ORGANISATION/SERVICE ASSESSED

SUSSEX INTERPRETING SERVICES

PREPARED BY

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CERTIFICATION MAINTAINED

1. INTRODUCTION AND BACKGROUND

Sussex Interpreting Service (referred to as SIS or the Organisation throughout the report) delivers language services to a wide range of customers (service users) with diverse cultural and linguistic backgrounds.

SIS offers various services, including interpretation, translation, social prescribing, befriending, health promotion, community research, community engagement, and community advocacy. The services can be delivered through various channels: face-to-face, telephone or video link via Microsoft Teams. The primary customers of the services are the service users and service providers.

SIS uses qualified and accredited self-employed sessional linguists and volunteers to deliver the range of services offered.

The Organisation's vision and mission states, 'Our vision is of an inclusive and diverse society where people of all cultural and linguistic backgrounds are able to live in harmony, play a full and valued role and enjoy the same rights. SIS exists to enable full access, for people with language needs, to publicly funded services in order to improve health, education, and overall quality of life'.

This statement is underpinned by core values: Inclusiveness, Rights, Community, Learning, Participation and Accountability.

2. METHODOLOGY

SIS participates in the Rolling Review assessment methodology to maintain certification against the Customer Service Excellence (CSE) Standard. This was a Rolling Review Year Three (RR3); all elements required for this period were reviewed. In addition, the elements awarded Compliance Plus in 2023 and 2024 were included in the review.

The Organisation submitted a narrative and supporting evidence addressing the elements being assessed. The Assessor completed the desktop review and shared the findings with the key contact within SIS.

The evidence collection took place remotely, over one day, using Microsoft Teams. Two directors, three managers, and three service user-facing staff were interviewed. Additionally, two self-employed individuals providing interpreting, advocacy, bilingual social prescribing, and / or research, one service user, two volunteers, and two partners were also interviewed.

The day concluded with verbal feedback indicating the overarching outcome of the assessment, highlighting Compliance Plus' strengths and discussing areas for improvement.

3. SUMMARY OF STRENGTHS

Sections: **1.1.1, 1.1.2, 1.2.2, 1.3.5, 2.1.2, 2.1.6, 2.2.2, 2.2.4, 2.2.5, 3.2.2, 3.2.4, 3.4.1, 3.4.3, 4.2.2, 1.1.3, 3.2.3, 4.2.4**

The elements identified as key strengths and awarded Compliance Plus throughout the Rolling Review Year One (RR1) in 2023 and Rolling Review Year Two (RR2) in 2024 continue to be evident. These include: 1.1.1, 1.1.2, 1.2.2, 1.3.5, 2.1.2, 2.1.6, 2.2.2, 2.2.4, 2.2.5, 3.2.2, 3.2.4, 3.4.1, 3.4.3, 4.2.2

The database continues to be used by SIS, which provides segmentation, classification and mapping of customer groups, contracts, tender specifications, membership of organisations and attendance at forums and networks. In addition, Community Researchers play a vital role in research activities, such as the Brighton and Sussex Health and Care Research Partnership, which has identified key characteristics, needs, and preferences of those with cancer. Attendance at forums, networks, and outreach activities continues to highlight changes in service users' needs and preferences. (1.1.1, 1.1.2)

Engagement and involvement of service users in consultation activities are integral to identifying improvements to the service. The 12 trained bilingual Community Researchers share their lived experiences and have empathy with current and potential service users. As a result, many improvements have been identified and implemented to enhance service provision, both internally and externally, including the Ukraine Support Service drop-in, Health Inclusion and Women's Health services, to mention a few. The actions taken as a result of consultation are shared with service users, providers, and relevant commissioners in newsletters, research reports, and annual reports. (1.2.2)

Over the past year, work has continued to identify a suitable booking system that will enhance the services to service users, providers, interpreters and staff. This has now been sourced, resulting in the service user and provider journey being reviewed. (1.3.5)

Customer insight has been used to inform policy and strategy and to prioritise service improvement activity over the last year. Some examples include health benefits / services for specific groups, developing family hub videos, Ukraine drop-in service, translating information into more languages and third-sector commissioning. In addition, Community Researchers have provided information to support external stakeholders, such as the National Health Service. (2.1.2)

Staff volunteered that they are empowered to make decisions to provide service users with a positive experience, within the guidelines / boundaries set by the Organisation. This enables them to 'go above and beyond' on many occasions, and staff believe managers put the service user at the heart of the way they operate. In addition, they are encouraged to share their ideas and suggestions to improve the service user experience further. Consultation with staff regarding the new booking system influenced the decision to select the one chosen, and they have had further involvement in developing the platform. (2.1.6, 2.2.4)

Service users, interpreters and volunteers had nothing but praise for the consistently friendly, polite, and professional staff. The service user survey also shows that staff are positive, helpful, and friendly, and 98% of responders indicate they are highly satisfied with the service delivered. (2.2.2)

Staff confirmed that the leaders and managers were positive role models and strongly advocated for the service user. "They put the service user at the heart of the way we operate". Staff explained that they feel valued and appreciated for contributing to the customer-focused ethos through verbal feedback, flexible working agreements, access to wellbeing activities and events organised by SIS. (2.2.5)

SIS has adopted multiple channels and resources to ensure service users receive and understand messages and continue to improve the accessibility of information, and ensure it is easy to understand. Interpreters check that the service user has all the information and understands what is expected. Quality assurance activities ensure that the information is accurate, complete, and easy to understand. An annual review of information provided ensures the information is current at the time of issue. (3.2.2, 3.2.4)

SIS actively seeks to partner with other organisations and agencies to identify, design and deliver services. Interviews with two partners indicated the positive and collaborative approaches to identifying and delivering services. (3.4.1)

SIS continues to be rooted in the communities it works with, and the extensive research provides valuable insight into current and potential service users. It also identifies new communities to work within and the services required to meet different needs. The Organisation was involved in distributing vouchers to 40 service users experiencing hardship due to the cost-of-living crisis through the Housing Support Fund (5) and has committed to distributing the Housing Support Fund (6) at a cost to the Charity. Staff and interpreters actively signpost service users to local organisations and agencies to gain support on a range of matters, for example, housing, benefits, mental health, etc.

(3.4.3)

The Organisation consistently delivers the service as promised to individual service users. Once again, this was evident through the quantitative satisfaction levels of the different groups, the number of positive testimonials and minimal complaints. (4.2.2)

The following were identified as key strengths and awarded Compliance Plus throughout the RR3. The element is referenced in brackets.

The entire group of service users (migrants with language needs) is considered particularly hard to reach. Leaders and managers monitor and evaluate the service users to ensure that disadvantaged groups are accessing the services. SIS collaborates with other VCSE (Voluntary, Community and Social Enterprise) organisations to deliver these services. SIS is a member of several groups and networks, including the Sussex Inclusion Health Network (SIHN), which launched this year. This facilitates sharing knowledge and information with a broad range of organisations and agencies, thereby raising awareness of potential service users, which is reciprocal. Learning sessions have been provided to interpreters on LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Queer) issues, health inequalities, long term health conditions among others to raise awareness of disadvantaged service users. The Housing Support Fund provided an additional opportunity to identify individuals who are disadvantaged and living in poverty. (1.1.3)

In the past year, a review of service users missing appointments was conducted. This indicated they were unaware of whom to contact if they could not keep an appointment. Consequently, information is now provided, and its impact will be monitored. In addition, following feedback from the service user day, SMS receipts in preferred languages are sent if a voice message has been left. An annual review of all information is conducted, with manuals and handbooks updated and reissued, as needed. (3.2.3)

Whilst there are very few complaints (informal and formal), the Organisation uses them as learning opportunities and identifies solutions to the issues. The partners explained the value of having SIS at various meetings, as they share knowledge, experience, and information that others can learn from. Staff have delivered presentations to commissioners and other organisations, sharing their practices. SIS staff have learnt from the experience of others and, as a result, improved their practice. (4.2.4)

4. AREAS FOR CONTINUOUS IMPROVEMENT

Sections: **1.3.1, 1.3.2, 1.3.5, 4.1.1, 4.1.2, 5.1.1, 5.1.2, 5.3.2**

The following areas were identified as potential opportunities for improvement throughout this Rolling Review Year Three. Reference to the appropriate element(s) is in brackets.

