

National Aeronautics and
Space Administration

George C. Marshall Space Flight Center
Marshall Space Flight Center, AL 35812



Reply to Attn of: QS40

January 30, 2002

TO: Distribution

FROM: QS40/Rondal C. Mize

SUBJECT: Minutes of the VPP Steering Council Meeting

The VPP Steering Council held a special meeting on Tuesday, January 29, 2002. The meeting, which began at 1:00 p.m., was held in Building 4202, conference room 326A. The roster of attendees for the meeting is attached as Enclosure 1.

STAR VPP ASSESSMENT RESPONSE (K. CORNETT/UP10, P. ROBBINS/CSC)

A copy of the STAR VPP Assessment Response was distributed to the council members at the last regular meeting. The Assessment Response included 48 specific areas that should be reviewed for changes. Some of the areas also had several sub-topics defined for further attention. This special meeting was held to discuss and consolidate the various council members comments, which were received after everyone was given an opportunity to review the response.

Each finding in the response was discussed as to "how" it would be resolved and who should be identified as the "actionee" to follow through with the finding closure. A copy of the Assessment Response is attached as Enclosure 2. The copy has been updated to include completed "How" and "Actionee" columns as well as comments from the Steering Council members.

OTHER

No Other items were discussed at this meeting.

NEXT VPP STEERING COUNCIL MEETING

The next regular meeting of the VPP Steering Council will be announced.

Original signed by:

Rondal C. Mize
Secretary
VPP Implementation Team

Enclosures

Distribution:
Team Members
Meeting Attendees

cc:
DA01/A. G. Stephenson
DD01/James W. Kennedy
QS01/Amanda Goodson

VPP STEERING COUNCIL MEETING

TUESDAY, JANUARY 29, 2002

BLDG. 4202/326A, 1:00 – 3:00 P.M.

MEETING ATTENDANCE:

Center Operations Directorate

<u> </u> Jim Carter	AD01	544-6630
<u> X </u> Joyce Eagan	AD02	544-3996
<u> X </u> Cathy Miller	AD21	544-5187
<u> X </u> Linda Carpenter	AD40	544-8236

Customer & Employee Relations Directorate

<u> </u> Susan Cloud	CD01	544-5377
<u> X </u> Pat Schultz	CD20	544-7559
<u> X </u> Judy Werner	CD01	544-1776

Director's Office

<u> </u> Axel Roth	DE01	544-0451
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Engineering Directorate

<u> X </u> Nelson Parker	ED01	544-1001
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Flight Projects Directorate

<u> </u> Murray Castleman	FD11	544-0168
<u> X </u> David Hood	FD03	544-0681
<u> </u> Walter Schneider	FD31	544-0557
<u> X </u> Jackie Steadman	FD10	544-1940

Office of Chief Counsel

<u> X </u> Audrey D. Robinson	LS01	544-0026
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Space Shuttle Projects Office

