



# Sustainability of Safety Management

Rainer Lindau  
Vice President Quality Management



**Lufthansa Technik**

# Agenda

- Lufthansa Technik Group
- Safety Management System at LHT
- SMS-Tools: Q-Star
- SMS-Tools: Quality System Report
- SMS-Tools: q/scan
- SMS-Tools: LEARN magazine

# Lufthansa Technik Group

## Facts & figures



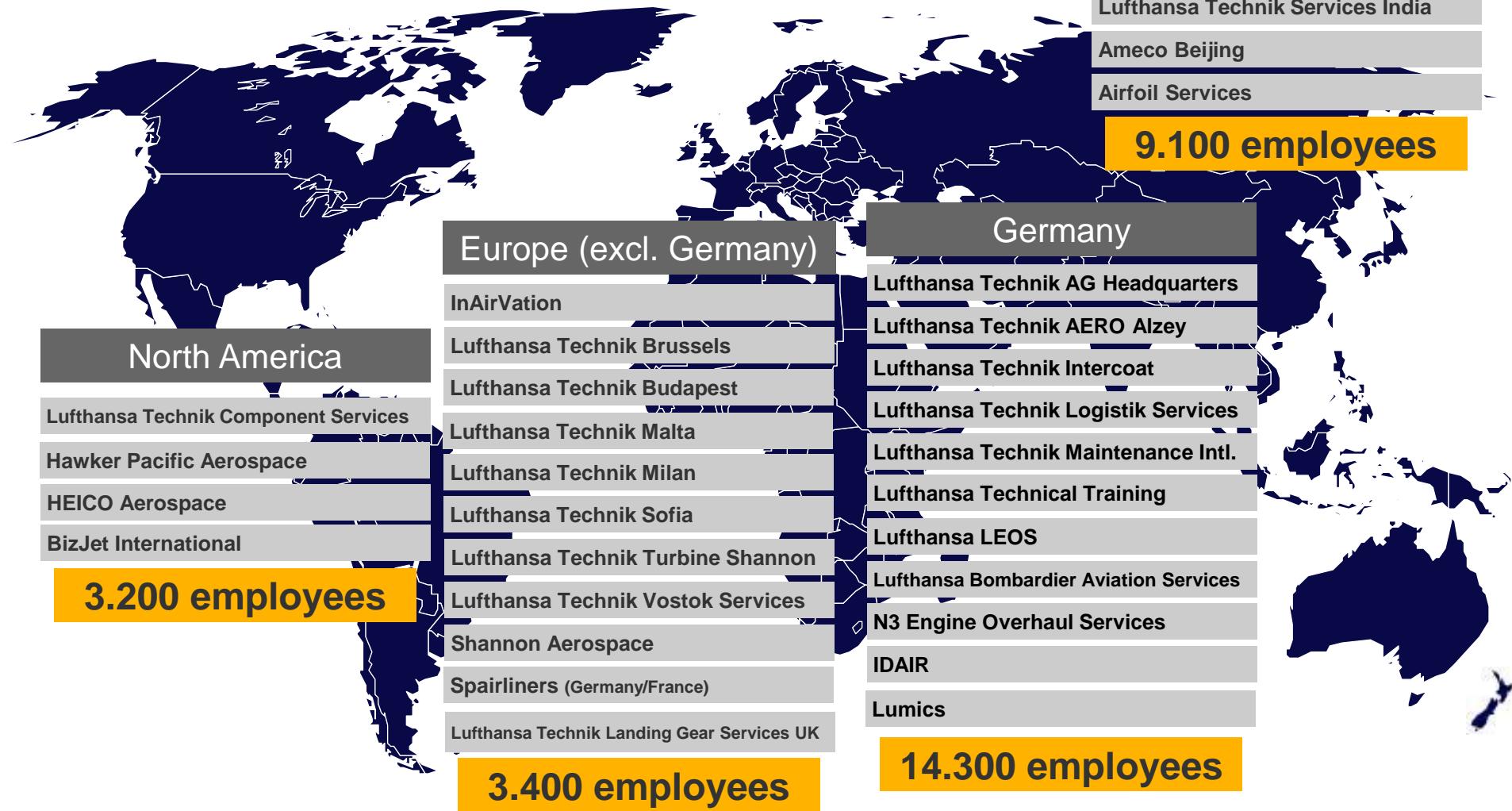
- 770 customers worldwide
- 2.820 aircraft under exclusive contracts
- 1.700 aircraft inspections per day\*
- 30 subsidiaries and affiliates worldwide
- 4,18 billion Euros in revenue\*\*
- 19.917 employees worldwide\*\*

