

# Pacific Northwest Site Office (PNSO) and SC-3

## Safety Conscious Work Environment (SCWE)

**Self-Assessment Report** 

August 2013

Approved by:

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Pacific Northwest Site Office

Date

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#### PNSO & SC-3 SCWE Self-Assessment Report

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#### 1.0 Executive Summary

In May 2013, an evaluation of Pacific Northwest Site Office (PNSO's) and the DOE Office of Science (SC), SC-3, Safety Conscious Work Environment (SCWE) was conducted following the SCWE Self-Assessment Guidance (Revision G) issued by the U.S. Department of Energy (DOE) in response to the Defense Nuclear Safety Board (DNFSB) Recommendation 2011-1. Although the DNFSB commitment was limited to the Laboratory's Hazard Category 2 Defense Nuclear Facility, the Radiochemical Processing Laboratory (RPL), PNSO chose to assess the culture holistically with an emphasis on the nuclear facility. Due to the limited number of Headquarters individuals directly associated with oversight of the RPL, only those individuals in SC-3 specifically associated with the oversight of Building 325 were included.

The review, which included both organizations, found an overall strong Safety Conscious Work Environment (SCWE) with some areas for improvement noted. Strengths included worker engagement, accountability, and efforts to improve health and safety. One area for improvement involved the Employee Concerns Program. A few requirements of the employee concerns program were not adequately implemented as described in DOE Order 442.1A and Office of Science Management System (SCMS), which is the Management System for the Office of Science's procedures and processes. Attachments 3 and 4 include an evaluation of the Differing Professional Opinions Program and the Employee Concerns Program for SC-3 and PNSO.

PNSO and SC-3 both appear to have available venues for reporting concerns: line management, Employee Concerns Program, Differing Professional Opinions, and monthly program reviews for the Annual Performance Plans. Forums such as the PNSO annual management retreat were established to address PNSO staff concerns, both tactical and strategic. Concerns raised by staff are discussed by management and team leads. As a result of these discussions, the path forward is discussed with staff in small focused groups and tracked throughout the year via the Annual Performance Plan.

Overall, the assessment team determined that work is being accomplished in a safe and secure manner; therefore, the overall expectations associated with a robust safety culture were met. However, there are opportunities for improvement as noted below, as well as strengths.

#### Strengths

- Interviews and meeting observations indicate that staff feel comfortable raising issues, questioning decisions and challenging each other and this was viewed as a positive characteristic of a good safety culture.
- 100% of the responses to the Federal Employee Viewpoint (FEV) survey indicated that PNSO staff are empowered and like their work.
- Staff feels they are protected from health and safety hazards on the job and their supervisor supports their need to balance work and life issues.
- Survey responses to knowing job expectations and putting in extra effort to get the job done were also highly favorable.

- Senior management is engaged and visible. Managers were observed walking the halls, asking questions of staff, and generally developing positive relationships that are critical for any organization.
- PNSO switched from 21 Blackberries to 14 iPhones (using Good Technology) to reduce communications costs and implemented an iPad Pilot Program. This change in technology has proven very beneficial in improving staff functionality during their daily activities, while also providing a cost savings of ~\$12K compared to FY 2011 costs.

#### Opportunities for improvement

- Many of the Employee Concerns Programs requirements were not adequately implemented.
- Staff sentiments indicated that a significant number of staff felt disconnected from the self-development process.

The following recommendations are provided for consideration by PNSO/SC Leadership during their evaluation of their strengths and opportunities for improvement:

- **Staff Engagement** To assist with enhancing the safety culture, Leadership should employ practices that will provide staff opportunities to be involved with organizational self-assessments.
- Employee Concerns Program Implementation To ensure a sustainable program, consideration should be given to ensuring adequate resources and priorities are made to fully implement the employee concerns programs at both HQ and for the Office of Science.

Table 1 summarizes the status of the Three Focus Areas (Leadership, Employee/Worker Engagement and Organizational Learning), using the following color-gradient system that ranks the focus areas and their attributes:

- Green [ ] = Expectations Met
- Yellow [ ] = Expectations Partially Met
- Red [ | Expectations Not Met

**Table 1: Focus Areas and Attributes** 

Focus	Area 1: Leadership overall color:	
	1.A. Demonstrated safety and security leadership	
S	1.B. Risk-informed, conservative decision making	
Attributes	1.C. Management engagement and time in field	
Atı	1.D. Staff recruitment, selection, retention, and development	
	1.E. Open communication and fostering an environment free of retribution	on
Focus	Area 2: Employee/Worker Engagement overall color:	
	2.A. Personal commitment to everyone's safety	
es	2.B. Teamwork and mutual respect	
Attributes	2.C. Participation in work planning and improvement	
At	2.D. Mindful of hazards and controls	
	2.A. Personal commitment to everyone's safety	
Focus	Area 3: Organizational Learning overall color:	
	3.A. Credibility, trust, and reporting errors and problems	
es	3.B. Effective resolution of reported problems	
Attribut	3.C. Performance monitoring through multiple means	
At	3.D. Use of operational experience	
	3.E. Questioning attitude	

#### 2.0 Purpose & Scope

DOE's Implementation Plan (IP) for the DNFSB recommendation 2011-1 commits each Defense Nuclear Field and Headquarters Office to perform extent of condition reviews to determine whether safety culture weaknesses exist and to identify gaps to achieving an outstanding safety culture. This report assesses the extent that PNSO models the behaviors of an outstanding SCWE and identifies strengths and improvement opportunities. The evaluation process followed the SCWE Self-Assessment Guidance (rev G) developed for Action 2-4 of the IP.

#### **Team Members**

The evaluation team is shown below. The team has experience in evaluation activities and related experience in assessing organizational behavior and safety culture. Attachment 1 contains team member biographies.

Team Member Role	Name and Title	
Team Lead	Carrie Swafford-Bennett, ESSH&Q Team Lead, PNSO	
Team Advisor	Cindy Caldwell, Environment, Safety, and Health (ES&H) Senior	
(independent)	Technical Advisor, Pacific Northwest National Laboratory (PNNL)	
Safety Culture Subject	Mark Steelman, Steelman Associates, Limited	
Matter Expert (SME)	Mark Steeman, Steeman Associates, Limited	
Safety Culture Subject	Lanette Adams, Deputy Vice President of Mission Support Alliance	
Matter Expert (SME)	(MSA) Safety, Health, Quality & Training	
Team Executive	Carol Sohn, Chief of Nuclear Safety, SC-3,	

#### 3.0 Methodology

A combination of data collection methods were used to provide a more comprehensive understanding of the attitudes and behaviors of the organization. The approach used, confirmed the results obtained through the use of one method with results obtained through the use of another method to provide convergent validity of the results. As described in the Self-Assessment Plan (Attachment 2), methods used by the team included the following:

- Direct observations of work place behavior (management and staff meetings)
- Operational Culture Survey results
- Federal Employee Viewpoint Survey Results
- Face-to-face interviews
- Documentation review from the PNSO Management Retreat
- Annual Performance Plan Program Review Observation
- Documentation review associated with key SCWE-related documentation.

#### **Direct Observation of Work Place Behavior**

Behavioral observations were performed at the PNSO Annual Performance Plan Program Review, Operations Division Weekly Staff, Laboratory Stewardship Division Weekly Staff and Direct Reports Staff. Observations were captured on a meeting observation form that was adopted from the Institute of Nuclear Power Operations.

#### **Individual Interviews**

The protocol for semi-structured interviews was derived from SCWE Self-Assessment Guidance issued by DOE in response to DNFSB recommendation 2011-1 and IAEA-TECDOC-1329. Interview questions were customized from a database of interview questions based on the assessment lines of inquiry. Questions were reviewed in advance by the team and modified as necessary.

The team conducted 15 interviews, representing approximately 47% of PNSO. Due to the limited number of Headquarters individuals involved in the review, no interviews were conducted of these individuals to ensure anonymity. The main focus of the PNSO individual interviews was reporting of issues/concerns. The interviews were also designed to help provide an overall perspective of the safety and reporting culture across PNSO. The team also interviewed the Office of Science and HQ Employee Concerns Program Managers.

#### **Management Retreat**

The team reviewed the documentation that resulted from a PNSO management retreat that occurred in January 2013. The purpose of the retreat was to address issues and concerns in the site office. PNSO participants included representatives from Environment, Safety, Security, Health, and Quality (ESSH&Q), Lab Stewardship, Business Operations, and Facility Operations (including nuclear facility operations). The actions from the focus groups were tracked within the Site Office's Annual Performance Plan.

#### **Operational Culture Survey/Engagement Survey Results**

Staff surveys were used to understand perceptions related to behaviors of interest from a broad sample of individuals from within the organization. The survey generated a 63% response rate with a sample size of 24 individuals. The survey was developed and launched to gather feedback from PNSO and SC-3 employees about the operational culture of the organization. The survey was conducted via email on from May 20 - June 2, 2013.

#### 2012 Federal Employee Viewpoint Survey Results

The 2012 Federal Employee Viewpoint Survey is issued by the Office of Personnel Management annually to all federal agencies. The 98-item survey includes 84 items that measure how effectively agencies manage their workforce. The survey is grouped into eight topic areas: personnel work experiences, work unit, supervisor/team leader, leadership, satisfaction, worklife programs and demographics. The 2012 survey generated a 55% response rate for PNSO staff (18 responses from a population of 33).

#### **Review of Key Documentation**

During data collection the team reviewed a wide variety of documents, including:

- Employee concerns policies and procedures relative to harassment and retaliation
- Issues management/corrective action procedures
- Contract mechanisms: Performance Evaluation Measurement Plan (PEMP)
- 2012 Federal Employee Viewpoint Survey results
- Summary of Survey Findings: PNSO and SC-3 Operational Excellence Culture Evaluation 2013
- PNSO Management retreat Summary, April, 2013
- SCMS Human Resources related policies and procedures relative to harassment and retaliation.
- PNSO Procedures and policies related to stop work authority
- PNSO Performance Assurance Procedure
- PNSO Employee Handbook
- PNSO Annual Performance Plan 2012/Annual Assessment Report
- PNSO Communication Plan and associated products associated with safety
- SCMS Differing Professional Opinions (DPO)

#### Assessment limitations

The total population falling under the scope of this assessment included 34 full time PNSO employees and 5 Office of Science (SC) employees. As a result, only the operational excellence survey results and evaluation of the Employee Concerns program data was used for Headquarters employees. The small population size of the site office associated with the scope of the self-assessment introduced anonymity and confidentiality concerns when using certain analysis techniques that could bias and inhibit participant responses. Considering these concerns, operational culture survey questionnaire responses for PNSO and DOE-SC-3 were combined and focus groups were not employed.

#### 4.0 Assessment Results

LEADERSHIP \_\_\_\_

#### Demonstrated safety leadership

PNSO and SC-3's commitment to provide safe and healthy working conditions for its employees is implemented through the Federal Employee Occupational Safety and Health (FEOSH) Program. The FEOSH Program for DOE employees is designed to be 'owned' and implemented by all of its managers and employees. The program's success depends upon open communication among employees and management. Expectations are communicated and concerns are addressed through various venues such as employee meetings, briefings, posters, monthly newsletters, fliers, internet resources and sharing information. Specific examples of PNSO management commitment to a safe and healthy workplace include:

- Subscribing to and distributing a monthly newsletter to all site office staff: WorkLife4You newsletter@lifecare-news.com.
- Arranging for informational speakers such as a representative from the Employee Assistance Program that spoke to PNSO staff in February.
- Reassigning responsibilities to strategically align staff skills with program risk profiles to
  compensate for the loss of two staff in FY 2012; actively supporting the hire of two college
  students as part of the Student Temporary Employment Program.
- Implementing situational telework agreements for all employees, and issuing temporary Medical Telework Agreements for several staff members.
- Designating an agenda item regarding a safety share at monthly all staff meetings. Examples
  include how to use a defibrillator, driver safety, ergonomic reviews, cyber security, and
  emergency preparedness.

The outcome of management commitment to safety is reflected in the staff survey response. 100% of the responses to the FEV survey indicated that PNSO staff are empowered and like their work. PNSO employees also felt they are protected from health and safety hazards on the job and their supervisor supports their need to balance work and life issues. In addition, responses from employees regarding knowing job expectations and putting in extra effort to get the job done were also highly favorable. This conclusion was supported by 100% of respondents in the operational excellence survey either agreed or strongly agreed that their work environment is maintained for safe operations.

#### Management engagement and time in field 🔲

During the review and through interviews the team observed management to be visible in the field. Several times senior managers were observed walking the halls, asking questions of staff, and generally developing positive relationships (trust) that are critical for any organization. The team observed that management was very engaged. This positive attribute was also recognized in the meetings that were observed by the team.

#### PNSO & SC-3 SCWE Self-Assessment Report

PNSO management sets an example for organizational learning through their personal commitment to continuous learning. Management recognized there are areas for opportunities to learn and has initiated training for staff, such as Contract Management and Dealing with Performance and Conduct Issue courses that were brought to the site office for staff to attend.

At the individual level, staff members are supported and encouraged to have the appropriate levels of education and training for self-development and to perform their assigned task. A position specific and systematic approach is used by PNSO for the development and implementation of its training and qualification program. Also management requires staff to update their individual development plans (IDP), which contain agreed upon training between the supervisor and staff annually. The team verified that IDPs were most recently updated in March 2013. Although the process for self- development appears healthy, survey results indicated a significant number of staff felt disconnected from the process. Five out of eighteen PNSO staff responses to the FEV survey were either neutral or negative to the statement that they are given an opportunity to improve their skills within the organization.

#### Open communication and fostering an environment free from retribution

PNSO and SC-3 appear to have several venues for reporting concerns: line management issue resolution, Employee Concerns Program, and the Differing Professional Opinions (DPO). The quarterly DOECAST DPO notifications were most recently issued August 9, 2013. PNSO and SC-3 employees received that notification electronically. The notice is also located on the PNSO home page of their SharePoint site.

The PNSO Employee Concerns (EC) program is managed through the DOE Oak Ridge Employee Concerns Office. The EC program offers an avenue employees can use to resolve health and safety concerns that cannot otherwise be managed by the PNSO FEOSH program. Interviews with the ORO ECP Manager and review of the program documents identified that many of the requirements of the program are not adequately implemented as required in the Management System for the Office of Science's procedures and processes (SCMS) and DOE O 442.1A. The ECP program Manager did acknowledge that at least annually the effectiveness of the ECP and processes used to implement the requirement of the DOE Order 442.1A "Department of Energy Employee Concerns Program" is performed. The DOE-Headquarters EC Program is still at an early stage of development. The Program Manager is performing the employee concerns duties part-time. In addition, the Program Manager stated that priority is establishing and obtaining the necessary reporting from the site offices. Attachments 3 and 4 include an evaluation of the Differing Professional Opinions Program and the Employee Concerns Program for SC-3 and PNSO.

PNSO has had significant management changes in the past three years, resulting in an environment that appears to be more open and transparent. Highly favorable responses to the FEV survey indicated that most staff in PNSO perceived their supervisor listens, treats them with dignity and respect and staff indicated that they have trust and confidence in their management. This is supported by 96% of operational excellence survey respondents either agreed or strongly agreed that their concerns are respected and addressed. One staff member commented "I believe staff feels free to raise any safety concern without threat of reprisal and display a questioning attitude towards safety."

#### Clear expectations and accountability

PNSO staff roles and responsibilities are provided through documents such as an Individual Performance Plan (IPP), the Management and Operations Program Assignment Matrix, and PNSO specific procedures. On an annual basis, PNSO supervisors and employees sign an IPP, which identifies assignments and responsibilities. PNSO IPPs were recently reviewed in March 2013 as part of the mid-year review.

Staff sentiment was lowest in the area of management providing equitable pay raises, dealing with poor performance and recognizing differences in performance. Eighty percent of staff responded negatively or neutrally to the statement: Pay raises depend on how well employees perform their jobs. Seventy-three percent of staff responded negatively or neutral to the statement: In my work unit, steps are taken to deal with a poor performer who cannot or will not improve. Seventy-one percent responded negatively or neutral to the statement: In my work unit differences in performance are recognized in a meaningful way. In contrast, Seventy-one percent of staff felt that discussion with their supervisor about their performance is worthwhile and 93.9% had a discussion within the past six months.

#### EMPLOYEE/WORKER ENGAGEMENT

#### Teamwork and mutual respect

Open communications and team work appear to be the organizational norm. All meetings that were attended by the review team were found to be well organized with an agenda. Meeting attendees were encouraged to participate and provide their perspectives without fear of retribution. In fact, most of the meetings attended were very spirited, individuals engaged, input from individuals was balanced and stayed focused on the agenda. PNSO Worker/Employee involvement appears to be working well.

PNSO management acknowledges that the small size of the site office and staff reductions requires more efficient and effective processes for information sharing. PNSO switched from 21 Blackberries to 14 iPhones (with Good Technology) to reduce communications costs. In addition PNSO implemented an iPad Pilot Program. This change in technology has proven very beneficial in improving staff functionality in their daily activities while at the same time providing a cost savings of ~\$12K compared to FY 2011 costs. PNSO also expanded its electronic Work Authorization Approval System, implemented electronic distribution of correspondence to PNNL and the DOE Oak Ridge Office (OR), and initiated improvements to their connectivity with PNNL systems that are essential for processing proposals and funding actions as well as conducting Contractor Assurance System (CAS) oversight.

During interviews, one PNSO staff member commented "...everyone is so busy including the supervisor. Having a small organization doesn't always mean everyone is in the know. It means we are all on the go..."

#### ORGANIZATIONAL LEARNING



#### Credibility, trust and reporting errors and problems



Management provides multiple venues to encourage reporting of safety concerns. The PNSO Health & Safety Committee was established to assist management in providing, promoting, and developing a culture that encourages a safe and healthy work environment. This committee also helps maintain channels of communications on safety and health issues within the organization. This committee meets at least twice a year. One of the topics discussed at the most recent meeting was the office's support of health club benefits and funding. In addition, discussions and plans occurred regarding what safety training venues were available to bring in locally for staff, and what training and seminars regarding safety may be available via the other local DOE-EM offices.

Relevant and timely information is regularly communicated to staff. PNSO implemented "Lunch and Learn", a team-based approach to learning, where staff members provide informational briefings or arrange for others such as the PNNL staff to provide information to PNSO employees. These sessions have proven to be very useful and well attended.

#### Effective resolution of reported problems



Performance improvement processes directly involving workers and actions are being tracked to closure. In January 2013, PNSO management held an all staff retreat to address issues and concerns in the site office. Information was provided to management and team leads prior to the retreat regarding specific staff concerns/issues. Management and staff focused on these topics and brought back resolutions to the staff, which were further discussed in small groups. Examples of issues discussed included: teleworking, work schedules, information technology, internal communications, and procedures. Management immediately addressed several of the issues that were of greater concern to staff such as work schedules and internal communications. The remaining issues are being addressed and identified as continual improvement areas. Feedback on all items from the retreat was communicated in the "All Employees" meeting the week of January 8, 2013. Updates were made to the PNSO Employee Handbook document regarding changes made as a result of these meetings.

Communications of Lessons Learned regarding safety were observed in PNSO Division staff meeting and other staff meetings. The team's review of agenda items validates this practice is a standard for the organization. Staff appeared willing to share lessons learned for the benefit of the group.

#### Performance monitoring through multiple means

PNSO has a qualitative process in place that provides for the office to evaluate their performance against the goals, objectives, and measures identified in this plan through tri-annual program reviews. The performance results were documented and will eventually be provided to the Office of Science Headquarters in the Annual Assessment Report. Additionally, the Site Office self-assesses it performance through several other activities including the annual Integrated Safety Management (ISM) declaration, Quality Assurance (QA) program reviews and other external audits or peer reviews as applicable. A QA procedure update/review, the 2<sup>nd</sup> third

#### PNSO & SC-3 SCWE Self-Assessment Report

Annual Performance Plan (APP) review, and the PNSO Communications Plan update/review were conducted and observed during the team's review.

#### Questioning attitude

During interviews with several PNSO staff and meeting observations, PNSO staff exhibited a positive characteristic of a strong safety culture where raising issues, questioning decisions, and challenging each other was viewed. At one meeting, a Team Leader went around the room and asked each individual present for their feedback and questions so everyone was provided an opportunity to express concerns/issues.

#### 5.0 Conclusions and Recommendations

PNSO and the SC-3 SCWE self-assessment review found that behaviors, staff sentiment, and performance reflected an overall strong SCWE with strengths and areas for improvement noted. This assessment identified that some aspects of the Employee concerns program need more development. It is recognized that there have been no issues that have arose nor have there been any employee concerns raised over the past five years.

The team observed a culture of openness and professionalism, where staff was well regarded for their overall contributions to the organization. Staff haves a strong personal commitment to safety and were observed demonstrating this in meetings and throughout the work environment.

Listed below is a summary of the primary strengths and opportunities for improvement.

#### Strengths

- Interviews and meeting observations indicate that staff feel comfortable raising issues, questioning decisions and challenging each other and this was viewed as a positive characteristic of a good safety culture.
- 100% of the responses to the Federal Employee Viewpoint (FEV) survey indicated that PNSO staff are empowered and like their work.
- Staff feels they are protected from health and safety hazards on the job and their supervisor supports their need to balance work and life issues.
- Survey responses to knowing job expectations and putting in extra effort to get the job done were also highly favorable.
- Senior management is engaged and visible. Managers were observed walking the halls, asking questions of staff, and generally developing positive relationships that are critical for any organization.

#### PNSO & SC-3 SCWE Self-Assessment Report

• PNSO switched from 21 Blackberries to 14 iPhones (using Good Technology) to reduce communications costs and implemented an iPad Pilot Program. This change in technology has proven very beneficial in improving staff functionality during their daily activities, while also providing a cost savings of ~\$12K compared to FY 2011 costs.

#### Opportunities for improvement

- Many of the Employee Concerns Programs requirements were not adequately implemented.
- Staff sentiment indicated a significant number of staff felt disconnected from the self-development process.

The following recommendations are provided for consideration by PNSO/SC Leadership during their evaluation of their strengths and opportunities for improvement:

- **Staff Engagement** To assist with enhancing the safety culture, Leadership should employ practices that will provide staff opportunities to be involved with organizational self-assessment.
- Employee Concerns Program Implementation To ensure a sustainable program, consideration should be given to ensuring adequate resources and priorities are made to fully implement the employee concerns programs at both HQ and for the Office of Science.

## Attachment A TEAM BIOGRAPHIES

#### **Team Leader**

Carrie Swafford-Bennett has over 20 years of experience working in the environmental, safety, and health field. Carrie is the Team Lead for Environment Safety Security Health and Quality at PNSO. She is also the Integrated Environmental Safety & Health Program Manager at PNSO. She has had extensive experience in performing QA and ISM assessments. Carrie has a B.S. in Civil Engineering from Southern University and a Master's in Education from Washington State University.

#### **Team Executive**

Carol Sohn has an extensive background in nuclear safety analysis and nuclear materials processing. Ms. Sohn obtained her BS in Chemical Engineering from Purdue University. She also completed her Masters of Science in Management from the Purdue Krannert School.

