Annual Statement on Research Integrity Activity 2021-2022

1. Introduction

Northumbria University recognises that the pursuit of excellent research requires the maintenance of the highest standards of integrity and ethics and the fulfilment of our responsibilities to researchers, participants in research, research users and the wider community. Therefore, the University supports, and is committed to upholding, the principles set out in the Concordat to Support Research Integrity. An integral part of that obligation is the presentation of an annual statement on research integrity to the Board of Governors for their review and approval. Compiling the annual statement offers a framework to evaluate our progress against the Concordat's commitments, and this year we have been able to utilise the updated UK Research Integrity Office (UKRIO) Self-Assessment Tool.

This is the 9th annual statement published by Northumbria University and covers the academic year 1 September 2021, to 31 August 2022. The annual statement will be published on the University's Research Ethics and Integrity webpages for accountability, and assurance on activities taken to support research integrity; and in compliance with the requirements of the Concordat to Support Research Integrity. The PVC (Research and Knowledge Exchange) has formal responsibility for research integrity within the University and is Chair of Research Ethics Committee. The PVC (Research and Knowledge Exchange) is responsible for providing academic leadership on research ethics and integrity. Our publicly facing webpages make clear that the PVC (Research and Knowledge Exchange) is the first point of contact for anyone with concerns or questions regarding research integrity and research misconduct at Northumbria and contact details are provided.

In summary the annual statement provides:

I. A description of actions and activities that have been undertaken to support and strengthen understanding and application of research ethics and integrity.
II. Assurance that the processes in place for dealing with allegations of research misconduct are transparent, robust, and fair, and continue to be appropriate to the needs of the organisation.
III. A high-level statement on any formal investigations of research misconduct that have been undertaken.

2. Enabling, Supporting and Strengthening a Culture of Research Integrity

i. Institutional Strategy and Leadership

Leadership for research integrity and ethics is formally the role of the Pro-Vice Chancellor (Research and Knowledge Exchange). The postholder is supported in this role by committees and their members, including University Research Ethics Committee (REC), which the PVC (Research and Knowledge Exchange) Chairs, and which has responsibility for overarching policies, processes, training and assurance around research ethics. Each Faculty has a Faculty Research Ethics Director who is a member of REC and Chairs a Faculty Research Ethics Committee which ensures that agreed policy and procedure is operationalised and socialised effectively within the context of that Faculty and its disciplinary norms. Research ethics and integrity are a core responsibility of wider Faculty and Service Leadership roles with the following staff having specific leadership responsibilities in this area: Faculty Research Ethics Directors, Departmental Ethics Leads, Deputy Director of Research and Innovation Services and Research Ethics and Integrity Manager. The Risk Manager, Health and Safety Manager, and the Records and Information Manager (and Data Protection Officer) are also members of the Research Ethics Committee.

The Research Policy team in Research and Innovation Services support, enable and champion the research ethics and integrity agenda across the University. The team saw a significant expansion and restructure in

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2019/20 and are now part of a larger Research Policy Team in Research and Innovation Services. The Research Policy Team are responsible for research ethics and integrity processes, researcher development and training, research culture activity, ensuring compliance with the Concordats for Research Development and Research Integrity, as well as REF preparations and Research Management information systems. Bringing these policy areas together enables the development of our research culture in which research integrity is embedded, and encourage collaboration, to fully utilise the synergies across researcher development and research integrity training.

A dedicated Research Ethics and Integrity Manager, and Research Policy Coordinator are responsible for ensuring that actions are taken to embed the commitments of the Concordat into the University's research environment and culture by supporting Research Ethics Committee, the Faculty Research Ethics Directors and Departmental Ethics Leads. The team are responsible for ensuring that external approvals via the IRAS system are completed and maintained with appropriate university level authority; undertake institutional audits and support other audits (e.g., safeguarding, health and safety); and provide advice and guidance on using ethical review systems. The team is a key point of contact for advice, support and guidance on research integrity and research ethics issues, and ensure that ethical review systems, research ethics training, and practices and processes across the University are fit for purpose and reviewed regularly so that they reflect best practice in the sector and align with external frameworks.

