

CHIRP FEEDBACK

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2/2013

CHIEF EXECUTIVE CHIRP - APPOINTMENT

After reviewing more than 50 applications for the post of Chief Executive CHIRP, the Selection Board interviewed a shortlist of four candidates, all of whom were deemed to be suitable for the role.

The Trust has appointed Air Commodore Ian Dugmore RAF (Rtd) as the new Chief Executive to replace Peter Tait who is to retire later this year after having completed more than seventeen years in the role.

Ian held a number of senior safety related posts prior to his retirement including Director of Aviation Regulation and Safety Ministry of Defence and is the current Director of the UK Airprox Board (UKAB).

Ian will take up the post in September after completing the current term of his UKAB contract.

COMMENTS ON FEEDBACK

SELECTION OF RUNWAY LEAD-OFF LIGHTS (ISSUE 105)

In the last issue, we published a query from an Air Traffic Control Officer regarding the selection of Runway Exit/Lead-off lights for landing aircraft.

We received a significant number of comments from flight crew members; although not statistically significant, all the comments expressed a preference for lead-off lights to be lit prior to landing. The following are examples:

(1) Report Text: The reporter of the item 'Selection of Runway Lead-Off Lights' invited comment.

Forty years professional flying, training and examining for twenty of those; I have absolutely no doubt that the vast majority of pilots would prefer to see the available runway exits illuminated before they touchdown - visible from a mile or two out is better still. This enables us to confirm which exits are available and anticipate the appropriate braking effort required, and then judge/adjust the deceleration for optimum safety and comfort.

I can imagine a scenario where the lead-off lights pop up just as the aircraft reaches the turn, crew make a snap decision to go for it ... and burst a tyre, put a wheel onto the grass or injure a passenger through sudden excessive braking. Or just miss it and then have to apply power to taxi (on the runway) to the next turn off, causing a following aircraft to go around.

In principle, available intermediate runway exits should be illuminated in almost all conditions, for enhanced crew situation awareness.

(2) Report Text: I've just read the submission from a controller regarding runway lead-off lights. At the end of the article you asked for 'views' so here is mine.

Please have the lights on so that, conditions permitting, we can see the exit options open to us at a reasonable distance from the runway. In LVPs, with probably one exit available, the exit will have been briefed, braking force anticipated and the lights looked for during the roll-out.

The last thing I want is the sudden turning on of the lead-off lights. If anything, that would be a distraction and entice one to brake harder than planned to make the lead-off. Put them on and leave them on!

Keep up the good work.

We also received the following comment from an ATCO:

Report Text: In response to a report on the above subject that you published in CHIRP Feedback No. 105 (1/2013), may I take this opportunity to give you an idea of the specifics of the airfield operation in question.

I am aware that a colleague has written and asked for feedback and I would also be more than interested in other views from ATCOs as well as Flight Crews.

The problem with the Airfield Ground Lighting selection at this airfield is that we only have the choice of one exit at any one time, which means that the flight crew doing the Approach and Landing briefing and looking out of the window, would be able to see only one preselected exit.

In my opinion this would be counterproductive and contrary to the statement that crews would like to know what their options are. Furthermore we had specific feedback from Training Schools and CFIs, which indicated that students did feel compelled to vacate at the only lighted exit half way down the Runway, often applying hard braking action in order to make it. I also hope you would agree that although you would expect a medium sized jet to vacate at Taxiway ### (about 2/3 down the runway) as the reporter stated, during normal daylight conditions, you would not expect the same to happen at night on a wet runway.

The reporter also stated that in different weather conditions he/she would like to have more lead-off lights selected in order to aid orientation etc. The problem here is that only three runway exits have uni-directional lead-off lights; the others have omni-directional lights which mean they are used as lead-on as well as lead-off lights. So every time they are selected on, the Holding Point Stop Bar is switched off which means that the Runway is not safeguarded. We have therefore, following consultation with CAA (SRG), issued a local instruction to make Controllers aware of the problem and have asked them to exercise caution when using specific lights.

I hope all the above makes things a bit clearer and I would be very interested in other views.

CHIRP Comment: The landing distances available for the main runway at the airfield to which the original report

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and this comment refer are in the order of 2,000 metres.

The taxiway configuration is such that the only intermediate exits available to commercial air transport jet/turboprop aircraft landing on the westerly runway are situated at approximately 1,000 metres and 1,500 metres from the runway threshold; the comment states that each of these exits is protected by unidirectional lead-off lights whereas the other exits including those at each end of the runway are stated to have omnidirectional lead-off lights. Specific exits are promulgated for Cat II/III operations.

