

UT-BATTELLE, LLC  
OAK RIDGE NATIONAL LABORATORY  
QUALITY SERVICES DIVISION

Quality Service Division (QSD) Performance Assessment Plan (PAP) for Fiscal  
Year 2005

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**Quality Services Division (QSD)  
Performance Assessment Plan (PAP) for Fiscal Year 2005**

**QSD Mission:** The Quality Services Division's (QSD) mission is to be recognized by its internal and external customers and peer groups throughout Battelle and DOE complexes for its outstanding quality management performance and its ability to facilitate the achievements of ORNL's goals for "best in class".

QSD plans to achieve its mission by providing strategic quality management planning, through outstanding leadership and support personnel and providing the necessary quality management tools to help ORNL achieve and maintain simultaneous excellence in science and technology. The QSD implements the ORNL Quality Management System (QMS) and Performance Based Management System (PBMS), develops and maintains the UT-Battelle quality policies for ORNL, and provides services and support to all UT-Battelle organizations and facilities.

It is our goal to provide outstanding customer service to ensure that everyone at ORNL understands their QM and PBM responsibilities so that we can work together to drive continuous improvement.

**Objectives:** The purpose of this plan is to establish the QSD performance assessment process within the current framework of UT-Battelle's PBMS. That is, to provide QSD staff with information needed to ensure organizational performance objectives are being met and appropriate improvement actions are identified and implemented.

The Performance Assessment Plan (PAP) has been developed based on the Strategic Objectives listed in the ESH&Q business plan, *EP&WS FY04 Performance Evaluation Report*, and the QMS and PBMS FY05 Business Plans. It incorporates QSD's corrective action for the results of the Secretary of Energy's Office of Independent Oversight and Performance Assurance (OA) performance assessment conducted in June – July 2004, the "Effectiveness of the Environmental, Safety, Health, and Quality Directorate Performance Assessment Program" assessment (IO-2004-17) conducted by IO in May 2004, and the Operational "Effectiveness Evaluation of ORNL Quality Services Division" assessment (IO-2004-01) conducted in September 2003. It reflects the UT-Battelle approach to performance-based management.

QSD has focused on three long-term critical outcomes:

- ORNL-wide commitment to outstanding Quality Management performance
- Outstanding Quality Management leadership, support personnel and customer service delivery
- Outstanding Quality Management Systems and tools

From these critical outcomes, QSD has established objectives, strategies for meeting the stated objectives, performance measures, indicators, and schedule where appropriate. Refer to the 2005 Performance Assessment Plan Matrix within this plan for details. All objectives fall within the performance assessment framework based on the five performance element categories:

- Customer Focus
- Financial Performance
- Staff Results
- Organizational Effectiveness
- Compliance

**Objective 1.1 (Organizational Effectiveness)**

*Operate the QSD in a manner that enables world-class research and operations by providing a structured approach for focusing on strategic planning, goals and performance resulting in an outstanding Laboratory-wide culture.*

**Ranking = 1**

**Objective 1.2 (Organizational Effectiveness)**

*Enhance the Laboratory agenda and Performance Evaluation Process to facilitate an integrated planning, budgeting, and assessment process to achieve a fully integrated planning and assessment management system.*

**Ranking = 5**

**Objective 2.1 (Staff Results))**

*Maintain, acquire, and/or develop a pool of talented, empowered, motivated, and goal oriented quality management staff to support and enhance QSD services to ORNL.*

**Ranking = 3**

**Objective 2.2 (Staff Results)**

*Create and implement a process to develop and mature outstanding ORNL managers to provide leadership in Quality Management principles.*

**Ranking = 4**

**Objective 2.3 (Customer Focus)**

*Provide an effective and efficient customer service model that results in improved customer service measures and responses and provides leadership to our customers in effectively implementing the processes and tools that support QSM and PBMS.*

**Ranking = 7**

**Objective 3.1 (Operational Effectiveness)**

*Provide robust, credible, and uniform Performance Management processes that meet the expectations of ORNL Laboratory Agenda commitments.*

