Public – To be published on the Trust external website

Title: Passenger and Goods Lift Policy

Ref: HS-0022-v1

Status: Ratified
Document type: Policy

Contents

1 Introduction

The Health and Safety at Work Act 1974 puts a duty of care upon both employer and employee to ensure the safety of all patients, staff and visitors whist using Trust premises.

The Trust recognises 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 Regulation 1998 (LOLER), Provision and Use of work equipment regulations 1998 (PUWER) so as to minimise the risk of injury to patients, staff and general public.

2 Why we need this policy

2.1 Purpose

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).

2.2 Objectives

To ensure that lifting operations throughout the Trust are carried out safely at all times, and that this can be evidenced through adequate processes and documentation. Following the principles and recommendations the relevant legislation, Approved Codes of Practice (ACoP's) and the Health Technical Memorandums (HTMs) will ensure that:

- The Trust fulfils its legal and legislative duties.
- The Trust shall ensure that personnel dealing with lifts are suitably trained and qualified.
- All the Trust lift installations shall comply with all current safety requirements and legislative requirements.
- All lifts owned and operated by the Trust and its partners, shall be inspected and maintained in accordance with current legislative requirements and current best practice
- HTM 08-02 is utilised as the basis of the Trust's Safe System of Work
- Comply with the statutory guidance as set out in BS7255, BSEN 13015, BSEN 81-80, PUWER, MHSWR & LOLER

3 Scope

3.1 Who this policy applies to

This policy applies to all Trust premises that are used and/or operated by Tees, Esk and Wear Valleys NHS Foundation Trust staff, patients, visitors, contractors and general public.

3.2 Roles and responsibilities

Role	Responsibility
Chief Executive	Chief Executive has overall responsibility for ensuring that the Trust's premises comply with all statutory requirements and also has an overriding duty of care as the duty holder under the HASWA 1974. This responsibility can be delegated to the Director of Estates within the Trust. To help with such responsibility, the Authorised Person(s) will help with the day-to-day management and control of the Passenger and Goods Lift Policy.
Director of Estates, Facilities & Capital	• The Director of Estates is classed as the nominated Designated Person and will provide a link with the Trust Board and the Compliance and Assurance Group to ensure that appropriate management systems are put into place to address lift safety issues and ensure compliance with legislation within the Trust. • The Director of Estates will oversee the management arrangements and advise the Trust Board accordingly and ensure that the Trust's risk register is maintained with regard to lift safety management. • The Director of Estates will appoint, in writing, an Authorising Engineer to implement, administer and monitor the safety arrangements for passenger and goods lifts. • The Director of Estates will review the appointment of the Authorising Engineer on an annual basis. • Where appropriate, The Director of Estates will seek advice from the Authorising Engineer and the Trust Health Safety and Risk Lead to ensure the Trust meets its statutory obligations for the control and management arrangements for lift safety.

	• The Director of Estates will agree any deviation from HTM 08 • The Director of Estates will ensure that sufficient resources are made available to the Estates Directorate to comply with their duties outlined in this policy.
Deputy Director of Estates and Facilities	• Delegated responsibility for implementing arrangements for statutory compliance in respect of all engineering services and ensuring suitably qualified persons are in place to assess and advise the Trust on all aspects of lift Safety. This person will act as a Senior Operational Manager. • The Senior Operational Manager is responsible for ensuring that the Authorised persons have the ability to fulfil their duties as Authorised Persons under HTM 08
Authorising Engineer	• The Authorising Engineer will be an independent appointee to the Trust, reporting directly to the Designated Person. They will hold Authorising Engineer qualifications in line with HTM 08. • The Authorising Engineer will be responsible for implementing, administering and monitoring the implementation of HTM 08. The Authorising Engineer will: • Assess and recommend, in writing, an appropriate number of Authorised Persons. • Define the exact area of responsibility for each Authorised person and may remove an Authorised Person from their post if appropriate. • Audit compliance of the Trust against HTM 08 and produce an Action Plan for completion by the Trust, and review progress of the Action Plan. • Co-ordinate the investigation of serious incidents relating to a passenger or goods lift.
Authorised Person	• The authorised person is to be appointed in writing by the Director of Estates, Facilities and Capital following

	recommendation by the Authorising Engineer, for a period of up to three years The authorised person will be responsible for: • Ensuring a master inventory or register of lifts is maintained and kept up to date. • Ensuring contracts are in place for the service, maintenance and repair of lifts and LOLER inspections of lifts at the requisite intervals by organisations with the correct level of competency. • Ensuring documentation of servicing, maintenance, repairs and statutory inspections are maintained and available. • Ensuring statutory thorough examinations of lifts are undertaken at statutory intervals or an appropriate written scheme. • Ensure sufficient Lift Release Wardens are appointed including initial and refresher training annually. • To manage and maintain lifts as outlined within this policy and Health Technical Memorandum 08-02 Lifts.
Competent Person (Service)	The Competent Person Lifts (Service) will be appointed by the Trust to service, maintain and repair lift installations as part of a contract including timely issue of repots to the Trust. The Competent Person Lifts (Service) will be responsible for: • Ensuring lifts are serviced and maintained in accordance with statutory requirements. • Identification and notification of works required including timely issue of defect repots and timescale to affect repairs. • Responding to lift breakdowns and lift entrapments in agreed time scale.
Competent Person (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). Competent Person Lifts (LOLER) will be responsible for:

