

REPORT TO: SCRUTINY COMMITTEE – RESOURCES, EXECUTIVE AND COUNCIL

**Date of Meeting: Scrutiny Committee Resources – 19 November 2014
Executive - 9 December 2014
Council - 16 December 2014**

Report of: Museums Manager and Visitor Services Officer

Title: Proposed Passenger Lift at RAMM Queen Street entrance

Is this a Key Decision?

No

Is this an Executive or Council Function?

Council

1. What is the report about?

1.1 Issues relating to the museum's existing DPAL (Disability Platform Access Lift) at Queen St entrance, mis-haps and potential risk to visitors and the Council.

2. Recommendations:

That Scrutiny and Executive support, and Executive recommend to Council the installation of an enclosed passenger lift at RAMM's Queen St entrance and associated works with a budget of £45,000.

3. Reasons for the recommendation:

3.1 Increased footfall, regular use by young families with buggies and larger size mobility scooters means the existing DPAL installed for DDA compliance before the Development Project, is being over used. i.e. in use beyond its designed purpose and capacity, resulting in technical faults; failures; repair bills, customer complaints and incidents such as trapped wheels from buggies or wheelchairs.

3.2 To provide a more robust and reliable lift facility that can accommodate all user groups and the volume of visitor traffic that wish or need to use the lift facility. This includes families with pushchairs.

3.3 To reduce staff supervision time. Currently, when it is busy it is not uncommon to need an additional Front of House (FOH) staff member on 'lift duty', withdrawing them from other rota-ed duties.

3.4 Greater lift 'load capacity' which will reduce the risk of a mobility chair/carer getting stuck and the potential distress this causes.

3.5 To action the investigatory notes by the Principal Health & Safety Officer (PHSO) concerning the DPAL, following an incident on 14th January 2014. These recommending a new lift on the basis of the following points:

3.5.1 Negating the need for mobility scooters, wheelchair users, families with pushchairs and other visitors with mobility issues having to negotiate the cobblestones of Upper Paul St and the 'Bradinch Slope', not to mention conflicting vehicle traffic, in order to access the rear of the museum (best accessed via Musgrove Row).

3.5.2 This route also includes other restrictions. 'Upper Paul Street leading to the Garden Entrance contains an iron bollard (historical) that reduces the width of the pavement to

87cm, which is 15cm less than the minimum width recommended for wheelchair straight-on clearance.)

- 3.5.3 DDA compliance may be compromised in the event of the current lift's breakdown due to difficulties in reaching the alternative route at the Garden entrance via the 'Bradninch Slope'. There is also the slope at the side of the museum which is difficult to negotiate for wheelchair users and carers'.
- 3.5.4 To avoid potential failure to meet Section 3 H&S Safety at Work Act 1974 (*statutory duty for the safety of people not in your employment – i.e. visitors to our premises*). A serious injury caused by a platform elevator not being used solely for its intended purpose could result in prosecution by HSE).

4. What are the resource implications including non financial resources:

Quote from Lift Supplier:

£21,500k for lift car.

£8, 000 for structure, installation and sundries.

Estimates from Contracts Unit:

£10,500k for ancillary works for example electrical works, moving any M&E piping, alarm cabling etc.

£2,000 for Structural Engineering Consultancy if not provided by Lift Installer.

£3000 provision for costs associated with Listed Building Consent.

Total: £43,000- £45,000

5. Section 151 Officer comments:

- 5.1 A budget of £45,000 will be added to the Capital programme if approved. The capital programme will remain within the boundaries set for prudential borrowing purposes.

6. What are the legal aspects?

- 6.1 Given that a number of "accidents" involving the use of the lift have been reported, the Council may be susceptible to "personal injury" claims especially where the Health and Safety Officers recommendations have not been implemented.

In addition to the above, the Council needs to be very mindful of its obligations under the H&S Safety at Work Act 1974. A serious injury caused by a platform elevator could result in prosecution by HSE .

7. Monitoring officer Comments

Given that an accident involving the use of the lift has already been reported, the Council is obliged to take steps to mitigate any issues raised by the Health& Safety officer if the lift is to continue in operation.

In the event that members wish to see the continued use of the lift and agree the additional expenditure needed to make the lift safe, the Monitoring Officer has no issues to raise provided the Council's Contract Regulations are closely observed.

8. Report Details:

- 8.1 The DPAL was originally installed c2003 being specified and project managed by ECC as part of a wider programme to make council buildings DDA compliant. This was the main focus of the technical work which did not take into account the needs of other visitors.

