



The
University
Of
Sheffield.

Human
Resources.

The Procedure for Investigating and Responding to Allegations of Research Misconduct

1. Introduction

- 1.1. All allegations of potential research misconduct are taken seriously and this procedure (read in conjunction with the policy) is designed to:
 - provide a means to facilitate exploration of potentially complex matters in research that can arise in situations where such misconduct may have taken place,
 - reach a conclusion on any such allegations,
 - consider potential remedies available, depending upon the circumstances including if relevant, subsequent referral to another policy (such as disciplinary/capability).
- 1.2. Allegations found to be made frivolously, maliciously or vexatiously may result in a recommendation for referral of the complainant to the disciplinary procedure or other appropriate action.

2. How to Report Concerns about Misconduct in Research

Informal Resolution

- 2.1 Individuals with a concern are encouraged, in the first instance, to attempt to address the matter informally either with the individual concerned or the appropriate Head of Department, or line manager. The Head of Department/line manager may seek to initiate an informal resolution process, in liaison with Human Resources e.g. via agreed mediation or a facilitated meeting. This approach may be relevant where the issue appears to be basic or minor or where there appears to be a potential misunderstanding or dispute between individuals.
- 2.2 In the event that the individual is not satisfied with the outcome of an informal approach, then the matter should be addressed formally (see 2.5 below).
- 2.3 A record of any informal concerns raised and outcomes should be made and retained by the relevant Head of Department/Line Manager (copied to the Research Ethics & Integrity Manager in Research Services (RS) for monitoring purposes).
- 2.4 A Head of Department/Line Manager should immediately forward all allegations they are made aware of, that they deem to be serious, to the Research Ethics & Integrity Manager, as informal resolution would not be appropriate in such cases.

Formal Allegation

- 2.5 A formal allegation should be submitted in writing to the Research Ethics & Integrity Manager, providing full written details regarding the allegation, including confirmation of the individual(s) against whom the allegation is being made (referred to as the respondent) and the exact nature of the complaint with any and all evidence available to them. They (or nominee) will in turn acknowledge receipt and allocate this to a Named Person (NP), usually within three working days. The NP will normally be one of five Faculty Directors of Research & Innovation [FDRIs] but may also be a senior academic who has previously held the role of FDRI. The NP should not be based within the same Faculty as the respondent(s) or complainant(s). The NP will be asked to confirm that they have no conflict of interest regarding the parties involved or any other aspect of the investigation, as per section 6.7 of this Procedure.
- 2.6 If the complaint is against a FDRI it should be made directly to the Vice President for Research (VPR); if it is against the VPR it should be made directly to the President and Vice-Chancellor who will appoint another senior manager to act in the case; if against the President and Vice-Chancellor it should be made to the Chair of Council.
- 2.7 All allegations received by those other than Research Ethics & Integrity Manager, should be forwarded by the recipient to the Research Ethics & Integrity Manager within two working days, where reasonably practicable.
- 2.8 Individuals who submit an allegation (referred to as the complainant), are expected to put their name to any allegations they make. Allegations which are anonymous or where there is no specific Complainant will only be considered at the discretion of the NP.
- 2.9 The NP will advise the Respondent's FVP, (or substantive employer if not the University of Sheffield), and any other appropriate body (such as a regulatory body), upon receiving any research misconduct allegations.
- 2.10 Where an allegation of research misconduct has been formally raised this procedure will progress to the natural end-point irrespective of:
 - the complainant withdrawing the allegation at any stage,
 - the Respondent admitting, or having admitted, the alleged misconduct, in full or in part; or
 - the Respondent or Complainant resigning or having already resigned their post.

3. Stage 1: Preliminary Investigation

Initial Action

- 3.1. The NP will undertake an initial assessment of the allegation, in consultation with a relevant Faculty HR Manager. Both the NP and Faculty HR Manager can seek confidential advice as appropriate to determine any initial action that may need to be undertaken to:

- ensure that any potential or actual danger/illegal activity or risk is prevented or eliminated,
 - ensure that any contractual, legal, regulatory or professional body obligations are fulfilled at the appropriate time, through the correct mechanisms; and
 - consider if it can be resolved informally or for it to proceed to formal investigation. As this preliminary stage is not intended to pre-empt any subsequent Formal Investigation, once the NP is satisfied that the matter is sufficiently serious and has sufficient substance, this should be referred to a Formal Investigation.
- 3.2. Where the allegations are deemed not to relate to research misconduct, the NP will write to the complainant to inform them of this decision, the reasons for this and any other potential actions. For example, this may result in the issue being referred to the respondent's Head of Department for consideration under the disciplinary or capability procedure, mediation, informal action etc. depending upon the circumstances of the case.
- 3.3. Where the allegations are judged to fall within the scope of research misconduct, and the procedure is not overridden by other contractual/legal/regulatory or procedural requirements, the NP supported by Human Resources, will continue with the preliminary investigation of the allegation.

