

---

February 2016

---

# **Board of Directors Register of Interests**

---



# Contents

Description of interests to be registered..... 2

Registered entries for members of Clatterbridge Pharmacy Ltd, Board of Directors

Graham Aitken ..... 3

John Andrews ..... 4

Helen Clark ..... 5

Declarations of Interest Form	
<b>Full Name: (Please Print)</b>	
<b>Department:</b>	
<b>Tel No:</b>	
<b>Position Held in Trust</b>	
<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><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		
<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.		
<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		
<u>Position in Charity or Voluntary organisation</u> Please list the position and interest whether or not the charity is relevant to the NHS		
<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.		

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:
OR I have no interests to declare and I confirm a <b><i>nil declaration</i></b>	
Signed:	Date:

<b>Declarations of Interest Form</b>	
<b>Full Name: (Please Print)</b>	Graham Reynard Aitken
<b>Department:</b>	Corporate
<b>Tel No:</b>	
<b>Position Held in Trust</b>	Chairman/NED
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.	
<b>If in doubt, declare below</b>	

<b>Area of where conflicting exist may exist</b>	<b>Declaration</b>	<b>Financial Transactions/ salary or Benefits in Kind- (Please estimate if not yet known)</b>
<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.	Reynard Aitken Associates Ltd – Executive Director Health & Safety Executive – Independent Member of the Audit Committee Health & Care Professions Council – Fitness to Practice Panel Chair GOTODOC Ltd (trades as GtD) and GTD Primary Care Ltd – Business Advisor	N/A
<u>DIRECTORSHIPS</u> List Public or private appointments, employment or consultancies. Company directorship's in private or limited companies.	Reynard Aitken Associates Limited – Executive Director Healthier Futures CIC – NED Solutions SK Limited - NED Waste Solutions SK Limited – NED Independent Solutions Limited – NED One Manchester Limited – (inc subsidiary companies) – NED/Director* The Clatterbridge Pharmacy Limited – Chairman/NED	£7k pa
<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.	N/A	
<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.	N/A	
<u>Position in Charity or Voluntary organisation</u> Please list the position and interest whether or not the charity is relevant to the NHS.	N/A	
<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.	Magistrate – Trafford Bench Member: <ul style="list-style-type: none"> <li>• Institute of Chartered Accountants (Scotland)</li> <li>• Institute of Directors</li> <li>• Chartered Management Institute</li> </ul>	

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: 18<sup>th</sup> January 2016

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

Signed:

Date:

<b>Declarations of Interest Form</b>	
<b>Full Name: (Please Print)</b>	John Andrews
<b>Department:</b>	Clatterbridge Pharmacy Ltd
<b>Tel No:</b>	
<b>Position Held in Trust</b>	Director
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.	
<b>If in doubt, declare below</b>	

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.	Deputy Director of Finance – The Clatterbridge Cancer Centre	
<u>DIRECTORSHIPS</u> List Public or private appointments, employment or consultancies. Company directorship's in private or limited companies.	Director - Gledhill Housing Management Ltd	
<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.	None	
<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.	None	
<u>Position in Charity or Voluntary organisation</u> Please list the position and interest whether or not the charity is relevant to the NHS.	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.	Member: <ul style="list-style-type: none"> <li>• Chartered Institute of Public Finance &amp; Accountancy (CIPFA)</li> <li>• Healthcare Financial Management Association (HFMA)</li> </ul>	

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 <sup>th</sup> February 2016
OR I have no interests to declare and I confirm a <b>nil declaration</b>	
Signed:	Date:

<b>Declarations of Interest Form</b>	
<b>Full Name: (Please Print)</b>	Helen Clark
<b>Department:</b>	Clatterbridge Pharmacy Ltd
<b>Tel No:</b>	4684
<b>Position Held in Trust</b>	Executive Director
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.	
<b>If in doubt, declare below</b>	

Area of where conflicting exist may exist	Declaration	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.	Chief Pharmacist – The Clatterbridge Cancer Centre  Ad hoc advisory boards for pharmaceutical companies	Est £2,000 per annum
<u>DIRECTORSHIPS</u> List Public or private appointments, employment or consultancies. Company directorship's in private or limited companies	None	
<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.	None	
<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	Pharmaceutical sponsorship for <b>CCC</b> pharmacy staff for educational meetings	Est £2,000 per annum
<u>Position in Charity or Voluntary organisation</u> Please list the position and interest whether or not the charity is relevant to the NHS	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.	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: 3 <sup>rd</sup> February 2016
OR I have no interests to declare and I confirm a <b>nil declaration</b>	
Signed:	Date: