health of both parents and resulted in feelings of despair and confusion.

Conclusions Our intensive care is one of the largest paediatric units in the UK and during the pandemic we increased our capacity to accommodate intensive care patients from other paediatric units that reconfigured to treat adult patients. During the pandemic, our usual approach to carer support was challenged by visiting and communication restrictions, the impact of which may have long-term consequences. Despite these challenges, we were able to sensitively provide the high standards of care expected by patients and their families.

Quality Improvement and Patient Safety

1372 PAPERLITE: ELECTRONIC DOCUMENTATION FOR TRANSITIONAL CARE (NTC) IN A TERTIARY NEONATAL UNIT IN LONDON, UK

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Background Electronic documentation (Paperlite) was introduced at The Royal London Hospital's Neonatal Transitional Care Department in November 2020. All documentation pertaining to neonates under the care of paediatricians transitioned from handwritten patient notes to electronic entries used across Barts Health NHS Trust.

Objectives Prior to Paperlite, all documentation was handwritten which presented several problems. Primarily, only 70% of patient notes were available during perinatal clinic follow-up appointments which is a patient safety issue. Our aim was to ensure 100% patient record accessibility both during admission and post discharge.

Methods The availability of handwritten patient notes in follow-up perinatal clinics was audited. Subsequently, electronic templates were introduced and relevant staff (paediatricians, nurses and midwifery teams) were informed. The availability of patient notes in perinatal clinics was re-audited in February 2021 and paediatricians were surveyed.

Results 100% of patient documentation was available in perinatal clinics in February 2021.

Statement	Mean score
The Paperlite NTC templates are accessible	4.9
The Paperlite NTC templates provide a useful and relevant guide to what information should be documented	4.7
You prefer using Paperlite Documentation as compared to documenting on paper notes	4.9

We carried out a post-intervention survey amongst junior doctors, senior doctors and consultants and the results were overwhelmingly positive.

We asked participants of the survey to rate on a likert scale how much they agreed with the statements below (0=strongly disagree, 5= strongly agree)

Conclusions The introduction of Paperlite documentation helps clinicians have better access to patient information, saves

clinical time and accelerates patient discharge as well as provides guided and uniform templates for documentation.

It also allows many aspects of patient care to be audited and ensures medico-legal compliance. Moving forward, we hope to use this electronic system to also streamline documentation for common neonatal procedures (such as lumbar punctures) and to record referrals and patient observations electronically.

British Association of Perinatal Medicine and Neonatal Society

1373 RAPID EXOME SEQUENCING FOR ACUTELY UNWELL CHILDREN: EXPERIENCES FROM YORKSHIRE REGIONAL GENETICS SERVICE

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Background Rare monogenic disorders in children and babies are difficult to diagnose, however establishing the diagnosis plays an important role in informing patient management and influencing clinical decision-making. On 1st October 2019, the National Rapid Exome Sequencing Service for acutely unwell children with a likely monogenic disorder (R14) was introduced across NHS England, via the National Genomic Test Directory. All Neonatal Intensive Care Units (NICUs) in England have access to the national R14 service. Informed consent for this test is essential, as the results may give uncertain or unexpected information, including about a child's biological parents. Rapid trio Whole Exome Sequencing (WES) via R14 has enabled urgent diagnoses to be sought where this may affect the clinical management of the child.

Objectives We undertook an audit and service evaluation of the R14 service in our region by reviewing all referrals to Yorkshire Regional Genetics Service (YRGS) over a one-year period since the commencement of the R14 service.

Methods We reviewed all R14 referrals from YRGS to the nationally-commissioned Exeter Genomics Lab between 1st October 2019 and 30th September 2020. Our data collection tool enabled a standardised screening of patient notes, electronic patient records and genomic and other test results. Patient demographics, clinical and phenotypic information, and genomic outcome data were collected.

Results 46 cases were identified; 18 male (39%), 28 female (61%). The median age of the proband at time of review was 20 days. A heat map demonstrated that most patients who had accessed the service were concentrated in West Yorkshire. At the time of request, 65% (n=30) of patients were on NICU. In 50% (n=23), the neonatal unit requested the test. In 43% (n=20), Clinical Genetics requested the test. In 4% (n=2), the test was requested by neurology, and 2% (n=1) by a High Dependency Unit. Request forms were fully complete in 74% (n=34) of cases. In 46% (n=21) of cases, consent for testing (via a record of discussion form) was not documented. The mean turnaround time from receipt of samples by the Exeter Genomics Lab to issuing of final reports was 12.7 days