

# Knowledge Exchange Concordat review: Executive summary



KNOWLEDGE  
EXCHANGE  
CONCORDAT

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# Introduction

## What is knowledge exchange?

Knowledge exchange (KE) is a collaborative, creative endeavour that translates knowledge and research into impact in society and the economy.<sup>1</sup> It covers a wide range of activities, from translating research into new companies, products or processes, through supporting start-ups, to involving students and graduates in applying their skills and engaging with local communities.

Effective and positive partnerships are a key part of successful KE. These have proved invaluable in supporting the UK in responding to the Covid-19 pandemic and will have a vital role to play in supporting the UK Government's ambition to build back better through social and economic growth and levelling up.<sup>2</sup>

## What is the Knowledge Exchange Concordat?

The Knowledge Exchange Concordat (KE Concordat) is a sector-led initiative to recognise, develop and improve the diverse ways in which higher education (HE) providers engage in KE. The KE Concordat's [eight principles](#) are used by HE providers to self-evaluate and identify priority actions to drive future growth and success in KE.

The eight principles are:

- Mission
- Policies and processes
- Engagement
- Working transparently and ethically
- Capacity building
- Recognition and rewards
- Continuous improvement
- Evaluating success

The purpose of the KE Concordat is to support HE providers in enhancing the clarity of their KE mission and strategic objectives, and consequently to enable staff to have a clear understanding of institutional priorities and focus. Importantly, the KE Concordat is intended to give external partners an increased insight into what HE providers do and why such activity is taking place, as well as to provide clear indicators of their approaches to performance improvement, and to give governing bodies and government broad confidence in the activity that is taking place in institutions.

## How have HE providers engaged?

The commitment shown by HE providers to engage with and adopt the KE Concordat provides a firm foundation for future growth and development and can give partners and government the confidence that HE providers are committed to making the UK a world leader in KE.

In 2021, HE providers voluntarily participated in a development year exercise, using the KE Concordat to devise priority action plans. It is impressive that, despite the immense challenges of responding to the pandemic and many other external demands, 136 HE providers signed up to the principles of the KE Concordat and 112 chose to participate in the development year.

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1 ATTP, [A Global Definition of TT/KE/KT](#)

2 HM Treasury (2021) [Build Back Better: our plan for growth](#); Department for Levelling Up, Housing and Communities (2022) [Levelling Up the United Kingdom](#)

The KE Concordat Operational Group,<sup>3</sup> which oversaw the development year and supported the KE Concordat Strategic Group,<sup>4</sup> is committed to reviewing the process to understand its impact and value, learning from the process and ensuring that any benefits to KE from the process are maximised in the future.

This report summarises the findings from the reviews of the development year and the content of HE provider action plans undertaken by Universities UK (UUK) and the National Centre for Universities and Business (NCUB) respectively.

## Recommendations

A summary of recommendations for both funders and the sector is as follows:

- **The KE Concordat must be repeated within three years and become established alongside other concordats for all institutions.**
- **Institutions should aim to develop an institution-wide, long-term vision for KE activities.**
- **As far as possible, consideration from funders should be given towards further aligning the different external KE reporting and accountability requirements to reduce duplication and the administrative burden, and to maximise impact.**
- **The KE Concordat should evolve to enable institutions to demonstrate how KE practice is both improving and evolving and is responsive to national policy priorities.**
- **The sector should support the use of the action plans to exchange good practice and innovation, and develop a repository of KE resources and case studies.**

[Read the full recommendations](#)

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<sup>3</sup> The Operational Group comprises representatives from UUK, GuildHE, Research England, NCUB and PraxisAuril.

<sup>4</sup> The Strategic Group is responsible for advising on detailed plans for the development year and providing guidance on action-planning, making recommendations for long-term development, and evaluating the KE Concordat's development.

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## Value of the KE Concordat

In today's global context, with its backdrop of challenges brought on by the Covid-19 pandemic and the climate crisis, and in a world of rapidly developing technology, collaboration between higher education providers and their non-academic partners has never been so critical.


KE between HE providers and their partners already delivers commercial, environmental, cultural and place-based economic and societal benefits, but there is potential for much more. These activities encourage collaborative partners to exchange ideas, data, experience and expertise, which is beneficial to all involved. Engagement with external organisations provides vital opportunities to generate new ideas and to explore new avenues for research, innovation and learning.

In raising the profile for KE with senior leaders in higher education, the KE Concordat offers a critical contribution to continuous improvement, capacity-building, engagement and commitment to clear policies for KE in the UK.

### The KE Concordat aims to:




**give higher education institutions, including their staff and students, clarity of mission and support for the KE activities they perform**




**give partners an accurate representation of the approach that individual organisations are taking to KE**



**provide clear indicators of approaches to performance improvement**



**give governing bodies and governments broad confidence in the KE activity that is taking place**



**encourage organisations to work together to strengthen KE practice across the sector and to deliver KE when appropriate.**

The development year has demonstrated the appropriateness of these aims through the commitment of HE providers to continuous improvement and evaluation, and effective KE activity. As a result of their involvement in the development year, 98.5% of named contacts have either made, are in the process of making, or expect changes to be made to KE in their institution. More importantly, all named contacts (100%) are confident that their priority actions will be implemented.

The self-evaluation and feedback processes have given participating HE providers an opportunity to look inward and understand how they can continue to advance their KE practices, policies and approaches. The creation of working groups, the increase in strategic focus on KE work, and the commitment to KE and implementing priority actions across HE providers and the sector are testament to the strength of the KE Concordat in seeking to advance KE in higher education.

The positive impact of the development year on HE providers is evident in the responses to the survey of named contacts and evaluators. Likewise, the analysis of HE providers' action plans has highlighted a new understanding of the stages of the KE journey and the magnitude of KE in the UK higher education sector. The KE Concordat has helped to increase collaboration where approaches to KE and examples of good, innovative practice are exchanged and reviewed to encourage continuous improvement. This provides a firm foundation from which to enhance engagement and impact between HE providers and partners.

