

# **Lifting Operations and Lifting Equipment (LOLER) Policy**

**(HSP-22)**

**V4.0**

**June 2026**

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## **Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.**

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

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# 1. Introduction

- 1.1. This document sets out safety responsibilities and advice associated with Trust equipment which is used to lift or lower, both inanimate and human load, estates, non clinical and clinical, including medical physics. This specific lifting equipment qualifying for LOLER inspections. Managers are required to incorporate into their Divisions /department arrangements for health and safety.
- 1.2. Lifting Equipment is subject to the Lifting Operations and Lifting Equipment Regulations 1998. Lifting Equipment is also subject to the Provision and Use of Work Equipment Regulations 1998 (PUWER). The Trust's [Provision and Use of Work Equipment and Management of Vibration Attributed to Work Equipment Policy](#) and the [Passenger and Goods Lift Management Policy](#) should be read in conjunction with this policy.
- 1.3. The Trust attaches the greatest importance to the health, safety and welfare of its staff and others who may be affected by the Trust's activities. Particular attention is paid to the establishment of a safe system of work in conjunction with the provision of lifting equipment and its use.
- 1.4. This policy is intended to enable the Trust to meet the requirements of both the Health and Safety at Work etc. Act 1974 and subordinate legislation including, but not restricted to, the Lifting Operations and Lifting Equipment Regulations 1998, the Provision and Use of Work Equipment Regulations 1998 and the Management of Health and Safety at Work Regulations 1999.
- 1.5. This version supersedes any previous versions of this document.

# 2. Purpose of this Policy/Procedure

- 2.1. This protocol is Trust wide and applies to all members of staff employed/working within the Royal Cornwall Hospitals NHS Trust and covers all lifting equipment owned, borrowed and hired by the Trust, both old and new.
- 2.2. The aim of this document is to ensure all lifting equipment is provided, maintained and used safely in accordance with standards set out in the Lifting Operations and Lifting Equipment Regulations 1998, so as to minimise the risk of injury to patients, staff, visitors and others.
- 2.3. It does not cover moving and handling activities as these are covered by the Trusts Moving and Handling of Patients and Inanimate Loads Policy.
- 2.4. The purpose of this document is to:
  - 2.4.1. Enable the Trust to ensure that it provides a safe working environment so far as reasonably practicable.
  - 2.4.2. Ensure that the appropriate risk assessment and control measures are in place.

### 3. Scope

- 3.1. The Trust is committed to ensuring the safety of all persons who undertake work, paid or unpaid, for or with the Trust.
- 3.2. The Trust Board views the statutory obligations in various health and safety legislation as the minimum standard and is committed to exceeding these standards to achieve best practice.
- 3.3. This document is intended to support and further enhance the requirements contained in the Trust's Health and Safety General Policy.
- 3.4. The Trust is committed to ensuring that robust processes for the safe management of lifting activities and operations are maintained throughout the Trust's activities. These processes will include the selection of suitable equipment.
- 3.5. Maintenance and inspection procedures, and suitable training for staff involved in the operation of the equipment or task.
- 3.6. This policy applies to all Trust staff, sites and activities.

### 4. Definitions/Glossary

For the purpose of this document, unless otherwise stated specifically the following definition will apply throughout.

|                        |                                                                                                                                                                                                                                                                                                                                                            |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>The Trust</b>       | The Royal Cornwall Hospitals NHS Trust.                                                                                                                                                                                                                                                                                                                    |
| <b>Trust Sites</b>     | All areas, sites, buildings or premises owned, occupied or controlled by the Trust.                                                                                                                                                                                                                                                                        |
| <b>Staff</b>           | All persons who are employed by the Trust whether on permanent or temporary contracts (written or implied), paid or unpaid, and shall include persons employed through recruitment and employed agency providers to assist the Trust in delivery of services, but excluding contractors and third parties undertaking works for or on behalf of the Trust. |
| <b>Risk Assessment</b> | The careful examination of what could cause harm, and the likelihood of the harm occurring; in order to decide on precautions to prevent that harm occurring.                                                                                                                                                                                              |
| <b>Control Measure</b> | Any measure to reduce the risk in the workplace, e.g. Standard Operating Procedures, mechanical devices, personal protective equipment, training, restricted access zones.                                                                                                                                                                                 |

