Template: annual statement on research integrity

If you have any questions about this template, please contact: RIsecretariat@universitiesuk.ac.uk.

Section 1: Key contact information

Question	Response
1A. Name of organisation	Swansea University
1B. Type of organisation: **higher education institution/industry/independent research performing organisation/other (please state)**	Higher Education
1C. Date statement approved by governing body (DD/MM/YY)	29 Oct 2025
1D. Web address of organisation's research integrity page (if applicable)	Research Integrity: Ethics and Governance - Swansea University
1E. Named senior member of staff to oversee research integrity	Name: Pro Vice Chancellor Professor Helen Griffiths. Email address: pvcresearch@swansea.ac.uk
1F. Named member of staff who will act as a first point of contact for anyone wanting more information on matters of research integrity	Name: Mrs Anjana Choudhuri Email address: researchintegrity@swansea.ac.uk

Section 2: Promoting high standards of research integrity and positive research culture. Description of actions and activities undertaken

2A. Description of current systems and culture

The University continues to endorse its commitment to creating an inclusive, open and responsible research environment that supports and enables researchers and collaborators undertake research with integrity.

Policies and systems: The University has a policy framework for Research Integrity: Ethics and Governance. Policies within the framework are reviewed annually to bring them in line with current regulations. Any new policies created in the academic year are added to the Framework. The University has, in recent years, implemented an online system to assess and approve all research ethics applications. The ethics system categorises each application into research risk categories of low, medium and high. In 2024-25, a service improvement group for the online research ethics assessment system, met regularly to update the questions so that a monitoring process to manage research risks is implemented in the next academic session.

In 2024/25, the University was also successful in its application to secure a research license for Human tissue research. A suite of CORE HTA Standard Operating Procedures (SOPs) were developed thereafter to align them with institutional policy and Human Tissue Authority (HTA) requirements. These Standard Operating Procedures (SOP's) are reviewed annually and provide clear guidance for the storage, use, and disposal of human tissue. Oversight is documented in the Human Tissue Research Quality Manual. All staff and students working under the HTA research licence are required to complete two mandatory training modules before beginning their research: (i) NIHR Good Clinical Practice (GCP) training, which addresses responsibilities around consent and governance; and (ii) the UKRI MRC e-learning course *Research and Human Tissue Legislation*, which provides training on the HTA act, licensing, and ethical use of human tissue.

- **Communications and engagement**: Staff in the Research & Knowledge Exchange Department (R&KE) work with colleagues in the Staff Development and Training Services (DTS) to promote and deliver a series of in-house seminars/webinars for all research active staff and students. These webinars cover various topics of Research Funding (e.g., proposal development and management), Research Integrity, Ethics, Governance and Culture, Security Sensitive Research, Intellectual Property, Trusted Research etc. The University Research Integrity Compliance Lead regularly disseminates information to staff within Faculties and Schools on the other UK wide webinars hosted by the UK Research Integrity Office (UKRIO), UK Committee of Research Integrity (UKCORI) and the UK Research & Innovation (UKRI). Information dissemination sessions and update meetings with the members the Research Collaboration and Advisory Team (RCAT) are also organised at periodic intervals to make researchers aware of the

Governments regulatory requirements for research within these sensitive areas. Research staff are provided access to the free online training on Export Control run by the Higher Education Export Control Association (HEECA).

Information on policies, SOPs, and guidance are published on the University's Research Integrity, Research Governance Human Tissue webpages. A dedicated Microsoft Teams portal, "SU Human Tissue Governance," serves as a central hub for staff and students to access controlled documents, upload contingency plans, and maintain licensed collection site files via private channels for Human Tissue Research.

- **Culture, development and leadership:** Leadership in the area is provided by the Pro Vice Chancellor (Research & Innovation) who is supported by the Deputy Pro Vice Chancellor for Research Culture and the Research Integrity & Ethics Leads in three Faculties within the University.