The airfield is used by a significant number of training aircraft; therefore, it is perhaps understandable that training schools might wish to influence the operation of the runway lighting. However, it is open to question whether a risk assessment would endorse a lighting selection policy that denies pilots of larger commercial air transport aircraft useful information to assist their situational awareness when landing.

On the basis of the feedback from professional flight crew a review of the local Unit policy for the selection of lighting might be merited.

Also, airport operators and the CAA should consider whether restrictions in the use of runway lead-off/exit lights that have an operational impact on aircraft movements should be promulgated in the UK AIP entry for this and any other UK airfield so affected to raise flight crew awareness.

EDITORIAL - TIREDNESS, FATIGUE AND SICKNESS (ISSUE 105)

Report Text: I read your CHIRP FEEDBACK Issue 105 (1/2013) and noted that there were a few points in there about the issues of tiredness, fatigue and sickness. I am surprised that all these years these issues have been related to flying staff only.

Nothing has been mentioned about any of these issues, and no organisations have done anything at all about ground engineers who suffer from even worse cases of the above and still make the aircraft ready to fly.

In the last few years there have been a lot of cutbacks in the industry with more work added, less time given and reduced numbers of engineers as well. I have experienced numerous situations, as have many others, of having no break at all for periods up to 10hrs, constantly running between aircraft to make them fit for flight. In spite of this the pressure continues to increase; I get the same feeling from other engineers too, both here and overseas.

Would it be a good idea to just find out what the engineers feel about this by having a quick survey with simple tick boxes to find the facts and see where we stand? After all it is the engineer's signature which makes an aircraft fly and not the flight crews, rest times and fatigue!

CHIRP Comment: The CAA has established a Fatigue Working Group to review the effectiveness of the current EC Working Time Directive and the additional guidance promulgated in Part 145, and to consider whether further research into the working practices of

engineers and maintenance staff employed by UK airlines and maintenance providers should be undertaken.

As regards the nature of any research that may be undertaken, it is anticipated that this will take the form of an in-depth assessment of the working practices in a number of engineering organisations and will include both permanent staff and contracted personnel.

A simple survey of licensed aircraft engineers, as suggested, is outside the scope of this programme; additionally, the CAA consider that this type of survey is not the best option for obtaining the detailed information that would be required to inform future policy/regulation.

AIRPORT INFORMATION - POOR ENGLISH (ISSUE 104)

The following comment was received from a UK chart provider specialising in helicopter and Cat A aircraft operations in response to the referenced item published in Issue 104 (Page 7)

Report Text: I would like to respond to the item "Airport Information – Poor English" in which the writer asks "why do chart providers not employ a procedure that seeks to correct information that could be deemed to be incorrect", to which CHIRP's response is that "it is not reasonable to expect chart providers to interpret information so provided". I would like to take issue with this.

At ### we work hard to interpret plates from not only foreign Aeronautical Information Services but also the UK on occasion in order to ensure that the plates which we publish are not only completely accurate but also flyable and in readable English. We consider that it is sometimes not wise to publish plates using the exact wording on the original since this can either be ambiguous or would take so long to interpret that the plate is rendered effectively unflyable. We employ commercial pilots as auditors whose job it is to confirm that the plates we publish meet a high standard of usability, and from the nearly 100% positive feedback we receive from our 1,100+ customers it is evident that we are doing something right.

CHIRP Comment: The comments in FEEDBACK reflected our understanding of the policies of the providers of aeronautical charts/approach plates to that segment of the commercial air transport industry that conduct operations with aeroplane categories B, C and D.

We are pleased to publish this clarification for the benefit of the chart provider's customers and readers. However, readers are reminded that it remains the legal responsibility of operators to ensure that aeronautical information that they make available for routes/destinations within their network is accurate and available to aircraft commanders.

ATC REPORTS

WORK-IN-PROGRESS

Report Text: A twin turboprop was positioned on the apron after start up prior to taxi. The airport manager allowed building workers to continue work during

aircraft movements with all the attendant background noise and disturbance inside the Visual Control Room (VCR).

During this time strips of plastic were blown from the VCR roof, landing in front of the port engine of the aircraft with engines running. None were ingested but only by chance. The Airfield Fire Service (AFS) verbally informed the builders of the issue but work continued. AFS then informed the airport manager who then briefed the site foreman.

