Performance Metric 1.1.1: Study and implement an improved investigation timeliness process
Strategic Goal 1: Improving Products
Strategic Objective 1.1: Improve the timeliness of investigations through data analysis
Performance Target: Varies per office
Offices: AS, HS, MS, RPH & RE
Definition: This measure establishes a process to evaluate efficiencies that will improve the timeliness of investigative reports. This effort will improve the efficiency and quality of investigation reports by applying data-driven tools and structured techniques to incrementally enhance the investigation process. Through this data-driven process, we will study how these investigations are currently being conducted to barriers to timeliness. Areas of evaluation include case distribution and complexity, scope of investigation, report review, project management, remote workforce management, and human capital.   FY 2020 Targets by office: 　　AS: Begin ARTP implementation. Initiate process changes on aviation accident and incident reports to improve timeliness and quality. 　　HS: Develop a plan using data analysis to improve the timeliness of investigative reports. 　　MS: Complete implementation of marine delegated briefs improvement initiative. Initiate process change on major reports to improve timeliness. 　　RPH: Develop a plan using data analysis to improve the timeliness of investigative reports.   An agency-wide workgroup will work to ensure standard implementation and standardization, **Offices will brief performance at modal director meetings along with at least one quarterly Board briefing.**
Standards: Green: Process established 　　　　　Yellow: 50% progress being made 　　　　　Red: No progress or less than 50% progress being made
Milestones: Quarter 1 (December 31): Office review data to determine process to study. Quarter 2 (March 31): Offices decide on process to study. Quarter 3 (June 30): Offices Quarter 4 (September 30): Establish a process or plan to evaluate efficiencies that will improve the timeliness of investigative reports.
DATA VALIDATION AND VERIFICATION
Data Source: databases, other sources
Calculation: Determine process to review and evaluate timeliness effectiveness of investigations. Implement an improved process using various data tools.
Validation/Verification Method: Office Director or Deputy validation/verification approval workflow in SMPP; final MD review or approval

Performance Metric 1.1.1: Study and implement an improved investigation timeliness process
Data Limitations: Factors beyond our control, such as budgetary constraints (funding in support of activities or initiatives); personnel resources; approval timelines; or time to address issues and risks raised by reviewers.
Compensation for Data Limitations: Identified risks will be discussed at office and/or senior management levels for further mitigation.

Performance Metric 1.2.1: Study and Reduce FOIA responses backlog
Strategic Goal 1: Improving Processes
Strategic Objective 1.2: Improve the timeliness of agency operations through data analysis
Performance Target(s): Establish new responses backlog baseline
Offices: Agency
Definition: One of the NTSB Core Values is transparency and the Freedom of Information Act (FOIA) ensures that citizens can obtain the information they seek from federal agencies. The website FOIA.gov tracks agency response rates and the backlog of pending requests. The agency will study the process by which we receive, process, and respond to FOIA requests to ensure the timely distribution of needed information to the public. Offices will access their current state of FOIA requests and ensure staff have been trained on the FOIA request process.
Standards: Green: Backlog reduced, process, plan or initiative completed   Yellow: 50% progress being made   Red: No progress or less than 50% progress being made; backlog not reduced
Milestones: Quarter 1 (December 31): N/A   Quarter 2 (March 31): Assess current office FOIA response   Quarter 3 (June 30): Develop office plan for FOIA response and train staff   Quarter 4 (September 30): Staff trained, backlog reduced and new backlog baseline established
DATA VALIDATION AND VERIFICATION
Data Source: FOIA cases database; office procedures and plans; other data
Calculation: Review and evaluate current backlog; establish office plans; train staff
Validation/Verification Method: Office Director or Deputy validation/verification approval workflow in SMPP; final MD review or approval
Data Limitations: Factors beyond our control, such as number of FOIA requests received; investigation launch priority; budgetary constraints (funding in support of activities or initiatives); personnel resources; approval timelines; or time to address issues and risks raised by requestors.
Compensation for Data Limitations: Identified risks will be discussed at office and/or senior management levels for further mitigation.

