MedCity

BUSINESS PLAN 2017-18

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MedCity Vision and 3-5 year long range view

Introduction

MedCity, launched by the Mayor of London and London's three Academic Health Science Centres (AHSCs) in April, 2014, was 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 2017/2018 as well as a future funding strategy for continued sustainability beyond the current funding commitments.

2017-18 plan in the context of the next 3-5 years longer range view

The MedCity's vision is to deliver regional health improvements and economic growth and be at the centre of a growing, global life sciences[1] sector for the benefit of the country.

Our mission is to enable London, Oxford, Cambridge and the Greater South East (GSE) to be a world leading, interconnected region for life science research, development, manufacturing and commercialisation.

In the first 3 years of operation, MedCity has delivered a range of services, projects and programmes against 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.

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[1] 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. MedCity does not support industrial or agricultural biotechnology and our primary focus is human health related activity.

Explaining the MedCity offer to the market by, working with the academic community to demonstrate our expertise.
The above themes of work have been reviewed for the 2017/18 planning cycle in the light of an external environment review which is summarised below.

PEST Review

Political changes that MedCity have taken into consideration in the 3-5 year plan include;

- In 2016, the new UK government has supported life sciences in a number of ways including funding and policy reviews (eg Life Science Industry Strategy and Accelerated Access Review). In 2017 and beyond, MedCity has an opportunity to work closer with our partners in promoting the growth of the sector through this support. MedCity is well positioned to influence policy change in conjunction with partners such as GLA, and DH.L, through its objectivity and close connections the organisation has with industry and academia.
- The impact of Brexit negotiations, in particular any resulting regulatory frameworks for manufacturing and product development, impact on access to talent and skills within the life science community as well as the result of new trade agreements. Developments in this area will help inform shaping and marketing our offer as well as explaining the market.
- Market Access and Pharmaceutical Price Regulation has one of the areas that has been on the Pharmaceutical Industry's agenda when considering growth in the UK and will continue to be important in attracting industry in 2017 and beyond.

Economical Considerations include;

- Changes to exchange rates has resulted in a weak pound, this has, however, created opportunities in an increased interest and investment from emerging markets. MedCity's focus on Japan and Asia over the past two years though international meetings and events has created relationships with industries and partners that are crucial in leveraging this opportunity and creating significant inward investment in 2017 and beyond.
- Brexit has meant that access to European funding and funding distribution in the future is unclear. In addition to this, changes to tax incentives and tariffs and corporation tax nationally and internationally (eg US), may result in changes in interest from Industry to grow within London and GSE.

Social Considerations;

- The growth of digital health technology and personal health awareness, increase in awareness of the value of participation in clinical trials and a shift in attitude to disease prevention has created a different dynamic to the scope of our services and audience. MedCity's role in convening the right players, joining the dots across the sector, eg through highlighting new and ongoing initiatives and acting as a 'mirror' will become more important in 2017 and beyond to help in providing clarity and direction.

- Balance between health and social care is shifting and the media and public awareness of strains in the NHS are considerations that need to be put into context in delivery of MedCity's front door service and access to market.

Technological Considerations;

- The advances in technology and science has resulted in improved diagnostics, advanced therapies and regenerative medicines as well as developing skills and methodologies. London and the GSE has academic excellence in this area with many opportunities for industry collaboration and partnerships. MedCity's role will continue to target industry and promote the key strengths of the region to encourage successful collaborations.
- Conversely, these advances also bring challenges in data security, interoperability, regulatory considerations as well logistical challenges such as space. MedCity has an opportunity to share insights and bring evidence in addressing these challenges.

Other considerations

MedCity's future funding model is a priority for 2017/18, there are other organisations such as Academic Health Science Networks (AHSNs) and Local Enterprise Partnerships (LEPs) also undergoing review with respect to long term strategy and funding, one of the consequences potentially being a competition for funding from the same sources.

MedCity's close involvement with industry and academia mean that we are in a unique position to also gain insight and generate evidence on barriers, challenges and opportunities. Over the next 3-5 years there will be a greater opportunity for MedCity to work with partners such as GLA to leverage our position and move from having indirectly involvement in policy issues to having direct influence. One of our roles is to ensure that progress of policy issues and recommendations are evidence-based, and through our contact with industry and academia, ensure recommendations are implementable. Examples where we have previously made impact has included publication of the Demand Study, outlining the demand for healthcare R&D space in the region.

Over the past three years, one of the key strengths of the organisation has been leveraging its expertise and ability to be an independent facilitator to convene stakeholders and enable collaborations. This has resulted in successful programmes and partnerships, eg Collaborate to Innovate, Angels in MedCity, Tech London South East, which reinforce the need for MedCity to continue to deliver the services and expand them across our wider geographical scope of Oxford, Cambridge and GSE. In addition, MedCity's role will be to highlight the unique capabilities of the wider region to the market. The review of our strengths, weaknesses, opportunities and threats has also shed light on ways in which MedCity can further its influence by partnering with other organisations (e.g. Dept of International Trade - DIT) to make a larger international impact. These opportunities have been described in more detail in the action plans in Appendix 1.

Themes

As a result of our strategy review, our four themes that define the scope of our work moving forward are as follows:

Note that a Stakeholders will change based on project and hence a stakeholder analysis will be done at project level.

Organisational Values

As a key factor of our success to date has been our expertise and objectivity, our organisational values, which define how we behave and conduct our work includes these attributes. Our values are: Expertise, Objectivity, Integrity and Honesty.

Action Plan

Our 2017-18 plan aligns our work across the four themes outlined above and includes deliverables against the work that we commit to. This section outlines key successes against the themes from the previous financial year (2016/17) and priority deliverables that are planned for 2017/18. Detailed action plans are listed within appendix 1. An Annual Report will be published on completion of 2016/17.

Please note the following;

- At this stage, resources needed to deliver the plan will primarily come from within the MedCity team and extended team. In addition to this, MedCity are working with Imperial Business School to secure 2-3 MBA students for prioritised projects. Finance needs will be finalised once the projects have been confirmed. We will continue to fund events and campaigns with contributions from partners and sponsors unless otherwise stated.
- Projects that are not funded by the GLA are highlighted within the plan.
- Projects that we plan that *may* result in revenue generation are indicated.

Front Door Service

MedCity's front door service provides a 'triage and concierge' service to approaching, non-paying customers to help with a wide variety of issues, and introduces individuals, companies, academics and investors to solutions and/or resources/people that can assist them to progress and grow their businesses. These interactions and their outcomes are tracked quarterly with an annual target of 120 which is easily surpassed every year. In 2016/17, actuals for Q3 were 254.
A major new section on clinical trials was added to the MedCity website in April 2016, providing information on London's clinical trial offer, how to navigate the infrastructure and how to fund research, all underlined with several case studies. Capability has now also been added to provide information on available laboratory workspace, pan-London, which is being updated on a regular basis. Furthermore, a section regarding how to achieve equity funding is has been developed and uploaded to the website..

