

The UK Nuclear Industry Good Practice Guide  
To:

# Independent Oversight



This Nuclear Industry Good Practice Guide was produced by the Independent Oversight Working Group and published on behalf of the Nuclear Industry Safety Directors Forum (SDF)

**November 2024**

## Revision History

Issue Number	Revision Date	Changes
Issue 1	Jan 14	First Issue of Independent Oversight Good Practice Guide
Issue 2	Dec 18	Update in line with SDF Good Practice Guide template
Issue 3	Nov 24	Scheduled Review - amended to introduce a process flow with separate summary and detailed good practice
Issue 3.1	Mar 25	Issue for Publication Minor update in Section 2.6 to reflect launch of the Nuclear Independent Oversight Professional qualification with the Nuclear Institute.

It is recognised that – through the experience of using these Guides – there may be comments, questions and suggestions regarding its contents.

In the first instance, any such comments should be sent to the IOWG chair, the current chair can be found at:

<http://www.nuclearinst.com/SDFSub-Groups>

## Safety Directors Forum

In a sector where safety, security and the protection of the environment is, and must always be, the number one priority, the Safety Directors' Forum (SDF) plays a crucial role in bringing together senior level nuclear executives to:

- Promote learning,
- Agree strategy on key issues facing the industry,
- Provide a network within the industry (including with Government and Regulators) and external to the industry,
- Provide an industry input to new developments in the industry,
- To ensure that the industry stays on its path of continual improvement.

It also looks to identify key strategic challenges facing the industry in the fields of Health, Safety, Security, Safeguards, Environment and Quality (HSSSEQ) and resolve them, often through working with the UK regulators and government, both of whom SDF meets twice yearly. The SDF members represent every part of the fuel cycle from fuel manufacture, through generation to reprocessing and waste treatment and disposal, including research, design, new build, decommissioning and care and maintenance. The SDF also has members who represent the Ministry of Defence (MoD) nuclear operations, as well as other organisations considered "dutyholders" in the UK nuclear industry. With over 25 members from every site licence company in the UK, every MoD authorised site and organisations which are planning to become site licensees the SDF represents a vast pool of knowledge and experience, which has made it a key consultee for Government and Regulators on new legislation and regulation.

The SDF has a strong focus on improvement across the industry. It has in place a number of subject-specific sub-groups looking in detail at issues such as radiological protection, human performance, learning from experience and civil nuclear security. Such sub-groups have developed a number of Good Practice Guides which have been adopted by the industry.

### ***Independent Oversight Working Group***

The Independent Oversight Working Group (IOWG) is one of the sub-groups of the SDF. Independent Oversight refers to the departments, functions and individuals responsible for assessing an organisation's Safety, Security, Health, Environment and Quality performance which is independent from the operational/functional line. The main purposes of the IOWG are to:

- Exercise ownership of the Independent Oversight Good Practice Guide,
- Provide an effective industry forum for consultation on standards and legislation,
- Provide a conduit for communication on the conduct of independent oversight,
- Identify and promote learning and information sharing,
- Facilitate cross industry Peer Assists,
- Sponsor schemes that support professionalisation of independent oversight,
- Provide a coordinated approach to emergent issues, and
- Advise the SDF on matters of concern or opportunities to improve.

This Good Practice Guide provides guidance to the UK nuclear industry. Such guidance is not mandatory, nor does it seek to identify minimum standards. It aims to provide a tool kit of methods and processes that organisations can use if appropriate to their operations, sites and facilities. When using the information contained within the SDF's Good Practice Guides, the individual organisation always retains the accountability for developing, empowering and supporting the independent oversight function that meets its needs and is proportionate to its hazards and risks.

## Foreword

In the nuclear industry, the potential consequences of the technology that we work with for the public, workforce and the environment are so significant that it is vital that we operate to the highest standards of safety, security and environmental protection. Part of that involves taking an independent view of our performance as organisations and being open to what that view is telling us; what we know as independent oversight.

The Nuclear Industry Safety Directors' Forum is keenly aware of the responsibility we have to ensure that the industry works to the highest standards. The primary purpose of an independent oversight function is to provide assurance to directors of their organisation's safety, security and environmental performance. However, we are also acutely aware that effort spent on providing such assurance must be used efficiently and to the best effect.

This Good Practice Guide sets out a number of tools and techniques that organisations can use to make the best use of their independent oversight functions. It covers the full cycle of activities from setting the function's mandate, through planning, to delivery and reviewing effectiveness. It is intended to help all organisations, irrespective of size or relative maturity, to deliver effective and efficient independent oversight of their performance. Effective independent oversight is recognised as an enabler to high performance and a guard against complacency.

In putting together this Good Practice Guide, the Independent Oversight Working Group have considered inputs from UK nuclear industry, UK Regulators, non-nuclear industries and recent guidance issued by the World Association of Nuclear Operators & International Atomic Energy Agency. It brings together learning from a wide variety of sources and I commend it to the directors, senior management and independent oversight teams of the UK nuclear industry.



Paul Rees,  
SDF IOWG Sponsor,  
Director ESH, AWE

The following companies and organisations are participating members of the IOWG:



SMR



## **Disclaimer**

This UK Nuclear Industry Good Practice Guide has been prepared on behalf of the Safety Directors' Forum. Statements and technical information contained in this Guide are believed to be accurate at the time of writing. However, it may not be accurate, complete, up to date or applicable to the circumstances of any particular case. This Good Practice Guide is not a standard, specification or regulation, nor a Code of Practice and should not be read as such. We shall not be liable for any direct, indirect, special, punitive or consequential damages or loss whether in statute, contract, negligence or otherwise, arising out of or in connection with the use of information within this UK Nuclear Industry Good Practice Guide.

This Good Practice Guide is produced by the UK Nuclear Industry. It is not prescriptive but offers guidance and in some cases a toolbox of methods and techniques that can be used to demonstrate compliance with regulatory requirements and approaches.

# Introduction

## **Background**

Organisations have governance structures and arrangements to review the performance of their operations and receive information from a number of sources. Assessment activities are undertaken at various levels within the organisation in order to provide assurance to Senior Management/The Board that risks from its nuclear operations are being effectively controlled<sup>1</sup>. Independent Oversight refers to the assessments that are performed independently from the operational/functional line. A review of the various legislative (or similar) drivers for the provision of an independent oversight function in an organisation is provided at Appendix I.

## **Overall Assurance in an Organisation**

An organisation's board provides direction to senior management by setting its risk appetite. It also seeks to identify the principal risks facing the organisation. Thereafter, the board seeks to assure itself on an ongoing basis that senior management is responding appropriately to these risks.

The board delegates to the CEO and senior management primary ownership and responsibility for operating risk management and control. It is management's job to provide leadership and direction to the employees in respect of risk management, and to control the organisation's overall risk-taking activities in relation to the agreed level of risk appetite.

To ensure the effectiveness of an organisation's risk management framework, the board and senior management need to be able to rely on adequate monitoring and assurance functions.

Independent Oversight usually provides at least part of the most independent form of assurance to the board and senior management. However, it is useful to generate a comprehensive model of how assurance is provided in its totality across the organisation. Establishing which aspects of assurance each team/function provides, i.e. their scopes, is important when establishing a line of sight over all assurance information provided to the board and senior management. This would include, for example:

- front line parts of the organisation, teams that own and manage risk – what do they govern, control and self-assure themselves?
- enabling functions that oversee compliance, set policy and/or oversee or specialise in risk management – how do they provide assurance over how their policies and procedures are deployed across the organisation?
- other truly independent functions, such as internal audit.

This GPG is written as a guide for Independent Oversight in organisations in the UK nuclear industry and reflects the importance placed on providing independent challenge to those organisational topics most impacted by our unique "nuclear" hazard. Appendix I describes the various drivers for independent oversight faced by the IOWG's member organisations, but the respective scopes against which independent oversight is deployed varies from company to company. The terminology 'nuclear operations' is utilised throughout this GPG to represent any potential technical area(s) where independent oversight may be required by an organisation; this includes but is not limited to nuclear, radiological or conventional safety, security, safeguards and

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<sup>1</sup> the terminology 'nuclear operations' is utilised to represent any potential technical area(s) where independent oversight may be required by an organisation; this includes but is not limited to nuclear, radiological or conventional safety, security, safeguards and environmental protection. This equates to the scope of the organisation's mandate that it gives to its independent oversight function.

environmental protection. This equates to scope of the organisation's mandate that it gives to its independent oversight function.

Part of the role of the truly independent assurance functions within this overall assurance model is to cover how effectively the organisation assesses and manages its risks and will include assurance on the effectiveness of the other, less independent, forms of assurance.

### **Aims**

The purpose of this guide is to provide guidance to a wide range of organisations on building and maintaining an effective independent oversight capability as part of its model for overall assurance. This guide does not set mandatory requirements on any organisations, nor does it identify minimum standards. It provides a tool kit of methods and processes that organisations can use if appropriate to their sites and facilities. The responsibility for arranging independent oversight remains with the organisation.

This Good Practice Guidance (GPG) has been produced by the Independent Oversight Working Group (IOWG) set up under the auspices of the Safety Directors' Forum (SDF) and has sought to distil good practice from across a broad spectrum of the UK civil and defence nuclear industry. Account has also been taken of relevant information and guidance issued by the International Atomic Energy Agency (IAEA), World Association of Nuclear Operators (WANO), The Institute of Nuclear Power Operations (INPO), Submarine Enterprise Peer Review (SEPR) and UK regulators. Both the SDF and the IOWG welcome comments on how the GPG can be improved for potential future revisions.

### **Scope**

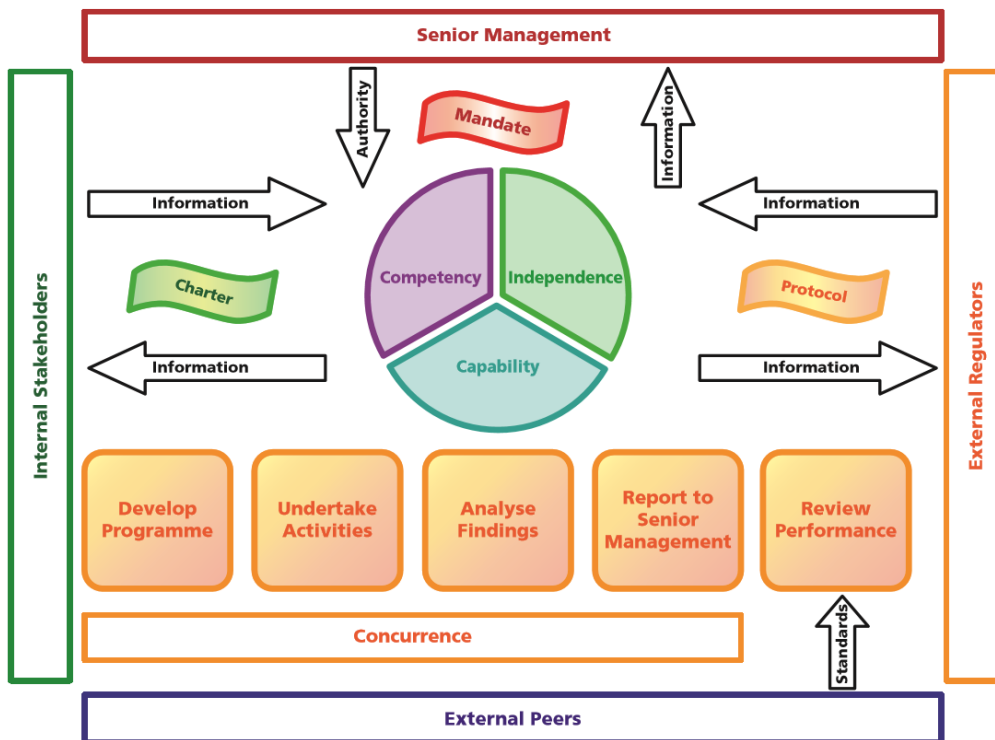
The scope that an organisation's independent oversight (IO) function covers within that organisation is heavily influenced by the nature of its activities, other assurance functions, the risks and hazards that it manages and the structure of the organisation itself. Different organisations will place different assurance requirements on their respective IO functions. The guidance contained in this GPG is designed to be subject-matter agnostic, in that they describe the generic assessment tools and techniques expected of any independent oversight function.

This GPG has been developed based on the good practices identified from IOWG organisations that deliver independent oversight of their operations, activities and processes with risks associated with nuclear, radiological or conventional safety, security, safeguards and environmental protection. However, the framework described by this guide will be equally useful when applied to any independent oversight function, however wide or narrow their scope. This GPG is therefore relevant to all organisations that choose to establish an independent oversight function.

The GPG outlines a framework for the planning, undertaking and reporting of independent assessments and provides guidance on how this framework might be implemented in practice.

Figure 1 illustrates the necessary attributes and processes of the independent oversight function. The principles of this illustration are that the independent oversight function: should be well established, communicate effectively with internal and external stakeholders, be guided by documented arrangements covering the whole of the independent oversight lifecycle and, should seek to continuously improve. While, for the sake of simplicity, this illustration is not referred to throughout this guide, the framework it articulates is expanded upon and good practice for the achievement of these are provided.





**Figure 1: Attributes and Processes of the Independent Oversight function**

A checklist is provided in Appendix G to assist directors and managers of the independent oversight function in the assessment of their organisational arrangements against the key requirements of the GPG. This is not intended to be prescriptive or constrain the adoption of other methods or organisational arrangements. However, this GPG represents the industry’s understanding of good practice which, if followed, should promote a consistent approach and be effective.

### ***Application/Readers Guide***

This GPG is aimed at those who are accountable for delivering independent oversight within an organisation. Much of the information is intended to be read by practitioners and those with an understanding of the UK Nuclear Industry and their own organisational context; there are specific sections aimed at directors and senior management.

It is possible to read this document “front to back” and this can be advantageous for those who are new to their role or the subject matter. However, the GPG is mainly intended to be used as a reference and each section should stand alone sufficiently to enable each section to be used on its own. It is structured in 2 parts.

- Part 1 presents a functional process flow chart with a supplementary summary of good practice for the benefit of those that are new to independent oversight or as a quick reference point.
- Part 2 provides a narrative of more detailed good practice and is supported by appendices that include specific guidance for certain situations.

While the GPG contains guidance and good practice gleaned from a number of sources it is focused on the UK legal and regulatory context. The reader should take care to ensure that the application of the guidance is appropriate for their organisation, activities and legal and regulatory frameworks.

This GPG is written in the context of a holistic approach to independent oversight where the tools, techniques and guidance can be applied across the full scope that is mandated by the directors and senior management.

The terminology 'nuclear operations' is utilised throughout this GPG to represent any potential technical area(s) where independent oversight may be required by an organisation; this includes but is not limited to nuclear, radiological or conventional safety, security, safeguards and environmental protection. This equates to scope of the organisation's mandate that it gives to its independent oversight function.

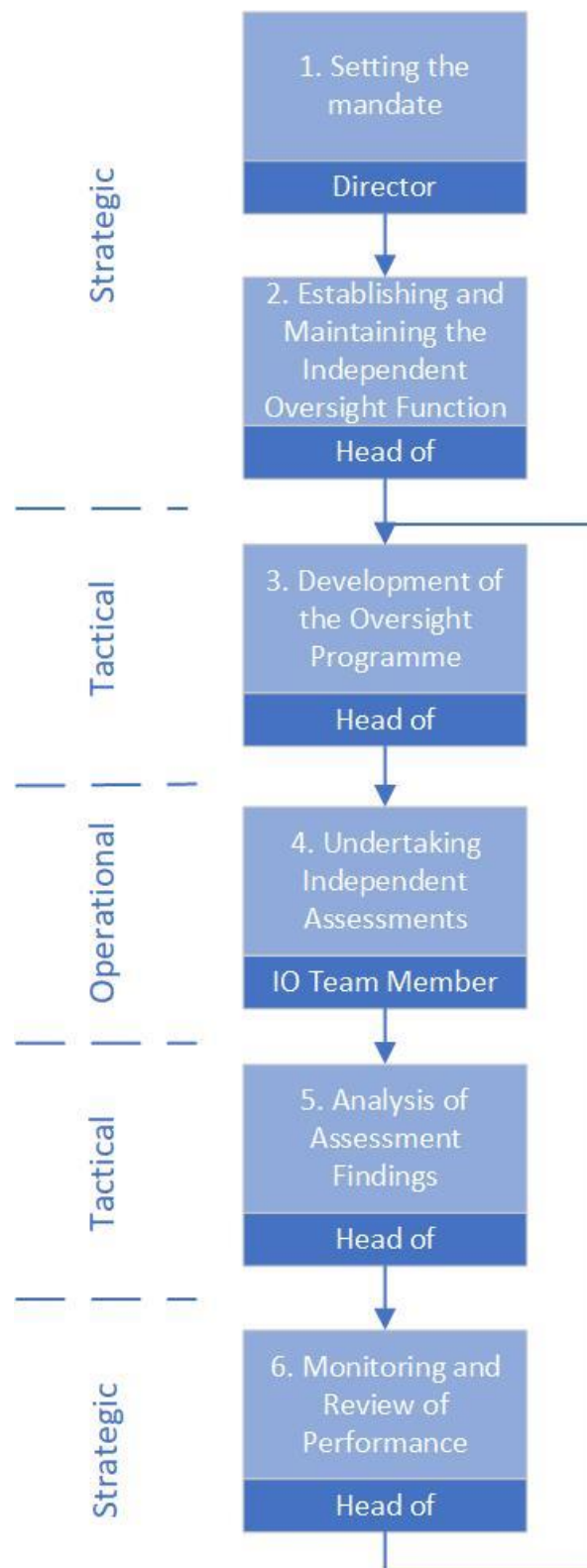
Good practice for independent oversight has evolved over time and it is now generally accepted that the function seeks to evaluate the performance of the business against a particular requirement or expectation. The term 'performance' in this context is used to reflect the overall health and effectiveness of the aspect of nuclear operations being evaluated. Simple 'compliance' with a requirement or expectation is the starting point for performance evaluation. Comparison with good, or even best, practice is expected when evaluating performance as well as considerations over the efficiency and effectiveness of the topic being evaluated.

