

Adult Social Care Scrutiny Commission

ASC Integrated Performance Report

2016/17 - Quarter 1

Date: 8th September 2016

Lead Director: Steven Forbes



Useful information

- Ward(s) affected: All
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- Report version: 1

1. Summary

- 1.1 This report provides Scrutiny with an update on six strategic priorities for ASC reported in May 2016, our quarter 1 financial performance and other aspects of departmental performance.
- 1.2 This is the first time such a report has been produced and it is anticipated that subsequent reports will see the concept of an integrated performance report further developed and refined.
- 1.3 This report brings together information on the various elements of adult social care (ASC) performance in the first quarter of 2016/17. The intention of this approach to reporting is to enable our performance to be seen 'in the round', providing a holistic view of our business.
- 1.4 The report contains information on:
 - our *inputs* (e.g. Finance and Workforce),
 - the efficiency and effectiveness of our *business processes*,
 - the volume and quality of our *outputs*,
 - the *outcomes* we deliver for our service users and the wider community of Leicester.
- 1.5 We will continue to develop the scope of performance reporting over the coming months.

2. Recommendations

- 2.1 Scrutiny is requested to note the areas of positive achievement for the quarter and areas for improvement.

3. Report

- 3.1 **Delivering ASC Strategic Priorities for 2016/17**
 - 3.1.1 Our six strategic Priorities for 2016/17 have been agreed and were reported to Scrutiny on 3rd May 2016. We have also set out what we need to do to deliver on these priorities and developed Key Performance Indicators to measure whether we have been effective in doing so. Our priorities for the year are:

SP1. Improve the experience for our customers of both our own interventions and the services we commission to support them

SP2. Implement a preventative and enablement model of support, to promote wellbeing, self-care and independence and recovery into an 'ordinary life'

SP3. Improve the opportunities for those of working age to live independently in a home of their own and reduce our reliance on the use of residential care, particularly for people with learning disabilities or mental health support needs

SP4. Improve our offer to older people supporting more of them to remain at home and to continue to reduce our reliance on the use of residential care

SP5. Improve the work with children's social care, education (SEN) and health partner to continue to improve our support for young people with care and support needs and their families in transition into adulthood

SP6. Continue to develop our understanding of the benefit to our customers of what we do, and to learn from this information so as to improve and innovate

3.1.2 We have identified over 40 indicators to help us understand how effective we are in delivering against our six strategic priorities in 2016/17. A number of these indicators are new so we can't say yet whether our performance is improving. Overall, of the 40 indicators where data is available, almost 75% are showing improvement, with 15% showing no change and 10% showing deterioration. A condensed overview of progress is shown at **appendix 1**.

3.1.3 Areas to note are:

- Performance is particularly strong in respect of Priority 1, with all 13 indicators showing improvement or no change.
- Priority 2 shows more of a mixed picture with two areas in particular requiring attention:
 - SP2b - the percentage of customers who following reablement are fully independent is 50.3% against a baseline of 54%, and those having reduced needs is 27.8% from a baseline of 32.9%
 - SP2g - the number of reviews overdue by 12 months has slightly increased from 1207 at end of March 2016 to 1288, although the number overdue by 24 months has decreased from 1012 to 927. This reflects the targeted approach now in place to clear the backlog.
- Performance for both Priority 3 and 4 is strong and mirrors that of Priority 1 in terms of no deterioration.
- The indicators for Priority 5 are all new and as such we cannot make a judgement on performance.
- The picture for Priority 6, which is assessed by considering our overall performance, reflects the wider information provided in this report, with several areas of strong performance alongside a number of areas where improvement is needed.

3.2 Keeping People Safe

3.2.1 The Care Act 2014 put adult safeguarding on a statutory footing for the first time. The

act set out our statutory duties and responsibilities including the requirement to undertake section 42 Enquiries in order to safeguard people.

- 3.2.2 Of the 102 individuals involved in a 'Section 42' safeguarding enquiry, 42 were aged between 18 and 64 with 60 aged 65 and over. 38 were male and 64 female, with 72 of 'white' ethnicity, 24 'Asian', 4 'Black' and 2 'Mixed'.
- 3.2.3 Almost half of the individuals have 'physical support' as their primary support reason, with 'learning disability' and 'mental health' the next most common.
- 3.2.4 The most common category of abuse was 'financial abuse' (31), with 'physical abuse' (24), 'psychological abuse' (23) and 'neglect' (19) the next most common. This was a similar pattern to 2015/16 although the proportion of 'psychological abuse' was higher and 'neglect' lower in Q1 than last year. The most common location of risk was the individuals own home (35), with care homes (21) being the next most common.
- 3.2.5 Quarter 1 Performance

Measure	Q1 2016/17
Timeliness: responding to alerts - 24 hours to decide if it's a safeguarding concern	55.7% of alerts were responded to with 24 hours (i.e. strategy 'meeting' held).
Number of alerts progressing to a Section 42 Safeguarding enquiry	Alerts received – 691 S42 enquiries commenced - 106
Completion of safeguarding enquiries – within 28 days target	81.9% of safeguarding enquiries were completed within 28 days.
Percentage of people who had their safeguarding outcomes partially or fully met.	37.1% of people involved in a concluded safeguarding enquiry had their safeguarding outcomes partially or fully met.