ii.   Process Review and Revision of Research Integrity Policy and Procedures

In response to the requirements of the updates made in 2019 to the Concordat, and the changing external landscape, the University Executive agreed the terms of reference for an Ethics Policy Review task and finish group to undertake a comprehensive review of processes and procedures for managing matters of research ethics and integrity. The EPRG was convened in March 2021 and completed its tasks in June 2022. The EPRG was led by Dr Claire Thornton (who received a workload allowance for her leadership of the Group), members from each Faculty, and support from Research and Innovation Services.

In 2021 the EPRG undertook a review of the Module Level Approval process, which provided updated guidance for academic staff; recommended the purchase of sector leading research integrity training modules from Epigeum; conducted and internal survey of staff needs focused on research ethics approval processes, and undertook focus groups with staff, ECR and PGR cohorts to develop recommendations for revised ethics approval processes. The EPRG reported its recommendations to Research Ethics Committee in March 2022:

   a. The restructure of existing policy and regulations and updated ethical review categories and revised scope of ethical review.
   b. Recommended a College of Ethics Reviewers with an ethics reviewer workload and role description.
   c. Establish monthly Faculty or Departmental Ethics Review Subcommittees with new terms of Reference
   d. Establish an Ethics and Integrity Training and Development Framework from undergraduate student, to Ethics Reviewer.

iii.   Strengthening and Embedding Ethics and Integrity in Policy and Process

The University's ethical review process and guidance documentation for all staff and students have undergone a substantial review and revisions over the reporting period as part of the work of the Ethics Policy Review Group (EPRG). A new policy document Ethical Governance in Research Policy brings together external regulatory frameworks and legislation (e.g., NHS, HTA, GDPR), as well as funder requirements (e.g., ESRC ethics framework), internal ethical review categories and processes, and good practice in research ethics (e.g., authorship). This one document replaces three documents (the Research Ethics and Governance Handbook, Ethics in Research Policy, and Ethics Policy Statement) providing an easier route

for colleagues to access information and guidance on research ethics policy.

Another significant change was the procurement of a new ethics online review system to manage ethical reviews. This was begun during the reporting period a part of the work of the EPRG, and the new system was implemented in October 2022 The previous Ethics Online System for research ethics approvals was introduced in April 2017, and was used for all ethical approval processes. It was retired in October 2022. The retirement of the platform on which the previous system was built provided an opportunity to procure a sector-leading system with built in capability to support the implementation of new policies and facilitate new ways of working. Following our internal procurement processes Infonetica ERM was the solution chosen. Infonetica provides research ethics solution software to over 600k users worldwide including several HE institutions in the UK, (and North America and Australia). The software is sector leading, customisable and scalable and will act as a key enabler for the University's Ethical Governance in Research policy.

The University benefits from being a member of an established HE user community to help shape system developments and act as a network of support on best practice in research ethics management. The online form and workflows were co-created with RIS, Ethics Directors and Departmental Ethics Leads to facilitate a joined-up understanding of NU's ethics processes, and to input ethics reviewer profiles. This effort was heavily supported by experienced consultants at Infonetica. Utilising their expertise and experience we have improved and simplified workflows, created an additional reviewer profile for governance checks, improved notifications, and emails, and we have streamlined our ethics review application form. Importantly, the new system now provides its users at NU with reviewer profiles, real time dashboards and committee functionality to support the introduction of new processes at Northumbria. The Infonetica ERM system will continue to strengthen the operationalisation of new policies and processes which ensure alignment with the revised and updated Concordat to Support Research Integrity, and external frameworks such as the ESRC Ethical Framework, Human Tissue Act, and NHS and Heath Research Authority sponsorship.

