

Agenda Item:

9

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	10 March 2015
Officer	Director for Adult and Community Services
Subject of Report	Update by NHS Dorset Clinical Commissioning Group on the Non-Emergency Patient Transport Service
Executive Summary	<p>The purpose of this report is to provide Health Scrutiny Committee members with an update on the Non-Emergency Patient Transport service, following previous reports to the Committee in June 2014 and September 2014.</p> <p>As requested, this update provides a particular focus on performance against key indicators and presents data on 'aborted' journeys and complaints.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p>
	<p>Use of Evidence:</p> <p>Report provided by NHS Dorset Clinical Commissioning Group.</p>
	<p>Budget:</p> <p>Not applicable.</p>
	<p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as:</p>

	<p>Current Risk: HIGH/MEDIUM/LOW (Delete as appropriate) Residual Risk HIGH/MEDIUM/LOW (Delete as appropriate)</p>
	<p>Other Implications:</p> <p>None.</p>
Recommendation	That the Dorset Health Scrutiny Committee consider and comment on the report.
Reason for Recommendation	The work of the Committee contributes to the County Council's aims to protect and enrich the health and wellbeing of Dorset's most vulnerable adults and children.
Appendices	<p>Appendix A – Service Development Improvement Plan (SDIP) Appendix B – Performance tables and figures</p>
Background Papers	<p>Minutes of special meeting of Dorset Health Scrutiny Committee on 24 June 2014: http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/0c9d2ffdebb3382980256dc6003d6c52/dd4761f895dea09b80257d100053f390/\$FILE/Minutes%20240614.pdf</p> <p>Report by NHS Dorset Clinical Commissioning Group to Dorset Health Scrutiny Committee, 10 September 2014: http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/88F2ABA2858A8E8780257D4700395F38/\$file/09.%20CCG%20NEPTS%20Follow-up%20Report.pdf</p>
Report Originator and Contact	<p>Name: Ann Harris, Health Partnerships Officer, Dorset County Council Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk</p>

1. Introduction

- 1.1 NHS Dorset Clinical Commissioning Group (DCCG) welcomes the opportunity to provide Dorset Health Scrutiny Committee members with an update following the presentation made on the detailed report submitted to the Committee in June 2014 and the subsequent report presented in September 2014.
- 1.2 As requested, this update will focus particularly on progress against action plans and performance.
- 1.3 Following the award of the contract to E-Zec Medical Transport Service LTD in October 2013, the contract was formally signed by all parties in October 2014.

2. Performance and progress

- 2.1 The Service Development Improvement Plan (SDIP) has been in place since May 2014, a draft version of which was shared in the last report to the Committee. This is continually updated to ensure that it focuses on continued improvements in the quality and delivery of the service. The most recent SDIP can be found in Appendix A and relates to performance up to the end of October 2014.
- 2.2 Progress against SDIP – key areas where improvement has been seen:
 - Patient Transport Liaison Officers have been recruited to focus on the communication, training and development of the service with Acute Trusts;
 - A Renal Co-ordinator has also been recruited to focus on renal patients in particular as there were significant problems for this group of patients;
 - Service user groups are now operational for renal patients;
 - Call Centre performance has improved significantly and has been maintained over the past 12 months;
 - System of phoning patients the day before their booked journey is now in place, which is supporting a reduction in aborts.
- 2.3 In addition to the SDIP, Key Performance Indicators (KPIs) are monitored on a monthly basis, with separate KPIs for the Call Centre and Transport elements of the service.
- 2.4 Appendix B, table 1 shows the performance against the KPIs for the Call Centre and indicates that the Call Centre performance has achieved all KPIs in 2014, with the exception of *'calls answered effectively and efficiently achieving a 95% answer service,'* which achieved the 95% threshold for the first time in November 2014.
- 2.5 Appendix B, table 2 below, shows the performance of the transport element against the KPIs and indicates that whilst there are still a number of areas where the threshold has not been achieved, performance has improved substantially since December 2013.
- 2.6 Performance will continue to be monitored through the Contract Review Meetings and a Contract Query Notice will be issued if performance has not reached the required thresholds by end of February 2015. If a Contract Query Notice is issued, E-Zec will be expected to develop a Remedial Action Plan; should they remain non-compliant against the KPIs then financial penalties will be enforced.

