| Reference Number: UHB 145<br>Version Number: 4 | **Date of Next Review:** 28/04/22 **Previous Trust/LHB Reference Number: N/A** |
|---|---|

# INVESTIGATING AND HANDLING ALLEGATIONS OF RESEARCH MISCONDUCT PROCEDURE

## Introduction and Aim

The UK Policy Framework for Health and Social Care Research (2017) sets in place systems and processes to ensure that all research conducted is safe, of a high quality and contributes to improving the treatment and care of patients. Under the framework Health Boards are required to 'ensuring employees are supported in and held to account for conducting research in a professional manner, including research integrity'. The Research Governance Policy (UHB099) of Cardiff and Vale University Health Board (the UHB) has been written to ensure staff are aware of and observe the highest standards in the conduct of their research. Failure to comply with the Research Governance Policy may give rise to an allegation of misconduct. Misconduct in research may be grounds for disciplinary action and, if sufficiently serious, dismissal.

This Procedure should be read in conjunction with the Disciplinary Policy of the UHB (ref UHB 061) and Disciplinary, Conduct And Capability Policy And Procedures – Medical Staff (UHB 128 -08 August 2012). It should also be read in conjunction with the UHB Procedure For NHS Staff To Raise Concerns (UHB 043) and the Research Governance Policy (UHB 099).

This Procedure is without prejudice to the normal operation of the relevant Disciplinary Policies and Procedures of the UHB. In the event of any conflict between this Procedure and the relevant Disciplinary Policy of the UHB, the latter shall prevail.

In cases of research misconduct where fraud is alleged and/or suspected, the incident should be reported immediately to the UHB Counter Fraud Manager 02920742725) for a potential criminal investigation.

The Investigating and Resolving Allegations of Research Misconduct Procedure aims to ensure compliance with The UK Policy Framework for Health and Social Care Research (2017) by putting in place a system to detect and deal with research misconduct and fraud, which will support probity and public confidence in research.

The Procedure should help to protect the safety, well-being, dignity and rights of research participants and will provide protection to staff by ensuring that all allegations of research misconduct are investigated in a professional, timely and consistent manner.

## Principles

All allegations of misconduct in research shall be treated seriously and fairly and their merit investigated with integrity and sensitivity and in a timely manner.

In all enquiries and in any action taken as a result of their outcome, due regard shall be given to the need:

- To protect researchers against malicious, frivolous or ill-founded allegations of research misconduct;
- To protect the position and reputation of those alleged to have engaged in misconduct in

research where such allegations are not confirmed;

- To protect the position and reputation of those who make allegations of research misconduct in good faith i.e. in the reasonable belief on the basis of any supporting evidence that misconduct in research may have occurred;
- To observe the principle of no detriment such that neither the complainant nor the respondent should suffer solely as a consequence of the fact that a good faith allegation has been made.

Random, planned or 'for cause' auditing and ongoing monitoring each have key roles to play in detecting and investigating allegations of research misconduct.

The Medicines and Healthcare products Regulatory Agency (MHRA) has the power of inspection of sites involved in the conduct of Clinical Trials of Investigational Medicinal Products and may identify alleged research misconduct or fraud.

**Objectives**

- To provide a definition of research misconduct
- To provide staff with guidance on the Procedures they must follow if they suspect or believe research misconduct has occurred.
- To recognise that research misconduct can vary in its degree of seriousness, and to bring about improvements in an employee's conduct of research.
- To outline the escalation process and the sanctions that may result.