Performance Metric 2.1.1: Establish a safety actions program to document all safety actions resulting from investigations
Strategic Goal 2: Improving Products
Strategic Objective 2.1: Improve the effectiveness of agency products
Performance Target(s): Develop a draft office level plan to support the agencywide safety actions program.
Offices: AS, HS, MS, RPH, RE & SRC
Definition: This measure reports on the development of a formalized safety improvement program for the agency. Currently, several offices are tracking number of safety accomplishments and results. Safety actions can include improvements made as a result of NTSB safety recommendations, improvements initiated due to efforts of NTSB staff, and improvements made voluntarily as the result of an investigation. By establishing a formal process for tracking these results and accomplishments, provides the agency with better ways to showcase lessons learned, success stories, as well as demonstrate our impact in the transportation safety industry. **Safety accomplishments** are defined as a positive measurable change within the transportation environment that is brought about through some direct action of an NTSB employee. Such changes will be considered safety accomplishments only if the action is taken without the issuance of a formal safety recommendation by the NTSB. The change must be the result of action taken by an NTSB employee. AS-INT-24 **Safety results** are defined as a positive change within the transportation environment that is brought about by NTSB investigation of an accident/incident. The change must be measurable to be considered a safety result. Such changes will be considered safety results if the result(s) occur as a result of the interaction of the NTSB investigator with elements of the transportation environment and by virtue of direct investigation of the facts, conditions, and circumstances of the occurrence by the investigator. Enforcement actions taken by the Federal Aviation Administration or other regulatory agencies, negative personnel actions taken by the operator, voluntary surrendering of certificates, and similar actions will not be considered safety results. AS-INT-25.
Standards: Green: Program was established Yellow: 50% progress being made Red: No progress or less than 50% progress being made
Milestones: Quarter 1 (December 31): Establish workgroup Quarter 2 (March 31): Project plan approved Quarter 3 (June 30): Plan recommendations to senior management Quarter 4 (September 30): Draft office level plan completed
DATA VALIDATION AND VERIFICATION
Data Source: databases, other sources
Calculation: Review current safety accomplishments and results collection processes. Determine agency-wide processes to collect. Establish working group to complete defining, collecting and developing agency-wide program.

Performance Metric 2.1.1: Establish a safety actions program to document all safety actions resulting from investigations
Validation/Verification Method: Office Director or Deputy validation/verification approval workflow in SMPP; final MD review or approval
Data Limitations: Factors beyond our control, such as budgetary constraints (funding in support of activities or initiatives); personnel resources; approval timelines; or time to address issues and risks raised by reviewers.
Compensation for Data Limitations: Identified risks will be discussed at office and/or senior management levels for further mitigation.

Performance Metric 2.1.2: Establish agency-wide Board Meeting Criteria
Strategic Goal 2: Improving Products
Strategic Objective 2.1: Improve the effectiveness of agency products
Performance Target(s): Establish Board Meeting Criteria recommendations
Offices: Agency
Definition: This measure will evaluate current sunshine meeting process and format to determine improved effectiveness and efficiency. A multi-modal, cross-agency workgroup will be formed to review the effectiveness of sunshine meetings and to consider ways that the Board can maximize the benefits of holding them. The workgroup will study the effectiveness of Board Meetings as a tool to communicate to the industry (including regulators and lawmakers), advocate for safety improvements, and reach the constituents affected by the tragedy. The study will look at the frequency of Board Meetings, the types of accident investigations selected for Board Meetings, the visibility these meetings bring to the Board's work, and ways to measure the benefits of holding Board Meetings. The workgroup will develop criteria to use to select investigations that will maximize the benefit of being presented at a Board Meeting.
Standards: Green: Criteria established   Yellow: 50% progress being made   Red: No progress or less than 50% progress being made
Milestones: Quarter 1 (December 31): Establish workgroup   Quarter 2 (March 31): TBD by workgroup   Quarter 3 (June 30): TBD by workgroup   Quarter 4 (September 30): Criteria developed
DATA VALIDATION AND VERIFICATION
Data Source: Board meeting criteria; sunshine act; other agency sources
Calculation: Workgroup review current process
Validation/Verification Method: Office Director or Deputy validation/verification approval workflow in SMPP; final MD review or approval
Data Limitations: Factors beyond our control, such as budgetary constraints (funding in support of activities or initiatives); personnel resources; approval timelines; or time to address issues and risks raised by reviewers.
Compensation for Data Limitations: Identified risks will be discussed at office and/or senior management levels for further mitigation.