In 2017/18, we plan to build on our previous achievements by delivering on actions relating to the following strategies:

- Formalising an offer to investors for technology scouting, based on whether there is sufficient demand and supply. Should this offer be viable and we get support to implement it, it would be a future revenue stream for MedCity.
- Establish a structure and operations around the extended front door service. In 2017/18, MedCity will be proactively engaging the wider region to widen our front door service to customers, as such there is a need for a more structured service including exploring a means to capture and manage 'knowledge' around expertise, finance and space. This is important in delivery of a consistent and 'value-add' customer experience. It also allows us to be better aware of the right customers to connect with the region.
- In 2016/17, Global Medical Excellence Cluster of the Universities of Oxford, Cambridge, UCL, Imperial, Kings and QMUL (GMEC) became formally part of MedCity. In 2017/18, we have an opportunity to leverage this network and refresh it to provide a vehicle for wider industry/academic collaboration and in future create another revenue income stream for MedCity.
- MedCity has had success in working with DIT in engaging industry and illustrating the region's offer as well as connecting industry to key players resulting in further discussions and agreements. In 2017/18, we plan to take this further and propose a more formal relationship with DIT as well as agreed funding to conduct this activity in a more structured way and as part of our Front Door Service.

Promoting the Region and Explaining the Market

MedCity's goal for this theme of work is to ensure appropriate engagement with the right customers in promoting the region as well as bringing forward the unique expertise of London, Oxford, Cambridge and GSE so that this is recognised globally as an interconnected region of excellence .

In 2016/17, the following were some of the important achievements:

- As a direct result of the MedCity/Vision2020 event in October 2015, when SMEs, Academic institutions and Health Research Organisations convened from 19 countries for a 2 day conference, by March 2016, four new international collaborative bids were established involving institutions in London – in partnership with research organisations and SMEs from across Europe.
- MedCity had several successful international missions as well as hosted delegations, in particular, South Korea and BioJapan, which resulted in MedCity organizing a visit by Japanese Health Science Foundation delegation as well as the Japan BioIndustry Association to the Golden Triangle. This has since resulted in MedCity and Imperial being invited back to Japan in February 2017 for meetings involving the Japan Bioindustry Association.
- BioEurope saw the launch of our Digital Health Campaign and Cell & Gene Therapy Campaign. The digital health campaign saw 200 leads generated with 16,446 unique page views.
- Growth of the MedCity Map (the first time this sector has been mapped in this region) 500 new companies added in June 2016, with more under review.

In 2017/18, our plan is to deliver on the following strategies:

- Establishing our list of propositions for the target audience, for pharma and digital health. This will enable more focussed engagement with an aim of higher level of tangible outcomes.
- Campaigns and Events to support our offer and aligned with our propositions, this will include Digital Health and Cell & Gene Therapy, which we will build on following success last year, as well as collaboration with DIT and GREAT.
- Our focus markets will be Japan, Asia and North America with a lower priority for the next two years on Europe, China and India. This is largely because of the work that we have already done in establishing relationships in these regions, which, this year, we want to take to the next stage of more formal discussions. In addition to that, our PEST review supports investing in activities in these regions. Finally, our focus in these regions is complementary to business development in organisations such as NIHR.

- MedCity will be continuing our work in the MedCity Map and widening its take up across Oxford and Cambridge. In 2017/18, we will also assess the impact the map has had on companies finding partners and collaborators with a view to making a decision on whether to invest more in this as a tool for customers.

Encouraging and Enabling Entrepreneurialism

MedCity's aim in this theme is to increase the opportunity to commercialise through enabling access to funding, space and access to collaborations.
In 2016/17, some of our key achievements included:

- The launch of DigitalHealth.London (DH.L). DH.L is a pan-London initiative created to support London to develop into the global capital for digital health by helping London to pioneer the development, commercialisation and adoption of digital health innovation to improve health outcomes. The work of the DH.L includes an Accelerator programme (DigitalHealth.London Accelerator), designed to provide support to small and medium sized businesses through work with the NHS and the wider healthcare sector. The first cohort of 31 companies has been recruited – MedCity was fully involved in selection as part of the recruitment team – and an event to launch the cohort took place in September, 2016.
- The Collaborate2Innovate programme was officially launched to the HEI participants in June and July and to SMEs in September 2016. The ERDF funded program matches SMEs with academics at London's top universities with the aim of increasing innovation and making products commercially viable.Over 70 applications have been received from which a cohort of ~ 15 projects will be selected and funded with the first award anticipated to be agreed in February 2017.
- Since its launch in October 2014, Angels in MedCity has held eight 'Investor Workshops' and seven 'Pitching events'. The investor workshops attracted a variety of attendees with over 400 total registrations. The pitching events enabled 43 companies to present their businesses to over 80 investors on average. All 43 businesses received extensive training and feedback in preparation for the event. Of these 43, 13 start-ups have received investment directly as a consequence of the Angels in MedCity programme. This amounts to over £12.6 million of investment with over £2.5 million directly from Angels in MedCity investors. £10 million of these investments went directly into companies based in the GSE (£1.4 million by Angels in MedCity investors) and the remainder into other UK locations.

For 2017/18, our strategies are aligned to this as follows:

- Establishing Industry/Academic Collaborations and inter-institutional collaborations, through continuing our work in the ERDF-funded programme Collaborate to Innovate, partnerships with the NIHR Biomedical Research Centres as well as other activities outlined in the action plan in the Appendix. Our focus also will also be to support institutions in strengthening their capabilities to produce productive industry collaborations.

- Access to finance strategy includes continuing to attract finance to the Angels in MedCity programme, which has the potential for additional revenue income for MedCity. Supporting GLA on the fund of funds will be continuing in 2017/18.
- Digital Health.London and supporting work to simplify the landscape for digital innovators to access the NHS remains to be a priority in 2017/18, further details on deliverables in this area will be finalised in due course in conjunction with DH.L.
- Support of other accelerator activities, such as OneStart, DH.LA, plans for these will be finalised with partner organisations.

Influencing Policy with Partner Organisations

As mentioned earlier, in 2017/18, we have introduced this new theme of work as MedCity has been increasingly invited to work with partner organisations in contributing to areas of life sciences policy. It is an important area for MedCity to dedicate resource and expertise to as we provide customer insight as well as expertise and we are also able to draw on relevant evidence to support policy decisions that benefit the life science community. In 2016, The MedCity commissioned space demand study, “Planning for Growth – Demand for Healthcare R&D Space in London”, examined the future requirements for incubator space in the Greater South East. The study clearly illustrated the absolute predominance of golden triangle HEI’s in global medical research terms and set out the requirement for additional incubation, innovation and commercial laboratory space for life sciences. We continue to provide support for the London based organisations that are developing plans to create new life sciences/bio-medical research facilities.

