decrease in socialisation and interaction of young people during this period but worrying is the increase in the proportion seen who were defined as under 16 years of age and siblings. The impact of lockdown, restrictions on movement of young people outside the home and the increase use of the internet with its potential exposure to pornography are all hypothesis to explain this trend. However, further analysis of data is required over a longer time span to see the real impact of the pandemic on CYP.

Despite the decrease in absolute numbers, there remains concern of the hidden harm experienced by children and young people and every effort made to have support in place for disclosure.

Paediatric Critical Care Society

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PICU MOBILE APPLICATION FOR PARENTS: INSIGHTS FROM THE PARENT CONSULTATION QUESTIONNAIRE

Rufaro Ndokera, Christine Pierce, Samiran Ray, Esther Rose, Katie Dettmer, Emily Cantrell.
Great Ormond Street Hospital

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Background During a child's stay on PICU, parents receive a significant amount of information. This includes both medical and practical information. Until this point, information has been provided in paper form and informally by ward staff. During a particularly stressful time, parents may struggle to retain such information and in its paper format, it is not always easily accessible.

The Great Ormond Street Hospital (GOSH) parent support group highlighted that a mobile phone application (app) providing information during their child's PICU stay would be helpful.

Objectives To inform the desired content for a PICU information app, we surveyed parents of past and present patients.

Methods A paper questionnaire was designed by the authors. The questionnaire was distributed to parents on GOSH PICU during a 3 week period in 2019 and disseminated at a past patient event.

Results Thirty-three of the 40 distributed questionnaires were completed (82% response rate). Thirty-two (97%) of parents said they would use a PICU app. Information about bedside equipment 32 (97%) and medications 29 (87.9%) were the most important content for parents. Information about specific conditions 24 (84.8%), the hospital 28 (84.8%), the surrounding area 26 (78.8%) and research undertaken on ICU 20 (60%) were also sought.

The majority of parents would want to use the app to communicate with the clinical team in addition to the usual face-to-face contact. Twenty-four (75%) of parents would value a diary feature and the majority 30 (90.9%) would consider using the app to stay in touch with PICU following discharge.

Conclusions Parents would like access to a unit specific intensive care app to use both during their child's stay and to maintain contact following discharge. Parents would like the app to both provide information and allow them to communicate with their clinical teams. The ability to document their child's PICU journey was also of note.

Paediatric Clinical Leaders: Service Planning, Provision and Best Practice

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HARNESSING STAFF VALUES TO CATALYSE WORKPLACE CHANGE. TOWARDS 2040, NHS NET-ZERO

¹Nadia Audhali, ²Florence Wedmore, ²Anna Moore, ¹Charlotte Monro. ¹Whipps Cross Hospital; ²Royal London Hospital

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Background The climate health emergency is a problem that disproportionately affects children, and our response to it as paediatricians has lagged behind some of our young patients.

While we are simultaneously part of the problem, and one of the strongest advocates for child health, we have a duty to act. Reducing carbon emissions from healthcare remains a huge challenge with ever bolder targets; NHS to reach Net zero by 2040. For this to happen we need innovative thinking, and support at every level to succeed, which means engagement of every one of us.

By connecting against a shared adversity, as we have seen through the healthcare response to Covid, we can motivate each other to deliver extraordinary things.

Objectives To form a Trust-wide staff group of paediatric doctors and nurses, alongside HCPs from other specialities, with a passion for tackling climate change. We knew our Trust took these issues seriously but understood that our leaders faced competing pressures. By offering to help, we could help provide solutions and focus. Our aim was to use our voice, to result in greater reductions in operational carbon, better staff engagement, and education of staff and patients. A secondary aim was to promote staff wellbeing by taking action together, and creating a sense of connection, belonging, and hope around this shared value.

Methods The Green at Barts Health staff group formed, and launched itself by presenting to the Board. Members were recruited by webinars, grand-rounds, regular meetings. Members shared a passion for sustainability and tackling climate change, and many hours of voluntary time were contributed towards the shared goals. We established stakeholder networks, used quality improvement methods, along with advocacy and relationship building.

Results 80 staff were recruited across 3 sites, including 10 paediatric clinicians.

Advocacy work led to a quarterly Green Forum, with Board level representation, and key stakeholders to advance the Trust's green agenda.

In response to influencing during this forum, our Trust has agreed to declare a Climate Emergency.

Our paediatric education stream has delivered departmental teaching to colleagues on climate change and air pollution. Play therapist members have taken part in National Clean Air Day, working with paediatric inpatients to create air pollution/clean air images for the newsletter.

Quality improvement has resulted in collaboration with external partners, Centre for Sustainable Health (CSH) in development of their toolkit calculating CO2 emissions savings from switch to online vs face to face outpatient appointments.