## Scope

This procedure applies to all individuals undertaking clinical and non-clinical research (including Clinical Trials of Investigational Medicinal Products) within the UHB including those individuals:

- substantively employed by the UHB; however in the case of honorary contracts, dependent on the circumstances the relevant university or NHS organisation might take the lead in an investigation in line with the Cardiff University and Associated NHS Bodies Protocol for the joint arrangements for the employment of clinical academics
- holding an honorary research contract or 'letters of access' to UHB. Where the University is the employer, in these circumstances only the university could take the lead in an investigation of allegations of misconduct in research. Where the main employer is another NHS organisation there must be close liaison between the UHB and the other NHS organisation(s).
- General Practitioners holding contracts with the UHB in accordance with the National Health Service (General Medical Services Contracts)(Wales) Regulations 2004.
- undertaking clinical research involving UHB patients;
- undertaking clinical research on UHB or CU premises where NHS resources are used

| | |
|---|---|
| **Equality Health Impact Assessment** | An Equality Impact Assessment has not been completed for this procedure. 'This is because this procedure has been written to support the implementation the Research Governance Policy (UHB 099). The Equality Impact Assessment completed for the policy found there to be no impact. |

| | |
|---|---|
| **Documents to read alongside this Procedure** | Disciplinary Policy, Reference No UHB 061<br>Procedure For NHS Staff To Raise Concerns UHB 043<br>Research Governance Policy (UHB 099)<br>Counter Fraud and Corruption Policy (UHB 054)<br>The UK Policy Framework for Health and Social Care Research (2017)<br>Standards of Behaviour Framework Policy Incorporating Gifts, Hospitality and Sponsorship (UHB 064) |
| **Approved by** | Research Governance Group |

| | |
|---|---|
| **Accountable Executive or Clinical Board Director** | *Medical Director* |
| **Author(s)** | Research & Development Manager, Governance Officer Human Tissue Act -Research |

**Disclaimer**

**If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.**

**Summary of reviews/amendments**

| Version Number | Date of Review Approved | Date Published | Summary of Amendments |
|---|---|---|---|
| 2 | 07/07/15 | 30/09/15 | Updated to new UHB format<br>Updated to reflect Royal Assent of Bribery Act 2010<br>Updated to reflect new medical staffing policies |
| 3 | 17/07/18 | 20/08/18 | Updated to reflect UK Policy Framework for Health and Social Care Research (2017) has replaced the Research Governance Framework for Health and Social Care in Wales, Second edition 2009.<br>Deleted references to obsolete roles and meetings. |
| 4 | 28/04/2021 | 02/08/2021 | Updated to reflect Title changes |

Page

## 1 RESPONSIBILITIES

The UHB has responsibility for maintaining high ethical standards for any research that is undertaken either on UHB premises, or by UHB employees. The UHB is also charged with monitoring all research that is ongoing and to investigate promptly and fairly where episodes of misconduct have been alleged. Research misconduct is taken seriously and staff raising bone fide concerns can do so confidentially and without fear of suffering any detriment. The Medical Director, Joint Research Office Director, Research and Development Manager and Research Governance Team are responsible for implementing this procedure which is aimed at all staff involved in research and development projects at Cardiff and Vale University Health Board as well as staff involved in caring for patients who may be involved in research.

**Executive Lead**

The Medical Director has been appointed as the Executive lead for research activities for the UHB and as such is responsible for:

- ensuring that arrangements are in place to respond to and manage potential incidents of research misconduct
- ensuring that the Board and the Quality Safety and Experience Committee are informed, as required, on the Investigating And Resolving Allegations Of Research Misconduct
- supporting training and development of staff

**Joint Research Office Director**

The Joint Research Office Director will be the initial investigator for allegations of research misconduct, and will raise it as appropriate with the Medical Director, who can authorise an official investigation. Where staff other than medics are involved e.g. Nurses, Allied Health professionals or Scientists etc. then the Medical Director may liaise with the appropriate Professional Executive lead e.g. Director of Nursing. The Joint Research Office Director is responsible for the following:

- Taking the allegations of research misconduct seriously and investigating fairly where the allegation appears justified
- Assessing the available evidence and convene and Chair the Screening Assessment Panel where appropriate
- Suspending research activities relating to the allegations. This may happen, but is not limited to, where public health and safety is considered to be at risk, where the safety and well-being of research subjects or staff are considered to be at risk or where there is reasonable indication of possible violation of civil or criminal law. The Director will also need to consider any other activities that the individual may carry out in the UHB and liaise with the relevant directorate to ensure that patient safety is maintained
- Supporting training and development of staff

**Principal Investigator (PI)**

The Principal Investigator is the appropriately qualified individual at each project site who has responsibility for the conduct of the project at that site. The PI is responsible for:

- ensuring that research is conducted in accordance with the principles of good research practice described in the UK Policy Framework for Health and Social Care Research (2017) and in accordance with the approved Protocol.
- reporting their concerns through the Procedure detailed in Section 4 if they suspect or believe that research misconduct has occurred.

