



**Royal Cornwall Hospitals**  
NHS Trust

# **Supporting Adult Patients Wanting to Self-Discharge Against Medical Advice Policy**

**V5.0**

**November 2023**

## Summary

- Please complete:
  - Electronic Incident Reporting System: Datix
  - The [CHA2923 Self Discharge of an Adult](#) form, which the patient will need to sign - record in medical notes.
- If the adult is at risk as a result of self-discharge:
  - Contact GP and contact:  
Adult Safeguarding team via the Single Point of Access (SPOA) Tel: 01872 255741  
(please leave a message if out of office hours)
- Council Adults Safeguarding team Tel: 0300 123 4131 - for out of hours call Bodmin Switch for the on-call Social Worker

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### **Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.**

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust      [rch-tr.infogov@nhs.net](mailto:rch-tr.infogov@nhs.net)

## 1. Introduction

- 1.1. The safety of patients in our care is of paramount importance to the Trust. This Policy is to be used to support both the patient and the staff members involved when a patient expresses a wish to self-discharge from hospital against medical advice. In this event the involved staff will endeavour to elicit from the patient the reasons why they want to self-discharge against medical advice and will ensure all relevant information is made available to assist the patient in this decision-making process.
- 1.2. This version supersedes any previous versions of this document.

## 2. Purpose of this Policy

- 2.1. The aim of this policy is to establish a process and offer guidance and support for the patient and staff involved in the event of a patient expressing a wish to self-discharge against medical advice. It is intended to ensure a consistent approach in reducing the risks that may be associated with patients self-discharging against medical advice and equip staff to follow the correct procedure for the self-discharge of a patient. On occasions, for a variety of reasons, patients decide that despite being advised that their continued admission to hospital is necessary, they will discharge themselves. In this event it is important that staff adhere to agreed guidelines to ensure that patients understand why medical opinion advises a continued hospital stay and understand the possible implications of their decision to ignore medical advice (this does not apply to Minor Injury Units (MIU)).
- 2.2. If a patient has been assessed, as per the guidance in the Trust's policy (please see below), or, as having capacity to make this decision and is not detained under the [Mental Health Act as amended 2007](#) then they must not be detained or apprehended.
  - [Mental Capacity Act Policy](#)
  - [Deprivation of Liberty Safeguards \(DoLS\) Policy](#)
- 2.2.1. Other considerations to be taken into account when a patient expresses a wish to self-discharge include that the patient may either actively or passively harm themselves or others, or suffer harm due to an inability to care for themselves whilst they are away from the clinical environment, and if this is the case consideration must be given that the patient may require detention under the Mental Health Act.
- 2.3. Patients have the right to discharge themselves unless detained under a lawful framework.
- 2.4. Hospitals have a duty to protect life.
- 2.5. Patients and staff will be supported in considering risks and arriving at a safe and lawful conclusion.

### **3. Scope**

This policy applies to all adult patients (over the age of 18) admitted to any hospital within the Royal Cornwall Hospitals Trust (RCHT).

### **4. Definitions / Glossary**

**Self-discharge:** adult wanting to discharge against medical advice.

### **5. Ownership and Responsibilities**

#### **5.1. Role of the RCHT Safeguarding Operational Group (SOG)**

The SOG is responsible for:

- Ensuring that the policy is suitable for purpose and is reviewed as required and at least every three years from implementation.
- Ensuring the policy is disseminated and training is identified to support implementation.

#### **5.2. Role of the Care Group Management Teams**

Care Group Management Teams that include the Divisional Director, Care Group Manager, Heads of Nursing/Midwifery, the CD and Senior Matron are responsible for:

- Ensuring their clinical workforce are capable to deliver the requirements of this Policy.

#### **5.3. Role of the Managers**

Line managers are responsible for:

- Ensuring all staff are aware of and adhere to this Policy within their clinical areas.
- Acting accordingly when they are contacted and advised on the need for further action.
- Escalating the patients request to self-discharge as required to the relevant clinicians dependent on the level of assessed risk to them so doing against medical advice.
- Ensuring that staff involved with the care of a patient assessed as not having capacity to make the decision to take their self-discharge are supported through adherence to relevant RCHT policies and procedures to remain as an in-patient.

## 5.4. Role of the Consultant / Medical Team

Consultants or other clinicians in the medical team are responsible for:

- Utilising the Policy to support and minimise the risks associated with the self-discharge of any patient in their care against medical advice.
- Establishing the reason(s) for the patient wishing to take their self-discharge and addressing any issues that can be resolved at this point.
- Explaining to the patient the reasons for, and the benefits of, the patient remaining in hospital and giving the patient all relevant information, in order for them to make an informed decision.
- Ensuring that if there are concerns that the patient may harm themselves or others that their mental health has been assessed.
- Ensuring that the Trust's [Mental Capacity Act Policy](#) (MCA) is followed where applicable to the patients' decision to self-discharge.
- Ensuring that the patient wishing to self-discharge has been assessed using the two-stage test for capacity prior to undertaking a capacity assessment.
- See [CHA2923 Self Discharge of an Adult](#) form.
- Ensuring that the patient wishing to self-discharge who has been deemed to have capacity is made fully aware of the medical implications and associated risks to self of self-discharge against medical advice.
- Ensuring that a safe discharge process from a medical perspective is completed with the patient wishing to self-discharge whenever possible.

## 5.5. Role of Ward Manager/Registered Healthcare Professional

Ward Managers or registered healthcare professionals in charge are responsible for:

- Utilising the policy guidance to support and minimise the risks associated with the self-discharge of patients in their care.
- Immediately informing the Consultant or one of their team when a patient expresses a wish to self-discharge against medical advice.
- Contacting the Site Coordinator when advice and/or information regarding self-discharge processes is required out of hours:
- Establishing the reason(s) for the patient wishing to take their self-discharge and addressing any issues that can be resolved at this point.
- Explaining to the patient (along with the doctor) the reasons for, and the benefits of, the patient remaining in hospital and giving the patient all relevant information, in order for them to make an informed decision.

- Ensuring that guidelines from the [Mental Health Act](#) and the Trust's [Mental Capacity Act Policy](#) is followed where applicable to the patients' decision to self-discharge (If unsure request support from a senior nursing or medical colleague).
- Ensuring, whenever possible that a safe discharge process is completed with the patient who has been deemed to have capacity to make the decision and continues to express a wish to self-discharge.
- Ensuring details of the self-discharge and the self-discharge documentation is completed and filed in the patient's medical record.
- Ensuring that their direct line manager is made aware as soon as possible that a patient has taken their self-discharge.
- Ensuring that all details of the self-discharge are documented in the patient's medical record and reported on the Trust's Incident Reporting system (DATIX).
- Ensuring that the Adult Safeguarding team has been made aware of the self-discharge of any adults at risk:
  - Telephone the Single Point of Access (SPOA) via: 01872 255741 - if out of hours, a message should be left.

## 5.6. Role of the Site Coordinator Registered Nurse - out of hours

Site Coordinators are responsible for:

- Giving advice and information regarding out of hours available support to the Registered Nurse and other involved CFT and RCHT professionals, who may make contact from any RCHT hospital regarding a patient wishing to self-discharge against medical advice, particularly when the patient may be presenting with mental health or mental capacity issues.

## 5.7. Role of the Occupational Therapist

A patient being taken on a home visit prior to their discharge from hospital may express the wish to self-discharge against medical advice whilst away from the hospital. In that eventuality the role of the Occupational Therapist is for:

- Establishing the reason(s) for the patient wishing to take their self-discharge and addressing any issues that can be resolved at this point.
- Explaining to the patient (along with the doctor) the reasons for, and the benefits of, the patient returning to hospital and giving the patient all relevant information, in order for them to make an informed decision.
- Ensuring a supply of the [CHA2923 Self Discharge of an Adult](#) form is available when any home visit is being undertaken and asking the patient to sign it if they are refusing to return to the hospital against advice.