The KE Concordat development year has inspired the sector to further drive forward the positive practice of KE in delivering economic, social and cultural growth over future years.

## Development of the KE Concordat

The KE Concordat was developed and produced in response to a [report](#) authored by Professor Trevor McMillan, Vice-Chancellor of Keele University, in 2016.<sup>5</sup> That report focused on technology transfer, including research commercialisation through licensing and spin-outs, although the recommendations also supported the broader development of KE. They included a call to:

- develop an understanding that leadership in KE matters and that leaders need clarity of purpose in their KE activity
- generate understanding among leaders of their institution's context and systems, and how these influence what they do and how
- support academic entrepreneurs
- continue to develop a professional community of good practice within the sector
- recognise that there is no 'one-size-fits-all' approach to KE.

Professor McMillan's report informed the creation of two streams of KE enhancement in the sector:

1. [The Knowledge Exchange Framework \(KEF\)](#) – led by Research England, KEF looks at performance measurement in England, using existing data of past performance to highlight HE provider performance and to inform improvement.
2. The Knowledge Exchange Concordat – this sector-led initiative focuses HE providers on future priorities and strategies for development and enhancement.

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5 HEFCE (2016) [University Knowledge Exchange Framework: Good practice in technology transfer: Report to the UK higher education sector and HEFCE by the McMillan Group](#). For this report, Professor McMillan led a group of university experts to review good practice in technology transfer, as one aspect of the KEF.

Because of their different institutional systems, contexts, strengths and missions, each higher education provider will have a different set of activities that are important for KE and have been developed to meet the needs of the partners with which they engage. The purpose of the KE Concordat is to enable HE providers to highlight and develop these strengths and priorities, rather than adopting a rigid, top-down approach to KE.

A joint UUK, GuildHE and Research England Task and Finish Group, led by Professor McMillan, was created to produce a draft KE Concordat in May 2019 (see Annexe 3).<sup>6</sup> Eight principles were proposed to cover the range of necessary underpinning activities for effective KE. Within each, there was a set of enablers that gave specific areas of activity or actions that could be considered desirable.

In summer 2019, UUK and GuildHE ran a joint consultation on the draft document for which HE providers were invited to provide input. At the same time, Research England consulted with other key stakeholders from across research and KE, including public and private funders, national academies, practitioner organisations, and other organisations with an interest and expertise in KE.

The consultation highlighted several important points of consideration before the final KE Concordat was published, including that the KE Concordat should:

- be a sector-driven, voluntary initiative
- address the relationship with other frameworks and accountability and evaluation initiatives where relevant, including the KE Framework and accountability reporting for the use of the Higher Education Innovation Fund (HEIF) in England, to avoid unnecessary duplication
- avoid being a benchmarking, competitive or comparative exercise, but instead be an opportunity for collaborative working between HE providers, with an emphasis on exchanging good practice
- reduce the administrative burden where possible, in response to concerns about workload and timescales raised by many respondents that the original submission deadline fell in autumn 2020, coinciding with the deadline for the Research Excellence Framework (REF).

The Task and Finish Group revised the KE Concordat to reflect the comments received in the consultation.<sup>7</sup> The [final version of the KE Concordat](#) was published on 24 April 2020.

## Implementation

With the publication of the KE Concordat, the Task and Finish Group had fulfilled its purpose. Ongoing development of the KE Concordat was taken forward by the KE Concordat Operational Group, with oversight and strategic guidance provided by the KE Concordat Strategic Group. Governance of the KE Concordat is discussed in more detail below.

HE providers' adoption of the principles of the KE Concordat is also intended to demonstrate their commitment towards their communities and society in terms of continued support for expanding and developing KE within their institution.

An [implementation plan](#) was published by the Operational Group in September 2020.<sup>8</sup> This set out that HE providers from across the UK would be able to sign up to the KE Concordat, agreeing the aims and principles. However, each UK nation would then develop its own process for implementation.

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6 The membership of the Task and Finish Group listed in Annexe C

7 UUK, UKRI and GuildHE (2020) [Knowledge Exchange Concordat: Summary of consultation outcomes](#)

8 UUK and GuildHE (2020) [High-level implementation plan](#)

## England

The Operational Group led the development of the implementation plan in England, known as the KE Concordat development year, which is discussed in more detail below.

## Scotland

In Scotland, the Scottish Funding Council (SFC) encouraged HE providers to commit to the principles of the KE Concordat. The SFC plans to use the development year to decide what formal arrangements it wishes to put in place for subsequent years.

## Wales

In Wales, the Higher Education Funding Council for Wales (HEFCW) conducted its own development year, during which HE providers were asked to confirm their commitment to the principles through their Research Wales Innovation Funding (RWIF) strategies.<sup>9</sup> Following discussions with the sector in 2020/21, institutions were asked to undertake a self-evaluation against the KE Concordat principles and to conduct an internal gap analysis, summarising their findings in a key priorities plan, which was submitted to HEFCW in September 2021. These plans were reviewed and approved by the HEFCW Council in January 2022.

## Northern Ireland

The Department for the Economy (Northern Ireland) has not adopted a formal policy position yet in relation to HE providers' engagement with the KE Concordat. It is undertaking a comprehensive independent review of its underpinning Northern Ireland HEIF KE funding and associated mechanisms in 2022.<sup>10</sup> Following completion of that review, the department will be keen to engage with the sector in relation to the KE Concordat with a view to considering how it might be more formally integrated into the department's HEIF funding arrangements with HE providers.

## Governance

The implementation of the KE Concordat is managed by the **Strategic Group**, comprising UUK, GuildHE, Research England, the four UK higher education funding bodies and other sector representatives. The Chair is Professor McMillan, and the group guides the work of the Operational Group and considers long-term approaches, alignments and the embedding of the KE Concordat across the UK.

**The Operational Group**, comprising UUK, GuildHE, Research England, NCUB and PraxisAuril, oversees the practical implementation of the KE Concordat and reports to the Strategic Group. During the development year, this group has been responsible for developing guidance, recruiting and training evaluators, developing the web portal, supporting participants and moderating evaluator feedback. Its Chair is Greg Wade (Policy Manager, UUK) and it has also been supported by the National Centre for Public Engagement (NCCPE), which has provided expertise and guidance on the development of webinars, deep dives and support for HE providers.

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9 For more information, please see HEFCW's W21/23HE circular letter in which the Wales approach to the KEC is explained in more detail <https://www.hefcw.ac.uk/wp-content/uploads/2021/07/W21-24HE-Innovation-and-Engagement-Monitoring-Requirements-and-Funding-Allocations.pdf>.

10 Department for the Economy (Northern Ireland) (2022) [Higher education knowledge exchange](#)



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# Review of KE Concordat process

## Overview

In signing up to the development year, HE providers committed to carrying out a detailed self-evaluation and gap analysis of KE against the eight principles of the KE Concordat to generate an action plan. This required HE providers to undertake a self-evaluation of where they believe they are in their KE journeys and to identify means of progressing against each principle in the context of their strategic objectives for KE.

Action plans were produced and submitted through an online portal, NCUB Apply. The site gave access to a single contact for each participating HE provider, known as the HE provider's 'named contact'. 'Named contact' refers to the individual who submitted an HE provider's action plan. This does not necessarily mean that this person was leading on the action plan, nor was the sole author.

Within their action plans, HE providers were invited to identify examples of good, innovative practice and areas for improvement against any of the principles by specifying up to five priority actions, although HE providers identified additional priorities throughout their action plans. The action plans were reviewed by a team of volunteer evaluators recruited from the sector and external partners between July and October 2021. Feedback was released to participating HE providers in October 2021.

A total of 136 HE providers signed up to the principles of the KE Concordat, 112 of which chose to participate in the development year (see Annexe 1). The Operational Group provided support during the evaluation process (see Annexe 2).

Two complementary reviews were undertaken to evaluate the development year and gauge the impact of the KE Concordat on institutions' plans and priorities for KE:

- NCUB completed a review of the content of the action plans and evaluator feedback.
- UUK conducted a survey of named contacts and evaluators to understand more about the process, impact and value of the KE Concordat.

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# Review of KE Concordat action plans

This section summarises the findings of the content analysis of HE providers' KE Concordat action plans. In its analysis, NCUB looked at:

- institutional strengths and priorities across a range of indicators
- HE provider self-evaluation scores
- priority action timelines
- evaluator sentiment
- institutional variations.

NCUB also conducted an in-depth analysis of the action plans by a sample of 41 HE providers. The findings for both these processes are summarised below.

## Different HE providers are at different stages in KE development

Some HE providers referred to a need to develop more specific KE policies (stage 1) or to review and align all policies and processes to drive KE (stage 2), while others were focused on developing formal policies to improve business gateways and the 'front door' as well as standardising data collection (stage 3). All HE providers should be encouraged to learn from and share good practice with other institutions at all levels of maturity to embed a culture of constant improvement.

## Embedding robust approaches to monitoring and evaluation is critical to improve KE practice

With a breadth of KE activity taking place across the sector, many HE providers are considering how to grow evidence-gathering, feedback mechanisms and external evaluations to inform monitoring and evaluation processes. Improved evidence-gathering (including feedback) is needed to inform HE providers' understanding of how evaluation can be used to inform future strategy and practice and to address more specific areas, such as equality, diversity and inclusion.

## Capacity and capability-building to support KE requires significant time and resources

HE providers recognise the need to go further in their capacity and capability-building activities to ensure KE is considered within workforce planning, promotions, training, and reward and recognition programmes. HE providers should consider focusing on their key strengths within these priority areas, to ensure resources are focused.

## KE should become embedded in institutional strategies

To achieve full adoption and buy-in across all areas of the institution, KE activities should be consistently embedded into institutional strategies, and reviewed regularly by senior leadership and governing bodies. Key performance indicators (KPIs) should be developed by HE providers to ensure progress is being made.

## **Improving IP policies continues to be a focus for many HE providers**

Developing, improving on and creating more awareness of IP policies and processes within KE activity is an important area for further development in the sector. Many HE providers with well-established IP policies are keen to improve their processes, and recognise that more could be done to engage students in IP processes and training.

## **Improving engagement with small- to medium-sized enterprises was an area of focus for many HE providers**

Many HE providers highlighted a need to develop their approach to working with small- to medium-sized enterprises (SMEs) and were developing specific engagement strategies to achieve this. There are opportunities for the sector to share good practice and consider approaches that make it easier and simpler for SMEs to engage with higher education providers.

## **There is a need to develop long-term approaches to supporting KE activity**

Recognising that KE happens across the entire institution, cutting across staff, students, teaching and research, it is clear that KE requires cross-institutional support and resourcing. There is a need for HE providers to consider how KE is resourced and to ensure there is not an over-reliance on single funding streams, so that the long-term strengthening of KE across the HE provider is secured.

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## Key findings by KE Concordat principle

The ways in which HE providers are developing and/or strengthening their KE activity is an area of increasing interest to government and policymakers. The findings across the eight principles indicate how HE providers are meeting the aims of each, where their respective strengths and areas for development lie, and the implications for HE providers and policymakers.

Despite the diverse size and mission of HE providers, all demonstrated confidence in their approach to developing or strengthening their KE policy and the next steps needed to embed it in institutional strategy. Even where this had not yet taken place, HE providers prioritised developing a bespoke KE policy within their action plan as the next stage of KE development and suggested exchanging good practice and learning with others.

