MedCity

BUSINESS PLAN 2016-17

The MedCity vision is for London and the Greater South East (GSE) to be a world leading, interconnected region for life science research, development, manufacturing and commercialisation - delivering health improvements and economic growth.

Life Sciences refers to activity relating to drug discovery – small molecules and biologics; medical devices technology; diagnostics and digital health, the latter referring to the application of digital and data technologies to the prevention, management and treatment of disease, along with the provision of health services. MedCity does not support industrial or agricultural biotechnology and our primary focus is human health related activity.

Introduction

MedCity, launched by the Mayor of London and London's three Academic Health Science Centres (AHSCs) in April, 2014, has been established with three years of funding from the GLA and 5 years of funding from the HEFCE Catalyst Fund. This document sets out the business plan, key milestones and performance indicators for the organisation, for the financial year 2016/2017. While this document relates to planned activity for the financial year 2016/17, successes and progress in 2015/16 are also briefly outlined.

Background

In line with the first two years of operation, MedCity will continue to deliver a range of services, projects and programmes. All activities will be undertaken against MedCity's four themes:

Creating a 'front door' for businesses large and small, entrepreneurs, investors and academics.

Promoting the region as a base for life science investment and growth.

Encouraging and enabling entrepreneurialism by supporting the development of a business environment that supports life sciences and creating the ecosystem and a culture which encourages entrepreneurialism.

Explaining the MedCity offer to the market by articulating the offer to the market, working with the academic community to demonstrate our expertise.

In addition to these four themes, MedCity is also playing a more active role in contributing to or influencing policy development. An example is the GLA's work on the availability of capital for life sciences, which manifested itself in a high-level round table at City Hall, chaired by MedCity, to discuss different models for building the level of life sciences investment capital and London's role in supporting life sciences investment. What is more, as MedCity continues to strengthen its links with Oxford and Cambridge respectively, there is a call from both of the respective Universities and Academic Health Science Centres for MedCity to take a role in progressing and supporting certain policy issues including transport infrastructure, skills, immigration, innovation funding and access to innovative products and services.

Although MedCity is an organisation established by London based institutions – the GLA and the London AHSCs – MedCity has always been clear that MedCity's offer is broader than London and encompasses activity across the 'Golden Triangle' of Cambridge – London – Oxford and indeed across the broader geography that is frequently referred to as the greater south east of England. This wider geography is critical in terms of MedCity's role in supporting access to expertise, resources, facilities, workspace and influential networks, given the distribution of industry large and small across the region and the location of key infrastructure, such as incubation spaces and other academic institutions. Consequently, MedCity tends to describe its geographical interests as being contiguous with old regional development agency boundaries of SEEDA, EEDA and the LDA. While this has been the ambition from the outset, MedCity needs to continue to develop its relationships and organisational capacity to fully encompass the broader region. 2016/17 will be a pivotal year in determining the extent to which Oxford and Cambridge, and critically the academic and NHS institutions that underpin the expertise, facilities and infrastructure available, wish to become a part of MedCity's vision and activities.

Following the report of the London Health Commission, published in October, 2014, MedCity has been working with London's three Academic Health Science Networks (AHSNs) to develop a programme of work and an offering to support the development of 'digital health' activity across London. MedCity defines digital health as the application of digital and data technologies to the prevention, management and treatment of disease, along with the provision of health services. A programme of work, developed, managed and led by Imperial College Health Partners, Health Innovation Network and UCLPartners, working with the GLA and MedCity, will be launched in February, 2016, using the programme brand name DigitalHealth.London. This programme will incorporate the establishment and delivery of an NHS focused and embedded acceleration programme, which is being co-funded by the European Regional Development Fund (ERDF), MedCity being a strategic delivery partner within the accelerator. As a consequence of this development, some of the activity within this plan will be undertaken as part of and through the DigitalHealth.London programme.

2016/17 will also be a critical year for MedCity as it heralds the arrival of a new Mayor. MedCity has benefitted significantly in both its formation and in its operation from the support of the current Mayor and relevant deputies, particularly the Deputy Mayor for Business and Enterprise. A number of MedCity's activities will be impacted by the work plan and preferences of the new Mayor, in particular MedCity's international activity, which in year two of operation was closely aligned with the Mayor's international visits programme. Consequently, a number of areas of activity have been identified, which will be contingent upon the work plan and support of the new Mayor in 2016.

Action plan and key year 3 milestones:

Front door service

In year two of operation, MedCity:

- Developed an evidence base to support London-specific targeting of inward investment opportunities. (In its first year, MedCity supported three completed inward investment projects, bringing in 23 jobs. Total GVA for these jobs was £5,815,627.)
- Developed a wide stakeholder base for communications – over 1400 individuals receive the monthly newsletter and MedCity has over 1600 followers on Twitter.
- Hosted business delegations from Japan, the UAE and the Commonwealth.
- Updated and re-launched the MedCity website. The new website includes signposting information to sources of advice and funding, including those specific to small businesses, with a particular focus on access to sources of finance and NHS innovation pathways.
- Produced a series of succinct guides for entrepreneurs on accessing funding, space and navigating the NHS. It is more time- and cost-effective for MedCity to play a facilitator role for market solutions, than to create a register of equipment, expertise and space as initially proposed. Information on access to equipment and space is also provided on the new MedCity website.

In year three of operation, MedCity will continue to develop and build the MedCity brand and communicate London and the south east's capability; raising awareness amongst the international life science community of the benefits of locating activity in London and the south east, including access to one of the world's most innovative entrepreneurial ecosystems. Given the complexity of the region, in terms of the number of institutions, industry players and networks, MedCity will continue to offer its front door service to individuals, SMEs, inward investors, investors and multi-national companies, providing a triage and concierge service to support the needs of users. In line with years one and two of operation, this free to access service will be provided to both domestic and international "customers".

Front door service: actions	**Timing**
Provide a professional, timely and responsive service to customers approaching MedCity, backed by an effective "triage" service for the problems/issues that need to be addressed, underpinned by a concierge service that helps identify and introduce customers to solutions and/or resources that can assist them to progress and grow their businesses.	Ongoing
Continue to refine and develop the content of the MedCity website, supporting signposting to	Ongoing

sources of advice and funding, including those specific to small businesses. In 2016/17, working with our partners, we will develop and place on line developed guidance for companies seeking Angel investment.	
Working in particular with LEPs, local government and with providers, develop systems that allow the availability of life sciences-focused work spaces (particularly lab space) to be identified and reported in a timely manner, to support entrepreneurs, academics and businesses looking to locate or grow their activity within the region.	December, 2016
Continually monitor and validate and, if appropriate, further develop the signposting for supporting networks and contacts, including within the NHS system, for developing and testing innovations.	Ongoing

Promoting the region

In year two of operation, MedCity:

- Launched a new in-depth study of London's life sciences sector in July 2015. The research shows that the greater south east is home to 1,896 life sciences companies generating £16.6 billion annually.
- Also launched the MedCity map in July 2015 – the interactive map (www.medcitymap.com) of the life sciences sector in London and the greater south east will be updated on a regular basis.
- Joined the Mayor of London for a trade mission to Japan – a key target market – in October 2015. In parallel, MedCity organised a seminar at BioJapan (the largest life sciences conference in Asia) and an event at a life sciences hub, and recruited life sciences delegates for the Mayor's Export Programme visit to Japan. At the BioJapan conference, MedCity also launched a campaign to promote cell and gene therapy capabilities in London and the greater south east. The campaign, which was developed with London & Partners and the GREAT Britain campaign, resulted in over 96,500 views of the short campaign film (with a 1.43 min average view time of the two-minute film). There were also 544,000 Twitter timeline deliveries for #UKCellTherapy, and the campaign resulted in AVE of around £1.8m.
- Continued outreach work at a range of life science sector events, including a number of speaking engagements by the Executive Chair and CEO. In addition to BioJapan, MedCity attended several international conferences, including BIO in Philadelphia – the largest global life sciences convention. MedCity branding was incorporated in the UK pavilion at BIO, which was attended by 15,000 global delegates. MedCity also supported the Mayor's export programme mission to BIO. At the time of writing, 4 meaningful investment projects have been identified as a result of MedCity's presence at international conferences, although these are at different stages of maturity.