Performance Metric 2.1.3: Update external website to improve search capabilities
Strategic Goal 2: Improving Products
Strategic Objective 2.1: Improve the effectiveness of agency products
Performance Target(s): Implemented external website
Offices: CIO & SRC
Definition: This measure tracks the completion of an agency external website update to improve search capabilities by external stakeholders. The goal is to implement a public-facing website and digital services that are accessible, searchable, secure, intuitive, customizable, and mobile-friendly.   The update will incorporate the new System for Analysis of Federal Transportation Investigations (SAFTI) multi-modal and will introduce new capabilities to access and analyze the data collected in SAFTI. In addition, we will provide an update to the current Accident data, Safety Recommendations and Docket search capability (CAROL). CAROL will allow the full spectrum of public data related to the NTSB's investigations to be accessed on our website and will be capable of showing the breadth of the NTSB's work on issues such as fatigue, distraction, impairment, or other factors that cross modal lines.   The update will be implemented in two phases. Phase I will be completed in FY20 and Phase II in FY21.   Phase I: • Upgraded SharePoint 2019 website platform with enhanced Content and Data Search   • Release modernized, comprehensive Accident data, Safety Recommendations and Docket search capability (CAROL Query)   •   Phase II: • Release the new enhanced look and feel of the website Integrate SAFTI and CAROL Application Programming Interfaces (APIs) into the site, which will provide enhanced search capabilities and access to multi-modal investigative content.   By improving the external website, we can provide better engagement, lessons learned and demonstrate our impact on transportation safety. In addition, this update will provide better communication and accessibility to all stakeholders on our website.
Standards: Green: External website launched   Yellow: 50% progress being made   Red: No progress or less than 50% progress being made
Milestones: Phase I   Quarter 1 (December 31): Develop host platform recommendations list; Complete CAROL Requirements;   Quarter 2 (March 31): Upgrade the Website Platform; CAROL Query Internal Launched; Migration of legacy Docket Information   Quarter 3 (June 30): Migrate Legacy Website data (ongoing); Migrate legacy ADMS and Modal Data; Develop Docket Publishing Tool

Performance Metric 2.1.3: Update external website to improve search capabilities
Quarter 4 (September 30): External website Enhancement Complete; CAROL External Launched; Dockets Web Tool Launched.
DATA VALIDATION AND VERIFICATION
Data Source: external website analytics; survey data, other sources
Calculation: CIO & SRC collaborate to update; offices will review and test platforms
Validation/Verification Method: Office Director or Deputy validation/verification approval is required; final MD review or approval
Data Limitations: Factors beyond our control, such as limited survey response; budgetary constraints (funding in support of activities or initiatives); personnel resources; approval timelines; or time to address issues and risks raised by reviewers.
Compensation for Data Limitations: Identified risks will be discussed at office and/or senior management levels for further mitigation.

Performance Metric 3.1.1: Implement an Employee Intranet Site
Strategic Goal 3: Improving Employee Engagement
Strategic Objective 3.1: Improve the engagement of agency staff
Performance Target(s): Deliver an NTSB intranet site with employee survey capability
Offices: CIO/SRC
Definition: By providing an updated and streamlined intranet to our employees, we strive to improve awareness of NTSB news, events, and resources, communication, and employee engagement. A new employee intranet site will focus on employee engagement and increase awareness and dissemination of NTSB-specific information to all staff, regardless of their duty station. It will present not only existing employee-focused information (HR information, tools and resources, etc.), but also agency news and events. To bring employees closer together it will feature employee-centric articles with an emphasis on introducing new employees, showing the diversity of staff through hobbies and talents, information about different NTSB roles, and staff accomplishments. Senior leadership will also be able to connect with staff through articles focused on leadership, platforms such as Chat with the Chairman or the Speaker Series, and, surveys. This new intranet site will leverage our connection to all NTSB staff engagement and will be available anywhere, on any device as they log into our system.
Standards: Green: Website launched Yellow: 50% progress being made Red: No progress or less than 50% progress being made
Milestones: Quarter 1 (December 31): Develop website mock-up Quarter 2 (March 31): Roll out intranet agency-wide Quarter 3 (June 30): Review and evaluate using site metrics and survey to employees Quarter 4 (September 30): Finalize and implement
DATA VALIDATION AND VERIFICATION
Data Source: internal website analytics; survey data, other sources
Calculation: Review and evaluate
Validation/Verification Method: Office Director or Deputy validation/verification approval workflow in SMPP; final MD review or approval
Data Limitations: Factors beyond our control, such as limited survey response; budgetary constraints (funding in support of activities or initiatives); personnel resources; approval timelines; or time to address issues and risks raised by reviewers.
Compensation for Data Limitations: Identified risks will be discussed at office and/or senior management levels for further mitigation.