SIS measures the service users' level of satisfaction through surveys and other feedback mechanisms, providing both qualitative and quantitative data. In the future, consideration could be given to a more robust method to measure the satisfaction levels of the service providers. This may result in further service improvements being identified. (1.3.1, 1.3.2, 1.3.5)

The new booking system referenced in 2024 has not yet been introduced due to a change in platform, which will meet the needs of the Organisation. Consequently, the review of targets / key performance indicators (KPIs) has yet to occur. Plans are in place to undertake this exercise, which is actively encouraged to ensure the Organisation has stretching and challenging measures. (4.1.1, 4.1.2, 5.1.1, 5.1.2, 5.3.2)

5. ASSESSOR'S FINDINGS

- Not Compliance
- Partial Compliance
- Compliance
- Compliance Plus
- N/A

I - CUSTOMER INSIGHT

1.1 Customer Identification

1.1.1 **We have an in-depth understanding of the characteristics of our current and potential customer groups based on recent and reliable information.**
Whilst this element was not part of the RR3, the Compliance Plus was retained. Please refer to section 3 of the report.

1.1.2 **We have developed customer insight about our customer groups to better understand their needs and preferences.**
Whilst this element was not part of the RR3, the Compliance Plus was retained. Please refer to section 3 of the report.

1.1.3 **We make particular efforts to identify hard to reach and disadvantaged groups and individuals and have developed our services in response to their specific needs.**
This element was awarded Compliance Plus throughout the RR3. Please refer to section 3 of the report.

1.2 Engagement & Consultation

1.2.1 **We have a strategy for engaging and involving customers using a range of methods appropriate to the needs of identified customer groups.**
This element was not part of the RR3.

1.2.2 **We have made the consultation of customers integral to continually improving our service and we advise customers of the results and action taken.**
Whilst this element was not part of the RR3, the Compliance Plus was retained. Please refer to section 3 of the report.

1.2.3 **We regularly review our strategies and opportunities for consulting and engaging with customers to ensure that the methods used are effective and provide reliable and representative results.**
SIS adopts a flexible approach to identifying suitable consultation activities that meet the needs and preferences of the different service users. Over the past year, Community Researchers have provided richer, more reliable information to inform future services. The managers' meetings give the opportunity to discuss strategies and responses to consultation activities, including promoting the chance to get involved, the feedback from the service user day, and survey findings. Consequently, consultation activities can be adjusted to ensure input is obtained from a representative sample of service user groups.

The recent appointment of a Learning and Development Manager to support the strategic approach to consulting and engaging with customers will be of interest in 2026.

1.3 Customer Satisfaction

1.3.1 **We use reliable and accurate methods to measure customer satisfaction on a regular basis.**
This element was not part of the RR3.

1.3.2 **We analyse and publicise satisfaction levels for the full range of customers for all main areas of our service and we have improved services as a result.**
In 2023/24, 98% of the service user survey respondents stated that they were highly satisfied with the service they received. This information was published in the Annual Report, on the website, through newsletters, and in tendering activities. The achievement was also celebrated at the Annual General Meeting (AGM).

SIS presented at the Ukrainian Support Fund celebration, which reported 100% satisfaction among service users with the service.

1.3.3 **We include in our measurement of satisfaction specific questions relating to key areas including those on delivery, timeliness, information, access, and the quality of customer service, as well as specific questions, which are informed by customer insight.**
Service users are asked to respond to statements on a scale of one to five, depending on their degree of agreement. Statements include delivery, access, information, timeliness, quality, and responsiveness. Previously, a question was asked about service user' insight regarding their personal priorities for services.

1.3.4 **We set challenging and stretching targets for customer satisfaction and our levels are improving.**
This element was not part of the RR3.

1.3.5 **We have made positive changes to services as a result of analysing customer experience, including improved customer journeys.**
Whilst this element was not part of the RR3, the Compliance Plus was retained. Please refer to section 3 of the report.

2 - THE CULTURE OF THE ORGANISATION

2.1 Leadership, Policy and Culture

2.1.1 **There is corporate commitment to putting the customer at the heart of service delivery and leaders in our organisation actively support this and advocate for customers.**
This element was not part of the RR3.

2.1.2 **We use customer insight to inform policy and strategy and to prioritise service improvement activity.**
Whilst this element was not part of the RR3, the Compliance Plus was retained. Please refer to section 3 of the report.

2.1.3 **We have policies and procedures which support the right of all customers to expect excellent levels of service.**
SIS has a comprehensive range of policies and procedures that clearly outline the rights and responsibilities of the Organisation and its staff, linguists, and volunteers. At a minimum, the policies and procedures are reviewed and updated to align with regulatory and legislative changes.

