
County Durham and Darlington NHS Foundation Trust

Feedback from Public Consultation Event on CDDFT Single Equality Scheme October 2010

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Version: 0.1

1. Purpose of Document

This document presents a compilation of the feedback received at two public consultation events on County Durham and Darlington Foundation Trust (CDDFT) Single Equality Scheme (SES).

This feedback is intended to support the development of a new Strategy/SES to be implemented from April 2011 in line with the Equality Act 2010 revised public sector duties and the Department of Health proposed Equality Delivery System (EDS).

2. Introduction/Background

It is a legal requirement that all public sector organisations have in place a Race, Disability and Gender Scheme which sets out their approach in meeting their public sector duties. Since 2008 CDDFT has had in place a Single Equality Scheme which not only meets our legal obligations but extends its commitment to cover sexual orientation, religion and belief, and age, in line with best practice.

In 2008, CDDFT worked in partnership with Tees Esk and Wear Valley Trust in the development of the SES and action plan to cover the period 2008 to 2011. This SES will expire in March 2011 and therefore it is important that we engage with stakeholders to reflect on the work done to date within CDDFT and consult on what our priorities need to be for the future. This approach is further strengthened by the proposed implementation of a new Single Public Sector Duty through the Equality Act 2010, which will extend the public sector duties to sexual orientation, religion and belief and age, and the Equality Delivery System which is a new performance management approach currently being proposed by the Department of Health. Both of which are expected to come into force in April 2011.

The regional Equality, Diversity and Human Rights Regional Network group are also undertaking consultations with relevant stakeholder groups throughout November and December 2010 which will help to form a regional template for the SES/Strategy to be adopted by NHS organisations within the cluster. This joint working enables economies of scale and also assists in ensuring as broad a representation as possible is collated into a joint template which can then be individualise though feedback from local consultations events undertaken within specific patch areas.

3. Event Arrangements

Two local public consultation events were held, one in Durham and one in Darlington to cover the wide geographical area of services provided by CDDFT:

- 8 October 2010, Blackwell Grange Hotel, Darlington – 2pm to 4pm
- 12 October 2010, Radisson Blu Hotel, Durham City – 2pm to 4pm

Communication aids were provided at the events in the form of the presentation and associated documentation converted into Braille and a lip speaker.

Further local consultation events are being considered specifically to meet the needs of deaf and deafened members of the public and people with learning difficulties.

4. Event Details

The event started with welcome, introductions and an overview of the afternoon's programme.

The reason for the consultation was explained, outlining that due to the nearing expiry of the current Single Equality Scheme in March 2011 and the introduction of the Equality Act 2010, it was time for

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CDDFT to reflect on the achievements to date and consider where our equality and diversity priorities need to be for the future.

A reflection of our journey since the introduction of the SES in 2008 was given. This included a summary of the fantastic equality and diversity work already achieved in relation to the services and workforce provision, whilst we have been progressing through 'Seizing the Future'.

The challenges ahead for CDDFT were then briefly presented which included:

- The Quality Challenge
- Transforming Community Health Services
- Government White Paper Equity and Excellence: Liberating the NHS

Finally recognition was given to what CDDFT needs to consider to strengthen our equality and diversity approach in the future and a number of questions were posed to the attendees to collect their views on how they felt we need to improve.

An opportunity was given at the end of the event for questions and answers.

5. Attendees

A number of stakeholders were invited to attend either the Durham or Darlington events. A list of invited stakeholders is provided at Appendix A.

5.1 Darlington Consultation Event Attendees (14)

Name/Designation	Organisation
Marion Dilley, Associate Director of Nursing	CDDFT
Robert McKewan, Associate Director	CDDFT
Paul Cummings, Head of Workforce	CDDFT
Sue Williams, Personnel Manager	CDDFT
Roy Westhead, Learning & Development Manager	CDDFT
Jillian Wilkins, Equality & Diversity Lead	CDDFT
Gillian Heap	CDDFT
Catherine Minor, Chaplain	CDDFT
James Heap, Governor	CDDFT (Governor)
Betty Hoy, Governor	CDDFT (Governor)
Doreen Barrow, Volunteer	CDDFT (Volunteer)
Jill Salkeld, Patient Liaison	CDDFT
Chairman	GOLD (Growing Older Living in Darlington)
Service Manager	Tees Esk and Wear Valley

5.2 Darlington Consultation Event Attendees (24)

Name/Designation	Organisation
Marion Dilley, Associate Director of Nursing	CDDFT
Robert McKewan, Associate Director	CDDFT
Roy Westhead, Learning & Development Manager	CDDFT
Sue Williams, Personnel Manager	CDDFT
Deborah Turnbull Adams Occupational Health Manager	CDDFT
R Beckwith, Governor	CDDFT (Governor)
B.J. Bell, Governor	CDDFT (Governor)

A Jennings, Volunteer	CDDFT (Volunteer)
Stafford Scholes, Volunteer	CDDFT (Volunteer)
Lip Speaker	S.E.
I.S.W.	Parkinsons UK
Service Manager	TEWV Mental Health Trust
Eileen Dodd, Volunteer	CDDFT (Volunteer)
Alex Murray, Governor	CDDFT (Governor)
Bill Davies, Governor	CDDFT (Governor)
Kay Richards, union representative	UNISON
Sandra White, union representative	UNISON
Isobel Varty, Volunteer	Patient Council
Doreen Kirtley, Volunteer	Patient Council
Bob Howard, Governor	CDDFT (Governor)
Volunteer	Co Deaf
Support Worker	Co Deaf
Project Co-ordinator	GADD
Volunteer	GADD

6. Summary of Feedback received

Each group was asked to respond to five questions which were used to facilitate discussions and help us to form a plan to improve in our approach to equality and diversity within the Trust for the future. The following questions were asked:

- 1) What does the Trust do well?
- 2) How can we improve the provision of healthcare to all?
- 3) Does our information reach the people it needs to and if not how can this be improved?
- 4) How can we increase opportunities for people to fulfil their aspirations and access employment opportunities, attract a representative workforce and retain staff within CDDFT?
- 5) Where do you believe our equality and diversity priorities should be for the future?

6.1 Feedback from questions posed at the Darlington Event

Question 1 - What does the Trust do well?

- Patient experiences for both medical and clinical care is that of excellent service where individual needs are met.
- Executives care and understand issues and support equality and diversity
- Wonderful attention on a patient
- ITAL works well
- Staff are good at listening but not always taking action and feeding back to patients.

Question 2 - How can we improve the provision of healthcare to all?

- Improve communication between services as it can be fragmented and transition needs to be more organised to provide a seamless service
- Need to identify what care provision is available
- Lack of liaison with the discharge team and community team with regard to patient needs
- Lack of joint up working re needs assessment created feeling of vulnerability and lack of confidence
- More joined up working and needs to involve patients and carers
- Improve care and compassion of staff attitudes
- Access geographical issues for patients who are in rural areas like the dales
- More disabled car parking spaces – requirement is to have 5% of car parking for disabled parking however with aging population this may need to be reviewed.

Question 3 - Does our information reach the people it needs to and if not how can this be improved?

- Information good
- Pack available to new patients
- Admissions packs include condition specific and benefits information
- Provision available if required to minority groups but more specific to condition
- Issues re patients not understanding what is said at consultations – usually medical staff. Possibly have another member of staff available to recite discussion or doctors to ensure understanding or ask patients to relay understanding to provide an additional check. Concerns that if patient doesn't understand how can we be sure doctor has understood.

