

## Air Transport FEEDBACK



*Edition 135 - July 2020*

### Editorial

As I write this editorial at the start of July, the airline industry is hopefully about to come back to life as travel restrictions ease and confidence in flying within the general public starts slowly to return. But, judging from the steady flow of reports into my inbox (many of which I can't publish due to their industrial-relations implications), there's been considerable upheaval for many flight crew as airlines look to cut costs and reduce their workforces to match predicted activity. The threat of redundancy weighs heavily on some, with obvious concerns about morale, mental health and potential distractions when operating and maintaining aircraft. Add on to that the prospect of returning to flying in a very different environment where social distancing, use of face masks and significantly changed procedures will predominate, and the risk from distraction and anxiety is self-evident; it will take real leadership and personal resilience from all to lift the heads of the crews and ground support personnel to focus on the task in hand when operating.

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Although this is an unprecedented period, and airlines are having to make some incredibly difficult decisions to ensure that they have a sustainable future, all this also needs to be managed in a fair and safe manner for the employees, and the CAA tell me that they are focused on this aspect too. As part of their engagement, I understand that they have written to all the 'Nominated Persons Flight Operations' for UK AOCs to highlight the associated compound risks and, within this, one of their immediate concerns is crew fitness to fly from a mental health perspective due to the current situation. Whilst it's easy for the likes of me to pontificate about the need for people to declare themselves unfit to fly due to stress and anxiety if appropriate, the reality is that some are reluctant to do so because they fear that this could be used against them for possible redundancy purposes. As we simultaneously enter into this 'new normal', the need for empathy, encouragement and a watchful eye on the other crew members has never been greater in order to ensure that mistakes or distractions from any aspect of the operation are picked up early so that they can be either prevented or corrected in a timely manner.

We live in a world where procedures and checklists underpin operations as the last 2 lines of defence in maintaining safety, and the handling of the return to flying is no exception. The not-for-profit International Flight Safety Foundation (of which the independent UK Flight Safety Committee is part), have produced a series of [safety toolkits and 'punch lists'](#) that provide a useful handrail and food for thought about the various aspects of airline operations. Many of these are focused on overall operational management, but there are useful nuggets for daily operations as well. As part of their work, they have also produced '[An Aviation Professional's Guide to Wellbeing](#)' – well worth a look through to reflect on personal stresses and read some thoughts on how to help cope.

Reporting timescales mean that the issues raised in this edition of FEEDBACK were mostly submitted pre-COVID-19 and so some of them relate to very different working schedules and circumstances. However, even so, there are still many relevant lessons and topics of interest within. The key message for me from these reports in the context of the post-COVID-19 era is that the months ahead will be difficult, and it is very human to be distracted by associated pressures, stresses and life-changing events. We all have a duty to watch over and care for our colleagues so that we can at least recognise their burden and help them to focus on dealing with such distractions and avoiding associated mistakes.

Stay safe! Steve Forward, Director Aviation

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## Engineering Editorial

The dictionary tells us that change is the following: "To make the form, nature, content, future course, etc., of (something) different from what it is or from what it would be if left alone. More specifically for aviation, CAP 795 has for many years clearly stated that: "The management of change should be a formal process that identifies external and internal change that may affect established cultures, processes, and services". Recent changes to regulation now require the adoption of these management of change principles into engineering through revised Continuing Airworthiness regulation.

Understanding change and the disruption it creates is very important to us right now. Our industry is and will continue to go through an enormous amount of change over the coming months and years as we look to change fleets and change the way we operate in all aspects of operation regardless of your sector. The need for change is now firmly established, and those that make appropriate changes early and in a professional/responsible way will be the future beneficiaries. If the airlines and MROs change to meet the requirements of future best practice (post-COVID 19), then we will see new methods of working, potentially perhaps with even more use of automation and/or drones to do work that is undertaken by people today.

This is far too big a subject for me to discuss in detail in this editorial for sure, but what I would like to steer your attention towards is our method for the management and control of change within CAP795 and, more specifically, Regulation (EU) No 1321/2014 Annex Vc (Part CAMO) and how, if done correctly, it can be an asset to the business by providing a common understanding of what

needs to change, who will make that change, how things will change and of course by when. See the GM/AMC to CAMO.A.200 Management system.

As part of this, recent CHIRP reports concerning organisational change have seen some of our older colleagues in engineering and maintenance being made redundant as companies streamline for the future and reduce their operating costs as much as possible. However, when you do this you may also lose the expertise, knowledge and experience that can help you as an organisation change for the better. Going forward, CHIRP will remain focussed on Human Factors, as is our mandate, and I fully expect to see more of the above reporting from employees across the industry. In my opinion, an incorrectly thought-through change process will generate multiple Human Factor issues for an organisation, which in turn means increased reporting, more investigations and thus creating unwelcome work for the organisation going through change. We would like to see maintenance operations thinking about and planning for the future impact of the issues we are seeing today in order to maintain the years of knowledge and experience they have gained and prevent the cycle of repeated errors occurring. So please follow the guidance already out there, which should be well established in your own Safety Management Systems.

If we are to avoid Safety/Human Factors issues in the coming months and years, I can only suggest that close attention is paid to the management of change during any organisational reorganisations that may have a significant effect upon the structure, personnel volume or type of work performed by a business. It takes a long time to build a good safety culture within an organisation and no time at all to break it.

Stay safe everyone! Terry Dudley, Deputy Director Engineering

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## Comments on Previous FEEDBACKs

### Comment No 1 – FEEDBACK Edition 134 - Go-around from Unstable Approach

Reference report No. 4 in the latest CHIRP. Another factor that should be considered during go-arounds is maintaining safe control of the aircraft during the manoeuvre. The recent loss of control incident in Dubai may be part of the same issue where ATC were criticised for issuing immediate go-around instructions that contributed to the event. It's also worth noting that, unless dual-channel (2 autopilots (AP) for an auto-land), the B737, for example, kicks out the AP as soon as you press TOGA and so the MAP must be initially manually flown. We used to brief go-arounds on every approach when I flew the B737 because there were so many traps - one of them rushing into it unnecessarily. We used to brief that we could descend below the company stability gate whilst unstable, so long as we didn't continue to land. Interesting that we had a CAA Safety Notice on go-arounds from points other than Decision Altitude in the last decade - perhaps a theme that's still haunting the industry and needs re-visiting. Once-yearly simulators don't help to train for these situations though.

