



NATIONAL RE-CONDITIONING GAMES

#ReconditionTheNation

#ItCouldBeYou



HOW TO GET INVOLVED BOOKLET

(October 2022)

The campaign to help #ReconditionTheNation @ReconGamesUK will start on the 1 November 2022 and run until the 30 April 2023.

This booklet is designed to support you (regional NHSE teams, ICS colleagues, providers, Councils, Care homes and other teams) to follow the simple steps to prepare and get involved.

Please share widely with your colleagues and encourage teams to take part and #MakeADifference.

The National Reconditioning Games

Why does this matter? Rationale for the campaign:

Deconditioning is “the loss of physical, psychological and functional capacity due to inactivity” (PHE 2021) and is associated with the loss of muscle mass, increased risk of falls and reduced independence. Recent national and international campaigns including #EndPjparalysis, #SitUpGetDressedKeepMoving and the East of England Winter (De)conditioning Games have resulted in some positive changes in practice. However, there is still more to do:

- to raise awareness of the risk of functional decline (deconditioning)
- embed impactful changes in practice that reduce functional decline for those in our care; and
- and support people across all health and social care settings to recondition.

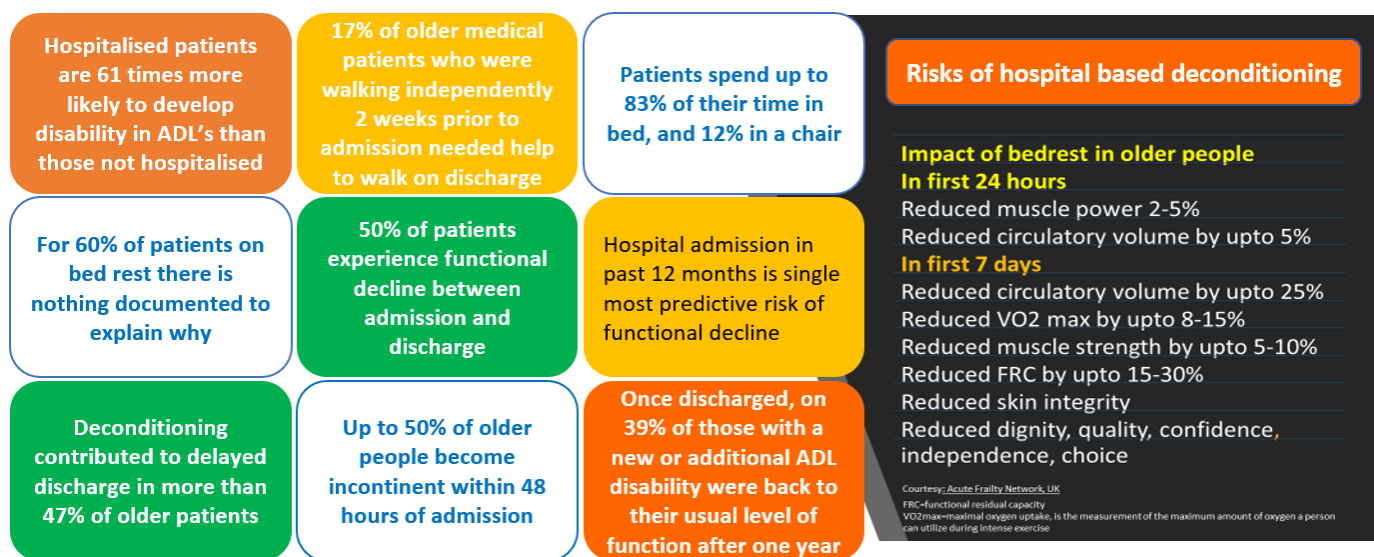
As we emerge from the pandemic, it is important to promote rapid change and establish an increase in activity in all, but more specifically in older patients. There is now an urgent and growing need for a national program for ‘reconditioning’¹.

The Emergency Care Improvement Support Team (ECIST) supported by colleagues across health and care sector are embarking on a program to #ReconditionTheNation. The program aims to prevent deconditioning by encouraging all sectors in the health and social care settings to come up with innovative and fun ways to promote physical activity, and functional and emotional well-being. It is hoped that these will reduce deconditioning and associated harms; improve hospital discharges and improve patient outcomes.

Examples of how other teams have used this opportunity to aid patients to be active in hospitals, care homes and their own homes to ‘Sit up, Get Dressed and Keep Moving’ are available [here](#). We are hoping teams will generate their own innovative ideas and patient centred activities and implement them locally. Details of some ideas, further resources and a toolkit will be available from our [ECIST FutureNHS platform](#). Teams will have an opportunity to apply for medals and be a part of the national movement to recondition our nation.

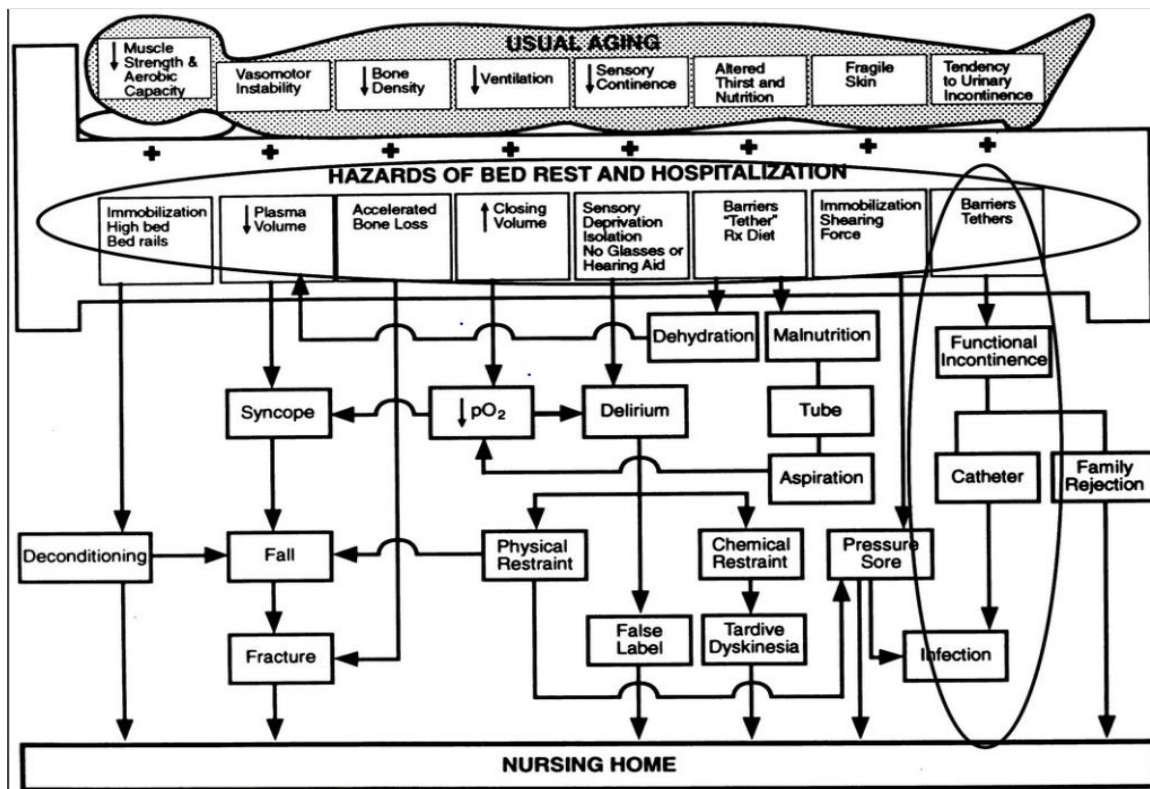
We encourage participation of various teams from hospitals, care homes, councils, mental health and community settings and any other organisations to join this movement to improve patient outcomes, improve staff morale and make work fun. Come and join us to **#ReconditionTheNation**.

The Evidence Suggests:



¹ [Time to move again: from deconditioning to reconditioning | Age and Ageing | Oxford Academic \(oup.com\)](#)

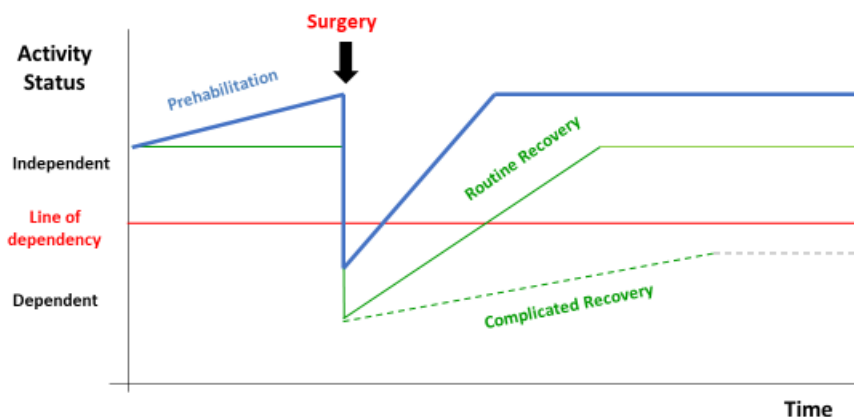
And the real impact of prolonged periods of bed rest and immobility for the people in our care is reflected in this diagram.



There are also many people in our local communities awaiting planned surgery and the importance of supporting them to wait well is highlighted in the figure below. 'If you are fitter before surgery, the evidence is you are less likely to have complications from surgery and if you have complications you are more likely to recover from them'.

Pre-habilitation

Patients undertaking preoperative exercise may experience a reduced risk of complications and a more rapid recovery through enhanced physical fitness



Adapted from: Clegg et al. Frailty in elderly people. Lancet. 2013; 381 (9868): 752-762

Aim of the campaign

The aim of the campaign is to **raise awareness** of deconditioning, to **share best practice** and to promote the testing and embedding of **small-scale changes** to reduce functional loss for people in hospital, care homes, social care, community and mental health services.

What is the purpose of getting involved?

- To tailor initiatives to your ward, department, or care home – considering “**what matters to me**”
- To have fun and make a difference to staff and patients / residents / service users
- To raise awareness of the risk of deconditioning in health & care settings and to prevent avoidable harm
- To enable staff to stay active to support their health and well-being
- Build upon the great work of the 100 days discharge challenge
- Support winter planning for your system
- Maintain the focus on reducing hospital length of stay and supporting people where possible to continue their recovery at home (D2A)
- Foster staff engagement, support improvement ideas and share best practice
- To continue building a social movement

Suggested roles of regions, systems and providers

Role of Region	Role of ICB	Role of Providers
<ul style="list-style-type: none">▪ Strategically lead and champion the campaign – visible leadership▪ Provide tools and material for ICBs / providers to utilise▪ Provide regional communication briefs for ICB to utilise. Resources and learning from East of England can be found here▪ Support tour of the region to celebrate success with ICBs▪ Link to other regional winter strategic plans▪ Share and celebrate regional best practices	<ul style="list-style-type: none">▪ Lead and champion the campaign – visible leadership▪ Using the regional communication plan generate social movement▪ Lead tour of ICB providers to celebrate success▪ Celebrate medal winners and share success with region▪ Oversight to winter strategic plans	<ul style="list-style-type: none">▪ Champion the campaign – visible leadership▪ Develop & implement a local brand/communications plan and generate social movement▪ Share our online resources with staff throughout your organisation▪ Implement small scale sustainable initiatives▪ Showcase success stories▪ Submit medal applications to the national team▪ Celebrate success with medal ceremonies

Role of the Emergency Care Improvement Support Team (ECIST)

The clinically led Emergency Care Improvement Support Team (ECIST) assists systems, teams, and individuals to improve flow across the urgent and emergency care, thereby contributing to improving quality of care, experience, and outcomes.

We aim to build caring, compassionate, and trusted relationships with an ambitious and pragmatic approach, focusing on doing the right thing for those that use, and provide health and social care services. We can provide advice, guidance, and clinical expertise to colleagues as they embark on the Re-conditioning Games, supporting efforts to reduce deconditioning and getting people active and moving.

Campaign schedule to help you prepare



Getting in Touch

ECIST will be supporting the **registration of teams** and the **medal submissions** through a central web platform, using FutureNHS, which can be found [here](#).

To share examples of best practice

If you win a gold medal or have something simple, unique, or quirky that you think others would like to hear about please share with senior leaders in your organisation, system and with NHSE regional colleagues. Contact details will be available on the FutureNHS platform, found [here](#).

Opening of the National Reconditioning Games

The opening event is planned for the 1 November 2022. Joining details and the agenda will be shared in the next few weeks.

Teams are encouraged to start testing their improvement projects at any time as medals will be awarded for improvement work taking place from 1 November 2022 until the 30 April 2023.

Reconditioning Ambassadors

We are looking for leaders at every level and across all health and social care settings to become “reconditioning ambassadors”. The key skills of an ambassador are:

- Being passionate about preventing harm from functional decline
- Happy to share the details of this campaign and raise awareness of deconditioning with other colleagues
- Keen to help maintain the focus on promoting improvements in quality that help people to recondition

If you are interested in becoming a “reconditioning ambassador” in your ward, department, service or care home look out for further information on the [FutureNHS pages](#) and help us to encourage people to get involved.

Medal Criteria

There are 3 categories for which virtual medals will be awarded:

Category 1: Making a difference

Category 2: Supporting people to keep moving

Category 3: Supporting staff to keep active and well

Category 1: Making a Difference

Be creative and have fun. The aim is to encourage teams to test and embed practices that support and encourage people where possible to **keep moving and remain independent**. It can also include projects to improve patient pathways that **promote a HomeFirst and discharge to assess approach** or be linked to your **winter improvement plans**. This could involve testing something new in practice or building on existing projects. The aim is to embed improvements locally and where appropriate share and spread to the wider teams or organisations. Be creative and find out from patients, their families and carer's "what matters to you" when planning and testing your projects ([see FutureNHS link here for ideas](#)).

If you need some inspiration or examples of what others are doing – these could include:

- **Bay exercises**
- **Use of static pedals or other fun activities**
- **Sir Tom 10m Walkway**
- **Winter Wimbledon (fly swats and balloons)**
- **Helping people to stay connected**
- **Deconditioning advent calendar – or different activity challenge each month**
- **Improvements to nutritional care**
- **Prevention or early recognition of delirium**
- **Setting individualised activity goals**
- **Improving admission avoidance pathways**
- **Embed Criteria Led Discharge and other “patient flow” initiatives**
- **Reducing length of stay**
- **Support from volunteers (exercise buddies, meal time support, settling in service)**
- **Optimising patients before surgery**
- **Focus on continence care**
- **Embedding “what matters to me”**
- **Improved access to mobility aids**
- **Training / competence for staff at all levels to carry out simple mobility assessment**
- **Beating boredom**
- **Develop music playlist**
- **Improvements to the environment**
- **Deconditioning / frailty champions at all levels**
- **Home first, frailty and deconditioning training**
- **Improvement work supporting #Home4Noon**
- **Embracing risk and enabling patient choice**

#Top Tips - Learning from others includes:

Getting everyone involved, encourage new ways of working between MDT (especially opportunities of health care support workers and therapy / rehab assistants working on projects together), generating ideas from staff at all levels, consider involving volunteers, patients and families, keep it simple, have fun and measure the difference you are making

