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West Midlands Health Tech Innovation Accelerator Pathfinder Report - September 2026

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West Midlands Health Tech Innovation Accelerator (WMHTIA) Pathfinder Report – Year 3 Extension (April 25 – March 26)

September 2026

Locally-led Innovation Accelerators delivered in partnership with DSIT, Innovate UK and City Regions

Department for Science, Innovation, & Technology

Innovate UK

West Midlands Combined Authority

About this report

This report supplements the West Midlands Health Tech Innovation Accelerator (WMHTIA) Pathfinder Report and provides updated information on:

- Enterprises engaged and supported over three years of the programme
- New initiatives supported towards the end of year 2 and in year 3 including the Primary Care Accelerator, Reg-Navigator, AI-Hub and Venture Readiness Canvas
- WMHTIA programme impacts including agreed core metrics with Innovate UK

It should be read in conjunction with:

- The West Midlands Health Tech Innovation Accelerator (WMHTIA) Pathfinder Report
- Case studies of assisted businesses

Two initiatives supported by WMHTIA, West Midlands Health and Wellbeing Innovation Network (WMHWIN) and Primary Care Accelerator (PCA), have been selected as cases for an IPEC study on public procurement of innovation in health and social care which reports in spring 2026.

Report writing on behalf of WMHTIA consortium

George Bramley, Tom Burton, Luan Linden-Phillips, Gerardo Javier Arriaga Garcia, Annum Rafique, Chloe Billing, Derek Sear, Nikolas Venetsaneas, Matt Lyons, Huanjia Ma, Bethan Miles and Alexandre Mauser.

Wider contributions to this report

Includes all partners and enterprises who provided contributions to the writing team.

Summary

The WMHTIA continued to perform well in the extension year. It has exceeded its targets and has established a strong basis for strengthening the life science sector within the region. The programme continued to innovate in terms of developing evidence-based interventions that responded to the needs of health technology enterprises and the wider innovation ecosystem.

WMHTIA received an additional £4 million for year 3 (Phase 2) which represented a reduction in annual funding compared to the two-year pathfinder period. As a result, the offer was streamlined and reconfigured in terms of services provided by partners. For example, there was no secondary grant scheme in the extension year, but the programme continued to support businesses in receipt of prior funding to continue to develop their innovations where possible.

Overall, the WMHTIA has provided intensive support to 174 enterprises. It supported a further 60 enterprises in Phase 2 (year 3) in addition to 114 supported in Phase 1. 51 of the 114 enterprises supported in Phase 1 continued to receive support in Phase 2. In total 111 enterprises received support in Phase 2. Of the 60 additional supported enterprises in Phase 2, 23 were based in the WMCA region and 32 were from the wider West Midlands region.

In year 3, WMHTIA partners continued to introduce innovative business support services in response to identified needs of health tech enterprises in the West Midlands. We describe four business support innovations developed by WMHTIA partners. The first is a methodology for selecting and diagnosing the needs of promising health tech enterprises capable of scaling, as well as assessing and tracking the development of their capabilities to do so. The remaining three innovations are demand-led business support interventions based on identified needs from closely working with enterprises in the first two years. These initiatives included:

- **Reg-Navigator** — a new service for health technology companies in preparing for regulatory submissions. Reg-Navigator is designed to assist enterprises develop their regulatory strategy for UK, EU and/or US market entry. Forty-six enterprises registered on WMHTIA applied to join the Reg-Nav programme for originally 30 places, of which 44 were supported in four cohorts. While the programme will no longer be funded by WMHTIA, there is a legacy effect in terms of informing similar provision.
- The **Primary Care Accelerator** (PCA), alongside the West Midlands Health and Wellbeing Innovation Network, have both been identified as good practice examples of public procurement of innovation. The PCA supports innovations aimed at easing high-pressure areas in general practice, which delivers around 90 percent of all NHS patient contacts yet has historically lacked dedicated innovation support. A defining feature of the model is immersive co-location: innovators are placed directly within GP practices, giving them daily exposure to workflows, patient interactions, and the realities of primary care operations. The initiative has been incorporated into the West Midlands Local Innovation Partnerships Fund (LIPF).
- **Health Tech Artificial Intelligence (AI)-Hub** was developed to address the widespread lack of deep AI knowledge among health tech innovators and to bridge the gap between having an idea and successfully integrating AI into health care products or services. The AI-Hub provides support across four domains: AI readiness assessment using a traffic light system for data quality, infrastructure, and regulatory preparedness; masterclasses in regulatory requirements for AI as a medical device; production of strategic roadmaps; and hackathons for selected companies.

This report includes partner reflections on how the WMHTIA strengthened and built capabilities to support Health Tech in the West Midlands, and key learning for future programmes.

WMHTIA has delivered (figures collected in February 2026)

- Recruited 329 companies and provided intensive bespoke support to 174 overall
- 28 new companies established
- 2 internationally recognised support programmes land in the West Midlands — SPARK the Midlands and Plug and Play UK Health
- 6 products procured by the NHS
- £76.9 million co-investment realised to date, including £53.8 million from private sources (2.9x Innovate UK's investment)
- Supported £85.4m additional GVA and 1,490 additional FTE job-years across 2023–27, including £55.2m GVA and 1,100 FTE job-years in the West Midlands

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List of abbreviations

AI	Artificial Intelligence
BCU	Birmingham City University
CRM	Client Relationship Management
DFM	Design for Manufacturability
DFA	Design for Assembly
FTE	Fulltime equivalent employee
GP	General practitioner
GPU	General Processing Unit
GVA	Gross Value Added
IVD	*In Vitro* Diagnostic
LIPF	Local Innovation Partnerships Fund
MTC	Manufacturing Technology Centre
NIHR	National Institutes for Health Research
OHP	Our Health Partnership
PCA	Primary Care Accelerator
PHTA	Precision Health Technology Accelerator
SEIM	Socio-Economic Impact Model
SMEs	Small medium sized enterprises
VC	Venture Capital
VRC	Venture Readiness Canvas
WMHWIN	West Midlands Health and Wellbeing Innovation Network
WMHTIA	West Midlands Health Tech Innovation Accelerator

Overview of health technology enterprises engaged and supported

WMHTIA received an additional £4 million for year 3 which represented a reduction in annual funding compared to the two-year pathfinder period. As a result, the offer was streamlined and reconfigured in terms of services provided by partners. For example, there was no secondary grant scheme in the extension year.

The WMHTIA has provided intensive support to 174 enterprises. It supported an additional 60 enterprises in Phase 2 (year 3) in addition to 114 supported in Phase 1. 51 of the 114 enterprises supported in Phase 1 continued to receive support in Phase 2. In total 111 enterprises received support in Phase 2.

Information was available on 329 enterprises that engaged with the WMHTIA, allowing profiling of their location, health technologies[1] and how long they have been established.

The majority of the enterprises that engaged with the WMHTIA were based in the West Midlands. 143 (43.5 percent) were based in WMCA and a further 49 (14.9 percent) in the wider West Midlands. 18 enterprises were international and were interested in either relocating to the region or undertaking development of their technology in the region. The remaining 119 were based in the UK outside the West Midlands.

Table 1: Breakdown of enterprises engaged with the WMHTIA by technology (Phase 1 and 2)

Health Technology Classification	All	Percent	WMCA region	Percent
General Medical Device	68	20.7	25	17.5
Active Implantable Medical Device	4	1.2	2	1.4
In vitro diagnostic medical devices (IVDs)	15	4.6	9	6.3
Digital Health and Software	116	35.3	45	31.5
AI — not just stand alone (inclusive component)	47	14.3	18	12.6
Advanced material / Other	74	22.5	43	30.1
Listed supplier	5	1.2	1	0.7
Total	**329**	**100.0**	**143**	**100**

Of the 60 additional supported enterprises in Phase 2, 23 were based in the WMCA region and 32 were from the wider West Midlands region. The remaining five enterprises, based outside the West Midlands, were recruited by WMHWIN to respond to challenges faced by NHS trusts in the region based on their technology having the greatest potential to generate actionable solutions.

1. According to the Medical Devices Regulation (2002) health technology classification system.

Table 2: Breakdown of additional intensively supported companies by technology (Phase 2)

Health Technology Classification	All	%	WMCA	%	Wider WM	%
General Medical Device	14	23.3	8	34.8	10	31.3
Active Implantable Medical Device	0	0.0	0	0.0	0	0.0
In vitro diagnostic medical devices (IVDs)	3	5.0	0	0.0	1	3.1
Digital Health and Software	20	33.3	4	17.4	7	21.9
AI — not just stand alone (inclusive component)	11	18.3	4	17.4	6	18.8
Advanced material / Other	12	20.0	7	30.4	8	25.0
Listed supplier	0	0	0	0.0	0	0.0
Total	**60**	**100**	**23**	**100**	**32**	**100**

Many of the enterprises intensively supported were recently established in the past four years. 29.3 percent were newly established (less than 1 year since establishment) and a further 30.5 percent were established in the previous four years. As would be expected, there was a higher proportion of the SPARK cohort who were recently formed enterprises or became new enterprises because of its early-stage focus. Similarly, there was a higher proportion of older enterprises scouted by the WMHWIN programme to work on real-world NHS innovation challenges.

Table 3: Age profile of intensively supported enterprises (Phase 1 and 2)

Years since establishment	All (N)	All %	SPARK (N)	SPARK %	WMHWIN (N)	WMHWIN %
Less than 1 year	51	29.3	24	68.6	3	10.3
1–4 years	53	30.5	2	5.7	7	24.1
4–8 years	41	23.6	8	22.9	8	27.6
8–12 years	14	8.0	1	2.9	3	10.3
More than 12 years	15	8.6	0	0.0	8	27.6
Total	**174**		**35**		**29**	

New initiatives supported in year 3

In year 3, WMHTIA partners continued to introduce innovative business support services in response to identified needs of health tech enterprises in the West Midlands. For this extension report, we describe four business support innovations developed by WMHTIA partners. The first is a promising methodology for selecting and diagnosing the needs of promising health tech enterprises capable of scaling, and assessing and tracking the development of their capabilities to do so — developed from the specific learnings gained from operationalising the WMHTIA that can be translated to future innovation support programmes. The remaining three innovations are demand-led business support interventions based on identified needs from closely working with enterprises in the first two years.

Piloting of the Venture Readiness Canvas

The Manufacturing Technology Centre (MTC) and University of Birmingham developed the Venture Readiness Canvas (VRC) as an end-to-end business acceleration and evaluation tool for the WMHTIA to improve coordination and reporting. The tool was developed to:

- Facilitate the assessment of an individual enterprise's development needs for commercialisation of their innovation and to provide a baseline for evaluation purposes.
- Support the selection of the most appropriate interventions for individual enterprises and referral between partners able to provide that support.
- Inform the development of new interventions.
- Provide an overview and tracking of support and its impact for individual enterprises, and communication of the overall programme achievements to various audiences.

The tool was developed towards the end of Year 2 with input from partners who were able to bring their perspectives on what needed to be included and its application.

In year 3 the VRC was piloted with 26 companies to test its deployment (21 who were supported in Phase 1, five enterprises being onboarded in Phase 2) and is described in greater depth in a forthcoming MTC White Paper with regards to:

- Onboarding process, to evaluate and select enterprises by assessing them against a minimum capability threshold.
- Its use in scoping acceleration interventions.
- Monitoring progression of enterprises in their capability development.
- The provision of a standardised framework to display the acceleration journeys of each supported enterprise, and to integrate these individual journeys into a holistic programme overview. This also displays the acceleration success achieved by the entire programme.

The VRC assesses the enterprise and its progress against 14 capabilities, grouped into five core support areas on a nine-point scale:

1. **Regulatory and clinical support** — which includes four capabilities: clinical evidence, patient user acceptance, clinical user testing and acceptance, regulatory strategy.
2. **Organisational development support** — which includes three capabilities: team, organisational development, partnership and network development.
3. **Intellectual property, venture capital, commercial research and development** — which includes four capabilities: IP strategy, investment pitch abilities, investor relationship development, commercial research and development and venture acquisition.

4. **Business support** — which includes four capabilities: business model, market readiness, customer understanding, value proposition.
5. **Technology support** — which includes three capabilities: design, supply chain and manufacturing, software development and data analytics.

Figure 1 provides an overview of the structure of the VRC and shows how its capability development landscape can be used to assess progress made by an enterprise in the commercialisation of a new product. It shows the capabilities of a company prior to entering the support programme (grey boxes); the capabilities a company successfully developed via the programme support (green boxes); and the capabilities a company intends to develop in the next 12 to 18 months (blue boxes). Carefully worded descriptors have been developed for nine venture readiness levels against capabilities; these are referred to as capability statements and examples are provided for design, supply chain and manufacturing capability.