Preliminary Investigation Process

- 3.4. As part of this process the NP should identify and advise relevant internal stakeholders of the allegations (and the VPR of any initial action required), and will notify relevant external bodies (e.g. any relevant research council/other funder) as required. The NP will also inform the respondent in writing of the allegation(s), disclosing all the evidence provided, and that it will be investigated under this procedure.
- 3.5. The NP will meet separately (supported by HR), with the complainant, the respondent(s) and any others whom the NP considers relevant to the investigations.
- 3.6. At the discretion of the NP a panel may be appointed to carry out the preliminary investigation (e.g. where the allegation is complex). In such cases, where the NP considers that any such panel has insufficient expertise in the research area in question, the NP will consider whether it is appropriate to appoint an external expert to the Panel.
- 3.7. At the discretion of the NP an external expert may be requested to act as a specialist expert to the preliminary (and if relevant any subsequent formal) investigation. The role of any such specialist expert appointed is to provide information to the NP or panel only, they do not have any decision making powers.
- 3.8. Any panel member or external expert asked to contribute to the investigation will be asked to confirm whether they have any interests which may present a conflict of interest as per point 6.7 of this Procedure.
- 3.8. The NP will consider the evidence, available concerning the allegation seeking advice/support, as appropriate.
- 3.9. Potential Outcomes:

- Dismissal of the allegations as no case to answer e.g. on account of being mistaken or insufficiently substantiated, vexatious, malicious or frivolous. Where found to be making frivolous, malicious or vexatious allegations the NP may recommend referral of the complainant to the disciplinary procedure or other appropriate action.
- Referral to an appropriate University procedure/policy or process, or external organisation.
- Arrange for the matter to be addressed through informal processes where though there is some substance, there is a lack of intent to deceive or the issue is of a relatively minor nature.
- Arrange for a formal investigation as outlined below, where the NP considers the allegations to be sufficiently serious and to have sufficient substance.

3.10. Should the Preliminary Investigation identify additional concerns/allegations which go beyond the scope of the preliminary investigation, the NP should refer these to the Research Ethics & Integrity Manager so that a Named Person can be appointed to assess these separately under the Initial Action stage of this Procedure.

3.11 Prior to the NP finalising a confidential report of their investigation, the Respondent and Complainant will have the opportunity to view this and raise any concerns regarding its factual accuracy. Note that this does not amount to a right of veto over the report or its conclusions.

3.12 This stage should normally be completed within 4-6 weeks of the receipt of the written allegation by the NP. The complainant and respondent should be informed of any delays which may mean that the Preliminary Investigation cannot be completed within this timescale.

4. Stage 2: Formal Investigation

- 4.1. The purpose of the Formal Investigation is to review all the relevant evidence, conclude whether an allegation is upheld and make recommendations, regarding any further action deemed necessary to address any misconduct it may have found; correct the record of research, and/or preserve the academic reputation of the University.
- 4.2. Where it is determined that a formal investigation is warranted, the NP will notify appropriate persons/bodies (including the respondent and complainant, any relevant research council etc.), appoint an investigation panel and determine (in liaison with Human Resources) if exceptionally it is appropriate to suspend the Respondent(s) on full pay or place temporary restrictions on them that may include for example the pausing of their research.
- 4.3. The panel, serviced by Human Resources, should consist of a Chair (normally a Head of Department), one other senior member of University staff, and an independent external member. All potential panel members will be asked to confirm whether they have any interests which may present a conflict of interest as per point 6.7 of this Procedure. When identifying a potential external member, reasonable steps must be taken (e.g. via searches of internal records and the internet) to ensure that the individual is truly independent (i.e. is not normally a former member of staff or student of the University of Sheffield, has no links with the complainant(s) or respondent(s), and has no personal connection to the

subject matter of the allegation(s)). In order to achieve independence, it may be necessary to appoint an individual who is not directly involved in the same research discipline(s) as the respondent(s).

