Ombudsman without fear of reprisal?	59%	85%	70%
☐ ECP/Ombudsman will maintain confidentiality?	56%	77%	66%
☐ Upper management supports the ECP/Ombudsman program?	NA	77%	60%

## PERFORMANCE INDICATOR

	1999	2000	2001	7/2002
Ombudsman contacts -----	5	21	18	42 (annualized)
Ombudsman investigations -----	4	6	2	12 (annualized)

- Contacts are increasing while necessary resources devoted to Ombudsman program are not.
- Workers continue to use Ombudsman program as alternative to line management.
- However, perceived lack of management support of the Ombudsman could lead to erosion of worker confidence in ability of program to adequately address issues.

# Survey Results - Effectiveness in Resolving Issues Using Normal Processes

## KEY SURVEY QUESTIONS

## AGREE OR STRONGLY AGREE

	1999	1/2002	8/2002
☐ CAP is effective to identify potential nuclear safety / quality issues?	41%	82%	57%
☐ Free to report concerns using CAP without fear of reprisal?	69%	87%	71%
☐ Issues in CAP are prioritized appropriately, investigated thoroughly, and timely resolved?	59%	70%	41%
☐ CAP effective to timely resolve conditions adverse to quality?	44%	68%	42%
☐ CAP effective to address root causes and broader implications of nuclear safety / quality issues?	45%	75%	45%

## PERFORMANCE INDICATOR

	1999	2000	2001	8/2002
NRC allegations (2002) -----	3	0	2	25* (as of 9/1)

\*At least 4 of the 25 referred allegations were initiated by non D-B personnel.



# Survey Results - Mgmt Effectiveness in Detecting and Preventing Retaliation

## KEY SURVEY QUESTIONS

## AGREE OR STRONGLY AGREE

	1999	1/2002	8/2002
☐ I have been adequately trained on the various processes for reporting and documenting nuclear / quality concerns?	NA	NA	72%
☐ My supervisors / managers have been adequately trained on the various processes for reporting and documenting nuclear / quality concerns?	NA	NA	61%
☐ I have been subject to HIRD for raising nuclear / quality concerns?	NA	NA	Yes - 7% (26)
☐ I know of instances in which workers in my workgroup have been subject to HIRD for raising nuclear / quality concerns?	NA	NA	Yes - 12% (46)

# Actions to Address Assessment Findings

- The assessment recommendations have been translated into a "SCWE Action Plan."
  - The SCWE Action Plan has been incorporated into is a part of the Management and Human Performance Improvement Plan.
  - Additional management resources from outside Davis-Besse will assist in implementing the Action Plan.
- Willingness of Workers to Raise Concerns / Management Support for Raising Concerns:
  - Perform 2d-level review of survey results to identify any "SCWE challenged pockets" within the organization.
  - Expand "Great Catch" program.
  - Publicize the survey results as a "mechanism of change."
  - Periodically repeat survey adding targeted questions.
  - Continue "four C's" meetings program.
  - Include SCWE messages in Davis-Besse case study initiative.

# Actions to Address Assessment Findings

- ECP/Ombudsman:
  - Implement industry best practice tools.
  - Transform to proactive model.
  - Assure no significant issues escape operability / reportability review (see “Issue Management Process,” below).
- Effectiveness in Resolving Issues Using Normal Processes:
  - Complete Program Compliance Plan Review of CAP and implementing corrective actions.
  - Create integrated issue management process to assure timely, coordinated, and effective response to issues received outside CAP.

# Actions to Address Assessment Findings

- Management Effectiveness in Detecting and Preventing Retaliation:
  - Train Officers, Directors, Managers, and Supervisors to detect and avoid retaliation and chilling effects.
  - Establish “People Team” to review significant adverse personnel actions (e.g., discipline above oral reprimand, reductions-in-force, etc.) to prevent retaliation and/or chilling effect, and to respond quickly to any SCWE issues that may arise.
  - Establish Issue Management Process to ensure SCWE issues are handled consistently independent of where they are raised initially.

# Conclusion

- The Results Obtained From the SCWE Assessment Reinforce the Need to Address Davis-Besse's SCWE.
- We Have Developed a SCWE Action Plan To Address the Assessment Results.
- The Action Plan is Underway.

# Success Criteria and NRC SCWE Attributes

- Willingness of Employees to Raise Concerns / Management Support for Raising Concerns.
  - Communication of management expectations (applicable to all criteria).
  - Supervisory and employee training.
- Effectiveness of the Ombudsman Program / ECP.
  - ECP elements and implementation.

# Success Criteria and NRC SCWE Attributes

- Management's Effectiveness in Resolving Issues Using Normal Processes.
  - The Corrective Action Program.
  - Roles and responsibilities of management in resolving employee concerns.
  - Allegations raised outside CAP (NRC, HR, ECP).
  - Self assessments.
- Management's Effectiveness in Detecting and Preventing Retaliation and Chilling Effect.
  - Response to retaliation and related claims.
  - Supervisory training on means to detect and prevent retaliation/chilling effect.
  - Contractor responsibilities.

# Conclusions and Closing Comments

*Lew Myers*  
*Chief Operating Officer*



# Conclusions on the Plan

- Completed Root Cause Report and Developed Focus Areas
- Developed Corrective Actions
- Include Corrective Actions into the Work Plan

# Implementation of the Plan

## Completed Actions

- New FENOC Management Team
- New Davis-Besse Leadership Team
- New Engineering Standards
- SCWE Survey
- Engineering Assessment Board Established
- Restart Overview Panel Established

# Implementation of the Plan

## Completed Actions (continued)

- Operations Oversight Executive added
- Weekend Duty Requirements
- Project Review Committee Enhanced Oversight
- Corrective Action Review Board Enhanced Oversight
- ROP Meetings with Employees
- Augmentation of Engineering

# Implementation of the Plan

## Actions Already Underway

- 4-Cs Meetings
- Town Hall Meetings
- FENOC Resource Sharing
- ROP and EAB Reviews
- Equipment Upgrades
- Management Observations

# Signs of Improved Performance

- We are not where we want to be
- We are showing Improvement

# Overall Conclusions

- Comprehensive Plan in place
- We are Implementing the plan
- We are beginning to see some improvement
- Additional Improvements Needed