

## ISSUES MANAGEMENT

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### **1.0 SCOPE**

This Performance Assessment Guide for Issues Management will be used to carry out the oversight responsibility of the U.S. Department of Energy (DOE) Brookhaven Group. This guide was prepared to assist in conducting performance-based assessments of both DOE prime contractors and subcontractors to ensure that their issues management programs identify, disposition, and take corrective action on issues that affect satisfactory facility performance. The goals are to determine if an issues management program has been established at the laboratory level to maximize the effectiveness of respective activities/processes and to minimize the risk of economic loss or worker/public injury/illness consistent with the risk of the activity or process.

Issues management assessments will be directed at all prime contractors and subcontractors working at DOE sites. DOE line management must ensure that contractors comply with DOE Orders and Federal and State regulations. Information developed from this assessment will determine the degree to which this is being done as well as the effectiveness of the laboratory's program.

### **2.0 ATTRIBUTES AND LINES OF INQUIRY**

This section provides lines of inquiry to help assess whether the organization has implemented a program that ensures that Issues Management requirements are incorporated into line activities. This section will be used to evaluate the laboratory's line organization.

**2.1** The laboratory's issue identification, capture, cataloging, and prioritization is effective.

- Is there a documented process to identify and prioritize issues?
- Assess via interview with cognizant DOE management the process employed by both DOE and the laboratory to identify, screen, and prioritize safety and health related issues.
- Assess the process employed by DOE line management to audit the DOE and laboratory programs.
- Assess the DOE management basis for the frequency and scope of their audits.

- Assess whether the audit process utilizes a sampling methodology. If so, assess the basis for the sampling. Is the sample size varied based on the number of deficiencies?
- Assess the process employed by line management when a large number of deficiencies are identified during a review. Is there a "trigger point?" If not, why not? If so, is it based on the number or severity of deficiencies?
- Obtain copies of the procedures detailing the audit process. Do they match what line management has described? If not, why not?
- Obtain a copy of the latest management audit. Was the audit of sufficient scope and depth to properly assess the effectiveness of the program?
- Assess whether audit deficiencies have been resolved. Is resolution documented?
- What sources make up the universe of potential safety issues?
- Do they include, as a minimum; reported occurrences, nonreportable events and deficiencies (for trending purposes), employee concerns, appraisal and inspection findings, internal and external assessment findings and recommendations, management concerns, and any problems that are preventing resolution of safety issues?
- Are root causes and trends captured into an issues management process?
- Are issues screened for the lower threshold of significance with regard to entry into a corrective action process?
- Are issues cataloged for resolution by the appropriate corrective action process?
- Are issues screened for corrective action planning prioritized by degree of risk and probability of occurrence?
- Have issues been identified that address management problems hindering the organization from achieving its safety objectives?

**2.2** There is an effective process to develop corrective action plans and to independently validate corrective action plans.

- Are interim measures for potential hazards that cannot be quickly resolved addressed in the corrective action plans?
- Are corrective action plans for adverse conditions and significant trends based on the root cause of the deficiency and prioritized based on the significance of risk associated with the deficiency?

- Is root cause analysis thorough and diagnostic?
- Is the root cause subject to QA verification?
- Is considerable focus placed on resolution of systemic issues when compared with resolving discrete deficiencies?
- Are recurrences questioned as to why they were not precluded and is corrective action taken on the deficiency that allowed the recurrence?

**2.3** There is an effective process to track and monitor corrective actions to ensure adequate and timely resolution.

- Are low-level issues tracked for possible adverse trends?
- Are determined causes trended to see if a deeper issue may be present?
- Does senior management take timely action and document decisions in response to management appraisal recommendations?
- Are vulnerabilities and risks identified for management review?
- Is there evidence of an open and critical spirit of self-assessment?
- Do the tenant organizations maintain status on issues relevant to them? Is the information easily available and made known to the tenants?
- How is timeliness ensured?
- What does the organization do when corrective actions fall behind schedule?

**2.4** The implementation of corrective actions is independently verified for effectiveness.

- Is there an effective process to verify that corrective action plans were implemented and that the corrective action actually corrected the issue?
- Assess the degree to which the corrective action resolved the problem. Did it create any new or additional problems?
- When an issue is screened for no action, is the screening process accurate? Use a sample of issues "closed" or screened for no action because of similarity to other issues, etc., and a sample of issues "closed" or rejected for other reasons.

- Is the closure process consistent and formalized?
- What is the basis for closure of an issue? Is it based on the commitment to take action, or on actual verification of closure?
- How is the integrity of the data made certain?
- Does the process include long-term control and enforcement to ensure that the corrective action remains effective?
- Are significant safety trends and the results of corrective actions periodically reviewed and addressed to management?
- If not 100 percent sampling, is the sample based on a method, or just judgment?

### **3.0 STANDARDS AND REQUIREMENTS**

#### **3.1 Specific DOE Orders and Standards.**

- DOE O 232.1A, "Occurrence Reporting and Processing of Operations Information."
- DOE O 440.1A, "Worker Protection Management for DOE Federal and Contractor Employees"
- DOE 2300.1B, "Audit Resolution and Followup."
- DOE 2321.1B, "Auditing of Programs and Operations."
- DOE 3790.1A, "Federal Employee Occupational Safety and Health Program, Chapter VIII."
- DOE 5400.1, "General Environmental Protection Program."
- DOE 5700.6C, "Quality Assurance."

### 3.2 Title 10 CFR Requirements.

- 10 CFR 830.120, "Quality Assurance at DOE Nuclear Facilities."

### 3.3 OSHA Title 29 CFR Requirements.

- 29 CFR 1960, "Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters."

