

**Lift Management and Maintenance Policy**

Date	Version
Oct 2016	V1.1

**Purpose**

To state the principles behind the management and maintenance of the vertical transportation equipment within the Trust.

To publish the replacement policy with regard to the Essential Health and Safety Requirements outlined in the Directive 95/16/EC (the Lift Directive) and other relevant legislation and guidance.

**Who should read this document?**

All in Site Services.

All Directorate, clinical, and departmental managers to ensure they have an awareness of how vertical transport in the Trust is intended to provide operational support to all departments.

**Key messages**

It is the intention of the Estates Department to provide comprehensive vertical transport facilities in all properties which have passenger or passenger/goods lifts fitted.

This policy details the following:

- Relevant legislation and regulations
- Professional roles and responsibilities
- Safe operation of lifts
- Mandatory examinations
- Maintenance principles
- Record keeping
- Emergency procedures
- Training of personnel

**Accountabilities**

<b>Production</b>	Authorised Persons (Lifts)
<b>Review and approval</b>	Health & Safety Committee
<b>Ratification</b>	Director of Planning & Site Services
<b>Dissemination</b>	Head of Estates Engineering
<b>Compliance</b>	Health & Safety Committee

### Links to other policies and procedures

Asbestos Policy  
Electrical Safety Policy  
Policy for the Safe Employment of Contractors  
Guidelines for the Infection Prevention and Control Input into Design, Construction and Renovation Projects  
Fire Safety and Arson Prevention Policy  
Health and Safety Policy  
COSHH Risk Assessment and Standard Operating Procedure  
Personal Protective Equipment (PPE) at Work Standard Operating Procedure  
Permit to Work System  
Release of trapped persons from a lift Standard Operating Procedure.

### Version History

V1	Aug 2014	John Stewart
V1.1	Oct 2016	John Stewart
Last Approval		Due for Review
October 2016		August 2019

*The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

**An electronic version of this document is available on Trust Documents**

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### Lift Policy

The Lift Policy states who has responsibility for compliance with the relevant legislation and regulations to produce safe vertical transportation throughout the Trust. It details how the mandatory examinations are managed, records maintained, emergency procedures implemented, training requirements assessed, and what control system has been used.

### What You Need to Know

The limited number of lifts within the hospital, coupled with an increase in lift use, has left the hospital vulnerable with respect to vertical transportation. Where possible, a system of management will be introduced to manage this vulnerability.

A system of use for the main bank of tower lifts, lifts 6 to 11, has been designed to promote patient dignity whilst maintaining the best operational service possible to the hospital. The remainder of the lifts in the hospital are either simplex lifts or duplex pairs of lifts.

All passenger lifts in the hospital main building will have an emergency call system. This is referred to as “blue light code” by the lift industry, but is called the “cardiac arrest” system by staff.

As lifts are refurbished, the Essential Health and Safety Requirements of the Lift Regulations and any other relevant legislation will be implemented as far as is reasonably practical. Specifically, but not limited to, EN 81 – 73, EN 81 – 1 +A3 and EN 81 – 20 after the 16<sup>th</sup> August 2017.

New lifts should be designed for continuous duty operation and with a minimum life expectancy of 20 years<sup>1</sup>. In the Plymouth Hospitals NHS Trust there will be an interim assessment by a lift professional at about the ½ life of the installation to assess what, if any, interim upgrades would be applicable. HTM 08 – 02 will be taken as the minimum standard with regard to the specific design considerations for lifts in healthcare buildings.

1. HTM 08 – 02 5-14

## **1 Introduction.**

The intention of the Estates Department (part of the Site Services Directorate) is to provide a safe means of vertical transportation within the Trust which will be designed to meet, as far as possible, the individual requirements of different user groups. Where the limited number of lifts makes it unlikely that every user group will be satisfied, then a hierarchical access system will be imposed to prioritise patient dignity and public safety.

## **2 Relevant legislation and regulations.**

This policy sets out the areas of responsibility both within the Estates Department and for the rest of the hospital with reference to the safe use of lifts. This policy has Trust wide relevance.

There are many pieces of legislation, regulation, and guidance that form the basis of this policy. These include, but are not limited to the following:

- The lift regulations 1997
- Lifting Operations and Lifting Equipment Regulations
- Provision and Use of Work Equipment Regulations
- Work at height regulations
- EC Lifts Directive 95/16/EC
- EC Machinery Directive 2006/42/EC
- Health and Safety at Work Act 1974
- Building Regulations
- Control of Substances Hazardous to Health (COSHH) Regulations 2002
- Confined Spaces Regulation 1997
- Health Technical Memorandums
- Health Building Notes
- CQC Regulations

The lift regulations require all new lifts to comply with the essential health and safety requirements which are listed in the BS EN 81 series of harmonised European standards and for all refurbished lifts to comply as far as is reasonably practical.