### Principle 1: Clarity of mission

Clarity of mission is generally seen as a strength across HE providers and timelines for priority actions are short. Evaluators suggested that many HE providers do not just have confidence in their current clarity of mission, but also know how to develop this further within a short timeframe.

Actions to improve are focused on:

- defining objectives;
- raising awareness of KE priorities; and
- aligning the KE mission with the overall institutional strategy.

Despite broadly positive self-evaluation scores against this principle, HE providers recognise that there are opportunities to strengthen their clarity of mission further.

HE providers at different stages of KE maturity have different priorities for clarity of mission. HE providers recognise that getting Principle 1 right is fundamental to moving to the next phase of KE maturity.

### Principle 2: Policies and processes

Different HE providers are at different stages of developing KE policies and processes. Principle 2 had the greatest institutional variance in self-evaluation scores of any principle, demonstrating that HE providers have varying confidence in their KE policies and processes.

Many HE providers have confidence in their KE policies and processes, but recognise that implementation and coordination are particularly challenging. Coordination and alignment of an HE provider's KE policies and processes are a key concern for many HE providers due to a dispersal of responsibility across different parts and functions of an institution for different policies and processes.

A range of actions to improve KE policies and processes was identified, but evaluators caution that their implementation must be sufficiently resourced. Developing and improving IP policy and tailoring it for students were two areas of recurring focus in action plans.

### Principle 3: Engagement

There is a range of good practice against Principle 3, with HE providers focused on ways to improve engagement processes and communication. Many HE providers were keen to improve consistency in engagement across the HE provider with external partners.

Evaluators note that there are opportunities to engage external partners, staff and students more in feedback. Many HE provider priority actions relate to engagement in existing KE activity. Evaluators challenged that there may be more opportunities for HE providers to consider how to include staff and students in KE feedback mechanisms.

Good practice in engagement can be found across the sector and lessons against Principle 3 could be learnt across HE providers. HE providers demonstrate different engagement strengths: for example, HE providers in the Arts cluster, cluster M and sampled HE providers in Scotland and Northern Ireland demonstrated good practice and innovative ways of engaging locally.

### Principle 4: Working transparently and ethically

HE providers self-scored highly on working transparently and ethically, with fewer priority actions identified against this principle.

Evaluators challenged that there is more to do to improve equality, diversity and inclusion (EDI) and that HE providers should be giving more thought to their approach to this in KE.

Principle 4 was identified as a strength across all HE providers, with a focus on similar themes. Most HE providers' action plans in the samples were focused on similar themes of better ethical working processes and IP policies, increasing the visibility of KE internally and externally, and enhancing and embedding EDI into KE practice.

### Principle 5: Capacity-building

While HE providers generally self-scored highly against Principle 5, they did identify many priority actions with comparatively long timeframes for completion. Most HE providers identified more priority actions against this principle than any of the other principles.

Evaluators responded positively to the actions proposed by HE providers. Evaluators believed the proposals were well developed and resourced.

Capacity-building was a particular area of focus for HE providers in clusters E, V, X and the STEM cluster. HE providers in these clusters and in the STEM cluster saw KE capacity as central to their KE strategies, particularly as a means by which to increase their commercialisation activities, and they had linked it to upskilling and training in IP, contract management and spin-out activity.

### Principle 6: Recognition and reward

Principle 6 is an aspect that many HE providers see as presenting opportunities for development. On average, HE providers self-scored lower against this principle, identifying it as an area for improvement.

Many HE providers reported that plans were already in place to improve recognition and reward, but these had not yet taken place or had not yet been applied across the institution. Almost all HE providers were keen to introduce annual KE awards for both staff and students, internally and externally, as a way of recognising and celebrating an individual's or partner's contribution to KE.

There was little variation across HE providers against Principle 6. HE providers in the STEM cluster and cluster M wanted to improve metrics, understanding and definitions of what constitutes high-quality KE and the recording and reporting of activity in order to secure a transparent, open approach to KE recognition and reward.

## Principle 7: Continuous improvement

Generally, HE providers self-scored lower against Principle 7 than the other principles, showing that they recognise there is more they can do to share good practice and learn from others.

HE providers at all stages of KE maturity were keen to collect better feedback internally and externally to underpin and inform continuous improvement.

A large majority were concerned with developing improvements to their data collection, including reflecting on their KEF and Research Excellence Framework (REF) impact case studies and developing benchmarks to expand existing reporting procedures to include KE measures.

## Principle 8: Evaluating success

HE providers' self-scores were lower for Principle 8, suggesting they may be less confident in their approach to evaluating success. In general, HE providers are keen to evaluate the success of their KE activities more consistently. Most HE providers' action plans committed to improving provision through reviewing existing policies and processes, and exploring the creation of new ones. Almost all HE providers reflected on the need to gather evidence to support impact appraisal as an area for improvement.

Evaluators commented that HE providers must consider how feedback and evaluation will inform future strategy and activities. While many action plans considered how success could be evaluated more effectively, evaluators also challenged HE providers to consider how this feedback would be used to inform future strategy and practice.

All HE providers identified evaluating success as an area for development, but some do appear to be further along. HE providers in cluster E were more advanced in their plans to develop accountability methods, but still had plans to make these more specific to KE.

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## Evaluation report summary

UUK sent a survey to 112 named contacts and 106 evaluators involved in the development year. The responses revealed a 90% satisfaction rate for participants in the development year, and 100% confidence among named contacts that their priority actions will be implemented.

The survey asked named contacts and evaluators about their experience of the development year. Participants were asked to comment on their overall views, the impact of the KE Concordat, the submission and evaluation processes (where applicable), and support and engagement from the Operational Group. The survey was completed by 55 evaluators, 54 named contacts, and 13 respondents who identified themselves as both a named contact and an evaluator.

