



# RESEARCH INTEGRITY

**CODE OF  
PRACTICE 2019**

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## **Research Integrity Code of Practice**

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# Research Integrity Code of Practice

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# Research Integrity Code of Practice

## Brunel University London

### Introduction

The general principle of integrity should inform all research activities. Honesty should be central to the relationship between the researcher, the participant and other interested parties.

It is of fundamental importance that a culture of honesty and integrity in research should be fostered and maintained. The University subscribes to the principles of public life as published in the Nolan Report (1996). These are: selflessness, integrity, objectivity, accountability, openness, honesty, and leadership.

Good research practice is essentially an attitude of mind that becomes an attitude to work. It is about the way in which research is planned and conducted, the results are recorded and interpreted, and the fruits of the research are disseminated, applied and exploited.

By Vice-Chancellor's Memorandum to Universities UK in October 2012, the University adopted the Universities UK Concordat to support research integrity, and is committed to upholding the essential elements of the Concordat in an effective and transparent manner. The University expressly subscribes to the basic tenet of the Concordat that:

*...there is a need to promote what we are doing more effectively, through greater openness and transparency, and to ensure that we are adhering to consistently high standards across the research community. This includes what we do to embed our commitment to research integrity within institutional processes, through the training and practice of researchers and within the research environment, as well as what we do when things go wrong (Concordat 2012).*

The University seeks to ensure that good practice in research is an integral part of its research strategy and associated policies.

The research integrity code of practice applies to all research undertaken at Brunel University London. Some supporting policies apply to peer review research only whilst others have wider coverage in relation to research undertaken by students as part of their studies.

Full policies are detailed at the back of this document.

### Statements of Principle

In order to adhere to consistently high standards of integrity across the University research community, we seek to demonstrate that all research endeavours are underpinned with common values of rigour and integrity by:

- *Conforming to all ethical, legal and professional obligations incumbent on the work of the researcher;*
- *Nurturing a research environment that supports research of the highest standards of rigour and integrity;*
- *Using transparent, robust and fair processes to handle allegations of misconduct;*

- *Continuing to monitor, and where necessary improve, the suitability and appropriateness of the mechanisms in place to provide assurances over the integrity of research. (Concordat 2012).*

In this regard:

The University shall:

- Ensure that policies and procedures are established and maintained to uphold the principles of good practice, and offer detailed guidance where relevant;
- Ensure that policies and procedures compliment, and are in accordance with, existing organisational policies, such as those for health and safety, raising concerns at work, management of finances or of intellectual property, and equality and diversity;
- Endeavour to raise awareness of relevant policies and procedures;
- Provide relevant training, resources and support for researchers, and encourage researchers to consider good practice in research as a routine part of their work;
- Monitor these measures for suitability and effectiveness, and review them when necessary.

The Researcher shall:

- Demonstrate integrity, professionalism and self-regulation;
- Inform themselves of developments in relevant subjects and disciplines, including their methodologies;
- Observe fairness and equity;
- Avoid conflicts of interest and declare sources of funding;
- Ensure the health and safety of those associated with research;
- Be aware of the University's policies and procedures on good practice in research and observe all legal and ethical requirements laid down by the University and other relevant bodies, seeking guidance from the University where necessary;
- Ensure that all research projects have sufficient arrangements for insurance and indemnity prior to the research being conducted;
- Be accountable to the University, the research sponsor(s), and the general public with regard to the conduct and finances of their research, and the publication of results;
- Identify needs for training where appropriate.

Non-compliance with these principles normally constitutes misconduct. Moreover, all individuals permitted to work in Brunel University London have a responsibility to report any incidents of misconduct, whether witnessed or suspected.

All staff and students, and those who are not staff or students but who are conducting research on University premises or using University facilities, shall have a responsibility to observe the highest standards of conduct.

The University cannot be prescriptive about approaches taken by individuals to solving particular research problems. However, in the conduct of research, the University requires some general precepts to be understood and observed, and these are outlined further in the following sections: Professional Standards; Leadership and Supervision; Training and Mentoring; The needs of Inexperienced Researchers; Research Design and Methodology; Collaborative Working; Conflicts of Interest; Research involving human participants, human material or personal data; Research involving animals; Health and Safety; Intellectual property; Finance, Collection and retention of data; Monitoring and Audit; Peer Review; Publication and Authorship; Misconduct in Research.

## Supervision and Monitoring of the code

The principal responsibility for Research Integrity compliance rests with Senate and is monitored on behalf of Senate by Research and Knowledge Transfer Committee of Senate.

Responsibility for ensuring that the code is securely embedded within the 'local' structure rests with the Dean, appropriate Vice-Dean and Departmental Director of Colleges. Responsibility for supervision and monitoring of local compliance in research integrity lies with the College and Institute Research Committees. Issues of Research Ethics are determined through College and Research Ethics Committees who have a direct relationship with UREC (University Research Ethics Committee).

Review of the College and Research Institutes Research Integrity processes shall take place annually and will be reported through the Research and Knowledge Transfer Committee. The Governance, Information and Legal Office shall have sight of the annual reviews and on behalf of the Council of the University assure itself of compliance, providing feedback to Senate, and through the Research and Knowledge Transfer Committee, the College and Institute research committees. The Governance, Information and Legal Office will report on compliance to Executive Board and to Council in Council a short annual statement relating to progress in research integrity.

The code requires compliance with a number of established University Policies and Procedures (detailed in the appendices). The governance relating to these policies and procedures and their 'owners' is not superseded by the code, but compliance with and changes to such policies will form part of the annual monitoring process for the code.

**The code is a living document which will change and be updated as its constituent policies are revised in response to the business of the University or the external research environment.**

## Summary of Research Precepts

### Professional Standards

It is important that a culture of professionalism towards research is fostered and maintained throughout the University. Regardless of discipline, researchers must adopt, and promote in others, high standards of professional conduct, and be honest and ethical with regard to their own actions, and in their responses to the actions of other researchers. The adoption of a professional approach applies to the whole range of research endeavours, and in particular with regard to:

- Maintaining professional standards, with particular regard to ethics;
- Documenting results;
- Questioning one's own findings;
- Attributing honestly the contribution of others;
- Leadership and co-operation in research groups;
- Taking special account of the needs of inexperienced researchers;
- Securing and storing primary data;
- Taking appropriate measures to protect intellectual assets.

## Leadership and Supervision

The creation of a sound research climate is essential to good research practice. Within a research group, responsibility for creating such a climate lies with the Principal Researcher. Principal researchers and other senior researchers should create an environment of mutual co-operation, in which all researchers are encouraged to develop their skills and in which the open exchange of ideas is fostered. Appropriate training should be undertaken by the researcher and researchers with supervisory/leadership responsibilities should be encouraged to engage in regular Continuing Professional Development to enhance and maintain good research practice. They must also ensure that appropriate direction of research and supervision of researchers is provided, and support supervisors and researchers in meeting the legal and ethical requirements of conducting research.

## Training and Mentoring: The needs of Inexperienced Researchers

Researchers who are new to the academic community may face particular difficulties. Responsibility for ensuring that students and other inexperienced researchers understand good research practice lies with all members of the community, but particularly with Principal Researchers, and the Departmental Directors. Good practice includes mentoring less experienced workers and postgraduate students in their new environment, and providing relevant training in the responsible design, conduct and dissemination of research.

Research students should consult and abide by the University Student Research Code of Practice <http://www.brunel.ac.uk/about/administration/quality-assurance/research>

## Research Design and Methodology

Researchers need to ensure that:

- The proposed research addresses pertinent questions and is designed either to add to existing knowledge about the subject in question, or develop methods for research into it.
- A risk assessment of the planned study is undertaken to determine:
  - Whether there are any ethical issues, and whether research ethics review is required;
  - The potential risks to the University, the research or the health, safety and well-being of researchers and research participants;
  - All legal requirements governing the research are met.
  - Any risks associated with the collection and management of research data
- They are prepared to make research designs and data available to peer reviewers and publication editors when submitting research reports for publication.

## Collaborative Working

Research outputs should contain acknowledgements of the work of others as appropriate. (see Publication and Authorship). Particular care should be exercised to acknowledge the work of

research students.

Particular attention should be paid to projects which include participants from different countries, or where work will be carried out in another country, given the additional legal and ethical requirements and other guidelines that may apply.

Researchers working with partner organisations should ensure the agreement of, and compliance with, common standards and procedures for the conduct of collaborative research, including contractual requirements and the resolution of any issues or problems that might arise, and the investigation of any allegations of misconduct in research if they occur. In particular, agreement should be sought on:

- The specific roles of the researchers involved in the project.
- Issues relating to intellectual property, publication and the attribution of authorship.

## Conflicts of Interest

Conflicts of interest arise where a researcher's private interests diverge from and compete with his or her ethical responsibilities in the research endeavour, such that it might be reasonable to infer that the researcher's behaviour or judgment is likely to be motivated by such private, competing interests. Although a competing interest does not, of itself, imply wrongdoing, declaration and appropriate management of the issue is required where such an interest might reasonably be foreseen to unduly influence the researcher's overall ethical responsibilities.

The researcher may combine research with professional care only to the extent that the research is justified by its potential value. When research is combined with care, additional standards apply to protect human participants.

The researcher should fully inform the participant which aspects of the professional care are related to the research. The refusal of an individual to participate in a study must never interfere with the professional relationship with the patient or client.

***(The University Conflict and Declaration of Interest and Policy is contained in Appendix 1)***

## Research involving human participants, human material or personal data

The University subscribes and conforms to the principles of the Research Councils UK Concordat to Support the Career Development of Researchers, and the Universities UK Concordat to Support Research Integrity.

In this regard, the remit of the Brunel University Research Ethics Committee (UREC) is to oversee all research ethics matters concerning research conducted by Brunel University London staff and students which involves human participants, their tissues, and their data, and:

- To provide a research ethics framework to establish and maintain policies, processes and procedures (including codes of practice where appropriate) to ensure that all research conducted within the University meets the University's ethical standards.

- To be accountable to the Council and Senate of the University and have independent, delegated authority from Council and Senate to approve, with or without modification, or to reject proposals for research, or proposals which are referred to it on ethical grounds.
- To ensure researchers are aware of the systems in place, and have access to all relevant guidance and legal and ethical frameworks. The Committee shall produce guidance documentation available on its dedicated intranet site, and take all reasonable steps to embed a culture and awareness of ethics in research within the University, with particular reference to training in research ethics.
- To require reports from UREC Sub-committees, College and Institutes.
- To ensure awareness of research ethics issues throughout the University as determined by current and relevant national and international codes of best practice.
- To provide an annual report to Council and Senate (with copies to note to the Research Strategy Committee and the Research Knowledge and Transfer Committee).

Powers of research ethics review and approval are devolved to three colleges, the management of which is devolved from the College Dean, through a vice dean, with designated responsibility to the College Research Manager. Each college is required to establish and maintain a College Research Ethics Committee (CREC). The CRECs are accountable to the UREC.

The UREC acts as the Research Ethics Committee for staff and students in Specialist Research Institutes.

The UREC has a number of Sub-Committees with cross-representation between the memberships:

- Matters relating to human tissue and compliance with the Human Tissue Act 2004 are the remit of the Human Tissue Act Compliance Sub-Committee.
- Research involving animals comes with the remit of the Animal Welfare Ethical Review Board (see: below).

The University has a Federal-Wide Assurance, and the Committee sits as an Institutional Review Board (IRB) to approve research using human participants which is to be funded by a United States Department of State or Federal agency.

Paragraph 1 of the University Code of Research Ethics states:

*Any research that involves human participants, the collection or study of their data, and/or the use of their organs and/or tissue, that is carried out by Brunel University staff, or students under the supervision of Brunel University staff, requires research ethics approval [before the research can commence]. As stated in the New SR6: Student Misconduct and Professional Suitability*

This applies to all relevant research endeavours, whether conducted by students or staff.

Such research must comply with all legal and ethical requirements and other applicable guidelines, including those relating to membership of a regulated profession. Appropriate care needs to be taken when research projects involve vulnerable groups, covert studies and other forms of research which do not involve full disclosure to participants. The dignity, rights, safety and well-being of participants must be the primary consideration in any research study.

Research should be initiated and continued only if the anticipated benefits justify the risks involved.

**(The Brunel University Code of Research Ethics is contained in Appendix 2)**

Through Data Protection policies (**Contained in Appendix 7**) and the Information Access Officer, the University and its researchers must seek to ensure the confidentiality and security of personal data relating to human participants in research, and human material involved in research projects.

When conducting, or collaborating in, research in other countries, the University and its researchers must comply with the legal and ethical requirements existing in the UK, and in the countries where the research is conducted.

Similarly, research conforming to definitions laid down by the NHS National Research Ethics Service on behalf of the Health Research Authority must be submitted for NHS Local Research Ethics Committee review and approval.

In compliance with *Universities UK Guidance: Oversight of Security-Sensitive Research Material in UK Universities 2012*, an expansion of the standard research ethics approval process is required where research is:

- Commissioned by the military
- Commissioned under an EU security call
- Involves the acquisition of security clearances
- Concerns terrorist or extreme groups.

Special care must be taken when storing research data of this nature, and researchers are advised to seek the advice of the UREC, which oversees the ethics process for projects involving these topics. All such research should be registered with the UREC prior to commencement via an application made within the online system Brunel Research Ethics Online (BREO).

If researchers consider that human participants in research are subject to unreasonable risk or harm, they must report their concerns to the University, and, where relevant, to the appropriate regulatory authority. Similarly, concerns relating to the improper and/or unlicensed use or storage of human material, or the improper use or storage of personal data, must be reported.

## Research involving animals

The Animal Welfare Ethical Review Board acts on behalf of the University in all issues relating to the ethical use of animals for scientific purposes, and seeks to ensure on-going research ethics review of work carried out on animals under the Animals (Scientific Procedures) Act 1986 (ASPA)(as amended). The Committee must consider opportunities for reduction, replacement and refinement (the 3R's) of involving animals in research projects with reference to the relevant guidance. Assessing the justification for the use of animals will be determined by considering the balance between the likely welfare cost to the animals and the expected scientific benefit. This will include the promotion of the 3R's at all times.

The Committee fosters best practice, ensuring continuous improvement in standards of welfare and animal husbandry and encouraging continued professional development for all staff working with animals.

The Committee is responsible for establishing and maintaining systems and mechanisms to ensure the ethical, regulatory and peer review of research projects involving animals, and ensures that such research projects have been approved by all applicable bodies, ethical, regulatory or otherwise. In this regard, the Committee considers applications for new project licences, amendments to existing project licences, project licence renewals and additional availabilities. The Committee shall provide opportunities for discussion, and be a source of support, advice and awareness on any of the above issues. This includes ensuring that staff be kept informed of new techniques to encourage best practice at all times.

When conducting, or collaborating in, research involving animals in other countries, researchers should comply with the legal and ethical requirements existing in the UK, and in the countries where the research is conducted. Similarly, University researchers based abroad should comply with the legal and ethical requirements existing in the UK as well as those of their own country.

If researchers consider that animals involved in research are subject to unreasonable risk or harm, they must report their concerns to the University and, where required, to the appropriate regulatory agency.

The Committee undertakes a retrospective review of on-going projects in order to promote the development of the 3R's and to monitor work conducted under each project licence.

***(For Standing Operating Procedures see Appendix 3)***

## Health and Safety

The University must seek to be compliant with the requirement that all research carried out under the auspices of the University, or for which they are responsible, fulfils all requirements of health and safety legislation and good practice. Certain types of research, for example social research in a conflict zone, can present particular issues of health and safety. All research which involves potentially harmful or hazardous material, or which might cause harm to the environment, must comply with all legal requirements and other applicable guidelines.

To this end, the University Health and Safety Committee are responsible for:

- Adopting policy and procedures to facilitate the development and maintenance of safe systems of work and compliance with existing and impending legislation;
- Agreeing appropriate objectives and timescales;
- Fostering the organisation and the planning necessary for effective risk management, particularly in relation to new practices, substances and plans, and in relation to contractors' activities;
- General oversight of implementation, with particular reference to risk management, health and safety training, and communications;
- The examination of accident reports and recommendations; other internal health and safety reports; reports relating to comparable institutions and any reports from enforcement authorities;
- The monitoring, audit and review of the overall efficacy of the health, safety and welfare management system as outlined in the bullet points above;

- The submission of an annual report to Council.

Where appropriate, researchers must submit research to all forms of appropriate review by the relevant Research Ethics Committee and the Health and Safety Committee, and abide by the outcome of that review. The University Executive Board has overarching responsibility for establishing, maintaining and overseeing the ***Brunel University Responsible Research Policy***.

Institute Directors and Deans of Colleges are responsible to the Executive Board and should ensure that:

- Health and safety policies, guidance and arrangements relevant to the expected risks in their research or work area are in place;
- Comprehensive risk management, identification and control programmes are in place, indicating how higher risk activities such as research involving hazardous equipment or substances, lone working or fieldwork will be managed;
- Appropriate permits and licences are obtained before the research begins, and records of authorisation, training, incidents and maintenance are kept locally as a minimum;
- Reports on health and safety performance are fed back to the Health and Safety Committee at least annually;
- Corporate systems are in place for identifying training needs and providing appropriate training and supervision for research staff and others in the workplace;
- The general and specific health and safety arrangements for contractors, visiting workers and visitors are explicit and communicated effectively; and
- The sanctions for not following organisational, College and/or Institute policies or codes of practice are made clear to all.

***(See Appendix 4 for the Brunel University Responsible Research Policy)***

## Intellectual property

The University and its researchers must ensure that any contracts or agreements relating to research include provision for ownership and use of intellectual property. Intellectual Property Law regulates the ownership and use of creative works. Intellectual Property Rights (IPR) extends to a variety of intangible assets, including but not limited to: research data and other findings of research; ideas, processes, software, hardware, apparatus and equipment; substances and materials; music, artistic and literary works, including academic and scientific publications. The main Intellectual Property Rights available to researchers are Copy rights, Moral rights, Patents, Know-how, Design rights and Trademarks.

In the University environment, Intellectual property is a likely outcome of conducted research, and the University recognises there may be commercial value attached to this property. There is a presumption that Intellectual property discovered or developed using public or charitable funds should be disseminated in order to have a beneficial effect on society at large, unless there is an express restriction placed on any such dissemination and the University recognises the presumption. That said, prior disclosure of research or the findings of research should not be given where it might invalidate any commercial property.

The originator of any copyright material or any patentable invention owns the IP for that material or object. Students at the University retain the IP rights for any work they do during the course of their studies, unless a written agreement has been signed which states otherwise. The opposite is true for members of staff. Unless otherwise specified, the University

owns the IP for any copyright or patentable work produced by an employee.

Researchers are encouraged to anticipate any issues that might arise relating to intellectual property at the earliest opportunity, and agree jointly in advance how they might be addressed, communicating any decisions to all members of the research team. (Help and advice on copyright and IP is available from the Library and the RSDO respectively).

Researchers should be aware of and comply with any additional conditions relating to intellectual property required by funding bodies.

***(See Appendix 5 for the University Policy on Intellectual Property)***

## Finance

In cases where the proposal involves financial inducements to the participant, details relating to the amount and purpose of the financial inducement shall be notified at the time of the submission of the proposal.

Researchers must comply with the University's Financial Regulations [[Council Ordinance 10](#)] and in particular section 20 of the Financial Regulations regarding the use and management of finances relating to research projects, and co-operate with any monitoring or audit of finances relating to research projects. Section 20 includes the key provisions that:

- It is the responsibility of the Dean of College or Director of Institute as appropriate to ensure that the financial implications have been appraised by the Director of Finance. This will include obtaining a set of grant terms and conditions from each organisation providing funding to enable appropriate monitoring of compliance
- The research agreement must be in line with the University's policy with regard to indirect costs and other expenses and taking account of different procedures for the pricing of research projects depending on the nature of the funding body
- Research grants and contracts shall be accepted on behalf of the University by the Head of the Research Support and Development Office
- Control of pay and non-pay expenditure for a project will be the clear responsibility of the budget holder. Any overspend or under-recovery of overheads is the responsibility of the budget holder, and will be charged against School or specialist research institute funds
- It is the responsibility of the named principal investigator or grant holder to ensure that conditions of funding are met.