In 2017/18, our activities will include:

- Supporting the GLA in contribution to the Industrial life sciences strategy.
- Partnering with DH.L and Office of Life Sciences in supporting the accelerated access pathway, in particular relating to digital health technology.
- Continuing our focus on addressing barriers to conducting clinical research within the region, in particular convening AHSNs and the NIHR Clinical Research Network in connecting up to work as a pan-London group to address issues.
- Continuing our focus on encouraging investment in space, in particular for bioincubators. This work will also expand our wider region of Oxford and Cambridge.

Organisational Development and Future Funding

The MedCity team has grown in 2016/17 with new positions filled:

- Business Marketing Executive – Life Sciences
- Business administration apprentice
- Collaborate to Innovate Programme Manager
- Collaboration & Business Administrator
- Chief Operating Officer (new role funded for 2017/18 by GLA)

MedCity is now fully staffed and at steady state, on the basis of its current funding. See organogram in Appendix 2. Note, the 2017/18 plan is to have extended representation from Oxford and Cambridge to complete our regional team presence.

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. The Advisory Board proposed a number of options for further development, details of which are available in a more detailed future funding paper.

MedCity considers that it will continue to provide public good and in consequence it difficult to sustain a commercial model. This does not mean that MedCity has ruled out consideration of commercial income, but further work is required to determine what areas may be suitable, what levels may be expected and how options on commercial activity fit, or conflict, with MedCity's mission and values. In consequence, MedCity believes that sustained funding from public organisations, including universities, GLA, LEPs, DIT, HEFCE, BEIS etc. is likely to be the most appropriate and sustainable route. The activities listed below illustrate our short-term planning.

In addition, our 2017/18 Action plans indicate projects that we anticipate will generate revenue in the coming years.

Strategy	Key Activities	Owner	Timeframe & status
Decision on funding options/model	Stakeholder analysis and strategic review	SH & NP	Dec 2016 ongoing
	Early discussion with key potential funders (as outlined in paper), specifically Oxfordshire LEP, GCGP LEP, BEIS and DIT	SH & Management Board	Commence in January, 2017

	Engage London LEAP to garner support for engagement with bodies listed above, particularly other LEPs	MedCity and GLA	To be determined but in line with establishment of the new LEAP – February, 2017 onwards
	Discussion at MedCity/GMEC management board on plans and identification of champions to work with MedCity staff on engagement with specific bodies. Consideration of the need to identify further expertise	Management Board	February, 2017
	Engage with HEFCE to gauge future direction of funding within the Catalyst scheme and start to scope options on funding from 2018/19 onwards	SH, EF, SHo	
	Build community of financial supporters for Angels in MedCity programme in order to reduce reliance on MedCity programme budget from 2018 onwards.	PO'B/SH/AiMC Steering Group	Commence in Q1 2017
Commercial Income	Confirm customer demand for services	MedCity core team	Q1 2017
	Evaluate cost model for existing services	Core Team	Q2 2017
	Develop a commercial model for new services as appropriate	Core Team	Q3 2017
	Operations to support commercial model established	Core Team	Q4 2017
	Market and launch commercial model	Core Team	Q4 2017

Key Performance Indicators

In common with the 2016/17 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 tables below, along with additional indicators reflecting the main themes of MedCity's work programme. For 2017/18, there still needs to be a decision made with respect to the measurement of certain activities such as media coverage, as such, measures for these and their respective targets will be published as soon as received.

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. Over the course of jobs created during the period of GLA funding of MedCity (job persistence of three years is assumed), the calculated average annual jobs created from 2017/18 is an aspirational 25% above the previous trend (actual jobs figures have been taken into account for 2014/15 and 2015/16 and 10% above trend was assumed for 2016/17). This provides a benefit cost ratio in excess of 5.[2]

This is an aspirational target which will need to be properly reviewed and discussed with MedCity in 2018. The outcome of the EU referendum may have an impact on job creation, which is outside of MedCity's control. Furthermore, other organisations (such as London & Partners) also work on attracting FDI, including in partnership with MedCity – caution should be taken not to create perverse incentives for such organisations to work together.

In addition to reporting the creation of jobs in London from FDI projects, MedCity will also explore with the GLA potential methodology to record jobs created in the Greater South East where there has been direct involvement by MedCity, as well as jobs created by domestic investment in London and the GSE, again where there has been direct involvement by MedCity.

[2] Subject to further discussion with GLA Economics and London & Partners regarding additionality.

There will also 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 may need to evolve as stakeholder engagement progresses with Oxford, Cambridge and other partners.

Targets from Year 6 (2019/20) will be agreed in 2018.

GLA KPIs: The following three indicators are to be reported on primarily for GLA project management purposes.

Measure and metrics[3]	MedCity activity to which indicator relates	Success is	Baseline	Yr 2 – 2015/16 (target)	Yr 3 – 2016/17 (target)	Yr 4 – 2017/18	Yr 5 – 2018/19 (target)	Measurement method
Customers: number of new customers supported[4]	Front door service; Promoting the region	Appropriate engagement with the right customers	100	(120) Actual: 169	(120) Actual: 254 as of Q3	150	tbc	No. of approaches recorded by MedCity
GVA (cumulative) of additional direct life sciences jobs resulting from the MedCity project[5]	Front door service; Promoting the region		n/a	(£1.7m) Actual for 2015/16: £3,706,703[6]	£3.7m	£11.2m[2]	£14.8m[2]	GVA from 2017/18 calculated by using cumulative discounted direct job years[7] (see footnote) multiplied by GVA per job in this sector of £69,421 in 2017/18 prices.
External funding raised						£48k	£193k	

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

[4] Individuals, SMEs, inward investors, investors and multi-national companies supported by MedCity with advice or consultation, and who have not previously engaged with MedCity.

[5] The GVA target for 2017/18 has been revised compared to that previously stated due to a change in the GVA per workforce job estimate in the life sciences sector. GLA Economics calculate these GVA per workforce job values for L&P each year when new data from the Office for National Statistics is available. Data are updated annually and therefore GVA forecasts from 2017/18 within this business plan are revised to take account of the changes in the GVA per workforce job estimate and also actual job numbers in 2014/15 and 2015/16. The GVA per workforce job in the life sciences sector is estimated at £69,421 in 2017/18 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 private sector investment in healthcare – have not been included.

[6] The jobs on which this figure is based were reported by MedCity but considered within L&P's target. MedCity understands that some of these jobs were created in the greater south east by a London-registered company.

[7] 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. 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).

MedCity KPIs: The following indicators are collected to measure the direct work and impact of MedCity.

