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# Section 7: Model agenda for Care (Education) and Treatment Review

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| **Time** | **Panel meeting** | |
| **9.30am to**  **10.00am** | The panel members meet and prepare for the day ahead. They should introduce themselves, advise of any potential conflicts of interest and understand what reasonable adjustments will need to be made to support the person, panel members or other people attending the Care (Education) and Treatment Review (C(E)TR). | |
| **10.00am to**  **10.30am** | The Chair leads the initial meeting, giving the context for C(E)TR, the aim of the review and the C(E)TR principles.  The panel should then review any previous C(E)TRs and discuss ‘what’s working or not working’ about the person’s care and treatment.  The plan needs to be agreed for the day including best time and place to meet with the individual and any family members involved and how others will be met (either in groups or individually). | |
| **10.30am to**  **3.00pm** | The panel throughout this time need to fit in the following:   * Meet with the person whom they are reviewing and their family and complete the views element of the [key lines of enquiries](https://www.england.nhs.uk/publication/care-and-treatment-review-key-lines-of-enquiry/). * It may be that the expert by experience reviewer meets with the family/carer wherever they are comfortable to be met with. * Gain an understanding of the environment in which the person is currently living by carrying out a sit and see visit if this has not already happened. * The review team meet with members of the multi-disciplinary team to determine their current level of input, the treatment they are providing and community support/future planning. Depending upon treatment being provided, this would include the person’s responsible clinician or doctor, psychologist, named nurse, other lead therapists. The reviewers should encourage interviewees to explain their role, their input with the person, and their role/thoughts in relation to discharge planning and outcomes. * The review team should meet with the person’s advocate and members of direct care staff working with the person to identify both their knowledge and their understanding of the individual. * To cross check the reviewers should determine if the care and treatments prescribed by the multidisciplinary team translate directly to the delivery of day-to-day care for the individual by reviewing care records and plans. * The reviewers should explore staff resource, staff training, risk management, incidents/recording/reporting and debrief, use of restrictive practices, and discharge planning. * The review team should review clinical documentation. This is carried out to assure the accuracy of written records/plans against the actual delivery of such in practice. Attention should be given to reviewing a sample of the following documentation, including behavioural strategies, functional analysis, risk assessment, incident reports and any person-centred documentation. | |
| **3.00pm to**  **4.30pm** | **The review team should complete the key lines of enquiry template, reflect on the findings, and then write their recommendations.**  During the final part of the review the review team should look at completing the action summary and the supporting range of questions on the checklist.  This will inform the feedback and the panel need to prepare key findings and prepare clear recommendations, timescales, and communication with those delegated to deliver actions. |
| **4.30pm to**  **5.30pm** | **Feedback/discussion** – this session will be led by the Chair and provide feedback on key findings, and recommendations.  The feedback session will be structured around the four key headings:   * Am I safe? * What is my current care like? * Is there a plan in place for my future? * Do I need to be in hospital for my care and treatment?   The final session should encourage all to contribute and be solution focused. Ensure the responsible care coordinator updates the care plan and that recommendations are clear.  Time should be allowed for ensuring the panel has a chance to debrief, and if not, arrangements are made to do this outside of the day.  If concerns are picked up relating to quality and safety during the review process, the system escalation process should be followed to ensure immediate action is taken via relevant existing framework. Safeguarding concerns are escalated through local system process. These actions should be recorded on the key lines of enquiry template. |