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 within the Trust this year, and it's best results on record, in addition to a second place award for training environment of the year at the Paediatric Awards for Training Achievements ceremony.

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.

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British Association of Child and Adolescent Public Health

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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.

British Association for Community Child Health

1063

THE IMPACT OF SINGAPORE'S COVID-19 CIRCUIT BREAKER MEASURES ON CHILDREN WITH DEVELOPMENTAL DELAYS AND THEIR FAMILIES

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Background COVID-19 has affected many aspects of life across the globe. Following the outbreak of the pandemic, various countries implemented strict precautionary measures to curb the spread of the virus. It is expected that certain vulnerable populations will be most affected, such as children with special needs due to the interruption of regular intervention and routines which are pivotal in their day-to-day lives.

Objectives Our objective was to evaluate the impact of the Singapore COVID-19 Circuit Breaker (two-month lockdown) measures on children with special needs and their families.

Methods Caregivers of children who attended a tertiary child development unit completed an anonymous online survey form. There were 84 respondents who were parents of children aged 2 to 16 years (mean 6.5 years).

Results Majority of the children were in preschool/lower primary with 78.6% males and 65.5% Chinese. The most common diagnosis was Autism Spectrum Disorder (ASD; 46.4%). Almost two-thirds of caregivers reported working from home during the Circuit Breaker period. The majority indicated that their children had no difficulties coping with the restrictions in place during this period. Of those who did, the main difficulties were with wearing a mask, being restricted from going out, and having to practice social distancing. 26.2% of children had deterioration in their behavior, and a third of caregivers struggled to manage this. There was no significant difference in proportion of children experiencing a deterioration in behavior by diagnostic group [X^2 (d.f.=6, N=84) =5.7, $p=0.47$]. Yet some (16.7%) had improvements in behavior. Sleep was minimally affected, but there was a significant increase in screen use in 81% of cases, especially in children with ASD. The majority of children received home-based learning from schools but many encountered challenges with this. About two-third of children continued to receive their early intervention or hospital-based therapy services. 54.7% of caregivers reported feeling more stressed than usual, mainly from juggling work-vs-family commitments. In spite of all the challenges, around two-thirds reported being able to spend more quality time with their child and over a half over a half of them reported having improved relationships with their child.

Conclusions This survey shows that whilst many coped with the restrictive lockdown measures, there are those families who are more vulnerable, or caregivers who are less adept, and who need to be identified early for future support. Parents have the potential to be effective therapy providers in the home setting, given adequate support, but may struggle to balance work and family commitments. Telehealth has been developed but improvements in telehealth service provision and audits of its efficacy are still required.

Quality Improvement and Patient Safety

1064

INTRODUCING A QUICK REFERENCE GUIDE FOR THE POSTNATAL WARD

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Background Quick reference guides are frequently used in medicine to provide easy access to the latest evidence. They do not replace full guidelines but are a useful adjunct to clinical expertise on busy wards.

A survey conducted in our department showed that although trainees enjoy working autonomously on the postnatal ward, 90% of trainees thought accessing our intranet hospital guidelines was time consuming. Therefore, a decision was made to produce a Quick Reference Guide, whereby trainees have rapid access to guidelines and referral pathways, while also aiming to empower trainees to work autonomously and efficiently within safe boundaries.

Objectives To introduce a comprehensive quick reference guide for postnatal ward as part of a quality improvement project (QIP).

Methods A 66 paged Quick Reference Guide was created covering the common conditions and problems encountered on

the postnatal ward based on guidelines from our district general hospital and our tertiary referral centre (adapted for local use). Futureproofing was built into the design to ensure the guide stays relevant and up to date.

A questionnaire was sent to all trainees working on the postnatal ward with a copy of the Quick Reference Guide. Trainees were asked to score baseline stress levels of working on the postnatal ward on a scale of 1 to 5 (1 very stressful, 3 neither, 5 no stress) and if having this guide would be useful for their practice and in reducing stress levels. Free text area was available for general feedback.

Results 18/20 trainees responded to the survey giving a 90% survey response rate. This included 11 Senior House Officers (Specialist training (ST) years 1–3/clinical fellows) and 6 Registrars (ST4–5/staff grade) and one response had no mention for their grade of training. The baseline median and mode stress score was 2 on the 5-point scale indicating fairly high stress levels. All trainees (100%=18/18) responded that having a postnatal ward quick reference guide would be helpful and would reduce their stress levels when working on the postnatal ward. Free comment feedback was supportive of the guide ($n=6$) and included what trainees wanted in future versions ($n=3$).

Conclusions We demonstrate that having a comprehensive quick reference guide enables rapid access to guidelines, thereby saving time and reducing stress for trainees working on the postnatal ward. An unanticipated benefit of this creation was that outdated guidelines were identified and updated during the process. We will continue this QIP by resurveying the next cohort of trainees to ensure guidelines stay relevant while modifications to improve the guide are made for subsequent productions. A trainee will be allocated the role of updating this document at the start of every rotation.

Based on the results, the Quick Reference Guide was distributed to trainees in PDF format (for access on phones), and a printed copy created for the ward. We recommend other postnatal wards consider creating similar quick reference guides.

Quality Improvement and Patient Safety

1065

DEVELOPING A TEACHING PROGRAM TO SUPPORT HEALTH VISITORS IN THE MANAGEMENT OF PROLONGED JAUNDICE

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Background Prolonged jaundice is very common in newborns. Investigation of the underlying cause in a timely manner is essential to rule out pathological causes, as one potential underlying cause (biliary atresia) requires prompt diagnosis and management.

An audit of the prolonged jaundice clinic at St Mary's Hospital London identified that not all babies with prolonged jaundice were being appropriately referred to clinic. It is essential that all health care professionals seeing these patients are aware of the correct referral pathways so they are seen in a timely manner in the appropriate setting.

Objectives A quality improvement project was undertaken with health visitors which aimed to: