

Oxford Academic Health Science Network Progress Report to NHS England

For the period ending 31 December 2013

**Prof Gary A Ford CBE, Oxford AHSN CEO
20th December 2013**

Contents

Chief Executive’s Review.....	3
Establishment of the AHSN	4
Governance, Programmes and Themes.....	5
Best Care Programme (including continuous learning and innovation).....	7
Clinical Networks and associated programmes.....	7
Innovation	8
Research and Development.....	9
Informatics	9
Wealth Creation	10
PPIEE.....	11
Stakeholder engagement.....	12
Engagement with Partners and Stakeholders	12
Communications	13
Oxford Academic Health Science Centre (OxAHSC).....	14
The wider landscape	15
Appendix A - Matrix of Metrics.....	16
Appendix B - Risks Register & Issues Log	26
Appendix C – Proposed Organisation Chart	36
Appendix D – Financial Forecast 14/15	37

Chief Executive's Review

I am pleased to present our first quarterly report to NHS England outlining the progress that we have made at the Oxford Academic Health Science Network.

In the last three months we have made significant progress including:

- Signing our Licence agreement with NHS England
- Mobilising our core team and recruiting a number of key individuals
- Agreeing our overall governance structure with our Management Board
- Developing a set of Funding Guidelines and a Funding Agreement to formalise the support we will be offering our Clinical Networks, Programmes and Themes
- Good engagement with our Clinical Networks to mobilise them
- Continuing good stakeholder and public engagement via the sponsorship of a range of local events and a number of well attended locality events

Looking forward in to the next quarter notable milestones will include:

- Formally launching our Clinical Networks
- Developing and agreeing our Business Plan for 14/15
- Completing the mobilisation of our core team
- Launching a trial of our collaborative working tools and infrastructure to support our networks and programmes
- Agreeing the 5-10 innovations that we are going to focus our innovation adoption programme on for 14/15
- Continuing, and both widening and deepening, our stakeholder and public engagement activity



Professor Gary A Ford CBE
Chief Executive Officer, Oxford AHSN

Establishment of the AHSN

1. The Oxford AHSN's licence for the period May 2013 to March 2018 has been signed by the host organisation, Oxford University Hospitals NHS Trust (OUH), and funds are now expected in two further tranches in line with the notified allocation of £4.3985m for 2013/2014. The 14/15 Financial Forecast is included as Appendix D.
2. The meeting of the Interim Management Board held on 6 December has approved a new governance structure which is shown below together with the programmes and themes. The AHSN Board will be meeting bi-monthly during 2014 and the Partnership Board three times a year. The timing of meetings takes into account the proposed NHS England reporting timetable. The Partnership Council will meet in May or June 2014.
3. Professor Gary Ford CBE took up his post as Chief Executive Officer of the Oxford AHSN at the end of October 2013 and Network is now housed at the Oxford Science Park¹.
4. The team now in place includes:
 - 4.1. Chief Executive Officer - Professor Gary Ford (Executive Assistant Pam Munnelly)
 - 4.2. Chief Operating Officer - Dr Paul Durrands (Programme Officer Amy Shearman)
 - 4.3. Senior Responsible Officer - Best Care Mr Chandhi Ratnatunga
 - 4.4. Assistant Director - Mrs Megan Turmezei
 - 4.5. Interim Project Directors - Mr Simon Hay and Ms Tracey Marriott (with Mr. Simon Hay covering both the Programme Manager roles for Best Care and Central Programme Office and Ms Tracey Marriott leading on Innovation Adoption)
 - 4.6. Communications Lead - Mr Martin Leaver
 - 4.7. Patient & Public Involvement, Engagement & Experience (PPIEE) Lead - Dr Sian Rees
 - 4.8. Two Programme Managers (Best Care and Innovation Adoption) have been appointed and will be starting in January/February 2014
5. In addition, recruitment is underway for the following crucial posts:
 - 5.1. Programme Manager to run the Programme Office.
 - 5.2. Director of Commercial Development and two supporting Commercial Development Managers to be based in Milton Keynes and Reading (closing dates 6 and 13 January 2014). The interviews for the Director of Commercial Development will be held on 24 February with a panel drawn from key NHS, academic and business stakeholders from across the Oxford AHSN.

¹ John Eccles House, Robert Robinson Avenue, Oxford Science Park, Oxford OX4 4GA

- 5.3. Director of Information Strategy (a post that will also work closely with the Oxford Academic Health Science Centre - OxAHSC partners) is being interviewed on 23 December 2013. Further information about the OxAHSC is given on page 14.
- 5.4. The proposed organisation chart for the Oxford AHSN is at Appendix C.
6. Nationally, Professor Ford and Dr Durrands have attended a number of meetings including the AHSNs network meeting and meetings organised by NHS England particularly in relation to the licence. NHS England has also launched an AHSN website which links through to all individual AHSN sites. Tracey Marriott attended the Health & Wealth Accelerated Solutions Event that brought together industry, social and health organisations.

Governance, Programmes and Themes

7. The following structure has now been adopted by the Oxford AHSN Interim Management Board following its meeting on 6 December 2013. The Oxford AHSN Board is accountable and responsible for the Oxford AHSN's strategy and delivery of the Business Plan through the activities of the Programmes and Themes. The Oversight Groups will monitor specific areas of performance, reporting to the Oxford AHSN Board on a regular basis through their Chairs who are part of the Board together with the Executive Team. The Oxford AHSN Board will provide regular updates to the Partnership Board which includes representatives from all NHS provider Trusts, the Universities, the Clinical Commissioners, Health Education Thames Valley (HE TV), NHS England and industry representatives including the ABHI and the ABPI.
8. The Partnership Board will have a key role in the development of strategy and in the finalisation of the Business Plan for the year.
9. The Oxford AHSN Partnership Council will meet at least once a year, drawing together all the partners from all sectors, and receive the Annual Report and the Annual Accounts. This will provide an important opportunity for formal engagement with the widest possible group of stakeholders and partners in addition to other events as described below.
10. The Council and Boards are supported by the Assistant Director who is also responsible for holding the Oxford AHSN's Register of Interests, Gifts, Sponsorship and Hospitality.

Oxford AHSN Governance Structure



(1) Best Care Programme – Clinical Networks incorporates Integration&Sustainability, Population Healthcare, Innovation, Patient Safety, and the Continuous Learning programme

11. We have documented policies and procedures covering:
 - 11.1. Declaration of Interests
 - 11.2. Expenses
 - 11.3. Branding Guidelines
 - 11.4. Funding Guidelines for Networks
 - 11.5. Formal Funding Agreement for all supported Networks, Programmes and Themes
12. We have established common ways of documenting how we will work including:
 - 12.1. Project Initiation Documents
 - 12.2. Budget Proforma
 - 12.3. Regular (monthly) Reporting
 - 12.4. Annual Reporting
 - 12.5. Risks Registers
 - 12.6. Issues Logs
 - 12.7. Contact Lists
 - 12.8. Stakeholder Maps
13. We are also investigating, in conjunction with the OUH IM&T Team, solutions to provide a range of platform independent, collaborative working tools such as Microsoft SharePoint and Lync. We are also investigating the use of Customer Relationship Management (CRM) systems for use by the Oxford AHSN team.
14. We have identified, and are managing, a number of 'live' Risks and Issues – these are documented in Appendix B.

Best Care Programme (including continuous learning and innovation)

Clinical Networks and associated programmes

15. Following a process of review and prioritisation, nine clinical networks are being funded at an average of £200k (varies from £153k to £270k) each to July 2015. Funding arrangements including project plans, deliverables, KPIs, plans for patient and public involvement, engagement and experience and budgets are being agreed with the Clinical Network leads. The performance and programme management structure has been developed and work is well underway to ensure the workstreams are supported and controlled. The clinical networks are shown below. An Evidence Based Healthcare MSc (EBHC MSc) Fellows programme has been established in conjunction with The Centre for Evidence Based Medicine, University of Oxford. The fellowships, funded through Health Education Thames Valley, will be open to all medics, nurses and allied health professional. As part of this course one of the modules will contain material and teaching in relation to Patient and Public Involvement, Engagement & Experience. This will be delivered by Dr Sian Rees, the Oxford AHSN lead.
16. We have secured funding from Health Education Thames Valley for a new Patient Safety Academy over the next two years. We are in the process of putting forward a bid for the Patient Safety Collaborative (recently announced by NHS England) which will incorporate the Patient Safety Academy.
17. A Senior Responsible Officer and Chair of the Oversight Group have been identified together with leads for all clinical networks. A Programme Manager has also been appointed.
 - 17.1. Anxiety & Depression
 - 17.2. Children's
 - 17.3. Co-morbidity of Physical & Mental Health
 - 17.4. Dementia
 - 17.5. Diabetes
 - 17.6. Early Intervention in Mental Illness
 - 17.7. Imaging
 - 17.8. Maternity
 - 17.9. Medicines Optimisation
 - 17.10. EBHC MSc Fellowships Programme
 - 17.11. Patient Safety Academy
18. The first Best Care Programme Board is scheduled for 22nd January 2014

19. Innovation Adoption is also included under the Best Care Programme. We will be developing approaches to support innovation “pull”, innovative technology and best practice into the health system at scale.

Innovation

20. The roles of Innovation Adoption Director and Innovation Adoption Manager (start date 27th Jan14) have been filled.
21. The Innovation Adoption Approach for 2014/15 is being developed for roll out next year with input from key stakeholders including network members and industry.
22. A long list of innovations has been compiled from various sources. 5-10 innovations will be adopted during 2014/15 based on them being evidence based and readily adoptable. 2nd Wave adoption for 2015/16 will be developed early in 2014.
23. The formal introduction of the Innovation Adoption Agenda will be at the Best Care Programme Board on 22nd January 2014.
24. Oxford AHSN is developing an “App Map” to advise on development and commercialisation of software applications / smartphone apps for healthcare. This will be presented at an event at our offices at the Oxford Science Park, Oxford on 29 January (5-7pm) will include handy hints from some trailblazers including:
 - 24.1. Defibrillator locator (South Central Ambulance)
 - 24.2. Monster Manor blood glucose measurement game for children with Type 1 diabetes
25. There will be first-hand demonstrations as well as the opportunity to have questions answered, find out what support is available and network with others who are also considering, or are already, developing apps.
26. This project is supported by NHS Innovations South East who will also present a roadmap for app development and commercialisation. The Oxford AHSN will follow up this event with practical workshops.
27. The Innovation 2023 Challenge organised by The Thames Valley Leadership Academy, Health Education Thames Valley and the Deanery, was open to medical students and trainees across the Thames Valley. The final was held on 12 November with six finalists being interviewed throughout the day. The Oxford AHSN sponsored the event and Professor Ford was a judge sitting with Steve Fairman, NHS England, Mr Ashley Brooks, the National Patient Champion, Dr Tony Berendt, OUH Deputy Medical Director, and Caroline Chipperfield of Thames Valley Leadership Academy (organisers). Judge Prof. Richard Bohmer, Visiting International Fellow, The King’s Fund and Professor of Management Practice at Harvard Business School, said: “We chose the winners due to the strength of their ideas and the scope for implementation. The ideas presented were all rooted in day-to-day experience of delivering care in the NHS”.

28. 57 proposals were submitted for assessment (the Oxford AHSN provided one of the assessors) and the six finalists included a final year medical student and a number of junior doctors. The winners, Dr Angus Goodson and Dr Rhiannon Furr are both paediatric trainees currently based in Milton Keynes.
29. All six finalists will receive a package of support over the coming months and the Oxford AHSN is considering how best it can support these and other innovations as part of its innovation and wealth creation activities. Future competitions will be extended to draw on the skills and resources of all healthcare professionals.

<p>Case Study 1</p> <ul style="list-style-type: none"> • 2023 Challenge – a decade to improve healthcare <p>Project summary</p> <p>The Oxford AHSN worked with Health Education Thames Valley (HETV), Thames Valley and Wessex Leadership Academy, the Oxford Deanery and NHS Innovations South East (NISE) to encourage medical trainees to submit bright ideas that could transform healthcare over the next decade.</p> <p>What was the need?</p> <ul style="list-style-type: none"> • The NHS needs to do more to promote, adopt and spread innovation as it faces up to growing demand, rising expectations and finite resources. <p>What have we done?</p> <ul style="list-style-type: none"> • Six finalists from 57 entries were invited to pitch their ideas to a Dragons’ Den-style panel of experts in November 2013 including Oxford AHSN Chief Executive Prof Gary Ford CBE. • The overall winner was a project to improve drug delivery for child patients. The runners-up were a mobile phone app to help junior doctors in hospital procedures and a surgical device designed to prevent unnecessary hospital admissions. <p>How were patients involved?</p> <ul style="list-style-type: none"> • The most successful innovations were all rooted in day-to-day experience of delivering care on the NHS frontline. The junior doctors’ ideas were based on applying what they have learned in practice. • NHS patient champion Ashley Brooks was one of the panel judges. <p>What happens next?</p> <ul style="list-style-type: none"> • The finalists are getting ongoing support to turn their ideas into reality. They have been assessed with a view to receiving HETV funding where there is clear evidence of widespread patient benefits. Oxford AHSN is working with a number of finalists to see how the ideas can be taken forward • Oxford AHSN is developing crossover opportunities – particularly around smartphone app development (see Case Study 2), working closely with NISE. • The 2023 Challenge competition will continue for a second year and be open to new applicants in 2014.
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Research and Development

30. Discussions are being held with the Thames Valley and South Midlands Clinical Research Network to identify the best ways of collaborative working to support delivery of both organisations objectives. Professor Ford will be leading this area of work for the Oxford AHSN and has already planned to meet the R&D leads from the NHS partners. The development of research programmes (both NHS and commercially funded) involving and increasing participants from across the Oxford AHSN will be a priority.

