

GMMH Board of Directors Meetings

Log of Questions Submitted in Writing from the Public in Advance of Board Meetings

No.	Date of Board Meeting	Date Question Received	From	Agenda Item	Question as Submitted	Trust Response
1	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	Many patients have Secondary Mental Health illnesses. The Cutting of services means that the Trust cannot meet their needs. There was no Engagement or Consultation at the Strategy meetings with regard to the exclusion of patients from User Engagement who have not used the service for over twelve months. Will GMMH abolish this policy of exclusion?	GMMH’s Service User Engagement strategy (2018-21) was written following consultation with over 200 service users, carers and staff from across the Manchester, Bolton, Salford, Trafford and Specialist Services Division footprints. The policy details our commitment to widening participation particularly amongst hard to reach groups and those with protected characteristics. Patients who have been discharged for over 12 months are not excluded as there are occasions when we will ask for people with lived experience. The level of experience required is dependent on the activity. For example, when reviewing the 136 suite in Manchester, it was important to speak to service users who had used the suite so they could share their experiences to improve the environment and care provided. However, when we are looking to co-produce courses for the Recovery Academy for example, we are looking for people to share their lived experience whether they are an existing service user or not.
2a	25.03.19	15.03.19	Alan Hartman on behalf of	20 – Questions	The decision taken by the Trust to stop patients representing other patient’s	GMMH does not exclude people who have not used services for 12 months. Peer Advocacy/Mentorship is flourishing at GMMH. Our commitment to it is clearly outlined in the Trust’s Service User Engagement Strategy and in the underpinning

			Manchester Users Network (MUN)	from the Public	because they have not used the service for twelve months, diminishes true Peer Advocacy and infringes patients' rights. It removes their choice of representation again there was no engagement or consultation. Will The Trust abolish this policy?	<p>Volunteer Policy. There are 111 active volunteers in the Trust, with 117 more in recruitment. 30% of those roles are Peer Mentors.</p> <p>Very few are existing service users and they use their lived experience to support others. Our role description for a Peer Mentor does not state a requirement to be an existing service user. The role asks for lived experience. All are recruited within the legal framework of NHS Employment standards and following the recommendations of the Lampard Review in to the Savile enquiry, ensuring that all of our volunteers are safe and trained to practice.</p>
2b	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	Does the policy on advocacy also prevent Carer's, Family and Friends whom have no experience of Mental Health services from representing patients?	<p>The Trust's Volunteer Policy does ask that Peer Advocates/Mentors have lived experience. This lived experience can be as a service user and/or as a carer. There are many Peer Mentors working in services where carers are supporting carers, for example, at Woodlands Hospital and at Manchester Later Life Services.</p> <p>The Trust has a Carers, Family and Friends Strategy which prioritises listening to carers and supporting them to support their loved one. Under the Mental Health Code of Practice, ensuring carers can support and represent service users when required, is key to the service users treatment and recovery.</p>
3	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	User Engagement meetings organised by GMMH do not allow Service Users to contribute to their agendas. Is this true Service User engagement or tokenistic?	<p>Service user engagement meetings held in Manchester have recently been reviewed so that they are more representative of the localities. Instead of one central Manchester Forum, there is now one each in North, South and Central. The North one is the only meeting to have taken place so far and because all members were not known before the first meeting an agenda was drawn up as a 'starter for ten'. Agenda item 5 was 'agenda items for future meetings' and service users and carers asked for the following which were minuted and will be actioned:</p> <ul style="list-style-type: none"> • Abbreviations to be removed from future agenda's and minutes; • All documents sent prior to meetings available in large print;