3.3 Managing our Resources: Budget

- 3.3.1 In summary the department is forecasting to spend as per the current annual budget of £103.3m
- 3.3.2 Of the £103.3m budget the most significant item is the £94.6m expenditure on independent sector service user care package costs. The level of net growth in long term service users in quarter one was 0.15% (8 service users from a base at the start of the year of 5,356). This translates to an annualised rate of 0.6% which is significantly lower than the 2.6% net growth seen in 2015/16. However it is too early in the year to revise the forecast annual growth rate which remains as per the budget. This will be reviewed again at quarter two.
- 3.3.3 The most significant area of potential cost increase is from net increases in package costs during the year from our existing user base. This is where the condition of the user deteriorates through increasing frailty for example, or from the need for temporary respite. This is being closely tracked at an individual service user level by social work teams to be clear of the reasons why and the appropriateness of the new

package being provided. Activity in the first quarter is such that we are not revising our budget assumptions in this forecast and we will review again in quarter two.

3.3.4 Reviews of service users are ongoing to ensure that the most appropriate care packages are in place.

3.3.5 Consultations with residential care providers to agree price increases are ongoing and should conclude shortly. The increases are principally to reflect the impact of the national living wage for providers and have been provided for in the budget.

3.3.6 Extra Care Housing provides self-contained flats with onsite support to enable vulnerable adults to live independently in the community rather than using traditional residential care. Not only is this better for the service user but it is also more cost effective for the Council (saving around £3,000 per user per annum). However government plans to cap housing benefit payments for residents in Extra Care flats is jeopardising the financial viability of both existing and new schemes. From a financial viewpoint this is frustrating one of our means of reducing care package costs and delivering a key policy agenda in providing independent living opportunities. There is a significant demand for this type of accommodation across the city and two new schemes which could provide 157 flats have been put on hold by the development consortium and the Council. It is understood that the new DWP minister will make an announcement regarding the government's position on whether or not housing benefits will be capped for these schemes in the autumn. The Deputy Mayor has written to the minister asking for an urgent decision.

3.4 Managing Our Resources: Our Workforce

3.4.1 Adult Social Care consists of two divisions; Social Care and Safeguarding and Social Care and Commissioning. The department has undergone significant change over the last 2 years including an organisational review and restructuring of the department leading to creation of a new Learning Disability service and a new Enablement service, a clear focus on hospital discharge and a re-focused Contact and Response function (our "front door"), as well as delivering the final phase of closure of in-house residential care homes (EPHs). See **appendix 2** for a snapshot of workforce performance.

3.4.2 Our current workforce make up is:

- ASC is seeking to have a workforce that is representative of the community we serve.
- As at 30/06/16 our staffing establishment is 824.86 FTEs compared to 888.43 FTEs at 31/03/16. This reduction arose out of the organisational review with the closure of day centres, the last phase of EPH closures, and the merger of Transformation and Commissioning.
- We employ 1069 people across the department, 49% of staff work full time and 51% work part-time.
- 93% of staff are on permanent contracts.

- 77% of employees are female and 23% are male

3.4.3 Our vacancy level has fallen from 114.05 FTEs at 31/03/16 to 67.68 FTEs at 30/06/16. Both figures include approximately 13 FTEs who are on maternity leave or secondment.

3.4.4 We ended 2015/16 with a rate of sickness absence of 17.43 days lost per Full Time Equivalent (FTE). That gave us a loss of capacity equal to 61.1 FTEs. In quarter 1 2016/17 Social Care and Safeguarding division showed a slight improvement when compared with Q1 last year with 3.23 days sickness absence per FTE compared to 4.29 days last year. Social Care and Commissioning showed a slight downfall in performance with 4.41 days per FTE for Q1 this year versus 3.95 days per FTE in Q1 last year.

3.4.5 We have set a target for 2016/17 of 11 days absence per FTE which would bring back capacity equivalent to 22.5 FTEs. This is a primary area for managing improvement in this financial year.

3.5 How effective are we?

3.5.1 National Comparators - ASCOF

3.5.1.1 The Adult Social Care Outcomes Framework (ASCOF) is a set of national common indicators against which each local authority can measure its performance against both the national and regional comparison. See **appendix 3** for ASCOF performance.

3.5.1.2 Data is not published for all indicators on a quarterly basis. For quarter 1 there is data for 13 out of 27 indicators and of these 62% showed an improved position compared to 2015/16 outturn and we are forecasting that over 60% will meet their target.

3.5.1.3 For those indicators where national benchmarking data for 2015/16 is available, 10 have shown an improvement in our national ranking with one being unchanged. No indicators have seen a drop in our national ranking.

3.5.1.4 Q1 results show a strong performance in a number of areas including:

- The number of people admitted to residential and nursing care. For working age adults we are projecting 24 admissions in 16/17 against 39 last year and for people aged 65 and over we are forecasting 176 admissions against 258 last year.
- 94.5% of older people receiving reablement following a hospital discharge were still living at home 90 days later. Over the last three years our performance failed to reach 90%.
- Delayed transfers of care from hospital per 100,000 population have come down to just 4.8 from a peak of 15.9 in 2013/14.

3.5.1.5 However, there are areas that need attention including:

- The number of service users receiving a direct payment has dropped slightly (from a strong position) and is currently below our target for 2016/17.
- Although showing some improvement from last year, the proportion of adults with a learning disability in paid employment at 5.6% is below target.
- The outcomes of short-term services, particularly reablement are poorer in quarter one than they have been over the previous two year.

3.5.2 Local Key Performance Indicators

3.5.2.1 We have developed a range of local key performance indicators to give us an insight on the things that are essential to continue delivering services within our financial resources.

3.5.2.2 Activity and Business Processes:

- We have identified almost 60 indicators to help us understand the level of activity undertaken in the department and the effectiveness and efficiency of the business processes we use to manage that activity. For many of these indicators we don't have historic data so we can't make a judgement as to whether performance has improved. In other cases the indicators are still under development. See **appendix 4** for a snapshot of business process performance.
- For those indicators where data is available, approximately 60% showed improvement from the baseline position with the remaining 40% showing some deterioration.
- There is some evidence emerging that we getting better at managing demand, with more contacts being referred to universal services or being provided with information, advice and guidance.
- The percentage of service users still at home 90 days after completing re-ablement is the highest since recording began
- Less positively, we continue to have a high backlog of overdue reviews / re-assessments. We have also seen a drop in the percentage of service users having their level of need reduced following a period of re-ablement.

3.5.2.3 Customer Service

- We have identified 24 indicators to help us understand our customers' experience of dealing with us and the extent to which they are satisfied with our support and services. See **appendix 5** for a snapshot of customer performance.
- For those indicators where data is available, 50% showed no or little change from our baseline position, with 25% showing improvement and 25% deterioration.
- The results from the national survey of service users for Leicester are poor

compared to other local authorities, although they have improved slightly in 2015/16 compared to the previous survey.

- These survey results feed into our ASCOF scores. Our position is set out in the table below.

Adult Social Care Outcome Framework – Measures derived from the Adult Social Care User Survey 2016				
Indicator	2014/15	2015/16 Provisional outturns	DoT vs 2014/15	2015/16 – England Benchmarking: Rank and DoT
Social care-related quality of life.	17.9	18.1	↑	147/150 ↑
Proportion of service users who have control over their daily life.	67.1%	70.5%	↑	138/150 ↑
Proportion of service users who reported that they had as much social contact as they would like.	35.6%	37.2%	↑	142/150 ↑
Overall satisfaction of people who use services with their care and support	56.9%	61.7%	↑	104/150 ↑
The proportion of service users who find it easy to find information about services.	62.0%	61.7%	↔	150/150 ↔
The proportion of service users who feel safe.	58.3%	60.8%	↑	144/150 ↑
The proportion of service users who say that those services have made them feel safe and secure.	75.4%	80.7%	↑	117/150 ↑

- However, local data presents a more positive picture with, for example, high levels of satisfaction with the way our staff conduct assessments and re-assessments.

4. Financial, legal and other implications

4.1 Financial implications

The financial implications of this report are covered in section 4.4, Managing our Resources.

Martin Judson, Head of Finance, Ext 37 4101

4.2 Legal implications

There are no direct legal implications arising from the contents of this report at this stage.

Pretty Patel, Head of Law, Social Care & Safeguarding, Tel 0116 454 1457.

4.3 Climate Change and Carbon Reduction implications

There are no direct climate change implications associated with this report.

Mark Jeffcote, Environment Team (x372251)

4.4 Equalities Implications

From an equalities perspective, the most important information is that related to the outcomes delivered for service users and the wider community. This is in keeping with our Public Sector Equality Duty, the second aim of which is to promote equality of opportunity. The outcomes demonstrate that ASC does enhance individual quality of life that addresses health and also socio-economic inequalities that many adults in the city experience. In terms of the PSED's first aim, elimination of discrimination, it would be useful for outcomes to be considered by protected characteristics as well, given the diversity of the city and how this translates into inequalities (as set out in the adults JSNA).

Irene Kszyk, Corporate Equalities Lead, ext 374147.

