Quality Assurance and Audits

Airside Operational Instruction (AOI) 10



DOCUMENT REVIEW HISTORY			
AOI 10 CURRENT VERSION:- V3.0			
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VERSION	REVIEW	DATE
V1.0		September 2015
V2.0		September 2016
V3.0		December 2017
	3.1	November 2019
	3.2	May 2021
	3.3	April 2022
	3.4	April 2024

AMENDMENTS

This document will be subject to a routine review, over a period not exceeding 36 months. The latest version will be included in the annual reissue of the Aerodrome Manual; interim reviews are carried out as deemed necessary.

Only operational related amendments will prompt the issue of a new Version; pertinent amendments being highlighted in green text & indicated by a green bar in the right margin. Indication of any amendment of an administrative nature will be listed below.

❖ REVIEW / AMENDMENT HISTORY

REVIEW SUMMARY			
VERSION / REVIEW REF:-	1 V2.() CATHY WILLOUGHBY-CRISP		
DATE:-	SEP 16	ROLE:-	AIR TRAFFIC & OPERATIONS MANAGER

PARAGRAPH	AMENDMENT
1.1	Revision to the Compliance Monitoring structure and application
2.1	Audit terminology aligned with Compliance Monitoring; Report Form revised
4	Internal Auditing; Revised for the Compliance Monitoring process
5	New detail
Appendix 1	New detail

Review Summary			
VERSION / REVIEW REF:-	' V3.0 CATHY WILLOUGHRY-CRISP		
DATE:-	DEC 17	ROLE:-	AIR TRAFFIC & OPERATIONS MANAGER

PARAGRAPH	AMENDMENT
	New ownership
1.1	Reference to MAG auditing removed from Compliance Monitoring structure
Various	Role title change; General Manager now Managing Director

REVIEW SUMMARY			
VERSION / REVIEW REF:-	V3.1	REVIEW COMPLETED BY:-	CATHY WILLOUGHBY-CRISP
DATE:-	Nov 19	ROLE:-	AIR TRAFFIC & OPERATIONS MANAGER

PARAGRAPH	AMENDMENT
2.4	Head of Technical Services replaced with Operations Director

REVIEW SUMMARY			
VERSION / REVIEW REF:-	V3.2	REVIEW COMPLETED BY:-	CATHY WILLOUGHBY-CRISP
DATE:-	May 21	ROLE:-	AIR TRAFFIC & OPERATIONS MANAGER

PARAGRAPH	AMENDMENT
1.1.1	Quality Assurance Audit of Training provision added
2.4	Third Party Audits under Ground Operations Manager
3.1 & 3.2	Fuelling services now in-house; Reference to previous suppliers removed
5	Quality Assurance; Training

Review Summary			
VERSION / REVIEW REF:-	V3.3	REVIEW COMPLETED BY:-	CATHY WILLOUGHBY-CRISP
DATE:-	Apr 22	ROLE:-	AIRFIELD SERVICES MANAGER

PARAGRAPH	AMENDMENT		
Various	Air Traffic and Operations Manager now Airfield Services Manager		
Various	AOP 42; Compliance Monitoring System combined with AOI		
Review Summary			
VERSION / REVIEW REF:-	V3.4	REVIEW COMPLETED BY:-	KEITH JEWITT
DATE:-	Apr 24	ROLE:-	AIRFIELD SERVICES MANAGER

PARAGRAPH	AMENDMENT		
Various	Change Airfield Safety Officer to Airfield Safeguarding and Compliance Officer		

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1. Introduction

1.1 PURPOSE

It is a requirement of Regulation (UK) No. 139/2014 that the Airport has an established Compliance Monitoring process; the implementation and use of which enables the Airport to monitor compliance with the relevant regulatory requirements and additional requirements established at a local level.

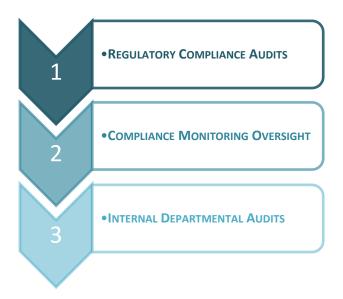
This AOI provides an outline of the Compliance Monitoring System; it should be read in conjunction with the Aerodrome Manual: Part B; Section 2.

2. OVERVIEW

2.1 SUMMARY

Operational compliance is assured at BOH through a main three tier process; with the ability to call on Group Assurance for an additional level of oversight, if required.

These can be summarised as follows: -



2.1.1 REGULATORY COMPLIANCE AUDITS:-

The first level of assurance assesses compliance with regulations and is undertaken by the following:-

- CAA; Airfield Certification Oversight Audits
- CAA; ANSP Oversight Audits
- RFFS and Emergency Planning Audits
- CAA-Registered Training Providers

These ensure at a high level, that the established processes and procedures are compliant with and meet the appropriate standards of regulatory requirements. This type of compliance is also ensured through departmental specialists through oversight of company documentation, particularly the Aerodrome Manual.

2.1.2 COMPLIANCE MONITORING OVERSIGHT:-

The second level of assurance is completed through the Compliance Monitoring Programme in the form of an Internal Audit Plan, which provides for regular monitoring of Airside operations, involving all participating areas and personnel; including, Third Parties, as relevant.

Auditing of each Airside department is undertaken as part of the overall Compliance Management Programme; to ensure that operating procedures and practices comply with regulations and meet the requirements of the Aerodrome Manual and other associated documentation.

This level of assurance is overseen by the Compliance Manager and managed predominately Airfield Safeguarding and Compliance Officer .

2.1.3 INTERNAL DEPARTMENTAL AUDITS:-

The third level of assurance consists of audits at a departmental level, involving both internal departments and third-party companies.

This process provides the means to ensure that:-

- Documentation is up-to-date
- Procedures are compliant with the Regulations
- Procedures & processes meet the requirements of the Aerodrome Manual and associated documentation
- All relevant staff are trained and competent in these procedures and adequate records are maintained
- Risks have been identified & appropriate measures implemented to mitigate

3. COMPLIANCE MONITORING; OVERVIEW

3.1 COMPONENTS

The Compliance Monitoring System (CMS) will cover the following elements, as relevant:-

- The Privileges of the Operating Certificate
- Manuals; Logs; Records
- Training Standards
- Resources
- Operating Procedures

Topics included are divided into Procedures and Facilities.

The CMS is based on a structured audit programme, which defines the frequency of the audits for each topic. The format is designed to facilitate continuous monitoring, identify developing trends, provide a method for feedback and manage corrective action.

3.2 RESPONSIBILITIES

3.2.1 THE COMPLIANCE MANAGER:-

The Compliance Manager holds overall responsibility for the application of the Compliance Monitoring Programme.

The role of Compliance Manager is within the remit of the Airfield Services Manager.

3.2.2 AIRFIELD SAFEGUARDING AND COMPLIANCE OFFICER:-

The Airfield Safeguarding and Compliance Officer is responsible for establishing and maintaining the Compliance Monitoring Schedule and will assist the Compliance Manager in undertaking the internal compliance audits.

3.2.3 MANAGERS:-

Departmental Managers are responsible for ensuring that the Internal Audit Reports, relevant to their operations, are completed within the published schedule or when requested.

3.2.4 PERSONNEL:-

All staff are responsible for ensuring that they are fully conversant with the relevant procedures and implement accordingly.

3.3 DOCUMENTATION

All documentation is available on:-

BIAIS > Operational Folders > Compliance Monitoring; this includes:-

- 1. Internal Audit Plan; Topics
- 2. Compliance Audit Programme
- 3. Departmental Reporting Forms; Templates
- 4. Reporting Forms; Guidance and Sample
- 5. Overview of Topics; Procedures and Facilities
- 6. Reference Material; EASA (UK) Acceptable Means of Compliance (AMC)

3.3.1 INTERNAL AUDIT PLAN; TOPICS:-

The audit topics are divided into Procedures and Facilities and given a reference number; each form details the following:-

- The Plan Reference; Ops NN
- The Scope of the element
- The Departments for which the topic is relevant
- A list of the relevant AMCs
- Associated documentation

3.3.2 COMPLIANCE AUDIT PROGRAMME:-

An Internal Audit Plan is established on a 3-year rolling basis, to cover all required elements of the Airside operations, based on the Acceptable Means of Compliance (AMC) issued under the CAA (UK) Certification.

3.3.3 DEPARTMENTAL REPORTING FORMS; TEMPLATES:-

A form is provided for every department, for each topic in which they are required to complete the Level 3 Internal Audit. The form provides a reference to the elements of the topic relating to the requirements of the Procedure or Facility.

3.3.4 REPORTING FORMS; GUIDANCE AND SAMPLE:-

These 2 files provide guidance on completion of the reporting form and a sample of the sort of detail to be recorded.

3.3.5 OVERVIEW OF TOPICS; PROCEDURES AND FACILITIES:-

These 2 files provide an overview of all the topics and the departments they refer to for the Internal Departmental Audit; these are provided for reference to give a ready view of each department's involvement in the Compliance Monitoring Programme.

3.3.6 REFERENCE MATERIAL; EASA (UK) AMCS:-

This document provides full detail of the specifications for each topic; it should be referred to for guidance or confirmation of requirements, as necessary.

4. COMPLIANCE MONITORING; PROCESS

4.1 LEVEL 3; INTERNAL DEPARTMENTAL AUDITS

4.1.1 SCOPE:-

The scope of each topic is detailed in the Internal Audit Plan; Procedures / Facilities proforma; indicated by the list of relevant documents. Many of the topics could potential overlap with others and therefore, those undertaking the audits should ensure they remain within the specified scope to avoid unnecessary effort or confusion within the overall process.

Some elements of a topic will not be relevant to all departments involved; in such events, that entry should be annotated with "N/A".

4.1.2 DOCUMENTATION:-

Departmental Managers must ensure that they have completed their Internal Departmental, Level 3 Audit and submitted the completed reporting form to the Airfield Safeguarding & Compliance Officer (ASCO) by the date requested, based on the planned schedule for the relevant Level 2 Audit.

Preferably, the reporting forms should be completed electronically; then printed for signing and submitted to the ASCO in hard copy format.

4.2 LEVEL 2; COMPLIANCE MONITORING OVERSIGHT

4.2.1 AUDIT PLANNING:-

To ensure independence, Level 2 Audits are conducted by individuals who are not directly responsible for the function. Generally, they will be undertaken by the Airfield Safeguarding and Compliance Officer (ASCO) &/or the Airfield Services Manager; when necessary, other qualified staff will be assigned to certain audits.

As much as possible, Level 2 Audits will be undertaken in accordance with the published schedule. The assigned auditor will arrange a suitable time with the departmental Manager / Deputy to undertake the oversight audit; this could take up to 2 hours, depending on the complexity of the function or the number of topics covered.

4.2.2 CONDUCTING THE AUDIT:-

During the Oversight Audit, the auditor will work through the completed Internal Departmental Audit form to confirm the detail provided and where appropriate, check the validity of the response. This could involve any or all of the following methods:-

- Viewing a sample of the stated Evidence
- Speaking to members of staff
- Conducting a general check of records etc.
- Checking departmental procedures etc. for accuracy, currency etc.
- Carrying out a desktop audit.

Where appropriate, the auditor might offer advice or guidance on how to improve departmental processes, procedures etc. to meet the compliance requirements in a more efficient or effective manner.

4.2.3 AUDIT REPORT AND FOLLOW-UP:-

Following the Audit, the Auditor will complete the Audit Report Form and send this with an Audit Response Form to the Auditee(s). The Audit Report Form will list any Findings or Observations noted at the audit, together with an appropriate time-scale for completion.

Findings:-

A Finding is something that fails to comply with the requirements; these need to be rectified. A time-scale of up to 3 months would normally be applied, depending on the nature or severity of the oversight.

Observations:-

An Observation is something that whilst technically meets the requirements, is identified as something that could be amended or improved in some way to be more robust or effective, to deliver compliance in a simpler or more efficient manner.

The Auditor will generally send the completed Audit Report Form to the Auditee(s) within 10 working days of the Audit.

The completed Audit Response form should be returned to the Auditor within 1 month of receipt of the Audit Report; this should detail the action planned or taken to rectify any Finding and a suitable response to any Observation. Subsequent updates on the progress of the action etc. should be advised to the Auditor as relevant until full closure is confirmed.

Once all responses have been confirmed as acceptable, the Audit will be signed off.
Completed reports will be stored on the BOH Shared Data under Operational Compliance.