- Ensuring that any agencies that were to be involved in the formulation of a discharge care plan are informed of the patients' self-discharge decision and endeavour to restart services that were planned to support a safe discharge from hospital as soon as possible.
- All details of actions taken to minimise the risks associated with the unplanned self-discharge, including when the patient refuses to sign the [CHA2923 Self Discharge of an Adult](#) form which must be documented on return to the hospital and retained in the patient's medical record.
- The Occupational Therapist (OT) must inform their line manager that a patient has taken their self-discharge during a home visit, and a debrief regarding this should take place as soon as is practicable on return to the hospital.
- The incident must be reported on the Trust's Incident Reporting system (DATIX) as soon as is practicable by the OT who undertook the home visit.

**Note:** Refer to the [Mental Capacity Act](#) and the Trust's [Mental Capacity Policy](#) regarding capacity issues within this policy.

## 5.8. Role of Individual Staff

Individual staff are to demonstrate their responsibility for:

- Ensuring their individual practice reflects this Policy and other relevant RCHT policies and procedures.

## 6. Standards and Practice

Practical steps to follow once it has been established that a patient wishes to take their self-discharge from hospital against medical advice:

### 6.1. Consideration regarding mental capacity to make the decision:

6.1.1. The [Mental Capacity Act 2005](#) requires us to take the default position of assumption of capacity. The person wishing to take their self-discharge therefore must not be treated as unable to make that decision unless all practicable steps to help them to do so have been taken without success. When a patient expresses a wish to self-discharge it must be taken into account that they can make unwise decisions and a lack of capacity must never be assumed. If the patient wishing to self-discharge is giving cause for concern regarding their mental capacity and there is a belief that they may lack capacity with regard to their decision to self-discharge the MCA two stage test questions must be answered prior to undertaking a capacity assessment:

- 1) Does the person have an impairment of the mind or brain and is there some sort of disturbance affecting the way their mind or brain works?

**Note:** The impairment or disturbance may be temporary or permanent.

2) If so, does that impairment or disturbance mean that the person is unable to make the decision in question, (to take their self-discharge) at the time it needs to be made?

6.1.2. If the answer to the above questions are YES at the time the request to self-discharge is made, the patient must then be assessed with regard to their mental capacity, as per the Trust's [Mental Capacity Act Policy](#) and the outcome must be documented alongside other relevant risk assessments in the medical records. To assess mental capacity Trust policy should be followed.

**Note:** Box 1 of the [CHA2923 Self Discharge of an Adult](#) form can also be utilised as the capacity assessment, completed and then retained in the patients' medical record.

## 6.2. The patient assessed as lacking mental capacity to self-discharge

6.2.1. Detaining a patient against their will is a significant act that must be justified. Whilst so doing the registered nurse in charge must ensure that any best interest decision is proportionate to the risks that would otherwise occur and are in keeping with your Trust's [Mental Capacity Act Policy](#) on best interest decisions making and the Deprivation of Liberty Safeguards.

6.2.2. If the patient is assessed as lacking capacity to make the decision to self-discharge and it is within their best interests to remain in hospital or if they are detained under the [Mental Health Act](#) the registered nurse in charge utilising the Trusts relevant policies and procedures must take on any further responsibility for initiating subsequent actions to ensure the patient remains as an in-patient under our care.

**Note:** Box 3 of the [CHA2923 Self Discharge of an Adult](#) form must be completed when a patient wishing to self-discharge against medical advice has been assessed as lacking capacity to make that decision and retained in the patients' medical record.

## 6.3. The patient assessed as having mental capacity to self-discharge

If the patient has been assessed as having capacity to decide to take their discharge from hospital against medical advice and is not detainable under the [Mental Health Act](#) they have the right to make what others may see as an unwise decision, and if they choose to self-discharge their decision, although against medical advice, must be accepted and the procedure as outlined below followed:

- A doctor and/or the registered nurse must talk to the patient and reinforce the reasons for, and the benefits of, the patient remaining in hospital.