4.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

5. **Background information and other papers:**

6. **Summary of appendices:**

Appendix 1: Strategic Priorities

Appendix 2: Workforce

Appendix 3: ASCOF

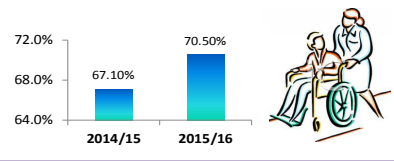
Appendix 4: Business Processes

Appendix 5: Customer Service

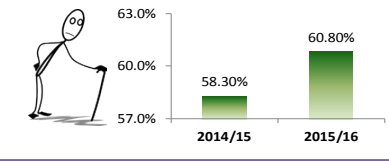
ASC Strategic Priorities - Highlight Dashboard 2016/17 Quarter 1

1. Improve the experience for our customers of both our own interventions and the services we commission to support them

The proportion of people who use services who have control over their daily life

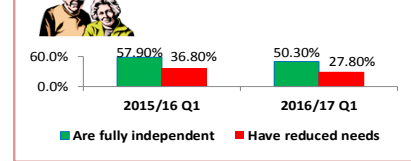


The proportion of people who use services who feel safe

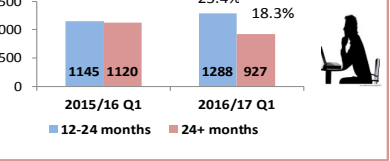


2. Implement a preventative and enablement model of support, to promote wellbeing, self-care and independence and recovery into an 'ordinary life'

Percentage of customers who, following reablement:

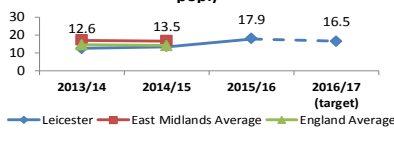


Number of planned reviews overdue by:

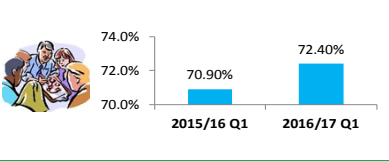


3. Improve the opportunities for those of working age to live independently in a home of their own and reduce our reliance on the use of residential care, particularly for people with learning disabilities or mental health support needs

Adults aged 18-64 admitted on a permanent basis to residential or nursing care (per 100,000 pop.)

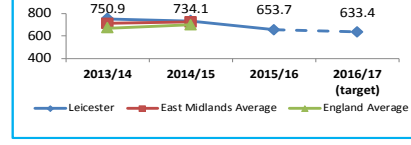


Proportion of adults with a learning disability who live in their own home or with their family

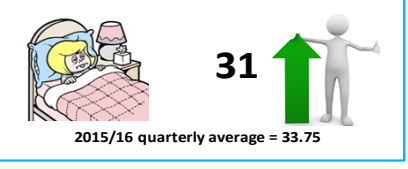


4. Improve our offer to older people supporting more of them to remain at home and to continue to reduce our reliance on the use of residential care

Older people aged 65 or over admitted on a permanent basis in the year to residential or nursing care per 100,000 pop.



Number of people admitted on a permanent basis to residential or nursing care aged 85+



5. Improve the work with children's social care, education (SEN) and health partners to continue to improve our support for young

Percentage of all children with disabilities, with potential care and support needs in adulthood are identified into the transition programme

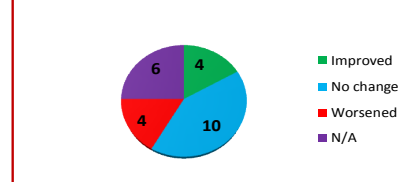


Percentage of young people 14+ with potential eligible care and support needs at adulthood have engagement in the transition programme, and a forward 'life planning' process is in place

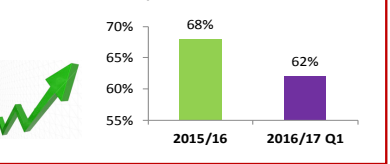


6. Continue to develop our understanding of the benefit to our customers of what we do, and to learn from this information so as to improve and innovate