**CHIRP Comment:** The issue of the autopilots disconnecting when TOGA is selected during a B737 auto-land is specific to that aircraft but worth noting in as much as a reminder to pilots that they must have a clear understanding of what their autopilot systems are doing and what the implications are before any changes are made to mode selections. The key message from the report was that the crew didn't need to immediately go-around; they could have continued the approach in the knowledge that they would be going around soon, but pre-warn ATC first so that the controllers weren't caught by surprise and also allow themselves time to conduct a 'micro-brief' to discuss what they were going to do as a crew. The associated [AAIB](#) and [UKAB](#) reports are worth a read, as is [CAA Safety Notice SN-2019/005](#) (Avoidance of Loss of Control In-Flight – Flight Crew Training) which mentions go-arounds as a potential risk. But the other underlying point was that going-around using the MAP can often bring aircraft into conflict with outbound SIDs so airports ought to design MAPs to be deconflicted by default as much as is possible just to cater for comms problems during the go-around - easy to say but hard to do in practice in busy airspace

## Comment No 2 – FEEDBACK Edition 134 - Attempted Incorrect Entry of Zero Fuel Weight

I just read Report No.9 – Fatigue: Attempted incorrect entry of Zero Fuel Weight (ZFW), and the comment by CHIRP relating to the EFB forms and calculations cross-checking made me wonder if the software developers could make, in essence, one form to be open across both/all devices shared by a Bluetooth connection. Forms could be open to entry from each end, but highlight differences entered, and query the user before final calculations are presented. In essence an automatic cross-check by linked devices. It could even be blocked from showing any calculation until all devices have had the information entered, though this may be too restrictive in most short haul turnarounds.

I have worked with a few companies that use EFB in the flight deck, and none of them have had any connection with software on the aircraft, they simply did performance calculations etc. The CAA have, in the last couple of years, made it mandatory for a cross-check of these device's inputs and calculations by each pilot. This is where I'm pointing out a simpler solution if the devices are linked and point out differences. Aircraft software could also be brought into the loop, and should probably cross-reference QNH inputs and DH, as an example, made by each pilot.

**CHIRP Comment:** At the moment, we rely on procedures to trap any input errors but automatic cross-checking and error detection between devices sounds like an obvious solution for better interactions and interfaces to avoid the seeming increasing trend for human errors in this respect. If the aircraft and EFB software manufacturers were from the same company, then that'd be easily doable but EFB software is often compiled by third-party providers and so mutual sharing of source code etc would be fraught with legal and intellectual property challenges. As a comparison, I use Microsoft Office on my iMac and MacBook, but there are so many things that don't quite work the same way as they do on a Windows computer due to the fact that Apple and Microsoft don't share their innermost secrets or are not compatible. But we should strive for the best! Although it's not necessarily as simple as enabling Bluetooth between devices (electro-magnetic compatibility certification is required to ensure that there are no interference problems with aircraft systems), the CAA are working with manufacturers in a take-off performance working group to look at how to improve the human factors interfaces for EFBs and FMCs – automatic cross-checking and transfer of information is a part of that, as is work to enable the aircraft to automatically sense and recognise when it is not accelerating fast enough for the available runway.

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# Reports

## Report No.1 - Cabin Crew Levels of Competence

**Report Text:** I filed an ASR about cabin crew knowledge. I regard it as a very important failing in our training standards onboard. The ASR was investigated by a manager who found "nothing to see here". I asked the chap who investigated if he would tell me why he found no issue and he emailed me back, comprehensively. I am totally flabbergasted with his response. This strikes at the very heart of everything sacred about safety systems; the operator hiding from true scrutiny by the proper regulator by regulating itself. My issue was so fundamentally important I ticked the MOR [Mandatory Occurrence Report] box but even that is undone by them as the CAA allow [the Operator] to self-adjust. Please would you be able to look at this for me?

**Reporter's ASR to Company:** On taxi out, it became clear that the flight crew were unable to telephone any crew member in the cabin. Both my First Officer and I made several attempts to different interphone locations, and in all cases the ringing tone was heard, but no calls answered. So, unsure if there might be a problem in the cabin, (and notwithstanding I needed to mitigate this technical issue before take-off could be safely permitted), I decided the fastest course of action to solve this was an ALERT CALL. A NITS<sup>1</sup> briefing was given and the SCCM and I agreed, after some investigation, that all stations had been manned correctly, but no interphones had received the ringing 'chime' at their station. We further agreed a procedure between us that we would use to mitigate the issue in the event of an RTO [rejected take-off]. And that we would discuss further mitigation for the flight itself, later after take-off. We agreed she would brief the crew fully on this new plan. This was all done to my satisfaction.

My secondary concern, which I voiced with my SCCM later in the flight, was the non-standard response to my initial ALERT CALL in that the second-in-charge crew member had come to the flight deck to accompany the SCCM, which is contrary to SOPs. When asked why this was, I was disappointed to hear my SCCM tell me that she did not trust two of the crew members because they were very inexperienced, and that she had had competency issues with both of them on the outbound sector. Realising that they might not respond correctly, she tasked the second-in-charge crew member to accompany her. I find this difficult to write without causing awkwardness for my SCCM, whom I regard as extremely experienced, extremely professional and a true pleasure to work alongside. I feel she has been let down by being tasked with a very inexperienced crew. She said as much herself to me, and this on a very demanding route. When I asked one of these crew members, independently, why one of them had not come to the flight deck on hearing the ALERT CALL, there was clearly a lack of knowledge of this rather important procedure. For this reason, I feel this should be a Mandatory Occurrence Report.

The Operator also received a report from the SCCM and determined no further action (NFA) was required. The Reporter asked for an explanation for the NFA decision and the Company responded:

**Company Comment on ASR:** Thank you for your email, I am happy to clarify our process in relation to this report. Upon reviewing your ASR, it was also identified that a safety report had been submitted by the operating SCCM, who has provided a full account from her perspective. In this instance, at no point has she, as the SCCM, alleged or stated in any way that crew members concerned did not understand or know the correct actions to take upon hearing the alert call. She has also stated that she had spoken to all of her crew in relation to the matter.

In terms of the crew not reporting with the SCCM to receive the NITS briefing as per the [SOP], it does indeed state that the SCCM and the nearest crew member should report to the flight deck. On this occasion [the SCCM] has stated that, due to the experience of the crew in the vicinity, she made the decision to take a more experienced crew member that happened to be with her at the time of the call to ensure she had as much support as she could have. Although this was not directly in line

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<sup>1</sup> NITS – a briefing format for responding to issues: **N**ature of issue, **I**ntentions, **T**ime available, **S**pecial instructions.

with the procedure, we can see her reasoning and, as this decision has not impacted the reaction time to the alert call, it would be deemed as an acceptable decision for her to take as the SCCM.