Measure and metrics[8]	MedCity activity to which indicator relates	Success is	Baseline	Year 2 – 2015/16 (target) - actual	Yr 3 – 2016/17	Yr 4 – 2017/18	Yr 5 – 2018/19	Measurement method
Newsletter subscribers	Promoting the region		n/a	(10% growth per quarter) 2015/16: Q1-Q3 36%	50 new subscribers per quarter Actual at end of Q3: 3716 (1540 at end 2015/16)	125 new subscribers per quarter	tbc	No. of subscribers recorded by MedCity
Twitter	Promoting the region	- More than 2,500 followers by end year 3 - growth	0	(10% growth per month) 2015/16: Followers: 1,997 Impressions: 658,800 Mentions: 674	More than 2,500 followers by the end of year 3.[9] Actual at end Q3: Followers: 2,753 Impressions: 367,500 Mentions: 607	(3% growth from 2016/17)	tbc	No. of followers, mentions and impressions recorded by MedCity and twitter analytics
MedCity website: users & pageviews	Front door service; Promoting the region		–	(10% growth per quarter)	Measure increases	Measure increases	tbc	Recorded by MedCity using Google Analytics

[8] All data in this table is subject to final verification.
[9] It is expected that growth will plateau in year 4, as there is a limit to the audience for MedCity social media. However, we have reached the goal of exceeding 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.

Measure and metrics[8]	MedCity activity to which indicator relates	Success is	Baseline	Year 2 – 2015/16 (target) - actual	Yr 3 – 2016/17	Yr 4 – 2017/18	Yr 5 – 2018/19	Measurement method
				2014/15: Users: 10,287 Pageviews: 34,631 2015/16: Users: 19,956 (+94% on year 15/16) Pageviews: 62,063 (+79% on year 15/16)	per quarter compared to the same quarter in the previous year Actual at end Q3: Users: 13,595 Pageviews: 48,278 Q3 15-16 vs Q3 16-17: Users: +13% Page views: + 18%	per quarter compared to the same quarter in the previous year		
MedCityMap website: users & pageviews	Front door service; Promoting the region		–	2015/16 (Q2-4): Users: 929 Pageviews: 1,400	Measure increases per quarter compared to the same quarter in the previous year	Measure increases per quarter compared to the same quarter in the previous	tbc	Recorded by MedCity using Google Analytics

Measure and metrics[8]	MedCity activity to which indicator relates	Success is	Baseline	Year 2 – 2015/16 (target) - actual	Yr 3 – 2016/17	Yr 4 – 2017/18	Yr 5 – 2018/19	Measurement method
					Actual at end Q3: Users: 863 Pageviews: 1,303[10]	year		
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.								
Number of direct life sciences jobs	Front door service; Promoting the region		100[11]	(110) 2014/15 actual: 325 jobs 2015/16 actual: 1388 jobs	110	125	125	No. of jobs recorded by L&P for FDI projects.
Number of additional direct life sciences jobs resulting from the MedCity project[12,13]	Front door service; Promoting the region		–	(10) 2015/16 actual: 43 jobs[14]	10	25	25	No. of jobs with direct involvement recorded by MedCity for UK investment[15]

[10] medcitymap.com was launched in Q2 15/16 so no complete dataset is available yet to conduct data analysis to estimate growth and set targets.
[11] 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.
[12] 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.
[13] Jobs in London from FDI projects – subject to confirmation of measurement methods, MedCity will also provide data on: a) the creation of jobs in the GSE from FDI projects, where there has been direct involvement by MedCity, and b) the creation of jobs from domestic investment in London and the GSE, again where there has been direct involvement by MedCity.
[14] Jobs reported by MedCity but considered within L&P's target. MedCity understands that some of these jobs were created in the greater south east by a London-registered company.
[15] No. of jobs recorded using L&P's FDI questionnaire on life science investment and job creation.

Measure and metrics[8]	MedCity activity to which indicator relates	Success is	Baseline	Year 2 – 2015/16 (target) - actual	Yr 3 – 2016/17	Yr 4 – 2017/18	Yr 5 – 2018/19	Measurement method
Additional capital raised[16]	Enabling & encouraging entrepreneurialism		n/a	(£40k) –	£170k	tbc	£1.047 million to 2019	Recorded by MedCity once 2017/18 projects confirmed.
Additional collaborations[17] with MedCity involvement				(3)	5 See [18]	Tbc	5	Recorded by MedCity once 2017/18 projects confirmed.

[16] As noted above, the process for bidding for and securing ERDF funding, which is being used to contribute to elements of the Collaborate to Innovate (C2N) programme, has driven the timetable for securing additional funding and has had knock-on effects on MedCity's plans to launch and execute the programme (referred in previous plans as the seed funding programme). This has been wholly out of MedCity's control and is dictated by the ERDF timetable. Consequently, the income and expenditure budgets have been re-profiled, in relation to the 2016/17 plan, to reflect the change in the timeline. Income has now been secured and although the detailed breakdown is not shown within this plan, the expected income is identified above. It should be noted that the Collaborate to Innovate programme is not supported by GLA monies.

[17] Inter-institutional or inter-disciplinary projects generated through the MedCity seed funding activity. Please note that inter-institutional and inter-disciplinary can refer to company to academic institutions, as well as collaborations that involve NHS/clinical services, as well as academic and/or company collaborators.

[18] It had been anticipated that the forecast would relate to projects established 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 2016/17, 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.

Indirect KPIs: The following basket of indicators are collected to gain a sense for the health of the life sciences sector

Measure and metrics[19]	MedCity activity to which indicator relates	Success is	Baseline	Year 2 – 2015/16 (target) - actual	Yr 3 – 2016/17	Yr 4 – 2017/18	Yr 5 – 2018/19	Measurement method
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.[20]								
Number of new spinout companies created[21,22]	Enabling & encouraging entrepreneurialism; Explaining the market		4	(12[23]) 2014/15 actual: 11 2015/16 actual: 9	15	16	18	Recorded by London AHSCs[24]
Number of new patents filed[22,25]	Enabling & encouraging		77	(5-10% increase on previous	5-10% increase	5-10% increase	5-10% increase	Recorded by London AHSCs[24]

[19] All data in this table is subject to final verification.
[20] 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.
[21] The original 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 showed that the baseline data was cumulative data and related to active projects. MedCity undertook further work to refine its data collection systems and considered 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. An exact definition of, and data included in "new spinouts" can be found in the glossary.
[22] Data only available on an annual basis.
[23] 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 forecast figures were amended during 2015/16 in this table and 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.
[24] Data relates to the academic year defined as 1st Aug – 31st July.

Measure and metrics[19]	MedCity activity to which indicator relates	Success is	Baseline	Year 2 – 2015/16 (target) - actual	Yr 3 – 2016/17	Yr 4 – 2017/18	Yr 5 – 2018/19	Measurement method
	entrepreneurialism; Explaining the market			year[26]) 2014/15 actual: 97 2015/16 actual: 81	on previous year[26]	on previous year[26]	on previous year[26]	
New licences awarded[22,27]	Enabling & encouraging entrepreneurialism		59	(5-10% increase on previous year) 2014/15 actual: 58 2015/16 actual: 63	5-10% increase on previous year[26]	5-10% increase on previous year[26]	5-10% increase on previous year[26]	Recorded by London AHSCs[24]
Increase in commercial clinical trials Phase I - IV[28]	Explaining the market		1,004	(+5% increase on baseline[29]) 2014/15 actual:	+7% increase on	+8%	+10% increase on	Recorded by NIHR/CRNs/Trust R&D offices/MedCity

[25] 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 above, the baseline and forecasts for licenses were also changed during 2015/16 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.