The findings of the survey demonstrate a generally positive response to engagement with the development year from both named contacts and evaluators, with insightful and constructive suggestions made as to how processes of the KE Concordat can be improved in future iterations.

### Main findings

The main findings of the survey were as follows:

- 100% of named contacts who responded to the survey were confident that the priority actions in their action plans would be implemented.
- 98.5% of named contacts have made, are making, or expect changes or other improvements to be made because of their involvement in the development year.
- 98.4% of named contacts suggested that the KE Concordat raised the profile of KE activities within their institution.
- 91% of respondents considered the overall support and engagement provided by the Operational Group to be either moderately, very or extremely effective.
- 90% of survey respondents were satisfied with their involvement in the development year.

### Overall views of the KE Concordat

Overall, 90% of respondents were satisfied with their involvement in the development year. This figure was slightly higher among evaluators (94%) compared with named contacts (85%). Named contacts identified barriers to complete satisfaction as being the work required to produce an action plan alongside other reporting activities. However, named contacts were positive about engaging in a process of reviewing and reflecting on current KE practice.

Named contacts offered suggestions for improvements, including providing more opportunities to exchange good practice with other HE providers, and stronger alignment of the KE Concordat with other KE reporting requirements (such as the KEF and monitoring of the implementation of priority actions).

Evaluators suggested creating a single feedback narrative from the evaluator sub-panel, having a 'feedback loop' for evaluators to understand the value of their feedback to the HE provider, and using the lessons of the development year to streamline aspects of the evaluation process.

## Impact on higher education providers

All named contacts generally viewed their involvement in the development year as being beneficial to their HE provider. This is most evident in the 98.5% of named contacts who had made, were making, or expected changes or other improvements to be made as a result of their involvement. Around one-third (35.3%) had already implemented changes, over half (57.6%) were in the process of making changes, and a quarter (25.8%) had not made changes but were expecting to do so in the future. A primary aim of the KE Concordat was to advance KE in higher education and this has evidently been achieved, with changes being made or expected to be made in most participating HE providers.

All named contacts who responded to the survey were confident that the priority actions in their action plans would be implemented. Over two-thirds (67.2%) were confident to a great extent, and the remaining one-third (32.8%) were somewhat confident.

A number of named contacts identified the stability of funding for KE, the external business environment, and internal staff capacity as potential barriers to implementation of their priority actions. However, respondents were still confident that their priority actions would be implemented despite these challenges.

A large majority (98.4%) of named contacts suggested that the KE Concordat had raised the profile of KE activities within their HE provider. Some identified an increased awareness of KE among senior leaders as a result of their involvement in the development year, while others said it had helped to raise the profile among all levels of staff.

Just over half of named contacts (58%) commented that the KE Concordat had encouraged their HE provider to be more innovative in their KE approach. Many identified the action-planning process as an opportunity to consider what the HE provider is doing and how it can do it more effectively.

An area for focus in future iterations of the KE Concordat could be to encourage HE providers to engage more with external partners when developing submissions. Generally, this was an area where survey participants felt the KE Concordat did not necessarily support them, as named contacts were often using the development year to focus on internal processes. Since giving external partners a clear insight into what HE providers do, and how they do it, is a fundamental aim of the KE Concordat, this consideration of external partner engagement should be a focus for future iterations.

## Support and engagement

Just over half (54%) of all respondents considered the overall support and engagement provided by the Operational Group to be either very or extremely effective. A further 37% believed it to be moderately effective. Named contacts were offered a range of support activities, including webinars on development year processes, deep dives into the principles of the KE Concordat, individual conversations to discuss action-planning, and written guidance to support the production of action plans.

Online engagement was used because of the disruption caused by the Covid-19 pandemic and respondents generally found the sessions to be helpful. Webinars were the most positively ranked form of support and engagement, compared with deep dives and written guidance. Some respondents requested that these continue.

A number of respondents said that the supplementary guidance was issued late in the action-planning process and that this was a challenge. They also noted that there could have been greater breadth of content in the online engagement sessions.



## Submission process

NCUB developed a bespoke portal to facilitate the operation of the KE Concordat implementation process. Almost one-third (32%) of all respondents were either very or extremely satisfied with the NCUB portal, with an additional 36% being moderately satisfied. Evaluators were more positive about their experience than named contacts: 93% of evaluators rated their overall experience of the portal as 3 or above on a five-point scale, compared with 48% of named contacts.

The evaluators received the action plans that were allocated to them through a reviewer function of the portal and could view the submission and work on their review simultaneously. Their experience of the portal was therefore markedly different from that of named contacts.

A few evaluators commented that the site was easy to use and noted that the format of the review platform, including a side-by-side format for action plans and evaluator commentary forms, was helpful.

For named contacts, sentiments about the portal were often linked to the overall structure of the submission template and site navigation. Many suggested that improving site functionality, such as embedding hyperlinks and revisiting the structure of the action plan sections, would allow for a more positive experience of the site.

A key suggestion from named contacts was to allow additional users from a single HE provider access to the portal to encourage collaborative working. While allowing access to multiple staff from HE providers was intentionally restricted in the development year, named contacts commented that amending this would improve their overall experience in future years.

Under half (40%) of all respondents considered the submission template to be either very or extremely effective in terms of clarity, and a similar proportion (41%) considered the submission template to be very or extremely effective in terms of demonstrating institutional objectives and priority actions.

Generally, evaluators found the submission template to be accessible and effective in allowing HE providers to submit an action plan that suited their approach to the development year. Many evaluators also saw the word limit as being effective in encouraging HE providers to submit relevant and concise information.

By contrast, some named contacts mentioned word limits as a difficulty, and had requested an increased word limit or restructuring of template sections to minimise overlap of information. This arguably derived from evaluator feedback, since many HE providers had been asked to provide additional information in future submissions, which HE providers felt would be challenging given the current word limit.

## Evaluation process

Named contacts thought that the evaluator feedback had reinforced their institutional focus on KE, with almost all (98.5%) rating evaluator feedback as useful. Several named contacts stated that evaluator feedback had validated some of the findings from their institution's self-evaluation.

Where differences in evaluator feedback were evident, HE providers acknowledged this as a result of having evaluators with different backgrounds, experiences and expertise reviewing the same action plan.

Evaluators were positive overall about the evaluation process. The majority (60.3%) rated the approach as either very or extremely effective, with a large majority (72.1%) rating the moderation of feedback likewise.

Some evaluators described how the moderation of sub-panels was a useful environment in which to understand and explore others' feedback, with one describing the opportunity to discuss feedback as 'invaluable'.

A number of named contacts and evaluators noted the need for more institutional context as part of the submission and evaluation processes, and some evaluators requested the production of a single feedback narrative, which was supported by named contacts.

### **Key recommendations from the survey**

The main recommendations made by survey respondents for future development of the KE Concordat were as follows:

- Improve the alignment of the KE Concordat with other reporting requirements to reduce overlap, for example by focusing on elements of KE not captured elsewhere, or adjusting the timescales to reduce burden.
- Consider collating evaluator feedback to provide a single 'consensus' feedback document for HE providers. Using the insights from the development year would allow forms and processes to be streamlined.
- Maintain online engagement via webinars and deep dives and ensure there is a broad range of KE activity represented in discussions.
- Provide a complete timeline at the beginning of the submission process to alert participants to upcoming dates and deadlines to help the action-planning process.
- Facilitate a greater number of break-out and networking sessions for HE providers to discuss their approaches and share good practice during all stages of the action-planning process.
- Consider adding functions to the application system on the NCUB Apply portal, as requested by named contacts.
- Provide evaluators with greater understanding of institutional context. This could be through facilitating a short meeting with the HE provider, or revising the template to provide a contextual snapshot.

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## Conclusion and recommendations

At the beginning of this process, when the Task and Finish Group produced its report and consultation, we knew that many in the sector shared our commitment to effective knowledge exchange. A commitment to working with partners to enhance the contribution HE providers can make to economic, social and cultural growth and prosperity. We knew that the higher education sector was already engaged in considerable knowledge exchange activity, however, what we didn't know was how much it would be committed to enhancing, improving and setting ever more ambitious goals.

The development year has demonstrated significant commitment on the part of HE providers to engage with and build on the principles of the KE Concordat through their action-planning and self-evaluation processes. Across all nations and regions of the UK, 136 institutions committed to the principles and 112 participated in the development year. It is a notable achievement for the sector that so many institutions volunteered to participate in the development year and committed to enhancing and improving their KE activities.

The sector's response has been overwhelmingly positive, demonstrating a 90% satisfaction rate with their involvement in the process, with 91% considering that the support offered throughout the process was moderately, very or extremely effective.

Recognising that the diversity of the sector is a strength, the action plans submitted demonstrated an array of activity and commitments that reflect the differing institutional sizes, communities and missions, ensuring that institutions are able to meet the diverse needs of their communities, employers, charities, students, cultural organisations and local partners.

Over 98% of institutions confirmed that they are making changes and improvements because of their involvement in the KE Concordat development year. A total of 560 priority actions have been identified across 22 broad themes, with commitments to 941 individual activities and 100% confidence that the priority actions will be implemented.

The commitment from evaluators was also significant, offering rigorous challenge and recommendations to institutions on their KE activities, but also commending them for their honest and thorough self-evaluation.

### Future direction

The success of the KE Concordat development year now needs to be built on, with momentum maintained and support provided to ensure institutional ambitions are realised.

The transparency and openness of approach from the sector during the process have quite rightly identified areas where institutions can do more, be more effective and learn from each other. The value of the KE Concordat will now be to help institutions and their partners to exchange ideas, examples and activities so that learning and impact accelerate across the sector. We want to enable HE providers to focus their efforts, innovate and maximise the impact and value of what they do. The plan for sector engagement that is currently in development will help to achieve this.

There is also value in carrying out further cycles of the KE Concordat that focus on how institutions have achieved their priority actions and how they are planning for the future in the light of external evaluator feedback. The KE Concordat process has both raised the ambitions of the sector and profile of KE. To ensure that this continues, we recommend that a further self-evaluation and action-planning KE Concordat process takes place in spring 2024.

It is important that the process adds value to KE and minimises the administrative burden. As part of this, we will continue to take into account the timelines of other activities, such as the accountability processes of funding bodies, and to ensure, as much as possible, material and evidence are interchangeable across these and similar requirements.

**Wales**

In Wales, commitment to the principles of the KE concordat have been included by all institutions within their Research Wales Innovation Fund (RWIF) strategies. As a result, the KE Concordat is now a central component of Welsh innovation funding. Institutions have submitted priority action plans to HEFCW and progress updates will be provided through annual review meetings or, if required, as part of annual RWIF monitoring.

**Scotland**

In Scotland, SFC's recent consultation on Knowledge Exchange and Innovation (KE&I) funding indicated strong support for the KE Concordat having a role within Scotland's KE&I system. SFC will work with universities in 2022/23 on the detail, recognising the need to reduce duplication and burden while maximising impact.

**Northern Ireland**

Northern Ireland is also keen to continue its engagement with the KE Concordat in future rounds.

**England**

In England, the Research England Knowledge Exchange Review is seeking engagement and evidence relating to Research England's current approach to knowledge exchange (funding), including the alignment of the KE Concordat to the Knowledge Exchange Framework. It is clear that the KE Concordat is an important part of the future of knowledge exchange in the UK and the review by Research England will enable clear proposals to come forward to align activities, enhance their impact and reduce burden.