- If the patient still wishes to self-discharge, it may be appropriate to involve friends or family, who may help to dissuade the patient against this course of action. (This can only be done with consent of the patient).
- Prescribed discharge medications are to be supplied.
- Next of Kin or relatives are to be informed - if the patient has given their consent.
- Transport is to be arranged for the patient as per the Trust procedures.
- The patient's GP is to be informed by telephone, as well as via the usual discharge summary.
- As best practice standard, the patient must be requested to sign the [CHA2923 Self Discharge of an Adult](#) form - which must then be filed in the patient's medical records.
  - If the patient refuses to sign the [CHA2923 Self Discharge of an Adult](#) form or has left the hospital before they can be asked to do so this information must be documented in the patient's medical record.
- All details of the incident must be documented in the patient's medical record and reported on the Trust Incident Reporting system (Datix) by a Registered Nurse.
  - The Safeguarding team must be informed of the self-discharge:
 

SPOA Tel: 01872 255741 - if out of hours, a message should be left.

**Note:** Box 2 of the [CHA2923 Self Discharge of an Adult](#) form must be completed and retained in the patients' medical record.

## 7. Dissemination and Implementation

This policy will be disseminated through the organisation immediately following ratification and will be published on the organisations' intranet sites (document library). Access to this document is open to all. Implementation will be undertaken by Ward Managers and Heads of Departments following publication.

## 8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	The number of self-discharges every 6 months and presented to the RCHT Safeguarding Operational Group (SOG)
Lead	Nurse Consultant for Safeguarding
Tool	Audit of Datix reports
Frequency	6 monthly
Reporting arrangements	RCHT Safeguarding Operational Group (SOG)
Acting on recommendations and Lead(s)	Senior Divisional Nurse's RCHT Senior Nurse and Midwives Committee
Change in practice and lessons to be shared	Senior Care Group Nurse's RCHT Senior Nurse and Midwives Committee

## 9. Updating and Review

- 9.1. This process is managed via the document library; review will be undertaken every three years unless best practice dictates otherwise.
- 9.2. Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author should ensure the revised document is taken through the standard consultation, approval and dissemination processes.

## 10. Equality and Diversity

- 10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).
- 10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

## Appendix 1. Governance Information

Information Category	Detailed Information
<b>Document Title:</b>	Supporting Adult Patients Wanting to Self-Discharge Against Medical Advice Policy V5.0
<b>This document replaces (exact title of previous version):</b>	Supporting Adult Patients Wanting to Self-Discharge Against Medical Advice Policy V4.0
<b>Date Issued / Approved:</b>	November 2023
<b>Date Valid From:</b>	November 2023
<b>Date Valid To:</b>	November 2026
<b>Author / Owner:</b>	Zoe Cooper, Nurse Consultant for Integrated Safeguarding Services RCHT/CFT
<b>Contact details:</b>	01872 255741
<b>Brief summary of contents:</b>	This Policy is to be used to support both the adult patient and the staff members involved when a patient expresses a wish to self-discharge from RCHT against medical advice.
<b>Suggested Keywords:</b>	Self-discharge against medical advice, Mental Health Act, Mental Capacity Act
<b>Target Audience:</b>	<b>RCHT:</b> Yes <b>CFT:</b> No <b>CIOS ICB:</b> No
<b>Executive Director responsible for Policy:</b>	Deputy CEO and Chief Nurse Officer
<b>Approval route for consultation and ratification:</b>	RCHT Safeguarding Operational Group (SOG)
<b>Manager confirming approval processes:</b>	Zoe Cooper, Nurse Consultant for Integrated Safeguarding Services RCHT/CFT
<b>Name of Governance Lead confirming consultation and ratification:</b>	Zoe Cooper
<b>Links to key external standards:</b>	CQC Outcome 7

Information Category	Detailed Information
<b>Related Documents:</b>	<ul style="list-style-type: none"> <li>• <a href="#">Deprivation of Liberty Safeguards (DoLS) Policy</a></li> <li>• <a href="#">Mental Capacity Act Policy</a></li> <li>• <a href="#">Missing Patients Policy</a></li> <li>• <a href="#">Adult Safeguarding Policy and Procedural Guidance Positive Patient Identification Policy and Procedures</a></li> <li>• <a href="#">Restrictive Practice Policy</a></li> <li>• <a href="#">Policy to Manage Information and Records</a></li> </ul>
<b>Training Need Identified:</b>	Yes. Cascade training following launch of the Policy undertaken by Departmental Heads, Line Managers and Ward Managers
<b>Publication Location (refer to Policy on Policies – Approvals and Ratification):</b>	Internet and Intranet
<b>Document Library Folder/Sub Folder:</b>	Clinical / Corporate / Safeguarding Services / General

#### Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
April 2011	V1.1	Initial version.	Mary Mallet Safeguarding Adults Named Nurse
May 2014	V2	Change policy to Trust template, added safeguarding team as contacts.	Zoe Cooper Safeguarding Adults Named Nurse
Aug 2017	V3	Review, no changes.	Zoe Cooper Safeguarding Lead Nurse
Mar 2020	V4.0	Policy name change. General updating of the Policy.	Zoe Cooper, Nurse Consultant for Integrated Safeguarding Services RCHT/CFT
Nov 2023	V5.0	Review and general update	Zoe Cooper, Nurse Consultant for Integrated

Date	Version Number	Summary of Changes	Changes Made by
			Safeguarding Services RCHT/CFT

**All or part of this document can be released under the Freedom of Information Act 2000**

**All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.**

**This document is only valid on the day of printing.**

### **Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

## Appendix 2. Equality Impact Assessment

### Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team  
[rcht.inclusion@nhs.net](mailto:rcht.inclusion@nhs.net)

Information Category	Detailed Information
<b>Name of the strategy / policy / proposal / service function to be assessed:</b>	Supporting Adult Patients Wanting to Self-Discharge Against Medical Advice Policy V5.0
<b>Department and Service Area:</b>	Corporate / Safeguarding Services
<b>Is this a new or existing document?</b>	Existing
<b>Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):</b>	Zoe Cooper, Nurse Consultant for Integrated Safeguarding Services RCHT/CFT
<b>Contact details:</b>	01872 255741

Information Category	Detailed Information
<b>1. Policy Aim - Who is the Policy aimed at?</b> (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To provide all staff groups with a guide to their roles and responsibilities in the management of patients who express a wish to self-discharge from RCHT against medical advice.
<b>2. Policy Objectives</b>	To ensure all staff groups know the procedures to be followed when patients express a wish to self-discharge from RCHT against medical advice
<b>3. Policy Intended Outcomes</b>	RCHT patients who express a wish to self-discharge against medical advice are supported through this Policy to come to a decision whereby they either remain as an in-patient or by taking their self- discharge the risk of doing so is minimised as much as possible.

Information Category	Detailed Information
<b>4. How will you measure each outcome?</b>	Evidence from MDT documentation that this Policy is utilised when a patient expresses a wish to self-discharge against medical advice.
<b>5. Who is intended to benefit from the policy?</b>	Patients and RCHT staff.
<b>6a. Who did you consult with?</b> (Please select Yes or No for each category)	<ul style="list-style-type: none"> <li>• Workforce: Yes</li> <li>• Patients/ visitors: No</li> <li>• Local groups/ system partners: No</li> <li>• External organisations: No</li> <li>• Other: No</li> </ul>
<b>6b. Please list the individuals/groups who have been consulted about this policy.</b>	Please record specific names of individuals/ groups: RCHT Safeguarding Operational Group (SOG)
<b>6c. What was the outcome of the consultation?</b>	Approved
<b>6d. Have you used any of the following to assist your assessment?</b>	<b>National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:</b> No

**7. The Impact**

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
<b>Age</b>	No	
<b>Sex</b> (male or female)	No	
<b>Gender reassignment</b> (Transgender, non-binary, gender fluid etc.)	No	
<b>Race</b>	No	

Protected Characteristic	(Yes or No)	Rationale
<b>Disability</b> (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
<b>Religion or belief</b>	No	
<b>Marriage and civil partnership</b>	No	
<b>Pregnancy and maternity</b>	No	
<b>Sexual orientation</b> (e.g. gay, straight, bisexual, lesbian etc.)	No	

**A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.**

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Zoe Cooper, Nurse Consultant for Integrated Safeguarding Services RCHT/CFT

**If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:**  
[Section 2. Full Equality Analysis](#)