**Model Agenda for CTR**

**Care & Treatment Reviews – Model Agenda**

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| **TIME**  | **PANEL MEETING**  |
| **9.30am – 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 CTR.  |
| **10.00am – 10.30am**  | An initial meeting takes place with all involved parties around the table. The Chair leads the meeting, giving the context for Care & Treatment Reviews, the aim of the review and the CTR principles. The panel should then be given a written or oral ‘Pen Picture’ of the person from someone who knows them well and discuss briefly ‘what’s working or not working’ about the person’s care. 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 – 3.00pm**  | The panel throughout this time need to fit in the following: * meet with the person whom they are reviewing and their family.
* gain an understanding of the environment in which the person is currently living.
* it may be that the ‘Expert by Experience’ reviewer meets with the family/carer wherever they are comfortable to be met with.
* the review team meet with members of the multi-disciplinary team in order to determine: their current level of input, the treatment they are providing, community support/future planning. Depending upon treatment being provided, this would ordinarily 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 also members of direct care staff working with the person in order to identify both their knowledge and their understanding of the individual.
* lunch.

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| 1. For the purpose of cross checking, the reviewers should determine if the care and treatments prescribed by the multi-disciplinary team translate directly to the delivery of day to day care for the individual.
2. The reviewers should explore staff resource, staff training, risk management, incidents/recording/reporting and debrief, use of restrictive practices, and discharge planning.
3. 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. Due attention should be afforded to reviewing a sample of the following documentation; including behavioural strategies, functional analysis, risk assessment, health action plans, CPA minutes, incident reports, any person-centred documentation.

**NB – the meetings with the person, their family/carers, the professionals and the reviewing of records can be done concurrently by the panel splitting as agreed is appropriate.**  |
| **3.00pm – 4.30pm**  | **The review team should complete the KLOE template, reflect on the findings and then write their recommendations.** During the final part of the review the review team look at answering the big questions 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 those responsible.  |
| **4.30pm – 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: 1. Am I safe?
2. What is my current care like?
3. Is there a plan in place for my future?
4. Do I need to be in hospital for my care and treatment?

The final session should encourage all to contribute and be solution focussed. Ensure the responsibility of the CPA care coordinator in updating the care plan is 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. **NB** – If concerns are picked up relating to quality and safety during the review process, the escalation process is to be followed in the CTR policy/guidance to ensure swift action is taken via relevant existing frameworks e.g. CQC; safeguarding and internal NHS quality surveillance groups. The responsibility for escalation sits with the responsible commissioner. These actions should be recorded on the KLOE template (there are tick boxes to record this). |

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