NHS
East London
NHS Foundation Trust

IMPROVING CHILD HEALTH IN NORTHEAST LONDON

Key learning and recommendations from a quality improvement programme supporting strategic improvements for babies, children and young people in North East London

Edmund Glynn, East London NHS Foundation Trust

Contents

NHS
East London
NHS Foundation Trust

NHS
East London
NHS Foundation Trust

1. Executive Summary

The Babies, Children and Young People (BCYP) Quality Improvement Programme was commissioned by North East London Integrated Care System (ICS) to convert strategic priorities into real, measurable improvements in care and outcomes. Led by East London NHS Foundation Trust's Quality Improvement team, the programme applied proven improvement methods to some of the system's most complex challenges. Between 2023 and 2025 it mobilised the system to address systemic inequalities in health inequalities, aiming to give every child the best start in life. By building improvement capability, the system was mobilised for improvement, and delivered demonstrable benefits for children, young people and families.

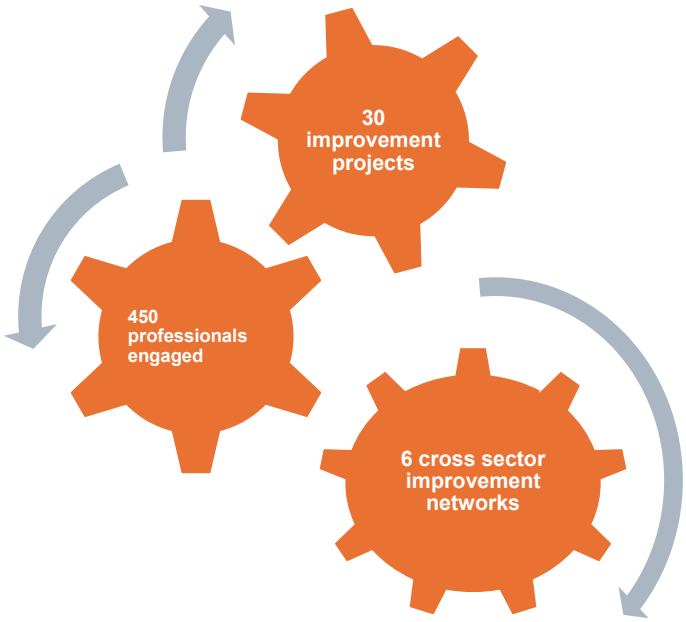
The programme created functioning, system-wide improvement capability through multi-organisational, cross sector collaboration. Through mobilising the system at scale and providing expert QI coaching support it built improvement capability and enabled children and young people to maximise their capacity for self-care, increasing their control over their own lives. It achieved this by creating one of the largest collaborative improvement efforts in London

.

54.7% reduction in children not brought to Complications of Excess Weight clinics

67.5% reduction in missed appointments for young people with diabetes.

First UK use of QI-based data analysis to target prevention of sudden unexpected deaths of infants

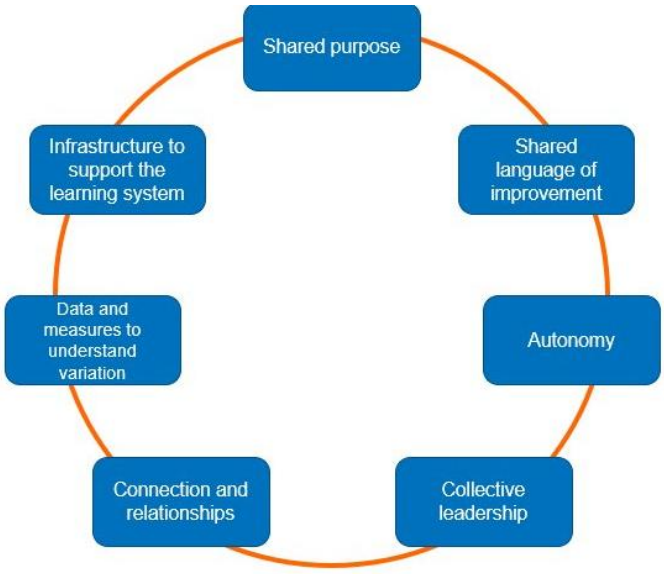


2. Introduction

The Quality Improvement Programme for North East London Integrated Care System (ICS) was designed to support delivery of the Integrated Care Partnership's strategic objective to improve access, experience and outcomes for babies' children and young people across North East London ICS.

