The AKI Advanced/Enhanced Workforce: describing variation



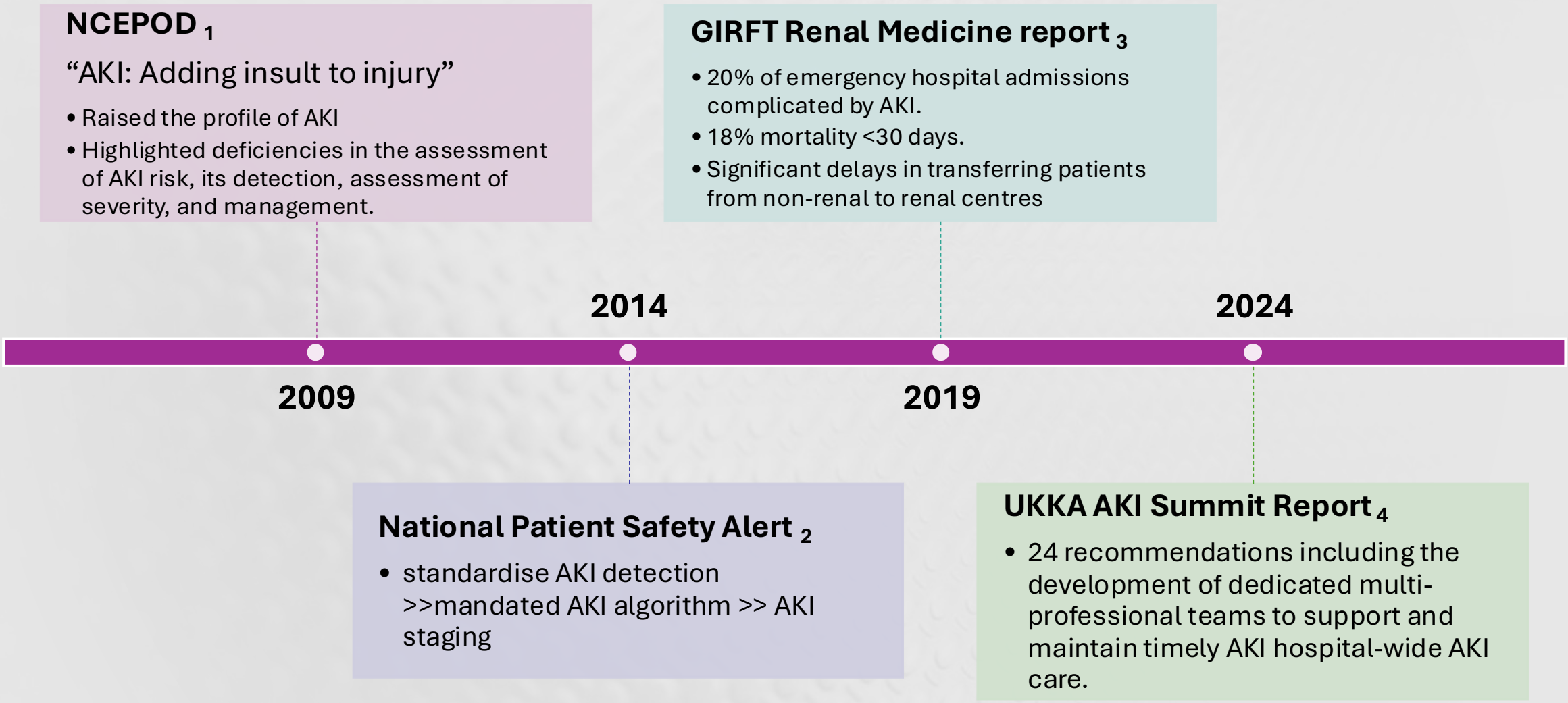
Shelagh Bickerton

- Lead AKI Nurse Specialist, Royal Wolverhampton NHS Trust
- Co-chair Association of Nephrology Nursing AKI Community of Practice group
- Member of UKKA AKI Special Interest Group

What is the issue with Acute Kidney Injury?

- **AKI** – a prevalent and serious problem
- Strongly associated with **serious, adverse outcomes** and frequently complicates hospital stays.
- AKI associated with increased **mortality, morbidity, critical care** stays, increased **length of hospital admission**, increased use of **RRT** and increased **emergency admissions** post discharge.
- Very expensive – consumes **1% of NHS budget**.
- **Negative impact** on patient experience.

Drivers to development of dedicated AKI Services



AKI service outcome aims

Proactive approach – expert, timely response

- Reduce incidence and severity of AKI
- Reduce length of hospital stay
- Reduce mortality and morbidity
- Reduce development/ progression of complications such as CKD, heart failure
- Reduce readmission rates
- Reduce financial burden of AKI and associated complications
- Timely transfers to renal centres when appropriate.
- Improved patient experience and understanding

AKI services across England

- **UKKA** conducted a national survey to try to understand how AKI services are provided in acute NHS trusts (March 2022) [5]
- All 249 acute NHS hospital trusts invited to participate.
- 85 replies were analysed **(34.1%).**
- AKI 'lead' in **79%** of trusts.
- **44%** of responding trusts reported to have a dedicated AKI multiprofessional team.
- Similar across renal and non-renal centres.
- Comprised of nurses, doctors and pharmacists.

UKKA AKI survey cont.

- **25%** of renal centres have dedicated AKI follow-up services (**29%** in non-renal centres).
- Small proportion use an **'Advice & Guidance'** model to support primary care.

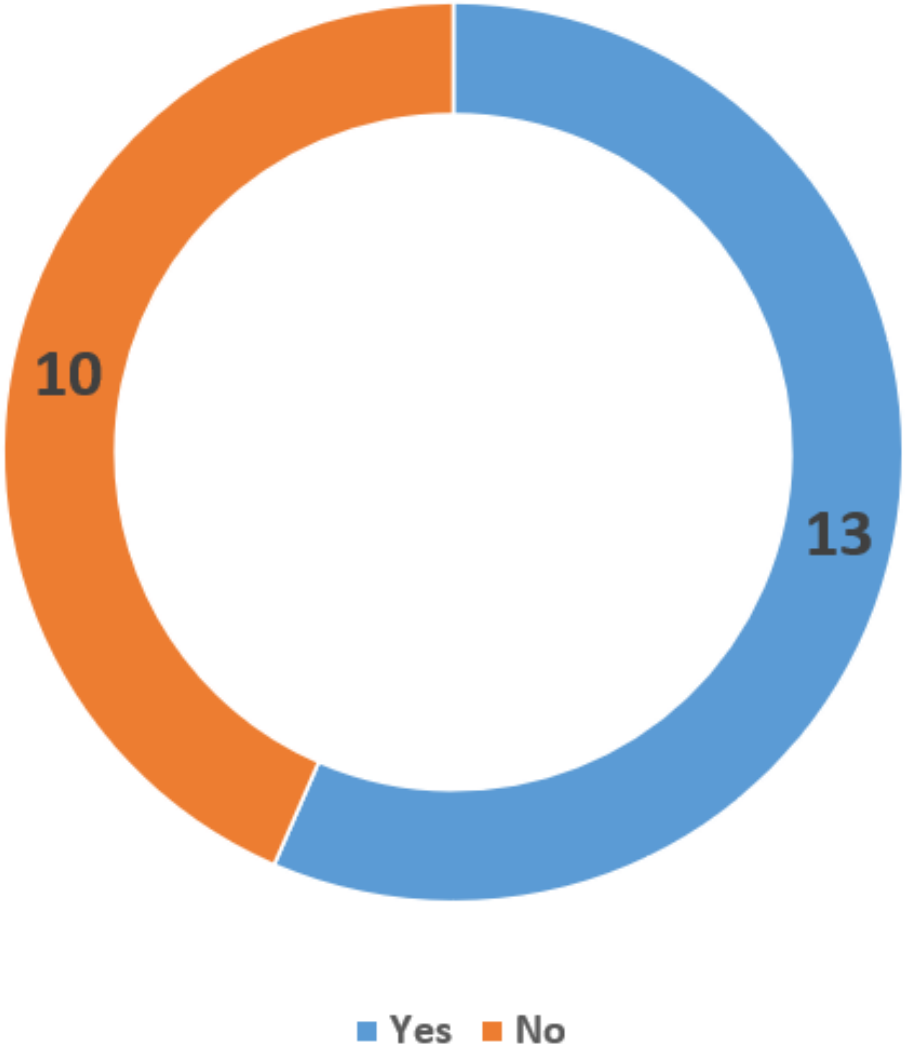
- **Limitations:**
- Only **1/3** of acute hospital trusts in England represented.
- May reflect **AKI-aware** hospitals.

UKKA AKI SIG survey (2025)

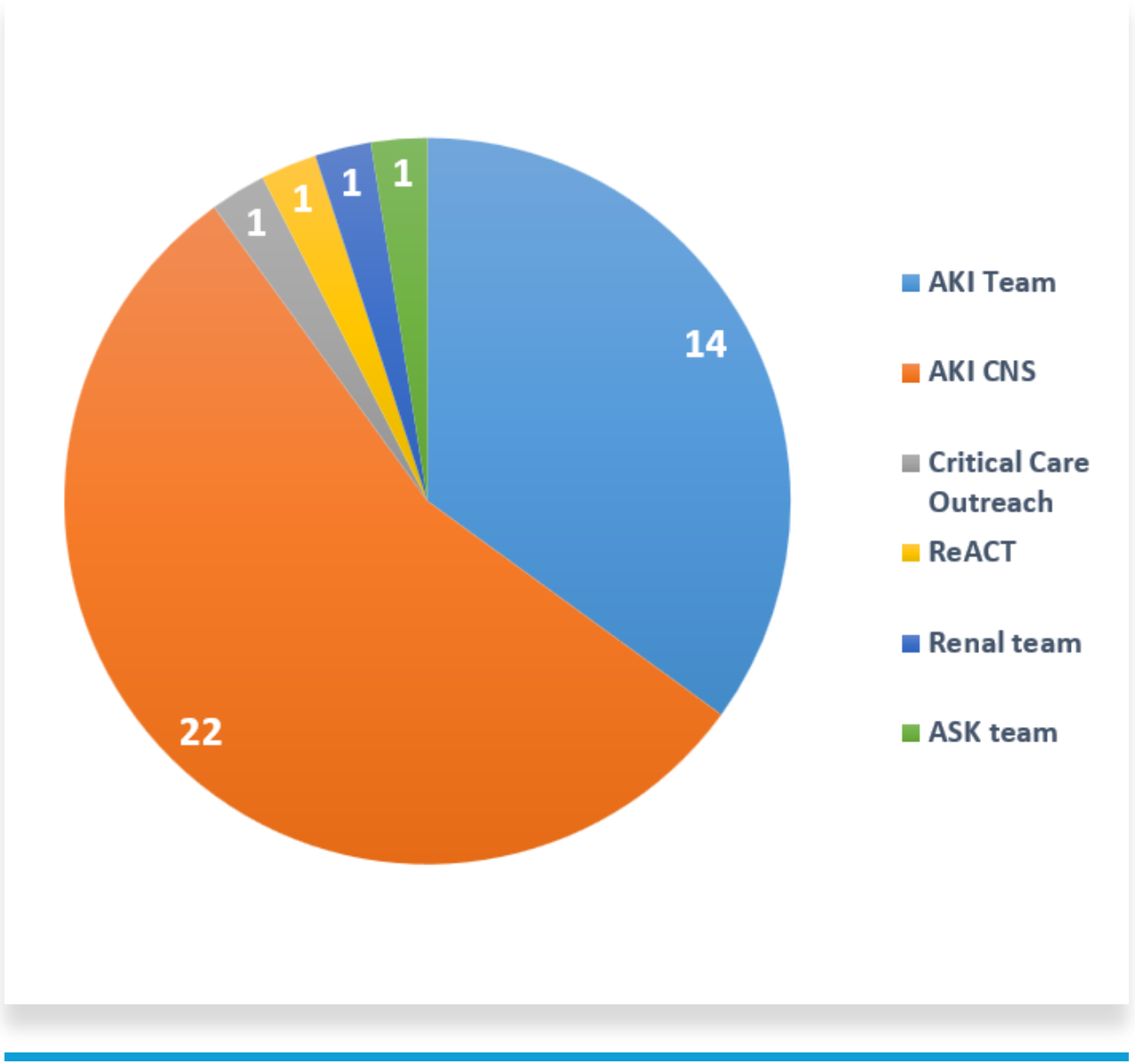
- Data collected by Becky Bonfield on behalf of UKKA AKI SIG.
- More granular detail.
- Freedom of Information request, 2025.
- Follow-up survey