- 4.4. The Panel should possess the requisite knowledge, skills, and expertise to form a reasoned judgement on the matters raised in the complaint.
- 4.5. The Complainant and Respondent, once notified of the panel constitution will have a week within which to raise any concerns regarding any perceived conflicts of interest.
- 4.6. The Panel members will agree the terms of reference for the investigation, with the NP, (to be communicated to the respondent/complainant), and although not working to a defined timetable, set a date for the anticipated completion of the investigation, indicatively, within 8-10 weeks of the panel being established. This date can be exceeded where the Chair deems it necessary to ensure a full and fair investigation and consideration is undertaken; however, the complainant and respondent must be kept informed of any delays or alterations to the expected timeframe for completion.
- 4.7. The standard of proof used by the investigation panel is that of 'on the balance of probabilities'.
- 4.8. Both the complainant and respondent will have the right to submit evidence to the Panel. In the case of the Respondent, this includes the right to respond to the allegation made against them and set out their case.
- 4.9. Evidence submitted by the Complainant or Respondent at later stages of the formal investigation may only be considered at the discretion of the Investigation Panel Chair.

5. Findings

- 5.1. At the conclusion of the Formal Investigation, the Panel will conclude, (giving the reasons for its decision and recording any differing views), whether the allegation of misconduct in research is upheld in full, upheld in part, or not upheld.
- 5.2. The Panel shall prepare a confidential report of its conclusions and recommendations and send it to the NP.
- 5.3. Such recommendations might include (but are not limited to): referral to another University procedure e.g. disciplinary or capability procedure, informing external organisations of the outcome, taking actions to safeguard research participants and patients (including informing them and/or their doctors), whether any action will be required to correct the record of research, withdrawal/repayment of funding, review of internal management and/or training and/or supervisory procedures for research, and identification of other matters in need of investigation.
- 5.4. Upon submission of the investigation report to the NP, the NP, in liaison with the Faculty HR Manager and at least one other member of senior staff (e.g. Respondent's HOD), should consider the panel's conclusions/recommendations and decide what action should be taken.

5.5. If not upheld because:

- It is frivolous, vexatious and/or malicious, the NP will consider whether disciplinary proceedings should be initiated against the Complainant.
- There is a lack of intent to deceive or due to its relatively minor nature this will be addressed through education and training or another non-disciplinary approach, such as mediation.
- There is insufficient evidence to reach a definitive conclusion, the panel will set out the reasons for this and recommend any possible methods for closure.

5.6. When upheld, the NP will refer the issue to the disciplinary or capability procedure, and consider what other action should be undertaken, if applicable, to address any misconduct found. Information gathered in the course of either stage of this procedure may become relevant to, and disclosed in, any subsequent University process/procedure, or regulatory/legal process.

5.7. The NP shall meet with the Chair of Panel, as appropriate, to discuss the findings and advise of the proposed course of action.

5.8. Consideration should be given to whether an investigation has identified any broader issues relating to current systems and/or processes, and to recommend remedial actions, as appropriate.

5.9. The NP shall, where appropriate, inform the following of the outcome of the formal investigation, in writing, normally within 2 weeks of receipt of the Panel's report: Complainant and the Respondent (and their respective FVPs, Vice Chancellor, Vice President for Research, Director of Human Resources (or nominee), Authorised Financial Officer and the NP of any substantive employer (if relevant).

5.10. Reporting of the allegations or findings of any investigation to other third parties shall depend upon the nature of the allegation and any relevant legal, contractual or regulatory requirements.

5.11. The decision of the NP, at both the preliminary investigation and formal investigation, (see paragraphs 3.9 and 5.4 above), is final. There is no right of appeal at either stage of this procedure. Should the case progress to the institutional disciplinary or capability processes, a statutory right of appeal is available to the Respondent.

6. Other Provisions

Confidentiality and Fairness

6.1. All allegations made under this Procedure shall be treated in a confidential and sensitive manner in so far that it does not compromise either the process or the University's ability to fulfil its other legal, statutory or regulatory requirements.

6.2. The setting of standards of professional behaviour in research is not intended to compromise the academic freedom of University staff, within the law to question and test received wisdom, and to put forward new ideas and controversial or unpopular opinions, without placing themselves in jeopardy of losing their jobs or

privileges. Where a respondent believes that an allegation relates to them simply exercising this freedom, whilst working in line with the University's GRIP policy, they should raise such concerns about a potential breach of academic freedoms in their response to the allegation of research misconduct.