<u> </u> Jody Singer	MP01	544-0612
<u> X </u> Darlene Garner	MP71	544-0123

Star VPP Assessment Response

01/29/02

Draft

Updated after Steering council review

General Comments submitted

1. There needs to be some means of coordinating/integrating the activities/actions of all these subcommittees to prevent duplicate/overlapping actions and to provide coordination of action schedules so people will not be inundated with multiple actions from all these subcommittees.
2. All actions should be targeted to specific audiences not the general population of the center
3. Establishing more (many more) action teams to go off and address some of the issues identified in the recent VPP Readiness Audit "misses the boat" unless we define clear goals and objectives for these teams, especially to be included in our response to the findings of the audit. If I was an Auditor, indicating we plan to establish more teams without this specific information would be of little value.
4. For months we have been told the message "we are not after the "STAR", we are after a safer work place." It was specifically stated in the VPP Steering Council that the VPP Auditors thought we had a very strong safety program at MSFC BUT it was a Dupont program and not a VPP Program. As we develop plans for establishing significantly more committees reaching for the VPP Star, we cannot lose sight the goals and responsibilities our organizations and people have already committed to and the intense recent FTE cutbacks that have occurred. There is frequent reference in our response to the report to metrics. In light of the fact that we already have "a strong safety program", are there any metrics that indicate the added time, involvement, and expense encountered by changing focus from a Dupont Safety Program to a VPP Program results in a better safety program; Isn't Dupont one of the best? If the real goal is to get "the STAR" we should admit it to ourselves and our people.
5. Metrics: MSFC's response mentions additional metrics in several areas. Metrics can be "warm fuzzies" but if additional metrics are to be collected, its what you do with them that really matters. I would think that the Auditors would have similar thoughts. Just what are we going to do with them? How is this really going to benefit our safety program?
6. If we are going to do VPP, I would suggest that we need an efficient program. To effectively plan, the Center needs clear insight into the impact this additional involvement will have on our resources. We go through a significant CWC process to identify and collaborate of how our FTE resources are expended across the Center. Just what is the impact of these additional VPP teams and committees? What is the impact of the VPP teams already established? Obviously, when a final decision is made at the Center level, our organization will work hard to comply; but as we remain in the planning phase, it would seem reasonable to have this information so that we can effectively plan and manage the organizations we are part of.
7. There are two areas identified that are potential "show stoppers." The first is Management Commitment and the second is Employee Involvement. These both boil down to getting first line supervisors and employees to "own" the safety program. The first line supervisors must drive VPP/Safety home to their employees every day during weekly safety meetings, during staff meetings, during safety inspections,

by walking the walk, by being genuinely concerned about safety at work and at home, by encouraging their employees to get involved with safety and rewarding them publicly when they do.

8. Overall, the recommendations made by the consultant are very good and in-line with the VPP requirements. Just to clarify, there is no VPP requirement to have a combined Management and Employee team in place for a year. The fact that you have had the Central SHE, MSAT and other Safety teams in place is fine. The VPP Auditors will probably make a recommendation for you to have combined Management/Employee teams because they are effective. It may not be necessary or wise to create a new team just to satisfy this recommendation. Periodically combining the existing management and employee teams for a joint meeting is an excellent way for management to share information with employees and vice versa. For example, every quarter you could have a combined MSAT and Central SHE meeting – the different the meeting. Another idea would be to periodically open the Central SHE meeting up to an invited list of employees.

Actions	Suggestions	Actionees	Steering Council Specific Comments
<ul style="list-style-type: none"> • 1.1-01 Publish, communicate, and post safety policy throughout MSFC workplace in all Directorates and contractor areas. • 1.1-02 Develop measurable action plans in support of MSFC goals for each Directorate and committee. Periodically document status, milestones and expectations. <ul style="list-style-type: none"> ○ Set measurable goals ○ Define Objectives (Action Plans) to reach Goals <ul style="list-style-type: none"> ▪ Tie Objectives to each VPP element, based on trend analysis and assessment. ▪ PEP (MSFC PEP addendum) ▪ Assign measurable objectives for each. <ul style="list-style-type: none"> • Directorate • Contractor • Committee ▪ Publish and measure as required ▪ Coordinate with Implementation. • 1.1-03 Communicate Goals in particular, specific objectives to all workers (civil Service and Contractors) periodically 	<p>Utilize the existing SHE communications team</p> <p>Establish new Directorate teams</p> <p>Establish a new PEP Adhoc team</p>	<p>Central SHE</p> <p>Directorates</p> <p>New SHE Committee</p> <p>Directorates</p>	<ul style="list-style-type: none"> • 1 – VPP expectations for Element 1.1 include the following: “The site sets objectives, also known as action plans, developed for each goal”; and “Each committee, department, and site has safety goals and objectives”. Our proposed • Action 1.1-02 goes straight from the Center’s safety policy to the development of action plans at the Directorate and committee levels (with Directorates as actionees). It would seem appropriate for us to first develop some consistent “site-level” goals and objectives. • Action 1.1-02 states that we should “periodically” document status, milestones, and expectations for action plans in support of MSFC goals. One of the sub-bullets says “publish and measure monthly”. We need to make sure the “value added” from monthly data is worth the cost in terms of the resources required to pull such data together. In some instances, quarterly data may be sufficient. • We need an approach and actionee(s) for Action 1.1-03.
<ul style="list-style-type: none"> • 1.2-01 Communicate the VPP Elements and solicit involvement in the VPP process throughout MSFC across all Directorates and contractors. <ul style="list-style-type: none"> ○ Monthly SHE scorecard – matched to responsibilities and part of performance evaluation 	<p>Tie to 1.1-02</p>	<p>CD/CS Directorates And their Contractors</p>	<ul style="list-style-type: none"> • The proposed Action 1.2-01 implies that involvement in the VPP process should be tied to performance evaluations. We probably need to word this a little differently. If we’re saying we should use performance appraisal discussions as a means to communicate the VPP elements (and to solicit involvement), that’s great. We should not imply, however, that