|                          |                                                                                                                        |
|--------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>Work Environment</b>  | Any environment where activities are being undertaken for, by or on behalf of the Trust.                               |
| <b>Contractors</b>       | Any person employed by or working for a third party organisation working for or acting on behalf of the Trust.         |
| <b>HSE</b>               | Health and Safety Executive.                                                                                           |
| <b>LOLER</b>             | Lifting Equipment and Lifting Operations Regulations 1998.                                                             |
| <b>PUWER</b>             | Provision and Use of Work Equipment Regulations 1999.                                                                  |
| <b>SWL</b>               | Safe Working Load as defined by the manufacturer and marked on the equipment.                                          |
| <b>Lifting Accessory</b> | Work Equipment for attaching loads to machinery for lifting.                                                           |
| <b>Lifting Equipment</b> | Equipment for lifting and lowering of loads and includes its attachments used for anchoring, fixing and supporting it. |
| <b>Lifting Operation</b> | An operation concerned with the lifting and lowering of a load.                                                        |
| <b>Load</b>              | Item, including a person or persons, to be lifted or lowered.                                                          |

Equipment which has an element of lifting as part of its normal operation e.g. variable height bed or dentist's chair, but where the principle function is as a bed or chair and not as a device for lifting/ lowering would not normally be classed as lifting equipment. The feature of height adjustability would not normally be interpreted as lifting.

## 5. Ownership and Responsibilities

### 5.1. Role of the Chief Executive

5.1.1. In accordance with the requirements of the Health and Safety General Policy (HSP001), the Chief Executive has overall accountability for the management of all aspects of health and safety including the management of work equipment.

5.1.2. Responsibility for the day-to-day implementation of this policy is delegated throughout the organisational management structure.

## **5.2. Role of Board Directors**

It is the duty of Board Directors to take responsibility for the safe undertaking of all aspects of work under their control. Where actions to control risks are beyond the authority of managers and supervisors. Directors must ensure there are adequate arrangements in place for such hazards and risks to be notified to them by the fastest possible means and that they are effectively managed and controlled.

## **5.3. Role of Chief Operating Officer**

- 5.3.1. The Chief Operating Officer is the nominated Executive Director with responsibility for health and safety across the organisation.
- 5.3.2. The Chief Operating Officer is responsible to the Chief Executive for the overall co-ordination and implementation of this document throughout the Trust.
- 5.3.3. To ensure that suitable and sufficient resources, including training provision, equipment, funding etc. are provided within the Trust to ensure that the requirements, written or implied, of this document can be met.

## **5.4. Role of The Director of Estates and Facilities**

- 5.4.1. The Director of Estates and Facilities will ensure that sufficient resources are allocated for planned and emergency maintenance for non-patient lifting equipment, including passenger lifts in a timely manner and that a robust programme is implemented for scheduled replacement or major overhaul of all trust controlled non patient lifting equipment. This programme will be informed by a robust risk assessment. This documented risk assessment process, instigated prior to the end of the life expectancy of each piece of equipment, will inform the replacement process or the safety of operating equipment beyond its service life.
- 5.4.2. The Director of Estates and Facilities will ensure that a robust program of periodic thorough examination of lifting equipment is maintained in programme accordance with statutory and best practice requirements. This contract is negotiated by the Finance Department.

## **5.5. Role of Divisional General Manager with Responsibility for Medical Physics**

- 5.5.1. The Divisional General Manager with responsibility for the Medical Physics Department will ensure that sufficient resources are allocated to provide appropriate planned and emergency maintenance in a timely manner and that a robust program is implemented for scheduled replacement or major overhaul of Trust controlled patient lifting equipment prior to the end of the life expectancy of each piece of equipment.

