



Lift Management and Lifting Equipment Policy



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Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
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1 INTRODUCTION

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) takes seriously the health, safety and welfare of its entire staff, patients, visitors, and others who may be affected by its activities in relation to Lifts.

The Health and Safety at Work Act places a duty of care upon both employer and employee to ensure the safety of all service users (patients), staff and visitors whilst using Trust premises.

The Trust recognizes and accepts its responsibilities to ensure passenger and goods lifts are provided, maintained, and used safely in accordance with standards set out in the Lifting Operations and Lifting Equipment Regulations (LOLER) and the Provision and Use of Work Equipment Regulations (PUWER) and, in turn, aims to minimise risks to the health, safety and welfare of its employees, patients and members of the public as far as reasonably practicable. The policy also covers the requirements of Management of Health & Safety at Work Regulations and the provisions relating to the safety of work equipment, including the requirement to carry out risk assessments

Lift systems within NHS premises are varied and it is therefore essential that they are serviced and maintained to the required standards to ensure that they continue to function in a safe and efficient manner. The Trust recognises the inherent danger of lifts and will take all reasonably practical steps to ensure the safe installation, operation, and maintenance of Lift installations within its premises.

This policy addresses the provision of those lifts installed within the premises owned and operated by DBTH.

Some premises may have their own written operational/safety plans, including emergency procedures, dependent upon use and verified by risk assessment. The Plans will be agreed through the lift safety group and ratified by the Trust Health and Safety Committee.

Within this policy, hazards, and processes for the management of lifts area are explained along with the identification of safe systems of work.

Details of lifts in each site must be detailed in local site asset lists and the Lift / Safety Plans.

2 PURPOSE

This policy applies to all areas of the Trust where lifts are used and to all persons involved in using this equipment.

The purpose of this document is to set out The Trust's policy on the management of lifts on premises owned and managed by the Trust.

This policy outlines the requirements expected of Trust employees, Private Finance Initiative (PFI) and Service Level Agreement (SLA) partners working on behalf of the Trust to ensure

compliance with the lifting Operations and lifting Equipment Regulations (LOLER) and Provision of Use of work Equipment Regulations (PUWER).

Objectives: By following the principles and recommendations of the relevant legislation, Approved Codes of Practice (ACOPs) and the Health Technical Memorandum (HTM) for Lifts (HTM 08-02) the Trust will ensure that the aims and intended outcomes arising from this policy are:

- The Trust fulfils its legal duties.
- The Trust shall ensure that personnel dealing with lifts are suitably trained and qualified.
- To reduce the risk of injury to all those involved in the operation of lifts (e.g., staff) and those involved in its use (e.g., patients and visitors).
- To comply with relevant legislation such as the Lifting Operations and Lifting Equipment Regulations (LOLER) plus any other relevant legislation to ensure the risk of injury is eliminated or reduced to that which is reasonably practicable.
- All lifts owned and operated by the Trust shall be inspected and maintained in accordance with current legislative requirements and current best practice.

In addition, the Trust has responsibilities to take reasonable care of others who visit or are resident on its premises.

To maintain and develop Trust wide management of lift standards and practices, the Trust requires a robust and comprehensive policy and supporting procedures. This is to ensure that the management of lifts is undertaken in a controlled manner to protect the health and safety of staff and others who could be adversely affected.

3 AIM

The aim of this policy will:

- Ensure that the responsibilities are clearly understood by all parties, and that communication systems, notification procedures are in place to ensure a cohesive approach is maintained at all times.
- Ensure the principles of management responsibilities and the control measures are in place.
- Give clarity for the responsibilities of the Trust and other organisations associated with the management of lifts within properties owned by the Trust.
- Include arrangements for the management of incidents of passenger entrapment, failure of the Lift system or the Safe System of Work in Trust premises.
- Detail the review process for the control arrangements and the Policy.

Site specific site lift plans must include the details of the name and location of the premises, lift equipment and the various responsibilities identified by applicable HTM's.

There are properties that are owned and utilised by the Trust, owned by the Trust, and utilised in part or whole by other organisations and properties that maybe leased to the Trust.

Where there is more than one organisation sharing the premises, there will be appropriate communication arrangements in place regarding the controls of risks from lifts.

4 SCOPE

This policy applies to all Trust premises that are used and/or operated by Doncaster and Bassetlaw NHS Foundation Trust staff, service users (patients), visitors, contractors, and general public.

Where the management of buildings/areas occupied by Trust staff and/or patients is carried-out by others, the requirements of this policy remain applicable although implementation of site-specific risk assessments and mitigating procedures and actions are the responsibility of the local management team.

This Policy relates to the new installation, upgrading, refurbishment, maintenance, repair and thorough examination works undertaken on lifts by Contractors, owned by the Trust. It remains the Trust's responsibility to ensure that the requirements of this policy are notified to and complied with by all other parties described above.

This policy covers the following types of lifting equipment found within all Trust premises:

- Lift equipment:
 - Passenger lifts
 - Bed lifts
 - Goods lifts
 - Housekeeping lifts
 - Firefighters' lifts
 - Escape (or evacuation lifts)
- Machinery directive equipment:
 - Mobility impaired lifts (platform)
 - Hoists
 - Tail-lifts (6 monthly inspections under LOLER)

This policy requires that all local safe systems of work and notification procedures are in place and always adhered to.

5 DUTIES AND RESPONSIBILITIES

There are a number of key personnel who share the responsibility for the operational management of lifts.

The following key roles and their respective duties are defined in detail within Health Technical Memorandum 00 Polices and Principles of Healthcare Engineering and Health Technical Memorandum 08-02 Lifts:

- Designated Persons (Lifts)
- Duty Holder
- Trust Senior Operational Manager
- Authorising Engineer (Lifts) (*may be referred to as Independent Adviser)
- Authorised Person (Lifts)
- Competent Person Lifts (LOLER)
- Competent Person Lifts (Service)
- Lift Steward
- Lift Warden
- Lift Release Warden

5.1 Trust Board of Directors

The Trust Board of Directors is responsible to ensure that there are:

- Adequate resources available to enable the management of lifts in accordance with this policy.
- Arrangements for identifying, evaluating, and managing risk associated with lifts.
- Arrangements for managing incidents associated with lifts.

Arrangements are in line with Health Technical Memoranda (HTM) 00 and other supporting HTM's.

Post holders of the professional structure shown in [Appendix 1](#).

5.2 Chief Executive

The Chief Executive is responsible for ensuring that a policy and associated procedures and arrangements are in place for the management and inspection of lifts and lifting equipment and has an overriding duty of care as the duty holder under Health and Safety at Work etc Act.

While the day-to-day management will be the responsibility of the Trust's employees and the Trusts' maintenance contractors.

5.3 Director of Estates and Facilities

Acting as the Designated Person (Lifts) as per Health Technical Memorandum 08-02 lifts and Duty Holder as per Lifting Operation and Lifting Equipment Regulations (LOLER) and Provision and Use of Work Equipment Regulations (PUWER).

The Designated Person and Trust Senior Operational Manager are Trust employees.

5.4 The Authorised Person (Lifts)

The Authorised Person (Lifts) has the key operational responsibility for the specialist service. An important element of this role is the maintenance of records, quality of service and maintenance of system safety.

5.5 The Competent Person Lifts (Service)

The Competent Person Lifts (Service) will be a lift maintenance contractor appointed by the Trust to service, maintain and repair the lifts.

5.6 The Competent Person Lifts (LOLER)

The Competent Person Lifts (LOLER) will be appointed by the Trust to undertake competent person inspections as per the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

5.7 Authorising Engineer

The Authorising Engineer (Lifts) will be an independent professional adviser who will have the appropriate knowledge and experience to act as professional adviser to the Trust, and will carry out, or have carried out by a third party, a Compliance Audit (also referred to as Management System audit) and a Maintenance Audit (HTM 08-02: section 10.36) (also referred to as a Lift Condition Survey) at least once a year. Refer to Section 9.7 for further information on what is included in these audits.

5.8 Hoist Responsibilities

No responsibility for Hoists are covered in this policy, please reference the current versions of the Medical Devices Management and Training Policy.

5.9 Health and Safety Committee

The H&S Committee shall be responsible for overseeing the general operation and management of the Lift Safety group. Members of both the Committee and Groups will be recorded in the Terms of Reference and be compliant with HTM, including representatives from estates, user departments and health & safety. All parties are responsible for bringing items to the attention of the committee and groups.

5.10 Lift Safety Group

In line with HTM 08-02 the Lift Safety Group will ensure that all lift safety issues are monitored, recorded, and acted on in line with the relevant legislation and guidance.

There will be a Trust Lift Safety Group with representation from the Hospital Sites through documented terms of reference, which will be reviewed annually. The Lift Safety Group will obtain assurances on all aspects of Lift systems safety and resilience required for the safe development and operation of healthcare premises.

The Group will provide a multidisciplinary forum in which people with a range of competencies can be brought together to share responsibility and take collective ownership for:

- Identifying lift safety issues.
- Assessing risks.
- Developing and implementing control measures and incident protocols.

Attendees for the Lift Group will be provided in the terms of reference and be compliant with HTM's.

5.11 Trust Staff

Staff generally are responsible for:

- Ensuring that they adhere to the requirements of this policy.
- Reporting defects and incidents involving lifts and lifting equipment as they occur
- Undertaking or participating in the completion of risk assessment as required
- Attending moving & handling and related training at the required frequencies
- Ensuring that they do not use equipment which has been identified as faulty ensuring equipment has a valid test before use.
- Ensuring that they know and are aware of the correct use of lifting equipment within their area prior to its use. If they are unsure, they should not use the equipment unless an adequately trained person is supervising them.

5.12 Lift Release Warden

- All maintenance craftsmen will be suitably trained to act as Lift Release Wardens to carry out the safe release of trapped passengers from passenger lifts.
- They will be appointed by the Authorised Person to carry out this task only on lifts that they have been trained on and will undergo refresher training annually.
- The release of trapped passengers will be carried out by at least 2 trained personnel, one of which may be a Competent Person.
- After an entrapment the lift will be put out of use until it has been examined by the Competent Person (service engineers).

5.13 Contractors

Contractors will be required to ensure that their staff receive appropriate manual handling training and both they and their employees comply with relevant current legislation and Trust policies.

6 PROCEDURE

6.1 Lifts

Lifts are highly specialised pieces of equipment and require particular procedures which should be followed when installed, inspected, maintained, and decommissioned. These procedures are included in this policy. Lifts in healthcare premises are subject to a statutory regime of inspection, these are dealt with in the 'Validation and verification' and 'Operational management' volumes (HTM 08-02). The Estates department must ensure their operational procedures include the nomination of individuals to keep lifts in the required safe condition and to arrange for the mandatory inspections and maintenance to be carried out at the prescribed intervals.

Every power-driven passenger lift should be thoroughly examined at least once every six months and goods lift only every 12 months. Lift examination should be supervised and performed only by an appointed competent person (lifts). It is therefore of the utmost importance that safety requirements are borne in mind at all times and that only approved and regulated procedures are applied.

Only trained authorised and competent persons (lifts) who have been authorised by the Estates and Facilities department should be appointed to control the operation and maintenance of lifts. These appointments are made by the Director of Estates & Facilities based on the appropriate qualifications and relevant experience required to fulfil the duties expected.

All power-driven lifts will be serviced by a competent lift service engineer at least once every month including any ancillary items associated with the lift. All repairs will also be carried out by a competent lift service engineer.

6.2 Patient Lifting Equipment

No responsibility for patient lifting equipment is covered by this policy, please reference the current versions of the Medical Devices Management and Training Policy.

6.3 Industrial Lifting Equipment

All lifting Equipment is hired as required and test certification to be inspected prior to use.

6.4 Mechanical Boom Man Lift

Health and safety legislation including the work at height regulations 2005 require that any operative using a Mobile Elevated Work Platform (MEWP) e.g., Scissor lift, boom lift/cherry picker, must be competent and trained to do so.

MEWP equipment must be inspected on a six-monthly basis and be maintained in accordance with manufactures recommendations.

Powered forklift truck on site are the responsibility of the local departments to ensure a comprehensive maintenance contract is in place and maintenance records provided to the compliance team annually.

6.5 Slings

No responsibility for slings are covered in this policy, please reference the current versions of the Medical Devices Management and Training Policy.

7 KEY REQUIREMENTS

The primary requirements imposed by the Regulations are on the employer but apply also to a self-employed person in respect of lifting equipment used at work and to any person who has, to any extent, control of lifting equipment, the way in which lifting equipment is used, or to a person at work who uses, supervises, or manages the use of lifting equipment.

Lifting equipment must be suitable for the purpose and of adequate strength and stability for each load and every part of the load. Anything attached to the lifting equipment and used in lifting must be of adequate strength and must be fit for purpose.