- 2.7 The proportion of people being transported who are ineligible continues to be of concern to DCCG. As part of their SDIP E-Zec is required to provide training to those booking transport to ensure they are clear on the eligibility criteria. Reporting on this KPI has only started in July 2014 and will be closely monitored through the Contract Review Meetings.
- 2.8 KPIs are currently being reviewed in preparation for the 15/16 contracting period and will be revised accordingly. Similarly the SDIP will also be reviewed in line with this work.
- 2.9 There were 1138 abortions in December 2014. An abort is defined as *'when a vehicle has been allocated and has started moving on the journey [but is then aborted, usually for a reason beyond the control of the provider]'* E-Zec records the reasons for an abort, which are outlined in Appendix B, figure 1.
- 2.10 The main reasons for abortions are that 'the patient isn't ready'; that 'the appointment was cancelled on the day'; that 'the patient made their own way'; and that 'the patient was too ill to travel.' These four categories make up 58% of all abortions.
- 2.11 Further work needs to be done with E-Zec and partners to reduce the number of abortions, particularly in those areas where there is potential to prevent these e.g. patients not being ready. This remains a concern for DCCG and will be monitored through the Contract Review Meetings.
- 2.12 Appendix B, table 3 highlights the number of complaints received by E-Zec over the period October 2013 to November 2014. The number of complaints has fallen considerably over the period, further supporting the improvements that have been made.

3. Conclusion

- 3.1 The data clearly indicates that we are seeing continued improvements in E-Zec's performance across all KPIs. However there continue to be a number of key issues to address, which include:
- Thresholds have not yet been met for a number of the transport KPIs;
 - Data on one of the KPIs for the Call Centre *'calls answered within 30 seconds'* is not yet being provided;
 - Data on one of the KPIs for Transport *'Health provider to receive at least 30 minute's notice of any change to Service User drop off time or collection time'* is not currently being provided;
 - The % of patients being transported who do not meet the eligibility criteria is of concern;
 - The number of abortions is a concern.
- 3.2 Revised KPIs and subsequent SDIP will be developed with E-Zec in preparation for the 2015/16 contract.
- 3.3 DCCG will be undertaking a review of abortions, including ensuring the classification of this is more clearly defined within the contract for 2015/16.
- 3.4 An audit will be undertaken on the data recorded and supplied by E-Zec to ensure that it is robust.

- 3.5 The above issues will be addressed through the monthly Contract Review Meetings between DCCG and E-Zec.

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I M T E	STRATEGIC RELEVANCE	DESCRIPTION OF ISSUE	ACTION	MEASURABLES	TIMESCALE	RAG	E-ZEC PROGRESS REPORT. REASONS AND EVIDENCE FOR CURRENT POSITION - July 2014	E-ZEC PROGRESS REPORT. REASONS AND EVIDENCE FOR CURRENT POSITION - Sept 2014	E-ZEC PROGRESS REPORT. REASONS AND EVIDENCE FOR CURRENT POSITION - Oct 2014
1	Business Relationship Management	To improve and develop communication structures and processes externally with commissioners, providers, patients and internally to the organisation.	To provide monthly operational meetings with all providers	Schedule of meetings to provided at CMM by June 2014 for the next 6 months	30-06-14	50%	Meetings being held with Trusts. Schedule of meetings to be provided to CRM	PHFT – meeting with Steve Leigh 29/9/14 12:15; Dave Bennett, Mark Major etc. 13:15; DCH – meeting with Tony James 25/09/14 14:00; Dorset Health care - meeting with Sally O'Donnell 30/09/14 12:00; RBH – meeting with Mevalyn Cross 29/09/14 09:30	Regular meetings continue to take place with each Trust and E-zec. Beckie Lee, Contract Manager and Lee Phillips Compliance Manager attend to ensure continuity and track progress of service with in each area.
			PTLOs to lead meetings and be proactive in the development both internal and external processes and training within Trusts	E-zec to develop action plan with PTLOs specific to individual Trusts. Copy to be presented at the June CMM.	30-07-14	75%	PTLO at DCH. Recruitment PTLO in progress for RBH. PHFT PTLO being assigned. Renal coordinator appointed. Copy to be given to CRM	Kim King to continue to cover 2 sites (PHFT & RBH) until Kerena O'Connell has got renal to required level to be able to cover RBH and renal together.	Kim King and Hannah Smith PTLO's across the 3 acute Trusts have both received excellent comments and feedback regarding their dedication to service improvement from senior managers at each of the 3 Trusts.
			Identification of key staff to liaise with, within the Trusts	Key workers to be identified by all individual Trusts to work with E-zec. Copy to be provided to CCG.	31-05-14	75%	Key workers identified. Schedule to be provided to CRM	Renal: Jo Munn; Dorset County: Tony James; PHFT: Dave Bennett; RBGH: Mike Richardson; Dorset Healthcare: Sally O'Donnell	Renal: Jo Munn; Dorset County: Tony James; PHFT: Dave Bennett; RBGH: Mike Richardson; Dorset Healthcare: Sally O'Donnell: Complete
			Implement patient service user groups, particular focus with renal, oncology and mental health including carers	Service user group to be operational by end of June 2014 and reported through to the monthly CMM with outcomes.	30-06-14	100%	Meeting with Healthwatch achieved. Renal coordinator talking individually to patients. Ongoing support to patients provided.	Yeovil Dialysis Unit & DCH Dialysis Unit; W/C 10/11/14, RBH Dialysis Unit & Poole Dialysis Unit W/C 17/11/14 = Yeovil Dialysis Unit & DCH Dialysis Unit; W/C 22/12/14 all Dialysis Units.	Yeovil Dialysis Unit & DCH Dialysis Unit; W/C 10/11/14, RBH Dialysis Unit & Poole Dialysis Unit W/C 17/11/14 = Yeovil Dialysis Unit & DCH Dialysis Unit; W/C 22/12/14 all Dialysis Units.
			Send out regular newsletters	Copy newsletter to be presented at monthly CMM	Ongoing	50%	Newsletter to be re-instated	News letter	Draft copy complete: to be circulated and discussed at CRM
			Provide regular training with providers on booking of appropriate use of PTS	Training schedule to be provided for individual Trusts with agreed dates by June 2014 for next 6 months. Schedule to be provided to CCG.	30-06-14	75%	PTLOS working with departments in Trusts. Support being provided to Christchurch Hospital regarding book ready system. Schedule to be provided to CRM	The renal departments want further training on the on-line system to be able to adapt bookings and change patient ready times: Meeting dates above	The renal departments are receiving training on the on-line system learning how to adapt bookings and change patient ready times: Training has been delivered at above meetings and is scheduled for future meetings
			Provide regular updates and feedback on non-medically eligible bookings – internally/externally	Medical Eligibility training to be provided internally and externally. Training plan to be provided to all Trusts and CCG by end of June 2014 and reported on at monthly CMM	30-06-14	0%	Training plan to be provided in agreement with the Trusts to the CMM	Medical eligibility training is constantly evolving within the E-zec call centre. Figures related to patients E-zec feel are not eligible are now being provided monthly to the CCG	All call operatives have recently completed a 30 minute on-line "Protection of information" course. Eligibility updates and reminders are given daily by the call centre supervisor.
			Distribute and communicate Customer Care Charter	Audited via the CMM via the quality scorecard.	31-05-14	100%	Ongoing CMM Monitoring	Ongoing CMM Monitoring	Ongoing CMM Monitoring
			Provide staff awareness workshops dealing with procedures and processes particularly in relation to positive communication, vulnerable adults, infection control, complaints	Monthly report to be audited via quality scorecard through the CMM	Ongoing	100%	Ongoing CMM Monitoring	Ongoing CMM Monitoring	Ongoing CMM Monitoring
			2	Service Improvement	Complaint Management	To provide a pro-active complaint management process	To provide an action plan as requested by the Quality team at DCCG to confirm the complaint process, policy procedures, learning mechanisms and trends. To be reported at the CMM. Patient satisfaction surveys to be received by the quality team as per agreed schedule. Monitored by Quality Scorecard.	31-05-14	IP
To take forward the actions from the Quality review visit	31-05-14	IP				Complete		Complete	
To provide appropriate, formal responses to complaints within policy timeframe	31-05-14	100%				Complete		Complete	
To localise the complaint process	31-05-14	100%				Complete		Complete	
To identify themes and trends from all complaints and develop a learning structure organisation wide	Ongoing	IP				Ongoing		Ongoing	
Proactive development of feedback questionnaires to service users	Ongoing	IP				Ongoing		Ongoing	

