

FY 2021 Performance Metrics Definitions

Performance Metric 1.1.1: Study and Implement an Improved Investigation Timeliness Process
Strategic Goal 1: Improving Products
Strategic Objective 1.1: Improve the Timeliness of Investigations Through Data Analysis
Performance Target: Develop a plan using data analysis to improve the timeliness of investigative reports.
Offices: HS & RPH
Definition: This metric establishes a process to evaluate efficiencies that will improve the timeliness of investigative reports. The effort will improve the efficiency and quality of investigation reports by applying data-driven tools and structured techniques to incrementally enhance the investigation process. Through this data-driven process, we will study how investigations are currently being conducted and barriers to timeliness. Areas of evaluation include case distribution and complexity, scope of investigation, report review, project management, remote workforce management, and human capital.
Standards: Green: Process has been established. Yellow: At least 50 percent of process has been completed. Red: Less than 50 percent of process has been completed.
Milestones: Quarter 1 (December 31): Offices of HS and RPH have reviewed data to determine barriers to timeliness. Quarter 2 (March 31): HS and RPH have evaluated processes and identified needed improvements. Quarter 3 (June 30): HS and RPH have evaluated process improvements. Quarter 4 (September 30): HS and RPH have implemented process improvements.
DATA VALIDATION AND VERIFICATION
Data Source: Office databases and the System for Analysis of Federal Transportation Investigations (SAFTI)
Calculation: Review and evaluate timeliness of investigations. Implement an improved process using various data tools.
Validation/Verification Method: Office Director or Deputy validation/verification approval workflow in Strategic Management Performance Portal (SMPP); final MD review or approval.
Data Limitations: Factors beyond our control, such as budgetary constraints (funding in support of activities or initiatives), adequate personnel, or adequate time to address issues and risks raised by reviewers.
Compensation for Data Limitations: Office Directors and senior management will discuss identified risks for further mitigation.

FY 2021 Performance Metrics Definitions

Performance Metric 1.2.1: Study the Effectiveness of the Hiring Process; Identify and Implement Improvements
Strategic Goal 1: Improving Processes
Strategic Objective 1.2: Improve the Effectiveness of Agency Operations
Performance Target(s): Develop agency-wide hiring process recommendations
Offices: Agency (MD & AD Lead)
Definition: We will continue to review the effectiveness of key agency operations, focusing this year on the hiring process. First, we will assess the steps in the current hiring process to better understand the flow and interaction between human resource specialists and hiring managers. Next, we will collect qualitative data, via a series of facilitated discussions. Then we will use the results to develop process improvements, targeted training, and/or guidance materials. The study will include reviewing recent hiring actions, looking at the activities and information flows at various steps in the process and to focus on the role of each office involved in the hiring process. A process map may be developed in the review to help with providing recommendations for improvement.
Standards: Green: The workgroup has completed the study and finalized the recommendations. Yellow: At least 50 percent of the project has been completed. Red: Less than 50 percent of the project has been completed.
Milestones: Quarter 1 (December 31): The MD has established a workgroup. Quarter 2 (March 31): TBD by the workgroup. Quarter 3 (June 30): The workgroup has submitted its recommendations to senior management. Quarter 4 (September 30): The workgroup has finalized its recommendations and the MD has approved them.
DATA VALIDATION AND VERIFICATION
Data Source: Qualitative input from human resource and hiring manager facilitated interviews; Operations Bulletins; other sources identified during the evaluation.
Calculation: Use data maturity model to assess the agency's hiring process.
Validation/Verification Method: Chief Human Capital Officer and AD Office Director or Deputy validation/verification approval of collected information in SMPP; final MD review or approval
Data Limitations: Factors beyond our control, such as budgetary constraints (funding in support of activities or initiatives), adequate personnel, or time to address issues and risks raised by requestors.
Compensation for Data Limitations: Office Directors and senior management will identify risks for further mitigation.

FY 2021 Performance Metrics Definitions

Performance Metric 1.3.1: Study the Collection and Use of Labor Hour Data as a Tool in Managing Investigations, and Identify Potential Process Improvements
Strategic Goal 1: Improving Processes
Strategic Objective 1.3: Improve the Effectiveness of Agency Operations Through Data Analysis
Performance Target(s): Implement recommendation plan.
Offices: Agency (MD, CFO, and RE Lead)
Definition: Data is critical to the efficiency and effectiveness of our programs and provides information for decision-making. We will continue to review the effectiveness of agency operations by evaluating our many data sources. Using the data maturity model, as prescribed by the Federal Data Action Plan , ¹ we will assess agency processes and use the results of the maturity assessment to improve the efficiency of our labor hour data. We will study the method of charging labor hours to an accident investigation's project/keys code through the time and attendance system to correctly account for labor costs. We will develop recommendations on how to improve this data collection and how best to analyze the data to improve the effectiveness of labor hour data used in managing accident investigations.
Standards: Green: The recommendation plan has been implemented. Yellow: At least 50 percent of the project has been completed. Red: Less than 50 percent of the project has been completed.
Milestones: Quarter 1 (December 31): The MD has established a workgroup. Quarter 2 (March 31): The workgroup has developed and approved a project plan. Quarter 3 (June 30): The workgroup has submitted its recommendations to senior management. Quarter 4 (September 30): The MD has approved and implemented the recommendation plan.
DATA VALIDATION AND VERIFICATION
Data Source: Investigative labor hours data; Operations Bulletin CFO-GEN-002; data maturity model; other sources identified during the evaluation.
Calculation: Use data maturity model to assess labor hour data.
Validation/Verification Method: Office Director or Deputy validation/verification approval workflow in SMPP; final MD review or approval.
Data Limitations: Factors beyond our control, such as budgetary constraints (funding in support of activities or initiatives), adequate personnel, or time to address issues and risks raised by requestors.
Compensation for Data Limitations: Office Directors and senior management will identify risks for further mitigation.

¹ <https://strategy.data.gov/assets/docs/2020-federal-data-strategy-action-plan.pdf>

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Performance Metric 2.1.1: Update Board Meeting Format
Strategic Goal 2: Improving Products
Strategic Objective 2.1: Improve the Effectiveness of Agency Products
Performance Target(s): Pilot a Board meeting using format improvements.
Offices: Agency
Definition: This metric will evaluate our current Sunshine Act meeting format to determine improved effectiveness and efficiency. A multi-modal, cross-agency workgroup will be formed to review the effectiveness of our Sunshine Act meetings and to consider ways that the Board can maximize the benefits of holding them. The workgroup will study the effectiveness of Board meetings as a tool for communicating to the industry (including regulators and lawmakers), advocating for safety improvements, and reaching the constituents affected by the tragedy. The study will look at the visibility these meetings bring to the Board’s work, and ways to metric the benefits of Board meetings. The workgroup will use criteria it develops to update the format of the present Board meeting process.
Standards: Green: The new format has been established. Yellow: At least 50 percent of the new format has been completed. Red: Less than 50 percent of the new format has been completed.
Milestones: Quarter 1 (December 31): The Managing Director has established a workgroup. Quarter 2 (March 31): TBD by the workgroup. Quarter 3 (June 30): The workgroup has developed the new format. Quarter 4 (September 30): A pilot Board meeting has been held using the new format.
DATA VALIDATION AND VERIFICATION
Data Source: Board meeting criteria; Sunshine Act; other agency sources.
Calculation: Workgroup review current process and newly developed criteria.
Validation/Verification Method: Office Director or Deputy validation/verification approval workflow in SMPP; final MD review or approval
Data Limitations: Factors beyond our control, such as budgetary constraints (funding in support of activities or initiatives), adequate personnel, or adequate time to address issues and risks raised by reviewers.
Compensation for Data Limitations: Office Directors and senior management will discuss identified risks for further mitigation.