- 5.5.2. The Divisional General Manager with responsibility for the Medical Physics Department will ensure that defective lifting equipment beyond economic repair is removed from service, rendered unusable and disposed of by a recognised waste stream.
- 5.5.3. Furthermore, they will also ensure that a robust program of periodic thorough examination of lifting equipment is maintained in accordance with the statutory and best practice requirements.
- 5.5.4. The Divisional General Manager with responsibility for the Medical Physics Department will ensure that defective lifting equipment beyond economic repair is removed from service, rendered unusable and disposed of by a recognised waste stream.

## **5.6. Role of the Divisional Managers and Senior Managers**

- 5.6.1. Review activities involving lifting operations and ensure these risks are added to the local risk register in the form of suitable and sufficient risk assessment. These risk assessments will be monitored through the Divisional / Department Health and Safety Forum.
- 5.6.2. Ensure that provision is made for the implementation of safe working procedures and measures as identified by risk assessment.
- 5.6.3. Ensure that all lifting equipment and accessories used are within their examination date.
- 5.6.4. Ensure that all lifting equipment and accessories are made available for maintenance, servicing, inspection and examination in a timely manner.
- 5.6.5. Put in place arrangements for the removal from use of defective items.
- 5.6.6. Divisional Managers and Senior Managers must ensure that managers and staff are released for and adequately trained to competently use lifting equipment. In addition, to identify hazards, assess risks, develop adequate control measures, and understand their responsibility and level of authority with regard to lifting operations and equipment.
- 5.6.7. Through the existing Divisional structures ensure that the requirements of this document are made available to all relevant staff.

## **5.7. Role of Managers and Supervisors**

All managers are responsible, within their sphere of influence, for ensuring that all lifting operations and activities are managed and controlled in a safe manner, and will:

- 5.7.1. Assess the risks associated with the work activities prior to the start and throughout the activity.
- 5.7.2. Ensure that all the relevant staff are adequately trained to ensure that the requirements of this document are applied.

- 5.7.3. Ensure that all staff within their work area follow safe working procedures and implement the controls as identified in the risk assessment.
- 5.7.4. Ensure that all incidents or near misses relating to lifting operations or lifting equipment are fully and accurately reported in the Trust incident reporting and management system in a timely manner.
- 5.7.5. Conduct periodic inspections of lifting equipment, accessories and operations to confirm their compliance with this policy.

## **5.8. Role of all Staff**

In addition to and compliance with the statutory obligations placed upon all employees, staff will:

- 5.8.1. Report any problems/ incidents or concerns with lifting operations and lifting equipment in their work area directly to their line manager.
- 5.8.2. Co-operate with the undertaking of risk assessment and implementing safe working procedures.
- 5.8.3. Ensure that Standard Operating Procedures and Safe Systems of Work are followed and that no safe working load of any component part is exceeded.
- 5.8.4. Not undertake any lifting operation for which they are not deemed competent.
- 5.8.5. Not ask, facilitate or encourage any person to undertake or participate in activities or use any equipment for which they have not been trained or authorised; except where part of a defined training/assessment activity under the close control of a competent and suitably trained assessor or supervisor.
- 5.8.6. Carry out an appropriate pre use check.

## **5.9. Role of the Head of Estates and Head of Medical Physics**

The Heads of Estates and Medical Physics are responsible for the day-to-day maintenance and report keeping for non-patient lifting equipment, respectively.

Each will:

- Advise Trust managers on the safety of lifting equipment.
- Provide technical advice on the purchase of lifting equipment.
- Ensure lifting equipment is thoroughly examined by a competent person before first use unless a current EC/UKCA declaration of conformity is obtained.
- Undertake initial inspections of lifting equipment prior to first use ensuring correct installation where there is significant risk to staff.

- Maintain registers of lifting equipment and accessories.
- Ensure lifting equipment is regularly thoroughly examined by competent persons in accordance with an agreed schedule and records of examination are kept.
- Undertake suitable technical inspections between thorough examinations where these have been agreed as necessary following the local managers risk assessment, as advised by the competent person and following manufacturer's instructions.
- Take appropriate action to rectify defects, which have been identified in inspection reports.
- Retain any EC/UKCA declaration of conformity obtained and initial thorough examination reports until they cease using the equipment, then retain exceptional circumstances/regular thorough examination reports for 5 years and any inspection reports.
- Will ensure that defective lifting equipment and accessories beyond economic repair are removed from service, rendered unusable and disposed of by a recognised waste stream.

#### **5.10. Role of The Trust Procurement Team**

- 5.10.1. The procurement process will be led by the Head of Procurement supported by the Deputy Medical Director in their role of Chair of the Medical Equipment Procurement Group.
- 5.10.2. The Trust Procurement Team will gather relevant safety information from potential suppliers of equipment and advise procuring managers accordingly.
- 5.10.3. Ensure that all requests for new LOLER relevant equipment where required by policy or other local process are referred to the Health, Safety, Moving and Handling Department for review prior to placing the order.
- 5.10.4. The Trust Procurement Team will have confirmation from the equipment requester and the Health, Safety, Moving and Handling Department (if required) that the work equipment is suitable for the intended activity and area of use.

#### **5.11. Role of the Safety, Health, Moving and Handling Team**

- 5.11.1. Advise and assist with the risk assessment process.
- 5.11.2. Provide information about activities that may include risks to staff, patients or others to the Health and Safety Committee and other groups as required.
- 5.11.3. Support the investigation of reports of incidents related to lifting equipment and operations.

- 5.11.4. Where appropriate make reports to external agencies regarding failure of equipment and injuries associated with lifting operations or equipment.
- 5.11.5. Periodically monitor and evaluate training arrangements for compliance with this document.
- 5.11.6. Review risk assessments and method statements for construction lifting operations on Trust sites. See Section 6.13 regarding construction.

## **5.12. Role of the Head of Learning and Development**

- 5.12.1. The Head of learning and Development will ensure that suitable and sufficient training is made available for staff required to undertake risk assessments.
- 5.12.2. Work with local managers to ensure that suitable and sufficient training is provided and maintained for the use of lifting equipment relevant to the work activity.

## **5.13. Role of the Health and Safety Committee**

- 5.13.1. Shall receive periodic reports on matters relating work equipment.
- 5.13.2. Ensure that the content of this document is cascaded throughout the organisation via Divisional Forums, meetings, etc.
- 5.13.3. Evaluate data relating to equipment associated incidents and occupational ill health through:
  - Incident and accidents statistics.
  - RIDDOR incidents reported to the HSE.
  - Legal action/claims data.
  - Sickness absence data.
  - Occupational health data on health surveillance.

# **6. Standards and Practice**

## **6.1. Suitability of Lifting Equipment**

- 6.1.1. Regulation 4 of LOLER requires the Trust to ensure lifting equipment is of adequate strength and stability with particular to the stress induced to its mounting or fixing points. Likewise, particular regard to every part of load and anything attached to it and used in lifting is of adequate strength.
- 6.1.2. The Trust must ensure that lifting equipment, whether designed for lifting patients in/out of bed or heavy lifting gear as for Estates, is designed to make sure the risks are kept to a minimum and good lifting practices is followed.

## **6.2. Lifting Equipment Used for Lifting People**

- 6.2.1. Regulation 5 (1) of LOLER and the Trust's policy passenger and Goods Lift management Policy requires the Trust to ensure that lifting equipment for lifting persons does not present a risk of crushing or trapping, nor must people be at risk of falling from the equipment or being struck by it. The equipment must have suitable devices to prevent persons falling and that any person who is trapped is not exposed to danger and a reliable means of rescue is available.
- 6.2.2. The lifting or lowering of persons by equipment which is not specifically designed for that purpose (e.g. forklift truck, telescopic handler, etc.) Must not be undertaken, except where a suitable accessory is used.
- 6.2.3. Plant and equipment used for lifting and lowering of people must be inspected at 6 monthly intervals.