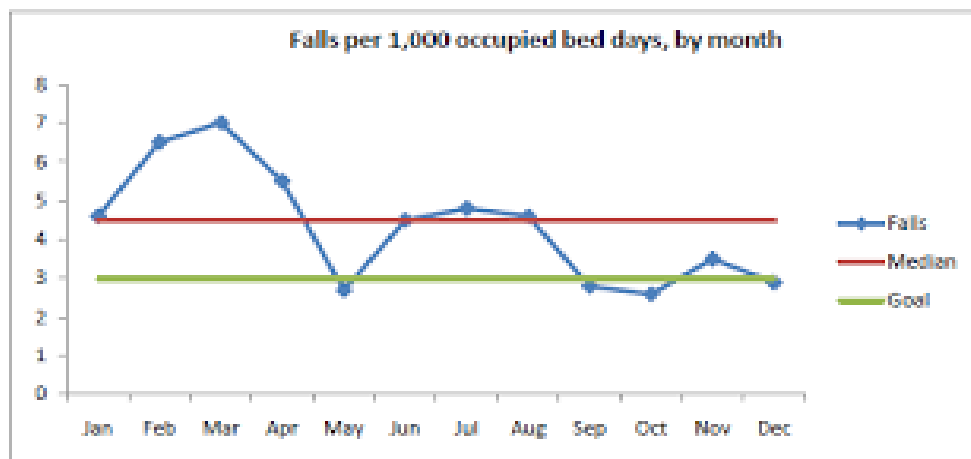
Join our Future pages for ideas of projects and for a wide range of resources to support your projects – save some time, please “pinch with pride” and adapt or adopt these if helpful rather than re-inventing the wheel ([East of England Winter De-conditioning Games](#))

Category 2: Supporting people to keep moving

This medal category builds on previous deconditioning campaigns including #EndPJparalysis and #SitUpGetDressedKeepMoving. For this category you just need to measure:

- The number of people up and dressed in time for lunch each day
- And / Or ...The number of people with an activity goal set each day

An SPC (statistical process control) is available to allow you and your team to simply plot the dots each day and see the results in real time. For those of you who have not used SPC charts before, the below chart provides an example of how this approach has been used to reflect falls incidence.



Alternatively, there is an App available in the App store called [#EndPJparalysis UK](#) which is free of charge to use. This approach allows you to collect data for your ward /unit / team but also asks a few more questions relating to HAPU and falls incidents. The App generates your results and awards medals for you from the data submitted.

#Top Tips

Teams have previously tailored this to their environments and specialities – examples include:

Up, dressed and weighed by lunch – on a renal ward that wanted to improve compliance with daily weights

Introduction of a clothes bank to support people without their own clothes

Discussion about individualised goals / mobility as part of Board Rounds

Link these initiatives with relieving bedside boredom, bay exercises or other initiatives

Click [HERE](#) for links to the Future pages with all of the resources you need to get started - <https://future.nhs.uk/EoEUEC/view?objectID=30105360>

Category 3: Supporting staff to keep active and well

It is all about “Looking after yourselves so that you can look after others.” (Mr Motivator 2021)

Keeping active is important for the physical and mental well-being of us all and you are encouraged to be creative and consider ways in which you can support your teams and each other over the coming months.

Examples could include:

- **Monthly activity challenges for teams**
- **Take up new hobbies or interests or consider making positive changes your diet etc.**
- **Use the stairs instead of the lift**
- **For office-based staff consider finishing meetings a few minutes early to support standing, stretching and taking breaks from the screen during your working day or encouraging breaks during long meetings**
- **Walking 1:1 meetings**
- **Well-being breakfasts / lunch**
- **Celebrating Cultural Diversity**
- **Establish a choir**

#Top Tips

Consider setting a monthly challenge – get the teams to come up with some fun and quirky challenges or take the opportunity to try something new

Look at free Apps that are available to help track peoples' progress

Use Social Media / Twitter to create some healthy competition and add to the fun

Gold, Silver and Bronze Medals

Each month teams are invited to apply for virtual medals by submitting a simple form that can be found on the Reconditioning Games FutureNHS platform [here](#).

The medal submission form allows you to select which medal you are applying for against the following principles:

Medals awarded	Achievement
Bronze	To be awarded where initiatives are being tested or taking place to support improvements in quality or performance
Silver	To be awarded where there is evidence that the initiatives are starting to make a difference. This can be evidenced through audits, SPC charts, patient or carer / family experience, staff experience or other data
Gold	To be awarded where there is evidence of sustained improvement, either through best practice initiatives or performance data

Submitting evidence to be awarded medals

This is very easy to do!