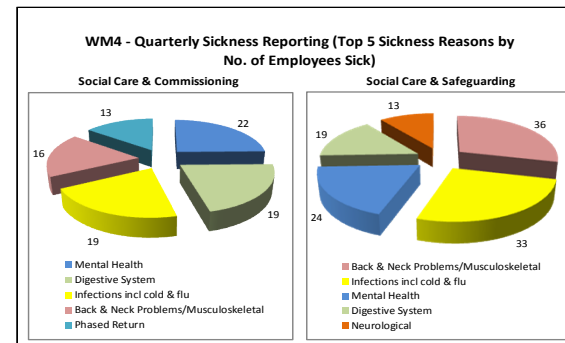
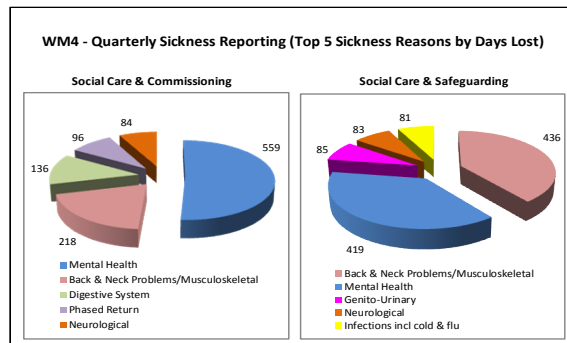
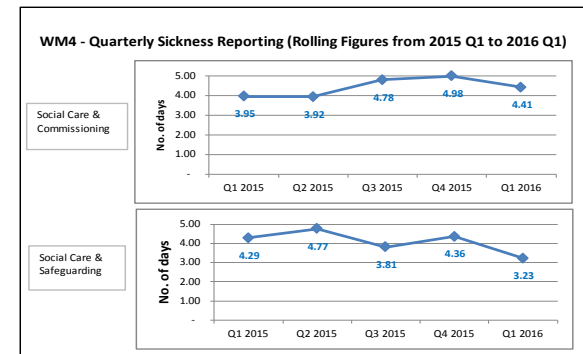
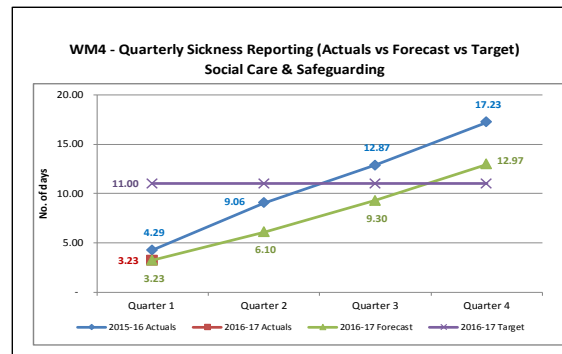
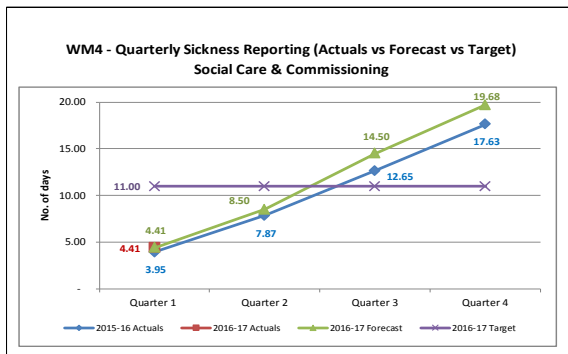
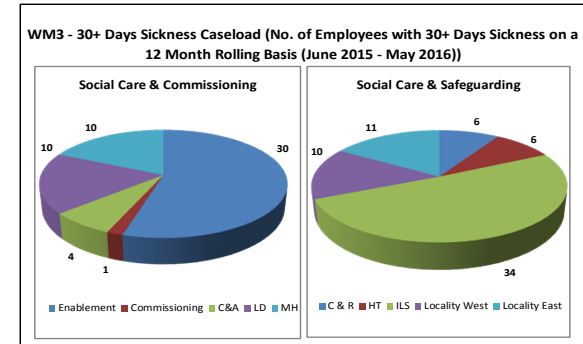
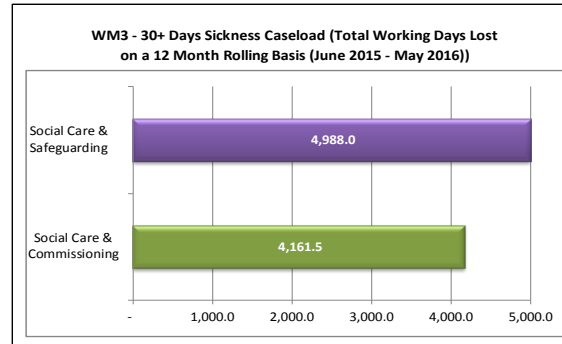
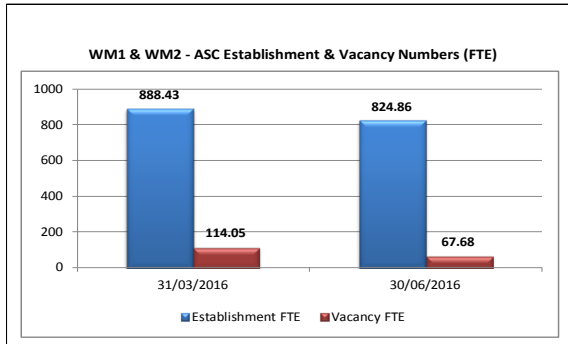
Number of customer KPIs showing improvement



Percentage of ASCOF measures showing improvement



ASC Workforce Measures 2016/17 Quarter 1



Adult Social Care Performance: 2016/17 – Quarter 1

Adult Social Care Outcome Framework

Indicator	2013/14	2014/15	2015/16	2015/16 Benchmarking			2016/17 Q1	Target	Rating	Comments
				England Average	England Ranking	England Rank DoT				
1A: Social care-related quality of life.	18.3	17.9	18.1	19.1	147/150	↑	N/A	18.4	N/A	16/17 user survey results available May '17
1B: Proportion of people who use services who have control over their daily life.	71.5%	67.1%	70.5%	76.5%	138/150	↑	N/A	72.5%	N/A	16/17 user survey results available May '17
1Cia: Service Users aged 18 or over receiving self-directed support as at snapshot date	-	96.2%	98.7% (3763/3812)				99.1% (3862/3859)	98.9%		New definition in 2014/15
1Cib: Carers receiving self-directed support in the year	-	100%	100% (62/62)				100% (147/147)	100%		New definition in 2014/15.
1Ciia: Service Users aged 18 or over receiving direct payments as at snapshot date	-	41.3%	44.4% (1693/3812)				44.2% (1707/3859)	45.3%		New definition in 2014/15
1Ciib: Carers receiving direct payments for support direct to carer	-	100%	100% (62/62)				100% (147/147)	100%		New definition in 2014/15.