iv.   Updated Ethical Review Categories and Revised Scope of Ethical Review

The EPRG recommended the utilisation of the UK Research Integrity Office (UKRIO) endorsed tiered review system which includes proportionate review by maintaining clear and consistent standards. This approach refers some low -risk applications, through a form of devolved review, to review panels or single reviewers. The EPRG also recommended revised categories for proportional and full committee review including removing 'risk' labels i.e. medium and high risk ethical research and instead refer to full and proportionate review; including a category of research that does not require review (e.g. normally has no ethical risk); and rationalisation of review categories in line with external frameworks, and illustrated in the Table One below:

Review Category	Research Activity *Researchers, both students and staff should reflect upon their individual project, and the potential risks to both themselves, participants, or the environment. These should be acknowledged and assessed as part of their application, and in any project proposal.*
Full Review (Committee review or Two lead reviewers and Sub-committee/ Chair moderation	1. Discussion (e.g. interviews) of highly sensitive topics that may cause undue stress to participants, and researchers, including, but not exclusively: sexual behaviour, drug use; abuse or exploitation; trauma; pornography. 2. Funding from a source that may be controversial (e.g. due to the nature of the funder, or a conflict of interest). 3. Covert methods of investigation or deception. 4. Research with international partners, or research undertaken outside of the UK where there may be issues of local practice and political sensitivities. (In these instances, it will be necessary to act in accordance with the legal and ethics review requirements in the countries included in the research and demonstrate awareness of these.) 5. Access to records of personal or sensitive confidential information, including genetic or other biological information concerning identifiable individuals 6. Intrusive interventions including the use of drugs or other substances (e.g. food, drink, placebos or drugs); and, or, procedures involving physical distress (e.g. prolonged testing) or emotional distress (e.g. stress or anxiety), that are greater than those you would encounter in everyday life.

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	7. Work that involves direct observation of, or participation in, activities during which it is anticipated that illegal activity, or regulatory breach is likely to occur (e.g. hunting, drug dealing, accessing the dark web, hacking). 8. Access to or collection of data, information, materials (e.g. magazines, publications, websites, and social media) relating to extremism, radicalisation or terrorism (including extreme or terror groups). 9. Funding/ sponsorship from, or the involvement of, the UK Ministry of Defence, Military (UK and International), and or, EU Security funding call. 10. The collection of data/information that might be confidential or classified (e.g. protected by the Official Secrets Act) 11. Direct testing on animals or materials derived from animals (which may require additional licencing). 12. The funding body e.g. ESRC funded projects require REC review.
Proportionate review (reviewed by one reviewer from the College of Ethics Reviewers)	1. Gathering data or information from human participants (e.g. via questionnaire / interview/survey/experiment/ VR) 2. Collecting personal data, i.e. name, email, home address, computer IP address, phone number etc. 3. Analysis of secondary data not in the public domain (e.g. archive material that require organisational membership) 4. The collection or use of information which is 'commercially sensitive' 5. Financial inducements other than expenses and compensation for time 6. Gathering data/information at a physical location external to Northumbria University campuses, franchised locations, and not your normal place of work 7. Collection of samples such as plants, soils etc, that might disturb the environment or archaeological remains 8. Individuals or groups where permission of a gatekeeper is normally required for initial or continued access to participants (e.g. NGOs, community leaders) 9. Research with potentially vulnerable participants or groups, including people under 18 (which may require DBS clearance) 10. The collection of bodily tissue e.g. blood, saliva, urine samples from living persons (which may require licence under the HTA and additional training)
Research that does not normally require ethics review.	1. Secondary data that is in the public domain (e.g. financial data bases) 2. Systematic Reviews 3. Meta-analyses of secondary data 4. Black Letter Law
Research which requires external review (e.g. HRA, NHS, MOD, NOMS).	1. Research with those who might lack capacity to consent, for example, a learning disability, dementia, or cognitive impairment. 2. The use of ionising radiation 3. Recruitment or collection of data from patients, via the NHS, and some social care settings (e.g., home, or residential care). 4. The collection of bodily tissue from deceased persons 5. A health-related study or clinical trial of an investigational medicinal product or a medical device. 6. The prison service, offenders or participants on probation.

Table One: Ethical Review Categories (approved by Academic Board July 2022)

v.   The College of Ethics Reviewers: Developing a team of trained, work-loaded Ethics Reviewers.

