Paediatric department at Great Western Hospital. In doing so, we endeavoured to further increase staff morale, encourage positive multi-disciplinary team-working, and enhance patient care through shared learning.

**Methods** The ‘Model for Improvement’ approach was used. Barriers to the submission of nominations were identified, and a driver diagram completed. Change ideas focused on interventions to improve awareness of the initiative, accessibility of nominations, and dissemination of learning. Examples include distribution of educational emails, text messages, and verbal announcements across the multi-disciplinary team, appointment of a LeaFE representatives in each clinical area, creation of a nominated ‘LeaFE’ email address, redesign of the nomination form templates, and introduction of a ‘LeaFE update’ in the divisional newsletter. The impact of these interventions was monitored using Plan-Do-Study-Act cycles.

**Results** In the 6-month period following the implementation of the quality improvement project in August 2020, a total of 36 nominations were made, with an average of 6 nominations per month from August 2020 to January 2021. This is a 350% increase compared with the same 6-month period the previous year, where a total of 8 nominations were made with an average of 1.3 per month. Nominations increased in almost all staff groups, including nurses and non-clinical staff, as well as doctors at all levels. Common themes included team-working, communication, and supporting colleagues.

**Conclusions** This quality improvement project has made significant progress in increasing awareness and accessibility of Learning from Excellence nominations, as well as dissemination of learning, in the Paediatric department at Great Western Hospital. Although causation cannot be inferred, the Paediatric department has obtained the best GMC feedback from all staff at all levels. Nominations increased in almost all staff groups, including nurses and non-clinical staff, as well as doctors at all levels. Common themes included team-working, communication, and supporting colleagues.

Further changes to be executed within the project include the introduction of a ‘LeaFE’ section on the Trust intranet, and creating a LeaFE post-box for each clinical area. A staff survey is underway to seek further ideas and feedback on the implementation and impact of the LeaFE initiative. Additionally, we are currently liaising with staff in other clinical departments at Great Western Hospital, with the aspiration to distribute the initiative beyond the Paediatric department.

**Reference**


**British Association of Child and Adolescent Public Health**

1062 A META-ETHNOGRAPHIC REVIEW OF FACTORS RELATING TO VACCINE HESITANCY IN THE EUROPEAN PARENTAL POPULATION

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**Background** In recent years, negative feelings towards immunisations have crept up throughout Europe. Thus, more cases of vaccine-preventable diseases are seen across the continent with many lives at risk. Parents are considered the main decision-makers when it comes to childhood vaccinations. Therefore, understanding their perception about inoculations is essential in addressing the issue of low vaccination coverage.

**Objectives** The aim of this study was to gain better insight into the factors that influence parental vaccine hesitancy in Europe and to produce a better framework to explain this phenomenon.

**Methods** This meta-ethnographical review was carried out between April and May 2020 by following Noblit and Hare’s seven-steps approach. Articles were retrieved from relevant medical databases. All the studies included were primary papers written in English, published after 2000 and presenting qualitative data. The appraisal process involved the use of CASP qualitative checklist. ‘Line of argument’ synthesis was used to develop a higher order interpretation.

**Results** A total of 13 studies were included in the analysis from which five overarching themes were identified to contribute to vaccine hesitancy: (1) Trust in professionals, institutions, and government, (2) Relationship and communication with healthcare professionals, (3) Perceived minimal threat of the disease, (4) Personal experience, (5) Too young to vaccinate. The meta-ethnographic synthesis revealed how the different themes interact with one another to influence parental choice. Moreover, the duty to protect was showed to play an important role in how these factors are perceived by parents.

**Conclusions** This review presents an updated framework to explain vaccine hesitancy in the European parental population. To encourage the uptake of childhood immunisations more emphasis should be placed on fostering trustworthy relationships between parents and medical professionals. Also, parents must receive clearer messages on the risks of vaccine-preventable diseases and why the inoculations are important for their children.