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:**