**Responsibilities of Researchers**

- Researchers bear the day-to-day responsibility for the conduct of research.
- They are individually responsible for ensuring that any research they undertake follows the agreed research protocol and agreed standard operating procedures , for helping care professionals to ensure that participants receive appropriate care while involved in research, for protecting the integrity and confidentiality of clinical and other records and data generated by the research, and for reporting any failures in these respects, adverse drug reactions and other events or **suspected misconduct** through the appropriate systems
- All researchers must communicate with their academic supervisors, where appropriate, on a regular basis and this must be documented.

**Research Governance Team**

The Research and Development Office of the UHB has a Research Governance team that serves the UHB research community. The team is responsible for establishing systems of monitoring and audit of research and providing training in research governance. They are responsible for reporting their concerns through the Procedure detailed in Section 3 if they suspect or believe that research misconduct has occurred

**All Staff**

Anyone with a duty of care to UHB patients or research subjects seen on UHB premises has the responsibility of reporting their concerns through the Procedure detailed in Section 3 if they suspect or believe that research misconduct has occurred.

Each research active employee has the responsibility to conduct research in accordance with the principles of good research practice described in the UK Policy Framework for Health and Social Care Research (2017) and in accordance with the approved Research Protocol and relevant legislation.

## 2 DEFINITION OF RESEARCH MISCONDUCT

Research misconduct is the behaviour by a researcher, intentional or not, that falls short of good ethical and scientific standards. Research misconduct, for the purpose of this Procedure includes the following, whether deliberate, reckless or negligent:

- Failure to obtain appropriate permission to conduct research
- Deception in relation to research proposals

- Unethical behaviour in the conduct of research, for example, in relation to research subjects
- Unauthorised use of information for research which was acquired confidentially for the purpose of patient care
- Deviation from Policies, Legislation or Government Standards designed to govern research
- Deviation from good research practice, where this results, or could result, in unreasonable harm or distress to humans, other animals or the environment
- Fabrication, falsification or corruption of research data
- Distortion of research outcomes, by distortion or omission of data that do not fit expected results
- Publication of data known or believed to be false or misleading
- Misquotation or misrepresentation of other authors
- Inappropriate attribution of authorship
- Fraud or other misuse or conspiring to be involved in research misconduct
- Inciting others to be involved in research misconduct
- Collusion in or concealment of research misconduct by others
- Breaches in the duty of care to participants

The above list is not exhaustive and misconduct in research can involve acts of omission.

**Bribery Act 2010**

The Bribery Act 2010 came into force on 1 July 2011 and replaces former Anti Bribery Laws with a suite of new offences which is markedly different to previous legislation. The Bribery Act 2010 makes it a criminal offence to "give, promise or offer a bribe and to request, agree to receive or accept a bribe either at home or abroad". The maximum penalty for bribery is now 10 years imprisonment, with an unlimited fine.

In addition, the Act introduces a 'corporate offence' of failing to prevent bribery by the organisation not having adequate preventative procedures in place. An organisation may avoid conviction if it can show that it had such procedures and protocols in place to prevent bribery. The 'corporate offence' is not a standalone offence. It always follows from a bribery and/or corruption offence committed by an individual associated with the company or organisation in question.

In relation to corruption, this can be broadly defined as the offering or acceptance of inducements, gifts, favours, payment or benefit-in-kind which may influence the action of any person. Corruption may not always result in a loss, e.g. a person may use their position to give some advantage to another and may not benefit directly from doing so. It is a common law offence of corruption to bribe the holder of a public office. It is similarly an offence for the office holder to accept a bribe.