If she had observed or believed the crew were not capable of correctly following the procedure, and made the decision based on the crew not understanding or taking the wrong actions upon the alert call, this would then be managed differently. Firstly, if crew had displayed this lack of basic knowledge it would be an expectation that the SCCM would have considered standing crew down and removing them from duty. This would have triggered the knowledge assessment process from a cabin safety/training perspective. At the very least, in this situation there would be an expectation that the SCCM would have delivered 'instant feedback' which would be communicated to fleet management of the concerned crew allowing for appropriate follow-up and actions to be taken. At this point, the SCCM is trained, empowered and supported to fully report this matter. Then the line managers for the concerned crew would be informed and any actions taken and decisions on their competence would be assessed.

I believe that in this case the SCCM, as you have also noted, is very experienced and professional and would have indeed taken these steps if she felt that her crew were not able to meet the required levels of understanding or ability.

**CHIRP Comment:** When faced with an emerging problem the first recourse should always be to adopt approved procedures, but this must be done in an intelligent and flexible manner based on experience, judgement and the circumstances pertaining at the time. This was the case for the interphone problem which was initially mitigated by the Captain and the SCCM to address any potential issues during the imminent take-off. Aware that their team was inexperienced, the SCCM then evidently made a judgement call to make a minor deviation from SOPs by asking their second-in-charge to accompany her to the cockpit to help formulate the ongoing plan. As the Company response indicates, this seems a sensible and flexible approach, in which the SCCM displayed good awareness of their team and the resources available to them. Although the SCCM may have articulated their reasoning to the Captain as relating to crew competence, their subsequent report to the Company appears not to have cited any concerns with the crew's ability to follow procedures, and so the Company would seem to have no grounds for further action. Ultimately, procedures cannot be rigidly followed in all circumstances, and some flexibility and judgement will often be required, but all crew members must be aware of what the procedures require, and the expected actions, before they modify them to meet the circumstances.

With regard to the company filtering ASRs and deselecting reports as MORs, the overall reporting requirements are detailed within [Regulation \(EU\) 376/2014](#), wherein Article 4 covers Mandatory Occurrence Reporting (MOR) and Article 5 covers Voluntary Occurrence Reporting (VOR). The associated categories where MORs must be submitted are further amplified within [European Commission Implementing Regulation \(EU\) 2015/1018 dated 29 June 2015](#). The CAA confirmed that it does not encourage companies to re-categorise reports that have been submitted as MORs because the company does not think they meet the criteria; all ASRs that have the MOR box ticked should be submitted to the CAA for them to review and make their own judgement. Companies may submit MORs as closed (i.e. resolved through company action), but they should still be submitted to the CAA. The safety net is that a company should advise reporters if they do not subsequently submit reports as an MOR, and this then gives reporters the opportunity to submit an independent VOR direct to the CAA, currently via the [EU reporting portal](#).

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## Report No.2 - Reporting Systems Fundamentally Flawed

**Report Text:** I, like so many of my colleagues, feel we have got to the end of our tether over the issue of safety reporting. [Company] introduced a new system by the name [new reporting system], to replace the antiquated system known as [old reporting system]. The problem is they also decided to go paper free, and the two ways of reporting are not user friendly. One way is by using a web form (for which you need live internet access), and the other using an app, which frequently requires you to log on, which again needs internet access. Due to this barrier, rather than report safety related items in an open manner, people just don't bother reporting the incident.

On the day mentioned in the form, we had a smoke warning. Nobody called the flight crew and the event was a terrible example of CRM, yet, because we get 1-2 smoke warnings a month the Commander just said, “they’ve had 6 years to fix it (from entry into service), I can’t be bothered to report it”. So perhaps you could say that it is just because we have frequent reports of smoke that none of the pilots reported it, but, on the date in question, none of the pilots could log onto [new reporting system] as we were on our way.

Two things need to happen. We need a way of filling in ASR’s that doesn’t require a log on such that we can report items when they are fresh in our minds and can be done at a period of low workload. Secondly, we probably need some better smoke detectors.

**Further update from reporter regarding smoke detectors:** The issue with the [aircraft type] smoke detectors is known about by [aircraft manufacturer] but it seems to particularly affect European operators. The detectors are very sensitive to aerosols, so perfume and deodorant will set them off. In our case the disinfectant set it off. On the only two occasions that evidence of people smoking has been found (after the smell of cigarette smoke from the lavatories upon a regular crew toilet check), the smoke detectors failed to go off. This is obviously bad on a few fronts - the crew become complacent that the alarms go off, so don’t bother doing the drill (even though this is usually the ideal time to perfect the drill!), and when someone drops a cigarette in the toilet bins there will probably be a huge fire by the time the detectors go off.

**Company Comment:** It is true that we are still experiencing some issues where the App is used onboard where there is a Wi-Fi signal present, but the pilots have not logged on. The App supplier is still working on a solution but we have issued communications to pilots describing a workaround. The offline use of the App is intended as the primary reporting channel, with Web access as a backup. We always encourage reports to be filed as soon as the incident occurs, where possible. For sure, the App functionality is not perfect, but we see a steady increase in reports, now in excess of pre-new system. It may well be true that we could see more reports, which is why we have issued several communications to acknowledge the issues and to provide fixes. We are currently looking at allowing the App to be “whitelisted” on the onboard Wi-Fi system - this will allow seamless use of the Wi-Fi\_\_\_33 system without the need for logon – a bit like home Wi-Fi\_\_\_33.

**CHIRP Comment:** Although the company’s response regarding Wi-Fi access and the introduction of the new reporting system was comprehensive, they accepted that there had been issues with the system’s use onboard and that workarounds had been developed. This seemed to be somewhat sub-optimal in that it would have been expected that comprehensive testing and development of the system should have been conducted before roll-out. Evidently, the intricacies of in-flight online access to the system seemed to be unfamiliar to some and, although the company say they are addressing this, a more robust roll-out and change management process should have highlighted these problems before it was released for line operations. Fundamentally, the flight crew need to be able to compile reports in flight enroute because this is often the most suitable time to do so otherwise safety issues may be forgotten and go unreported.

The issue of smoke alarm reporting was of concern in itself, and it appeared that a lack of feedback regarding previous reports about what the manufacturer was doing to resolve the issue had meant that flight crew had lost confidence that anything would be done if they reported further alarms. This is unsatisfactory, the only way of gaining resolution to such issues is to keep reporting them, and a fundamental part of a reporting system is to provide feedback as to what progress is being made. This seems to have been lost in the new system, or at least was not as robust as it should be, and confidence about reporting issues had therefore been eroded as a result.

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### **Report No.3 - Flight Crew Contact Procedures When on Controlled Rest**

**Report Text:** This occurred at cruise. As per the rule, we are supposed to contact the flight crew every half hour during cruise; the SCCM contacts the flight crew on the hour, and then the other cabin crew make contact on the half hour. At some point during the flight we were informed by the flight crew that they would go on controlled rest and they would now contact us every half hour. But from 04:00 to 07:00 GMT the flight crew failed to call us at the stipulated time. Each time we waited

10 minutes after the agreed time before we called the flight crew. It is normal that sometimes they may forget to call but this was 6 consecutive times. Whilst we don't know whether both were asleep at the command or purely that they just forgot, it was a bit worrying that they failed to call at the agreed time.