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## Part 1: Summary of Good Practice

### *The Functional Cycle for Independent Oversight (figure 2)*



<b>Process Step</b>	<b>Step Description</b>	<b>Summary of Good Practice</b>
1	Setting the Mandate	<p>Relevant Good Practice across the UK and International nuclear industry is an expectation that all nuclear sites should establish an independent oversight function to ensure directors can obtain information from independent assessments of the performance of their organisation.</p> <p>The organisation, via the relevant director, should set the mandate for the independent oversight function and set out the purpose, scope of activities and level of authority granted to the function and the methods the function will use to obtain information. The authority granted should include the authority to go anywhere, look at anything, including the effectiveness of other, less independent assurance functions, and to note any exclusions. The mandate should also include escalation routes outside of the independent function's line management chain.</p> <p>The mandate reflects the value the organisation places on independent oversight and, although it might be proposed by the independent oversight function, once agreed, it should be endorsed by the most senior level of the organisation e.g. Chair of the Board, CEO or relevant director – committing to providing suitable and sufficient resources and authority to delivery an effective programme.</p> <p>Should there be more than one department included within the independent oversight function, multiple mandates may be required along with a clear description of how the overall function operates in totality.</p> <p>For further detail see Part 2, Section 1.</p>

Process Step	Step Description	Summary of Good Practice
2	Establishing and Maintaining the Independent Oversight Function	<p>There is no single specified organisation design for setting up the function of Independent Oversight within organisations. The choice of organisation design will depend on a number of factors, including:</p> <ul style="list-style-type: none"> <li>• The make-up of the organisation’s executive team,</li> <li>• The overall model for assurance in the organisation,</li> <li>• The scale of hazard and risk posed by the activities of the organisation</li> <li>• The appetite of the organisation to seek and receive IO,</li> <li>• The position of the organisation in the nuclear industry.</li> </ul> <p>Once the team(s) constituting the IO function have been appropriately mandated the respective Head(s) of should establish appropriate:</p> <ul style="list-style-type: none"> <li>• Mechanisms for establishing and maintaining independence from the organisation’s delivery functions</li> <li>• Cultural and behavioural expectations for those performing IO activity (sometimes provided in a charter)</li> <li>• Arrangements for delivering IO embedded within the organisation’s management system,</li> <li>• Mechanisms for reporting and escalating findings from IO activity,</li> <li>• Mechanisms for collaboration between the IO team(s) and those delivering other forms of assurance in the organisation, including those from external sources, e.g. regulators,</li> <li>• Capability and capacity of competent resources required to deliver the mandated IO scope of work.</li> </ul> <p>For further detail see Part 2, Section 2.</p>

Process Step	Step Description	Summary of Good Practice
3	Development of the Independent Oversight Programme	<p>The scope of the activities included in the independent oversight programme should be determined by the mandate set by the directors. The specific activities included in the programme are usually selected by forming a view of the organisation's risk areas considering a wide range of factors (for example maturity and stability of the management system, high hazard activities, organisational risk register, experience and trends). The scope of activities will include delivering assurance on the effectiveness of the other, less independent, assurance functions in the organisation.</p> <p>The independent oversight programme should include all potential independent oversight activities including: routine surveillance, concurrence, assessments to confirm compliance with regulatory requirements and assessment of all significant and relevant elements of the management system over its cycle. The programme should specify the chosen method of assessment and allocate resources.</p> <p>The independent oversight programme will usually have a detailed programme for the reporting year and an outline of activities planned for the long-term (3-5 years). It will also usually set out how emerging issues will be managed and prioritised against the activities in the programme.</p> <p>The independent oversight programme should be approved by either the executive board or by the director who has the responsibility for providing an independent view of performance to the executive board.</p> <p>For further detail see Part 2, Section 3.</p>
4	Undertaking Independent Assessments	<p>Assessments generally follow these process steps:</p> <ol style="list-style-type: none"> <li>4.1. Develop the Assessment Plan</li> <li>4.2. Prepare for the Assessment</li> <li>4.3. Confirm Assessment Plan</li> <li>4.4. Undertake Assessment &amp; Review Findings</li> <li>4.5. Prepare Assessment Report</li> <li>4.6. Issue Assessment Report</li> </ol> <p>This element of the independent oversight functional cycle represents the largest volume of activity, so the good practice for each sub-step is also summarised here.</p> <p>Additionally, see Part 2 Section 4, for more detail.</p>
4.1	Develop the Assessment Plan	<p>An "Assessment Plan" should be developed proportionately for each assessment and an "Assessment File" created (exact nomenclature may vary).</p> <p>The file should include the key information used and created during the assessment activity. Arrangements for the management of files should be made.</p> <p>The draft plan should reflect the significance and complexity of the activity, and identify the:</p>

Process Step	Step Description	Summary of Good Practice
		<ul style="list-style-type: none"> <li>• Independent oversight programme reference, with objectives, aims and boundaries,</li> <li>• method(s) to be employed,</li> <li>• criteria against which judgements will be made,</li> <li>• indicative scope and timetable,</li> <li>• resource requirements, including key competency requirements,</li> <li>• proposed output,</li> <li>• stakeholders and distribution list.</li> </ul> <p>Consideration should be given to preparing a standard assessment plan for routine surveillance activity (surveillance being a less formal form of independent assessment described in detail later in Part 2).</p> <p>For planned assessments, the development of “question sets” may be considered. Any question sets should be regularly reviewed.</p> <p>Independent oversight management needs to ensure that individuals undertaking the assessments have the necessary knowledge, experience, skills and attitudes with sufficient independence from the work being assessed. Where more than one person is involved, a lead assessor should be appointed.</p> <p>Operational/functional management need to provide documentation, information and ensure that relevant personnel are available. They also may be required to act and commit resources as a result of the assessment.</p> <p>See Part 2 Section 4.1 for more detail.</p>
4.2	Prepare for the Assessment	<p>The type and complexity of the assessment will determine what preparatory work is required. Prior to undertaking any assessment, relevant standards, guidance and management system documentation should be reviewed, as well as the output of previous assurance activity on that topic. The topics, timing and type of assessments to be used should be informed by other activities to minimise burden on stakeholders.</p> <p>For routine surveillance activity, individuals attending routine operational/functional management meetings should understand their terms of reference. Individuals reviewing logs, records and management reports should understand why they are made and how they are retained.</p> <p>For audits and inspections, “question sets” or “prompt sheets” should be developed and usually provided to operational/functional personnel in advance. The arrangements for reporting findings should be clarified.</p> <p>For reviews of documentation supporting the company’s nuclear operations, the lead assessor should ensure that the management system requirements for the preparation of the relevant document are understood. Arrangements for progressing findings resulting from the review will also need to be developed.</p>



Process Step	Step Description	Summary of Good Practice
		<p>Where the business is taking critical and/or complex decisions, it may request the independent oversight function to independently 'concur' with the goodness of that decision. For requests for concurrence, the lead assessor should ensure that the concurrence process and purpose of the assessment is understood. Concurrence assessments could include audit / inspection type activities and the review of documentation supporting the company's nuclear operations. The target date for issue of the concurrence assessment report should be agreed with the manager requesting it. Concurrence activities could include:</p> <ul style="list-style-type: none"> <li>• Assessments to support continued operation,</li> <li>• The clearance of "hold points",</li> <li>• Infrastructure / plant modifications and plant outages,</li> <li>• "Readiness reviews".</li> </ul> <p>For reviews of safety performance data, individuals should take account of "A Good Practice Guide on the Safety Performance Indicators" issued by the SDF.</p> <p>See Part 2 Section 4.2 for more detail.</p>
4.3	Confirm Assessment Plan	<p>The draft assessment plan should be reviewed internally within the independent oversight function to confirm that the proposed assessment methodology and criteria are acceptable.</p> <p>The draft assessment plan should be discussed with operational/functional management, and amendments made to reflect information provided. Where possible, the timing and schedule of assessment activities should be adjusted to minimise the disruption to operational/functional priorities taking consideration of overall risk.</p> <p>Where an assessment activity is part of a wider assessment, discussion with both operational/functional and independent oversight management should take place to agree the arrangements for recording and reporting interim findings.</p> <p>For the review of safety case / environmental assessments and activities requiring concurrence, the dates for issue of the assessment report and governance meeting(s) at which these will be considered should be agreed.</p> <p>Following the above discussions, the assessment plan should be updated to confirm the agreed scope and schedule of work. Any proposed change in the scope or timing should be agreed and the assessment plan should be subject to change control.</p> <p>See Part 2 Section 4.3 for more detail.</p>
4.4	Undertake Assessment & Review Findings	<p>The assessment should be conducted in accordance with the assessment plan to ensure retention of trust and credibility with operational/functional management. The assessment's purpose and the basis on which judgement will be made should be explained. The assessment should highlight areas of good performance as well as areas where improvements are required. In the event of a significant issue being identified then this should</p>

Process Step	Step Description	Summary of Good Practice
		<p>be brought to the attention of operational/functional management as soon as possible.</p> <p>The attitude and behaviour of independent oversight personnel during the assessment will influence the assessment outcomes.</p> <p>Findings should be reviewed to identify where performance does not meet the required standard. The relative importance of such findings should be considered and findings should be categorised in accordance with their significance.</p> <p>Findings should be reviewed against the assessment criteria to determine whether there is sufficient evidence to make a conclusion on acceptability and/or performance.</p> <p>The overall conclusion of each assessment should be rated so that performance across different processes and areas can be recorded and trends monitored.</p> <p>Consideration should be given to establishing a scoring system to enable good or satisfactory performance to be differentiated from areas where performance is poor or unsatisfactory.</p> <p>It may also be helpful to provide a scoring framework that allows an indication of the potential consequence of the findings, as significant deviation does not necessarily result in a major risk, and vice versa.</p> <p>See Part 2 Section 4.4, and Appendix D, for more detail</p>
4.5	Prepare Assessment Report	<p>Reports should be prepared on the basis that they may be read by anyone and that the author or organisation may be asked to justify its contents. The reporting tone should be dispassionate, demonstrably unbiased and avoid the use of emotive language. The use of acronyms and technical jargon should be minimised.</p> <p>Where practicable, reports should not refer to sensitive information. Where necessary, reports should refer to the organisational role or position rather than individuals' names. Consideration of commercial and security impacts (including personal data) should be made at all times, and the report allocated the appropriate protective marking.</p> <p>Reports should include a statement of the assessment objectives and the contents of the report should be focused on them. Opinion should be clearly identified, and arguments used to support this opinion. The basis for conclusions and recommendations should be clearly articulated.</p> <p>Reports should summarise any significant issues identified during the work, and how these were addressed</p> <p>Once the report has been drafted and reviewed it is good practice to hold a hot debrief with the receiving manager and other related stakeholders to establish a constructive dialogue over the findings and enable positive influence and commitment.</p>

Process Step	Step Description	Summary of Good Practice
		See Part 2 Section 4.5, and Appendix E, for more detail.
4.6	Issue Assessment Report	<p>All assessment reports should be subject to review and approval prior to their issue. The independent oversight function's procedures should:</p> <ul style="list-style-type: none"> <li>• require draft reports and their findings, etc. to be subject to internal review within the independent oversight function to enhance consistency and ensure support for potentially difficult messaging,</li> <li>• ensure that operational/functional management are provided with the opportunity to comment,</li> <li>• ensure that operational/functional management are provided with sufficient information to enable them to understand the findings and the action(s) necessary to address them,</li> <li>• include a request to operational/functional management to provide feedback.</li> </ul> <p>The arrangements for the distribution and retention of reports and feedback forms should be formalised.</p> <p>Assessment findings, associated actions and responses and any good practices should be recorded. If the organisation has an IT tool for the management of actions and / or good practices then this should be used.</p> <p>Follow up work to monitor the implementation and close out of actions, and whether the actions have delivered the required improvement should be included in the independent oversight programme.</p> <p>The independent oversight function should record occasions where the internal review processes have required substantial reworking for the purposes of continuous improvement.</p> <p>See Part 2 Section 4.6 for more detail.</p>

Process Step	Step Description	Summary of Good Practice
5	Analysis of Assessment Findings	<p>A process to enable the analysis to be consistently performed and benchmarked, and the frequency at which the analysis takes place, should be established.</p> <p>The analysis should lead to the identification of:</p> <ul style="list-style-type: none"> <li>• areas of concern or issues that may require the attention of senior management,</li> <li>• areas of good performance and practices,</li> <li>• information that may affect the conduct and implementation of future independent assessment activities.</li> </ul> <p>Reports should be routinely provided to directors and senior managers, containing information such as key findings from independent oversight activities, confirmation of, or gaps to compliance with standards and highlighting of key concerns. A straightforward scoring and grading system should be used.</p> <p>See Part 2 Section 5 for more detail.</p>
6	Monitoring and Review of Performance	<p>Arrangements should be established for monitoring and reviewing the performance of the independent oversight function and effectiveness of the independent assessment activities. The frequency of the monitoring activities should reflect the complexity of the organisation and the independent oversight programme, with individuals, functions and departments undertaking independent assessments contributing information for their area of accountability.</p> <p>The views of directors and senior management, as well as operational/functional personnel subject to independent assessments, should be sought, findings reviewed, and action taken.</p> <p>The independent assessment process and practices should be assessed by groups or organisations that are independent, such as by the group responsible for the assessment of quality assurance or by certification bodies, peer groups or parent organisations if applicable.</p> <p>The implications of “missed opportunity events” and any criticism of activities or the performance of individuals should be considered by independent oversight function management. Actions to prevent a recurrence should be taken and progress monitored.</p> <p>Measures should be established to address the quality and impact of outputs as well as the effectiveness of the independent assessment processes.</p> <p>Benchmarking of the independent assessment processes and practices should be included within the independent oversight programme. A Peer Assist may be requested from the IOWG.</p> <p>See Part 2 Section 6 for more detail.</p>

## Part 2: Detailed Good Practice

### 1. Setting the Mandate

#### 1.1. Organisation Appetite for an Independent Function

As part of their consideration for how they receive assurance overall, across the organisation, directors should ensure that the reasons for, purpose of, and benefits of the independent function and independent assessment activities are understood throughout the organisation and demonstrate their support of the activities. The degree of success of the independent function is directly influenced by the appetite that directors have to receive and value independent challenge. It is also important that leaders of the independent function routinely seek to understand the organisation's evolving appetite for independent challenge so that the independent oversight function can be strategically positioned for success.

The benefits of an effective independent function can include:

Internal organisational benefits:

- Improved performance in those areas of nuclear operations the organisation chooses to deploy independent oversight to evaluate.
- Giving warning of gaps to compliance. Compliance with legislation is the minimum that an organisation can be inspected against. However, a number of inspection regimes now compare against good/best practice, such as WANO performance objectives, as well as the need to demonstrate appropriate application of relevant good practice.
- Assessing the organisation against its own values and aspirations. To realise the value from independent oversight, it is vital that the independent function is clear on the ambition and risk appetite of the organisation. There is no point in driving an organisation towards operational excellence if the aspiration is limited to compliance. Similarly, the full value will not be realised if the independent function limits its consideration to compliance when the organisation seeks to achieve a higher level of performance.

Benefits for external regulation:

- External regulators seek evidence of a robust independent function covering their respective purposes to give confidence that the organisation is acting responsibly and compliantly, seeking out the weaknesses in its own performance and managing corrective action.
- Effective independent oversight can enable regulators to stand back from organisations, allowing them to manage the hazards and risks and monitor performance holistically rather than concentrating on low level, task centred activities.
- Supports the move to enabling regulation and flexible permissioning. A robust and credible independent oversight function is a prerequisite for this model to be applied (Ref: A Guide to Enabling Regulation published by ONR in August 2020).

In order to judge the organisational value that accrues from an effective independent function, there are a number of indicators that can be used.

Indicators of a healthy independent oversight function may include:

- Increased organisational confidence in its own performance leading to improved relationships with investors, owners and other stakeholders,
- Reduction in errors and rework as issues are identified early enabling preventive action to be taken,

- Improved delivery performance, allowing the concepts of enabling regulation and flexible permissioning to be capitalised on,
- Reduction in the number and level of regulatory interventions and findings, and
- Opportunities for joint working with the regulator on compliance-based inspections.

Indicators of a less effective independent oversight function may include:

- Deterioration of organisational performance and potential challenges with stakeholder relationships,
- Increased regulatory attention,
- Where issues are identified external regulators may move towards more formal enforcement if they don't believe that the organisation will deal with the issue effectively,
- Increased scrutiny of submissions and potential delay in the issue of Licence Instruments/Permits and other regulatory "permissions".

## 1.2. Scope

The relevant director responsible for the independent oversight function should define the scope of assessment required by the organisation and propose a mandate for that function to follow. The mandate should be endorsed by the most senior level of the organisation e.g. Chair of the Board, CEO or similar. By endorsing the mandate in this way the company will also be committing to ensuring the necessary authority is provided to the independent function and that suitable and sufficient resources are provided to enable an effective programme to be developed and implemented.

The scope of the defined mandate will vary between organisations but will usually include:

- Nuclear Safety,
- Conventional Health and Safety,
- Environmental Protection,
- Security (all forms including physical, personnel and cyber/information security),
- Transport,
- Safeguards,
- Emergency planning,
- The effectiveness of other, less independent assurance functions (where their scopes overlap with those of independent oversight), and
- Other specific topics relevant to the organisation's activities and risks.

The focus of independent assessment activities will usually be informed by the regulatory requirements, organisational appetite and the level of risk and should be proportionate. These points should be considered during development of the programme of work.

