



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 June 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Job Planning
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Philip Kloer, Medical Director, Deputy Chief Executive & Responsible Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Ms Helen Williams, Head of Medical Education & Professional Standards

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Consultant job plans have been in place since 1991. Job planning is a mandatory process, emphasised as part of the amended Consultant Contract (2003) and mentioned in the Specialty and the later Associate Specialist (SAS) Doctor Charter (2016).

Job plans help to ensure that there is a clear consensus between Consultants, SAS Doctors and the Health Board as to what work is being done, where and when it will be undertaken, the number of hours/sessions that the individual is required to work, the work expected of the individual and the resources required. Effective job planning results in alignment of an individual's work, departmental objectives and strategic objectives resulting in a much more cost-effective delivery of healthcare.

Cefndir / Background

Progress in terms of the job planning process has been variable over the last few years. Significant improvement was made during the run up to the onset of the Covid pandemic, at which point job plan review meetings were stood down to allow clinicians and service managers additional time to focus on increased service pressures. Despite the formal re-introduction of job planning in April 2021, time constraints associated with service pressures, staff shortages and changes to working activity resulted in continued slow progress. Nevertheless, despite ongoing challenges, clinical teams have worked hard to revive the job planning process across their departments. There continues to be areas for improvement however, as demonstrated by the recent internal, improvements are being realised.

Asesiad / Assessment

Internal Audit

The internal audit of job planning commenced in March 2023 and the report was issued at the end of April 2023. The purpose of the audit was to 'review arrangements across the Health Board for management of the systems and controls in place for consultant job planning'. Focussing on 6 main objectives, a sample of 40 job plans were reviewed as part of the process. Full report can be accessed at Appendix 1

The summary of the audit review concluded the following:-

- **Significant** assurance for the three objectives relating to procedures and guidance; Individual and organisational activity; monitoring and reporting. Completed job plans had been recorded on the Allocate system and job planning compliance performance figures issued to directorates and reported to committees of the Board on a regular basis.
- **Reasonable** assurance for the objective relating to engagement of all parties. Evidence of consultant and service management engagement and agreement, although current job plan compliance below the target of 90%.
- **Limited** assurance for the two objectives relating to the areas of personal and service outcomes and reconciliation of job plans with the Electronic Staff Records (ESR). Personal outcomes were detailed in all but 3 of the 40 job plans (however, this was not the case for service outcomes. Furthermore, of the 40 job plans tested, only 28 job plans reconciled accurately with ESR.

The internal concluded **Limited** assurance overall.

Recommendations & Actions

The last internal audit of the job planning process was conducted in November 2019 and as was the case with the most recent audit, that review also focussed around 6 main objectives. The 2019 audit highlighted a total of 8 recommendations, whereas only 3 recommendations were made as part of the audit carried out in 2023, suggesting clear progress. A comparison of the number of, and priority of the recommendations can be seen in the table below:-

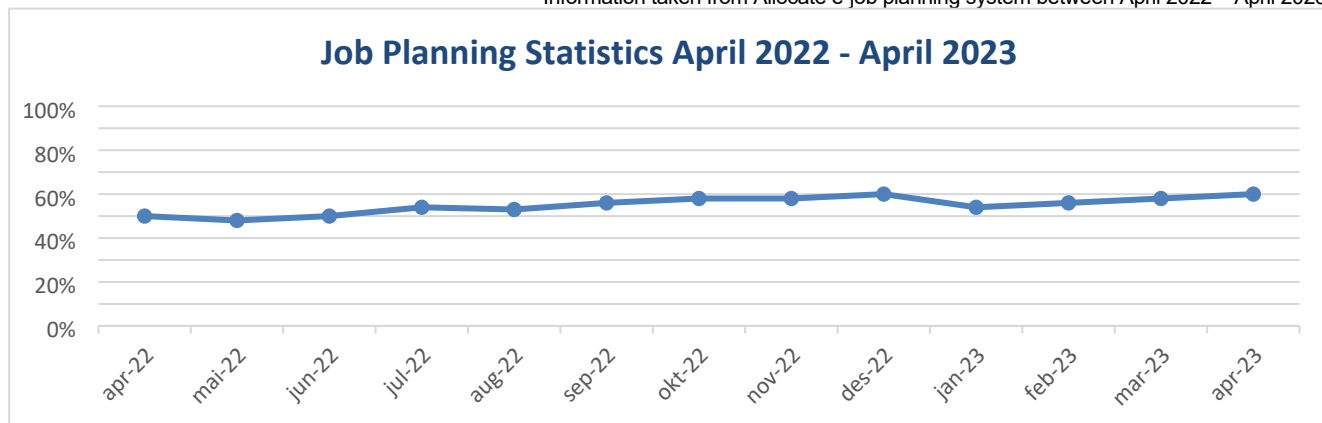
Date of Audit	High	Medium	Low	Total
Nov 2019	5	2	1	8
April 2023	2	1	0	3