						<ul style="list-style-type: none"> Future agenda items be e-mailed to the administrator.
4	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	If patients are doing voluntary work for the Trust and have not used their service for twelve months, will they be called voluntary workers?	Anyone doing voluntary work for the Trust (existing patient, ex patient or member of the public) will be called a Volunteer. However, it is clear in the Trust's Volunteer Policy that all Volunteers should have their role defined in their title. For example, 'Volunteer Peer Mentor' or 'Volunteer Activity Assistant'. This is to ensure people feel valued and it is clear to volunteers, staff, service users and carers what they are there for.
5	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	Mental Health patients doing voluntary work often have their labour exploited and some are financially discriminated against. Some may lose up to 50% of their income. This will lead patients back into hospital or homelessness and at a high risk of suicide or other premature death. All Statutory Mental Health Stakeholders are aware of this situation. Is this is to be continually ignored or will you address this unfair and immoral situation?	There is a section in the Trust's Volunteer Policy, and indeed the Trust's Service User and Carer Engagement Policy about protecting people from being at risk of losing their benefits. Both policies clearly state that staff should not allow people on benefits to work more than 15 hours per week, or if being paid, exceed the permitted earnings allowance of £125.50 per week. GMMH have produced a leaflet for people in receipt of benefits to inform them what they need to consider before volunteering/working with us. Where individuals are existing service users and are in receipt of benefits they are supported to complete the necessary form (which is a PW1) and it is policy to include details in their clinical record to show they are in supportive work activity as part of their longer term goals.

6	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	The GMMH have signed up to the Manchester Mental Health Charter. This is a legally binding contract with the Commissioners. Many Patients agree that GMMH have not kept the principles of the Charter. What action do you intend to take to meet this legal obligation?	GMMH has responded to the Mental Health Charter and has achieved all of its requirements.
7	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	We are asking for independent audit on CPA care-plans. We believe many patients have not got copies of their care plans. You cannot begin to discuss your needs or have your needs met without it. This infringes chapter 4 of the code of practice of the Mental Health Act 1983. Why are so many service users without this vital plan for their <i>recovery</i> ?	Care Plans - including ensuring service users are involved and receive a copy - has been a priority area for GMMH in 2018/19. This priority has been a Quality Account improvement measure and we have undertaken significant work to improve service users receiving a copy of their care plan. We have worked with Manchester University to embed the EQUIP (Enhancing the Quality of User Involved Care Planning in Mental Health) study, which looks at improving collaboration, and have secured someone with lived experience to co-facilitate care planning training moving forward. As an organisation, we support audits of our service user care plans and this is done locally in Manchester. Within our inpatient services, our corporate nursing team review care plan quality metrics to ensure service users have current, meaningful and quality care plans. In our community teams, we have a CPA audit tool which measures its completion and ensures each care co-ordinator has completed a full review of each case. This audit was last completed at the end of 2018 and has recently been reviewed in the North and Central Manchester CPA forum who agreed to a re-audit now PARIS (Our new clinical recording system) is embedded within Manchester teams.
8	25.03.19	15.03.19	Alan Hartman on	20 – Questions	The Psychiatrists at Park House Hospital	Across all our later life teams, we support service users with both organic and functional diagnosis. In January 2019, Trish Dwyer, Service Manager for Later Life