\*includes subsidiaries and services by LCY in CGN and MUC

\*\*Lufthansa Technik AG Germany and 22 consolidated companies of Lufthansa Technik Group in 2013; employees as of 31.12.2013

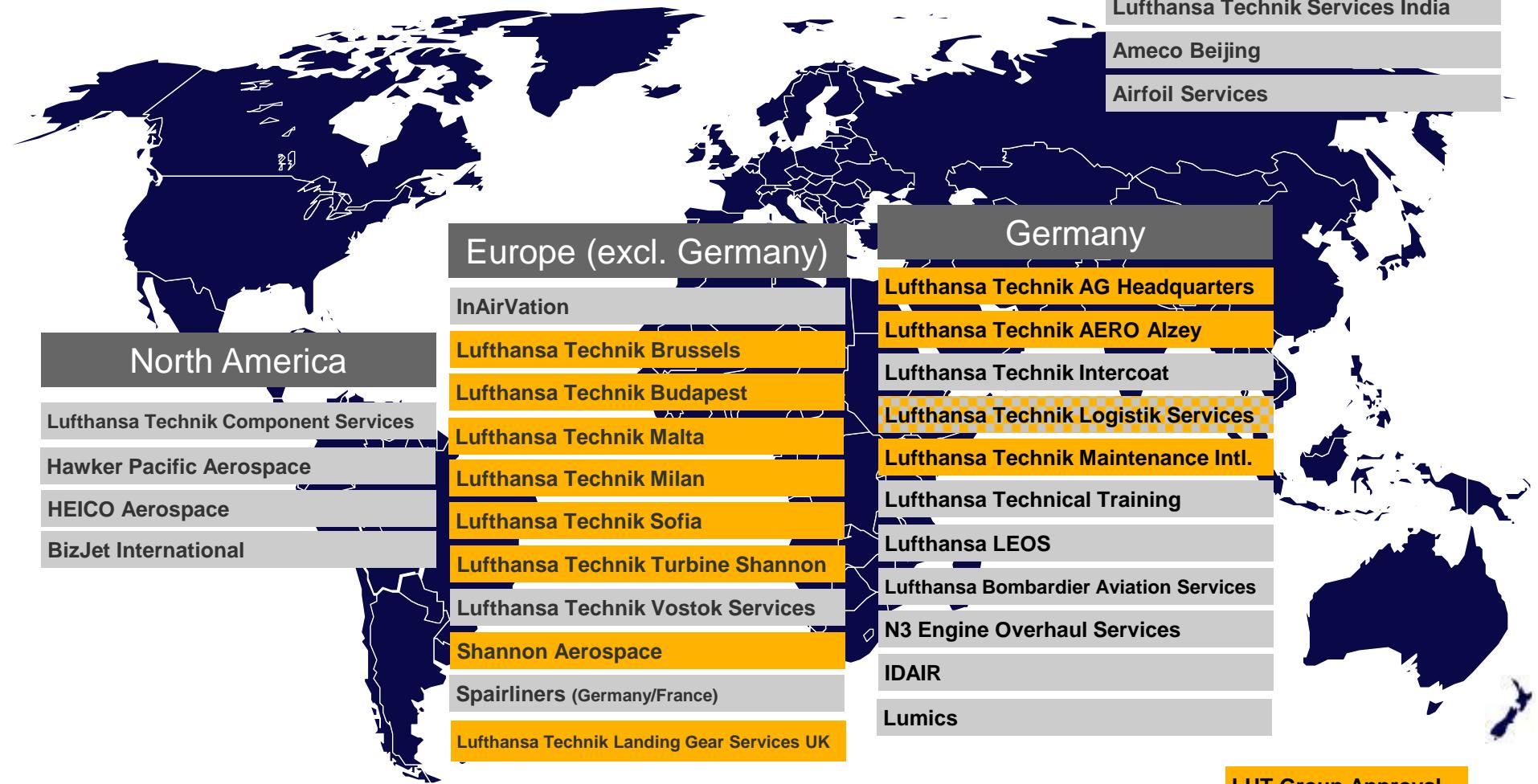
# Lufthansa Technik Group

## Employees worldwide



# Lufthansa Technik Group

## Companies within LHT Group Approval



# Integrated Quality Management

Comprehensive certification to fulfill highest standards

## Integrated

Aviation law plus international standards

## Global

Established in LHT Group\* until 2015

## Certified

External surveillance of system



Approved Quality  
for our customers

\* Majority owned subsidiaries

## EN/AS 9110 Quality

(Development/Maintenance)

