

Safety Management Systems (SMS) guidance for organisations

CAP 795



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Introduction

The purpose of this document is to provide guidance on the implementation of Safety Management Systems (SMS). It has been developed to give sufficient understanding of SMS concepts and the development of management policies and processes to implement and maintain an effective SMS. It applies to Air Operator's Certificate (AOC) holders, continuing airworthiness management organisations, maintenance organisations, air navigation service providers, aerodromes and approved training organisations.

This document meets ICAO Annex 19 requirements and is a UK CAA alternative means of compliance for the EASA management system requirements in respect of safety management. We will assess for compliance and effectiveness of an SMS using the CAA SMS evaluation tools that can be found on the CAA website.

A safety management system is a systematic and proactive approach for managing safety risks. As with all management systems, SMS includes goal setting, planning, and measuring performance. An effective safety management system is woven into the fabric of an organisation. It becomes part of the culture; the way people do their jobs.

Safety management goes beyond compliance with prescriptive regulations, to a systematic approach where potential safety risks are identified and managed to an acceptable level. SMS adopts a business-like approach to safety, similar to the way that finances are managed, with safety plans, safety performance indicators and targets and continuous monitoring of the safety performance of the organisation. It enables effective risk-based decision making processes across the business.

It is important to recognise that SMS is a top down driven system, which means that the accountable manager of the organisation is responsible for the implementation and continuing compliance of the SMS. Without the wholehearted support and ownership of the accountable manager the SMS will not be effective. However, safety is a shared responsibility across the whole organisation and needs the involvement of all staff.

There is not a 'one size fits all' model for SMS that will cater for all types of organisations. Organisations should tailor their SMS to suit the size, nature and complexity of the operation, and the hazards and associated risks inherent with its activities. Guidance for smaller non-complex organisations is contained in CAP 1059 that can also be found on the CAA SMS Home page at www.caa.co.uk/sms as well as other useful information.

Where an organisation is part of a group that has several approvals a single Group SMS may be developed provided that there is clear accountability between the group and the subsidiary companies.

Chapter 1

Safety Management System (SMS)

SMS is a proactive and integrated approach to managing safety including the necessary organisational structures, accountabilities, policies and procedures. It is more than a manual and a set of procedures and requires safety management to be integrated into the day to day activities of the organisation. It requires the development of an organisational culture that reflects the safety policy and objectives.

At the core of the SMS is a formal risk management process that identifies hazards and assesses and mitigates risk. It is important to recognise that even with mitigations in place, some residual risk will remain and an effective SMS will enable organisations to manage this.

Risks generated by contracted activities and other third parties should also be considered. Therefore, when the organisation has a formal agreement with another organisation this should include provisions for the management of safety. This should also include reporting procedures for safety related matters.

Safety Management System implementation

For many organisations there will be some elements of an SMS already in place so carrying out a gap analysis is the first step. The CAA Phase 1 SMS evaluation framework is available on the CAA website and forms the basis of the CAA's initial assessment of an organisation's SMS. There are two versions one for complex organisations and a simpler version for non-complex organisations. For help in determining whether an organisation is complex or non complex please refer to the appropriate EASA requirements.

Where gaps have been identified these should be included in an implementation plan. The plan should detail the gaps and the actions to be taken (what, when and by whom) to implement an SMS. The plan should be developed to allow prioritising of the different elements over a period of time. Building an SMS overnight will be far too challenging and a step by step approach will deliver a more effective SMS in the end.

Chapter 2

The key components of a safety management system

The SMS should comprise of the following four key components:

- a) Safety policy and objectives;
- b) Safety risk management;
- c) Safety assurance;
- d) Safety promotion.

Whilst the four components above appear to be separate, it is important to recognise that they are all interrelated. They can only function effectively if all four are built on a foundation of a positive safety culture. This should be driven from the top of the organisation by the accountable manager and the senior management team

Each of these four components will now be considered in the following sections.

Chapter 3

Safety policy and objectives

The safety policy and objectives can be divided into the following five areas:

- a) Management commitment and responsibility;
- b) Safety accountabilities;
- c) Appointment of key safety personnel;
- d) Coordination of emergency response planning;
- e) SMS documentation.

The safety policy outlines the aims and objectives that the organisation will use to achieve the desired safety outcomes. It should declare the principles and philosophies that lay the foundation for the organisation's safety culture and be communicated to all staff throughout the organisation. The creation of a positive safety culture begins with clear, unequivocal direction and ownership from the accountable manager.

In preparing a safety policy, senior management should consult with the key safety personnel, and where appropriate, staff representative bodies (employee forums, trade unions, for example). Consultation will ensure that the safety policy and stated objectives are relevant to all staff. It will generate a sense of shared responsibility for the safety culture in the organisation. A positive safety culture is one where all staff are responsible for, and consider the impact of, safety on everything they do.

Management commitment and responsibility

The accountable manager should have full responsibility and accountability for the SMS and should have:

- a) Corporate authority for ensuring all activities can be financed and carried out to the required standard;
- b) Full authority for ensuring adequate staffing levels;
- c) Direct responsibility for the conduct of the organisation's affairs;
- d) Final authority over operational matters;
- e) Final accountability for all safety issues.

Senior Management should:

- a) Develop the safety policy, which is endorsed and actively supported by the accountable manager;
- b) Continuously promote the safety policy to all staff and demonstrate their commitment to it;
- c) Specify and allocate necessary human and financial resources;
- d) Establish safety objectives and performance standards for the organisation. Safety Performance Indicators (SPIs) should be established that monitor and measure the safety performance of the organisation and the effectiveness of the SMS.

The safety policy should include a commitment to:

- a) Strive to achieve the highest safety standards;
- b) Comply with all applicable legal requirements, meet all applicable standards and consider best practice;
- c) Provide appropriate resources;
- d) Determining safety as a primary responsibility of all staff especially managers;
- e) Ensure that the policy is implemented and understood at all levels, both internally and externally.

The safety policy should actively encourage effective safety reporting by defining a just culture. This should define the line between acceptable and unacceptable performance and provide fair and just protection to all personnel.

Safety accountabilities

The organisation should clearly define the lines of safety accountability throughout the organisation. This should include the direct accountability for safety on the part of the accountable manager and senior management. There is also a need to define the safety responsibilities and expected behaviours of key personnel (nominated post-holders, safety manager, safety officers, safety committee members, for example). Safety is everyone's responsibility and all staff should be aware of their safety roles and responsibilities.

It is essential that safety management is seen as an integral strategic part of the organisation's business by assigning the highest priority to safety. With this in mind, there has to be a demonstrable board level commitment to an effective SMS.

The accountable manager, together with the senior management team, set the standard for the organisation's safety culture. Without this commitment and leadership, SMS will be ineffective.

Appointment of key safety personnel

Whilst the organisational structure of the SMS should reflect the size, nature and complexity of the organisation it should:

- a) Appoint a safety manager;
- b) Create appropriate safety committees.

The safety manager

The safety manager should act as the focal point and be responsible for the development, administration, maintenance and promotion of an effective safety management system. The safety manager should report directly to the accountable manager. The post should be given appropriate status in the organisation in order to provide the necessary degree of authority when dealing with safety matters.

The safety manager should possess:

- a) Broad operational knowledge and experience in the functions of the organisation and the supporting systems;
- b) Analytical and problem solving skills;
- c) Effective oral and written communication skills;
- d) An understanding of human and organisational factors;
- e) Detailed knowledge of safety management principles and practices.

It is important to note that accountability for the SMS rests with the accountable manager not the safety manager.

The safety manager should be a full-time employee although in a small complex or non-complex organisation it may be a part time role shared with other duties. They may also be the compliance monitoring / quality manager, but in such cases there will need to be independent compliance monitoring of the SMS.

The safety manager should carry out the following functions:

- a) Manage the SMS implementation plan on behalf of the accountable manager;
- b) facilitate the risk management process that should include hazard identification, risk assessment and risk mitigation;
- c) monitor corrective actions to ensure their accomplishment;
- d) provide periodic reports on safety performance;
- e) maintain safety management documentation;
- f) ensure that there is safety management training available and that it meets acceptable standards;
- g) provide advice on safety matters;
- h) initiate and participate in occurrence / accident investigations;
- i) to collate, understand and disseminate information from other similar organisations, the regulator and contracted organisations.

Safety committees

Safety Review Board (or equivalent safety committee)

The Safety Review Board (SRB) is a high level committee which considers strategic safety functions. The accountable manager should be actively involved in the SRB and normally chairs the meeting. The SRB should normally include the senior management of the organisation. Membership of the board and frequency of meetings should be defined.

The SRB ensures that appropriate resources are allocated to achieve the established safety performance and gives strategic direction to the safety action group. It should also look to the Safety Action Group (SAG) to highlight significant risk issues and provide an input to the high level strategy.

The SRB monitors:

- (a) Safety performance against the safety policy and objectives;
- (b) Effectiveness of the SMS;
- (c) Effectiveness of the safety oversight of sub-contracted organisations;
- (d) Corrective or mitigating actions are being taken in a timely manner;
- (e) Effectiveness of the organisation's safety management processes.

Safety action group

For larger organisations a safety action group may be established as a standing group or as an ad-hoc group to assist or act on behalf of the SRB. The Safety Action Group (SAG) reports to and takes strategic direction from the SRB. It is comprised of managers, supervisors and staff from operational areas. Membership of the Group and frequency of meetings should be defined. The safety manager may also participate in the SAG.

In very large organisations more than one safety action group may be established that focus on specific areas.

In small complex organisations of less than 20 full time equivalents a single safety committee may be established combining the functions of the SRB and SAG.

The SAG oversees and reviews:

- a) Operational effectiveness of the safety risk management processes;
- b) Appropriate resolution and mitigation of identified risks;
- c) Assessment of the safety impact of operational changes;
- d) Implementation of corrective action plans;
- e) Corrective action is achieved within agreed timescales;
- f) The effectiveness of safety recommendations and safety promotion.
- g) Results of safety data analysis

Coordination of emergency response planning

An Emergency Response Plan (ERP) should be established that provides the actions to be taken by the organisation or individuals in an emergency. The emergency response plan should be integrated into the SMS and reflect the size, nature and complexity of the activities performed by the organisation.

Where organisations, such as aerodromes, are subject to other ERP requirements these should be adhered to and may be cross referred to. In many cases there will be a need for liaison with other relevant parties to agree coordination of emergency response arrangements and testing of the plan.

The ERP should ensure:

- a) An orderly and efficient transition from normal to emergency operations;
- b) Designation of emergency authority and responsibilities;
- c) Authorisation by key personnel for actions contained in the plan;
- d) Coordination with other organisations;
- e) Safe continuation of operations or return to normal operations as soon as practicable.

The ERP should set out the responsibilities, roles and actions for the various agencies and personnel involved in dealing with emergencies. It may include checklists and contact details and the ERP should be regularly reviewed and tested. Key personnel should have easy access to the ERP at all times.

SMS documentation

Documentation for a SMS should be appropriate to the size, nature, and complexity of the organisation and normally consists of:

- a) SMS records (hazard logs, risk assessments, safety cases, meeting minutes, for example);
- b) Records and documentation management;
- c) SMS manual.

The organisation's SMS manual should be the key instrument for communicating the approach to safety for the whole of the organisation. It should document all aspects of the SMS, including the safety policy, objectives, procedures and individual safety accountabilities. The SMS should be constantly evolving and therefore the SMS manual should be a living document and should be reviewed regularly to ensure that it remains accurate and appropriate. The SMS manual may be incorporated into existing manuals or expositions. Contents should include:

- a) Scope of the SMS;
- b) Safety policy and objectives;
- c) Safety accountabilities;
- d) Key safety personnel;
- e) Documentation control procedures;
- f) Hazard identification reporting and risk management schemes;
- g) Safety performance monitoring;
- h) Incident investigation and reporting
- i) Emergency response planning;
- j) Management of change processes;
- k) Safety promotion;
- l) Contracted activities;
- m) Just culture policy and supporting processes.

Chapter 4

Safety risk management

The safety risk management component of a SMS can be divided into three areas:

- a) Hazard identification processes;
- b) Risk assessment and mitigation processes;
- c) Internal safety investigation.

Safety risk management is the heart of the SMS. The process starts with identifying hazards affecting aviation safety and then assessing the risks associated with the hazards in terms of severity and likelihood. Once the level of risk is identified, appropriate remedial action or mitigation measures can be implemented to reduce the level of risk to an acceptable level. Mitigation measures should then be monitored to ensure that they have had the desired effect. It is important to apply a common standard and process for risk assessment and control throughout the organisation. Appropriate training and communication will enable a clear understanding on how to deliver this.

Hazard identification

A hazard is any condition that can cause or contribute to an aircraft incident or accident. A hazard identification process enables the collecting, recording, analysing, acting on and generating feedback about hazards that affect the safety of the operational activities of the organisation. In a mature SMS hazard identification is an ongoing process.

There are many sources of hazard identification from reactive events to a more proactive approach.

- Reactive schemes include data from accidents, incidents, flight data monitoring, voluntary and confidential reporting systems.
- Proactive schemes include open hazard reporting systems, LOSA (Line Operations Safety Audit) style normal operation assessments, safety surveys, change management processes and safety risk assessments.

Subject matter expert judgement can also contribute to hazard identification through workshops and safety committee meetings. Organisations should carry out an initial hazard identification exercise on its current operations to create a baseline safety case or an initial risk register. Hazard identification then becomes an ongoing activity and hazard logs and risk registers should be continuously reviewed and updated. Organisations should look externally for possible hazards from accident reports, MOR publications, industry trade associations or the CAA Safety Plan.

Safety Reporting

A confidential reporting system should be established to encourage safety reporting. This should be supported with a just culture providing appropriate protection for the reporter. This should also include an effective feedback process to the individual and to the wider organisation where appropriate. This approach should encourage staff at all levels to proactively report errors, near misses and hazards.

Staff need to have confidence in the just culture and the reporting system. They must know that confidentiality will be maintained and that the information they submit will be acted upon, otherwise they will decide that there is no benefit in their reporting.

Risk assessment and mitigation

Risk

Risk is generally assessed in terms of severity and likelihood of the consequences of a hazard occurring. Organisations should define whether they are assessing severity using the worst case scenario or the most credible outcome. The risk assessment should include appropriate justification and details of any assumptions made. A hazard has the potential to cause harm while risk is the likelihood of that harm occurring within a specific time-scale.