Researchers should also ensure that all procurement of materials, equipment and other resources for research are undertaken in accordance with the University's [detailed purchasing procedures](#), which also form part of Council Ordinance 10.

Researchers must report any concerns or irregularities to the University as soon as they become aware of them.

***(The Declaration of Interests Policy and the Policy on Gifts is contained in Appendix 6)***

## Collection and retention of data

The University and its researchers must comply with all legal, ethical, funding body and organisational requirements for the collection, review, publication, storage, preservation and re-use of data, especially personal data, where particular attention must be paid to the requirements of data protection legislation, and the relevant University policies. The University recognises that there are legal, ethical and commercial constraints on the release of research data. To ensure that the research process is not damaged by inappropriate release of data, these constraints should be considered at all stages in the research process.

Confidentiality must be maintained where undertakings have been made to third parties or to protect intellectual property rights.

Data collected in the course of research must be retained intact for any legally specified period and otherwise for a period of at least ten years from completion of the project, subject to any legal, ethical or other requirements. The data must be kept in a form that enables retrieval by a third party, subject to limitations imposed by legislation and general principles of confidentiality.

If the research data is to be deleted or destroyed, either because its agreed period of retention has expired, or for legal or ethical reasons, it must be done in accordance with all legal, ethical, research funder and University requirements, and with particular concern for confidentiality and security.

Researchers must report any concerns regarding research data to the University as soon as they become aware of them.

***(The University Policy on Data Protection is contained in Appendix 7)***

### Research Data Management

Data management is one of the essential areas of responsible conduct of research. Before starting a new research project, the *Principal Investigators (PIs)* and the research teams must address issues related to data management. By managing data the following obligations will be met:

- Funding body grant requirements.
- Research integrity and replication.
- Ensure research data and records are accurate, complete, authentic and reliable.
- Increase research efficiency.
- Enhance data security and minimise the risk of data loss.
- Prevent duplication of effort by enabling data sharing, where possible.
- Comply with practices conducted outside the HE sector, such as in industry and commerce.

Published research papers should include a short statement describing how and on what terms any supporting research data may be accessed. Such data must be accompanied by the necessary metadata enabling those interested in accessing it to understand the research and re-use potential of the data.

Researchers must comply with the University's Research Data Management Policy regarding the collection and storage of any data and co-operate with any monitoring or audit of data held within the University. (Help and advice on Research Data Management issues is available from the Library via [research.data@brunel.ac.uk](mailto:research.data@brunel.ac.uk))

***(The University Policy on Research Data Management is contained in Appendix 8)***

## University Open Access Policy

The University recognises that a great part of the value of our research is in its usefulness to the wider research community and society in general, which underpins all that we do. Free open access to our research output is fundamental to this, so that it can be built upon and generate further discovery and innovation. We believe that researchers should be free to publish in the best journal for them, provided funders' requirements are met.

All Student and Staff Researchers are encouraged to make their research available through Open Access.

### The Researchers' obligations

Researchers are responsible for ensuring that research outputs are made freely available, wherever possible, in accordance with the University's Open Access Mandate, and to fully comply with the publishing requirements of their research funders.

Additionally, researchers must:

- Upon publication or as soon as possible thereafter, deposit a full-text copy of the research output as defined in the Scope, in BRAD. Copies must include accompanying metadata. Where copyright allows, this will be published in BURA.
- Wherever possible, publish using the Creative Commons CC-BY attribution licence which permits reuse of the research publication to ensure widest possible dissemination, and is the licence preferred by the Research Councils.
- Be fully compliant with the OA publishing requirements of the research funder(s). This may include the deposit of full-text copies of research publications within general or specialist subject repositories.
- Include details of the research funder and the grant number within the details of the research output.
- Ensure research outputs are correctly attributed to and affiliated with the University when submitting for publication as below.

Publications must include the phrase "Brunel University London" as the main source of the research. Brunel University London must also appear in the first line of the address, followed by the name of the Research Institute, research group or network, in that order. The University's official postal address should follow. E.g. Source: Brunel University London. Address: Brunel University London, Brunel Institute for Bioengineering, Kingston Lane, Uxbridge, Middlesex, UB8 3PH.

This ensures that affiliations are picked up correctly by bibliometrics databases like Scopus.

- Comply with publisher agreements regarding copyright.
- Take steps to safeguard IP throughout the entire publication process (help and advice on copyright and IP is available from the Library and the RSDO respectively).
- Ensure that research data associated with the published work are openly available, wherever possible, and that research data access is compliant with the funder guidelines. Further guidance on this will become available as the University's research data management policies are developed.

***(The University Open Access Policy is contained in Appendix 9)***

## Monitoring and Audit

At an early stage in the design of a project, researchers should consider any requirements for monitoring and auditing.

The University and its researchers will ensure that research projects comply with any monitoring and auditing requirements. The University will ensure that researchers charged with carrying out monitoring and audits receive sufficient training, resources and support to fulfil the requirements of the role.

The University undertakes to monitor and audit research projects to ensure that they are being carried out in accordance with good practice, legal and ethical requirements, and any other guidelines. Such monitoring and audit will reflect a risk based and proportional approach.

Researchers must co-operate with the monitoring and auditing of their research projects by applicable bodies and undertake such when required. If they become aware of a need for monitoring and audit where it is not already scheduled, they should report that need to the University.

## Peer Review

The University recognises that peer review is an important part of good practice in:

- The publication and dissemination of research and research findings
- The assessment of applications for research grants
- Ethics review of research projects.

To this end, researchers are encouraged to act as peer reviewers, both externally and within the University, and the University undertakes to support those who do so.

Researchers who carry out peer review should do so to the highest standards of thoroughness and objectivity.

Researchers should maintain confidentiality, and not retain or copy any material under review without the express permission from the relevant party (ies).

Peer reviewers must declare any relevant conflicts of interest.

Where peer reviewers become aware of possible misconduct (*see below*), they should inform the appropriate representative of the University.

## Publication and Authorship

Dissemination of knowledge is one of the objectives of the University. A publication must report research and research findings accurately, and any publication must contain appropriate acknowledgement of the direct and indirect contributions of colleagues, collaborators and others.

Any person who has participated in a 'substantial' way in conceiving, executing or interpreting a significant part of the relevant research should be given the opportunity to be included as an author of a publication derived from that research. Queries regarding the definition of a 'substantial' contribution for an individual piece of work should be resolved, using discipline practice as guidance, prior to publication by the PI's Head of Institute/ Dean of College or their representative.

It is an ethical requirement that the design and results of the research must be published. All those pursuing research must open their work to critical review through the accepted scientific and professional channels. Once established, findings must be made available to those participating in the research and to all those who could benefit from them, through publication and/or other appropriate means.

Both authors and publishers have ethical obligations. In publication of the results, researchers are obliged to preserve the accuracy of the results. Negative as well as positive results should be published or otherwise be made publicly available. Researchers must not engage or collude in selecting methods designed to produce misleading results, or in misrepresenting findings by commission or omission.

Sources of funding, institutional affiliations and any possible conflicts of interest should be declared in the publication.

The University shall seek to ensure that sponsors and funders of research shall:

- Respect the duty of researchers to publish their research and the findings of their research
- Not discourage or suppress appropriate publication or dissemination
- Not attempt to influence the presentation or interpretation of findings inappropriately.

Reports of research not in accordance with the principles laid down in this Code should not be submitted for publication.

With regard to authorship see also: Open Access and Research Data Management

## Misconduct in Research

Any person engaging in research in the name of Brunel University London is expected to observe the highest standards of conduct. The general principles in relation to research are addressed in the as above in this Code and in the University Code of Research Ethics.

The University defines research misconduct thus:

Research misconduct includes fabrication, falsification, fiscal wrong-doing, plagiarism or deception in proposing, carrying out or reporting results of research, deliberate and dangerous or negligent deviations from accepted practice in conducting research, or conducting research

with human participants without first obtaining research ethics approval. It includes failure to follow an agreed protocol if this failure results in unreasonable risk or harm to humans, other vertebrates or the environment, and facilitating misconduct in research by collusion in, or concealment of, such actions by others. Any plan or conspiracy or attempt to do any of these things is also considered to be research misconduct. This also includes failure to follow rules and regulations including those of a third party with a legitimate interest in the research of the University.

Everyone has a responsibility to report any incidents of research misconduct, whether witnessed or suspected, using the procedures outlined in the University's Procedures for Investigation of Research Misconduct. However, the University also has a responsibility to protect people from malicious, vexatious or frivolous accusations. Appropriate action will be taken in the event that an allegation is found to be malicious, vexatious or frivolous.

Any allegation of research misconduct should be reported confidentially to the Secretary to Council or, in the event of a potential conflict of interest or absence, his/her nominated representative appointed by the Chair of Council.

Any allegations of fiscal malfeasance or irregularity in relation to research activity should be reported confidentially to the Director of Finance.

The University has established and maintains standard procedures for the investigation of misconduct in research, ensuring that such allegations are thorough, fair and conducted in a timely manner.

***(The Procedures for Investigation of Research Misconduct is contained in Appendix 10 and the Amendment to the University's Financial Regulations in Respect of Bribery is contained in Appendix 11)***

***(The University Whistleblowing Policy is contained in Appendix 13)***

## **Guidance on Risk and Insurance for Research**

It is essential that researchers understand the risks associated with their research work, the limitations of the University's insurances including relevant terms and conditions, and prepare contingency plans to be implemented in the event of an incident affecting their research.

The University has comprehensive insurances that provide cover against many of the risks that may arise from research work. This includes both risks to the successful completion of research work and risk arising from research work. However, insurance never covers all the costs incurred in an incident either because of policy excesses (typically in the range £2.5K to £10K) and/or uninsured costs including for example the effort required to successfully make a claim, the inevitable delay in completing planned work.

If a claim is made researchers are responsible for providing detailed information of losses to the insurers, including any invoices and work plans as appropriate. Researchers also need to prepare a recovery of work plan.

***(The Brunel University London Guidance on Risk and Insurance for Research is contained in Appendix 12)***

# Research Integrity Review

## Principles

The University expressly subscribes to the basic tenet of the Concordat that:

*...there is a need to promote what we are doing more effectively, through greater openness and transparency, and to ensure that we are adhering to consistently high standards across the research community. This includes what we do to embed our commitment to research integrity within institutional processes, through the training and practice of researchers and within the research environment, as well as what we do when things go wrong (Concordat 2012).*

Moreover, as part of a commitment to ensuring that research integrity receives appropriate consideration, the Concordat also recommends that:

***Employers of researchers** should identify a senior member of staff to oversee research integrity and to act as first point of contact for anyone wanting more information on matters of research integrity.*

The University seeks to ensure that good practice in research is an integral part of its research strategy and associated policies, and, to this end, the following processes and procedures seek to achieve the above aims by securing an effective, transparent and efficient system by which the University can assure itself that research integrity is being maintained.

The following principles underpin the University system of Research Integrity Review:

- There must be clear ownership of the process at the highest level of the University;
- Transparency and accountability should be ensured;
- The process must draw together academic, strategic and financial considerations to allow a holistic view of activities;
- Reviews should ask questions and generate responses that are institutionally relevant;
- The process should be concerned with enhancement as well as assurance, but must also be grounded in evidence;
- The process should be built on the premise of peer assessment of a critical appraisal;
- The process should be sufficiently flexible to operate on all areas of activity: e.g. academic, academic support, administrative and financial.

## Process

Research and Knowledge Transfer Committee will monitor research integrity. Returns from the Colleges and Institutes will be submitted annually as part of the annual review process. This will be followed by the preparation of a report prepared by the Committee and submitted to Senate for final consideration. The report, where relevant, may be accompanied by any recommendations arising from any content in the report. The Governance, Information and

Legal Office shall have sight of the annual reviews and on behalf of the Council of the University assure itself of compliance, providing feedback to Senate, and through the Research and Knowledge Transfer Committee, the College and Institute research committees.

## Annual Research Integrity Report

As required by Research Councils UK, the University must provide evidence of its adherence to the principles outlined in the concordat to support research integrity (published by Universities UK, 2012).

In compiling the annual report, the University will be mindful of the following commitments set down in the Research Integrity Concordat:

***:Commitment 1: We are committed to maintaining the highest standards of rigour and integrity in all aspects of research.***

***Commitment 2: We are committed to ensuring that research is conducted according to appropriate ethical, legal and professional frameworks, obligations and standards.***

***Commitment 3: We are committed to supporting a research environment that is underpinned by a culture of integrity and based on good governance, best practice and support for the development of researchers.***

***Commitment 4: We are committed to using transparent, robust and fair processes to deal with allegations of research misconduct should they arise.***

***Commitment 5: We are committed to working together to strengthen the integrity of research and to reviewing progress regularly and openly.***

The annual report will use the RCUK assurance questions (as outlined here:

<http://www.rcuk.ac.uk/funding/researchintegrity/>) as a framework, with responses being collated from central and College/ Institute level as appropriate:

<b>RCUK Audit Questions</b>	<b>Information source and short summary of information</b>
11.1 Please confirm that you have policies and procedures in place to meet the above requirements, including processes for dealing with allegations of misconduct. How often are these reviewed and when were they last reviewed?	Central. Annual process of policy review will take place at the end of the academic year – RKT will request a report from policy holders for each supporting policy.
11.2: Please provide the publicly accessible web-link to these policies, and the name of the senior officer responsible for dealing with cases of misconduct.	Central. Senior Officer details supplied by UREC.
11.3: How are these policies disseminated to staff? Please indicate if any special provision is made for new employees (including postgraduate students), and also how staff awareness is maintained.	Colleges/ Institutes. Annual review will require confirmation that annual research integrity review has been conducted (all academic staff contacted via email, advising where information on research integrity (including the code) can be found, and

	<p>with an option to send any questions regarding research integrity and/ or requests for specific training to the Vice-Dean Research/ Institute Director.</p> <p>Annual review will require details of Colleges/ Institute policy for communicating this information to new starters and include an IA.</p>
<p>11.4: Please outline any actions and activities that have been undertaken to support and strengthen understanding and application of research integrity issues (for example, postgraduate and researcher training, or process reviews.</p>	<p>Colleges/ Institutes.</p> <p>Numbers of staff attending research integrity training sessions to be plus details of any additional training to be requested in annual review.</p> <p>Central</p> <p>Report outlining dissemination and awareness raising activities, external engagement activity.</p>
<p>11.5: How many formal investigations of research misconduct have been completed in the past three completed academic years which relate to researchers funded by or responsible for funding from Research Councils (including supervisors of postgraduate awards)?</p>	<p>UREC</p> <p>Brief anonymised Summary figures to be provided by UREC. This will be requested by RKT at end of academic year.</p>
<p>11.6: The Research Councils expect that the research they support will be carried out to a high ethical standard. Please explain the arrangements you have in place for reviewing that any research funded by the Research Councils is planned and conducted in accordance with such ethical standards</p>	<p>Colleges/ Institutes.</p> <p>Description of arrangements for reviewing that all research is planned and conducted in accordance with ethical standards to be included in annual review. Include IA.</p> <p>Central</p> <p>Report outlining any additional funder specific activity.</p>

## Research Integrity Code of Practice

### Appendices – Acknowledgements and Bibliography

The code requires compliance with a number of established University Policies and Procedures). The governance relating to these policies and procedures and their ‘owners’ is not superseded by the code, but compliance with and changes to such policies will form part of the annual monitoring process for the code.

**The code is a living document which will change and be updated as its constituent policies are revised in response to the business of the University or the external research environment. The constituent policies at time of writing are reproduced here, but colleagues are advised to consult the relevant webpages for the most recent versions.**

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## Scope of Policies in Appendices

Policy	UG/PGT Students	PGR Students	Research Staff	Staff
The University Conflict and Declaration of Interest and Policy	✓*	✓*	✓	✓
Brunel University Code of Research Ethics	✓	✓	✓	✓
Research Involving Animals: Brunel University Standing Operating Procedure	✓	✓	✓	N/A
Brunel University Responsible Research Policy	✓*	✓	✓	✓
Intellectual Property Rights Policy	✓	✓	✓	✓
The University's Anti-bribery Policy-Incorporating the Policy and Procedures in Respect of Gifts and Hospitality	✓	✓	✓	✓
Data Protection Policy	✓	✓	✓	✓
The University Policy on Research Data Management	✗	✓*	✓	✓
Brunel University Open Access Policy	✗	✓*	✓	N/A
Procedures for Investigation of Research Misconduct	✓*	✓*	✓	✓
Amendment to the University's Financial Regulations in Respect of Bribery	✗	✗	✓	✓
Public Interest Disclosure (Whistleblowing) Procedure	✓	✓	✓	✓

\*Please see full policy document for exact information on how policy applies to students.

The primary source of information for students should be their college handbook.

Students undertaking research degrees should also refer to the Code of Practice for Research Degrees.

<https://intra.brunel.ac.uk/Pages/Student-Handbooks.aspx>

<http://www.brunel.ac.uk/about/quality-assurance/research>

## **Appendix 1: The University Conflict and Declaration of Interest and Policy**

### **Conflict and Declaration of Interest Policy**

The University seeks to avoid actual and potential conflicts of interest where possible. We aim to act honestly, ethically and transparently. We seek declarations of both actual and perceived conflicts of interest and take appropriate action to manage the conflict.

All staff and students should recognise activities that might give rise to conflicts of interest or the perception of conflicts and to ensure that such conflicts are seen to be properly managed or avoided.

Declarations of interests are invited from all sections of the University community although, for practical purposes, the scope of the policy is to be restricted to members of Council, salaried staff and students conducting research. Staff under a duty to make an annual declaration will be contacted directly. However, all staff and students, regardless of position or seniority, are asked to consider whether they have a conflicts of interest, actual or possible, that may need to be disclosed.

### ***Guidance***

The Conflict of Interests Declaration form is available at the end of this policy. All declarations are kept on a register maintained in the Governance and Secretariat Office [GLASS – Eastern Gateway Building]. The information is strictly confidential with access granted only at the discretion of the Secretary to Council to persons with reasonable grounds to inspect declarations of conflict of interest, such as the internal and external auditors.

Relevant interests are any pecuniary, family [see notes in the policy accessed through the link above] or other personal interest which might be pertinent to the conduct of the University's affairs including the work of Council. This may include:

### ***Paid employment***

This includes self-employment and offices held.

### ***Trustee benefits***

Trustee benefit is any instance where money or other property goods or services which have monetary value are received by the trustee [Council Member] from the charity [the University]. The law says that trustees cannot receive a benefit from their charity unless they have an adequate legal authority to do so. This does not include:

- i. Reasonable expenses that Council Members are entitled to claim;
- ii. Remuneration and salary-related benefits that are provided for in the employment contracts of members of staff who are also Council Members.

### ***Directorships***

All paid directorships and unpaid directorships should be declared.

## **Clients**

Other than those identified above, clients to which services are provided (or through his or her employer or company) that arise out of Council membership or University employment should be declared.

## **Gifts, Hospitality or Services**

This includes financial or other material support, benefits or hospitality. Named post-holders and anyone required by the Secretary to Council or Council's Ethics Advisory Committee to make a declaration are asked to register any such gift received personally or by those close to him or her from a source which in any way arises out of membership of Council or University employment. If it is not easy to decide between what is and what is not acceptable in terms of gifts or hospitality, the offer should be declined or advice sought from the Secretary of Council. For the protection of those involved, the Director of Finance will maintain a register of gifts and hospitality received where the value is in excess of £50. Those in receipt of such gifts or hospitality are obliged to notify promptly the Secretary of Council and the Director of Finance.

Details of the Gifts and Hospitality Policy is available through the following link:

<https://www.brunel.ac.uk/about/documents/pdf/Bribery-Act-Gifts-and-Hospitality-Policy.pdf>

## **Land**

Other than a home used solely for personal accommodation, named post-holders and anyone required by the Secretary to Council or Council's Ethical Advisory Committee to make a declaration are asked to register all land and property within a 10-mile radius of University premises.