5. THIRD PARTY AUDITS

5.1 AUDIT PROCESS

Third Party Operational Audits will be undertaken by the appropriate Manager. The third party will be informed of the planned audit and a date will be agreed. The Audit will be recorded on a standard form and discussions accurately recorded.

Any identified deficiency or non-compliance will be noted on the report as a Finding; these items will generally require priority action and a target date will be specified for rectification. The assigned timescale will typically be up to 3 months, depending on the nature or urgency of the action; by the end of which, a response should be made in writing to the auditing Manager.

Observations or suggestions identified during the audit process will be noted as a Recommendation; these elements will be discussed at the following audit.

On completion of the Audit, the third-party manager will receive a copy of the completed report and a copy will be e-mailed to the Operations Director.

A copy of the reporting form is available on:-

BIAIS > Company Forms> Airside and Operational Related Forms > Third Party Safety Audit

5.2 AUDIT CONTENT

A number of core, theme items are identified for the audit process, covering the main areas of Airside operations and safety, as relevant to the nature of the activity. A maximum of three theme items per audit will be undertaken; the number included will depend on the extent of the content of the chosen theme(s).

The identified theme items are as follows:-

- Aircraft Pushbacks
- Marshalling
- Daily Vehicle Checks
- Passenger Handling
- Airside Driving
- Fuelling; Aircraft and Vehicles
- De-icing
- Inclement Weather; including Snow and Ice, LVPs, High Winds, Thunderstorms
- Freight Handling; including the Handling of Dangerous Goods
- Accident Reporting

Emergency Planning is audited under a separate process, as documented in the Aerodrome Emergency Plan.

5.3 AUDIT FREQUENCY

Companies will be audited on a frequency based on the number of theme items that they routinely carry out during the process of their operations.

This will be based on a high, medium or low usage system:-

- High Usage companies will be audited on a quarterly basis
- Medium Usage companies will be audited on a bi-annual basis
- Low Usage companies will be audited on an annual basis

5.4 AUDIT OVERSIGHT

The Operations Director will be responsible for oversight of the audit process. This will include undertaking checks, on at least a twice-yearly basis, that the correct number of audits has been carried out and that any actions identified have been rectified.

6. FUELLING FACILITIES AUDITS

6.1 RESPONSIBILITY

Fuel suppliers are responsibility for ensuring that, on delivery, fuel is fit for aviation purposes. After fuel has been delivered, the responsibility for safekeeping, quality control and proper delivery to aircraft lies with the BOH Fuel Services Manager.

This document describes the measures taken by Bournemouth Airport (BOH) to ensure the appropriate standards for fuel are maintained.

6.2 FUEL AUDITS

On an annual basis, BOH Fuelling Manager will commission a suitably qualified person to carry out an audit of all fuel facilities. Results of the audits will be made available to the facility provider and any action points raised by the audit will be followed up by the Operations Director.

Audits will be conducted in accordance with regulatory standards and the procedures detailed in AOI 20; Safe Handling and Storage of Fuel and Dangerous Goods.

7. QUALITY ASSURANCE; TRAINING

7.1 STANDARDS

The internal audit process, under the Airport's Compliance Monitoring Programme, will reference the same documentation, in order to maintain a consistent level of QA oversight.

8. SAFETY DIRECTIVES

8.1 Introduction

Safety Directives are issued by the CAA to highlight safety matters, which could be relevant to the Airport's operations. Operators can be alerted to the issue of a Safety Directive by subscribing to the Skywise.caa.co.uk Website.

8.2 ACTION

Relevant Safety Directives will initially be assessed by the Airfield Services Manager (ASM) to identify any potential impact on operations, procedures or practices.

If there is considered to be no impact, the decision will be advised to the Operations Director for confirmation and then logged on the Safety Directive Review Log; no further action will be taken.

When any potential impact, relating to any of the Airport's operations, is identified, the ASM will consult with the relevant operators; undertake a review of procedures, issue notification and implement changes, as appropriate.

The initial assessment of a Safety Directive will be recorded on the Safety Directive Impact Assessment Form; a copy is stored on:-

BIAIS > Company Forms > Airside and Operational Related Forms

Appendix 1 provides an overview of the management of Safety Directives.

APPENDIX 1 SAFETY DIRECTIVES; MANAGEMENT PROCESS