Where lifting equipment is used for lifting persons, it must be designed to prevent any persons using it being crushed, trapped, struck, or falling from the carrier so that any person trapped in the carrier is not exposed to danger and can be freed.

All new equipment purchased or acquired must be seen and examined by the Estates and Facilities Directorate. This is to ensure the equipment has a written scheme of examination and is inspected in accordance with required regulations and that this equipment is added to the equipment inventory to ensure that statutory inspections are carried out at the required frequencies.

Lifting equipment must be positioned or installed in such a way as to reduce the risk of the equipment or the load striking a person, or of a load drifting, falling freely or being released unintentionally.

Machinery and accessories for lifting loads must be clearly marked to indicate their safe working loads, maximum working height and number of persons carried in one load. Only lifting equipment designed for lifting persons must be used to lift people and it should be appropriately and clearly marked to this effect.

Lifting equipment not designed for lifting persons but which might be so used inadvertently, should be clearly marked that it is not designed for lifting persons and must under no circumstances be used for lifting people.

Legislation requirements also state that before lifting equipment is put into service for the first time it is examined, by the Trusts Authorised Person unless either it has not been used before (i.e., it is new), and has an EC declaration of conformity or, if it is obtained from the undertaking of another person or if it is accompanied by physical evidence of its condition. N.B. Physical evidence must be checked by the department before use of the equipment. In some instances, an inspection may be required by the Trust's Competent Person.

Where the safety of lifting equipment depends on installation, the lifting equipment must be thoroughly examined after installation and assembly before being put into service at any new site or location.

Lifting equipment which is exposed to conditions causing deterioration liable to result in dangerous situations must be thoroughly examined. In the case of lifting equipment for lifting persons or an accessory for lifting this must be at least every six months. Equipment used for patients within the Trust will fall into this category as well as passenger lifts. In the case of other lifting equipment, the examination frequency is at least every twelve months or in either case in accordance with a written scheme of examination.

A thorough examination must also be carried out each time exceptional circumstances liable to jeopardise the safety of equipment have occurred. Equipment not thoroughly examined within these terms must not be used. These are termed Category A defects with the reports generated by the competent person.

Any equipment identified with such a defect is required to be removed from service and must not UNDER ANY CIRCUMSTANCES be used until it has been repaired AND re-inspected by the competent person.

Any person who uses or permits such equipment to be used before the re-inspection may be held liable for any injury caused and may be subject to action by the enforcing authorities and/or disciplinary action by the Trust.

All departments should liaise with the Estates Department for appropriate thorough examinations (which may include tests) to be carried out by competent persons. The competent persons are engineers contracted by the Trust in accordance with LOLER requirements. It is the responsibility of the ward/departmental manager to ensure examinations have been completed before equipment is used.

Legislation requirements are that every lifting operation involving lifting equipment is properly planned, appropriately supervised, and carried out in a safe manner by a competent person trained in the correct use of the lifting equipment and procedures. Failure of lifting devices/equipment is a reportable incident under RIDDOR, and all such incidents must be reported to the Health & Safety Adviser who will then report to the HSE. Note: all RIDDOR incidents should be reported to the HSE within 10 working days of the incident.

All equipment must be used following the manufacturer's guidelines and relevant Trust Policies.

8 PROCEDURE

8.1 Lifting Equipment

Selection and Purchase:

- Medical Devices relating to lifting equipment is covered by the Medical Devices Management and Training Policy.
- All other lifting equipment is hired as required with appropriate certification and approval by the AP.

8.2 Faulty Equipment

If equipment is observed to be faulty:

- The Estates & Facilities department should be contacted ASAP via Ext 643555 for an inspection/repair/service to be arranged.

8.3 Equipment involved in an accident / incident

In the event of lifting equipment being involved in an accident / incident:

- The equipment must be taken immediately out of use. It must be labelled 'Out of Use' and signed and dated (as for faulty equipment).
- Equipment must be retained for further inspection, and not removed from the work area unless instructed to do so.
- A Datix incident form must be fully completed.
- The incident/accident must be reported as soon as possible but before the end of the shift to the following persons:
 - Estates & Facilities Department
 - Departmental Manager
 - Trust Fire & Health and Safety Manager
 - Site Manager (if out of hours)
 - Head of Governance (if deemed as a serious untoward incident)

8.4 Risk Assessments

There is a statutory requirement to undertake suitable and sufficient assessments of risks including those for Lifting Equipment, these are split into two areas and the requirements for each are detailed below.

It is the responsibility of each area/departmental manager to:

- Identify a person (or persons) to act as the 'safety lead' for their area, this will vary between Directorates. It may be a senior manager, or an appointed member of staff / facilitator etc.
- Ensure the person identified as such has received adequate risk assessment training. This may differ from department to department and should be discussed with the Departmental Manager and/or Advisor.
- Identify all Lifting equipment in their department and ensure appropriate risk assessments are completed as needed.
- Follow the completed risk assessment recommendations to take appropriate steps to reduce the risk of injury to the lowest level reasonably practicable by developing protocols or safety procedures relevant to their department.
- Ensure these protocols and safety procedures are clearly documented and are accessible to all staff involved in using the lifting equipment.
- Review and update risk assessments as necessary, i.e., if equipment is modified or changed, or new information become available.

Information and guidance on completing risk assessments/safety procedures can be obtained from the Health and Safety Advisor and the Health & Safety intranet website.

9 RISK CONTROL MEASURES

Lifts installations within healthcare premises are varied, these will most commonly be passenger carrying lifts but there may also be lifts just for the transportation of mobility impaired persons and/or lifts just for the transportation of goods.

Passenger carrying lifts are typically defined as General Passenger Lifts, Trolley/ Stretcher Lifts, Bed Lifts, Goods Lifts and Housekeeping Lifts.

Lifts just for the transportation of mobility impaired persons are typically defined as Lifting Platforms (that travel vertically) or Platform (Wheelchair) Stair Lifts.

Lifts just for the transportation of goods are typically defined as Service Lifts (HTM 08-02 definition) but may also be referred to as Goods-only Lifts by the wider lift industry.

9.1 New Passenger Carrying Lift Equipment

Passenger Carrying Lifts: Passenger carrying lifts must be in accordance with The Lift Regulations which is normally achieved through compliance with the BS EN 81series of documents for lift equipment.

All new equipment should also meet Health Technical Memorandum 08-02 Lifts where relevant to the lift and its function/environment, refer to heading 'Compliance with Health Technical Memorandum 08-02 Lifts' below.

The following additional compliances will be required:

- BS EN 81-28 – Remote Alarms
- BS EN 81-58 – Landing Doors Fire Resistance as appropriate.
- BS EN 81-70 – Accessibility to lifts for persons including persons with disability

Equipment prone to vandalism should be in accordance with BS EN 81-71, which provides categories of compliance depending on the level of vandalism anticipated.

[Note: HTM 08-02 does imply some minimum levels of conformity to BS EN 81-71.]

Equipment required for fire service use, e.g., Firefighters Lifts, should be in accordance with BS EN 81-72 and BS 9999; all other equipment should be in accordance with BS EN 81-73.

Equipment required for evacuation use, e.g., Escape Lifts, should be in accordance with BS 9999 and Health Technical Memorandum 05-03: Operational Provisions Part E – Escape Lifts in Healthcare Premises.

New equipment being installed in existing buildings may use BS EN 81-21 to verify conformity where dimensional constraints exist due to the built environment.

9.2 Service and Goods-only Lifts

Service Lifts and Goods-only Lifts must be in accordance with The Supply of Machinery (Safety) Regulations which is normally achieved through compliance with BS EN 81-3 or BS EN 81-31; or through the provision of type examined equipment.

All equipment should also meet Health Technical Memorandum 08-02 Lifts where relevant to the lift and its function / environment, refer to heading “Compliance with Health Technical Memorandum 08-02 Lifts” below.

9.3 Lifting Platforms and Platform (Wheelchair) Stairlifts

Lifting Platforms and Platform (Wheelchair) Stairlifts must be in accordance with The Supply of Machinery (Safety) Regulations.

Lifting Platforms (that travel vertically) must be in accordance with The Supply of Machinery (Safety) Regulations which is normally achieved through compliance with BS 6440 for non- or partial-enclosed lifts, or BS EN 81-41 for enclosed lifts.

All equipment should also meet Health Technical Memorandum 08-02 Lifts.

9.4 Upgrading and Modernisation

Upgrades should be identified on a risk assessment basis in accordance with BS EN 81-80.

Upgrading and modernisation works must be executed in accordance with BS EN 81-80, BS 5655-11 for electric traction lifts or BS 5655-12 for hydraulic lifts.

All upgrading and modernisation should also meet Health Technical Memorandum 08-02 Lifts where relevant to the lift and its function / environment. Refer to heading 'Compliance with Health Technical Memorandum 08-02 Lifts' below.

Accessibility improvements should be in accordance with BS EN 81-82.

Equipment required for fire service use, should be upgraded in accordance with BS 8899 subject to fire risk assessment of the whole environment.

Equipment required for evacuation use, should be upgraded in accordance with BS 8899 subject to fire risk assessment of the whole environment. Health Technical Memorandum 05-03: Operational Provisions Part E – Escape Lifts in Healthcare Premises should also be considered.

9.5 Compliance with Health Technical Memorandum 08-02 Lifts

Health Technical Memorandum 08-02 Lifts contains sections that apply to various lift types, functions, and environments. Any proposed deviation should be declared complete with justification for approval by an appropriate representative of the Trust.

9.6 Maintenance

Lifts maintenance is a statutory duty and is essential to ensure safety to all persons within the Trust's properties and for continuity of patient care.

Lift maintenance is carried out primarily to ensure safe operation and, reliable operation during the life of the equipment. It divides into the following elements:

- Regular Checks
- Preventative Maintenance
- Maintenance Audits
- Repairs

Maintenance should be undertaken in accordance with BS 7255, the respective Health Technical Memorandum 08-02 Lifts, and the original equipment manufacturer's instructions.

In accordance with Health Technical Memorandum 08-02 Lifts:

- a) Preventative Maintenance should be carried out each calendar month (12 per year) by the Competent Person (Lifts).

[Note: At the Trust's discretion, it may be suitable for some lifts to have increased intervals between preventative maintenance inspections.]

- b) Maintenance Audits should be carried out annually by the Authorising Engineer (Lifts), or a third party appointed by the Authorising Engineer.

- c) Verification and certification of fire service use lift and evacuation (escape) use lifts should be carried out annually by the Authorising Engineer (Lifts), or a third party appointed by the Authorising Engineer, in accordance with BS 8899.

It is recognised that:

- d) Preventative maintenance tasks frequently require a lift to be isolated; where there is no duplicated provision, a degree of inconvenience to patients, visitors and staff is inevitable.
- e) Where the inconvenience cannot be tolerated, e.g., for patient safety considerations, then maintenance tasks should be arranged outside normal business hours.
- f) Where the Lifts infrastructure has a degree of resilience, there are more opportunities to implement maintenance regimes without the inconvenience to patient services or services to staff and visitors.

It is policy of the Trust to assist the Maintenance Management Organisation(s) to undertake all maintenance activities, including those where service interruptions may be inevitable, e.g., during scheduled maintenance and Competent Persons inspection

9.7 Thorough Examinations

All lifts within the Trust's properties are subjected to a thorough examination by a Competent Person in accordance with the Lifting Operations and Lifting Equipment Regulations every 6 months. Service Lifts and Goods-only Lifts which will be every 12 months subject to a written scheme.

[Note: The Competent Person in this instance is that defined by the Lifting Operations and Lifting Equipment Regulations and not that defined by Health Technical Memorandum 08-02 Lifts.]

9.8 Written Examination Scheme

As an alternative to thorough examinations at statutory intervals, the Competent Person may draw up an 'Written examination scheme'. The scheme may specify periods which are different from the statutory intervals, but this must be based on a rigorous assessment of the risks. An examination scheme may be particularly appropriate for lifts which are used infrequently for light loads.

9.9 Actions following notification defects

The Competent Person (LOLER) is legally required to notify the lift owner as soon as possible following a thorough examination, of any defects which are, or could soon become, dangerous. Once notified of a serious or significant defect, the lift should immediately be taken out of use and the fault remedied. Failure to do so will be a breach of the law.

The Competent Person (LOLER) may also notify the lift owner of defects which need to be resolved within a certain timescale and they should be rectified within the specified time.

9.10 Documentation

The Competent Person (LOLER) is legally required to submit a written report of the thorough examination to the owner of the lift, normally within 28 days. If the Competent Person identifies a defect which presents an imminent risk of serious injury, they are legally required to send a copy of the report to the enforcing authority. Documentation should contain the following information:

- identify the equipment examined (serial No, make etc.), the employer and the premises.
- state the date of the last thorough inspection and specify when the next one should take place.
- specify the safe working load of the lift.
- give the reason for the thorough inspection.
- identify any defect which is or may become a danger to people.
- give the details of any repair, renewal or alteration required to remedy the defect and the date it should be completed.
- give details of any tests carried out.
- give details of the person carrying out the report and the person validating the report on their behalf.

9.11 Record Keeping

It is a legal requirement to ensure that reports of thorough examination are kept available for consideration by health and safety inspectors for at least two years or until the next report, whichever is longer. They may also be kept electronically provided a hard copy can be produced if required.

If a lift has been examined in accordance with an examination scheme, a written scheme for inspection must be produced as evidence to the enforcing authority. In the absence of such a scheme, the enforcing authority will assume that the lift is being examined at statutory intervals

9.12 Safe Systems of Work for Installation, Upgrade, Maintenance and Decommissioning

It is the policy of Trust to ensure that work or testing on Lifts is undertaken to afford safety to those who are directly involved in the work and those who may be affected by it e.g., staff, patients, and visitors.

To that end, each Maintenance Management Organisation or Contractor operating on behalf of the Trust is to ensure that a suitable and sufficient Safe System of Work (, risk

assessments and method statements) are always used in conjunction with any work or testing of Lifts in properties owned or leased by the Trust.

The Competent Persons employed by the Trust are expected to work under the Trust's permit to work system.

Health Technical Memorandum 00 Polices and Principles of Healthcare Engineering - gives comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare. A list of references, including legislation, is included within HTM00.

Health Technical Memorandum 08-02 provides guidance for the design, installation, commissioning, operation, and maintenance of Lifts within healthcare premises.

Health Technical Memorandum 06-02 Electricity Safety Guidance for Low Voltage Systems gives operational guidance on electrical safety requirements for low voltage systems (up to 1 kV) in healthcare premises including management, the professional and operational structure, safety procedures, testing, equipment, and records.

The Guidance within HTM06-02 is intended to assist in meeting the requirements of the Electricity at Work Regulations 1989, which detail the precautions to be taken against risk of death or personal injury from electricity in work activities.

Any Maintenance Management Organisation or Contractor operating on behalf of the Trust is to ensure that, if not working to the above Health Technical Memorandums that their chosen safe system of work is fully compliant with the Health and Safety at Work etc. Act 1974, the Lifts Regulations 2016, BS 7255, and the Electricity at Work Regulations 1989.

9.13 Emergency Release of Trapped Passengers

Provision shall be made for the release of trapped passengers from lifts within premises owned by the Trust, utilised by the Trust, or leased to other organisations by the Trust.

Release procedure shall be undertaken by Lift Release Wardens, which may be provided by the Trust or the Maintenance Management Organisation(s); sufficient Lift Release Wardens shall always be available to provide an effective response.

Whilst typical instructions are provided in Health Technical Memorandum 08-02 Lifts Appendices E, F and G; Lift Release Wardens shall be trained (or have training refreshed) on an annual basis and original equipment manufacturer's instructions shall also be followed.

9.14 Control of Contractors

Where the Trust has managerial responsibility for the day-to-day operation and maintenance of the lift(s), it will be the responsibility of the Trust to control the activities of contractors in accordance with Trust Control of Contractors Policy and local procedures and

in accordance with Health and Safety Executive publications HSG159 'Managing Contractors' or by means of a suitable and sufficient procedure.

9.15 Irregular Running and Equipment Breakdown

Events of irregular running, and equipment breakdown shall be reported to the Trusts helpdesk facility quoting the lift identification number.

In accordance with Health Technical Memorandum 08-02 Lifts, the lift identification should be stated in the lift car and at all landings.

9.16 Incidents

Events of passenger entrapment (including because of equipment breakdown) or any safety related incident shall be reported to Trusts' helpdesk facility and recorded in the Trust's Datix incident reporting system, in both instances quoting the lift identification.

The system shall ensure that the Trust Senior Operational Manager and Authorised Person (Lifts) are notified for investigation and inclusion in a register. The Authorising Engineer (Lifts) will review these incidents as part of the audit regime.

9.17 Dangerous Occurrence

Any Dangerous Occurrence in Trust premises (as defined by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) is to be notified to the Trust's incident reporting system, the Designated Person, the Authorising Engineer (Lifts) and the Authorised Person (Lifts).

In such circumstances the Health and Safety Team must be contacted by the relevant organisation in control of the hazard, to inform of a notification to the Health and Safety Executive, or where responsibility is unclear to agree responsibility for notifying the Health and Safety Executive. The incident is to be investigated by the Authorising Engineer / Independent Advisor who will submit a report to the Designated Person.

9.18 Audits and Action Plans

Authorising Engineer (Lifts) must carry out the following audits at least annually:

Compliance Audit (also referred to as Management Systems audit):

Authorising Engineers are to carry out a compliance audit at each establishment for which they are appointed at a maximum of 12-monthly intervals, in accordance with the Estates & Facilities IA Audit Brief and template. This should be an audit of the lift management system

and include review of the procedures and records of the AP(Lifts). Scoring of risk must be done in accordance with MFT's Risk Matrix.

Lift Maintenance Audit (HTM 08-02: 10.36) (also referred to as Lift Condition Survey)

This should comprise:

- a) physical check of maintenance work (includes assessment of housekeeping, lubrication, replacement/repair, adjustments).
- b) measurement of operating times (includes individual door-operating times, flight times, performance times and cycle times against an agreed schedule) subjective evaluation of lift ride quality and general appearance.
- c) identification of any works required under health and safety legislation.
- d) identification of any works completed under health and safety legislation.

The AE may commission a competent third party, to carry out the Lift Maintenance Audit.

The Trust Wide Lifts Management Policy must be read in conjunction with Health Technical Memoranda 00 and 08-02 to fully understand the roles and responsibilities.

The focal point Authorised Person in consultation with the Authorising Engineer is to prepare an action plan to implement any recommendations from the Audit report. The action plan is to be prepared within 28 days of receipt of the audit report and is to include the action to be taken, the name of the Authorised Person who will carry out the action, and the target date for completion. The Authorising Engineer (Lifts) is to copy the action plan to the Designated Person.

10 TRAINING/SUPPORT

Please note: The Standard Training Needs Analysis (TNA) – The training requirements of staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead.

DBTH will ensure that all employees concerned with work activities are adequately informed of the systems, plant and equipment which are affected, and will be instructed in all necessary safety procedures.

The Authorised Person (Lifts) is also responsible for overseeing the annual training exercises involving Lift Release Wardens and assisting the Designated Person in ensuring sufficient personnel are trained and available at all times for the rescue of passengers who may become trapped in lifts.