Question 4 - How can we increase opportunities for people to fulfil their aspirations and access employment opportunities, attract a representative workforce and retain staff within CDDFT?

- Volunteer programme to help with gaining experience
- Work experience placements
- Workplace opportunities for people with learning disabilities
- Recruitment process i.e. where we advertise, which media we use
- Support staff with cultural religion and belief issues related to birth/death

Question 5 - Where do you believe our equality and diversity priorities should be for the future?

- Learning disabilities needs to improve too much silo working
- Sharing good practice with other Trusts
- Attracting more young people to volunteering
- Funding associated with religion and belief
- Multi-faith approach and engagement with local faith leaders

6.2 Question and Answers session at Darlington Event

- What does care closer to home mean?

Answer: It means a shift in the emphasis of keeping people out of hospital and at home wherever possible to free up beds and investing in our community services to enable this to happen.

- How do we share good practice between Trusts?

Answer: Good equality, diversity and human rights good practice is shared through the Equality and Diversity regional network where all the E&D leads get together to share good practice and do joint working on projects which could benefit the wider regional NHS community. SHA also undertake benchmarking through a performance framework to see how each organisation is doing against some preset criteria.

- What is the position with single sex accommodation?

Answer: Lots of structural work has been undertaken throughout the Trust to ensure wherever possible single sex accommodation can be provided such as extra bathroom facilities and changes to signage making it more flexible to change male to female or vice versa. We also have portable screens to segregate where needed. When we are unable to accommodate this is recorded as an incident and fully investigated.

6.3 Feedback from questions posed at Durham event

Question 1 - What does the Trust do well?

- Help card useful but need to deliver on needs
- Single sex approach working well
- Specialist nurses
- Good relationship with TEWV mental health Trust

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- Handling complaints
- Overall patient experience is good – ward surveys
- Monthly outcomes reported for WPF and Trust Board – gives staff evidenced based feedback
- Single sex segregation is working well and patients have noticed improvements
- Would recommend to friends

Question 2 - How can we improve the provision of healthcare to all?

- Monitor complaints by faith and sexual orientation
- Staff improved understanding about being deaf
- Age discrimination – some treatments not offered dependant on age
- Clearer understanding of A&E service provision and which type of service to attend
- Improve communication between healthcare professionals
- Want to see feedback incorporated into action plans when issues are identified and communicate it - this is essential
- Separate rooms for patients with certain health conditions

Question 3 - Does our information reach the people it needs to and if not how can this be improved?

- Remove acronyms on slides for public consultation
- Communication team too small
- Use variety of communication methods such as social networking sites
- Don't just rely on internet to communicate information
- Communication re UCC's – to improve provision of ED services/waiting times
- Leaflets in British Sign Language

Question 4 - How can we increase opportunities for people to fulfil their aspirations and access employment opportunities, attract a representative workforce and retain staff within CDDFT?

- Challenge of Transforming community Health Service timescales

Question 5 - Where do you believe our equality and diversity priorities should be for the future?

- Equality impact assessments need to involve service users
- Equality impact assessments need to be evidenced based
- Equality impact assessment on all service changes
- Equality impact assessments need to involve unions all the way along
- Deaf awareness training for staff – by someone who is deaf
- Disability and equality training
- Training and education
- Promoting respect and dignity for all patients to meet their needs
- More proactive approach to engaging with different groups
- No priorities given to protected characteristics to allow level playing field
- Equality and diversity should be a core value
- Union involvement

7. Event Evaluation and Equalities Monitoring

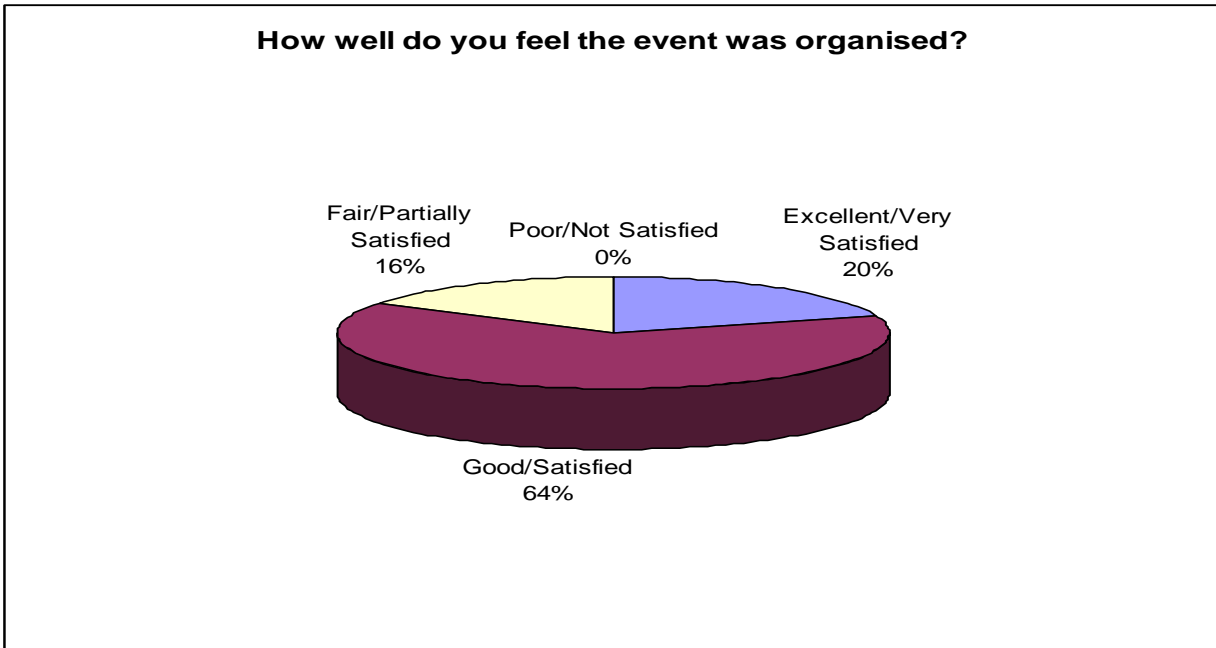
Each attendee was asked to complete an evaluation feedback form and an equalities monitoring form and 26 of the 38 issued were returned. This is a response rate of 68%.

7.1 Event Evaluation

Question 1 – Are you representing a particular group or organisation at this event? Please state:
Responses to this question corresponded with the signing in sheets with regards to representation.

Question 2 – How well do you feel this event has been organised?