			<p>someone could receive a “fails to meet” rating for lack of involvement in the process. Supervisors need to be identified as actionees on this one.</p> <ul style="list-style-type: none"> teams could rotate hosting
<ul style="list-style-type: none"> 1.3-01 See Section 3.2 Hazard Analysis <ul style="list-style-type: none"> Make sure all MSFC operations have safety planned up front, before operation begins. 	Get together a team made up of people who actually are affected.	New JHA Process subcommittee	<ul style="list-style-type: none"> The idea of creating the sub or ad hoc teams (i.e. ergonomics, PEP etc) is good. Again, instead of creating a new team to get these teams started, you may want to consider restructuring the existing VPP Implementation Team to accommodate these new ad hoc teams. If the ad hoc teams had something noteworthy to report to the Central SHE, they could simply get on the agenda by going through the VPP implementation team.
<ul style="list-style-type: none"> 1.4-01 Modify MPG 8715.1 to better document VPP elements, specifically: <ul style="list-style-type: none"> 2.7.5 SHE Committee 2.1.5 Employee Involvement 3.1.11 Safety Program reviews Change analysis and Hazard Assessment for Industrial Hygiene 		<p>QS</p> <p>AD</p>	
<ul style="list-style-type: none"> 1.5-01 Develop a Directorate level sense of ownership for safety and health initiatives. Add safety metrics for the organizational structure (S&MA data report). <ul style="list-style-type: none"> <i>Develop specific action plans to support goals</i> <i>Assign in house champions (management and worker level)</i> <i>Enhance PEP action plans to be measurable, assigned, and implemented.</i> <i>Develop employee involvement strategies.</i> 1.5-02 Expand use of Safety Metrics, encompass more prospective measures at the Directorate level and 	<p>Combine with 1.1-02</p> <p>Directorates manage by</p>	<p>Directorates</p> <p>Directorates</p>	<ul style="list-style-type: none"> 1.5-01 seems to be basically the same as 1.1-02 and PEP action plans are covered under 1.7-01 Under 1.5-02 delete bullet 2; tracking individual performance (even if you could do it) through performance appraisals appears punitive and could have negative consequences i.e. would you report a close call if your performance rating is affected by it?

<p><i>below. Expand metrics currently being presented by S&MA at the SHE Committees. Require action plans for disappointing trends.</i></p> <ul style="list-style-type: none"> ▪ Communicate objectives and closure rates ▪ Provide more SHE objectives in employees appraisals <ul style="list-style-type: none"> • Track & measure individual performance ▪ More focus on safety metrics ▪ Develop a “line” accountability perspective 	your data		
<ul style="list-style-type: none"> • 1.6-01 Document the unannounced safety audits. Publish the results by contractor as part of the SHE Committee and request and track action plans where trends show problem areas. • 1.6-02 Update procedures to ensure contractor injury and illness rates are accurate. Include the rates in the selection process. <ul style="list-style-type: none"> ○ Collect all hours & injuries <ul style="list-style-type: none"> ▪ OSHA 300 logs (audit) ○ Review Contractors Hazards 	Establish a safety audit function not necessarily QS	subcommittees CSF/QS	<ul style="list-style-type: none"> • In section 1.6, Contractor Selection and Oversight – it is necessary to audit contractors and to document these audits. You may want to re-think the amount of time and resources you will expend on creating a new audit team when simply closing the loop by documenting the audits and tracking the corrective actions will satisfy the VPP requirement. Or you may want to make this a lower priority item and perhaps add it as time and resources allow. •
<ul style="list-style-type: none"> • 1.7-01 Develop a process to make the PEP a more effective tool. Require detailed measurable action plans and enforce that the PEP needs to provide a status report of previous years actions. In addition perform spot audits of these PEPs. Critique the employee Involvement Scores. • 1.7-02 Summarize all PEP reports into a Narrative Report like this once a year. Eventually this will need to be submitted to OSHA annually in February 15. <ul style="list-style-type: none"> ○ Develop measurable action plans from PEP <ul style="list-style-type: none"> ▪ Track at SHE ○ Evaluate accomplishments annually 	See 1.1-02 Same as 1.7-01	New PEP Adhoc subcommittee	
<ul style="list-style-type: none"> • 2.1-01 Change the Management culture to “require” 	Same as 1.5-01	Central SHE	