The work to be conducted will focus on activities with the potential to impact the considerations defined in the mandate and will normally include the independent assessment of:

- Any operations, activities and processes with the potential to affect the areas defined in the mandate. This should include decisions involving funding where this has the potential to significantly affect the mandate scope,
- Documents associated with the design, installation, construction, commissioning, operation, modification and decommissioning of new or existing plants and / or processes with the potential to significantly affect the areas defined in the mandate,
- Documents prepared to justify the impact of, and potential significant changes to, the organisation's structure or resources,

- Information and data to evaluate culture and performance across the organisation with respect to the areas defined in the mandate.

Care should be taken to specifically ensure that independent oversight of 'soft projects' are encompassed within the scope of the mandate, e.g. projects that update management systems which may be used to demonstrate compliance with regulatory requirements and/or may be important elements of a wider evaluation of business performance. Specific considerations for independent oversight of these activities are discussed further throughout this guidance.

The mandate should also reference an underpinning management system to demonstrate how the mandate is implemented, including but not limited to;

- Defining the responsibilities for undertaking independent assessments and reporting findings,
- Reporting lines and escalation routes,
- Identifying individuals or departments who can complete independent assessments where the activities are completed by more than one department.

### **1.3. Authority**

The mandate for the independent function should be clear about the authority of the function and its members. In general, the members of the team(s) that constitute the independent function should have the authority to:

- Select the areas of focus that they deem appropriate without undue pressure from the business to either include or exclude topics or areas.
- Go anywhere, speak to anyone, and look at anything they need to, including the effectiveness of other, less independent assurance functions, in support of delivering their mandate, providing they operate within the arrangements of the organisation. Where there are to be exclusions or "off limits" areas, these must be formally laid down and approved at the same level in the organisation as the mandate.
- Operate within their mandate without fear or favour. This will generally mean having line management that is also independent of the operational/functional delivery arms of the organisation. This may be through a "safety director" or equivalent. Wherever possible line management through the operational/functional line must be avoided,
- Report directly to the Chief Executive Officer or other nominated member of the Board, in the highly unusual event of their being unable to resolve a significant concern through the normal operational/functional and independent oversight management chain.

It is recognised that any independent oversight activities related to the specific security activities of the Civil Nuclear Constabulary (CNC) or Ministry of Defence Police (MoDP) on site will be limited, unless a specific agreement exists between the duty holder and the relevant police authority. Despite this, the ability to conduct assessment of an organisation's compliance with the Nuclear Site Security Plan (NSSP) or equivalent, is usually within the remit of an independent oversight function.

## 2. Establishing & Maintaining the Independent Oversight Function

### 2.1. Organisational Design

The design and culture of the independent oversight function should provide an environment that enables individuals working within it to challenge processes, procedures, decisions, behaviours and attitudes at all levels within the organisation.

The size, structure and reporting lines to enable independent assessments to be planned, undertaken and reported will vary between organisations. Some will have a number of departments or teams undertaking independent assessments, whilst in others these are undertaken by a few individuals within a single department. The term 'Independent Oversight Function' is used to represent the totality of departments, teams or individuals fulfilling these roles. It is important that the specific responsibilities for each department, team or individual and the interfaces between them, are clearly defined within the organisation's management system, reflected in the mandate, and understood by all parties.

If a single, dedicated group is to be used, then the title used for it should be selected to align with the commonly used terminology within the organisation. The title should give a clear differentiation from the delivery units within the organisation and make clear its independence. There is no commonly used title within the UK with variations including Independent Assurance, Independent Nuclear Assurance, Independent Oversight and Internal Regulation. However, frequent changes in title should be avoided to ensure that the role and mandate remains clear to the organisation at large.

The design of the independent oversight function, and the responsibilities of the different roles within it, should ensure that the scope of the activities required by the directors to be the subject of independent assessment can be effectively organised and undertaken. Typically, independent assessments cover three distinct types of activities:

- review of documentation,
- audits, inspections and surveillance activities at sites and within the corporate organisation,
- evaluation of operational, functional and independent oversight performance data / safety performance indicators (SPI) to identify learning and improvement opportunities.

The design of the independent oversight function should take account of the size, complexity and the risk/hazards posed by the core activities of the organisation. Different core activities (e.g. operations, care & maintenance, design, new build) will likely demand different approaches to delivering suitable independent assessment. The geographic composition of the organisation will also have an impact on the design of the independent oversight function, for example where large organisations have multiple sites, central corporate offices and/or satellite offices for certain activities.

The design of the independent oversight function should consider the location of staff as well the risks from inconsistency of approach and findings. Lines of communication and decision making under these conditions are likely to be complex and need to be reflected in the design of the independent oversight function.

Over time, the core activities of an organisation are likely to change (e.g. as facilities transition between lifecycle stages). The design of the independent oversight function should be reviewed and adapted to reflect the evolving needs for independent assessment and the potentially different capabilities needed to deliver them.



The design of the independent oversight function should ensure that the span of control is sufficient to bring about the effective management of the independent assessment activities. Should external support be used, the design of the independent oversight function should ensure that an intelligent customer capability is established and retained by the organisation.

A healthy “internal challenge” function is identified as a core capability for the organisation in the “Nuclear Baseline and the Management of Organisational Change” Nuclear Industry GPG.

The organisation, roles and numbers required to enable independent assessments to be planned, undertaken and reported should be included in the Nuclear Baseline.

## **2.2. Independence**

The strategic direction and day to day control of the independent oversight function should be sufficiently remote from operational/functional management to ensure that it is seen and regarded by all as independent. Individuals undertaking and reporting independent assessments should be free to raise “bad news” without fear of sanction.

It is crucial to note that the independent oversight function can provide advice but cannot become part of the process. If a member of the independent oversight function has recently been part of decision making in that topic (e.g. as part of a previous role), they should not conduct independent oversight of it; the responsibility for independent oversight should be transferred to another member of the team. When giving advice the limitations of the advisor’s knowledge should always be considered and acknowledged.

## **2.3. Culture and Behaviours**

It is important that the directors and senior management can trust the work undertaken by the independent oversight function. The attitude and behaviour of individuals undertaking independent assessments will significantly affect their ability to gain and maintain that trust. Clear standards and expectations addressing the conduct of the independent oversight function and individuals working within it should be established and should form part of routine competence and performance management discussions with individuals. Consideration should be given to including this information within an “Independent Oversight Charter”.

The design and management of the independent oversight function should ensure that

- work plans, priorities and findings are visible and transparent to relevant parties,
- reasonable notification is given to responsible management to enable access and time to be provided to support the independent assessment activities,
- resources are targeted predominantly at highest hazards and risk areas,
- a consistent approach is achieved across the range of its activities,

Individuals and leaders within the independent oversight function should:

- carry out their work with integrity and objectivity so that the basis of their judgements is clear, evidence based and not influenced by their own bias,
- be recognised as having the necessary knowledge and experience to make sound judgements,
- respect the value and ownership of information received and be open to constructive challenge on their interpretation of such information,
- recognise good performance as well as highlighting areas requiring attention,
- accept accountability for their actions, ensuring that the highest personal standards are adopted and aim to deliver the work to agreed programmes.

## **2.4. Arrangements**

The independent oversight function should carry out its activities in accordance with arrangements that are available to the whole organisation through the management system. The arrangements may be common across other parts of the organisation (e.g. there is no need for two different inspection and/or audit procedures unless there is good reason to do so) but should be clearly applicable to individuals carrying out independent oversight.

The arrangements should make it clear to the whole organisation how the independent oversight function conducts its activities along with the expectations that the function has of the rest of the business. Assessment activities should then be conducted rigorously in accordance with the approved arrangements so that it is the outcome that is discussed with the business rather than the conduct of the assessment activity.

Arrangements for the independent oversight function's interactions with external regulators should be established and incorporated within the organisation's management system (note that historically, some organisations have termed such arrangements as a 'protocol'). These arrangements should encourage the confidential exchange of information between the staff of the independent oversight function and external regulators to build a mutually beneficial relationship. Participation in joint inspections, investigations and assessments should also be considered.

Where arrangements are specific to an independent oversight team and not shared across other assurance functions, it may be appropriate to seek a second opinion on their suitability either from within the organisation or externally such as through peer review.

The arrangements should include the approach to be taken where findings from independent assessment activity are not accepted and/or responded to by the responsible manager. The formalisation of a route for escalation to address these circumstances should be considered, agreed with senior management and implemented within the organisation's management system.

In some organisations arrangements to provide "concurrence" are required to support the making of key management decisions, for example, the case for restarting a plant after an outage or the approval of a safety case. Under these circumstances the role of the person undertaking the independent assessment is to form an objective and factual view as to whether the intended decision can be supported. The responsible manager should take the independent assessment findings into account but remains ultimately responsible for the decision.

## **2.5. Capacity and Capability**

The independent oversight function should report quality information/advice and conduct its activities effectively if the trust and respect of directors and senior management is to be earned. The capability of the independent oversight function to ask the "right questions" rather than simply confirming that "the answers to the questions asked are correct" is fundamental.

Regardless of organisational structure, the independent oversight function should have sufficient capacity and capability to discharge its responsibilities. The resources provided should reflect the scope of the work mandated by the directors and take account of the current and future needs of the business.

The independent oversight function should have sufficient permanent staff (employees or embedded contractors / agency support workers) to undertake the baseline work programme and to act as the intelligent customer for any work undertaken by external

support. Workload and staff vacancies should be actively monitored and succession plans developed. Scarce resources, such as criticality specialists, environmental specialists and human performance experts, should be closely monitored as capability may be put at risk through changes in the job market and resource availability.

Where work is undertaken by external support, the vulnerabilities and risks to the work programme and reputation of the independent oversight function should be considered and understood. Establishing a diverse supplier base and contingency plan to obtain in-house capability and expertise should be considered.

The independent oversight function should have processes and procedures that support the development, training and assessment of competency of its staff. Capability vulnerability can occur if key elements of the independent assessment programme cannot be implemented by individuals who are sufficiently experienced and competent to undertake the assessments. Consideration should be given to the appointment of “leads” or “co-ordinators” to promote consistency of approach, allow for career development with the function’s organisation design, as well as ensuring that there is a range of technical capability across the team.

The allocation of resources for the development and maintenance of procedures for the management of the independent oversight function, will aid the quality and effectiveness of the independent assessment activities. These procedures should be proportionate to the size and complexity of both the organisation and the independent oversight function.

The independent oversight function should have the capability to monitor the delivery of key improvement actions and be able to capture and retain information to form a “corporate memory”. A capacity to learn from its own activities as well as from others and the ability to retain and retrieve records of independent assessment activities is required. Resources to develop and manage IT tools to aid the retention of corporate memory should be considered.

## **2.6. Competence**

Individuals undertaking independent assessments need a wide range of knowledge, skills and experience so that they can examine and challenge the reasoning and rationale of an idea or decision within the organisation.

The role(s) allocated to the individual will determine the specific knowledge, skills and experience necessary to undertake the independent assessment activities. However, it should be recognised that individuals should be capable of providing effective constructive challenge and also be willing to respond to challenges from others. Identifying and equipping assessors for independent oversight therefore has a number of challenges:

- The independent assessor requires independence from the line function to give objective views,
- The assessor needs to be able to give advice without taking accountability or ownership of the ‘issue’,
- The assessor needs to be credible and influential and thus must have the associated experience and knowledge. It is helpful if the assessor is respected and established in the organisation/industry,
- The assessor must be able to be strong in the face of management pressure,
- The assessor must show proportionality in the hazards faced and show consistency in approach,
- The assessor needs to understand the position and scope of independent oversight against the organisation’s overall model for assurance, relevant legislation and departmental processes,
- The assessor needs to be competent for the type of assessment being

- conducted (e.g. document review vs inspection on site) and the topic area being assessed (e.g. nuclear safety vs environmental protection),
- The independent oversight function, taken as a whole, needs to cover a broad range of knowledge and competencies; as such the independent oversight function may need appropriate support to achieve this.

Recruitment and continuous development of assessors has significant benefits to the long term effectiveness of an independent oversight function.

The IOWG has established a standardised set of competencies for independent oversight professionals across the UK Nuclear Industry. The competence set represents the baseline standard expected by an independent oversight professional in the UK Nuclear Industry and has been designed to be subject-matter agnostic, in that they describe the generic skills and behaviours expected of any type of independent oversight professional without expecting any form of specific subject matter expertise in any technical topic. Different organisations will place different assurance requirements on their respective independent oversight functions so not all topic areas will be relevant to each individual organisation. As such, the level and type of specific technical subject matter expertise required by an individual organisation of their specific independent oversight function is left to the discretion of individual organisations.

The standard independent oversight competence set is available on the Nuclear Institute's membership website:

[https://nuclearinst.com/write/MediaUploads/Membership/IndependentOversightCompetencyFramework\\_V5\\_2025.pdf](https://nuclearinst.com/write/MediaUploads/Membership/IndependentOversightCompetencyFramework_V5_2025.pdf)

The independent oversight function should consider how to utilise the standardised independent oversight competence set within their individual organisation's arrangements for demonstrating competence of the whole workforce. Consideration should then be given to developing individual competence profiles for their respective team(s) that address the different subject matter topics set by the mandate in addition to those generic independent oversight competences described above.

There are 3 possible approaches that can be taken to developing specialists within the independent oversight function, which can be used in combination. The method used should be appropriate to the individual organisation and in line with the level of independent oversight required by senior management.

- Recruit specialists and train in independent oversight technique. It should be ensured that the correct behaviours are demonstrated when recruiting, for example the ability to challenge. The IOWG has established its own training provision, facilitated through NSAN, to support independent oversight functions in developing their personnel,
- Train existing independent oversight staff in specialist skills. Rather than developing in house training, there may be opportunities to use courses from accredited commercial providers or non-commercial organisations e.g. the Office for Nuclear Regulation (ONR), the Centre for Protection of National Infrastructure (CPNI), the National Skills Academy for Nuclear (NSAN) and the National Cyber Security Centre (NCSC),
- Engage specialist support from either internal sources or the supply chain. In this instance the independent oversight team must be the intelligent customer and the specialist support must be demonstrably competent. Individuals providing support must be independent of those people and tasks that they are assessing.

The minimum qualifications, core competencies and experience required, to enable an individual to be appointed to each of the roles, should be incorporated within the relevant competency profile. All independent assessors should, as a minimum, be

competent to undertake an intelligent customer role. This is crucial to ensure the credibility of the independent oversight team with the function they are providing independent oversight of.

Ensuring and maintaining independence from the delivery function is an essential consideration during recruitment and subsequent management. Hiring managers / line leaders must be clear on the importance of this throughout recruitment, reporting and training. To support this, it is important to recruit strong minded individuals who accept and value the importance of independence and challenge. It is also important that assessors have credibility within the organisation; the function should try to maintain independence through recruiting outside the location of independent oversight, accept only qualified and high performing staff and ensure that the assessors address any gaps within the independent oversight function. Consideration should be given to secondments into the independent oversight function.

The knowledge, skills, experience and attitude of each individual undertaking independent assessment should be compared to the relevant competency role profile to identify training and development needs (Training Needs Analysis). A programme of training activities and / or monitored independent assessment activities should be generated in consultation with the individual. The aim of the programme should be to reinforce the expected values and behaviours as well as providing the opportunity to gain improved knowledge, skills and experience.

A systematic approach to training should be adopted in line with the organisations approach. Training should be a continuous improvement cycle. Mentoring can be an important part of continuous improvement and training.

The management of the independent oversight function should provide the opportunity for each individual to implement their training and development programme. Personnel with more experience of independent assessment should be made available to mentor and provide guidance to less experienced individuals. The preparation of training aids and mentor guides should be considered.

Individuals should be subject to a formal assessment of competency and should be appointed to the specific role following completion of relevant training and development activities. Consideration should be given to using the IOWG's assessment and accreditation mechanism for Independent Oversight Professionals under the banner of the Nuclear Institute's membership scheme (<https://nuclearinst.com/professional-qualifications>).

Consideration should be given to requiring the periodic re-assessment of competency for all roles involving the independent assessment of performance against the defined mandate.

Consideration should be given to the rotation of roles within the independent oversight function to improve overall capability. For larger organisations independent oversight personnel should be encouraged to take up operational roles in other parts of the business to prevent them becoming "stale" or perceived as out of touch.

### 3. Development of the Independent Oversight Programme

The “independent oversight programme” is the means by which evidence, information and intelligence is obtained so that an independent view of performance throughout the organisation can be provided.

Information and the steps to be taken to develop the independent oversight programme are illustrated in Figure 3 and the text which follows.