She began her career at Los Alamos National Laboratory working in plutonium processing at Technical Area 55 (TA-55) including extensive glovebox experience, economic discard limit evaluation, nuclear materials management and modeling. She became a Group Leader for NMT-7 in charge of waste management, nuclear materials management, vault operations and shipping/transportation at TA-55. In 1995 she became a DOE employee with the Richland Operations office, including serving as a Division Director overseeing a wide variety of topics including the authorization basis, systems engineering, characterization and environmental compliance.

In 1999, Ms. Sohn transferred to the DOE-Oakland Operations office as their Senior Nuclear Safety Advisor for oversight of the nuclear facilities at the Livermore Site including safety analysis review (in excess of 150 actions), operational awareness, natural phenomenon, safety evaluation report preparation, authorization basis establishment, and maintenance. She also served as the Acting Assistant Manager for Technical Services which supervises the oversight of most of the safety disciplines (occupational safety, industrial hygiene, biological safety, radiation protection, work planning/work control, quality assurance, etc.) for LLNL facilities.

Ms. Sohn transferred to Pacific Northwest National Laboratories in 2006 and helped revise the Preliminary Hazards Analysis for the Capabilities Replacement Laboratory. Following this task she served on assignment to the Office of Science as their Senior Nuclear Safety Advisor. In November 2007, she was hired by DOE as the Senior Nuclear Safety Advisor for the Office of Science and has been participated on or reviewed safety basis actions, readiness activities and nuclear safety directives initiatives. She was recently appointed as the Office of Science Chief of Nuclear Safety. She is currently on detail to the Nevada Field Office serving as the Acting Deputy Manager.

#### **Team Advisor (Independent)**

Cindy Caldwell is currently a senior technical advisor in the Environment, Health, Safety and Security directorate at PNSO. Her work includes understanding and evaluating operational culture, organizational reliability, and risk management. She has over 30 years of technical and managerial experience in the field of Safety and Health, including reactor operations, training, and technical support within production and laboratory environments as a DOE contractor. Currently, Ms. Caldwell is the co-chair of the Safety Culture sub-team for the EFCOG ISM Working Group. She is certified by the American Board of Health Physics and has a B.S. in Bacteriology and an M.S. in Radiological Science. In addition, Cindy holds an M.A. in Human and Organizational systems and is currently working toward a Ph.D. in Organizational Development.

#### **Safety Culture SME**

Lanette Adams has over 30 years' experience working at DOE and commercial nuclear sites. As the Deputy Manager of MSA Safety, Health, Quality & Training (SHQ&T) Organization, she serves as MSA's Safety Culture point of contact and VPP Advisor. She has performed several VPP self-assessments for both MSA and other Hanford contractors. Ms. Adams managed MSA's Integrated Safety Management System (ISMS) Phase I and II implementation and verification efforts following the Mission Support Contract award and continues to orchestrate safety awareness and communication programs, employing tools that share common ISM principles that affect organizational and individual performance, such as VPP and Human Performance Improvement. She was the MSA organizational liaison on the both the DOE-HQ 2012 Hanford Site Organizational Climate & Safety Conscious Work Environment Survey and DOE-RL's Safety Culture Good Practices Evaluation Teams and has provided support to the DOE-HQ SCWE Supervisor Training Development Team. Ms. Adams has a B.S. in Psychology from Washington State University.

#### **Safety Culture SME**

Mark Steelman is the Chief Operating Officer for Steelman Associates, Ltd with more than 40 years of management experience including projects within the government and commercial nuclear sectors. His experience includes employee concern program investigations, safety conscious work environment (SCWE) development/survey and analysis, root cause analysis, training, design, licensing, construction, operation, and outage planning/maintenance of commercial nuclear plants. Mr. Steelman is an operational readiness subject matter expert and has led more than 60 readiness reviews. He also has led ISMS Phase I and Phase II assessments, SCWE Self-Assessments and Safety Culture baseline reviews. Mr. Steelman was the Director of Regulatory Integration at Rocky Flats and the Director of the Facility Evaluation Board at Hanford. He recently established a compliant ISO 9000-2001 QA Program for the Alyeska Pipeline Services Company and led several root cause analyses there. He has also supported employee concern investigations including chilled worker/retaliation reviews and supported the original development and deployment of the NRC SCWE initiative and has supported dozens of Safety Culture Surveys across DOE, NRC, and the oil and gas industry. He is currently teaching and facilitating management teambuilding workshops including safety culture at Hanford. Mr. Steelman graduated from the University of Washington, was Honorably Discharged from the United States Marine Corps and is a Certified Professional Environmental Auditor (CPEA).

## Attachment B SAFETY CONSCIOUS WORK ENVIRONMENT (SCWE) REVIEW PLAN

Attachment 2



#### Office of Science

## Safety Conscious Work Environment (SCWE)

### **Evaluation Plan**

February 2013

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#### 1.0 Purpose & Scope

The U.S. Department of Energy (DOE), Office of Health, Safety and Security (HSS) 2011-1 Implementation Plan commits each defense nuclear facility field and headquarters (HQ) office to performing extent of condition self-assessments. The self-assessments are designed to determine whether Safety Culture weaknesses exist at DOE Site and HQ offices and to identify gaps to achieving an outstanding safety culture. The objective of this evaluation is to assess the extent that the DOE Pacific Northwest Site Office (PNSO) models the behaviors of an outstanding Safety Conscious Work Environment (SCWE), and identify strengths and improvement opportunities.

The evaluation will focus on the attributes associated with a strong safety culture described within the *Integrated Safety Management System (ISMS) Guide*, DOE G 450.4-1C, Attachment 10, and key lessons learned from independent assessments of safety culture performed by HSS. Note that "safety" in the context of this evaluation includes all programs that are included within the organization's Integrated Safety Management System description. This Guide provides the following focus statement regarding safety culture within DOE:

"Safety culture is an organization's values and behaviors modeled by its leaders and internalized by its members, which serve to make safe performance of work the overriding priority to protect the workers, public, and the environment."

Attachment 10 of the ISMS Guide identified the following three safety culture focus areas and associated attributes (those that most clearly support SCWE at DOE facilities are highlighted):

#### Leadership

- a. Demonstrated safety leadership
- Risk-informed, conservative decision making
- c. Management engagement and time in field
- d. Staff recruitment, selection, retention, and development
- e. Open communication and fostering an environment free from retribution
- f. Clear expectations and accountability
- 2. Employee/Worker Engagement
  - a. Personal commitment to everyone's safety
  - b. Teamwork and mutual respect
  - c. Participation in work planning and improvement
  - d. Mindful of hazards and controls

- 3. Organizational Learning
  - a. Credibility, trust and reporting errors and problems
  - b. Effective resolution of reported problems
  - c. Performance monitoring through multiple means
  - d. Use of operational experience
  - e. Questioning attitude

#### 2.0 Team Members

The evaluation team is shown below. The team has experience in evaluation activities and related experience in assessing organizational behavior and safety culture at DOE and commercial nuclear activities.

#### Team Members

- Carrie Swafford-Bennett, Team Lead DOE Pacific Northwest Site Office
- Cindy Caldwell, Team Advisor Pacific Northwest National Laboratory
- Carol Sohn, Team Executive DOE Office of Science (SC)

#### 3.0 Methodology

The basic approach of the team will be using several mechanisms, a survey, interviews, and potentially focus group evaluations. In addition to a review of written direction and processes, a combination of data collection methods will be used to provide a more comprehensive understanding of the attitudes and behaviors of the organization. The approach used will confirm the results obtained through the use of one method, with results obtained through the use of another method to provide convergent validity of the results.

Due to the small size of the two organizations (PNSO and SC-HQ) related to Building 325 oversight, only two organizational units will be evaluated consisting of key line management and associated staff. SC Integrated Support Center staff will not be included in the review since they primarily provide periodic independent assessment support, and resources and are not considered part of the line organization.

To develop a preliminary picture of an organization's safety culture/safety behavior, the evaluation team may use a combination of information collection methods. These include, but are not limited to, document analysis, personnel interviews and observation of group situations (e.g., meetings, fieldwork).

#### Direct observation of work place behavior:

The Team will observe and evaluate organizational activities/ mechanisms/processes that could impact safety culture/behaviors for activities from the planning stages to feedback.

#### Interviews:

The Evaluation Team will use semi-structured interviews in which the main questions to be discussed are based upon the attributes listed in Attachment 2. Because it is important to make interview situations natural and easy for the interviewee, interviews should be conducted while the employee is in their normal work setting.

#### Review of key safety culture related processes:

The Evaluation Team should consider the impact of the following types of documentation on safety culture/safety behavior. Specific documentation to be reviewed includes, but is not limited to:

- Employee Concerns policies
- Human Resources related policies and procedures relative to harassment and retaliation
- · Procedures and policies related to stop work authority
- Assessment procedures, schedules and completed assessments, management observations and associated training materials
- Issues management/corrective action procedures, problem/condition reports, checklists and associated training materials
- · Organizational improvement training materials
- Records from the Contractor Assurance systems and associated management review meetings
- · Records and other documentation from project/program Corrective Action Review Boards
- Communication plans and associated products associated with safety
- · Performance measures/indicators
- · Differing Professional Opinions (DPO) process
- Contract mechanisms

#### Surveys:

Staff surveys will be used to understand perceptions related to behaviors of interest for a broad sample of individuals from within the organization.

#### **Focus Groups:**

The protocol for semi-structured interviews and focus groups will be derived from a data base of interview questions. Because of the small number of employees that will be evaluated, results of the survey and interviews will lead to a determination if focus groups are necessary.

#### Schedule:

The performance period for this evaluation is from December 2012 to June 2013. The Team Lead will issue a final report no later than July 1, 2013.

- March 2013: Review plan finalized
- March-April 2013: Review of supporting documentation (assessments, presentations, reviews, reports)
- June 2013: Onsite evaluation, summary conclusions and report development

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The organizational liaisons (PNSO and SC-HQ) will be responsible for developing and managing the detailed schedule for their specific organizations' review.

#### Final Report:

The Team Leader will develop a report to document the results of the evaluation. This report will identify safety culture good practices and opportunities for improvement. These results will be reported to SC-HQ and PNSO.

Team members will be asked to sign the report, showing they concur with the report in the areas of their expertise. The Team Leader will transmit the report to the PNSO Manager and SC Deputy Director for Field Operations (SC-3). The format for the report will be the following:

- Title and Signature Page(s) The cover and title page state the subject, and the date of the
  verification. A signature page should be provided. The final report should either include
  signatures from all team members or a signature from the Team Leader and Team Advisor
  that signify the Team's agreement as to the report content and conclusions.
- Executive Summary An executive summary is recommended. This summary is a synopsis
  of the review, strengths and weaknesses identified, and conclusions drawn. The executive
  summary should introduce information and direct the reader to those portions of the report
  that provide more detail concerning the information. Suggested points for the executive
  summary include:
  - A brief synopsis of the self-assessment which provides information concerning the team's evaluation:
  - a discussion of noteworthy practices and opportunities for improvement;
  - whether contract incentives and performance measures achieve balanced priorities and include safety culture elements; and,
  - a conclusion regarding the effectiveness of SCWE-related processes and whether noted opportunities for improvement indicate a need for a further, more in-depth assessment of safety culture, and the team's recommendations for improvement.
- Introduction The introduction should provide information related to the team composition, use of the LOIs, and a summary of the review process and methodologies used in the selfassessment.
- Assessment Results The report should present both a summary level discussion of self-assessment results as they pertain to the three ISM safety culture Focus Areas and the supplemental review area previously discussed within this guidance document, along with an analysis as they pertain to each of the SCWE-related attributes under each focus area. The attribute-level analysis should include the Team's summary evaluation of the level of implementation and effectiveness for each attribute. Attachment 2 provides additional evaluation guidance.