**CHIRP Comment:** Where only 2 flight crew are present in the cockpit, controlled rest should only be used for short periods of time (typically up to 45 minutes per individual) as a means to combat unexpected tiredness during flight. Although the overall flight deck might be under controlled rest conditions for longer than 45 minutes, the main point is that during periods of controlled rest, the Captain must ensure that one flight crew member remains awake at all times, and the flight crew should have ensured that they made the agreed calls to the cabin crew during that period. To forget to do so 6 times in succession would seem to be highly unusual, and it is therefore understandable that this became a valid safety concern for the cabin crew. The first avenue of reporting this incident should have been through the company safety reporting processes so that they could independently establish the circumstances from both the cabin crew and flight crew perspectives, and also to determine whether this is a routinely occurring issue. Also, if both flight crew had in fact fallen asleep then they also ought to have reported the incident themselves; the fact that they did not may mean that there were other factors that had caused them to miss the calls. Irrespective, flight crew need to ensure that they are punctilious in making calls at the agreed intervals; to miss one or two calls may be understandable due to other distractions, to miss 6 calls in succession appears to indicate a serious lack of attention to procedures by the flight crew.

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#### Report No.4 – Drone sighting on Approach to Base

**Report Text:** At both of the rear doors, and as crew were sat for landing into home base, both crew members saw a drone by the aircraft. The flight crew were informed after landing. The cabin crew were asked if perhaps they had seen a helicopter; they confirmed that it was not a helicopter. Both flight crew seemed very uninterested and the cabin crew were not sure that they would even report the incident.

**CHIRP Comment:** The cabin crew were right to report the suspected drone to the flight crew after landing, but the flight crew would require a full description in order to file a report and the exact location and height would be difficult to determine. Given that the aircraft would already have passed the suspected drone by the time the cabin crew saw it, it is probably not appropriate to inform the flight crew whilst on the approach because this might lead to their distraction. However, the information might be important to aircraft following and so cabin crew should report as soon as it is safe to do so after the landing is complete. The flight crew can then transmit the information to ATC if they think it appropriate. Irrespective, flight crew should always be receptive to cabin crew reports to ensure they are not discouraged from reporting other events.

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#### Report No.5 - Unnecessary ATIS Warning of Birds

**Report Text:** I work at [Airport], which is a location that attracts birds around the aerodrome, including swans and geese. On days where we observe large numbers of birds, we used to add a report on the ATIS warning pilots of this and remove it when no longer observed. For quite a long time now (at least 18 months, it could be a lot longer?), at the request of the Aerodrome Operator, during daylight hours we have a permanent message broadcast on the ATIS which states "Increased bird activity has been reported in the vicinity of the airfield." I feel that this is totally unnecessary and becomes background noise that pilots have to listen to and most likely unconsciously filter out because they are so used to hearing the same message. It also makes the ATIS message longer than necessary which goes against MATS Pt1 guidance stating, "The message should, whenever practicable, not exceed 30 seconds." When we do actually have increased bird activity, we don't have the ability to add a worthwhile warning to the ATIS that pilots will pay attention to, like the old fable of 'The Boy Who Cried Wolf'. We warn pilots individually and have at times varied the message in the hope that it sounds different enough to highlight that there actually is increased bird activity.

Our AIP has an entry under Warnings which covers the day-to-day likelihood of there being bird activity. "Large numbers of Greylag/Canada Geese and Whooper Swans are present in the vicinity of the airport mainly from September to April. Flocks are regularly in excess of 100 birds and can be seen flying up to 500 FT. Active bird control is conducted with ATC liaison." I have previously asked if we can remove the ATIS entry but have been told that the Aerodrome Operator request it be there.

**CHIRP Comment:** There appears to be a trend for airport operators to include far too much in their ATIS broadcasts and, in respect of birds, messages should only include a warning if it is justified by the bird activity at the time. More importantly, ATIS may not be sufficient in itself to warn about changing circumstances like the presence of birds because it may be a relatively long time between the flight crew listening to the ATIS and then landing. Irrespective of whether there is a warning on the ATIS or not, ATC should still proactively mention birds on the radio if any are observed, as specified within ICAO PANS-ATM Doc 4444 Ed16 Section 7.5, which requires controllers to provide pilots with essential information regarding aerodrome conditions, which includes birds on the ground or in the air (see also CAP 493: Manual of Air Traffic Services Part 1 Section 2: Chapter1: Aerodrome Control, Para 8.1(9)). If there is increased local bird activity for a prolonged period, then it might be valid to put it on ATIS, but it should be time-specific rather than open-ended and generic. Fundamentally, ATIS is intended to identify valid emerging time-specific threats that crews can then use to inform their preparations for arrival. In this respect, adding a message to ATIS is all too easy in order to bank a 'mitigation' in an operator's hazard analysis, but the place for permanent warnings is the AIP, not ATIS. The problem is that once the ATIS message is documented within a hazard analysis by an airfield operator then it's hard to take it off again unless the operator agrees. Ultimately, the key is for airfield operators and ATC to have an ongoing interactive dialogue about ATIS messages so that they can be dynamically modified to account for whether warnings are still valid rather than simply make a habitual blanket addition that may lose its effectiveness over a prolonged period of time.

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## Report No.6 - Definition of Even Workload Distribution

**Report Text:** I am seeking some background guidance and definitions of the meaning and reasons behind EASA's AMC1 ORO.FTL.110(a) Operator's Responsibilities - Scheduling which states:

*(a) Scheduling has an important impact on a crew member's ability to sleep and to maintain a proper level of alertness. When developing a workable roster, the operator should strike a fair balance between the commercial needs and the capacity of individual crew members to work effectively. Rosters should be developed in such a way that they distribute the amount of work evenly among those that are involved.*

The question has to be asked as to what constitutes even workload distribution and what the reasons for having this regulation are? How did EASA envisage defining workload (hours flown, number of trips, number of sectors, days off, days at work etc)? How does an airline measure 'even-workload' and how does it decide what constitutes even-workload? How does the authority check on even-workload within this FTL and what criteria do they use to decide on this? Is fatigue reduction the backbone of this FTL? Would a substantial difference between fatigue reports from different levels of the seniority list within an airline indicate uneven workload distribution?

The reasons for raising this are down to a relatively new rostering system within my airline. This new system has altered considerably the way 'work' is allocated and it has changed fundamentally the amount of work allocated to different levels of seniority. For junior pilots, the workload, from personal experience, has increased markedly. As an example, and being part time 75%, I am often assigned 5 complete trips within a three-week period. Most, if not all, these trips are two-crew with multiple night sectors during the body's WOCL.<sup>2</sup> Previous to the introduction of the new rostering system, the number of complete trips during the same three-week period would often not exceed 3.