A significant challenge identified by the EPRG was the consistency and proficiency of ethical review. Northumbria utilised a core academic staff of around 500 reviewers supplemented by postgraduate researchers and associate lecturers (in some Departments). However, as any academic staff member could be asked to undertake a review the University could not easily monitor reviewer training or expertise. Additionally, reviews could be delayed because people were unfamiliar with the process or did not have adequate workload, and reviewer feedback could be of uneven quality and rigour. These challenges were compounded by uneven workload allocation across Faculties with reviewing belonging in both the research and administration workload.

The EPRG recommended the creation of a College of Ethics Reviewers with a workload and role description. The College is an agile group with EDI concerns managed through Departments who facilitate the number of ethical reviewers they require considering the number and breadth of ethics applications they receive. An agreed workload for reviewers of between 10 and 30 applications per year (mindful that the number and complexity of review will differ by Department). RIS, maintain a database of ethics reviewers and allocate reviewers according to their expertise and workload as part of a revised workflow in a new ethics online

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system. Research Ethics Committee would regularly review the training needs of the College of Ethics Reviewers, and develop a role description with agreed review expectations (e.g. timescales for review, constructive tone of review, routes to escalate any issues).

vi. Updated Terms of Reference for Faculty Research Ethics Review Subcommittees

An additional benefit of the Infonetica ERM system is its ability to efficiently facilitate review by committee and online which will enable the introduction of regular committee review without losing the efficiency and flexibility of online review for lower ethical risk studies, or for projects that require expedited review. The EPRG highlighted that a lack of regular committee review was a risk, as committee discussion helps to resolve issues of reviewer consistency, develops shared understanding of ethical risk, and governance checks. However, if needed a group does meet to review applications, just not in an organised way.

vii. Summary of Training and Development, Communication and Awareness Raising of Research Integrity Activities

The Faculty Research Ethics Directors and Departmental Ethics Lead meet regularly with key staff in Research and Innovation Services, the Governance team and the Health and Safety team, to review processes and procedures for research ethics, making recommendations to University and Faculty Research Ethics Committee as appropriate. This has now been formally constituted as the Ethics Steering Group, which reports to Research Ethics Committee and supports the implementation of ethics processes and the dissemination of good research practice through Departments.

To enhance leadership and embed a culture of ethics and integrity, Faculty Research Ethics Directors and Departmental Ethics Leads have been able to take advantage of additional training on ethics and integrity from the UK Research Integrity Office (of which the University is a member). The Health and Safety Manager has convened training on risk assessment review for Departmental Ethics Leads and the College of Ethics Reviewers. An annually updated ethics training module is mandatory for all staff who conduct research in order to ensure awareness of the University's policies and processes, as well as the key areas of ethical risk and use of the ethics online system. Completion details are shared with Departmental Ethics Leads who encourage completion.

The University provides mentoring for both new and existing staff and has renewed its HR Excellence in Research Award in 2020 as part of the eight-year review cycle. The HR Excellence in Research Award is granted to universities who can show their support of early career researchers and compliance with the principles of the 2019 Researcher Development Concordat (to which the University is also a signatory). The University continues to make a significant investment in online materials to support staff and students at all levels. This includes specialist online training resources for research ethics integrity delivered by Epigeum courses on Research Ethics and Research Integrity. A Research Integrity Training framework was approved by Research Ethics Committee in June 2022 to enable students and academic staff to access relevant training, both online and in person.

The University contributes to sector-level initiatives to develop common standards and respond to external developments (e.g., via UKRIO and ARMA). Furthermore, we benefit from the shared expertise of such forums as the North-East Integrity Forum. The Research Ethics and Integrity Manager chaired the regional forum in 2021/22. This forum enables institutions to pool resources in training, as well as develop and share best practice in processes and policy. Over this academic year the forum has discussed minimum mandatory requirements for research ethics training, clinical research requirements and managing NHS REC processes, as well as developing online systems for ethics review.