**Ranking = 2**

**Objective 3.2 (Operational Effectiveness)**

*Enhance the management systems processes and provide the tools necessary to drive process improvement across the Laboratory.*

**Ranking = 6**

**Objective 4 (Financial Performance)**

*Establish and manage the QSD budget to effectively and efficiently meet QSD's mission.*

**Ranking = 9**

**Objective 5 (Compliance)**

*Achieve excellence in QSD operational and compliance performance resulting in efficient and effective execution of operational and compliance programs.*

**Ranking = 8**

**Implementation Strategy**

QSD's approach to performance assessment is consistent with the Directorate approach discussed in the Strategic Objectives of the ESH&Q Business Plan and overall strategy as defined by PBMS.

Objectives have been ranked as 1 (highest priority) to 8 (lowest priority). The objectives were ranked by the QSD leadership team with input from strategic planning personnel and personnel from the Office of Independent Assessment. Each objective was ranked on a weighted scale dependent on the importance of the three critical outcomes. Priorities were then based on impact/risk assessment in relation to safety, goals, regulatory compliance, cost, ethics, and customer expectation.

**FY05 Critical Outcome Tree**

**40 %**

**ORNL-Wide Commitment to Outstanding QM Performance**

1.1 Outstanding lab-wide QM culture – all levels  
 1.2 Enhanced, more strategic LA & PEP process

		Score	Rank
1.1	70 %	28	1
1.2	30 %	12	5

**35 %**

**Outstanding QM Leadership, Support Personnel & Customer Service**

2.1 Acquire/develop outstanding QM staff (QSD)  
 2.2 Develop/mature outstanding lab managers  
 2.3 Effective & efficient QM customer service model

2.1	40 %	14	3
2.2	35 %	12.25	4
2.3	25 %	8.75	7

**25 %**

**Outstanding Quality Management Systems & Tools**

3.1 Robust, credible, & uniform Performance Mgmt processes  
 3.2 Enhanced MS and QM tools and QM training Program

3.1	62.5 %	15.62	2
3.2	37.5 %	9.38	6

In addition to the objectives listed in this plan, additional assessment items may be listed in the ATS and are considered improvement items.

### **Evaluation Methods**

Quality improvement processes are utilized to determine the root cause of problems and corrective actions are implemented to mitigate or to prevent recurrence. Data analysis and trending programs are utilized to identify lower level precursor data that may indicate more serious emerging issues. Division level improvements are disseminated to all levels of division staff through lessons learned and other feedback mechanisms for mid-course corrections and to be considered for inclusion into the overall division business plan during the next planning cycle.

Action plans and corrective actions taken are requirements of this plan. Recording and tracking findings in the ATS database is required.

### **Schedule**

The performance schedule is entered into ATS and can be referred to and reported from ATS. Refer to 2005 Performance Assessment Plan Matrix within this plan for specifics concerning each objective. Schedules of planned assessments may be adjusted when appropriate based on performance information.

### **Feedback and Results Management**

The objectives and measures of this plan are reviewed approximately monthly at regularly scheduled bi-weekly divisional staff managers meetings. Previous period assessment information is reviewed for information analysis and trends. When performance criteria are not met, attention is directed to the areas needing improvement. Key improvement opportunities and lessons learned are shared at these meetings and if appropriate shared within the laboratory and across the DOE complex. Any follow-up actions identified in these meetings will be documented in the ATS.

Progress against the objectives and measures will be formally evaluated annually in accordance with the self-evaluation cycle of the Laboratory Performance Assessment Program. The results of the annual evaluation serve as a basis for improvement actions and assessment activities for the subsequent year and are provided to the ESH&Q Quality Manager for use in compiling the ESH&Q and ORNL performance evaluation reports that are submitted to the PBMS System owner and DOE.