## **Shareholdings**

Named post-holders and anyone required by the Secretary to Council or Council's Ethical Advisory Committee to make a declaration are asked to register the name of all public and private companies or other bodies in which they or those close to them have a beneficial interest. Shareholdings amounting to less than 5% of the issued share capital, or where the nominal value of the holding is less than £25,000, do not need to be registered.

## **Other**

This is a general section where interests are registered that do not fall into the above categories but which fall into the general purpose of the register. For example, unremunerated interests, positions of authority held or other significant involvement in other organisations, e.g. charitable or political or other educational bodies. It is particularly important for members of the governing body and senior management involved in procurement to disclose interests they have in, or with, any organisation from whom the University procures goods or services.

Where the interest is of relevance to the business of Council or one of its committees, the declaration shall be made as soon as practicable either at the meeting or in advance to the Chair or Secretary of Council.

If you have any doubts as to whether to declare a certain interest or not or have any questions relating to the completion of this questionnaire, please contact the Secretary to Council.

Colleagues should bear in mind that the obligation to declare an interest is a continuing one. Should colleagues realise retrospectively that they have an interest which is connected with a matter that has been considered they should notify the Secretary to Council of that interest at the earliest opportunity.

The Declaration of Interests Form is set out below.

**Revised July 2019**

**Declaration of Interests Form Brunel**

**University London Declaration of Interests**

**July 2019**

<b>Name</b>	
Brunel University London Committee Membership	
<b>Interests Declared</b>	
Paid Employment:	
Directorships:	
Clients:	
Gifts, Hospitality or Services:	
Land:	
Shareholding:	
Others: Including Charitable, Political, Educational, or other affiliations or interests:	
<b>Signed:</b>	<b>Date of Completion:</b>

## Appendix 2: Brunel University Code of Research Ethics

### REQUIREMENTS FOR RESEARCH INVOLVING HUMAN PARTICIPANTS, MATERIAL, OR THEIR DATA

Any research that involves human participants, the collection or study of their data, and/or the use of their organs and/or tissue, that is carried out by Brunel University staff, or students under the supervision of Brunel University staff, requires research ethics approval.

#### A. Introduction

1. This Code is intended to provide a set of generic ethical requirements to be observed when designing, conducting, recording and reporting research that involves human participants. Compliance with this good practice will provide assurance that the dignity, rights, safety and well-being of research participants are of primary importance in any research study, that they are protected and that the results of the research are credible. Research involving human participants may include healthy volunteers, patients, clients and 'people in everyday life' (e.g., ethnographic studies). This may include research on identifiable human material or data relating to individuals. For the removal of doubt, ethics review and approval is required for projects involving surveys, questionnaires and service evaluations.
2. Progress is based on research. In many instances, such research must rest, at least in part, upon experimentation involving human participants. However, considerations related to the well-being of the human participant should take precedence over the interests of science and society. The advancement of knowledge and the pursuit of information are not to be considered by themselves sufficient justification for overriding other social and cultural values. Research should be an active process of supporting improvements in people's lives and services.
3. The primary purpose of research involving human participants is to enable enhancements of scientific or social value, and even the best proven methods must be continuously challenged through research for their effectiveness, efficiency, accessibility and quality.
4. All research will have some degree of potential risk and/or benefit.
5. Research is subject to ethical standards that promote respect for all human beings and protect their health and rights. Ethical standards should not only be considered in a protective role. The procedures should, wherever possible, be enabling and inclusive, allowing participants to decide for themselves whether they wish to be involved.
6. The ethical implications of research should be considered at all stages of the research process, not simply at the initial stage of obtaining approval.
7. Some research populations are vulnerable and need special protection. Special attention is also required for those participants who cannot give consent for themselves, for those who may be subject to giving consent under duress, for those who will not benefit personally from the research and for those for whom the research is combined with professional care.
8. Research investigators should be aware of the ethical, legal and regulatory requirements for research on human participants in the United Kingdom as well as applicable international requirements.
9. Those undertaking research must respect the diversity of human culture and conditions and take full account of ethnicity, gender, disability, age and sexual orientation in its design, undertaking and reporting. Researchers should take account of the multi-cultural nature of society. It is particularly important that the body of research evidence available to policy makers reflects the diversity of the population.

## B. Basic Ethical Principles of All Research involving Human Participants

1. It is the duty of the researcher to protect the life, health, privacy and dignity of the human research participant. Research involving human participants should be conducted only by appropriately qualified persons and/or under the supervision of a competent person. The responsibility for the participant must always rest with the researcher and never with the participant, even though the participant has given consent.

2. Research using human participants is only justified if there is a reasonable likelihood that the populations within which the research is carried out stand to benefit from the results of the research. This may not necessarily mean that the participants themselves will benefit directly from taking part in a study. The benefits, risks, burdens and effectiveness of a new method should be tested against those of the best current method(s). If no proven method exists, this does not preclude the undertaking of such research, provided that suitable safeguards are in place.

3. All research on human participants must conform to generally accepted scientific principles, and be based on a thorough knowledge of the literature and any other relevant sources of information. Research which duplicates other work unnecessarily or which is not of sufficient quality to contribute anything useful to existing knowledge is itself unethical.

4. The design and performance of each study involving human participants must be clearly formulated in a research protocol. The research protocol must always contain a statement of the ethical considerations involved and must indicate that there is compliance with the principles enunciated in this Code.

### Risk assessment

5. Every project involving human participants should be preceded by a careful assessment of predictable risks and burdens in comparison with foreseeable benefits to the participant and/or to others.

6. Researchers should abstain from engaging in research projects involving human participants unless they are confident that the risks involved have been adequately assessed and can be satisfactorily managed. Researchers should cease any investigation if the risks are found to outweigh the potential.

### Safety

7. Research may involve the use of potentially dangerous or harmful equipment, substances or organisms. The safety of participants and of researchers and others must be given priority at all times, and health and safety regulations must be strictly observed.

8. Appropriate caution must be exercised in the conduct of research using biotechnology, including genetically modified organisms. The correct level of containment must be applied for the protection of humans and the environment.

### Information on the research

9. Unless otherwise justified, in any research involving human participants, each potential participant must be adequately informed of:

- the aims,
- methods,
- sources of funding,
- any possible conflicts of interest,

- institutional affiliations of the researcher,
- the anticipated benefits and potential risks of the study, and
- any discomfort it may entail.

The participant must be informed of the right to abstain from participation in the study or to withdraw consent to participate at any time without penalty.

#### Voluntary participation and informed consent

10. As a default position, participants must normally be informed volunteers. All studies must have appropriate arrangements for obtaining consent and the research ethics review process will pay particular attention to these arrangements. After ensuring that the participant has understood the information, the researcher should then obtain the participant's freely-given informed consent, normally in writing. If the consent cannot be obtained in writing, the researcher must provide evidence that the potential participant has been appropriately informed. Consent may, in relevant instances, need to be an ongoing and task-specific process, rather than a final consent to participate in the whole investigation. On-going support and advice may need to be considered.

11. When obtaining informed consent for the research project the researcher should be particularly cautious if the participant is in a dependent relationship with the researcher or may consent under duress. In that case, the informed consent should be obtained by a well-informed person who is not engaged in the investigation and who is independent of this relationship.

12. Where the nature of the research is such that informing participants before the study is carried out might render the results invalid, for example within aspects of the cognitive and social sciences, there must be appropriate explanations provided to the research ethics committee. Researchers must provide convincing reasons why such research should proceed without the necessary informed consent. Researchers must not mislead participants if it is thought that prior permission will not be obtained.

13. Whilst it is considered ethically acceptable to request an undergraduate or postgraduate student to participate in research, the student must be assured that, by declining to participate in a particular procedure, his/her assessment will in no way be adversely affected, and that undue academic pressure or financial inducement shall not be brought to bear.

#### Consent relating to human tissue

14. The principles of consent as described elsewhere in this document apply equally to situations where a researcher wishes to use human tissue in a research project. However, there are additional provisions which are required for compliance with the Human Tissue Act 2004 (HT Act), and are set out by the Human Tissue Authority (HTA).

#### General provisions

15. Consent under the HT Act relates to the purpose(s) for which material might be stored or used. As research is a scheduled purpose under the HT Act, the requirements of the HT Act apply. For consent to be valid it must be given voluntarily by an appropriately informed person (who could be a child) who has the capacity to agree to the activity in question.

16. Consent can be general; that is, it is possible to ask for consent to store and use tissue for an unspecified number of research projects. If there is any possibility that a researcher may wish to use tissue originally obtained for one project in another project, then that possibility should be included on the original consent form. If consent is withdrawn after the sample(s) has been used for research, it is not necessary to withdraw the data related to that sample from the project.

17. If material is obtained from a UK-based source, then the researcher must ensure that consent was properly obtained. Proof of consent should be supplied with the material, and retained centrally within the College/Research Institute.

18. Tissue which has been obtained from a non-UK source does not require consent. However, it is good practice to see if there is any information available from the source which indicates that consent has been obtained in an appropriate manner.

#### Consent from children and persons lacking capacity

19. Under the HT Act, a child is defined as a person under the age of 18. If a child is considered to be competent to give valid consent, then the consent for removal, storage and/or use of the tissue should be given by the child. It is important to make sure the child has consented voluntarily and has not been unduly influenced by anyone else. For removal, storage and use of tissue from persons lacking capacity to consent (for the purpose of research), the researcher must refer to sections 30 – 34 of the Mental Capacity Act 2005.

#### Use of tissue from deceased persons

20. Consent is required for the removal, storage and use of tissue from a deceased person for any scheduled purpose. The University's license from the HTA covers research, and education or training relating to human health. Consent must be obtained for either of those purposes. If a person has given consent for the use of tissue to take place after their death, then that consent is considered sufficient. If consent was not obtained prior to the person's death, then it must be obtained from a nominated representative or a person in a "qualifying relationship". Detailed information regarding how to obtain consent for removal, storage and/or use of tissue from a deceased person is available from the HTA's Code of Practice 1 (Consent) ([http://www.hta.gov.uk/\\_db/\\_documents/Code\\_of\\_practice\\_1\\_-\\_Consent.pdf](http://www.hta.gov.uk/_db/_documents/Code_of_practice_1_-_Consent.pdf)).

#### Use of tissue from living persons

21. Consent from the living is required if the tissue is to be stored and used specifically for research purposes. Consent is not required if the tissue is being stored and used for education or training relating to human health. Fetal tissue is regarded as the mother's tissue.

22. The HTA's Code of Practice 1 (Consent), referenced above, includes several useful charts in the appendices as a guide to consent requirements.

23. It should be noted that the University Research Ethics Committee is not a "recognised research ethics committee" as referenced in the HT Act or any HTA document. Where relevant, application for research ethics approval may need to be made to a HRA Research Ethics Committee.

#### Research involving human embryos

24. Research which involves the creation, storage and the use of human embryos and gametes is regulated and licensed by the Human Fertilisation and Embryology Authority. The Authority will grant licences only if it is satisfied that the use of human embryos, gametes and other genetic materials is essential for the purposes of biomedical research.

25. The validity of any such research project must first be established by peer review undertaken by appropriate academic referees chosen by the Authority.

26. Before applying for a licence, approval must be obtained by a University Ethics Committee, the composition of which is approved by the Authority.

27. Research involving the use of any human tissue must comply with regulations and guidance issued by or under the sanction of the Department of Health.

#### Special or vulnerable groups

28. For a research participant who lacks capacity to give valid consent, the researcher must act in accordance with the provisions of the Mental Capacity Act 2005. The Act applies to all decisions taken on behalf of people who permanently or temporarily lack capacity to make decisions for themselves, including decisions to involve such individuals in research. All researchers working with participants who lack, or may lack, capacity need to be aware of its underlying principles and the statutory provisions relating to research.

29. When a participant deemed to lack capacity is able to give consent to decisions about participation in research, the researcher should, wherever possible, obtain an assent from the participant in addition to the consent of the legally authorised representative. Recognition of, for instance, a child's involvement in a particular study where consent cannot be obtained because of lack of capacity might be attained through the process of assent.

30. Research on individuals from whom it is not possible to obtain consent, including proxy or advance consent, should be done only if the physical or mental condition that prevents obtaining informed consent is a necessary characteristic of the research population. The scientific reasons for involving research participants with a condition that renders them unable to give informed consent must be stated for consideration and approval by the appropriate Research Ethics Committee.

31. Vulnerability is not to be confined to matters relating to capacity. The giving, or withholding, of fully informed consent is potentially liable to be compromised in varying degrees in a wide variety of interactions between the research and the potential research participant, where there is a potential power imbalance allowing for an inference of undue influence. In such circumstances, there is a heightened responsibility to ensure that extra care is taken in the provision of information about the research, and promoting the individual's autonomy when seeking consent. (See also: Conflict of interest, paragraph 46.)

#### Confidentiality

32. Every precaution must be taken to respect and safeguard the privacy of the participant, the confidentiality of the participant's data and to minimise the impact of the study on the participant's physical and mental integrity and personality. Personal information of any sort must be regarded as confidential. Wherever possible, participants should know how information about them is used, and have a say in how it may be used. Normally, researchers must ensure they have each person's explicit consent to obtain, hold and use personal information. All personal information must be coded or rendered anonymous as far as is possible and consistent with the needs of the study, and as early as possible in the data processing.

33. It should be noted that in exceptional circumstances, the public interest may override the protection of a participant's confidentiality. Particular examples relate to child protection, and dangerous professional practice. Where limits to confidentiality might arise, the potential participant should be informed of the nature of the limits.

#### Research integrity

34. The general principle of integrity should inform all research activities. Honesty should be central to the relationship between the researcher, the participant and other interested parties.

35. Research outputs should contain acknowledgements of the work of others as appropriate. Particular care should be exercised to acknowledge the work of research students.

36. All staff and students shall have a responsibility to observe the highest standards of conduct. Please see the Research Integrity Code of Practice ([http://www.brunel.ac.uk/\\_\\_data/assets/pdf\\_file/0007/384235/research-integrity-code.pdf](http://www.brunel.ac.uk/__data/assets/pdf_file/0007/384235/research-integrity-code.pdf)) and the Universities UK concordat on research integrity (<http://www.universitiesuk.ac.uk/highereducation/Pages/Theconcordattosupportresearchintegrity.aspx>).

37. There is no legal obligation for a researcher to report a crime if one is observed during the conduct of research. However, each project where this might occur must be risk-assessed and considered by the Research Ethics Committee on a case-by-case basis.

38. Brunel University London policy and procedures require that there be strict adherence to legal regulations governing the conduct of research, together with adherence to good research practice (this to include proper and appropriate conduct of research, together with professional integrity and honesty).

39. All offsite research undertaken outside the United Kingdom must comply with standards current in the UK and with the regulatory requirements of the country in which it takes place, and must include a thorough risk assessment and liaison with the University Insurance Officer to ensure that appropriate insurance is in place.

40. Research undertaken under the auspices of the University should meet, as a minimum, the ethics standard required within the University, regardless of its place of conduct. Thus, where data are collected outside the UK, the research will normally be expected to have received ethics approval from a properly constituted and independent ethics committee in the country concerned, where such a committee exists to review the type of research being proposed, before final approval can be provided by the University.

41. It is the responsibility of the researcher to:

check the requirements for the conduct of the proposed research, and for ethics review in the country concerned (including the seeking of advice from the proper authorities of the country in question);

The University does not sanction research where the appropriate visas have not been obtained. It also expects the University Research Ethics Committee to be provided with evidence of ethics approval having been sought and given.

If there is a lack of clarity about the relevant legal and regulatory requirements then further advice must be sought from the Secretary to Council and University Secretary.

#### Financial inducements

42. In cases where the proposal involves financial inducements to the participant, details relating to the amount and purpose of the financial inducement shall be notified at the time of the submission of the proposal.

#### Publication of results

43. It is an ethical requirement that the design and results of the research must be published. All those pursuing research must open their work to critical review through the accepted scientific and professional channels. Once established, findings must be made available to those participating in the research and to all those who could benefit from them, through publication and/or other appropriate means.

44. Both authors and publishers have ethical obligations. In publication of the results, researchers are obliged to preserve the accuracy of the results. Negative as well as positive results should be published or otherwise be made publicly available. Researchers must not engage or collude in selecting methods designed to produce misleading results, or in misrepresenting findings by commission or omission. Sources of funding, institutional affiliations and any possible conflicts of interest should be declared in the publication. Reports of research not in accordance with the principles laid down in this Code should not be submitted for publication.

#### Retention of records

45. Data collected in the course of research must be retained for an appropriate period to allow further analysis by the original or other research teams, subject to consent, and to support monitoring of good research practice by regulatory and other authorities.

#### Conflicts of interest

46. Conflict of interest arises where a researcher's private interests diverge from and compete with his or her ethical responsibilities in the research endeavour, such that it might be reasonable to infer that the researcher's behaviour or judgement is likely to be motivated by such private, competing interests. Although a competing interest does not, of itself, imply wrongdoing, declaration and appropriate management of the issue is required where such an interest might reasonably be foreseen to unduly influence the researcher's overall ethical responsibilities.

47. The researcher may combine research with professional care only to the extent that the research is justified by its potential value. When research is combined with care, additional standards apply to protect human participants.

48. The researcher should fully inform the participant which aspects of the professional care are related to the research. The refusal of an individual to participate in a study must never interfere with the professional relationship with the patient or client.

### C. Specific standards for research governance

In addition to the generic standards relating to ethics in research detailed above, legislative requirements and the regulations of statutory and professional bodies will also apply in specific research contexts. No single document can possibly detail these specific requirements. Links to a selection of other standards, legislation and guidance are given below.

Within the context of research involving NHS patients and/or persons lacking capacity within the meaning of the Mental Capacity Act 2005, the university researcher is required to make an application to the Integrated Research Application System (IRAS) using the electronic form available on their website. Careful attention should also be paid to the Guidance provided by IRAS on the same website (<http://www.myresearchproject.org.uk>).

The EU Directive on Good Clinical Practice in Clinical Trials applies to work undertaken by university researchers as well as others. Universities should work with their NHS partners to develop joint quality systems. See

<http://www.mhra.gov.uk/Howweregulate/Medicines/Inspectionandstandards/GoodClinicalPractice/index.htm>.

All research carried out by Brunel University London staff and students must conform to the University Code. Researchers are also required to observe the ethical guidelines established by the appropriate Society or professional body, as laid down from time to time.

The University has signed up to the provisions of the Universities UK concordat on research integrity

(<http://www.universitiesuk.ac.uk/Publications/Pages/concordattosupportresearchintegrity.aspx>).

## Appendix 3: Research Involving Animals: Brunel University Standing Operating Procedure

The use of animals in scientific research in the UK is strictly controlled by the Home Office. There is legislation in place to ensure that experimentation is only permitted when there is no alternative research technique and where the expected benefits outweigh any possible adverse effects [Animals (Scientific Procedures) Act 1986].

All research involving animals conducted by, or on behalf of, the University must meet and maintain the strict requirements which have been laid down by the Home Office. Compliance with these requirements is monitored internally by the Establishment license holder through the Named Compliance Officer (NCO), the Named Animal Care & Welfare Officer (NACWO) and the Named Training and Competency Officer (NTCO). Compliance is also monitored externally by Home Office Inspectors through unannounced visits.

3 licenses are required by the ASPA before testing on animals is permitted:

- an establishment license for the place at which the work is carried out
- a project license for the programme of work
- a personal licence for each person carrying out procedures on animals

Before applying for a license applicants are strongly advised to read the standard conditions for establishment licences, personal licenses and project licenses, which can be found at <https://www.gov.uk/research-and-testing-using-animals#applying-for-licences>

All project license applications must be approved by the University Animal Research Ethics Sub-Committee before submission can be made to the Home Office. The applications are usually circulated to all members of the ethical review panel by the Named Training and Competency Officer and decided upon at the next Committee meeting.

As well as the requirements set out in the above links, all personal licence holders at Brunel University must also undergo training and supervision at the University before being signed off as competent to perform their duties. The training for the personal licence is formal module training delivered by Charles River, and will be booked by the Named Training and Competency Officer. It must be completed prior to application for the licence. Once the licence is granted, the Named Training and Competency Officer shall supervise, until the researcher is deemed competent. The Named Training and Competency Officer is Julie Walker ([Julie.Walker@brunel.ac.uk](mailto:Julie.Walker@brunel.ac.uk)).

