he is resting on his bed but it is difficult to ascertain if the desired effect has been achieved. The following shift I learn that Patient F has reported beneficial effect from this medication later that afternoon.

Fifteen minutes later I sign over the safe and controlled drug cupboard key to the afternoon shifts assigned 'nurse in charge'.

My shift is complete at 2.30pm, so I change back into civilian clothes and make my way home. **MHN**

Name:
Donna Kemp
Role/setting:
Care Programme Approach Development Manager

> **"Today is a day of catching up"**

With two meetings scheduled in my diary, today is a day of catching up on emails and doing smaller pieces of work, interspersed with the two meetings.

The first meeting, from 10am to 12pm, is with a group of mental health clinicians who together form a review group.

The work of the group is to review a trust-wide procedure. The second meeting of this group is intended to be one where we appraise progress since the last meeting and agree next steps.

The procedure for review is 'Procedure for the management of adult service users with a diagnosis of both mental health and learning disabilities' and we have already decided that the title was too long and more importantly doesn't have the right 'tone' – we feel the term management is outdated and reinforces the 'being done to' rather than 'with' mindset.

We had agreed an alternative at the first meeting but since then, another alternative has been suggested, so this is for discussion again.

The new procedure needs to reflect the changes to practice and direction of travel for learning disability services and mental health services working together.

This is very current and outputs from the national group are emerging gradually, however, we are keen to progress the procedure and will aim to review the procedure early if the content is contrary to national directives.

Working in partnership across both learning disability and mental health services is agreed in principle by all.

Joint assessment and consultation are seen as achievable and reflect current practice.

However, shared contribution to delivering the care plan is a discussion point as generally, beyond assessment, current practice is that someone's care is with either learning disabilities services or mental health, not both, with finances being cited as the barrier.

From this, it is agreed that discussions should be held with the service managers, to explore the scope of joint working.

Discussions with the mental health service manager are positive, with the priority being about meeting the person's needs in the best way possible rather than demarking service turf.

A meeting with the learning disabilities clinical director is scheduled.

Further refining is needed to the glossary – additional terms such as 'reasonable adjustments' and 'inclusion' had been added and these require explanation; and some slight amends to the wording are highlighted but otherwise, the procedure is about there.

The role of the care co-ordinator and the lead professional are clear and specific as to their responsibility and expectation.

Working on the procedure has brought up a number of questions that are not going to be resolved by the procedures existence – they are more strategic and concerned with the organisation's culture.

For example, should teams have both mental health and learning disabilities nurses within each service? We agree that as a group we will collate these issues as recommendations for consideration within services.

Overall, the second meeting is productive, although there are more apologies than attendees. The content is taking shape and a clear next steps plan is articulated.

There is an acknowledgement that there could be indefinite number of meetings but that really moving this forward is a matter of reading and discussion – and this can be done by email just as effectively.

In the afternoon my meeting is cancelled at short notice, with plans to reschedule to be made on Monday.

This leaves me with two hours to focus on the actions from the morning's meeting – and this is my preferred way of working for a number of reasons.

The information is still fresh in my mind and I can recall the detail. It helps keep the momentum of the piece of work going, and it means I am more likely to complete the work in the agreed timescale, and in taking

the lead role in pulling this work together, it gives other members of the group time to focus on their contribution.

Also this approach just feels efficient and means I can manage my workload better – spending less time worrying about what I forgot to do or haven't done yet. **MHN**

Name:
Hollie Roblin
Role/setting:
Second year mental health nursing student placement

> **"I prepare to give handover. I am racked with nerves"**

I am on my final placement of the year, with only three weeks left until summer begins. My placement is in a medium secure regional forensic unit, on one of the male wards.

My day starts at 5am with a very large cup of coffee and a quick shower before I catch two buses and a train to placement.

My commute provides me invaluable time to reflect, make notes and mentally prepare