In response to the audit recommendations, an action plan has been developed collaboratively between key medical, operational and workforce & OD stakeholders, to ensure that there is a clear consensus of what needs to be done and by whom.

Matter Arising 1: Job Plan Compliance

Job plan compliance has been making slow but steady progress since May 2022 and despite not reaching our 90% target by the end of March 2023, we are starting the new job planning year 10% ahead of where we were in April 2022, as per table below:-

*Information taken from Allocate e-job planning system between April 2022 – April 2023



Furthermore, we have detailed 2 main actions which we hope will help to raise compliance including:-

- a planned schedule of job plan review dates to be confirmed by the service delivery managers
- along with a new and improved job plan non-compliance communication process, which mirrors that used for appraisal and is very effective. This communication process has been added to the job planning toolkits, which will be taken to the next LNC for approval. Copy of new process can be accessed at Appendix 2.

Matter Arising 2: Personal and Service Outcomes

In terms of outcomes, much work has been undertaken over the last few years to include personal outcomes in the job plans and this was demonstrated by the results of the audit. We will continue to work with the operational teams to develop specialty specific service outcomes to help ensure that relevant information is discussed and entered on to the job plan in a similar way.

Matter Arising 3: Session Payments

As part of the medical stabilisation programme work, there will be a schedule drafted for a full review to be undertaken of all payments to Consultants and SAS doctors by speciality across the Health Board. This information will then be compared to the job plan to identify any anomalies. Following each specialty review, there will then be a meeting with each General Manager/ Service Delivery Manager and Finance Business partner to discuss the findings. This work is led by Bethan Griffiths, Senior Medical Workforce Manager.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is requested to take assurance from the outcome of the internal audit and subsequent recommendations

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.3 To provide assurance to the Board on the organisation's ability to create and manage strong, high performance, organisational culture arrangements
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	To be confirmed
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	6.3 Listening and Learning from Feedback 7.1 Workforce
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Living and working well.

Amcanion Cynllunio Planning Objectives	6K_22 workforce, clinical service and financial sustainability
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	- http://www.wales.nhs.uk/sites3/Documents/433/Nat_Consultant_Contract.pdf#:~:text=The%20new%20amended%20consultant%20contract%20for%20Wales%2C%20which,the%20BMA%2C%20NHS%20Wales%20and%20Welsh%20Assembly%20Government.
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Not applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable
Gweithlu: Workforce:	Potential positive impact on staff morale and future engagement opportunities
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

Job Planning Final Internal Audit Report May 2023

Hywel Dda University Health Board



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Contents

Executive Summary 3

1. Introduction..... 4

2. Detailed Audit Findings 5

Appendix A: Management Action Plan..... 8

Appendix B: Assurance opinion and action plan risk rating 12

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Fieldwork completion:	19 th April 2023
Debrief meeting:	24 th April 2023
Draft report issued:	24 th April 2023
Management response received:	3 rd May 2023
Final report issued:	3 rd May 2023
Auditors:	Gareth Heaven, Audit Manager & Rhian Jones, Principal Auditor
Executive sign-off:	Philip Kloer, Medical Director
Distribution:	John Evans, Assistant Director Medical Directorate Helen Williams, Revalidation and Appraisal Manager
Committee:	Audit & Risk Assurance Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

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Executive Summary

Purpose

The purpose of the audit is to review arrangements across the Health Board for management of the systems and controls in place for consultant job planning.

Overview

All completed job plans had been recorded on the Allocate system with evidence of consultant and service management engagement and agreement; along with job compliance performance figures issued to directorates and reported to committees of the Board on a regular basis.

Two high priority matters arising were identified relating to:

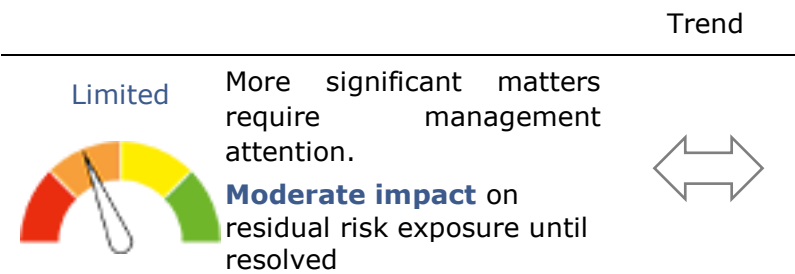
- the lack of service outcomes on job plans; and
- inaccurate reconciliation of session figures between the job plans and ESR.

We also identified a medium priority matter arising with the performance level of current job plan compliance still below the target of 90%.

We have concluded **Limited** assurance overall.

Full detail is provided in section 2 of the report, with a summary of matters arising and recommendations in Appendix A.

Report Opinion



Assurance summary¹

Objectives	Assurance
1 Procedures and guidance	Substantial
2 Engagement of all parties	Reasonable
3 Individual and organisational activity	Substantial
4 Personal and service outcomes	Limited
5 Job plans reconcile to ESR	Limited
6 Monitoring and reporting	Substantial

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

Key Matters Arising		Objective	Control Design or Operation	Recommendation Priority
1	Job Plan Compliance	2	Operation	Medium
2	Personal and Service Outcomes	4	Operation	High
3	Session Payments	5	Operation	High

1. Introduction

- 1.1 A job plan can be described in simple terms as a prospective, professional agreement that sets out the duties, responsibilities, accountabilities and outcomes, and the support and resources provided by the employer for the coming year.
- 1.2 Job planning became a central part of consultants' working lives with the agreement of the 2003 Amendment to the National Consultant Contract in Wales. This made explicit the link between job planning and a successful relationship between the consultant and their employer(s).
- 1.3 Job planning is a mandatory process that provides an opportunity to align the objectives of the NHS, the organisation and clinical teams with individually agreed outcomes in order to allow consultants, clinical academics, managers and the wider NHS team to plan and deliver innovative, safe, responsive, efficient and high-quality care.
- 1.4 Job plans record the work that a consultant will undertake for the Health Board, split by Direct Clinical Care (DCC) and Supporting Professional Activities (SPA).
- 1.5 The associated potential risks are:
 - clinical risk of sessions worked not being sufficient to allow for adequate provision of the service;
 - financial risk as a result of a job plan data not being input into ESR in a timely manner; and
 - operational risk of job plans not reflecting actual conditions or not being developed by mutual consent

2. Detailed Audit Findings

Objective 1: There is relevant up to date guidance and procedures in place that are available to staff and align to the All Wales guidance

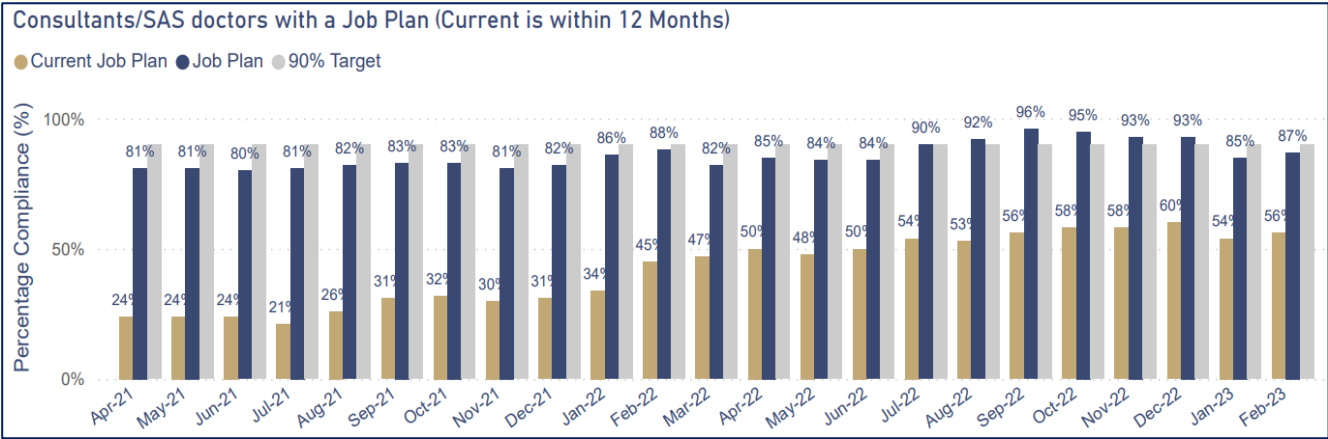
- 2.1 The Health Board guidance has in place a 'Consultant Job Planning Tool Kit' that sets out the key principles of the job planning process in accordance with *The Amendment to the National Consultant Contract in Wales*.
- 2.2 Job plans must be recorded on the Allocate system for all Health Board consultants. The 'Consultant Job Planning Tool Kit' includes user guides for consultants, SAS doctors, and management for the completion of job plans on the Allocate system.

Conclusion:

- 2.3 We have concluded **Substantial** assurance for this objective.

Objective 2: Job plans have been prepared with engagement of all parties with annual review completed in a timely manner

- 2.4 The compliance levels set out in the 'Performance Assurance & Workforce Intelligence' paper submitted to the People, Organisational and Development and Culture Committee (PODCC) in April 2023 reports that only 56% of consultants and SAS doctors have a current job plan, whilst 87% have an extant job plan in place – see latest performance graph below. **[Matter Arising 1]**



Source: Performance Assurance & Workforce Intelligence Paper (April 2023)

- 2.5 A sample of 40 job plans recorded on the Allocate system for consultants across all four acute sites was reviewed to ensure the full and accurate completion of the job plans in line with the national contract.
- 2.6 All job plans sampled had been developed and agreed by both the consultant and service management.

Conclusion:

- 2.7 Whilst there has been an improvement in the trend of job plan compliance since April 2021, this still remains below the target of 90%. We have concluded **Reasonable** assurance for this objective.

Objective 3: Job plans accurately reflect both the individual and organisation activity requirements

- 2.8 Of the 40 job plans reviewed, an appropriate split of DCC and SPA breakdowns was evident. Individual DCC and SPA activities were listed and assigned designated sessions/hours. A review of the DCC and SPA session/hours reconciled to the total contacted hours recorded on the job plans.

Conclusion:

- 2.9 We have concluded **Substantial** assurance for this objective.

Objective 4: Job plans include outcomes that are linked to the Health Board's organisational objectives

- 2.10 All jobs plans require the documentation of personal outcomes that are linked to organisational and service outcome objectives. Of the 40 job plans reviewed:
- 37 had detailed personal outcomes, with three instances identified where no personal outcomes had been recorded.
 - 36 did not reference any service outcomes. Of the four job plans where service outcomes had been recorded and linked to personal outcomes, all were for consultants within the Mental Health & Learning Disabilities directorate. **[Matter Arising 2]**

Conclusion:

- 2.11 The development of consultants' personal outcomes should be linked to service outcomes. Testing identified the lack of recorded service outcomes in the majority of job plans, with some instances of no personal outcomes evident. We have concluded **Limited** assurance for this objective.

Objective 5: Agreed job plans reconcile to ESR

- 2.12 Testing was undertaken to ensure the number of sessions recorded on the job plan accurately reconciled to the consultants' payslip as at February 2023.
- 2.13 Of the 40 job plans tested, 28 instances were identified where the number of core and additional sessions recorded in the job plan accurately reconciled to the individuals' payslip.

- 2.14 However, 12 instances were identified where the number of sessions on the job plan did not agree to the sessions being paid on the payslip resulting in underpayments (£7,734) and overpayments (£952) during the February 2023 pay period. A review of these instances identified the root causes being either (i) the lack of a change form being submitted by service management to NWSSP Payroll Services to accurately reflect the agreed job plan; or (ii) the inaccurate rounding of job session figures to the nearest 0.25 as set out in the 'Consultant Job Planning Tool Kit' by service managers on the change form. **[Matter Arising 3]**
- 2.15 The Medical HR Team are currently undertaking a review of consultant additional pay elements across the organisation. Consideration should be given to include an accuracy check of contracted sessions in ESR to job plans with their review.

Conclusion:

- 2.16 Instances were identified where the number of consultant sessions recorded in ESR did not reconcile to the total sessions recorded on job plans. We have concluded **Limited** assurance for this objective.

Objective 6: The completion rates of job plans are monitored and reported, with action taken for areas failing to complete, to an appropriate group or committee

- 2.17 Job plan completion rates are regularly reported in the 'Performance Update' papers submitted to the Strategic, Development and Operational Delivery Committee (SDODC).
- 2.18 A 'Performance Assurance & Workforce Intelligence' paper is also regularly submitted to the PODCC that provides an overview of performance over a 12-month period – see paragraph 2.4.
- 2.19 The paper also provides narrative on the current and trend performance, in addition to future actions. This was evident in the latest paper where a gradual trend of improving performance has occurred since April 2021, whilst noting the recent downturn in current performance (January and February 2023) due to a large number of job plans expiring in January 2023.
- 2.20 The Medical Directorate Support and Revalidation Team issue monthly Allocate reports to directorates detailing job plan compliance figures and highlighting non-compliant individuals.

Conclusion:

- 2.21 We have concluded **Substantial** assurance for this objective.

Appendix A: Management Action Plan

Matter Arising 1: Job Plan Compliance (Operation)		Impact	
Whilst the performance of current job plans has improved since April 2021, with the current level at 56%, this is well below the set 90% target.		Potential risk of: <ul style="list-style-type: none"> clinical risk of sessions worked not being sufficient to allow for adequate provision of the service. 	
Recommendations		Priority	
1.1	Consultants with a non-compliant current job plan should be promptly reviewed and approved by all parties involved.	Medium	
1.2	Mechanisms should be in place to ensure job plan review meetings are arranged within the 15 month period of the last review.		
Agreed Management Action		Target Date	Responsible Officer
1.1	Managers to provide schedule of job plan review meetings for every doctor within their specialty for the year ahead.	31 st July 2023	Director for Secondary Care (Service Delivery Managers as advised)
1.2	Proposal to allocate clinicians with allocated quarters in which job plan reviews should be carried out each year. Job plan communications and non-compliance process will then mirror that of the appraisal process, which has proved effective. This approach may need to be approved by the LNC before implementation.	31 st July 2023	Head of Medical Education & Professional Standards

Matter Arising 2: Personal and Service Outcomes (Operation)		Impact	
<p>Of the 40 job plans reviewed:</p> <ul style="list-style-type: none"> the personal outcomes for three consultants had not been recorded by the individual or service management; and service management had not detailed the service outcomes for 36 consultants. 		<p>Potential risk of:</p> <ul style="list-style-type: none"> operational risk of job plans not reflecting actual conditions or not being developed by mutual consent. 	
Recommendations		Priority	
2.1	Service management should explicitly set out service outcomes in all consultant job plans to allow for personal outcomes to be accurately aligned to the directorate and/or specialty needs.	High	
2.2	Personal outcomes should be explicitly set out and agreed by the consultant and service management in all job plans.	Low	
Agreed Management Action		Target Date	Responsible Officer
2.1	<p>Service managers and clinicians to be reminded of the need to include service outcomes and training to be delivered to support.</p> <p>Job planning team to work with managers to create baseline lists of service outcomes for each specialty to include in the service outcome section.</p> <p>Job planning team to review the job plans that are in process so that prompts can be sent to managers before sign off in the event that service outcomes have not been included.</p>	31 st August 2023	Head of Medical Education and Professional Standards
2.2	Job planning team to continue to remind the managers and clinicians of the need to include the personal outcomes and provide support where needed.	31 st May 2023	Head of Medical Education and Professional Standards

Matter Arising 3: Session Payments (Operation)		Impact	
<p>Of the 40 job plans tested, 12 instances were identified where the number of sessions on the job plan did not agree to the sessions being paid on the payslip resulting in underpayments (£7,734) and overpayments (£952). A review of these instances identified the root causes being either (i) the lack of a change form being submitted by service management to accurately reflect the agreed job plan; and (ii) the inaccurate rounding of job session figures to the nearest 0.25 as set out in the 'Consultant Job Planning Tool Kit' by service managers on the change form.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> financial loss and/or reputational damage as a result of over/underpayment of consultants 	
Recommendations		Priority	
3.1	Service management should ensure that all agreed consultant sessions recorded on job plans are accurately reflected in ESR through the prompt submission of a change form to NWSSP Payroll Services.	High	
3.2	The Medical HR Team should also review the accuracy of consultant sessions recorded in ESR to their job plans as part of their additional pay elements review.		
3.3	Quantify the total over/underpayments for the 12 identified in this audit and take action to recover/pay.		
Agreed Management Action		Target Date	Responsible Officer
3.1	A review of the process surrounding job planning will be undertaken by a group linked to the medical workforce effectiveness workstream. This group will ensure managers are reminded of their responsibilities which includes accurately recording the detail of job plans in allocate and also producing the paperwork for changes to sessions agreed as part of the process.	30 th June 2023	Medical Director & Director of Workforce & OD
3.2	A regular audit of job plans and ESR records will be developed and administered by the medical workforce team.	31 st July 2023	Senior Medical Workforce Manager & Head of Medical Education and Professional Standards

	<p>The first report has already been produced to generate the baseline assessment and once actions have been taken in 3.3 it will then be re-run twice per annum to ensure the process remains robust and medical workforce are paid accurately and on time.</p> <ul style="list-style-type: none"> Original baseline to be reviewed with discussions to commence with managers and individual consultants to understand difference between ESR and allocate Roll out schedule for correcting any inconsistencies to be developed & agreed Changes to be actioned in ESR where necessary Arrangements in place for bi-annual audit. 	<p>31st July 2023 (commencing)</p> <p>30th June 2023</p> <p>30th June 2023 (linked to rollout schedule)</p> <p>31st December 2023</p>	<p>Senior Medical Workforce Manager & Head of Medical Education and Professional Standards</p> <p>Senior Medical Workforce Manager & Head of Medical Education and Professional Standards</p> <p>Service Delivery Managers as advised</p> <p>Senior Medical Workforce Manager & Head of Medical Education and Professional Standards</p>
3.3	Finance Business Partners to work with relevant Service Delivery Managers and Medical Workforce to quantify total over/underpayments for the 12 identified in this audit and take action to recover/pay.	31 st July 2023	<p>Senior Medical Workforce Manager & Head of Medical Education and Professional Standards</p> <p>(Finance Business Partners and Service Delivery Managers as advised)</p>

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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Job planning AQ correspondence process

AQJ1 – reminder email to Doctors who need to arrange a job plan within their AQ (sent x2, on day 1 of each of the 2 quarters before the Doctors AQ) Service Delivery Managers and Clinical Leads copied in.



AQJ2 – reminder email to Doctors who have not arranged a job plan date within their AQ (sent on day 1 of the Doctor's AQ) Service Delivery Managers and Clinical Leads copied in.



AQJ3 – email to Doctors who have not completed a job plan review within their AQ (sent at the end of the Doctor's AQ) Service Delivery Managers and Clinical Leads copied in



HBJ1 – Letter sent to Doctors by Deputy Medical Director Acute Medical Services (sent 1 month after the end of the Doctor's AQ, provides 8 week deadline) Service Delivery Managers and Clinical Leads copied in



HBJ1.5 - Letter sent to Doctors by Deputy Medical Director Acute Medical Services (sent where a Doctor has not responded to HBJ1, provides further and final 4 week deadline) Service Delivery Managers and Clinical Leads copied in



HBJ2 – Letter sent to Doctor by Deputy Medical Director Acute Medical Services (sent where a Doctor has not responded to previous HBJ1 and HBJ1.5 letters)
Request for meeting with Doctor and Service Delivery Manager/Clinical Lead