Corruption prosecutions are most commonly brought within specific legislation dealing with corruption:

- the Public Bodies Corrupt Practices Act 1889;
- the Prevention of Corruption Acts 1889–1916;
- the Anti-terrorism, Crime and Security Act 2001.

## 3 PROCEDURE

The procedure to be undertaken is in two stages outlined below and a flow chart is at **Appendix 1**.

### 3.1 Informal Stage

A complaint or concern can be raised by an individual through the Whistle Blowing Policy, Disciplinary Policy or any local Policy or Procedure for raising concerns. The concerns should be redirected to the Medical Director and/or Joint Research Office Director for a decision on the seriousness of the concerns and whether it can be resolved informally. This complaint or concern may be resolved informally without a need for referral to the formal stages, if appropriate. Further information may be requested either from the individual raising the complaint or concern or from the staff member(s) involved in the research, the research participant or carer and if it is of a minor nature then counselling or action short of disciplinary measures should be taken.

If the concerns are raised under the Whistle-blower Policy and the whistle-blower is implicated in any wrongdoing but actively co-operates, they are likely to receive a lighter sanction where the UHB has control. However this might not be the case, where outside organisations e.g. police, regulatory bodies, are concerned.

Consideration must be given at this stage to identify any potential conflict of interest. Where an allegation of research misconduct is made against the Joint Research Office Director, the Chief Executive will be informed immediately. The Chief Executive will consult with the Medical Director on the appropriate course of action.

The usual rules surrounding confidentiality will apply during this stage, although consideration should be given to informing the external sponsor where appropriate.

### 3.2 Formal Stage

***Raising a Complaint/Concern***

The Joint Research Office Director or Medical Director receives communication of the complaint/concern. This can initially be a verbal communication but must be followed up by a written communication. UK Research Integrity Office provides expert advice or guidance on how to take forward a concern and can be contacted via helpline@ukrio.org . It is recognised that this could be a stressful time for the individual raising the concern and efforts should be made by the UHB to support the individual during this process and additionally a referral to the Employee Wellbeing Counselling Service may be appropriate.

***Informing the Researcher***

The researcher should be informed by the Joint Research Office Director that a complaint/concern has been raised and that a screening assessment panel will be set up to review the complaint/concern. The researcher has the right to be accompanied at the panel by a representative not acting in a legal capacity. The researcher may submit a written response to the concerns raised. It is recognised that this could be a stressful time for the researcher and efforts should be made by the UHB to support the individual during this process and additionally a referral to the Employee Wellbeing Counselling Service may be appropriate.

***Screening Assessment Panel***

Details of the allegation and the investigation will be limited to the preliminary enquiry committee and to as few members of staff as possible to conduct the preliminary enquiry effectively. UKRI advises that 'an external Sponsor, funding organisation and/or collaborators might have a valid interest in, or responsibility for, the way that the investigation is conducted. The Named Person should confirm whether the Organisation has any contractual/legal obligations towards such organisations concerning any aspects of the investigation to ensure that any such obligations are fulfilled at the appropriate time through the correct mechanisms.' If no contractual obligation exists, decisions on informing outside agencies should be made a on a case by case basis.

The Joint Research Office Director will have responsibility for assessing the available evidence. A Screening Assessment Panel should be set up consisting of three members *as a minimum,* to include the Joint Research Office Director or another nominee of the Medical Director and a representative of the lead employer (e.g. UHB, University). Alternatively, it may be necessary to request the assistance of an expert in the field or an appropriate professional lead. Terms of reference for the group are at **Appendix Two**. The result of this process will be one of the following:

i) The concern of suspected research misconduct is unfounded, either because it is mistaken, is frivolous or otherwise without substance, and the matter should be dismissed. Advice will be given to the complainant on why the concern is unfounded. Should the concern be related to another matter, e.g. capability, it will be referred to the Line Manager to be dealt with in accordance with the appropriate Policy.

ii) The concern of suspected research misconduct is unfounded and there is some evidence of malicious intent by the complainant. The relevant HR Departments would be informed and appropriate action would be taken in respect of the complainant.

iii) There is some justification in the allegation of research misconduct but the matter does not warrant formal investigation. Corrective action may be recommended. The Directorate Manager or other appropriate Line Manager will be notified of what action is required.

iv) There is insufficient evidence to decide whether the concern qualifies as research misconduct. A formal investigation is required under the relevant disciplinary policy.

v) The available evidence is sufficient to constitute a prima facie case. A formal investigation is required.

vi) The alleged incident is serious e.g. gross misconduct, suspension should be considered. The Procedures detailed in the relevant UHB Disciplinary Policy must be followed.