FY 2021 Performance Metrics Definitions

Performance Metric 2.1.2: Complete Phase 2 of the External Website Update
Strategic Goal 2: Improving Products
Strategic Objective 2.1: Improve the effectiveness of agency products
Performance Target(s): Update external website
Offices: CIO & SRC
<p>Definition: This metric tracks the completion of an agency external website update to improve search capabilities by external stakeholders. The goal is to provide an upgraded public-facing website that is accessible, searchable, secure, intuitive, and mobile.</p> <p>Phase I was completed in FY 2020; Phase II—which will give the website a contemporary design based on current user experience and customer experience industry practices—will be completed this fiscal year. The updated site will meet all current federal web standards and requirements for accessibility, information quality, and agency reporting. Updating the information architecture will provide an improved content organization to better serve our stakeholders. The redesign will integrate SAFTI and Case Analysis Research Online (CAROL) Application Programming Interfaces into the site content, which will provide enhanced search capabilities and real-time access to the most current releases of multi-modal investigative content.</p> <p>Phase 1 of the update was completed on Sept. 30, 2020. It included upgrading the website platform to SharePoint 2019 to enhance its inherent search capabilities and incorporating the CAROL search tool. It introduced new capabilities to access and analyze the data collected in SAFTI through CAROL to include updating the current accident data, safety recommendations, and socket search capability. CAROL allows the full spectrum of public data related to the NTSB’s investigations to be accessed on our website; it will show the breadth of the NTSB’s work on such issues as fatigue, distraction, impairment, and other factors that cross modal lines.</p> <p>Our revision of the external website will improve communication with, and accessibility for, all stakeholders, thus improving engagement. It will enable us to better communicate lessons learned and highlight our impact on transportation safety.</p>
<p>Standards: Green: The revised external website has been launched. Yellow: At least 50 percent of the project has been completed. Red: Less than 50 percent of the project has been completed.</p>
<p>Milestones: Quarter 1 (December 31): CIO and SRC have completed a project plan. Quarter 2 (March 31): CIO and SRC have finalized and approved the website architecture. Quarter 3 (June 30): CIO and SRC have completed 50 percent of project. Quarter 4 (September 30): CIO and SRC have updated external website.</p>
DATA VALIDATION AND VERIFICATION
Data Source: External website analytics; survey data, other sources.
Calculation: CIO & SRC collaborate to update; offices will review and test platforms.
Validation/Verification Method: Office Director or Deputy validation/verification approval is required; final MD review or approval.
Data Limitations: Factors beyond our control, such as limited survey response, budgetary constraints (funding in support of activities or initiatives), adequate personnel resources, delays

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Performance Metric 2.1.2: Complete Phase 2 of the External Website Update
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or limitations in acquiring services, or adequate time to address issues and risks raised by reviewers.

Compensation for Data Limitations: Office Directors and senior management will discuss identified risks to identify any needed mitigation.

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Performance Metric 2.1.3: Implement New Most Wanted List Methodology
Strategic Goal 2: Improving Products
Strategic Objective 2.1: Improve the Effectiveness of Agency Products
Performance Target(s): Complete Board Order and Ops Bulletin
Offices: Agency (SRC Leads)
<p>Definition: The NTSB developed the Most Wanted List of transportation safety improvements (MWL) in 1990 to call a greater attention to, and encourage implementation of, NTSB safety recommendations. The MWL highlights the NTSB’s most pressing transportation safety concerns that would benefit from focused NTSB advocacy during a 2-year period.</p> <p>The NTSB Reauthorization Act of 2018 required us to publicize the methodology we used to select safety items for the 2019–2020 MWL and account for certain elements of that methodology. The act also called for the GAO to evaluate the methodology and recommend improvements where needed. In March 2020, the GAO submitted its report to Congress regarding our MWL development process, recommending that the Chairman of the Board require the Safety Recommendations and Communications team to fully document its evaluations when assessing items to propose for Most Wanted List consideration and take steps to publicly and fully communicate the selection rationale, such as including why NTSB believes an issue is “ripe for action,” to its documentation on its website.</p> <p>To address the GAO recommendations and to be able to announce the 2021-2022 MWL in February 2021, an interim MWL selection process was proposed and is pending Board review. If the interim process is approved, SRC will work with the modes and RE to develop the 2021–2022 MWL, which will then be submitted to the Board for adoption. The Board vote process will involve a public Board meeting to achieve complete transparency regarding the MWL process, per GAO recommendations.</p> <p>Following the Board Meeting and the adoption of the 2021-2022 MWL, SRC will use feedback from Board Members, modal offices, and RE to revise the MWL Board Order and will submit it to the Board for approval. The associated Operations Bulletin will also be updated to ensure that it aligns with the revised Board Order.</p>
<p>Standards: Green: SRC has completed its revision of the MWL Board Order and Operations Bulletin. Yellow: At least 50 percent of the project has been completed. Red: Less than 50 percent of the project has been completed.</p>
<p>Milestones: Quarter 1 (December 31): The Board has approved the new MWL methodology notation item; Office Directors have approved the 2021-2022 MWL; the MD has scheduled the 2021 MWL Board meeting. Quarter 2 (March 31): 2021-2022 MWL Board meeting has been held and the MWL has been announced; SRC has revised the Board Order. Quarter 3 (June 30): The Managing Director has approved the revised Board Order and the Board has approved it; SRC has begun revision of the associated Operations Bulletin. Quarter 4 (September 30): SRC has finished revising the Operations Bulletin.</p>
DATA VALIDATION AND VERIFICATION
Data Source: The MWL methodology; MWL data; other data sources

FY 2021 Performance Metrics Definitions

Performance Metric 2.1.3: Implement New Most Wanted List Methodology
Calculation: Workgroup review of current process, newly developed methodology and procedures to develop deliverables.
Validation/Verification Method: Office Director or Deputy validation/verification approval is required; final MD review or approval.
Data Limitations: Factors beyond our control, such as budgetary constraints (funding in support of activities or initiatives), investigation activities, adequate personnel, disapproval of the interim process by the Board, or adequate time to address issues and risks raised by reviewers.
Compensation for Data Limitations: Office Directors and senior management will discuss identified risks for any needed mitigation.

FY 2021 Performance Metrics Definitions

Performance Metric 3.1.2: Improve Employee Engagement as Measured by Employee Surveys
Strategic Goal 3: Improving Employee Engagement, Diversity, and Inclusion
Strategic Objective: Improve Employee Engagement
Performance Target(s): Baseline percent change in selected employee engagement score
Offices: Agency (MD Leads)
<p>Definition: This metric will track employee engagement improvement through the use of the annual Federal Employee Viewpoint Survey (FEVS) scores or other internal survey data. The FEVS includes questions that measure employee engagement and relationship of the employee with his or her organization. In addition, this metric provides data for the Chairman’s Journey to #1 goal of becoming the number one best small agency at which to work in the federal government.²</p> <p>The NTSB recently worked with the Partnership for Public Service to hold focus groups to assess employee engagement and a number of actions are being taken to address the findings. In addition to data gained from surveys, we will use new intranet crowdsourcing abilities to measure employee engagement and improve our survey scores. This metric also provides a basis for ensuring that senior leaders engage with employees through effective communication, coaching, mentoring, conflict resolution strategies, and staff development.</p> <p>This metric will track employee engagement improvement using the Federal Employee Viewpoint Survey (FEVS) scores or other internal survey data.</p> <p>Proposed data could include the following:</p> <ul style="list-style-type: none"> • FEVS Indices to review and determine possible questions to use for improvement (Global, New IQ, Engagement Indices) • Agency and InsideNTSB survey data <p>Offices will develop the baseline percent change in employee engagement score selected using employee feedback from the most recent FEVS or other surveys. Offices will review the previous year(s) implemented actions and initiatives to establish a baseline score for the New IQ or Engagement Index. Continued actions or initiatives may be needed during the fiscal year.</p>
<p>Standards: Green: Offices have implemented identified actions and initiatives. Yellow: At least 50 percent of the project has been completed. Red: Less than 50 percent of the project has been completed.</p>
<p>Milestones: Quarter 1 (December 31): Office Directors have reviewed FEVS questions, evaluated employees’ responses, and identified actions and initiatives for their individual offices to pursue. Each office begins implementation of actions and initiatives to improve scores. Quarter 2 (March 31): Offices continue actions and initiatives to improve scores on selected questions.</p>