Any deviations from the LOI guidance should be discussed, along with the reasons for the deviation(s) and the appropriate approvals for these deviations.

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#### **PNNL SCWE Self- Assessment Plan**

#### DOE PNSO/SC-HQ Safety Culture Evaluation Plan

Conclusions and Recommendations - This section summarizes the Team's overall
interpretation of the self-assessment results. It should include a discussion concerning the
effectiveness of SCWE-related processes, (including but not limited to Employee Concerns
Program and DPOs) and whether contract incentives and performance measures achieve
balanced priorities and include safety culture elements. This section should also include an
overview of SCWE-related opportunities for improvement, the Team's recommendations for
improvement, and the Team's conclusion as to whether a further, more in-depth assessment
of safety culture is needed.

#### SCWE SELF-ASSESSMENT LINES of INQUIRY

Focus Area 1: LEADERSHIP

#### Demonstrated safety leadership

- Line Managers enhance work activities, procedures, and process with safety practices and policies.
- Leaders acknowledge and address external influences that may impose changes that could result in safety concerns.
- Line Managers clearly understand their work activities and performance objectives, and how
  to safely conduct their work activities to accomplish their performance objectives.
- Line Managers demonstrate their commitment to safety through their actions and behaviors, and support the organization in successfully implementing safety culture attributes, by conducting walkthroughs, personal visits, and verifying that their expectations are met.
- The organizational mission and operational goals clearly identify that production and safety goals are intertwined, demonstrating commitments consistent with highly reliable organizations.

#### Management engagement and time in field

- Maintaining operational awareness is a priority. Line Managers are in close contact with the front-line employees. Line Managers listen and act on real-time operational information. Line managers identify critical performance elements and monitor them closely.
- Line managers spend time on the floor and in employee work areas. Line managers practice
  visible leadership by placing: eyes on the work, asking questions, coaching, mentoring, and
  reinforcing standards and positive behaviors. Deviations from expectations are corrected
  promptly and, when appropriate, collectively analyzed to understand why the behaviors
  occurred.
- Managers set an example for safety through their personal commitment to continuous learning and by direct involvement in high-quality training that consistently reinforces expected employee behaviors.

#### Open communication and fostering an environment free from retribution

- A high level of trust is established in the organization.
- Reporting individual errors is encouraged and valued. Individuals feel safe from reprisal when reporting errors and incidents.
- Individuals at all levels of the organization promptly report errors and incidents and offer suggestions for improvements.
- A variety of methods are available for personnel to raise safety issues and line managers
  promptly and effectively respond to personnel who raise safety issues.
- Leaders proactively detect situations that could result in retaliation and take effective action to prevent a chilling effect.

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The organization addresses disciplinary actions in a consistent manner; disciplinary actions
are reviewed to ensure fair and consistent treatment of employees at all levels of the
organization.

#### Clear expectations and accountability

- Line Managers provide ongoing performance reviews of assigned roles and responsibilities reinforcing expectations and ensuring key safety responsibilities and expectations are being met
- Personnel at all organizational levels are held accountable for standards and expectations.
   Accountability is demonstrated both by recognizing excellent performance as well as identifying less-than-adequate performance. Accountability considers intent and organizational factors that may contribute to undesirable outcomes.
- Willful violations of requirements and performance norms are rare. Individuals and
  organizations are held accountable in the context of a just culture. Unintended failures to
  follow requirements are promptly reported, and personnel and organizations are
  acknowledged for self-identification and reporting errors.

#### Focus Area 2: EMPLOYEE/WORKER ENGAGEMENT

#### Teamwork and mutual respect

- Open communications and teamwork are the norm.
- Individuals at all levels of the organization listen to each other and effectively engage in crucial conversations to ensure meaning, intent and viewpoints are understood; and that differing points of view are acknowledged.
- Discussion on issues focus on problem solving rather than on individuals.
- Good news and bad news are both valued and shared.

#### Focus Area 3: ORGANIZATIONAL LEARNING

#### Credibility, trust and reporting errors and problems

- Credibility and trust are present and continuously nurtured so that a high level of trust is established in the organization.
- Organizations, Managers, and Line supervisors provide accurate, relevant and timely information to employees. Line Managers are skilled in responding to employee questions in an open, honest manner.
- Reporting individual errors is encouraged and valued. Individuals are recognized and rewarded for self-identification of errors.
- Line managers encourage and appreciate safety issue and error reporting.
- Managers and Line Supervisors demonstrate integrity and adhere to ethical values and practices to foster trust.
- Managers and Line Supervisors demonstrate consistency in approach and a commitment to the vision, mission, values, and success of the organization as well as the individuals (people).
- Mistakes are used for opportunities to learn rather than blame.

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 Individuals are recognized and rewarded for demonstrating behaviors consistent with the safety culture principles.

#### Effective resolution of reported problems

- Vigorous corrective and improvement action programs are established and effectively
  implemented, providing both transparency and traceability of all corrective actions.
   Corrective action programs effectively prioritize issues, enabling rapid response to imminent
  problems while closing minor issues in a timely manner to prevent them from escalating into
  major issues.
- Results from performance assurance activities are effectively integrated into the performance
  improvement processes, such that they receive adequate and timely attention. Linkages with
  other performance monitoring inputs are examined, high-quality causal analyses are
  conducted, as needed, and corrective actions are tracked to closure with effectiveness verified
  to prevent future occurrences.
- Processes identify, examine, and communicate latent organizational weaknesses that can aggravate relatively minor events if not corrected. Organizational trends are examined and communicated.
- Organizational systems and processes are designed to provide layers of defenses, recognizing
  that people are fallible. Lessons learned are shared frequently; prevention and mitigation
  measures are used to preclude errors from occurring or propagating. Error-likely situations
  are sought out and corrected, and recurrent errors are carefully examined as indicators of
  latent organizational weaknesses.
- Incident reviews are conducted promptly after an incident to ensure data quality and to
  identify improvement opportunities. Causal analysis expertise is applied effectively to
  examine events and improve safe work performance. High-quality causal analysis using
  multi-discipline analytical perspectives is the norm. Causal analysis is performed on a
  graded approach for major and minor incidents, and near-misses, to identify causes and
  follow-up actions. Even small failures are viewed as windows into the system that can spur
  learning.
- Performance improvement processes require direct worker participation. Individuals are encouraged, recognized and rewarded for offering innovative ideas to improve performance and to solve problems.

#### Performance monitoring through multiple means

- Line managers maintain a strong focus on the safe conduct of work activities. Line
  Managers maintain awareness of key performance indicators related to safe work
  accomplishment, watch carefully for adverse trends or indications, and take prompt action to
  understand adverse trends and anomalies. Management employs processes and special
  expertise to be vigilant for organizational drift.
- Performance assurance consists of robust, frequent, and independent oversight conducted at all levels of the organization. Performance assurance includes independent evaluation of performance indicators and trend analysis.
- Line Managers throughout the organization set an example for safety through their direct involvement in oversight activities and associated performance improvement.

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- The Organization actively and systematically monitors performance through multiple means, including leader walkarounds, issue reporting, performance indicators, trend analysis, benchmarking, industry experience reviews, self-assessments, peer reviews, and performance assessments.
- The Organization demonstrates continuous improvement by integrating the information obtained from performance monitoring to improve systems, structures, processes, and procedures.
- Line Managers are actively involved in all phases of performance monitoring, problem analysis, solution planning, and solution implementation to resolve safety issues.
- The organization maintains an awareness of its safety culture maturity. It actively and formally monitors and assesses its safety culture on a periodic basis.

#### Questioning attitude

- Line Managers encourage a vigorous questioning attitude toward safety, and foster constructive dialogues and discussions on safety matters.
- Individuals cultivate a constructive, questioning attitude and healthy skepticism when it
  comes to safety. Individuals question deviations, and avoid complacency or arrogance based
  on past successes. Team Members support one another through both awareness of each
  other's actions and constructive feedback when necessary.
- Individuals pay keen attention to current operations and focus on identifying situations where
  conditions and/or actions are diverging from what was assumed, expected, or planned.
  Individuals and Leaders act to resolve these deviations early before issues escalate and
  consequences become large.

### Supplemental Information Topic: Performance Measures and Contract Incentives Contract incentives achieve a reasonable balance between cost/schedule and safety pressures.

What incentives are in place to prevent budget or schedule pressures from impairing the effectiveness of formal processes for identifying, documenting, and resolving: nuclear safety, quality, and technical concerns; along with issues that were raised by employees; and issues associated with the management of complex technical issues?

#### Performance metric insights into SCWE

What insight does Performance Assurance System data provide regarding SCWE and whether the organization learns from safety concerns? The recommended team approach is to evaluate the issues management system to determine whether: 1) When employees raise issues, are they involved in determining the solution; 2) do they receive feedback on the resolution of their concerns; 3) do workers actively participate in the preparation and execution of corrective actions; 4) are employees a part of improvement initiatives at their work locations; and, 5) whether performance indicator trends show that the system is being effectively used by workers and managers to identify and address issues (e.g., trends could exist in: the rate of corrective action completion, the number of overdue corrective actions, the average age of incomplete corrective actions, or the number of issues deemed as recurring).

What evidence exists to show decision making reflects a safety first attitude? The recommer	ıded
approach is to evaluate operations and management information/metrics to determine whether	er.

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trends and changes are present in performance indicators, such as: 1) Rate of unplanned LCO entries; 2) rate and nature of procedural violations; 3) the rate of deferred/overdue training; 4) currency of SCWE-related procedures and policies (e.g., Differing Professional Opinion process, Employee Concerns Program); and, 5) number of problem identification reports submitted on a periodic basis (e.g., monthly).

What evidence exists to show how effectively the organization monitors the SCWE aspects of their safety culture? The recommended team approach is to evaluate performance assurance system information to determine what trends and changes are present in performance indicators such as:

1) Rates of overdue/delayed/cancelled audits & assessments; 2) the number and quality of findings; 3) turnover in audit/assessment staff; 4) rate and nature of externally- vs. internally-identified findings; and, 5) the rate and nature of reportable events.

What evidence exists that demonstrates managers/supervisors perform first hand observations of the work environment, listen to workers, and make changes where necessary? The recommended Team approach is to evaluate performance assurance system information to determine what trends and changes are present in performance indicators such as: 1)The number of management observations by Senior Managers; 2) the number of management observations that identify deficiencies or best practices; and, 3) the number of deficiencies or best practices that result in change.

What evidence exists that demonstrates the organization maintains nuclear facilities in a manner that supports both production and the safe performance of work? The recommended Team approach is to evaluate facility performance metrics to determine what trends and changes are present in performance indicators such as: 1) The number and age of LO/TO hanging; 2) the number and age of temporary modifications; 3) the rates of deferred maintenance; and, 4) the number and age of inoperable or impaired safety systems.

## Attachment 2: SURVEY QUESTIONS FOR SAFETY CONCIOUS WORK ENVIORNMENT

#### SURVEY QUESTIONS FOR SAFETY CONSCIOUS WORK ENVIRONMENT

<ol> <li>I believe efforts to improve health and safety are encouraged a</li> </ol>	ged and	ia recognized	ı.
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- 2. My supervisor visits with me in my workplace.
- 3. I am encouraged to report concerns even when no harm is done.
- 4. My concerns are respected and addressed.
- 5. My Company adapts quickly and learns from errors
- 6. Safe work procedures are fairly and consistently enforced.
- 7. My work environment is maintained for safe operation.
- 8. I have adequate training to recognize and respond to potential safety hazards.
- 9. I am confident that co-workers in my work area know what actions to take in an emergency.
- 10. My first priority is accomplishing work safely
- 11. My workgroup questions things that could go wrong.
- 12. My supervisor understands how my work is performed.
- 13. My supervisor makes sure my work is performed as planned.
- 14. My supervisor's first priority is accomplishing our work safely.