At no time did building work actually stop and it was only by good fortune that nothing struck the aircraft.

CHIRP Comment: The advice of CAA Aerodrome and Air Traffic Standards was sought on this matter. The CAA advised that CAP 781 'Runway Rehabilitation', which contains advice on the planning, management and risk assessment processes associated with runway refurbishments, also includes guidance for other infrastructure projects that have an impact on airfield operations.

It would appear from this report and other previous similar reports that some airport managements are either unaware that such guidance exists or are not complying with 'best practice' in relation to the planning oversight of such activities. Changing the title of CAP781 to reflect more accurately the scope of its contents might assist in raising awareness among airport managers.

If you consider that there is a safety risk associated with any work-in-progress submit a safety report to record formally your concern.

[See also: ATC Report 'A Reflection on Electronic Flight Data' - Page 4]

ENGINEER REPORTS

TECHNICAL LOGBOOK - AMENDED ENTRY

Report Text: The task was to fit a pressure transducer after it had been "robbed" to troubleshoot a problem on another aircraft. The pressure transducer did not fix the other aircraft, so I was asked to refit the pressure transducer to the aircraft that it was originally robbed from.

I refitted it in accordance with the AMM and signed for it in the Technical Logbook for the aircraft, quoting the AMM reference, the part number, serial number and robbery label number used to initially remove the component from the aircraft.

The next night shift, the same aircraft was still in the hangar. While looking through the Technical Logbook to make sure that everything was complete, I came across the entry I had completed for the pressure transducer apart from this time it was different, the words "original part refitted" had been added to my entry.

My Technical Logbook entry had been tampered with and was now different from what I had originally signed for. This was done by the maintenance manager in charge of my shift and without my knowledge.

CHIRP Comment: With the reporter's consent the matter was raised with the Engineering Quality Manager of the organisation concerned, who confirmed

that a company investigation had been conducted in response to a company Ground Occurrence Report (GOR) concerning the same event.

The investigation had confirmed that the Tech Log entry had been signed off by the reporter and the part number and serial number of the part fitted correctly quoted at the bottom of the Tech Log page as required. Subsequently, the manager, on reviewing the Tech Log, had considered that the entry could be made clearer with regards to the robbery and re-fit task that had been carried out and had added the words "Original Part refitted" to the Tech Log entry. The manager had intended to speak to the reporter to inform him of his actions; however the reporter saw the amended text prior to any conversation.

This report is a reminder that no Tech Log amendments may be made without the knowledge and agreement of the signatory.

MANNING ISSUES

Report Text: My employer is a heavy maintenance provider. The company operates on "annualised hours" so major maintenance is not carried out during the summer months. Most staff take accrued leave at this time.

Following my return to work, I learned that a significant number of experienced members of staff had left during the summer break. The facility had reduced its heavy maintenance operations earlier in the year, but on my return, is back up to capacity. As a result, a large number of new staff have been recruited, some full-time, some contractors. Many of these contractors are non-UK citizens; some have a very limited grasp of English, although others speak excellent English. In addition, we have a number of non-UK trainees. Again, some have good English, some poor.

The company also has a new intake of apprentices, who, for the first few months with the company will have little aircraft contact. The company has also started a number of trainees through a "back to work scheme". Again, they have no aircraft experience.

We have, in the past, had high numbers of people with very little aircraft experience, whom senior management expect to receive the vast majority of their training on the hangar floor, on live aircraft. This has resulted in an extremely heavy workload for licensed engineers in terms of maintaining oversight of 'new starts', whilst carrying out inspection, recording of maintenance etc. with no recognition from senior managers of the additional work generated by such staffing practices, or any sort of leeway in terms of lengthening of aircraft downtimes to compensate for the lack of experience.

At a recent meeting between Licensed Engineers, Lead Mechanics and senior management, a number of incidents which had occurred towards the beginning of the summer were discussed. The finger appeared to be pointed towards the Licensed Engineers and we were reminded of the need to "re-focus" and work within the company procedures. Our concerns were put forward regarding staffing levels and in particular the poor English, lack of experience and the company's lack of investment in training prior to putting new staff onto live aircraft. This appeared to fall on deaf ears. It appears

that, as far as senior management are concerned, whilst aircraft continue to depart on time there are no problems.