<p><i>worker-level input into ongoing discussions.</i></p> <ul style="list-style-type: none"> • 2.1-02 Make time available for employee involvement. <ul style="list-style-type: none"> ○ Be creative in ways to involve employees 	<p>Same as above</p>		
<ul style="list-style-type: none"> • 2.2-01 Encourage employees to get involved in the SHE program. Provide at least three significant ways for workers to get involved in SHE program (i.e. taking ownership of VPP elements) Star suggest we focus on: <ol style="list-style-type: none"> 1. <i>Continue the MSAT Committee focus on awareness and communications.</i> 2. <i>Job hazard Analysis and subsequent communication and training.</i> 3. <i>Verification of corrective actions (mishaps, inspections, action plans, safety work orders, industrial hygiene issues ect.)</i> 4. <i>Other involvement opportunities can be considered.</i> <ul style="list-style-type: none"> • At least 3 of these elements <ol style="list-style-type: none"> 1. JHAs 2. Tracking & verification of corrective actions 3. Tracking & verification of training 4. Tracking & verification of inspections • Convert SSWP to team ownership/use 	<p>Central SHE organize new SHE Committee and encourage through Directorates</p>	<p>Central SHE</p>	
<ul style="list-style-type: none"> • 2.3-01 Redefine the VPP (SHE) committee to have at least equal worker representation. Define the committee role and make each member a champion of a specific VPP element or action plan, subcommittee or activity. Have each Champion form a subcommittee or adhoc to facilitate the VPP process. Require each member to actively report on the progress of an action plan. <ul style="list-style-type: none"> ○ Create new or redefine SHE <ul style="list-style-type: none"> ▪ Shrink to under 20 ▪ %0% workers ▪ Develop plans for each ▪ Develop objectives 	<p>Form New SHE Committee</p>	<p>Central SHE</p>	

<p>conditions (indirect causes) and identify the system failure that allowed the unsafe act or condition to exist (Direct cause).</p> <ul style="list-style-type: none"> ○ Investigate to root cause ○ Use a safety scientific casual factor analysis (Look at system failure first before addressing unsafe personnel acts) <ul style="list-style-type: none"> • 3.6-02 Train investigators in root cause identification. <ul style="list-style-type: none"> ○ S&MA quality control the process. • 3.6-03 Encourage more close-call reporting by measuring <ul style="list-style-type: none"> ○ Publishing the frequency of incidents by Directorate. 	<p>Assign this task to new directorate teams</p>	<p>Directorates</p> <p>Directorates</p> <p>QS</p>	<p>considered a good thing. For example, if a directorate reports 100 close calls in a month, they are recognized in a positive way by Art at the Central SHE or some other method of reward. This could quickly become a negative thing if it's not understood up front that reporting close calls is a very good thing.</p>
<ul style="list-style-type: none"> • 3.7-01 Consideration should be given to trending injury and near miss (Close call) data for employee length of service, repeat injuries, injuries by occupation, etc. Safety and Housekeeping inspection findings, safety related maintenance issues, employee concerns, and other issues similarly could be trended. <ul style="list-style-type: none"> ○ Record and take actions on trends <ul style="list-style-type: none"> ▪ Inspection findings ▪ Hazard reports ▪ Maintenance & PM ▪ Incident investigation casual factors • 3.7-02 Develop corrective action plans for apparent trends (e.g. the predominance of hand-related injuries and cuts and lacerations). Track and verify closure of these action plans. 	<p>Tied to 3.7-01</p>	<p>QS</p> <p>Central SHE</p>	
<ul style="list-style-type: none"> • 4.1-01 Better define and train personnel to incorporate JHA identified controls into existing work procedures. 	<p>Assign to new JHA Committee</p>	<p>New JHA process subcommittee</p>	