East London NHS Foundation Trust has been effective in using quality improvement for many years. Its application of the IHI Model for Improvement[i] ([ihi.org] utilises the Sequence of Improvement[ii] (shown below) to support improvement projects from initially identifying the quality issue, understanding the root cause of the problem, to generating a strategy and testing change ideas using PDSA methodology.

For improvement work that is larger scale, involving multiple improvement projects which are connected thematically, an improvement network was found to be a helpful infrastructure to enable system-wide learning

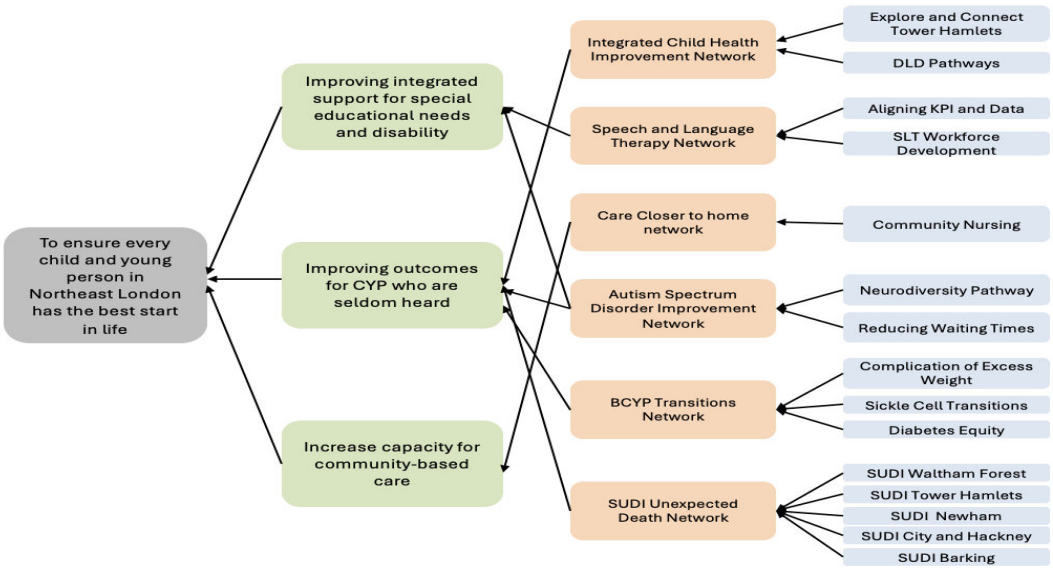


For the improvement networks to function effectively, they convened spaces that ensured that the relevant people from each of the constituent projects were able to take part[iii]. This enabled the

development of learning communities that encouraged wider participation and where ideas, successes and challenges were shared. Participants were supported to learn, contribute and work collectively towards a common purpose. The improvement networks created shared goals which promoted engagement and an ongoing commitment to improvement around their shared areas of interest. Participants were able to contribute freely, as an emphasis and approach that was non-hierarchical was emphasised.

Six improvement networks were supported, as shown on the driver diagram below. This represents the theory of change of the programme. Children, young people and families, along with professionals from health, education and social care in the public and voluntary sectors were engaged to identify and understand quality issues at the point of access to services or at the point of care.

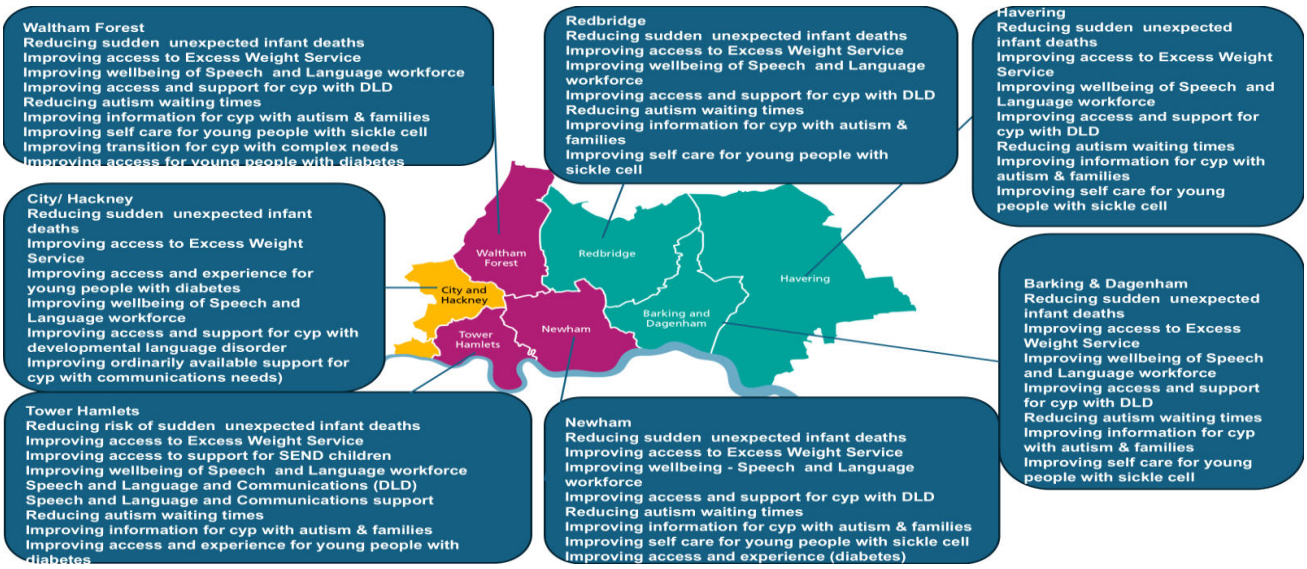
Each Network was supported to develop improvement project teams and received expert QI coaching through the Sequence of Improvement. Teams came together regularly to understand the issues they aimed to address through root cause analysis. They worked together to coproduce theories of change represented as driver diagrams, and they developed and tested change ideas using PDSA methods to learn how to improve babies, children and young people's health and care. The project teams came together as wider improvement networks. This provided opportunities for shared learning, celebration and strategic alignment with the work of the ICB BCYP Programme.



3. Building Will

From an initial workshop with 15 healthcare professionals at the Royal London Hospital in September 2023, more than 450 professionals from 30 organisations were engaged and equipped to identify and improve services. The organisations who benefited from engaging in the programme are shown below:

Although the initial engagement session was hosted at the Royal London Hospital in Tower Hamlets, it was important for the programme to build will and support improvement across the whole of Northeast London ICS to achieve its aims. The spread of the work across Northeast London is shown below:



Those engaged in the work reported that their experience of being supported in the work was positive. The examples below are from Dr Krishna Moorthy who led the young adults' diabetes improvement project across 4 boroughs, Linda Pasqui, who engaged in the capability component of the programme, and applied her learning to improve children's public health in Newham, and Dr. Gin Peh, who led the Complications of Excess Weight Service, which improved engagement with children by 54.7%

Dr Myuri Krishna-Moorthy

Diabetes consultant

"We built a cross-site team—nurse, dietitian, psychologist, youth worker and social prescriber—who could work equitably across all 4 sites ensuring all sites had access to the same resource. The QI tools gave us a shared language and a clear plan. We tested ideas in small steps—PDSA cycles—so it was clear what was working and what wasn't.

One of my favourite moments was during one of our team away days, where we invited young people from the service to join us. They spoke so honestly and freely about what it's like to live with diabetes at their age. That conversation changed the room. It stopped being about "service delivery" and became about how to support their lives."

Linda Pasqui

Public Health Newham

“Working in Newham Public Health, I joined a QI project after identifying a gap: many eligible families were missing out on Healthy Start benefits—essential vitamins and food cards for maternal and child health. Initially, barriers were unclear, and engaging busy hospital and community teams was challenging.

Through QI training, I collaborated with a committed team to increase uptake and improve vitamin distribution. I led promotional efforts and supported development of a driver diagram and fishbone analysis to identify root causes and create a theory of change.

Using PDSA cycles, we tested ideas like staff training and better communication. Seeing improvements in data was motivating. Thanks to QI, awareness and distribution have improved, ensuring families receive vital support. I’m excited to keep championing Healthy Start promotion.”

Dr. Gin Peh

Consultant paediatrician

“Our MDT are the main heroes in the improvements we achieved as their tireless perseverance in trying different ways to engage the family from the onset has helped us get where we are and anecdotally, it feels like patients are more engaged at from the very first formal appointment and one of the things we are hoping to look at is if outcomes are also improved since we started putting these measures in place.