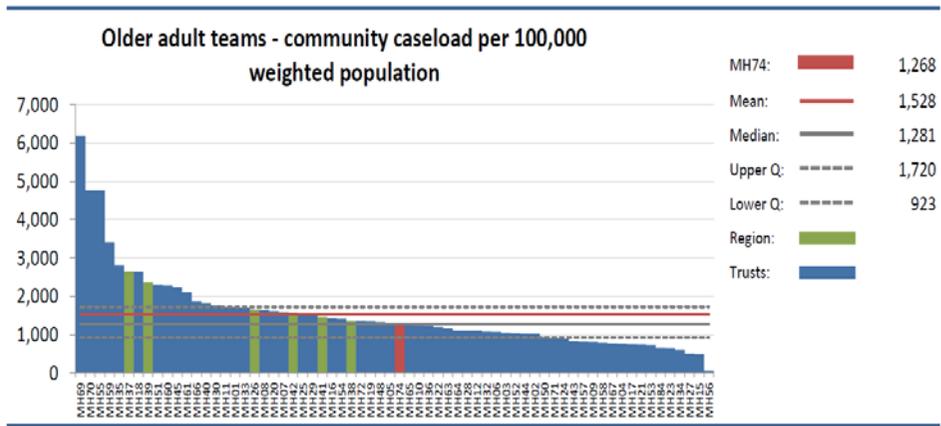
			behalf of Manchester Users Network (MUN)	from the Public	when asked by a patient's GP to refer them for assessment to later- life service are refusing saying it is only for patients with dementia. Can you explain how this confusion has occurred?	Services was able to clarify the GMMH approach at the monthly Manchester User Network Forum.
9	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	No NHS community Secondary Mental Health Services for stepped down patients with Severe & Enduring Mental Illness! GMMH are stepping down many patients with Severe & Enduring Mental Illness from Secondary Mental Health Services. The Service Users have long terms needs which remain the same. The Trust have not got the resources and sadly they will not put this in writing to individuals at risk [Financial Discharge] whom end up victims. They lose benefits or are	GMMH staff are working hard to transform our community offer to service users. During the last 12 months very significant transformative work has taken place to improve the care from our Home Based Treatment services and Community Mental Health Teams (CMHTs). This is ongoing and has been undertaken in collaboration with service users and carers, who have helped design the system. Within this transformative work, a clear CMHT procedure has been developed for supporting recovery and transition to Primary Care. In Manchester, there is currently early engagement and discussion in regards to supporting people in Primary Care services with mental health problems. These discussions are in partnership with General Practitioners, Manchester CCG and GMMH.

					<p>readmitted back into the hospital or even worse some outcomes are premature death! Will you take any action or will the GMMH continue to ignore this serious problem?</p> <p>NB: - <i>Some patients try to go private because of no NHS service, obviously they cannot afford it, so they try insurance and they are told that they must be free of mental illness and not be taking medication for two years before they can become insured.</i></p>	
10	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	How many patients in Manchester are on a CPA?	The number of service users on enhanced CPA is 2,566 (Feb 2019).
11	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users	20 – Questions from the Public	How many patients have been stepped down from a CPA since January 2017?	We are unable to provide this data accurately because the previous Amigos computer system has been replaced with a new health record called Paris. Going forward Paris will ensure data can be presented in a more robust way.

			Network (MUN)																													
12	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	How many patients have been stepped down permanently from services, who have been treated by Mental Health teams for over ten years, since January 2017?	We are not able to provide this specific information in regard to people being treated for over 10 years. Nonetheless, each person is carefully assessed before a decision to change a person's care to primary care and we are working closely with Primary Care and GP colleagues in this area.																										
13	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	How many patients have died after they have been stepped down or had their support diminished (This includes centres such as Harpurhey) since January 2017?	GMMH has a Mortality Group chaired by the Medical Director and has a membership of clinicians from all professions. The Group monitors and analyses any trends in mortality rates across GMMH. The group hasn't identified any trends relating to step-down.																										
14	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	How many patients have been readmitted to hospital that have been stepped down since January 2017?	<p>GMMH regularly monitors readmissions to hospital and below are the recent figures for a 6 month period.</p> <table border="1"> <thead> <tr> <th></th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> </tr> </thead> <tbody> <tr> <td>Percentage investigated</td> <td>100</td> <td></td> <td></td> </tr> </tbody> </table> <p>COMMENT: Each readmission is reviewed by the Specialist Practitioner for Patient Flow, there are no concerns about inappropriate discharge and there are no changes in the themes identified, which continue to be related to: • Increase Alcohol and Drug use • Non concordance with medication • Non-engagement with services following discharge • EUPD</p>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Percentage investigated	100	100	100	100	100	100	100	100	100	100		
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15	25.03.19	15.03.19	Alan Hartman on	20 – Questions	How many Care coordinators are there	There are 102.61 WTE Care Coordinators within Manchester Mental Health Teams.																										