## **6.3. Marking of Lifting Equipment**

- 6.3.1. The regulations require lifting machinery and any associated accessories to be marked with their safe working load (SWL). Where it is not practicable to mark the equipment itself (e.g. ropes, slings, karabiners, strops, and harnesses for rope access), a coding system should be used to provide the user with the SWL (e.g. colour coding label).
- 6.3.2. This also applies where the SWL is dependent upon varying configurations (e.g. forklift truck fitted with attachments), where the machinery must be marked to indicate its safe working load in each configuration or information on the safe working load in each configuration must be kept with the machinery. Any carrier of persons should also display the maximum number of persons to be carried in addition to the SWL.
- 6.3.3. Lifting equipment and accessories need to be marked in such a manner to clearly indicate whether they are in-date for examination.
- 6.3.4. Where a significant hazard arises from the use of lifting equipment appropriate equipment or devices such as rated capacity indicators limiters should be provided.

## **6.4. Planning of Lifting Operations**

The LOLER Regulations requires the Trust to ensure that every lifting operation (including lowering loads) is:

- a) Properly planned by a competent person i.e. person has adequate practical and theoretical knowledge and experience of lifting operations. The Plan must address identified risks, resources required, procedures, responsibilities etc.
- b) Appropriately supervised (proportion to the risk – taking into account the personnel involved).

- c) Carried out in a safe manner.

## **6.5. Thorough Examination and Inspection**

- 6.5.1. Regulation 9 requires the Trust to ensure that lifting equipment is thoroughly examined and inspected by a competent person, who should be someone with appropriate practical and theoretical knowledge and experience of the particular lifting equipment and have an element of independence and impartiality.
- 6.5.2. The risks arising from failure and the environment in which the item is used will determine how thorough the examination needs to be and its frequency.
- 6.5.3. The competent person (designated by the Trust) is required to provide direct notification to the HSE in the event of certain defects and failures with lifting equipment, via the Safety, Health, Moving and Handling Department at RCHT.

## **6.6. First Use on a Trust Site**

- 6.6.1. Before any lifting equipment is used for the first time, a thorough examination must be carried out by a competent person unless there is physical evidence available to show that it safe to use. This would include if the equipment:
  - a) Has not been used before and there is documentation drawn up within the 12 months prior to its first use, an initial test certificate in the form of an “EC/UKCA Declaration of Conformity”.
  - Or
  - b) Has been obtained from another organisation (e.g. hired) and is accompanied by evidence that the necessary thorough examination has been carried out, (e.g. a copy of the latest test certificate is available).
- 6.6.2. This evidence or the competent person’s examination report must be kept until the Trust ceases to use the lifting equipment, or in the case of accessories, 5 years from the date of the last examination by the competent person.
- 6.6.3. Additionally, a thorough examination is required after substantial or significant modification or repair.
- 6.6.4. Where equipment is “mothballed” or otherwise not used for a period of three months or more a full examination must be undertaken before the equipment is returned to service.
- 6.6.5. Where portable lifting equipment is relocated from one site to another or fixed lifting equipment is moved within a site the equipment shall be treated as “new” and not meeting the requirements of paragraph 6.6.1 a or b above.

## 6.7. Periodic examinations once equipment is in service

Lifting equipment must also be thoroughly examined at intervals specified within LOLER or shorter intervals if the competent person considers this appropriate, or in accordance with the intervals specified in the examination scheme for the equipment.

- a) Lifting equipment in use must be thoroughly examined at least every 12 months, Six months for passenger lifts.
- b) Accessories (chains, slings, ropes, etc.) must be thoroughly examined at least every 6 months.
- c) Equipment used for lifting people must be thoroughly examined at least every 6 months.
- d) For the above, the examination is in accordance with a written examination scheme and is to identify any remedial action in good time before deterioration affects safety.

## 6.8. Inspection of Lifting Equipment by a Competent person

- 6.8.1. It is a requirement of LOLER that those wards, departments and services within the Trust who own and operate lifting equipment make it available for regular inspection and implement any recommendations made by the competent person appointed or employed by the Estates Department.
- 6.8.2. The Competent Person is required to notify the Trust forthwith of any dangerous defects identified in the thorough examination or inspection;
  - a) Notify the Trust immediately of any dangerous defects,
  - b) Report in writing to be made as soon as practicable to the Trust and, where appropriate to any person from whom the equipment has been hired or leased.
  - c) Where the defect involves an existing or imminent risk of serious or personal injury, a copy of the report must be sent as soon as practicable to the Health and Safety Executive (HSE), via the Trust Safety, Health, Moving and Handling Department.
- 6.8.3. The Trust must ensure that the lifting equipment is not used before the defect is remedied.

### NOTE:

Defective lifting equipment **must not be used** until such defects have been rectified, unless the competent person indicates a timescale for the action to be taken; the latter is for defects that do not immediately endanger people but might do so in the near future. Such defective equipment **must be** either locked off to prevent use, appropriate signage used and all users informed of prohibition, or removed from the workplace to a secure location to prevent use, appropriately signed and users informed.

## **6.9. Equipment Failure**

Any incident involving the total or partial failure of any lifting equipment or lifting accessory must be reported as soon as practicable to the Safety, Health, Moving and Handling Department and recorded in the Trust incident reporting system Datix.

## **6.10. Training**

6.10.1. All staff involved in the assessment of risks arising from the use of lifting equipment and lifting operations in the work place shall receive training/instruction, commensurate directly with their duties.

6.10.2. All staff should be aware of the risks they may be exposed to the findings of the risk assessment and controls in place.

## **6.11. Risk Assessment**

6.11.1. The completion of the risk assessment will be the responsibility of the local manager where the lifting equipment is used or operations are occurring.

6.11.2. A copy of the completed assessment must be made available to the staff involved in the operation and the Safety, Health, Moving and Handling Department.

## **6.12. Accidents, Near misses, Incidents and Occupational Ill Health**

6.12.1. All accidents, incidents and ill health involving lifting equipment and/or lifting operations must be reported directly to the manager of that department concerned and the incident reported on the Trust's incident reporting system, Datix.

6.12.2. All such Datix reports will be fully investigated in accordance with the Trust Incident Reporting process.

## **6.13. Construction Requiring Lifting Operations**

6.13.1. The planning of individual routine lifting operations may be the responsibility of those who carry them out (eg a slinger or crane operator). But for much more complex lifting operations (eg a tandem lift using multiple cranes), a written plan should be developed by a person with significant and specific competencies - adequate training, knowledge, skills and expertise - suitable for the level of the task.

6.13.2. For straightforward, common lifting operations, a single initial generic plan may be all that is required (eg fork-lift trucks in a factory), which could be part of the normal risk assessment for the activity. However, from time to time it may be necessary to review the plan to make sure that nothing has changed and the plan remains valid. Routine lifting operations which are a little more complex may, depending on the circumstances, need to be planned each time the lifting operation is carried out.

- 6.13.3. The plan for any lifting operation must address the foreseeable risks involved in the work and identify the appropriate resources (including people) necessary for safe completion of the job. Factors to include may be any or all of the following:
- Working under suspended loads.
  - Visibility.
  - Attaching / detaching and securing loads.
  - Environment.
  - Location.
  - Overturning.
  - Proximity hazards.
  - Derating.
  - Lifting people.
  - Overload.
  - Pre-use checking.
  - Continuing integrity of the equipment.
- 6.13.4. The plan should set out clearly the actions involved at each step of the operation and identify the responsibilities of those involved. The degree of planning and complexity of the plan will vary and should be proportionate to the foreseeable risks involved in the work.
- 6.13.5. The Director of Estates and Facilities, through Project Managers, will ensure that lifting operations for the purposes of construction and similar or associated works are detailed in a comprehensive “Lifting Plan”.
- 6.13.6. The Lifting plan would normally be produced by an Appointed person who has the necessary competence and training for the type of lifting equipment being used and for the type of lift.
- 6.13.7. The lifting plan will include but not be restricted to details of the load (description, weight, dimensions, etc.) to be moved, the equipment used (Crane (mobile tower etc.) Vehicle mounted lifting devices, etc.) lift classification, limitations on lifting equipment, evidence of the operator’s competency in using the specific equipment and valid LOLER certification for all equipment and accessories used.
- 6.13.8. Project Managers will also ensure that crane activity on site is notified to the Safety, Health, Moving and Handling Department in accordance with the Trust’s Helicopter Landing Site Policy.