2005 Performance Assessment Plan Matrix

Action	Indicator	Assessment Method	Performance Goal	Performance Criteria	Schedule	Responsible Person	Status/ATS # 7205
Engage Battelle Laboratories to benchmark ways to improve effectiveness	Objective 1.1 – Outstanding Improvements	Verify implementation of improvements	Positive change in lab-wide culture	Positive change/No change/Negative change	Annually	Division Director	7205.1
Develop Value Proposition Plan for achieving Quality Management culture	Value Proposition Plan (VPP) effectiveness	Feedback from line management (e.g. meetings, surveys)	Achieve a Quality Management culture	Satisfactory/Unsatisfactory	Quarterly	Division Director	7205.2
Improve alignment of QM along lines of national and international recognized QM standards	Results from gap analysis	Perform gap analysis	Alignment with ISO 9001 and TQA	Meets/Needs improvement	July	Barnard	7205.3

Action	Indicator	Assessment Method	Performance Goal	Performance Criteria	Schedule	Responsible Person	Status/ATS # 7206
<b>Objective 1.2 – Enhanced strategic Laboratory Agenda and Performance Evaluation Plan (Organizational Effectiveness)</b>							
Enhance integrated planning with budget and assessment process	Complete plan and schedule	Verify on time implementation of schedule	Integrated business planning cycle	Satisfactory/Unsatisfactory	6/30/05	Glowienka	7206.1
	Survey results from L1 managers	Survey L1 managers understanding	All L1 managers understand process	Satisfactory/Unsatisfactory	9/30/05		
Integrate strategic planning with planning assessment	Value proposition plan effectiveness	Feedback from Leadership Team (meeting minutes)	Fully integrated agenda with PEP	Satisfactory/Unsatisfactory	3/16/06	Glowienka	7206.2

Action	Indicator	Assessment Method	Performance Goal	Performance Criteria (Staff Results)	Schedule	Responsible Person	Status/ATS # 7204
<b>Objective 2.1 – Maintain, Acquire, Develop outstanding QSD staff</b>							
Define job expectations and training development for staff	Performance plan in PADS	Measure progress against individual performance goals	Establish, develop and retain critical skills	Satisfactory/Unsatisfactory	Semi-annually	Group leaders, Division Director Corbett	7204.1
Ensure personnel have training sufficient for performing job	R2A2s	Review training records for number of deficiencies	Provide necessary training and remain current	Satisfactory/Unsatisfactory	Annually	Group leaders, Division Director	7204.2
Achieve diversity within the division	ORNL EEO/WFD performance measures ORNL critical outcome PEP 2.3.2	Reporting against ORNL specified criteria	Exceed	Exceed/Meet/Below	Annually	Division Director	7204.3
Improve communication with staff	Employee survey results	Internal employee Gallup survey	80% employee agreement with ?s	>85% agree= Outstanding 84-70% = Excellent 69-50% = good <50% = unsatisfactory	Annually	Group leaders, Division Director	7204.4
	Feedback during division meetings Employee comments/issues	Division meetings No More Surprises Program	Positive feedback Satisfactorily address comments/issues	Satisfactory/Unsatisfactory	Bimonthly Per event	Division Director Group Leaders	

Action	Indicator	Assessment Method	Performance Goal	Performance Criteria	Schedule	Responsible Person	Status/ATS # 7208
<b>Objective 2.2 – Develop and Mature Outstanding ORNL Managers</b>							
Identify expectations for all around strong leaders across ORNL	R2A2s	Review SBMS to ensure expectations are defined	Institutionalized expectations in SBMS	Meets/Doesn't meet	3/31/05	Powers	7208.1
Provide leadership training	Number of targeted managers needing training decreases	Review training records	All targeted managers trained	> 90% trained = Satisfactory < 89% trained = Unsatisfactory	Annually	Powers	7208.2
Determine effectiveness of training	Improved PAP and PEP performance	Review of PAPs and PEPs for content and timeliness	PAPs and PEP meet PBMS criteria and submitted on time	Criteria: Meets/Needs Improvement/Unsatisfactory Timeliness: ≥ 90% on time = Good 89-75% = Needs Improvement < 75% = Unsatisfactory	PAPs Annually PEPs Quarterly	Dagley	7208.3
	Improved working relationship between QSD field deployed staff and line	Input from target managers and QSD field deployed staff	Positive feedback	Satisfactory/Unsatisfactory	FY06	Division Director, Corbett, Dagley, Power	

