Reflections on Exec Mtg. 8/9.

- All options discussed but option to put LL back into practice not agreed as 'Review not fully complete'
- Frustrated + deflated as SH and I felt this was a reasonable suggestion as review of clin notes would not be relevant to LL as an individual.
- IH, TC, SC view (and DoN) was ~~to new was not~~ not why would we change actions now when nothing has changed.
- Anticipated LL position re: delaying action → put on unit.
- IH announced that option chosen by AK | SH would be no different with a Dr.
- Need to discuss with KR the current position then HE. (tomorrow)
-

Exec Mtg — future plan. 8/9

- Await for clinical case review.
- Maintain status quo — nothing has changed.
- Have discussion with LL re: content of grievance [KR]
- Be clear about elements of grievance — approach informally (not through a formal process.
- IH to d/w Ravi re: behaviours, (meeting this am)
- * Inquest Child A beginning October.
  Ravi — key witness.
  9 Drs. involved. Need to consider implications.
- Grievance processes — informal

* Martin S. to have clin med oversight whilst IH on leave.

- Revise timescale??
- SOS process — IH to discuss c SB as he initially raised concerns. — would be consistent of other cases.

* KR provided an update from ANN Gov Mtg — poor Dr behaviour + comments to current situation + LL.