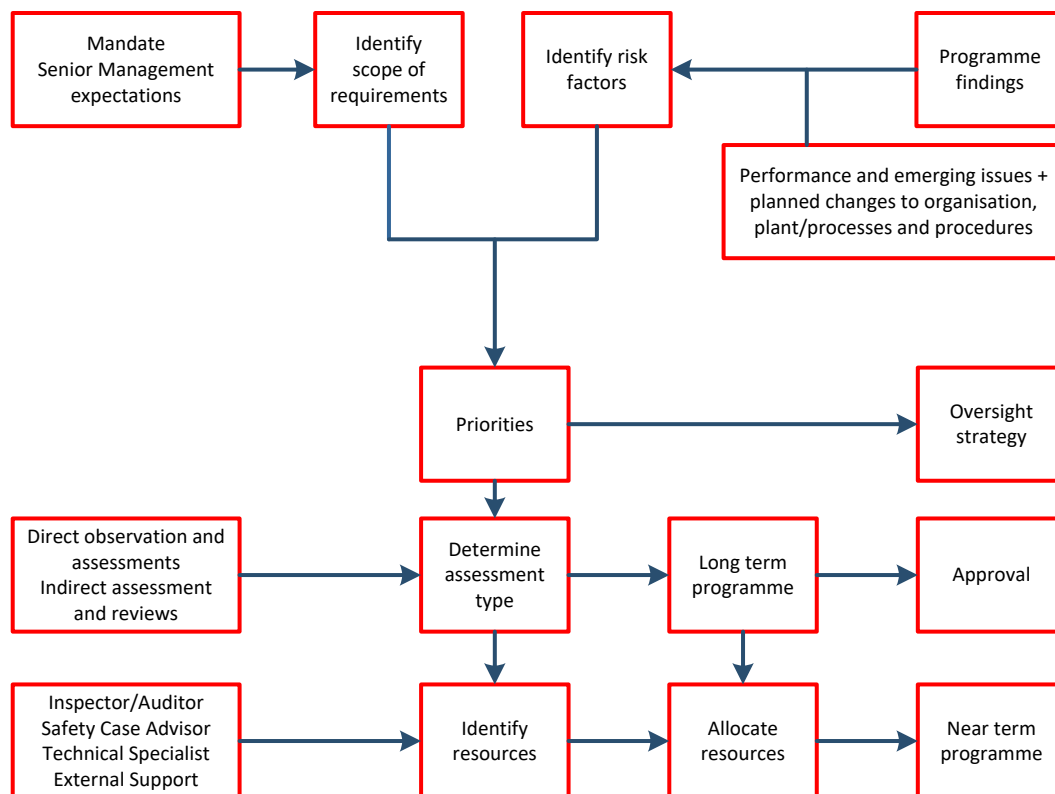


Figure 3 – Independent Oversight programme development

#### 3.1. Scope of the Independent Oversight Programme

The scope of the activities included in the independent oversight programme should be determined by the mandate set by the directors. In developing the independent oversight programme, the need to form a view on the following should be considered:

- The suitability and effectiveness of the organisation and its leadership to ensure that high standards are set, monitored and achieved. This should include organisational change both for individual changes and the cumulative effect,
- The suitability of the management system to ensure that all legal requirements are discharged and the organisation’s processes for discharging, planning, undertaking and reviewing its activities are effective,
- The extent to which risks are being controlled in line with relevant legal requirements, the expectations of senior management and requirements of the organisation’s management system. This may include assessments of performance against nuclear site licence/authorisation conditions, environmental authorisation / permit conditions, the Nuclear Site Security Plan (NSSP) and other standards such as ISO14001,
- The robustness of the arguments required to support the design, construction, installation, commissioning, operation, modification, decommissioning and demolition of any infrastructure, plant or equipment that may significantly affect the company’s nuclear operations. It is also worth considering the “soft” consequences of changes and projects, where there may be implications for the culture and decision making of an organisation, which will have an impact on the performance of the company’s nuclear operations,

- The timeliness and effectiveness of actions taken in response to assessments made by internal and external bodies as well as significant operating experience recommendations,
- The culture prevalent within the organisation, including its leaders and its headquarters staff, as well as at the sites and workplaces,
- The company's forward plans for change in all its forms.

The independent oversight programme should include the assessment of organisational capability, including the roles played by corporate support organisations.

Where the quality assurance programme is conducted by a separate department the scope of the independent oversight programme should take cognisance of it. The different assurance functions across an organisation (e.g. Independent Oversight, Quality Assurance, Internal Audit) can lead to the potential for overlapping activities, but also if delivered in an integrated manner can improve the value and effectiveness of all assurance activity. The independent oversight function should consider how the totality of assurance works in their organisation and seek to maximise the effectiveness of each element.

It is recognised that organisations will need to undertake 'soft' projects to develop and improve the performance of support functions. Soft projects are considered to include:

- Human Resources Projects that affect training records, competence records,
- Business IT Systems affecting access to SQEP records,
- Leadership and management.

Due to the subtle nature of these projects their significance and/or impact to the company's nuclear operations can be easily overlooked. However, changes to IT systems and essential support functions can impact the ability to demonstrate that regulatory requirements are met for areas such as Training, SQEP and Management Systems by modifying or affecting access to documents and records.

When reviewing soft projects fundamental considerations should be:

- Effect on the organisations capabilities including:
  - People
  - Processes
  - Systems/tools/infrastructure
- Review of investments – are they appropriately focused on the company's nuclear operations

Independent oversight of leadership can be sensitive and there may be risks to raising issues with leadership within the organisation. The role of the independent oversight programme to ensure transparency and set clear expectations as to the type and frequency of leadership assessments to be expected is important in underpinning the credibility of their eventual findings and/or outcomes. Despite the challenges, independent oversight of leadership cannot be ignored, leaders define the culture of an organisation and their influence and impact is far reaching.

In some organisations the independent oversight function is required to supply information to support the making of management decisions (Concurrence). Any concurrence activities should be included in the independent oversight programme.

### **3.2. Risk Factors**

The maturity of the organisation and the stability of the management system are factors that need to be considered when developing the independent oversight programme. Planned or recently implemented changes also have the potential to significantly affect performance.

Whilst historically good performance of a particular site, department or function does not guarantee that future performance will be satisfactory, this is a factor which should be considered when developing the independent oversight programme.

Changes in the type of activities being planned or undertaken at sites, within departments, or more generally are factors which should be considered. For example, the hazards and controls required for decommissioning are significantly different than for an operational nuclear facility.

Issues identified from previous assessments or significant incidents are factors which should influence the topics to be included in the independent oversight programme.

A change in the organisation's assessment of low probability, high consequence nuclear risk events, such as those identified by the Fukushima incident, is a factor to be considered when developing the independent oversight programme.

The adequacy of assessments of higher probability, lower consequence and of non-nuclear hazards which nevertheless have the potential to result in harm should be actively considered when developing the independent oversight programme.

### **3.3. Prioritisation of Assessment Activities**

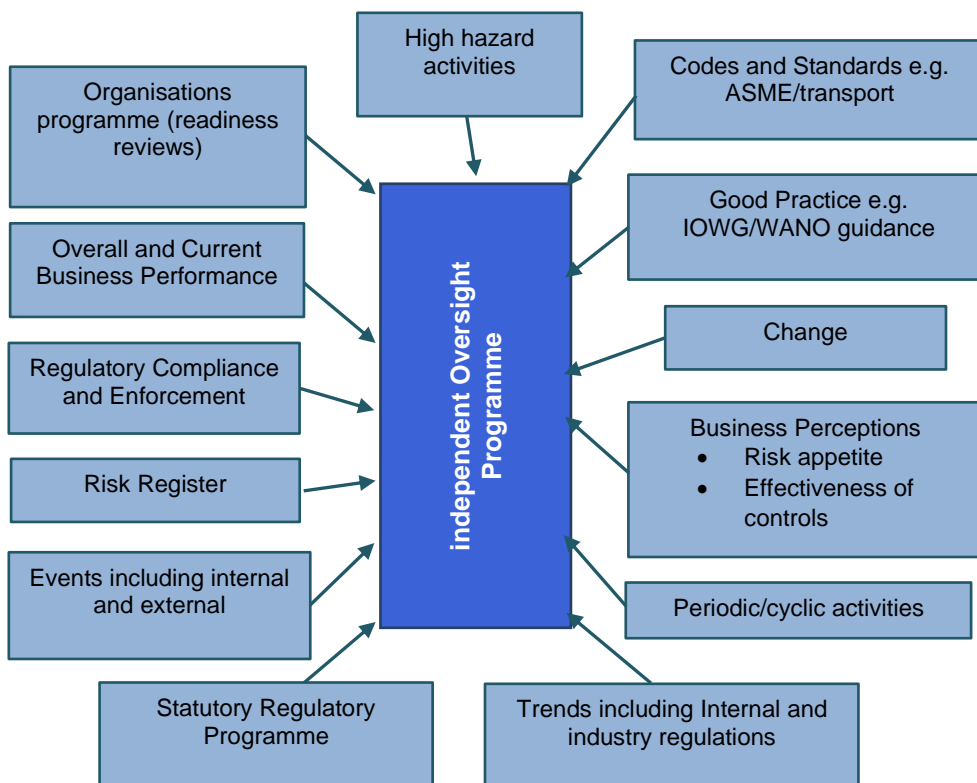
A risk informed approach should be used to prioritise the topics and areas included in the independent oversight programme. When developing a risk informed independent oversight programme a balance must be struck between what the organisation, and senior leadership, believe to be the significant risks and considering areas of risk that the organisation may be blind to – perhaps thinking that it has highly effective controls in place.

Application of a risk informed approach will vary by organisation but also by inspection, for example an inspection of a waste facility may focus on environmental compliance while an inspection of the site boundary would have a clear security bias. There are several methods to establish the appropriate prioritisation of work within an independent oversight programme. One such method is via understanding the risk associated with projects/routine independent oversight activities. The risk in this context can be considered to fit into different categories which will demand different levels of independent oversight and can be prioritised as follows:

1. Risk associated with facilities with potential for high hazards/consequences – This is usually the highest priority and thus there will be a natural bias towards independent oversight of this. Further the consequence/hazard severity should influence the level of independent oversight even if the risk is low.
2. Risk associated with long term, strategic organisation design projects – these will have a high profile with organisation directors and often lead to a wide variety of potential independent oversight activity.
3. Risk associated with the organisation's credibility/reputation.
4. Risk associated with the reputation/credibility of the independent oversight function.

These categories can then be applied to the various activities that are required as part of the independent oversight programme and, indeed, as part of the organisation's overall assurance model (i.e. the higher the risk, the more forms of assurance the business should seek). The figure below presents the considerations that should be included in the independent oversight programme:





**Figure 4 – Considerations for the Independent Oversight Programme**

Although risk-based independent oversight is an effective and well-established method across the nuclear industry, there is no hard and fast rule as to how to determine an effective independent oversight programme. Other methods include creating a programme using controls and systems or using soft signals such as experience. Some organisations utilise ‘worry beads’ or heat maps to pictorially present areas which require a higher level of independent oversight. If taking a more subjective view, based on experience, the following considerations should be included:

- Staff perceptions on leadership performance,
- Choices made on a facility,
- Experience of the management,
- Perception of ‘hidden’ priorities of the facility and risk awareness,
- Awareness of context of the facility operations,
- Situational awareness of the facility operators (recognising the absence of normal/presence of abnormal),
- Reaction to the presence of independent oversight,
- External pressures on the facility/management,
- How well the management know the staff and their performance.

Appendix A illustrates a risk informed approach that could be used.

The independent oversight programme should include some assessments to confirm compliance with regulatory requirements. The frequency of such assessments should consider past performance as well as the perceived significance of the requirement.

The independent oversight programme should aim to assess all significant and relevant elements of the management system over its cycle.

Where the organisation is responsible for the management of more than one site then the independent oversight programme should take account of the potential variations in risks and requirements across these sites and the organisation as a whole. The independent oversight strategy for the organisation and / or site should be described and documented.

The potential topics together with the sites / plants and / or functions to be assessed should be identified. Provisional assessment objective(s) for each of the planned assessments scheduled for the next period should be drafted. Consideration should be given to grouping the assessment activities under priority themes and topics to aid the clarification of assessment objectives. For example, if the suitability and effectiveness of governance is identified as a priority area then the following assessment objectives could be adopted:

- Confirm that management system procedures associated with governance achieve requirements of relevant national and international standards,
- Confirm that requirements of the management system associated with operation of governance meetings are being met,
- Confirm that effective challenge and discussion of issues defined in the mandate takes place at governance meetings,
- Confirm that attitudes and behaviours of personnel attending governance meetings are in line with the organisation's expectations.

It is recognised that the competencies required to undertake the independent review of documentation supporting the company's nuclear operations are different from those to undertake inspections / audits and the observation of behaviours. Furthermore, in some organisations these activities are undertaken by different groups. However, as resources to undertake the work will be required, the draft independent oversight programme should identify all potential independent assessment activities.

### **3.4. Proportionality**

There are many factors that input into the judgement of proportionality in independent oversight. Key to making this judgement is an understanding of the risk associated with each factor, what the potential hazard/consequences are, the size of gaps to expected standards, and the extent of control currently being demonstrated by the business. The following should be considered when deciding upon activities:

- Findings from previous activities and responses to these,
- Consequences (ALARP, EHSQ&S, BAT, business risk, reputation),
- Request from "activity owner" or senior management,
- Recognising the intangible benefit from looking (i.e. owner recognises importance because independent oversight function come to look),
- Evidence or assessor judgement of weakness in this area e.g. event trends,
- Acting in response / as precursor to regulator action / concern or external review,
- Acting in response to whistle blowing,
- In preparation for a major change in the business or in a project,
- Change in policy or statute,
- Input to permission / hold point / concurrence,
- Routine surveillance activity – the importance of being routinely visible across the organisation,
- Resource availability (people / time / money),
- Confidence in line management or functional oversight,
- Executive appetite.

In addition to internal factors, significant events external to the organisation should also be considered for their applicability; these could include well published events or identified themes, for example loss of the Nimrod aircraft, Grenfell Tower and Piper Alpha.

### **3.5. Determining the Method of Assessment**

The objectives of the independent assessment activities can be achieved by using both direct and indirect methods. Direct methods require personnel within the independent

oversight function to undertake the assessments. Indirect methods require independent oversight personnel to form a view on performance by reviewing information and data provided by others. Appendix B provides examples of assessment methods available and indicates the circumstances when they could be considered. It is not exhaustive and other methods not identified may also be used.

It should be recognised that the independent oversight role involves personnel having routine interactions and meetings with operational/functional personnel. These routine activities provide the opportunity to gain confidence that the requirements of the organisation's processes and expected behaviours are being achieved. Intelligence on issues, concerns and priorities can also be gained which informs the independent oversight programme. In this document these activities are termed "routine surveillance", whilst other activities are referred to as "planned assessments".

The nature of the routine surveillance activities will be determined by the hazards, risks and complexity of the organisation / area being assessed. Routine surveillance activities increase the visibility of the independent oversight role and assist in the development of a trusting relationship with operational/functional personnel as well as judging the adequacy of, and compliance with, arrangements.

The most appropriate method to enable the assessment objectives to be achieved should be selected and recorded on the draft independent oversight programme; more than one method may be used to enable the assessment objectives to be achieved. For example, the objectives of the "suitability and effectiveness of governance" planned assessment highlighted above could be achieved by:

- Review of the management system procedures associated with governance against the relevant requirements,
- Review of the minutes of the governance meetings to confirm that the requirements of management system are being met,
- Observation of a number of the governance meetings to assess whether effective challenge and discussion of significant issues takes place,
- Observation of a number of governance meetings to assess whether attitudes and behaviours of personnel are consistent with the organisation's expectations.

### **3.6. Identification and Allocation of Resources**

The independent oversight programme should take account of the suitability and competency of resources available to support it. The resources may need to be supplemented by external support, where the independent assessment team has limited experience or where specialist knowledge is required.

The independent oversight programme should take account of the resources required to enable routine surveillance activities to be undertaken.

For planned assessments scheduled for the forthcoming period a lead assessor should be identified. The lead assessor should:

- determine the strategy, scope and assessment methods to achieve the identified objectives,
- ensure that a suitable resource estimate is made for each of the identified activities,
- ensure that appropriate expertise from both inside and outside the organisation is utilised so that collectively the team has the necessary knowledge, skills, experience and credibility to undertake a good quality assessment,
- consider whether the participation of other parties, such as safety representatives and external regulators is appropriate.

It is recognised that where safety cases / environmental assessments / security plans

are subject to independent review then their delivery to a declared schedule is not under the control of the independent oversight function. However, the principles outlined are applicable and should be adopted where reasonably practicable.

### **3.7. Long and Near-Term Independent Oversight Programmes**

As assessment activities could address issues at facility, site and organisational level it may be necessary to prepare different programmes. For example, the organisational independent oversight programme could include all the significant planned assessment activities across all the sites and corporate areas, whilst a site independent oversight programme would only include the assessment activities affecting the specific site.

A long-term independent oversight Programme should be prepared to identify the planned assessments and their indicative completion dates, covering up to a 3, or 5, year period. Typically, a reserve of available resources should be maintained to undertake non-planned and reactive work.

The scope and proposed schedule of activities identified as a priority and planned to be undertaken within the next period should be included on the near-term independent oversight programme. The proposed planned assessments should be discussed with other parties involved in assurance activities to avoid duplication of effort and to enable the optimum utilisation of resources. Where considered appropriate the assessment activity could be rescheduled, combined with others or deleted from near-term independent oversight programme.

The timing of the activities on the near-term independent oversight programme should be discussed with the operational/functional management responsible for the areas or topics to be subject to assessment. This is necessary to highlight where operational/functional personnel may need to be made available to support the assessment and to co-ordinate with the programme of work being undertaken by the operational/functional areas.

A tool to schedule and monitor the delivery of the independent oversight programmes should be developed. The scope and timing of assessment activities should be revised as necessary to address emerging issues, and the relevant programme updated.

### **3.8. Approval and Review of Independent Oversight Programmes**

Consideration should be given to submitting the draft independent oversight programme(s) and the underpinning assessment strategies to the Nuclear Safety Committee (NSC) or similar high-level committee for advice prior to approval.

The independent oversight programme(s) should be approved by either the executive board or by the director who has the responsibility for providing an independent view of performance of the company's nuclear operations to the executive board.

The independent oversight programmes should be subject to periodic review and updated accordingly. Significant changes to the independent oversight programme(s) should be subject to re-approval.

The long and near-term independent oversight programmes should be provided to key internal stakeholders and where appropriate external regulators. Where possible these should be published on the organisation's intranet and discussed with safety representatives.

## 4. Undertaking Independent Assessments

Independent assessments provide constructive challenge from the evidence gathered so that a view or conclusion can be made on the area or topic that is subject to that assessment. Arrangements to enable each assessment activity to be planned, undertaken and reported to a consistent standard should be developed. The information and the steps to be taken that may be necessary to achieve this are illustrated in Figure 5 and the text which follows.

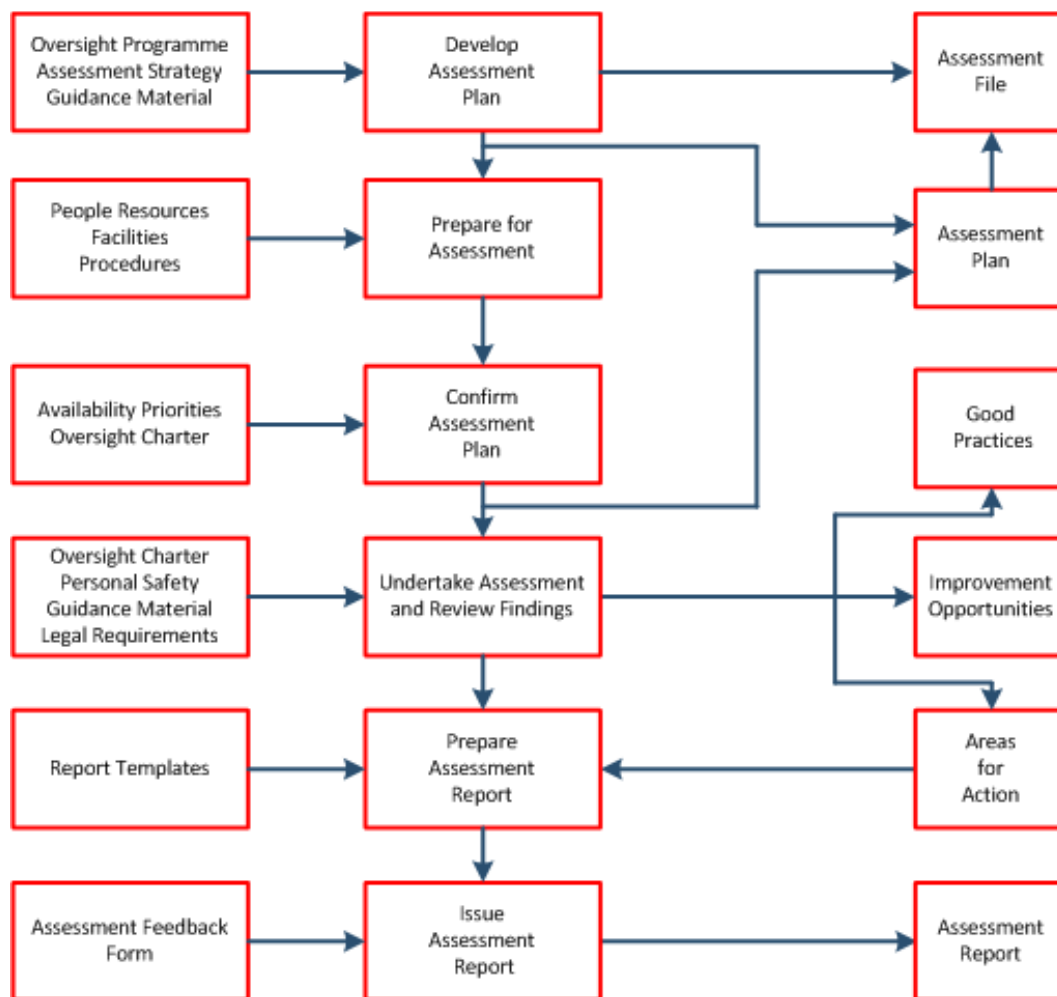


Figure 5 – Guidance for planning and executing an assessment

### 4.1. Develop the Assessment Plan

The overall objective for the assessment activities should be established during the development of the independent oversight programme. An “Assessment Plan” should be developed proportionately for each assessment and an “Assessment File” created. The plans for simple assessments or surveillances may not contain details as fully as more complex assessments.

The draft assessment plan should identify the:

- independent oversight programme reference with the outline assessment objectives, aims and boundaries of the assessment,
- method(s) to be employed with an indication as to whether any unannounced activities are planned,
- criteria against which judgements will be made,
- indicative scope and timetable for the assessment,
- resource requirements, including where necessary key competency requirements, and

- proposed output of the assessment.

Assessment plans should reflect the significance and complexity of the assessment activity and take account of activities with the highest hazards and known risk areas. The assessment plan will enable a consistent approach to be achieved and support a proportionate response to any matters identified by the assessment.

The assessment file should include the key information used and created during the assessment activity and will be used as a reference source for future assessments. Administrative arrangements for the management of assessment files should be made and documented.

Consideration should be given to preparing a standard assessment plan for routine surveillance activity. This will aid resource planning and support a consistent approach. This plan should identify the types of documents expected to be reviewed, the scheduled meetings to be attended and the frequency of workplace visits.

The method of assessment and criteria against which the performance will be assessed should be visible to all regardless of the type of assessment. For planned assessments the development of “question sets” should be included in the plan as these promote consistency of approach. Any question sets used should be regularly reviewed to ensure that arrangements are not progressively being adapted in response to the known questions, leaving vulnerabilities in other areas not subject to questions.

The assessment plan should ensure that the activity is supported by both independent oversight management and the wider business and should be provided to them for comment.

Independent oversight management needs to ensure that individuals carrying out the assessments have the necessary knowledge, experience, skills and attitudes to enable the assessment to be undertaken. Where more than one person is involved, a lead assessor should be appointed for the development and delivery of the assessment plan. The lead assessor should ensure that collectively the necessary skills, competency and knowledge to undertake the work is available within the team. Each individual should understand the scope of the work expected of them, be aware of the roles of others and make provision within their work plan for the assessment activity.

The relevant part of the business needs to provide documentation and information and ensure that relevant personnel are available to support the assessment. They also need to recognise that they may be required to take action and commit resources as a result of the assessment activity.

## **4.2. Prepare for the Assessment**

Whilst the type and complexity of the assessment will determine what preparatory work is required, it should be recognised that prior work is essential for a successful assessment. Typical work required to prepare for routine surveillance and some types of planned assessment is summarised below.

Prior to undertaking an assessment, the relevant requirements of national and international standards and guidance (see Appendix F) should be reviewed along with the organisation’s management system documentation and the findings/outputs from previous assurance activity on the topic.

The topics and timings of assessments should be informed by other assurance activities, both internal and external (such as audits, regulatory inspections, etc.) to minimise burden on stakeholders.

#### 4.2.1. Routine Surveillance

Individuals attending routine operational/functional management meetings should understand the terms of reference of the meetings and ensure that they are familiar with previous business and issues. Information which could aid the resolution of issues or support constructive discussion at the meetings should be sought out.

Individuals reviewing operational logs, functional records and management reports should ensure that they understand why the documents are made and records retained. Sufficient time should be allocated to reviewing records for periods when the individual has been absent.

Prior to entering operational workplaces individuals should ensure that they are fully conversant with the local applicable health, safety, environmental and security requirements. They should ensure that they receive a workplace briefing on any factors that may present risks to their health and safety and ensure that the required controls, such as routes to follow and Personal Protective Equipment (PPE) to wear, are implemented.

#### 4.2.2. Planned Assessment - Inspections

“Question sets” or “prompt sheets” should be developed based on any previously developed guidance material. Unless judged to be detrimental to the assessment objectives this information should be provided to the operational/functional personnel in advance of the audit / inspection.

Examples of documentation that should be considered for review include:

- functional documentation, such as process outputs, reports and records,
- operational documentation, such as safety cases and plant logs,
- non-conformance reports (or similar), and
- findings from earlier assessments.

A schedule of issues or questions requiring a response from operational/functional management should be prepared as a result of these reviews. Again, unless judged to be detrimental to the assessment objectives, this information should be provided to the operational/functional personnel in advance of the site-based activity.

Where other assessors are involved, meetings to brief them on the assessment objectives and to obtain their input into the question set / prompt sheets will be necessary. These meetings should also confirm the administrative arrangements to ensure the integrity of the assessment file. It may also be necessary to provide familiarisation training, additional PPE and security clearances to access the areas being assessed.

It will be necessary to discuss the timing and schedule of the planned activities with operational/functional management to ensure that the assessment can be delivered. The arrangements for reporting the assessment findings should be clarified and the timescale for issue of the draft report agreed. For assessments lasting more than one day arrangements to feedback significant findings at the end of each day should be considered.

Arrangements for recording and reporting interim findings will need to be established if the assessment activity forms part of a wider assessment.

#### 4.2.3. Planned Assessment - Review of Documentation supporting the Company's Nuclear Operations

The lead assessor should ensure that the management system requirements for the preparation of the relevant document are understood by all personnel expected to be involved in the planned assessment.

Meetings with others involved in the assessment should be arranged to confirm the scope and timing of the work as well as the administrative arrangements for the assessment file. It may also be necessary to arrange for them to receive a familiarisation tour of the area covered by the document and to receive the necessary security clearances.

Meetings with the “owner” of the document being reviewed will be necessary to discuss the timing and schedule of the review and to establish arrangements for the supply of reference materials. Arrangements for progressing findings resulting from the review will also need to be developed.

#### 4.2.4. Planned Assessment – Request for Concurrence

The lead assessor should ensure that the concurrence process and purpose of the assessment is understood by both the personnel expected to be involved in the work and the manager requiring concurrence.

Concurrence activities could include:

- Assessments to support the continued operation of a facility,
- The clearance of “hold points” associated with major organisational changes,
- Infrastructure / plant modifications and plant outages,
- “Readiness reviews” requested by senior management.

Concurrence assessments could include audit / inspection type activities and the review of documentation supporting the company’s nuclear operations, hence similar preparatory work will be required.

The target date for issue of the concurrence assessment report should be agreed with the manager requesting it.

#### 4.2.5. Planned Assessment – Review of Performance Data

Individuals should take account of “A Good Practice Guide on the Safety Performance Indicators” issued by the SDF when planning the review of performance data but should not be limited to this if alternatives are more appropriate.

### 4.3. Confirm Assessment Plan

The draft assessment plan should be internally reviewed within independent oversight to confirm that the proposed assessment methodology and criteria are acceptable.

The draft assessment plan, and where relevant the schedule of issues / questions identified by the preparatory work, should be discussed with the operational/functional management. The scope of work should be amended to reflect information provided by operational/functional management so that the optimum use of both independent oversight and wider business resources is made. Where possible, the timing and schedule of assessment activities should be adjusted to minimise the disruption to operational priorities. Where an assessment activity is part of a wider assessment, discussion with both operational/functional and independent oversight management should take place to agree the arrangements for recording and reporting interim findings.

For the review of safety case / environmental / security assessments and activities requiring concurrence, the dates for issue of the assessment report and governance



meeting(s) at which these will be considered should be agreed.

Following the above discussions, the assessment plan should be updated to confirm the agreed scope and schedule of work. Any proposed change in the scope or timing should be agreed and the assessment plan subject to change control.

#### **4.4. Undertake Assessment & Review Findings**

##### **4.4.1. General Approach**

Guidance to enable the assessment activities to be undertaken to a consistent standard should be developed whilst allowing evolution or improvements through continuous learning or innovation. Information relevant and applicable to all assessments is provided below. Appendix D provides specific information to be considered for routine surveillance and planned assessments.

The assessment plan should be followed unless significant issues are identified that requires the work to be modified (including through a more effective approach), expanded, halted, suspended or abandoned. Significant changes to the assessment plan should be shared with stakeholders wherever practicable before the point of reporting, to adhere to the principle of 'no surprises'.

The purpose and the basis on which judgement will be made should be explained to all personnel involved in the assessment. Their actions and response should be considered and tested prior to making any conclusion.

The assessment should highlight areas of good performance as well as areas where improvements are required. In the event of a significant issue being identified then this should be brought to the attention of operational/functional management as soon as possible.

It should also be recognised that a poorly conducted assessment with no positive findings is unlikely to be effective and will damage the reputation of the independent oversight function. Furthermore, the attitude and behaviour of independent oversight personnel will influence the assessment outcomes. Assessors should adopt the highest standards, be open to constructive challenge and communicate effectively with all parties involved in the assessment.

##### **4.4.2. Findings**

Findings should be reviewed to identify where performance has been found that does not meet the required standard. The relative importance of such findings should be considered against the assessment criteria together with legal and organisational requirements. Assessment findings should be categorised in accordance with their significance. Table 1 illustrates a possible approach.

Category	Title	Description
1	Issue or Reservation	Findings from assessment activities that require corrective action to be taken to address a significant risk or non-conformance.  Findings from the review of documentation and concurrence activities that must be resolved before a satisfactory assessment conclusion can be made.
2	Observation	Findings from assessment activities where a reduction in performance has been observed or identification of areas where performance could be improved.  Findings from the review of documentation and concurrence activities that do not challenge mandatory requirements or criteria but should be addressed to support the overall argument.
3	Comment	Findings with a minor effect or where improvement opportunities have been identified where performance is acceptable but could be further enhanced.  For concurrence and review of documentation these could be typographical errors that potentially undermine the quality of the argument.

Consideration should be given to highlighting significant issues and reservations where only limited evidence to support such findings has been obtained. This approach provides operational/functional management with the opportunity to take action prior to further assessment work being undertaken. However, the assessor should ensure that the level of confidence in such findings is made clear.

Findings should be reviewed to identify good practice that merits consideration or adoption across other parts of the organisation. Operational/functional management should be informed where this has been found to facilitate sharing of good practice.

#### 4.4.3. Performance Ratings

Findings should be reviewed against the assessment criteria to determine whether there is sufficient evidence to make a conclusion on acceptability and/or performance. The assessment plan should be revised, and further work undertaken if this is not the case or the activity could be suspended following discussion with independent oversight management.

The overall conclusion of each assessment should be rated so that performance across different processes and areas can be recorded and trends monitored. Consideration should be given to rating performance against:

- the suitability of the organisation's processes and associated management system documentation,
- compliance with the requirements of the management system and the effectiveness of implementation,
- the quality of leadership and culture observed within the area subject to assessment.

Consideration should be given to establishing a scoring system to enable good or satisfactory performance to be differentiated from areas where performance is poor or unsatisfactory, see Section 5.3.

It may also be helpful to provide a scoring framework that allows an indication of the potential consequence of the findings, as significant deviation does not necessarily result in a major risk, indeed in some cases only very minor deviation can have major potential consequence.

#### **4.5. Prepare Assessment Report**

The scope, content, format and distribution of assessment reports to be used within the organisation should be defined. Information applicable to all report types is provided below and Appendix E includes specific information relevant to reports of surveillance and planned assessments.

Reports should be prepared on the basis that they may be read by anyone and that the author or organisation may be asked to justify its contents. The tone of report should be dispassionate, demonstrably unbiased and avoid the use of emotive language. The use of acronyms and technical jargon should be minimised.

Where practicable, reports should not refer to any type of sensitive information. Where necessary reports should refer to the organisational role or position rather than individuals' names. Consideration of commercial and security impacts should be made, and the report allocated the appropriate protective marking in accordance with national security and corporate requirements.

Reports should include a statement of the assessment objectives and the contents of the report should be focused on them. Where opinion is included, this should be clearly identified, and arguments used to support this opinion should be provided. The basis for arriving at any conclusions and recommendations should be clearly articulated.

Reports should summarise any significant issues identified during the work, along with how these were addressed.

Once the report has been drafted and reviewed it is good practice to hold a hot debrief with the receiving manager and other related stakeholders to establish a constructive dialogue over the findings and enable positive influence and commitment. It also:

- reinforces trust and credibility in the independent oversight function,
- supports a collaborative approach with management, and
- supports the principle of 'no surprises' particularly in written, distributed reporting.

#### **4.6. Issue Assessment Report**

All assessment reports should be subject to review and approval prior to their issue. The independent oversight function's procedures should:

- require draft reports to be reviewed to confirm that the objectives of the assessment plan have been achieved, typographical and factual errors have been eliminated and to ensure that the findings are consistent and robust,
- require draft reports and their findings to be subject to internal review within the independent oversight function to enhance consistency and ensure support for potentially difficult messaging in the receiving part of the business,
- ensure that operational/functional management are provided with the opportunity to comment on the draft report and require that discussions are held to resolve any areas of disagreement,
- ensure that operational/functional management are provided with sufficient information to enable them to understand the significance of findings and the action(s) necessary to address them, and
- include a request to operational/functional management to provide feedback

on the conduct and perceived value of the assessment activity (Assessment Feedback Form).

The arrangements for the distribution and retention of the approved assessment reports and returned assessment feedback forms should be formalised.

Assessment findings, associated actions and responses and any good practices should be recorded. If the organisation has an IT tool for the management of actions and / or good practices, then this should be used.

Follow up work to monitor the implementation and close out of actions, and whether the actions have delivered the required improvement should be included in the oversight programme.

The independent oversight function should record occasions where the internal review processes have required substantial reworking for the purposes of continuous improvement.

## 5. Analysis of Assessment Findings

One of the key value-adding activities of an independent oversight function is to analyse the findings from independence assessment activity and to find the underlying causes behind the fundamental issues facing the organisation and to make compelling arguments for change to senior leaders. This aspect of the role is a key focus of the IOWG’s training provision for independent oversight professionals discussed earlier in section 2.6.

Arrangements for the regular and systematic analysis of findings from the independent oversight programme should be established. Information and the steps which may be necessary to achieve this are illustrated in Figure 6 and the text that follows.