<ul style="list-style-type: none"> • 4.1-02 Update PPE hazard assessments in each Directorate and for each contractor. • 4.1-03 Enhance ergonomic assessments and improvement for the non-office activities. <ul style="list-style-type: none"> ○ Safety in design and installation ○ Formally Define procedures with clear active language ○ Add industrial hygiene ○ PPE for non-routine operations ○ Add safety signoff 		<p>Directorates</p> <p>New ergonomic Adhoc subcommittee</p>	
<ul style="list-style-type: none"> • 4.2-01 See Recommendation 3.5-01. 			
<ul style="list-style-type: none"> • 4.3-01 Provide periodic report to SHE Committee on the status and closure rates of Safety Maintenance Work Orders. <ul style="list-style-type: none"> ○ Analyze Safety work orders 	<p>QS work with new SHE Committee</p>	<p>New SHE Committee</p>	
<ul style="list-style-type: none"> • 4.4-01 Determine why medical monitoring database printouts are not capturing all applicable employees. Develop a check and balance process with respective Directorate and contractor human resources personnel so records are accurate and the right people receive surveillance. • 4.4-02 Ensure all reported recordable injuries are captured on the OSHA 300 log. • 4.4-03 Add “Use of Chemicals” as a clarification for laboratory personnel. Ensure all laboratory personnel are included in medical surveillance. • 4.4-04 Work with AD (environmental health) to develop a matrix, matching potential job exposures to known exposures. Integrate EH into the Questionnaire Process so that appropriate medical surveillance is performed. <ul style="list-style-type: none"> ○ Verify medical surveillance by job description ○ Work with CaER to ensure participation 	<p>Medical center needs to work with Environmental Health on this</p>	<p>AD</p> <p>QS / Contractors</p> <p>AD/ Directorates</p> <p>AD</p>	

<ul style="list-style-type: none"> ○ Add chemical exposure certification ○ Document feedback to organizations 			
<ul style="list-style-type: none"> • NONE 			
<ul style="list-style-type: none"> • 			
<ul style="list-style-type: none"> • 5.1-01 Review hazard communication training and ensure that material specific training with historical industrial hygiene data is included. • 5.1-02 Audit contractor certification records against CERTRAK data and update system to accurately reflect trained personnel. • 5.1-03 Develop training curriculum for committee members on their assigned roles. Implement the training. <ul style="list-style-type: none"> ○ <u>Committees</u> Technical responsibility and VPP requirements training ○ More focus on data analysis • <u>Workers/contractors</u> Train employees to task-specific hazards(JHA) & controls • Verify contractor training / retraining 	See 1.6-02	AD Directorates CD Directorates	
<ul style="list-style-type: none"> • 5.2-01 Create a formal set of courses and curriculum reflective of supervisors SHE responsibilities. Ensure attendance. <ul style="list-style-type: none"> ○ Training on: <ul style="list-style-type: none"> ▪ Roles and responsibilities ▪ Incident investigation ▪ JHA process ▪ Overall SHE responsibilities 		New SHE Training subcommittee	
<ul style="list-style-type: none"> • 5.3-01 Develop and deliver a curriculum to management consisting of: <ul style="list-style-type: none"> ○ VPP elements ○ Safety and Health Metrics ○ Goals and objectives setting process. <ul style="list-style-type: none"> ▪ Learn VPP elements and leading safety metrics 	CD develop with the help of other groups and organizations involed	New SHE Training subcommittee	

<ul style="list-style-type: none"> • <i>5.4-01 Solicit employee feedback on training to determine relevance and appropriateness and utilize this information to improve the training materials. Demonstrate that improvements are made.</i> • <i>5.4-02 Utilize missed questions on exams to improve training material.</i> • <i>5.4-03 Develop and improve Directorate-specific courses that address hazards associated with their area (Chemical Hygiene and Laser Safety in SD etc).</i> <ul style="list-style-type: none"> ○ Update changes based on feedback 	All training courses	New SHE Training subcommittee	
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