***Preliminary Enquiry/Assessment Report***

A report summarising the available evidence and the decision of the preliminary enquiry will be written by a member of the Assessment Panel and lodged with the Joint Research Office Director. A suggested format is at **Appendix three.**

Where a formal investigation under the relevant disciplinary policy is required, the report of the preliminary enquiry will be made available to the person(s) conducting the investigation. The preliminary enquiry will aim to be completed within 14 days of the allegations being made.

***Formal Investigation***

If the Assessment Panel decides that a formal investigation is required, with a view to a possible internal disciplinary hearing, the investigation will be conducted in accordance with the procedures detailed in the appropriate Disciplinary Policy. The Joint Research Office Director, together with the Medical Director, will decide on the exact procedure for conducting the formal investigation in accordance with the relevant Disciplinary Policy.

### 3.3 Suspension of Research

At any stage in the proceedings, the Joint Research Office Director, in consultation with the Medical Director, reserves the right to suspend research activities relating to the allegations. This may happen, but is not limited to, where public health and safety is considered to be at risk, where the safety and well-being of research subjects or staff are considered to be at risk or where there is reasonable indication of possible violation of civil or criminal law.

The Joint Research Office Director will inform the Chief and Principal Investigator in writing that Cardiff and Vale UHB Research and Development confirmation of capacity and capability for the research in question has been revoked and the screening, inclusion or recruitment of any further subjects is prohibited until such time that full confirmation of capacity and capability has been reinstated. Dependent on the nature of the complaint, the study and the risk to patients, follow-up of patients already recruited may also be prohibited.

The Joint Research Office Director will inform, in writing, the relevant Research Ethics Committee(s) and where appropriate, the Medicines and Healthcare products Regulatory Agency (MHRA) of the withdrawal of Research and Development capacity and capability l. In the event that Research and Development confirmation of capacity and capability of a suspended study is re-instated, the Director of Research and Development will inform these organisations.

The Joint Research Office Director reserves the right to inform collaborating centres of the withdrawal of Cardiff and Vale UHB Research and Development capacity and capability. This may happen, but is not limited to, where public health and safety is considered to be at risk, where the safety and well-being of research subjects or staff

are considered to be at risk or where there is reasonable indication of possible violation of civil or criminal law.

In the event that UHB Research and Development confirmation of capacity and capability is withdrawn permanently or for a significant period of time, the Joint Research Office Director will inform the Research Sponsor and, if appropriate, the Research Funder.

### 3.4 Sanctions

As additional to such sanctions identified within the appropriate Disciplinary Policy, other sanctions may include:

- Withdrawal of formal Cardiff and Vale UHB Research and Development confirmation of capacity and capability for continuation of the particular research project
- Withdrawal or correction of pending or published abstracts and papers arising from the research in question
- Changes in staffing to the project
- More frequent auditing and closer monitoring of future work
- Prohibiting the researcher from applying for UHB funds for a given period or from conducting research in the UHB for a given period
- Revoking any Honorary Contract issued by Cardiff and Vale UHB. The Employer would also be notified
- Should any misconduct arise where fraud is alleged/suspected then this could also lead to a criminal prosecution

This list is not exhaustive and in the case of misconduct, professional groups may also be subject to disciplinary action by their professional bodies.

In the case of misconduct related to involvement in Clinical Trials of Investigational Medicinal Products, this will be reported, by the Joint Research Office Director, to the Sponsor, who will be responsible for reporting the misconduct to the MHRA.