Performance Metric 3.1.2: Improve Employee Engagement as measured by employee surveys
Strategic Goal 3: Improving Employee Engagement, Diversity and Inclusion
Strategic Objective: Improve Employee Engagement
Performance Target(s): Implement an employee engagement and satisfaction action or initiative
Offices: Agency
Definition: This measure will track employee engagement improvement through the use of the Federal Employee Viewpoint Survey (FEVS) scores or other internal survey data. This metric provides data for the Chairman's Journey to #1 in Best Places to work. The annual Federal Employee Viewpoint Survey (FEVS) survey includes a number of questions that measure employee engagement and refers to the relationship of the employee with his or her organization. Additionally, the NTSB recently worked with the Partnership for Public Service to hold focus groups to assess employee engagement and a number of action are being taken to address the findings. We will utilize data from the FEVS as well as other surveys and new intranet "crowdsourcing" abilities to measure employee engagement and improve our scores. This metric also provides a basis for ensuring senior leadership engage with employees through effective communication, coaching, mentoring, conflict resolution strategies, and staff development.   This measure will track employee engagement improvement through the use of the Federal Employee Viewpoint Survey (FEVS) scores or other internal survey data.   Proposed data could include the following: • FEV Indices to review and determine possible questions to use for improvement: Global; New IQ; Engagement Indexes;   • Agency survey data, new intranet survey data; use survey monkey to gauge employee engagement throughout the year.   Using employee feedback from the 2019 Federal Employee Viewpoint Survey (FEVS), and any other related surveys, personally implement one action/initiative to communicate goals and priorities, to provide timely performance feedback and recognition, and to enhance collaboration and commitment. The action/initiative should address issues related to employee engagement and satisfaction as measured in the FEVS and any other related surveys/feedback from employees.

Standards: Green: Action or initiative implemented
              Yellow: 50% progress being made
              Red: No progress or less than 50% progress being made

Milestones: Quarter 1 (December 31): Establish questions for evaluation   Quarter 2 (March 31): Office plan, strategy, survey developed or implemented   Quarter 3 (June 30): Ongoing survey, analysis of survey data, or action or initiative implemented

Performance Metric 3.1.2: Improve Employee Engagement as measured by employee surveys
Quarter 4 (September 30): Action or initiative implemented.
DATA VALIDATION AND VERIFICATION
Data Source: FEVS; other internal survey data (Survey Monkey, etc.); office data
Calculation: Review scores and evaluate; establish and administer office survey; action or initiative
Validation/Verification Method: Office Director or Deputy validation/verification approval workflow in SMPP; final MD review or approval
Data Limitations: Factors beyond our control, such as limited survey response; budgetary constraints (funding in support of activities or initiatives); personnel resources; or approval timelines; time to address issues and risks raised by reviewers.
Compensation for Data Limitations: Identified risks will be discussed at office and/or senior management levels for further mitigation.