In line with the core values, inclusiveness and rights, consideration is made to accessibility, for example, stakeholders attending the AGM had a range of needs to address mobility and neurodivergence. In addition, providing information regarding SIS services in various formats - translated, web, print, video, etc.

2.1.4 **We ensure that all customers and customer groups are treated fairly and this is confirmed by feedback and the measurement of customer experience.**
This element was not part of the RR3.

2.1.5 **We protect customers' privacy both in face-to-face discussions and in the transfer and storage of customer information.**
This element was not part of the RR3.

2.1.6 **We empower and encourage all employees to actively promote and participate in the customer focused culture of our organisation.**
This element continues to be awarded Compliance Plus. Please refer to section 3 of the report.

2.2 Staff Professionalism and Attitude

2.2.1 **We can demonstrate our commitment to developing and delivering customer focused services through our recruitment, training and development policies for staff.**
This element was not part of the RR3.

2.2.2 **Our staff are polite and friendly to customers and have an understanding of customer needs.**
Whilst this element was not part of the RR3, the Compliance Plus was retained. Please refer to section 3 of the report.

2.2.3 **We prioritise customer focus at all levels of our organisation and evaluate individual and team commitment through the performance management system.**
Performance is managed through an appraisal process, including four to six weekly supervision sessions. Following the staff survey, senior leaders were aware of the process's inconsistency and took corrective action.

2.2.4 **We can demonstrate how customer facing staff insights, and experiences are incorporated into internal processes, policy development and service planning.**
Whilst this element was not part of the RR3, the Compliance Plus was retained. Please refer to section 3 of the report.

2.2.5 **We value the contribution our staff make to delivering customer focused services, and leaders, managers and staff demonstrate these behaviours.**
Whilst this element was not part of the RR3, the Compliance Plus was retained. Please refer to section 3 of the report.

3 - INFORMATION AND ACCESS

3.1 Range of Information

3.1.1 **We make information about the full range of services we provide available to our customers and potential customers, including how and when people can contact us, how our services are run and who is in charge.**
This element was not part of the RR3.

3.1.2 **Where there is a charge for services, we tell our customers how much they will have to pay.**
This element was not part of the RR3.

3.2 Quality of Information

3.2.1 **We provide our customers with the information they need in ways which meet their needs and preferences, using a variety of appropriate channels.**
This element was not part of the RR3.

3.2.2 **We take reasonable steps to make sure our customers have received and understood the information we provide.**
Whilst this element was not part of the RR3, the Compliance Plus was retained. Please refer to section 3 of the report.

3.2.3 **We have improved the range, content and quality of verbal, published and web based information we provide to ensure it is relevant and meets the needs of customers.**
This element was awarded Compliance Plus throughout the RR3. Please refer to section 3 of the report.

3.2.4 **We can demonstrate that information we provide to our customers is accurate and complete, and that when this is not the case we advise customers when they will receive the information they requested.**
This element continues to be awarded Compliance Plus. Please refer to section 3 of the report.

3.3 Access

3.3.1 **We make our services easily accessible to all customers through provision of a range of alternative channels.**
This element was not part of the RR3.

3.3.2 **We evaluate how customers interact with the organisation through access channels and we use this information to identify possible service improvements and offer better choices.**
This element was not part of the RR3.

3.3.3 **We ensure that where customers can visit our premises in person, facilities are as clean and comfortable as possible.**
SIS is situated in a "Community Base" with many other VCSE organisations. The reception is staffed to help visitors orient themselves and get directions to meeting rooms and offices. SIS language cards are displayed to support communication.

The facility has parking spaces, meeting rooms, and a conference room with a kitchen annex. It also has an out-of-hours entry system, a presentation and entertainment system, table tennis, and a pool table.

Linguists are welcome to visit at any time. The administration team has arranged their working from office days to ensure someone is available to greet them.

3.4 Co-operative working with other providers, partners and communities

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3.4.1 **We have made arrangements with other providers and partners to offer and supply co-ordinated services, and these arrangements have demonstrable benefits for our customers.**
Whilst this element was not part of the RR3, the Compliance Plus was retained. Please refer to section 3 of the report.

3.4.2 **We have developed co-ordinated working arrangements with our partners that ensure customers have clear lines of accountability for quality of services.**
This element was not part of the RR3.