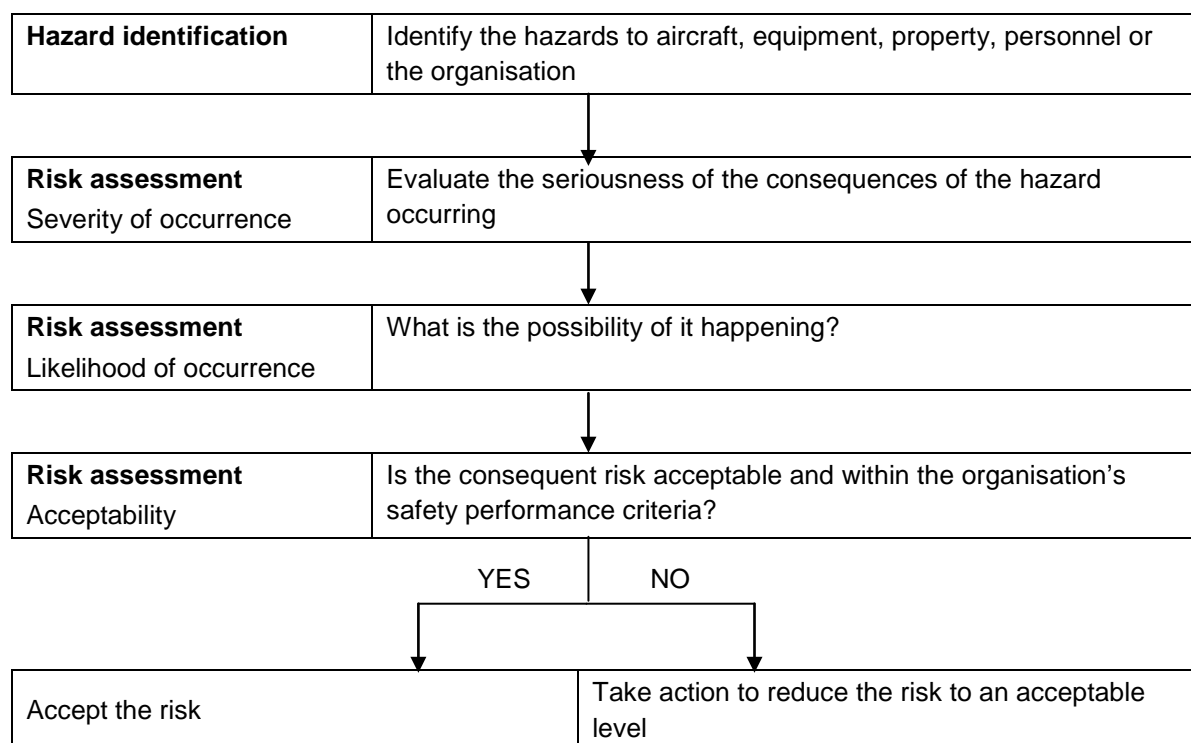
Following the identification of a hazard, a risk assessment is carried out to determine the potential for harm or damage. This involves the following considerations:

- Severity: How bad will it be if the unwanted safety event occurs?
- Likelihood: How likely is the unwanted safety event to occur or reoccur?

Risk assessment and mitigation processes analyse and eliminate or mitigate to an acceptable level, risks that could threaten the capability of an organisation to undertake its activities in a safe manner.

Organisations may use barrier models such as bow-tie for their risk management process.

A diagram showing the hazard analysis and risk assessment process is shown below:



A system should be developed for assessing and analysing the data collected or derived from the actions outlined above. Information provided by the analysis should be distributed to those with a responsibility for operational safety in the organisation.

Risk assessment

The risk assessment process should determine the acceptability of a risk. This is normally done by defining a Risk Tolerability Matrix that should be used across the whole organisation. An example of a risk tolerability matrix and its definitions is provided below¹. While the severity of the consequences can be defined, the likelihood of occurrence may be more subjective where data is limited. The assessment process should be recorded at each stage including any assumptions made or supporting information. As risk assessments can be subjective they should be verified by at least one other person or by one of the safety committees.

¹ For Air Navigation Service Providers reference should be made to the severity definitions in the Single European Sky Common Requirements.

Severity of consequences

Aviation definition	Meaning	Value
Catastrophic	Aircraft / Equipment destroyed. Multiple deaths.	5
Hazardous	A large reduction in safety margins, physical distress or a workload such that organisations cannot be relied upon to perform their tasks accurately or completely. Serious injury or death to a number of people. Major equipment damage.	4
Major	A significant reduction in safety margins, a reduction in the ability of organisations to cope with adverse operating conditions as a result of an increase in workload, or as a result of conditions impairing their efficiency. Serious incident. Injury to persons.	3
Minor	Nuisance. Operating limitations. Use of emergency procedures. Minor incident.	2
Negligible	Little consequence.	1

Likelihood of occurrence

Qualitative definition	Meaning	Value
Frequent	Likely to occur many times (has occurred frequently)	5
Occasional	Likely to occur sometimes (has occurred infrequently)	4
Remote	Unlikely, but may possibly occur (has occurred rarely)	3
Improbable	Very unlikely to occur (not known to have occurred)	2
Extremely improbable	Almost inconceivable that the event will occur	1

Example risk tolerability matrix

Severity		Likelihood				
		Extremely improbable	Improbable	Remote	Occasional	Frequent
Catastrophic	5	5 Review	10 Unacceptable	15 Unacceptable	20 Unacceptable	25 Unacceptable
Hazardous	4	4 Acceptable	8 Review	12 Unacceptable	16 Unacceptable	20 Unacceptable
Major	3	3 Acceptable	6 Review	9 Review	12 Unacceptable	15 Unacceptable
Minor	2	2 Acceptable	4 Acceptable	6 Review	8 Review	10 Unacceptable
Negligible	1	1 Acceptable	2 Acceptable	3 Acceptable	4 Acceptable	5 Review
		1	2	3	4	5

Risk classification

Acceptable	The consequence is so unlikely or not severe enough to be of concern; the risk is acceptable. However, consideration should be given to reducing the risk further to as low as reasonably practicable in order to further minimise the risk of an accident or incident.
Review	The consequence and/or likelihood is of concern; measures to mitigate the risk to as low as reasonably practicable should be sought. Where the risk is still in the review category after this action then the risk may be accepted, provided that the risk is understood and has the endorsement of the individual ultimately accountable for safety in the organisation.
Unacceptable	The likelihood and severity of the consequence is intolerable. Major mitigation will be necessary to reduce the likelihood and severity of the consequences associated with the hazard.

Risk mitigation

Risks should be managed to an acceptable level. This should be balanced against the time, cost and difficulty of taking measures to reduce or eliminate the risk. The level of risk can be lowered by reducing the severity of the potential consequences, reducing the likelihood of occurrence or by reducing exposure to that risk. It is easier and more common to reduce the likelihood than it is to reduce the severity.

Corrective action should take into account any existing defences and their inability to achieve an acceptable level of risk. This may result in a review of previous risk assessments that may have been impacted by the corrective action. Risk mitigations and controls will need to be verified / audited to ensure that they are effective.

Internal safety investigations

The scope of internal safety investigations should include occurrences that are not required to be reported to the CAA. Though often of a minor nature, they could be indicative of a potential hazard or trend that would only be revealed through systematic investigation and data analysis. Ideally they should be undertaken by trained investigators.

Scope of safety investigations

The scale and scope of any investigation should be suitable to determine why an event occurred and validate or identify the underlying hazards. The level of investigation should be proportional to the identified hazard and risk.

Investigation methodology

The investigation process should take place as soon as possible after the event. The objective of the investigation is to understand why an event happened and the contributing causes and not to apportion blame. The investigation should include:

- a) Review of documentation and processes;
- b) Operational data monitoring;
- c) Interviews;
- d) Root cause analysis
- e) Data analysis.

Safety recommendations

An organisation should have procedures to communicate the results of any safety investigations and where appropriate to address any identified hazards. This should include incorporating lessons learnt into procedures, training and safety promotion.

Chapter 5

Safety assurance

Safety assurance assesses the safety performance of the organisation and enables continuous improvement. The three aspects of safety assurance are:

- a) Safety performance monitoring, measurement and review;
- b) The management of change;
- c) Continuous improvement of the safety system.

Safety performance monitoring and measurement

A key function of the SMS is assurance that the system is working and is effective. This involves:

- The setting and monitoring of Safety Performance Indicators (SPIs) to measure the organisation's safety performance;
- Assessing the effectiveness of the SMS by confirming that the mitigations, controls and defences put in place are working and effective to ensure safe operational practices;
- Monitoring compliance with the appropriate regulations and standards.

Note: These all require safety and quality (compliance monitoring) to be integrated or working closely together.

Safety objectives need to have been established before setting SPIs. This allows the safety performance of the organisation to be measured against its safety policies and objectives. Organisations should review the CAA Safety Plan as this may provide ideas for SPIs.

The following should be considered in setting safety objectives:

- Define what the organisation hopes to achieve.
- It should be a statement of a desired outcome.
- Safety objectives should be short, high-level statements of the safety priorities and should reflect the organisation's safety policy.
- Safety objectives should address the organisation's most significant risks.

Once safety objectives have been set then SPIs can be established. SPIs can be used to measure the performance of the SMS and the operational safety performance. SPIs will require the monitoring of data from various sources such as;

- a) Occurrences and events;
- b) Safety reports;
- c) Safety studies;
- d) Safety reviews including trend analysis;
- e) Audits;
- f) Surveys;
- g) Internal safety investigations.

Safety audits are used to ensure that the structure of the SMS is sound in terms of:

- a) Adequate staff levels;
- b) Compliance with approved procedures and instructions;
- c) Levels of competency and training to carry out specific roles;
- d) Maintaining required levels of performance;
- e) Achievement of the safety policy and objectives;
- f) Effectiveness of interventions and risk mitigations.

Safety and cultural surveys should be carried out as a matter of routine, to provide assurance to managers of safe operational activity. They are used to identify issues or problems in daily operations. They can also be used to gather the views and opinions of operational personnel. Surveys may involve the use of:

- a) Day to day observation checks such as Line Orientated Safety Audits (LOSA);
- b) Questionnaires;
- c) Informal confidential interviews.

Safety culture surveys allow an organisation to identify behaviours and attitudes of staff. This may identify human conditions that can impact an organisation's safety performance.

Survey information is subjective and should therefore be verified before any corrective action is initiated but may provide a valuable source of safety information.

The management of change

The management of change should be a formal process that identifies external and internal change that may affect established cultures, processes and services. It utilises the organisation's existing risk management process to identify potential hazards that could impact safety. Change can also introduce new hazards that could impact the appropriateness and effectiveness of existing risk mitigations.

Organisations should define the types of changes that would require a formal management of change process. This should also include who makes the decision to start the process and who has the authority to sign it off.

Continuous improvement of the SMS

The organisation should continually seek to improve their safety performance. Continuous improvement should be achieved through:

- a) Proactive evaluation of day to day operations, facilities, equipment, documentation and procedures through safety audits and surveys;
- b) Evaluation of an individual's performance to verify the fulfilment of their safety responsibilities;
- c) Reactive evaluations in order to verify the effectiveness of the system for control and mitigation of risk e.g. incidents, accidents and investigations;
- d) Tracking organisational changes to ensure that they are effective.
- e) Regular review of the organisation's safety performance and safety action plans.

Chapter 6

Safety promotion

Training and education

All staff should receive safety training as appropriate for their safety roles and responsibilities. In particular all operational staff, managers, supervisors, senior managers and the accountable manager should be trained and be competent to perform their duties. This provides an opportunity to reinforce the safety policy, gain the necessary management buy-in and for establishing the expected attitudes and behaviours for all levels of staff in the organisation. This should involve initial training as well as continued maintenance of competence. Training should include human and organisational factors

- a) Operational staff should have an understanding of the organisation's safety policy and the principles and processes of the organisation's SMS.
- b) In addition to (a) above, managers and supervisors should understand the safety process, hazard identification, risk management and the management of change.
- c) In addition to (a) and (b) above, senior managers should understand organisational safety standards, safety assurance and the regulatory requirements for their organisation.
- d) The accountable manager should have an awareness of SMS roles and responsibilities, safety policy, safety culture, SMS standards and safety assurance.

Safety communication

Safety communication is an essential foundation for the development and maintenance of an adequate safety culture. Types of communication may include:

- a) Safety policies and procedures;
- b) Newsletters, safety bulletins and notices;
- c) Presentations;
- d) Websites and e-mails;
- e) Informal workplace meetings between staff and the accountable manager or senior managers.

Safety communication should:

- a) Ensure that all staff are fully aware of the SMS and the organisation's safety culture;
- b) Disseminate safety critical information internally and externally;
- c) Explain why certain actions are taken;
- d) Explain why safety procedures are introduced or changed;
- e) Compliment and enhance the organisation's safety culture;
- f) Contain a process for assessing the suitability of safety communication and its effect on the organisation.