## **3 Professional roles and responsibilities**

The Trust is responsible for providing a safe, dignified and comfortable environment in which to care for and treat patients. It also needs to be a safe and comfortable environment for visitors and staff.

In order to manage and maintain the Estate, the Estates Department will carry out appropriate works to ensure a safe and comfortable environment, and where appropriate delegate work to general contractors, or specialist contractors to perform tasks or works as appropriate.

## **The functions of the Estates department are:**

- To provide and distribute heating, ventilation, lighting, power, gas, medical gases, water services and drainage
- To provide a comprehensive maintenance service to plant, equipment and buildings
- To carry out minor capital works
- To provide a fire advisory service
- To produce, maintain, review and enforce safe systems of work, policies and procedures described in this policy
- Ensures the estate is compliant with current legislation

## **Roles and responsibilities (as per HTM 08 – 02)**

### **Management.**

- Management is defined as the owner, occupier, employer, general manager, chief executive or other person in a healthcare organisation, or their appointed responsible contractor, who is accountable for the premises and who is responsible for issuing or implementing a general policy statement under the Health and Safety at Work etc. Act 1974 and in this instance will be the Chief Executive.

### **Designated Person Lifts.**

- The Designated Person (Lifts) is an individual appointed by a healthcare organisation (a board member or a person with responsibilities to the board) who has overall authority and responsibility for lifts and their safe operation and in this instance will be the Director of Planning and Estates.

### **Duty Holder**

The Duty holder (as defined in HSE's INDG339 – 'Thorough examination and testing of lifts') is legally responsible for ensuring that the lift is safe to use and that it is thoroughly examined and will be nominated by the Designated Person (Lifts). These responsibilities include:

- maintaining the lift so that it is safe to use;
- selecting and instructing the competent person;
- ensuring that the lift is examined at statutory intervals (every 6 or 12 months) or in accordance with a scheme of examination drawn up by a competent person;
- keeping the competent person informed of any changes in the lift operating conditions which may affect the risk assessment;
- making relevant documentation available to the competent person (for example the manufacturer's instructions and maintenance records) and, where applicable, a copy of the owner's information manual provided with every new lift;
- acting promptly to remedy any defects;
- ensuring that all documentation complies with the regulations;
- record-keeping.

### **Authorising Engineer (Lifts)**

- The Authorising Engineer (Lifts) is a chartered engineer with appropriate experience, whose appointment is the responsibility of the Designated Person (Lifts). The person appointed should possess the necessary degree of independence from local management to take action within this guidance including the implementation, administration and monitoring of the safety arrangements defined in BS 7255.
- The Authorising Engineer (Lifts) will act as assessor and make recommendations for the appointment of Authorised Persons (Lifts), monitor the performance of the service, and provide an annual audit to the Designated Person (Lifts). To effectively carry out this role, particularly with regard to audit, the Authorising Engineer (Lifts) should be independent of the operational structure of the trust (see also Health Technical Memorandum 06-02).

### **Authorised person (Lifts)**

- The Authorised Person (Lifts) is nominated by the Authorising Engineer (Lifts) and has the key operational responsibility for the specialist service. The person will be qualified and sufficiently experienced and skilled to fully operate the specialist service. The person nominated should be able to demonstrate a thorough familiarisation with the system by having attended appropriate professional courses.
- The Authorised Person (Lifts) is responsible for overseeing the duties carried out by Lift Stewards. The Authorised Person (Lifts) is also responsible for overseeing the annual training exercises involving Lift Release Wardens and assisting the Authorising Engineer (Lifts) in ensuring sufficient personnel are trained and available at all times for the rescue of passengers who may become trapped in lifts.

### **Competent Person (Lifts)**

- A Competent Person (Lifts) is a person, suitably trained and qualified by knowledge and practical experience, and provided with the necessary instructions to enable the required work to be carried out safely (from BS 7255).
- The role of Competent Person (Lifts) will be covered by the Trust's engineer inspector, currently Allianz Engineering.

## **4 Safe operation of lifts**

### **Maintenance.**

- Maintenance of the lifts will be contracted out to a competent company
- The maintenance contract will be overseen by a lift consultancy company appointed by the Peninsular Purchasing and Supply Agency.
- Passenger release where a lift is stuck at or near a floor level will be undertaken by suitably trained estates personnel.
- Passenger release from between floor levels will only be undertaken by Estates staff under the supervision of a suitably trained Lift Release Warden.

- Defects reported to the help desk will result in the lift being taken out of use until a competent person (maintenance) has inspected the lift and passed it as safe for use.