Our simple online automated submission process provides teams with an easy way to provide information and receive medals. For each submission, all we need is:

- a short narrative outlining what you are doing and how it is making a difference +/- a photo (IG and IPC compliant 😊) or....
- a copy of your SPC chart, feedback or other evidence of improvement with a short narrative for the medal category that demonstrates you are supporting people to remain active and that you are #MakingADifference

You can apply for as many medals as you want, and they can be submitted by a team, an organisation, or a system. Submissions should be submitted via the Reconditioning Games FutureNHS platform [here](#).

Medals will be awarded by return email so that team can print out and post on noticeboards etc. A leader board will be shared through the Reconditioning Games FutureNHS platform (found [here](#)) and should be shared widely by everyone involved.

Top Tips

You will be able to self-select your medal against the above criteria. The aim is to enter at either a bronze or silver level depending using the criteria set. You can then apply for the next level of medal as your project progresses.

It is ok to change your plan and adapt– all great improvement projects will require some “tweaking” or “adapting”. Involve the whole team and use a “plan, do study, act” approach (appendix 2) to help you – We will run some drop in clinics, webinars and masterclasses for you to come and ask questions if you do not have access to improvement leads at work and dates will be shared at a later date.

Please share your progress and celebrate your achievements with your patients, the wider organisation, with your peers, your ICS and regional NHSE colleagues. Join the #ReconditionTheNation community and share on Twitter, other social media sites and if you have them, in your local newsletters.

Please share this information widely, have fun and



Appendix 1: Accessing the Future Platform and Twitter for Ideas and Resources



The Future Platform **contains a huge amount of resources** to support you and your teams in practice spanning across all aspects of care. As they develop the resources to support the National Reconditioning Games can be found [here](#)

Many resources are also available in the Deconditioning Games Resources which can be found within the East of England Home First section of the platform. [East of England Winter Deconditioning Games \(link\)](#)

If you are not already registered follow the instructions below:

How to Register on the Future Platform

Need an FutureNHS Account?

Go to <https://future.nhs.uk/>

If you have not registered already, you'll need to complete our easy registration process.

If you have the following email addresses (@nhs.net / @.nhs.uk / @nhs.scot / @phe.gov.uk / @gov.uk) you can self-register on the platform by filling in your email and completing your profile.

Social Media / Twitter Details

Find us at **@ReconGamesUK**. Follow for regular updates and information.

Tag your Reconditioning Games activity with **#ReconditionTheNation** and copy **@ReconGamesUK** into your tweet.

We will share and promote through our existing networks

Also follow **@ECISTNetwork** for lots of great content

Post regularly to develop a social movement in the organisation. Use photos and short videos (with permission) to spread interest.

Social movements are based on 3 simple ACE principles

1. Make it actionable – understood by many and easy to adopt and adapt
2. Make it connected – so cist logo is coming out of borderits meaningful and purposeful
3. Make it extensible – so that it can evolve, expand, and extend beyond the initial idea

Plan-Do-Study-Act Test Worksheet

Cycle Description:

Team Members:

Team Leader:

Date Began:

Date Completed:

PLAN *Think small, quick tests ... Think a couple of cycles ahead ... Pick “volunteers” to start ... avoid technical slowdowns ...*

What is the objective of this improvement cycle?

Plan for the test:

If you are piloting a process for potential implementation as organizational standard work, your sample plan must (1) cover data collection for a minimum of 30 days or capture a minimum of 12 observations and (2) include a plan to test the process under different conditions or settings. See the [Create a Sample Plan](#) reference sheet for more information.

- Who will be involved in the test?
- What changes will you test?
- When will you test the change?
- What will your sampling method be?
- How will we collect data?

Predictions?

DO: *Coordinate sufficient support for participants to complete a test ... Be present or available to troubleshoot during tests ...*

- Was the cycle carried out as planned? What did we observe that was not a part of our plan?

STUDY: *Ask what worked and what didn't ... Identify unintended consequences ... Identify the best and worst things that happened ...Rethink your assumptions*

- How did or didn't the results of this cycle agree with the predictions that we made earlier?
- List what new knowledge we gained by this cycle:

ACT: *Identify what should be kept, changed, or abandoned as you plan new cycles*

- List actions we will take because of this cycle:
- Plan for the next cycle:

Describe how you tested the ideas, using PDSA format.

Plan

Do

Study

Act