Clinical Standard Operating Procedure (SOP)

NEXT OF KIN

SETTING	Service-wide
FOR STAFF	All staff
PATIENTS	All patients

Introduction

The vast majority of patients who are transferred by Retrieve are either sedated or have a degree of acute cognitive impairment secondary to their presenting complaint which means they cannot, at that time, represent themselves or recall what is said to them. When a patient is in this situation, provided they have not made a previous clear statement that they do not wish it, their next of kin should be informed and updated about their clinical progress, and this most certainly includes moving from one hospital to another.

This SOP describes Retrieve's obligations for interactions with patients' next of kin and our approach to the rare event where it may be beneficial to a patient for their next of kin to accompany them.

Identification of next of kin

Generally speaking, Retrieve team members should not involve themselves in identifying who the next of kin are. In the vast majority of cases, this will already have been established by the referring hospital. If it has not, the referring team should be asked to achieve this so the process of packaging the patient can be completed in a timely and focussed manner.

In the UK, there is no legal priority or definition of next of kin. The Mental Capacity Act 2005 [1], Schedule 13, Paragraph 185 lists those who may be considered an interested party in the context of enacting a lasting power of attorney. This could reasonably be used as a framework for the order in which to contact people where a patient has not clearly identified a next of kin:

- The relevant person's spouse or civil partner.
- Where the relevant person and another person are not married to each other, nor in a civil partnership with each other, but are living together as if they were a married couple.
- The relevant person's children and step-children.
- The relevant person's parents and step-parents.
- The relevant person's brothers and sisters, half-brothers and half-sisters, and stepbrothers and stepsisters
- The relevant person's grandparents
- A deputy appointed for the relevant person by the court
- A donee of a lasting power of attorney granted by the relevant person

Communication

The care of the patient is the priority at all times. Where a patient is conscious and orientated, all communication must be directly with the patient. It is appropriate to politely suggest to the patient that they may wish to update their next of kin themselves or offer, if they would prefer, for a member of the clinical team to do this. This task should, where possible, be devolved to a member of the referring team, so the focus can remain on transfer preparation.

Where next of kin are present at the bedside of a conscious patient, communication should take place at the bedside, and be directed principally to the patient, having sought their permission to include their next of kin in the discussions. The patient, and next of kin if they would like one, should be provided a copy of the Retrieve information leaflet (Appendix 1).

Where next of kin are present at the bedside of an unconscious patient, communication should take place away from the bedside. The next of kin should be provided a copy of the Retrieve information leaflet.

Where communication happens over the phone, the next of kin should be asked by name to confirm who they are, then the name of the patient should be provided so they can confirm the patient is known to them. Finally, they should be asked to provide the patient's date of birth as a means of verifying a close knowledge of the individual. In cases where a next of kin may not reasonably be expected to know this information (e.g., the patient has nominated a neighbour or friend), a reasonable alternative, such as the patient's address or telephone number, should be used. In situations where a family or police password has been established, this must be positively confirmed by the family member prior to any information being shared. The individual spoken with should be signposted to the Retrieve website (www.retrieve.nhs.uk/patients) which contains a downloadable Retrieve information leaflet.

Any conversations involving the patient and/or next of kin by Retrieve team members should be documented in ARCEMS, using the same terminology as used with the patient and/or their next of kin.

In situations where the next of kin are not physically present at the referring hospital before departure on the transfer, there is no necessity to leave a Retrieve information leaflet. If the next of kin are en route, but will arrive after Retrieve leaves on the transfer, a leaflet may be left for them with the member of the referring team who is expecting to meet with them.

Where a patient is being moved purely for capacity reasons, it is the sole responsibility of the referring team to communicate with the patient and/or next of kin about the transfer and the reasons for it, following the published processes described by NHS England [2], the Faculty of Intensive Care Medicine/Intensive Care Society [3] and the South West Critical Care Network [4]. The Retrieve team must specifically verify with the referring team that this communication has occurred and that it included the topic of reasons for the capacity transfer.