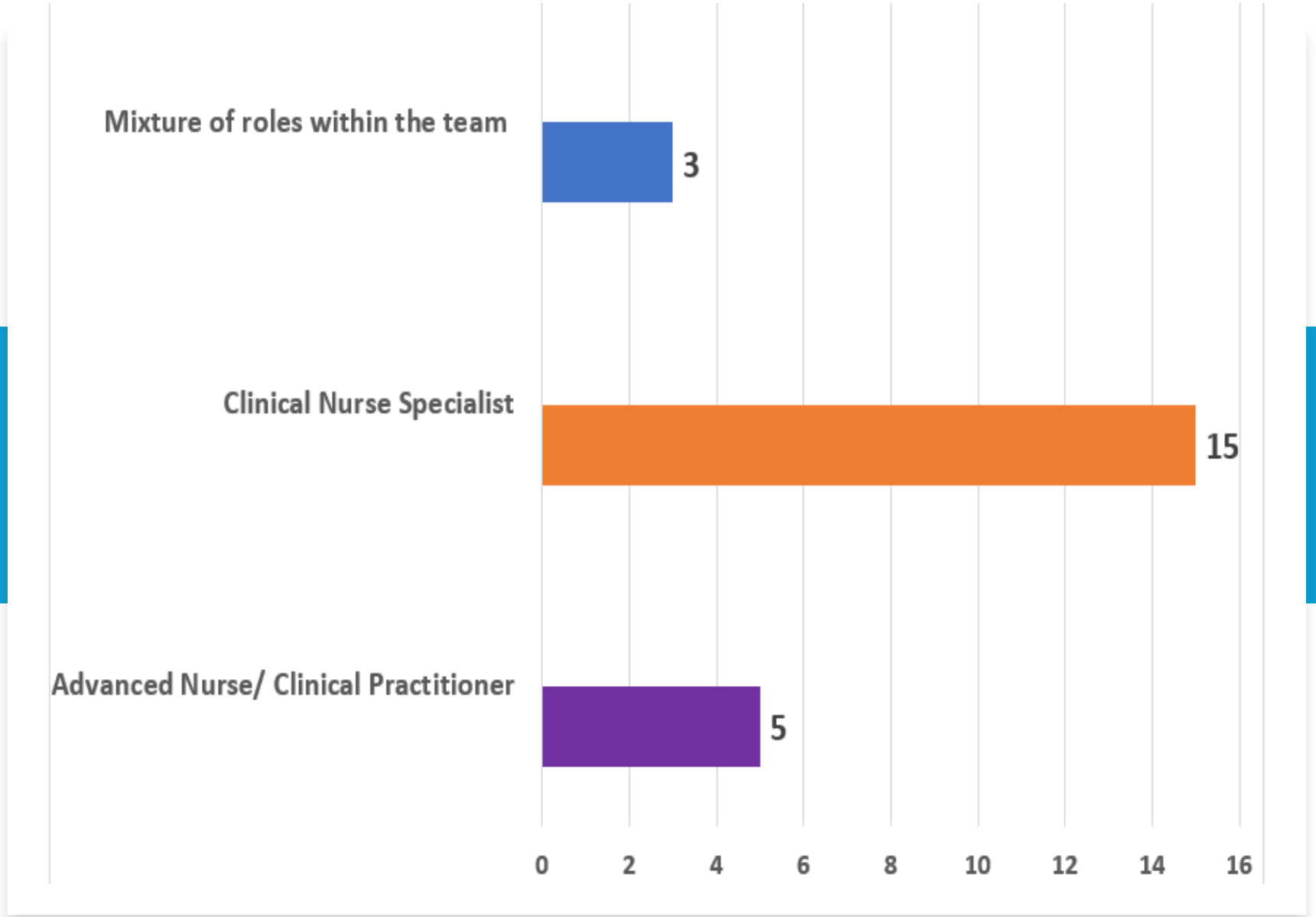
- **42** NHS trusts in England highlighted they had an AKI service of some kind
- **31** NHS trusts had team contact details
- **23** trusts replied to the survey request