			behalf of Manchester Users Network (MUN)	from the Public	in the Mental Health teams in Manchester?																	
16	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	What is the average case load of a Care coordinator in Manchester?	<p>A significant project to enhance the community teams in GMMH Manchester services is currently underway. As part of this work, National Benchmarking data, which is independently collated, is being used to help us in this work. Please see below National Benchmarking data and the position in Manchester.</p> <p>Working age adult teams - community caseload per 100,000 weighted population</p> <table border="1"> <thead> <tr> <th>Statistic</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>MH74</td> <td>933</td> </tr> <tr> <td>Mean</td> <td>1,340</td> </tr> <tr> <td>Median</td> <td>1,299</td> </tr> <tr> <td>Upper Q</td> <td>1,649</td> </tr> <tr> <td>Lower Q</td> <td>940</td> </tr> <tr> <td>Region</td> <td>-</td> </tr> <tr> <td>Trusts</td> <td>-</td> </tr> </tbody> </table>	Statistic	Value	MH74	933	Mean	1,340	Median	1,299	Upper Q	1,649	Lower Q	940	Region	-	Trusts	-
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17	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	How many patients are there on a CPA and under the Adult Mental Health Teams?	There are 673 people receiving care under enhanced CPA in North Manchester.																
18	25.03.19	15.03.19	Alan Hartman on behalf of	20 – Questions	What is the total amount of hours provided by Care Coordinators?	GMMH is involved in a new national project called the 'Model Hospital' which will help with our understanding of this area.																

			Manchester Users Network (MUN)	from the Public	(Example if there was 10 Care coordinators all providing 30 hours per week each, the total amount would be 300 hours).	
19	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	How many patients are under later life services and what percentage of them have not got dementia?	Each patient has an individual diagnosis so it is not possible to confirm the situation.
20	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	How many care coordinators work under the later life service?	There are 42.80 WTE Care Coordinators within Manchester Mental Health Teams.
21	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	What is the total amount of supported hours provided by Care Coordinators under later life?	Please see answer to Q18.
22	25.03.19	15.03.19	Alan Hartman on behalf of Manchester	20 – Questions from the Public	What is the average case load of a Care Coordinator under later life?	Please see answer to Q16. Please find below the National Benchmarking data in regard to Later Life.

			Users Network (MUN)			 <p>Older adult teams - community caseload per 100,000 weighted population</p> <p>MH74: 1,268 Mean: 1,528 Median: 1,281 Upper Q: 1,720 Lower Q: 923 Region: █ Trusts: █</p>
23	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	<p>Section 132 of the Mental Health Act 1983 says “Managers must provide information to detained and even informal patients.” This practice seems to poorly implement and patients’ rights are infringed. This also can cause a delay and a patient may need to have a longer stay in Hospital then necessary. Some patients do not even know who their named nurse is. What might GMMH do to improve this situation?</p>	<p>The Trust has a new Policy and Procedural Guidance on Patients’ Rights and we are working hard to improve our practice in this area. For example, we have developed a flowchart and guidance to support clinical staff in understanding when and how to read patients their rights. We are also trialling a new system on two wards in Manchester where staff will use surface pro tablets when reading rights to patients. This will ensure that we are recording the conversation in real time.</p>