Work may only commence once authorised in writing by the Secretary of State.

<http://www.brunel.ac.uk/about/administration/governance-and-university-committees/university-committees/research-ethics-committee>

## Appendix 4: Brunel University Responsible Research Policy

### 1 Introduction

Sensible management systems, together with suitable practical training for those involved, are essential to providing a framework in which people can work safely. This policy is based on the higher education sector guidance; Responsible Research, which was launched in October 2012 as a model of best practice.

It describes how research is about investigating new avenues of knowledge, and this carries an unavoidable element of the unknown. The outcome of research work can be uncertain or can differ from what was originally predicted. Despite the inherent elements of uncertainty, it is possible for research workers to innovate without exposing themselves or others to unnecessary health and safety related risks.

### 2 Scope

This Policy shall set the framework to enable responsible research to be undertaken and shall apply to all research activities undertaken by Brunel University London (BUL).

### 3 Responsibilities

#### 3.1 Executive Board /Leadership Team *(This group typically consists of the Vice-Chancellor and President, Secretary, Chief Operating Officer, Deans and Directors).*

Supporting the Vice-Chancellor and President, the Executive Board (EB) is responsible for implementing the following Responsible Research Policy within their area of responsibility (this responsibility extends to those reporting to a member of EB).

#### 3.2 Senior Managers *(This group may include Deputy Deans/Directors, Subject/Divisional Leads and Directors of Research)*

Senior Managers are responsible to the Executive Board/Leadership Team and, in order to enable responsible research, should ensure that:

- Health and safety policies, guidance and arrangements relevant to the expected risks in their research or work area are in place;
- Comprehensive risk management, identification and control programmes are in place, indicating how higher risk activities such as research involving hazardous equipment or substances, lone working or fieldwork will be managed;
- Appropriate permits and licences are obtained before the research begins, and records of authorisation, training, incidents and maintenance are kept locally.(as a minimum);
- Reports on health and safety performance are fed back to the University Health and Safety Committee at least Annually;

- Corporate systems are in place for identifying training needs and providing appropriate training and supervision for research staff and others in the workplace;
- The general and specific health and safety arrangements for contractors, visiting workers and visitors are explicit and communicated effectively; and
- The sanctions for not following Organisational, College and/or Institute policy or codes of practice are made clear to all.

### **3.3 Members of Academic Staff**

Members of Academic staff are ultimately responsible to Senior Managers for the safe and legal conduct of research under their remit, a responsibility which cannot be delegated.

In terms of research, Academic Staff are generally experts in their field and are expected to have up-to- date knowledge about the risks associated with their research area. They should ensure that:

- They employ appropriately qualified researchers, training needs are assessed and training is available, both in general health and safety issues (such as risk assessment) and specific techniques or situations where there is significant risk (such as the use of lasers etc. or conducting research in the community);
- Special permission or licensing arrangements required for the work are in place and that appropriate supervision is available for researchers and technical support workers, dependant on the risk of the activity, age and experience of the individual;
- Programmes of work have been risk-assessed, and that the health and safety of researchers and others will not adversely be affected by known or emerging risks;
- Only Academic staff who comply with Senate regulations regarding supervision are allowed to supervise PhD students;
- Consideration is given to health and safety management, as well as the training and communication arrangements for researchers with disabilities or for those whose first language is not English;
- Robust emergency plans are in place for the workplace and for research activities which pose high safety risks and that they are made aware of reported incidents and near misses and will ensure that appropriate actions are taken to prevent a recurrence;
- They are informed about the outcome of safety performance measures such as inspections, safety tours, health surveillance, compliance with risk control systems and safe systems of work, training events attended work-related injury and ill-health figures;

- The monitoring workplace safety compliance and draw their manager's attention to deficiencies in health and safety management, such as unsafe acts or conditions, failure to follow safe systems of work, a lack of planned maintenance or inadequate facilities.

### **3.4 Post-doctoral researchers**

Post-doctoral researchers should be appropriately qualified in their research area(s) and aware of the risks inherent in the techniques, equipment and methods they use. They should be trained to:

- Carry out risk assessments and communicate information on risks and control measures to researchers they supervise and others affected by the research. They should understand the University's policies, procedures and committee structures;
- Be effective supervisors, supportive, good at coaching and mentoring and take appropriate actions when made aware of health and safety management failures; and
- Contribute to the investigation of accidents and near misses that have affected their research team and use safe laboratory working practices and safe systems of work and reinforce the importance of good housekeeping and hygiene.

Although post-doctoral researchers may be given day-to-day responsibility for ensuring that research is carried out without causing unacceptable risks to health and safety, the overall health and safety responsibility flows through the line management chain and ultimately rests with the Vice Chancellor and Principal.

### **3.5 Project students (undergraduate and postgraduate) and trainee researchers**

Trainee researchers and project students can't be assumed to be aware of the health and safety risks of the research or workplace and must be trained and supervised until they are competent to work without direct supervision.

### **3.6 Support Workers (Technical)**

The risks the research activity could present to cleaners, maintenance staff, engineers, technicians and so on must be assessed and adequate risk control measures put in place before the research project starts.

Research support workers must be informed about relevant risks, associated risk control measures and their personal responsibility for health and safety. They should also be competent to discharge their duties without causing harm to themselves or others.

## **4 Shared Premises (Collaborations)**

The Executive Board/ Leadership Team shall ensure that, when conducting collaborative work involving the use of shared premises or external contractors, a clear memorandum of understanding about the responsibility and arrangement for health, safety and security is in place.

## Appendix 5: Intellectual Property Rights Policy

### INTRODUCTION

This paper describes the Brunel University policy on intellectual property and intellectual property rights (IP). The policy covers:

- a. Copyright in, for example, text, computer software, creative works and e-learning materials;
- b. Moral rights which acknowledge the original authorship of IP;
- c. Patents which protect inventions for products and processes;
- d. Know-how which covers specialist knowledge for which third parties may pay as long as it is has previously been kept confidential.
- e. Design Rights, for example the appearance of the whole or part of a product.

This Policy shall apply to all forms of IP in any format and in any media. IP includes all inventions capable of protection whether patentable or not, registered and unregistered designs and design rights, University- commissioned works, computer software, commercially exploitable knowledge and all copyrights including copyright in literary, musical, dramatic and artistic works, software, distance learning course materials and material circulated electronically e.g. via the internet. A fuller definition of IP can be found in "Intellectual Property & Confidentiality: A Researcher's Guide" which is available on the RSDO website at: <http://intranet.brunel.ac.uk/research/rsdo/home.shtml>.

This Policy applies to all staff with a University contract of employment, students and other third parties who contribute to the creation of IP jointly with or on behalf of the University.

The Policy does not cover the use of copyright materials owned by third parties for teaching, personal study or research purposes (by the University, its staff or students). Advice about the use of third party copyright materials for research or teaching purposes should be sought from the University Library;

For further information refer to: <http://intranet.brunel.ac.uk/library/about/copyright.html>

### General Principles

The University needs to protect its investment and rights in teaching and support materials, so that they can be enhanced, developed and improved over time as teaching students is a core activity. Similarly, the university needs to protect its rights to exploit IP when university facilities or resources have been used to develop the IP. However the University recognises that members of its staff need to pursue and develop their academic careers and that their use of the materials they have created is important to them. This Policy aims to satisfy all these requirements where reasonably practical.

The University is supportive of the aims of the creative commons movement, which seeks to expand the range of research and creative work freely available for others to build upon and share. Further information is available at: <http://creativecommons.org>. The Brunel University Research Archive (BURA) makes freely available data sets, working papers, conference papers, pre-prints and PhD theses produced by University staff and students.

Subject to the following paragraphs, the provisions of the Copyright, Design and Patents Act 1988 (as amended) shall apply to copyright matters, and the provisions of the Patents Act 1977 (as amended) relating to the ownership of employee's inventions shall apply to inventions produced by staff.

Under these Acts the originator of copyright materials, of inventions that might be patented, or of similar materials, owns the IP arising, except where the originators are employees, when the IP belongs to the employer. As a general principle, therefore the University owns the IP in works and inventions created by its staff under their contracts of employment where such works or inventions are created by employees whose job description envisages such an output, but makes exceptions to this rule for its staff in the specific cases described below.

Students are not employees and thus own the IP in materials that they create unless there is a written agreement to the contrary. Students enrolled with the University will be required to assign their IP to the University before they become involved in any activity in which the University may require use or control of the IP for teaching, research or commercialisation.

Third parties, such as contractors, are also not staff or employees in the legal sense and thus may own IP in work that they carry out under contract unless there is a written agreement to the contrary. The University's policy is that all contracts with contractors should explicitly state that the IP in materials that they produce under contract belongs to the University (or, as a minimum, that the contractor gives the University an irrevocable, non-exclusive licence to use the materials developed by them).

Where any such IP created is subject to an agreement with a third party which is approved by the University, the agreement with the third party will take precedence over this Policy in so far as such agreements are at variance with it.

## UNIVERSITY STAFF

10 The terms 'University Staff' and 'Staff' shall include all academic and non-academic staff who are employed by the University under formal contracts of employment, including part-time staff.

11 In exceptional circumstances, and where it is in the interest of the University, the provisions of this Policy may be varied by written agreement between a member of Staff and the University.

## University Ownership of Intellectual Property

12 Except as otherwise specified below, IP created by Staff in the course of their employment with the University, commissioned by the University or produced under the terms of a research grant or contract between the University and an external third party shall belong to the University.

## Exceptions

In accordance with normal academic practice, the University waives its rights to ownership of the following IP:

13.1 The copyright in personal lecture materials created by Staff for the purposes of course delivery, other than distance learning course materials.

13.2 The copyright in any publication, work or design produced by a member of Staff as a scholarly work where its intent is the furtherance of his/her academic or professional

standing. Scholarly works include books, contributions to books, articles, conference papers and literary, musical, dramatic and artistic works whose principal intent is to add to the body of knowledge.

The University shall retain a free, non-exclusive, perpetual, irrevocable licence to use, copy, and modify them for teaching and research purposes and will respect the moral rights of Staff in such material, where asserted. The University shall, where practicable and appropriate, consult with individual members of Staff prior to making any modifications to such materials or works.

## Publication

The University strongly encourages academic publication and dissemination of IP as being fundamental to the open exchange of research and educational material.

The University recognises the potential conflict between securing protection of intellectual property and academic publication. The risks of any such conflict can be minimised by early consultation. Particular care should be taken in the following circumstances and advice should be sought from the Research Support and Development Office (RSDO) as early as possible:

Publication by any method (verbal, including internal seminars, written and electronic) of information on research outputs may invalidate IP and result in the loss of the opportunity to protect it, for example by the filing of a patent application or registered design. If the work to be published describes IP of potential commercial value and in which the University has an interest, members of Staff must first consult with RSDO. Publication must be delayed until the IP has been protected or a decision has been made not to protect it.

Publication of IP generated in the course of externally-sponsored research projects may be subject to the terms of agreements between the University and funding bodies or collaborators. Members of Staff wishing to publish such IP should first establish whether any restrictions apply, for example on the publication of specific data or know-how.

Where the University has waived its right to the ownership of the IP in section 13 above, Staff may enter into agreements with third parties for the scholarly dissemination of those materials or works, in, for instance, academic journals, textbooks etc., subject to the University's right under section 14 to retain a non-exclusive licence for research and teaching purposes.

## Arrangements for the Protection of IP

Where Staff create IP that is of a novel and potentially exploitable nature, it must be reported to their Head of School and RSDO as soon as possible in order that the interests of the Staff member and of the University can be established and safeguarded. Staff should maintain a laboratory note book while performing research that has the potential to be commercialisable and should ensure that it is regularly signed and dated by a senior colleague such as their Head of Subject, Deputy Head of School, supervisor or similar. The information relating to the IP must be kept confidential until such time as the IP has been evaluated and, where a decision is made to apply for legal protection (e.g. a patent application), this has been secured.

Where it is decided that the University will apply for legal protection for IP, it is expected that Staff involved in creating or inventing the IP will provide all reasonable assistance in the

process, for example, by providing information promptly upon request, attending meetings, advising on further developments and maintaining confidentiality as required.

## Commercialisation

The University is committed to exploiting the IP which it owns or controls in a way that optimises the benefits for itself and members of Staff. Where IP is successfully commercialised, the University will share the financial benefits with the Staff concerned – see sections 25 to 30 below. The University will evaluate the commercialisation potential of IP and determine whether it wishes to exploit it. IP may be exploited in a number of ways, for example through licensing, joint ventures or the formation of spin-out companies. The Brunel Commercialisation Office manages the exploitation of University IP and should be consulted by Staff in the first instance.

The University may at any time assign the rights in its IP to third parties, for example, research sponsors, subsidiary companies or spin-out companies. Any income derived from such an assignment shall be distributed according to sections 25 to 30 below.

If the University does not wish to take an active part in exploitation and subject to any obligations to third parties, the University may assign its rights to the member(s) of Staff (and any others directly involved in creating the innovation) to secure exploitation by whatever means they consider appropriate subject to the revenue sharing formula in sections 28 and 29 below.

If a member of Staff wishes to commercially exploit (i.e. use for financial gain or for trading purposes) the IP in his/her personal lecture materials or in scholarly works created in the course of his/her employment, then s/he should consult with his/her Head of School and the Director of the Commercialisation Office in the first instance; agreement by the University shall not be unreasonably withheld subject to the revenue sharing formula in sections 28 and 29 below.

Where members of Staff engage in private consultancy with third parties, use of University copyright materials, such as the logo and letterhead, is not permitted. Further, any use of the University's name in writing in connection with the private consultancy activities of a member of Staff is subject to approval by the University.

Staff are not permitted to assign or licence to third parties rights in University IP. Staff are obliged to maintain strict confidentiality with respect to University IP and are required to ensure that non-disclosure agreements are in place before discussing matters relating to University IP with third parties.

## Sharing of Financial Benefits

Staff shall be entitled to retain in full any financial benefit generated from the academic publication of scholarly works.

Any member of Staff who is responsible for generating IP that subsequently delivers any kind of financial benefit to the University as a result of commercialisation of that IP by whatever means, be it for example, via license fees, royalty income or the sale of shares owned by the University in joint ventures or spinout companies, shall be entitled to a share of that benefit.

Financial benefits accruing to the University under section 26 will be shared according to the following formula:

Cumulative Net Financial Benefit per Project	Staff %	University %	School %	BUEL* %
£0-£25,000	100	0	0	0
£25,001-£250,000	50	10	20	20
£250,001+	25	15	25	35

\* BUEL (Brunel University Enterprises Ltd) is the wholly owned subsidiary company of the University that manages the commercialisation of University IP

Financial benefits accruing to a member of Staff under section 21 will be shared according to the following formula:

Cumulative Net Financial Benefit per Project	Staff %	University %	School %	BUEL %
£0-£25,000	100	0	0	0
£25,001+	80	10	10	0

In the event that a member of Staff forms a company to exploit IP assigned to him/her by the University, the University will receive 20% of the equity allocated to him/her for the IP.

For the above purpose, Cumulative Net Financial Benefit is defined as all financial benefits in connection with a single project or venture in excess of the direct commercialisation costs incurred, including but not limited to costs of securing legal protection and third party intellectual property rights, the enforcement and commercial exploitation of the IP and financial commitments to investors. Such costs will be reclaimed prior to any distribution taking place. In the event that two or more pieces of IP are combined in a single project or venture, then an agreement defining the distribution of Cumulative Net Financial Benefit to the contributing parties must be concluded before the start of the commercialisation process.

Where more than one member of Staff contributes to the creation of IP, the Staff share of the Cumulative Net Financial Benefit will be equally divided between these Staff unless there is a signed written agreement to the contrary.

Where IP is made jointly by a member of Staff and a Student or third party who may have rights of ownership in the IP, a written agreement between all parties is required before the start of the commercialisation process to address the ownership and revenue-sharing from any commercial exploitation of the IP. If no agreement is in place, then ownership and revenue-sharing between the interested parties shall be determined by the University.

Shareholdings by members of Staff in University spinout companies and joint ventures will be agreed on the basis of the business and/or technical requirements of the respective spinout company or joint venture.

### THIRD PARTIES

Third parties (i.e. individuals who are not employees of the University) may be involved in the creation of IP in conjunction with or on behalf of the University. They may include visiting academics, associate academics, Emeritus Professors, consultants and contractors.

IP produced by third parties will not belong to the University; unless a written agreement transferring the ownership is signed by both the University and the third party.

#### Visiting/associate academics and Emeritus Professors

Where visiting/associate academics or Emeritus Professors are appointed by the University and may create potentially exploitable IP, an agreement should be entered into transferring the ownership of IP arising in the course of their appointment to the University. The University will undertake to treat the appointees as if they are Staff for the purposes of the IP exploitation and revenue sharing arrangements.

#### Contractors and consultants

All contracts with outside contractors and consultants should explicitly state that the copyright and other IP in any work they produce will belong to the University (where this cannot be agreed with the contractor, contracts should say, as a minimum, that the contractor gives the University a non-exclusive licence to use such works).

### UNIVERSITY STUDENTS

The term 'University Student' and 'Student' shall include all students registered/enrolled on University degree programmes.

Where a Student is also an employee of the University, it will be necessary to determine whether a piece of IP is produced as a Student or as an employee as this will determine whether regulations pertaining to Staff or Students apply.

#### Student Ownership of IP

The University acknowledges that Students, as non-employees, own the IP they create independently in the course of their degree studies, subject to a number of exceptions as detailed in sections 40 to 43 below.

#### Exceptions

Research projects form a part of many degree programmes at both undergraduate and postgraduate level. Such projects are usually proposed by members of academic Staff and will often be connected in some way to that academic's on-going research interests. In such cases, Students may join a team to investigate one particular aspect of a much larger research programme, thereby drawing on the considerable expertise, reputation and infrastructure of the group

In these circumstances, as more fully set out in section 43 below, the University requires Students to assign their IP to the University and to complete and sign formal documentation to give effect to such an assignment.

In exchange, the University undertakes to treat Students in the same way as members of staff for the purposes of sharing any revenues arising from the commercial exploitation of that IP. This is done by applying the University's revenue sharing arrangements as described in sections 26 to 29, as if students are employees.

#### Circumstances where the University will require ownership of IP created by Students

These shall include the following:

The IP developed by the Student may be needed to enable use to be made of the whole IP portfolio developed by the research team. The University seeks to avoid a position where a small gap in its IP portfolio precludes successful commercialisation.

The IP will often be based on advice and ideas contributed by members of academic Staff and may be based on confidential, proprietary or otherwise valuable information that already belongs to the University or a sponsor

The research programme may be conducted under the terms of agreements with, or research grants from, outside parties, including both commercial and non-commercial funding bodies. These terms may require that IP generated in the research programme be owned by the outside body or the University, or be licensed to the outside body.

In developing the IP, the Student may be funded by the University or may make substantial use of University resources.

#### Procedure for assignment of IP

Where any of the above circumstances arise, the University will require that Students complete and sign a confidentiality and intellectual property agreement before commencing work on the project. In signing that document, Students will: agree to maintain strict confidentiality with respect to University IP and to ensure that non-disclosure agreements are in place before discussing matters relating to University IP with third parties.; agree to assign ownership of the IP to the University if and when requested and not to assign or licence any rights in University IP to third parties; and benefit under the University's revenue-sharing arrangements detailed in sections 25 to 30 as if they are a member of Staff.

#### Commercialisation

In addition, Students may at any time approach the University with a view to seeking support for the commercialisation of IP belonging to them. This will generally involve the Student assigning ownership and exploitation rights in the IP to the University. In consideration for this assignment, the Student will benefit under the University's revenue sharing arrangements as if s/he is a member of Staff.

Students should consult with their supervisor or tutor in the first instance on any matter relating to this Policy.