- Held several events in London, focused on highlighting London and the south east's capability in life sciences R&D. London events included a two-day Health Tech 2020 event in conjunction with the three London AHSCs and Vision 2020, to promote Europe-wide research partnerships and commercial innovation. Delegates from 19 European countries attended the first day at City Hall; the second day comprised partnering workshops.
- Partnered with The Design Council to run a competition to provide in-depth design support to a cadre of ten companies, with a focus on assisted living products. The aim of the programme is to demonstrate how good design can assist in market access and adoption and will provide an opportunity to showcase innovation from the med tech community. MedCity has secured approximately £20k from The Design Council and £25k from AXA PPP to support this project.
- Generated marketing, PR and online material to support promotion of the MedCity offer and region, resulting in above-target AVE of over £1.1m at the time of writing (figure as of end Q2).
- Produced a variety of promotional material to support London's and the region's offer, including "At a glance – Life sciences in London and the south east".

Promoting the region: actions	**Timing**
Working with the GLA and appropriate contractors, ensure that the MedCity map is maintained with timely, accurate and relevant information so that is becomes a trusted source of data on the industrial landscape across the region.	Updated company list January, 2016; Meeting with Trampoline Systems to be scheduled to talk about future work regarding MedCity needs to allow editing.
Working with the London & Partners led consortium, support the life sciences (including digital health) related activity within the Mayor's International Business programme (formerly known as the Mayor's export programme) to introduce London based SMEs to new markets and global business collaborations. Specifically, assist the consortium to identify appropriate international events/fora which could be employed to support internationalisation activities; ensure opportunities to participate in the programme are communicated widely using multiple channels available to MedCity; provide expertise to assist in the identification of appropriate companies that could benefit from the programme; where appropriate, support SME delegations with their internationalisation activity, for example by leading any delegation to BIO USA, or other relevant events/conferences.	Dependent upon the export programme plans, which currently include a mission to BIO in June, 2016.
Working with relevant LEPs outside London, determine the extent to which there are	June, 2016

opportunities to join up (i) inward investment activity being undertaken by local teams (non-UKTI staff) and (ii) trade support activities, with a particular focus on Oxford and Cambridge. If there is interest in developing a joined up approach, develop action plans accordingly.	
Plan and deliver at least one MedCity promotional mission to a key target market, in collaboration with London & Partners (planning will need to take into consideration any external visit programmes planned by the Mayor in 2016/17). At the time of writing there is still uncertainty with regard to the likely level and location of international activity that the new Mayor will undertake. MedCity will take the new Mayor's plans and preferences into consideration when developing its own plans and will also use its own analyses and London & Partners' plan as an input to develop MedCity's activity.	March 2017
Participate in at least 2 significant, externally facing, international conferences to promote MedCity and the region. Ensure at least 3 meaningful projects are identified as a result.	March 2017
Generate relevant and effective marketing, PR and online material to support promotion of the MedCity offer and region. Continue to build relationships with academic institutions, industry and relevant networking/membership organisations to ensure a steady flow of news stories that support development of the reputation of MedCity and life sciences across the region.	Ongoing – monitor and report
Working with London & Partners and other relevant stakeholders from across the life sciences community, hold at least 2 events within London, focused on highlighting London and the south east's capability in life sciences research and development (potentially a Horizon 2020 related event and potentially a Biomedical Research Unit/Centres industry facing event)	2 events to have been held by March, 2017
Working with relevant bodies such as London & Partners, the GLA and academic institutions, develop a plan for ensuring that (a) New Scientist Live, taking place in London in September, 2016) and (b) the International Society for Cellular Therapy Conference (taking place in London in May, 2017) are leveraged as PR and reputational opportunities for London and the region.	(a) September, 2016 (b) Plan developed by March, 2017, even through the event will take place in the following financial year.

Encouraging & enabling entrepreneurialism

In year two of operation, MedCity:

- Completed delivery of the year-long Angels in MedCity investment programme. £2.5m funding was raised by three companies as a direct result of the programme. At the time of writing, plans are in development for continuation of the programme, subject to securing financial support from partner organisations.
- Is working with the London Stock Exchange (LSE) to deliver the second Future of Healthcare Investment Conference in January 2016. Held in partnership with the BioIndustry Association (BIA) and One Nucleus, the event will highlight the significant investment opportunities available to generalist and specialist public market investors as well as venture capital representatives in the UK healthcare sectors.
- Made good progress on the development of the MedCity Innovate to Collaborate seed fund. A programme of activity has been developed to seed fund collaboration across research institutions within London. At the time of writing, MedCity is progressing a second round ERDF bid and focusing on securing industry support to ensure that the ideal level of programme funding is reached (£1m p.a.). The launch of the seed fund has been delayed due to the ERDF timeline.
- Established the foundations for a Med Tech Innovation programme for London (in partnership with SEHTA and the GLA) to address barriers to success and growth for the Med Tech industry.
- Held an event in December 2015 which brought together almost 90 stakeholders from London's MedTech community. The event focused on future trends, areas of investment for corporate R&D, and ways to encourage collaboration across the sector.
- Developed plans for an evidence-based study of demand for life sciences workspace, with the aim of developing a more robust evidence base for the shortage of life sciences workspace, particularly wet lab space. At the time of writing, the study is underway and expected to report in March 2016. Work is also in progress to deliver capability as part of MedCity's new website to provide information on available (ideally real time) workspace, pan London.
- Continued to convene the London-based organisations that are developing plans to create new life sciences/bio-medical research facilities, bringing together the group of sites/clusters on a biannual basis, with the aim of developing a clear and coherent plan for London.
- Worked with the three London AHSNs to develop a concept for a virtual Digital Health Institute (to be called DigitalHealth.London). This will include an NHS-focused accelerator programme, for which ERDF funding has been secured. MedCity is a delivery partner in the accelerator.
- Is working with the GLA and stakeholders including the European Investment Bank to explore various options for an innovative life sciences fund, further to the GLA/MedCity senior-level roundtable on in June 2015 on access to finance for drug development, which generated significant interest and media coverage.

- Worked with the GLA to prepare for a life sciences roundtable jointly hosted by the Mayor of London and the Minister for Life Sciences, George Freeman MP, in October 2015. Challenges for the sector around infrastructure, long-term funding and access to the NHS were highlighted at the meeting.

In line with MedCity's year 2 business plan, our activity relating to the environment, ecosystem and culture for entrepreneurialism is segmented into a number of areas of focus. These are: access to finance; access to appropriate and affordable work space, including incubation and grow on space; supporting activities which foster a culture of entrepreneurialism within academic and clinical environments and seeding inter-institutional and SME/academic collaborations.