Informatics

31. The appointment of a Director of Information Strategy, in December 2013, with a dual role across the Oxford AHSN and the recently designated OxAHSC, is intended to provide strategic leadership in linking core business goals through informatics and technology innovation, whilst providing critical contribution to the Oxford AHSN and OxAHSC partners’ strategies. Key areas include:

- 31.1. The development of the Informatics and Data strategy and its delivery across the Oxford AHSN and the OxAHSC.
- 31.2. Work with colleagues to develop and implement Big Data Strategy programmes.
- 31.3. The establishment and maintenance of good collaborative working relationships with Partners' Chief Information Officers and Directors of IM&T (and equivalents).
- 31.4. Work with the Oxford AHSN and OxAHSC leadership to develop a shared vision of the role and contribution of information technology enablement.
- 31.5. Work to ensure alignment of partners' information strategies (to include information governance and ensure it is not a block to positive change) with agreed goals and integrated working.
- 31.6. To support the informatics needs of the OUH Biomedical Research Centre and Oxford Hospitals Collaboration for Leadership in Applied Health Research and Care (CLAHRC), working with Partners.
- 31.7. To represent Oxford leadership in NIHR Informatics initiatives and other collaboration opportunities.
- 31.8. To engage and work with Industry to deliver technology innovation.
- 31.9. To support and advise on decision-making around major strategic investments.

Wealth Creation

32. A top priority for AHSNs, in concert with improving patient care, is "Wealth Creation." Improving patient care and wealth creation are tightly linked. Medical innovations must demonstrate improvements in patient care to achieve commercial success; improving patient care requires the correct use of commercial products. Wealth Creation is also one of the four licensed objectives for every AHSN.
33. Wealth creation means harnessing medical and life science innovations to create and support the growth of local businesses, jobs and economic returns for innovators, investors and the general population. It includes supporting innovation adoption by the NHS and consequently creating wealth for the NHS through cost reductions, improvements in efficiency and effectiveness. The NHS also benefits from partnering with business to commercialise NHS initiated ideas.
34. A key aspect of the AHSN's wealth creation strategy is helping the local NHS, universities and businesses work together to enable innovations that require capital investment and development expertise to be commercialised and made available to patients.
35. Recruitment is underway for a Director of Commercial Development and two Commercial Development Managers, both of whom will be located across the Oxford AHSN. The key role for the Director will be to help the NHS become an excellent research and development partner, supplier of services to industry and an informed and effective customer. We need to ensure that the Oxford AHSN region is achieving a level of value creation commensurate with its capabilities in health science research. This will include a broad agenda of initiatives

to create value in the region from ensuring technology is exploited at scale where it offers better value for money and that innovations are quickly exploited. The role will include:

- 35.1. working with partners in the Oxford AHSN to ensure opportunities for the commercial development of medical and life science innovations from across the region are exploited.
 - 35.2. Working with clinical networks and other NHS staff to identify areas of clinical need that require complex products or services that will need commercial investment and capabilities, working with local, national and global healthcare businesses to understand their priorities and needs.
 - 35.3. Building bridges between the NHS, universities and business to promote product and service commercial development. The role will support the establishment of infrastructure across the region to encourage wealth creation and establish metrics to demonstrate progress and success.
36. Wealth creation is interdependent on innovation adoption which will require effective procurement and commissioning.
37. The R&D Programme sets out to attract commercial research income to the NHS for trials.

PPIEE

38. The AHSN is working to embed partnership with patients and the public across its work programmes.
39. Each of the clinical networks and the Patient Safety Academy are currently developing plans for PPIEE:
- 39.1. Involvement – how patients and the public will be involved in the structures and processes of the work ie through mechanisms such as governance, priority setting, teaching and education, identification of the need for innovation, assessment of technologies
 - 39.2. Engagement – how patients and their carers will be supported to be active participants in their own care through approaches such as personalised care planning, shared decision making and the use of PROMs/PREMs
 - 39.3. Experience – how the subjective experience of patients is captured and utilised for quality improvement
40. To support this work we are also working closely with Thames Valley Area Team (TV AT), with whom we have established a Strategic Planning Group and have developed a joint work programme covering PPIEE. Current specific work includes:
- 40.1. Lay membership - we have just advertised for two lay members to join the Strategic Planning Group.

- 40.2. Involvement – we are developing a shared, three tiered approach to public and patient involvement to cover the AHSN, Strategic Clinical Networks and Area Team:
- 40.2.1. those who wish to be informed;
 - 40.2.2. those who will be actively involved in specific projects and
 - 40.2.3. those who will be involved in ongoing strategic planning.
- 40.3. We are exploring how to establish and manage a shared database of people who wish to be involved across these levels.
41. Patient leadership programme – we are working with TV AT and Health Education Thames Valley to develop and evaluate a programme to support patients and the public to be actively engaged with strategic planning and to support practitioners to understand how to best involve patients and the public.

Stakeholder engagement

Engagement with Partners and Stakeholders

42. Professor Ford and Dr Durrands have been meeting with individual partners and organisations over recent weeks including Milton Keynes NHS FT, Royal Berkshire NHS FT, South Central Ambulance Services NHS FT, Buckinghamshire County Council, Buckinghamshire Healthcare, The Open University, Oxfordshire LEP, Buckinghamshire LEP Lead, University of Reading, Sanofi, Astra Zeneca, BD (Becton, Dickinson & Company), Oxford Health, ABHI and ABPI, NICE and others. A number of issues are now being taken forward as a result of these meetings with Chief Executives, Medical Directors and University Deans. These meetings will continue into 2014 and there will be a drive to ensure greater engagement with Local Authorities, Local Enterprise Partnerships (LEPs) and the Health and Well being Boards.
43. Locality stakeholder meetings have been held in High Wycombe (for Buckinghamshire partners) and in Milton Keynes for the Milton Keynes and Bedford partners. Both were very successful, bringing together stakeholders from the NHS, universities, local authorities and local business. There was good attendance from life sciences and strong relationships between the partners.
44. A very successful meeting was held in Reading with a focus on Berkshire partners – nearly 60 people attended. The meeting was hosted by Professor Richard Ellis, University of Reading and speakers included Professor Ford, Dr Durrands, Dr Wilson, Medical Director of Berkshire Healthcare and Dr Susan Matos, Head of the Knowledge Management Centre, University of Reading.
45. The final locality meeting for 2013 was held on Wednesday 18 December at the Oxford Science Park. More than 80 people from the NHS, academia and industry attended. There were brief talks by the diabetes and early intervention clinical leads as well as Prof Alastair

Buchan, Dean of the University of Oxford Medical School, and Prof Linda King, Associate Dean at Oxford Brookes University. A wide-ranging plenary discussion was chaired by Sir Jonathan Michael, Chief Executive of the OUH. The materials used at this, and other events, will be available from our website following its re-launch.

