



Handy guide to mental health waste spotters

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The Improvement Hub is part of Healthcare Improvement Scotland

About the Mental Health Access Improvement Support Team

The Mental Health Access Improvement Support Team (MHAIST) supports NHS boards to improve the quality and accessibility of Psychological Therapy (PT) and Child and Adolescent Mental Health Services (CAMHS).

MHAIST has developed resources that can be used to identify enablers and barriers in your services, which in turn can help identify improvement opportunities.

We have developed the following handy guides:

1. Handy guide to calculating new to follow-up ratios
2. Handy guide to Measurement for Improvement
3. Handy guide to mental health waste spotters
4. Handy guide to process mapping
5. Handy guide to the Model for Improvement

What is waste in health care?

Waste in health care describes all activity that costs but does not add value, hence it should be targeted for elimination. There are eight types of waste commonly quoted and the following table describes these and provides examples of what they might look like in mental health.

Waste	Description	Example of application to Mental Health
DEFECTS (REWORK)	Work that is not done to the right quality level so has to be redone or the next person in process has to pick up	<ul style="list-style-type: none">• Poor quality therapeutic intervention, drug prescription error• Poor discharge planning• Essential information missing from referral• Broken equipment
WAITING	Idle time created when material, information, people, or equipment is not ready	<ul style="list-style-type: none">• Waiting lists for assessment or treatment• Service user waiting due to clinics running late• Staff and service user waiting all morning as don't have timed ward round slots• Waiting for weekly consultant ward round to be discharged• Delayed discharges• Staff waiting for clients who don't turn up• Meetings starting late because attendees are late
OVER-PROCESSING	Any activity that is not necessary, including duplicating activities	<ul style="list-style-type: none">• Recording data electronically as well as manually – or recording same data on two different electronic systems as they don't talk to each other

	and doing things that don't add any value	<ul style="list-style-type: none"> • Seeing a service user more times than is necessary because effective caseload management systems are not in place • Lack of co-ordination results in numerous individuals involved in care who don't know about each other's existence and are duplicating efforts • Repeating the same questions in numerous different assessments • Retesting due to loss of initial results • Service user with more than one hospital number • Producing documents which are never seen or used • Badly managed meetings that end up in people talking at length when the right people aren't in the room to make decision or provide the necessary information • Weekly allocation meetings attended by the entire Community Mental Health teams
OVER-PRODUCTION	When you do more than you actually need to – or do work 'just in case'	<ul style="list-style-type: none"> • Not discharging from caseload 'just in case' person becomes ill again • Keeping people as inpatients longer than need to • Copying people into emails who don't need to see them • Attending meetings you don't need to be at or unnecessary meetings
UNDERUTILISED STAFF SKILLS	When staff are not used to their full potential	<ul style="list-style-type: none"> • Someone trained in a particular skill not able to use it, for example a psychological therapy • Staff not asked for ideas on how to improve services they deliver, or nothing is done with the ideas they put forward
TRANSPORTATION	Unnecessary movement of documents and equipment	<ul style="list-style-type: none"> • Equipment/resources not available when required or not in correct place
MOVEMENT	Unnecessary movement of people	<ul style="list-style-type: none"> • Excessive travel time due to poorly thought out visiting schedule • Patients being placed out of area or 'boarded out' • Located at a distance from colleagues even though you are required to work together • Staff spending time searching for equipment, notes, information and patients • Walking around the office repeatedly to find and collect things due to poor layout, for example walking back and forth to printer or photocopier
EXCESSIVE INVENTORY	More materials on hand than are actually needed	<ul style="list-style-type: none"> • Poorly managed stock cupboards which results in out- of-date drugs/supplies that are then wasted • Producing more information leaflets than needed which then become out of date and have to be discarded

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