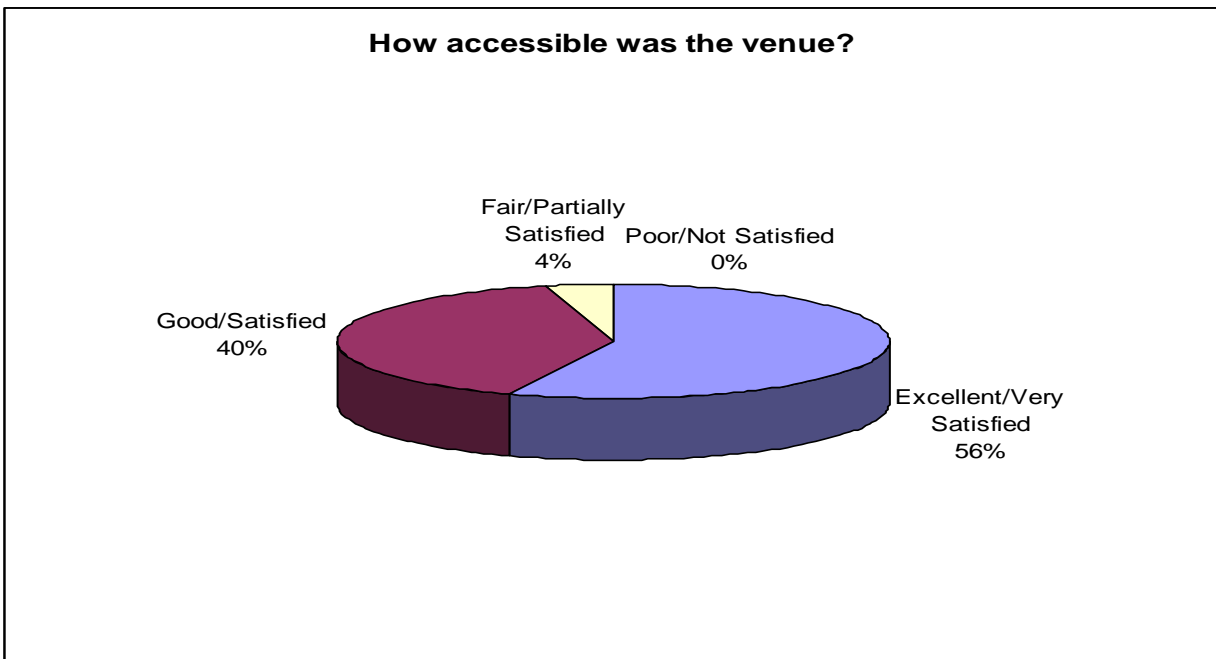
Figure 1



Overall the feedback on how the event was organised was positive.

Question 3 – How accessible was the venue?

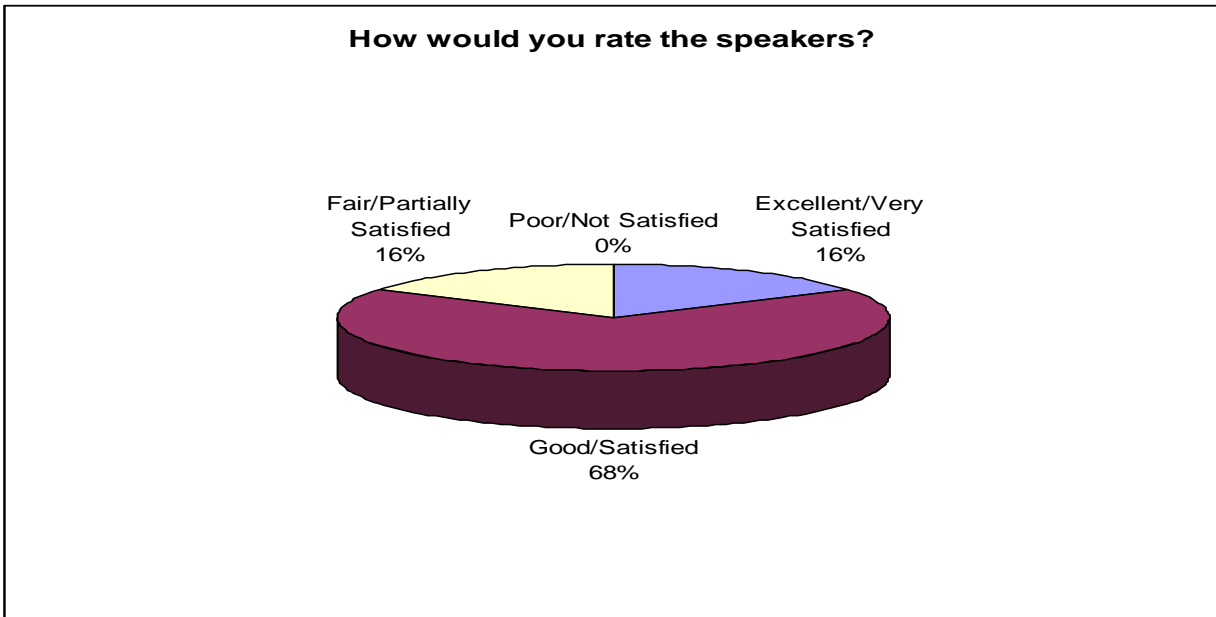
Figure 2



Overall the feedback about the accessibility of the venues has been positive. Only one person has indicated fair/partially satisfied. Future event will need to take into account the layout of the room used so it is not over crowded with chairs. The low attendance at these events in relation to the invitations sent may require further investigation to ascertain if the accessibility of the venue was a barrier to those who did not attend.

Question 4 – How would you rate the speakers at this event?

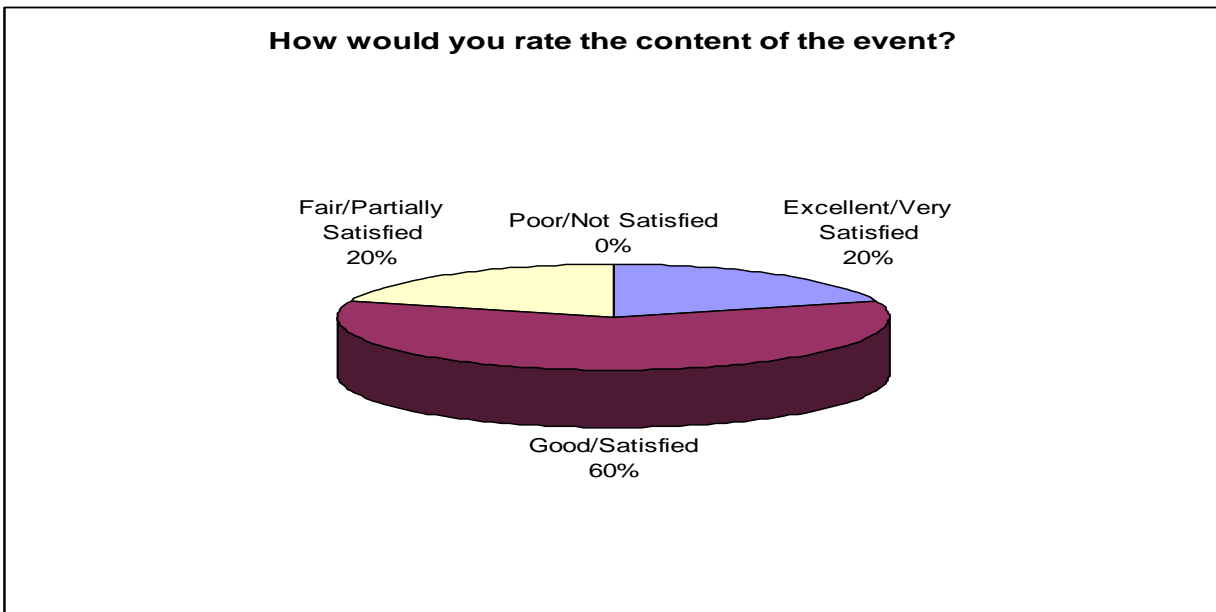
Figure 3



Overall the speakers were rated positively. Improvements in this area can be made in relation to the equipment such as better microphones used for future events and ensuring background noise is kept to a minimum. More advanced planning around the room ergonomics could improve the effective delivery by the speakers. Also more advance organisation of the appropriate communication support and clear introductions when they are being used would help to improve the events.