The pilot has:

- Demonstrated VRC potential for selecting enterprises for intensive support by other programmes.
- Demonstrated the VRC as an effective onboarding tool for an innovation support programme and comprehensive capability landscaping tool, to describe the progression of individual companies as well as the programme.
- Provided a richer source of information to undertake more rigorous impact evaluation at a programme level at a future date.
- Provided useful insights to inform the West Midlands Local Innovation Partnerships Fund.

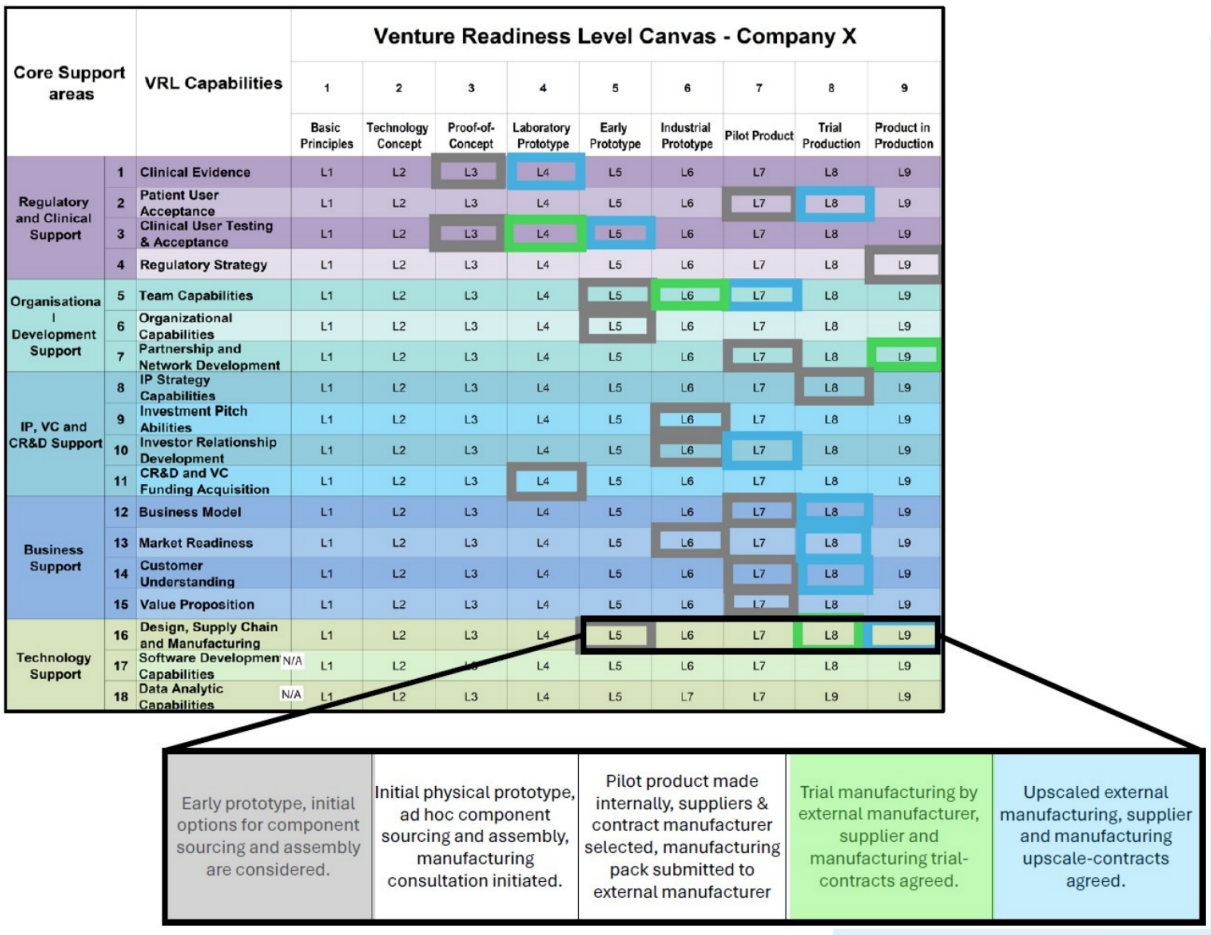


Figure 1: Using the Venture Readiness Canvas as a capability landscaping tool to capture improvements in commercialisation capabilities

Reg-Navigator

WMHTIA supported the development of a new service for health technology companies in preparing for regulatory submissions, led by Element. Reg-Navigator (Reg-NAV) is designed to assist enterprises develop their regulatory strategy for UK, EU and/or US market entry. It was developed in response to an identified need to equip health technology enterprises with a better understanding of how to secure and use regulatory expertise appropriate for their technology and proposed application and intended market at an early stage. The starting point for consultant fees is around £10,000, which can also be a barrier to enterprises entering exploratory conversations around the implications of different regulatory pathways and options in terms of costs, timelines and evidence requirements.

Reg-NAV was developed to address early-stage health tech companies' limited awareness regarding regulatory pathways, including their implications for market access, clinical adoption, and reimbursement. Regulatory activities account for a significant portion of product development costs, and a poor grasp of these requirements is a common weakness in funding and innovation applications. A key focus was helping companies articulate the intended purpose of their products, as this is fundamental to determining appropriate regulatory pathways. The company is presented with multiple framing options (e.g., wellness product, medical device of varying risk classes) and the regulatory, cost, and market implications of each are discussed, emphasising the importance of conscious decision-making at early stages.

The Reg-NAV programme is structured around four steps:

- Step 1: companies complete an online self-evaluation of their regulatory submission readiness.
- Step 2: a follow-up discovery meeting with companies in which intended use and product characteristics are discussed alongside different regulatory pathways. This, alongside the completed self-assessment, forms the basis of a report outlining possible regulatory framings and their implications, rather than prescribing a fixed regulatory strategy.
- Step 3: mentoring, training and support is provided to address gaps identified in the report generated in step 2.
- Step 4: re-evaluation of regulatory submission readiness before the end of WMHTIA.

Forty-six enterprises registered on WMHTIA applied to join the Reg-NAV programme for originally 30 places. Due to the demand level, the WMHTIA was able to support 44 enterprises delivered across four Reg-NAV cohorts.

Educational and Strategic Outcomes: The programme aimed to make companies more informed commissioners of regulatory consultancy services and to provide them with material that could be directly used in funding applications. The approach was designed to increase awareness and enable companies to make better strategic decisions before engaging with external consultants.