46. A further series of locality based meetings will be held during 2014. The agendas for these will be developed in conjunction with our partners.
47. The Oxford AHSN sponsored and contributed to conferences and meetings including the Clean Med Europe (September 2013), Innovation 2023 (November 2013), Big Change Conference (November 2013), and the OBN Entrepreneurship Lecture (December 2013). All these meetings have a focus on areas of specific interest for the Oxford AHSN including best care, sustainability, innovation and wealth creation.
48. We will be following up our events with an online survey (via www.surveymonkey.com) of attendees, to gather feedback to ensure that we maximise the potential and impact of all future events. The 18th December 2013 locality event is the first where such feedback is being sought.

Communications

49. Work has continued to develop communications and a part-time interim Communications Lead has been appointed. Work has been done to develop the Oxford AHSN identity, to set up a Twitter feed (@OxfordAHSN), and to overhaul the website, particularly to provide individual areas for each clinical network to develop and to highlight the other Oxford AHSN programmes. The updated website which will include a section for each of the clinical networks and Oxford AHSN programmes, is due to be relaunched in January 2014. It will promote funding opportunities through the SBRI programme.
50. The relaunched website will, in addition to the above, include a range of interactive features including:
 - 50.1. A set of Frequently Asked Questions
 - 50.2. A Glossary of common terms and acronyms
 - 50.3. An interactive map of life & bio-science companies and organisations across the Oxford AHSN region
51. Excellent NHS/industry/academic collaboration was demonstrated at the launch of the Diabetes Network (the first of the Oxford AHSN clinical networks to be established) which led to good media coverage. The Network supported the filming of the event which covered the launch of 'Monster Manor', an app commissioned by Sanofi Diabetes and the OCDEM (Oxford Centre for Diabetes, Endocrinology and Metabolism) team to motivate children with Type 1 diabetes to test their blood glucose more frequently. The launch of each Clinical

Network will be similarly supported and Mr Leaver is working with the Clinical Network leads to develop the content.

<p>Case Study 2</p> <ul style="list-style-type: none"> Healthcare smartphone app development and commercialisation <p>Project summary</p> <ul style="list-style-type: none"> Oxford AHSN is working with NHS Innovations South East on a 'route map' to help partners make the most of opportunities to develop smartphone apps. <p>What was the need?</p> <ul style="list-style-type: none"> Oxford AHSN has played a part in the development of two key healthcare apps and identified a need to share the expertise and experience more widely to maximise potential patient benefits. <p>What have we done?</p> <ul style="list-style-type: none"> On 29 January 2014 Oxford AHSN is hosting an event bringing together trailblazers who have already developed apps – to pass on their knowledge to those considering taking their own ideas down a similar path. They will provide handy hints and a step-by-step guide to the dos and don'ts of successful app development and commercialisation. <p>The practical focus is around two key projects:</p> <p>1 Defibrillator locator (South Central Ambulance Service)</p> <ul style="list-style-type: none"> SCAS worked with an industry partner (Astrala Consulting Inc) to develop the Automated External Defibrillator (AED) Locator UK app. It identifies the precise location of hundreds of AEDs – potentially saving vital seconds in the immediate response to someone suffering a cardiac arrest. <p>2 Monster Manor iPad game</p> <ul style="list-style-type: none"> The Oxford AHSN worked with partners in industry (Ayogo Health games developer and Sanofi Diabetes) to develop an iPad game having identified an issue with children with Type 1 diabetes failing to monitor their blood glucose levels effectively. The Monster Manor game requires players to input their personal readings on a regular basis, helping to ensure they manage their condition. <p>How were patients involved?</p> <ul style="list-style-type: none"> Community First responders (trained volunteers) helped SCAS develop its defib locator app, while diabetes patients have been involved throughout the development of the Monster Manor app. <p>What happens next?</p> <ul style="list-style-type: none"> The Oxford AHSN route map will be finalised with first-hand input from the app development projects outlined above. Practical workshops will follow, subject to demand and opportunities secured to roll out the concept nationally. SCAS hopes to roll out the defib locator nationally, having proven its effectiveness within the Oxford AHSN area. Diabetes experts at Oxford AHSN are working with patients to evaluate the Monster Manor map and inform its next stage of development.
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52. In addition, each clinical network lead is recording a short video to feature on their dedicated web page highlighting their key priorities and areas of activities.
53. An electronic stakeholder newsletter has been launched for monthly circulation with the first two issues sent on 1st November and 6th December 2013.
54. Work will commence on the development of a Marketing Strategy for Oxford AHSN in January 2014.

Oxford Academic Health Science Centre (OxAHSC)

55. The Oxford AHSN has been involved in the development of the bid by the University of Oxford, Oxford Brookes University, Oxford Health NHS FT and Oxford University Hospitals NHS Trust for designation as the Oxford Academic Health Science Centre. Notification of the successful designation of six AHSCs, including the OxAHSC, was received on 29 November 2013.
56. The application document include six themes which in many cases overlap with the objectives of the Network – indeed, the AHSCs are required to be embedded within an AHSN. The governance arrangements proposed for OxAHSC recognise these links and both the Oxford AHSN Chief Executive, who will sit on the OxAHSC Board, and the Chief Operating

Officer will be actively engaged in the work of the OxAHSC and there is potential for joint appointments (as for the Director of Information Strategy mentioned above).

The wider landscape

57. The Oxford AHSN will ensure that it works closely and collaboratively with the wide range of organisations within its boundaries including the OxAHSC, the Health Education Thames Valley and the Collaboration for Leadership in Applied Health Research and Care (CLAHRC.)