#### DISPUTE RESOLUTION

In the event that a dispute arises in connection with the provisions of this Policy, this should be raised initially with the Head of School and the parties concerned shall themselves seek to resolve the issues in the first instance. All internal procedures should be exhausted before resorting to external resolution processes. Should no acceptable outcome be reached, the dispute may be referred to an independent expert who shall:

be appointed by the Pro Vice-Chancellor (Research) in consultation with the Staff or Students in dispute make a determination that shall be final and binding on the University and the creators/ inventors in dispute and which shall include the apportionment of the cost and the expenses payable by each of them.

For more information, refer to the intranet pages for the Research Support and Development Office (RSDO): <http://intranet.brunel.ac.uk/research/rsdo/researchsupport/ipr/>.

## **Appendix 6: The University's Anti-bribery Policy-Incorporating the Policy and Procedures in Respect of Gifts and Hospitality**

### **Anti-bribery Policy**

It is the policy of the University that all staff and students conduct business in an honest way, and without the use of corrupt practices or acts of bribery to obtain an unfair advantage.

Bribery is a criminal offence in most countries and corrupt acts expose the University and its employees to the risk of prosecution, fines and imprisonment, as well as endangering the University's reputation. Setting that aside, the University wishes to make a commitment to promoting standards of integrity and honesty.

This policy is reviewed annually by the University's Audit Committee. Concerns and comments may be reported, in confidence, to the Secretary to Council who has oversight of the management of the policy within the University. Staff are advised that this policy should be considered in conjunction with the University's Public Interest Disclosure (Whistleblowing) Procedure.

### **Preamble**

The Bribery Act 2010 outlines four corporate offences, three of which also apply to individuals. These offences, whether for commercial organisations or for individuals, apply regardless of where in the world the bribes are offered or received, and regardless of whether the bribery is direct or via a connected party such as an agent or partner. If the University is found to have committed any bribery offence it could face unlimited fines and may come under additional scrutiny from funders in the future. Individuals could face a 10 year prison sentence and unlimited fines. This includes senior officers of entities held liable through their consent to or connivance with the University in committing the offence. The four offences are summarised below:

Offence	Organisational	Individual
Paying or offering a bribe	Yes	Yes
Receiving or requesting a bribe	Yes	Yes
Bribing a foreign public official	Yes	Yes
Failing to prevent bribery	Yes	No

### **1. Paying or offering a bribe**

A person will be guilty of this offence if they offer, promise or give a financial advantage or other advantage, to another person to bring about improper performance of a relevant function or an activity, or to reward a person for the improper performance of a relevant function or an activity. The types of function or activity that can be improperly performed include:

- All functions of a public nature;
- All activities connected with a business;
- Any activity performed in the course of a person's employment;
- Any activity performed by or on behalf of a body of persons.

Under the Act, the person performing the function is expected to perform it in good faith, impartially and is assumed to be in a position of trust by virtue of performing it. The function will be covered even if it has no connection with the UK or is performed outside the UK. It may not matter whether the person offered the bribe is the same person that will actually perform, or has performed, the function or activity concerned. The advantage can also be offered, promised or given by a third party.

## **2. Receiving or requesting a bribe**

The recipient, or potential recipient, of the bribe will be guilty of this offence if they request, agree to receive or accept a financial or other advantage to perform a relevant function or activity improperly. It does not matter whether it is the recipient, or someone else through whom the recipient acts, who requests, agrees to receive or accepts the advantage. In addition, the advantage can be for the benefit of the recipient or another person.

## **3. Bribing a foreign public official**

A person will be guilty of this offence if they intend to influence an official in their capacity as a foreign public official. The offence does not cover accepting bribes, only offering, promising or giving bribes. It does not matter whether the offer, promise or gift is made directly to the official or via a third party.

## **4. Failing to prevent bribery**

The University will be guilty of this offence if a person associated with it bribes another person, with the intention of obtaining or retaining business or a business advantage for the University. The offence can be committed in the UK or overseas. The University will be able to avoid conviction if it can demonstrate that it had adequate procedures in place designed to prevent bribery. The University is taking considerable measures to demonstrate that it has robust systems and procedures in place to minimise the risk of bribery. Where an offence is proved to have been committed with the consent or connivance of a "senior officer" of the University, both that person and the institution can be prosecuted. Furthermore, it is not necessary to secure a conviction for bribery by an associated person (e.g. an employee or contractor) to prove the offence of failing to prevent bribery.

## **Definitions**

"The offering, promising, giving, accepting or soliciting of an advantage as an inducement for an action which is illegal or a breach of trust."

## **Policy Statement**

Brunel University London's Anti-bribery Policy applies to all staff and officials including Directors of any subsidiary or associated companies and Council Members. The policy also includes third parties such as agency workers, consultants, subcontractors and others working on behalf of the University irrespective of their location, function or grade.

The University does not wish to stifle the development of good working relationships with suppliers, agents, contractors or officials; however, the actions must be

transparent, proportionate and auditable. The University expects our business partners, agents, suppliers and contractors to act with integrity and to avoid any actions that may be considered as an offence within the meaning of the Bribery Act 2010.

In adhering to its stated Principles the University will:

1. Carry out its business fairly, honestly and openly (as exemplified by having transparent payment terms, clear records)
2. Not make bribes, nor will we condone the offering of bribes on our behalf, so as to gain a business or other advantage (as exemplified by not paying bribes to any third party or agent)
3. Not accept bribes, nor will we agree to them being accepted on our behalf in order to influence business (as exemplified by careful management of commission payments)
4. Avoid doing business with others who do not accept our values and who may harm our reputation (as exemplified by the careful selection of business partners)
5. Set out our processes for avoiding direct or indirect bribery, and keeping to and supporting our values (as exemplified by adopting a process for dealing with gifts and entertainment)
6. Keep clear and updated records (as exemplified by having records of decisions on giving donations or how a demand for a bribe or conflict of interest was handled)
7. Make sure that everyone in our business and our business partners know our Principles (as exemplified by having good communication and training/no excuse for not knowing)
8. Regularly review and update our processes as needed (as exemplified by learning from experience and networking with others)
9. Keep to these Principles even when it becomes difficult (as exemplified by not paying facilitation or similar payments)

In support of the University's commitment to these Principles, and for the avoidance of any doubt, the University has entered the following clause into its general contractual terms and conditions:

1.1 The Seller will, and will procure that its officers, employees, agents and any other persons who perform services for or on behalf of it in connection with the Contract will: 1.1.1 not commit any act or omission which causes or could cause it or the University to breach, or commit an offence under, any laws relating to anti-bribery and/or anti-corruption;

1.1.2 comply with the University's anti-bribery policy as updated from time to time;

1.1.3 keep accurate and up to date records showing all payments made and received and all other advantages given and received by it in connection with the Contract and the steps it takes to comply with this Clause, and permit the University to inspect those records as required;

1.1.4 promptly notify the University of:

1.1.4.1 any request or demand for any financial or other advantage received by it; and

1.1.4.2 any financial or other advantage it gives or intends to give whether directly or indirectly in connection with the Contract; and

1.1.5 promptly notify the University of any breach of this Clause. 1.2 The University may terminate the Contract immediately by giving 28 days' written notice to that effect to the Seller if the Seller is in breach of Clause 1.1. 1.3 The Seller will indemnify the University against all losses, liabilities, costs, damages and expenses that the University does or will

incur or suffer, all claims or proceedings made, brought or threatened against the University by any person and all losses, liabilities, costs (on a full indemnity basis), damages and expenses the University does or will incur or suffer as a result of defending or settling any such actual or threatened claim or proceeding, in each case arising out of or in connection with any proceedings under section 7 Bribery Act 2010 being brought against the University as a result of the conduct of the Seller or any of its officers, employees, agents or any other persons who perform services for or on behalf of it in connection with the Contract, where such proceedings do not result in a conviction against the University, including the costs of procuring the Goods and/or Services from a person other than the Seller (including the costs of interim service provision, the costs of any re-tender and the amount by which any new service provider's prices exceed the Prices payable to the Seller under the Contract).

## **Hospitality and Gifts**

The occasional exchange of business gifts, meals or low level entertainment is a common practice and is meant to create goodwill and enhance relationships. However, if the receipt of business courtesies becomes excessive, it can create a sense of personal obligation on the part of the recipient. Such sense of obligation can interfere with the individual's ability to be impartial in the transaction.

Staff may accept business courtesies, but such courtesies must be modest enough not to interfere with the ethical judgement of the member of staff and must not create an appearance of impropriety. Corporate hospitality and gifts (whether received or provided) must be transparent, auditable and proportionate. Modest gifts and hospitality may be accepted unless an inducement is intended or suspected. The University expects the following procedures to be followed:

- All gifts and hospitality of an estimated value of £50 or more are to be recorded on the Gift and Hospitality Acceptance Form
- If it is not possible to value the gift or hospitality received, or if it is unknown, then that information should be declared on the Gift and Hospitality Acceptance Form.
- Gift/hospitality declarations need to be referred to the Line Manager of the person in receipt of the gift or hospitality for countersigning [in the case of the Vice Chancellor this shall be the Secretary to Council].
- The Line Manager will send the Gift and Hospitality Acceptance Form to the Secretary to Council who will make a decision as to whether it can be accepted [the Secretary to Council may need to seek the advice of the Director of Finance as to whether the gift or hospitality may be accepted.
- Issues that cannot be resolved by the Director of Finance and the Secretary to Council will be referred to the Ethics Advisory Committee for consideration.
- If it is deemed as unacceptable for the gift/hospitality to be received, but it is not possible for it to be returned, the gift should be put to charitable use.

If a gift or hospitality is not in keeping with circumstances then every effort must be made to refuse the offer without offending the person or organisation making the offer. If the gift cannot be refused it should be declared on return to the University.

Any gift or hospitality received or given must not have any influence or intention to influence the party receiving the gift or hospitality. For guidance as to whether to accept a gift or hospitality, it is generally expected that the frequency and scale of hospitality accepted should not be significantly greater than the University would be likely to provide in return. Colleagues may also wish to note that information on gifts or hospitality may have to be publicly disclosed.

Under no circumstances must any gift of money be made or received by an official of the University.

### **Review**

This policy will be reviewed by the Audit Committee annually, or as and when any legislative changes occur, to ensure compliance with one of the principles of the act. Council will be advised of any action taken via the Annual Report from the Audit Committee.

Jilly Court

July 2019

## Public Interest Disclosure (Whistleblowing) Procedure: Anti-Bribery Policy

This procedure is intended to provide a process within the University through which employees and students may raise concerns. If at the conclusion of this process the employee or student is not satisfied with any action taken or feels that the action taken is inappropriate, the following are suggested as possible referral points:

- The external or internal auditors;
- a trade union;
- the Union of Brunel Students;
- a relevant professional body or regulatory organisation;
- the police;
- organisations prescribed from time to time by the Secretary of State for the purpose of protected disclosure under the Public Interest Disclosure Act.

Referral of any matter outside the University must not compromise confidentiality. Employees and students should check this with the organisation being sent the referral.

The full Public Interest Disclosure (Whistleblowing) Procedure is available through the following link:

<http://www.brunel.ac.uk/about/administration/policies-and-other-important-documents>

### Raising a Whistleblowing Concern-Anti-Bribery Policy

To be submitted to the Secretary to Council, one of the Deputy-Vice Chancellors, one of the Pro-Vice Chancellors or the Vice Chancellor. Alternatively, if you would rather disclose a matter to a lay member of Council (who is not an employee of the University) you may report your concerns to the Chair or Vice Chair of Council, or the Chair of the Audit Committee.

The lay members of Council, can be contacted by a letter marked 'personal and confidential' c/o the Secretary to Council, Uxbridge Campus, who will pass it to the addressee unopened.

For use by any employee or student wishing to raise a concern that has a public interest aspect to it. Please read the whistleblowing policy and procedure before completing this form. If you require assistance completing this form, please contact your manager, HR, Secretary to Council, trade union representative or work place colleague or friend.

Full Name .....

Job Title [if applicable].....

Extension .....

Team.....

Please provide descriptions of your concerns including precise information such as dates of events, names of those involved, meetings or correspondence that have taken place, reference to relevant documents or policies [please continue on a separate page if necessary]:

Signature: .....

Date of Submission:.....

Date of Receipt.....

Document author:

Secretary to Council

Document approver:

Audit Committee

Version number

5.0

Last updated:

March 2015

Next review due:

2019 under review

## Appendix 7: Data Protection Policy

### Data Protection Policy

The University needs to collect and use certain information about its employees, students and other people connected with the University in order to fulfil its contractual and legal obligations and to conduct the business of the University. Where this information comprises personal data, the University must comply with the principles set out in the General Data Protection Regulation (GDPR) and the provisions contained in the Data Protection Act 2018. In summary, these state that personal data shall:

- Be processed lawfully, fairly and in a transparent manner and shall not be processed unless certain conditions are met;
- Be collected for specified, explicit and legitimate lawful purposes and shall not be further processed in any manner incompatible with those purposes;
- Be adequate, relevant, and limited to what is necessary in relation to the purposes for which they are processed;
- Be accurate and, where necessary, kept up-to-date;
- Kept in a form which permits identification of individuals for no longer than is necessary for the purposes for which the personal data are processed;
- Be processed in a manner than ensures appropriate security of the personal data.

This policy describes the standards and obligations to be met with respect to the processing of personal data by members of the University.

#### 1.1 **Status of this policy**

It is a condition of employment that employees will abide by the rules and policies made by the University. Failure to follow this policy may therefore result in disciplinary proceedings.

#### 1.2 **Breaches of policy**

Any student or member of staff who considers that this policy has not been followed should raise the matter with the relevant Department or College, and report the alleged breach to the Data Protection Officer. If the matter is not resolved, it should be raised as a formal complaint.

## 2 **The Data Controller**

The University is the Data Controller under the GDPR and the Data Protection Act 2018.

### 2.1 **The Data Protection Officer**

The Data Protection Officer is Mary Liddell. She is responsible for

- Informing and advising the University and its staff regarding their obligations

under the GDPR and the Act;

- Monitoring compliance with the GDPR, providing training to staff and conducting data protection audits;
- Providing advice regarding data protection impact assessments and monitoring the performance of such assessments;
- Co-operating with the Information Commissioner's Office;
- Acting as a point of contact for the ICO;
- Handling subject access requests.

The Data Protection Officer can be reached by email at [data-protection@brunel.ac.uk](mailto:data-protection@brunel.ac.uk) or by post at

Data Protection Officer  
Information Services  
Brunel University  
London UB8 3PH

### **3 Personal data**

“Personal data” means any information relating to an identified or identifiable natural person, who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier, or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person.

Anyone who believes the University holds their personal data is entitled to know

- What information the University holds and processes about them and why
- How to gain access to the information
- How they can keep it up-to-date
- What the University is doing to comply with its obligations under the GDPR and the Act.

The University provides standard data collection notices for this purpose. These are available on the Internet. The student data collection notice is published in the Student Handbook each year.

Where a form is used to collect personal data, a link to a Privacy Notice is included on the form.

#### **3.1 Special categories of personal data**

Special categories of personal data include information which is considered to be, or may be, particularly sensitive. These include

- Racial or ethnic origin
- Political opinions
- Religious or philosophical beliefs
- Trade union membership
- Genetic data
- Biometric data
- Health
- Sex life
- Sexual orientation
- Commission or alleged commission of an offence
- Proceedings or sentence for an offence.

### **3.2 Processing**

'Processing' means any operation which is performed on personal data, whether manually or by automated means, including

- Collection
- Recording
- Organising
- Structuring
- Storage
- Adaptation or alteration
- Retrieval
- Consultation
- Disclosure
- Alignment or combination
- Restriction
- Erasure or destruction.

### **3.3 Conditions for processing personal data**

Personal data can only be processed in the following circumstances:

- with the consent of the individual;
- performance of a contract, e.g., staff contract or enrolment contract;
- compliance with a legal obligation;
- protection of the individual's or another person's vital interests, i.e., cases of life or death;

- for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller; or
- for the legitimate interests of the data controller or a third party, unless prejudicial to the interests of the individual.

More specific rules must also be applied to special categories of personal data. These data must be treated with a high level of security and can be processed only:

- with the explicit consent of the individual (i.e., consent in writing);
- for the performance of a legal duty in relation to employment, social security and social protection law;
- for protection of an individual's or third party's vital interests where the individual is unable to give consent;
- where the information has been made public by the data subject;
- in connection with legal proceedings;
- when necessary for reasons of substantial public interest;
- for medical purposes (including pre-employment screening and occupational health records);
- for reasons of public health; or
- for archiving purposes in the public interest, historical research, or statistical purposes.

Some jobs or courses may bring applicants into contact with children (people under the age of 18). The University has a duty under enactments to ensure that staff are suitable for the job, and students for the courses offered. The University also has a duty of care to all staff and students and must therefore make sure that employees and those who use the University facilities do not pose a threat or danger to other users.

It is sometimes necessary to process information about a person's health, criminal convictions, race and gender, and family details. This may be to ensure the University is a safe place for everyone, or to monitor University policies, such as the Equal Opportunities Policies.

#### **4 Obligations and responsibilities of staff**

All staff are obliged to

- Ensure that any information they provide to the University in connection with their employment is accurate and up-to-date, and must inform the Human Resources Department of any changes to information which they have provided, e.g., address, contact details for next of kin, etc.
- Provide information in response to Data Protection censuses and

Data Protection audits.

College Deans, Institute Directors, and Directors and Heads of corporate services are responsible for ensuring that their staff are acquainted with the requirements of the GDPR and the Act. In cases of uncertainty about an issue of compliance, they should contact the Data Protection Officer.

In the event of a subject access request, staff must provide all relevant information to the Data Protection Officer.

If and when, as part of their responsibilities, staff collect information about other people, e.g., students' coursework, opinions about ability, references, or details of personal circumstances, they must comply with this Policy and any other pertinent policies and guidelines. These are available on both the University Internet and Intranet pages.

#### **4.1 Security of personal data**

All staff are responsible for ensuring that:

- Any personal data which they hold are kept securely;
- Personal data are not disclosed either orally or in writing, accidentally or otherwise to any third party, without authorisation.

Staff should note that unauthorised disclosures will usually be a disciplinary matter, and may be considered gross misconduct in some cases.

Personal data should

- be kept in a locked filing cabinet, drawer, cupboard or room;
- not be visible to anyone not authorised to see it, either on desks or on computer screens;
- if it is computerised, be password protected or in a restricted folder (including the use of password-protected screen savers);
- be sent in a sealed envelope, if transmitted through the post, whether internally or externally;
- be sent as a password protected attachment if it is sensitive personal data and is being sent externally by email.

Personal data should not be put on laptops, CD-ROM devices, flash drives, or other portable media if those media are not encrypted. Staff wishing to use documents or files stored on network drives while off-campus should use VPN (Virtual Private Network) to access such documents or files.

More information on VPN can be obtained from the Computer Centre (<https://intra.brunel.ac.uk/s/cc/kb/Pages/AnyConnect-VPN.aspx>).

## **5 Staff training**

All staff who have a Brunel University London network account, and access to a computer while at work, are required to complete the on-line data protection module *every year*.

Staff who are line managers, or who work with special categories of personal data, must periodically attend a data protection briefing.

## **6 Obligations and responsibilities of students**

Students must ensure that all personal data provided to the University are accurate and up to date. They must ensure that changes to their personal data, for example, address, name, or contact details of next of kin, are notified to their College, either on a Student Record Amendment form or through the appropriate Web forms.

### **6.1 Use of personal data by students**

Students who use personal data must comply with the GDPR and the Act. Such information should only be held with the express authority of a member of staff such as a lecturer/research supervisor who is responsible for the work being done.

The student should consult with the member of staff to ensure that they are aware of the requirements of the GDPR and the Act, the application of the principles, including the criteria for legitimate processing, and security arrangements for the data.

## **7 Rights of individuals**

Individuals have certain rights with regard to the use of their personal data. These include

- Provision of a privacy notice when personal data are collected
- Right of access to their personal data
- Rectification of inaccurate personal data
- Right of erasure
- The right to restrict the use of their personal data
- Data portability
- The right to object to the use their personal data for some situations
- The right not to be subject to automated decision-making, including profiling.

### **7.1 Exercising a right**

To exercise any of the rights listed above, individuals should contact the University's Data Protection Officer. Contact details can be found in section 2.1 of this document.

