Responding to non-Compliance Events Policy

Version-02

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Approved by

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Executive Director
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1. Introduction

1.1. General Policy

icdrr,b recognizes its duty to its stakeholders in ensuring efficient and effective use of the resources entrusted to icdrr,b and in ensuring strict compliance with applicable legal and contractual obligations by incorporating an open, transparent and fair system that encourages and promotes integrity of all its stakeholders.

icdrr,b requires employees, seconded scientists, guest investigators, students, consultants and vendors at all times to act honestly and with full integrity and comply with the Law, Code of Ethics and Professional Conduct (hereinafter referred to as the ‘Code’) and any applicable rules, regulations, policy or procedure.

Each individual has an obligation to report any non-compliance with the Law, Code and any applicable rule, regulation, policy or procedure, hereinafter collectively referred to as ‘Non Compliance Event(s)’.

This policy lays out guidelines and principles for the investigation and remediation of non-compliance events. This policy and associated procedures will be followed when an allegation of non-compliance is received by the Director of Internal Audits or designee.

1.2. Principles and guidelines for conducting investigations into non compliance events

1.2.1. Allegations of non-compliance events shall be addressed promptly, effectively and with thorough investigation.

1.2.2. The purpose of the investigation is to determine accurately what has occurred or is planned to occur using information gained through an investigation process and to determine culpability of any employee for such non-compliance.

1.2.3. An effective investigation includes neutrality, independence, objectivity and confidentiality. Therefore any investigator involved must be subject to the following criteria:

- No vested interest in the outcome
- No prior relationship with either the whistleblower or the respondent(s) that may compromise the neutrality and objectivity of the investigation
- No involvement in the alleged non-compliance event
- Free from any coercion and/or external or internal undue influence

1.2.4. The Whistleblower policy provides an open and transparent process to encourage individuals to raise non-compliance event(s) with icdrr,b for investigation and appropriate action where necessary. With this goal in mind no person, who in good faith, reports a noncompliance event shall be subject to retaliation or in the case of an employee, adverse employment consequences.

1.2.5. Investigations shall be kept confidential to the extent possible consistent with the applicable policies and the need to conduct an adequate investigation. Disclosure of reports or details of investigations of non-compliance Events to individuals not involved in the investigation will be viewed as a serious offence and will result in disciplinary action up to and including dismissal.

1.3. Reference Documents to be read in conjunction with this Policy

Appendix 1: Code of Ethics and Professional Conduct
Appendix 2: Whistleblower Policy (HR)
Appendix 3: Fraud Policy (Finance)
Appendix 4: Conflict of Interest Policy (HR)
Appendix 5: Responding to Allegations of Scientific Misconduct (Centre’s of Research)
Appendix 6: Disciplinary Policy (HR)

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Initials _____
2. Scope and applicability

2.1. This policy applies to all reports of Non-compliance Event(s) received from icddr,b employees, seconded scientists, guest investigators, students, consultants and vendors as well as any other representatives from outside agencies who wish to report a Non-compliance Event(s).

3. Definitions

3.1. Non-Compliance Event
A breach or failure to implement or comply with law, icddr,b Code of Conduct, policy, procedure, rule, regulation or established standards of practice. Non-compliance event(s) may be mismanagement or misconduct and may have already occurred or be likely to occur.

3.2. Conflict of Interest
Any situation in which a Board or Staff member has the opportunity or appears to have the opportunity to influence icddr,b’s decisions or use resources or confidential or proprietary information of icddr,b in ways that could lead to professional, personal or financial gain, or otherwise give improper advantage to the Board or Staff member or institutions in which he or she holds official positions or prohibited or significant financial interests.

3.3. Fraud
The use of deception with the intention of obtaining an advantage, avoiding an obligation or causing loss to another party. Fraud can be used to describe such acts as deception, bribery, forgery, extortion, corruption, embezzlement, misappropriation, false representation, intentional concealment of material facts to gain advantages and collusion. Fraud normally causes wrongful gain to self and or others and or wrongful loss to others.

3.4. Scientific Misconduct
The fabrication, falsification, plagiarism or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting, or reporting research. It does not include honest error or honest differences in interpretations of judgment or data.

3.5. Plagiarism
The theft or misappropriation of intellectual property and the substantial unattributed textual copying of another’s work. The theft or misappropriation of the intellectual property includes unauthorized use of ideas or unique methods obtained by a privileged communication such as a grant or manuscript.

3.6. Examples of Non-Compliance Event(s)
Based on the above definitions, individual(s) are expected and encouraged to report any of the following:

- Failure to implement or comply with icddr,b’s Code of Ethics and Professional Conduct, rules, procedures, policies or established standards of practice
- Conflict of interest
- Fraudulent activity
- Scientific misconduct
Responding to non-Compliance Events Policy

October 2015

- Plagiarism
- Financial impropriety
- Conduct which is potentially unethical, immoral or inconsistent with the standards to which icddr,b subscribes
- Conduct which is or will result in a waste of icddr,b's resources or intentional misuse of such resources
- Conduct which poses a risk to icddr,b's reputation or integrity
- Conduct likely to cause harm or damages to persons or property involved with icddr,b
- Discrimination in the course of employment or in the provision of service
- Unauthorized interruption of work
- Unauthorized association contrary to the interests of icddr,b
- Adverse publicity, inappropriate communication with the media or making public statements in the social platforms contrary to the interests of icddr,b
- Insubordination of management decisions
- Racial, ethnical religious or gender discrimination
- Abuse or harassment, including physical or sexual harassment
- Aiding, abetting, soliciting, procuring or concealing of any of the above acts or omissions
- Unauthorized disclosure of confidential or proprietary information belonging to icddr,b
- Misuse of icddr,b communication systems including telephone, electronic or paper based
- Carrying, trading or consuming illegal drugs or alcoholic beverages whilst on icddr,b premises
- Carrying of fire arms or other weapon on icddr,b premises
- Unauthorized removal of property or equipment from icddr,b premises
- Gambling, betting or other lotteries on icddr,b property

Note: this list is non-exhaustive

4. Roles and Responsibilities

4.1. Reporting an Event

An individual who wishes to report a non-compliance event(s) should use any of the following channels to report the same. The report should be provided in writing. It must be noted that further information may be required in writing. Assistance will be provided in documenting the non-compliance if this is required.

- 24 Hour Integrity Hotline (when implemented)
  - This hot line will be accessed daily by the Head, Human Resources Management or designee.
- Their immediate supervisor
- Director of Internal Audits
- Any Centre or Service Director
- Any Manager in HR
- Chief Operating Officer
- Executive Director

4.2. Recipients of a Non Compliance event

Any individual either listed above or other who has been provided with a Non Compliance Event by an individual must report the details of that event, in writing, to the Head, Human Resource Management (hereinafter HRM) within 24 hours of receipt.
Responding to non-Compliance Events Policy  October 2015

If, however, the report of the Non Compliance Event is against the Head, HRM, then any individual either listed above or other who has been provided with a Non Compliance Event by an individual must report the details of such event, in writing, to the Director, HRM within 24 hours of receipt; and the presumed roles and responsibilities of the Head, HRM, as depicted in this policy, with respect to the responding to Non-Compliance Events shall then be carried out by the Director, HRM along with his/her any other relevant additional responsibilities in this regard.

4.3. Head, Human Resource Management

The Head, HRM is responsible for ensuring that all reports of Non-compliance Event(s) are investigated and resolved within 60 calendar days. All out measures must therefore be taken for ensuring strict adherence to the 60 days’ timeline, so that compliance can be achieved with the complying with the existing and conventional labour laws of Bangladesh. If the Head, HRM, however, apprehends that it may not be possible to complete the investigation and resolution of the reports of Non-compliance Event(s), then the Head, HRM shall report such matter to the Executive Director and request for necessary legal consultation.

- In cases of Allegation(s) of Scientific Misconduct, the Head, HRM shall follow the specific procedures laid down in the Policy titles ‘Responding to Allegations of Scientific Misconduct’. However, in cases of allegations of non-compliance other than those of Scientific Misconduct, the Head, HRM shall follow the procedures laid down below.

- The Head, HRM, after being fully convinced about the matter, will send a ‘Show Cause’ notice to the accused staff, in writing, detailing the allegation(s) of non-compliance that has been made against him/her. If the Head, HRM deems it fit, supporting documents, if any, may be annexed with the ‘Show cause’ notice. The accused staff member shall generally be given 7 (seven) working days from the receipt of such notice to show cause with explanation as to why appropriate disciplinary action(s) should not be taken against him/her for the alleged non-compliance event(s). The time period generally allowed for responding to the ‘Show cause’ notice may be extended as per the discretion of the Head, HRM, if such extension is deemed necessary.

- Upon receipt of the Response of the ‘Show cause’ notice from the accused staff member, the Head, HRM will, on the basis of statements and evidences available beforehand, determine if a prima-facie case has been made against the accused staff member. The Head, HRM may, at this stage, consult with the Director, HRM, the Head, Regulatory and Legal Affairs, the Chief Operating Officer or such other personnel as the Head, HRM thinks fit. If, following due deliberation, it appears to the Head, HRM that the accused staff does not have against him/her a case to answer regarding the allegation(s) of non-compliance, then the Head, HRM shall, in his/her absolute discretion, discharge the alleged staff member from such allegation(s) of non-compliance.

- However, if, following due deliberation, it appears to the Head, HRM that a prima-facie case is made out against the alleged staff member regarding the allegation(s) of non-compliance, then the Head, HRM shall, refer the case to an Appropriate Investigation Team the members of which shall be agreed upon by the Executive Director and/or Chief Operating Officer and may include internal and/or external expertise such as legal, research, finance, HR, etc. The roles and responsibilities of this Team should be clearly defined.

- The Investigation Team may decide to involve appropriate witnesses and subject matter experts in the proceeding. Note that these witnesses and subject matter experts should not be members of the Investigation Team.

- Every individual involved in the investigation will be treated with respect and with courtesy and fairness. All efforts will be made to protect the reputation of the individuals involved.

- The Respondent(s)/Whistleblower(s) of the allegation(s) will be given documentation of the allegations and findings, and shall be given adequate opportunity to respond. This information must be maintained as confidential. If the respondent provides new information requiring further investigation, this information shall be further investigated as part of same process.

- A Case Investigation File containing details of the allegations and all findings shall be maintained. This will include details of the following:
  - Allegations made
  - All interviews and reviews conducted including dates, times and individuals involved
Responding to non-Compliance Events Policy

October 2015

- On completion of the Investigation, the Investigation Team will submit the Final Investigation Report to the Head, HRM. The Respondent(s)/Whistleblower(s) will be given an opportunity to review portions of the investigation report pertinent to their allegations or testimony and shall be given adequate opportunity to respond.

- The Head, HRM shall review the findings and the Final Investigation Report in light of any such responses received, and then, in consultation with the Director, HRM, develop a Final recommendation which will also include a Remediation Plan. This Remediation Plan should include as necessary together with timelines and accountability:
  - Disciplinary action for the relevant individual(s), if any
  - Awareness training
  - Improvements in Controls
  - Changes to policies or procedures
  - Increased audit frequency
  - Written guidance
  - Coaching.

- The Head, HRM will provide the Final Recommendation together with the Remediation Plan to the Director, HRM.

- If the Investigation Team finds the allegation(s), in its Final Investigation Report, to be proven against the accused staff member, the Whistleblower will be met by the Head, HRM; and due recognition would then be offered to the Whistleblower with regard to his/her proactivity. However, if the allegation(s) is/are found to be unsubstantiated or made maliciously, recklessly or with the knowledge that the allegation(s) is/are false, the whistleblower may be perceived as having committed a serious offence and as such, he or she may face disciplinary actions which may even result in his or her dismissal.

- The Director, HRM will be responsible for ensuring governance of the Remediation Plan at the Senior Leadership Team meetings.

- The Chief Operating Officer will provide a status report of all reports of Non-compliance Event(s) to the Executive Director and Board of Trustees on a biannual basis, if requested.