The Research Policy team continue to work with other universities and in particular NHS organisations to

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develop our clinical research processes. We have further aligned our processes with the Research and Development Offices at Northumbria Health Care Trust, and are engaged in developing training opportunities for both researchers and Research and Innovation Services staff, with the regional NIHR Clinical Research Network.

3. Addressing Research Misconduct

The University encourages a culture of openness and transparency where errors committed due to a lack of understanding, and without intent to deceive, are handled on a case-by-case basis as some unintentional mistakes have more serious outcomes. Cases are addressed through thorough investigation, support and training. We encourage researchers to seek advice where they become aware that behaviour, including their own, may have fallen short of the expected standards. The University also ensures that, when allegations are made, there are appropriate levels of confidentiality and safeguards to protect those making allegations in good faith, as well as ensuring that individuals who are exonerated have their reputations protected and suffer no adverse consequences.

The University is committed to using transparent, robust, and fair processes to deal with allegations of research misconduct when they arise. The University has an Academic Misconduct in Research policy which reflects best practice in the sector and clearly outlines the procedures, roles and required activities and behaviours of all those involved in an allegation of academic misconduct and any ensuing investigation. The policy and processes continue to provide a proportionate, timely and transparent way for the University to deal with such allegations that is both fair and robust. The policy is applicable to both externally and internally funded research projects. All investigations produce a final report and include recommendations for further action and lessons learned.

For this reporting period _three_ investigations were carried out under the Academic Misconduct in Research Policy.

	Allegation/ Complaint	Outcome
Staff	A complaint was received from outside of the University concerning an academic member of staff's publication.	The complaint was informally investigated and determined to be unfounded.
PGR	An allegation of plagiarism was made by an internal examiner in a thesis submitted for examination.	An informal (stage 1) investigation was undertaken. The investigation concluded that this appeared to be poor academic practice rather than intentional plagiarism. The student acknowledged that there were some incorrect or missing references, and that a reference manager had not been used to handle references. The investigation considered the examples provided by the internal examiner, and concluded that while this appeared to be poor academic practice rather than intentional plagiarism, the student will be expected to correct referencing, within a resubmitted thesis, along with any other issues of quality of the submission identified by examiners, following the viva voce examination.
PGR	An allegation of plagiarism, ghosting, and falsification of data was made against an awarded PhD (awarded	An informal (stage 1) investigation was undertaken. Allegations of ghosting and falsification were rejected, but an allegation of plagiarism was partially upheld, due to identified examples of poor academic practice.

	2020), by a former member of academic staff.	Graduate School Committee approved that this should be resolved through the temporary removal of the thesis, until the referencing issues have been addressed by the former student, within 3 months of the decision. The corrections will be reviewed by an independent examiner before the thesis is reinstated.

Individuals seeking advice on the University's misconduct procedure can contact the PVC (Research and Knowledge Exchange), their Faculty Pro Vice Chancellor and/or the relevant HR Advisor for the Faculty/ Service concerned. Researchers can also access support from Heads of Departments, Directors of Research and Knowledge Exchange, mentors, and research colleagues as well as staff in Research and Innovation Services.

Whistle-blowers receive specific protections under the University's Whistleblowing policy. Under the Whistleblowing policy disclosures may be made to the Head of Governance.

4. **Summary of Concordat obligations:**

   A. The PVC (Research and Knowledge Exchange) has formal responsibility for research integrity within the University and is Chair of Research Ethics Committee. The PVC (Research and Knowledge Exchange) is responsible for providing academic leadership on research ethics and integrity. Our publicly facing webpages make clear that the PVC (Research and Knowledge Exchange) is the first point of contact for anyone who wishes to raise an allegation of research misconduct.
   B. Mrs. Laura Hutchinson, Research Ethics and Integrity Manager in Research and Innovation Services, is the named point of contact on matters of research integrity.

Policies and Procedures Supporting Research Ethics and Integrity are available at: https://www.northumbria.ac.uk/research/ethics-and-integrity/

This Annual Statement was approved by the Board of Governors on the 27 February 2023.