Care and Treatment Review –

Agenda

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| **Date:** | **Location:** |
| **Chair:** | |
| **Clinical Reviewer**  **Expert By Experience:** | |

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| **No.** | **Agenda Item** | **Session Attendees** | **Time**  *(please note timings are approximate)* |
| **1** | CETR Panel to meet for introductions and to review background documents  *Social Worker to join to provide pen portrait at 11:00* | Panel | 10:30 – 11:45 |
| Break | | | |
| **3** | Discussion with MDT | Panel, CAMHS, SEN Team, School, Social Care, advocate | 12:00 – 13:30 |
|  | Lunch |  |  |
| **4** | Discussion with family (advocate will be present) | Panel, young person, Parent, Advocate | 14:00 – 15:30 |
| **5** | Key findings and recommendations | Panel | 15:30 – 16:00 |
| **6** | Feedback and meeting close  *Written recommendations will be circulated after the meeting* | MDT, Panel  *Family also welcome to join if able to* | 16:00 – 16:30 |

**Attendees:**