## 4 TRAINING

The policy of the UHB is to ensure that all personnel are trained and experienced to the extent necessary to undertake their assigned activities and responsibilities effectively, as such this procedure provides a framework for investigating and resolving allegations of misconduct in research.

Ongoing appropriate support of research staff will be provided via the UHB Research and Development Office.

## 6 REFERENCES


The UK Policy Framework for Health and Social Care Research (2017)

Research Governance Policy UHB099

Disciplinary Policy, Reference UHB 061

Capability Policy UHB058

Raising Concerns (Whistle Blowing) Policy, UHB 043.

UHB Counter Fraud and Corruption Policy UHB 054

Procedure for the Investigation of Misconduct in Research August 2008 UK Research Integrity Office

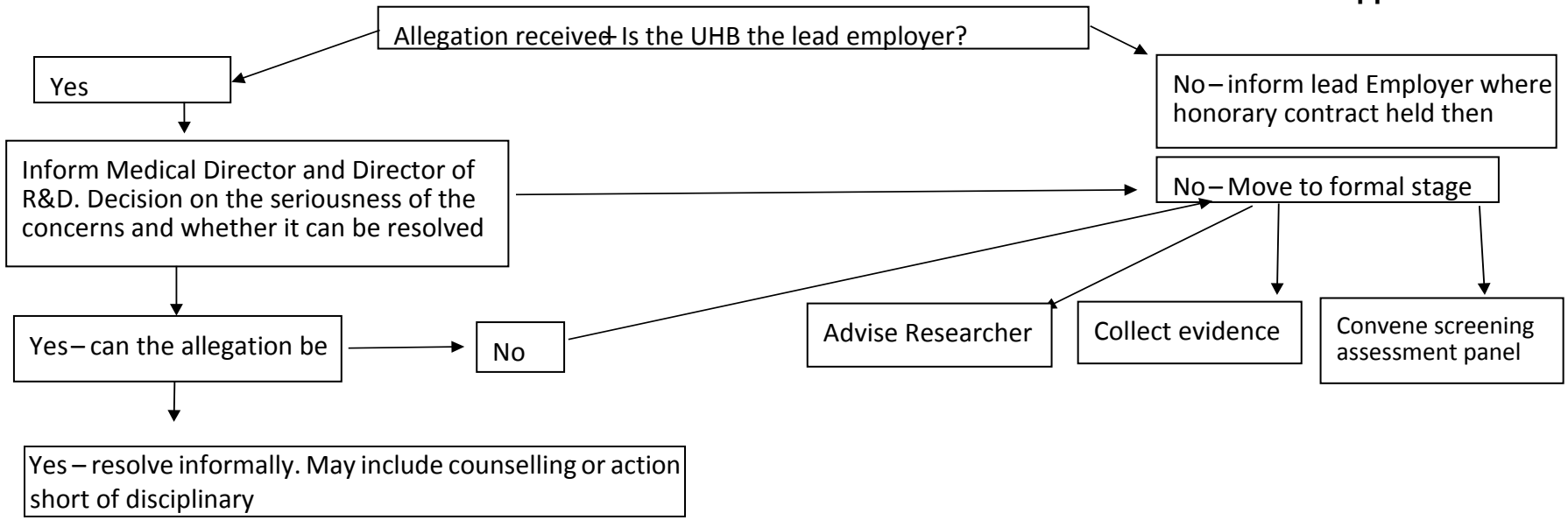
Protocol on joint arrangements for employment