Indicator	2013/14	2014/15	2015/16	2015/16 Benchmarking			2016/17 Q1	Target	Rating	Comments	
				England Average	England Ranking	England Rank DoT					
1D: Carer reported quality of life.	No carers survey	7.2	No carers survey	N/A	N/A	N/A	N/A	7.7	N/A	16/17 carer's survey results available May '17	
1E: Proportion of adults with a learning disability in paid employment.	7.7%	6.9%	5.2% (41/793)				5.6% (41/736)	6.0%		New definition in 2014/15	
1F: Proportion of adults in contact with secondary mental health services in paid employment.	2.2%	1.8%	2.9%	6.7%	141/148	↑	N/A	4.0%	N/A	No 16/17 data published (MHMNDs)	
1G: Proportion of adults with a learning disability who live in their own home or with their family.	67.4%	69.8%	71.7% (569/793)				72.4% (533/736)	72.8%		New definition in 2014/15	
1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support.	34.1%	35.8%	62.3%	58.6%	90/152	↑	N/A	65%	N/A	No 16/17 data published (MHMNDs)	
1I: Proportion of people who use services and their carers who reported that they had as much social contact as they would like.	Users	39%	35.6%	37.2%	45.4%	142/150	↑	N/A	39.8%	N/A	16/17 user survey results available May '17
	Carers	No carers survey	31.9%	No carers survey	N/A	N/A	N/A	N/A	35.5%	N/A	16/17 carer's survey results available May '17
2Ai: Adults aged 18-64 whose long-term support needs are met by admission to residential and nursing care homes, per 100,000 pop (Low is good)	12.6 27 admissions	13.5 29 admissions	17.9 39 admissions				1.4 3 admissions	16.5		Cumulative measure: Forecast based on Q1 = 24 admissions	

Indicator	2013/14	2014/15	2015/16	2015/16 Benchmarking			2016/17 Q1	Target	Rating	Comments
				England Average	England Ranking	England Rank DoT				
2Aii: Older people aged 65+ whose long-term support needs are met by admission to residential / nursing care per 100,000 pop (Low is good).	750.9 291 admissions	734.1 287 admissions	653.7 258 admissions				144.8 58 Admissions	633.4		Cumulative measure: Forecast based on Q1 = 176 admissions
2Bi: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.	Statutory	86.9%	84.3	91.5%				N/A	90.0%	Statutory measure counts Oct – Dec discharges
	Local	88.2%	89.7%	88.2%				94.5%	90.0%	Local measure counts full year
2Bii: Proportion of older people (65 and over) offered reablement services following discharge from hospital.	Statutory	4.0% (230 in reablement)	3.7% (235 in reablement)	3.1% (200 in reablement)				N/A	3.3%	Statutory counts Oct – Dec discharges
	Local	3.9%	4.2%	3.9% (939 in reablement)				3.4%	3.6%	Local counts full year. Cumulative: forecast = 1080.
2Ci: Delayed transfers of care from hospital per 100,000 pop. (Low is good)	15.9	13.0	6.0	12.3	34/152	↑	4.8	16/17 target in BCF plan - NHS definition	Based on previous year	Only April and May data available.
2Cii: Delayed transfers of care from hospital attributable to ASC and/or NHS per 100,000 pop. (Low is good)	5.3	4.3	1.7	4.8	37/152	↑	0.2		Based on previous year	Only April and May data available.
2D: The outcomes of short-term services (reablement) – sequel to service	-	63.0%	60.5%				51.3%	63.5%		New measure for 2014/15.

Indicator	2013/14	2014/15	2015/16	2015/16 Benchmarking			2016/17 Q1	Target	Rating	Comments	
				England Average	England Ranking	England Rank DoT					
3A: Overall satisfaction of people who use services with their care and support	62.2%	56.9%	61.7%	64.4%	104/150	↑	N/A	62.5%	N/A	16/17 user survey results available May '17	
3B: Overall satisfaction of carers with social services.	No carers survey	37.7%	No carers survey	N/A	N/A	N/A	N/A	39.2%	N/A	16/17 carer's survey results available May '17	
3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for.	No carers survey	68.5%	No carers survey	N/A	N/A	N/A	N/A	70.5%	N/A	16/17 carer's survey results available May '17	
3D: The proportion of service users and carers who find it easy to find information about services.	Users	70.4%	62.0%	61.7%	73.5%	150/150	↔	N/A	65.0%	N/A	16/17 user survey results available May '17
	Carers	No carers survey	55.5%	No carers survey	N/A	N/A	N/A	N/A	61.0%	N/A	16/17 carer's survey results available May '17
4A: The proportion of service users who feel safe.	61.6%	58.3%	60.8%	69.0%	144/150	↑	N/A	63.0%	N/A	16/17 user survey results available May '17	
4B: The proportion of people who use services who say that those services have made them feel safe and secure.	79.7%	75.4%	80.7%	85.5%	117/150	↑	N/A	82.5%	N/A	16/17 user survey results available May '17	
Forecast to meet or exceed target - 8		Performance within 0.5% of target - 1			Forecast to miss target - 4			N/A - No data on which to make a judgement - 14			