There is a growing possibility that a lack of experienced personnel, coupled with poor understanding of Approved Technical Publications and Licensed Engineers being placed under additional pressure to train, oversee, inspect and deliver aircraft to tight time constraints will result in a serious incident. All Licensed Personnel within the facility are aware of the problems that exist, but the situation since the summer break has become increasingly difficult.

CHIRP Comment: The reporter's concerns were represented to the CAA. Subsequently an audit was conducted together with discussions with managers; these confirmed that at the time of the audit the manpower plan was broadly aligned with the contracted work both in terms of staff numbers and individual qualifications. It was acknowledged that some adjustments to staffing had been made since the period to which the report above referred. In addition, some language issues had been identified; these also were found to have been addressed by the management.

ELECTRONIC INFORMATION, DATA AND TRAINING

In the recent past many organisations employing flight crew, engineers/maintenance staff and ATCOs have introduced new working practices based on electronic data and/or have elected to replace hard copy operational information by distributing and updating such information electronically.

One key issue that has emerged from this transition has been that the training associated with introducing these changes has varied significantly. Whereas some changes have been preceded by formal training, in many cases managements have determined, based on a risk assessment, that a period of self-study is sufficient to familiarise individuals with new practices or embed new knowledge/procedures. Moreover, in some cases no provision has been made in individuals' rosters for such periods of self-study to be completed.

Over the past eighteen months or so the CHIRP Air Transport Advisory Board has reviewed a number of reports in which individuals have raised concerns about the standard of the training associated with what are perceived to be significant changes in working practices. Other reports have raised concerns about the accessibility and ease of use of electronic information in comparison to hard copy. Several of these reports have been published in previous issues of FEEDBACK including one titled 'Electronic Manuals' on Page 7 of Issue 105 in which we highlighted an operator's obligations under EU-OPS 1.1040 (f) and 1.1040 (m) regarding access, usability and reliability of Operations Manual information.

From this group of reports a trend has emerged; this suggests that where changes in working practices are imposed on a workforce with different levels of natural ability and computer skills, some individuals will readily

adapt to the new techniques whereas others will require additional training/practice and in the absence of this will struggle to assimilate the information effectively. Additionally, the commonly held management assumption that all individuals under the age of 'forty-something' have natural computer/keyboard skills is not supported by confidential reports.

As we have mentioned before, the commercial benefits that accrue from replacing hard copy with electronic information and substituting formal training with computer-based self-study exercises are significant. For example, consider the cost savings/roster advantages of substituting a one-day ground school course with personal self-study for which no roster allowance is made. It is often argued that formal training is not required because many individuals find the changes to be intuitive but what about those who don't? Formal training should ensure that all attendees understand the changes and achieve competence; self-study provides no similar assurance. The use of an individual's signature to confirm completion of a self-study module is often required as a verification; however, this does not ensure understanding/competence but merely transfers the responsibility from management to the individual regardless of whether the form of training is appropriate. The numerous unofficial guides/tips available via the internet suggest that some operators' self-study modules are not always perceived as being adequate for every flight crew member.

This leads to a second significant area of concern, which is whether the electronic data used by individuals is effectively 'controlled'. This is particularly so in cases where individuals are required to or elect to use personal portable electronic devices (PEDs) to download operational data. Anecdotal evidence suggests that the use of personal PEDs on the flight deck is relatively commonplace in some operations. Moreover, it has been reported that individuals have elected to use them in an operational environment in preference to the formal safety critical documentation that is required to be carried; either in hard copy or through an Approved Electronic Flight Bag application. One such example recently quoted was referencing the Minimum Equipment List using a personal PED. What assurance is there that the information accessed through a personal PED is the correct standard? Operators' policies should be clear as to the risks associated with accessing safety critical information on personal PEDs in an uncontrolled environment.

The following four reports are typical of those that have been submitted on this topic; each involves a different organisation. It is our view and that of the Air Transport Advisory Board that closer attention should be given by both managements and the CAA to ensure that significant changes are introduced in the most appropriate way to ensure that all personnel are competent and that the Human Factors aspects associated with such changes are adequately addressed. Also, operators should be required to demonstrate that their procedures for the dissemination and use of electronic data provide effective controls in relation to safety critical information.

(1) A REFLECTION ON ELECTRONIC ATC FLIGHT DATA

Report Text: My report is of a more general nature and is made in the hope that other organisations can be made aware of possible problems before and not during/after a similar project.

I am writing this as a user of an electronic flight data system, which is in use at several Air Traffic Services Units in the UK. The system encountered problems when first introduced and my frustration increased in regard to this project when in the midst of the problems with the system that we were experiencing, we were informed of problems at another unit when attempting to introduce a version of the same system.

I am writing in the hope that somehow the lessons can be passed on to other units contemplating this kind of change in the future. I am not convinced that these lessons will be passed on as it might give the impression that the project was not a huge success.

The way I do ATC has changed:

The task has changed from a single ATC task to an ATC and data entry task.

- I don't do as much effective pre-planning.
- I make mistakes I never made before.
- I make mistakes I didn't think I would make again.
- I fall behind faster.
- I get distracted by the data entry task.
- I'm not as much help to my colleague(s) as I used to be.
- Aircraft catch me by surprise more often.
- Non-standard scenarios are very time consuming.
- My capacity and the sector capacity have reduced.
- My service to other agencies is worse.

As with any new system we are getting better, but the above remain true even after many months of working 'with' the new system.

To summarise, a technological advance may not be an improvement and units planning a similar path should be aware of the problems other units have had.

CHIRP Comment: The introduction of electronic flight data was preceded by formal training. During the development and training phases a number of potential operational difficulties were identified, some of which were subject to a subsequent Human Factors review, and changes implemented.

It was anticipated that, as controllers became more familiar with data entry and use of the new system, their performance and capability to handle traffic levels would equal or surpass that with the previous hard copy process, which had involved additional staff. This report and other anecdotal evidence suggest that some individuals have continuing concerns about their vulnerabilities in using the new system.

(2) NEW PROCEDURES, NO TRAINING

Report Text: During the past year or so we (Company A) have had the following introduced into our operation: iPads, Weight & Balance take off performance on lap

tops, a major revision of aircraft operating manuals, a new Quick Reference Handbook (QRH) and a new concept in landing performance.

A huge change; however, we have not had any related ground school associated with these new and somewhat complicated documents, just the occasional email notifying flight crews of a new flight crew notice. I find it unbelievable that the company and the CAA (I believe they do still 'police' an airline's operation?), with contemporary risk assessment, feel that our lack of training is acceptable.

Have we already forgotten one of the lessons of 'Kegworth' where minimal/a lack of conversion training was a contributory factor to the accident.

Lessons Learned: Reassess how procedures are altered and get us in the classroom now.

CHIRP Comment: Following this and several other comments relating to the adequacy of the training associated with the changes described in this report, the matter was raised with the operator and subsequently referred to the CAA.

The operator acknowledged that no formal training had been associated with the introduction of iPads but noted that pilots had been made aware of commercially available training 'apps'. Their use had also been discussed in refresher training.

The changes to Weight & Balance were considered to be minor and guidance had been given on the principal changes to the Operations Manual/QRH.

The changes in landing performance were covered by a distance learning module and subsequently covered in refresher flight simulator and ground training. It was accepted that the reporter might not have yet received refresher training.

(3) PERFORMANCE CHANGES AND TRAINING

Report Text: We have recently been advised that the company (Company B) is introducing a new way of calculating Weight and Balance and a new philosophy for the calculation of the in-flight landing distance with and without failures. These complex changes are being introduced via a company notice and a PDF document on the intranet.

These are significant changes to safety critical tasks yet we have received no training whatsoever on the new procedures. Even at a recent recurrent ground school session I attended, none of these changes were mentioned, let alone explained.

I believe that a tick box approach to recurrent training, the introduction of complex SOP changes that are neither explained nor fully understood by crew and a significant reduction of crew experience, training and morale are considerably degrading the safety margins at #####. Furthermore this method of introduction of new SOPs leads to practical drift, lack of compliance and general disregard for the rest of the SOPs.

Safety is no longer a first priority at ##### and there are significant corporate culture issues that must be addressed by the Regulator.

CHIRP Comment: This report was referred to the CAA. (See CAA response below)

(4) NEW STANDARD OPERATING PROCEDURES

Report Text: On my next rostered duty I am expected to be completely up to speed with a brand new and major revision to our SOPs, as the company (Company C) has elected to revert to the aircraft manufacturer's manuals.

We have been given no formal training on the new procedures. Management have simply said that we should re-read the entire Operations Manual prior to reporting. They have scattered electronic versions of the various procedures onto a brand new 'learning website'. Many of the so called guides do not work and I (and colleagues) have already spent considerable periods of time attempting to access videos and amateur 'bluffer's guides'.

The majority of the manuals are electronic only as our company planned to give us an iPad but these have not yet been issued. Having operated a few days ago under the current system, my colleagues and I now have to be able to have a full understanding of a new system. I have a genuine concern for the safety of the operation. Besides not having even had a 'dry run' of the procedures and doing it for the first time on a commercial flight, the potential for distraction is enormous.

Our company forum has been bombarded with real concerns from very professional and capable pilots. The line crews are pleading for some formal training. We are being allocated a two-day course on how to be nice to passengers, yet are undertaking no training for a safety critical change.

Due to the style of management we have, I do not feel I am able to realistically voice my concerns. I will simply have to turn up and 'hope all goes well'. This report must remain confidential for fear of reprisal.

CHIRP Comment: The company was informed of the reporter's concerns, as were the CAA.

The CAA has provided the following general comments in response to the various concerns raised in these three and other similar flight crew reports:

EU-OPS subpart P (manuals, logs and records) does allow for Operations Manuals or parts thereof to be presented in a form other than printed paper. However the operator must in context provide an acceptable level of accessibility, usability and reliability. Other relevant text includes the fact that all operations personnel should have easy access to a copy of each part of the Operations Manual which is relevant to their duties.

The CAA would normally issue a permission to operators to present such information in a form other than paper. It is incumbent on the operator to manage and present such information in the required format and absolutely critical that data is controlled adequately. Until reasonably recently this would have involved a CD-ROM or similar media being issued to crew members. However as technology has advanced in context with concepts such as less paper in the cockpit (LPC) other applications are now common place such as Web Based portals that can be accessed remotely and Electronic Flight Bag applications. It is accepted that to a degree

this has been a change of culture and operators are expected to manage such change safely, this would include protocols for ensuring its operational staff have the required level of access to company documentation. The control of such data is paramount in context with Flight Safety Critical Application.

As for the introduction of new procedures, it is a requirement that an operator ensures that the training associated with such changes is appropriate, adequate and recorded. The management of changes to procedures should be subject to a risk assessment of their likely effects and how their introduction should be best managed. The training and standards function of an operator must check that any communications relating to changes to procedures are understood by all crew members and others with flight safety critical roles. The EASA Management System requirements, when implemented, will give further clarity to the operator's responsibilities in this regard.

In conclusion it is a formal requirement that operators manage their operations safely. The management of change is a flight safety critical activity and should be treated with the attention and respect that it deserves.

A final CHIRP Comment: When assessing risk the possibility exists that the risk and any mitigations are viewed from the risk assessor's perspective and not that of a line pilot, whose knowledge and understanding of computers and company procedures might be significantly different from the assessor.

FLIGHT CREW REPORTS

"DIRECT TO/OWN NAVIGATION/ CONTINUE"

Report Text: When released from a heading we are often advised, "Own navigation XXX". What does this mean? Go directly to XXX from the present position or fly directly to the nearest waypoint on your flight plan and then continue along your flight plan to XXX or go whichever route takes your fancy! If ATC wants me to fly directly to XXX why can't they say so? This anomaly was raised some time ago and yet still occurs.

According to CAP413 Edition 12 section 1.5.6 - When vectoring is complete, pilots will be instructed to resume their own navigation, given position information if considered necessary by the controller and appropriate instructions as necessary. Where a direct route is required, the controller shall include this in the instructions.

This distinction implies that "Own navigation XXX" and "Direct XXX" are not the same instructions.

CHIRP Comment: CAA Air Traffic Standards advise that the term "Own Navigation" means "To continue to a point convenient to the pilot"; this allows the pilot the option to either proceed direct to the next waypoint or route as convenient. One further point regarding the term "Own Navigation" is that it does not imply that an aircraft is released from a previous specific altitude restriction or a climb/descent instruction.

The instruction "Direct to XXX" is self-explanatory. A recent investigation into an Airprox incident established

that the flight crew misheard the waypoint name in a "Direct to...." ATC instruction and turned the wrong way towards a similar sounding waypoint. As a result of this incident, an instruction "Direct to XXX" may be preceded by the direction of turn.

We have published a clarification of these two instructions several times over the past fifteen years and have suggested that more precise definitions of the terms in CAP 413 would assist in understanding.

FATIGUE REPORTING

Report Text: I think there is a big issue with fatigue in my company, which states that "safety is our number one priority", but in realistic terms this seems to be becoming more and more of an excuse to passengers when we are delayed, and nothing else.

We have a fatigue reporting system, yet people are too scared to use it and I meet more and more people who are fatigued, but flying. Recently, I overheard a manager telling someone "to be very careful about calling fatigued on the last day of a sequence of duties, because it will look very bad when you're going on to days off". How can this be allowed? Is the CAA aware of this? If there was ever a day to call fatigued, it is the last day of a sequence of duties.

Picture this: You are working a series of 'earlies', most days waking up at around 3am. You then receive a last minute roster change to a late Standby (SBY) duty (but your body wakes you up early, so not enough rest). You are then called out from SBY for a delayed, long four-sector flight duty period and rostered for a further multi sector late duty the next day. So you finish a week when you should have been on 'earlies' (and originally planned to finish late morning) now finishing the week at close to midnight. You then express your concerns to a manager and the manager tells you that if you call fatigued, it will look very bad!

This is precisely a situation that occurred recently to an experienced flight crew member. I can only imagine how similar situations must be for junior First Officers in the company and now wonder how many of them are flying fatigued.

This is a safety risk in my opinion, and something should be done to stop managers threatening the use of fatigue reporting.

CHIRP Comment: As we noted in the editorial last month, situations such as that described in this report, if as alleged, raise significant doubts as to whether the claims by some operational managements that their Fatigue Risk Management Systems (FRMS) are mature and effective can be justified. All managers should reflect on why a FRMS is in place, the importance of line pilots feeling able to raise their concerns directly without the threat of sanction and that individuals' confidence in the system is only as good as the weakest link in the management 'chain'.

Where a FRMS is in operation, we encourage pilots to report their concerns about rostering/duty directly to the company to inform future roster policy.

However, regardless of the reporting rates achieved within a FRMS, there remains an obligation on the part of the CAA to ensure that an operator's FRMS is being

managed according to 'best practice' and is not subjugated by commercial/business objectives.

SEVEN-DAY DUTY HOURS LIMIT (AGAIN)

Report Text: Towards the end of a seven-day rostered block I was feeling very tired and believed that I must be close to exceeding legal limits on duty hours. Checking my recorded flying and duty hours it showed that I was about to complete several hours in excess of 60 duty hours in the seven-day period. I consulted our company FTL scheme; this showed that the normal limit on duty hours at the planning stage is 55 hours, increasing to 60 hours once the duty has commenced to cover delays etc., but there is an absolute limit of 60 hours, after which the pilot would normally be removed from flying duties.

However, when I queried this with the company, I was advised that that this was legal as the company's Approved FTL scheme does not take account of a rolling seven-day period and only considers this limitation in relation to a "week", defined as starting at midnight on a Sunday through to midnight on the following Saturday. This means that 6 out of 7 times, there is no protection from fatigue provided by this rule whatsoever. Clearly the effects and dangers of fatigue are not influenced by starting on any particular day of the week so could we please review this rule and ensure that it meets the original intention of the CAP 371 guidelines?

Lessons Learned: The Company's definition of "a Week" needs to be changed to meaning any rolling 7-day period of duty; otherwise it fails to provide protection against fatigue.

CHIRP Comment: This aspect of this operator's Approved FTL scheme has been queried through this Programme on more than ten occasions over several years. To date representations as to why its continued use is permitted have been unsuccessful.

The variation from CAP 371 was granted prior to the introduction of fully computerised rostering for all crew members and, the CAA advises, contained associated mitigations. We also understand that the industrial relations agreement in force at that time, whilst being independent of the Approved FTL scheme, applied to all flight crew and thus limited opportunities for the use of the variation. This is no longer the case.

As the reporter rightly observes, the ability for the operator legally to exceed the recommended seven-day maximum duty limits on six out of seven days in a week is nonsensical from a FTL perspective and is another example where a company's management of FTLs does not appear to accord with 'best practice'. The concession does, however, provide the operator with a significant commercial advantage.

EXCESS CABIN BAGGAGE

During 2009 and 2010 this Programme received numerous reports involving several UK operators from which it was apparent that adequate checks were not in place to control the amount of cabin baggage being brought onboard by passengers. As a result both cabin crew and flight crew were faced with the difficult task of dealing with excess cabin baggage, at a time when they

were often under pressure to achieve an on-time departure.