## **5 Mandatory examinations**

- Passenger lifts are to be examined six monthly in accordance with the Lifting Operations and Lifting Equipment Regulations.
- Goods lifts are to be examined twelve monthly.
- During these inspections, the competent person may call for additional supplementary tests to be carried out. These will be contracted to the maintenance company.

## **6 Maintenance principles**

### **Health Technical Memoranda**

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. They are the main source of specific healthcare-related guidance for estates and facilities professionals<sup>1</sup>.

HTM 08-02 Specialist Services (Lifts) is the main HTM concerning lifts. The Estates department will provide functions and services as per the HTM's, and adhere to the guidance in these documents.

### **Maintenance**

Maintenance of lifts is beyond the capability of the in-house maintenance team to deliver and a service contract with a reputable lift maintenance company will be entered into. Lift technicians from this company will have a Trust induction and will comply with all Trust requirements.

This maintenance contract will be overseen by the lift consultant company appointed by the Peninsular Purchasing and Supply Agency. They will carry out a percentage inspection on the maintenance practices of the company, record keeping and invoice submission.

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<sup>1</sup> HTM 00: Policies and principles of healthcare engineering

## **Training, information and communication**

Training has been provided to in-house staff in the safe release of trapped passengers both when the lift is at a floor level and when the lift is between floors. In-house staff will make the first attempt to release any trapped passengers. In any case of doubt or difficulty the local fire brigade will be called and they will take responsibility for the incident.

## **Access**

Access into lift shafts will be restricted to qualified lift technicians, the local fire and rescue service and authorised persons (lift) only.

Any access to the lift shafts other than routine maintenance or emergency operations will be cleared with the Estates office in advance.

Some lift maintenance operations (re-roping) require the top landing doors to be open for long periods. During these operations the lift shaft opening must not be left open and unmanned.

## **7 Records**

Individual log cards are kept in the lift motor rooms and form a record of all services and breakdowns. These are to be filled in by the lift engineer on each occasion they visit the lift.

Service reports are issued by e-mail on completion of each service or breakdown visit. Service reports are also included in the invoices which are submitted through the ORACLE finance system. These are both saved in the estates drive at: <G:\Estates\Contracts\Lifts\service Reports>

Thorough examination reports carried out by the competent person as required by the Lifting Operations and Lifting Equipment Regulations are saved on-line in the Zurich database. They are also copied to the estates share and can be found at: <G:\Estates\Contracts\Lifts\LOLER>

## **8 Emergency procedures**

Safety of personnel is of paramount importance. Any operational or physical defect with a lift should be reported to the Estates help desk on 31300 as soon as possible. No work will be carried out on the lifts by in house staff and the lift will normally be put out of action until the attendance of a qualified lift technician from the maintenance company.

## **9 Training of personnel**

Training requirements will be determined by the authorising engineer.

## **10 Overall Responsibility for the Document**

The Director of Planning & Site Services is responsible for ratifying this document. The Estates department has responsibility for the dissemination, implementation and review of this Policy.

## **11 Consultation and Ratification**

The design and process of review and revision of this policy will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Health & Safety Committee and ratified by the Director of Planning and Site Services.

Non-significant amendments to this document may be made, under delegated authority from the Director of Planning and Site Services or the Associate Director of Estates and Planning by the nominated author. These must be ratified by the Director of Planning and Site Services and should be reported, retrospectively, to the approving committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes

## **12 Dissemination and Implementation**

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Director of Planning and Site Services and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

## **13 Monitoring Compliance and Effectiveness**

The Trust will undertake a regular audit of the processes specified in this policy. It should be noted that the responsibilities in this policy are legally enforceable and that

managers (and employees where applicable) failing to uphold their responsibilities may find themselves in breach of internal disciplinary policies and legislation.

The Estates department are able to use the Planet Facilities Management software to analyse and assess performance.

The Estates department also has a series of Key Performance Indicators which it is assessed against.

## **14 | References and Associated Documentation**

### **Regulatory legislation and applicable guidelines**

A list of appropriate regulatory legislation is detailed below (this list is not exhaustive):

- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999
- Workplace (Health, Safety and Welfare) Regulations 1992
- Control of Substances Hazardous to Health (COSHH) Regulations 2002
- Reporting of Injuries, Disease and Dangerous Occurrences Regulations, 1995
- Confined Spaces Regulations 1997
- Control of Asbestos Regulations 2012
- Construction (Design and Management) Regulations 2007 (CDM)

Other applicable guidance:

- Health Technical Memorandums
- Health Building Notes

## Dissemination Plan

## Appendix 1

Core Information				
Document Title	Lifts			
Date Finalised	Aug 2014			
Dissemination Lead	Head of Estates			
Previous Documents				
Previous document in use?	Yes, electronic version on Trust Documents			
Action to retrieve old copies.	To be managed by the Information Governance Team			
Dissemination Plan				
Recipient(s)	When	How	Responsibility	Progress update
All staff		Email	Document Control	

## Review and Approval Checklist

## Appendix 2

Review		
<b>Title</b>	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
<b>Rationale</b>	Are reasons for development of the document stated?	Yes
<b>Development Process</b>	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
<b>Content</b>	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
<b>Evidence Base</b>	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
<b>Approval</b>	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes
	Does the document identify which Executive Director will ratify it?	Yes
<b>Dissemination &amp; Implementation</b>	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
<b>Document Control</b>	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
<b>Monitoring</b>	Are there measurable standards or KPIs to support the monitoring	Yes

<b>Compliance &amp; Effectiveness</b>	of compliance with and effectiveness of the document?	
	Is there a plan to review or audit compliance with the document?	Yes
<b>Review Date</b>	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
<b>Overall Responsibility</b>	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

## Equalities and Human Rights Impact Assessment

## Appendix 3

<b>Core Information</b>	
<b>Manager</b>	Associate Director of Planning and Estates
<b>Directorate</b>	Planning and Site Services
<b>Date</b>	Aug 2014
<b>Title</b>	Trustwide Policy on Estates Services Provision
<b>What are the aims, objectives &amp; projected outcomes?</b>	To explain the areas of responsibility of the Estates Department and methods of communication requests for repair.
<b>Scope of the assessment</b>	
This EIA was undertaken with the Equality Lead and covers all protected characteristics.	
<b>Collecting data</b>	
<b>Race</b>	<p>There is no evidence to suggest there is a disproportionate impact on race regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p> <p>Consideration will be made if information provided is required in a different language for training purposes.</p>
<b>Religion</b>	<p>There is no evidence to suggest there is a disproportionate impact on religion or belief and non-belief regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
<b>Disability</b>	<p>There is no evidence to suggest there is a disproportionate impact on disability regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p> <p>Consideration will be made the requirement of reasonable adjustments when designing and planning new healthcare buildings and adapting/extending existing facilities to ensure compliance with the disability and access aspects of the Equality Act 2010</p> <p>Consideration will be made if information provided is required in an alternative format when providing information or training.</p>

<b>Sex</b>	<p>There is no evidence to suggest there is a disproportionate impact on sex regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
<b>Gender Identity</b>	<p>There is no evidence to suggest there is a disproportionate impact on gender identity regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
<b>Sexual Orientation</b>	<p>There is no evidence to suggest there is a disproportionate impact on sexual orientation regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
<b>Age</b>	<p>There is no evidence to suggest there is a disproportionate impact on age regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
<b>Socio-Economic</b>	<p>There is no evidence to suggest there is a disproportionate impact on socio-economic regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
<b>Human Rights</b>	<p>There is no evidence to suggest there is a disproportionate impact on human rights regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
<b>What are the overall trends/patterns in the above data?</b>	No comparative data has been used to date which means that no trends or patterns have been identified.
<b>Specific issues and data gaps that may need to be addressed through consultation or further research</b>	No gaps have been identified at this stage but this will be monitored via data collected from Datix incident reporting and complaints.
<b>Involving and consulting stakeholders</b>	
<b>Internal involvement and consultation</b>	Health and Safety Committee
<b>External involvement and consultation</b>	None
<b>Impact Assessment</b>	

<b>Overall assessment and analysis of the evidence</b>	<p>Consideration will be made if information provided is required in a different language when providing information or training</p> <p>Consideration will be made the requirement of reasonable adjustments when designing and planning new healthcare buildings and adapting/extending existing facilities to ensure compliance with the disability and access aspects of the Equality Act 2010</p> <p>Consideration will be made if information provided is required in an alternative format when providing information or training.</p>			
<b>Action Plan</b>				
<b>Action</b>	<b>Owner</b>	<b>Risks</b>	<b>Completion Date</b>	<b>Progress update</b>

<b>Replacement and Refurbishment</b>	<b>Appendix 4</b>
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The expected life of a lift installation will be planned to be a minimum of twenty years, however the actual life expectancy will vary greatly on the amount and type of use the lift gets.

A report will be produced and reviewed annually by the authorising engineer and will form the basis of a refurbishment and replacement plan for the Trust. It is expected that each lift will be subjected to an interim assessment at about its half-life to determine what, if any, upgrade will be required.

The Essential Health and Safety Requirements listed in the Lift Regulations apply to new lifts only, but there is an expectation that those standards will be retrospectively applied where practical.