Programme Outcomes, Learnings, and Future Directions:

- **Programme Engagement and Filtering:** The Reg-NAV programme engaged 44 companies, with 27 of these completing the initial assessment and 20 participating in discovery sessions and receiving reports. The assessment process served as a filter to identify committed participants.
- **Programme Learnings and Value:** The critical friend conversation was highly valuable to companies, even beyond the written report. The programme was the first of its kind, and the team identified both successful elements and areas for improvement.
- **Future Development and Impact:** the importance of capturing and disseminating the novel aspects of the programme, with a view to informing future business support models and ensuring that the learning and approaches developed are not lost.

Companies in receipt of Reg-NAV support:

BLACK SPACE TECHNOLOGY

Product Overview and Initial Assessment: Black Space Technology was developing a mobile electronic patient record system for emergency and battlefield response scenarios. The team began by confirming the product's declared purpose and features through both the initial assessment and discovery call, ensuring alignment with the company's understanding.

Regulatory Classification Scenarios: The report outlined different regulatory classification options (e.g., class 1, class 2A, class 2B) and explained the implications of each, such as the ability to self-certify for class 1 devices versus the need for external notified body assessment for higher classes, with associated costs and timelines. This information at this stage can lead to product adaptations that impact on speed to market and potential market size and penetration.

Recommended Actions and Systems: The report included a set of recommended actions and systems for Black Space Technology, such as adopting quality management and risk management systems, and outlined the types of clinical evidence and documentation required for regulatory submissions.

Report Purpose and Impact: Rather than providing a prescriptive regulatory strategy, the report presented options and implications, enabling Black Space Technology to make informed decisions and better engage with regulatory consultants. The approach was tailored to the company's relatively advanced understanding of their regulatory position.

NEWAVX.

Product Description and Framing Options: NEWAVX's product, a platform initially used in veterinary medicine that has pivoted to a human clinical setting, was presented with multiple framing options: as a non-medical wellness product or as a medical device for musculoskeletal symptom relief. The report provided example intended purpose statements and outlined the types of claims that could be made under each framing.

Regulatory Pathways and Compliance: The report detailed the regulatory landscape for the UK, EU, and US, including specific compliance pathways, applicable standards, and the steps required to obtain UKCA and CE marks. It also explained the differences between the 510k and *de novo* pathways in the US and their implications for innovation and marketability.

Evidence Generation and Market Access: Guidance was provided on the types of preclinical and clinical evidence required for regulatory approval, as well as strategies for generating evidence that would also support market access and reimbursement. The report emphasised the need to consider both regulatory and commercial requirements when planning evidence generation.

Strategic and Commercial Implications: The team discussed how the comprehensive report enabled NEWAVX to evaluate different business strategies, including generating income through wellness clinics while preparing for medical device approval, and highlighted the value of presenting practical options and implications rather than a single prescriptive pathway.

While the programme will no longer be funded by WMHTIA, there is a legacy effect in terms of informing similar provision.

Primary Care Accelerator

The Primary Care Accelerator (PCA), alongside the WMHWIN, have both been identified as good practice examples of public procurement of innovation[2] and for creating and expanding NHS Venture Funds[3].

The PCA supports innovations aimed at easing high-pressure areas in general practice, which delivers around 90% of all NHS patient contacts yet has historically lacked dedicated innovation support.

A joint venture between Our Health Partnership (OHP) — one of the UK's largest GP groups — and Harbr, a venture-capital-led innovation team, the programme differs from standard cohort-based accelerators by offering a deeply embedded, highly bespoke, and operationally grounded model.

The PCA works closely with a small number of carefully selected SMEs, chosen through a venture capital assessment of founder quality, and a frontline assessment of commercial readiness, integration potential, scalability across GP groups, and suitability for real-world testing. This process begins with detailed challenge identification and strategic vision-setting, followed by diagnosing priority issues such as administrative overload, rising demand, long waits, inefficient referral or diagnostic pathways, workforce pressures, and gaps in community-based support. This ensures that innovation activity is anchored in real NHS operational and patient needs, and positions emerging technologies alongside practical, near-term improvements that general practice can adopt with confidence.

A defining feature of the model is immersive co-location: innovators are placed directly within GP practices, giving them daily exposure to workflows, patient interactions, and the realities of primary care operations. This enables rapid iteration, contextual user testing, and the development of trust between innovators and practice staff.

Real-world validation is accelerated through OHP's infrastructure, which acts as both an operational testbed and an early customer. This covers integration and expediting NHS governance approvals and providing thought leadership on future neighbourhood delivery models, ensuring the proposed innovation is both current and future-focused. By accessing clinical teams and engaging with patients, SMEs can generate evidence, secure initial commercial contracts, and produce case studies that support wider adoption. This multi-route procurement model significantly shortens time to market and is central to the programme's SME-friendly design.

Example. The Primary Care Accelerator first focused on relieving the heavy administrative pressures facing GP reception teams, where long call queues and high staff workload were routine. Instead of defining the issue as the need for a fixed "telephone solution," the accelerator reframed it as a wider challenge of improving patient access and reducing manual tasks — opening space for SMEs with novel approaches. A voice-AI company was selected through early engagement and venture-style assessment and embedded directly in GP practices. By shadowing reception staff and observing call-handling in context, the SME iteratively refined its prototype — adjusting language models, triage scripts, conversational flows, and system integrations based on real-time feedback. With support from the accelerator on integration, technical permissions, and assurance processes, the company secured approvals far faster than is typical in primary care, enabling Our Health Partnership to award a contract worth over £1 million in annual recurring revenue. This example shows how early, challenge-led engagement and access to real service environments allow SMEs to generate the evidence and trust required for procurement, while helping practices adopt tools that meaningfully reduce workload and improve patient access.

2. Rafique A, Billing C, Bramley G and Kitagawa F (forthcoming). Driving Innovation Through Public Procurement: Evidence and Models on Engaging Small and Medium Enterprises.
3. Mistry P, Chikwira L (2026) Innovation, economic growth, medtech and the NHS: from strategy to delivery. The King's Fund. Available at: https://www.kingsfund.org.uk/insight-and-analysis/long-reads/innovation-economic-growth-medtech-nhs-strategy-delivery

Health Tech AI-Hub

The **rationale** for establishing the HealthTech AI-Hub included needing to address the widespread lack of deep AI knowledge among health tech innovators and to bridge the gap between having an idea and successfully integrating AI into health care products or services. It draws on regional assets including centres of expertise such as the Institute of Data and AI[4], CERSI-AI[5], investors[6], clinical networks and utilising data derived from the extensive diversity[7] of the West Midlands — thereby creating a co-creation ecosystem to bridge the gap between industry and academia to develop more inclusive AI healthcare innovations.

