urine culture performed. 91% (10/11) of children were prescribed antibiotics appropriately.

100% (7/7) had ultrasonography and DMSA in accordance with the schedule. There was one child who required an MCUG, and was prescribed prophylactic antibiotics.

Conclusions NICE CG54 comprehensively outlines the diagnosis and management of UTIs, but can be challenging to navigate. Results from our first audit cycle revealed a number of learning points. Firstly, there was a lack of clarity regarding the definition of upper and lower UTIs, and hence, antibiotic regimes and duration did not conform to NICE standards. Secondly, it was often not recognised that those under 3-months-old should have a urine culture performed. Lastly, there was poor compliance in undertaking imaging when warranted.

We addressed these areas for improvement through introducing teaching sessions and aide-memoires, and demonstrated improvement in compliance to NICE CG54 in our re-audit.

British Paediatric Respiratory Society

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SHARED CARE, SHARED RESPONSIBILITY BY NETWORK APPROACH: IMPROVING CARE FOR CHILDREN WITH SEVERE ASTHMA

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Background Children with severe asthma (SA) suffer from significant morbidity and healthcare utilisation (Bush: 2017). Children with SA benefit from early multidisciplinary assessment of disease severity, access to novel therapies and management of comorbidities in partnership with a specialist severe asthma service. However, the threshold for primary/secondary care referral to such services in the UK is high (Carroll:2019). Unlike for adult severe asthma, a paediatric service is yet to be commissioned by NHS England (NHSE) which may contribute to variation in practice and availability of resources for management of children with SA. In 2019, health professionals from 11 hospitals in a UK geographical region and the multidisciplinary severe asthma service at their tertiary Paediatric Severe Asthma Service set up a network to improve care in their region.

Objectives To describe the process of setting up a paediatric severe asthma network. To evaluate the experience of professionals participating within the network

Methods Referral pathways, proformas for home visits, an investigation pathway, and adherence assessments were designed by designated professional groups. Input from patients and NHSE representatives was sought. Regular meetings between shared care centres were planned to improve communication, provide feedback, share good practices and empower local services in managing comorbidities and asthma education closer to the child's home. A transition pathway is in place where young people with severe asthma and significant comorbidities, some of whom are on biological therapies, are discussed at the regional adult severe asthma multidisciplinary meeting, ensuring safe transition and care at an

appropriate adult asthma centre. Eighteen months after the network for children with SA was set up, a survey was conducted of the network members to investigate the impact of being part of the network.

Results 22 members of the network gave feedback including doctors (n=16), nurses (n=5) and a support worker (n=1). Members were asked to rate on a 10 point Likert scale whether they strongly disagreed (1) or strongly agreed (10) with several statements. Members rated the statements as follows:

Statement	Median (range) rating - 10-point Likert scale
Being part of the network has enabled me to share and/or receive best practice ideas	8 (4,10)
Participating in the network has made me more confident in the care and treatment of patients with severe asthma	7 (4,10)
There have been useful networking opportunities	9 (4,10)
Being part of the network WhatsApp group has made it easier for me to ask questions and raise queries	8 (4,10)
I have found the topics discussed relevant to my practice	8 (4,10)
I have gained new knowledge or skills participating in the network	7 (4,10)
The change to a remote meeting format has been positive	8 (6,10)

Conclusions Being part of the SA network was very positive for members' own professional development and improving the care they provided to children with SA. The network remained valuable despite restrictions enforced by the Covid-19 pandemic. This is a model of shared working and learning that can and should be replicated elsewhere.

British Association of General Paediatrics

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DELIBERATE SELF-HARM AMONG CHILDREN AND YOUNG PEOPLE AT A LARGE SECONDARY CARE CENTRE

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Background A recent global meta-analysis (2018) of children and adolescents showed that the lifetime aggregate and 12 months prevalence of deliberate self-harm was 13.7% and 14.2% respectively. Given the high prevalence of this problem and the frequent cases we see in our local population, it is useful to understand the demographics and associations with deliberate self-harm in our local population, identifying those at risk and identify any delays in care for those that need to be admitted to a psychiatric institution to facilitate appropriate care.

Objectives We designed a descriptive study to look at the self-harm associations in our population, to help identify the population at risk and to identify any delays in care to those