Refer to [Appendix 2](#) for basic procedures for release of trapped passengers from lifts.

Training in the use of equipment will be by the Authorised Person (Lifts) and by the site Fire Safety Advisor in relation to the emergency evacuation duties. This training (where applicable) should take into account the description of the operation of the lift and its features as described in the lift owner's manual provided for each new lift (see Health Technical Memorandum 05-03 Part E – 'Escape lifts' for full details).

So far as is reasonably practicable, that persons who are not employees but may be affected by the work activities also receive adequate information and instruction.

Training records for all estates staff with regard to lift systems will be maintained and updated by the Authorised Person. Refresher training will be undertaken for the Authorised Person on a 3 yearly cycle (or other suitably agreed period with the AE).

A copy of the training records will be held locally on site in the LIFT Operational Procedure manual (OPM) and included on the Trust training register/CMS system.

Before appointment, a maintenance contractor should be able to demonstrate their competence and awareness of changes to legislation etc. and provide details of their training programmes and continuous professional development (CPD) arrangements relating to staff working on the contract. This should include competence to work on lifts installed by other lift companies.

Fixed and Mobile Patient Hoists and Accessories

No responsibility for fixed or mobile Hoists are covered in this policy, please reference the current versions of the Medical Devices Management and Training Policy.

11 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

The Head of Compliance is responsible for monitoring compliance with the Trust Wide Lift Management and Lifting Equipment Policy.

This will be completed annually and reported to the Designated Person. The following will be monitored for compliance by means of a formal review:

- a) The implementation and effectiveness of the Lifts Safe System of Work used to control the danger - including the closure of Corrective Actions as detailed within the Authorising Engineer's (Lifts) Audit Report.
- b) The implementation and effectiveness of the Planned Preventative and Reactive Maintenance regimes including correction of defects identified during maintenance inspections.

Any shortfalls identified will have an action plan put in place which will have timescales included for re-audit / monitoring.

Consultation and Communication with Stakeholders: The main stakeholders of this policy are users, including staff, patients and public the Estates and Facilities Division and its Contractors and advisors.

Approval and Ratification Process: The Trust's Estates & Facilities Management Board will ratify this policy after approval by the Group Lift Committee.

Dissemination and Implementation: When ratified the policy will be circulated to the Divisional Managers; Estates and Facilities; PFI Management Organisations and will be posted onto the Trust intranet site.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where reported to
Other Lifts and Lifting Equipment			
Informal inspections by Director of Estates & Facilities as part of the Health & Safety inspections.	Estates & Facilities Governance Group	Ad Hoc	

12 DEFINITIONS

- **Trust:** Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust – 3 sites- Doncaster Royal Infirmary, Bassetlaw Hospital, Montagu Hospital.
- **Contractor:** Any non-Trust employee (including self-employed persons) who have been employed by the Trust to provide a service to the Trust.
- Contractors include those carrying out maintenance; repair; installations; construction; or demolition to the building fabric or service.
- **AE:** Authorising Engineer.
- **IA:** Independent Advisor.
- **DP:** Designated Person.
- **SOM:** Senior Operational Manager.
- **AP(LIFTS):** Authorised Person (Lifts).
- **HTM:** Health Technical Memorandum
- **LOLER:** Lifting Operations and Lifting Equipment Regulations.
- **PUWER:** Provision and Use of Work Equipment Regulations.
- **HSWA:** Health and Safety at Work etc. Act.
- **MHSWR:** Management of Health and Safety at Work Regulations.
- **RAMS:** Risk Assessment & Method Statement.
- **RIDDOR:** Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.
- **Off Campus Properties:** All properties not on campus or main hospital sites (including any temporary facilities).

Lifting equipment is defined as equipment used for lifting and lowering loads. This includes the attachments used for anchoring, fixing, or supporting the equipment plus the lifting accessories attaching the load to the machine as well as the equipment which carries out the actual lifting function.

The regulations cover a wide range of equipment including cranes, forklift trucks, lifts, hoists, mobile elevating work, platforms, and vehicle inspection platform hoists. Lifting accessories such as chains, slings, eyebolts etc are also included under the regulations.

Examples of the types of lifting equipment and lifting operations covered in this policy include:

- Passenger lifts.
- Dumb waiter.
- Ropes used for climbing or work positioning during arboriculture or structural examination of a rock face or external structure of a building.
- Vehicle tail lifts.
- Chain & tackle equipment used in workshops etc.
- Goods lifts.
- Ropes and Slings for engineering lifting.
- Mechanical boom man lift.

13 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population, and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation, or religious belief. No detriment was identified. ([See Appendix 3](#))

14 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

[CORP/HSFS 1](#) - Health and Safety Policy

[CORP/HSFS 4](#) - Manual Handling Policy

[CORP/HSFS 30](#) - Management of Contractors Policy and Procedures

[CORP/RISK 33](#) - Incident Management Policy

[CORP/HSFS 17 A](#) - Waste Management Policy

[CORP/RISK 30](#) - Risk Identification, Assessment and Management Policy

15 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016).

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/uk-data-protection-legislation-eu-general-data-protection-regulation-gdpr/>

16 REFERENCES

This policy takes due account of current known legislation, best practice, and guidance. Specifically: -

- Health and Safety at Work etc. Act.
- Lifting Operations and Lifting Equipment Regulations.
- The Supply of Machinery (Safety) Regulations.
- The Equality Act.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.
- The Lifts Regulations.
- Health Technical Memorandum 00 Policies and Principles of Healthcare Engineering.
- Health Technical Memorandum 08-02 Lifts.
- Health Technical Memorandum 05-03: Operational Provisions Part E – Escape Lifts in Healthcare Premises.

Other statutory regulations as detailed with HTM 00, HTM 06-02, HTM 05-03 Part E:

- BS EN 81-20:2104 – Safety rules for the construction and installation of lifts. Lifts for the transport of persons and goods. Part 20: Passenger and goods passenger lifts.
- BS EN 81-21:2018 – Safety rules for the construction and installation of lifts. Lifts for the transport of persons and goods. New passenger and goods passenger lifts in existing building.
- BS EN 81-28:2018 – Safety rules for the construction and installation of lifts. Lifts for the transport of persons and goods. Remote alarms on passenger and goods passenger lifts.
- BS EN 81-41:2010 – Safety rules for the construction and installation of lifts. Special lifts for the transport of persons and goods. Vertical lifting platforms intended for use by persons with impaired mobility.
- BS EN 81-50:2014 – Safety rules for the construction and installation of lifts. Examinations and tests. Part 50: Design rules, calculations, examinations, and tests of lift components.
- BS EN 81-58:2018 – Safety rules for the construction and installation of lifts. Examination and tests. Landing doors fire resistance test.
- BS EN 81-70:2018 – Safety rules for the construction and installation of lifts. Particular applications for passenger and goods passenger lift. Accessibility to lifts for persons including persons with disability.
- BS EN 81-71:2005 – Safety rules for the construction and installation of lifts. Particular applications to passenger lifts and goods passenger lifts. Vandal resistant lifts.
- BS EN 81-72:2015 - Safety rules for the construction and installation of lifts. Applications for passenger and goods passenger lifts. Firefighters' lifts.