## **4.0 GUIDANCE TO ASSESSOR**

This assessment guide is intended to assist in conducting a performance assessment of issues management (IM). It is not to be considered as all-inclusive, inflexible, or limiting reasonable assessment concentration when lines of inquiry responses dictate that an area must be more thoroughly reviewed.

The following is additional guidance for performing the issues management performance assessment, including an outline for the issues management report:

The first section of the report should address a discussion of what IM is, what the needs and established authority documents are that call for implementing IM to ensure resolution of issues and to keep management informed so they make better decisions. Include a discussion of the background of IM at the site. Begin with what existed 2 years ago when IM was assessed.

### Oversight of Issues Management

Next, address oversight of the IM process by the operations office. Discuss the modes of oversight to ensure corrective action and prevention of safety incidents and problems, through the numerous IM systems used by the organization.

First address the top-level processes: small group meetings, memos, monthly risk and vulnerability reports, weekly staff discussions, daily operations reports, weekly activity reports, annual assurance memorandum, and award fee deliberations. (There may be more.)

Next, address the mid-level and site-specific processes: self-assessments, contractor appraisal evaluations (management and technical), routine inspection followup, and the monthly award fee reviews.

Discuss the cumulative strengths and weaknesses in these various modes of overseeing contractor management of issues. Bring in historical examples to support strength or weakness, or as a minimum, a reasonable potential scenario.

Important issues (examples):

DOE not consistently identifying or elevating unresolved issues for timely management action.

DOE not auditing or reviewing laboratory programs (as opposed to specific issues) for corrective action.

Implementation of Issues Management

This section discusses the flow of IM through the laboratory at this site. It also discusses the flow of IM through DOE at site and operations office, and may include known information involving CSO or EH. The laboratory issues flows should be described in the following sections.

Identification of issues: First identify the DOE processes to capture issues; may overlap with the above section that describes processes to oversee laboratory programs (think about whether DOE info fits better here or in oversight). Describe the info that is captured into the systems and if/how it is prioritized for action. The key things: are they capturing all sources of issues, and are they consistently capturing the issues? Cite strengths and weaknesses, supported by examples, and why they are significant. Do the same for laboratory capture and prioritization of issues.

Important issues: DOE not ensuring capture of significant issue sources: not trending to detect adverse conditions; not emphasizing resolution of root cause issues; not consistently capturing deficiencies that are corrected on the spot; derived issues that are not always captured into tracking system to ensure resolution after parent issue is completed; lessons learned are not systematically identified for action.

Corrective Actions: Again, describe the DOE processes you find that are used to develop corrective actions. Answer the main questions in the IM guide, especially items that ensure the process is effectively planned (IAW the severity/complexity of the issue). Do the same for the laboratory corrective action planning and development. Begin to try to weave a tapestry of related events or causal factors. If possible, show how failure to appropriately identify/prioritize issues above leads to poor corrective action development here. Good examples would be failure to identify root causes or trends.

Important issues: DOE not ensuring corrective action plans will resolve the real issue and that interim abatement measures are effected for long-range corrective actions.

Tracking and trending: Describe the tracking systems here, for DOE and laboratory, even if only a correspondence control system. An important aspect here is how well the information is integrated and communicated to various levels of management. Key in on the difficulties encountered because of inefficient tracking mechanisms, inadequate procedures to ensure data integrity, fiefdoms, fear of being found out. This is where elevation of issues should be discussed, as well as risks and vulnerabilities. This is also the section to discuss untimely action to resolve issues and their root causes.

Describe any processes of trending and show why they are insufficient. Document trends noted, their potential significance, and why the laboratory/DOE should have picked up and acted upon them. (Some of this information may transfer to the identification of issues section above).

Important issues: DOE not ensuring its own findings of laboratory deficiencies are tracked to resolution. DOE not adequately controlling timely resolution of issues by the laboratory, including ones with established due dates.

Verification and closure: Describe the processes and their adequacy. This is where the rubber meets the road! If all steps in IM are not up to snuff, this is a sure place to find problems. Examples include closure on commitment to perform instead of actual performance; closure of the main issue without ensuring derived issues are accomplished; inadvertent closure (if these are found, try to find out why); poor procedure for verification; good paper trail, but not actually performed (hard to find; pull the string all the way if you find one of these); closure of ineffective corrective action (did not resolve the underlying issue). Emphasize DOE culpability in your discussions; (i.e., the lack of oversight in some specific area keeps cognizant management from detecting such and such deficiency in the laboratory process).

Important issues: DOE closing or permitting closure of issues without ensuring adequate verification and validation.

### Suggested General Tips and Ground Rules

Don't be too verbose in the first cut. Everyone's writeup needs to be blended so don't put in the extra stuff that isn't needed yet. Use the following sequence for each topic you address: What are they doing? What and why is it good or inadequate? What is the real or potential damage as a result?

Distinguish between independent/support versus line oversight functions.

Abbreviate commonly used words; they will be cleaned up at the end. Use the same abbreviations throughout and list your abbreviations at the top of your writeup.

Minimize discussion of who is responsible, and don't worry if you don't identify every function; the process is much more important.

Identify organizations at the highest possible level that will allow the site to figure out what group is responsible (and even this is often not necessary).

Document in your own copy where you got negative or condemning information; do not throw it away. The comment function in WP is real useful for this.

Minimize reliance on requirements and discuss instead the need to do the function being described. What is the damage if they fail to adequately do this thing (the "so what" test)? If citing failure to follow their own procedure, also state the damage.

No bullets on concerns. Justify them in the preceding text. Do not overstate the case for a concern, but be sure to include the full scope of what is wrong (or potentially not right).