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3	Whole System Efficiencies	Capacity v contracted activity: Vehicles; Staff; Out of Hours; Paramedic Crews	Stratify vehicles according to mobility and crew need against patient dependency. Agree process and mechanism with Trusts.	Develop booking table for all Trusts. Provide training to all Trusts on process and be fully implemented by May 2014. Achievement of KPIs.	31-05-14	100%	Integrated processes developed with Trusts. Flowchart disseminated to all Trusts	Complete	Complete
			Recruit and train PTS staff to support stratification of vehicles, strengthening HDU service with FPOS education	Confirmation required of levels of staff employed responding to the stratification of vehicles and crew and agreed capacity provision. Monitored via the CMM	30-06-14	IP	FPOS training in progress. Blue light driver course completed.	Complete	Complete
			Monitor patient movement across Dorset, vehicle productivity and plan to appropriate shift patterns, increase flexibility in rotas, leading to responsive working flows	Work flow schedule; Capacity and Demand model to be demonstrated at CMM. Achievement of KPIs.	30-06-14	IP	Shift covers increased and hours extended on the road. Increase in paramedic cover.	Complete	Complete
			Provide a 24/7 service which reflects the needs of the service, with bank crew, where appropriate to support extra resource and timely intervention		30-06-14	75%	Flexibility in service, working hours and vehicles available.	Complete	Complete
4	Whole System Efficiencies	Planning and Control	Move to a full make ready system and dynamic planning system – live planning system	50% of service users to arrive up to 30 minutes prior to appointment time. 90% of service users to be collected up to 45 minutes after their identified ready time.	30-06-14	47%/61%	Ongoing training across the whole organisation.	Ongoing	Ongoing
			Increase CLERIC visibility to clinic staff and journey allocation – real time information	Achievement of all relevant KPIs inward and outward journeys		IP	Online CLERIC system allows full visibility. Trusts developing own internal reporting and monitoring.	Complete	Complete
			Define and communicate Repatriation process to providers and commissioner	Flowchart to be agreed between DCCG and E-zec and to be disseminated to all Trusts with training. To be fully operational and understood by June 2014	30-06-14	100%	Disseminated to providers July 2014	Complete	Complete
			Define, plan and communicate the process by which Out of Area transportation is to be booked and delivered.	Flowchart to be agreed between DCCG and E-zec and to be disseminated to all Trusts with training. To be fully operational and understood by June 2014	30-06-14	100%	Disseminated to providers July 2014	Complete	Complete
5	Whole System Efficiencies	Sustainability	The whole service to be delivered and sustained for the life of the contract	All KPIs, Scorecards and CMM to be met	31-07-14	Sep-14	Ongoing	Ongoing - we are achieving month on month improvement	Ongoing - we are achieving month on month improvement. Monthly performance are provided by E-zec and discussed at monthly performance meetings with the CCG
		Partnership working between SWAST and E-zec to resolve Specification issues	Review current specification of SWAST and E-zec to resolve patient flows which do not "fit" with either commissioned service with DCCG and SWAST, (including inter hospital transfers)	Flowchart to be agreed between SWAST and E-zec and disseminated to all Trusts to cover all mobility's and patient categories and to be fully implemented and operational by both organisations	21-07-14	75% Not agreed	Due to be re-evaluated in August 2014. Private providers access agreed with CCG in interim	Still being finalised with the CCG	Recent concerns over the categorisation and conveyance of mental health patients needs to be resolved. E-zec are covering journeys in the mean time to ensure patients are transported
6	Patient Experience	Planned transport	Implement a service for renal patients who have regular planned appointments to receive a timely, efficient and appropriate service and which has been developed and supported via the patient service user group	50% of service users to arrive up to 30 minutes prior to appointment time. 90% of service users to be collected up to 45 minutes after their identified ready time. Achievement of all relevant KPIs inward and outward journeys	31-05-14	47%/71%	Renal co-ordinator appointed. Patients met with Renal co-ordinator and service developed	Information provided in Monthly performance report	Information provided in Monthly performance report. Regular renal patients and day centre users have been allocated to
7	Patient and Clinical	Booking processes	Monitor the telephone lines to ensure patients receive timely response and telephone system within new premises does not "drop" people out of the queue	Telephone system in premises to be monitored and fit for purpose. KPIs to be achieved.	30-06-14	83%	Ongoing on a daily basis. New telephone system in new premises monitored on site. Number of "dropped" call has reduced significantly.	Phone lines are monitored throughout the day by the call centre supervisor. This supervision ensures the optimum number of lines is open throughout the day. This monitoring is preventing calls from dropping out of the queue.	KPI in the call centre continue to improve month on month last quarters achievement 92.7% of calls answered
			Provide performance feedback to staff to improve waiting times and call handling	90% of service users to be contacted one working day prior to booked journey to confirm transport arrangements	31-05-14	95% exec MH and Renal;	Looking at reviewing contacting arrangements to include texts.	Daily performance feedback is given to Call centre staff, each KPI has it achievement level displayed within the call centre,. Call handling stats have dramatically improved	All relevant patients are being contacted the day before travel, this has reduced aborts and improved the patient experience; volumes of patients recorded provided to CCG
			Ensure all interactions with patients are timely, accurate, supportive, informative and polite	Monitored through complaint and quality report via monthly CMM. Quality Scorecard monitoring.	30-06-14	IP	Ongoing training and development	Ongoing	Ongoing

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	Experience		Provide training plan for call handlers/control centre staff in assessment of calls, data collection/verification, customer care and general call handling. Regular updates.	Monitored through reporting via CMM	30-09-14	IP	Regular reporting in progress.	Ongoing	Ongoing
			Streamline booking processes for clinical staff, supporting and delivering training to Trusts and departments using the online system	To be monitored through the Assurance PTS meetings. E-zec to link this area with training plan for Trusts.	30-09-14	IP	PTLOs have visited different areas within the Trusts to provide additional on line training and CLERIC usage.	Ongoing	Ongoing
			Provide alternative processes for clinics which cannot support make ready system	Action plan to be agreed with individual Trusts. Report to be provided to monthly CMM with regular updates	30-09-14	IP	Action plan to be provided to CRM.	Where it is not appropriate for specific clinics / facilities to book patients ready we will continue to work to the initial ready time recorded when the booking is first made. RBH are still refusing to participate in the book ready project.	We have discussed with Mike Richardson the possibility of setting up a pilot book ready touch screen in outpatients at Royal Bournemouth, their IT department is currently exploring the viability

Calls to be answered within 30 seconds	80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Calls to be answered effectively and efficiently achieving a 95% answer service	No more than 5% of calls abandoned	82%	73%	79%	78%	76.3%	83%	93.69%	92.45%	91.78%	92.10%	95.47%	96.77%