Renal Centre

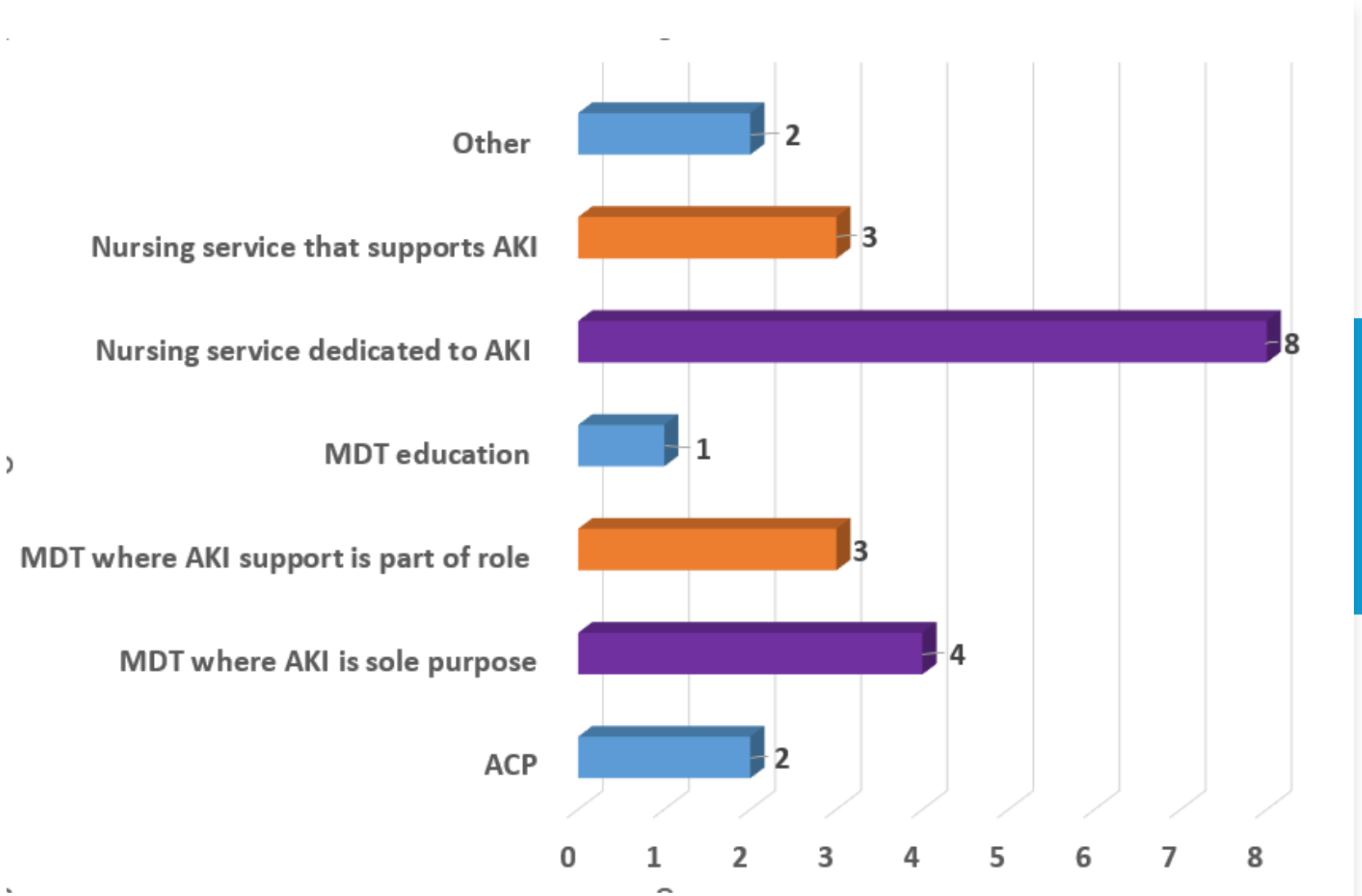


AKI service name



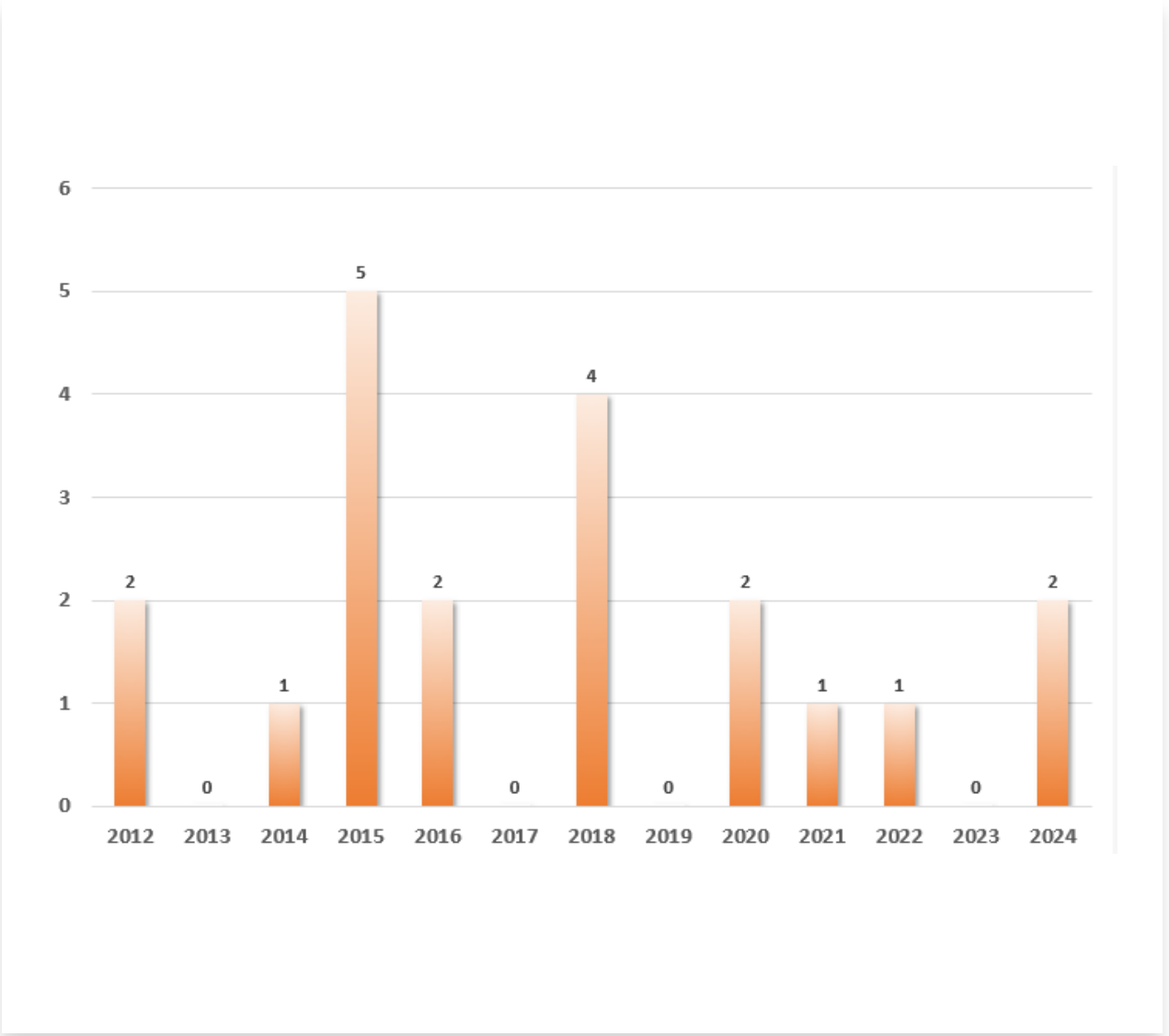


Job titles of team members

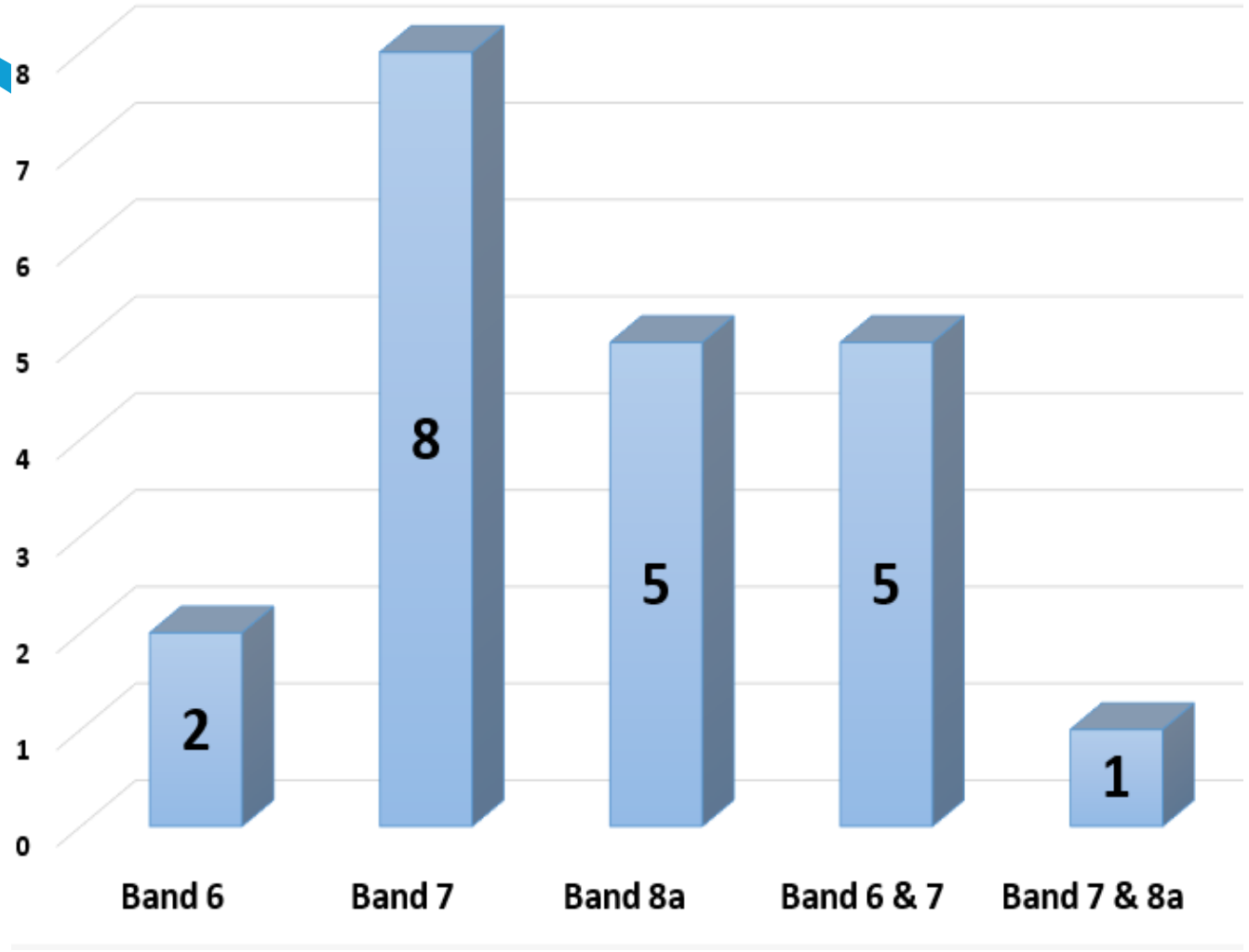


Type of service

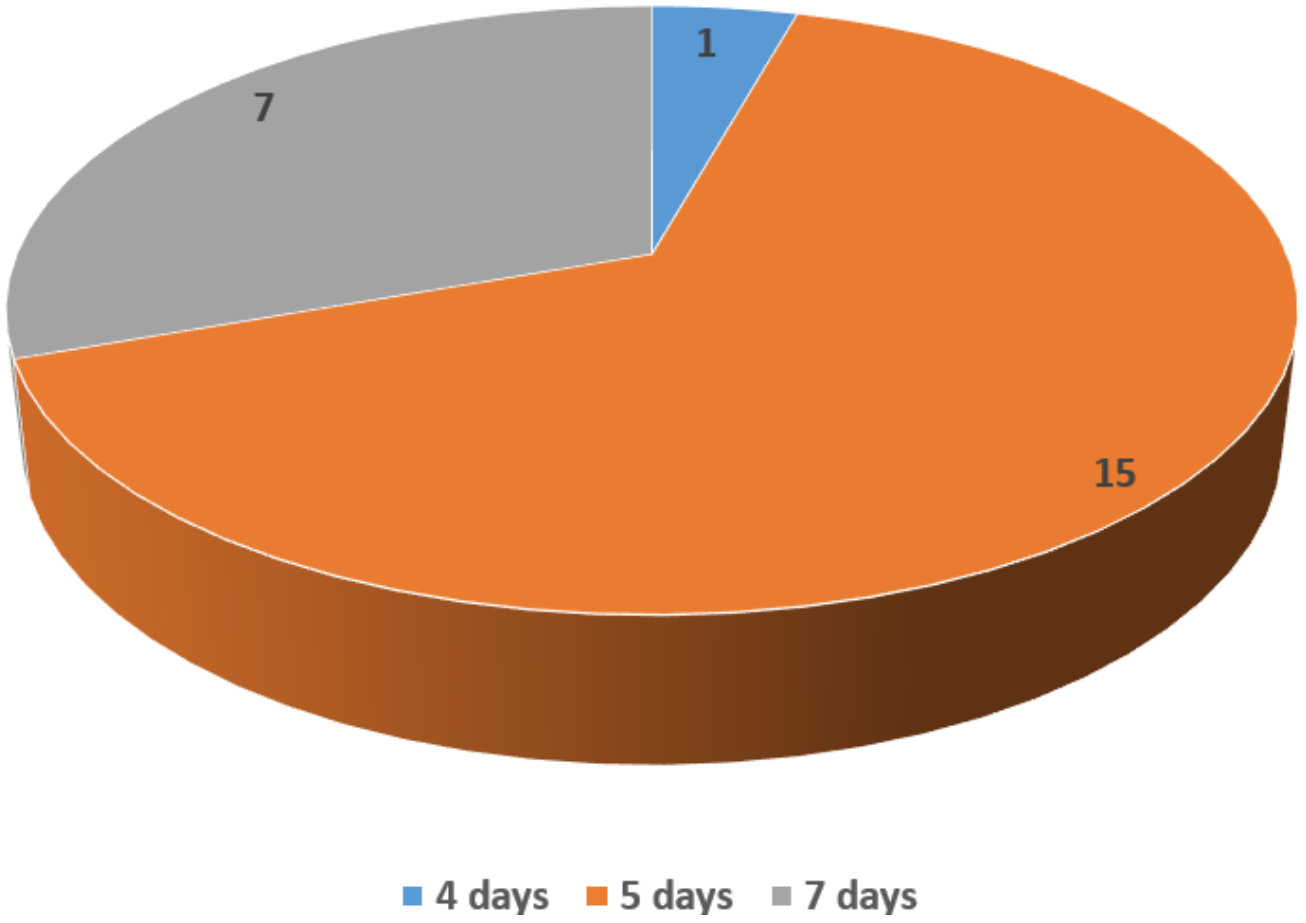
When did your AKI Service start?