24	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	We would like to have an independent audit of the clustering system as many patients are moved to cluster 11. It would appear to be in order for GMMH to step them down. E.G. Patients in Cluster 13 on a Section 117 move to cluster 11 they are still on section 117 but are stepped down. Are you going to arrange an independent audit on the clustering?	The decision in regard of someone's care and treatment is not determined by the clustering system. Clinicians are the decision makers in respect of a person's care and treatment in conjunction with the person.
25	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	How many out of area placements have there been since January 2017 and how many in private hospital placements?	OAPs are reported on and monitored on a monthly basis by the Board of Directors via the monthly Board Performance Report, which is publicly available as part of our Board meeting papers. Reducing the number of OAPs in Manchester was a key driver for the acquisition of Manchester Mental Health Trust in 2017. GMMH have undertaken significant work since 2017 with regard to Out of Area placements. This significant work is now showing very positive outcomes with a reduction of 1276 reportable OAPs in April 2018 compared to 1 reportable OAP in February 2019. As a Trust we have also achieved the agreed Greater Manchester trajectory for OAPs reduction (33%) in 2018/19. Considerable work continues to maintain a good quality bed management system.
26	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users	20 – Questions from the Public	How much do these placements cost?	The cost of an OAPs placement varies depending on where the placement is (NHS/private sector), the acuity of service user needs and the commissioning arrangements for purchasing the beds (spot purchase or block contract). Prices can range from £350 to £500 per night. Exact prices are commercially sensitive.

			Network (MUN)			
27	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	What percentage of Service Users leaving the Recovery Academy become employed?	<p>The Recovery Academy is GMMH’s flagship training centre. It provides 64 courses, the majority of which are delivered by people with lived experience of mental health conditions and people who have lived experience of alcohol and drug problems. The Recovery Academy provides an innovative shared learning environment for current and former service users, their families, carers and Trust staff. There are currently 5,800 Recovery Academy students.</p> <p>In respect to your question, the Recovery Academy does not ask students for this information because it is not what Recovery Academies were set up to do. GMMH Recovery Academy follows the national principles for Recovery Colleges published by ImROC. The courses aim to equip students with the knowledge and skills to be able to manage their mental health better alongside any treatment or interventions they may be receiving, or to equip students to support other people if they are a carer or mental health professional. Through the shared learning environment, Recovery Colleges also aim to tackle the stigma associated with mental health. The courses themselves are not professional or vocational in nature and so in themselves would not prepare people for work. That said, it is widely acknowledged through the Five Ways to Well Being that Learning and Employment are two of the factors that contribute to people’s well-being and so it is hoped that attending the Recovery Academy is one of the contributing factors to employment if that is a goal for the individual. Initial research findings (which will be shared once the Peer Review process for research has been conducted) do show increased employment rates for individuals with lived experience, along with reduced social anxiety, but employment is not a primary outcome measure for Recovery Colleges.</p>
28	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	What percentage of Service Users after leaving the Recovery Academy remain in employment for over 12 months?	Please see response to question 27.

29	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	Are there plans to close the PFI (Private Financial initiative) hospital, Laureate House in Wythenshawe?	No. GMMH are currently working with Manchester NHS Foundation Trust (who are responsible for Wythenshawe Hospital) to improve the environment within Laureate House on an ongoing basis.
30	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	Regarding the ten year plan to refurbish Park House, the changing of the dormitories to single rooms. Where are the patients going to go when the refurbishments take place?	<p>The Park House building is considered to be the highest priority in terms of improving environments for GMMH. The unit is currently in the middle of a 40 week £1.6 million pound refurbishment programme that is due for completion in autumn 2019. This work does not entail changing dormitories to single rooms but supports making vast improvements to the environment including new kitchens, bathrooms and generally making areas within the wards safer and more service user friendly. This work will also include improving the safety of Park House by updating the security of our entrances and developing air lock doors for each ward to ensure that service users' and staffs' safety within our building is maximised.</p> <p>As part of this work we have developed a programme of staff and service user engagement events so that everyone can be kept informed, consulted and engaged in these exciting and essential developments. This month, (March) Park House is holding 'Meet the leader' events on each of our wards. These will enable service users and carers the opportunity to meet our senior leaders with the refurbishment high on the agenda of discussions for these meetings</p> <p>With the recent updated service user and carer engagement strategy for GMMH, Park House have ensured that they are at the forefront of this piece of work. Hazel Preston is leading on the service user engagement process for the north division and Alison Mills will be leading on the carers engagement. Engagement with the service users and carers of north Manchester and Park House is an essential element in the current refurbishment and both leaders have been asked to ensure that Park House refurbishment is a standing item on each meeting's agenda.</p> <p>As part of our ongoing engagement strategy, we have developed a Park House newsletter which will be published bi monthly. This will update staff, service users and carers on all current events involving Park House. We have also</p>