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<sup>2</sup> WOCL – **W**indow of **C**ircadian **L**ow, which describes when the body is at its lowest ebb in alertness and efficiency, usually in the early hours of the morning for those with a normal sleep pattern.

In addition, comparing a part-time roster for a junior pilot to a senior pilot shows a marked difference in 'workload'. The senior full-time pilot can often work fewer trips than a part-time junior pilot. The question has to be asked, does this represent even workload distribution? To answer this, we need to define what EASA considers workload is and how to measure it.

**Subsequent information from the reporter:** The issues with fatigue reports in [Company] are an ongoing concern. There have been no follow ups from [Company] on my fatigue reports apart from the auto acknowledgements when you initially submit your ASR (Fatigue Report). It seems [Company] are either swamped with reports and unable to follow up each report or don't see any reason to follow up reports. I don't believe there is any mechanism for an individual to follow up on a submitted report apart from seeing that it's been filed.

**CHIRP Comment:** CHIRP contacted the company and they commented that they were aware of the issue and were working to adjust their rostering processes to improve workload distribution, particularly regarding weekend working. They highlighted that rostering is never an exact science in a seniority-based system, particularly with increased part-time working. Whilst accepting the difficulties involved and the company's comments about seeking to improve pilot lifestyle, CHIRP's view is that, although seniority-based rostering is probably a fact of life, part-timers shouldn't be being rostered with full-time workloads during intense periods, even if these are FTL compliant; ultimately, seniority, part-time working and overriding FTL considerations need to be actively managed to avoid perverse outcomes without simply cramming more into part-time rosters. With a more mobile workforce changing companies more regularly, the concept of seniority in terms of 'time in the company' does not equate to seniority in terms of 'age and life circumstances'. More broadly, and as the reporter comments, an 'even workload' is difficult to describe and will have differing implications for different fleets: whether it is based on hours, time away, or frequency of flights is somewhat academic, the important issue is for companies to actively manage rostering to avoid routinely approaching overall FTL limits.

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### **Report No.7 - Disturbed by Crew Control During Pre-Standby Rest Period**

**Report Text:** I am writing to advise that my rest has been disturbed, again, by communications from my Airline's Crewing Department. The incident I describe below is an example, but emphatically not an isolated incident. This is happening continually.

I was on standby duty, starting at 0500 local. Naturally, I needed my phone switched on in order to be called. At 03:01 local, my phone 'chimed' and buzzed, waking me from my sleep. It was an e-mail from Crew Control telling me that my duty for today had changed and I should check my iPad for details. Frustrated at being woken and knowing that this would be a call from standby but my duty did not start for another hour, I tried to get back to sleep.

At 03:37 local, I received another e-mail, which appeared to be simply a repeat of the previous e-mail, preventing me from getting back to sleep. I must have drifted off briefly when, at 05:00, I received a phone call from crew control advising me of my duty, which was an out-of-base duty, reporting for ground transport at 0600 at my homebase. I have one hour to report after being called, so the e-mails starting at 0301 were totally unnecessary.

I was tired throughout the long duty that day and made several basic uncharacteristic errors. Fortunately, they were either not safety-critical, or were errors that were noticed and corrected. But they were all very definitely fatigue related. At one point I couldn't keep my eyes open and had to 'nap' in the cruise - which I never like to do. I wanted to call in fatigued and refuse the duty, but I have recently had my licence temporarily downgraded for medical reasons and I now feel under extreme pressure not to have any more absence days. The situation is made even more stressful because my company are threatening pilots with redundancies, forced unpaid leave, and/or forced base changes to overseas places; one of their selection criteria is 'number of absences'. I have contacted the company and written to CHIRP before about this disturbance of rest issue, to no avail. It has been going on for many years, but nothing seems to be improving.

**CHIRP Comment:** We seem to go through periodic surges in reporting about disturbed rest and this is sometimes a result of changes in personnel in crew control and their lack of understanding about the implications of disturbing flight crew rest. However, on this occasion there may have been another factor in that the incident occurred on the night when there was considerable disruption across the network in the aftermath of storm Ciara. Crew control possibly had a very large number of flight crew and cabin crew to contact with little time to do it - so they had to start early.

The stock answer from companies is not to have your phone switched on if you don't want to be disturbed. But crews need to have their phones on from the start of their standby period and may not want to have to switch them on manually because that would mean setting an alarm that might not be required. However, most smartphones allow the setting of silent hours, where it is possible to configure them to be silent over a defined period. This may provide a solution to the problem, albeit not addressing the source issue of crew-control making calls or sending messages outside of standby hours.

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### Report No.8 - Unreported Fume Event

**Report Text:** I was operating as P3, sitting directly in the flow of the two open air vents near the P3 seat. On our initial taxi out from stand I became aware of an unusual odour emanating from the vents. It was an acrid "sweaty sock" smell, a smell that I am acutely familiar with, having suffered a strong fume event with the same odour on a previous type. I spoke up and asked my 2 colleagues if they could smell anything, to which they replied that they could, but only very slightly. The smell began to dissipate as we taxied. The captain asked me if I could still smell anything before we lined up (I could not), and checked I was happy to continue, which I was.

The flight continued uneventfully until descending through 10,000ft. At this point the odour returned, very strongly. I spoke up again, and P1 and P2 both confirmed they could definitely smell it this time. A member of cabin crew had joined us in the flight deck for landing and noticed it too. He commented that the same odour had been present in the cabin-crew rest area and had prevented him from sleeping. The smell caused a slight stinging in my nostrils, and I considered the use of oxygen, but felt it wasn't necessary, as the smell began to dissipate. I estimate it was around 5-10 mins before the odour had completely cleared.

On the ground, when completing the tech log, I asked my colleagues (one of whom is a Training Captain), if they thought we should make an entry in the tech log or file an ASR. The trainer shut me down, saying it was "just a bad smell, not a fume" and that I just have "a very strong sense of smell". He made me feel like I was overreacting and was concerned that I would "ground the aircraft". I pointed out that 4 members of staff, including cabin crew, had positively confirmed the unusual and unpleasant odour. He then shared his opinion of the cabin crew being prone to overreaction and hypochondria, and I felt like he was suggesting I was too.

He then said the smell was the normal "eau du Boeing" and suggested that "some of the aircraft just make that smell". I made it clear I had never encountered that odour during my 1400 hours on type, and that my only previous experience of that odour was during a much more serious fume event on a previous type. I merely felt that some sort of record of the event should've formally been made to aid with potential future diagnosis of a fault, or for trend analysis of these type of events. I tried to argue my case, but, in the end, we compromised and agreed to leave a handwritten note on the control column for the next crew, which I felt was somewhat unsatisfactory.