## 7. Dissemination and Implementation

Document to be disseminated to the Health and Safety Committee for distribution throughout Divisions and stored in the Trust Document Library with unrestricted access for all staff. Divisional Management Teams will ensure that the content of the policy is cascaded to all staff within the Division/area.

## 8. Monitoring compliance and effectiveness

| Information Category                        | Detail of process and methodology for monitoring compliance                                                                                                                                                                                                    |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Element to be monitored                     | Lifting operations risk assessments.<br>Incidents involving lifting equipment and lifting operations.                                                                                                                                                          |
| Lead                                        | Health and Safety Committee.                                                                                                                                                                                                                                   |
| Tool                                        | Reports to the Health and Safety Committee by the Health and Safety Advisor and Occupational Health Service.                                                                                                                                                   |
| Frequency                                   | Biannually.                                                                                                                                                                                                                                                    |
| Reporting arrangements                      | Reports received by the Health and Safety Committee as detailed above and reported in accordance with the Committee Terms of Reference.                                                                                                                        |
| Acting on recommendations and Lead(s)       | The Health and Safety Committee, supported by the specialist advisers, shall make recommendations as appropriate.                                                                                                                                              |
| Change in practice and lessons to be shared | Where issues are identified within a report; all such comments will be fed back to the relevant department/area by the appropriate representative on the committee within a timeframe identified by the committee to undertake improvement or remedial action. |

## 9. Updating and Review

- 9.1. This Policy will need to be reviewed not more than every 3 years, or subject to any industry and Government guidance and best practice updates.
- 9.2. Revisions can be made ahead of the review date when the procedures section requires updating. Where the revisions are significant and the overall policy is changed, the author should ensure the revised document is taken through the standard consultation, approval, and dissemination processes.
- 9.3. Where the revisions are minor, e.g. amended job titles or changes to the procedures in the Appendices, approval can be sought from the Executive Director responsible for signatory approval and can be re-published accordingly without having gone through the full consultation and ratification process.
- 9.4. Any revision activity is to be recorded in the Version Control Table as part of the document control process.

## 10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

## Appendix 1. Governance Information

| Information Category                                                     | Detailed Information                                                                                                          |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>Document Title:</b>                                                   | Lifting Operations and Lifting Equipment (LOLER) Policy HSP 22 V4.0                                                           |
| <b>This document replaces (exact title of previous version):</b>         | Lifting Operations and Lifting Equipment (LOLER) Policy HSP015.1 V3.0                                                         |
| <b>Date Issued/Approved:</b>                                             | June 2026                                                                                                                     |
| <b>Date Valid From:</b>                                                  | June 2026                                                                                                                     |
| <b>Date Valid To:</b>                                                    | June 2029                                                                                                                     |
| <b>Author/Owner:</b>                                                     | Gavin Griffiths, Head of Health, Safety, Moving and Handling.                                                                 |
| <b>Contact details:</b>                                                  | 01872 25 2266.                                                                                                                |
| <b>Brief summary of contents:</b>                                        | Policy procedures and guidance for the management of lifting equipment and lifting operations within Trust activities. HSP 22 |
| <b>Suggested Keywords:</b>                                               | Lifting, hoist, lifts, crane, lifting sling, LOLER, PUWER, Thorough examination, Lifting Equipment, HSP 22                    |
| <b>Target Audience:</b>                                                  | <b>RCHT:</b> Yes<br><b>CFT:</b> No<br><b>CIOB ICB:</b> No                                                                     |
| <b>Executive Director responsible for Policy:</b>                        | Chief Operating Officer                                                                                                       |
| <b>Approval route for consultation and ratification:</b>                 | Health and Safety Committee                                                                                                   |
| <b>Manager confirming approval processes:</b>                            | Gavin Griffiths, Head of Safety, Health, Moving and Handling                                                                  |
| <b>Name of Governance Lead confirming consultation and ratification:</b> | Jemma Dunstan, Senior Health and Business Support Advisor                                                                     |