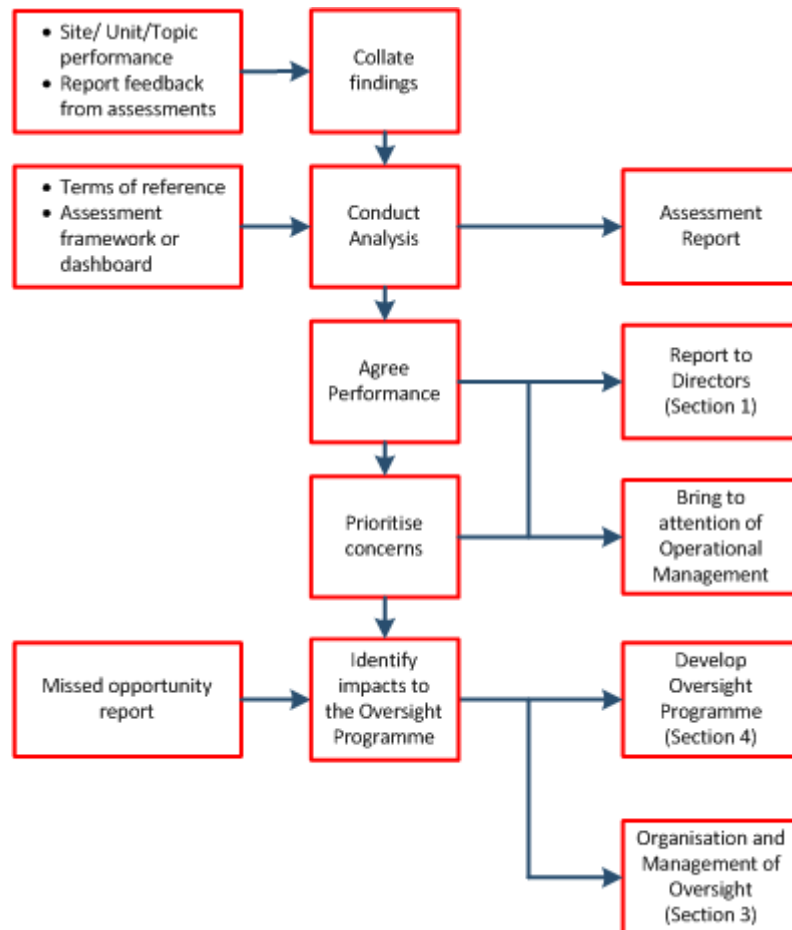


Figure 6 – Analysis and reporting of findings

The frequency at which the analysis takes place should reflect the complexity of the organisation, the scope of the independent oversight programme and the frequency at which directors require an independent oversight report. However, it is considered that this should occur at least every three months to enable adverse trends to be identified and monitored and corrective action taken in good time.

The roles and functions required to participate in the analysis should be identified and terms of reference of the analysis event established. Generally, the manager of the independent oversight function should chair the event and ensure that all units, functions and departments contributing to the independent oversight programme are represented.

A process to enable the analysis to be consistently performed and benchmarked should be established. It is recommended that an “assessment framework” or “performance dashboard” is developed that incorporates the key corporate processes,

risk controls and essential legal requirements. Consideration should be given to carrying out analysis against compliance with the requirements of key legislation as well as key elements of culture.

The information required to be provided as an input to the analysis process should be specified. Consideration should be given to developing a report template for a written contribution (Performance Report), and requiring each of the units, functions and departments involved in the independent oversight programme to provide one. Information to be considered could include:

- the key findings from assessment activities completed in the period,
- performance ratings (where relevant) from completed independent assessments,
- details of significant incidents,
- significant findings from regulatory assessments,
- relevant performance data, such as SPI and action close out status,
- themes and trends from the above.

The roles played by the various operational and corporate functions should be included in the analysis.

### **5.1. Collate Findings**

A performance report should be prepared by the person responsible for the independent oversight of respective sites, units or topics. The distribution of these reports and the timescales set for their issue should be defined.

Where relevant, information from assessment activities undertaken by third parties such as regulators and certification bodies should be collated and available for discussion at the analysis event.

Data included in operational/functional management performance reports (e.g. SPI and incident data), should be collated and available for discussion at the analysis event.

### **5.2. Conduct Analysis**

Protocols should be established to enable the analysis event to be efficiently conducted and provide the opportunity for each representative to make their contribution.

The purpose of the event and protocols to be followed should be understood by all participants and the outcomes recorded.

The analysis event should lead to the identification of:

- areas of concern or issues that may require the attention of senior management, which could be a product of its significance to the company's nuclear operations and the degree that the organisation perceives the problem,
- areas of good performance and practices across the organisation,
- information that may affect the conduct and implementation of the independent assessment activities.

The analysis should identify any significant issues resulting from incident investigation or the findings of third parties, such as regulators and certification bodies which were not identified by the independent oversight programme.

### **5.3. Agree Performance**

A collective view of performance across the site(s) and organisation should be agreed

following discussion of the performance reports and the analysis of relevant assessments / findings. This should take account of the relevant organisational performance indicators and enable trends in performance to be identified.

It is recommended that performance and trends are recorded against the respective elements of an “assessment framework” or “performance dashboard” and “culture” metrics. Tables similar to 2 and 3 below could be used to visualise and represent the assessment findings.

### Processes & Implementation

(Based upon simplified assurance model used by URENCO UK Ltd)

	Core Activities					Support & Management Processes				
	Operations	Asset Management	Waste Management	Emergency Response	Safety Case	Governance	Organisation Capability	Management System & Communications	Assurance	Stakeholder Engagement
Site A	↑	←	←	↑	←	←	↑	←	↑	←
Site B	↑	←	↓	←	←	←	←	←	↓	←

### Leadership and Culture

(Based upon INSAG 15 topics)

	Individual			Leaders			Management System			
	Accountability	Questioning Attitude	Communications	Values and Actions	Decision Making	Respect	Continuous learning	Problem Resolution	Environment for concerns	Work processes
Site A	←	←	←	↑	↑	←	←	←	←	←
Site B	←	←	↓	↓	←	←	←	←	←	←
Code	Good			Satisfactory		Improvement Needed		Unsatisfactory		

In this example the assessments for site A have concluded that performance met the required standards for almost every topic / theme assessed and no adverse culture indicators have been identified. The assessments have recognised that improvements in performance have been achieved and these have been attributed to the effective leadership and action of the site management team.

The assessments for site B have concluded that performance across most topics / themes requires improvement, the recent emergency exercise has been judged unsatisfactory and adverse indicators of culture have been identified. The assessments have noted that whilst several improvement projects have been established these have not been effective in raising performance.

Analysis of performance and trends should identify common areas of concern or

significant issues requiring attention. These should include the potential for escalation, regulatory enforcement action or the failure to gain regulatory permission. The significance of these should be discussed and agreement achieved on those which should be brought to the attention of directors and senior management. An agreed scoring and grading system for independent oversight findings / concerns is an effective method of doing this, it will give intelligence around the risk of non-compliances and should give early warning signs before the actual consequences can be felt. It also allows for articulation of the judged significance of each finding / concern and allows for a visual demonstration of performance over time.

The scoring and grading system should reflect the appetite and expectations of senior management (as per section 1.1 above), who may choose to align with regulatory grading or adopt a bespoke system for their organisation.

- Adopting a method that aligns with regulatory reporting allows the organisation to quickly and clearly understand the areas in which they are compliant and the areas where work is needed, in particular enabling the organisation to generate a more granular view of gaps/good practices within overall 'adequate' arrangements,
- Adopting a bespoke system can enable the measurement of gaps to excellence as well as giving early warning of deteriorating performance,
- Whichever option is taken the organisation must be clear and consistent in the basis for, and application of its scoring and grading method.

The key to a successful scoring system is that it is simple, clear, commonly understood, unambiguous and fit for purpose. It should also be applicable to the range of activities across the business. The detail of the scoring system is up to the individual business, but when producing one consideration should be given to:

- Target audience,
- Appetite of leadership,
- Detail required,
- Evidence required,
- Links with action closure.

#### **5.4. Reporting of Findings and Concerns**

Arrangements to provide directors and senior management with reports of the independent oversight programme should be established. The performance assessment data generated by the analysis event could be the input of the routine report to the directors. However, the directors should identify, and the Head of the Independent Oversight function would usually propose the type, scope and frequency of the reports directors receive. However, any proposal should meet the requirements of directors and senior management.

The role of an independent oversight function should be to support an organisation in the identification and resolution of issues. The directors and senior management should be informed of significant findings from third parties, such as regulators or certification bodies, which question the suitability, capability, or effectiveness of the independent assessment arrangements. A mature organisation is expected to share its findings and improvements in an open and transparent manner. A successful independent oversight function can draw attention to unidentified issues ahead of time, thereby adding value to the organisation. Directors and senior management should also feedback their views on the quality and value of the independent oversight information / reports.

The person(s) identified as responsible for providing information to directors and senior management should submit routine reports to them. These reports could include:

- commentary on the status of, and key findings from, the independent oversight programme,



- a summary of significant independent assessment activities, including requests for regulatory permissions and, where appropriate, the findings of concurrence assessments,
- comment on issues or challenges associated with reaching a concurrence on ongoing assessments,
- providing confirmation that the regulatory requirements and standards are being achieved (or not) and commenting upon the suitability of actions being taken should this not be the case,
- the highlighting of significant concerns or issues that require their attention, where it is judged that regulatory enforcement action may be initiated or an application for regulatory permission not be granted,
- the highlighting of increasing concerns or issues that could become significant without further attention from directors and senior managers, in particular those related to delays in responding, or the expected outcomes not being realised.

The reporting system should link to the tracking of findings and actions through to closure; it is not enough to simply report on non-compliance to the business. The system should also use the scoring and grading system. How this is communicated will depend on whether senior leadership is interested purely in compliance with the regulation, or in demonstrating excellence. Industry should expect its own independent oversight functions to be more demanding than the regulator, giving intelligence on the performance and health of the business as well as compliance. For this reason, the independent oversight functions may require more granularity in their reporting than the regulator. It should be considered whether the business will require that this reporting must be purely evidence based or if it can be more subjective.

## **5.5. Identify Impacts to Independent Oversight Programme**

The analysis event may reveal information which could impact upon planned or future assessment activities. Such information should be brought to the attention of relevant individuals, functions or departments and considered at the next review of the independent oversight programme.

The findings of third-party assessments, such as regulators and certification bodies, should be discussed. In the event of a third-party assessment conclusion being significantly different than that obtained by independent oversight programme then an investigation should be initiated.

The analysis may identify issues resulting from incident investigation or the findings of third parties, such as regulators and certification bodies, which were not identified by the independent oversight programme. These “missed opportunity events” should be recorded and considered during the monitoring and review of the independent oversight function activities (see Monitoring & Reviewing Performance section).

## **6. Monitoring and Review of Performance**

Arrangements to enable the performance of the independent oversight function and effectiveness of the independent assessment activities to be monitored and reviewed should be established. Information to be considered when developing these arrangements is presented below.

### **6.1. Feedback**

It should be recognised that to be effective, information provided by the independent assessment activities should be trusted and valued by directors and senior management. Their views should therefore be sought, findings reviewed, and action taken to respond to adverse comments.

The feedback from personnel who participate in, and receive the output of, independent assessments should be collated, findings reviewed, and action taken to respond to adverse comments.

### **6.2. Performance of the Independent Oversight Function**

The performance of the independent oversight function should be monitored (potential measures are shown in Table 4). Individuals, functions and departments undertaking independent assessments should contribute information for their area of accountability. The requirement to submit a report summarising progress within their area of responsibility should be considered.

A management review for the effectiveness of the independent assessment process and its organisation should be undertaken in line with the organisation's quality assurance arrangements. The review should take account of the fundamental requirement that independent assessments should challenge the processes, decision making and behaviours within the organisation and consider the quality of the information provided to directors and senior management.

The implications of "missed opportunity events" and any criticism of any assessment activity or adverse comments on the performance of individuals should be considered by independent oversight function management. Actions to prevent a recurrence should be taken and progress monitored.

The frequency of the monitoring activities should reflect the complexity of the organisation and the scope of the independent oversight programme.

### **6.3. Comparison with Key Requirements of this Good Practice Guide**

It is good practice for the independent oversight function to periodically self-assess its own performance and effectiveness against the expectation of this Good Practice Guide. Appendix G provides a useful checklist of these requirements to facilitate such reviews. Additionally, as part of self-assessment rather than focussing on the arrangements for independent oversight alone, it is also useful to seek internal feedback from independent oversight personnel on perceived performance of their own function. An example question set for this internal feedback is also provided in Appendix G.

### **6.4. Independent Assessment process**

Quantitative and qualitative measures should be established to address the quality of outputs as well as the effectiveness of the independent assessment processes. Table 4 provides a number of performance indicators and measures which could be used.

The independent assessment process and practices should be subject to periodic assessment by groups or organisations that are independent from the organisation's independent oversight function. This assessment could be undertaken by the group responsible for the assessment of quality assurance if this is not included within the remit of the independent oversight function. These assessments could also be performed by certification bodies, peer groups (such as an IOWG Peer Assist) or parent organisations if applicable.

Table 4		
Area	Measure	Comment
Organisation	% of independent oversight function baseline roles filled	Indicative of organisational capability to manage and implement the independent assessment process
	% of independent oversight function personnel assessed as competent or with development plans in place	Indicative of organisational capability to manage and implement the independent assessment process
	% of processes available to stakeholders	Indicative of transparent organisation
Independent Oversight Programme	Long term independent oversight programme approved	Provides confirmation that directors and senior management support the planned independent assessment activities
	% achievement of planned assessment over rolling 1 year period	Indicates the effectiveness of the planning process and the availability of assessment resources
	% of time "out of office"	An indicator of the visibility of those assessors undertaking routine surveillance activities
	No. of requests for independent assessments	An indicator of the perceived value of the independent oversight activities. However, such requests must not be routinely used as a substitute for functional management of independent oversight activities
Assessment Activities	No. of draft assessment reports requiring rework	This should be close to zero if assessors are competent and the internal checking process is effective
	No. of assessment findings "rejected" by operational/functional management	This should be close to zero if assessors are competent, the internal checking process is effective and the culture of the organisation towards independent oversight is positive
	% of assessment reports issued within timescale	Indicative of process compliance and resource availability
	No. of Assessment Feedback Reports returned	Indicator of relationship with internal stakeholders
	No. of Assessment Feedback Forms with "less than satisfactory" comments	Indicator of the competency and behaviour of the assessor and perceived value of assessment activity
	No. of Missed Opportunity Reports	This should be close to zero if scope of the independent oversight programme is sound and the assessment activities are effective
Monitoring and Review	No. of findings where escalation has been necessary to address outstanding issues / late close out.	This should be close to zero if the assessment findings are sound, the arrangements for encouraging operational/functional management to make improvements are effective and the culture of the organisation towards independent oversight is positive
	No. of significant findings from assessment of independent oversight function or process	If a significant finding was found then this would indicate that the independent assessment processes are not effective

	% of IOWG Peer Assist findings sanctioned and progressing in accordance to plan	Indicative of learning IO function
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## 6.5. Peer to Peer Benchmarking

Benchmarking of the independent assessment processes and practices should be included within the independent oversight programme. These activities could be co-ordinated through the SDF IOWG and/or via organisations relevant to the nuclear industry sector such as WANO and the Submarine Enterprise Peer Review group.

## 6.6. IOWG Peer Assist

An effective option for organisations wishing to gain independent assessment of their independent oversight function's performance against the good practices documented in this GPG is to request a Peer Assist from the IOWG. Guidance on requesting and conducting a Peer Assist is available at Appendix C.

# 7 *Summary of Key Points*

The level of assurance offered by an independent oversight function will be of most value to an organisation when that organisation is clear about its scope and purpose and provides support to independent oversight from the most senior levels of the organisation. To deliver objective, effective, independent oversight of an organisation's performance against all of its nuclear operations, an independent oversight function needs:

- A clear mandate from the Board or Executive;
- Independence from the delivery elements of the organisation;
- Competent people who are specifically authorised to dispassionately assess the performance of the organisation with independence of thought and deed;
- To set and implement the highest standards of professional independent oversight conduct;
- An independent oversight programme that addresses the key risks and hazards and covers all of the nuclear operations that are included in the mandate;
- To report its findings to top management confident that they will be acted upon; and
- To monitor and report on its own performance and be open to challenge itself.

# Appendices

These appendices supplement the main body of the Good Practice Guide with more detail and examples where they add value. These are as follows:

Table 5	
A	Example of a Risk Based Approach to Prioritise Independent Oversight Activities
B	Guidance for the Selection of Assessment Methods
C	Guidance for Peer Assists
D	Guidance for Planning of Routine Surveillance and Planned Assessment
E	Guidance for Reporting of Routine Surveillance and Planned Assessment
F	Related References
G	Checklist of Key Requirements
H	Glossary
I	Drivers for Independent Oversight

## **Appendix A – Example of a Risk Based Approach to Prioritise Independent Oversight Activities**

Tables 6 and 7 below illustrate how a risk based approach could be used to determine the independent assessment priorities for two different organisations.

Table 6 is the risk assessment for an organisation with stable organisation and mature safety management system. However, previous assessments have indicated that the culture is weak across the organisation, particularly at sites A and C. Furthermore, sites A and C have previously been assessed as having poor performance and higher than average number of incidents. An organisation wide improvement programme has been initiated aimed at addressing these weaknesses.

	Governance and Leadership	Capability of Organisation	Management Systems	Safety Controls	Culture	Safety Cases	Improvement Projects/ Actions
Organisation	2	3	3	N/A	2	N/A	1
Site A	1	3	N/A	1	1	2	1
Site B	3	3	N/A	2	2	2	1
Site C	1	3	N/A	1	1	2	1
Priority:	1 = essential/ high risk		2 = important/ medium risk		3 = desirable/ low risk		

In this case the independent oversight programme activities could give priority to undertaking assessments that would give information on:

- The suitability and effectiveness of the governance and leadership with more attention being given to sites A and C,
- The control of risks at all sites, but with greater emphasis at sites A and C,
- The culture prevalent within the organisation, but sites A and C having the higher priority,
- The management and implementation of the various Improvement Programmes across the organisation.

Assessment activities directed at providing information on the organisation's capability and management system would not be given priority in the first year of this independent oversight programme.

Table 7 is the risk assessment for an organisation which has recently been subject to a change in the organisational governance of a Parent Body Organisation (PBO), but no significant changes to its structure have been made. It has previously had strong performance at all three sites and is recognised as having positive culture. Site A is scheduled to cease operations within the next 12 months and number of major plant modifications are planned for site B.