Appendix A - Matrix of Metrics

No.	Overarching Programme	Project Title	Purpose	Health or Wealth delivery measure for March 2014 (Y1)	Core Licence Objective (A,B,C,D)	Outcome Framework Domain (where applicable)	Associated Funding ²	Current Status
1	Themes	Population Healthcare Theme	<p>Will draw on its expertise from running the National Screening Programme, from producing the National Atlases of Variation and from programme budgeting through the Right Care Programme to reduce unwarranted variation of care.</p> <p>It will facilitate the redesign of care to integrate the Right Care for Patients ("no decision without me") with the Right Care for populations.</p> <p>It will work with the Clinical Networks, which represent relevantly-sized segments of the population for each disease group, to create a system that meets the needs of the local population and rigorously assess its costs and value. To do this it will develop a capacity for systems, and network and pathway design and management.</p>	<p>Development of the Oversight Group and Programme Board Structure</p> <p>Establishment of a Clinical Innovation Collaborative</p>	A, C	1,2,3,4,5	£36,553	<p>Regular contact being maintained with Better Value Health Care and into the Department of Population Healthcare, University of Oxford.</p> <p>Work underway on to develop the frail elderly project working with partners in Bucks New University, Bucks County Council, Royal Berkshire and Pharma.</p> <p>Population Healthcare integrated into the Best Care Programme</p>

² These match the figures in the original Business Plan (6th September 2013) and Licence (6th December 2013). For an up to date position please see the reforecast provided on 14th November 2013

No.	Overarching Programme	Project Title	Purpose	Health or Wealth delivery measure for March 2014 (Y1)	Core Licence Objective (A,B,C,D)	Outcome Framework Domain (where applicable)	Associated Funding ²	Current Status
2	Themes	Patient and Public Engagement and Experience Theme	Established network of clinicians, managers, researchers and patients across partner organisations interested in local leadership for PPIEE by 31/03/14	<p>Established network of clinicians, managers, researchers and patients across partner organisations interested in local leadership for PPIEE</p> <p>Use patient stories to stimulate innovation and development of new products and services and address patient safety issues</p> <p>Development of a joint panel of patient/public representatives with NHS England TV</p> <p>Announcement of an annual competition to be held for partners to submit innovation projects that support PPIEE work areas - successful bids from clinician, manager and patient teams will be match-funded by partner organisations and supported with AHSN led learning sets</p> <p>Common metrics for PPI agreed in use in local research</p> <p>Established connections with other AHSNs and hold</p>	B,C	4	£44,807	<p>Interim PPIEE lead in place. Coordination of efforts with OxAHSC, CLAHRC and OxBRC</p> <p>Working on links with other AHSNs</p> <p>Model of patient panel agreed with NHSE TV and mapping</p> <p>Presented session at Clean Med on involving patients in healthcare</p> <p>Oxford Science Fair to be sponsored and AHSN will participate through clinical networks.</p>

No.	Overarching Programme	Project Title	Purpose	Health or Wealth delivery measure for March 2014 (Y1)	Core Licence Objective (A,B,C,D)	Outcome Framework Domain (where applicable)	Associated Funding ²	Current Status
				cross AHSN event				
3	Themes	Integration and Sustainability Theme	Establishment of baseline for PPIEE across the geography by 30/06/14	<p>Sponsorship of and attendance across partners at the CleanMed Europe 2013: Pathways to Sustainable Healthcare, 17th to 19th September, Oxford</p> <p>Sponsorship of and attendance at The Big Change Conference: Sustainable Healthcare for the 21st Century 22nd & 23rd November 2013, Oxford organised by the George Institute, University of Oxford</p>	A,C,D	1,2,3,4,5	£66,667	<p>The Theme has been incorporated into the Best Care Programme. Particular partners include the George Institute for Global Healthcare (University of Oxford), the Centre for Evidence Based Medicine (University of Oxford) and the Centre for Sustainable Healthcare.</p> <p>Members from across the Network attended and participated in both conferences, including CEO and COO.</p> <p>AHSN sponsoring and participating in Oxford Science Fair, an interactive event aimed at</p>

No.	Overarching Programme	Project Title	Purpose	Health or Wealth delivery measure for March 2014 (Y1)	Core Licence Objective (A,B,C,D)	Outcome Framework Domain (where applicable)	Associated Funding ²	Current Status
								increasing knowledge of and understanding of Science
4	Themes	Informatics and Technologies Theme	<p>Baseline survey of information systems and databases in use completed by 30/06/14 and Informatics Strategy developed by 31/03/15. Framework for Information Governance in place by 30/06/14</p> <p>A Clinical Network database system that provides access to common health records and facilitates communication across databases in a secure fashion by 31/03/16</p> <p>Network platforms for patient monitoring, patient diaries and patient reported outcomes by 31/03/15</p>	<p>Commence baseline survey of information systems and databases in use</p> <p>Commence work on Informatics Strategy</p> <p>Set out work for developing framework for Information Governance</p>	A,B,C	1,3,5	£234,033	<p>Interviews for Director of Information Strategy to be held on 23 December 2013. It is hoped that the appointed candidate will be able to start c 1.4.14.</p> <p>Assessment underway of tools to enable collaborative working across, for example, the clinical networks, themes and with the core team</p>

No.	Overarching Programme	Project Title	Purpose	Health or Wealth delivery measure for March 2014 (Y1)	Core Licence Objective (A,B,C,D)	Outcome Framework Domain (where applicable)	Associated Funding ²	Current Status
5	Programmes	Best Care Programme - Clinical Networks	Clinical Networks which have been chosen to reflect national priorities, the need for balance; and the ability to build on clinical networks already in place	<p>Establish Oversight Group and Programme Board structure</p> <p>Establishment of the Core Team and Infrastructure</p> <p>Stepwise establishment of a family of Clinical Networks with 5 Clinical Networks</p> <p>Establishment of a Clinical Innovation Collaborative</p> <p>Priority Clinical Networks, where it has identified local interest, expertise and a capacity to lead. These are Diabetes, Dementia, Depression & Anxiety, Early Intervention in Mental Health, Mental & Physical Comorbidity, Maternity & Imaging.</p>	A,B,C,D	1,2,3,4,5	£883,460	<p>9 Priority Clinical Networks have signed formal funding agreements outlining objectives, deliverables, KPI, project plans and levels of funding and other support.</p> <p>Core Team in place initially utilising interim resource though permanent members will begin to join in February 2014. Innovation Adoption Managed appointed for start in January 2014 and Best Care Project Manager to start in February 2014.</p> <p>Clinical Networks are now establishing their launch dates in early part of 2014 (e.g. Early Intervention, March 2014)</p> <p>Pilot of collaborative working tools (SharePoint, interactive meetings, etc) planned for January / February 2014.</p> <p>1st Programme Board scheduled for 22nd January 2014</p> <p>Network governance & meeting schedule established with all networks.</p> <p>Oversight Board being established with Chair from NHS Acute sector as agreed</p>

No.	Overarching Programme	Project Title	Purpose	Health or Wealth delivery measure for March 2014 (Y1)	Core Licence Objective (A,B,C,D)	Outcome Framework Domain (where applicable)	Associated Funding ²	Current Status
6	Programmes	Research and Development Programme	To support research, to increase recruitment to trials, to facilitate adoption of innovation, to create coherent research platforms for partners and to deliver cost-efficiencies	<p>Establish baseline from NHS partners for commercial research activity</p> <p>Appoint a Programme lead and a senior project manager</p> <p>Commence work on a plan with NIHR and other research partners</p> <p>Establishment of the CRN with AHSN support</p> <p>Commence work on strategy for the development of commercial research</p>	A,B,C,D	1,2,3,4,5	£49,467	<p>CEO working with new CRN to come into effect from 1.4.14.</p> <p>Proposals being developed for joint 'industry facing' appointment with CRN to support, inter alia, the increase in a) commercial research trials and b) increasing patient participation in trials across the AHSN.</p> <p>Further discussions to take place after the appointment of Clinical Chair and COO of Thames Valley and South Midlands CRN (due Jan 2014)</p> <p>CEO establishing group for NHS R & D Directors across the AHSN</p>

No.	Overarching Programme	Project Title	Purpose	Health or Wealth delivery measure for March 2014 (Y1)	Core Licence Objective (A,B,C,D)	Outcome Framework Domain (where applicable)	Associated Funding ²	Current Status
7	Programmes	Wealth Creation and Healthcare Innovation Programme	Draw together this large constituency of partners to create a vibrant life science business ecosystem, and address and fulfil a number of functions, previously overlooked	<p>Appointment of Programme lead, established infrastructure and agreed implementation plan</p> <p>Establishment of Programme Oversight Group</p> <p>Announcement of SBRI Challenge for SMEs (working with other AHSNs and TSB - timing to be confirmed by 31/03/14) (leading jointly with South London AHSN on the diabetes theme)</p> <p>Establishment of database of key organisations and contacts in life sciences</p> <p>Clarify for industry the "go to" partners in the Oxford AHSN for different stages of the product cycle (e.g. a RACI chart)</p>	A,B,C,D	1,2,3,4,5	£378,409	<p>Innovation Adoption Director appointed on an interim basis whilst awaiting recruitment of 2 permanent staff. 1st permanent staff member joining in early 2014.</p> <p>List of must do innovations being compiled through engagement with clinical networks and others. Outcomes from 2023 Challenge (sponsored by Oxford AHSN) being followed up with HE TV and TVLeadership Academy.</p> <p>A route map for App development is being developed with NHS Innovations SE and event being held on 29 January 2014. A number of individual proposals are to be featured and others are being followed up.</p> <p>Director of Commercial Development post advertised with c/date of 6 January 2014. Two Commercial Development Posts to be advertised with c/date of 13 January 2014. These latter posts will be based in Milton Keynes and Reading.</p> <p>AHSN is sponsor for OBN and CEO is speaking at OBN Entrepreneur Event at Said Business School.</p> <p>AHSN working with OBN on development of Map across the Network to show life sciences and</p>

No.	Overarching Programme	Project Title	Purpose	Health or Wealth delivery measure for March 2014 (Y1)	Core Licence Objective (A,B,C,D)	Outcome Framework Domain (where applicable)	Associated Funding ²	Current Status
								<p>related industries/organisations.</p> <p>AHSN supported the submission of bids to the Regional Innovation Fund due 6 December 2013</p> <p>Meetings being held with LEPs/County and District/City Councils to explore areas of interest. Intent to ensure health and life sciences are included in developing economic plans for communities</p>
8	Programmes	Funding for fellowships (10)	Targeted AHSN-focused themes and clinical areas	Identify priority areas for fellowships and commit funding	A,B,C,D	1,2,3,4,5	£250,000	<p>Fellowships form part of continuous learning now integrated within the Best Care Programme.</p> <p>Funding for 7 Fellowships agreed with the Centre for Evidence Based Medicine - candidate selection to occur in May 2014 with student intake in October 2014.</p> <p>Fellowships will be open to all healthcare professionals provided academic and AHSN criteria are</p>

No.	Overarching Programme	Project Title	Purpose	Health or Wealth delivery measure for March 2014 (Y1)	Core Licence Objective (A,B,C,D)	Outcome Framework Domain (where applicable)	Associated Funding ²	Current Status
								met. AHSN, CEBM and Health Education Thames Valley working together to deliver this new programme which will support the identification and delivery of innovation throughout the Network
9	AHSN costs	Theme and programme non-pay costs		Identify and commit non-pay costs in line with AHSN strategies	A,B,C,D	1,2,3,4,5	£464,000	<p>Resources have been committed to support across Network activities, including locality meetings, stakeholder meetings etc. A further series of Network locality meetings now being planned for 2014.</p> <p>The AHSN website is being remodelled (see also below) and relaunched in Jan 2014. Regular updates on content will be provided, with individual pages for the clinical networks and themes.</p> <p>Monthly newsletter issued regularly and Twitter established</p>

No.	Overarching Programme	Project Title	Purpose	Health or Wealth delivery measure for March 2014 (Y1)	Core Licence Objective (A,B,C,D)	Outcome Framework Domain (where applicable)	Associated Funding ²	Current Status
10	Startup	Central funding support for initial networks		Support establishment of network activities including events, communications and infrastructure support	A,B,C,D	1,2,3,4,5	£250,000	<p>Each Network and Programme is being given funding and soft support to hold a formal launch event. This event will be professionally video-ed to provide marketing collateral and to provide content for the new website</p> <p>All Networks and Programmes are to be provided with a page on the Oxford AHSN external website and will also be provided with a suite of collaborative working tools, following successful pilot, including SharePoint and interactive meeting tools.</p> <p>CEO and COO have continued their visits with stakeholders. Two meetings have been held - 7 November hosted by University of Reading and 18 December for Oxfordshire. Stakeholder meetings include meetings with Bucks County Council, BD, Astra Zeneca and others (see cover report)</p>
Total							£2,657,396	

Appendix B - Risks Register & Issues Log

Risks Register

#	Programme / Theme	Project	Sub-Project	Risk	Description of Impact	Likelihood	Impact	Timeline	Mitigating Action	Owner	Actioner	Date Added	Date Mitigated	RAG Status
1	Oxford AHSN Corporate			Failure to establish culture of cross-organisation working	<p>Absence of common culture and presence of hostility and suspicion</p> <p>Scarcity of integrated care</p> <p>Absence of leadership</p> <p>Lack of progress</p>	Medium	High	> 6 months	<p>Leadership supporting a culture of collaboration, transparency and sharing</p> <p>Programme of meetings in place for CEO and COO to be completed by 31/12/13</p> <p>Ensuring a culture of inclusivity and sharing, through, inter alia, the use of appraisals</p> <p>Real time monitoring of network health/identification of leaders and support of leadership training</p> <p>Celebrate early successes</p> <p>Establishment of effective</p>	AHSN Chief Executive	Programme SROs	06-Sep-13		RED

#	Programme / Theme	Project	Sub-Project	Risk	Description of Impact	Likelihood	Impact	Timeline	Mitigating Action	Owner	Actioner	Date Added	Date Mitigated	RAG Status
									virtual communication system Establishment of web system and regular communication Establishment of shared working for programmes e.g. using Sharepoint Funding Agreement contains explicit requirements to share and collaborate					