| Information Category                                                                    | Detailed Information                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Links to key external standards:</b>                                                 | <p>Health and Safety at Work etc. Act 1974.</p> <p>The Management of Health and Safety at Work Regulations 1999.</p> <p>Lifting Operations and Lifting Equipment Regulations 1998.</p> <p>Provision and Use of Work Equipment Regulations 1999.</p> <p>CQC 10.</p> <p>HSE guidance.</p>                                                                                                            |
| <b>Related Documents:</b>                                                               | <p>Including but not restricted to:</p> <p><a href="#">Health and Safety General Policy</a></p> <p><a href="#">Risk Assessment Policy</a></p> <p><a href="#">Personal Protective Equipment (PPE) Policy</a></p> <p><a href="#">Incident Reporting Policy</a></p> <p><a href="#">Moving and Handling of Patients and Inanimate Loads Policy</a></p> <p><a href="#">Electrical Safety Policy</a></p> |
| <b>Training Need Identified:</b>                                                        | <p>Yes - Line managers – training in risk assessment</p> <p>All users – Trust Moving and Handling training level 1 or 2 as appropriate</p>                                                                                                                                                                                                                                                         |
| <b>Publication Location (refer to Policy on Policies – Approvals and Ratification):</b> | Internet and Intranet                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Document Library Folder/Sub Folder:</b>                                              | Chief Operating Officer / Health and Safety                                                                                                                                                                                                                                                                                                                                                        |

### Version Control Table

| Date          | Version Number | Summary of Changes                                                                                      | Changes Made by                                                                  |
|---------------|----------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 01 March 2015 | V1.0           | Initial issue                                                                                           | J. Robin Gatenby, Health and Safety Manager                                      |
| 30 April 2019 | V2.0           | Minor additions and amendments to increase clarity. Job titles and other governance information updated | M Irving, Health and Safety Auditor (Interim)<br>N Quick, Senior H and S Advisor |

| Date          | Version Number | Summary of Changes                                                                                                                  | Changes Made by                                                                                                                                                                         |
|---------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 31 May 2022   | V3.0           | Additions and amendment to increase clarity. Job titles and other governance information updated. Full update and review of policy. | P Loader, Safety Advisor (Trainee)<br>G Griffiths, Head of Health, Safety, Moving and Handling                                                                                          |
| December 2024 | V4.0           | Full update and review of policy. Minor amendments. Updated to Trust corporate format and amendments due to organisational changes. | Nicola Webber, Lead Auditor and Investigator Health and Safety<br>Carol Walpole, Specialist Moving and Handling Advisor<br>Gavin Griffiths, Head of Health, Safety, Moving and Handling |

**All or part of this document can be released under the Freedom of Information Act 2000.**

**All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.**

**This document is only valid on the day of printing.**

**Controlled Document.**

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

## Appendix 2. Quality and Equality Impact Assessment (QEIA) Form

The QEIA process allows RCHT to monitor the impact of changes to its policies and services, ensuring that nobody is unduly disadvantaged.

**Please ensure you have completed a Quality and Equality Impact Assessment (QEIA) using this link to complete the form:**

[E11 QEIA Policy](#)

For guidance, please see the [QEIA Essentials – Quick Reference Guide](#) or contact as required below:

Equality, Diversity and Inclusion guidance, please contact: [richt.inclusion@nhs.net](mailto:richt.inclusion@nhs.net)

Quality Governance guidance, please contact Jillian Tozer: [jillian.tozer3@nhs.net](mailto:jillian.tozer3@nhs.net)