I wanted to also express how grateful I am to the Senior Improvement Advisor in supporting us through the process and more than that - he has kept us on track- our team's focus could have easily slipped without his coaching input

NHS
East London
NHS Foundation Trust

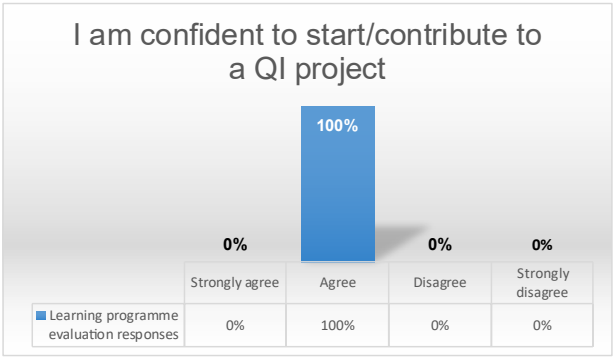
4. Building Capability

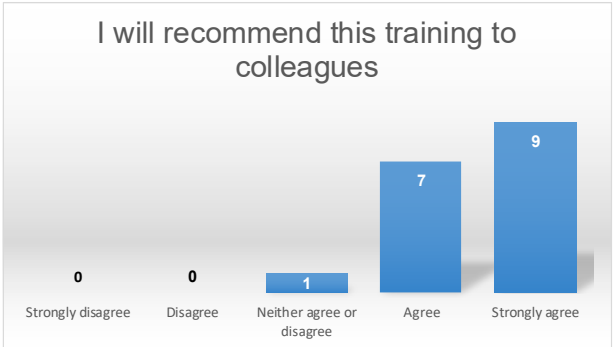
From March 2025, the Programme launched a capability component. This aimed to equip individuals and organisations across the system with the skills and knowledge they need to improve babies, children and young people's services. The programme was designed as a two-part learning programme, delivered at venues across Northeast London, with the 415 professionals invited being advised that they needed to complete both sessions to acquire a good level of quality improvement capability.

	Module	What was covered
Part One	Intro to QI	• Short history & background to QI
	Simple vs Adaptive Problems	• Why QI is essential in solving complex problems in health and care
	The QI Method	• Model for Improvement • ELFT Sequence of Improvement
	Teamwork in improvement	• Building an improvement team
	Tools for Understanding Problems	• Pareto diagrams, Cause and effect, Process Mapping

Part Two	Building a Strategy and change ideas	• Developing aims, Developing driver diagrams
	Testing change ideas using PDSA	• PDSA cycles
	Measurement and data for improvement	• Developing a measurement plan • Understanding data over time using SPC
	Implementation and sustaining the gains	• How to ensure improvements to services are sustained beyond the project lifecycle
	Coproduction and participation -	• Involving children and young people in improvement work

Feedback from participants was gathered. 100% of people agreed they felt confident to start a QI project, 100% of people felt the course related to their work and 95% would recommend the course to colleagues





5. Building improvement

5. (i) Diabetes (Equity) Improvement Project

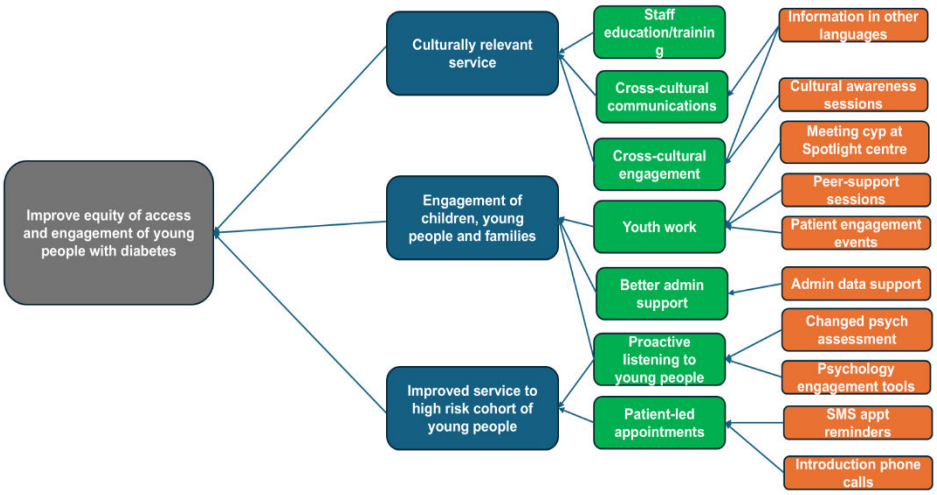
Aim: the project aimed to increase engagement of young adults (16–25 years) with the Young Adult Diabetes Service (YADS) in Northeast London by reducing non-attended (DNA) appointments. By improving attendance, the project sought to enhance access to care and reduce risks associated with poor glycaemic control, including diabetic ketoacidosis (DKA).