With the exception of the provision of a privacy notice, such communication to the Data Protection Officer should include details of the relevant personal information, and proof of identification. The University will reply within 30 days of these being received by the University.

It should be kept in mind that some of these rights are not absolute. Where that is the case, and the University declines to take the action requested, the reasons for the University's decision will be provided to the individual.

Students are entitled to information about their marks for both coursework and examinations; however, this may take longer to provide than other information. The University may withhold certifications, accreditation or references in the event that the full course fees have not been paid.

## **8 Offences under the GDPR**

There are specific offenses under the GDPR:

- Obtaining, disclosing, procuring the disclosure to another person, or retaining personal data without the consent of the data controller, or selling personal data so obtained;
- Re-identification of de-identified personal data without the consent of the controller;
- Processing re-identified personal data;
- Where a request has been made by an individual for access to his/her personal data, altering that data in any way with the intention of preventing disclosure to the individual.

‘De-identified’ personal data refers to personal data which has been pseudonymised or anonymised.

## **9 Requests under the Freedom of Information Act**

Information that is already in the public domain is exempt from the GDPR. Additionally, personal data may be released under the Freedom of Information Act. In line with the University’s commitment as stated in the Strategic Plan to improve methods of communication, information will be made as freely available within the institution as is possible without compromising the right of individuals to protect their own privacy.

## **10 Retention of data**

The University keeps some forms of information longer than others. In line with the spirit of the Regulation, information will not be kept for longer than necessary. Both paper and electronic records should be kept in accordance with the University’s Records Retention Schedule (<https://intra.brunel.ac.uk/s/GILO/records/Pages/Retention.aspx>).

## **11 Conclusion**

Compliance with the GDPR and the Act is the responsibility of all staff at the University. Any deliberate breach of this policy may lead to disciplinary action being taken, access to University facilities being withdrawn, or criminal prosecution. Any questions or concerns about the interpretation or operation of this policy should be taken up with the relevant College or Department, the Data Protection Officer, or the Chief Information Officer.

## 12 References and further information

- University Internet: <http://www.brunel.ac.uk/about/administration/information-access/data-protection>
- Data Protection Act 2018: <http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>
- General Data Protection Regulation: <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016R0679&from=EN>
- Information Commissioner's Office: [www.ico.org.uk](http://www.ico.org.uk)
- Information and Cyber Security: <https://intra.brunel.ac.uk/s/cc/security/Pages/default.aspx>

## Appendix 8: The University Policy on Research Data Management

### Vision

Research data management is the planning, capture, review, publication, storage, preservation and re-use of data produced by research, irrespective of format.

Researchers and the University have obligations to preserve, store and provide access to research outputs, including research data. Demonstrable good practice in research data management and a commitment to data sharing are increasingly required by funding organisations and research partners. There are also benefits for the University and individual researchers: increased research impact and profile; wider benefits for the research community and the public; advancement of knowledge; opportunities for growth.

- The University views effective research data management as an essential ingredient of a high quality research culture.
- It assumes that all data produced by University researchers will be made available to the wider academic community, except where the right of individual researchers, or the subjects of the research, would be compromised by such release.
- The University provides training, support, advice and information to support effective research data management.
- Research data management is a shared responsibility. Individual researchers, academic units and central departments work together to develop research data management plans and implement them throughout the research life cycle.
- The University actively supports the collection, storage, retention and cataloguing of all its research data (both raw and published) and promotes its re-use by other researchers where appropriate and with due safeguards.
- Research data management policies safeguard the interests of participants in the research, the researchers and the University by facilitating compliance with relevant legislation.
- All research data is stored securely and is registered with the University. Data is stored in the data centres of higher educational institutions or in subject-specific data services.
- All University policies, including those on Intellectual Property, Good Research Practice and the Procedures for Investigation of Research Misconduct, support good practice in research data management.

The following policy supports the Brunel University Research Data Management Vision, which was approved by Senate in March 2012 and forms part of the University's research integrity code of practice.

This policy will continue to evolve in line with the changing research environment, in consultation with the research community.

<http://www.brunel.ac.uk/services/library/research/rdm/rdm-vision>

### Policy

#### Scope of applicability

Research data is defined as the evidence base on which academic researchers build their analytic or other work (HEFCE, 2008).

This policy applies in the first instance to academic staff and postgraduate research students (PGRs). It is expected that data generated by undergraduate (UG), postgraduate taught students (PGTs) and non-academic staff in the normal course of study or administration will normally be exempt from this policy, except where any of the following applies:

- a. data is generated in connection with an eligible research project, eg funded in whole or in part by Research Councils UK (RCUK), or other public body;
- b. the data is generated under a contract of employment with the University, or other agreement (such as a Non-Disclosure/Confidentiality Agreement with a research sponsor / partner;
- c. the individual staff member or student has formally published research outputs (conference proceedings, articles, monographs) from the data, in affiliation with Brunel University or jointly-authored with Brunel University staff.

The terms of this policy will apply in this instance. Staff and students who are uncertain as to whether the policy applies to their situation can contact [researchdata@brunel.ac.uk](mailto:researchdata@brunel.ac.uk) for guidance.

### Managing research data

1. The University will manage research data in accordance with the University's policies, procedures and standards, and statutory and funder requirements.
2. Research data generated by academic staff, students on research degrees, and other staff and students where the research activity falls within the scope of this policy, should be managed in accordance with this policy. (In this policy the term 'researcher' shall refer to all these groups of staff and students.)
3. All researchers are expected to familiarise themselves with the University's policies and guidance in relation to research integrity, including: Intellectual Property, Good Research Practice, Open Access, Research Data Management, Research Ethics. Researchers are required to manage research data in accordance with these.
4. Heads of Departments, Directors of Research Institutes or equivalent who have overall responsibility for research staff and students must ensure that all research staff and students are aware of the University's research data management and related policies, procedures and guidelines: <http://www.brunel.ac.uk/services/library/research/rdm>
5. The Principal Investigator/s or equivalent is responsible for managing compliance with the University and funder research data management policy and requirements during a research project.
6. Researchers are expected to create and maintain data management plans for research where research data may be generated. Where no pro-forma has been specified, researchers may use University data management planning templates available from the Research Support and Development Office (RSDO: <http://www.brunel.ac.uk/business/rsdo>)
7. The University will develop and provide guidance, training and support regarding research data management: [researchdata@brunel.ac.uk](mailto:researchdata@brunel.ac.uk) See also information on the Library website and RSDO

### Data ownership

8. Researchers should clarify the ownership of any datasets which are used or generated and of derivative IP for all research projects or ventures generated in collaborations or partnerships, at the proposal stage or by the start of a project. Researchers are invited to seek advice from: [researchdata@brunel.ac.uk](mailto:researchdata@brunel.ac.uk)
9. Where research data is generated wholly by the researcher, data ownership will normally belong to the University and/or the research funder. Researchers are invited to seek advice at the proposal stage or by the start of a project from: [researchdata@brunel.ac.uk](mailto:researchdata@brunel.ac.uk)
10. Where all the researchers working on a publicly funded research project are from HE institutions, it is expected that institutional policies will be derived from RCUK policy and

expectations and will be similar in principle. While the lead institution and Principal Investigator (PI) will have overall responsibility for ensuring that research data is made available appropriately, and will do so in line with the relevant institutional policy, where this is not Brunel, no conflict with University policy is expected.

11. Where research data is generated in cross-sector collaborations or where third party data is used, data ownership and management can be very complex. Researchers working within cross-sector collaborations with industry partners should pay particular attention to data ownership and derivative IP generated to ensure that as a minimum, data which underpins a research publication they produce may be published or deposited in an open access data archive. Researchers are invited to seek advice from University research support services and should contact [researchdata@brunel.ac.uk](mailto:researchdata@brunel.ac.uk) in the first instance.

12. Researchers should abide by the conditions set by the data owner/s, in particular relating to data confidentiality and sharing. Where this is in conflict with University and/or funder policy on data sharing, they should seek guidance from RSDO and/or the Library who will advise further.

13. Ownership information for all data generated or modified should be recorded in the metadata or embedded within datasets as appropriate.

14. Where data ownership must be transferred to a third party, researchers must retain sufficient rights to make research data openly available for reuse, unless this contravenes funder requirements or conditions of data owners.

15. Researchers must not give away exclusive rights to publish, reuse or store research data to third parties, unless doing so is a condition of funding (eg for reasons of confidentiality, research ethics). If so, researchers should seek advice in the first instance.

16. Researchers who leave the University to work at another HEI while a research project is ongoing may generally expect to retain access to datasets for the duration of the project: each case may need individual consideration as to the most appropriate way to achieve this. RCUK policy takes precedence, and data must be made available alongside any research publications which are published in affiliation with the University. In some instances, it may be appropriate for data to be transferred, such as where the research project will be moving to another institution. Researchers should seek advice from [researchdata@brunel.ac.uk](mailto:researchdata@brunel.ac.uk).

## Data storage and sharing

17. Researchers are expected to maintain research data in formats which facilitate data access and sharing.

18. Researchers should create and record sufficient metadata to facilitate the research data discovery and access. The University will develop guidance to help researchers standardise metadata creation and format by data type.

19. All published research outputs will be required to contain sufficient information about how the supporting data can be accessed.

20. Research data may be deposited within appropriate designated storage at the University or an appropriate external data repository or service (eg UK Data Archive, Figshare). Advice should be sought from the research group, funder or the University in case of doubt about what storage facilities might be appropriate.

21. All Brunel University research data must be registered and recorded centrally with the University, irrespective of storage location: [research.data@brunel.ac.uk](mailto:research.data@brunel.ac.uk)

22. Research data must be retained intact in an appropriate format and storage facility, normally for a period of at least 10 years from the date of any publication which is based upon it. Where specific regulations with regard to data retention apply, eg from funders,

these regulations should prevail, particularly where the required retention period is longer than the University requires.

23. The University is committed to preserving and storing research data and will provide advice and/or data storage facilities for data that is not suitable for deposit in an external data repository or service. Initial advice should be sought from [research.data@brunel.ac.uk](mailto:research.data@brunel.ac.uk). The minimum period of storage will be (10 years, or as directed by the funder).

24. The University will provide guidance and services for researchers to register data locations centrally to facilitate access to research data.

25. There may be limited periods of privileged use of data for RCUK funded researchers to enable publication of research outputs and ensure appropriate recognition for research teams. In general, the data which specifically underpins a research publication, should be made available alongside the publication. Publisher embargo periods for research outputs, where not in conflict with RCUK policy on acceptable embargo periods for the discipline, will generally apply.

26. Information on embargo periods by publisher and funder is available from <http://www.sherpa.ac.uk/fact/>. Additional guidance will be developed by the University as funder policy and requirements continue to evolve, and will be made available from the Library website. These will vary by discipline and Research Council and further guidance will be developed in conjunction with input from researchers.

27. Researchers are required to consider any potential legal, ethical and commercial constraints on the release of research data throughout the research process to ensure that the research process is not damaged by inappropriate data release.

28. Guidance on acceptable timelines for privileged use of data and data release will be developed with researcher input in line with RCUK policy.

29. Guidance on confidential data storage and applicable contractual agreements is provided by RSDO and on open access and confidential data from the Library.

## **Appendix 9: Brunel University Open Access Policy**

### **BRUNEL UNIVERSITY LONDON RESEARCH PUBLICATIONS POLICY**

Brunel University London produces world-class research and is committed to ensuring free access to all our research outputs to maximise its usefulness to the wider research community and society in general. The University has an Open Access Mandate which forms part of an overarching Code of Research Integrity. The University's Publications Database (BRAD) and Institutional Repository (BURA) provide the mechanism for meeting the requirements of the mandate by recording details of all published outputs and making full-text versions easily available online.

#### **1. PURPOSE**

The University's Open Access Mandate was first approved by Senate in 2009. The most recent version (September 2014) is as follows:

##### **Brunel University London Open Access Mandate**

All staff are expected to place new research publications in the University's research database BRAD and the University's research archive, BURA, subject to publishers' copyright permissions.

It is the responsibility of the staff member to comply with this mandate, using the support of Library Services to resolve any queries if necessary.

It is the responsibility of Institutes and Colleges to assure staff compliance with the Open Access mandate. Compliance rates for BRAD and BURA will form part of the University Research Plan KPIs and the Institute and College Research Plans.

Individual compliance with the Open Access mandate will form part of an individual's Personal Research Plan and the University's promotion criteria.

This research publications policy supports Brunel's commitment to the Open Access Mandate and outlines the requirements for effective management and dissemination of all research publications by Brunel authors. There are three main drivers underpinning this policy:

- a. The changing HEI landscape. Government and many funders, including Research Councils UK, are mandating Open Access for the research they have funded. To be eligible for REF submission, HEFCE policy also requires that all journal articles and conference proceedings accepted for publication after 1st April 2016 must be made OA by depositing the full-text in an online repository. Equally, HEI's are increasingly required to evidence the impact of publicly funded research to demonstrate return on investment.
- b. Brunel's strategic ambitions. Brunel has long recognised the potential for greater worldwide visibility with increased citations and research collaborations offered by Open Access. In 2010, Brunel adopted an Open Access mandate to ensure its current research reaches the widest possible audience and BRAD / BURA provide the means to build upon and consolidate its research reputation.
- c. The growing need for research intelligence. Taken together our publications database (BRAD) and our institutional repository (BURA) forms our current research information systems (CRIS). Greater use of our CRIS supports the effective management of research information, enabling Brunel to collect, evaluate and return data to national assessment exercises such as the REF and monitor research performance by a range of indicators.

## 2. AIMS

The aims of our Publications Policy are threefold:

- To outline the University's expectations of Brunel authors in recording their research activity using the University CRIS.
- To provide information of the roles and responsibilities of University staff in providing information and support in the effective management and dissemination of Brunel research for maximum impact.
- To facilitate the preservation, curation and ongoing access to research outputs.

## 3. SCOPE

This includes all employees of Brunel University London, where publication is an expectation of their employment and to postgraduate students. The policy is mandatory for research outputs that constitute journal articles and conference contributions. Its adoption is encouraged for other types of outputs, including books and book chapters, digital artefacts, and other types of publications.

Postgraduate Students submitting PhD theses should follow the guidance and policy in the Code of Practice for Research Degrees.

The Research Publications policy does not apply to undergraduate or master's students, administrative staff or to Brunel's collaborative partners.

### Research Outputs

Research outputs are defined as published or publically presented results of research work completed at the University.

Research outputs will have normally been subject to recognised peer review.

Typically, these outputs would be published reviews, original journal articles, monographs, books, book chapters, patents, works of art or performance or art compilations, and digital media. Published conference papers may be included, while unpublished conference paper presentations would not normally be included.

The policy notes that research outputs that constitute journal articles and conference contributions have different requirements in the REF from other output types and differentiates them accordingly (section 4.1 and 4.2).

## 4. POLICY REQUIREMENTS

### 4.1 For research outputs that constitute journal articles and conference contributions. :

#### 1. Brunel University London requires from the 1st April 2016:

a. Authors record bibliographic details of all research outputs in the University's publications database (BRAD), at the time of acceptance for publication.

b. Authors deposit full text copies of all journal articles (i.e. the final author version after peer-review and before type-setting) and all conference papers in BRAD at the time of acceptance and use the deposit function to push it through to BURA. This meets funders and government Open Access compliance requirements.

2. Where publisher copyright permissions allow and there is no confidentiality or commercial constraints, the research outputs in the institutional repository (BURA) must be made 'Open Access', i.e. deposited material should be discoverable, and free to read and download, for anyone with an Internet connection.

3. Authors must comply with the funders' policies relating to Open Access and research data management.

4. Authors must use a standardised institutional affiliation including "Brunel University London" in all research outputs to ensure clear affiliation. Brunel University London must also appear in the first line of the address.

5. Authors must acknowledge the source of grant funding associated with a research output in the publication itself. Information about the grant should also be linked, by the author, to the record of the publication in the University Publications Database (BRAD). Grant information in BRAD is fed automatically from the University's Grant Information System.

6. Authors should include an individual ORCID ID when submitting publications, applying for grants, and in any research workflow to ensure that the individual is credited for their work and that the correct institutional affiliation is achieved.

7. The policy applies to all peer reviewed research outputs published under University affiliation, including those published by PhD students. Where the student is publishing peer reviewed research with a member of academic staff the responsibility for compliance lies with the academic. In other cases where a student is publishing peer reviewed research, section 1a may not apply and the student should seek guidance from Library research support regarding dissemination through BURA.

4.2 For all other types of research output:

8. Brunel University London requires from the 1st April 2016:

a. Authors record bibliographic details of all research outputs in the University's publications database (BRAD), at the time of acceptance for publication, where possible or within two months of the point when the output enters the public domain.

b. Authors have the option to deposit full text copies of research output in BRAD and are encouraged to do this where it is possible and to use the deposit function to push it through to BURA.

9. Where publisher copyright permissions allow and there is no confidentiality or commercial constraints, the research outputs in the institutional repository (BURA) must be made 'Open Access', i.e. deposited material should be discoverable, and free to read and download, for anyone with an Internet connection.

10. Authors must comply with the funders' policies relating to Open Access and research data management.

11. Authors must use a standardised institutional affiliation including "Brunel University London" in all research outputs to ensure clear affiliation. Brunel University London must also appear in the first line of the address.

12. Authors must acknowledge the source of grant funding associated with a research output in the publication itself. Information about the grant should also be linked, by the author, to

the record of the publication in the University Publications Database (BRAD). Grant information in BRAD is fed automatically from the University's Grant Information System.

13. Authors should include an individual ORCID ID when submitting publications, applying for grants, and in any research workflow to ensure that the individual is credited for their work and that the correct institutional affiliation is achieved.

14. The policy applies to all research outputs, including those published by PhD students.

## 5. PLACE OF PUBLICATION FOR JOURNAL AND CONFERENCE PROCEEDING OUTPUT TYPES

These output types are subject to specific guidance from funders regarding Open Access. For researchers at Brunel, there are three options for making research material open access (OA). For some routes, article publication charges and submission fees (APCs) may apply.

Journals may offer a Gold OA option (pay to publish), or a Green OA option, allowing repository deposit (self-archiving), or both. The University has established an Open Access Publishing Fund to facilitate Brunel researchers who need or wish to use a Gold OA (pay to publish) option.

Authors who are unfamiliar with OA options should contact Research Support in the Library on [openaccess@brunel.ac.uk](mailto:openaccess@brunel.ac.uk) for advice.

Authors submitting under a pay to publish open access journal, should contact Research Support in the Library to check whether they will be covered by Brunel's Institutional open access funds before submitting the paper.

Authors should note that it is not usually possible to pay an APC retrospectively for a paper that has previously been published.

For journal and conference proceeding output types:

1. Authors are responsible for the mode and place of publication, but must ensure their chosen publication route meets any mandated funder and/or external research assessment requirements.
2. Where an author receives external funding from a funder who mandates open access and supplies an institutional block grant, the author should contact Research Support in the Library on [openaccess@brunel.ac.uk](mailto:openaccess@brunel.ac.uk) at the point of article acceptance to obtain funds and ensure compliance.
3. Where an author does not receive external funding, the author should consider Open Access when choosing the point of publication. Where possible, they should publish under a Green OA option. Where this is not possible or the journal has an embargo period exceeding 12 months they should contact Open Access Publishing on [openaccess@brunel.ac.uk](mailto:openaccess@brunel.ac.uk) at the point of acceptance, or earlier if determined by the journal, to request their research output is published via the Gold route (i.e. immediate public availability).
4. When place of publication has been agreed with Library services, the Researcher remains responsible for pushing the publication through to BURA in a timely manner.
5. Research Support (Library Services) will check publications for HEFCE and funder open access compliance, apply embargoes where appropriate, and make the bibliographic records and full text of all research outputs publicly available on BURA.

6. In order to support processes of funder open access compliance, and where funding has been obtained to publish via the Gold Route, information about the grant should also be linked, by the author, to the record of the publication in the University Publications Database (BRAD).

7. Authors should take steps to safeguard IP throughout the entire publication process (help and advice on copyright and IP is available from the Library and the RSDO respectively).