## Recommendations

In addition to the review, consideration will be given to process-focused recommendations and themes and priorities identified in the extensive review of the development year.

A summary of recommendations for both funders and the sector is as follows:

- **The KE Concordat must be repeated within three years and become established alongside other concordats for all institutions.** Building on the success of the development year and the commitment demonstrated by HE providers to develop and implement ambitious KE activities, further development and operation of the KE Concordat in spring 2024 would significantly strengthen institutions' KE effectiveness and support the implementation and review of priority actions.
- **Institutions should aim to develop an institution-wide, long-term vision for KE activities.** Recognising that KE happens across the entire HE provider and cuts across staff, students, teaching and research, it requires cross-institution support and resourcing. Institutions should aim to avoid over-reliance on a single funding source and support activity across the institution.
- **As far as possible, consideration from funders should be given towards further aligning the different external KE reporting and accountability requirements to reduce duplication and the administrative burden, and to maximise impact.** Steps were taken to align processes with HEIF in England. Funders across all nations should consider both the timings and content of accountability mechanisms to avoid unnecessary duplication or administrative burden.
- **The KE Concordat should evolve to enable institutions to demonstrate how KE practice is both improving and evolving and is responsive to national policy priorities.** Higher education institutions play a valuable role in the nation's economic and social growth. Building on the sector's initial self-assessment at regular intervals will allow institutions to monitor their own progress and development.
- **The sector should support the use of the action plans to exchange good practice and innovation, and develop a repository of KE resources and case studies.** Supporting institutions to identify and build on good practice is a shared aim across the sector and should be developed further. The KE Concordat identified a wealth of innovative good practice happening across the sector across all different types and sizes of institutions. Evaluators recommended that good practice is exchanged to help individual institutions learn from each other.

## Annexe 1: KE Concordat signatories by nation/KEF cluster in England

Higher education provider	KEF cluster	Signatory
<b>England</b>		
Arts University Bournemouth	Arts Specialist	Development year
London Academy of Music & Dramatic Art (LAMDA)	Arts Specialist	Development year
Norwich University of the Arts	Arts Specialist	Development year
Plymouth College of Art	Arts Specialist	Development year
Royal College of Art	Arts Specialist	Development year
Royal College of Music	Arts Specialist	Development year
The Royal Central School of Speech and Drama	Arts Specialist	Development year
University of the Arts London	Arts Specialist	Development year
Liverpool Institute for Performing Arts	Arts Specialist	Principles
Ravensbourne University London	Arts Specialist	Principles
Trinity Laban Conservatoire of Music & Dance	Arts Specialist	Principles
Anglia Ruskin University	E	Development year
Aston University	E	Development year
Bournemouth University	E	Development year
City, University of London	E	Development year
Coventry University	E	Development year
De Montfort University	E	Development year
Goldsmiths, University of London	E	Development year
Kingston University	E	Development year
Liverpool John Moores University	E	Development year
Manchester Metropolitan University	E	Development year
Middlesex University	E	Development year
Northumbria University	E	Development year
Nottingham Trent University	E	Development year
Oxford Brookes University	E	Development year
Sheffield Hallam University	E	Development year

The Open University	E	Development year
The University of Westminster	E	Development year
University of Bedfordshire	E	Development year
University of Bradford	E	Development year
University of Brighton	E	Development year
University of Central Lancashire	E	Development year
University of Greenwich	E	Development year
University of Hertfordshire	E	Development year
University of Huddersfield	E	Development year
University of Lincoln	E	Development year
University of Plymouth	E	Development year
University of Portsmouth	E	Development year
University of Salford	E	Development year
University of the West of England, Bristol	E	Development year
Birmingham City University	J	Development year
Canterbury Christ Church University	J	Development year
Leeds Beckett University	J	Development year
London Metropolitan University	J	Development year
London South Bank University	J	Development year
Teesside University	J	Development year
University of Derby	J	Development year
University of Northampton	J	Development year
University of Chester	J	Development year
University of East London	J	Development year
University of Gloucestershire	J	Development year
University of Roehampton	J	Development year
University of Sunderland	J	Development year
University of Wolverhampton	J	Development year
Staffordshire University	J	Principles
Bath Spa University	M	Development year
Bishop Grosseteste University	M	Development year
Buckinghamshire New University	M	Development year
Edge Hill University	M	Development year
Falmouth University	M	Development year
Leeds Trinity University	M	Development year
Liverpool Hope University	M	Development year
Newman University	M	Development year
Solent University	M	Development year
St Mary's University, Twickenham London	M	Development year
University of Cumbria	M	Development year
University of West London	M	Development year
University of Winchester	M	Development year

York St John University	M	Development year
University of Chichester	M	Principles
University of Suffolk	M	Development year
Cranfield University	STEM Specialist	Development year
Harper Adams University	STEM Specialist	Development year
Hartpury University	STEM Specialist	Development year
Liverpool School of Tropical Medicine	STEM Specialist	Development year
London School of Hygiene & Tropical Medicine	STEM Specialist	Development year
Royal Veterinary College	STEM Specialist	Development year
St George's, University of London	STEM Specialist	Development year
The Institute of Cancer Research	STEM Specialist	Development year
The Royal Agricultural University	STEM Specialist	Development year
Imperial College London	V	Development year
London Business School	V	Development year
Newcastle University	V	Development year
Queen Mary University of London	V	Development year
University College London (UCL)	V	Development year
University of Birmingham	V	Development year
University of Bristol	V	Development year
University of Leeds	V	Development year
University of Liverpool	V	Development year
University of Manchester	V	Development year
University of Nottingham	V	Development year
University of Oxford	V	Development year
University of Sheffield	V	Development year
University of Southampton	V	Development year
University of Warwick	V	Development year
Birkbeck, University of London	X	Development year
Brunel University London	X	Development year
Durham University	X	Development year
Keele University	X	Development year
Lancaster University	X	Development year
London School of Economics and Political Science (LSE)	X	Development year
Royal Holloway and Bedford New College	X	Development year



