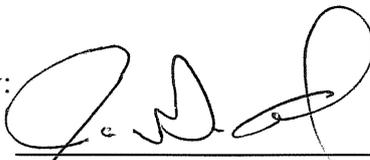


ES&H Peer Review

March 2010

Approved by:



Jim Floyd
Chair, Safety Advisory Committee

3/15/10

Date



John Chernowski
Manager, Office of Contract Assurance

3/15/10

Date

ES&H Peer Review

Objective:

Evaluate divisions' integrated safety management systems for Division Directors and identify improvement opportunities and noteworthy practices.

Approach:

- Goal is to help Division Directors manage their safety systems more effectively.
- Focus on a few (2-5) topical areas of concern. In general, these should be higher-level, management issues rather than detailed technical issues.
- Process is based on tenets of peer review.
 - Team members selected based on topics to be reviewed, ,
 - Team members will have some experience with the issues themselves,
 - Team members will be oriented towards assisting the Director, and
 - Data collection needs minimized to the review goals.
- Support philosophy of line management ownership of safety – the customer is the Division Director.

Review Process:

1. Division Director identifies preliminary list of safety management system concerns. List is provided to Safety Advisory Committee (SAC) chair and the Office of Contract Assurance (OCA).
2. SAC chair and OCA review Division Director list, provide feedback as appropriate, and finalize list with Division Director.
3. SAC chair constructs team. Team composition is tailored to final Division Director list of safety concerns. Team will generally include two SAC members and other LBNL staff recommended by the subject division.
4. OCA provides training to SAC members of Peer Review.
5. Team meets with designated Division staff to develop review scope. This may include all or part of the following list:
 - Establishing contacts to facilitate review,
 - Identifying staff to interview,
 - Identifying work processes to observe,
 - Identifying work locations to observe,
 - Identifying documentation for review, and
 - Finalizing review schedule.

6. Team and OCA develop review lines of inquiry.
7. Team performs evaluation.
8. Team develops draft Peer Review Report. Report includes:
 - Overall Assessment results and team conclusions,
 - Findings (see Attachment 1),
 - Observations (see Attachment 1),
 - Noteworthy Practices (see Attachment 1), and
 - Recommendations, if requested by Division Director. Recommendations should include:
 - Recommended process improvements, and
 - Recommended Corrective Actions (see Attachment 1 for Corrective Action definition). As appropriate, Recommended Corrective Actions should address the basic causes of the Findings in order to preclude or greatly reduce the probability of Finding recurrence.
9. Draft report provided to OCA for quality assurance (QA) review.
10. Team addresses OCA comments and develops final draft report.
11. Team delivers draft final report to Division Director for factual accuracy review.
12. Team addresses Division Director comments and develops final Peer Review Report. Review Team Lead delivers final report to Division Director, with copy to SAC chair, and OCA.
13. Within two months of receiving final Peer Review report, Division Director attends a monthly SAC meeting to:
 - Review findings and observations,
 - Discuss mitigation measures, corrective actions (proposed and implemented), and other improvements initiated as a result of Peer Review, and
 - Provide feedback on Peer Review process.
13. Approximately one year after receiving final Peer Review report, Division Director attends a monthly SAC meeting to provide status on implementation and effectiveness of corrective actions and other related improvement initiatives.

Roles and Responsibilities:

- Laboratory Director:
 - Charge SAC with performing Peer Reviews.
- Division Director:
 - Own Peer Review,
 - Identify safety management system concerns for Peer Review,
 - Recommend LBNL staff (besides SAC members) to perform Peer Review,
 - Charter Peer Review team,

- Designate Division representatives to provide logistical support (see Process item 4 above) to Peer Review team,
 - Review final draft report for factual accuracy, and
 - Provide initial response and one-year status report to SAC.
- SAC chair:
 - Review Division Director's preliminary list of safety management system concerns and provide feedback,
 - Compose Peer Review team, and
 - Schedule Division Director initial response and one-year status report at SAC monthly meetings.
- Peer Review Team (generally two SAC members and two LBNL staff recommended by subject division):
 - Participate in Peer Review training (SAC members),
 - Prepare for Peer Review, including meet with Division designees (see Process item 4 above),
 - Develop lines of inquiry with assistance from OCA,
 - Perform Peer Review,
 - Prepare draft report and provide to OCA for QA review,
 - Prepare final draft in response to OCA comments and provide to Division Director for factual accuracy review, and
 - Prepare final report in response to factual accuracy review and provide to Division Director, with copy to SAC chair and OCA.
- Division Designees:
 - Provide logistical support to Peer Review team.
- OCA:
 - Train Peer Review team (SAC members),
 - Assist Peer Review team in lines of inquiry development,
 - Perform QA review on draft Peer Review report, and
 - Assure process is aligned with institutional goals.

Schedule:

- Pilot scheduled for 2nd Quarter FY10.
- Second Peer Review scheduled for 3rd/4th Quarter FY10.
- Based on experience on these two, final program adopted and routine schedule generated.

Attachment 1: Definitions

Corrective Action – An action that may eliminate a detected nonconformity or eliminates the cause of a detected nonconformity resulting in the prevention or significant reduction in the likelihood of the same problem occurring again.

Finding – A program or performance deficiency in which a noncompliance with an established external or internal requirement exists. It is a generic term used to refer to programmatic or performance deficiencies, nonconformances, regulatory or procedural noncompliances, procedure inadequacies, assessment findings, external oversight findings, and associated actions that require formal corrective action. This includes, but is not limited to:

- Failure to comply with requirements,
- Equipment defect or nonconformance,
- Procedural deviation or deficiency,
- Personnel safety concerns, and
- Events that have or could have an effect on the safe, reliable, or efficient operation of the Laboratory.

Noteworthy Practice – practices or conditions that are recognized for their excellence and should be considered for lab-wide application.

Observation – A practice or condition that is not technically noncompliant with an external or internal regulation or requirement, but could lead to noncompliance if left unaddressed.