#	Programme / Theme	Project	Sub-Project	Risk	Description of Impact	Likelihood	Impact	Timeline	Mitigating Action	Owner	Actioner	Date Added	Date Mitigated	RAG Status
2	Oxford AHSN Corporate			Failure to establish Clinical Networks and publish Annual Reports	<p>Variation in care metrics unreported and unchallenged</p> <p>Poor adherence to NICE TAs</p> <p>Poor adoption of Hils</p> <p>Poor adoption and diffusion of innovation</p>	Medium	Medium	> 6 months	<p>Proper infrastructure in place to support Programme lead and the clinical networks</p> <p>Clarity of deliverables of Clinical Networks</p> <p>Performance management through Job Plans for clinical leads working with host medical directors</p> <p>Greater recruitment of support from NICE Local Implementation Group</p> <p>Reinforcement of Commissioner incentives (CQUINs)</p> <p>Technology Adoption Manager recruitment to</p>	AHSN Chief Executive		06-Sep-13		AMBER

#	Programme / Theme	Project	Sub-Project	Risk	Description of Impact	Likelihood	Impact	Timeline	Mitigating Action	Owner	Actioner	Date Added	Date Mitigated	RAG Status
									drive uptake of NICE TAs - where there is a demonstrable clinical need					
3	Oxford AHSN Corporate			Financial Failure	Pay and non-pay costs uncontrolled Matched funding unrealized Failure to use commercial opportunities	Low	Medium	2-3 months	Detailed monthly review Executive Team leadership Management Board review and oversight Support (commercial) for HIWC Programme Reforecast on	AHSN Chief Operating Officer	AHSN Chief Operating Officer	06-Sep-13		AMBER

#	Programme / Theme	Project	Sub-Project	Risk	Description of Impact	Likelihood	Impact	Timeline	Mitigating Action	Owner	Actioner	Date Added	Date Mitigated	RAG Status
									agreement of funding of Clinical Networks Create contingency fund of £0.5m					
4	Oxford AHSN Corporate			Failure to deliver Research Objectives	NIHR CRN not delivered Failure to increase participation in clinical research Failure to complete research in timely fashion Failure to integrate and align the multiple clinical research networks Failure to increase research opportunities	Medium	Medium	> 6 months	Appointment of core project manager to work with CRN Transitional Lead Effective NIHR infrastructure support including improved sign-off Positive engagement and promotion across the Network to deliver a research active Network	AHSN Chief Executive	R&D Lead	06-Sep-13		AMBER

#	Programme / Theme	Project	Sub-Project	Risk	Description of Impact	Likelihood	Impact	Timeline	Mitigating Action	Owner	Actioner	Date Added	Date Mitigated	RAG Status
5	Oxford AHSN Corporate			Failure to produce a flexible, adaptive workforce skilled at working at interfaces	Fixed workforce unable to adapt to changing needs	Low	Low	> 6 months	Appointment of Programme Lead Establishment of MoU with HE TV Focus on increasing capacity and capability in relation to research, service improvement, quality improvement and innovation Incorporation of training multi-professional teamwork skills in mandatory and basic training	AHSN Chief Executive	Continuous Learning Lead	06-Sep-13		GREEN
6	Oxford AHSN Corporate			Failure to increase innovation and grow the local life science cluster	Absence of change in clinical care Outward migration of life science industry Increased local unemployment	Medium	Medium	> 6 months	Establishment of baseline for measurement Establishment of database of contacts, partners and potential partners Engagement events with	AHSN Chief Operating Officer	HIWC Lead	06-Sep-13		AMBER

#	Programme / Theme	Project	Sub-Project	Risk	Description of Impact	Likelihood	Impact	Timeline	Mitigating Action	Owner	Actioner	Date Added	Date Mitigated	RAG Status
									focus on HIWC Removal of barriers to collaboration and progress					
7	Healthcare Innovation & Wealth Creation			Failure to identify suitable projects for Innovation Adoption	Failure to meet this key AHSN objective may lead to sanctions from NHS England Damage to the AHSN credibility - may impact upon other areas	Medium	Medium	3-6 months	Undertake a comprehensive engagement process to identify strong need	AHSN Chief Operating Officer	HIWC Lead	28-Nov-13		AMBER

Issues Log

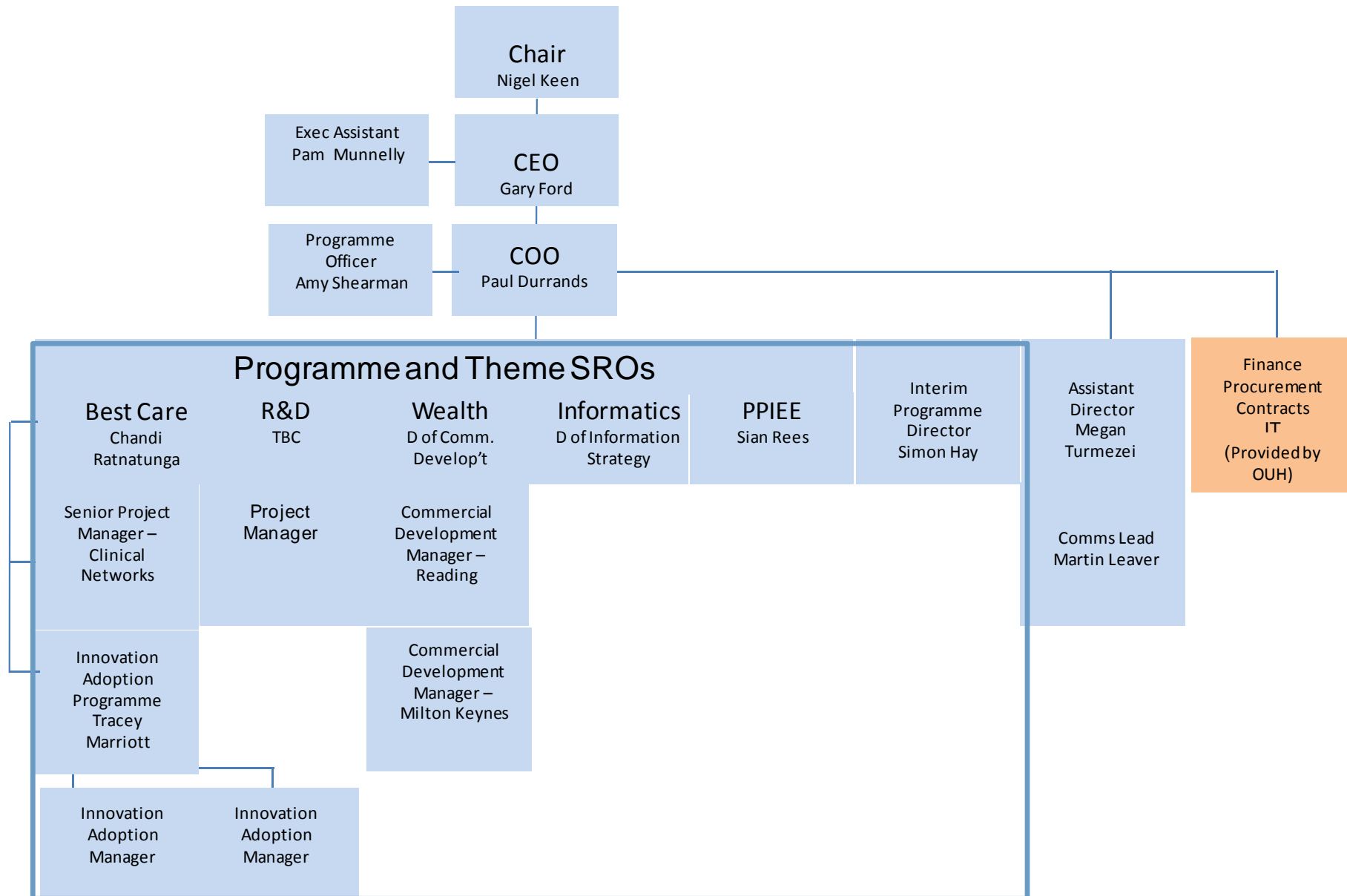
#	Programme / Theme	Project	Sub-Project	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
5	Oxford AHSN Corporate			Still awaiting second, and final, tranche of central funding (due 31st October 2013)	Major	Financial	Constant interaction / escalation with Rachel Cashman of NHS England Last expedited on 20/12/14	AHSN Chief Operating Officer	AHSN Chief Operating Officer	14-Oct-13	Action - 40% Complete	