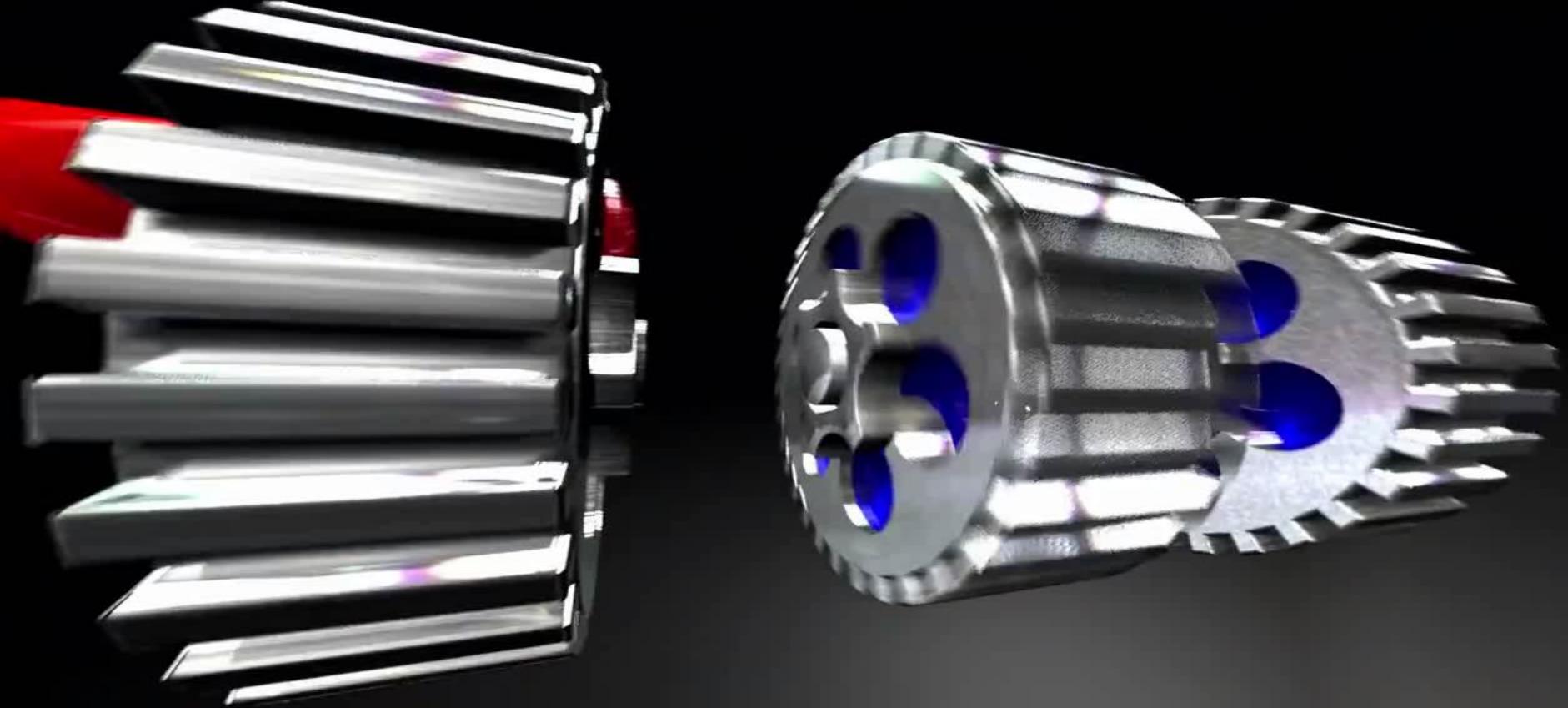
## OHSAS18001

Health & Safety

## ISO 14001

Environment





Source: Australian Government | Civil Aviation Safety Authority

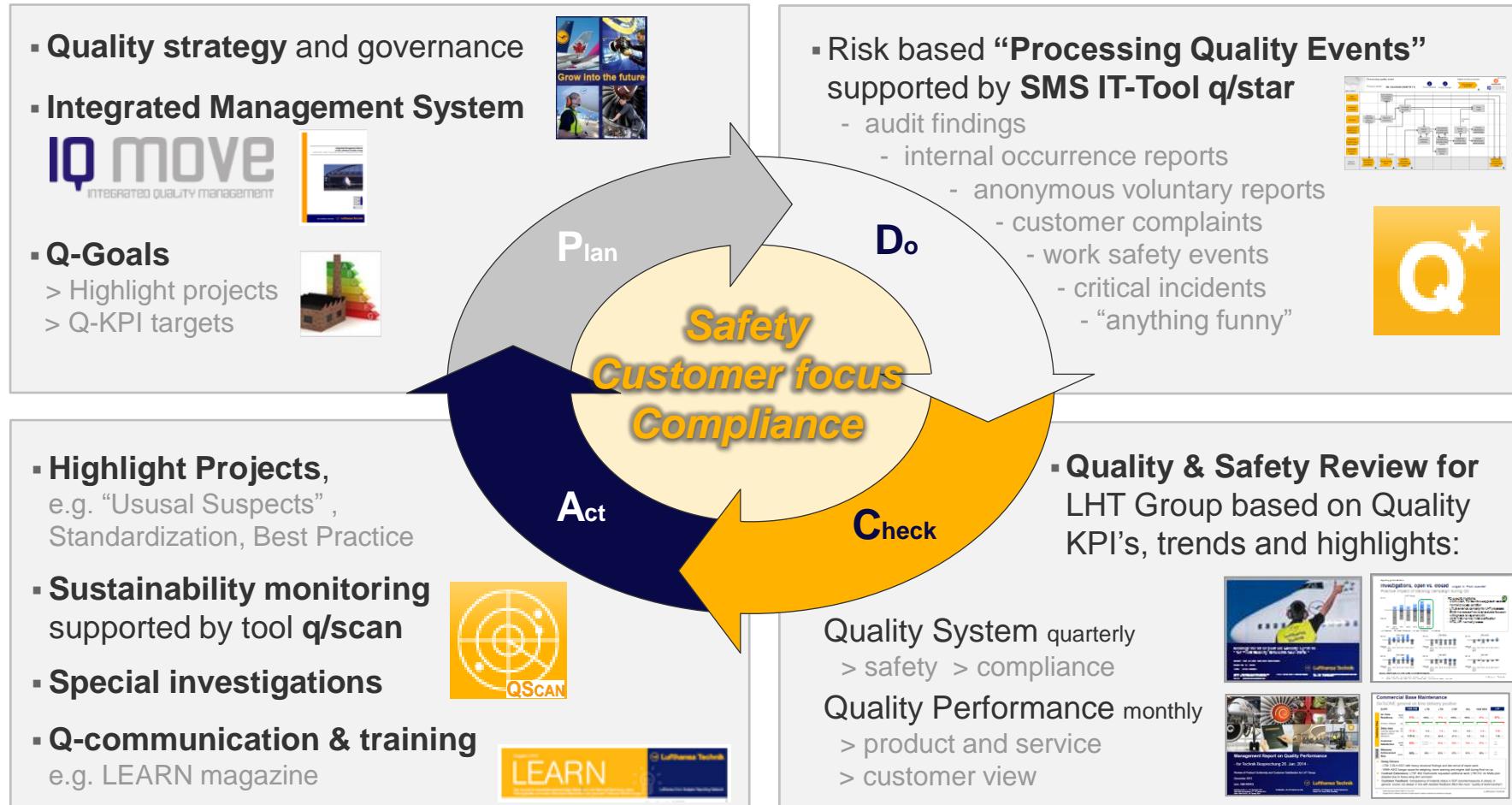
**We keep the gear adjusted !**



**Lufthansa Technik**

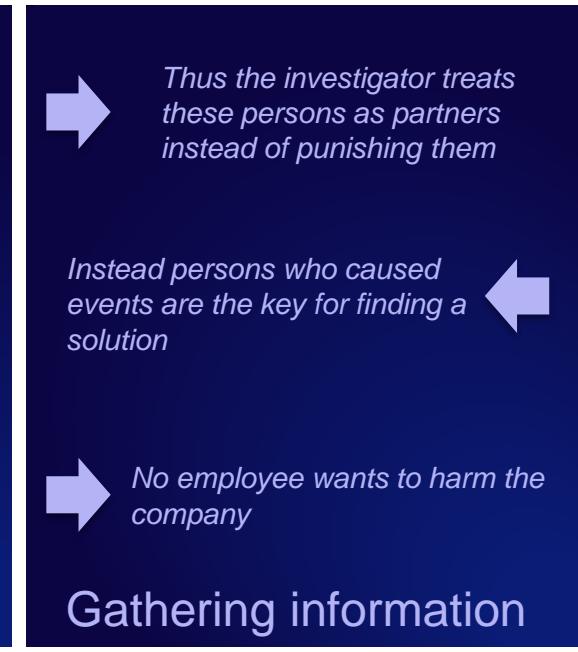
# Safety Management System Circle

Guarantee for sustainability and success



# Diagnosing the quality event

## Finding solutions with MEDA

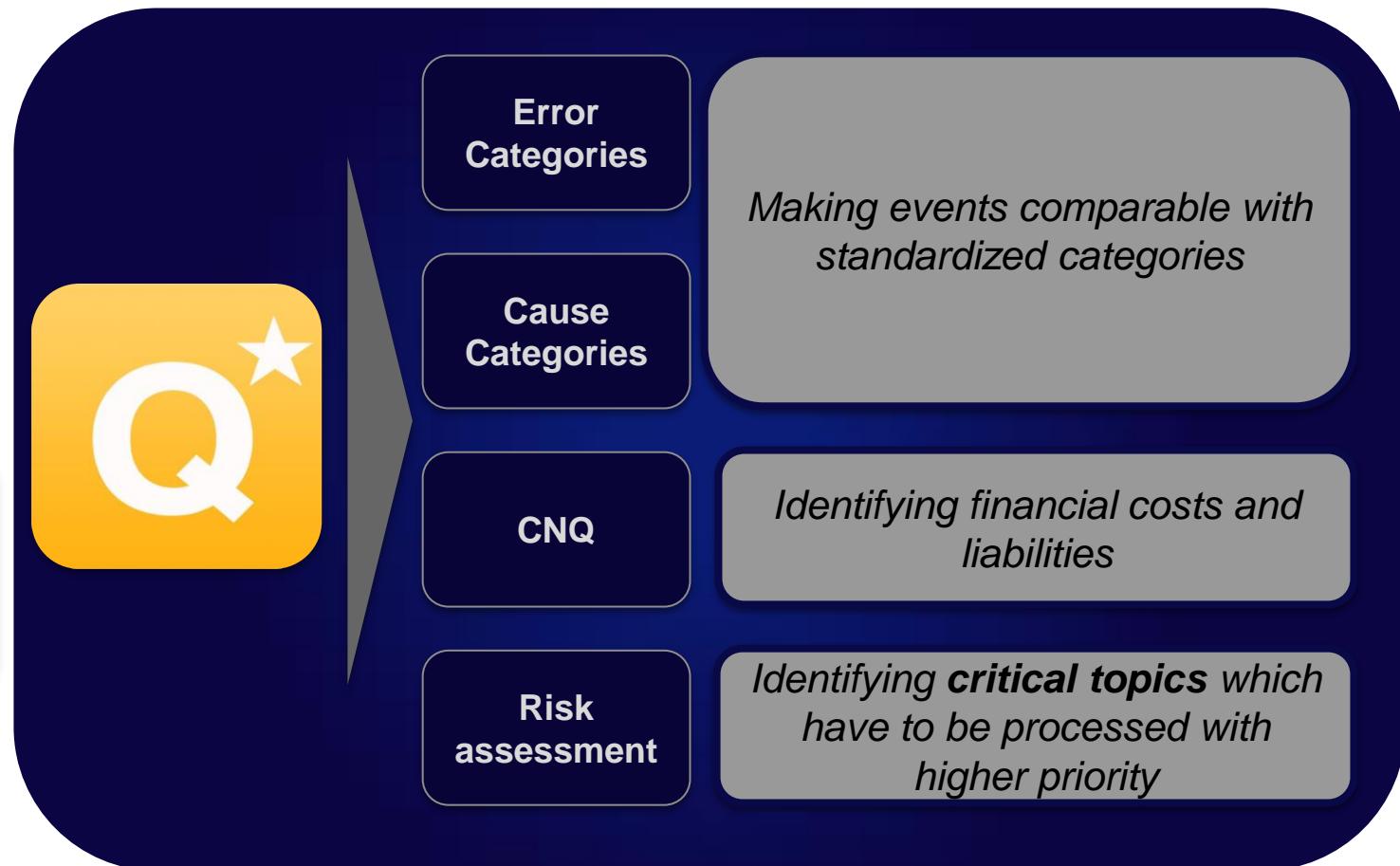


### MEDA

Maintenance Error Decision Aid (MEDA) is a structured process to investigate events caused by maintenance technicians and/or inspector performance. It was developed by Boeing and is a widely respected standard in aviation.

# Looking for patterns in the events with q/star

## Four tools to identify systematic risks



# Advantages for Management

Solutions and implementations gives the orientation

The q/star process have many advantages for management



## Focus on decision and implementation:

The Investigator analyzes as Action Owner quality / safety problems and recommends solutions. This enables you to focus on **decision and implementation**.



## Higher efficiency:

With q/star we process quality problems according to their severity- severe problems with high intensity and smaller issues pragmatically.



## Overview:

You keep clear sight over quality / safety problems in your department enabling you to take actively actions.

# Quality System Report - concept

Highlight review + Q-KPI trends = reactive + preventive

## Highlight Events

Risk based identification of highlight events. Detailed analysis and action plan.

- repeat cases
- FMEA based risk evaluation
- integrated QEHS + cost

### Incident: flashovers from GPU-plug

Handling and periodical checks not appropriate

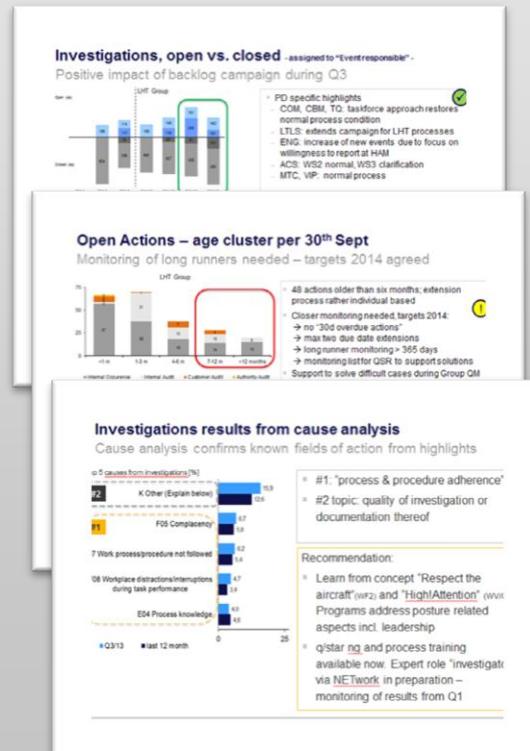


Customer	A/C reg / P/N/ Engine	PD	Source*	Risk owner
LHT	00000000000000000000000000000000	WA	OC	
Report ID (17UR)	2013/2013/4	Invest. time		
HO	00000000000000000000000000000000	Invest. type		
		Invest. time		
		Invest. type		