[26] 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 90 and 100 in year 3 and 5 respectively and new licenses increasing to 15 and 18 in year3 and 5 respectively. A Year 4 target has now also been added in line with these targets.

[27] 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 MedCity further scrutinised the data and found that different definitions were being used. MedCity subsequently 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.

[28] 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 undertook considerable work with individual Trust R&D offices to map and measure commercial trial activity being undertaken *outside* the NIHR portfolio. The baseline data was subsequently amended during 2015/16 to incorporate 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 were therefore 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. A Year 4 target has now also been added in line with these targets.

Measure and metrics[19]	MedCity activity to which indicator relates	Success is	Baseline	Year 2 – 2015/16 (target) - actual	Yr 3 – 2016/17	Yr 4 – 2017/18	Yr 5 – 2018/19	Measurement method
				1087 (8%) 2015/16 actual: 1116 (11%)	baseline [29]		baseline[29]	
Increase in patients recruited to commercial clinical trials[28]	Explaining the market		6,924	(+15% increase on baseline[30]) 2014/15 actual: 8144 (18%) 2015/16 actual: 7279 (5%)	+20% increase on baseline	+15%	+25% increase on baseline	Recorded by NIHR/CRNs/Trust R&D offices/MedCity

[29] Based on 2014/15 data, conservative forecasts for years 3 and 5 are given as increases of 7 and 10%, which are in line with the HEFCE targets. A Year 4 target has now also been added in line with these targets.
[30] Based on 2014/15 data, forecasts for years 3 and 5 are given which are broadly in line with the HEFCE targets. A Year 4 target has now also been added in line with these targets.

Non-target indicators: The following metrics are reviewed, but cannot have specified targets due to their nature.

Measure and metrics	MedCity activity to which indicator relates	Year 2 – 2015/16	Yr 3 – 2016/17	Yr 4 – 2017/18	Yr 5 – 2018/19	Measurement method
Academic new approaches	Front Door, Promoting the Region/Explaining the Market	n/a	n/a			Number of approaches (as per customer approaches)
Customer/Academic Support	As above	n/a	n/a			Number of man hours in advising/mentoring/consultancy
Campaign measures will be identified and reported for activities within 2017/18	Promoting the region; Explaining the market	US Cell & Gene Therapy campaign • 73,286 film views • 832,206 timeline deliveries of #UKCellTherapy and 248,589 reach • 7.30mins average page dwell time • 1474 report downloads • 16 companies attended a cell and gene therapy roundtable in NYC	US Cell & Gene Therapy campaign Digital Health Campaign (still ongoing at time of writing)	Metrics to be reported per campaign	tbc	Measurement specific to each campaign
Proportion of spinouts retained in GSE[31]	Enabling & encouraging entrepreneurialism; Explaining the	n/a (end of 2016/17)	Tbc	Tbc	Track On course to Boston – 85%	Recorded by London AHSCs and reported annually[24]

[31] 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 is currently undertaken and will be reported by the end of the business year 2016/17.

Measure and metrics	MedCity activity to which indicator relates	Year 2 – 2015/16	Yr 3 – 2016/17	Yr 4 – 2017/18	Yr 5 – 2018/19	Measurement method
	market					

Assumptions

- Delivery of activities conducted in partnership with other organisations will be dependent on all partners' ability to deliver on their commitment.
- Agreed funding and resource commitments do not change.
- The current political and economic climate remains uncertain following Brexit and the US elections, our action plan takes this into consideration, we will however, re-evaluate our priorities and performance indicators in the light of any new developments.

Risk Plan

	Likelihood H/M/L	Mitigating actions
Failure to secure adequate funding to deliver on committed activities at the required pace.	M	Mitigate the risk by following through on the future funding action plan (Appendix 1). Continue to engage management board in support of action plan.
Insufficient staff/ suitable calibre appointed as embedded team(s) – unable to deliver resources from within their institution.	M	Deploy existing relationships with senior stakeholders/MedCity founders to ensure appropriately skilled individuals are identified For 2017/18, effort needs to be placed on Oxford/Cambridge outreach and recruiting extended 'satellite' members of the team representing key stakeholders.
Market confusion: MedCity role unclear	M	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 GMEC strategy implementation and positioning of GMEC vis a vis MedCity
Too much time and resource taken up in reporting processes and operational administration resulting in low productivity.	H	Work with funders to agree mutually agreeable reporting processes that work for all parties wherever possible. Implement a simple SOP framework that ensures efficient, consistent operations and ensures continuity regardless of staff changes.
Managing the ERDF programme under budget. Requirement to hit all the ERDF outputs, as non-achievement carries differing levels of financial penalty Clawback risk including post the project as auditors can review a project several years after it closed and apply penalties for non- compliant paperwork. ERDF processes take away from the achievement of the project's aims of delivering meaningful new collaborative research projects with SMEs	M	Ensure project manager has the required time/has support to oversee the project and manage risks related to budgeting. This risk is deemed as low at this point in time, as several measures have been taken already in the first year and underspend has been achieved. Ensure project manager is progressing steadily on the delivery front, including managing delivery partner relationships. Ensure oversight from MedCity management (CEO/COO Undertake an internal quality review of documentation and processes on periodic basis. Use the processes to our advantage, assuring a systematic and well-documented project delivery; building on this trial to run similar programmes in the future

Financial Plan: Indicative Summary Budget allocation 2017/2018 & 2018/19

As in previous years, this budget allocation table set out below does not show the in-kind funding/costs associated with the embedded teams, or in kind support generated to support activities such as Angels in MedCity or the Future of Healthcare Investment Conference.

MedCity budget allocation in 2017/18 reflects 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, the full year effect of which will be experienced in 2017/18. Following MedCity's relocation from the Francis Crick Institute office within Wellcome Trust to the London Bioscience Innovation Centre (LBIC) in January 2015, MedCity has now relocated again to new offices as we have outgrown the space available. While we have secured a competitive rent within the London market, costs have increased over 2016/17 considerably. (b) Salary costs are now at a level where we can consider ourselves fully staffed, within the funding available. MedCity is carrying no vacancies and the new COO post, proposed in 2016/17 has been recruited to, resulting in a considerable uplift in budget required for salaries. In addition, some external costs have been brought in house, with some costs being reallocated from Communications to salaries; (c) international marketing and events costs continue to be an area of significant spend and this is anticipated to continue, particularly in light of Brexit and the need to communication our offer into key international markets; (d) MedCity needs to contribute some programme costs to the operation of DigitalHealth.London in 2017/18, alongside the AHSNs.