Question 5 – How would you rate the content of the event?

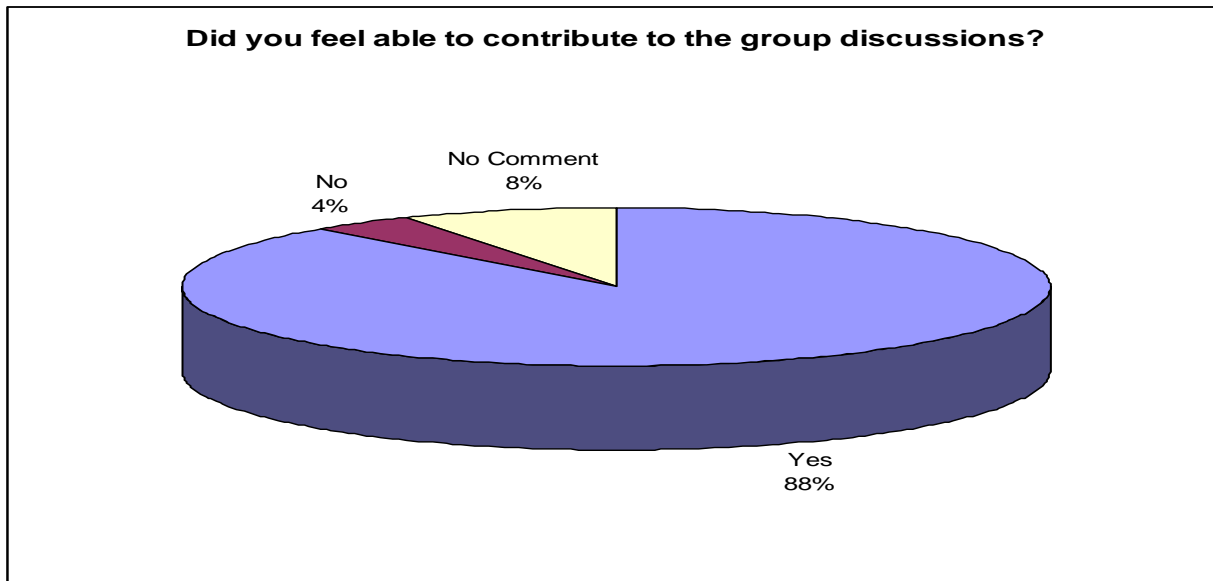
Figure 4



Overall the content of the event was rated positively. Consideration should be given to splitting events to focus on specifically on workforce issues and another to focus on service issues would improve the relevance of the events for the attendees. Consideration should be given to hosting separate events to meet the appropriate support needs of individuals to ensure they can fully participate in the focus groups.

Question 6 – Do you feel you were able to convey your thoughts and opinions during the discussion group?

Figure 5



Overall most people felt they were able to contribute what they wanted to in the group discussions. One person did not and this related to the lack of appropriate communication support to meet their specific individual need. More advance planning in the future will help prevent this from occurring again.

Question 7 – Is there anything you wish to add which was not recorded by the group?

- Being a ward volunteer I did not really have an input but found tasks and discussions very interesting as to how the trust works. Will soon be taking part in PPI so will get a view of what the patients and public feel with the involvement.
- More involvement of diverse groups in equality impact assessments and unions and service users as well as staff. For all changes to services and policies and involvement from start to finish not at the end of the process.
- Need to publish figures re equalities
- Meaningful use of equality and diversity data
- Use of newsletter to publicise events and feedback from events
- I couldn't really participate fully with my group as didn't have communication support suited for me. Missed out on a lot.
- Discussion session needs to be longer
- BAGH (part time public not happy)
- Better microphone
- There is age discrimination, I have proof
- Pleasing to have slides which were clear and could be seen and understood by all people present

Question 8 – What if anything would you change about the event?

- Better introductions to explain why interpreter / lip speaker provided so group can relax as felt a bit stiff
- More time
- Event seemed to be focused on staff development and very little to do with patient/user involvement
- Ensure any questions are asked at end of presentation not interrupted during

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- Venue was nice but better to use a facility which will not cost.
- Be aware of air conditioning drowning and background noise
- More deaf friendly
- Number of chairs in the room – access
- Sound and clearer speech
- Don't rely on internet to advertise events

Question 9 – Is there anyone/group that you think we should invite to our next event?

- Co. deaf, DDS, other deaf/deafened users/groups
- Service development officer, Parkinsons UK North East
- Church groups
- Blind/Vis Impaired
- Mental health patients
- Wheelchair users
- Parents of disabled children
- Carers
- People for whom English is not their first language
- Gay Advice Darlington
- Learning disabilities

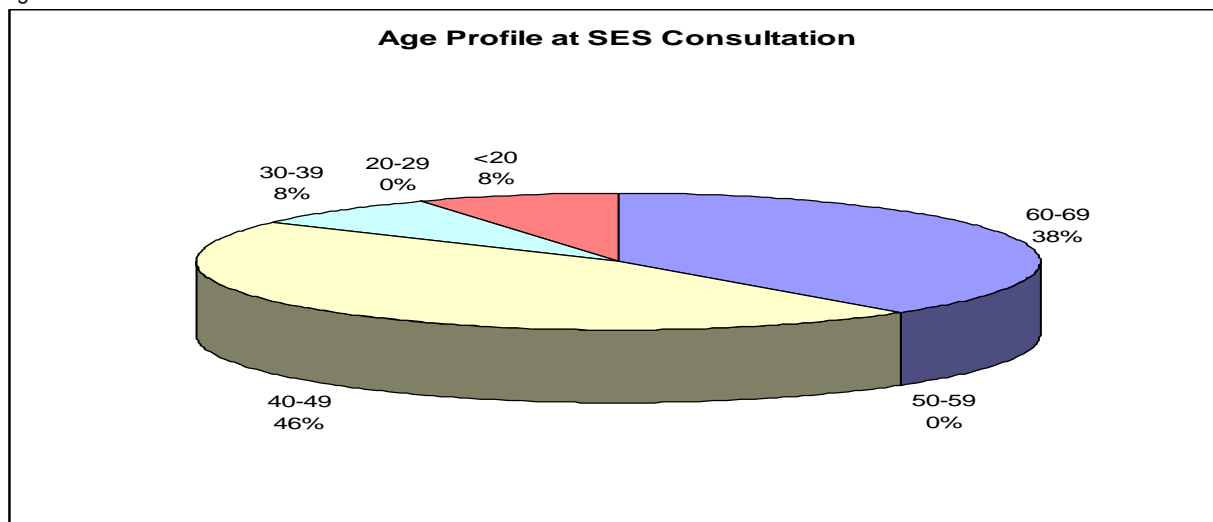
7.2 Equalities Monitoring

Feedback was also received from attendees in relation to the equalities monitoring form used at this event. This included:

- Having transgender as a separate category and not including it under gender
- Adding (Straight) after heterosexual as it make it clear what it means
- Adding a “please state” option for ethnic origin and religion and belief to be more inclusive.