8. Authors should comply with publisher agreements regarding copyright.

9. Authors should comply with the University Research Data Management policy and Funder Research Data Management Policy.

10. Authors should comply with requests from the University for additional information for audit purposes.

## 6. RESPONSIBILITIES

Research and Knowledge Transfer Committee (RKTC)

The RKTC, chaired by the Deputy Vice-Chancellor (Research), is the owner of this policy.

College Research Committees (CRC)

College and Institutes Heads of Research and their Research Managers are responsible for:

- Promoting awareness and compliance with this policy in their College.
- Collaborating with Library Services on advocacy, communications and training needs
- Raising awareness of the policy requirements and processes (use of BRAD) at all levels of College from senior management through to faculty academics and administrators
- Conducting College level research assessment exercises and monitoring, benchmarking and forecasting College level research activity

Research Support - Library Services

Research Support within the library is responsible for:

- Providing advice and guidance on all aspects of this policy including funder open access and publisher policies; and compliance with copyright and embargo periods. The SHERPA Romeo websites provides details of copyright permissions whilst SHERPA FACT helps authors establish whether a journal is compliant with RCUK or Charity Open Access Fund (COAF)
- Providing advice and guidance on the use and development of BRAD as the Institution's current research information system which is used to capture, record and report on all research activity across the University
- Leading on advocacy, training and promotional activity around open access publishing and the use of BRAD and BURA to meet open access requirements
- Providing on-going library support for BRAD, including data quality checking bibliographic records and full-text, importing records, and helping researchers upload full-text papers

- Administering Open Access funding streams to pay for Gold OA, including record keeping, funder and publisher liaison
- Supporting University level assessment exercises in relation to research outputs
- Horizon scanning for technological, funder and sector developments that may impact on scholarly publishing

#### Researchers

Brunel researchers are responsible for:

- Ensuring they maintain an accurate and up-to-date list of all their research outputs
- Ensuring they link their publications with any funding they have received
- Ensuring they maintain full and complete metadata records of their research outputs in BRAD
- Depositing an appropriate version of their full-text publications upon acceptance
- Using the Creative Commons CC-BY attribution licence, wherever possible, which permits publication reuse to ensure widest possible dissemination
- Ensuring that any funder requirements are complied with, including making papers Gold OA and depositing copies in an appropriate subject repository, for example EuropePubMedCentral
- Monitoring the visibility of their publications in BURA

#### Postgraduate students submitting PhD theses

Under Senate Regulation 5 all students enrolled on research degrees (e.g. MPhil, PhD) must provide the Library with an electronic version of their successful thesis for archival in BURA, the University's open access research repository. The only exceptions to this requirement are submissions for PhD by the Published Works route and submissions for higher doctorates.

To meet this regulation, Postgraduate students should follow the processes outlined in the Code of Practice for Research Degrees.

Further information and advice regarding submitting theses can be found in the BURA policy and on the BURA website.

### 7. COMPLIANCE WITH THE POLICY

Individual compliance with this policy will meet the University's Open Access mandate.

The University intends to use BRAD as part of REF, Mock REF and other research assessment exercises. Outputs that are not compliant with the policy and are not on BRAD in a timely manner may be treated as not made available in the public domain and excluded from inclusion in these exercises by the University.

Research Support (Library Services) will use BRAD to identify compliant publications and will provide periodic statements to RKTG and CRC on the volume of research activity recorded in BRAD and the number of full-text deposits in BURA. This will indicate levels of academic engagement across the university, enabling targeted support and encouragement.

## 8. POLICY CROSS REFERENCING

[http://www.brunel.ac.uk/\\_\\_data/assets/pdf\\_file/0007/384235/research-integrity-code.pdf](http://www.brunel.ac.uk/__data/assets/pdf_file/0007/384235/research-integrity-code.pdf)

<http://www.brunel.ac.uk/life/student-handbook/policies> Brunel Open Access Mandate

[http://www.brunel.ac.uk/\\_\\_data/assets/pdf\\_file/0008/372392/SEN6502-Senate-RKT-APPX1-Brunel-University-RDM-Policy-final-approved-version.pdf](http://www.brunel.ac.uk/__data/assets/pdf_file/0008/372392/SEN6502-Senate-RKT-APPX1-Brunel-University-RDM-Policy-final-approved-version.pdf)

This policy was APPROVED by Research and Knowledge Transfer Committee of Senate in April 2016.

## **Appendix 10: Procedures for Investigation of Research Misconduct**

### 1 Introduction

Any person engaging in research in the name of Brunel University is expected to observe the highest standards of conduct. The general principles in relation to research are addressed in the University's Good Research Practice policy.

This document details the procedures to be followed in the event that an allegation of research misconduct (as opposed to general misconduct) is made against any person conducting research under the auspices of Brunel University, on University premises, or using University facilities.

### 2 Definition of research misconduct

Research misconduct includes fabrication, falsification, fiscal wrong-doing, plagiarism or deception in proposing, carrying out or reporting results of research, deliberate and dangerous or negligent deviations from accepted practice in conducting research, or conducting research with human participants without first obtaining research ethics approval. It includes failure to follow an agreed protocol if this failure results in unreasonable risk or harm to humans, other vertebrates or the environment, and facilitating misconduct in research by collusion in, or concealment of, such actions by others. Any plan or conspiracy or attempt to do any of these things is also considered to be research misconduct. This also includes failure to follow rules and regulations including those of a third party with a legitimate interest in the research of the University.

### 3 Reporting allegations of research misconduct

#### 3.1 Responsibility

Everyone has a responsibility to report any incidents of research misconduct, whether witnessed or suspected, using the procedures outlined below.

However, the University also has a responsibility to protect people from malicious, vexatious or frivolous accusations. Appropriate action will be taken in the event that an allegation is found to be malicious, vexatious or frivolous.

#### 3.2 Reporting an allegation

Any allegation of research misconduct should be reported confidentially to the Secretary to Council or, in the event of a potential conflict of interest or absence, his/her nominated representative appointed by the Chair of Council.

Any allegations of research misconduct will be investigated and the outcome reported as noted in section 4.4.

Any allegations of fiscal malfeasance or irregularity in relation to research activity should be reported confidentially to the Director of Finance.

##### 3.2.1 Initial University actions

In certain circumstances it may be considered appropriate to suspend a person on full pay during the investigation. Suspension in such circumstances will not be regarded as a disciplinary sanction. The decision to suspend will be made by the Head or a Senior Manager of the University. Human Resources will normally write detailing the length of the

suspension (which will not normally exceed 10 working days) and confirming the contractual rights. Should this action be taken, it will be done in accordance with Council Ordinance 15 (for academic or research staff) or with the Human Resources Disciplinary Procedures for Non-academic Staff, as appropriate.

In accordance with Senate Regulation 6.43, where the Vice-Chancellor, as Chair of Senate, or their nominee, on the basis of evidence made available to him/her, believes there is a potential or actual threat to the safety or security of the University, its students, staff or facilities, or to the reputation of the University that requires immediate action, s/he may, in accordance with Statute 5.5, determine one of the following outcomes, pending the completion of the relevant disciplinary process (Academic or Non-Academic) as set out in these regulations:

- a. temporarily suspend the student's registration for a specified period.
- b. temporarily exclude the student from all or specified areas of the University or from using any of its facilities for a specified period.

The University will co-operate with Officers of the Crown in an investigation of a breach of the law that may involve a student of the University. Where the conduct of a student or a member of staff is under investigation by Officers of the Crown, the University may, if appropriate, commence disciplinary proceedings in parallel to, or following, any court or tribunal proceedings. Where the student or member of staff has been sentenced by a court or tribunal in respect of the matter which is the subject of disciplinary proceedings, the penalty of the court or tribunal shall be taken into consideration in determining the penalty under this Regulation.

The University may be under a duty to disclose the outcome of disciplinary processes and/or information about students or members of staff ascertained in the course of disciplinary processes to professional, regulatory or statutory bodies.

### 3.2.2 Custody of research records and evidence

Upon receiving the allegation of research misconduct, the Secretary to Council or his/her nominated representative, shall take steps to obtain custody of any research records or other evidence associated with the allegation. These shall be kept securely in an appropriate location.

If the records or evidence are shared by a number of researchers, then copies of the records or evidence shall be provided to the Secretary to Council or his/her nominated representative, and kept securely as noted above.

### 3.3 Confidentiality

In order to protect the reputation of the person(s) against whom an allegation of research misconduct has been made (hereafter known as the respondent), all parties, including the complainant and any witnesses, are under an obligation to maintain the confidentiality of the allegation prior to completion of the investigation process (including any appeal).

Confidentiality will also extend to the name of the complainant and any witnesses, to the fullest extent possible.

Please refer to section 3.4 for exceptions to the confidentiality conditions.

Failure to maintain confidentiality regarding the allegation will in itself be considered misconduct and may warrant disciplinary action under Senate Regulation 6 (for students) or Statute 17/Human Resources Disciplinary Procedures for Non-academic Staff, as appropriate (for staff).

### 3.4 Communication with funding and professional bodies

If the allegation of research misconduct relates to a project which has external funding, the funding body will be notified of the allegation by the Secretary to Council. Consideration will be given as to whether any third party with a legitimate interest in the research of the University will need to be informed. The University may also need to invoke its Fraud Response Plan set out in the Council Ordinance 9: Financial Regulations of the University.

The University will comply with any reporting requirements regarding the allegation, investigation, and administrative or other actions related to an allegation of research misconduct as required by funding bodies.

Professional, statutory or regulatory bodies will be notified of all allegations and the outcome as determined by the Research Misconduct procedure in accordance with their requirements.

## 4 Investigation procedure

### 4.1 Determination of applicable procedure

Where the allegation of research misconduct is made against a student who is also employed by the University, the assessor must determine whether the student was engaged in a student research project, or employed on a University research project at the time the misconduct is alleged to have occurred.

Where there is an apparent overlap between research conducted under a staff contract or research undertaken towards a research degree, the Secretary to Council will determine the most appropriate process for further consideration of the allegation(s).

Similarly, if an allegation of research misconduct is made against an employee of the University, the applicable procedure will depend on the employee's status at the time the misconduct is alleged to have occurred.

Should the respondent not be an employee of the University, or a registered student of the University, and it appears there is evidence of misconduct, the Secretary to Council will pass the information to the relevant party(ies).

### 4.2 Initial assessment

The Secretary to Council will appoint a member of staff with appropriate seniority to conduct an initial assessment of the circumstances and to determine if there is a case to answer. This member of staff (hereafter known as the assessor) shall not be a member of the respondent's School or Specialist Research Institute, and should not have had previous managerial or research involvement with the respondent.

The assessor must determine whether the research project associated with the allegation is externally funded, and notify the Secretary to Council of the identity of the funding body.

Where there is a case to answer, further action will normally be warranted.

The assessor may wish to contact the appropriate School Research Ethics Officer, or, if the respondent is a student or member of staff in a Specialist Research Institute, the Chair of the

University Research Ethics Committee, for information if the allegation concerns a project which involves or involved human participants.

If the allegation concerns a project which involves the use of live animals, the assessor may wish to contact the Chair of the Animal Research Ethics Sub-Committee.

The assessor will notify the respondent of the substance of the allegation within 7 working days of receipt, and will invite him/her to comment. The respondent will normally be given 15 working days to respond. On receipt of the response, the assessor will endeavour to determine if a case exists normally within 20 working days. If the response is deemed inadequate and/or unsatisfactory by the assessor, he/she will notify the Secretary of Council.

The assessor will provide his/her findings to the Secretary to Council in writing upon completion of the investigation. The report should state what evidence was reviewed, summaries of relevant interviews, and the assessor's conclusions. A copy of this report will be provided to the respondent.

If the Secretary to Council decides further action is unwarranted, he/she will notify the complainant and the respondent(s) giving reasons for the decision.

Should any party wish to appeal the decision of the Secretary to Council, the appeal will be conducted in accordance with Senate Regulation 6 (for students) or Statute 17/Human Resources Disciplinary Procedures for Non-academic Staff, as appropriate (for staff).

#### 4.3 Informal disciplinary action

Should the initial assessment establish that there is a case to answer, the Secretary to Council may with appropriate consultation decide that the gravity of the misconduct is not such that formal disciplinary action is required. In that case, he/she may recommend alternative action(s) to address the misconduct, e.g., providing a formal apology to an injured party; oral reprimand from the Vice-Chancellor, etc.

#### 4.4 Formal hearing

If the research misconduct is deemed to be of the nature where an informal course of action is inappropriate, a formal disciplinary hearing will be held.

If the respondent is a Brunel University member of staff, Council will appoint a panel, constituted as defined in section 4.4.1 below. The panel will normally be appointed within 10 working days of notification by the Secretary to Council or his/her representative.

If the allegation has been made against a Brunel University student, the Secretary to Council will refer the allegations to the student's Head of School. In the event of a real or apparent conflict of interest, the Head of School must refer the matter to an appropriate independent party.

The hearing, and any sanctions or appeals resulting from the decision of the panel, will be conducted in accordance with Senate Regulation 6 (for students) or Statute 17/Human Resources Disciplinary Procedures for Non-academic Staff, as appropriate (for staff).

##### 4.4.1 Research misconduct panel

In most cases involving an employee of the University, the panel appointed by Council shall comprise:

(a) a Chairman, being a person employed by the University;

- (b) one member of Council, not being a person employed by the University; and
- (c) one member of academic staff nominated by Senate.

The advice of an independent expert may be sought by the panel to assist with their deliberations. This person is expected to be qualified in the area of research that is the subject of the research misconduct. The independent expert may be drawn from either within or outwith the University. Their role will be to advise the panel and not take part in its final decision.

All student cases will be dealt with in accordance with Senate Regulation 6.

#### 4.5 Notification of decision

If disciplinary action, whether formal or informal, is taken, the Secretary to Council will notify all relevant parties, including funding and/or professional bodies, of the disposition of the case.

In the event a formal misconduct hearing is held, the panel will notify all relevant parties of its decision within 5 working days of the hearing.

If the misconduct involves published research results, the relevant publisher(s) will be notified as appropriate.

If the allegation of misconduct has been sustained, the University will consider issuing an appropriate public statement.

#### 4.6 Retention of records

All records, including evidential records, associated with an allegation and investigation of research misconduct will be retained securely for 7 years after completion of the proceedings.

#### 5 References

[MRC Policy and Procedure for Investigating Allegations of Research Misconduct: Medical Research Council, November 2014](#)

[Brunel Research Integrity Code](#)

[Statutes of Brunel University London](#)

[Brunel University London Senate Regulation 6: Student Misconduct and Professional Suitability](#)

[Brunel University London Council Ordinance 10: Financial Procedures](#)

[US Public Health Services Policies on Research Misconduct \(42 CFR 93\)](#)

#### Annex 1

#### Definitions

Assessor: The person conducting the initial investigation of the alleged misconduct

Complainant: The person(s) making the allegation(s) of research misconduct

Respondent: The person against whom the allegation(s) of research misconduct is made

## **Appendix 11: Amendment to the University's Financial Regulations in Respect of Bribery**

### Bribery

#### Definition

The University defines bribery as the offering, promising, giving, accepting or soliciting of an advantage as an inducement for an action which is illegal or a breach of trust.

#### Policy Statement/Principles

The University is committed to:

- Conducting its business fairly, honestly and transparently;
- Not making or offering bribes, whether directly or indirectly, to gain business or other advantages;
- Not accepting bribes, whether directly or indirectly, to give business or other advantages;
- Developing a Programme to implement and support these Principles.

#### Code of Conduct

The University is committed to the highest standards of openness, integrity and accountability. It seeks to conduct its affairs in a responsible manner, having regard to the principles established by the Committee on Standards in Public Life (formerly known as the Nolan Committee), which members of staff at all levels are expected to observe. These principles are set out at appendix B. In addition, the University expects that staff at all levels will observe the code of conduct that covers:

- probity and propriety;
- selflessness, objectivity and honesty; and,
- Relationships.

Additionally, members of the governing body, senior management or those involved in procurement are required to disclose interests in the University's register of interests maintained by the Secretary to Council. They will also be responsible for ensuring that entries in the register relating to them are kept up to date regularly and promptly, as prescribed in the financial procedures.

In particular, no person shall be a signatory to a University contract where he or she also has an interest in the activities of the other party.

#### Receiving gifts or hospitality

It is an offence under the Bribery Act 2010 to:

1. bribe another person;
2. be bribed;
3. bribe foreign public officials;
4. fail to prevent bribery.

In adhering to its stated Principles the University will:

1. Carry out its business fairly, honestly and openly (as exemplified by having transparent payment terms, clear records)
2. Not make bribes, nor will we condone the offering of bribes on our behalf, so as to gain a business or other advantage (as exemplified by not paying bribes to any third party or agent)
3. Not accept bribes, nor will we agree to them being accepted on our behalf in order to influence business (as exemplified by careful management of commission payments)
4. Avoid doing business with others who do not accept our values and who may harm our reputation (as exemplified by the careful selection of business partners)
5. Set out our processes for avoiding direct or indirect bribery, and keeping to and supporting our values (as exemplified by adopting a process for dealing with gifts and entertainment)
6. Keep clear and updated records (as exemplified by having records of decisions on giving donations or how a demand for a bribe or conflict of interest was handled)
7. Make sure that everyone in our business and our business partners know our Principles (as exemplified by having good communication and training/no excuse for not knowing)
8. Regularly review and update our processes as needed (as exemplified by learning from experience and networking with others)
9. Keep to these Principles even when it becomes difficult (as exemplified by not paying facilitation or similar payments)

A statement has been developed that may be issued to third parties to explain the University's position is appended to this document.

#### Gifts and Entertainment

Members of staff should not accept any gifts, rewards or hospitality (or have them given to members of their families) from any organisation or individual with whom they have contact in the course of their work that would cause them to reach a position whereby they might be, or might be deemed by others to have been, influenced in making a business decision as a consequence of accepting such hospitality. The frequency and scale of hospitality accepted should not be significantly greater than the University would be likely to provide in return.

When it is not easy to decide between what is and what is not acceptable in terms of gifts or hospitality, the offer should be declined or advice sought from the relevant head of department or the director of finance.

A member of staff must not, either directly or indirectly, accept any gift, reward or benefit from any member of the public, educational establishment or other organisation with whom he/she has been brought into contact by reason of their duties, with the following exceptions:

- a. occasional gifts of a trivial character or inexpensive seasonal gifts (such as calendars); and,
- b. conventional hospitality, provided it is normal and reasonable in the circumstances.

In considering what is normal and reasonable [see b above], regard should be had to:

### 1-The degree of personal involvement

There is no objection to the acceptance of, for example, an invitation to the annual dinner of a large trade or college association or similar body with which staff have day to day contact; or of working lunches (provided the frequency is reasonable) in the course of official visits;

### 2-The usual conventions of returning hospitality

The occasional acceptance of, for example, a meal would not offend the rule, whereas acceptance of frequent or regular invitations to private lunches, dinners or sporting or other events might give rise to a breach of the standard of conduct required; and,

### 3-The total cost of hospitality

For example, the acceptance of travel or overnight accommodation in addition to the event itself should be taken into account.

For the protection of those involved, the director of finance will maintain a register of gifts and hospitality received where the value is in excess of £50. Members of staff in receipt of such gifts or hospitality are obliged to notify promptly the director of finance.

Valuable items [such as gold jewellery, expensive watches or airline tickets] received as gifts will be returned, or disposed of as agreed by the Director of Finance. Where the declining of a gift may give offence [e.g. at a public event] it may be accepted, but returned later with a letter of explanation or donated to charity. The giver should be told what has been done and why, to avoid gifts of value being presented on other occasions.

Where no-one from the organisation offering the event attends to host guests [e.g. at a sporting event], this is then treated as a gift and not entertainment, and falls under the rules on gifts.

### Key Bribery Issues-Guidance for Staff

Transparency International have highlighted the following as the main issues which may directly affect business and which it is expected organisations will assess and prioritise.

A bribe may take many guises other than money. It can be paid directly or as part of a 'commission' in a contract, but it can also be disguised as a gift, a benefit, a favour or a donation. Bribes may also be paid without the University being aware by agents or third parties working on our behalf.