- 8.2 As noted at 3.1 above, the current DPAL was designed for limited use by visitors with disabilities, particularly the non-ambulant disabled, ie wheelchair users. However, with its obvious access advantages over the Queen St entrance steps, in practice families with pushchairs/buggies, elderly visitors etc also used the platform lift. The public treated it much more like a general access lift.
- 8.3 Once operational, Front of House would often intervene with the lift particularly with the doors and issues of overloading and doors. However, because it was new FOH did not record the issues but rather tried to absorb any problems/complaints into their day to day routines and reported these locally. This included overloading problems and concerns about fingers being caught in the foyer level lift doors.
- 8.4 On 9 Feb 2006, regarding the DPAL, we were informed by email that *'the insurer has noted that it is being used by a wider range of people and more frequently than the design allows for. It should have 'hold to run' controls to conform with regulations'*. The email also referred to the seemingly contradictory advice of what type of lift operating mechanism was required as well as issues of 'trapped fingers' and overloading (8.3).
- 8.5 The 'hold to run' (or constant pressure switch CPS) was installed but on 12 Feb 2006 an email was sent from RAMM cataloguing the problems and public complaints caused by the newly installed CPS operation (8.4).
- 8.6 Email exchanges from 22nd March 2006 and 8th June 2006 between ECC/RAMM confirmed that, following modification to the platform, the CPW mechanism could be removed. This resolved the upsurge in complaints regarding the lift operation but other issues still remained.
- 8.7 Following its 'mothballing' during the development work the DPAL was re-commissioned in 2011.
- 8.8 Since re-opening in 2011, the volume of usage has increased whilst the type of user has remained as per redevelopment. 80% of visitors use the Queen St entrance and to date this has remained constant.
- 8.9 It has been noted that one difference is in the use of powered wheelchairs and at least two have to date become stuck on the platform due to the combined weight of user and carer. On one occasion, carer and user were stuck on the platform for 45mins. There have also been occasions when the carer has had to leave user on the platform at ground level and then seek FOH assistance in the museum to operate the lift. This caused temporary distress to the user.
- 8.10 Increased usage has meant an increase in familiar problems and mis-haps (eg, arms being caught in the closing doors when the doors 'snap shut', wheel being trapped and sheared off, visitor distress when stuck on the platform, arthritic visitors unable to operate the buttons without assistance etc).
- 8.11 Staff intervention is still a regular occurrence, particularly when busy and the lift requires far more day to day active 'supervision' than any of our other lifts.
- 8.12 Following an incident in January 2014 when a pushchair wheel was sheared off, the Principal Health & Safety Officer investigated the lift and one of the recommendations of this report was a proper enclosed visitor lift that would be suitable for all users and would provide greater capacity.
- 8.13 As part of his January investigation the Principal Health & Safety Officer, with some input from ECC's Electrical & Mechanical Engineer recommended:

- 8.13.1 New signage for the lift including better hazard indication on the edge of the lift platform. This has now been completed. However, although this has improved things slightly, operator issues still remain, as do mis-haps, e.g. Friday 18th September. In this instance a mother with buggy and two children became trapped. Whilst holding in the lift button one of her children leaned on the buggy, which resulted in the wheel becoming jammed in the gap between platform and 'shaft' structure. The lift stopped halfway and the mother did not know what had caused the stoppage until Front of House staff were able to identify the problem.
- 8.13.2 The removal of the CPS (see 8.4 - 8.6) was raised and RAMM was advised the CPS needed to be re-instated to ensure compliance. This has now been done and the 2006 aforementioned problems have begun to re-occur during busy periods in particular.

9. How does the decision contribute to the Council's Corporate Plan?

It will allow much easier access from street level and enhance the council's drive to 'promote the City as a retail and visitor destination'. Access for all our visitors from the very young in pushchairs to the mobility impaired will enable them to participate in the 'great things to see and do' that is one of ECC's key strategic objectives.

10. What risks are there and how can they be reduced?

- 10.1 A reduction in public complaints cannot be guaranteed but with proper technical and H&S input, a new lift should ensure risks to the public and associated problems are eliminated. The risks of the current situation are set out in the Principal Health & Safety Officer's investigatory report. These include potential serious injury to the public and infringement of Health & Safety, Disability Discrimination legislation leaving the City Council open to prosecution or legal claims.
- 10.2 Access issues during its installation will need to be proactively managed. This should form part of the build plan with risk assessments, method statements taking into account impact on visitors and footpath users.

11. What is the impact of the decision on equality and diversity; health and wellbeing; safeguarding children, young people and vulnerable adults, community safety and the environment?

The lift will be enclosed; will allow better access from street level as it will have a greater weight bearing capacity. There will therefore be a much reduced risk of the lift becoming stuck due to overloading, arthritic visitors will be able to use the buttons more easily and visitor incidents in general will decrease, such as wheels becoming stuck.

12. Are there any other options?

- 12.1 Continue with current DPAL.
New lift and platform signage and markings have helped alleviate some of the problems when quiet but when busy, staff still need to be present. This does not however remove the risk of trapped wheels and injury.
- 12.1.2 New signage to re-direct visitors to Garden Reception.
Due to the aforementioned issues re Upper Paul St and the 'Bradninch slope', visitors would need an alternative route to be directed via Musgrove Row to ensure a reasonable level access. This would necessitate new street and museum signage, also the expectation that visitors should be prepared to take a long diversion route. This may deter many visitors especially in bad weather.

- 12.2 Restrict users solely to intended group, ie wheelchair users and visitors with mobility problems that would prevent access into the building if the DPAL was not available. However, this would require extra staff presence to manage the lift both inside and outside from 10am – 5pm Tuesday – Sunday. It is also questionable whether staff would be qualified to make a decision as to who has sufficient mobility issues to qualify using the DPAL not to mention the potential risk of confrontation with our visitors who might expect to make use of it.
- 12.3 Close Queen St DPAL
This will entail all visitors with disabilities and other users who cannot use the Queen Street entrance stairs using Garden Reception. It could result in the museum being in contravention of the Disability Discrimination Act as noted in 3.5.3.

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Local Government (Access to Information) Act 1972 (as amended)

Background papers used in compiling this report:-

None

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