	• Undertake statutory thorough examinations of lifts at statutory intervals or following an appropriate written scheme. • Identifying and informing the Trust of any remedial works required including a timescale and dependent upon defect whether the lift concerned can remain in service. • Notify the relevant Authorised Person (Lifts) of any lifts deemed dangerous and requiring removal from service including provision of report.
Lift Steward	Lift Steward (Maintenance Personnel) will be nominated by the Authorised Person (Lifts) and trained to carry out regular periodic monitoring checks of the lifts to ensure they remain operational and functional.
Lift Release Warden	Lift Release Wardens are responsible for the safe release, where possible, of trapped passengers from lifts. Lift Release Wardens will be appointed by the Authorised Person (Lifts) to carry out lift release on those lifts they have been successfully trained on. Lift Release Wardens will receive formal training very three years with annual refresher training via the Authorised Person (Lifts). Sufficient numbers of Lift Release Wardens shall be available at all times to enable safe release of trapped passengers from all types the within Trust premises.
Lift Safety Group	• The Lift Safety Group (LSG) is responsible for the coordination and oversight of lift safety management and risks. The meeting will be formally documented and report to the monthly DMT meeting. The Group will work to the Terms of Reference (TOR) which will be reviewed annually. • Detailed operational issues will be discussed at the monthly Lift Safety Working Group, led by the relevant Authorised Person. Relevant operational issues will be escalated to the Trust Lift Safety Group.

4 Policy – General Requirements

The prime objective is to create a safe working environment that ensures all lifting activities in Trust premises are carried out safely at all times.

Lift installations shall be installed, operated and maintained in accordance with statutory requirements and Health Technical Memorandum 08-02 lifts, which is adopted as the basis of the Trust's Safe System of Work.

An effective maintenance regime shall be implemented and managed to take into account both reactive and planned preventative maintenance tasks including retentions of records.

Maintenance inspections and checks are to be undertaken at prescribed intervals in accordance with Health Technical Memorandum 08-02 lifts and manufacturer and installation instructions.

Regular simple weekly checks shall be carried out by suitably trained Lift Steward / Maintenance Personnel including issue and retention of records to satisfy the requirements for regular checks as laid down within Health Technical Memorandum 08-02 lifts.

Compliance audits shall be undertaken by Authorising Engineer (Lifts) and Authorised Person (Lifts) to ensure lifts are suitably maintained in accordance with Health Technical Memorandum 08-02 lifts and statutory requirements including retention of records.

Lift breakdowns, failures and dangerous occurrences including entrapments must be reported to the Authorised Person (Lifts) and recorded on the Trusts incident recording and reporting system. Authorising Engineer (Lifts) will review these incidents as part of the compliance audit regime.

Provision and process shall be implemented for the safe release of trapped passengers from lifts with attendance by Lift Release Wardens within one hour following receipt of notification of entrapment. The affected lift will be put out of service and not returned to service until it has been examined by the Competent Person Lifts (Service).

On notification of defective lift, the Competent Person Lifts (Service) shall be engaged to be on site within one hour of receiving the notification.

5 Definitions

Term	Definition
Passenger Lift	• A lift primarily used to carry general passenger traffic, including standing passengers and passengers using mobility aids such as wheelchairs.
Goods Lift	• A lift for moving conventional goods and dirty items (for example furniture, equipment, building materials, equipment maintenance supplies, waste etc). Excluding the carrying of any passengers at all – a Goods lift is purely for goods only.

6 Related documents

- The Trusts Health and Safety Policy (HS-0001)
- Fire Safety Policy (HS-0008)
- Provision and use of Work Equipment Regulations (PUWER) Procedure (HS-0001-024)
- RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) Procedure (HS-0001-018)

7 How this policy will be implemented

• This policy will be published on the Trust's intranet and website

• Line managers will disseminate this policy to all Trust employees through a line management briefing.