ASC Activity and Business Processes - Highlight Dashboard 2016/17 Quarter 1

Contact and Response

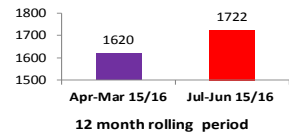
Effectiveness of call handling:

Part 1: Call volume
8,147

Part 2: Abandonment rate
(% calls missed)
1.7%

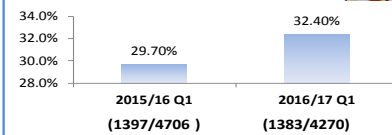


Number of repeat contacts within 12 months with same contact reason for the repeat contact

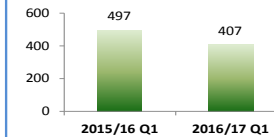


Assessments

Percentage of a new contacts who go on for a further assessment

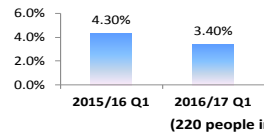


No of people in receipt of Assistive Technology



Reablement/Enablement

Proportion of older people (65 and over) offered reablement services following discharge from hospital.



(220 people in reablement)

Percentage of new enablement cases allocated with 48 hours

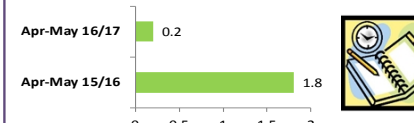


77%

(New measure / service)

Health Transfers

Delayed transfers of care (attributable to ASC)

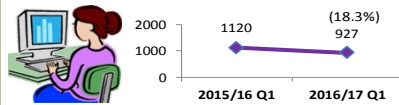


Percentage of discharges completed without a section 5 notification

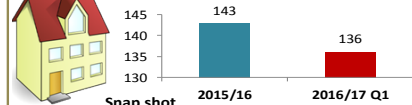


Localities

Number and percentage of people in receipt of a service who has not been reviewed for 24 months or more



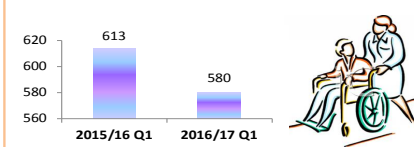
The number of people with mental health needs (including dementia) in residential care



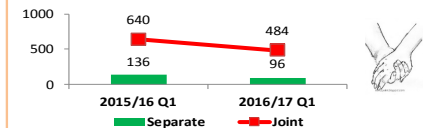
Snap shot

Carers

No of Carers receiving needs assessment



No of separate assessments /Joint assessments



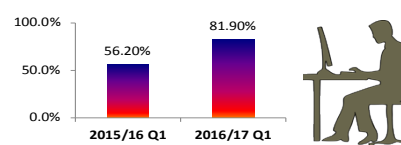
Safeguarding

% of concerns responded to within 24 hours



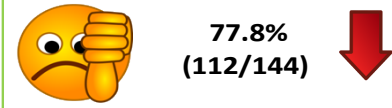
(New measure / service)