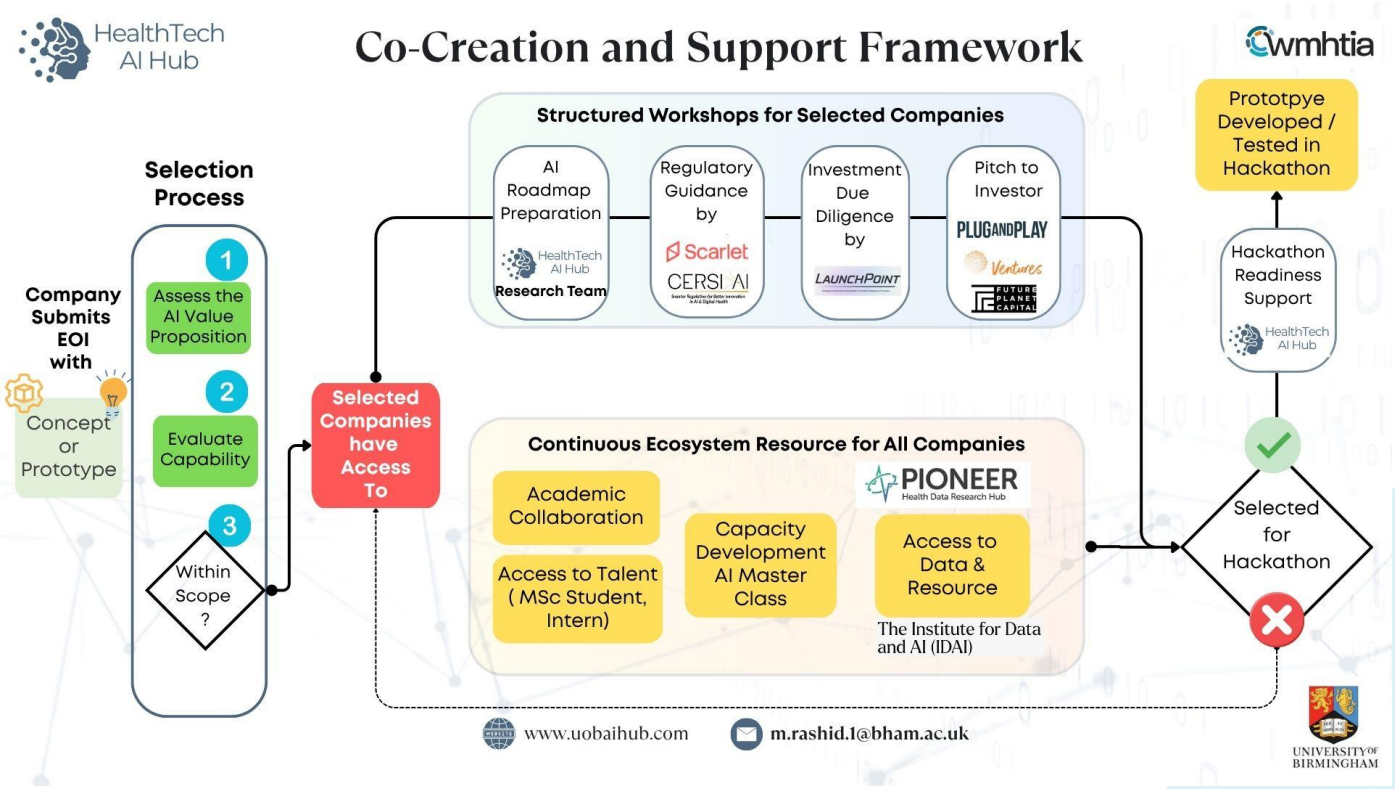


Figure 2: The AI Hub co-creation and structured venture growth framework

The **AI-Hub's model is a co-creation framework** (see Figure 2) delivered by a collaboration led by the University of Birmingham that allows it to field a panel of AI experts to provide one-to-one in-depth consultations with companies to assess their value proposition, data, and readiness for AI integration. Through partnership with the Pioneer Data Hub[8], the AI-Hub provided innovators with access to large, diverse datasets, supporting evidence-based development and testing of AI solutions. Enterprises also had access to infrastructure support including data scientists, high-performance compute infrastructure and synthetic data generation for hackathons and prototype development, addressing common resource gaps among startups. Enterprises were able to access specialist expertise relating to regulatory compliance through hub partners including Scarlet, who are a notified body[9], and the NIHR incubator for AI and Digital Health.

4. The Institute for Data and AI is a nexus for collaborative research and education at the University of Birmingham.
5. The Centre of Excellence for Regulatory Science & Innovation in AI & Digital Health is a collaboration of which the University of Birmingham is a partner.
6. Including Plug and Play, Mercia Ventures and Future Planet Capital.
7. There are over 170 ethnicities allowing innovators to develop AI solutions that serve a wider range of communities.
8. PIONEER is a Health Data Research Hub: a centre of excellence based in the West Midlands, with national data, expertise, tools, and ways of working to maximise the insights and innovations developed from health data.
9. Notified Bodies (NBs) are independent, third-party organisations designated by EU Member States to assess the conformity of high-risk products (e.g., medical devices, PPE) with EU regulations before they can bear a CE mark. They ensure compliance with safety/performance standards, crucial for CE marking.

Structured AI Product Development Framework

The AI-Hub provides comprehensive support designed as a structured, sequential programme to guide ventures from initial strategy through to tangible product development:

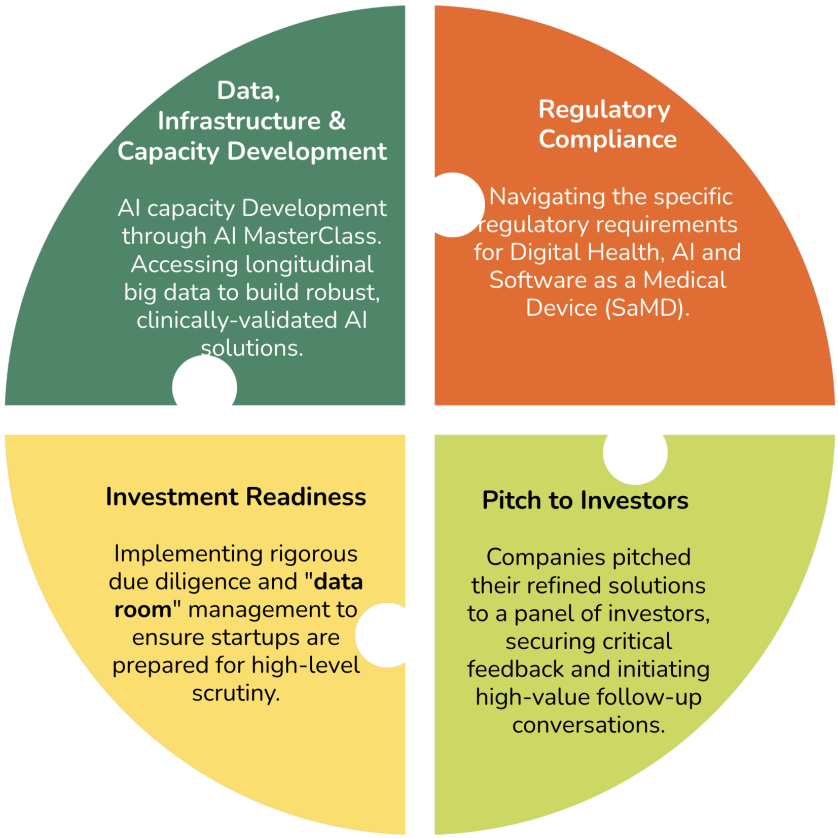


Figure 3: The AI Hub structured support through expert-led masterclasses and workshops

1. **AI Capacity Development through Masterclasses:**
   - **Foundational AI Strategy:** The Hub provided a high-level overview of how ventures could effectively leverage artificial intelligence, helping them evaluate their existing systems and formulate a foundational strategy for AI development. For each company, the AI Hub prepares a 4 to 5-page strategic development roadmap, including recommendations on data, resources, and potential academic collaborations, and provides matchmaking with academics and students for further support.
   - **AI and Regulation:** To ensure clinical and commercial viability, the Hub delivered specialised sessions on regulatory compliance. These were provided by Scarlet (a notified body for software as a medical device in Europe) and supported by CERSI.
   - **Venture Building and Due Diligence:** In partnership with Launchpoint, the Hub delivered targeted sessions focusing on venture building and navigating the due diligence process, educating founders on exactly what investors look for when backing AI-driven health tech.
   - **Leverage Big Data to Build Robust Models:** In collaboration with the Pioneer Data Hub — one of the largest repositories for longitudinal acute care, containing 20 years of data for 1.2 million patients — the AI Hub delivered a masterclass on how organisations have successfully leveraged the data to develop robust predictive models.
2. **Investor Pitching Sessions:** Ventures applied the training from previous sessions in real-world scenarios. The AI Hub hosted three dedicated pitching sessions where companies presented their refined value propositions to panels of prominent venture capitalists, including Mercia, Future Planet Capital, and Plug and Play.

3. **AI Readiness Assessment:** Each company underwent an AI readiness assessment using a traffic light system for data quality, infrastructure, and regulatory preparedness. Detailed reports — secured under Non-Disclosure Agreements — informed further support and hackathon participation. To prepare shortlisted companies for the hackathons, support was provided to accelerate prototype development following an individualised AI action plan focusing on: data protection and cleaning; problem framing to align with hackathon challenges; objective setting to streamline development; and strategic matching with MSc students and industry placements.
4. **Rapid Prototyping through Hackathon (Transforming Concept into Product):** As the culmination of the framework, through its intensive hackathons the Hub helped companies practically implement the strategies outlined in their individual AI roadmaps, directly transforming concepts into functional prototypes and market-ready products. The AI Hub co-designed and executed two high-impact hackathons, held over four days each in March 2025 and March 2026. These events convened 80 students and 10 early career researchers from four regional universities (University of Birmingham, Birmingham City University, University of Warwick, and University of Leicester), who collaborated in interdisciplinary teams to engineer innovative solutions. Through these events, the Hub sourced, refined, and launched eight real-world digital health challenges directly sponsored by participating industry partners. These hackathons successfully generated seven high-value, market-ready AI prototypes designed to solve critical healthcare challenges (ranging from ambient voice recognition and digital signal processing to personalised education plans for home carers). Several participating companies used these prototypes to improve their operational processes or launch new product ideas. Notably, one company (Prorizon) secured a large government contract partnership as a direct result of the first hackathon and subsequently returned to participate in the second.
5. **Expert and Talent Connect:** The AI-Hub matched companies with interdisciplinary students for industry placements (both paid and unpaid internships) and MSc projects. Support was provided for joint funding applications, particularly with academic partners, to improve success rates for grants such as NIHR and Biomedical Catalyst, and to facilitate clinical integration.

Impact

- Provided structured support (such as AI consultancy and talent matching) to **74 innovators** across the health-tech and clinical sectors.
- Supported innovators who collectively secured over **£2 million** in total funding to accelerate healthcare AI development and regional ventures.
- Across two high-impact hackathons held in March 2025 and March 2026, the Hub engaged 80 students from four regional universities to address 8 industry-sponsored challenges, generating **7 market-ready AI prototypes** that enabled participating ventures like Prorizon to secure major government contracts.
- Successfully placed over **10 students** into key industry placements and internships (both paid and unpaid) and MSc projects.

Partner reflections on how the WMHTIA strengthened and built capabilities

What have been the key achievements from the perspective of WMHTIA partners?

What made partners proud to be part of WMHTIA?

How, as a collaboration, did partners in WMHTIA achieve more impact?

- A **single "front door"** for health technology enterprises to access a wide range of integrated support across the West Midlands innovation ecosystem.
- The programme delivered demand-led support, prioritising the specific needs of companies rather than forcing them into pre-defined support packages.
- **The WMHTIA accelerator programme worked!** Many supported companies progressed significantly, with some successfully launching products. Through coordinated partner expertise, companies were accelerated through regulatory pathways and supported in moving innovations closer to clinical use.
- The consortium achieved **greater impact by working collectively**, driven by genuine collaboration, open communication in a non-competitive environment, and a shared mission to remove barriers to growth in the health technology sector.
- Joint mapping of partner capabilities revealed the breadth and dynamism of the regional innovation ecosystem, resulting in a **more refined and detailed understanding of innovation in the West Midlands**.
- **Using WMHTIA as an opportunity to pivot and refresh partner offers to the sector.** The MTC adapted its Design for Manufacturability and Design for Assembly offers and developed two new consultancy offerings, "External Contract Manufacturing" and the "Venture Readiness Canvas".
- **Step change in the quality and quantity of events and networking opportunities** in the region. Collectively, partners delivered 42 events during Life Science Week and brought together people who would not normally meet.
- Significant **levels of life science investment raised by supported enterprises** and co-investment in the programme achieved.
- **Raised the profile and reputation of the West Midlands** as a place for health technology enterprises to develop and commercialise their innovations.
- **Being able to support companies to manufacture prototypes using regional supply chains.**
- How **everyone worked together as a team and supported each other**: "Great to work with a brilliant team of people." WMHTIA has created a strong community of practice in supporting innovators to commercialise their chosen application of their health technology.
- More **cost-efficient engagement and recruitment of eligible enterprises** for support. Individual partners reported greater access to more potential clients, less marketing, and quicker results.
- **Supporting more enterprises at multiple points along their developmental pathway** at accelerated pace.

