precise recurrence risk and prenatal diagnosis offered if indicated.

32%(43/133) were referred to a specialist for the condition; 16%(23/133) informed re-orientation and palliative care. Current management and prognosis were supported in 16%(22/133) and specific treatment such as transplant or medication was provided in 13%(19/133). Specific screening was arranged in 5%(7/133).

Conclusions This is the first NHS-based diagnostic service which provides rapid genetic diagnoses in acutely unwell children and the largest reported cohort of patients undergoing rapid exome sequencing. It demonstrates that this innovative and transformational national service has successfully provided rapid results while maintaining a high diagnostic rate. Most importantly, diagnoses have influenced both acute management in intensive care settings and long term management for children and their immediate and extended family members.

British Association of Perinatal Medicine and Neonatal Society

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REDUCTION OF PERINATAL BRAIN INJURY -AUDITING COMPLIANCE OF THE 2030 NATIONAL TARGET IN A DISTRICT GENERAL HOSPITAL IN THE UK

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Background Hypoxic-ischaemic encephalopathy (HIE) is the largest contributing factor to brain injury in term neonates. In 2015, the Department of Health in England announced an ambition to reduce 'brain injuries occurring during or soon after birth' by 20% by 2020 and halve them by 2030. In 2015, the incidence of HIE in England was 2.6 (2.5 to 2.8) per 1000.

Objectives We studied the profile of HIE cases in a District General Hospital in the South East of England, the UK looking into the trends and for any opportunity for improvement.

Methods We collected information using the Badgernet neonatal database and the patient notes.

In 2019, we studied the profiles of babies diagnosed with hypoxic-ischaemic encephalopathy from January 2018 to June 2019 in our hospital. We audited the HIE assessment against South East Coast UK neonatal care pathway; Time=Brain. Several recommendations were put in place for optimising perinatal care. These included increased senior consultant midwife presence on labour wards for longer hours, expediting caesarean section decisions once CTG abnormalities detected without waiting for fetal blood sampling results. There were also regular structured multidisciplinary simulations; an intraosseous access kit was introduced in the neonatal resuscitation trolley and usage of a structured resuscitation proforma was put into place.

In 2020 we reassessed the HIE profile and the compliance with SBLCB2 (Saving Babies Lives Care Bundle) and NHS LTP (Long Term Plan) goals in the reduction of neonatal brain injury. The characteristics of babies admitted to the

neonatal unit with HIE over 16 months period (July 2019 to Oct 2020) were studied.

Results The incidence of cases of HIE needing therapeutic hypothermia was 2.3 per 1000 in the audit 2019 (15 HIE/6732 live births) and 1 per 1000 in audit 2020 (6 HIE/5972 live births). There has been a 56% reduction in the incidence.

Conclusions The limited number of cases in the two cohorts is a limitation of the study. However, by an interdisciplinary team working with maternity and neonatal medical and nursing teams, the incidence of HIE cases that needed therapeutic cooling has been reduced by 56% between the two data collection periods. The following recommendations were put in place after the re-audit in 2020

1. To keep using the neonatal resuscitation proforma and to audit the resuscitation process against RCUK guidelines.
2. To continue structured, objective, focused and frequent (weekly) simulations putting the learning from national reviews like Healthcare Services Information Board (HSIB) into practice.
3. To escalate to use intraosseous access if difficulty in umbilical venous access is encountered during resuscitation.
4. Local difficult neonatal airway pathway is being formulated.

Quality Improvement and Patient Safety

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SURVEY OF IMG PAEDIATRIC TRAINEES' EXPERIENCES IN WEST MIDLANDS

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Background International medical graduates (IMG) face unique sociocultural and educational challenges during their training in the UK. Identifying and working on these challenges would help in addressing the differential attainment of IMGs in post-graduate medical education in the UK.

Objectives We aimed to capture the challenges faced by IMGs in paediatric speciality training and identify possible solutions to enable them to reach their full potential.

Methods A semi-structured online questionnaire consisting of multiple-choice and free text questions was designed to collect data on the demographics, challenges, self-reported performances, and potential solutions. The survey was anonymously filled by 45 IMG paediatric trainees in the West Midlands.

Results Demographics

- 24 (53%) IMG trainees started their training at ST1.
- 36 (80%) completed their foundation training outside the UK/EEA.
- 41 (91%) had prior experience in the NHS, with an average duration of 19 months.

Challenges

- Commonly reported challenges in paediatric training were work-life balance (69%), portfolio and assessments (62%), placements (60%), meeting speciality (GRID) training requirements (60%) and socio-cultural issues (60%).