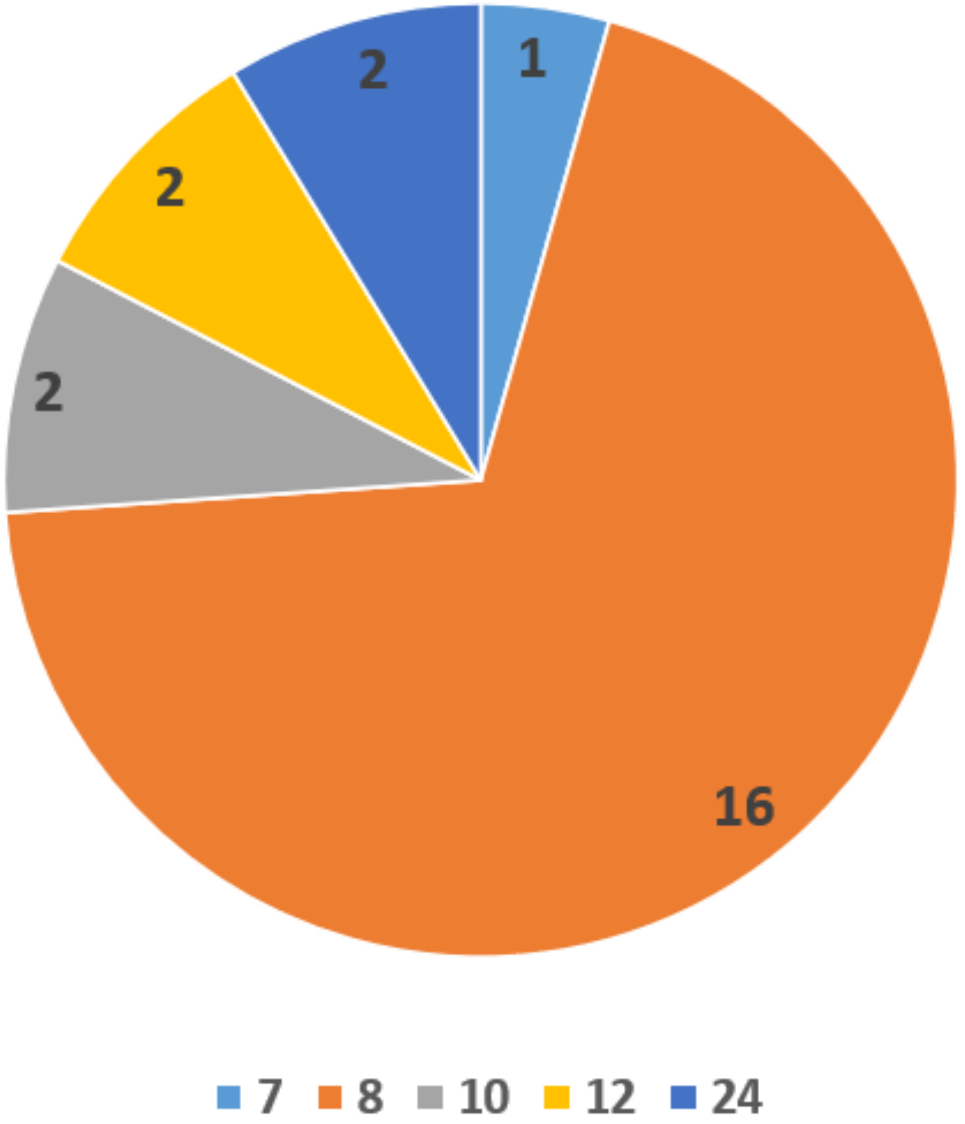
Banding



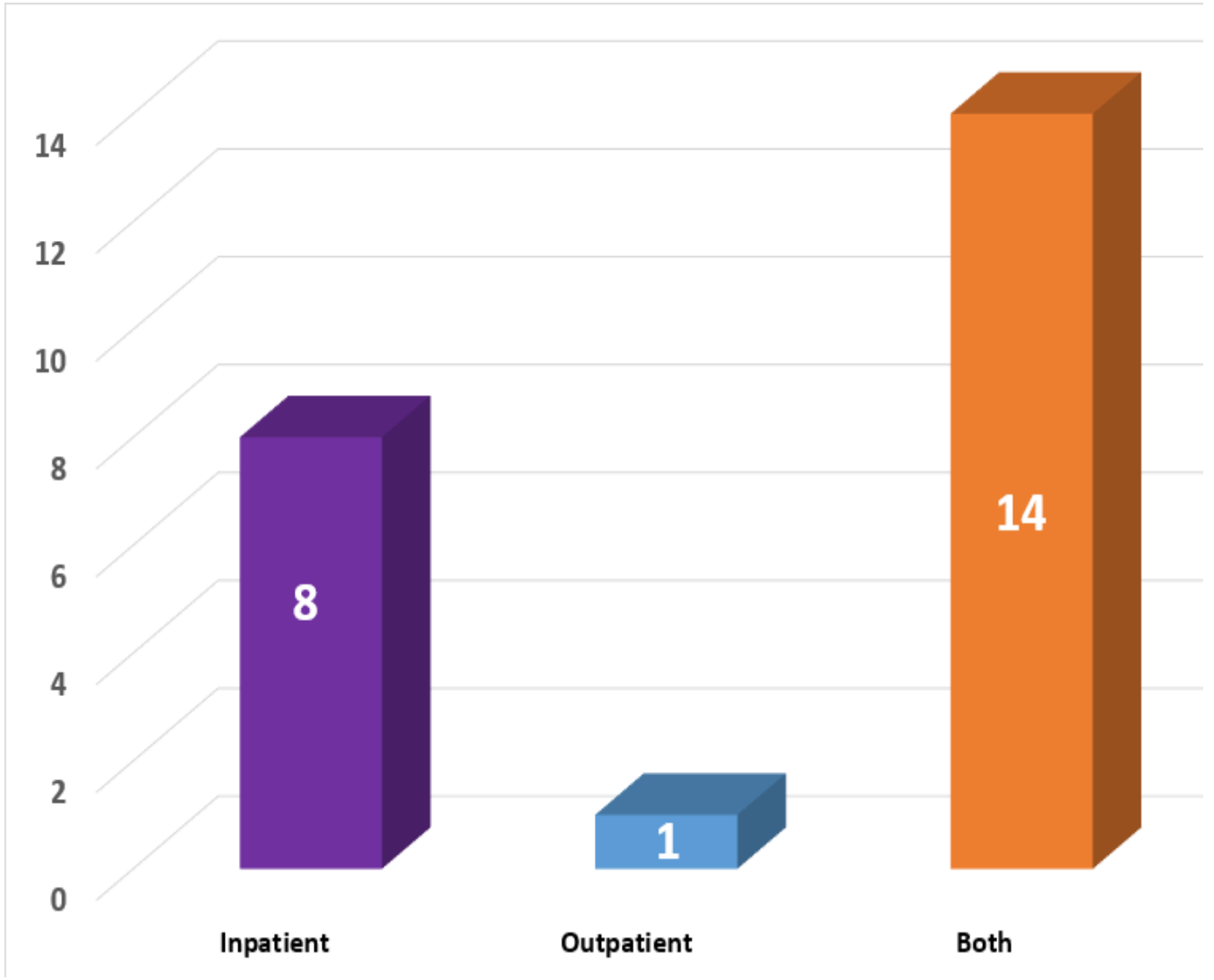
How many days does