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## Attachment C DATABASE SCWE INTERVIEW QUESTIONS

#### Interview Questions for Mid-Level Management and First Line Supervisors

#### **LEADERSHIP**

#### **Attribute: Demonstrated safety leadership**

- 1. What is your safety philosophy?
  - a. How do you communicate your expectations throughout your organization?
  - b. How often and by what means do you reinforce those expectations?
- 2. Does anyone besides your immediate supervisor provide you direction? If so, who are they and have they provided expectations related to safe performance of work to you? If so, what are those expectations and how have they imparted them to you?
- 3. What is your expectation regarding workforce actions when they determine:
  - a. They cannot perform the activity consistent with governing procedures?
  - b. They encounter conditions during the performance of work that were not expected?
- 4. When subcontractors perform work within your area of responsibility:
  - a. How do you establish the flow down of requirements and associated R2A2 to subcontractor personnel?
  - b. How have you assured yourself that subcontractor management, supervision and/or staff are competent to fulfill their R2A2?
  - c. What actions have you taken that demonstrate your commitment to safety? Examples?
- 5. How do you ensure that work is performed safely **and** on schedule?"
- 6. Give some examples how you demonstrate that work must be performed safely and completed on time?
- 7. How effectively and clearly does senior management give direction? Examples? Please explain.
- 8. How does senior management communicate current safety issues and safety improvement focus areas? Examples? Please explain.
- 9. Has safety leadership improved at your facility/site during the past 2 years? Examples? Please explain.
- 10. What do you think your biggest issue is regarding performing work safely?

#### **PNNL SCWE Self- Assessment Plan**

#### Attribute: Management engagement and time in field

- 1. How much time do you spend and how often are you in the field monitoring work performance and reinforcing expectations? Is this enough to effectively monitor expectations? Provide an example of where your observations and intervention resulted in a positive change affecting safe performance of work?
- 2. Do you see managers above you in the field enough to effectively monitor work performance and reinforce expectations?
- 3. Do you know enough of what goes on around the workgroup levels at the plant? Examples? Please explain.
- 4. How do managers and supervisors provide coaching, mentoring, and feedback for their field observations with the group they observed? Examples? Please explain.
- 5. What are the organization's expectations or requirements for management spending time in the field? Do you feel this expectation is being met? Do you have an example of a work activity improvement that happened as a result of your management time in the field?

#### Attribute: Open communication and fostering an environment free from retribution

- 1. When a safety concern is raised, what happens?
- 2. What are some reasons you might not raise a safety issue, other than fear of retaliation?
- 3. What are some forms that retaliation might take in your organization? Are there subtle forms that outsiders might not see or understand?
- 4. What is the level of trust in your organization, up the line, down the line, and in your peer group? Why did you answer the way you did?
- 5. Do you have an example of when a safety concern was raised, how it was addressed? Who was it raised to? How long did it take to address the issue? How was it documented?
- 6. Have you ever had to deal with an issue that involved retaliation to the worker that raised an issue?
- 7. Do you have an example of where disciplinary action was imposed on a worker that was previously involved with raising a safety issue?
- 8. Do you have an example of something you do to detect the presence of retaliation in the workplace?
- 9. Do you have an example where a worker in your group used an alternate method of raising an issue? Did that bother you that they used this method?
- 10. Describe your organization's process and methods for reporting issues, errors and problems. Do you have any examples where a worker documented an issue formally in the problem reporting system? How did you feel about this?

#### **PNNL SCWE Self- Assessment Plan**

- 11. Have expectations for raising issues without reprisal been communicated to your employees? How was this accomplished? How often are the communicated?
- **12.** What sort of backlog do you have for problem reports and what is the typically response time to address an issue?

#### Attribute: Clear expectations and accountability

- 1. What are your responsibilities, authorities, and accountabilities for safe performance of work? Are these documented? How are you held accountable to these?
- 2. How do managers and supervisors recognize excellent performance?
- 3. How do managers hold personnel accountable for less-than-adequate performance? Examples? Please explain.
- 4. How does your supervisor reinforce his/her expectations for the safe performance of work? Examples? Please explain.
- 5. Is safety a part of your performance review?
- 6. How do your subordinates react to their peers bringing forward a safety issue? Has any inappropriate behavior been addressed by you?
- 7. How do you know that your disciplinary process is fair? Does it consider how the organization may have contributed to the action? Does it consider the possibility of retaliation for raising safety issues? What do you do to make sure actions taken are perceived as fair by the workforce?

#### EMPLOYEE/WORKER ENGAGEMENT

#### **Attribute: Teamwork and mutual respect**

- 1. How do individuals and teams work across workgroup boundary lines maintain a focus on doing work safely? Examples? Please Explain.
- 2. Do you have any examples where bullying or humiliating behaviors were demonstrated by peers of management? Examples? Please explain. Were they addressed and how?
- 3. Does your peer group tolerate bullying or humiliating behavior? Can you give examples?
- 4. When disagreements about safety are brought up, what happens?
- 5. Can you identify a situation where an employee was recognized for bringing up an issue by management?
- 6. Can you identify a situation where an employee issue seemed to interfere with addressing a problem the employee raised with management?

#### ORGANIZATIONAL LEARNING

#### Attribute: Credibility, trust and reporting errors and problems

- 1. Describe the most important safety related issue or concern that is on your mind. Have you taken any actions to resolve it?
- 2. Do you have an example where an employee was encouraged to offer innovative ideas, concerns, suggestions, differing opinions, and questions to help identify and solve problems? Examples? Please explain.
- 3. Do you have an example where employees openly discuss factors in a mistake they were involved with? Are employees concerned about potential personal consequences when discussing a mistake? How are mistakes viewed by the organization? Examples? Please explain.
- 4. Typically, is there open sharing of information on important facility/organization issues and changes that are expected? Examples? Please explain
- 5. Do you have an example of an employee who was encouraged and/or who was shown appreciation for raising safety issue and error reporting? Please explain.
- 6. Do you have any examples where your manager made a decision regarding safety that you had to implement? How did this affect your trust level in the manager?
- 7. Do you have an example of someone who made an honest mistake and how they were dealt with by management? What happened to that person? Have you noticed any difference in how mistakes that affect production are handled to compare to mistakes that affected safety?

#### **Attribute: Effective resolution of reported problems**

- 1. How do your corrective action programs communicate feedback and closure to individuals who have identified issues related to safety?
- 2. Does your corrective action process take steps to determine if the corrective actions taken are effective? How does it work?
- 3. How are problem reports viewed by management?
- 4. How timely are issues addressed?
- 5. Are workers contacted to discuss their issues in the process? If so, when does the communication occur?
- 6. Are there performance indicators that are available to show the health of the corrective action management system? Who looks at them? Has any action resulted from the PIs?
- 7. Do you have an example of using a lessons learned in your organization?
- 8. How often do workers bring up issues? In what way or system? How do you know this is good enough?
- 9. Do you have an example of a worker(s) being encouraged to raise issues?

#### **PNNL SCWE Self- Assessment Plan**

- 10. Do you have an example where the cause of an issue was focused on the individual alone?
- 11. Do you have an example where you identified the cause of an issue within the organization such as poor communication, or poor procedures?

#### Attribute: Performance monitoring through multiple means

- 1. Is safety information discussed with the workforce? Do you have any examples of recent safety performance items shared/discussed by you?
- 2. Is safety performance measured?
- 3. Do you have an example of safety performance information that was used to improve overall performance?
- 4. Are near-misses routinely reported? When they are reported, does management take them seriously and learn from them?

#### **Attribute: Questioning attitude**

- 1. Do you have an example of your staff stop a job to question work in progress? Examples? Please explain.
- 2. Do you have an example of any dialogue and debate regarding evaluating issues related to safe production? Examples? Please explain.
- 3. Do you have an example of different approaches being discussed with the workforce before work is performed? What are some examples?
- 4. How would you rate the questioning attitude of your organization? Is questioning "status quo" a valued and expected practice or discouraged? Is this practice routine or the exception?
- 5. Do you have an example of a discussion being held, either formally or informally, about how tasks can be improved?
- 6. Is there time given to communicate improvements/ideas?

#### **Interview Questions for General Worker and Staff**

#### **LEADERSHIP**

#### **Attribute: Demonstrated safety leadership**

- 1. Are you aware of safety related expectations of your supervisor and can you describe them? How does your supervisor communicate his/her safety expectations to you?
- 2. Do you believe that the organization views safety more important than schedule? Examples? Please explain.
- 3. How does management communicate current safety issues and safety improvement focus areas? Examples? Please explain.
- 4. Has safety leadership improved at your facility/site during the past 2 years? Examples? Please explain.
- 5. How does your supervisor support senior management policies and direction? Examples? Please explain.
- 6. How do your Line managers' actions demonstrate their commitment to safety? Examples? Please explain.
- 7. What do you think the organization's biggest issue is regarding performing work safely?

#### Attribute: Management engagement and time in field

- 1. How often do you see supervisors/managers in the field monitoring work performance and reinforcing expectations? Can you provide examples of where their observations and intervention resulted in either a positive or negative change affecting safe performance of work?
- 2. Does management really know what goes on around the workgroup levels at the plant? Examples? Please explain.
- 3. Typically, do the managers and supervisors provide feedback on their field observations? Examples? Please explain.
- 4. When out in the field, do leaders typically reinforce safety standards and display behaviors that reflect safety as an overriding priority? Examples? Please explain.
- 5. Do changes happen as a result of management time in field?

#### Attribute: Open communication and fostering an environment free from retribution

- 1. What are some reasons you might not raise a safety issue, other than fear of retaliation?
- 2. What are some forms that retaliation might take in your organization? Are there subtle forms that outsiders might not see or understand?

#### **PNNL SCWE Self- Assessment Plan**

- 3. What is the level of trust in your organization, up the line, down the line, and in your peer group? Why did you answer the way you did?
- 4. How do managers and supervisors respond to employee questions and concerns? Examples? Please explain.
- 5. When management resolves conflicts, are the outcomes typically fair and reasonable? Examples? Please explain.
- 6. Do you feel comfortable to go to your supervisor, employee control program, or (if a contractor) the DOE to report problems? Examples? Please explain.
- 7. When peers raise a safety concern, what happens?

#### Attribute: Clear expectations and accountability

- 1. What are your responsibilities, authorities, and accountabilities for safe performance of work? Where are these documented? How are you held accountable to these?
- 2. Is safety a part of your performance review?
- 3. If a procedure or activity is incorrect, do you feel comfortable stopping work to resolve the problem? Examples? Please explain.
- 4. How does your supervisor reinforce his/her expectations for the safe performance of work? Examples? Please explain.
- 5. Is your disciplinary process is fair? Does it consider how the organization may have contributed to the action? Does it consider the possibility of retaliation for raising safety issues?

#### EMPLOYEE/WORKER ENGAGEMENT

#### **Attribute: Teamwork and mutual respect**

- 1. Is it common for work teams to discuss safety during pre-job briefs, work planning walk-downs or team meetings? Examples? Please explain.
- 2. How collaborative and cooperative are the different work groups associated with project and operational activities? Examples? Please explain.
- 3. Are bullying or humiliating behaviors <u>clearly</u> not tolerated or demonstrated by leaders either formally or informally? Examples? Please explain.
- 4. How often do safety conversations with your peers and your supervisor occur? Examples? Please explain.
- 5. When disagreements about safety are brought up, what happens? How do individuals and teams work across workgroup boundary lines maintain a focus on doing work safely? Examples? Please Explain.
- 6. Does your peer group tolerate bullying or humiliating behavior? Can you give examples?

#### **PNNL SCWE Self- Assessment Plan**

7. When disagreements about safety are brought up, what happens?

#### ORGANIZATIONAL LEARNING

#### Attribute: Credibility, trust and reporting errors and problems

- 1. Are managers, supervisors and other leaders willing to accept performance and change their behavior? Examples? Please explain.
- 2. Do you trust your supervisor to make good decisions in regards to your safety?
- 3. When someone makes an honest mistake that affects safety, what happens to that person? What about mistakes that affect production?
- 8. Do managers respond in a timely manner to issues that are brought to their attention? Describe the most important safety related issue or concern that is on your mind. Have you taken any actions to resolve it?
- 9. Do you have an example where an employee was encouraged to offer innovative ideas, concerns, suggestions, differing opinions, and questions to help identify and solve problems? Examples? Please explain.
- 10. Do you have an example where employees openly discuss factors in a mistake they were involved with? Are employees concerned about potential personal consequences when discussing a mistake? How are mistakes viewed by the organization? Examples? Please explain.
- 11. Typically, is there open sharing of information on important facility/organization issues and changes that are expected? Examples? Please explain
- 12. Do you have an example of an employee who was encouraged and/or who was shown appreciation for raising safety issue and error reporting? Please explain.

#### **Attribute: Effective resolution of reported problems**

- 1. How well are you informed about corrective actions taken (including results) to correct problems that affect your workgroup?
- 2. Are you encouraged to solve problems or invited to participate in performance improvement processes? Examples? Please explain.
- 3. How do your corrective action programs communicate feedback and closure to individuals who have identified issues related to safety?
- 4. Typically how effective are corrective actions taken to resolve workplace safety concerns?

### Attribute: Performance monitoring through multiple means

- 1. How does supervision share safety or other information?
- 2. Do you have an example of safety performance information shared by your supervision?

## **Attribute: Questioning attitude**

- 1. Do you have an example of stopping a job to question work in progress? Examples? Please explain.
- 2. How would you rate the questioning attitude of your organization? Is questioning "status quo" a valued and expected practice or discouraged? Is this practice routine or the exception?
- 3. Is there time given to communicate improvements/ideas? Do you have an example of discussions about how tasks can be improved?

#### **Interview Questions for Senior Management**

#### **LEADERSHIP**

## **Attribute: Demonstrated safety leadership**

- 1. What is your safety philosophy?
  - a. How do you communicate your expectations throughout your organization?
  - b. How often and by what means do you reinforce those expectations?
- 2. How do you and your subordinate managers integrate safety responsibilities when establishing mission and operational goals?
- 3. How do you and your subordinate managers establish safety expectations, communicate their expectations to employees, and verify their performance expectations are being met?
- 4. Do you have examples of situations where external factors could have impacted the safe performance of work and actions that were taken by the organization?
- 5. How do you and your subordinate managers encourage (and cultivate the use of) a questioning attitude?
- 6. How is the contract incentivized to achieve a reasonable balance between cost/schedule and safety pressures? For example, what incentives are in place to prevent budget or schedule pressures from impairing the effectiveness of formal processes for identifying, documenting, and resolving safety, quality, and technical concerns and issues raised by employees and for managing complex technical issues? If not so incentivized, how do you assure you are not critically diminishing the effectiveness of important Safety Management Programs, specifically including those associated with issue identification and corrective action management, when faced with undue budget and schedule pressures?
- 7. How do you link safety to strategic issues like budget, production, workforce planning, equipment reliability, backlog work-downs, etc.? Examples? Please explain.

- 8. Has safety leadership improved at your facility/site during the past 2 years? Examples? Please explain.
- 9. How have you assured your subordinate management, supervision and/or staff are competent to fulfill their responsibilities?

## Attribute: Management engagement and time in field

- 1. What are the organizations expectations or requirements for management spending time in the field?
- 2. What are management's expectations for observing field activities?
- 3. Do changes happen as a result of management time in field?
- 4. What is the value of management field presence?

### Attribute: Open communication and fostering an environment free from retribution

- 1. What are some forms that retaliation might take in your organization? Are there subtle forms that outsiders might not see or understand?
- 2. What is the level of trust in your organization, up the line, down the line, and in your peer group? Why did you answer the way you did?
- 3. Do you have an example of something the organization does to detect the presence of retaliation in the workplace?

#### **Attribute: Clear expectations and accountability**

- 1. How do employees know what standards of behavior and work performance are expected of them in the conduct of work? Examples? Please explain.
- 2. What are your responsibilities, authorities, and accountabilities for safe performance of work? Are these documented? How are you held accountable to these?
- 3. What gives you confidence that your disciplinary process is fair? Does it consider how the organization may have contributed to the action? Does it consider the possibility of retaliation for raising safety issues? What do you do to make sure actions taken are perceived as fair by the workforce?

#### EMPLOYEE/WORKER ENGAGEMENT

## **Attribute: Teamwork and mutual respect**

1. Do you have any examples where bullying or humiliating behaviors were demonstrated by peers of management? Examples? Please explain. Were they addressed and how?

#### ORGANIZATIONAL LEARNING

## Attribute: Credibility, trust and reporting errors and problems

- 1. How are employees encouraged to offer innovative ideas, concerns, suggestions, differing opinions, and questions to help identify and solve problems? Examples? Please explain.
- 2. Describe the most important safety related issue or concern that is on your mind. Have you taken any actions to resolve it?
- 3. How is information shared on important facility/organization issues and significant changes? Examples? Please explain

## **Attribute: Effective resolution of reported problems**

- 1. How do your corrective action programs communicate feedback and closure to individuals who have identified issues related to safety?
- 2. Are there performance indicators that are available to show the health of the corrective action management system? Who looks at them? Has any action resulted from the PIs?

## Attribute: Performance monitoring through multiple means

- 1. What methods does the organization use to understand operational performance and manage risk? How does organization integrate safety into the indicators? Examples? Please explain.
- 2. How does the organization communicate the results of safety indicator trending to staff? Examples? Please explain.

#### **Attribute: Questioning attitude**

- 1. How is dialogue and debate encouraged as well as modeled by management -when evaluating issues related to safety? Examples? Please explain.
- 2. How would you rate the questioning attitude of your organization? Is questioning "status quo" a valued and expected practice or discouraged? Is this practice routine or the exception?

# Attachment D MEETING OBSERVATION FORM

Meeting Name:	
Key Managers Present:	

ey Managers Present:	Y N NA	
Meeting Descriptors	Circle only	Comments
	one	
<u>Content</u>		
Was there an agenda for the meeting?	Y N NA	
Were agenda items prioritized and assigned approximate time?	Y N NA	
Were safety aspects discussed, if applicable?	Y N NA	
Was the purposed of the meeting clear?	Y N NA	
Was any material used in the meeting provided in advance?	Y N NA	
<u>Leader Behaviors</u>		
Did the leader generally maintain focus and efficient use of time?	Y N NA	
Did the meeting start on time?	Y N NA	
Did the meeting end on time?	Y N NA	
Were there distracting side-bar conversations?	Y N NA	
Were inappropriate behaviors challenged?	Y N NA	
Did the leader behaviors contribute to candid discussions?	Y N NA	
Did the leader seek out differing points of view?	Y N NA	
Did the leader draw out less active participants?	Y N NA	
Were actionable items assigned by name and with a due date?	Y N NA	
Participant Behaviors		
Did attendees appear to be prepared and knowledgeable?	Y N NA	
If there were "stand-ins", did they actively participate?	Y N NA	
Did all attendees participate in discussions?	Y N NA	
Did all attendees have access to handouts?	Y N NA	
Did participants meet obligations from prior meeting?	Y N NA	

# Attachment E DIFFERING PROFESSIONAL OPINION REQUIREMENTS CHECKLIST

Documents Reviewed: Interview with PNSO

Requirement in DOE O 442.2	Met/Not Met?	Comments
Local procedures other than Order?	No, but not required	PNSO and ORO do not have any DPO procedures, although local DPO procedures are not required. Discussions with the PNSO ES&H Director indicated PNSO would follow the order and contact the CNS/SC-31.1 for additional guidance. PNSO will be providing additional language in their employee hand to call out DPO and EC processes more explicitly.
4.a. Employees must be notified quarterly that they have the right to report ES&H technical concerns that have not been resolved through routine work processes through the DPO Process in Attachment 2. The notification (e.g., DOECAST and NNSACATS) must provide points of contact (name, phone number, and email address of DPO Managers), the web page address for the DPO process, and instructions on where to submit DOE DPOs.	Yes	The quarterly DOECAST DPO notification was most recently issued on December 11, 2012. PNSO employees received that notification and it is also located on the home page of their sharepoint site (link). The notification provides the names, phone numbers, and email addresses of the two SC points of contact for DPOs.
4.b. Employees must be encouraged to raise ES&H technical concerns and to use the DPO process when routine work processes fail to resolve ES&H technical concerns.	Yes	The quarterly notification reinforces encouragement to the employees to use this process when local processes are unsuccessful.
4.c. Employees must be provided reasonable time and resources to use the DPO process.	Yes	PNSO Operations Division Director indicated he would follow the order which specifically calls out allowing sufficient time and resources for employees to use the DPO process.
4.d. Employees must be protected from reprisal or retaliation for reporting DPOs.	Yes	Employees are required to complete NO FEAR act training which specifically addresses protection from reprisal or retaliation
4.e. Attachment 2 of this order must be used to process DPOs.	Yes	No DPOs from PNNL/PNSO at this time—cannot easily be determined, however, discussions with PNSO Operations Division Director indicated they would use the order and consult the respective DPO Manager
Attachment 1—CRD: Is the CRD in the PNNL contract?	Yes	Section J, Appendix D of the Battelle-DOE contract for operation of PNNL includes Order 442.2 (pg J-D-2)

File: DPO-PNSO, 12/13/12, CLS

# Attachment F EMPLOYEE CONCERNS PROGRAM REQUIREMENTS CHECKLIST

Document Reviewed: Oak Ridge and SCMS Procedures (EC Subject area, dated July 31, 2012) and interview with Rufus Smith for PNSO ECP (12/7/12)

Requirement	Met/ Not met?	Comments
4.a. ECP Criteria. The ECP must: (1) Possess interfaces with the following organizations: (a) other DOE, including NNSA and DOE contractor ECPs, (b) external regulatory bodies that require employee concern programs (c) HQ Office of employee concerns (d) labor organizations, where applicable.	Partial*	*This is being done by the ORO ECP Manager. However, these requirements are not captured in the SCMS procedures since the SCMS procedures serve as the documented program plan.  (a) ORO ECP Manager meets quarterly with OR contractors including Battelle, etc. (b) done based upon the situation (c) as needed-ECP has been detailed to ED four times, so strong working relationship (d) done based upon the situation
(2) Establish documented program plans describing methods used to implement program requirements	No	ECP Manager stated he does not have a program plan and instead uses SCMS procedures to implement the program requirements. SCMS does not contain many of the order requirements.
(3) Require that DOE, including NNSA and DOE contractor employees (i.e., any person working for a DOE contractor or subcontractor on a DOE project) be informed of the following:  (a) ECP process;  (b) employees are encouraged to first seek resolution with first-line supervisors or through existing complaint or dispute resolution systems, but that they have the right to report concerns though the DOE ECP; and  (c) management's intolerance for reprisals against or intimidation of employees who have reported concerns.	Partial*	(a) This is done by SCMS procedures; paper postings, S-1 re-affirmation (b) Procedure 0, 1.0, para 2, General also Proc 1, Step 2 (c) *Intimidation and reprisals are defined but recommend item (c) be specifically called out in the SCMS procedures
(4) Provide and publicize a 24-hour hot-line (e.g., voice mail or e-mail system)	Yes*	*Hotline number in SCMS is incorrect (numbers transposed); both hotline numbers on paper posting were correct; hotline number has subsequently been corrected in SCMS.
b. Concerns  (1) Concerns must be processed in one of the following manners:  (a) investigated or otherwise evaluated through the ECP in coordination with DOE, including NNSA or external offices when requested;  (b) referred to other offices or programs and tracked by the ECP until they are resolved (referral of concern)	Yes	(a) Proc 1, step 5.a and b (b) Exhibit 6 and procedure 2 (c) Exhibit 6 (d) Procedure 1, step 5.c