All same day requests to be confirmed within 60 minutes of receipt	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Service User to receive confirmation of approximate pick up time	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

NB. Red = <85%; Amber = 85-94%; Green = 95+%

Table 2: Transport Performance Against KPIs, December 2013 to December 2014

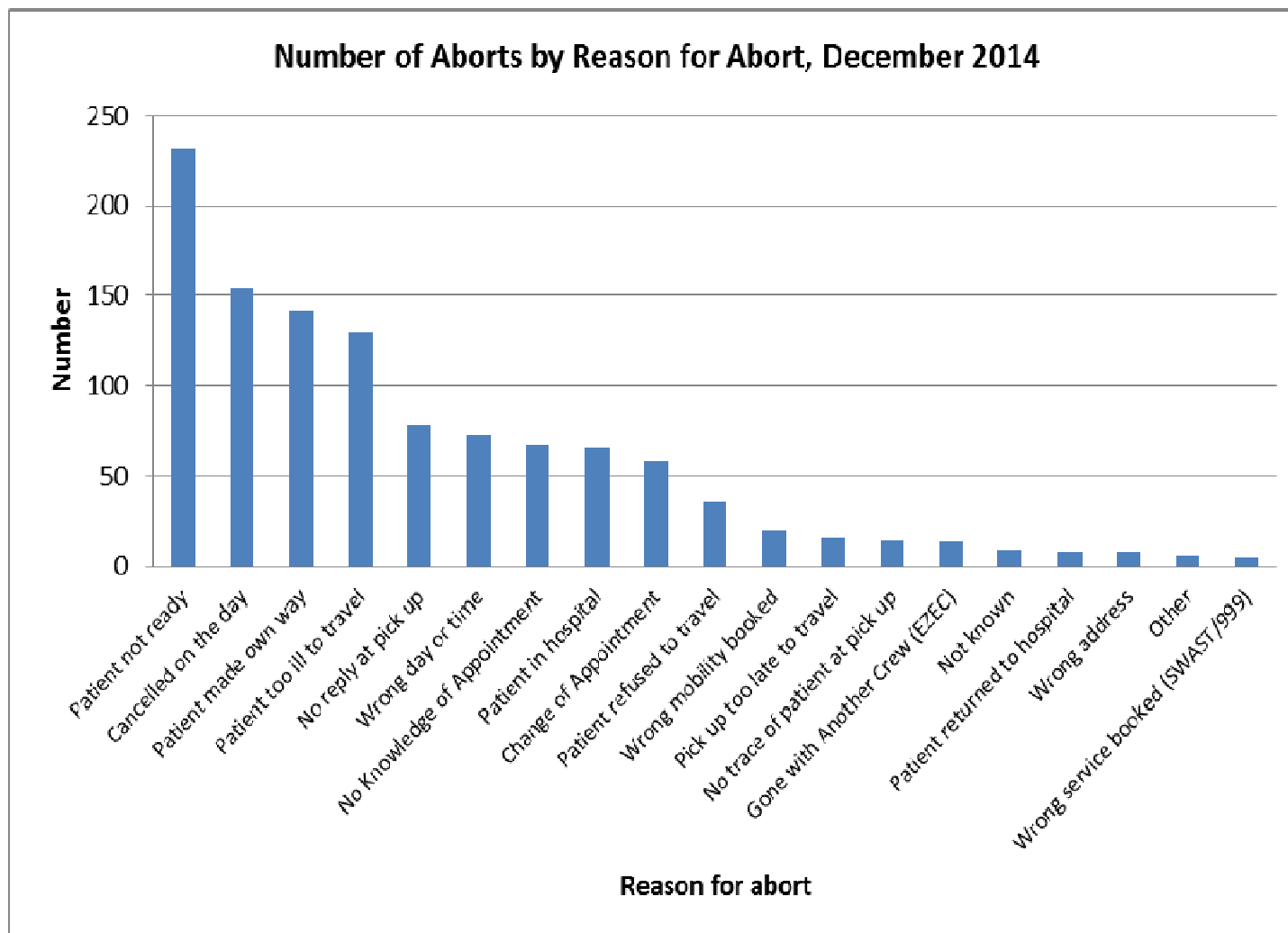
Quality Requirement	Threshold	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Service users to arrive at ultimate destination up to 30 minutes prior to appointment time*	50%	28%	31%	31%	37%	35.44%	31.54%	47.01%	52.59%	75.19%	74.93%	76.34%	77.25%	74.42%
Service users to arrive at ultimate destination up to 45 minutes prior to appointment time*	90%	41%	49%	42%	49%	55.11%	35.51%	60.99%	72.88%	82.23%	79.10%	79.37%	81.92%	80.87%
Service users to arrive at ultimate destination by appointment time*	95%	50%	55%	53%	63%	68.19%	77.52%	70.85%	76.67%	83.73%	81.70%	81.35%	85.16%	83.63%
Service users to be collected up to 45 minutes after their identified ready time*	90%	46%	63%	61%	67%	70%	75.20%	70.62%	73.30%	76.01%	80.30%	82.07%	85.07%	83.55%
Service users to be collected up to 60 minutes after their identified ready time*	95%	52%	69%	67%	74%	77%	80.84%	76.93%	78.77%	81.29%	85.20%	86.87%	88.77%	87.98%
Service user living up to 10 miles away from the treatment centre should not spend more than 60 minutes on the vehicle on either an outward or return journey*	90%	96%	96%	96%	95%	95%	95.26%	96.39%	95.62%	93.87%	91.72%	89.74%	91.53%	90.64%
Service users living over 10 and under 35 miles away from the treatment centre should not spend more than 90 minutes on the vehicle on either an outward or return journey*	90%	92%	96%	94%	93%	94%	95.04%	95.43%	95.57%	93.58%	91.96%	91.05%	91.54%	91.73%

