- gathering views from family members and carers who have been involved in a review process. Reviews will be conducted into the deaths of all live born children up to the date of their 18th birthday, or 26th birthday for care leavers who are in receipt of aftercare or continuing care at the time of their death

Results The national child death review process will be fully implemented by 1 October 2021.

Following implementation, the National Hub will collate and disseminate learning from reviews with the aims of changing future professional clinical practice, informing policy change and reducing avoidable deaths in Scotland.

Conclusions For the first time in Scotland, national data will be collected on the deaths of all children and young people. Working with NHS boards and local authorities, the ambition is to inform the redesign of pathways and services to ultimately reduce avoidable deaths, and where that is not possible, to improve the experiences of children, young people and their families

George Still Forum: ADHD Disorders (ePoster presentations only)

1777 ADHD ASSESSMENT IN A DISTRICT GENERAL HOSPITAL: GETTING IT RIGHT FIRST TIME

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10.1136/archdischild-2021-rcpch.843

Background ADHD is a common neurodevelopmental condition of childhood which persists into adulthood. There is significant burden of co-existing neurodevelopmental disorders, mental health problems and other comorbidities. A delayed or mis-diagnosis can have significant negative impact on a person's development and later social or occupational functioning.

In 2015 recurrent issues with the assessment pathway for children referred to community paediatrics with possible ADHD were identified, which were taken as a proxy for poor patient experience and system inefficiency. A Quality Improvement project was undertaken, which assessed a cohort of 50 patients and identified a range from referral to 'decision to treat' of 42–594 days, variable outcomes and poor documentation of registrar supervision. Due to complexities of patient profiles and assessment pathways, further QI targets were difficult to identify.

Objectives Five years on we wanted to assess whether the service was 'Getting It Right First Time' for children referred with difficulties labelled as possible ADHD, and identify where service provision could be improved. We took the same cohort of 50 patients identified in 2015 to look at whether outcomes were changing over time, amount and type of contact patients had with hospital services, and to assess presence of indicators of poor or positive outcomes.

Methods Data was used from the 2015 QI project as a starting point.

Electronic notes were reviewed and data collected for:

- outcome recorded in 2020 (ADHD/not ADHD)

- number of contacts with paediatric staff (clinical and clinical administration) and the Emergency Department/local Minor Injuries Unit
- 'Red flags' as identified through discussion with consultant colleagues, NICE guidance for ADHD, and a PubMed search for poor outcomes ADHD. These included: re-referral if 'not ADHD' in 2015, safeguarding concerns, significant risk or accidental harm, police involvement, substance misuse, school exclusion, progressive school failure, family or peer relationship breakdown, parent/patient dissatisfaction, problematic low self-esteem, and obesity
- Notes were made about co-occurring diagnoses and EHCP/SEN status
- Positive signs were identified and included: evidence of school achievement, positive feedback from a guardian/young person, engagement with hobbies, documentation of growth, and not being re-referred if discharged from the service

Results Diagnostic outcome changed in 18% of patients. These patients had significantly more clinical paediatric contacts (mean 6.5 vs 2.6, $p=0.0134$) and red flags (mean 4.4 vs 1.4, $p=0.005$) than where outcome was unchanged.

There was no significant difference in total number of red flags between those with or without ADHD diagnosis in 2020. However, children with ADHD were more likely to have mental health problems (24% compared to 14%), more likely to have not been brought to two or more appointments or disengaged with services (48% compared to 34%), and more likely to have evidence of family or peer relationship breakdown (43% compared to 32%).

Of those with 3+ red flags, 42% had an ADHD in 2020 and 58% did not. 58% were aged 8–13 years compared to 47%, and 33% were diagnosed with ASD within 5 years, compared to 5.3% in those with fewer red flags. 75% of those in the 3+ red flags group had EHCP/SEN support instigated since 2015, with 83% being in receipt of an EHCP/SEN support in 2020. This compared to 18% with EHCP/SEN support in the lower red flag group, with just an 8% change in this status since 2015.

Conclusions This project demonstrates the importance of GIRFT when assessing possible ADHD. This includes timely consideration of ASD as a co-occurrence, a potentially greater need for close follow up of children aged 8–13 years (transitioning to secondary school) with close liaison with education services, and the importance of assessing mental health in ADHD follow up.

Quality Improvement and Patient Safety

1782 A HAVEN FOR FATIGUE: STANDARDISING FIRST OUTPATIENT VISIT EXPERIENCE FOR YOUNG PEOPLE WITH CHRONIC FATIGUE SYNDROME

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10.1136/archdischild-2021-rcpch.844

Background Chronic fatigue syndrome (ME/CFS) is a debilitating illness that significantly impacts on a young person's physical health and mental well being. All patients accepted by the University College London Hospital multidisciplinary team should all be offered an initial comprehensive appointment