**CHIRP Comment:** This is a difficult subject but, in any case, in CRM terms it was unfortunate that the Training Captain may have given the reporter the impression that they thought they were over-reacting. There are times when an aircraft Commander may need to reassure other crew members about the severity or otherwise of an event, but this should be done in such a way that people don't feel that they have been ignored or criticised. That being said, CHIRP receives frequent reports of fume/odour events, and a common theme to emerge from them is that perceptions of severity can vary markedly between individuals. It is clear from this flight, and the many other reports we receive about this issue, that we all seem to have differing levels of tolerance and nasal sensitivity which means that people may be more or less susceptible. It is not for CHIRP to gainsay 2 experienced

pilots, but a decision not to record such events in the tech log should not be taken lightly (especially if the smell was experienced by multiple crew members), lest emerging problems that might otherwise be caught at an early stage might be missed. Ultimately, unless they can be easily attributed to a known cause such as APU exhaust fumes, reports should be raised whenever strong odours or fumes are detected, especially where more than one crew member has made an observation.

CHIRP is aware that the AAIB are currently conducting an investigation into a number of fume events that occurred last year, and this is due to be published in the near future. Their report will summarise the work that is currently ongoing with manufacturers and operators to resolve this issue and, underlying this, there is an awareness that several authorities, manufacturers and operators worldwide have spent a great deal of time and money trying to identify the causes and effects of odours and fumes, without success (an interesting study from 2014 on this topic can also be found on the German Federal Bureau of Aircraft Accident Investigation website at [Bundesstelle für Flugunfalluntersuchung – BFU 803.1-14](#)). CHIRP understands that certain engine/airframe combinations may be prone to fume/odour events where changes in air pressure in the engine, e.g. at the top of descent, might cause momentary leaks from seals in the engine to release fluid which, though tiny in volume, can be enough to cause temporary fumes/odours in the cockpit and cabin air supplies. Of note, investigations have identified that, on some aircraft, APU starts with an early subsequent selection of the bleed-air switch can cause fumes and some operators have modified their operating procedures to account for this. This will become increasingly relevant when COVID-19 procedures come into place, which are likely to recommend the running of APUs or engines at the stand to ensure filtered air is supplied to the cabin (which is apparently not the case when ground power is used).

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## Report No.9 - Workload vs Lack of Resources

**Report text:** Two reports from the same company were received regarding Part M team workload.

**Reporter 1:** I work within the Part M department of [Company]. Workload has increased massively. Usual peaks and troughs have been replaced by unsustainable peaks with constant firefighting. Day-to-day work has been displaced/replaced by high-priority/critical work. This has now become the norm. There is no chance to investigate long-term defects in detail or to spend time researching and answering queries across the fleet as there is just not enough time in the day. I have started to compile a spreadsheet to show email traffic, and what started a few months ago as a curious interest now shows how, over the last 3-4 months, email traffic into my inbox has rapidly grown. I am currently deleting over a 1000 emails every 3 weeks. We are being bombarded with spurious emails from all departments.

This is extremely distracting and breaks job continuity. Coupled with these emails are frequent desk visits with demands of instant answers to end-of-lease aircraft, project work, hangar queries, airworthiness, planning, supply chain. I and all the tech support engineers have raised this with our local manager and he is aware and in total agreement but his manager is choosing to ignore the situation. My fellow tech support engineers and I are all currently struggling under the workload and lack of resources. Over the past 18 months there has been a huge turnover of staff in Part M as people leave, which means more work for the rest of us.

I am now covering the [aircraft type] fleet, but now people are being taken from other fleet positions to help with critical new aircraft entering the fleet due to the 737 Max issue. The rest of us will have to absorb their work! A couple of months ago we had 2 people on leave and 1 on sick and I was basically covering [trade] tech support for [multiple] fleets. This cannot carry on. I am leaving work physically and mentally exhausted and am constantly double-checking to make sure I have not missed things, which is my greatest worry

**Reporter 2:** Currently at [Company], the staff employed in the Part 'M' function are being asked to complete tasks without the resources to safely do so. We are being asked to achieve tasks that are unachievable based on the current staffing levels. We are not only having to manage the usual seasonal workload but we are also being asked to carry out numerous projects including the introduction of additional aircraft to the fleet which are leased and have been previously

operated by other operators so we are required to assess the records for these aircraft which is proving to be incredibly time consuming and pressurised.

The numerous projects we are undertaking are complex and have tight timescales that are in some cases highly likely to become unachievable with the current level of staffing that we have in place. Alongside these projects and induction of new aircraft we are having to manage the usual workload expected of a Part M team which, with the current staffing, is increasingly difficult to safely achieve. I know that some small errors in the production of aircraft work requests have occurred but have luckily been captured before the requests have been accomplished on the aircraft. The issue of the lack of resources has been highlighted to the Part M Management Team and this seems to have been dismissed. Although there are plans, we are told, to bring additional contract staff to assist with the introduction of the additional aircraft, it is the belief of some staff that we need to address the lack of resources currently been exhibited in respect of the usual workload before the issue of additional staff for the additional aircraft is addressed.

It is my opinion that an incident or accident is now at an increased level of likelihood due to these issues. I have not reported this using our internal processes as I believe that the Part M Management Team who are responsible for allowing this to occur are the same team who oversee the management of our internal process and, as they already know of the issues and no action seems forthcoming, I cannot see that these issues would be addressed effectively using our internal processes. I have therefore concluded that in order to bring these issues the attention they deserve I have submitted this report.

**CHIRP Comment:** Following suggestions he do so by CHIRP, the second reporter subsequently raised an internal company Engineering Safety Report (ESR). The safety aspect of Part M teams is often under-estimated, and the reporters' comments are consistent with other reports that CHIRP has received in recent months regarding the overloading of these teams as companies rationalise their operations in recent times. People working in Part M teams bring with them a wealth of previous experience and knowledge from years in aviation that cannot be switched back on very easily once lost, and the careful husbanding of these teams is vital to ensure manageable workloads and retention of expertise during business changes. The difficult situation reported is not one which can be fully understood from outside the organisation, and the internal ESR may well reveal other underlying aspects. However, currently, the issue of workload versus resources had somewhat been overtaken by events during the COVID-19 lockdown when the Company reported that they no longer required the additional aircraft and so workloads had reduced. Notwithstanding, once operations return to some form of normality, Part M teams will form a key part of the recovery and there remains scope for their over-extension unless properly resourced to match the task. The engineering editorial to this edition looks at the appropriate use of change management in aircraft maintenance, and it behoves companies considering any form of change to review the latest guidance on this subject.