Discussion of timings and logistics with next of kin

Despite best efforts and intentions, it is rarely possible to accurately predict the time of departure from the referring hospital, or arrival at the receiving hospital. Referring teams should be asked not to provide any estimates to next of kin. There have been occasions where significant distress has been caused by next of kin waiting at the receiving hospital (unknown to the Retrieve team) for a loved one who was delayed e.g., due to traffic.

Referring hospital

Retrieve **will not routinely** contact next of kin prior to departure from referring hospitals as there is a risk that this delays departures and does not add anything to the patient or next of kin experience.

Receiving hospital

Retrieve **will routinely contact** next of kin following safe transfer and handover in the receiving hospital. The purpose of this contact is to provide the following:

- Confirmation that their loved one has been safely transferred and has arrived in the receiving hospital.
- Provision of a contact telephone number of the receiving hospital intensive care unit (and/or bedspace).

Documentation of information given to the next of kin and the person to whom the information was given must be documented in the patient record on ARCEMS.

Transport of next of kin

The transfer environment is not zero-risk. Retrieve frequently undertake transfers under blue-light emergency driving conditions and it is rare that the benefits of transporting a next of kin in the vehicle could outweigh the risks posed to them. **The default position for Retrieve is that we do not routinely transport patients' next of kin.**

Next of kin transport should only considered in the rare circumstance where all of the conditions listed below are met.

- Doing so presents a clear and direct benefit to the patient. These situations may include:
  - A patient with additional communication needs (e.g. a Learning Disability, autism, use of sign language, no spoken English, etc).
  - Palliative care cases where the patient is being transferred to a preferred place of death.
- It does not delay departure (e.g. waiting for the next of kin to be ready to travel).
- There is space in the front cabin of the vehicle.
- There is no infection risk posed to the driver by sharing the space with the next of kin.
- The next of kin is not under the influence of alcohol or drugs.
- The next of kin is sufficiently calm that it can be assured they will follow all instructions of the Retrieve team and driver, remain seated and seat-belted at all times, and not cause any distraction to the driver; the driver has final veto on this.

Next of kin are not to routinely travel in the patient cabin as:

- There is frequently insufficient space to safely accommodate them and the team.
- They may feel the need to un-belt themselves so as to be closer to the patient.
- They may distract or physically obstruct the team from providing care.
- They may find the experience highly distressing (at, or after, the time).
- They may be overcome with motion sickness in the rear cabin which creates significant extra workload for the clinical team to have to assist them as well as look after the patient.

Occasionally it may be more suitable for the next of kin to travel in the patient cabin (e.g. where communication need is significant and this will assist with overall patient comfort and experience).

Transporting next of kin owing to lack of other transport options for them to join their loved one at the receiving hospital is, unfortunately, **not sufficient reason** to outweigh these risks.

Applying these principles

The decision to transport next of kin should be made by the Retrieve team (Duty Consultant/Transfer Doctor, Transfer Practitioner) and driver. A pragmatic approach based on the principles above should be taken and second opinion, if required, sought in the usual way. Decision-making should be clearly documented on ARCEMS.

Document Change Control

Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
10/2025	1.1	Clinical Director	Minor	Review of process and additional wording around NOK accompanying patient after team discussions

Document Governance

REFERENCES	1. The Mental Capacity Act 2005. (c.9). [Online]. London: The Stationery Office. [Accessed 6 July 2022]. Available from: http://www.legislation.gov.uk/ 2. Framework to support inter-hospital transfer of critical care patients. NHS England. [Accessed 24th July 2022]. Available from: https://www.england.nhs.uk/wp-content/uploads/2021/12/B1215-framework-to-support-inter-hospital-transfer-of-critical-care-patients.pdf 3. Capacity transfer of adult critical care patients: position statement. The Faculty of Intensive Care Medicine and Intensive Care Society, 2021. [Accessed 24th July 2022]. Available from: https://www.ficm.ac.uk/capacity-transfer-of-adult-critical-care-patients-position-statement 4. Principles of capacity transfers v1.3. South West Critical Care Network, 2025. [Accessed 20th July 2025]. Available from: https://www.southaccnetworks.nhs.uk/sw/guidelines
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Appendix 1 – Patient information leaflet

The Retrieve patient and relative information leaflet is available from the Retrieve website by **clicking here**. It is not reproduced here to ensure that you access the most up-to-date version.

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