\* AA = Authority Audit, CA = Customer Audit, OC = Customer Complaint, IA = Internal Audit, OC = Internal Document, QI = Quality Investigation

## Quality KPI trends

Statistical analysis: trends, target achievement, cluster analysis to improve prevention



## Background Information

Process indicators for specific performance targets, e.g. duration of investigation etc.



# q/scan

## systematic spot checks to ensure sustainability

**QSCAN**  **Lufthansa Technik**

Quality Sampling-FRA WB66

Product: On-Site-Sample (PD Maintenance) Findings Yes  No

Date performed	A/C Registration	Reference No.	Customer
		198769	

Module: Work Safety (LHT-Standard)

Finding (F)	N/A	Equipment
1		Protection equipment is not available or not being used (e.g. ear protection, eye protection, safety harness, barriers)
2		Equipment for access to work area is not being used properly or in unsafe condition (e.g. ladders, platforms, docks)
3		Hazardous Materials / Chemicals
4		Materials / Chemical containers are not closed or damaged
		Contamination of work area with chemicals / fluids

Module: Storage Conditions (LHT Standard)

Finding (F)	N/A	Storage Conditions	Shelf Life / Expiry Date
5			Missing / unreadable expiry date label on consumables / materials which are obviously shelf life limited
6			Expired consumables / materials found (e.g. sealer, tape, seals, adhesives, rubber materials)
7			Shelf life information has not been transferred from the original container to another container in case of repackaging or refilling except 'piston cup'
8			Required information on 'piston cup' is incomplete or missing
9		Storage Conditions	
10			Parts / Materials without proper protection against damage and contamination (e.g. missing or wrong packaging, connector caps, ESD protection)
11			Parts / Materials are not stored in accordance to environmental requirements (temperature, humidity) in production areas
12			Parts / Materials are not stored at the defined location (e.g. flammable cabinet, ramp car)

Module: Material Segregation (LHT-Standard)

Finding (F)	N/A	Segregation	Tagging / Labelling
13			Parts / materials can not be clearly identified (e.g. tags, labels, attached documents)
14			Identification-Tag / Label / Document not filled completely and correctly
15			Identification tag / label / document not readable
16			Status of parts / materials is not clear (servicable / unservicable / scrap / pending further work)
17		Segregation	
18			Serviceable and unservicable parts / materials are not stored separately and / or correctly
19			Parts belonging to different projects / tail signs are not stored on correct place
			Racks / shelves are not clearly identified (e.g. serviceable / unservicable / temporarily removed / project)



# LEARN magazine

Open communication of errors & learnings to support Just Culture

## Concept

- **Open publication of errors ... and best practice**
- **Non punitive (!)**
- **One pager per event, appealing to read**
- **Error – chain of events – Learnings**
- **Source: q/star reporting and anonymous hints**
- **Quarterly print and digital publication for LHT group 15.000 prints**

Groupwide LEARNing

Vielen Dank für Ihre Aufmerksamkeit.  
**Thank you for your attention.**

Copyright © 2013 Lufthansa Technik AG. All rights reserved.

The information contained in this presentation is proprietary to Lufthansa Technik AG and is disclosed in confidence. The presentation and the information contained herein shall be kept strictly confidential and shall not be used, disclosed to others or reproduced without the express written consent of Lufthansa Technik AG. Nothing contained in this publication shall constitute any warranty, guarantee or liability for Lufthansa Technik AG, its subsidiaries and affiliates but is for information purposes only. Accordingly, Lufthansa Technik AG its subsidiaries and affiliates neither expressly nor conclusively accept responsibility or liability for the actuality, accuracy and completeness of the statements and information contained in this publication.



**Lufthansa Technik**