### Gifts and Entertainment

An expensive gift or the offer of lavish entertainment may be perceived as bribes and can all be used as bribes, more subtle than cash, but made with the deliberate intention of improperly gaining a business advantage and perhaps preparing the way for more extensive bribery.

Reasonable gifts and entertainment offered openly in the normal course of business to promote good relations and mark special occasions are not bribes. It is important that everyone in the University understands the difference. To protect the University, the people working with you and, of course, yourself, agree when gifts and entertainment may be given and accepted. Make sure a record of this is kept.

Where the value of the gifts and hospitality received is in excess of £50 notify promptly the director of finance so a formal record of this can be made. All business partners/third parties need to be aware of our rules in relation to gifts and entertainment

### Conflicts of Interest

A conflict of interest is when a personal interest or relationships is put before the business interests. Senior managers and Council members are required to declare these annually and before each Council meeting that they attend.

Even without malpractice, conflicts of interest may be seen as corrupt activities so any member of staff who is concerned that they might be compromised by a potential conflict of interests should consult the Secretary to Council.

### Charitable Contributions and Sponsorships

Bribes may be disguised as charitable contributions or sponsorships. Money paid to a charity should not be dependent on a favour in kind. Any such contribution must be given to the organisation and not an individual.

Sponsorship should bring real, measurable benefits to the University such as more publicity and a stronger brand. Make sure sponsorships are made for the benefit of the University and not used as cover for bribery.

### Facilitation Payments

Facilitation payments are just another form of bribery and, as such, are illegal in nearly all countries. They may be small amounts demanded by providers of services to secure or 'facilitate' services to which you are entitled. Schools/Departments within the University are expected to develop clear plans on how to ensure against making facilitation payments.

### Affiliations

The University does not make political contributions or affiliate to any political party. Any non-political affiliation needs to be agreed by Council.

## **Appendix 12: Brunel University London Guidance on Risk and Insurance for Research**

### **Brunel University London Guidance on Risk and Insurance for Research**

It is essential that researchers understand the risks associated with their research work, the limitations of the University's insurances including relevant terms and conditions, and prepare contingency plans to be implemented in the event of an incident affecting their research.

The University has comprehensive insurances that provide cover against many of the risks that may arise from research work undertaken by staff as part of their duties and by students as part of their studies. This includes both risks to the successful completion of research work and risk arising from research work. However, insurance never covers all the costs incurred in an incident either because of policy excesses (typically in the range £2.5K to £10K) and/or uninsured costs including for example the effort required to successfully make a claim, the inevitable delay in completing planned work.

If a claim is made researchers are responsible for providing detailed information of losses to the insurers, including any invoices and work plans as appropriate. Researchers also need to prepare a recovery of work plan.

### **Possible Risks and Corresponding Cover**

Principal Investigators should be aware of risks to the successful completion of a research project:

- Loss or damage to infrastructure physical and equipment required to carry out the work
  - Property Insurance
- Loss or damage to samples particular if specific storage conditions are required e.g. low temperature
  - Business Interruption providing the loss is caused by an incident covered by the Property insurance.
- Loss or damage to research data, both physical and virtual
  - Business Interruption providing the loss is caused by an incident covered by the Property insurance
- Loss of human resources
  - Employers Liability or Public Liability insurances as appropriate providing it can be shown that the University is legally liable

Risks arising from the research work:

- Loss or damage to University property e.g. fire, explosion
  - Property insurance, Business Interruption Insurance
- Loss or damage to third party property e.g. students, neighbours
  - Public Liability Insurance providing it can be shown that the University is legally liable
- Personal injuries to researchers, other staff, students, and visitors
  - Employer's Liability or Public Liability Insurance as appropriate providing it can be shown that the University is legally liable

- Personal injuries to research subjects
  - Public Liability Insurance providing it can be shown that the University is legally liable, Investigational Studies Insurance for specified research projects involving “medical intervention” providing insurers have agreed to cover specific projects in advance of the work commencing.

## **Further Information on Insurance Cover for Research**

### **Property and Business Interruption Insurance**

The University’s property insurance provides comprehensive cover for buildings and contents subject to an excess of £10K. In addition the business interruption insurance provides cover for subsequent losses caused by material damage, e.g. loss of samples or other materials.

Cover is provided subject to the insurer’s usual terms and conditions and to adhering to any relevant advice given by them, e.g. “Ultra-Cold Freezer Storage”. All claims are investigated by the insurer’s Loss Adjusters who will examine the circumstances of the loss, adherence to the insurer’s terms and conditions and advice, the amount of any losses and the applicability of the insurance to the loss.

A schedule of all large research projects, currently defined as those with a value of £500K or more, must be submitted to the insurer. The schedule of projects is compiled and maintained by the RSDO from award records. In the unlikely event of a project valued at £500K or more not being arranged through RSDO it would be the principal investigator’s responsibility to work with RSDO and University Insurance, as it would not be covered unless special arrangements were made with the University’s insurers.

Researchers must retain any materials e.g. samples or equipment damaged in the incident for inspection by the Loss Adjuster, and provide information requested by the Loss Adjuster e.g. invoices, quotations, and a recovery plan for any research work that needs to be repeated. If not done in a timely manner a claim is unlikely to succeed.

### **Public Liability Insurance**

The University’s public liability insurance covers losses (loss or damage to property and personal injuries), suffered by third parties including most research involving human subjects.

Claims are investigated by the insurer’s claims inspector who investigates the incident that resulted in the claim, considers the usual legal tests of proving negligence, i.e. owing a duty of care, breaching a duty of care, and suffering a loss as a consequence; and assesses the likelihood and costs of successfully defending a claim.

Researchers must retain records that show they have followed University processes for ethics approval, risk assessment and relevant legal compliance.

### **Insurance for Human subjects of Research**

The Investigational Studies insurance covers losses suffered by human subjects who take part in research that includes an element of medical intervention that is not covered or at least only partly covered by the Public Liability insurance. There are relatively few examples of such work in the University, typically only three or four projects at any one time.

However, unusually as compared to other insurances, the insurer must be notified of each and every applicable research project and agree to provide cover in advance of the work commencing.

Researchers are prompted to seek cover as part of obtaining research ethics approval and should ensure that this is in place before progressing with the project.

The claims process is similar to that for public liability insurance.

November 2019

## **Appendix 13: Public Interest Disclosure (Whistleblowing) Procedure**

### **Public Interest Disclosure (Whistleblowing) Procedure**

#### **1. Scope and purpose of this procedure**

1.1 This procedure was developed following the introduction of the Public Interest Disclosure Act 1998 [PIDA], which gives specific rights to employees who disclose certain types of information to their employer. It has been updated following the enactment of the Enterprise and Regulatory Reform Act in 2013.

1.2 The Enterprise & Regulatory Reform Act [ERRA] received Royal Assent on 25 April 2013 and introduces a Public Interest test requirement on Whistleblowers. In order to receive the protection of PIDA, whistleblowers will now have to show that they reasonably believed that the disclosure they are making is in the Public Interest. The ERRA came into force on 25 June 2013 and affects disclosures made after that date. Further information on the ERRA can be found at [www.legislation.gov.uk](http://www.legislation.gov.uk)

1.3 Whistleblowing is the term used when someone raises a concern about a possible fraud, crime, danger or other serious risk. The purpose of the procedure is to enable disclosures about serious malpractice such as financial irregularity, a criminal offence, failure to comply with a legal obligation, dangerous working conditions or fraud, to be raised without fear of recrimination or victimisation.

#### **2. Introduction**

2.1 Universities, like all public bodies, have a duty to conduct their affairs in a responsible and open manner and to comply with the requirements of funding bodies, the principles of their Charter and Statutes and the parameters outlined in the reports of the Nolan and Neill Committees on standards in public life.

2.2 Members of staff or students may, however, be the first to know when something goes wrong and therefore the University has long established grievance and appeals procedures in place through which both individual members of staff and students can raise concerns. Issues of collective concern can also be raised through the joint consultative meetings between University managers and trade union and student representatives.

2.3 In the event of serious malpractice however, this procedure is available to enable University employees to make a confidential disclosure that you believe to be in the public interest, without fear of reprisal or repercussion

2.4 The Public Interest Disclosure Act 1998 protects University employees who report concerns from subsequent harassment, victimisation and other unfair treatment. Potential informants should feel reassured that it is illegal for the University to consider any action against them should their concerns not prove to be verifiable. This procedure applies to all employees, including casual and agency staff, and in certain circumstances protection may extend to former members of staff. Separate arrangements exist for students who wish to raise concerns.

#### **3. Aims and Scope of this Procedure**

3.1 This procedure aims to:

- i. Encourage employees to feel confident in raising serious concerns that they may have about practices and procedures;
- ii. provide avenues to raise those concerns and receive feedback on any action taken;
- iii. allow employees and students to take the matter further if they are dissatisfied with the University's response;

iv. reassure employees and students that they will be protected from possible reprisals or victimisation if they have made any disclosure in good faith.

3.2 Areas covered by the Whistleblowing Policy include:

- Criminal or other misconduct;
- breaches of the University's Financial Regulations;
- contravention of the University's accepted standards, policies or procedures;
- disclosures relating to miscarriages of justice;
- health and safety risks;
- damage to the environment;
- unauthorised use of public or charitable funds;
- fraud, bribery and corruption;
- sexual, physical and/or abuse of any person or group;
- other unethical conduct;
- the concealment of any of the above.

#### **4. Safeguards Against Harassment or Victimisation [Protected Disclosure]**

4.1 The University recognises that the decision to report a concern can be a difficult one to make, not least because of the fear of reprisal from those responsible for the malpractice. The University will not tolerate any form of harassment or victimisation, and will take appropriate action to protect employees and students who raise a concern in the reasonable belief that it is in the public interest.

4.2 The University has a Harassment and Bullying at Work Policy for employees, which is designed to protect employees from all forms of harassment in the workplace, and a Dignity at Study Policy for students, to protect its students from harassment, bullying or victimisation. The University is committed to good practice and high standards and endeavours to be supportive of its employees and students. In all cases, the provisions of the Public Interest Disclosure Act will be adhered to.

#### **5. Confidentiality**

5.1 All concerns will be treated in confidence and the identity of the employee or student raising the concern will not be revealed without his or her consent [subject to any legal requirements or decisions]. At the appropriate time, however, the employee may be expected to come forward as a witness.

#### **6. Anonymous Allegations**

6.1 Employees' concerns expressed anonymously are likely to be difficult to deal with effectively. Consequently, employees are encouraged to put their name to any allegation and receive the protection of PIDA. The University recognises that on occasion employees might feel that they could only come forward anonymously. Any action taken in response to an anonymous allegation will be influenced by factors including the seriousness of the issues raised and the likelihood of confirming the allegation from reliable sources.

6.2 It is important for employees to understand that making a whistleblowing allegation does not give them anonymity, but does give them protection from harassment or victimisation.

#### **7. Untrue Allegations and Legal Protection**

7.1 If an allegation is made in good faith, but it is not confirmed by the investigation, no action will be taken against the employee making the allegation. If, however, an allegation is made that is frivolous, malicious or for personal gain, action may be taken against the employee in accordance with the University's Disciplinary Procedures.

7.2 Employees will be given legal protection by the Public Interest Disclosure Act 1998. If a "qualifying disclosure" under the 1998 Act is made and the act is made reasonably and in good faith, it will be unlawful for the University to subject the person making a disclosure to

any detriment [such as denial of promotion or withdrawal of a training opportunity] or dismissal because of the disclosure.

7.3 Compensation may be awarded by an Employment Tribunal if the University breaches the 1998 Act, following a successful claim for 'detrimental treatment'.

## **8. To whom should concerns of serious malpractice be reported?**

8.1 Employees should normally raise concerns in the first instance with their Line Manager. Disclosures regarding serious malpractice can be reported in confidence to the Vice Chancellor, one of the Deputy Vice Chancellors or one of the Pro-Vice Chancellors. Alternatively, if you would rather disclose a matter to a lay member of Council (who is not an employee of the University) you may report your concerns to the Chair or Vice Chair of Council, or the Chair of the Audit Committee. All of these lay members of Council, can be contacted by a letter marked 'personal and confidential' c/o the Secretary to Council, Uxbridge Campus, who will pass it to the addressee unopened. The form at Appendix A may also be used to raise a disclosure.

8.2 If you wish to make a disclosure in person, rather than in writing, you may be accompanied by a work colleague and if you have a personal interest in the issue you must make it clear when you first disclose your concern. If the matter you are reporting is more appropriately dealt with through another procedure, the person to whom you report it will inform you and put you in touch with the appropriate senior manager to deal with your concern.

8.3 If you require advice on making a disclosure you may contact your manager, HR, Secretary to Council, trade union representative or work place colleague or friend.

## **9. What will they do?**

9.1 On receipt of a disclosure via this procedure, the person to whom the disclosure is made will record its receipt and the action subsequently taken. S/he will arrange for the matter to be investigated. The Internal Auditors will normally be included in the internal investigating team, if the complaint is about a financial matter. The investigating team will examine the disclosure and report back to the person to whom the disclosure was originally made.

9.2 On completion of the investigation, the investigating team may recommend a course of action to the Chair of Council, if the report was originally addressed to a lay member of Council, or the Vice Chancellor if the matter was raised with a senior manager. Such a course of action could include reporting the matter to the police, the Higher Education Funding Council, the National Audit Office, the University's Audit Committee, referral of the matter for consideration through another University procedure such as the disciplinary procedure or no further action.

9.3 Where possible you will be kept informed of the outcome of the investigation and in the event that no action is taken, you will be told the reason for that decision. Any cases alleging financial irregularity will be reported to the Audit Committee. An annual report monitoring the use of this procedure will be submitted to the University Council, highlighting any actions taken as a result. The final arbiter of whether a disclosure made under this procedure has been adequately addressed, will be the Chair of University Council.

9.4 Disclosures made under this procedure will be treated seriously and sensitively. Where appropriate, action will be taken immediately to investigate the issue raised. Every effort will be made to keep your identity confidential but you may be asked to give evidence or make a formal statement. Where this is the case the reason will be fully explained.

9.5 The University accepts that employees need to be assured that the matter has been properly addressed. Subject to legal constraints, the University will inform the employee of the progress and outcome of any investigation.

9.6 The University will endeavour to investigate any allegation raised as part of this procedure objectively, fairly and as promptly as possible at every stage. It is recognised that

the University has a duty of care to its staff and will seek to protect confidentiality as far as is reasonably possible during the investigation. Disciplinary action will not be considered until a full and proper investigation has been completed and will be taken only if the investigation determines that there is a case to be answered in which case reasonable written notice will be given. The subject of the allegation will be advised of the nature of the complaint, within the bounds permitted by this procedure, and, where possible, given the opportunity to challenge the evidence. The protection afforded to staff under the University's Disciplinary Procedures will, of course, be extended to any action required under this procedure.

9.7 In certain circumstances it may be considered appropriate to suspend a member of staff while an investigation into an allegation is conducted. In such circumstances the person will remain on full pay during the investigation and the suspension will not be regarded as a form disciplinary action. No presumption of innocence or guilt will be made as a result of any such investigation. The decision to suspend may be made by a manager or Head of Department/College/Institute in conjunction with the Secretary to Council. Should the Secretary to Council be the subject of the investigation then the decision to suspend will be made by the Vice Chancellor. Should the Vice Chancellor be the subject of the investigation then the decision to suspend will be made by the Chair of Council. Human Resources will write detailing the length of the suspension and confirming the contractual rights.

## **10. The Responsible Officer**

10.1 The Vice Chancellor has overall responsibility for the maintenance and operation of this policy, and will maintain a record of concerns raised and the outcomes. This record will be in a form which does not compromise confidentiality

## **11. External Advice**

The purpose of this procedure is to enable you to disclose serious matters of public interest within the University in confidence, without fear of reprisal and, therefore, you are asked not to take your concerns outside the University. There is however a body called Public Concern at Work, which can provide confidential advice. The telephone number of this organisation is 0207 404 6609 and its website is at [www.PCAW.co.uk](http://www.PCAW.co.uk).

## **12. How The Matter Can Be Taken Further**

12.1 This procedure is intended to provide a process within the University through which employees and students may raise concerns. If at the conclusion of this process the employee or student is not satisfied with any action taken or feels that the action taken is inappropriate, the following are suggested as possible referral points:

- The external or internal auditors;
- a trade union;
- the Union of Brunel Students;
- a relevant professional body or regulatory organisation;
- the police;
- organisations prescribed from time to time by the Secretary of State for the purpose of protected disclosure under the Public Interest Disclosure Act.

12.2 Referral of any matter outside the University must not compromise confidentiality. Employees should check this with the organisation being sent the referral.

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Secretary to Council  
Document approver:  
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## Raising a Whistleblowing Concern

To be submitted to the Vice Chancellor, one of the Deputy Vice Chancellors or one of the Pro-Vice Chancellors. Alternatively, if you would rather disclose a matter to a lay member of Council (who is not an employee of the University) you may report your concerns to the Chair or Vice Chair of Council, or the Chair of the Audit Committee.

The lay members of Council, can be contacted by a letter marked 'personal and confidential' c/o the Secretary to Council, Uxbridge Campus, who will pass it to the addressee unopened.

For use by any employee or student wishing to raise a concern that has a public interest aspect to it. Please read the whistleblowing policy and procedure before completing this form. If you require assistance completing this form, please contact your manager, HR, Secretary to Council, trade union representative or work place colleague or friend.

Full Name .....  
Job Title [if applicable].....  
Extension .....  
Team.....

Please provide descriptions of your concerns including precise information such as dates of events, names of those involved, meetings or correspondence that have taken place, reference to relevant documents or policies [please continue on a separate page if necessary]:

Signature: .....  
Date of Submission:.....  
Date of Receipt.....

## References and further information

The Concordat to Support Research Integrity, Universities UK, July 2012. -

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Brunel University Council Ordinance 10: Financial Regulations -

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[Concordat on Openness in Animal Research](#)

## References

MRC Policy and Procedure for Inquiring into Allegations of Scientific Misconduct: Medical

Research Council, December 2014 <https://www.mrc.ac.uk/research/research-policy-ethics/allegations-of-research-misconduct/research-misconduct-policy/>

Statutes of Brunel University

([http://www.brunel.ac.uk/\\_data/assets/pdf\\_file/0008/383561/statutes.pdf](http://www.brunel.ac.uk/_data/assets/pdf_file/0008/383561/statutes.pdf))

CO18 Procedures for the Investigation of Research Misconduct

[http://www.brunel.ac.uk/\\_data/assets/file/0007/383533/co18.pdf](http://www.brunel.ac.uk/_data/assets/file/0007/383533/co18.pdf)

Brunel University Senate Regulation 6: Student Misconduct and Professional Suitability

[http://www.brunel.ac.uk/\\_data/assets/pdf\\_file/0014/412151/SR6-Aug-14-on-revised-Feb-15.pdf](http://www.brunel.ac.uk/_data/assets/pdf_file/0014/412151/SR6-Aug-14-on-revised-Feb-15.pdf)

US Public Health Services Policies on Research Misconduct (42 CFR 93)

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Version control

Version 1.1: Approved by Senate (September 2014)

Version 1.2 Minor amends for formatting and to put into Ariel typeface (September 2014)

Version 1.3

Addition of paragraph at the end of the introduction regarding students, a table of policy scope before the appendices and referring students to college handbooks and PGR Resreach Code of Conduct.

Correction of Finance Section to Council Ordinance 10, text and hyperlinks updated.

Updates of links in references and further information.

Added Concordat on Openess in Animal Research to references.

Correction of Page Numbering for appendices in table of contents.

Policy updates applied to Appendices 1, 2, 4, 6, 7, 9 and 10.

Addition of Appendix 12 Brunel University London Guidance on Risk and Insurance for Research.

Addition of Appendix 13 Public Interest Disclosure (Whistleblowing) Procedure.

1.4 Version 1.3 with an amndment to the reporting procedure amended following changes to internal committee structures.

1.5 Version 1.4 with changes to policy documents

**Conflict and Declaration of Interest Policy**  
**Brunel University London Guidance on Risk and Insurance for Research**  
**Data Protection Policy**  
**Anti-Bribery**