  Oversight for the areas of Research Governance including human tissue research (Human Tissue Act 2004) is provided by the Chair of Swansea University Research Oversight Committee and by the Designated Individual (DI). The administration for the of Research Governance is supported by the Research Governance Compliance Lead, the Human Tissue Governance Officer (HTGO) and a Quality Assurance Officer. A network of volunteer Persons Designated (PDs) established across all Schools working with human tissue are also responsible for oversight and monitoring.

- **Monitoring and reporting**: The monitoring of Research integrity is the responsibility of the overarching University Research Integrity: Ethics & Governance Committee (URIEGC). URIEGC receives regular reports and updates from the Faculty Ethics & Governance sub-committees, the Sponsorship Oversight committee, AWERB and any other Sub Committees or Task and finish groups, set up to review referrals or to develop policies, guidance and processes. Membership of URIEGC comprises of the Pro Vice Chancellor (R&I) as Chair, the Deputy PVC (Research Culture), Faculty Research Integrity & Ethics Leads, representatives of the Research Governance & Sponsorship oversight committee (including Human Tissue), Animal research (AWERB), Research Data Management, Representative from the Technicians committee, Early Career Researcher representative and a student representative. Compliance for the area is assured through scheduled internal audit, oversight of study documentation, and structured reporting of adverse events (AEs) and corrective and preventative actions (CAPAs). Clear reporting pathways ensure that AEs are addressed in collaboration with researchers and escalated to Health & Safety, Estates, or senior leadership as and when required. Outcomes are routinely reported to the Faculty Ethics & Governance Leads, Designated Individuals, the HTA Compliance Sub-Committee, the Sponsorship Oversight committee and the University Research Integrity: Ethics & Governance Committee (URIEGC).

Any new policies and guidance developed by URIEGC are approved by the University Senate along with the minutes of its regular meetings.

An annual report/statement on Research Integrity is also approved by the University Governing bodies prior to its submission to the Medr.

2B. Changes and developments during the period under review
(New policies, systems, initiatives, audits, training, developments, during 2024- 25)

- **New Policies & Guidance:** In 2024-25, the University Research Integrity: Ethics & Governance committee (URIEGC) approved some new policies and guidance (e.g., Digital policies, Privacy policy, Guidance on Generative Artificial Intelligence for Research, Good practice guidance for recruiting participants to research projects). The committee also accepted the amendments/updates to some existing ones (e.g., Gatekeeper and Consent forms, Participant Information sheet). A Task and Finish group was set up to contribute to the development of the University Guidance on Generative Artificial Intelligence for Research. Some members of the Task and finish group contributed thereafter to the development of a 'University Framework on Generative Artificial Intelligence for staff, students, researchers, research collaborators and Professional services staff'. This framework was approved by Senate and other University Governance bodies to be operationalised in October 2025. In the area of Human tissue and research governance, a full suite of CORE HTA SOPs were reviewed as part of the annual governance cycle, with updated versions scheduled for publication in October 2025.

- **New Processes:**

i. Monitoring process for medium and high-risk research: In 2024-25, the University put in place a monitoring system for all its medium and high-risk research through the online research ethics assessment portal. The monitoring process ensures that any application, that is classified as medium or high risk is not approved unless the applicant has signed a declaration form confirming that they would assist with the monitoring process by completing a monitoring form every three months. The monitoring process expects applicants to submit an end of project report on project completion. The monitoring process has been implemented in the 2025-26 academic session.

ii. Expansion of HTA licensed sites, SOP's and Audits: In January 2025, the Sports Science Department was formally approved by the HTA as a new satellite site under the University's research licence. Preparatory work during 2024 ensured that the Department was aligned with CORE SOPs and best practice prior to approval. In March 2025, following the departure of the former Named Licence Holder, the Pro Vice Chancellor for Research & Innovation was confirmed as the new HTA Licence Holder. This change secured continued oversight of the licence at a senior leadership level. New human tissue storage signage was rolled out across various buildings and laboratories with additional signage for liquid

nitrogen Dewars and contingency storage areas under development. These updates have improved visibility of licence responsibilities and support. Internal audits of licensed collections of Human Tissue continued on a rolling basis, ensuring compliance with HT Act standards.

- **Animal research:**

Swansea University's AWERB continued to actively review all research activities that involved protected animals (as defined by ASPA) and were interventional (i.e. involve capture, handling, contact and /or confinement) both on campus and in the field. This ensured full compliance with the Animals (Scientific Procedures) Act (ASPA) and provided reassurance to the establishment that there was a process in place to prevent unauthorised activity. All other animal research activities (e.g. observational studies; studies involving decapod crustaceans) were reviewed by the relevant Faculties. The AWERB met regularly to discuss any pending project licences that required review, any updates provided by the Home Office and all current research activities within the establishment. The AWERB membership consisted of the establishment licence holder (ELC), the Named people, a lay member and academic experts from the relevant faculties. In 2025 a successful audit of the animal holding facilities at the University was undertaken by the Animals in Science Regulation Unit (ASRU). Apart from some minor recommendations to strengthen ongoing compliance, no issues of non-compliance were highlighted in the audit. In addition to this, the facility was also successfully audited by the Health and Safety Authority (HSA) for its work involving Genetically Modified Higher Organisms (GMHOs). In recognition of the outstanding contributions to animal welfare, in a ceremony held on June 20th, 2025, at the Annual Aquaculture Awards celebration, the **Animal Health and Welfare** award was presented to Swansea University's research team at the Centre for Sustainable Aquatic Research (CSAR).

- **Research Governance**

The year saw notable progress being made to strengthen Research Governance project oversight and management, particularly through the continued implementation and optimisation of the research ethics online portal for sponsorship. The online research ethics portal has enabled more efficient tracking of sponsorship applications, improved transparency in decision-making, and facilitated better communication between researchers and governance team members. A risk assessment of the projects also actively monitors the approved studies, ensuring greater oversight and compliance with institutional and regulatory standards. These efforts aim to foster a more robust and responsive governance environment that supports both research quality and integrity. Several historical IRAS studies were reviewed by the Sponsorship Oversight Committee (SUSOC) to bring the documentation up to current standards. The University undertook an Evaluated Self-Assessment (ESA) as part of the HTA's

enhanced regulatory engagement model. HTA confirmed that the University was substantially compliant with all applicable research standards. HTA representatives commended the University's planned enhancements, particularly the introduction of the digital master file in Microsoft Teams and planned laboratory management software system.

An assessment, review and monitoring of '*non-sponsored projects'* carried out within the University premises were also undertaken in 2024-25 with a view to ensure that these were compliant with both research governance and human tissue regulatory requirements.

- **Research Culture:**

In 2024/25, the focus of work undertaken within Research Culture was to embed further the actions set out within the Research Culture action plan (enabling excellence in responsible research, Recognising diverse contributions, Developing Careers, Connecting and Belonging, and Wellbeing).

Some highlights and progress from the Research Culture action plan were:

i. Enabling excellence in responsible research: Swansea University is a signatory of CoARA (Coalition of Advancement of Research Assessment). It has published its CoARA action plan. The Research Culture Manager is a co-lead for the CoARA UK National Chapter. As part of the University's commitment to reforming research assessment; an extensive reform of the Academic Career Pathways (ACPs) was undertaken. The process would use metrics and KPIs and is aimed at maximizing the quality and impact of academic careers. The ACP would recognise the diverse contributions of academics to research (such as Open Research practices, mentoring, and contributing to the development of others). Through an evaluation survey, a CoARA Cascade Boost funded project would evaluate the impact of these changes on our academic community at the University.

ii. Recognising diverse contributions**:** The Technician Commitment continued to move from strength to strength through the development of a new award-winning action plan for the technician community and with its 4th Annual Symposium held in July 2025. A National post-doc appreciation week (NPAW) event was held September 2024 to recognise the diverse contributions of our postdoctoral community to research and innovation.

ii. Developing Careers**;** Advance HE inclusive training opportunities were funded through the Medr Research Culture fund. This training supports places on equality, diversity and inclusivity (EDI)-oriented leadership programmes across the university, including Aurora Leadership, Aurora mentoring, and Diversifying Leadership. 49 applications were received for the 15 places for the training. These funded places support and address the gaps identified in Swansea's

recently awarded Race Equality Charter. In addition, seven early- to mid- career researchers were supported to attend the Welsh Crucible 2025 research leadership program, and seven researchers were supported to attend the Welsh Universities Research Leadership Program (WURLP) 2024/25.

iv. <u>Connecting and Belonging</u>**:** Amongst the numerous training and development sessions run through the RKE (REIS) seminar series, such as 'Active Bystander training' which raises awareness of bullying and harassment procedures and support, in November 2024, Research Culture launched the Researcher Mentoring Programme (RCP). This pilot 6 month mentoring scheme is aimed at early to mid-career postdoctoral researchers and academics in which trained senior academic mentor them on career development. An evaluation of the pilot cohort (28 mentors and 32 mentees) of the RCP is planned for Autumn 2025.

v. <u>Wellbeing</u>**:** Through Medr Health and Wellbeing funding, a pilot project will implement the 'Prevail programme' which aims to improve mental health and wellbeing among academic staff and postgraduate students. A previous news item about this can be found <u>here</u>.

vi. <u>CEDAR Survey</u>: Swansea participated in CEDARS 2025 (Culture, Employment, and Development of Academic Researchers Survey). This survey was completed by 353 members of staff. Analysis of the survey data and feedback from the research community would support the People, Culture and Environment (PCE element of REF2029), the Researchers Development Concordat, the Concordat to Support Research Integrity, and HR Excellence in Research Award.

2C. Reflections on progress and plans for future developments: *(This should include a reflection on the previous year's activity including a review of progress and impact of initiatives if known, relating to activities referenced in the previous year's statement. Note any issues that have hindered progress, e.g. resourcing or other issues).*

The Research Integrity Annual Report for 2023-24 had highlighted a few areas for progress. Some of which have been achieved in 2024-25:

- <u>Monitoring of high-risk research</u>: Monitoring process for medium and high-risk research implemented in September 2025.
- <u>Guidance on Gen AI on Research & Innovation:</u> A guidance on Gen AI for Research and a Gen AI Framework for staff, students, researchers and research collaborators has been implemented at the start of academic session 2025-26.
- <u>Human Tissue:</u> The University's engagement with the HTA through the Evaluated Self-Assessment in August–September 2025 provided valuable external validation of these systems. The HTA recognised Swansea as substantially compliant, commending the governance framework. The ESA

also highlighted areas for further strengthening, particularly digitalising key records and enhancing document control. These are being addressed through planned improvements, including the introduction of a digital master file and, longer term, a laboratory management system. Looking ahead, priorities include completing the roll-out of revised CORE SOP. Finalising and embedding digital site files for all licensed collections via the Teams governance hub. Expanding the contingency planning framework, including signage for liquid nitrogen Dewars and further distribution of contingency storage capacity.

The Research Integrity annual statement for 2023-24 had highlighted some areas for progress in AY 2024-25:

- Refinement of due diligence and Trusted Research policy and processes & Research Integrity training: These could not be progressed due to the financial constraints and lack of resources (in ability to recruit to the Trusted Research Manager post).

- Policy for considering retrospective ethics applications: A policy for considering student projects that do not have an ethical approval for the research carried out was drafted in 2024-25. This activity was promised in the Research Integrity Annual report in 2023-24 and has now been implemented. To ensure consistency and transparency of processes across the University, the policy addresses how such projects should be handled, and whether assessed/marked or penalised. After discussions with the University Quality and Systems teams, the University procedure published insists on retrospective approval where feasible. In case of non-compliance, there is a complete embargo on the research carried out. The questions of marking and potential penalties are delegated to Faculties.

Future Developments for 2025-26

- Policy for considering retrospective ethics applications: The procedures put in place (see above) will in the first instance be piloted in the Faculty of Humanities and Social Sciences. In the course of 2025/26, there will be further consultation across Faculties, with a view to enhancing the existing procedures.

- In 2025-26 the University would produce a '**Code for Good Practice for Research**'.

Section 3: Addressing research misconduct

3A. Statement on processes that the organisation has in place for dealing with allegations of misconduct

Please provide:
- a brief summary of relevant organisation policies/ processes (e.g. research misconduct procedure, whistle-blowing policy, bullying/harassment policy; appointment of a third party to act as confidential liaison for persons wishing to raise concerns) and brief information on the periodic review of research misconduct processes (e.g. date of last review; any major changes during the period under review; date when processes will next be reviewed).
- information on how the organisation creates and embeds a research environment in which all staff, researchers and students feel comfortable to report instances of misconduct (e.g. code of practice for research, whistle-blowing, research misconduct procedure, informal liaison process, website signposting for reporting systems, training, mentoring, reflection and evaluation of policies, practices and procedures).
- anonymised key lessons learned from any investigations into allegations of misconduct which either identified opportunities for improvements in the organisation's investigation procedure and/or related policies / processes/ culture or which showed that they were working well.

- The University has a 'Policy on Handling Allegations of Research Misconduct' The policy is freely available to access via the University Research Integrity webpages. Research Misconduct - Swansea University along with a policy on Whistleblowing and Public Interest Disclosure (P2122-341-Whistleblowing-(Public-Interest-Disclosure)-Policy.pdf) and a Dignity at Work and Study policy (Dignity at Work and Study Policy - Swansea University)
- A confidential email address researchmisconduct@swnasea.ac.uk can be used by anyone wishing to register a complaint regarding inappropriate research practices.
- The Pro Vice Chancellor (R&I) is the 'named contact' for the University to receive an allegation.
- The Faculty Ethics & Integrity Leads work as 'Research Integrity Advisors' and assist with handling queries and providing support to researchers in the Faculties.

As reported in the earlier sections, mentoring, active bystander training (including harassment and bullying), training on good research practice and preventing research misconduct are carried out by members of the Research integrity and the Research Culture team.

The process for reporting of research misconduct or questionable research practices has been revised to include a pre-screening process. The process is being reviewed further to see if the queries or internal conflicts can be dealt within the faculties prior to referring it to the centre.

Secondary to an allegation of falsification, a good practice guidance on recruiting research participants was produced.

3B. Information on investigations of research misconduct that have been undertaken

Please complete the table on the number of **formal investigations completed during the period under review** (including investigations which completed during this period but started in a previous academic year). Information from ongoing investigations should not be submitted. An organisation's procedure may include an initial, preliminary, or screening stage to determine whether a formal investigation needs to be completed. These allegations should be included in the first column but only those that proceeded past this stage, to formal investigations, should be included in the second column.

Type of allegation	Number of allegations			
	Number of allegations reported to the organisation	Number of formal investigations	Number upheld in part after formal investigation	Number upheld in full after formal investigation
Fabrication	1	0	0	0
Falsification	1	0	0	0
Plagiarism				
Failure to meet legal, ethical and professional obligations	1	0	0	0
Misrepresentation (eg data; involvement; interests; qualification; and/or publication history)	1	0	0	0
Improper dealing with allegations of misconduct				
Multiple areas of concern (when received in a				

single allegation)				
Other*				
Total:	**5**	**0**	**0**	**0**
*If you listed any allegations under the 'Other' category, please give a brief, high-level summary of their type here. Do not give any identifying or confidential information when responding.				
[Please insert response if applicable]				