% of enquiries completed within 28 days

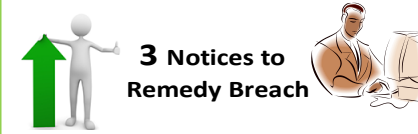


Contracts & Assurance

Number of services considered as QAF compliant

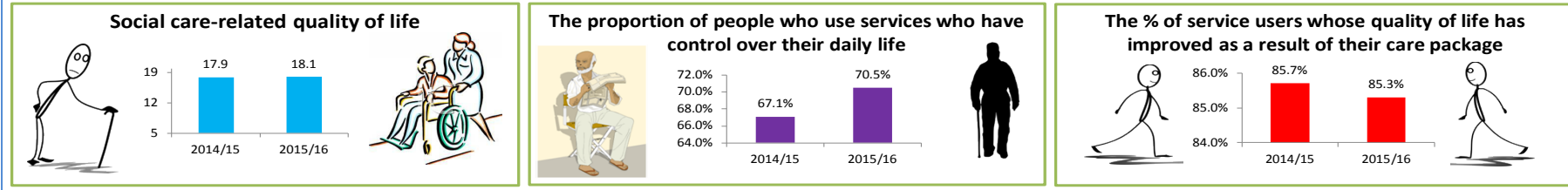


Number of contract breaches

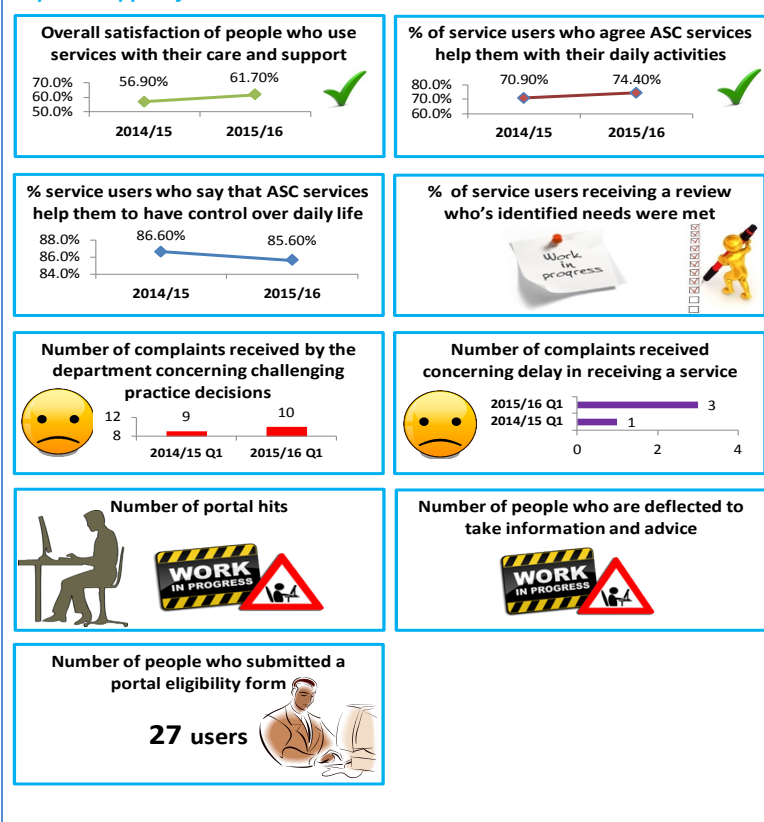


ASC Customer Measures Dashboard 2016/17 Quarter 1

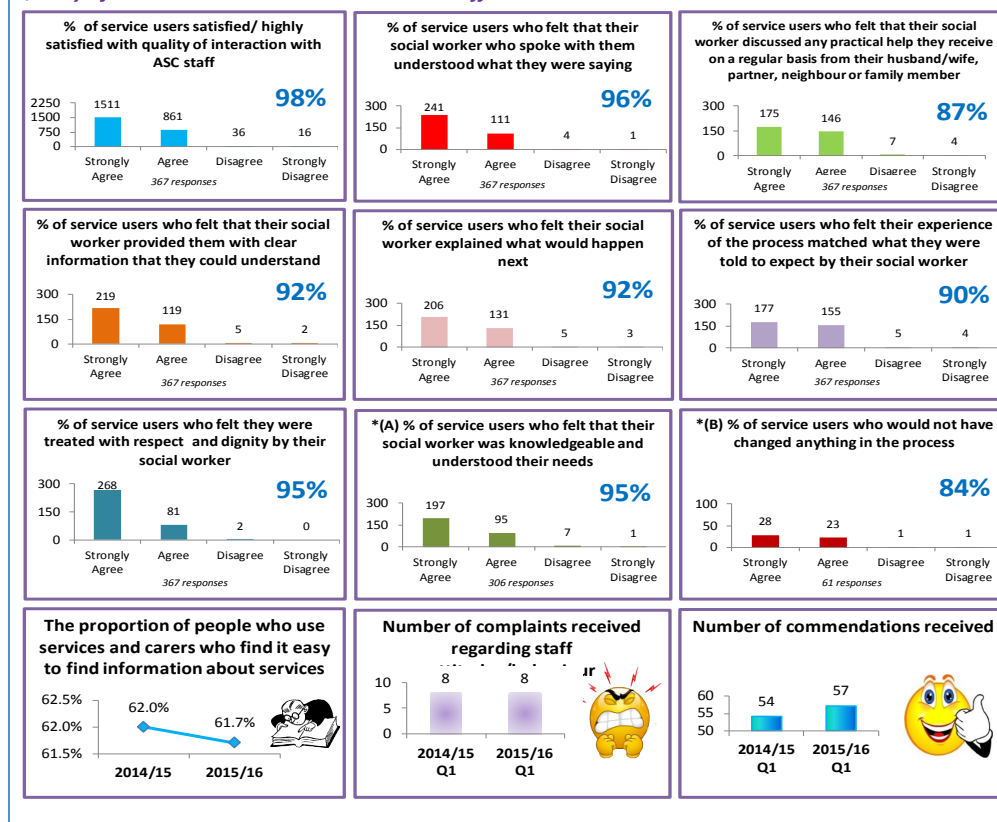
Quality of Life Outcomes



Help and support from ASC Services



Quality of interaction with ASC Services and staff



*(A) User experience of ASC services
*(B) User experience of ASC via contact & response team