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### Report No.10 - Pressure from Company to Report Fit

**Report Text:** For the first time in 27 years commercial flying I called in to declare that I was not fit to operate the next flight in my roster. A run of trips with minimal days off between flights resulted in me being fatigued. The response from the manager I spoke to was not appropriate and was passive-aggressive. I was taken off my next trip, a 3-day [route], and noted that Day 1 had been tagged as 'fatigued' in the [Company] system. I was told that I should 'expect a call tomorrow' (the first day of the trip) to ascertain my fitness, claiming this 'as a duty of care'. To say that I felt stressed about this forthcoming call and an undoubted pressure to declare myself fit would be an understatement. I was unable to rest and recover as I was awaiting 'the call'. I understand that [Company] policy is to 'allow' 2 days of fatigue, anything else is classed as sickness, which may or may not be discounted at [Company's] discretion. I really think that this policy is a very clear threat to Air Safety as it is subtly pressurising pilots to declare themselves fit, when in reality they may not be. Many, including myself will be stressed about the possibility of entering the [Company] sickness process.

**CHIRP Comment:** The response from a manager to a pilot reporting fatigue should always be sympathetic and supportive but there is an important distinction to be made between tiredness (from one-off events such as a disturbed night's sleep) and fatigue (which is the result of long-term

exposure to extended working days and interruptions in circadian rhythms). Temporary removal from rosters could be considered reasonable in the former but does not take into account accumulated fatigue that the latter entails, which can take much longer from which to recover. To be fair, we have seen examples of the Company reclassifying illness back to fatigue when presented with the evidence of a doctor's note. However, the onus there is on the individual to 'defend' themselves and persuade the Company that it is wrong.

CHIRP has previously discussed the follow-up responses from managers to pilots who are absent through fatigue (and illness). It was agreed that operators do have a duty of care to employees, and this extends to all forms of employee welfare, but it is also reasonable for operators to want to have an idea of when the employee will next be available and how they might help address their overall welfare issues. However, it would be fundamentally unacceptable for the operator to put pressure on an individual to return before he/she was ready. Separately, although currently in abeyance during the COVID-19 hiatus, the UK Flight Safety Committee is incorporating fatigue into their work on a generic Absence Management Protocol. Interestingly, there is a school of thought that suggests that operators who classify fatigue as illness are leaving themselves open to industrial injuries claims by dint of the rationale that in classifying the issue as illness, it could be argued that the roster has made the pilot ill - not just fatigued.

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### Report No.11 – Weight Limit for Overhead Lockers

**Report Text:** Bags intended for carriage in the overhead lockers are checked for size but not weight. The A320 locker load limit is 38kg. Some carry-on bags seem to be very heavy so is this limit exceeded routinely, and what would be the effect? The reporter regularly sees flexing and lockers opening during turbulence.

**CHIRP Comment:** Manufacturers placard overhead bins with load limits but dynamic load testing is not required under EASA CS25.803 and so the reality of these limits and the assumed bag weights is open to debate. That being said, the CAA comment that, if a carrier expects the mass to be significantly different from the standard values described within EASA regulations then they should determine the actual mass or apply for a revised standard mass schedule. The Company concerned suggested that most passengers would struggle to lift a bag weighing more than 15kg into a locker, and that the A320 locker can only take 2 '15kg-sized bags' based on industry-standard bag sizes. It's possible to load bags to a greater weight than the intended 15kg limit, but it's fair to say that the average passenger may be unlikely to do so. How to practically apply any restrictions is the issue, and this would require the weighing of cabin baggage at the boarding gate, which would inevitably slow the boarding process. Ideally, a study needs to be conducted to determine the likely frequency of any weight violations versus the risk of multiple overweight bags being placed in the same locker.

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### Report No.12 – Security Procedures for BizJet Ops

**Report Text:** Business jets often fly into Northolt 'empty' to pick up their clients. Anyone who leaves the aircraft to go into the terminal (the flight crew to visit ops or to wait in the coffee bar) is required to check all their baggage in and check it out again when re-boarding the aircraft. Checking baggage in and out requires it going through security. The problem is that on most business jets the baggage is not stored in the hold, it is in a luggage area in the cabin where it is accessible to the crew and passengers in flight. If the crew had managed to smuggle some prohibited items on board at their first point of departure, they could remove it from their bags and leave it on board while they were going through the inbound and outbound screening during the pick-up at Northolt. There is no process to search the aircraft, so the prohibited item would not be detected. Requiring the crew to remove their bags from the aircraft in order to gain access to the terminal is a waste of time that does not improve security. Furthermore, when time is tight due to delays or the need to make an ATC slot, potential delays going through security causes frustration and a rushed departure.

**Northolt Comments:** RAF Northolt were contacted and informed CHIRP that London City (LCY) Jet Centre manages their Business Jet activity and oversees the associated security provision. In turn, LCY Jet Centre confirmed that the processes for screening crew and baggage are mandated within the requirements of the CAA AvSec National Aviation Security Programme (NASP) and are

dependent on the screening procedures in place at the departure aerodrome. Within the NASP, charter aircraft greater than 10 tonnes must undergo security procedures which require: the captain to make a declaration regarding aircraft contents; the aircraft to be guarded by security personnel from 1hr prior to departure; and crew luggage to be screened. This requirement is common to all airfields and is not a Northolt-specific requirement. Although agreeing that screening crew luggage whilst allowing self-declaration of aircraft security seemed somewhat nugatory, the LCY Jet Centre representative commented that their security personnel are not permitted to enter the aircraft to check them because of the potential risk of damage to the aircraft etc. Overall, the requirement forms part of the LCY Jet Centre aviation security plan and is enforced by LCY Jet Centre as part of their compliance with the CAA Single Consolidated Document (SCD). They acknowledged that a rushed departure is never desirable, but that RAF Northolt and LCY Jet Centre must comply with regulation and therefore crews should be cognisant of the need to conduct this manner of screening and plan appropriately.

**CHIRP Comments:** On the face of it, the need for crews to check their bags in and back out again when simply visiting the terminal area seems unproductive given that any crews who were smuggling materials would be unlikely to take them with them into the terminal area and then return with them to the aircraft. Any pressures that induce a rushed departure are clearly undesirable, but if the aircraft is inbound from a location outside UK then there is a clear need for Northolt's security procedures to comply with associated EU regulations and the UK SCD. That being said, the issue is now on the CAA's radar and they have commented that they will conduct an associated investigation of procedures in this respect.