	Governance and Leadership	Capability of Organisation	Management Systems	Safety Controls	Culture	Safety Cases	Improvement Projects/ Actions
Organisation	1	3	2	N/A	1	N/A	2
Site A	1	2	N/A	2	1	1	2
Site B	1	2	N/A	2	2	1	1
Site C	2	3	N/A	2	2	3	3
Priority:	1 = essential/ high risk		2 = important/ medium risk		3 = desirable/ low risk		

In this case the independent oversight programme activities could give priority to undertaking assessments which would give information on:

- The suitability and effectiveness the governance and leadership across the organisation following the change in PBO,
- The impact of the change in PBO on the culture prevalent within the organisation,
- The impact of the pending cessation of operations on the culture prevalent at site A,
- The management and implementation of the major modifications to the plant at site B,
- The control of risks at all sites.

Subject to the performance not deteriorating, assessment activities at site C would not be given a high priority in the first year of this independent oversight programme.

Adoption of this approach should enable the independent oversight strategy for the organisation and / or site to be described and documented.

## **Appendix B – Guidance for the Selection of Assessment Methods**

There are various methods available to enable independent assessments to be undertaken. These are grouped under two headings in Table 8.

- Direct Assessment – where the assessment involves discussion with individuals, observation of activities and the review of documentation by the individual(s) undertaking the assessment; and,
- Indirect Assessment – where the information, data and assessment reports prepared by others is reviewed by the individual(s) making the assessment.

Their selection and use should take account of the assessment objectives as well as the source and availability of information.

Table 8		
Direct Assessment Methods		
Audit/Deep Dive	Involves examination of issued processes, procedures and standards together with discussions and workplace visits to confirm compliance.	Useful when the organisation's management system is stable and has been confirmed as meeting legal requirements. Findings are likely to be indicative of the organisation's leadership, capability and culture.
Inspection	Involves discussions with personnel and visits to the workplace to confirm that required standards are being achieved, that processes, procedures and standards are adequate and being followed.	<p>Useful if the organisation's management system is undergoing change or has not been confirmed as meeting legal requirements.</p> <p>Can be used to evaluate the performance of other elements of the organisation's assurance framework (e.g. Quality Assurance, Process Owners)</p> <p>Can also be used to assess whether improvement projects are being effectively implemented.</p> <p>Findings can be used to inform the revision of management system documentation and are likely to be indicative of the organisation's leadership, capability, culture and risk controls.</p>



Surveillance	Involves attending meetings and workplaces to form judgements on whether the required standards and behaviours are being achieved.	<p>Used for routine business such as meetings involving operational and functional management and governance meetings. Findings will be indicative of the organisation's leadership, capability and culture.</p> <p>Used as part of routine inspection activities to check workplace conditions and enable behavioural observations to be made. Findings will be indicative of the effectiveness of risk controls and the organisation's capability and culture.</p> <p>Can be used periodically to observe the investigation of incidents and management reviews. Findings will be indicative of organisational capability and culture.</p> <p>Observations provide "intelligence" to inform the independent oversight programme as well as providing confirmation of process compliance.</p>
Review	Involves the examination of information, data and documentation.	<p>Used during the independent review of documentation to test the robustness of the arguments and conclusions and to ensure high standards are achieved.</p> <p>Used as part of routine inspection activities - includes the review of operational logs and event reports and the status of action close out. Findings provide "intelligence" to inform the independent oversight programme as well as confirmation of process compliance etc.</p> <p>Can be used to assess the quality and comprehensiveness of management systems procedures, incident investigation reports and any improvement programme.</p> <p>Can include the review of incident data to identify trends or concerns. May also include the collective review of plant modifications or organisational change assessments to confirm that safety arguments remain valid.</p>

Investigation	<p>Note – As good practice in independent oversight has evolved it is now considered that other functions of an organisation should be delivering the routine investigations required of their Corrective Action Programme / Condition Reporting process (or similar nomenclature). Independent Oversight would normally assess the performance of this function as part of their programme.</p> <p>Involves examination of issued processes, procedures and standards together with discussions and workplace visits to identify the cause of an abnormal event.</p> <p>Raised following the initial investigation of incidents, audits and inspections by others within the organisation.</p>	<p>Usually undertaken following a significant abnormal event at the request of senior management to ensure that the investigation is demonstrably independent.</p> <p>Findings can be used to inform the revision of management system documentation and are likely to be indicative of the organisation's leadership, capability, culture and risk controls.</p>
Indirect assessment methods		
Non-conformance Reports	These include plant performance reports and safety performance indicators as well as the results from management workplace inspections and self-assessment reports.	Used to identify trends and potential topics for inclusion in the independent oversight programme. Can be used as input to planned assessment. Findings will be indicative of the effectiveness of risk controls and the organisation's capability and culture.
Management Reports	These include plant performance reports and safety performance indicators as well as the results from management workplace inspections and self-assessment reports	Used to identify trends and potential topics for inclusion in the independent oversight programme. Findings may be indicative of leadership and culture.
Safety, Security and Environmental Representatives	These include findings from workplace inspections and incident investigation reports as well as concerns raised by the representatives.	Used to identify trends and potential topics for inclusion in the independent oversight programme. Findings may be indicative of leadership and culture.
Reports from 3 <sup>rd</sup> Parties	These include findings from inspection, audits and assessments made by peer groups, regulators, certification bodies and external bodies such as WANO.	Used to identify trends and influence topics for inclusion in the independent oversight programme. Findings should provide information on the quality and effectiveness of the independent oversight programme.
Surveys	Involves the questioning of a number of employees and / or contractors using tools such as the HSE Safety Climate Survey.	Useful to provide a basis of the organisation's culture. Can be used to diagnose areas of concern or to confirm that improvement initiatives have been effective.

## **Appendix C – Guidance for Peer Assists**

Peer Assists have become a focus of the IOWG in recent years. Peer Assists have been undertaken on the independent oversight function of different organisations and on smaller projects; these have been well received by the organisation and the independent oversight function and have had regulator interest. Good practice for how and when Peer Assists should be undertaken has been collated. A detailed Guidance document has been prepared to assist with the planning and delivery of a Peer Assist along with a range of supplementary templates/examples including:

- Roles and responsibilities,
- Non-Disclosure Agreement Template,
- Steering Group Terms of Reference,
- Team meeting Terms of Reference,
- Area plan template,
- Logistics and programme spreadsheet template,
- Pre-Job brief and training slide-deck,
- Output presentation template, and
- LFE format.

The Guide and supplementary information listed above is available from the Chair or Secretary of the IOWG on request.

### **Benefits**

Peer Assists have received a lot of positive feedback from both organisation directors and the independent oversight functions. Having experienced individuals with credibility in the industry conduct an assessment, provides an organisation with a different perspective on the problems it faces. Organisations have been able to take learning from the donor assessors, and in return the donor assessors develop their own knowledge through conducting the Peer Assist.

### **When to undertake a Peer Assist**

Peer assists are requested by the host organisation and can be undertaken for various activities from a full scope assessment against the expectations of this Good Practice Guide, to potentially more targeted scopes such as:

- Emergency exercises,
- Governance/Leadership,
- Outage or Concurrence reviews

Peer Assists are commonly carried out by a pan IOWG team of assessors (drawn from a number of member companies) with a suitable Team leader. Peer Assists are undertaken on a *quid pro quo* basis – those who receive the value of a Peer Assist would usually lead the delivery of the next one, thereby disseminating the learning in terms of delivery of the Peer Assist itself.

### **Peer Assist Considerations**

The scope and objectives of the Peer Assist should be agreed prior to the activity including objectives, benefits and expectations. The host organisation should consider who is best placed to undertake the Peer Assists, what is required, whether there will be a requirement to review commercially sensitive/legal information and whether there is the capability to support the review e.g. availability of IT and management. The host organisation should consider:

- Ensuring the Peer Assist request is “owned” by business management and that they are available at the outset and conclusion of the visits
- Appointment of appropriately competent lead assessor and a counterpart from the host organisation,
- The qualifications/ SQEP requirements of the donor assessors,

- Access to the required information and the potential need for Non-Disclosure Agreements,
- Induction of the donor assessors,
- The potential need to escort assessors during the Peer Assist
- Representation of the IOWG/mandate,
- Allocation of cost,
- Sharing of effort.

The delivery of Peer Assists should lead to improved information sharing, better understanding of the activity, validation of practices and understanding of different perspectives including relevant good practice and proportionality within the industry. Experience has shown that those participating in the Peer Assist team from IOWG organisations benefit as much as the recipients in terms of upskilling and development.

### Feedback

Feedback should be given as part of a closing meeting where the host organisation is provided with the key findings from the Peer Assist including any urgent actions which are recommended. This immediate feedback should be followed up by a comprehensive report against the agreed scope and objectives of the Peer Assist. The format and timescale for the final report should be agreed between the appointed team leader and host organisation.

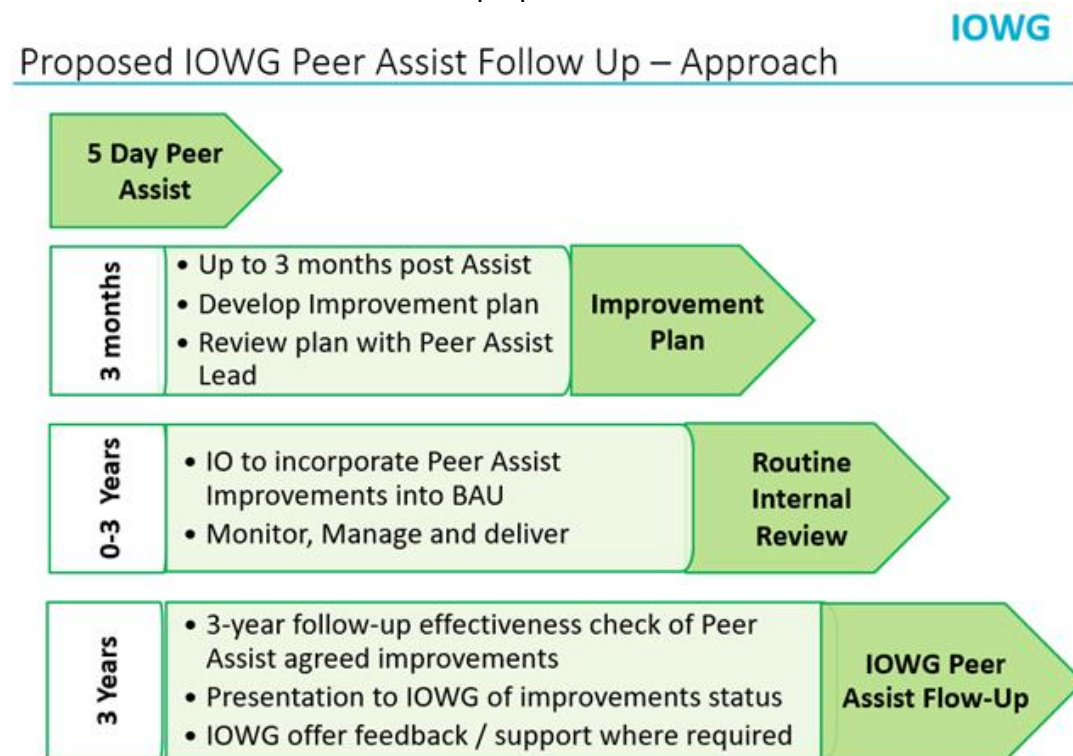
### Benchmarking

It is acknowledged that there is a difference between benchmarking and Peer Assists however following a Peer Assist a level of benchmarking may be useful to:

- Compare and contrast between the host organisation and donor assessors including gap identification and analysis,
- Sharing of key findings and benefits,
- Improvements for visitor and host organisations.

### Follow-Up Activity

Figure 7 below details what is considered by the IOWG to be a good practice approach to dealing with the findings from a Peer Assist and to re-engaging with the IOWG and/or Peer Assist team in a proportionate manner.



*Figure 7 – Example approach for following up on Peer Assist activity*

## ***Appendix D – Guidance for the Delivery of Routine Surveillance and Planned Assessment***

### **Routine Surveillance - Meetings**

Individuals attending meetings do so as an observer and should not participate in decision making. Observations and advice should generally be provided to the person leading the meeting after it has been completed. This should highlight any areas where the expected processes, attitudes and behaviours were not observed, and include feedback on what went well along with advice, either on the technical content or on the conduct of the meeting.

Meeting observations provide intelligence that should be used to influence the scope and direction of the independent oversight programme. Observations from a single meeting are unlikely to provide strong evidence of performance, but may be indicative of process adherence, leadership style and underlying culture.

### **Routine Surveillance – Review of Operational/Functional Records**

These reviews should focus on abnormal events and information indicating that the expected outcome or performance may not have been achieved. Work to confirm that the required actions have been taken and correct processes followed should be undertaken. In the event of this not being the case this should be brought to the attention of operational/functional management.

Independent oversight management should be informed of any significant event that requires the routine surveillance activities to be suspended to enable detailed follow up activities to be undertaken. The decision on whether detailed follow up is required should be left to the discretion of the local assessor, but these activities should be reflected in the independent oversight programme.

### **Routine Surveillance – Workplace Activities**

These activities should ensure that all workplaces are periodically visited to provide confirmation that risk controls are effective and work is being undertaken safely. Priority should be given to the inspection of hazardous areas and the observation of critical tasks.

Consideration should be given to developing guidance to aid the inspection of workplaces and observation of tasks. These activities can provide information that is indicative of the visibility of leaders, the visibility and effectiveness of other assurance functions, the local culture as well as providing evidence of the effectiveness of risk controls.

### **Planned Assessments – Audits and Inspections**

An introductory meeting with representatives of the groups being assessed should be held. Key elements of the assessment plan should be presented, the assessment timetable verified and arrangements for feeding back findings confirmed.

In general activities involving the interviewing of personnel or observation of activities should be carried out by paired teams. The aims of the assessment should be explained and personnel encouraged to actively participate in the assessment.

Personnel should be given sufficient time and opportunity to provide the necessary information, but where possible the activities should be completed within the agreed timetable. At the end of each assessment activity any areas where further information or work may be required and any good practices identified during the assessment should be highlighted to the individuals subject to the assessment.

The lead assessor should ensure that debriefing sessions are held to enable each team to summarise their findings and identify any issues that may require further work. The lead assessor should ensure that these findings and issues are visible to the team and determine whether there is a need to revise the assessment plan or timetable.

Operational/functional management should be informed of significant issues that may require their attention when appropriate to do so, and proposed changes to the assessment plan or timetable. Importantly, signalling the most significant issues to management should not necessarily wait until any end-of-assessment debrief.

Audits and inspections should provide evidence against which to make judgements on the suitability of the management system and the effectiveness of implementation of requirements. They will also provide information that is indicative of leadership style and underlying culture within the areas subject to the assessment.

### **Planned Assessment – Review of Documentation justifying a company’s Nuclear Operations**

Regardless type of documentation, e.g. safety case, environment case, security plan, etc... individuals should take account of principles of the “Peer Review of Safety Cases GPG” issued by the SDF when undertaking these types of reviews. Whilst primarily written for safety case reviews, the principles are equally applicable to all kinds of independently performed Peer Review activity.

### **Planned Assessment – Review of Performance Data**

Individuals should take account of the “Good Practice Guide to the development and use of Safety Performance Indicators” issued by the SDF when undertaking the review of performance data.

## ***Appendix E – Guidance for Reporting of Routine Surveillance and Planned Assessment***

### **Routine Surveillance Reports**

Surveillance is much more informal than an inspection style assessment, however some form of reporting to at least summarise the findings of the surveillance activities over a defined period is considered good practice. The style and frequency of report can be flexible depending on the influencing that the independent oversight function is seeking to achieve, as well as the size and complexity of the areas subject to surveillance.

The report should identify:

- the operational/functional management meetings attended, and highlight any occasion where significant deviation from required processes and behaviours was observed,
- the schedule of records reviewed and highlight where follow up work was undertaken,
- the workplaces inspected and operational tasks observed during the period,
- areas of concern or topics that are considered relevant to the independent oversight programme.

### **Assessment Reports**

A standard template for more formal assessment reports should be developed to encourage consistency and reinforce the independent oversight functions credibility and reputation. Consideration should be given to requiring a one page summary that covers the assessment purpose, key findings, and conclusions and where appropriate recommendations.

The reports should be prepared for each assessment activity and be uniquely identified and include the assessment file reference, or equivalent. Sufficient detail to enable the context, scope and assessment to be understood should be included in the report. Reports should explain the methods used to select the areas subject to assessment together with the criteria for making judgements. Areas and / or topics that were included in the assessment plan but not subject to the assessment should be highlighted and the reasons why explained.

The assessment findings should be categorised and collated under relevant areas or topics. The actions taken by operational/functional management to address significant issues identified during the assessment should be included.

A conclusion on the suitability of the organisations processes and associated management system documentation relevant to the assessment should be made.

A conclusion on the degree of compliance with the requirements of the management system and the effectiveness of implementation in the areas assessed should be made. Comments on the leadership and culture observed within the areas subject to the assessment should also be made.

The report should identify recommendations to address the assessment findings that require a response from operational/functional management in accordance with the organisation's procedures.

Areas of concern or topics that are considered relevant to the independent oversight programme should be identified.

### **Concurrence Report**

A standard template for the respective concurrence assessments should be developed. Consideration should be given to requiring a one page summary report providing the key findings and conclusions and where appropriate recommendations.

The report should provide a clear statement on whether the intended management decision is supported and provide sufficient detail to justify this conclusion. Where concurrence has not been achieved the reasons for this assessment decision should be summarised and justified. Concurrence reports should take account of the matters addressed for the preparation of audit / inspection and safety case review reports.

The report should include a conclusion on the degree of compliance with the requirements of the management system and the effectiveness of implementation within the areas assessed.

Where relevant a conclusion on the suitability of the organisation's processes and associated management system documentation considered during the assessment should be made.

Comments on the leadership exhibited and culture observed should also be made.