How the WMHTIA has contributed to the development of capabilities at individual, team and organisational levels.

- Increased understanding of the innovation ecosystem.
- Deeper knowledge of medicine and the health system.
- Opened opportunities to individuals and partners in being invited to international events.
- Allowed individual partners to define where they excel in the innovation ecosystem.
- Created new roles and opportunities for individuals (for example, Plug and Play set up a West Midlands office to identify investment opportunities).
- Broader personal development through increased openness and co-working arrangements alongside improved knowledge, contacts and networks.

Impacts of the WMHTIA

WMHTIA has achieved its targets. Impacts are shown below based on data available in February 2026[10].

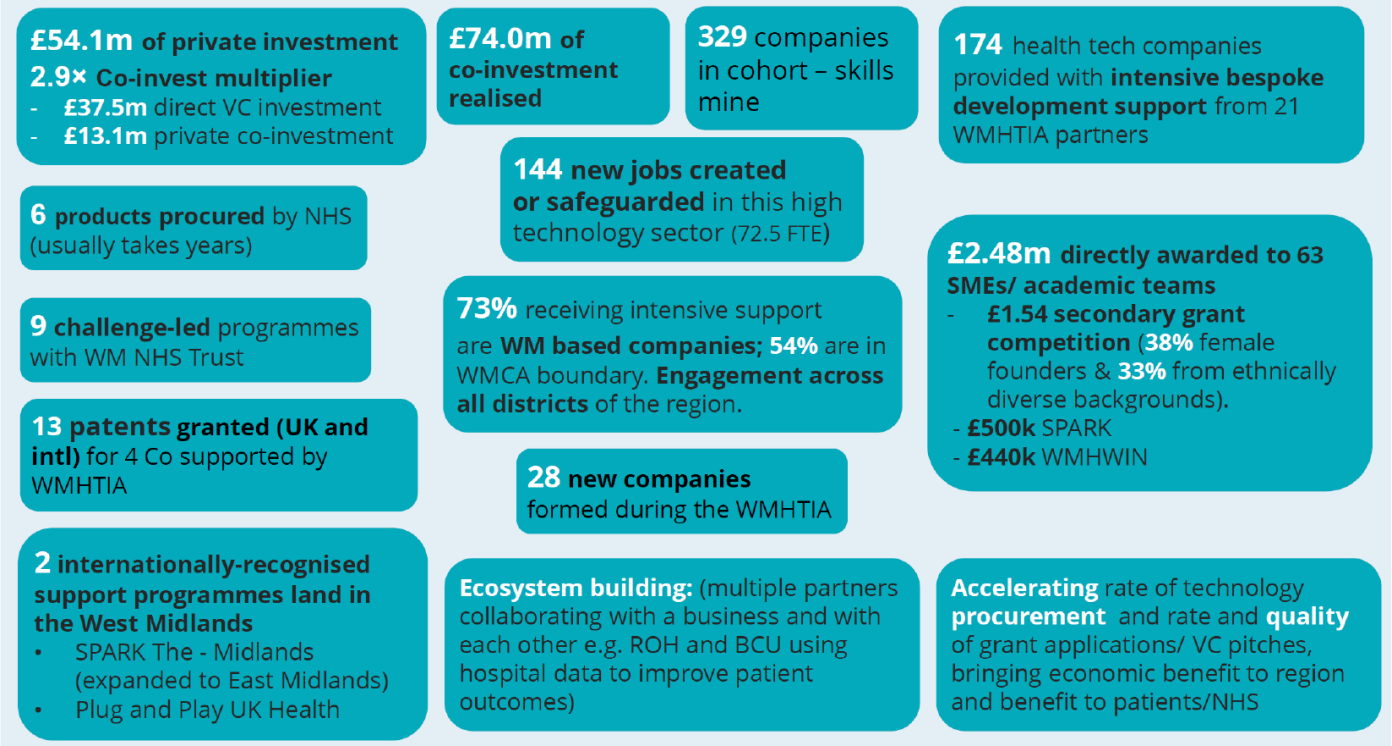


Figure 4: Summary of WMHTIA impacts

Co-investment realised

The programme achieved £76.9m co-investment by the end of year 3. This comprised:

- £16.8m Type 1 and 2 (pledged and accompanying) co-investment from delivery partners and participating enterprises to deliver WMHTIA-backed projects
- £6.0m in Type 3 (aligned) co-investment secured by delivery partners to initiate related projects
- £54.1m Type 4 (follow-on) co-investment raised by enterprises to continue commercialisation work

The Type 3 and 4 figures are expected to rise over time and should continue to be tracked until the end of 2029/30.

Type 1 and Type 2 (pledged and accompanying) co-investment

The WMHTIA partnership delivered £3.8m of R&D and related activity over and above the Innovate UK grant. The participating enterprises delivered a further £13.0m. In total, partners and enterprises contributed £16.8m towards the cost of supported projects.

Type 3 and 4 (aligned and follow-on) co-investment

Two delivery partners secured a combined £6.0m in large research grants as a result of their participation in the programme. 50 of the participating enterprises also raised a cumulative £54.1m from public and private sources for follow-on projects. In total, partners and enterprises secured an additional £60.1m funding to continue work initiated through the WMHTIA.

10. Data collection for this report was completed in February 2026, to allow a report to be produced before the end of WMHTIA funding.