3.4.3 **We interact within wider communities and we can demonstrate the ways in which we support those communities.**
This element continues to be awarded Compliance Plus. Please refer to section 3 of the report.

4 - DELIVERY

4.1 Delivery Standards

4.1.1 **We have challenging standards for our main services, which take account of our responsibility for delivering national and statutory standards and targets.**
This element was not part of the RR3.

4.1.2 **We monitor and meet our standards, meet departmental and performance targets, and we tell our customers about our performance.**
Performance against targets / KPIs is monitored and evaluated at individual, team, and organisational levels. Subsequently, the Organisation's performance is published via the website, Annual Report, AGM, and the commissioners. At the time of the RR3, the Organisation was performing well.

4.1.3 **We consult and involve customers, citizens, partners and staff on the setting, reviewing and raising of our local standards.**
The service commissioners are the key contributors to setting, reviewing, and raising standards (targets / KPIs). In addition, research identifies the specific needs of service users and partners, contributing equally to the measurements implemented.

4.2 Staff Professionalism and Attitude

4.2.1 **We agree with our customers at the outset what they can expect from the service we provide.**
This element was not part of the RR3.

4.2.2 **We can demonstrate that we deliver the service we promised to individual customers and that outcomes are positive for the majority of our customers.**
Whilst this element was not part of the RR3, the Compliance Plus was retained. Please refer to section 3 of the report.

4.2.3 **We can demonstrate that we benchmark our performance against that of similar or complimentary organisations and have used that information to improve our service.**
Whilst the opportunities are limited for SIS to benchmark against similar organisations due to its unique service offering, it finds other methods. For example, the Organisation has recently been accredited with Cyber Essentials Plus and has worked with the CSE Standard for over ten years, which benchmarks against others across different sectors. Commissioners benchmark SIS against others throughout service delivery and procurement activities. SIS continue to be successful in winning competitive tenders for the core service. In addition, it has successfully renewed / extended the delivery of several services, including social prescribing, community engagement and research.

4.2.4 **We have developed and learned from best practice identified within and outside our organisation, and we publish our examples externally where appropriate.**
This element was awarded Compliance Plus throughout the RR3. Please refer to section 3 of the report.

4.3 Deal effectively with problems

4.3.1 **We identify any dips in performance against our standards and explain these to customers, together with action we are taking to put things right and prevent further recurrence.**
This element was not part of the RR3.

4.3.2 **We have an easy to use complaints procedure, which includes a commitment to deal with problems fully and solve them wherever possible within reasonable time limit.**
This element was not part of the RR3.

4.3.3 **We give staff training and guidance to handle complaints and to investigate them objectively, and we can demonstrate that we empower staff to put things right.**
The Quality Assurance Manager has mentored an individual responsible for complaints management, and a manual provides guidance. The coordination team (front-line staff) triages, responds to, and records any expressions of dissatisfaction. The team receives training for their role throughout induction.

4.3.4 **We learn from any mistakes we make by identifying patterns in formal and informal complaints and comments from customers and use this information to improve services and publicise action taken.**
This element was not part of the RR3.

4.3.5 **We regularly review and improve our complaints procedure, taking account of the views of customers, complainants and staff.**
This element was not part of the RR3.

4.3.6 **We ensure that the outcome of the complaint process for customers, whose complaint is upheld, is satisfactory for them.**
A Complaints Tracker maintains a record of all complaints, including issues, actions, learning, and outcomes. All complainants are sent a resolution letter, in which they are asked if they are happy with the outcome and whether there is anything else they would like to add.

There have been no escalations to stage 2 or 3 of the complaints management process over the past year.

5 - TIMELINESS AND QUALITY OF SERVICE

5.1 Standards for Timeliness and Quality

5.1.1 **We set appropriate and measurable standards for the timeliness of response for all forms of customer contact including phone calls, letters, e-communications and personal callers.**
This element was not part of the RR3.

5.1.2 **We set comprehensive standards for all aspects of the quality of customer service to be expected in all dealings with our organisation.**
This element was not part of the RR3.

5.2 Timely Outcomes

5.2.1 **We advise our customers and potential customers about our promises on timeliness and quality of customer service.**
This element was not part of the RR3.

5.2.2 **We identify individual customers needs at the first point of contact with us and ensure that an appropriate person who can address the reason for contact deals with the customer.**
Staff explained that they identify individual service user needs at the first point of contact and, if necessary, ensure that an appropriate person who can address the reason for contact deals with the individual. A record of the contact and the action taken is made, accessible to others who may need to access the service user's details.