(c) transferred to another DOE or contractor organization with jurisdiction over the issues, when those issues are outside the scope of the ECP (transfer of a concern); or		
(d) closed as prescribed in paragraph 4c.		
(2) ECP personnel must document employee concerns in sufficient detail to permit investigation or other appropriate levels of review.	Partial*	There is no requirement in SCMS for what the ECP should prepare to give to the investigator. ECP office has defined what they expect submitter to prepare in their employee concern.
(3) Concerns must be tracked until closure	Partial*	ECP Manager has a tracking system but SCMS only requires tracking of corrective actions by the line management (Procedure 2, step 7)—there is not mention of a tracking system for the ECP Manager of the concerns.
(4) Unless otherwise agreed to by the employee; an organization other than that of the employee's immediate supervisor must conduct the investigation. Similarly, individuals or organizations outside the concerned employee's organization should not be selected to conduct the investigation where the involvement presents a conflict of interest.	Yes*	*Procedure 2, 2.0, step 2—recommend additional clarification in the definitions that include "outside of the employee's organization" in the definition for conflict of interest
(5) If the concerned employee requests confidentiality, his or her identity must not be disclosed during the investigation or other process used to evaluate the concern. However, ECP personnel should advise the employees of the limitations of its ability to protect confidentiality under certain circumstances. For example, the concern may involve action taken against the employee for which relief is sought, or the employee may be closely associated with the concerns.	Yes	Exhibit 4
(6) ECP personnel must evaluate and attempt to resolve employee concerns in a manner that protects the health and safety of both employees and the public, ensure effective and efficient operation of programs, and uses alternative dispute resolution techniques whenever appropriate.	Yes	Procedure 3 and definition of alternative dispute resolution
(7) ECP personnel must immediately report to an appropriate line manager (i.e., one with program, project, or health and safety responsibility) and/or the ES&H program office those concerns that involve an imminent danger or condition or a serious condition.	Yes	Definition of imminent danger and listing of the contact offices in Exhibit 1
(8) Appropriate offices (i.e., those with program, project or health and safety responsibility) must determine whether DOE including NNSA or its contractors have taken action to minimize, correct, or prevent recurrence of program, process of management weaknesses identified and substantiated through the ECP.	Yes	When the investigation is concluded Step 6 has line management performing this function. Step 10 in the same procedure has the ECPO performing a similar task (includes referrals).
(9) Reports of concerns must be reviewed for classification information and, if classified, sanitized by an ADC.	Partial*	*Exhibit 5 describes the types of items that would be classified; however, there is no specific step in SCMS to ensure it is performed. Based upon discussions with ECP Manager, this would be his responsibility. Recommend this be added to SCMS as a step.
c. Closure.  (1) An employee concerns is designated as closed when one of the following occurs:  (a) the concern has been investigated; necessary corrective actions have been identified (e.g., issuance of a non-	Partial*	(a) SCMS Exhibit 7, and Procedure 1, step 4, page 2, para 4, bulle1. The order requires a formal tracking system. Discussions

conformance report); the office responsible for taking the corrective action has accepted jurisdiction over the matter; and the resolution has been documented in a formal tracking system;		with ECP Manager indicated he has a formal tracking system however, SCMS does not require a formal tracking system—the requirements need to be added to the SCMS procedures.  *Note that SCMS does not require a report from the lead investigator; reports have been documented by the ORO ECP Manager but recommend that SCMS include a requirement for report from lead investigator.
(b) the concern has been investigated and no corrective action is deemed necessary;	Yes	(b) Exhibit 7, page 2, para 4, bullet 2
(c) the subject matter of the concern is outside the scope of the ECP and the concern has been transferred to another organization with jurisdiction over the subject matter;	Yes	Exhibit 7, page 2, para 4, bullet 3
(d) ECP personnel have advised an employee raising a concern that is outside the scope of the ECP of available means to have the concern addressed, if direct transfer of the concern to another organization is not appropriate (e.g., allegations subject to EEO complaint process, claims for workplace injuries);	Yes	Exhibit 6, page 2, para 6-7
(e) the ECP determines that the issues are frivolous or too general to investigate; and	Yes	Exhibit 7, page 2, para 5
(f) the concerned employee has been notified that the concern has been closed.	Yes	Exhibit 7, page 2, para 4, bullet 4
(2) If the ECP does not resolve a concern to the satisfaction of the concerned employee, the concerned employee must be advised if there are any offices with authority or responsibility for addressing the subject matter of the concerns.	Yes	Exhibit 6, page 2, para 6-7
d. Documents and records  (1) At a minimum, the ECP office must prepare and maintain the following records: (a) concern log; (b) concern reports; (c) concern investigation and resolution summaries, including a description of the basis for closing the concern, consistent with paragraph 4c above; (d) management assessment results, and (e) quarterly and annual reports.	Partial	Records are not addressed in the SCMS procedure; the ECP Manager indicated he keeps a log, concern reports, investigation reports, resolutions, completes a self-assessment and files quarterly and annual reports, but none of these requirements is called out in the SCMS procedure.
(2) ECP personnel must submit quarterly and annual reports to the head of the field element and the Office of Employee Concerns. The reports must address the following:  (a) employee concerns activity levels for the period,  (b) nature of the concerns,  (c) resolution of the concerns, and  (d) other information required under ECP directives for the effective coordination of ECPs.	No*	*Quarterly and annual reports are sent to HQ however, they need to be issued to the corresponding site offices (FEM) that may have had concerns come forward. This is done informally but needs to be called out in the SCMS procedures. Note that the ECP Manager did not provide the quarterly or annual reports to demonstrate that this requirement was met.
(3) In maintaining ECP records, steps must be taken to protect the identity of the concerned employee consistent with the employee's request for confidentiality and the provisions of the Privacy Act and the FOIA.	Yes	Exhibit 4
(4) Federal records cannot be destroyed unless authorized by the Archivist of the US NARA. Authorities are found in the General Records Schedule of the Government, as issues by NARA and in NARA-approved DOE records disposition schedules (SF 115). Should any or all ECP records not be "covered" by authorized records disposition schedule, the responsible ECP manager must seek NARA authorization (a records disposition schedule) through the cognizant local	Partial	Not addressed in the SCMS ECP procedures—may be addressed in another SCMS procedures—bottom line is that the records need to be retained-suggest we

records officer in liaison with the Departmental Records Officer.		include that language in SCMS procedures. ECPO Manager indicated he retains the records.
e. Training and Qualification  Personnel responsible for implementing the ECP or investigating concerns must be trained to properly carry out their responsibilities (e.g., training on the identification and classification of health and safety issues, how to investigate workplace, and administrative issues and dispute resolution techniques).	Partial*	*The ECP Manager has the appropriate qualifications in dispute resolution, and stated he selects individuals as investigators who have the requisite qualifications. However, the qualification requirements of the individuals implementing the ECP or investigating the concerns are not called out in SCMS procedures and need to be.
<b>f. Management Assessment</b> The ECP Manager must assess, at least annually, the effectiveness of the ECP and processes used to implement this Order. Problems that hinder the ECP from achieving its objectives must be identified and corrected.	No*	Based upon discussions with ECP Manager this is being done—but the SCMS procedures do not require this. I recommend that these self-assessments be submitted to the HFEs. Note that the most recent self-assessment was requested but not provided so cannot demonstrate that this was met.
5. RESPONSIBILITIES b. PSO/FEMs  (1) Designate the management position or positions responsible for developing and implementing the ECP. (2) Direct the ECP and provide adequate resources and training for effective implementation. (3) Ensure implementation of ECPs required by contract for contractors under their jurisdiction. (4) Use management assessment results to verify the adequacy and implementation of the ECP and improve performance.	No*	<ol> <li>The ECP Manager was designated (assigned the responsibilities) by the ORO Manager (position description).</li> <li>Adequate resources and training have been provided to the ECP Manager</li> <li>*This task is the responsibility of the site offices, so we need to put this into the SCMS procedure so it is clear who has this responsibility. Typically the site office managers utilize the support centers to perform this evaluation. Also make it clear that SOM are responsible to verify that the proper ECP requirements are in the contracts if that is the intent so roles and responsibilities are very clear in SCMS.</li> <li>*This needs to be added to the SCMS procedures that we use our self-assessments to improve performance and also determine if the contractor is using their self-assessments to improve performance.</li> </ol>
c. ECP Managers (1) Develop and submit ECP program implementation documentation to the PSO or FEM, as appropriate, for approval.	No	(1) There is no record of approval from Brinkman, Orbach or the ORO Manager that the procedures were approved. Without a record, we cannot demonstrate

		that this requirement was met.
(2) Implement the approved ECP and ensure concerns are processed as required by this Order.	Yes	This is being done other than the items noted.
(3) Publicize ECP processes, employee rights and responsibilities to report concerns through these processes, and management's intolerances for reprisals against employees who have reported concerns.	Partial*	*There was a posting at PNSO (dated 2009) on the ECP program—hotline number was correct phone number—recommend that management's intolerances for reprisals be added to the flyer.
(4) Maintain an employee concerns tracking system and a secure filing system.	Partial*	*This is being done by the ECP manager, but we need to ensure this applies to electronic systems as well—suggest revision to SCMS to cover this topic (protecting paper and electronic records). Note there is no requirement in SCMS for a tracking system for the concerns (not corrective actions)—this needs to be added—it is being practiced by the ORO ECP.
(5) Decide which concerns that are brought to the attention of the ECP, the ECP Office should seek to resolve, which warrant referral or transfer to another office for further review, or which warrant no further action.	Yes	Exhibit 6
(6) Assist in evaluation and resolution of employee concerns.	Yes	Exhibit 6
(7) Transfer concerns to other programs or processes if the concern is deemed to be outside the scope of the ECP.  Review and evaluate responses from other organizations to which concerns were referred, request further action when necessary, and provide feedback to those organizations that have a need to know about the outcome of the ECP process.	Yes	Exhibit 6; recommend that the SCMS procedure specifically call out (as an example?) transfers from contractors
(8) Document that an individual, office or organization has accepted responsibility for minimizing, correcting, and preventing recurrence of concerns that have been substantiated throughout the ECP process.	Yes	For corrective actions this is address in procedure 2, step 6; for referrals this is addressed by the ECPO in procedure 2, step 10
(9) Prepare quarterly and annual reports and review them for lessons learned and possible adverse trends.	No*	*This is being performed by the ORO ECP Manager but is not required in SCMS (missing); no documentation was provided by the ECP Manager to demonstrate that this was occurring.
(10) Use self-assessment or outside review to conduct management assessments of their ECPs. Assess the results with the HQ or FEM, and take any necessary actions to improve program operations.	No*	*This is being performed by the ORO ECP Manager but is not required in SCMS (missing); no documentation was provided by the ECP Manager to demonstrate that this was occurring.
(11) Coordinate with DOE contracting officers to determine the existence of contract requirements for the establishment of contractor ECPs and the means and criteria by which such contractor ECPs will be evaluated.	No*	*This is a responsibility of the site office manager per ECP Manager but is not clear who does this from SCMS procedures— needs to be called out in SCMS
(12) Advise appropriate levels of management when actions are either ineffective or not timely in resolving concerns or correcting identified deficiencies.	Partial*	*Being done in practice, but needs to be called out in SCMS as a responsibility for the ECP Manager

## Document Reviewed: HQ ECP Program and SCMS Procedures 1.0, 2.0 3.0 and associated Exhibits and definitions (7/31/12)

Requirement	Met/ Not met?	Comments
4.a. ECP Criteria. The ECP must: (1) Possess interfaces with the following organizations: (a) other DOE, including NNSA and DOE contractor ECPs, (b) external regulatory bodies that require employee concern programs (c) HQ Office of employee concerns (d) labor organizations, where applicable.	Partial*	*The SCMS procedures do not provide any direct link to the HQ ECP (interface); the ECP Office for SC-HQ employees is the HQ ECP Office run by ED. The HQ ECP program is in its infancy. There have not been any SC-HQ concerns placed in the past year. Currently the HQ ECP office has focused on building working relationships with the field and is now starting to build the HQ elements including establishment of a budget. Informal mechanisms currently exist.
(2) Establish documented program plans describing methods used to implement program requirements	No*	*In development
<ul> <li>(3) Require that DOE, including NNSA and DOE contractor employees (i.e., any person working for a DOE contractor or subcontractor on a DOE project) be informed of the following:</li> <li>(a) ECP process;</li> <li>(b) employees are encouraged to first seek resolution with first-line supervisors or through existing complaint or dispute resolution systems, but that they have the right to report concerns though the DOE ECP; and</li> <li>(c) management's intolerance for reprisals against or intimidation of employees who have reported concerns.</li> </ul>	Yes*	*Informal mechanisms currently exist; S-1 issued through DOECAST reaffirmation of employee concerns program and intolerance for reprisals
(4) Provide and publicize a 24-hour hot-line (e.g., voice mail or e-mail system)	Partial*	*To be established; however, the ECP contact list (with telephone number and email) is available on ED website.
<ul> <li>b. Concerns</li> <li>(1) Concerns must be processed in one of the following manners:</li> <li>(a) investigated or otherwise evaluated through the ECP in coordination with DOE, including NNSA or external offices when requested;</li> <li>(b) referred to other offices or programs and tracked by the ECP until they are resolved (referral of concern)</li> <li>(c) transferred to another DOE or contractor organization with jurisdiction over the issues, when those issues are outside the scope of the ECP (transfer of a concern); or</li> <li>(d) closed as prescribed in paragraph 4c.</li> </ul>	Yes*	*Informal mechanisms currently exist.
(2) ECP personnel must document employee concerns in sufficient detail to permit investigation or other appropriate levels of review.	Yes	Concerns are documented as they are submitted.
(3) Concerns must be tracked until closure	Partial*	*Concerns are informally tracked until closure. A formal database for tracking is not yet available.
(4) Unless otherwise agreed to by the employee; an organization other than that of the employee's immediate supervisor must conduct the investigation. Similarly, individuals or organizations outside the concerned employee's	Yes*	*Informal mechanisms currently exist.

organization should not be selected to conduct the investigation where the involvement presents a conflict of interest.		
(5) If the concerned employee requests confidentiality, his or her identity must not be disclosed during the investigation	Yes*	*Informal mechanisms currently exist.
or other process used to evaluate the concern. However, ECP personnel should advise the employees of the limitations		·
of its ability to protect confidentiality under certain circumstances. For example, the concern may involve action taken		
against the employee for which relief is sought, or the employee may be closely associated with the concerns.		
(6) ECP personnel must evaluate and attempt to resolve employee concerns in a manner that protects the health and	Yes*	*Informal mechanisms currently exist.
safety of both employees and the public, ensure effective and efficient operation of programs, and uses alternative		
dispute resolution techniques whenever appropriate.		
(7) ECP personnel must immediately report to an appropriate line manager (i.e., one with program, project, or health	Yes*	*Informal mechanisms currently exist.
and safety responsibility) and/or the ES&H program office those concerns that involve an imminent danger or condition		
or a serious condition.		
(8) Appropriate offices (i.e., those with program, project or health and safety responsibility) must determine whether	Yes*	*Informal mechanisms currently exist.
DOE including NNSA or its contractors have taken action to minimize, correct, or prevent recurrence of program, process		
of management weaknesses identified and substantiated through the ECP.		
(9) Reports of concerns must be reviewed for classification information and, if classified, sanitized by an ADC.	Yes*	*Informal mechanisms currently exist.
c. Closure.	Yes*	*Informal mechanisms currently exist.
(1) An employee concerns is designated as closed when one of the following occurs:		Although the HQ ECP does not have a
(a) the concern has been investigated; necessary corrective actions have been identified (e.g., issuance of a non-		formal procedure in place, it does follow
conformance report); the office responsible for taking the corrective action has accepted jurisdiction over the matter;		the definition of "closure" as used in the
and the resolution has been documented in a formal tracking system;		DOE ECP Order.
(b) the concern has been investigated and no corrective action is deemed necessary;	Yes*	*Informal mechanisms currently exist.
(c) the subject matter of the concern is outside the scope of the ECP and the concern has been transferred to another	Yes*	*Informal mechanisms currently exist.
organization with jurisdiction over the subject matter;		
(d) ECP personnel have advised an employee raising a concern that is outside the scope of the ECP of available means to	Yes*	*Informal mechanisms currently exist.
have the concern addressed, if direct transfer of the concern to another organization is not appropriate (e.g., allegations		
subject to EEO complaint process, claims for workplace injuries);		
(e) the ECP determines that the issues are frivolous or too general to investigate; and	Yes*	*Informal mechanisms currently exist.
(f) the concerned employee has been notified that the concern has been closed.	Yes*	*Informal mechanisms currently exist.
(2) If the ECP does not resolve a concern to the satisfaction of the concerned employee, the concerned employee must	Yes*	*Informal mechanisms currently exist.
be advised if there are any offices with authority or responsibility for addressing the subject matter of the concerns.		
d. Documents and records	Partial*	*Informal mechanisms currently exist and
(1) At a minimum, the ECP office must prepare and maintain the following records:		the HQ ECP does maintain concern reports
(a) concern log;		and investigations, as well as previous
(b) concern reports;		annual reports.
(c) concern investigation and resolution summaries, including a description of the basis for closing the concern,		
consistent with paragraph 4c above;		
(d) management assessment results, and		
(e) quarterly and annual reports.		
(2) ECP personnel must submit quarterly and annual reports to the head of the field element and the Office of Employee	N/A	This requirement applies to the Field.
Concerns. The reports must address the following:		
(a) employee concerns activity levels for the period,		

(b) nature of the concerns,		
(c) resolution of the concerns, and		
(d) other information required under ECP directives for the effective coordination of ECPs.		
(3) In maintaining ECP records, steps must be taken to protect the identity of the concerned employee consistent with	Yes*	*Informal mechanisms currently exist.
the employee's request for confidentiality and the provisions of the Privacy Act and the FOIA.	163	informat mechanisms currently exist.
(4) Federal records cannot be destroyed unless authorized by the Archivist of the US NARA. Authorities are found in the	Yes*	*Informal mechanisms currently exist.
General Records Schedule of the Government, as issues by NARA and in NARA-approved DOE records disposition	165	informat mechanisms currently exist.
schedules (SF 115). Should any or all ECP records not be "covered" by authorized records disposition schedule, the		
responsible ECP manager must seek NARA authorization (a records disposition schedule) through the cognizant local		
records officer in liaison with the Departmental Records Officer.		
e. Training and Qualification	Yes	ECP Manager has completed 40 hour
Personnel responsible for implementing the ECP or investigating concerns must be trained to properly carry out their	163	training on investigations and has been
responsibilities (e.g., training on the identification and classification of health and safety issues, how to investigate		trained on dispute resolution. Also made
workplace, and administrative issues and dispute resolution techniques).		ECP Manager aware that SC has resources
workplace, and administrative issues and dispute resolution techniques).		to assist her with investigations.
f. Management Assessment	Partial*	*Currently this is being done on a topical
The ECP Manager must assess, at least annually, the effectiveness of the ECP and processes used to implement this		area basis as issues arise. ED intends to
Order. Problems that hinder the ECP from achieving its objectives must be identified and corrected.		perform this in the future. Also this was
		done informally in FY 2011 by speaking to
		and surveying field ECP Managers.
5. RESPONSIBILITIES	No*	(1) * Not clear that this has been done by
b. PSO/FEMs		SC-1; recommend completing this
(1) Designate the management position or positions responsible for developing and implementing the ECP.		task.
(2) Direct the ECP and provide adequate resources and training for effective implementation.		(2) *Resources have only been provided
(3) Ensure implementation of ECPs required by contract for contractors under their jurisdiction.		for the ECP Manager by ED; the ECP
(4) Use management assessment results to verify the adequacy and implementation of the ECP and improve		Manager is currently seeking
performance.		additional resources
		(3) The ECP provides services to many
		DOE-HQ employees including SC
		(4) Management assessments are
		currently not being performed but are
		planned
c. ECP Managers	See	*ECP documentation is under
(1) Develop and submit ECP program implementation documentation to the PSO or FEM, as appropriate, for approval.	comment*	development; however, recommend SC
		formally submit SCMS procedures to HQ
		Manager—although these have been
		provided informally; no indications of
		formal approval; note that this is being
		interpreted as a Field requirement and not
		as an HQ requirements. ECP Manager
		intends to create procedures for
		processing concerns.

(2) Implement the approved ECP and ensure concerns are processed as required by this Order.	Partial*	*In development; ECP Manager intends to create procedures for processing concerns.
(3) Publicize ECP processes, employee rights and responsibilities to report concerns through these processes, and management's intolerances for reprisals against employees who have reported concerns.	Yes*	*Web page provides contact information; other processes are still in development; DOECAST was issued with S-1 reaffirmation about reprisals and intolerance
(4) Maintain an employee concerns tracking system and a secure filing system.	No*	*Tracking system in development; resources being obtained
(5) Decide which concerns that are brought to the attention of the ECP, the ECP Office should seek to resolve, which warrant referral or transfer to another office for further review, or which warrant no further action.	Yes*	*Being completed informally
(6) Assist in evaluation and resolution of employee concerns.	Yes*	*Informal mechanisms currently exist.
(7) Transfer concerns to other programs or processes if the concern is deemed to be outside the scope of the ECP. Review and evaluate responses from other organizations to which concerns were referred, request further action when necessary, and provide feedback to those organizations that have a need to know about the outcome of the ECP process.	Yes*	*Informal mechanisms currently exist.
(8) Document that an individual, office or organization has accepted responsibility for minimizing, correcting, and preventing recurrence of concerns that have been substantiated throughout the ECP process.	Yes*	*Informal mechanisms currently exist.
(9) Prepare quarterly and annual reports and review them for lessons learned and possible adverse trends.	No*	*Informal mechanisms currently exist; last quarterly report was completed in 2008.
(10) Use self-assessment or outside review to conduct management assessments of their ECPs. Assess the results with the HQ or FEM, and take any necessary actions to improve program operations.	No*	*Informal mechanisms currently exist.
(11) Coordinate with DOE contracting officers to determine the existence of contract requirements for the establishment of contractor ECPs and the means and criteria by which such contractor ECPs will be evaluated.	N/A	This requirement is not viewed to apply to HQ (Field requirement)
(12) Advise appropriate levels of management when actions are either ineffective or not timely in resolving concerns or correcting identified deficiencies.	*Yes	*Completed on a case-by-case basis