Service users living over 35 and less than 50 miles away from the treatment centre should not spend more than 120 minutes on the vehicle on either an outward or return journey*	90%	80%	97%	89%	93%	89%	94.50%	94.44%	89.62%	93.75%	93.36%	89.78%	86.59%	90.57
Identification of service users transported who do not meet the medical eligibility criteria as a % of the total number of service users transported. (patients who made their own way + patients who can travel in a Taxi)**	0% To be reviewed on a regular basis	n/a	n/a	n/a	n/a	n/a	n/a	n/a	7.64%	10.59%	8.99%	8.04%	5.14%	2.89%
Health provider to receive at least 30 minute's notice of any change to Service User drop off time or collection time	95%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

*20% below threshold = Amber; > than 20% below threshold = Red

** up to 3% = Amber; over 3% = Red

Figure 1: Number of Aborts by Reason for Aborts, December 2014



NB. Aborts are recorded for the 4 main providers – Royal Bournemouth and Christchurch Hospital, Dorchester County Hospital, Poole Hospital and Dorset Healthcare Foundation Trust.

Table 3: Number of Complaints as a Percentage of the Total Number of Journeys by Month, October 2013 to November 2014

	Total number of complaints as reported by E-zec in Quality Report	Total number of journeys as reported by E-zec	Percentage complaints
Oct-13	115	14955	0.8%
Nov-13	70	14425	0.5%
Dec-13	72	12900	0.6%
Jan-14	48	14673	0.3%
Feb-14	48	13223	0.4%
Mar-14	67	13930	0.5%
Apr-14	16	13363	0.1%
May-14	25	13744	0.2%
Jun-14	16	14450	0.1%
Jul-14	20	15166	0.1%
Aug-14	15	13619	0.1%
Sep-14	19	14900	0.1%
Oct-14	20	15147	0.1%
Nov-14	18	14008	0.1%