- 6.3. The complainant, respondent, witnesses or any other persons involved in this procedure are bound by confidentiality (except insofar that disclosure is necessary in relation to the proceedings, for example, to witnesses, advisers and trade union representatives), any breach of which shall be considered as a serious disciplinary matter unless covered by the Public Interest Disclosure (Whistleblowing) Act.
- 6.4. Those seeking advice will, so far as is possible, make no information available which could lead to the identification of the Complainant, Respondent or other individuals involved in the case.
- 6.5. All parties involved within the process have access to: advice and guidance from Research Services (RS); their Trade Union representatives as well as procedural guidance from Human Resources.
- 6.6. If required, to facilitate a full and fair investigation and/or the operation of any aspect of this Procedure, the NPs, and other persons implementing this procedure, shall be free to seek confidential advice from persons with relevant expertise, both internally and externally to the University.
- 6.7. All parties involved e.g. investigation panel members, those providing specialist advice, witnesses etc. will be asked to confirm prior to their involvement in the investigation whether they have any interests which might constitute a conflict of interest as regards any aspect of the allegations, the investigation, the area(s) of research in question, or any of the persons concerned. All responses will be recorded; if a potential conflict is declared, the NP (or the Director of Human Resource or nominee where it concerns the NP) will decide if an interest declared by the individual warrants exclusion from involvement in the process and record the reasons for the decision in writing.

Collaborative Research

- 6.8. In collaborative research involving multiple institutions, where witnessed or suspected incidents of research misconduct are raised, reference should be made to any formal agreement between the parties to ensure any agreed procedure for reporting and investigating such issues are adhered to.
- 6.9. In cases involving other Russell Group institutions, reference should be made to the [*Russell Group Statement of Cooperation in respect of cross-institutional research misconduct allegations \(May 2018\)*](#).
- 6.10. Where not previously agreed, discussions should be undertaken by the NP with their comparable counterparts within the other institutions to nominate one institution to co-ordinate investigations and act as the point of contact.

Timescales

- 6.11. Dependent upon the nature and complexity of the allegation, reasonable adjustments to the timescales identified within this procedure maybe implemented by the NP or Chair. In such cases this will be communicated as appropriate to relevant parties.
- 6.12. All individuals involved are expected to cooperate fully to ensure a timely resolution to proceedings.

Representation and Reasonable Adjustments

- 6.13. Both the Complainant and the Respondent may be accompanied to meetings throughout the formal aspects of the procedure by a companion that is either a fellow worker, a trade union representative or an official employed by a Trade Union. Companions will be asked to confirm whether they have any interests which may present a conflict of interest as per point 6.7 of this Procedure.
- 6.14. Where a staff member believes that disability or language skills (e.g. English is not their first language) may impact on the ability to participate as appropriate in the procedure, it is the individual's responsibility to raise this with Human Resources as soon as possible, enabling the implementation of appropriate reasonable support/adjustments during formal proceedings.

Record Keeping and Reporting

- 6.15. It is the responsibility of the NP and Chair (and line manager/Head of Department where informal resolution sought), to ensure full and accurate records of the evidence/process taken and its outcome(s) are generated and kept in accordance with the requirements of the UK General Data Protection Regulation and Data Protection Act (2018) (e.g. reports, correspondence, notes of meetings etc.). A summary of which they should forward to the Research Ethics & Integrity Manager in Research Services, at the conclusion of the process to enable a confidential central record to be maintained to support monitoring and University reporting requirements.
- 6.16. Documentation shall be stored for a period of at least six years from the closure of the case.

Outcome of this Procedure

- 6.17. The outcome of any investigation under this procedure may initiate or be fed into other University processes and procedures such as (not exhaustive) the disciplinary or capability proceedings; a programme of training or supervision; as well as other remedial action as referred to in paragraph 5.3 above.

Unfounded Allegations and Preserving Reputation

- 6.17. Suspicions reported in confidence and in the reasonable belief that research misconduct is, has or is likely to occur, to a Named Person [under this procedure and in line with the Public Interest Disclosure (Whistleblowing) provisions], which are not upheld by subsequent investigation, shall not lead to the Complainant being

penalised by the University. Further support (such as mediation for example), may be considered where appropriate.

- 6.18. In the event that the allegations are not upheld following investigation, the University shall take whatever reasonable steps are considered necessary, in the light of the seriousness of the allegation, to preserve the reputation of the Respondent and the relevant research project(s) and (provided the allegation is not considered frivolous, malicious or vexatious), the Complainant from any victimisation.

Implementation and Review

- 6.19. The research misconduct policy and procedure has been approved by the JUCC on 20.08.22.