5.2.3 **We promptly share customer information with colleagues and partners within our organisation whenever appropriate and can demonstrate how this has reduced unnecessary contact for customers.**
As stated in 5.2.2, a record of the contact and the action taken is made, which is accessible to others who may need to access the service user's details. In addition, messages are transferred via email, Microsoft Teams, and a WhatsApp group for emergencies.

5.2.4 **Where service is not completed at the first point of contact we discuss with the customer the next steps and indicate the likely overall time to achieve outcomes.**
Staff explained that if the service is not completed at the first point of contact, the next steps are discussed and agreed upon with the service user, along with an indication of the likely overall time to achieve the outcome/s.

5.2.5 **We respond to initial enquiries promptly, and if there is a delay we advise the customer and take action to rectify the problem.**
This element was not part of the RR3.

5.3 Achieved Timely Delivery

5.3.1 **We monitor our performance against standards for timeliness and quality of customer service and we take action if problems are identified.**
This element was not part of the RR3.

5.3.2 **We are meeting our current standards for timeliness and quality of customer service and we publicise our performance against these standards.**
See 4.1.2

5.3.3 **Our performance in relation to timeliness and quality of service compares well with that of similar organisations.**

SIS performs well when compared to others due to winning contracts to deliver its services. It is currently placed first as a preferred provider for face-to-face interpreting.

6. CONCLUSION AND RECOMMENDATIONS

There are no actions that require immediate attention following the Rolling Review Year Two. I am pleased to pass on to Assessment Services Ltd.'s Certification Committee my recommendation that Sussex Interpreting Service remain certificated as meeting the Customer Service Excellence Standard. Certification is subject to ongoing annual reviews as follows:

Rolling Review Year One – April 2026
Rolling Review Year Two – April 2027
Rolling Review Year Three – April 2028

Thank you for your cooperation during this remote Rolling Review Year Three.

Lorna Bainbridge
Customer Service Excellence Assessor for Assessment Services Ltd.
9th May 2025

7. COMPLIANCE AGAINST THE CUSTOMER SERVICE EXCELLENCE STANDARD

1 - Customer Insight

	Element	Accreditation
1.1	1.1.1	Compliance Plus
	1.1.2	Compliance Plus
	1.1.3	Compliance Plus
1.2	1.2.1	N/A
	1.2.2	Compliance Plus
	1.2.3	Compliance
1.3	1.3.1	N/A
	1.3.2	Compliance
	1.3.3	Compliance
	1.3.4	N/A
	1.3.5	Compliance Plus

2 - The Culture of the Organisation

	Element	Accreditation
2.1	2.1.1	N/A
	2.1.2	Compliance Plus
	2.1.3	Compliance
	2.1.4	N/A
	2.1.5	N/A
	2.1.6	Compliance Plus
2.2	2.2.1	N/A
	2.2.2	Compliance Plus
	2.2.3	Compliance
	2.2.4	Compliance Plus
	2.2.5	Compliance Plus

3 - Information and Access

	Element	Accreditation
3.1	3.1.1	N/A
	3.1.2	N/A
3.2	3.2.1	N/A
	3.2.2	Compliance Plus
	3.2.3	Compliance Plus
	3.2.4	Compliance Plus
3.3	3.3.1	N/A
	3.3.2	N/A

	Element	Accreditation
	3.3.3	Compliance
3.4	3.4.1	Compliance Plus
	3.4.2	N/A
	3.4.3	Compliance Plus

4 - Delivery

	Element	Accreditation
4.1	4.1.1	N/A
	4.1.2	Compliance
	4.1.3	Compliance
4.2	4.2.1	N/A
	4.2.2	Compliance Plus
	4.2.3	Compliance
	4.2.4	Compliance Plus
4.3	4.3.1	N/A
	4.3.2	N/A
	4.3.3	Compliance
	4.3.4	N/A
	4.3.5	N/A
	4.3.6	Compliance

5 - Timeliness and Quality of Service

	Element	Accreditation
5.1	5.1.1	N/A
	5.1.2	N/A
5.2	5.2.1	N/A
	5.2.2	Compliance
	5.2.3	Compliance
	5.2.4	Compliance
	5.2.5	N/A
5.3	5.3.1	N/A
	5.3.2	Compliance
	5.3.3	Compliance