Understanding the Problem

The team worked to understand the underlying causes of low engagement by coproducing a fishbone diagram.

Strategy for Change

A driver diagram was developed to outline the improvement strategy.



PDSA Cycles

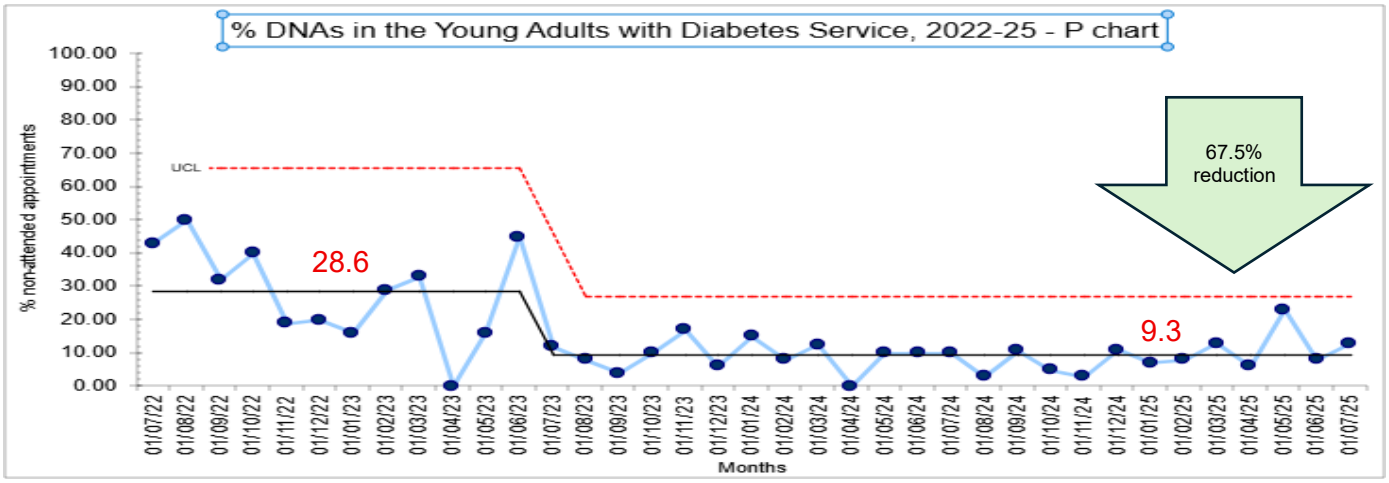
Iterative Plan–Do–Study–Act cycles were used to test, refine, and scale change ideas:

Change Idea	When tested	Learning	Next Step
Introductory phone calls	January 2023	The phone calls were impactful, increasing attendance at clinic	Adopt into standard practice.
Changes to the questionnaire	November 2023	Changing the survey helped to improve engagement	Adopt into standard practice.

Change Idea	When tested	Learning	Next Step
Meeting patients at youth centre	November 2023	Effective way of improving relations with patients	Adopt into standard practice (subject to resource constraints).

Improvement achieved

The team measured the impact of the tests using a control chart. This showed the improvement indicated below (a 58% reduction in DNAs).



5.(ii). Complications of Excess Weight (CEW) Improvement Project

Aim:

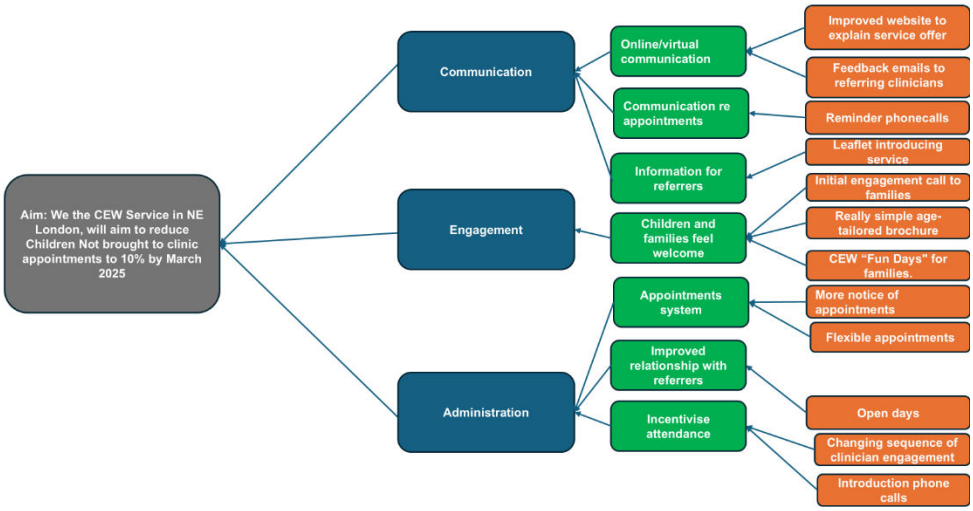
To improve engagement with the Complications of Excess Weight (CEW) service by reducing the number of children who were not brought to their appointments, reducing the percentage of non-attended appointments from 38% to 10%. Children referred to CEW are at high risk of serious long-term health problems (including type 2 diabetes, cardiovascular disease, and psychological distress) and, without intervention, face an average life expectancy of less than 55 years.

Understanding the Problem

To gain a deeper understanding of the reasons for non-attendance, the team worked with young people to co-produce a fishbone diagram.

Strategy for Change

A driver diagram was developed to outline the improvement strategy.



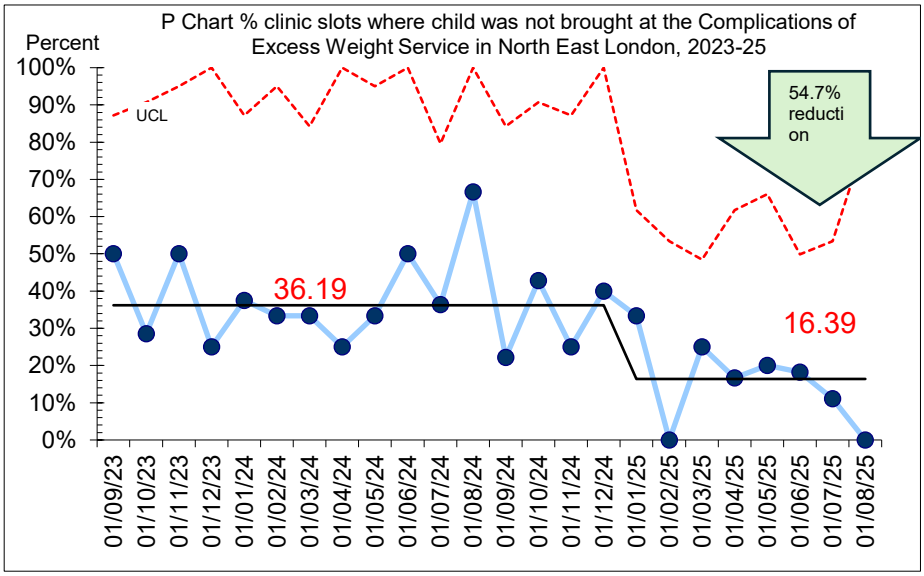
Testing using PDSA cycles

Iterative Plan–Do–Study–Act cycles were used to test, refine, and scale change ideas:

Change Idea	When tested	Learning	Next Step
Open days at Spotlight youth centre	December 2023	Those who attended open days more likely to attend.	Not possible to do routinely
Welcome calls to new families	January 2024	The families had limited understanding of the service. Children more likely to attend post phone call	Implement into standard practice
Family fun days at local youth centre	December 2023	Families who attended were more likely to bring children to clinic appointments. However the logistics were challenging	Not possible to continue to provide these events
Changed sequence of clinical engagement	January 2024	Increased likelihood of clinic attendance	Implement as standard practice

Improvement achieved

The team measured the impact of the tests using a control chart. This showed the improvement indicated below, a 54.7% reduction in children not brought to the CEWS clinic.

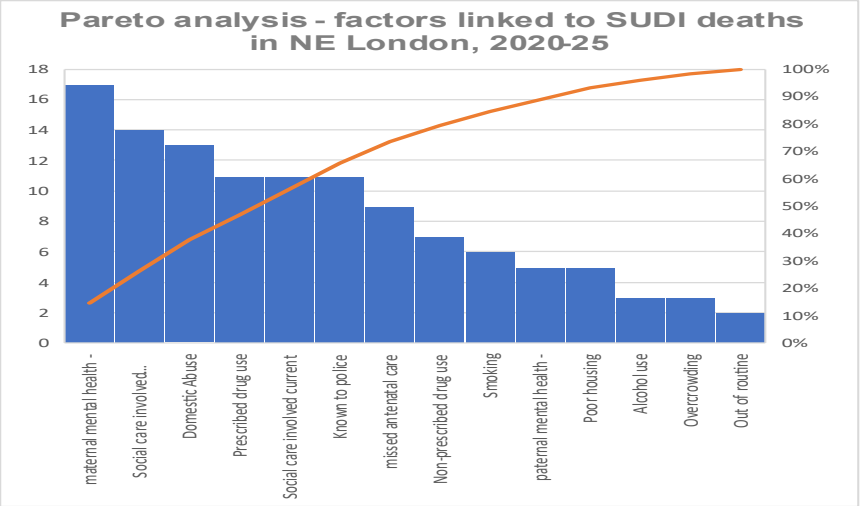


5.(iii). Sudden Unexpected Deaths of Infants Improvement Network.

Aim: Teams came together in every borough in Northeast London to learn how to improve the protection of infants from sudden unexpected deaths (SUDIs), and to test ways of reducing the incidence of these deaths.

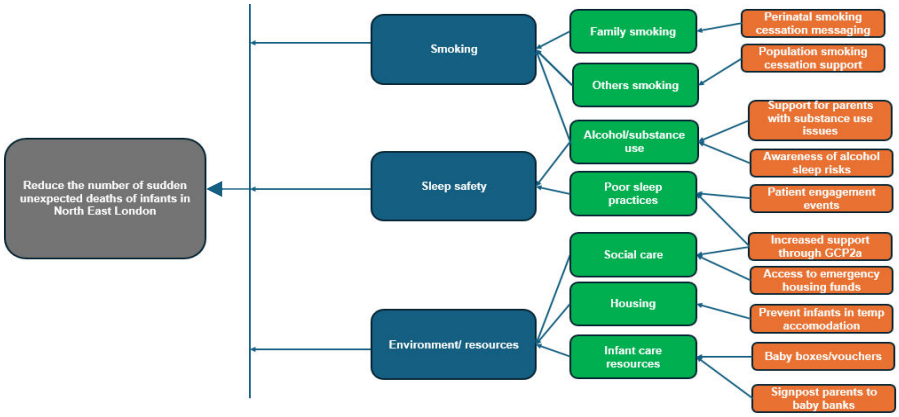
Understanding the Problem

Reports of SUDI deaths since 2019 were analysed and a pareto analysis was used to understand the relative significance of the risk factors associated with the deaths



Strategy for Change

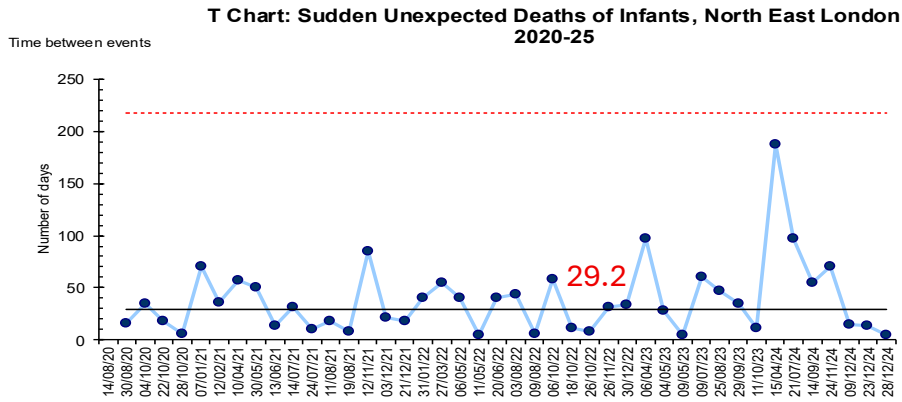
A driver diagram was developed to outline the improvement strategy.



Measures charted on the SUDI improvement network dashboard were used to track progress in improving SUDI prevention. These are described below:

Measure	Average (mean)
Time between SUDI death	29 days between death
% of women with a positive smoking status at birth of infant	Variation in mean between maternity centres: Royal London Hospital: 2.1 Newham Hospital: 4.1
% pregnancies booked by 9+6 weeks (by maternity centre)	Variation in mean between maternity centres: Royal London Hospital: 40% BHRUT: 60% Newham Hospital: 80%
Number of children flagged by GPs as passive smokers	Wide variation in mean between boroughs: boroughs: 4 in Redbridge 23 in Tower Hamlets
Number of infants reported as vulnerable by children's social care	Wide variation in mean between boroughs: boroughs: 276 in Havering 28 in Hackney
Number of infants living in temporary accommodation	Wide variation in mean between boroughs: 9 in Havering 29 in Newham
Number of health and car professionals trained in promoting safe sleeping practices	33 per month

The work of the SUDI improvement network was measured using a control chart measuring the time between deaths (below)



5.(iv). Haematology (sickle cell) improvement project

Aim: the project aimed to improve the experience and self-care of young adults (16–25 years) with sickle cell disorder. Working with the Sickle Cell Society and the North Thames Paediatric Network, and led by Dr Cecy Ng at Barts Health, the team developed a theory of change and tested ways of improving engagement of young people with clinical messaging around sickle cell. Measures included engagement with the Sickle Cell Society's peer mentoring programme, and the level of unplanned admissions of young people with sickle across Northeast London.

5.(v). Speech, Language and Communications Needs Improvement Network –

This improvement network consisted of two projects aimed to improve access, equity and experience of children and young people with communications needs.

Children's Speech and language therapist wellbeing improvement project	**Aim:** to improve therapists' wellbeing (many report isolation and extreme stress) . **PDSAs:** Wellbeing champions introduced in every therapy service and tests were run to understand how to support these champions to improve wellbeing. Informal wellbeing catchups were introduced. Therapists were connected between sites **Results:** The wellbeing champions and their work was highly valued. Opportunities for team-time and off-site support were reported to be highly beneficial to therapist morale and wellbeing.
Increasing access to available support	**Aim:** to improve the pre-clinical support available to children with communications needs in primary schools across Northeast London.

6. Conclusion

This programme has demonstrated the power of Quality Improvement as a driver of system-wide change across North East London. By mobilising more than 450 professionals from a diverse range of organisations, it created the conditions for collective problem-solving at scale and delivered improvements that directly benefit babies, children, and young people. By intentional about listening and responding to children and young people's priorities, and using effective improvement methods, the programme was effective in addressing health inequalities.

Through six structured improvement networks, partners worked with shared purpose and alignment, translating system priorities into meaningful frontline action. The accompanying capability programme helped to upskill programme participants, equipping them with the practical tools and shared language needed to sustain improvement beyond the life of the programme. Feedback from participants confirms that this investment in capability has already begun to catalyse additional locally led improvement projects.

The programme's impact is both measurable and significant, delivering tangible benefits for children, young people, and families. High impact change ideas were identified that reduced missed appointments for young people with diabetes by 58.7%. Using data effectively to learn how to target interventions to prevent sudden unexpected infant deaths was the first time this had been done in the UK. The Complications of Excess Weight Service learnt that by making changes to their engagement process they could reduce the number of children not brought to their appointments by 54.7%. These achievements reflect not only the effort of individual teams but the strength of collaboration across the system.

Overall, this programme has demonstrated that even with only a modest investment in improvement expertise it is possible to build a lasting culture of improvement in North East London, one where shared learning, data driven decision making, and cross sector collaboration can continue to drive better outcomes for children and young people.

7. Citations

[i]Institute for Healthcare Improvement (IHI). (n.d.). *Model for Improvement.* https://www.ihi.org/library/model-for-improvement

[ii] Santos, C., Ajayi-Obe, A., & Aurelio, M. (2025). *Using Quality Improvement to improve serious incident reporting in the English NHS.* BMJ Open Quality, 14(3), e003234. https://bmjopenquality.bmj.com/content/14/3/e003234

[iii] Shah, A. (2021).*Quality improvement in practice — Part 1: Creating learning systems.*British Journal of Healthcare Management.https://qi.elft.nhs.uk/wp-content/uploads/2021/08/BJHM-Creating-learning-systems.pdf