Encouraging and enabling entrepreneurship: actions	**Timing**
Drawing on evidence and the evaluation of year one of the Angels in MedCity programme, execute a plan for the continuation of Angels in MedCity for a further 2 years; secure financial support to undertake and develop the programme, incorporating investor workshops, pitching events, guidance and education on angel investing, extending the programme's reach explicitly beyond London.	Funding in place for 2016/17 by April, 2016. Deliver at least 3 investor workshops and 3 pitching events with a total of at least 18 pitching slots for companies by April, 2017, securing a wide network of supporting organisations willing to host and support events.
In addition to Angels in MedCity, MedCity will undertake work to contribute to the positioning of London as a key financial centre for life sciences funding. This will include working with partners to determine if a third *Future of Healthcare Investment* conference will be held in 2016/17; supporting the GLA-led work to assess the feasibility of an innovative fund model; scoping of a project to examine how pension funds might be encouraged to invest more into healthcare and life sciences investments; potential to co-host an event to showcase investible companies to investors, working with the Innovation Forum.	NB – at the time of writing some of these activities are still being considered and as a result, it is premature to determine a timetable for these activities.
Following completion of planning for the 'Collaborate to Innovate' MedCity seed fund programme, and following completion of the process to secure ERDF support for the programme, ensure effective delivery of the first tranche of projects, and the effective operation of the seed fund in its first full year of operation.	A delivery plan for the Collaborate to Innovate seed fund programme is currently being developed, with a launch event

	anticipated in spring, 2016. The timetable is currently dependent upon completion of the process to secure ERDF support for the programme.
Work with partner organisations to scope and develop innovation vouchers that will provide a range of wider business support across the academic partner organisations within London.	Spring 2016
First MedCity-enabled inter-institutional research collaboration launched.	December, 2016
Following the 2015/16 project to scope a Med Tech Innovation network for London (working in partnership with SEHTA), complete evaluation of activities and determine whether any further activity is required; if so, develop a plan and determine how this work might be funded.	June, 2016
The "demand study" for life sciences work space for London will be completed and delivered by the end of March 2016. Using the analysis and evidence collected, MedCity will determine how this work should be taken forward and will develop a plan for communicating the findings and for engagement with both the property development sector and with policy makers, including the new Mayor.	July, 2016
Continue to convene the London based organisations that are developing plans to create new life sciences/bio-medical research facilities, bring together the group of sites/clusters on a biannual basis as a London life sciences cluster roundtable, with the aim of developing a clear and coherent plan for London.	Group to have met at least twice by May, 2016

Explaining the market

In year two of operation, MedCity:

- Developed an evidence base to support London-specific targeting of inward investment opportunities.
- Developed relations with several new (to MedCity) multi-national life science companies.
- Formed a pan-London working group to agree and mobilise a pan-London commercial clinical trials strategy to promote London as a location for commercial research. Reflecting findings of MedCity research, this work has replaced the original 2015/16 milestone on encouraging and supporting the involvement of business in shaping the programme to improve the clinical trial environment.
- Made progress in developing therapeutic or technology related propositions. A proposition on cell therapy and regenerative medicine was launched during the Japan mission in October 2015. A second proposition on genetics is anticipated to be completed in February 2016, and a third proposition on clinical trials is pending.

Explaining the market: actions	**Timing**
Working with the MedCity convened group for London, focused on growth of commercial clinical trials (Clinical Research Networks, AHSNs, NHS Trust R&D offices etc) take forward the plan (which is currently being developed). The aims of the plan are to increase the overall percentage of national commercial trials being conducted in London; enable patients to access research in all areas; increase customer understanding of methods for navigating London's capabilities. The action plan will have three work streams to be delivered over an 18-month period: 1. Navigation – Mapping/Simplifying routes in to London/national gateway. 2. Promotion/awareness/education – Marketing strengths and offering. 3. Replication of best practice across the geography	Subject to plan, which is currently being developed, but work is anticipated to be undertaken over an 18-month period, commencing in April, 2016
Following launch of DigitalHealth.London (the digital health programme and accelerator which is currently being developed as a result of the 2014 London Health Commission report - see 2015/16 business plan) work as a strategic delivery partner, in conjunction with the 3 London AHSNs to deliver the DigitalHealth.London business plan and contribute to the successful delivery of the first year of the accelerator programme.	DigitalHealth.London business and delivery plan is being developed as a separate document and will be available following the programme launch, which is taking place in February,

	2016. MedCity is identified as a strategic delivery partner for the accelerator and will be responsible for delivery of a number of activities and objectives under the plan. This will include working with SMEs to support navigation of the ecosystem, delivery of a number of events as part of the accelerator and supporting marketing and communication of the DigitalHealth.London proposition.
Develop at least two new (in addition to any outstanding propositions from 2015/16) therapeutic or technology related propositions, in order to effectively communicate and market London and the region's capabilities in a pro-active way with collaborators and inward investors.	2 complete by March, 2017.
Building on the marketing model deployed for 2015/16's Cell and Gene Therapy campaign, use the analyses identified in the milestone above to undertake a targeted marketing campaign into key a key international market/s (likely to include US and Japan, but also potentially China and/or India).	1 complete by March, 2017.

Future funding and organisational development

As identified within MedCity's first year business plan, the ambitious vision for MedCity will require additional, future funding streams. This is expected to include sponsorship funding from private, charity and public sector organisations and individuals. The MedCity Advisory Board has considered a range of options to ensure funding sustainability post 2016/17, from which point GLA funding may decline or cease. This discussion recognised that there will be a new Mayor from May, 2016 and the extent to which life sciences will feature as a priority sector under a new administration is to be determined. The Advisory Board proposed a number of options for further development and these will be examined further throughout the next year.

Future funding: action	**Timing**
Develop and execute plan for securing funding post 31st March, 2017, to include submissions for proposals to LEP(s) as appropriate	31 October, 2016
Working with partner organisations as appropriate, MedCity will engage fully with the new Mayor to ensure that they have a full understanding of the contribution that life sciences is making to the economy and life of London and support their decision making about the future of MedCity.	Throughout 2016/17 as appropriate
The Board of GMEC (Global Medical Excellence Cluster) will make a decision about the future of GMEC in spring 2016. Following the GMEC Board's decision, MedCity will work with the MedCity Founders and Boards and with the GMEC Board to execute any plan, in as much as it relates to MedCity, its governance, staffing, strategy and operation.	Subject to GMEC decision and timetable to be agreed.

MedCity Organisation:

MedCity Ltd operates with a Management Board of Directors, tasked to run the company, and an Advisory Board, drawn from the life sciences community, to provide strategic direction and to act as advocates for the region and for MedCity's work. MedCity is accountable to its funders. Further detail is set out in the Articles of the Company and Terms of Reference of the Boards. These articles and terms of reference may be subject to review and change, subject to decisions relating to the future of GMEC, as detailed above. Details of current Advisory Board members can found on the MedCity website (www.medcityhq.com). It had originally been envisaged that an independent chair would be recruited to the Advisory Board, however, at the Advisory Board meeting of 22nd September, 2015, a decision was taken not to appoint a separate chair. Future Advisory Board meetings will be chaired by one of the Board members.