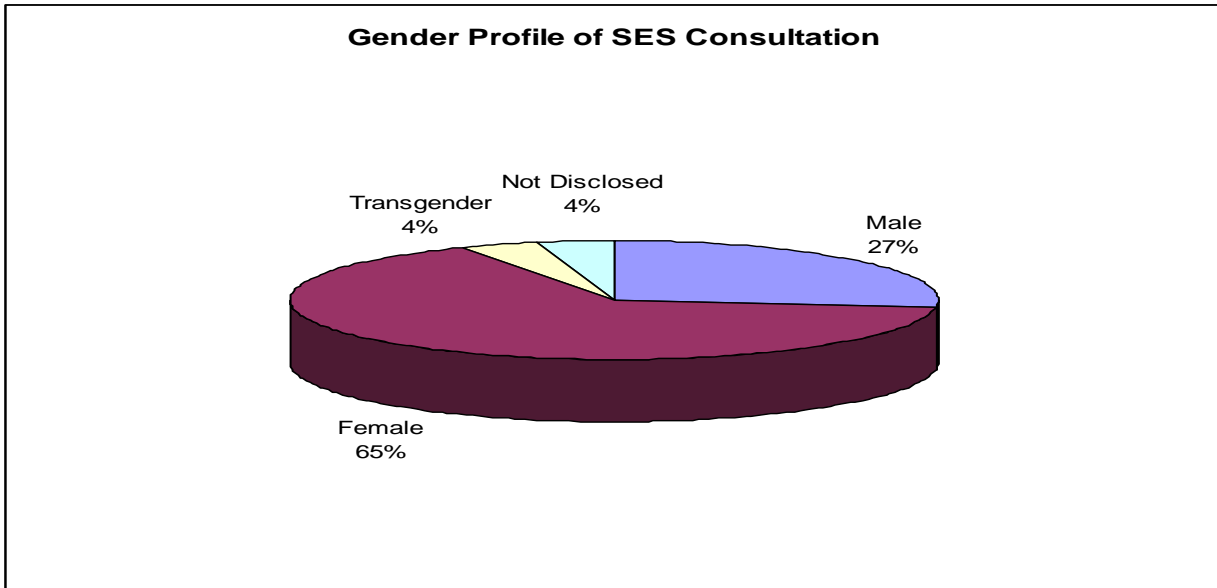
Age Profile

Figure 6



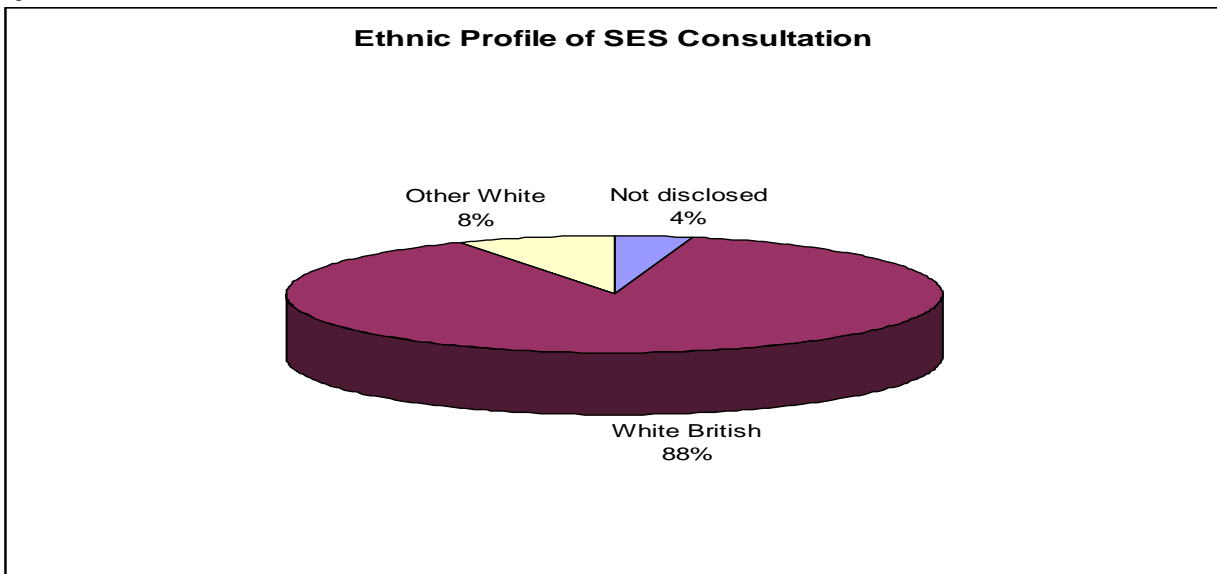
The age profile of the event attendees is shown in figure 6 above and is not representative of the local population.

Figure 7



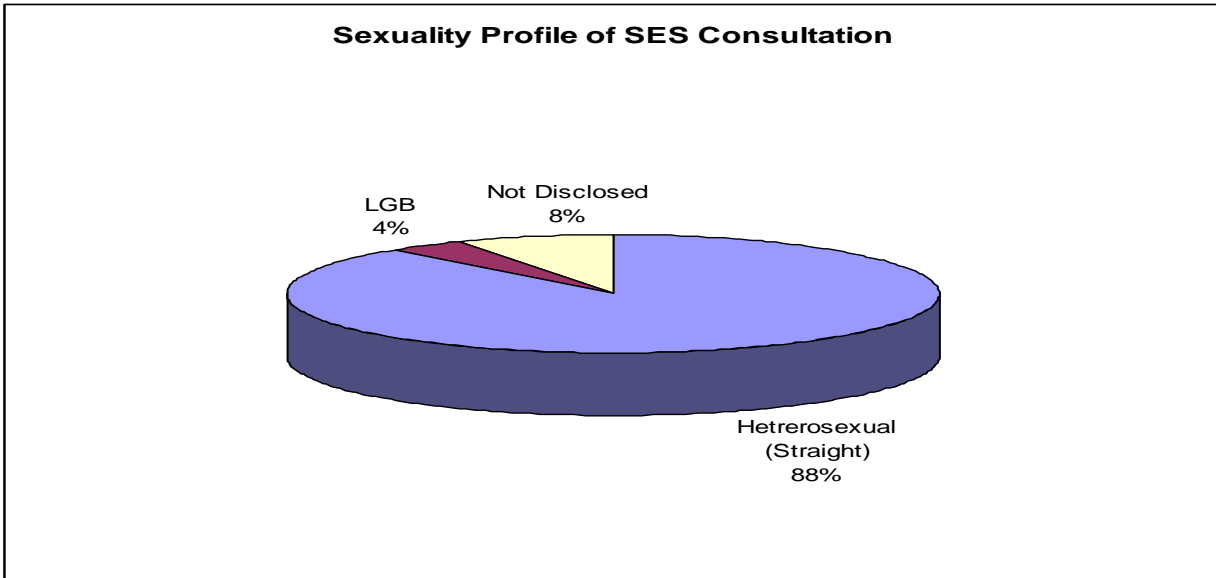
The gender profile of the event attendees shows an over representation of females to males attended the consultation event and 1 transgender person attended.

Figure 8



The ethnic profile of the SES Consultation event shows that 96% of those attended where white, with the remaining 4% did not disclose. This ethnic profile is not representative of the local community

Figure 9



The sexuality profile of the consultation event is shown in figure 9 although this would not be considered representative of the local community as it is estimated that 10% of people would describe their sexual orientation as lesbian, gay or bisexual (LGB) 4% is a fairly good response rate to this question as it has historically been difficult to gather this information. 8% did not disclose their sexual orientation.