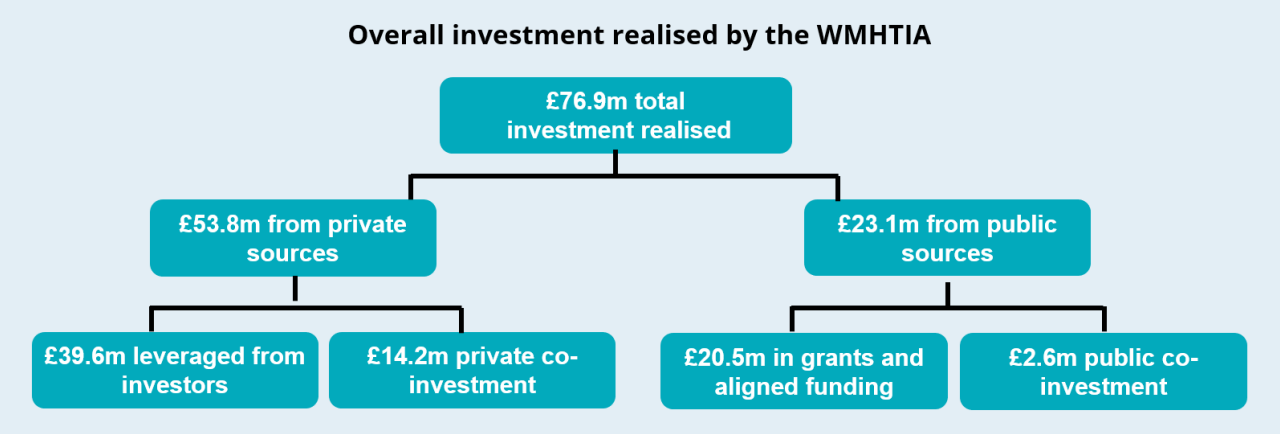


Figure 5: Overall investment realised by the WMHTIA

Public and private co-investment

The total £76.9m co-investment breaks down as follows:

- £53.8m co-investment from private sources
  - £14.2m Type 1 and 2 contributed by delivery partners and participating enterprises
  - £39.6m Type 4 secured from investors
- £23.1m co-investment from public sources
  - £2.6m Type 1 and 2 contributed by delivery partners
  - £20.5m Type 3 and 4 awarded to delivery partners and participating enterprises by research funders

Estimated regional economic benefit

Four months prior to the end of the programme, City-REDI estimated the employment and GVA effects of the WMHTIA using the *Socio-Economic Impact Model for the UK* (SEIM). SEIM is a multi-region input-output model that analyses changes in UK economic variables.

The basis for this estimate was £78.5m total domestic R&D and related activity taking place through the programme across 2023–2027. This figure — which at the close of year 3 stood over 10% higher at £87.2m — breaks down as follows:

- By source of funding: £18.4m (23%) Innovate UK grant; £60.1m (77%) co-investment
- By organisation: £19.6m (25%) within delivery partners; £58.9m (75%) within participating enterprises
- By location: £60.0m (76%) within the West Midlands; £18.5m (24%) within the rest of the UK

Estimated GVA impact

The WMHTIA programme supported an additional £85.4m UK GVA across 2023–2027. £55.2m (65%) of this accrued to the West Midlands region. £30.2m (35%) accrued to the rest of the UK given supply chain structures and the registered locations of participating enterprises. 55% of the GVA impact arose in the professional, scientific, technical, information, and communication sectors — all high-value tradable service sectors.

Estimated employment impact

The WMHTIA programme supported an additional 1,490 job-years across 2023–2027. This is equivalent to 300 additional jobs, sustained for a five-year period. 1,100 job-years (74%) were in the West Midlands and 390 (26%) were elsewhere in the UK. 64% of the additional employment was in managerial, professional, and technical roles.

Table 4: GVA and employment impact of the WMHTIA programme

Region	GVA	FTE job-years
West Midlands	£55.2m (65%)	1,100 (74%)
Rest of UK	£30.2m (35%)	390 (26%)
Total	**£85.4m**	**1,490**

Conclusions

The WMHTIA has been successful on many levels including:

A. becoming more efficient in Phase 2 in continuing to provide intensive support to 111 enterprises with reduced funding: the WMHTIA exceeded its targets overall and has established a strong basis for strengthening the life science sector within the region.

B. providing valuable learning for similar regional innovation ecosystem support programmes. It has informed the WMCA-led proposal for the Local Innovation Partnerships Fund (LIPF). This learning includes:
   - How to effectively mobilise key assets in a regional innovation ecosystem to support the commercialisation of health technologies.
   - Developing effective partnerships within a large collaboration that allowed partners to define their areas of expertise and achieve more collectively to create a step change in the West Midlands health technology innovation ecosystem.
   - The need for a more holistic and tailored approach to developing the capabilities businesses need to commercialise their innovation and how to assign their development to the most appropriate partner (not a one-size-fits-all approach).
   - The need for more sophisticated and nuanced approaches to assessing development needs, onboarding businesses, and the measurement of their progress, rather than relying on technology readiness and market readiness levels for measuring impact of the WMHTIA. In response to this need, WMHTIA developed the Venture Readiness Canvas, which is to be adapted for use on the West Midlands LIPF programme.

C. supporting the scaling and evidence on the effectiveness of interventions such as AI-Hub, WMHWIN and adaption of internationally successful programmes such as SPARK to the United Kingdom.

D. accelerating product launch, the procurement of innovations by the NHS, and businesses securing investment to develop their innovation in readiness for wider market access.

Key learning that should not be lost

- The accelerator worked efficiently by developing relationships between centres of expertise within partner organisations. The WMHTIA, by providing a common purpose, efficiently supported both intra- and inter-organisation collaborative relationships which are crucial to maintain. For this to continue there needs to be funding to allow them to convene and work together.
- Not to underestimate the time it can take to sign a collaboration agreement for a programme of the WMHTIA's complexity. The importance of data sharing being part of the collaboration agreement, from which stems enabling a shared common Client Relationship Management (CRM) system.
- The expression of interest, and partners reaching out to and sharing intelligence about health technology enterprises and innovation, has proven to be the most effective way of mapping the health technology cluster in the West Midlands.
- The need to also focus on the sustainability of support for health technology companies into the future as well as improving its quality and impact.
- No single organisation can deliver everything or has the expertise and knowledge to do so.
- The importance of establishing good data collection processes and understanding the data collected. It takes time to develop systems and processes and the WMHTIA has developed exemplar approaches through partnership working.
- The regional focus has been central to the delivery of results.

The WMHTIA was a bold and ambitious project, funded by Innovate UK, that delivered on its objectives. It generated economic benefit to the West Midlands by supporting a significant number of health tech businesses to drive their products to the

next stage of the translational pathway to market. In a relatively short period, it demonstrated how a truly collaborative approach can achieve rapid, meaningful outcomes for enterprises. The learning and expertise gained through the triple-helix partnerships built over the WMHTIA will now be taken forward into the UKRI Local Innovation Partnerships Fund to deliver impact for the region, at scale, in health and life sciences.