

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS' MEETING

Meeting Date: 28 October 2015

Title and Author of Paper:

Review of terms of reference for the Board Sub-committees
Lisa Quinn Executive Director of Performance & Assurance

Paper for Debate, Decision or Information: Approval

Key Points to Note:

The Trust's governance arrangements including the governance structure and the terms of reference for the Board and its committees were approved by the Board in May 2012.

On an annual basis the Board and its committees undertake a self-assessment of effectiveness against terms of reference and a review of terms of reference. Changes to the terms of reference require Board approval.

The last update considered by the Board was in its April 2015 meeting. The following changes have taken place since this meeting:

Committee Chairs

Following the appointment of new Non-Executive Directors committee chairs have been reviewed and the following is in place as of Quarter 2:

Audit: Martin Cocker (Chair), Chris Watson, Alexis Cleveland

Finance, Infrastructure & Business Development Committee (FIBD): Paul McEldon (Chair), Neil Hemming

Mental Health Legislation (MHL): Ruth Thompson (Chair)

Quality & Performance (Q&P): Ruth Thompson (Chair), Dr Les Boobis

Remuneration: Hugh Morgan Williams (Chair), all NEDs

Strategy: Alexis Cleveland (Chair) plus other NEDs to be determined.

Trust Programme Board: Paul McEldon (Chair)

Governors Attendance

In Quarter 2 Governor attendance at committee meetings has been established across all committees.

Self-Assessments

The Audit Committee self-assessment is ongoing and will be completed at its November meeting. The Remuneration Committee self-assessment will also take place in November.

Terms of Reference

Changes to Terms of Reference for FIBD and Q&P were both approved at the April Board meeting. There have been no substantive changes to these committees since.

The following terms of reference are included for approval:

1. Audit Committee (Attached **Appendix 1**), which includes “cosmetic” changes only.
2. Remuneration Committee (To be tabled as meeting is being held in the morning of the Board)
3. Mental Health Legislation (considered as part of previous agenda item)

Changes to Sub-committee Structure

At the September Trust Board meeting the establishment of a Strategy committee was agreed. Its first meeting is planned for the 13th November. Terms of Reference will be finalised at this meeting and presented to the next Board meeting for approval.

It has also been proposed to establish a Charitable Funds committee. The Board considered this at its September meeting and has requested further work prior to approval.

Changes to time limited committees

In 2012 the Trust established a time limited committee as part of its programme approach to managing the transformation agenda. Many of the programmes have now either delivered or are nearing completion. Managing the elements of work are now very much part of operational business and benefit realisation is forming part of routine reporting.

Following a discussion between the Chair and Deputy Chair it is proposed to stand down this time limited committee at the end of the calendar year, providing time to ensure all elements of remaining committee business are picked up through other governance mechanisms.

Mapping of Fundamental Standards

Following the changes to the CQC standards of compliance from the Essential Standards of Quality and Safety to the Fundamental Standards; an exercise was undertaken to map CQC’s Key Lines of Enquiry and Prompts from the Specialist Mental Health Services Provider Handbook to the Trust governance structures.

The document attached (**Appendix 2**) shows the Key Lines of Enquiry, Prompts and the groups that will be responsible for each.

To support this Operation Groups have also reviewed their sub group structures. A copy is attached (**Appendix 3**) for information.

Outcome required:

1. Note changes to Non-executive chairs and members
2. Note Governor attendance
3. Note outstanding Self-Assessments, to be completed
4. Approve Terms of Reference for Audit, Remuneration and Mental Health Legislation Committees

5. Note progress on establishing new sub-committees namely Strategy and Charitable Funds committees
6. Approve the disestablishment of the time limited committee, namely Trust Programme Board.
7. Approve the Mapping of CQC Key Lines of Enquiry.

By safe, we mean that people are protected from abuse* and avoidable harm.

*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.

	Key line of enquiry	Prompts
S1	<p>What is the track record on safety?</p> <p>Patient Safety Group</p>	<ol style="list-style-type: none"> 1. What is the safety performance over time, based on internal and external information? 2. How does safety performance compare to other similar services? 3. Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally? 4. Have safety goals been set? How well is performance against them monitored using information from a range of sources?
S2	<p>Are lessons learned and improvements made when things go wrong?</p> <p>Patient Safety Group</p> <p>Medicines Management Committee</p>	<ol style="list-style-type: none"> 1. Are people who use services told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result? 2. When things go wrong, are thorough and robust reviews or investigations carried out? Are all relevant staff and people who use services involved in the review or investigation? 3. How are lessons learned and is action taken as a result of investigations when things go wrong? 4. How well are lessons shared to make sure action is taken to improve safety beyond the affected team or service?

	Key line of enquiry	Prompts
S3	<p>Are there reliable systems, processes and practices in place to keep people safe and safeguarded from abuse?</p> <p>Safeguarding and Public Protection Group</p> <p>Patient Safety Group (sub groups)</p> <ul style="list-style-type: none"> • IPC • Safety and Suitability of Premises • Safety and Suitability of Equipment • Management of Violence and Aggression • Health Safety and Security • <p>Medicines Management Committee</p> <p>Caldicot Health Informatics Group</p>	<ol style="list-style-type: none"> 1. Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff? 2. Do staff receive effective mandatory training in the safety systems, processes and practices? 3. Is implementation of safety systems, processes and practices monitored and improved when required? 4. Are there arrangements in place to safeguard adults and children from abuse that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures? 5. How are standards of cleanliness and hygiene maintained? 6. Are reliable systems in place to prevent and protect people from a healthcare-associated infection? 7. Does the design, maintenance and use of facilities and premises keep people safe? 8. Does the maintenance and use of equipment keep people safe? 9. Do the arrangements for managing waste and clinical specimens keep people safe? (This includes classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.) 10. Do arrangements for managing medicines, medical gases and contrast media keep people safe? (This includes obtaining, prescribing, recording, handling, storage and security, dispensing, safe administration and disposal.) 11. Are people's individual care records written and managed in a way that keeps people safe? (This includes ensuring people's records are accurate, complete, legible, up to date and stored securely). 12. How do staff make sure that systems and operating procedures are reliable in preventing suicide and identifying ligature risks; preventing violence and aggression, and promoting sexual safety?

	Key line of enquiry	Prompts
S4	<p>How are risks to people who use services assessed, and their safety monitored and maintained?</p> <p>Patient Safety Group (Falls Group, Management of Violence and Aggression Group)</p> <p>Physical Health and Wellbeing Group</p> <p>Workforce, Training and Development Group</p> <p>Group Q&P's (Sub Groups)</p> <p>Medicines Management Committee</p>	<ol style="list-style-type: none"> 1. How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times, in line with relevant tools and guidance, where available? 2. How do actual staffing levels compare to the planned levels? 3. Do arrangements for using bank, agency and locum staff keep people safe at all times? 4. Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with national guidance? Are risks managed positively? 5. How do staff identify and respond appropriately to changing risks to people who use services, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges? 6. How do arrangements for handovers and shift changes ensure people are safe? 7. Are staff clear of the purpose of restrictive practices, such as physical restraint, rapid tranquilisation and seclusion? Are these carried out in line with assessed risks and carried out safely?

S5

How well are potential risks to the service **anticipated** and **planned** for in advance?

Patient Safety Group
(Strategic Integrated
Emergency
Management Group)

1. How are potential risks taken into account when planning services, for example, seasonal fluctuations in demand, the impact of adverse weather, or disruption to staffing?
2. What arrangements are in place to respond to emergencies and major incidents? How often are these practised and reviewed?
3. How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?

Effective

By effective, we mean that people’s care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

	Key line of enquiry	Prompts
E1	<p>Are people’s needs assessed and care and treatment delivered in line with legislation, standards and evidence-based guidance?</p> <p>Clinical Effectiveness Committee</p> <p>Physical Health and Wellbeing Group</p> <p>Medicines Management Committee</p>	<ol style="list-style-type: none"> 1. How are relevant and current evidence-based guidance, standards, best practice and legislation identified and used to develop how services, care and treatment are delivered? (This includes from NICE and other expert and professional bodies). 2. Do people have their needs assessed and their care planned and delivered in line with evidence-based, guidance, standards and best practice? How is this monitored to ensure compliance? 3. Is discrimination, including on grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation avoided when making care and treatment decisions? 4. How are people’s nutrition and hydration needs assessed and met? 5. How is technology and equipment used to enhance the delivery of effective care and treatment? 6. How do staff make sure that people receive thorough assessment of their physical health needs and, where applicable, receive annual health checks?

	Key line of enquiry	Prompts
E2	<p>How are people's care and treatment outcomes monitored and how do they compare with other services?</p> <p>Patient and Carer Experience Group</p> <p>Clinical Effectiveness Committee</p>	<ol style="list-style-type: none"> 1. Is information about the outcomes of people's care and treatment routinely collected and monitored? 2. Does this information show that the intended outcomes for people are being achieved? 3. Are staff involved in activities to monitor and improve people's outcomes? 4. How do outcomes for people in this service compare to other similar services and how have they changed over time? 5. Is there participation in relevant local and national audits, benchmarking, accreditation, peer review, research and trials? 6. How is information about people's outcomes used and what action is taken as a result to make improvements?
E3	<p>Do staff have the skills, knowledge and experience to deliver effective care and treatment?</p> <p>Workforce Training and Development Group</p> <p>Group Q&P's (Sub Groups)</p>	<ol style="list-style-type: none"> 1. Do staff have the right qualifications, skills, knowledge and experience to do their job when they start their employment, take on new responsibilities and on a continual basis? 2. How are the learning needs of staff identified? 3. Do staff have appropriate training to meet their learning needs? 4. Are staff encouraged and given opportunities to develop? 5. What are the arrangements for supporting and managing staff? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.) 6. How is poor or variable staff performance identified and managed? How are staff supported to improve?

	Key line of enquiry	Prompts
E4	How well do staff, teams and services work together to deliver effective care and treatment?	<ol style="list-style-type: none"> 1. Are all necessary staff, including those in different teams and services, involved in assessing, planning and delivering people's care and treatment? 2. How is care delivered in a coordinated way when different teams or services are involved? 3. Do staff work together to assess and plan ongoing care and treatment in a timely way when people are due to move between teams or services, including referral, discharge and transition? 4. When people are discharged from a service is this done at an appropriate time of day, are all relevant teams and services informed and is this only done when any ongoing care is in place?
E5	Do staff have all the information they need to deliver effective care and treatment to people who use services? Caldicot Health Informatics Group	<ol style="list-style-type: none"> 1. Is all the information needed to deliver effective care and treatment available to relevant staff in a timely and accessible way? (This includes care and risk assessments, care plans, case notes and test results.) 2. When people move between teams and services, including at referral, discharge, transfer and transition, is all the information needed for their ongoing care shared appropriately, in a timely way and in line with relevant protocols? 3. How well do the systems that manage information about people who use services support staff to deliver effective care and treatment? (This includes coordination between different electronic and paper-based systems and appropriate access for staff to records.)

E6	<p>Is people's consent to care and treatment always sought in line with legislation and guidance?</p> <p>Patient Safety Group (Management of Violence and Aggression Group)</p> <p>Mental Health Legislation Committee</p>	<ol style="list-style-type: none"> 4. Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004? 5. How are people supported to make decisions? 6. How and when is a person's mental capacity to consent to care or treatment assessed and, where appropriate, recorded? 7. When people lack the mental capacity to make a decision, do staff make 'best interests' decisions in accordance with legislation? 8. How is the process for seeking consent monitored and improved to ensure it meets responsibilities within legislation and follows relevant national guidance? 9. Do staff understand the difference between lawful and unlawful restraint practices, including how to seek authorisation for a deprivation of liberty? 10. Is the use of restraint of people who lack mental capacity clearly monitored for its necessity and proportionality in line with legislation and is action taken to minimise its use?
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	Key line of enquiry	Prompts
E7	<p>Are people subject to the Mental Health Act 1983 (MHA) assessed, cared for and treated in line with the MHA and Code of Practice?</p> <p>Mental Health Legislation Committee</p>	<ol style="list-style-type: none"> 1. How does the provider make sure that that decisions made by staff are in line with the Mental Health Act 1983 (MHA) and the Code of Practice? 2. Are there systems, processes and practices in place to make sure that patient's rights are protected? This includes making sure that their detention is lawful. 3. How are staff enabled to meet their responsibilities under the MHA through training, policies and procedures? 4. How is information collected and used by the provider to monitor specific outcomes for people subject to the MHA? 5. How are partnership working arrangements with other agencies involved in the MHA managed locally? Is there a governance framework that supports the joint working required by the MHA and the Code of Practice? 6. Does the provider routinely monitor and manage information about the application of the MHA and the discharge of powers and duties under the MHA? What action is taken when issues are identified? 7. How are changes to the systems, processes and practices for compliance with the MHA and the Code of Practice monitored? How are improvements made when required?

Caring

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

	Key line of enquiry	Prompts
C1	<p>Are people treated with kindness, dignity, respect and compassion while they receive care and treatment?</p> <p>Workforce, Training and Development Group</p> <p>Caldicot Health Informatics Group</p> <p>Patient and Carer Experience Group</p> <p>Group Q&P's (Sub Groups)</p>	<ol style="list-style-type: none"> 1. Do staff understand and respect people's personal, cultural, social and religious needs, and do they take these into account? 2. Do staff take the time to interact with people who use the service and those close to them in a respectful and considerate manner? 3. Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them? 4. Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes? 5. How do staff make sure that people's privacy and dignity is always respected, including during physical or intimate care? 6. When people experience physical pain, discomfort or emotional distress do staff respond in a compassionate, timely and appropriate way? 7. Do staff respect confidentiality at all times?

	Key line of enquiry	Prompts
C2	<p>Are people who use services and those close to them involved as partners in their care?</p> <p>Group Q&P's (Sub Groups)</p>	<ol style="list-style-type: none"> 1. Do staff communicate with people so that they understand their care, treatment and condition? 2. Do staff recognise when people who use services and those close to them need additional support to help them understand and be involved in their care and treatment and enable them to access this? (This includes language interpreters, sign language interpreters, specialist advice or advocates.) 3. How do staff make sure that people who use services and those close to them are able to find further information or ask questions about their care and treatment? 4. Are people who use services and those close to them routinely involved in planning and making decisions about their care and treatment?
C3	<p>Do people who use services and those close to them receive the support they need to cope emotionally with their care, treatment or condition?</p> <p>Group Q&P's (Sub Groups)</p>	<ol style="list-style-type: none"> 1. Do staff understand the impact that a person's care, treatment or condition will have on their wellbeing and on those close to them, both emotionally and socially? 2. Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition? 3. What emotional support and information is provided to those close to people who use services, including carers and dependants? 4. Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence? 5. How are people enabled to have contact with those close to them and to link with their social networks or communities?

Responsive

By responsive, we mean that services are organised so that they meet people's needs.

	Key line of enquiry	Prompts
R1	Are services planned and delivered to meet the needs of people?	<ol style="list-style-type: none"> 1. Is information about the needs of the local population used to inform how services are planned and delivered? 2. How are commissioners, other providers and relevant stakeholders involved in planning services? 3. Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care? 4. Where people's needs are not being met, is this identified and used to inform how services are planned and developed? 5. Are the facilities and premises appropriate for the services that are planned and delivered?
R2	Do services take account of the needs of different people , including those in vulnerable circumstances? Group Q&P's (Sub Groups)	<ol style="list-style-type: none"> 1. How are services planned to take account of the needs of different people, for example, on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation? 2. How are services delivered in a way that takes account of the needs of different people on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation? 3. How are services planned, delivered and coordinated to take account of people with complex needs, for example those living with dementia or those with a learning disability? 4. Are reasonable adjustments made so that disabled people can access and use services on an equal basis to others?

	Key line of enquiry	Prompts
R3	<p>Can people access care and treatment in a timely way?</p> <p>Group Quality and Performance Meetings (Sub Groups)</p>	<p>5. How do services engage with people who are in vulnerable circumstances and what actions are taken to remove barriers when people find it hard to access or use services?</p> <ol style="list-style-type: none"> 1. Do people have timely access to initial assessment, diagnosis or urgent treatment? 2. As far as possible, can people access care and treatment at a time to suit them? 3. What action is taken to minimise the time people have to wait for treatment or care? 4. Does the service prioritise care and treatment for people with the most urgent needs? 5. Where there is an appointments system, is it easy to use and does it support people to access appointments? 6. Is care and treatment only cancelled or delayed when absolutely necessary? Are cancellations explained to people, and are people supported to access care and treatment again as soon as possible? 7. Do services run on time, and are people kept informed about any disruption?
R4	<p>How are people's concerns and complaints listened and responded to and used to improve the quality of care?</p> <p>Patient and Carer Experience Group</p>	<ol style="list-style-type: none"> 1. Do people who use the service know how to make a complaint or raise concerns, are they encouraged to do so, and are they confident to speak up? 2. How easy is the system to use? Are people treated compassionately and given the help and support they need to make a complaint? 3. Are complaints handled effectively and confidentially, with a regular update for the complainant and a formal record kept? 4. Is the outcome explained appropriately to the individual? Is there openness and transparency about how complaints and concerns are dealt with? 5. How are lessons learned from concerns and complaints and is action taken as a result to improve the quality of care? Are lessons shared with others?

Well-led

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

	Key line of enquiry	Prompts
W1	Is there a clear vision and a credible strategy to deliver good quality?	<ol style="list-style-type: none"> 1. Is there a clear vision and a set of values, with quality and safety the top priority? 2. Is there are a robust, realistic strategy for achieving the priorities and delivering good quality care? 3. How have the vision, values and strategy been developed? 4. Do staff know and understand what the vision and values are? 5. Do staff know and understand the strategy and their role in achieving it? 6. Is progress against delivering the strategy monitored and reviewed?
W2	Does the governance framework ensure that responsibilities are clear and that quality, performance and risks are understood and managed?	<ol style="list-style-type: none"> 1. Is there an effective governance framework to support the delivery of the strategy and good quality care? 2. Are staff clear about their roles and do they understand what they are accountable for? 3. How are working arrangements with partners and third party providers managed? 4. Are the governance framework and management systems regularly reviewed and improved? 5. Is there a holistic understanding of performance, which integrates the views of people with safety, quality, activity and financial information? 6. Are there comprehensive assurance systems and service performance measures, which are reported and monitored, and is action taken to improve performance?

	Key line of enquiry	Prompts
W3	<p>How does the leadership and culture reflect the vision and values, encourage openness and transparency and promote good quality care?</p> <p>Workforce, Training and Development Group</p> <p>Group Q&P's (Sub Groups)</p>	<ol style="list-style-type: none"> 7. Are there effective arrangements in place to ensure that the information used to monitor and manage quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified? 8. Is there a systematic programme of clinical and internal audit, which is used to monitor quality and systems to identify where action should be taken? 9. Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? 10. Is there alignment between the recorded risks and what people say is 'on their worry list'? 11. Are there robust arrangements for assuring that the specific powers and duties of hospital managers are discharged according to the provisions of the Mental Health Act 1983? <ol style="list-style-type: none"> 1. Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis? 2. Do leaders have the capacity, capability, and experience to lead effectively? 3. Do the leaders understand the challenges to good quality care and can they identify the actions needed address them? 4. Are leaders visible and approachable? 5. Do leaders encourage appreciative, supportive relationships among staff? 6. Do staff feel respected and valued? 7. Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority? 8. Is the culture centred on the needs and experience of people who use services? 9. Does the culture encourage candour, openness and honesty? 10. Is there a strong emphasis on promoting the safety and wellbeing of staff?

	Key line of enquiry	Prompts
W4	<p>How are people who use the service, the public and staff engaged and involved?</p> <p>Workforce Training and Development Group</p> <p>Patient and Carer Experience Group</p> <p>Group Q&P's (Sub Groups)</p>	<p>11. Do staff and teams work collaboratively, resolve conflict quickly and constructively and share responsibility to deliver good quality care?</p> <ol style="list-style-type: none"> 1. How are people's views and experiences gathered and acted on to shape and improve the services and culture? 2. How are people who use services, those close to them and their representatives actively engaged and involved in decision-making? 3. Do staff feel actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? 4. How do leaders prioritise the participation and involvement of people who use services and staff? 5. Do both leaders and staff understand the value of staff raising concerns? Is appropriate action taken as a result of concerns raised?
W5	<p>How are services continuously improved and sustainability ensured?</p>	<ol style="list-style-type: none"> 1. When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored? 2. Are there examples of where financial pressures have compromised care? 3. In what ways do leaders and staff strive for continuous learning, improvement and innovation? 4. Are staff focused on continually improving the quality of care? 5. How are improvements to quality and innovation recognised and rewarded? 6. How is information used proactively to improve care?



Shining a light on the future

Northumberland, Tyne and Wear
NHS Foundation Trust

Quality and Performance - Sub Group Structure

Q & P (Well Led)

Safe	Effective	Caring	Responsive
<p>What is the providers track record on safety?</p> <p>Has the provider learned when things go wrong and improved safety standards as a result?</p> <p>Are there reliable systems, processes and practices in place to keep people safe and safeguarded from abuse?</p> <p>How does the provider assess and monitor safety in real-time and react to changes in risk level, including individuals?</p> <p>How well are potential risks to the service anticipated and planned for in advance?</p>	<p>Are peoples needs assessed and care and treatment delivered in line with current legislation, standards and nationally/internationally recognised evidence-based guidance?</p> <p>How do the outcomes for people using the service compare with other services?</p> <p>How does the provider make sure that staff, equipment and facilities enable the effective delivery of care and treatment, which does not impact on quality?</p> <p>How does the provider support and enable multi-disciplinary working within and between services across the organisation and with external organisations?</p> <p>Does the provider comply with the Mental Health Act (MHA) and MHA Code of Practice, protecting rights and delivering positive outcomes for people subject to the MHA?</p>	<p>Are people who use the service treated with kindness, dignity, respect, compassion and empathy while they receive care and treatment from the service?</p> <p>How are people who use the service and those close to them involved as "partners" in their care and supported to make "informed decisions"?</p> <p>Do people and those close to them receive the support they need to cope emotionally with their treatment and care?</p>	<p>How does the provider plan and deliver its services to meet the needs of different people?</p> <p>How does the provider make sure that people can access its services in a timely way?</p> <p>How does the provider take account of peoples wishes throughout their care and treatment including at referral, admission discharge and transition?</p> <p>How does the provider routinely listen and learn from peoples concerns and complaints to improve the quality care?</p>