² The [Best Places to Work in Federal Government](#) is administered by the Partnership for Public Service. Currently, we are listed as number 6 in the best places to work [small agency rankings](#).

FY 2021 Performance Metrics Definitions

Performance Metric 3.1.2: Improve Employee Engagement as Measured by Employee Surveys
Quarter 3 (June 30): Individual offices continue actions and initiatives begun to improve scores on selected questions. Quarter 4 (September 30): Individual Office Directors have developed their office's baseline for FY 2022.
DATA VALIDATION AND VERIFICATION
Data Source: FEVS; other internal survey data (such as SurveyMonkey); office data.
Calculation: Review scores and evaluate; implement actions or initiatives; develop baseline scores based on results.
Validation/Verification Method: Office Director or Deputy validation/verification approval workflow in SMPP; final MD review or approval.
Data Limitations: Factors beyond our control, such as limited survey response, budgetary constraints (funding in support of activities or initiatives), adequate personnel, or adequate time to address issues and risks raised by reviewers.
Compensation for Data Limitations: Office Directors and senior management will discuss identified risks for further mitigation.

FY 2021 Performance Metrics Definitions

Performance Metric 3.2.1: Complete Phase 2 of the Strategic Human Capital Plan
Strategic Goal 3: Improving Employee Engagement, Diversity, and Inclusion
Strategic Objective 3.2: Attract, Develop, and Retain a High-performing, Diverse, and Inclusive Workforce
Performance Target(s): Draft plan completed
Offices: Agency (MD Leads)
<p>Definition: NTSB’s success is dependent on an effective highly skilled workforce. An updated Strategic Human Capital Plan is needed to reflect the importance of our staff to the successful execution of the NTSB mission. It will describe the agency’s leadership and workforce needs for the future and the strategies that are being implemented to ensure that those needs are met.</p> <p>Revising our strategic human capital plan will allow us to build and maintain the effective, highly skilled workforce that is critical to the agency’s future. The revision will focus largely on improving talent management: recruiting, retaining, and training employees with the right mix of skills and expertise to successfully execute our mission. The revised plan will describe the agency’s leadership and workforce needs for the future and present strategies to meet those needs.</p> <p>This metric will provide a basis for updating the agency’s strategic human capital plan. Agency leadership will work to define what this plan will encompass and entail for the following fiscal year. It will be led by the Chief Human Capital Officer and all office directors, deputies and senior leadership staff will sign off on the approved plan. In Phase I, Offices developed workforce and business plans which included an analysis of the office’s current staffing with a projection of the human capital needs for the next 5 years.</p> <p>Phase 2 will build on the office workforce and business plans established for each office and create an agency-wide master plan, which will include a succession planning component of the workforce plan to establish the 5-year strategic human capital plan.</p>
<p>Standards: Green: The plan has been completed. Yellow: At least 50 percent of the plan has been completed. Red: Less than 50 percent of the plan has been completed.</p>
<p>Milestones: Quarter 1 (December 31): The Chief Human Capital Officer has reviewed office workforce and business plans. Quarter 2 (March 31): The Chief Human Capital Officer has completed a draft of the human capital plan. Quarter 3 (June 30): Senior leadership has completed its review of the human capital plan. Quarter 4 (September 30): The human capital plan has been completed.</p>
DATA VALIDATION AND VERIFICATION
Data Source: Office business plans data; previous human capital plan data; other sources as needed.
Calculation: Review and evaluate.
Validation/Verification Method: Office Director or Deputy validation/verification approval workflow in SMPP; final MD review or approval.

FY 2021 Performance Metrics Definitions

Performance Metric 3.2.1: Complete Phase 2 of the Strategic Human Capital Plan
Data Limitations: Factors beyond our control, such as budgetary constraints (funding in support of activities or initiatives), adequate personnel, or adequate time to address issues and risks raised by reviewers.
Compensation for Data Limitations: Office Directors and senior management will discuss identified risks for further mitigation.

FY 2021 Performance Metrics Definitions

Performance Metric 3.2.2: Improve Agency New IQ Index and Selected Diversity and Inclusion Survey Question Scores
Strategic Goal 3: Improving Employee Engagement, Diversity, and Inclusion
Strategic Objective 3.2: Attract, Develop, and Retain a High-performing, Diverse, and Inclusive Workforce
Performance Target(s): Baseline percent change in selected diversity and inclusion score
Offices: Agency (EEODI Leads)
<p>Definition: This metric will track diversity and inclusion initiatives implemented using the FEVS scores or other internal survey data. In addition, this metric provides data for the Chairman’s Journey to #1 goal of becoming the number one best small agency at which to work in the federal government. On our Journey to #1, employee engagement, diversity, and inclusion are key. Our employees can be most effective when they are motivated, engaged, and trained. The NTSB’s success is dependent on an effective, highly skilled, engaged, and inclusive workforce. We will promote diversity, awareness, inclusion, and mutual respect within our workforce so that every staff member has an equal opportunity to contribute and succeed. We will focus on recruiting, retaining, and training employees with the right mix of skills and expertise for achieving our mission. By analyzing data from employee surveys, including the FEVS diversity and inclusion index score, we will have a better understanding of the needs of staff, thus enabling us to improve our scores.</p> <p>This metric will track diversity and inclusion improvement using the most recent FEVS New IQ scores or other internal survey data. Proposed data could include the following:</p> <ul style="list-style-type: none"> • FEVS Indices to review and determine possible questions to use for improvement: Global; New IQ; Engagement Indexes • Agency survey data, new intranet survey data; use SurveyMonkey to gauge employee engagement throughout the year. • EEODI related training or deliberate strategic inclusive actions by senior leadership to ensure accountability for improvement of New IQ scores <p>Offices will develop baseline percent change in score selected using feedback from the most recent New IQ index scores with continued emphasis on improving the perception of fairness, openness and cooperation or other surveys. Office will review previous year(s)’ implemented actions and initiatives to establish the baseline. Continued actions or initiatives may be needed during the fiscal year.</p>
<p>Standards: Green: Office plans and assessments have been implemented. Yellow: At least 50 percent of effort has been completed. Red: Less than 50 percent of effort has been completed.</p>
<p>Milestones: Quarter 1 (December 31): Office Directors have reviewed FEVS questions, evaluated employees’ responses, and identified actions and initiatives for their individual offices to pursue. Each office begins implementation of actions and initiatives to improve scores. Quarter 2 (March 31): Offices continue actions and initiatives to improve scores on selected questions.</p>

FY 2021 Performance Metrics Definitions

Performance Metric 3.2.2: Improve Agency New IQ Index and Selected Diversity and Inclusion Survey Question Scores

Quarter 3 (June 30): Individual offices continue actions and initiatives begun to improve scores on selected questions.

Quarter 4 (September 30): Individual Office Directors have developed their office's baseline for FY 2022.

DATA VALIDATION AND VERIFICATION

Data Source: FEVS; other internal survey data (for example, SurveyMonkey).

Calculation: Review scores and evaluate; implement any action or initiative; develop baseline scores based on results.

Validation/Verification Method: Office Director or Deputy validation/verification approval workflow in SMPP; final MD review or approval.

Data Limitations: Factors beyond our control, such as limited survey response, budgetary constraints (funding in support of activities or initiatives), adequate personnel, or adequate time to address issues and risks raised by reviewers.

Compensation for Data Limitations: Office Directors and senior management will discuss identified risks for further mitigation.