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### Report No.13 - ATC Fatigue Concerns

**Report Text:** At our unit, the time required to carry out non-operational duties, such as training, recruitment, competency scheme administration etc, has increased markedly over recent years. With the loss of some ATCOs over the past year, and the lag before they are replaced by fully trained ATCOs, there has been pressure on those ATCOs with extra duties to find time to carry out these duties while they are also working a full operational roster. I am concerned that the safety guidelines to help reduce the risk of fatigue (SRATCOH) are being reinterpreted to allow ATCOs to work long hours without reporting them as breaches. ATCOs are sometimes providing an ATC service when they have been at work for over 13 hours, well over the maximum 10 hours specified under SRATCOH. They might commence work at 7:30 am, carrying out administrative tasks for the morning, then begin a full 8-hour operational shift at 13:00, finishing at 21:00. This practice has been justified by saying that they are not operational in the morning, so the time spent does not count towards their period of duty. Given that extra duties such as collecting landing fees are specifically mentioned under the SRATCOH guidelines as being part of an ATCOs period of duty, then surely other duties such as those associated with the competency scheme will also be included. Is this a misguided attempt to circumvent safety guidelines? If there is a fatigue induced mistake at the end of this operational shift leading to a serious incident, will the hours worked be deemed to be in breach of the guidelines? It seems to me that if longer hours are necessary to complete the extra duties, then they should be after the operational component, not before.

**Further info from the reporter in response to CHIRP questions:** The ATCOs with extra duties are usually coming in early to attend meetings that have been arranged by their managers, without regard to their operational duties later in the day. We have many new projects happening, such as the introduction of controlled airspace, moving to remote towers, expansion of surveillance services etc, all of which need ATC input, as well as the usual training and competency maintenance. At the same time, we have lost some ATCOs, and their replacements are not yet fully trained. There is not enough time provided for ATCOs to fulfil their extra duties away from operational duty, so the SRATCOH guidance is being side-stepped and not recorded. I have questioned the practice of working hours on extra duties before a full operational shift commences and have been told that it is not a breach of SRATCOH, because these hours before the shift are not operational. This seems to me to be against the spirit of SRATCOH, and that they may be mistaken in their interpretation. It seems to me that if the worst should happen, and a fatigue related incident occurred during the period exceeding 10 hours, then any lawyer would be able to make the case that they were working

in excess of the guidance. The ANSP and ATCO could be considered at fault and liable for putting themselves in that position of increased risk.

**CAA Comment:** SRATCOH was developed to provide Air Navigation Service Providers (ANSP) with a means by which they could demonstrate compliance with the Air Navigation Order Article 191 and to assist in the management of the effects of fatigue on ATCOs. The root cause and the symptoms of fatigue are personal to the individual and may be exacerbated by many influences, both inside and outside of work. CAP670 Part D defines a period of duty as: “The period between the actual commencement of and the actual end of a shift during which an air traffic controller whose licence contains a rating valid at the unit exercises, or could be called upon to exercise, the privileges of the licence at that unit, and includes prescribed breaks, time spent on other duties such as training, airfield inspection, meteorological observations, collection”.

Should an ANSP mandate attendance at meetings immediately ahead of a published shift time without adjusting the end time of that shift, and where that shift length then exceeds ten hours, this should be considered to breach the length of a period of duty. However, the ANSP and the individual may also assess that attendance at the meeting on a day off, or starting and finishing a meeting earlier in the day to avoid a continuous attendance, may have a greater impact on the effects of fatigue and may wish to choose the least impacting. In the case highlighted, attendance at the meetings is voluntary and both the individual and the ANSP are aware of their fatigue responsibilities.

**Airport Comments:** The location’s Airport Manager Air Traffic Services concurred with the views expressed by the CAA in relation to the risk of fatigue associated with ATCOs working in the office for several hours or having to attend meetings etc before commencing operational duty. They stated that none of their ATCOs is mandated to attend such meetings and, where meetings are scheduled, they are planned to accommodate the attendees. They noted that some unit members serve as Union reps and pension trustees and, where requested to attend meetings, coordinate their attendance with the host and Rostering, with fatigue management remaining their personal responsibility but with oversight from the unit. They also commented that OJTIs and Assessors complete any admin functions after their operational shift or are rostered off the desk for the specific period required to avoid any fatigue risk. Finally, they commented that the reporting of safety concerns is managed under their Safety Management System (SMS) and is encouraged through Safety Observations (SO) (and, where necessary, the filing of an ECCAIRS submission). They stated that, to date, no SO has been filed with the company pertaining to the points raised by the reporter, and that any suggestion that ATCOs were working in excess of 13-hour days was an exaggeration in their view.

**CHIRP Comment:** Whilst SRATCOH provides guidance on duty hours, the critical factor is whether controllers are actually feeling fatigued. Any mandated non-control duty counts towards the ten hours SRATCOH limit, but some meetings are considered voluntary and therefore do not technically affect SRATCOH. Irrespective, it is essential that an ATCO removes themselves from duty and report instances of fatigue whenever they occur. That being said, it is more prudent to prevent the situation in the first place, and use the guidance provided under SRATCOH to help avoid known situations where fatigue can become an issue. If extra duties are to be carried out in addition to a full operational shift, then it would be better to do these extra duties after the operational part of the shift, rather than before - some units reduce the finish time for afternoon/evening shifts if meetings are conducted in the morning, and allow the option of attendance or not for afternoon meetings if morning shifts have been carried out. Ultimately, an ATCO is fully within their rights to refuse to attend any meeting prior to a full ATC shift.

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## Report No.14 - Engines Running De-Icing

**Report Text:** Biggin Hill airport does not carry out engines-running de-icing due to Health & Safety concerns. Most executive-jet aircraft cannot de-ice while running the APU and therefore must shut down in order to de-ice. Starting up again puts pressure on flight crew to depart before the expiry of their hold-over time. Farnborough airport does conduct de-icing with engines running using the same equipment as Biggin Hill.

**Biggin Hill Comment:** Aircraft de-icing is carried out by the Fire Section at Biggin Hill. They conduct these de-icing operations on the Apron, and their latest risk assessment (updated annually), resulted in them ceasing engine-running de-icing as a result of associated Health & Safety concerns in that location. The Biggin Hill representative opined that they thought that the reason that Farnborough can do engine-running de-icing is because they conduct their de-icing operations on a separate, dedicated de-icing pad away from the Apron.

**CHIRP Comment:** Their appeared to be valid reasons for the difference in procedures between the 2 airfields due to the locations of their respective de-icing operations. The fact that the same equipment is being used is not the overriding issue, its location on the airfield is more important with regard to the ability to have engines running whilst personnel are operating safely around the aircraft. The potential issue regarding extra pressure to meet departure times following aircraft shut-down at Biggin Hill is a valid concern but this is just one of many factors that should be taken into account by flight crews operating from that location, and appropriate flight crew and airfield procedures need to be in place to provide the crews with sufficient notice of the duration and timing of such de-icing so that they can plan accordingly to meet their required departure times.

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