#	Programme / Theme	Project	Sub-Project	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
8	Oxford AHSN Corporate			<p>NHS England have indicated that year on year funding will reduce by 20% each year over the remaining years of the licence.</p> <p>This will lead to potential funding shortfalls from 2014/15 onwards. With a requirement for funding from Partners of ca. £2.5m in 16/17 and £3.5m in 17/18.</p>	Critical	Financial	<p>No funds have been committed beyond 31st March 2015 (except for Continuous Learning where the first cadre have been committed to for the full three years - until 2016).</p> <p>A revised cash flow forecast has been prepared, with a verbal update to be given at Management Board on 6th December</p> <p>All AHSN to lobby NHS England to try and change their position</p> <p>A mitigation plan to be developed for discussion with the Board at the next meeting (January 2014)</p>	AHSN Chief Operating Officer	AHSN Chief Operating Officer	28-Nov-13	Action - 20% Complete	

#	Programme / Theme	Project	Sub-Project	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
9	Healthcare Innovation & Wealth Creation			Currently documented Wealth Creation Strategy deemed not fit for purpose	Major	Strategy	New strategy to be developed with Programme Lead	AHSN Chief Operating Officer	AHSN Chief Operating Officer	28-Nov-13	Action - 40% Complete	
10	Oxford AHSN Corporate			Interviews for senior Project Roles have struggled to find suitable candidates	Major	People	Current Interim resource to be extended until end June 2014 Roles to be re-advertised via external consultants (Odgers)	AHSN Chief Operating Officer	AHSN Chief Operating Officer	28-Nov-13	Action - 20% Complete	
11	Best Care (Clinical Networks)			Failure to agree who is to act as the host for a number of Networks / Programmes is leading to potential delays in mobilising those affected.	Major	Strategy	Oxford AHSN position is that the NHS should host. CEO, COO and Best Care SRO have raised with OUH CEO and DoF, OH CEO and UoO DoF OUH DoF is taking lead across the partners to resolve by 09/01/14	AHSN Chief Operating Officer	Best Care SRO	10-Dec-13	Action - 60% Complete	

#	Programme / Theme	Project	Sub-Project	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
12	Best Care (Clinical Networks)			Hosting organisations are looking to add 'overhead recovery recharges' to the cost of any resources provided	Major	Financial	<p>All networks have to provide a detailed budget, which has to be agreed, as part of the Funding Agreement</p> <p>Oxford AHSN position is that any such recharges should be viewed as 'matched funding' by the host organisations</p> <p>CEO, COO and Best Care SRO have raised with OUH CEO and DoF, OH CEO and UoO DoF</p> <p>OUH DoF is taking lead across the partners to resolve by 09/01/14</p>	AHSN Chief Operating Officer	AHSN Chief Operating Officer	16-Dec-13	Action - 20% Complete	

Appendix C – Proposed Organisation Chart



Appendix D – Financial Forecast 14/15

OXFORD AHSN FINANCE PLAN	Plan	Forecast	
	Model Period Beginning	01-Apr-13	01-Apr-13
	Model Period Ending	31-Mar-14	31-Mar-14
	Financial Year Ending	2014	2014
	Year Indicator	1	1
INCOME (REVENUE)			
NHS England funding	3,078,950	4,398,500	
Membership contributions (to meet national funding shortfalls)	420,000	0	
HETV income for continuous learning programme	240,000	490,000	
Other income	0	0	
Total income	3,738,950	4,888,500	
AHSN FUNDING OF ACTIVITIES			
Population Healthcare Theme	36,553	40,280	
Patient and Public Engagement and Experience Theme	44,807	105,210	
Integration and Sustainability Theme	66,667	100,000	
Informatics and Technologies Theme	234,033	702,100	
Best Care Programme - Clinical Networks	883,460	1,978,500	
Continuous Learning Programme	0	534,000	
Research and Development Programme	49,467	74,200	
Wealth Creation and Healthcare Innovation Programme	378,409	192,500	
Theme and programme non-pay costs	464,000	195,000	
<i>Funding for fellowships</i>	250,000	200,000	
<i>Contingency for programmes</i>	250,000	50,000	
Total expenditure on AHSN functions	2,657,396	4,171,790	
CORE TEAM AND OVERHEAD			
Pay costs	333,950	280,230	
Non-pay costs	184,214	104,000	
Depreciation	7,500	15,000	
Travel Costs	30,000	30,000	
Professional (Auditor and Legal) Fees	30,000	11,200	
Set-up costs	24,000	200,000	
AHSN-wide promotion/sponsorship	75,000	75,000	
Total core team and overhead costs	684,664	715,430	
INCOME AND EXPENDITURE			
NHS England funding	3,078,950	4,398,500	
Membership contributions (to meet national funding shortfalls)	420,000	0	
HETV income for continuous learning programme	240,000	490,000	
Other income	0	0	
Total income	3,738,950	4,888,500	
Total expenditure on AHSN functions	2,657,396	4,171,790	
Total core team and overhead costs	684,664	715,430	
Total expenditure	3,342,060	4,887,220	
Surplus/(deficit)	396,890	1,280	
Cumulative cashflow surplus/deficit	396,890	1,280	