Figure 10

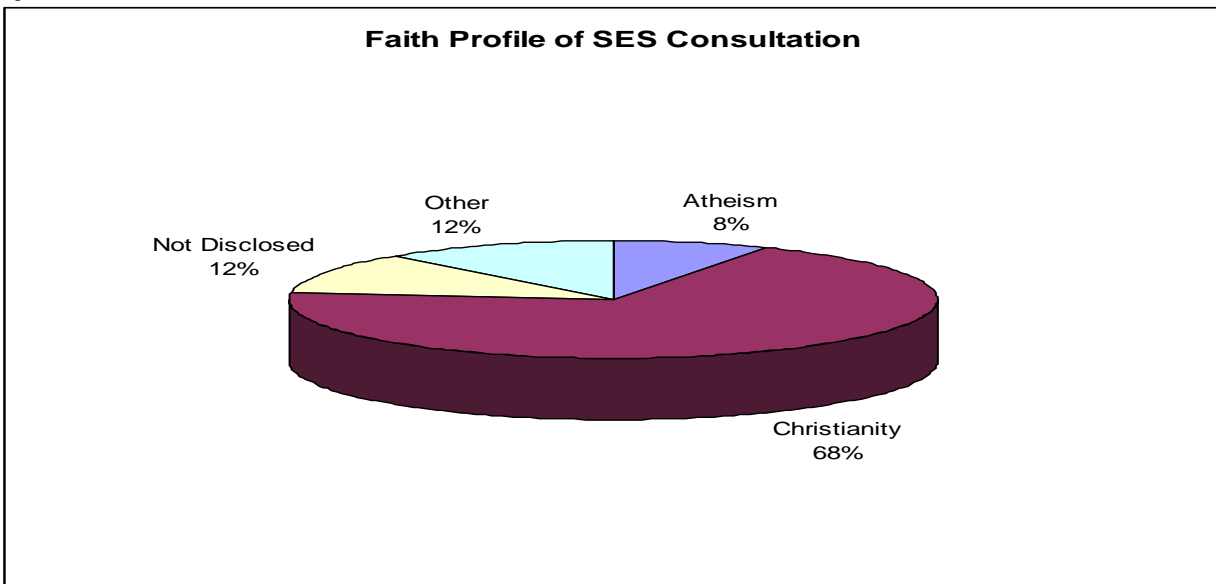


Figure 10 show the religion and belief profile of the SES consultation is broadly representative of the local community of County Durham and Darlington.

Figure 11

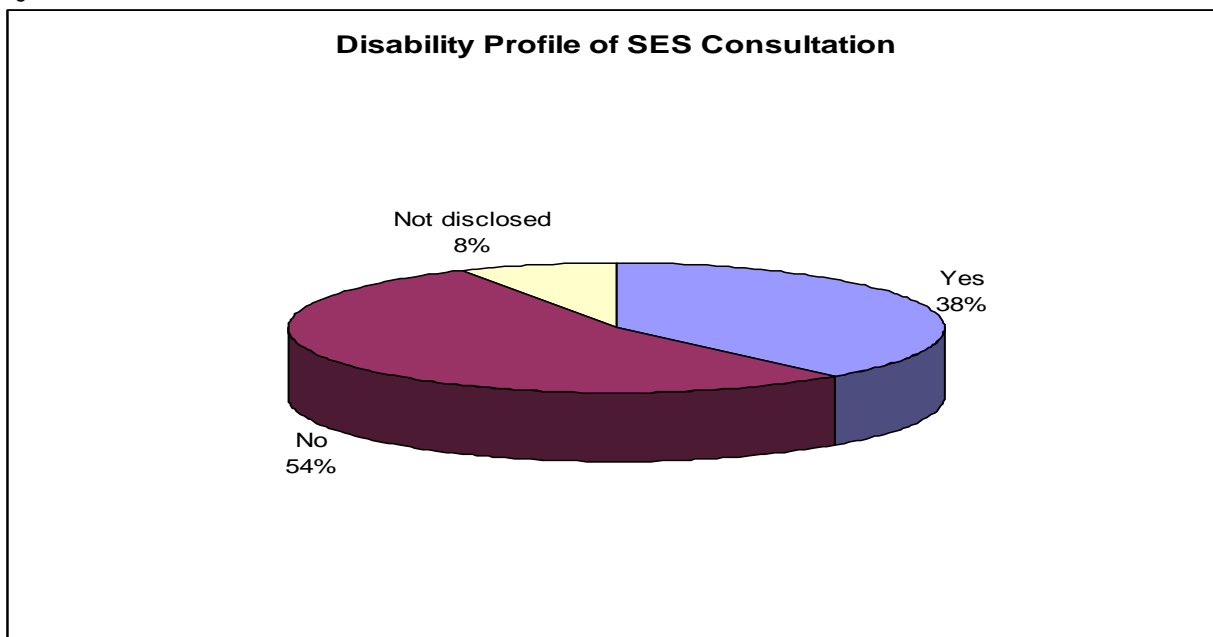


Figure 11 shows that 38% of those which attended the consultation event had a disability.

Overall the quality monitoring data show that further consultation is needed from people from different ethnic backgrounds, more diverse age ranges and more male input.

8. Conclusion

Overall the feedback from staff and public was positive about how CDDFT meets the needs of various different equality groups within society. However the following themes were raised on where we need to focus our effort and how we need to improve in the future:

- No priorities given to protected characteristics to allow level playing field
- Equality and diversity should be a core value
- We need to be better at not just listening but also taking action and building feedback into action plans that can be monitored.
- Need better communication and liaison regarding patients equality needs and also this information to transfer when they are discharged into the community
- More joined up working is needed around learning disabilities
- More car parking spaces for disabled patients
- More monitoring and publishing of equality data in relation to staff and service user complaints
- Educate staff better about specific disabilities such as deaf, specific faith issues re birth and death
- Improve communication when having one to one consultations with patients where English is not the consultants first language
- Invest more in religion and belief and multi-faith approaches driven by engagement with local faith leaders.
- User a variety of mechanisms to communicate information such as social networking sites but don't just rely on internet.
- Patient Leaflets need to be more accessible in different formats
- Volunteering and work experience programmes to be used to attract young people into the NHS and provide workplace opportunities for people with learning disabilities.

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- Equality Impact assessments need to involve service users and unions, be evidence based and conducted on all service changes
- Continue to learn and share good practice with NHS and other organisations.
- Provide better information/justification where treatments are not offered due to age
- Meet the communication needs of deaf/hearing impaired community through providing more variety in how patients can contact the Trust to rearrange appointments or request an interpreter and confirm with the patient once an interpreter has been arranged.