Joint disciplinary and grievance procedures

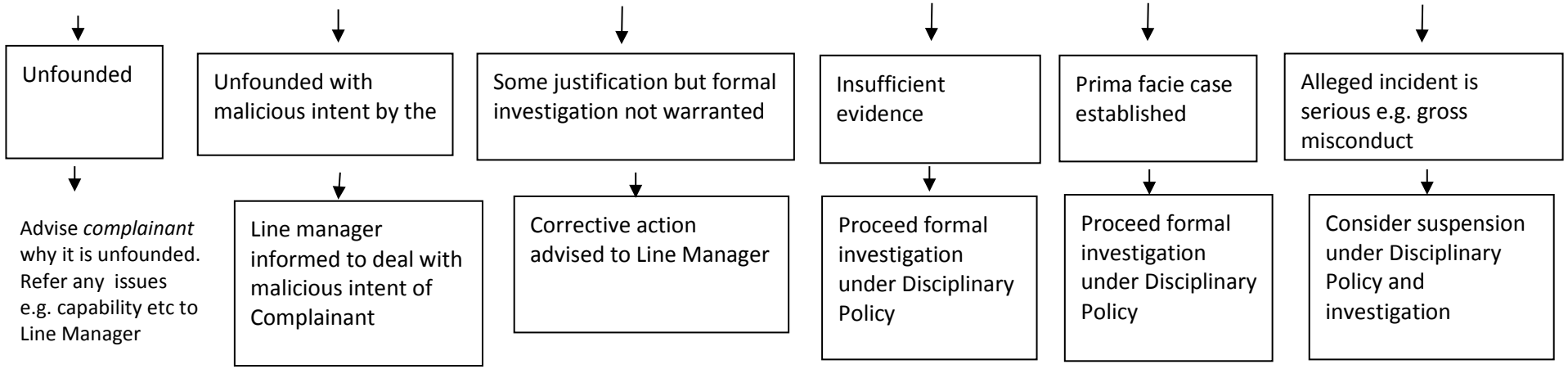

*Acknowledgement:*

*This document was based on Procedure for the Investigation of Misconduct in Research August 2008 UK Research Integrity Office, and several NHS organisational policies for Investigating Misconduct In Research and we are very grateful for their permission to use the work as a basis for our document*

## Appendix One




## Panel Outcomes



**Appendix Two**

## Terms of Reference for Screening Assessment Panel

The Screening Assessment Panel will be chaired by the Joint Research Office Director (or a Deputy appointed by the Medical Director) and in selecting the Panel members, the Director should consider:

- the subject matter of the allegations, including whether it would be advantageous for members of the Panel to possess any specialised knowledge or investigative skill;
- any conflicts of interest that might arise;
- any links with any of the persons involved (Respondents or Complainants);
- any personal connections with the subject matter of the allegations; and
- any connections with the work through, for example, the groups established to review proposals for research or ethics committees.

Members appointed to the Panel should:

- adhere to the principles of the procedure;
- work within the Terms of Reference for the Screening Assessment Panel;
- declare any links to the research and/or the individuals involved in the allegations or any interests which might conflict with the Principles of the Procedure;
- maintain the confidentiality of the proceedings throughout the work of the Panel and afterwards, unless formally sanctioned by the UHB or otherwise required to by law.

To perform its function the Screening Panel should:

- review the submission and supporting evidence provided by the Complainant either verbally at the panel or in writing;
- review the evidence and supporting documentation from the Respondent who should be given the opportunity to respond to the allegations, set out his/her case and to present evidence;
- review any background information relevant to the allegations; and interview the Respondent, the Complainant and other individuals who might provide relevant information to assist the Panel. The Panel may also seek guidance from UKRIO and its Advisers.
- All contributions to the process of screening should be recorded and maintained for subsequent use. The Chair has the responsibility to ensure maintenance of a record of all proceedings.

The Screening Assessment Panel should:

- maintain a record of evidence sought and received, and conclusions reached;
- conduct an assessment of the evidence including interviewing the Respondent and Complainant and other staff whom the Panel consider relevant to the investigation;
- provide a draft report to the Joint Research Office Director who will forward it to the Respondent and the Complainant (and their representatives by agreement) for comment on the factual accuracy of the report;

- Only when the report includes errors of fact, as indicated by the Respondent and/or the Complainant, should the Screening Panel modify the report. The Chair should judge the validity of such comments and seek the agreement of the Panel before making amendments to the Panel's report.
- produce a final report which considers the allegations of misconduct in research and reaches a conclusion as outlined below

The Panel should consider the evidence and determine whether:

- The concern of suspected research misconduct is unfounded, either because it is mistaken, is frivolous or otherwise without substance, and the matter should be dismissed. Advice will be given to the complainant on why the concern is unfounded. Should the concern be related to another matter, e.g. capability, it will be referred to the Line Manager to be dealt with in accordance with the appropriate Policy.
- The concern of suspected research misconduct is unfounded and there is some evidence of malicious intent by the complainant. The relevant HR Departments would be informed and appropriate action would be taken in respect of the complainant.
- There is some justification in the allegation of research misconduct but the matter does not warrant formal investigation. Corrective action may be recommended. The Directorate Manager or other appropriate Line Manager will be notified of what action is required.
- There is insufficient evidence to decide whether the concern qualifies as research misconduct. A formal investigation is required.
- The available evidence is sufficient to constitute a prima facie case. A formal investigation is required.
- The alleged incident is serious e.g. gross misconduct, suspension should be considered. The Procedures detailed in the relevant UHB Disciplinary Policy must be followed.

Once it has completed the report and reached a conclusion, the work of the Screening Assessment Panel is complete and it should be disbanded and members should take no part in any further investigation of the matter or make any comment on the continuing investigation, unless formally sanctioned by the UHB or otherwise required to by law. They should also remember that all information concerning the case was given to them in confidence.

**Appendix Three**

# *Report Format*

**SCREENING ASSESSMENT PANEL REPORT**

***Concerning <INDIVIDUAL'S NAME* JOB TITLE**
***DEPARTMENT/DIRECTORATE***
***DATE OF INCIDENT(S)>***

## 1. INTRODUCTION

To include who is writing the report, who it is in respect of and who asked for it.

## 2. BACKGROUND

Information on the employee you are investigating – a single sentence on the employment history will suffice.

## 3. THE ALLEGED INCIDENT(s)

This should be in general terms only and should not be too detailed. You should also indicate whether the employee is on extended leave.

A screening assessment panel has met on <*Date(s)*> to look at the available evidence of the alleged incident(s), which took place on <*Date(s)> and <Time(s)>.*
*<give a brief outline of what happened for 2 paragraphs>*
The allegation(s), at the time of the reported incident on <*date*> were Prima Facie, that:
*a.
b. <*etc.*>

As part of the investigation, the following evidence was considered, which are attached in Appendices <*a-b*> respectively:
Additional relevant documents are attached in Appendices <*x-y*>

<*Document name*> - <*Appendix*>

<*Conclude the evidence for and against the allegations, in brief. Outline in a short statement, which evidence from the above statements you have used to help you reach your conclusion, as to whether or not on the balance of probabilities there is a case to answer. You may also wish to include any background to the case and refer to any documentary evidence you have obtained e.g. policies, timecards, plans/maps etc., (also included as Appendices).>*

## 4.RECOMMENDATIONS

It has been established as a result of the screening assessment panel which has been undertaken in accordance with the UHBs Procedure for Investigating and Handling Allegations of Research Misconduct into the incident(s) which occurred on

<*Dates*> that <*Name of Individual*>, <*Job Title*> and <*Location*>, ***has/does not have*** **a case to answer** and should proceed to a formal stage and be investigated under the relevant Disciplinary Policy regarding the following allegation(s):

a.
b. <etc.>

<*Insert any further recommendations e.g. informal counselling, training, Clinical Guidelines, Management issues, changes in the Department, etc., you wish to make as an outcome of the investigation, if applicable*>

***<Name><Job Title>*** **Signature**_____ **(Investigating Officer)**
**Date**_____

| **The Report must:** |
|---|
| ➢ Be objective and non-judgemental<br>➢ Relate as far as possible only to the matters that you are investigating<br>➢ Respond to each of the original allegations separately, so that it is clear which part of the report and evidence relates to which allegation.<br>➢ Maintain anonymity of patients<br>➢ Be prepared to reveal any management shortcomings that may have come to light during the investigation<br>➢ Be well presented, ensuring that all appendices are contained and are clearly labelled |