

## Care and Treatment Review (C(E)TR) Hub C(E)TR Expert Adviser Feedback

Your feedback is an important part of your role as a C(E)TR Expert Adviser.

The information you share is used by Inclusion North to write a report. The report tells the people who plan C(E)TR's how the C(E)TR went and if there is anything that needs to change.

Please complete this form as soon after the review as you can. Send the form to Annabell within 2 weeks after the review please.

After a review if there is anything you are worried about, please call Inclusion North so that you can talk things through.

## Contact details for the Hub team:

Hub Expert Administrator - 0113 890025 – hub.administrator@inclusionnorth.org

Annabell Kesby – 07494 740686 – annabell.kesby@inclusionnorth.org

Rebecca - 07496 229661 - Rebecca.cole@inclusionnorth.org

## The PERSONAL Principles of Care and Treatment Reviews

At its core, the CTR has a set of principles based around the word PERSONAL which the CTR panel should always uphold. Panel members each have an equal role in making sure these principles are followed:

- 1. Person centred and family centred
- Evidence based
- 3. Rights led
- 4. Seeing the whole person
- Open, independent and challenging
- 6. Nothing about us without us
- 7. Action focused
- 8. Living life in the Community



| Part 1 – This information is for the                                                                                |
|---------------------------------------------------------------------------------------------------------------------|
| Your name:                                                                                                          |
| What date was the review?                                                                                           |
| Which Clinical Commissioning Group (CCG) or area organised the review?                                              |
| Who was the Chairperson?                                                                                            |
| Was the person involved?                                                                                            |
| Was the My CTR Planner used with the person?                                                                        |
| If the person was not at the review did you have an opportunity to talk to them?                                    |
| Did you meet the persons family?                                                                                    |
| Did the person give consent for the CTR to go ahead?                                                                |
| If the person didn't give consent due to their capacity, is there evidence that a best interest decision was taken? |
| Did the person have access to an advocate if they needed one?                                                       |
| Was the advocate at the C(E)TR?                                                                                     |
| How was the advocate involved involved?                                                                             |
| Did you see and hear information that helped you understand what is                                                 |



| Part 1 – This information is for th                                                      | e report |
|------------------------------------------------------------------------------------------|----------|
| working or not working for the person and their care?                                    |          |
| Was a plan written which included actions?                                               |          |
| Did you see the final report?                                                            |          |
| If the person has had a review before were the previous actions achieved?                |          |
| Do you feel like you were listened to by the rest of the Care and Treatment Review team? |          |
| Were you asked for your views?                                                           |          |
| Do you think the people who planned the review need to change anything?                  |          |
| Was there an agenda?                                                                     |          |

| Part 2 – This information is only for Inclusion North |                      |  |
|-------------------------------------------------------|----------------------|--|
| Please tell us how you were involved in the review?   | (Please tell us how) |  |
| What did you do that worked well?                     |                      |  |
| winat did you do that worked well?                    |                      |  |



| Part 2 — This information is only for Inclusion North                                                   |  |
|---------------------------------------------------------------------------------------------------------|--|
| What would you do differently?                                                                          |  |
| Do you have any concerns?                                                                               |  |
| Do you want Inclusion North to contact you so that you can talk about any concerns?                     |  |
| Is there anything Inclusion North could have done better to help you in your role as an Expert Adviser? |  |
| Is there anything else you would like to tell us?                                                       |  |

Thank you for completing this feedback form.

Please email the form back to <a href="mailto:annabell.kesby@inclusionnorth.org">annabell.kesby@inclusionnorth.org</a>