7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Authorising Engineer (Lifts)	Authorising Engineer (Lifts) Training Authorised Person Lift Management Training	3 days 3 days	3 years 3 years
Authorised Person (Lifts)	Authorised Person Lift Management Training	5 days	3 years
Lift Release Warden	Initial and Refresher Training	As required	Annually
Competent Person (Lifts)	Competent Person Lift Maintenance Training	5 days	3 years

8 How the implementation of this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Audit carried out by AE (Lifts) of the lift safety procedures implemented across Trust sites and external properties to assess compliance with relevant legislation and HTM documents	Frequency = Annually Method = Physical audit by externally appointed Authorising Engineer (Lifts) which will produce and action plan Responsible = Authorised Person (Lifts)	Lift Safety Group (LSG) and Directorate Management Team Meeting (DMT)
2	Training, competence and appointments including authorising engineer, authorised persons and competent persons in-date training	Frequency = Quarterly Method = Report on compliance with requirements with summary/exception report Responsible = Authorised Person (Lifts)	Lift Working Group by exception report to the Lift Safety Group

3	Annual compliance review detailing: Passenger and Goods Lift Policy. Review of the risk register. Lift Safety Group TOR. Review/action of safety alerts. Frequency of Lift Safety Group	Frequency = Annual Method = Audit/review report on compliance with the requirements listed in the executive summary Responsible = Senior Operational Manager (or delegate)	Lift Safety Group and Directorate Management Team Meeting

9 References

Health and Safety at Work etc Act 1974
Health Technical Memorandum 08-02 Lifts 2016 edition
Health Technical Memorandum 06-02 Electrical Safety Guidance for Low Voltage Systems
Lift Regulations 2016
Health Technical Memorandum 00 - Policies and principles of healthcare engineering
BS 7255:2012 Code of Practice for Safe Working on Lifts
Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
Provision and Use of Work Equipment Regulations 1998 (PUWER)
Acts, Regulations and Guidance as detailed within HTM 08-02 Lifts
Reporting of injuries, diseases and dangerous occurrences 2013

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	07 July 2026
Next review date	07 July 2029
This document replaces	Not Applicable – New Document
This document was approved	Lift Safety Group - 08 October 2025 Estates and Facilities Management Directorate Management Team - 12 November 2025 Health and Safety, Security and Fire Group - 18 November 2025
This document was ratified by	Executive Directors Group
This document was ratified	07 July 2026
An equality analysis was completed on this policy on	05 September 2025
Document type	Public
FOI Clause (Private documents only)	Not Applicable

Change record

Version	Date	Amendment details	Status
1	07 July 2026	New document	Ratified

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The Equality Impact Assessment Policy and Equality Impact Assessment Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Estates and Facilities Management
Title	Passenger and Goods Lift Policy HS-0022-v1
Type	Policy
Geographical area covered	Trust Wide
Aims and objectives	This policy aims to ensure lift installations are constructed and maintained so as to prevent danger to patients, staff and general public whilst on Trust premises by implementing the duties and responsibilities as set out in Health Technical Memorandum 08-02 Lift 2016 edition and statutory and authoritative industry guidance.
Start date of Equality Analysis Screening	May 2025
End date of Equality Analysis Screening	May 2025

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Patients, staff, visitors and facilities management provider
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	• **Race** (including Gypsy and Traveller) **NO** • **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** • **Sex** (Men and women) **NO** • **Gender reassignment** (Transgender and gender identity) **NO** • **Sexual Orientation** (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) **NO** • **Age** (includes, young people, older people – people of all ages) **NO** • **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO** • **Pregnancy and Maternity** (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) **NO** • **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** • **Armed Forces** (includes serving armed forces personnel, reservists, veterans and their families) **NO** • **Human Rights Implications NO** (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	None
Describe any positive impacts / Human Rights Implications	By implementing this policy, we will ensure lift installations are constructed and maintained so as to prevent danger to patients, staff and general public whilst on Trust premises by implementing the duties and responsibilities as set out in Health Technical Memorandum 08-02 Lift 2016 edition and statutory and authoritative industry guidance.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Identified in section 9 (References)
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No
If you answered Yes above, describe the engagement and involvement that has taken place	Not Applicable
If you answered No above, describe future plans that you may have to engage and involve people from different groups	Not Required

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	No additional (As described in section 7.1)
Describe any training needs for patients	Not Required
Describe any training needs for contractors or other outside agencies	No additional (As described in section 7.1)

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Yes	
Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2. Rationale		
Are reasons for development of the document stated?	Yes	
3. Development Process		
Are people involved in the development identified?	Yes	
Has relevant expertise has been sought/used?	Yes	
Is there evidence of consultation with stakeholders and users?	Yes	
Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4. Content		
Is the objective of the document clear?	Yes	
Is the target population clear and unambiguous?	Yes	
Are the intended outcomes described?	Yes	
Are the statements clear and unambiguous?	Yes	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Yes	
Are key references cited?	Yes	
Are supporting documents referenced?	Yes	

6. Training		
Have training needs been considered?	Yes	
Are training needs included in the document?	Yes	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Yes	
8. Equality analysis		
Has an equality analysis been completed for the document?	Yes	
Have Equality and Diversity reviewed and approved the equality analysis?	Yes	Approved 05/09/2025
9. Approval		
Does the document identify which committee/group will approve it?	Yes	
10. Publication		
Has the policy been reviewed for harm?	Yes	
Does the document identify whether it is private or public?	Yes	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	Not Applicable	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Yes	
Do all pictures and tables have meaningful alternative text?	Yes	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Not Applicable	