SOAS, University of London	X	Development year
University of Bath	X	Development year
University of East Anglia	X	Development year
University of Essex	X	Development year
University of Exeter	X	Development year
University of Hull	X	Development year
University of Kent	X	Development year
University of Leicester	X	Development year
University of Reading	X	Development year
University of Surrey	X	Development year
University of Sussex	X	Development year
University of York	X	Development year
Loughborough University	X	Principles
School of Advanced Study, University of London	Other	Principles
<b>Northern Ireland</b>		
Queen's University, Belfast	Northern Ireland	Development year
<b>Scotland</b>		
Queen Margaret University, Edinburgh	Scotland	Development year
Royal Conservatoire of Scotland	Scotland	Development year
University of Strathclyde	Scotland	Development year
Glasgow Caledonian University	Scotland	Principles
Robert Gordon University	Scotland	Principles
Scotland's Rural College	Scotland	Development year
University of St Andrews	Scotland	Principles
University of Stirling	Scotland	Principles
University of the Highlands and Islands	Scotland	Principles
University of the West of Scotland	Scotland	Principles
<b>Wales</b>		
Abertay University	Wales	Principles
Aberystwyth University	Wales	Principles
Bangor University	Wales	Principles
Cardiff Metropolitan University	Wales	Principles
Cardiff University	Wales	Principles
Swansea University	Wales	Principles
University of South Wales	Wales	Principles
University of Wales Trinity Saint David	Wales	Principles
Wrexham Glyndwr University	Wales	Principles

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# Annexe 2: Support and engagement

## Introduction

HE providers were given written guidance, produced by the Operational Group, which outlined the information an HE provider could include in their action plan. Guidance was given on each section of the action plan and an accompanying template was published to support HE providers in drafting their plans. Additional supplementary guidance was published in June 2021 following evaluator training to further support HE providers with action-planning. The supplementary guidance invited HE providers to include contextual information about their institution and a short paragraph on available resources to support KE, and provided clarification on aspects of the guidance that were unclear to HE providers.

During the development year, the Operational Group hosted online engagement sessions to provide clarity on the process and engage with named contacts, evaluators and others within and outside the higher education sector. These webinars and deep dives were given substantial support by NCCPE, and representatives from various HE providers. Each of the eight principles of the KE Concordat was considered in depth, with examples from HE providers of existing practice. Ten online events were held with institutional contacts, with an average of 175 attendees at each. The webinars and deep dives stimulated collaboration across the sector and a list of over 775 contacts was developed for the KE Concordat website.

The Operational Group released a downloadable template to support HE providers in the action-planning process. This was based on the format of the template on the NCUB portal and allowed HE providers to produce their action plans off line and then to populate the online template during the submission period, if desired. The template had word limits for each section, which had been set following consultation with the sector.

The Operational Group remained on hand during the submission process to support named contacts. An introductory meeting was offered to every named contact to discuss the HE provider's approach to action-planning, and additional discussions took place with HE providers as and when requested by named contacts. Full-time support was available to any online or email enquiries. Support sessions were held by partners, including GuildHE, through one-to-one conversations and action-planning workshops with smaller and specialist HE providers.

## Evaluation

The evaluation process was led by Dr Phil Clare, Director of Innovation and Engagement at the University of Oxford, who chaired the Evaluation Panel.

Each action plan was evaluated by up to five evaluators. The evaluators were selected by the Operational Group from a diverse group of volunteers, all of whom had extensive knowledge and understanding of KE activity, with considerable experience in other HE providers, businesses or charities. Each evaluator provided comments on up to five action plans.

An open call for volunteer evaluators was released in December 2020, with 106 individuals joining the evaluator cohort. From March to June 2021, the evaluators participated in an extensive period of training to understand their role. The evaluators were given examples of draft action plans to review and were able to discuss different approaches with other evaluators in break-out groups.

The evaluators were allocated to sub-panels based on their KE experiences, employer, discipline or industry background and the KEF cluster<sup>11</sup> to which their HE provider belonged (where applicable). Evaluators from outside the sector were also represented in the evaluator

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<sup>11</sup> HE providers with similar characteristics were categorised into clusters. More information can be found here: <https://re.ukri.org/documents/2018/kef-Cluster-analysis-report/>. KEF clusters provide a useful means of understanding the KE action plans, so the analysis undertaken for HE providers in England is by KEF cluster.

cohort. This enabled the evaluation process to have a diverse representation of evaluators who could provide feedback from different perspectives.

The evaluation process was designed to be a developmental exercise for HE providers and was not intended to be competitive or comparative. Evaluators reviewed the action plans in the specific context of an HE provider and their overarching strategy for KE.

The evaluators commented on whether there was a distinctive commitment to continuous improvement in KE, the ambition and clarity of the submission, and the extent to which actions and plans for improvement were appropriately resourced and supported the HE provider's institutional strategic objectives for KE.

The evaluators attended a moderating meeting, facilitated by a member of the Operational Group, to discuss their views and to feed back on each action plan before a feedback letter was sent to participating HE providers. The action plans produced by HE providers and the evaluator feedback will remain confidential. All feedback was approved and moderated by the Operational Group and evaluation panel chair before being released to participating HE providers. Details of the individual evaluators were anonymised.

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## **Annex 3: Task and Finish Group Membership**

Sean Fielding, University of Exeter Professor

Richard Greene, Manchester Metropolitan

University Dr Gillian Murray, Heriot-Watt

Professor Emma Hunt, Arts University Bournemouth

Dr Tony Raven, University of Cambridge

University Professor Jerry Roberts, University of Plymouth

Professor Roderick Watkins, Anglia Ruskin

University Professor Nick Wright, Newcastle University