your service cover?



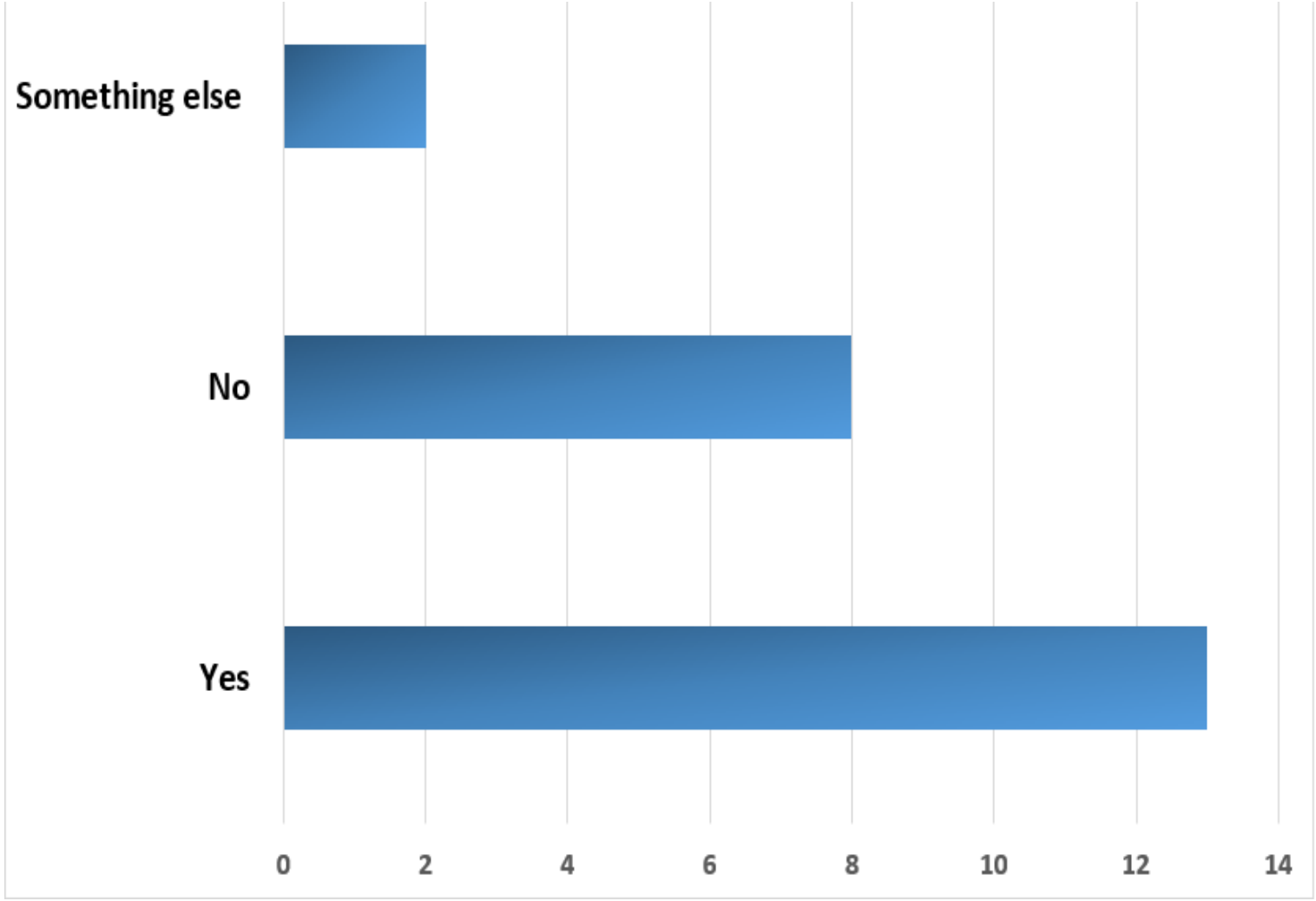
How many hours a day does your service cover?



Type of cover



Follow up service



Other aspects to the role



EDUCATION OF NURSING TEAM



EDUCATION OF MDT



SERVICE IMPROVEMENT

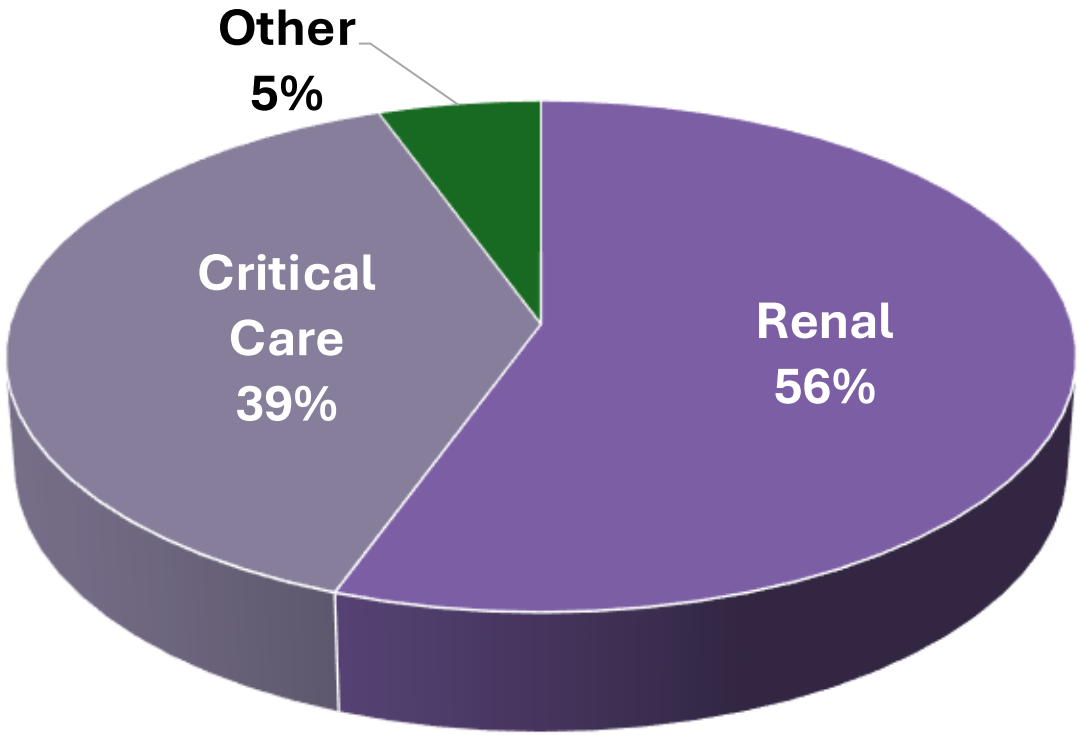


RESEARCH

Limitations to survey

- Small sample size.
- May not be representative of all trusts with AKI services.
- Did not ascertain the size of individual teams/WTE.
- Did not ascertain the background of the staff

Background of AKI nursing teams (Midlands Network Survey (2023) [6]



Discussion

Why is there such a large variation in AKI services across England?

- Reflects individual trust AKI risk/number of AKI alerts?
- Commissioner-dependent?

Robust evidence to show the impact of these services on AKI outcomes is still largely unknown

- Largely single-centre outcomes.
- Is it possible to compare one trust to another?
- UKKA NCDR dashboard striving to standardize outcome measurement.

Does the variation in composition of AKI teams contribute to variation in patient outcomes?

- Is there the perfect composition – a ‘one-size-fits-all’ model?
- An effective service relies on more than the AKI service work-force.
- Multiple variables contribute to patient outcomes – eg bed capacity, staffing, acuity, competency.
- Working environments/culture can influence if a team is successful or not.

Conclusion

- AKI remains a **global** challenge.
- By providing **leadership/ownership** through dedicated services, the UK is rising to this challenge.
- Many hospitals have developed services which aim to **improve patient safety** and the **efficient use of resources** in AKI care.
- Future services may need to focus on managing AKI in the **community**.
- A **key priority** for NHS trusts is to ensure hospital/community services are **configured** to limit the incidence of AKI and mitigate the risks associated with it.

References

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2: NHS England (2014) *Patient safety alert. Standardizing the early identification of acute kidney injury*. NHS England. https://www.england.nhs.uk

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4: Summit Report Writing Group (2024). *Acute Kidney Injury National Summit: Report and Recommendations* . UK Kidney Association (UKKA). https://www.ukkidney.org/about-us/news/transforming-aki-care-national-recommendations-published

5: Smith SJ, Morlidge C, Steenkamp R, Kohle N, McKane W, Murray J (2025) Composition and variation of acute kidney injury services provided by acute NHS hospitals in England, *Journal of Kidney Care,* Vol 10 (1)

6: Torr L, McGuire C, Phiri E, Bickerton S et al. Using the Midlands Renal Network to collaborate, improve and standardise AKI Nurse-led services. Poster presented at UK Kidney Week, 2023, UK

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