to TPA, MVPA, RS, ST and Sleep time recommendations were 53%, 84%, 84%, 53% and 65% respectively. The mean MVPA and TPA durations were longer in boys ($p=0.001$ and $p=0.046$). Girls adhered to screen time more than boys ($p=0.007$). Children from rural areas complied with sleep time more than urban areas ($p=0.048$). Only 18% complied with all the guidelines. There was no association between adhering to individual or combined recommendations and BMI, gross and fine motor scores or executive functions.

Conclusions Less than a fifth of pre-schoolers met all the recommendations. Future work should focus on reducing screen time and increasing physical activity.

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313 IMPROVING EDUCATION IN THE CHILDREN'S EMERGENCY DEPARTMENT THROUGH THE IMPLEMENTATION OF A JOURNAL CLUB

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Background Anecdotally from discussion with staff in the children's emergency department; it was suspected that staff were infrequently engaging in CPD, in particular reading journal articles. Much of the CPD that the team were participating in was mandatory and with the emergence of the pandemic much of this training was stopped.

It was decided to set up a journal club in order to improve this.

Objectives To improve the rate in which staff are reading journal articles through the implementation of a journal club in a children's emergency department.

Methods This was a service improvement audit project which used some short surveys to ascertain staff exposure to journals prior to the implementation of the journal club and 3 months following its implementation.

The survey was distributed to the whole team via social media and email and the whole team were encouraged to complete, with 54% of the team completing each time.

Journal club was implemented via teams once a month for an hour where 2 papers were presented and discussed. The plan was to initially keep it basic to encourage multidisciplinary engagement but then to build up the amount of critical appraisal over time; 'tell us what your article is, what your article is about and why you like it.'

Results Attendance at journal club has ranged from 4 per session to 10 per session and is dependant on shifts to enable participation. The participants have been from medical and nursing background and a variety of grades and roles; including health care assistants, nurses and medical team members.

The initial audit showed that 22% of staff were never reading journal articles and a further 17% only read once per year.

44% were reading at least monthly.

The reasons for not reading articles included the following; not knowing where to search, not having time, finding credible articles, the length of the article, lots of statistics.

The results from the second survey showed that 18% of staff were never reading articles and 12% reading yearly.

64% of staff are reading at least monthly since the implementation of journal club.

100% of respondents were keen for journal club to continue. 1 respondent wanted some teaching in the use of technology and in order to enable better access the team wanted the whole year dates published in order to request shifts in enable attendance. Articles have also not only been shared electronically but have been made available in hard copy to enable access to all.

Conclusions The implementation of a journal club has been well received and participated in with 100% of respondents suggesting it continues. 20% more staff have read articles at least monthly since its implementation. However there has only been a 3% improvement in those that are never reading articles. It is necessary to further address this starting with the production of an infographic further reinforcing what journal club is about and how it works and some further auditing later down the line.

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332 RECOGNITION OF LEG PAIN AS A RED FLAG SYMPTOM FOR MENINGOCOCCAL SEPTICAEMIA IN CHILDREN

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Background The mortality and morbidity of meningococcal septicaemia, a leading cause of septic shock in children, can be reduced by early recognition and diagnosis. NICE guidance [CG102] identifies leg/limb pain as a high-risk symptom of meningococcal septicaemia. Recently, the Petechiae in Children (PiC) study found that limb pain is one of only four independent risk factors for meningococcal septicaemia. Therefore, leg pain should be recognised a 'red flag' symptom that has predictive value for meningococcal septicaemia by all paediatric nurses and clinicians.

Objectives The study aimed to explore the knowledge of members of the multidisciplinary team training and working in paediatrics in Wales regarding clinical features associated with meningococcal disease, particularly whether leg pain was understood to be a high-risk 'red flag' symptom.

Methods An online survey was completed by a convenience sample of paediatric nurses, doctors and final-year medical students. Demographic data was collected including job role (sub-specialty where applicable), level of training and graduation date. Participants were asked about the estimated number of meningococcal septicaemia cases they encountered in their career.

Participants were asked to select whether a particular symptom or clinical sign was associated with meningococcal septicaemia or was alternatively non-specific. The signs and symptoms, listed in table 1, were selected from the NICE clinical practice guideline [CG102] which lists specific signs of