Action	Indicator	Assessment Method	Performance Goal	Performance Criteria	Schedule	Responsible Person	Status/ATS # 7210
<b>Objective 2.3 – Provide an Effective and Efficient Customer Service Model (Customer Focus)</b>							
Provide Leadership and direction: 1. Understand customer needs 2. Determine field deployed staffs current performance strengths 3. Ensure external and internal customer satisfaction	1. Customer relationship building (e.g., customer expectations defined) 2. Strengths survey 3. Solicited and unsolicited feedback 360° review in PADS (peer, direct reports, customers)	1. Discussions, agreements, 20 question checklist 2. Survey results 3. Customer Satisfaction Survey Measure progress against performance goals	1. Satisfied customer 2. Identification of current strengths and improvement areas 3. No negative feedback	1. Satisfactory/Needs Improvement 2. Measured progress in identified areas for improvement 3. Satisfactory/Unsatisfactory	1. Twice a year (Dec and June) 2. Twice a year (Dec and Jun) 3. External Twice a year (Mar and Sept) Internal - Annually	1. Division Director, Group Leaders 2. Corbett 3. Division Director, Group Leaders	7210.1
Improve communication: 1. Enhance/maintain Web Sites for QSD 2. Develop MOUs between field staff and customers	1. Review of each service area quarterly 2. MOUs	1. Periodically assess accuracy & usefulness of information on web sites through customer input 2. Verify MOUs established with customers	1. Provide accurate & useful web sites 2. MOUs established between field staff and customers	1. Satisfactory/Needs Improvement 2. Meets/Needs Improvement	1. Twice a year (Mar and Sep) 2. 3/30/05	1. Group Leaders 2. Corbett	7210.2
Become a resource: Field deployment of staff	Interview responses (e.g meetings)	Feedback from customers concerning tools (verbal/written)/interviews)	No negative feedback	Satisfactory/Needs Improvement	Twice a year (Feb/Aug)	Division Director, Corbett, Powers	7210.3

Action	Indicator	Assessment Method	Performance Goal	Performance Criteria	Schedule	Responsible Person	Status/ATS #
<b>Objective 3.1 – Provide Robust, Credible, and Uniform Performance Management Processes (Organizational Effectiveness)</b>							
Establish steering committee to provide vision and guidance for process	Number of meetings and participation	Review meeting minutes against agenda and evaluate feedback	All schedule meetings held 100% participation of members	4 mtgs = Outstanding 3 mtgs = Excellent 2 mtgs = Marginal Attendance: ≥75%= Satisfactory <75% = Unsatisfactory	Quarterly	Division Director	7211.1
Improve the effectiveness of division performance assessment plans (PAP)	PAPs content and timely submission	Review PAPs to meet criteria	Meet PBMS criteria	Acceptable/Needs improvement/Unsatisfactory	Annually	Dagley	7211.2
Clearly communicate expectations of PBM process	Meetings and participation Training participation Number of web site hits	Review meeting minutes and feedback Number of targeted participants Review number of hits	100% participation Evidence staff are using	Outstanding/Excellent V/Good/Marginal	Quarterly Annually Monthly	Dagley	7211.3
Verify corrective actions for OA 50, IO-2004-01, IO-2004-17 assessments	Effective corrective action plan Timely submittals	Assess corrective actions (IO audit) Number received on time	No reoccurrences 100% on time	Effective/Not effective ≥ 90% = Good 89-75% = Needs improvement <75% = Unsatisfactory	4 <sup>th</sup> Quarter Quarterly	Dagley Dagley	7211.4 7211.5
PEP review	Performance score	Review line management rating and text	Outstanding	>3.5 = Outstanding 3.5 - >2.6 = Excellent 2.6 - >1.6 = Good ≤ 1.6 = Marginal			