Some of the issues raised were outside of the remit of this consultation. The issues are important feedback and will be forwarded to the Patient and Public Involvement team:

- Clearer understanding of A&E service provision and which type of service to attend
- Separate rooms for patients with certain health conditions
- Communication team too small
- Communication re UCC's – to improve provision of ED services/waiting times
- BAGH (part time public not happy)

9. Action Plan

Action to be taken	Responsible person	Timescale
Incorporate feedback regarding equalities monitoring form into standard monitoring form.	E&D Lead	November 2010
Ensure feedback is sent to participants in appropriate format/language.	E&D Lead	Feb 2010
Low response to consultation events across particular protected characteristic – look at ways to ensure inclusion of views	E&D Lead	Feb 2011
Consider hosting specific events for deaf community and people with Learning Disabilities via LD Parliament	E&D Lead	March 2011
Incorporate feedback from events into new scheme/strategy	E&D Lead	March 2011
Incorporate EDHR network consultation events feedback into revised scheme/strategy	E&D Lead	March 2011
Align scheme/strategy approach with new public sector duties under Equality Act 2010 once the final version is announced following government consultation	E&D Lead	Jan-March 2011
Start to integrate scheme/strategy and action plan with Department of Health Equality Delivery System performance management approach	E&D Lead	May 2011

Jillian Wilkins
Equality and Diversity Lead
November 2010

Title/Organisation	Contact	Area of Equality	Contact/e-mail	Invited?
GOLD (Growing Old Living in Darlington)	Claire Llewelyn,	Age	Town Hall, Darlington DL1 5QT Or 13 Horsemarket, Darlington, DL1 5PW	√
Sure Start	Frank Firth, Nominated Strategic Officer	Age - children	County Hall Durham. frank.firth@durham.gov.uk	√
Children North East,		Age – children	Crossgate Centre, Alexandra Crescent, Co Durham , DH1 4HF	√
Age Concern, Durham	Harriet Gibbon, Chief Officer or Christine Wood	Age – Older people	Age Concern Durham County, 7 Atherton Street, Durham, DH1 4DJ christine.wood@ageconcern-durham.org.uk harriettgibbon@ageconcern-durham.org.uk	√
Investing in Children		Age – Younger people	iic@durham.gov.uk	√
Learning Disabilities Carers Group,	George Cree	Carers – Disability & Age	36, Yiesley Drive, Darlington, DL3 9XS	√
Durham Dales Action for Carers,		Carers – Disability and Age	35 Victoria Road, Barnard Castle, County Durham, DL12 8HR	√
Durham and Chester-le-Street Carers Support,		Carers – Disability and Age	Bullion Hall, Chester Le Street, Co. Durham, DH2 2ES	√
Darlington Carers support Service, ,		Carers – Disability and Age	West Lodge West Crescent , Darlington , DL3 7PS	√

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Title/Organisation	Contact	Area of Equality	Contact/e-mail	Invited?
Derwentside Carers		Carers – Disability and Age	Support, Delves Lane Village Hall Delves Lane, Consett, Co Durham, DH8 7BH	√
Easington District Carers Support		Carers – Disability and Age	5th Floor, Lee House, Yoden Way, Peterlee, Co Durham, SR8 1BB	√
Sedgefield Locality Carers Centre,		Carers – Disability and Age	Suite 3, Avenue House, Greenwell Road Newton Aycliffe, Co Durham, DL5 4DH	√
Durham Disability Voice		Disability	www.durhamdisabilityvoice.org	√
Headway – Durham and Darlington	Alistair White	Disability	ne.regional.co-ordinator@headway.org.uk	√
Parkinson's Support Service	Dawn Gregory-Smith	Disability	Tel: 0844 225 9827 Mobile: 07833 23710 isw.durhamdarlington@parkinsons.org.uk Darlington MS Society, 76 Abbey Close, Darlington, DL3 8NN Durham and District MS Society Graham Livesey, Chair Tel: 01207 571429	√
The Stroke Association Regional Centre		Disability	17 Marquis Court, Team Valley, Gateshead, NE11 0RU (will be able to provide details of local support groups if needed)	√
B.L.I.N.D Blind self help group	Jim Welch	Disability – Blind/Sight impediment	8 Brookside Avenue Crook Co Durham DL15 8LB Website: www.blindlifeindurham.org.uk Email Address: Blind@dsl.pipex.com	√

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Title/Organisation	Contact	Area of Equality	Contact/e-mail	Invited?
			Tel no: 01388 764528	
County Durham Society for the Blind and Partially Sighted	Ms Linda Curtis – Director	Disability – Blind/Sight impediment	Oswald Court Resource Centre 1 Church Lane Durham City Co. Durham DH1 3HF Tel no: 0191 3868175 Website: http://members.aol.com/cdszh/cdsvh.htm Email Address: cdsvh@aol.com County Durham Society for the Blind and Partially Sighted, 4 Red Hill Villas , Durham City, DH1 4BA	√
Darlington Society for the Blind and Partially Sighted,		Disability – Blind/Sight impediment	Gladstone Street Annexe, Gladstone Street, Darlington, DL3 6JX	√
Independence 4 Disability	Miss H.Blackburn – Secretary	Disability - children	14 Lynndale Wolsingham Co. Durham DL13 3JA 01388 526862	√
Durham Deafened Support,		Disability – Hearing impediment/Deaf	Suite 4, Lee House, Yoden Way, Peterlee, SR8 1BB	√
Co.deaf Zone,		Disability – Hearing impediment/Deaf	Spennymoor Day Centre, Barnfield Road, Spennymoor, Co Durham, DL16 6EA	√
NHS County Durham and Darlington PCT.	Ben Smith	Disability – Learning Disabilities	bensmith1@nhs.net	√

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Title/Organisation	Contact	Area of Equality	Contact/e-mail	Invited?
(Learning Disability Project Manager Commissioning, Durham)				
Learning Disability Parliament	Brian Smith	Disability – Learning disability	brian.smith@durham.gov.uk	√
Learning Disability Parliament Facilitator	Paul James	Disability – Learning Disability	Rivergreen Centre, Aykley Heads, Durham DH1 5TS Paul.Richard.James@durham.gov.uk Email message in size 18 print	√
Learning Disability Nurse,	Elaine Lincoln,	Disability – Learning Disability	Old trust HQuarters UHND.	√
Learning Disability Lead, CDDFT	Dawn Cook	Disability – Learning Disability	dawn.cook@cddft.nhs.uk	√
County Durham and Darlington Mental Health Service User and Carer Forum,	c/o Kate Harrington,	Disability – Mental Health	NHS County Durham and Darlington, Abbey Road Business Centre, Pity Me, Co Durham	√
MHSOP (mental health services for older people) Steering Group, c/o	Elizabeth Shaw, Patient & Public Involvement Officer,	Disability – Mental Health and Age-Older people	Central Resources, Lanchester Rd, Durham DH1 5RD	√
Middlesbrough Mind	Dawn Downey, Jane Booth,	Disability – Mental Health	Dawn.downey@middlesbroughmind.org.uk 01642 649099 Jane.booth@middlesbroughmind.org.uk 01642 649099	√
Mencap Durham		Disability – Mental Health	Moreton House High Street, Carrville, Durham, County Durham DH1 1BE 0191 384 4205	√

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Title/Organisation	Contact	Area of Equality	Contact/e-mail	Invited?
Dementia Collaborative,	Eileen Aylott (Matron)	Disability and Age	Memorial Hall, Darlington Memorial. eileen.aylott@cddft.nhs.uk	√
Alzheimers Society,	Louise Bainbridge,	Disability and Age	nne@alzheimers.org.uk Alzheimers Society Darlington Branch, Suite 40, Evans Business Centre, Unit 1, Stephenson Court, Skippers Lane Industrial Estate, Middlesbrough, TS6 6UT Alzheimer's Society, South Approach, Bullion Lane, Chester-le-Street, Co Durham, DH2 2DW	√
DAD - Darlington Association on Disability (Carers, Darlington)	Geoff Newton	Disability and Carers	Darlington Association on Disability 20-22 Horsemarket , Darlington DL1 5PT 01325 254846 mail@darlingtondisability.org	√
Local Councils (Parish and Town Councils)	Vicky Prendergast	Generic	vicky.prendergast@durham.gov.uk	√
Equality North East		Generic	Metropolitan House, Longrigg, Swalwell, Gateshead, NE16 3AS Tel: 0191 495 6262 Fax: 0191 495 6263 Email: info@equality-ne.co.uk	Invite sent

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Title/Organisation	Contact	Area of Equality	Contact/e-mail	Invited?
Public Governors	c/o Donna Swan	Generic	Donna.swan@cddft.nhs.uk	√
DCC / Partnerships and Community Engagement	Mara Thompson	Generic - All underrepresented groups throughout County Durham	mara.thompson@durham.gov.uk	√
DCC / Community Development	Derek Snaith - North Paula Nixon - South Jason Turnough - East	Generic – access to some smaller groups throughout County	derek.snaith@durham.gov.uk paula.nixon@durham.gov.uk jason.turnough@durham.gov.uk	√
LINK (Local Involvement Network) Durham,	Alesha Aljeffri	Generic - ALL	Pioneering Care Centre, Cobblers Hall, Off Burn Lane, Newton Aycliffe, Co Durham, DL5 4SF alesha@pcp.uk.net	√
LINK Darlington		Generic - ALL	d.lax@carersconfederation.co.uk	√
NHS County Durham and Darlington PCT Patient t & Public Involvement Manager	Verna Fee,	Generic - ALL	John Snow House. verna.fee@nhs.net	√
Valuing People Co-ordinator,	Mike Cleasby,	Generic - ALL	Darlington Borough Council, Darlington Arts Centre, Darlington DL3 7AX Mike.Cleasby@darlington.gov.uk	√
CAVOS,	Gillian Fortune, Chief Officer,	Generic - ALL - Voluntary and Community Sector	20 High Street, Spennymoor, Co. Durham, DL16 6DB	√
Chester-le-Street and District CVS,		Generic - ALL - Voluntary and Community Sector	The Volunteer Centre, Clarence Terrace, Chester-le-Street, Co. Durham, DH3 3DQ	√
Derwentside CVS,		Generic - ALL - Voluntary and Community Sector	The Tommy Armstrong Centre , Clifford Road, Stanley, Co Durham, DH9 0XG	√

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Title/Organisation	Contact	Area of Equality	Contact/e-mail	Invited?
Darlington CVS,		Generic - ALL - Voluntary and Community Sector	Church Row, Darlington, DL1 5QD	√
Durham City District CVS,		Generic - ALL - Voluntary and Community Sector	3 Redhill Villas, Durham, DH1 4BA	√
Weardale Community Partnership Ltd		Generic - ALL - Voluntary and Community Sector	Weardale Hub, 85b Front Street, Stanhope, Bishop Auckland, Co Durham, DL13 2UB	√
East Durham Trust,	Malcolm Fallow, Chief Executive	Generic - ALL - Voluntary and Community Sector	1 - 3 Upper Chare, Castle Dene Shopping Centre, Peterlee, County Durham, SR8 1BW	
2D	Michael Armstrong, Chief Officer	Generic - ALL - Voluntary and Community Sector	Unit 9, Crook Business Centre, New Road, Crook, County Durham, DL15 8QE	√
One Voice		Generic - ALL - Voluntary and Community Sector	http://www.onevoice.co.uk	√
VONNE		Generic - ALL - Voluntary and Community Sector	9th Floor Cale Cross 156 Pilgrim Street Newcastle upon Tyne Tyne and Wear NE1 6SU Tel: 0191 233 2000 Fax: 0191 222 1998 Email: vonne@vonne.org.uk Web: http://www.vonne.org.uk/home/ INVITE POSTED	
UNISON	Kay Richardson	Generic		√
GAAD – Advice on LGBT issues	Emma Roebuck	Lesbian, gay, bisexual and transgender	cjw@gayadvisedarlington.co.uk Gay Advice Darlington (covers County Durham)	√

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Title/Organisation	Contact	Area of Equality	Contact/e-mail	Invited?
			as well), 9 Duke Street, Darlington, DL3 7RX	
BECON – BME infrastructure support in County Durham	Stuart Harvey	Race	stuart@becon.org.uk	√
BME (Black & Minority Ethnic) Community Development Well Being Service,		Race – BME	Merrington House , Merrington Lane Industrial Estate, Spennymoor DL16 7UT 0191 301 3851 bmservice@mentalhealthmatters.co.uk	√
BME Community Development Service,		Race – BME	Momotas Begum, Mental Health Matters, c/o Merrington House, Spennymoor	√
DCC / Inclusion Manager – Gypsy Roma Travellers Liaison	Scott McNally	Race – Gypsies and Travellers	Scott.McNally@durham.gov.uk	√
Gypsy Traveller Liaison Services	Ruth Scott	Race – Gypsies and Travellers	ruth.scott@durham.gov.uk	√
DCC / Partnerships and Community Engagement & Durham Interfaith Network	Ian Hunter- Smart	Religion and Belief	Ian.HunterSmart@durham.gov.uk	√
North East Regional Faiths Network (NERFN)		Religion and Belief	Email: info@nerfn.org Website: http://www.nerfn.org/ 0191 3735453	√
Faith Matters		Religion and Belief	Faith Matters Suite E12, Joseph's Well, Hanover Walk, LS3 1AB info@faithmatters.co.uk 0113 245 6444 Website: http://www.faithmatters.co.uk/	√

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Title/Organisation	Contact	Area of Equality	Contact/e-mail	Invited?
The Business of Faith		Religion and Belief	<u>St Ethelburga's Centre</u> <u>78 Bishopsgate</u> <u>London EC2N 4AG</u> Tel: 020 7496 1610 Fax: 020 7638 1440 info@thebusinessoffaith.org http://www.thebusinessoffaith.org/religionlaw.htm	✓
Hindu Nari Sangh	Shobha Srivastava	Religion and Belief	shobas@talktalk.net	✓
Jewish Community Link	Naomi Shaw	Religion and Belief	Naomi.shaw@ntlworld.com	✓
		Gene		
CDDFT Sexual Health Systems Manager	Debra Chalmers			

Governors

Title	First Name	Surname	Invited?
Mr	Keith	Atkinson	✓
Mr	Roy	Beckwith	✓
Mrs	Brenda	Bell	✓
Mrs	Adele	Bone	✓
Mrs	Janet	Brown	✓
Mrs	Jean	Brown	✓
Mr	Colin	Burnett	✓
Cllr	Veronica	Copeland	✓
Mrs	Lesley	Crawford	✓
Mrs	Barbara	Dyer	✓
Mrs	Gill	Findley	✓
Mr	Douglas	Forster	✓
Mrs	Carole	Fletcher	✓
Cllr	Peter	Freitag	✓

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Mr	James	Heap	√
Mr	Bob	Howard	√
Mrs	Betty	Hoy	√
Mr	Kevin	Hull	√
Ms	Carole	Bailey	√
Cllr	Eunice	Huntington	√
Mr	Ian	Jennings	√
Prof	Paul	Keane	√
Mr	Robert	Kent	√
Dr	Nigel	Martin	√
Dr	Robin	Mitchell	√
Mr	Alex	Murray	√
Mr	William	Davies	√
Dr	Oliver	Schulte	√
Mr	John	Short MBE	√
Mr	Royston	Stephens	√
Mrs	Kay	Stewart	√
Mrs	Pat	Taylor	√
Mrs	Dorothy	Teasdale	√
Mrs	Kath	Toward	√
Dr	Paul	Walton	√
Mr	Lawrence	Welsh	√