						<p>instigated a twitter and social media platform so that improvements and activities can be highlighted and advertised via the #ImprovingParkhouse title. Current refurbishments processes have been planned to ensure that our service users and carers have minimal disturbances with daily updates provided via the wards daily patient meetings.</p> <p>In regards any future plans to refurbish Park House service users and carers will be engaged and consulted throughout this process through trust wide and local engagement events to ensure that views of all are involved in the decision making process of this essential piece of work. The planning for this would involve our estates team to include contingency planning to ensure that our services continue with minimal disruption.</p>
31	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	<p>In-Patients User Engagement is being obstructed by GMMH by deducting short leave time out off the ward, (Example if a patients is allowed 1 hour leave and wants to attend a User's only meeting the hour will be deducted).</p> <p>Leave time is not deducted if in-patients is attending Service provider led engagement meetings, off the ward, which is totally unfair and unequal.</p> <p>What are you going to do address this unfairness?</p>	<p>Our Inpatient Multi-Disciplinary teams all work within the Mental Health Act code of practice and significantly least restrictive principles. All Section 17 leave is risk assessed and care planned accordingly.</p> <p>A service user's leave is individualised and supported in collaboration with the service user and their carer. Requests to attend any community forum are carefully considered and supported if appropriate and safe to do so.</p>

32	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	Some of the most important meetings regarding the building 93 Church Lane M9 5BG held out of the area at Prestwich. Shouldn't, these meetings be held locally in order to include stakeholders such as Joan Tipping and some of the members/committee number of whom have mobility disabilities?	We recognise the need to ensure meetings are held locally. The meetings for the Wellbeing Centre have been held at Victoria Mill in Miles Platting, North Manchester. Stakeholders have been able to attend the most recent meetings.
33	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	Why are the members not receiving the same services now as they were at the old centre because they were reassured that there would be no difference in services?	GMMH remains committed to supporting the same groups and activities which took place prior to the Centre's closure for building works. In the meantime, we are funding adequate space at the Harpurhey Neighbourhood Project to accommodate all the groups and activities, including the cafe, on a temporary basis during the period of refurbishment.
34	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	There have been some fatal and devastating consequences to the members of Harpurhey Day Centre. Why did the trust neglect their duty to support them through the transitional period whilst the	A huge amount of engagement and discussion has taken place in regard to the Harpurhey Centre developments. During the transition to the temporary arrangements at the Harpurhey Neighbourhood Project the working group drew up a list of centre users who might need extra support in adjusting to the new setting and there were visits and organised walks to orientate people to the new location. Since then the working group has continued to meet and consider the support needs of centre users. We recognise that there might be some people who do not attend groups and activities at the Harpurhey Neighbourhood Project who used to use the Wellbeing Centre and the working group will continue to explore ways of supporting them but ultimately is a matter of personal choice and people cannot be compelled to attend.

					reconstruction took place?	
35	25.03.19	15.03.19	Alan Hartman on behalf of Manchester Users Network (MUN)	20 – Questions from the Public	Some of the Fire Exits at Harpurhey Neighbourhood Project not accessible How would you reassure people who operate from the rooms with no safe fire escapes	We are not aware of any current issues with fire escapes at the Harpurhey Neighbourhood Project which was visited by GMMH facilities staff prior to the transfer of groups and met fire safety standards. The working group maintains oversight of the use of facilities at the project and this aspect will be checked again following your query.