Action	Indicator	Assessment Method	Performance Goal	Performance Criteria	Schedule	Responsible Person	Status/ATS #
<b>Objective 3.2 – Enhance Management System Processes and Tools (Organization Effectiveness)</b>							
Retool ATS to provide user-friendly menus and reports	Survey and focus group results	ACTS Assessment of the records in the database	100% of internal & external Assessment results are entered into ACTS	85% = outstanding, 84% - 70% = excellent 69% - 50%=good < 50%=unsatisfactory	Annually	Flori	7212.1
Enhance / Develop Lab wide QM tools & training	Gap analysis and Prioritization matrix	Review training records for number of deficiencies. Additional method to be ID based on tools & training needs	Enhance / Develop highest priority tools & training needs	90% = outstanding, 89% - 70% = excellent 79% - 60%=good < 60%=unsatisfactory Additional performance criteria to be ID based on tools & training needs	Annually	Flori	7212.2

Action	Indicator	Assessment Method	Performance Goal	Performance Criteria	Schedule	Responsible Person	Status/ATS # 7209
<b>Objective 4 – Manage the QSD Budget to Meet QSD's Mission (Financial Performance)</b>							
Ensure spending is consistent with projected budget	Overhead budget not being substantially exceeded	Evaluate costs versus budget	Actual costs approximate budget	+1% variance = Outstanding +2-5% variance = Excellent +6-10% variance = Good > 10% variance = Marginal	Tracked Monthly Assessed annually	Gallaher, Group leaders, Division Director	7209.1
Maintain constant hourly rate	Actual rate versus standard rate	Comparison reports	Maintain favorable (+) variance	+ 1% + variance = Outstanding +2-9 % + variance = Excellent > 10% + variance = Good Unfavorable = Marginal	Tracked monthly Assessed annually	Gallaher	7209.2
Increase customer base (metrology)	Number of units calibrated	Comparison report based on numbers of units calibrated	Increase by at least 20%	> 20% = Outstanding 19-10% = Excellent 9-5% = Good > 5% = Marginal	Tracked Monthly Assessed annually	Payne	7209.3
Ensure WFO spending is within projected budget	Number of WFO budgets that exceed	Evaluate cost overrun reports	No overruns	0 overruns = Outstanding 1 overrun = Marginal >2 overruns = Unsatisfactory	Quarterly	Gallaher, Payne	7209.4

Action	Indicator	Assessment Method	Performance Goal	Performance Criteria	Schedule	Responsible Person	Status/ATS # 7213
<b>Objective 5 – Achieve Excellence in Operational and Compliance Performance (Compliance Focus)</b>							
Ensure staff are compliant with computer security requirements	Number of trained personnel	Evaluation of training records	No training deficiencies	100% trained	Annually	Patrick	7213.1
	Vulnerability notices	Evaluation of ORNL Cyber Security Assessment Report	Immediate correction of vulnerabilities	Corrected within 5 days = Satisfactory Corrected >5 days = Unsatisfactory	Monthly		
Provide safe work environment	Results of Safety Inspections LSM checklist results Results of ISM assessment	Walking work spaces LSM assessment ISM self assessment	No recurring safety issues All labs reauthorization > 4.5 rating	Satisfactory/Unsatisfactory Meets/Needs Improvement 5.4.5 = Outstanding 4.4.4 = Excellent 3.9.3 = Good <3 = Marginal	Quarterly Annually Annually	DD, Gjp Ldrs LSMs Patrick	7213.2
EMS compliance	Status of SAAs Status of HMIS list	Review of SAAs HMIS inventory check	Compliant Compliant	Meets/Needs Improvement Meets/Needs improvement	Annually Annually	Patrick	7213.3
Review property inventory	Property Inventory list	Verify property listing	100% accountability	Satisfactory/Unsatisfactory	Annually	Patrick	7213.4
Emergency Preparedness compliance	Participate in Lab-wide drills	Evaluate level of QSD's participation	Full participation	Satisfactory/Unsatisfactory	Annually	Patrick	7213.5
Provide the Manager's Assurance Memo (MAM) to DOE	MAM on time to DOE	Verify input against checklist	Informative timely submittals that meet expectations	Meets/Doesn't meet	2 x a year	Dagley	7213.6