- BS EN 81-73:2016 – Safety rules for the construction and installation of lifts. Applications for passenger and goods passenger lifts. Part 73: Behaviour of lifts in the event of fire.
- BS EN 81-80:2019 – Safety rules for the construction and installation of lifts. Part 80: Rules for the improvement of safety of existing passenger and goods passenger lifts.
- BS EN 81-82:2013 – Safety rules for the construction and installation of lifts. Existing lifts. Rules for the improvement of the accessibility of existing lifts for persons including persons with disability.
- BS 5655-11:2005 – Lifts and service lifts. Code of practice for the undertaking of modifications to existing electric lifts.
- BS 5655-12:2005 – Lifts and service lifts. Code of practice for the undertaking of modifications to existing hydraulic lifts.
- BS 6440:2011 – Powered vertical lifting platforms having non-enclosed or partially enclosed lift ways intended for use by persons with impaired mobility.
- BS 8899:2016 – Improvement of firefighting and evacuation provisions in existing lifts. Code of practice.
- BS 9999:2017 – Code of practice for fire safety in the design, management, and use of buildings.

The following legislation and guidance are referenced here as a means of legal and moral compliance:

The Health and Safety at Work etc. Act: The HSWA places obligations on employers to ensure, so far as is reasonably practicable, the health, safety, and welfare at work of employees including the provision and maintenance of plant and systems of work are safe and without risk to health.

Management of Health and Safety at Work Regulations: The MHSWR fall under the umbrella of the HSWA and requires suitable and sufficient risk assessments and safe systems of work to be made for every aspect of the work to be undertaken.

Provision and Use of Work Equipment Regulations (PUWER): PUWER implements the general non-lifting requirements of the Directive and replaces the Provision and Use of Work Equipment Regulations 1992 in their entirety. PUWER applies to all work equipment, including lifting equipment.

Lifting Operations and Lifting Equipment Regulations (LOLER): The regulations apply to all lifting equipment used in the workplace, whether it is used to lift loads or people. All sectors of industry are affected by LOLER.

HTM 00: Policies and Principles of Healthcare Engineering, HTM 08-02 Lifts and HTM 05-03: Operational Provisions Part E – Escape Lifts in Healthcare Premises:

Health Technical Memoranda (HTM's) give comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare.

In addition, the following legislation and guidance also applies:

- The Supply of Machinery (Safety) Regulations.
- The Equality Act.

- The Lifts Regulations.
- Health Technical Memorandum 00 00 Policies and Principles of Healthcare Engineering.
- Health Technical Memorandum 08-02 Lifts.
- Health Technical Memorandum 05-03 Operational Provisions Part E – Escape Lifts in Healthcare Premises.
- Other statutory regulations as detailed with HTM 00, HTM 06-02, HTM 05-03 Part E and HTM 08-02.