## **Appendix F – Related References**

### **Safety Directors' Forum (SDF)**

There are a number of other sub-groups of the SDF with similar guidance to this GPG available. All of this is available on the Nuclear Institute website:

<https://www.nuclearinst.com/Safety-Directors-Forum/>

### **International Atomic Energy Agency**

IAEA set out the general expectations in various publications, available on their website:

<https://www.iaea.org/>

In particular, GSR Part 2 (leadership and management for safety)

### **World Association of Nuclear Operators (WANO):**

Whilst a proportion of WANO guidance is only available to WANO members, this was jointly produced with the IAEA and is publicly available:

WANO GL 2018 01 Independent Oversight

### **ONR Guidance**

ONR publishes the internal technical guidance used by its inspectors on the ONR website:

<https://www.onr.org.uk/publications/>

ONR Guidance covers a range of special topic for Nuclear Safety, Security and Safeguards

### **HSE Guidance**

For various specific Health and Safety regulations the HSE publishes guidance documents and Approved Codes of Practice (ACoPs):

<http://www.hse.gov.uk/guidance/index.htm>

### **Environmental Guidance**

The Environment Agencies publish guidance on environmental matters:

<https://www.gov.uk/government/collections/technical-guidance-for-regulated-industry-sectors-environmental-permitting>

<https://www.sepa.org.uk/regulations/waste/guidance/>

### **MoD Guidance**

The MoD publishes its internal requirements through the Joint Services Publication Scheme.

Other industry bodies publish guidance, some of which are publicly available, others of which are only available to members, examples include: WANO, INPO, Reactor type operating groups and Submarine enterprise working group.

## **Appendix G – Checklist of Key Requirements**

Table 10 should assist directors and managers of the independent oversight department in the assessment of their organisational arrangements against the key requirements of the GPG.

Table 10
<b>1. Setting the mandate</b>
Have the directors: <ul style="list-style-type: none"><li>• Identified the standards to be applied when assessing, benchmarking and reporting on performance?</li><li>• Identified the actions expected to be taken by personnel undertaking independent assessments in the event of a serious performance issue being found?</li><li>• Specified the type, scope and frequency of the reports of independent assessment activities they expect to receive?</li><li>• Clarified their expectations with respect to the disclosure to external regulators of information gained from the independent assessment activities?</li><li>• Defined the requirement for the periodic assessment of the effectiveness of the independent oversight arrangements to be undertaken?</li><li>• Defined the mandate of the independent assessment activities they require to be undertaken?</li><li>• Specified the appetite for independent oversight to specific areas of focus</li><li>• Is the authority of the independent oversight function clearly defined in the mandate?</li></ul>
<b>2. Establishing and maintaining the Independent Oversight Function</b>
<ul style="list-style-type: none"><li>• Are the responsibilities, accountabilities and authorities for those providing independent assessments clearly identified and understood?</li><li>• Does the function have sufficient capability and capacity to discharge the required scope of work?</li><li>• Are personnel undertaking independent assessments demonstrably independent and do they have sufficient authority to undertake the duties expected of them?</li><li>• Are processes and activities required to deliver independent oversight documented and controlled?</li><li>• Are standards and expectations for the conduct of independent oversight activities established?</li><li>• How is a “corporate memory” retained and used to support the independent oversight function?</li><li>• Do individual assessors have the necessary experience, training, skills and credibility to conduct the work, to identify performance shortfalls and to recognise good practices?</li><li>• Does the independent oversight function have the collective skills and knowledge to cover the scope of its mandate?</li><li>• Is there a support mechanism to provide additional skills, knowledge and capability is required?</li><li>• Does training and monitoring of their activities ensure that:<ol style="list-style-type: none"><li>i. the basis of their judgements is clear, evidence based and not unduly influenced by their own interests?</li><li>ii. they are open to constructive challenge on their interpretation of information obtained by their assessments?</li><li>iii. they accept accountability for their actions and aim to deliver the work to agreed programmes?</li><li>iv. the highest personal standards are adopted?</li><li>v. a trusting relationship with internal stakeholders is established?</li><li>vi. Are the value and behavioural standards and expectations for assessors clear?</li></ol></li></ul>

### **3. Development of the Independent Oversight Programme**

- Does the independent oversight programme include assessments of the:
  - i. suitability and effectiveness of the organisation and its leadership?
  - ii. suitability of the management system to ensure that all legal requirements are discharged and the organisations processes for planning, undertaking and reviewing its activities are effective?
  - iii. extent to which risks from the company's nuclear operations are being controlled in line with relevant legal requirements, the expectations of senior management and requirements of the organisation's management system?
  - iv. robustness of the arguments required to support the design, construction, installation, commissioning, operation, modification and decommissioning of any plant or equipment that may affect safety?
  - v. robustness of the arguments required to support planned changes to the organisation resources and structures?
  - vi. timeliness and effectiveness of actions taken in response to assessments made by internal and external bodies as well as significant operating experience recommendations?
  - vii. culture prevalent within the organisation, including its leaders and headquarters staff (where relevant), as well as at the sites and workplaces?
  - viii. Soft projects, involving supporting functions
- Has a risk informed approach been used to prioritise activities included on the independent oversight programme?
- Has proportionality been applied when determining the independent oversight activities?
- Has the independent oversight programme:
  - i. taken account of the work of other parties undertaking assessment activities?
  - ii. been considered by the Nuclear Safety Committee or similar high level committee for advice?
  - iii. been approved by either the executive / board or by the director who has the responsibility for providing an independent view of performance to the executive / board

### **4. Undertaking Independent Assessments**

- Are suitable assessment plans prepared and agreed prior to undertaking independent assessments?
- Are standards issued for the preparation, review and approval of assessment reports?
- Do assessment reports:
  - i. identify where performance has been found not to meet the required standard?
  - ii. identify where good practices have been found?
  - iii. make a conclusion on acceptability and / or performance based upon clear sufficient evidence to support such findings?
- Have processes, decision making and behaviours within the organisation been challenged?
- Has operational/functional management been provided with sufficient information to enable them to understand the significance of findings and the action necessary to address them?
- Has operational/functional management been required to provide feedback on the conduct and perceived value of the assessment activity (Assessment Feedback Form)?

### **5. Analysis of Assessment Findings**

- Have arrangements for the regular and systematic analysis of findings from the independent oversight programme been established?
- Is there an assessment framework / model against which to carry out the analysis?
- Does the analysis event lead to the identification of:

- i. areas of concern or issues that may require the attention of senior management?
  - ii. areas of good performance and practices across the organisation?
  - iii. information that may affect the conduct and implementation of the independent assessment activities?
  - iv. any significant issues resulting from incident investigation or the findings of third parties, such as regulators and certification bodies which were not identified by the independent oversight programme?
- Has a collective view on performance across the site(s) and organisation been agreed?
  - i. Does this identify common areas of concern or significant issues requiring attention?
  - ii. Does this enable agreement to be reached on those issues / concerns that should be brought to the attention of directors and senior management?
  - iii. Are potential impacts on the independent oversight programme identified?
- Is a written report issued to the directors and senior management?
- Does the report:
  - i. provide a commentary on the status of and key findings from the independent oversight programme?
  - ii. provide a summary of significant independent assessment activities, including requests for regulatory permissions and where appropriate the findings of concurrence assessments?
  - iii. provide confirmation that the regulatory requirements and standards are being achieved and comment upon the suitability of actions being taken should this not be the case?
  - iv. highlight significant concerns or issues that require attention, in particular where it is judged that regulatory enforcement action may be initiated or an application for regulatory permission not be granted?
  - v. provide the directors and senior management with an independent ongoing perspective on performance at the nuclear site(s) and within the corporate organisation compared to industry standards?
- Has an effective scoring and grading method been considered to support the report?
- Does the scoring and grading system reflect the expectations and appetite for risk of the senior management?

## **6. Monitoring and Review of Performance**

- Have arrangements to enable the performance of the independent oversight function and effectiveness of the independent assessment activities to be monitored and reviewed been established?
- Have performance measures for the independent assessment and independent oversight function been established?
- Are the views of the directors and senior management on the value of the independent oversight activities sought and reviewed and action taken to address adverse comments?
- Are the views of the operational/functional management on the conduct and value of the independent oversight activities sought and reviewed, and action taken to address adverse comments?
- Are the views of the external regulators on the conduct and value of the independent oversight activities sought and reviewed, and action taken to address adverse comments?
- Have arrangements to benchmark the independent oversight function and activities been established?
- Has a periodic review of the effectiveness of the independent assessment processes and independent oversight function been undertaken?
- Has an independent assessment of the independent assessment processes and independent oversight function been undertaken?
- Has an IOWG Peer Assist been considered?

Additionally, it is also useful to seek feedback on perceived performance from Independent Oversight personnel. An example question set is provided below:

- To what extent do we feel we are supported by senior management?
- To what extent do we clearly state and document our purpose? And does the organisation understand this?
- Are we sized and skilled effectively to deliver our mandate?
- To what extent do we demonstrate our independence?
- Do we share findings with senior management in a compelling, impactful manner?
- To what extent do we provide useful challenges and provide advice, support and guidance?
- To what extent do we ensure that our activity, advice and reporting underlines management accountability?
- To what extent are our judgements and reporting supported by evidence?
- How transparent are we in sharing our plans and programmes with the wider organisation?
- How well do we adhere to the site management system arrangements?
- How open are we to reviews of our activities and organisation?
- To what extent do we cooperate with management in identifying, implementing and assuring the effectiveness of solutions?
- How well do we account for wider business considerations when planning our activities?

## **Appendix H - Glossary**

Throughout this GPG the following terminology applies:

**Nuclear Operations** is a term utilised to represent any potential technical area(s) where independent oversight may be required by an organisation; this includes but is not limited to nuclear, radiological or conventional safety, security, safeguards and environmental protection. This equates to the scope of the organisation's mandate that it gives to its independent oversight function.

**Independent** in the context of this document means an independent person or group who have no direct line management responsibility for, or vested interest in, an activity and who has not previously been involved in making decisions.

**Challenge** involves questioning and requiring an explanation and/or justification for a decision or course of action that has the potential to affect the performance of the company's nuclear operations.

**Performance** is defined here as the overall health and effectiveness of the particular aspect of nuclear operations being evaluated. Simple 'compliance' with a requirement or expectation is the starting point for performance evaluation. Comparison with good, or even best, practice is expected when evaluating performance as well as considerations over the efficiency and effectiveness of the topic being evaluated.

**Assessment** involves the collection, review and challenge of information to enable an evaluation of performance to be made. Assessment activities can be undertaken by local operational managers, functional managers, site and project management teams as well as by independent personnel. This includes document review, inspection, audit, task observation and surveillance.

**Independent Oversight** is the totality of the independent challenge and assessment activities undertaken within the organisation to provide information to directors and senior management. The inter relationship between independent oversight and other assurance functions in an organisations is depicted in Figure 8 below.

**Assurance**, used in this context as a verb, is the view of the organisations performance that the independent oversight function gives to the directors to give them confidence about the organisations performance.

The term **Independent Oversight Function in the context of this document refers to** the departments, functions and individuals responsible for assessing the organisation's performance in its nuclear operations, in order to give assurance to the directors, and is independent from the operational / functional line. The title of this function should be aligned with the functional titles within the organisation to give a clear understanding of its role.

Figure 8 provides an illustration of the layers of oversight that may be applied within an organisation this GPG applies to the independent oversight layer. Further guidance is contained within GSR Part 2.



Figure 8: Inter relationship between forms of oversight

**Assessors**, in the context of this document, refer to those carrying out assessment activities. They may be staff members of the independent oversight function or members of other teams supporting the independent oversight function.

**Organisation**, in the context of this document, refers to those organisations conducting activities which require, or will require in future, the holding of a nuclear site licence, MoD authorisation, Environmental permits, approved security plans or other specific statutory permissions. Also referred to in this document as the 'business' or the 'company'.

**Delivery Function**, in the context of this document, refers to those functions of an organisation which deliver the organisations objectives and business plans. This could include operations, maintenance, design, projects etc.

**Independent Oversight Programme** is the totality of the independent assessment activities undertaken by the independent oversight function.

**Mandate** is the authorisation and purpose given to the independent oversight function by the directors, the **Scope** of which is the range of the organisation's activity that the independent oversight function has been mandated to evaluate the performance of. This typically includes performance against the range of nuclear operations as a minimum.

**Conditions** are final conditions or requirements placed by a regulatory body on award of a nuclear site licence, MoD Authorisation or Environmental Permits.

**Concurrence** is achieved where the findings of the independent assessment are supportive of the manager's intended decision prior to a key decision being taken. These activities could include the independent review of safety cases, assessments to support the continued operation of a facility, the clearance of "hold points" associated with major organisational changes, plant modifications and plant outages as well as "readiness reviews" requested by senior management.

## **Appendix I – Drivers for Independent Oversight**

There is a wide range of applicable legislation and supporting regulations, codes and standards that covers the operation of nuclear facilities and installations within the UK, some of which now mandates an independent oversight function within an operating organisation. Even when independent oversight is not formally legislated for, regulatory guidance presents a clear expectation for dutyholders in the UK nuclear industry to have an independent oversight function as part of their organisational capability.

Regulators would ordinarily expect the dutyholder to have an independent oversight/internal regulation function or, in its absence, another function that provides a similar range of capabilities. The function (or functions) fulfilling the independent challenge capability should be actively encouraged by the dutyholder's board and executive

ONR and DNSR specifically acknowledge the Good Practice Guide established through the IOWG SDF sub-group and refers to it in respective TAG documents and encourages duty holders to use where appropriate. Regulatory bodies can place considerable emphasis on seeking assurance that dutyholders have effective advice and independent challenge capabilities. Increased regulatory confidence in these capabilities can result in the regulatory bodies being able to target their own resources.

From a Nuclear Safety perspective, ONR attaches 36 Standard Licence Conditions (LCs) to each Nuclear Site Licence. Independent challenge is underpinned with Licence Conditions 13, 14, 15, 12, 17 and 36 with Licence Condition 17 – Management Systems generally taken to include that “adequate arrangements” should contain some assurance arrangements that are independent of line management. This is reinforced in the Safety Assessment Principles (SAPs), Technical Inspection Guides (TIGs) and Technical Assessment Guides (TAGs).

Environmental issues are regulated separately in England, Scotland and Wales. However, the standard conditions and guidance in all three jurisdictions require management systems to ensure compliance with permits / authorisations and reviews of effectiveness of these systems. It is therefore incumbent upon senior management to have a mechanism for gaining confidence that the environmental management systems are appropriate, effective and being complied with.

For security the Security Assessment Principles (SyAPs) issued by ONR make a clear expectation for “...evidence-based assurance processes...” under Fundamental Principle 1 and states *“Dutyholders must implement and maintain organisational security capability underpinned by strong leadership, robust governance, an adequate management and accountability of security arrangements incorporating internal and independent evidence-based assurance processes.”* There is therefore a clear expectation of security assurance.

For Safeguards, Fundamental Safeguards Expectation 1 states *“Operators should implement and maintain organisational capability for ONR Nuclear Material Accountancy, Control, and Safeguards Assessment Principles (ONMACS) underpinned by strong leadership, robust governance, adequate management, and accountability of ONMACS arrangements incorporating internal and independent evidence-based assurance processes.”*

Within the UK Defence Sector a number of Crown operated sites are subject to MoD Authorisation rather than Licensing by ONR. For these sites the Defence Nuclear Safety Regulator stipulates Authorisation Conditions, Further Authorisation



Conditions and Transport Conditions which are analogous to the ONR Licence Conditions (noting that at some locations both licensing and authorisation regimes apply). DNSR Authorisation for authorised sites states “*The Authorisee shall provide a proportionate internal assurance function with the capability to undertake assurance activities and provide independent challenge and advice to the Authorisee.*”

As well as UK regulators, international organisations such as WANO and the IAEA recognise the importance of duty holders critically examining their own organisation’s performance in matters that cover the company’s nuclear operations. WANO and the IAEA have published joint guidance specifically covering independent oversight.

It is important to note that, within the non-prescriptive, objective setting, UK regulatory context, it is for the organisation to mandate its appetite for independent oversight and then empower the identified oversight function to deliver it on behalf of the Board of Directors. In this way the need for independent oversight comes from within the business to give itself confidence in its performance, identify potential shortcomings and achieve its own desired level of performance. When this is clearly articulated, and the appropriate team and arrangements are in place, then independent oversight will become a useful tool in the organisation’s ability to manage its risks and hazards while achieving its outputs in an efficient and effective manner.

## Acronyms

AC	Authorisation Condition
ALARP	As Low As Reasonably Practicable
ASME	American Society of Mechanical Engineers
BAT	Best Available Techniques
CPNI	Centre for the Protection of National Infrastructure
CNC	Civil Nuclear Constabulary
CoP	Code of Practice
EA	Environment Agency
EHSQ&S	Environment, Health, Safety, Quality, Safeguards and Security
GPG	Good Practice Guide
GSR	General Safety Requirements
HMG	His Majesty's Government
HSE	Health and Safety Executive
IAEA	International Atomic Energy Agency
IC	Intelligent Customer
INPO	The Institute of Nuclear Power Operations
INSAG	International Nuclear Safety Advisory Group
IOWG	Independent Oversight Working Group
ISO	International Organization for Standardisation
IT	Information Technology
JSP	Joint Services Publication
LC	Licence Condition
LLWR	Low Level Waste Repository
MoD	Ministry of Defence
MODP	Ministry of Defence Police
NRW	Natural Resources Wales
NCSC	National Cyber Security Centre
NRW	Natural Resources Wales
NSAN	National Skills Academy for Nuclear
NSC	Nuclear Safety Committee
NSSP	Nuclear Site Security Plan
ONR	Office for Nuclear Regulation
PBO	Parent Body Organisation
PPE	Personal Protective Equipment
REPs	Radioactive Environmental Principles
SAPs	Safety Assessment Principles
SDF	Safety Directors Forum
SEPA	Scottish Environment Protection Agency
SEPR	Submarine Enterprise Peer Review
SPI	Safety Performance Indicators
SQEP	Suitably Qualified and Experienced Person
SyAPs	Security Assessment Principles
TAGs	Technical Assessment Guides
WANO	World Association of Nuclear Operators