

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Patients Wills

Effective: December 2011

Review: December 2014

1 Summary

The following details information for dealing with patients who wish to make a will while they are under the care of Newcastle upon Tyne Hospitals NHS Trust. Key individuals involved with this procedure are the Assistant to the Chairman and Chief Executive and members of Corporate Services.

2 Patient Requesting to Make a Will

- 2.1 If a patient, while under the care of Newcastle upon Tyne Hospitals NHS Trust, asks a member of staff if they can make a will the clinical and administration staff should assist the patient with this.
- 2.2 Once a request by a patient has been made the patient should be advised that a solicitor should be contacted. Under most circumstances the patient should be encouraged to have a solicitor present when making a will.
- 2.3 If the patient has their own solicitor, or wishes to have a solicitor present, then a solicitor should be contacted and asked to come into the Hospital at a time convenient to the patient.
- 2.4 If the patient does not have a solicitor, or does not wish to have a solicitor present, then the patient is able to make a will themselves.

3 Patients Making a Will without the Presence of a Solicitor

- 3.1 Assistance can be offered to patients who wish to make their own will.
- 3.2 If a will is to be drawn up the Assistant to the Chairman and Chief Executive must be contacted for advice.
- 3.3 In order for a patient to draw up a will the patient must be declared in "Sound Mind, Memory and Understanding" by a member of the Medical staff. It is good practice to include a Doctors record of this within the patient's notes.
- 3.4 The patients own signature and 2 witness signatures must be obtained on the will document. These 2 signatures must be administered by 2 different people who are not related to the patient by blood or marriage. In addition the will must never be witnessed by a person who is a beneficiary, or by someone who is to act as a professional Executor of the will. It is the responsibility of the witnesses to witness the signature of the patient. Nursing staff should not witness the will.

The will document should be dated and set out in clear simple language stating what the person making the will wants done with their property after death and should, preferably appoint an executor or executrix.

- 3.5 If a will is to be drawn up the Assistant to the Chairman and Chief Executive extension 26055 should be contacted and they will arrange for 2 witnesses to sign the will.
- 3.6 Should it be imperative that a will be drawn up out of "Office Hours" then the witnesses to the patients signature will be the officer on-call and the most senior member of the portering staff on duty at the time.

4 Monitoring

During the period of the policy, a review of patient wills during the previous twelve months will be undertaken and the results considered by the Chief Executive's office to ensure that practice complies with the Trust policy.

Any comments, queries or suggested amendments should be addressed to the Assistant to The Chairman and Chief Executive.

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Patient Wills	Policy Author:	Sandra Bessford, Assistant to CEO
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)		
	• Race *	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender *	No	
	• Culture	No	
	• Religion or belief *	No	
	• Sexual orientation including lesbian, gay and bisexual people *	No	
	• Age *	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	No	
	• Gender reassignment *	No	
	• Marriage and civil partnership *	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	N/A	
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	N/A	
4(b).	If so can the impact be avoided?	N/A	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
4(d).	Can we reduce the impact by taking different action?	N/A	

Comments:	Action Plan due (or Not Applicable): N/A
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Name and Designation of Person responsible for completion of this form: Sandra Bessford, Assistant to CEO Date: 01/12/2011

Names & Designations of those involved in the impact assessment screening process:

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.