Area of expenditure	Summary of activities undertaken within the area of expenditure	2017/18 breakdown		2017/18 Total	2018/19 anticipated
EXPENSES (1,000s)					
Theme		**Activity**	**£**		
Salaries and associated costs	Board, operational and project management, analysis, events and analysis	Salaries	535	555	565
		Expenses	8		
		HR and recruitment	12		
Office and company costs	Office costs, equipment, IT, legal costs and company functions	Office and company	75	78	80
		Insurance	3		
External engagement	External conferences/international missions	Conferences and international	50	50	50
Events	Events & national travel	Events	30	30	35
Marketing and communications	Marketing Communications PR Brand development Website development and maintenance	Marketing collateral, comms and website	20	120	125
		Comms and marketing staff resource and advice	100		
Programme	Working funding and projects	Programme/ working spend	85	85	85
Reserve			10	10	10
	TOTAL			928	950
INCOME (1,000s)					
	GLA (note: GLA funds are not used for the Collaborate to Innovate programme) – *NOT CONFIRMED*			500	375
	HEFCE (excluding £250kpa for seed fund)			380	382
	Additional income required for operation of MedCity			48	193
	TOTAL			928	950
	YEAR END BALANCE			**0**	**0**
COLLABORATE TO INNOVATE (HEFCE AND ERDF FUNDED)					
		HEFCE FUNDING		**500**	**250**
		ERDF MATCHED FUNDING – PERIOD 2016 - 2019		**500**	**250**

Appendix 1 – Detailed 2017/18 Action Plan[32]

In addition to the detailed action plan which forms part of our longer term strategy in achieving our vision, MedCity will continue to work on the following areas which form part of our day-to-day core work:

- Continuing to work 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.
- Provide support, as required, to the London LEAP, for example to support the existing programme of university-business collaboration networking events.
- 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.
- 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
- 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.

[32] This Appendix will be an evolving document during 2017/18.

Front Door Service	Seamless, consistent front door service (including ongoing mentoring and advise) meeting the needs of international and national customers.			
Strategies	**Actions**	**Timeframes**	**Deliverables (Milestones)**	**Notes**
1. Formalising an offer for investors for tech scouting (potential revenue generations)	a. Determine whether there is a sufficient supply & demand for Technology Scouting Services for Investors and others, b. Based on outcome of a., develop a business case and seek funding/resource c. Implement Service	Sep17	Delivery of report & recommendations	Networking, FoC/Chargeable? L&P VC club, non-technical, BRC, Out of scope, tech explained, brokering expertise, PoC/pharma
2. Establishing a structure and operations around the extended Front Door Service including a Comms and Marketing strategy	a. Explore how to best leverage our knowledge management so that it is consistent to customers and covers the whole region including Oxford and Cambridge. Scope: 'Brains', Money, Land	Oct-17	Recommendation for a 'system' to meet the need of knowledge management.	Establish target list of key players within wider region to introduce our offer and get engagement (MoU?) Include SOP system MBA Studentship?
	b. Enabling a joining up our communications and address gaps based on our strategy and plan (use customer insights etc.) c. Refresh our current guidance and communications and update (e.g.	Jul-17	b. Confirmation of process by which the communications occur and a core contact list for	Website, new materials, case studies, successes, Channels into Oxford/Cambridge community (join up

	NHS schemes etc.) d. Establish a communication & marketing strategy for MedCity	Tbc Tbc	extended geography c. Current guidance & comms material refreshed d. Comms & marketing strategy delivered	with Crick, Farr, Turing, Sanger)
	e. Implementation of a method to evaluate the customer journey through our front door service	Sept-17 Ongoing	Customer journey evaluation method implemented. Real-time repository of customer feedback to be used for continuous improvement.	feedback emails, event feedback etc. Potential MBA project.
3. Develop GMEC Offer (potential revenue generation)	With the GMEC Operations team, develop models for collaboration and funding that create a research and commercial advantage to all partners.	Q1 2018	tbc	
4. Establish engagement with in partner organisations to deliver similar goals to result in inward investment, trade support etc.	a. Establish formal partnership with DIT and role in International Meetings b. Working with relevant LEPs outside London, determine the extent to which there are	Tbc April17	MoU detailing Roles and agreed joint activities Joint workshop with	

		opportunities to join up (i) inward investment activity being undertaken by local teams (non-DIT 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.		LEPs and agreed plan	

Promoting the Region & Explaining the Market	Appropriate Engagement with the right customers			
	Global recognition of the sector’s expertise across London, Oxford and Cambridge.			
Strategies	**Actions**	**Timeframes**	**Deliverable**	**Notes**
1. Establish our list of propositions per audience	a. Establish target pharma list and research priority areas	30-April-17	A report produced and refreshed annually	
	b. Strategy for digital health and pharma	30-Jun-17	4-5 page report produced on outcomes & recommendations	Report to be used for further action and prioritisation
	c. Progressing discussions with a large pharma on a project idea (HepC), scoping and funding the strategy. d. Go/no go decision	30-Jun-17	Go/No Go decision reached and next steps determined	
	Confirm right activation points for conference/event participation based on 2017/18 focus areas & right audience, right partners, impact, cost)	30-April-17	Plan for 2017/18 drafted, to include activation points	
2. Campaign/Events to promote our offer	2 Events: a. London Tech week b. One other DH event	a. LTW b.17/18	2 events held	Based on evaluations
	Campaign, potentially in conjunction with DIT/GREAT	tbc Autumn 17	Evidence provided of FDI leads, web	7 long list?, work with team to engage DIT etc.

			visits, film views (measures as per campaign proposal)	
	2 other promotional events tbc	dependent on 1	tbc	Potentially Alzheimer's satellite event (July)
	Working with relevant bodies such as London & Partners, the GLA and academic institutions, develop a plan for ensuring that the International Society for Cellular Therapy Conference (taking place in London in May, 2017) is leveraged as PR and reputational opportunities for London and the region.	May 2017	Plan developed and executed to leverage PR from the event	

3. Engage our target markets of **N. America, Japan, S Korea,** (lower priority for next 2 yrs Europe, China, India)	**Japan:** Japan strategy - BIO and Japan presence, large scientific presence (Imperial/BRC) Mitsui/Stanhope real estate.	Oct17 BioFeb17 Imperial/Showcase JBA 18 month (real estate)	BioJapan conference attended (Potential outcomes: expanded no. of pharma contacts in Japan, solidifying relationship with JBA, significant presence in JapanBio. Real estate min 100k square feet to bioincubation)	Ongoing and event-specific. For Japan - working with UCL and Imperial and solidifying market relationship. Japanese Pharma - specific drug targets.Building longer term relationships. BIO-event specific activities. - Space is the right entry point to having Japan enter the market. Real estate, argument for Mitsui to have space for labs/bioincubator.
	US: BIO US, US programme (E.Coast) for Rajesh	BIO US in June 17	BIO US conference attended	See N. America ideas
	Europe: BIO Europe		BIO Europe conference attended	
	Mayors International Programme (opportunistic)	Ongoing	tbc	
	HEI's Cambridge & Oxford involvement	Ongoing	tbc	Marketing materials, conduit for others, FCI. Imperial WC
4. Extending MedCity Map to wider region	1. Assess success of MedCity Map being used for finding collaborators & assess ways to improve if appropriate.	Oct-17	Recommendations proposed regarding impact	Purpose is to 1. showcase what the region has and also

	2. Continue with maintenance and promotion.		of MedCityMap Target provided for growth of companies listed on Map	assist users in 2. finding collaborators/experience tec.