APPENDIX 1 – PROFESSIONAL STRUCTURE

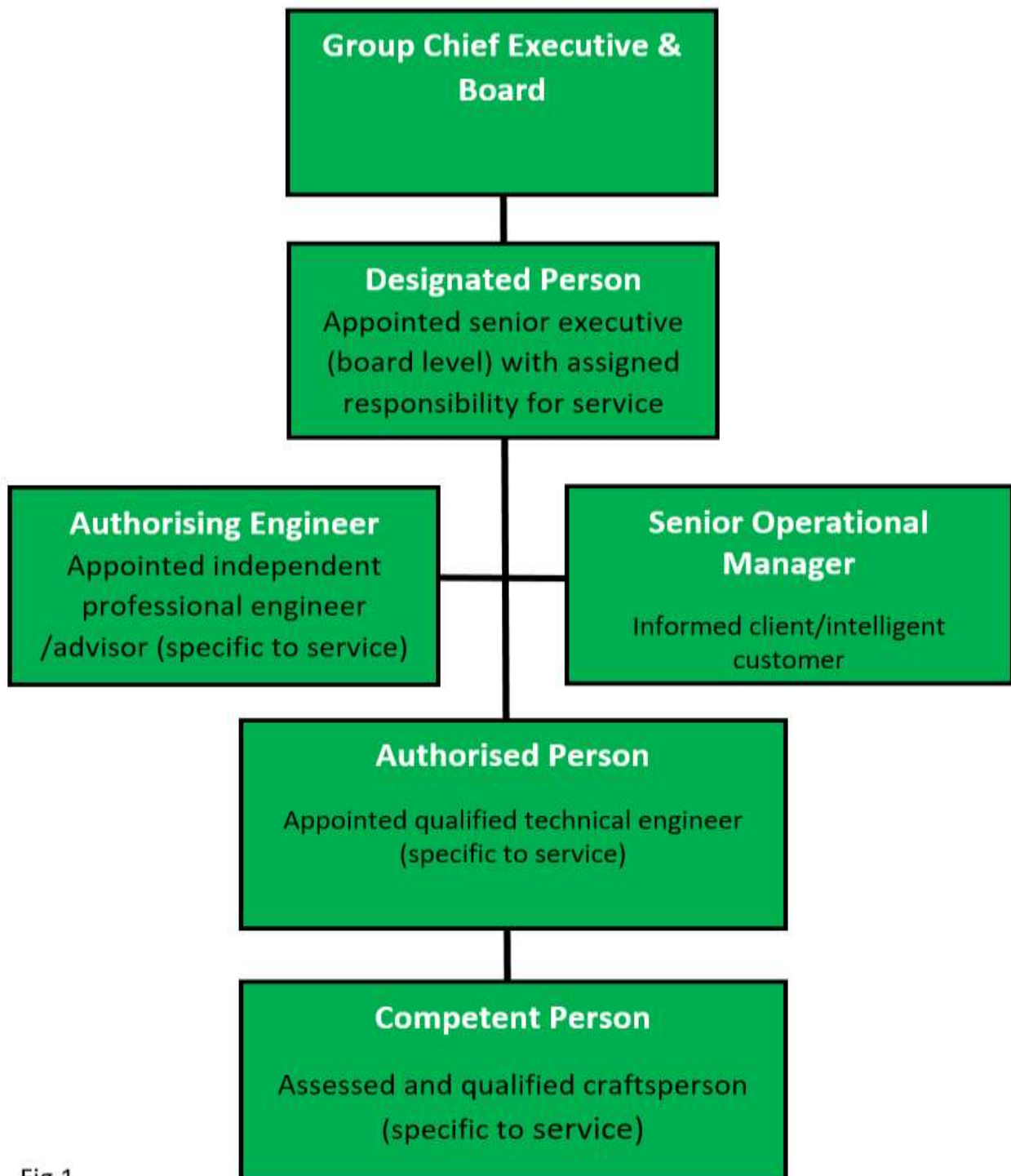
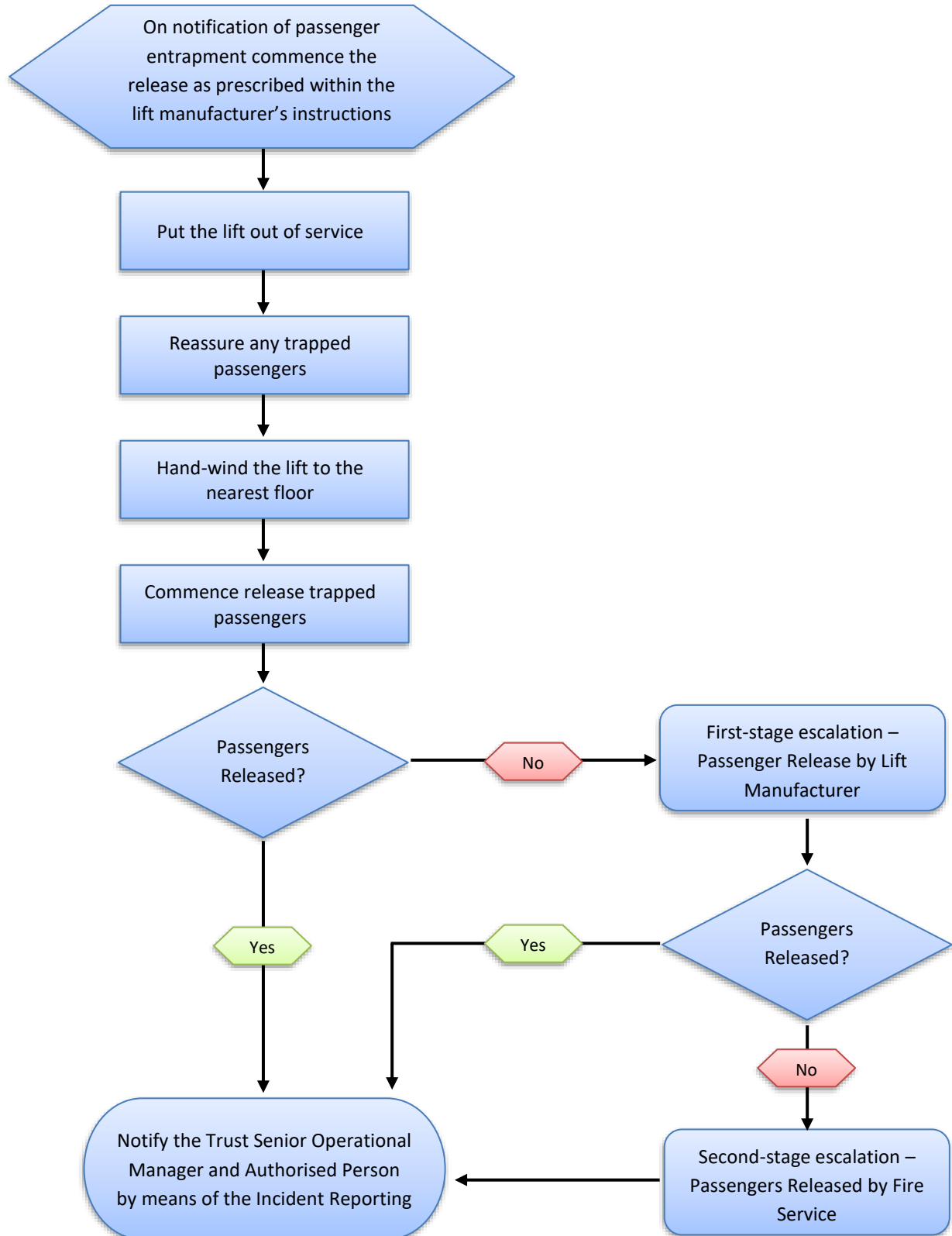


Fig 1

Professional Structure – Adapted from Health Technical Memorandum 00: Policies and principles of healthcare engineering (2014 Edition)

APPENDIX 2 – PROCEDURE FOR RELEASE OF TRAPPED PASSENGERS FROM LIFTS



APPENDIX 3 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Lift Management and Lifting Equipment Policy	Estates and Facilities	Vic McSweeney	New	Apr 2023
1) Who is responsible for this policy? Name of Division/Directorate: Estates and Facilities				
2) Describe the purpose of the service / function / policy / project/ strategy? Who is it intended to benefit? What are the intended outcomes? All Trust Staff. The Trust must follow the principles and recommendations of the relevant legislation, to ensure compliance with the lifting Operations and lifting Equipment Regulations (LOLER) and Provision of Use of work Equipment Regulations (PUWER).				
3) Are there any associated objectives? Legislation, targets national expectation, standards: ACoP's and the HTM for Lifts (HTM 08-02)				
4) What factors contribute or detract from achieving intended outcomes? – Trust staff awareness				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] - No				
<ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact [e.g., Monitoring, consultation] – N/A 				
6) Is there any scope for new measures which would promote equality? [any actions to be taken] – N/A				
7) Are any of the following groups adversely affected by the policy? - No				
Protected Characteristics		Affected?	Impact	
a) Age		No		
b) Disability		No		
c) Gender		No		
d) Gender Reassignment		No		
e) Marriage/Civil Partnership		No		
f) Maternity/Pregnancy		No		
g) Race		No		
h) Religion/Belief		No		
i) Sexual Orientation		No		
8) Provide the Equality Rating of the service / function / policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27.</i>				
Date for next review: Apr 2026				
Checked by: Vic McSweeney			Date: Apr 2023	