Performance Metric 3.2.1: Revised the Strategic Human Capital Plan
Strategic Goal 3: Improving Employee Engagement, Diversity and Inclusion
Strategic Objective 3.2: Attract, develop, and retain a high-performing, diverse, and inclusive workforce
Performance Target(s): Publish new Strategic Human Capital Plan
Offices: Agency
Definition: NTSB's success is dependent on an effective highly skilled workforce. An updated Strategic Human Capital Plan is needed to reflect the importance of our staff to the successful execution of the NTSB mission. It will describe the agency's leadership and workforce needs for the future and the strategies that are being implemented to ensure that those needs are met. This measure will provide a basis for updating the agency's strategic human capital plan. Agency leadership will work to define what this plan will encompass and entail for the following fiscal year. It will be led by the Chief Human Capital Officer and all office directors, deputies and senior leadership staff will sign off on the approved plan. Offices will develop business plans which will include an analysis of the office's current staffing with a projection of the human capital needs for the next 5 years. In FY'20, offices will complete an office workforce and business plan for the year. The workforce plan will be the deliverable for this metric this fiscal year.
Standards: Green: Human capital plan completed Yellow: 50% progress being made Red: No progress or less than 50% progress being made
Milestones: Quarter 1 (December 31): Review current plan and benchmark other agencies. Quarter 2 (March 31): Offices draft workforce and business plans Quarter 3 (June 30): Review plans and draft human capital plan Quarter 4 (September 30): Human capital plan finalized and signed
DATA VALIDATION AND VERIFICATION
Data Source: office business plans data; previous human capital plan data; other sources as needed
Calculation: Review and evaluate
Validation/Verification Method: Office Director or Deputy validation/verification approval workflow in SMPP; final MD review or approval
Data Limitations: Factors beyond our control, such as budgetary constraints (funding in support of activities or initiatives); personnel resources; approval timelines; or time to address issues and risks raised by reviewers.
Compensation for Data Limitations: Identified risks will be discussed at office and/or senior management levels for further mitigation.

Performance Metric 3.2.2: Improve Diversity and Inclusion as measured by employee participation and survey feedback
Strategic Goal 3: Improving Employee Engagement, Diversity and Inclusion
Strategic Objective 3.2: Attract, develop, and retain a high-performing, diverse and inclusive workforce
Performance Target(s): Implement a diversity and inclusion action, plan or initiative
Offices: Agency (EEODI Leads)
Definition: This measure will track diversity and inclusion initiatives implemented through the use of the Federal Employee Viewpoint Survey (FEVS) scores or other internal survey data. In addition, this metric provides data for the Chairman's Journey to #1 in Best Places to work. On our Journey to #1, employee engagement, as well as diversity and inclusion is key. Our employees can be most effective when they are motivated, engaged and trained. The NTSB's success is dependent on an effective, highly skilled, engaged and inclusive workforce. We will promote, diversity, awareness, inclusion, and mutual respect within our workforce so that every staff member has an equal opportunity to contribute and succeed. We will focus on recruiting, retaining, and training employees with the right mix of skills and expertise. By utilizing employee surveys including the FEVS diversity and inclusion index score, we will have a better understanding of the needs of staff to improve our scores. This measure will track employee engagement improvement through the use of the FEVS scores or other internal survey data. Proposed data could include the following: - FEVS Indices to review and determine possible questions to use for improvement: Global; New IQ; Engagement Indexes   - Agency survey data, new intranet survey data; use survey monkey to gauge employee engagement throughout the year.   Offices will develop or implement one action, plan or initiative to address feedback from the 2019 New IQ index survey with emphasis on improving the perception of the fairness, openness and cooperation.

Standards: Green: Office plans and assessments implemented
              Yellow: 50% progress being made
              Red: No progress or less than 50% progress being made

Milestones: Quarter 1 (December 31): Establish question(s) for evaluation Quarter 2 (March 31): Office plans or assessments developed Quarter 3 (June 30): Action, plan or initiative developed Quarter 4 (September 30): Action, plan or initiative developed
DATA VALIDATION AND VERIFICATION
Data Source: FEVS; other internal survey data (Survey Monkey, etc.)
Calculation: Review and evaluate
Validation/Verification Method: Office Director or Deputy validation/verification approval workflow in SMPP; final MD review or approval
Data Limitations: Factors beyond our control, such as limited survey response; budgetary constraints (funding in support of activities or initiatives); personnel resources; or approval timelines; time to address issues and risks raised by reviewers.

Performance Metric 3.2.2: Improve Diversity and Inclusion as measured by employee participation and survey feedback

Compensation for Data Limitations: Identified risks will be discussed at office and/or senior management levels for further mitigation.