Enabling Entrepreneurialism	Increasing opportunity to commercialise by enabling access to finance, space and industry/academic collaborations.			
Strategies	**Actions**	**Timeframes**	**Deliverable**	**Notes**
1. Industry/Academic , Inter-institution, B2B Collaboration	a. Collaborate to Innovate programme (ERDF funded)	Apr-17 to Mar-18	Collaborative research projects started: upto 15 Companies receiving non-financial support, in the form of consultancy/research Employment increase in supported enterprises: 1 Companies collaborating with an identified research institution for the first time: 15	The figures given are our outputs based on the business plan. We anticipate further KPIs in the form of new products to market, in the subsequent financial year
	b. Evaluation of BRC/Medtech Event to promote collaboration. c. Assess opportunity to do more including international activity	Date tbc Apr-17	First MedCity-enabled inter-institutional research collaboration launched Report on feedback and outcomes of BRC/Medtech (at least 1 *new* industry/academic relationships developed as a result of event)	

			Recommendations proposed on further collaboration-related activity	
	Supporting the education of academics on how to collaborate with Industry d. Scope and pilot Maudsley request and pilot e. Convene Tech Transfer Offices across Oxford, Cambridge & London f. Bid for new money	Jun-17 First meeting Jun17 and then as required	Pilot undertaken, and feedback and outcomes reported. First TTO meeting held and recommendations proposed on further activity	
	*Convening Researchers/Industry in a portfolio review.*g. International Alzheimer's Conference opportunity with NIHR?	March -18	tbc	
	Business School and Industry training on Health Ecosystem and collaborating with Academia h. Scope, pilot & cost Imperial/Leuven BS partnership on Exec Ed. Program tbc	tbc	Agreement to provide a service to the programme on a cost basis.	
2. Digital Health	MedCity/DH.L to work with OLS to bring together digital health stakeholder community in a first 'meet & greet'. Precursor to further work on AAR.	May17	Meeting held and next steps	

	Activities to be completed following finalisation of DH.L plan			
3. Access to Finance	a. Angels in MedCity continuation & attracting money to support programme	Mar-18	Sign up supporters; raise awareness of programme within region; increase success rate of pitching companies	
	b. Support GLA work with 'Fund of Funds'	tbc	tbc	
	c. One other investment event (FIHC4)	tbc	Investment event held	
4. Support other Accelerator Activities	Monitor development of plans for a new OneStart scheme and determine whether MedCity should be engaged	tbc	tbc	
	DH.L Accelerator	tbc	Board meeting and Work in Progress meeting attendance. Support Cohort Selection	Board meeting attendance/WIP
	Innovation Forum - ImagineIF!	tbc	tbc	

Influencing Policy	Life Sciences Industrial Strategy, AAR and DIT policy outcomes are evidence-based through MedCity's input and result in the desired industry growth.			
Strategies	**Actions**	**Timeframes**	**Deliverable**	**Notes**
2. Addressing industry & research organisation barriers to conducting clinical trials in the region	a. Convene London AHSNs to reach a decision on a pan-London patient consent and patient health record linkage for research	Aug-17	Go/No-Go decision reached and next steps identified	
3. Digital and Evidence	AAR digital implementation - convene stakeholder groups under OLS to initiate 'meet & greet'	April-17	Successful meeting held and next steps identified	MedCity invited to support OLS in plan
4. Life Sciences Industry Strategy	Partner with GLA on region's position on Industry strategy	April -17	Tbc	
5. Space, Bioincubation investment	British Library initiative. Meet & Greet convening of planners inc Oxford/Cambridge New developments & supporting options	Aug-17 Date TBC but likely to be second half of year	Gaining approval of request and/or being recognised as having influence in this area. Meeting convened of site developers /planners	20% investment for British library - scientific infrastructure NHS land dispersion (GLA) - processes for surplus

Appendix 2 – MedCity Organisation & Organogram:

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). Advisory Board meetings are 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.

The members are:	Executive Directors:	Eliot Forster (Chair) Sarah Haywood (CEO)
	Non-executives:	Prof. Sir Robert Lechler, Vice-Principal (Health) and Executive Director, King's Health Partners AHSC (AHSCs' appointed Director) Prof. David Lomas, Academic Director at UCLPartners, UCL's Vice Provost (Health), Head of the UCL School of Life and Medical Sciences and Head of the UCL Medical School Prof. Gavin Screaton, Dean of Imperial College Medical School Hammersmith Campus and Professor of Medicine at Imperial College Prof. Matthew Wood, Associate Head of Medical Sciences Division (Research), Oxford Dr Annalisa Jenkins, CEO, DimensionTx Prof. Sir Patrick Maxwell, Regius Professor of Medicine, Cambridge University