In some instances it was simply a case that the available overhead/onboard stowages were insufficient to accommodate the amount of cabin baggage with a full passenger complement. In other instances it was route/destination specific or the result of passengers interlining/transferring from long-haul international flights onto smaller aircraft. In several cases, cabin baggage was stowed unrestrained on the flight deck with the aircraft commander's consent

In response to the reported concerns the CAA conducted a series of airport ramp inspections involving eight operators. These identified issues of non-compliance and inconsistency with regard to operators' procedures for cabin baggage, some of which compromised safety due to commercial pressure.

In June 2011 the CAA issued Safety Notice SN 2011/05 to all UK AOC Holders reminding them of their responsibilities and the Regulations pertaining to baggage. The Notice detailed the safety issues identified and the actions to be taken to ensure that only such hand baggage is taken into the aircraft that can be adequately and securely stowed. Specifically, the Notice required that items of hand baggage must not be stowed in toilets or other non-approved stowages and items must not be carried, unrestrained, on the flight deck.

The trend in reporting more recently indicates that some UK operators appear to have revised their procedures to control cabin baggage more effectively. However, it would appear that in other cases the problem is still not being adequately managed. The following reports are typical of a number received in the recent past:

(1) FLIGHT CREW REPORT

Report Text: Since the company has started charging for bags to be hold-loaded the number of large, wheeled bags arriving at the aircraft door has risen to many times the previous level. This happened some time ago and more recently it has become company policy to take bags from passengers at the gate and hold-load them.

This, of course, makes for a large number of unhappy passengers boarding the aircraft. Making passengers unhappy, although tiresome for the crew, is really the company's concern and they attempt to minimise this by taking the smallest number they think they can get away with, which inevitably sometimes results in there still being too many bags to stow in the overhead lockers.

When this happens the ground managers have been instructed to order the crew (seemingly even the Captain) to stow the bags under the seat in front of an empty seat. As the bags are nearly all of the maximum size to go in the cabin, they do not fit under the seat and are mostly just put on the floor in front of the empty seat. I am sure that the intention when allowing passengers to put small bags under the seat in front was not to put totally unsecured heavy bags on the floor of an empty seat. I have not allowed this on my

flights, but considerable pressure is put on crews by the ground manager.

Of course this is still ignoring the vast weight of baggage being put in the overhead lockers. I do not know the maximum weight for the lockers, but it must be exceeded on almost all flights.

Perhaps it is time for a few ramp checks to be introduced by the CAA?

(2) CABIN CREW REPORT

Report Text: During boarding I became aware that excess baggage was being brought on by passengers. This is an ongoing issue at my company and there is no monitoring of baggage until at the aircraft door. Baggage frames are displayed all over the terminal but are never used. Ground staff do not challenge passengers for fear of confrontation.

At the boarding door it is often chaotic with mandatory checking of boarding cards and pressure to depart on time. The company keep telling us we must not lift bags, but passengers see this as a lack of service rather than a safety issue, and expect us to lift any manner of things into the overhead lockers. We have no weight restriction for cabin bags which is taken advantage of. We simply do not have enough space onboard for everyone to bring the permitted amount of bags to start with. A mention about baggage on this occasion, and in general, brings a shrugged shoulder response from ground staff as if it is not their problem. I advised ground staff on this particular flight and they were not interested.

At this airport another airline had ground staff at the entrance to 'Security' policing excess baggage and our company really should be doing the same. It is the knowledge that the company never cares how much or how heavy people's bags are that encourages them to bring more and more. The company really should be taking more immediate action regarding this issue.

CHIRP Comment: Problems such as those described in this report and others should be readily apparent to senior managers from audits conducted as part of an operator's Safety Management System (SMS). Thus it is difficult to conclude other than either the operator's SMS is not effective or the problem has been placed in the 'too difficult drawer'. Neither is acceptable given the CAA findings in 2011.

As all will be aware, it is the aircraft commander's responsibility for the safety of the aircraft, crew and passengers. It is apparent that some commanders have thought that they were acting in the company's best interest in achieving an 'on time departure' by electing to operate a flight with inappropriately stowed cabin luggage. However, in the event of an incident, passenger injury or worse, the subsequent investigation would probably not take the same view. If all flight crew members were to adopt a policy of not accepting any baggage in the cabin that cannot be stowed in an approved location, operators would readily find an alternative solution.

If you or your cabin crew experience difficulties with excess cabin baggage make sure that a company safety report is submitted with the MOR box ticked. If not resolved satisfactorily, submit a CHIRP report.