Management Board:

The Management Board comprises voting Directors and observers. The Executive Directors include the Executive Chair and CEO. The Non-executive Directors include one representative for the AHSCs collectively and one from either Cambridge University Partners or Oxford University Partners. The Board shall not exceed 10 members.

The GLA and the other founder AHSCs shall each have the option to have an observer at the Management Board. GLA may choose to appoint a Director to the Board and at the time of writing, a GLA nomination is being considered.

The members are:	Executive Directors:	Eliot Forster (Chair) Sarah Haywood (CEO)
	Non-executives:	Gordon Innes, CEO, London & Partners Prof. Sir Robert Lechler, Vice-Principal (Health) and Executive Director, King's Health Partners AHSC (AHSCs' appointed Director) Dr David Roblin, COO, The Francis Crick Institute Dr Annalisa Jenkins, CEO, DimensionTx Prof Sir Patrick Maxwell, Regius Professor of Medicine, Cambridge University To be identified (GLA nominated Director)

Operational structure:

MedCity Ltd continues to employ few people directly; it delivers connectivity into the AHSCs and other research institutions by having a distributed and partly embedded team. MedCity works with individuals, on a project or consultancy basis, to draw on specific skills and knowledge. Part of the founding institutions' contributions-in-kind will be their own members of staff who are internally identified. They continue to be employed by the institution and support MedCity objectives and delivery. These individuals act as access points into their home institutions and identify and approach the right people for potential collaborations, enable and take part in the mapping of resources and capability, ensure SLAs for metrics and monitoring are in place, etc. This model draws on the commitment of the partners, builds a team between and across the institutions, and ensures that there are individuals in place who have an explicit remit to deliver collaborative working and champion MedCity's aims and objectives within institutions.

MedCity works in an aligned way with the economic development support in the region, both publicly and privately provided. MedCity partners with representative organisations, incubation and advice providers, economic development bodies and others, as needed, to shape delivery and leverage greater impact.

An organogram for the MedCity organisation is provided at annex A.

How will we measure success?

In common with the 2015/16 plan, MedCity will understand and be accountable to our funders for its direct impact and programme of work. We have identified a basket of lagging indicators which are not comprehensive for every aspect of MedCity's activity, but which MedCity believes collectively provide a 'barometer reading' as a proxy for the effectiveness of MedCity. These indicators have been discussed extensively with policy and economic advisors within the GLA, L&P and with HEFCE, as the majority funder of MedCity. The indicators are outlined in the table below, along with additional indicators reflecting the main themes of MedCity's work programme.

We have indicated targets at:

- year 2 (2015/16) – once MedCity established and operating;
- year 3 (2016/17) – the end of the GLA grant; and
- year 5 (2018/19) – the end of the HEFCE award.

Key indicators:

Performance indicators are set out below. As noted in the table, several of the indicators are to be reported on primarily for GLA project management purposes. A 'basket' of additional indicators collectively provide a 'barometer reading' as a proxy for the economic impact of MedCity activity. Extensive work has taken place in years 1 and 2 and MedCity will report progress in Year 3 and 5; Year 4 figures are therefore not shown in this document, but growth in that year has been taken into account in the underlying calculations.

As MedCity is a project without precedent, evidence of what is reasonable may either have been absent or has not easily transferred from other projects. In particular it is difficult to isolate the causal variable of MedCity intervention as investment is attracted into the region and jobs are created. Such activity is subject to a wide range of variables. The values used are therefore subject to a degree of uncertainty, but continue to be based on the best available information.

MedCity has agreed a methodology for assessing the value of direct jobs (from relevant FDI investments) resulting from the MedCity involvement. The proposal for estimating the prospective benefits relies on estimates of FDI in London as the major source of direct jobs, and through them, GVA. However, the difficulty of forecasting FDI jobs should be noted, as large investments cannot be accurately predicted. Due

to the volatility of the data series, over the course of five years of jobs created (job persistence of three years is assumed), the calculated average annual jobs created is 10% above the previous trend (5% above trend was assumed for 2014/15). This provides a benefit cost ratio in excess of 2. In addition there will be wider benefits from MedCity activity, which cannot be accurately estimated here, as a result of activity derived from other funding sources, such as European funding (e.g. ERDF) and projects sponsored by private sector partners.

Indicators will need to be agreed as stakeholder engagement progresses with Oxford, Cambridge and other partners.

Measure and metrics[1]	MedCity activity to which indicator relates	Baseline	Yr 2 – 2015/16 (forecast)	Year 2 – 2015/16 (actual)	Yr 3 – 2016/17	Yr 5 – 2018/19	Measurement method
The following seven indicators are to be reported on primarily for GLA project management purposes:							
AVE of media coverage **(GLA KPI)**	Promoting the region	–	£1.7m[2]	£1.14m at end Q2	£1.7m	tbc	AVE calculated by L&P comms agency
Number of new approaches from customers **(GLA KPI)**	Front door service; Promoting the region	100	120	84 at end Q2	120	tbc	No. of approaches recorded by MedCity
Newsletter subscribers	Promoting the region	–	10% growth per quarter	Q2: 51% growth on Q1	50 new subscribers per quarter	tbc	No. of subscribers recorded by MedCity
Twitter followers[3]	Promoting the region		10% growth per month	At end October 2015: growth per month has varied between 5.1% and 13% (currently stands at 1,600 followers at 1st January)	It is expected that growth will decline in year 3, as there is a limit to the audience for MedCity social media. However, we will aim to	tbc	No. of followers recorded by MedCity and twitter analytics

[1] All data in this table is subject to final verification.

[2] Annualised figure, based on the AVE from May 2014-January 2015 inclusive, with a 5% increase across the year. The AVE generated from the launch of MedCity in April 2014 has been excluded from the baseline.

[3] This measure is to be re-examined and consideration given to other measures.

Measure and metrics[1]	MedCity activity to which indicator relates	Baseline	Yr 2 – 2015/16 (forecast)	Year 2 – 2015/16 (actual)	Yr 3 – 2016/17	Yr 5 – 2018/19	Measurement method
					have exceeded 2,500 followers by the end of year 3. In addition, we will also report on the number of mentions and tweet impressions per month.		
MedCity website	Front door service; Promoting the region	–	10% growth per quarter	Q2: 5.8% drop in users; 5.4% drop in page views (MedCity website has now been re-launched)	In year 2 MedCity set a target of 10% growth per quarter. MedCity typically gets between 3.5k and 7k page views per month depending on the time of year and between 1.5k and 2k users per month. MedCity now		No. of website hits and visits recorded by MedCity using Google Analytics

Measure and metrics[1]	MedCity activity to which indicator relates	Baseline	Yr 2 – 2015/16 (forecast)	Year 2 – 2015/16 (actual)	Yr 3 – 2016/17	Yr 5 – 2018/19	Measurement method
					considers that a better measure of growth and performance is to measure increases per quarter compared to the previous year (for eg a 10% increase in Q1 2016 compared to Q1 2015). As an example - in July 2014 we had 2272 page views and 623 users compared to July 2015 when we had 5983 page views and 2216 users. However, MedCity does not consider that it can		

Measure and metrics[1]	MedCity activity to which indicator relates	Baseline	Yr 2 – 2015/16 (forecast)	Year 2 – 2015/16 (actual)	Yr 3 – 2016/17	Yr 5 – 2018/19	Measurement method
					sustain that level of growth year on year but it gives a clearer indication of progress than comparing July 2015 to Aug 2015. It should also be noted that we expect some web traffic to be diverted to the DigitalHealth.London website when this is established and we will also attempt to assess what level of displacement, if any, is taking place.		
Campaign measures will be identified and	Promoting the region; Explaining the market	–	–	–	Tbc	tbc	Tbc

Measure and metrics[1]	MedCity activity to which indicator relates	Baseline	Yr 2 – 2015/16 (forecast)	Year 2 – 2015/16 (actual)	Yr 3 – 2016/17	Yr 5 – 2018/19	Measurement method
reported for activities within 2016/17							
MedCity map website hits	Front door service; Promoting the region	–	–	–	Tbc	tbc	Recorded by MedCity using Google Analytics
The following indicators on economic impact, commercialisation and collaborations collectively provide a 'barometer reading' as a proxy for the economic impact of MedCity activity. It should be noted that these indicators cover areas where success is dependent on multiple factors which may be beyond MedCity's direct influence.							
Economic impact							
GVA (cumulative) of additional direct life sciences jobs resulting from the MedCity project[4] **(GLA KPI)**	Front door service; Promoting the region	n/a	£1.7m	Figure expected in May 2016 (2014/15: £5,815,627)	£3.7m	£8.4m	GVA calculated by using cumulative discounted direct job years[5] (see row below) multiplied by GVA per job in this sector of £87,200 in 2015 prices.[6]

[4] Calculations are based on Year 1 FDI jobs. For the purposes of the final evaluation of the MedCity project, Year 3 FDI jobs data will be used, aligned with the evaluation method of London & Partners in assessing the impact of inward FDI.

[5] A job-year may be defined as full-time work for a year. The job benefits of a project with, say, five years of work will be a series of job years, each discounted by the Treasury Green Book discount rate of 3.5% in real terms from the start of project funding. "Cumulative discounted job years" is the cumulative sum of the present value of the jobs expected to be created as a result of project funding (hence additional job creation is realised).

[6] The GVA per workforce job in the life sciences sector is estimated at £87,200 in 2015 prices, based on a methodology developed by GLA Economics using data from the Office for National Statistics (ONS). Life sciences is not a specific sector within the Standard Industrial Classification (SIC) of the ONS, and has been based upon selecting individual industrial codes which best match the activities within life sciences (particularly parts of divisions 21 on manufacture of pharmaceutical products, and part of division 72 on scientific research and development). The SIC codes used are felt to the most relevant to FDI; other investments – such as investment in digital health, or

Measure and metrics[1]	MedCity activity to which indicator relates	Baseline	Yr 2 – 2015/16 (forecast)	Year 2 – 2015/16 (actual)	Yr 3 – 2016/17	Yr 5 – 2018/19	Measurement method
Number of direct life sciences jobs	Front door service; Promoting the region	100[7]	110	Figure expected in May 2016 (2014/15: 325 jobs)	110	110	No. of jobs recorded by L&P for FDI projects.
Number of additional direct life sciences jobs resulting from the MedCity project[8]	Front door service; Promoting the region	–	10	Figure expected in May 2016 (2014/15: 23 jobs)	10	10	No. of jobs with direct involvement recorded by MedCity for UK investment[9]
Commercialisation							
Each AHSC has taken a very different approach to supporting commercialisation and simple identification of growth in activity is not appropriate. The numbers for spinouts, patents and licensing deals should therefore be viewed in combination, to reflect successful overall commercialisation activity.[10]							
Number of new spinout companies created[11]	Enabling & encouraging entrepreneurialism;	4	12[12] (2014/15 actual: 11)	Tbc[13]	15[12]	18[12]	Recorded by London AHSCs [14]

private sector investment in healthcare – have not been included. The methodology used towards these estimates is to be published in a forthcoming GLA Economics Working Paper "Gross Value Added per workforce job in London, the regions and the UK" in early 2015.

[7] Average of 6 years of Year 1 FDI jobs data from London & Partners, including new businesses coming to London and growth projects. These jobs are in life sciences. Data is gathered from an FDI questionnaire and a manual assessment of the sector where required.

[8] Year 1 FDI jobs. This figure will include jobs from FDI projects where MedCity has played a brokerage role. It is inappropriate to devote excessive effort to determining the allocation of these jobs between L&P and MedCity and so the FDI jobs will be reported by MedCity but should be considered within L&P's target. MedCity will also provide data on the creation of jobs from domestic investment, where there has been direct involvement by MedCity.

[9] No. of jobs recorded using L&P's FDI questionnaire on life science investment and job creation.

[10] The numbers of spinouts, patents filed and licences awarded are expected to be cyclical within the forecast time horizon; it should be expected that the projected totals over the period will have a higher confidence level than the number being achieved in any one year. Given the lead times around innovation, a lagging effect of MedCity influence should be expected.

[11] The baseline data for spinouts was collected in year 1 of MedCity's operation, based on the average of the 5-year period between 2008-13 from the AHSCs. However, further examination of this data in year 2 has shown that the baseline data was cumulative data and related to active projects. That is, 27 spinout companies were being

Measure and metrics[1]	MedCity activity to which indicator relates	Baseline	Yr 2 – 2015/16 (forecast)	Year 2 – 2015/16 (actual)	Yr 3 – 2016/17	Yr 5 – 2018/19	Measurement method
	Explaining the market						
Proportion of spinouts retained in GSE	Enabling & encouraging entrepreneurialism; Explaining the market	n/a	Track[15]	n/a[13]		Track On course to Boston – 85%	Recorded by London AHSCs[14]
No. of new patents filed[16]	Enabling & encouraging	77	5-10% increase on	Tbc[13]	5-10% increase on	5-10% increase on	Recorded by London AHSCs[14]

managed and invested in through the AHSCs, regardless of when the company was formed. MedCity has undertaken further work to refine its data collection systems and we now consider that an appropriate measure should be based upon the number of new spinouts within each academic year, hence the amended baseline of 4 spinouts in 2013/14 and a figure of 11 in 2014/15. An exact definition of, and data included in "new spinouts" can be found in the glossary. As data is only available on an academic year basis (to end of July) MedCity does not expect to be able to report 2015/16 data until December, 2016.

[12] Due to the unpredictability of how many spinouts are created by each university, forecasts are hard to generate and can be affected by the high variability from year to year. Multifactorial reasons must be considered such as funding availability and commercial exploitability of the intellectual property. Furthermore, as technology transfer offices in each university have limited resources and cover all research sectors, but only medical/life-science related new spinouts are reported here, variation from year to year is to be expected. The amended forecast figures in this table are in line with HEFCE's MedCity targets. MedCity does not have access to annual data on new spinouts prior to 2013/14 and as a consequence it is difficult to determine an average level of spinout activity per annum and whether 11 spinouts in 2014/15 represents an expected, or an unusually high, level of spinout activity. As a result, it is difficult to determine meaningful targets for year 3 and beyond.

[13] Data only available on an annual basis.

[14] Data relates to the academic year defined as 1st Aug – 31st July.

[15] MedCity will monitor spinouts from the 2012-13 cohort onwards, and report on retention in the GSE as part of a longitudinal study. This work has not yet been scoped at the time of writing, but plans will be put in place to track this data and MedCity will be able to report on this in year 3.

[16] The baseline data for patents was collected and established in year 1 of MedCity operation, based on averaged data over the 5-year period from 2008-13 provided by the AHSCs. As baselines for spinouts and licenses were changed due to the reasons explained in footnotes 11 and 18, the baseline and forecasts for licenses have also been changed to be in line with the other indicators, with the baseline being from the academic year 13/14. For an exact definition of and data included in "new patents" see the glossary.

Measure and metrics[1]	MedCity activity to which indicator relates	Baseline	Yr 2 – 2015/16 (forecast)	Year 2 – 2015/16 (actual)	Yr 3 – 2016/17	Yr 5 – 2018/19	Measurement method
	entrepreneurialism; Explaining the market		previous year[17] (2014/15 actual: 97)		previous year[17]	previous year[17]	
New licences awarded[18]	Enabling & encouraging entrepreneurialism	59	5-10% increase on previous year[17] (2014/15 actual: 58)	Tbc[13]	5-10% increase on previous year[17]	5-10% increase on previous year[17]	Recorded by London AHSCs[14]
Collaborations							
Additional collaborations[19] with MedCity involvement	Enabling & encouraging entrepreneurialism; Explaining the market	n/a	3	It had been anticipated that the forecast would relate to projects established	5	5	Recorded by MedCity

[17] The trend increase of new patents and licenses is conservatively forecast as a range of 5-10%. The HEFCE targets fall within this range, with new patents increasing to 80, 90 and 100 in year 2, 3 and 5 respectively and new licenses increasing to 12, 15 and 18 in year 2, 3 and 5 respectively.

[18] The baseline data for licenses was collected and established in year 1 of MedCity operation, based on data provided by the AHSCs. At the time, it appeared that most of the licences awarded in the baseline data were being generated by one AHSC. The data appeared to be disproportionately high for this AHSC in comparison with the other two organisations and as a result we further scrutinised the data and found that different definitions were being used. MedCity has now set a new baseline based on comparable activity across the three AHSCs and the targets for years 3 and 5 have been reset accordingly. For an exact definition of and data included in "new licenses" see the glossary.

[19] Inter-institutional or inter-disciplinary projects generated through the MedCity seed funding activity. It should be noted that due to the timeline for securing ERDF funding, the MedCity seed fund will not now launch until the end of 2015/16 and as a consequence, the first collaborations will not be identified until 2016/17. Consequently, the numbers will need to be re-profiled, in line with the programme plans. However, this has not yet taken place as the programme is still under discussion with ERDF. In addition, new collaborations have been catalysed through the Vision 2020 event that took place in October, 2015, data on which will be collected and reported against this indicator.

Measure and metrics[1]	MedCity activity to which indicator relates	Baseline	Yr 2 – 2015/16 (forecast)	Year 2 – 2015/16 (actual)	Yr 3 – 2016/17	Yr 5 – 2018/19	Measurement method
				through the MedCity seed fund. However, this activity has not commenced, due to the timetable associated with the ERDF, which will co-fund the programme. However, in 2015/16, MedCity ran a Horizon 2020 conference, in conjunction with the London AHSCs and Vision 2020. This event has resulted in 6 new collaborations which have been established in order to bid for Horizon 2020 funding.			

Measure and metrics[1]	MedCity activity to which indicator relates	Baseline	Yr 2 – 2015/16 (forecast)	Year 2 – 2015/16 (actual)	Yr 3 – 2016/17	Yr 5 – 2018/19	Measurement method
Increase in commercial clinical trials Phase I - IV[20]	Explaining the market	1,004	+5% increase on baseline[21] (2014/15 actual: 1087 (8%))	*Not available at time of writing*[13]	+7% increase on baseline[21]	+10% increase on baseline[21]	Recorded by NIHR/CRNs/Trust R&D offices/MedCity
Increase in patients recruited to commercial clinical trials[20]	Explaining the market	6,924	+15% increase on baseline[22] (2014/15 actual: 8144 (18%))	*Not available at time of writing*[13]	+20% increase on baseline[22]	+25% increase on baseline[22]	Recorded by NIHR/CRNs/Trust R&D offices/MedCity
MedCity revenue							
Future operational funding model for MedCity	All	n/a	Funding model proposed Sept 2015	Options presented to the MedCity Advisory Board in September, 2015. A number of options were ruled out and	£50k	£485k	Recorded by MedCity

[20] This is a MedCity indicator for which NIHR and other data derived from outside the NIHR portfolio will be used to measure growth. Baseline data was originally derived from NIHR portfolio data sources, based upon Phase I-IV commercial, open recruiting studies within the NIHR portfolio, being conducted in the Greater London area (through the 3 London Clinical Research Networks (CRNs)). However, in year 2, MedCity has undertaken considerable work with individual Trust R&D offices to map and measure commercial trial activity being undertaken *outside* the NIHR portfolio. The baseline data now incorporates portfolio and non-portfolio work (trials and recruited patients), giving a comprehensive picture of activity being undertaken across London. The Year 2, 3 and 5 forecast targets have therefore been adjusted to reflect the higher numbers of trials and recruited patients and the potential capacity for growth. These targets are consistent with those proposed to and accepted by HEFCE. This data is based on financial year, not academic year, for 2013/14.

[21] Based on last year's data, conservative forecasts for years 2, 3 and 5 are given as increases of 5, 7 and 10% which are in line with the HEFCE targets.

[22] Based on last year's data, forecasts for the years 2, 3 and 5 are given which are broadly in line with the HEFCE targets.

Measure and metrics[1]	MedCity activity to which indicator relates	Baseline	Yr 2 – 2015/16 (forecast)	Year 2 – 2015/16 (actual)	Yr 3 – 2016/17	Yr 5 – 2018/19	Measurement method
				MedCity is now exploring a number of options in more detail, including approaching LEP(s) for support from April, 2017			
Additional seed funding capital raised[23]	Enabling & encouraging entrepreneurialism	n/a	£40k	–	£170k	£760k	Recorded by MedCity

[23] As with note 16, the process for bidding for and securing ERDF funding, which is being used to contribute to elements of the seed funding programme, has driven the timetable for securing additional funding and has had knock-on effects on MedCity's plans to launch and execute the seed fund. This has been wholly out of MedCity's control and is dictated by the ERDF timetable. Consequently, the seed fund income and expenditure budgets have been re-profiled, in relation to the 2015/16 plan, to reflect the change in the timeline. Income has also been secured for year 4 (2017/18) and although the detailed breakdown is not shown within this plan, the expected income is identified within the total £750k which MedCity hopes to secure to operate the seed fund in 2017/18. It should be noted that the seed fund is not supported by GLA monies.

High Level Risk Register:

	Mitigating actions
Key stakeholders not committed at operational level to MedCity – academic and clinical staff not encouraged to collaborate across institutions, inter-institution competition	There is no evidence at the end of year 2 of MedCity's operation to support this risk across London, however, MedCity continues with active engagement in order to address this risk. Commitment at most senior level has brought about the MedCity concept and its funding through HEFCE. MedCity has a presence at the monthly AHSC/N executive group, which allows access to and engagement with the senior leadership within the academic centres. Raising awareness of, and evidence of, economic benefit and opportunity from collaboration. Seed funding criteria could be used to incentivise collaboration
MedCity cannot fulfil its role in working across the GSE because Oxford and Cambridge AHSCs and GSE institutions do not actively engage or refuse to participate	Senior engagement continually deployed to attract them, explore and resolve issues Continue working level engagement with relevant players across the region, e.g. technology transfer teams, NHS trusts, clinical research and academic health science networks Continue to identify specific activities and issues that can be used to engage and work with institutions and organisations across the region.
Insufficient staff/ suitable calibre appointed as embedded team(s) – unable to deliver resources from within their institution; in particular, MedCity is not sufficiently resourced to fully support the successful delivery of the DigitalHealth.London project and is unable to exert sufficient influence, given that it is not contributing funding to the project, where the AHSNs are contributing.	Deploy existing relationships with senior stakeholders/MedCity founders to ensure appropriately skilled individuals are identified MedCity has undertaken recruitment of a small number of appropriately skilled project managers/operational staff of suitable senior calibre, experience and contacts and in 2016/17 will be fully staffed. However, new commitments, such as the DigitalHealth.London project are placing strain on the current staffing levels as this activity was not envisaged in MedCity's original plans. MedCity will try to identify activities that could be joined up with DigitalHealth.London, such as campaign, communications and marketing activity, in order to influence the programme. MedCity will have a seat on the steering group for DigitalHealth.London and for the accelerator.
Market confusion: MedCity role unclear	Clearly articulated proposition and careful branding Close engagement with industry and scientific membership bodies to ensure alignment and to resolve conflicts

	Communications tailored to segmented audience Targeted publicity campaigns Decision to be made on the future of GMEC in spring 2016.
Insufficient funding to deliver required outcomes fast enough	External fundraising from public and charity sources and from partners or MedCity will have to prioritise activities in line with available funding
Mayoral transition: new Mayor not supportive of MedCity ambitions	Engagement with Mayoral candidates. Early engagement with new Mayor and mayoral team on appointment.

Indicative Summary Budget allocation of external income:

This budget allocation table set out below does not show the in-kind funding/costs associated with the embedded teams.

The MedCity organisation will require additional income to continue operations at the proposed scale beyond April 2017, the end of the current GLA grant period. For the purposes of this plan, we have assumed that funding will be forthcoming after 1st April, 2017, however, the source is not identified at this stage.

MedCity has revised the allocation of budget in light of a number of anticipated cost pressures that have required reallocation of funding between activities. The three areas of pressure are: (a) office and company costs, which continue to be higher than previously anticipated, particularly in relation to accommodation costs. Following MedCity's relocation from the Francis Crick Institute office within Wellcome Trust to the London Bioscience Innovation Centre (LBIC) in January 2015, MedCity now needs to relocate again to new offices as we have outgrown the available space within LBIC and they have no additional capacity to accommodate the team. We anticipate needing to spend significantly more on office space in 2016/17 than the current levels of rent; (b) continuing work related to the recommendations from the London Health Commission, relating to the establishment of DigitalHealth.London; (c) international marketing and events costs are significantly higher than anticipated, particularly given the expectation that MedCity will provide funding for travel, accommodation and subsistence for MedCity ambassadors/speakers.

It should also be noted that MedCity will be engaging in discussions with HEFCE with regard to the funding profile coming from the Catalyst Fund, as funding has been allocated on a different financial year basis (1st July, to 30th June) to that employed by the GLA (1st April to 31st March) as this has created some issues relating to our accounts and the need for reserves to be carried forward from one accounting year to the next. Similarly, the HEFCE funding associated with the seed fund needs to be re-profiled in line with the plan, following a conclusion to the ERDF process. As a consequence, the budget below represents a budget based on the previous presentation of funding and cash flow, organised around a 1st April to 31st March financial year, which is the current basis for planning.

Area of expenditure	Summary of activities undertaken within the area of expenditure	Yr 3 breakdown		Yr 3 16/17 by theme	Yr 4 17/18	Yr 5 18/19
EXPENSES (1,000s)						
Theme		**Activity**	**£**			
Salaries and associated costs	Board, operational and project management, analysis, events and analysis	Salaries	460	480	495	520
		Expenses	8			
		HR and recruitment	12			
Office and company costs	Office costs, equipment, IT, legal costs and company functions	Office and company	66	68	75	80
		Insurance	2			
External engagement	External conferences/international missions	Conferences and international	35	35	40	45
Events	Events & national travel	Events	25	25	30	35
Marketing and communications	Marketing Communications PR Brand development Website development and maintenance	Marketing collateral, comms and website	10	130	145	150
		Comms and marketing staff resource and advice	120			
Programme	Working funding and projects	Programme/ working spend	60	60	65	70
Seed fund			500	500	1000	1000
Reserve			10	10	10	10
	TOTAL		1308	1308	1860	1910
	GLA (note: GLA funds will not be used for the seed fund)			393		
	HEFCE (incl. £250kpa for seed fund)			610	630	632
INCOME	Additional funding required for seed fund programme			250	750	750
	Additional funding required for operation of MedCity			55	480	528
	TOTAL			1308	1860	1910
	YEAR END BALANCE			**0**	**0**	**0**

Glossary:

AHSC – An Academic Health Science Centre (AHSC) is a partnership between one or more universities and healthcare providers focusing on research, clinical services, education and training. AHSCs are intended to ensure that medical research breakthroughs lead to direct clinical benefits for patients.

AHSN – Academic Health Science Networks (AHSNs) have been created to be the driving force behind the identification, adoption and dissemination of innovative healthcare in the NHS. Aligning education, clinical research, informatics, training and healthcare delivery, the shared goal of the regional AHSNs is to "improve patient and population health outcomes by translating research into practice and developing and implementing integrated health care systems".

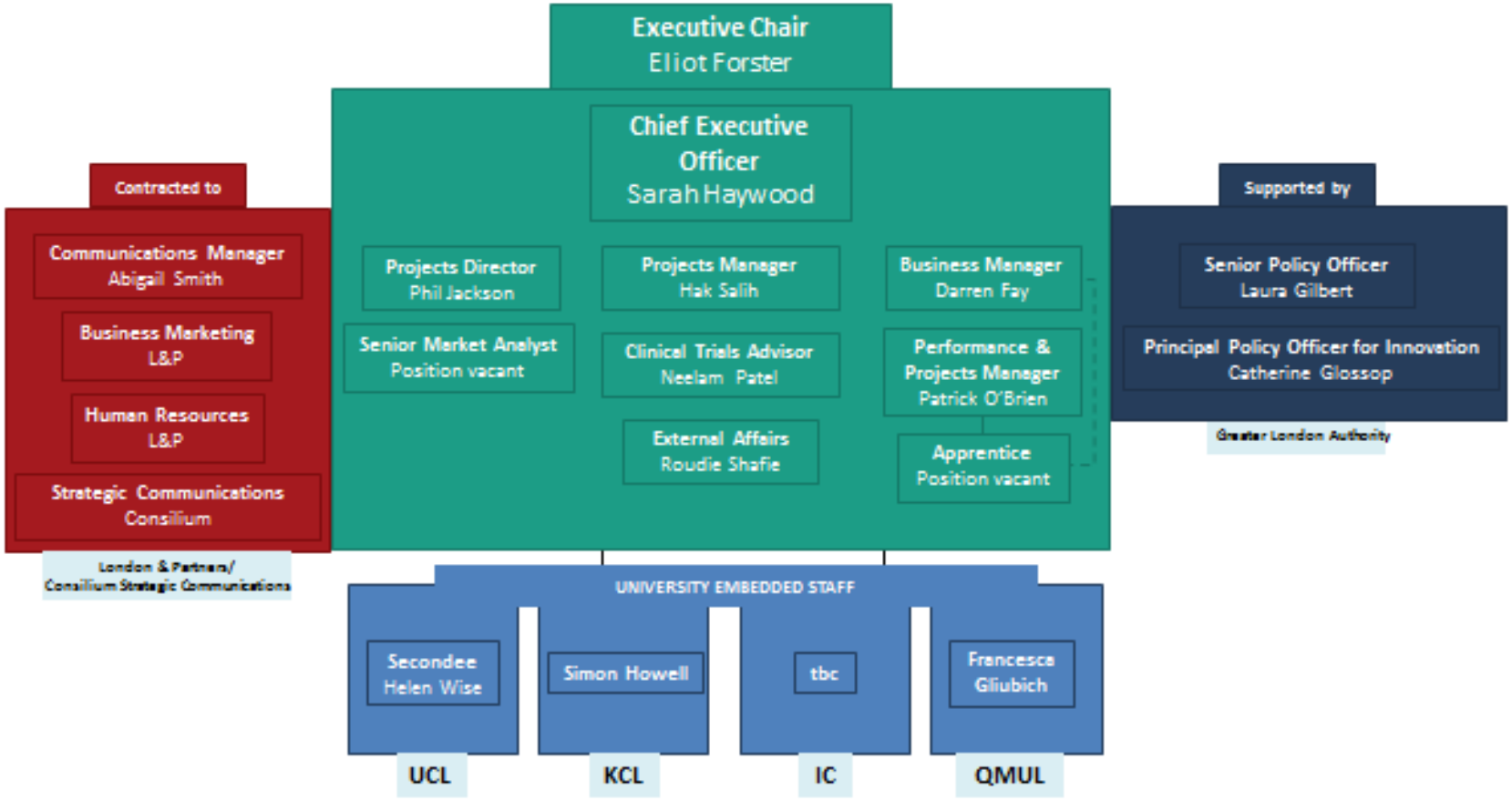
HEFCE – The Higher Education Funding Council for England (HEFCE) promotes and funds high-quality, cost-effective teaching and research in universities and colleges in England, to meet the diverse needs of students, the economy and society.

License – A licence is a permission to use intellectual property rights (arising from academic research) in exchange for money or other consideration (includes any or all of up-front payments, milestone payments and royalties). License data collected as a performance marker are defined as newly signed medical/life science related license agreements in the reported academic year in Imperial College, University College London and King's College London.

Patent – A patent is a territorial government authority that permits the owner or licensee of a granted patent to exclude others from making, using, or selling the invention which is claimed by the patent. Patents are defined as filed patent applications related to medical/life science innovations that have been granted in in the reported academic year in Imperial College, University College London and King's College London.

Spinout – Spinout companies can be defined as a new and small companies formed to commercially exploit the intellectual property developed in the universities. Spinouts are defined as newly incorporated medical/life science related spinout companies in the reported academic year in Imperial College, University College London and King's College London.

Appendix A – MedCity Organogram



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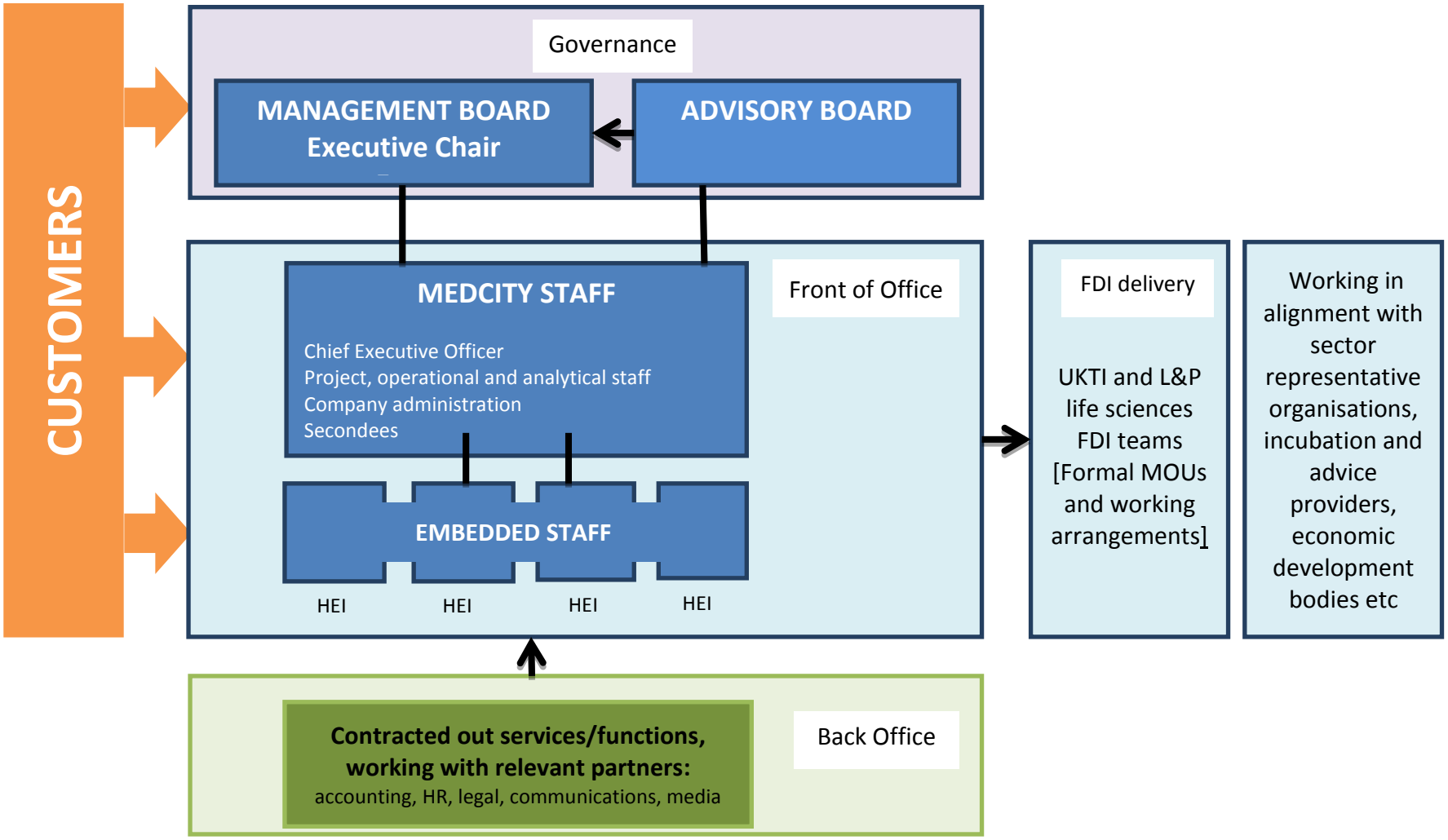
CUSTOMERS
Governance
MANAGEMENT BOARD
Executive Chair
ADVISORY BOARD
MEDCITY STAFF
Chief Executive Officer
Project, operational and analytical staff
Company administration
Secondees
Front of Office
EMBEDDED STAFF
HEI
HEI
HEI
HEI
FDI delivery
UKTI and L&P life sciences FDI teams [Formal MOUs and working arrangements]
Working in alignment with sector representative organisations, incubation and advice providers, economic development bodies etc
Contracted out services/functions, working with relevant partners:
accounting, HR, legal, communications, media
Back Office