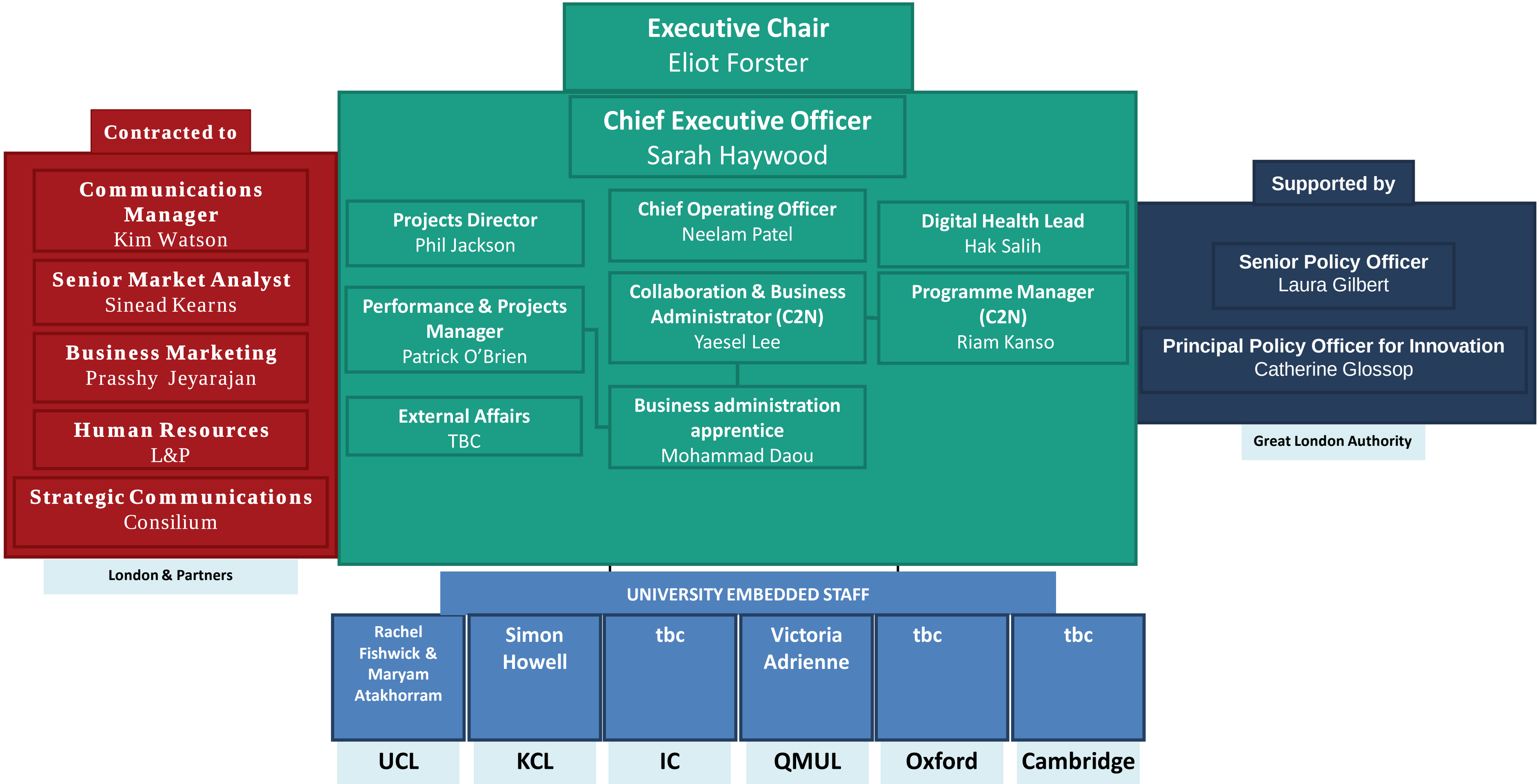
Operational structure:

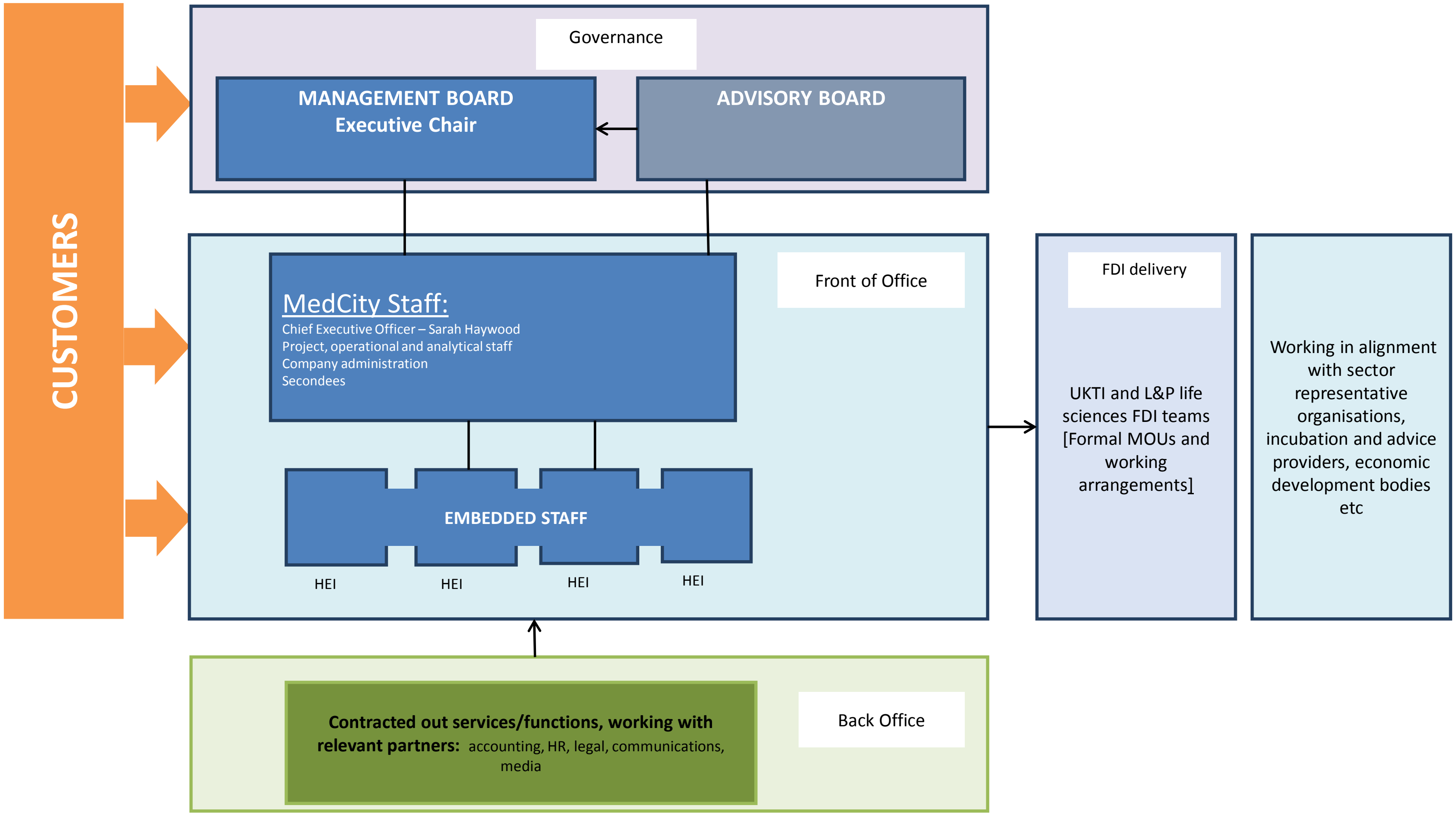
MedCity Ltd continues to employ few people directly; it delivers connectivity into the AHSCs and other research institutions by having a distributed and partly embedded team. MedCity works with individuals, on a project or consultancy basis, to draw on specific skills and knowledge. Part of the founding 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 below.

MedCity Organogram




CUSTOMERS
Governance
MANAGEMENT BOARD
Executive Chair
ADVISORY BOARD
MedCity Staff:
Chief Executive Officer – Sarah Haywood
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

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.