



<p><b>Application Exemptions:</b></p> <ul style="list-style-type: none"> <li>• Prejudice to effective conduct of public affairs</li> <li>• Personal Information</li> <li>• Info provided in confidence</li> <li>• Commercial interests</li> <li>• Info intended for future publication</li> </ul>	<p>IMPORTANT:</p> <p>If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.</p> <p>Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.</p>
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**Equality & Diversity impact assessment**

Are there concerns that the policy/service could have an adverse impact because of:	Yes	No
Age		✓
Disability		✓
Sex (gender)		✓
Race		✓
Sexual Orientation		✓
Gender reassignment		✓
Religion / Belief		✓
Pregnancy and maternity		✓
Civil Partnership & Marriage		✓

If YES to one or more of the above please add further detail and identify if full impact assessment is required.

**Next steps**

**Appendices**

**Strategic Objectives supported by this report**

Improving Quality		Maintaining financial sustainability	
Transforming how cancer care is provided across the Network		Continuous improvement and innovation	
Research		Generating Intelligence	

### Link to the NHS Constitution

Patients		Staff	
Access to health care		<i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff support	
Quality of care and environment		<i>Being heard:</i> <ul style="list-style-type: none"> <li>• Involved and represented</li> <li>• Able to raise grievances</li> <li>• Able to make suggestions</li> <li>• Able to raise concerns and complaints</li> </ul>	
Nationally approved treatments, drugs and programmes			
Respect, consent and confidentiality			
Informed choice		Fair pay and contracts, clear roles and responsibilities	
Involvement in your healthcare and in the NHS		Personal and professional development	
Complaint and redress		Treated fairly and equally	

## Declarations of Interest Form

	<b>Declarations of Interest Form</b>
<b>Full Name: (Please Print)</b>	Deborah Anne Francis
<b>Department:</b>	BOARD
<b>Tel No:</b>	07885471668
<b>Position Held in Trust</b>	NON EXECUTIVE DIRECTOR
<p>In accordance with the Trust's corporate policy on Code of Conduct, professional codes of conduct, Standing Orders and Financial Reporting Standard FRS8, I list below my relevant interests for inclusion in the Register of Interests.</p> <p style="text-align: center;"><b>If in doubt, declare below</b></p>	

Area of where conflicting exist may exist	Declaration Please list personal or specific interest to a contract or other employment whether paid or non-paid voluntary or other non-paid work.	Financial Transactions/ salary or Benefits in Kind- (Please estimate if not yet known)
<u>SECONDARY EMPLOYMENT</u> List Public or private employment including consultancies and self employment. Please also include employment or voluntary appointments at other NHS employers/organisations.		
<u>DIRECTORSHIPS</u> List Public or private appointments, employment or consultancies. Company directorship's in private or limited companies	MANAGING DIRECTOR – DIRECT RAIL SERVICES LTD	150K + BONUS
<u>INTEREST IN COMPANIES AND SECURITIES</u> List Substantial interest is ownership or part ownership of private companies, businesses or consultancies that undertake or maybe seeking to undertake business with the NHS.	NIL	
<u>PERSONAL OR DEPARTMENTAL SPONSORSHIP</u> List a personal or departmental interest in any part of the pharmaceutical industry or Sponsorship or funding from a known NHS supplier or associated company/subsidiary, e.g. funding research, staff or equipment	NIL	
<u>Position in Charity or Voluntary organisation</u> Please list the position and interest whether or not the charity is relevant to the NHS	CHAIR – CUMBRIA EDUCATION TRUST	NONE
<u>ANY OTHER INTEREST</u> List any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests. This may include land or buildings that you may seek to sell, rent or lease to the NHS.	CHAIR OF NORTH WEST WOMEN IN RAIL	NONE

I declare that the information I have given on this form is correct and complete and that I will not create a conflict of interest between my NHS employment and an external body/organisation or my personal business interests. I understand that if I knowingly provide false information or fail to disclose relevant information this may result in disciplinary action and I may be liable to prosecution and/ or civil proceedings. I consent to the disclosure of information on this form to review by the organisations Auditors and understand the form may be reviewed for the purpose of fraud prevention and detection by NHS Counter Fraud Specialists. I agree to submit further notices in order to bring up to date information given in this notice and will declare any interest I acquire after the date of this notice.

Signed: 

Date: 11/8/17

OR I have no interests to declare and I confirm a **nil declaration**

Signed:

Date: