

| **INDEPENDENT ETHICS COMMITTEE**  **MEETING MINUTES** |
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| Thursday 3rd October 2019 at 13:00hrs in the Dyffryn Conference Room |

| **1a. Attendance** |
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| **Attendance:**  Professor Mike McNamee (Chair)  C/Supt Andy Valentine  Mr Mike Lewis  Dr Harriet Pierpoint  DC Sian O’Shea  Jacqueline Gantley  Jacqui Trow  Nia Brennan  D/Supt Richie Jones  D/Insp Huw Thomas  Lee Jones, Chief of Staff, Office of the Police and Crime Commissioner  Supt Martyn Stone  PS Claire Evans-Bell  Sandra Franklin (taking minutes in place of Vicki Ash)  Martyn Jones, EDI Manager (observing)  **Presenting Ethical Dilemmas:**  C/Supt Andy Valentine  D/Insp Huw Thomas  **Apologies:**  C/Supt Joanna Maal  Professor Duncan Lewis  Joga Singh  D/C/Insp Mark Kavanagh  Carol Woodward  ACC Jeremy Vaughan  C/Supt Phil Ashby |

| **2. Introductions and Welcome Chair** |
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| It was noted that for future meetings, it is likely that either Martyn Stone or Martyn Jones will attend. Professor McNamee requested that they communicate closely. |

| **3. Minutes and Actions Chair** |
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| The minutes from the previous meeting held on 10th July 2019 were agreed.  Professor McNamee noted the importance of publishing minutes for transparency and that the IEC is supportive that we do publish detailed minutes. It is best practice and not all forces do this, but they should. It was the view of the IEC that Forces should not be having private ethics meetings. |

| **Action Number** | **Action** | **Owner** | **Status/Update** |
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| 1. | Professor McNamee to raise at the National Committee collaborative work with the ambulance service. | Professor McNamee | Professor McNamee stated that John Edwards does not currently have time to do this. Propose this item is discharged. |
| 2. | Internal Ethics Group to consider a pursuits scenario for potential escalation to the Independent Ethics Committee. | C/Supt Andy Valentine | C/Supt Valentine to gather further information and relevant parties for next discussion at meeting on 11th December 2019. **Ongoing** |
| 3. | Prepare a draft of the Annual Report 2018/19 from the Independent Ethics Committee. | Amy Thomas/Professor McNamee | Completed and Circulated. |
| 4. | Raise at the National Ethics meeting whether any work has been undertaken nationally on giving a different service to different organisations. Continue dialogue with ACC Vaughan/Sgt Maund. | Professor McNamee | Ongoing. Professor McNamee unable to meet with ACC Vaughan  **Ongoing** |
| 5. | Check the UKPEGG Terms of Reference against the forces to ensure consistency. | Nia Brennan | Nia Brennan to further revise as presented to this meeting (and circulated with papers).  **Ongoing** |
| 6. | Refer Sale of Seized Firearms ethical dilemma from Devon and Cornwall to the Firearms Licensing Department for a response. | C/Supt Valentine | C/Supt Valentine unable to discuss at last internal meeting as the subject matter expert was unavailable. Deferred until next internal meeting in November. **Ongoing** |

| **4. Ethical Dilemma** |
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| **Ethical Dilemma 1 - DI Huw Thomas**  4a. Should undercover officers carry and administer Naloxone?  Naloxone (distributed under the brand name “Narcan”) is the emergency antidote to overdoses caused by heroin and other Opiates or Opioids such as Methadone, Morphine and Fentanyl.  Dr Jacqueline Gantley noted that the main life threatening effect of Heroin and other opiates is to slow down or stop breathing. Naloxone blocks this effect and reverses breathing difficulties.  Naloxone is a prescription only medicine so cannot be sold over the counter. However under regulations that came into Force in Oct 2015 and amended to include nasal Naloxone in Feb 2019 drug treatment services can supply it without a prescription, and any persons can use it to save life in an emergency.  Administration (of the non-nasal version) is by syringe into the thigh or upper arm.  High dependency drug users routinely carry Narcan on their person (supplied by drug treatment services) to be used in the event of an overdose.  South Wales Police officers are not permitted to administer Naxolone. The issue of officers carrying Naloxone has been discussed at Force clinical governance boards and at National level. A small minority of other Forces may now be permitting their officers to administer Naloxone, thus creating an inconsistent approach and the NPCC have recently issued a letter confirming the current restrictions on police officers.  SWP are provided with a licence to deliver first aid training as part of our wider training by the College of Policing. It was noted however, that the administering of a prescription drug is not catered for.  Under pre-existing regulations, police doctors can order stocks of Naloxone and provide it to individual police officers who may come across opiate users, for example in custody suites. (Widening the availability of Naloxone, guidance documents Gov.UK)  Two recent occurrences have resulted in persons overdosing in the presence of deployed undercover police officers. Thankfully, due to the prompt attendance of ambulances, both persons survived.  The critical question/s addressed by the Independent Ethics Committee were:   * Should Undercover Officers carry and administer Naloxone in the event of an overdose occurring in their presence?   Professor McNamee widened the scope to include three specific categories of persons, namely:   * Any officers likely to come into contact with a person overdosing? * Only undercover officers likely to come into contact with a person overdosing? * Only undercover officers who are involved in the journey of the user taking an opioid?     D/Insp Huw Thomas presented the Ethical Dilemma to the IEC  Key points discussed at the committee were:   * Clarification was sought on the NPCC guidance. It was confirmed that current guidance states Officers are not to administer, albeit that medical staff within custody units are able to do so. There was discussion that some forces are considering a wider approach but the identity and total number of forces is unknown. * Naloxone, (often under the brand name Narcan) is the most recognised and common antidote to opioids such as heroine and methadone. It is issued to all paramedics, ambulances, hospitals, custody suites. Professor McNamee queried that it was important to note that the force would not be the only people using this specific brand name. He was assured it was a default medication widely utilised. * The current use of Naloxone was discussed. It is a prescription only medication and cannot be bought over the counter. Regulations state that community drug treatment services can supply without prescription and it can be used in an emergency. It is therefore very common in drug rehabilitation centres to have stocks of the product and it is not uncommon for people visiting the centres to be given Naloxone to take home, for use by themselves and by friends and family. It is common for drug users to be found with Naloxone canister on them. * It was noted that Naloxone is very easy to administer: similar to an epi pen for diabetics, no visible needle, directly into muscle of upper arm or thigh. * The visible effects of an overdose were described included twitching, shallow breathing and then a coma, similar to an epileptic attack – and would be distressing to witness. * Members asked about the effects and side effects of Naloxone. Dr Jacqueline Gantley explained that Opioids can slow down breathing and Naloxone blocks the effects of the opioids. Reaction time is 30 seconds for minor improvements, and by 60 seconds the patient will be back to standards of normality. The ambulance service says it’s not uncommon for people to be aggressive when they come around, partly due to confusion and to suddenly reversing the effects of heroine highs, effectively a mini withdrawal. Government guidance, Feb 2019 state that the potential side effects (depending upon the person) can include cardiac problems that can be fatal. The group agreed that whilst there are known side effects, in the case of an overdose and a life threatening situation, they seemed not significant as the benefit of administering the treatment would outweigh the potential risks. * It was confirmed that the latest guidance from the national clinical governance committee states that Police Officers who attend an overdose should rely on their first aid training and should not administer Naloxone as this would go beyond their role and this should be left to a medical professional e.g. paramedic.   Dr Gantley advised that ambulance and paramedics should be notified at the time of an overdose, so any officer intervention would be a temporary measure until paramedics arrived. Dr Gantley stated that the medical profession recognise that non-pharmaceutical intervention is ineffective in the event of a heroin overdose. The concern expressed to the IEC was the potential downgrading by the Ambulance Service in terms of classification of calls if a police officer present but Dr Gantley confirmed that a drug overdose would be graded as high risk requiring an ambulance to attend.   * Members agreed the issue was more complex for undercover officers. They are often pretending to be users and may be involved in a user’s journey to obtain the opioid drugs. An example was given where an undercover officer was using an unmarked Police vehicle, where 2 users administered heroine in the back seat. Officer dialled 999 when one user had an overdose. The other user (who was thought to be carrying Naloxone) fled in panic. The Officer carried out CPR and an Ambulance fortunately arrived in 3 minutes. If a person was to overdose and die in a police vehicle, the Force would be accountable to the coroner. It was noted that D/Insp Thomas has video footage that can be shared nationally on this. * It was confirmed that pre-existing legislation states that police doctors can have stocks of Naxolone and administer the same, but this is currently restricted to custody suites. The members sought clarification on the powers to administer Naloxone in custody suites. Nia Brennan confirmed that she had received clarification from Inspector Matthew Codd that Naloxone can only be administered by suitably qualified (medical) persons, and not by Police Officers in our custody suites. Dr Gantley advised that a doctor can prescribe and give authority and sign a pre-direction agreement in some circumstances. Police Officers in custody suites can take action in certain circumstances due to the need to save life and limb, e.g. inhalers for asthma attacks or sugar to diabetics who are experiencing crisis. * Members questioned whether changing current policy in relation to Naloxone would then set a precedent or expectation for police officers to carry other medications such as epi pens. * Clarification was sought on the size and prevalence of the issue. Public Health Wales figures indicate that in 2017 in Wales, there were 216 drug poisoning incidents in wales, with 83 of those recoded as a consequence of heroine. The highest proportion was in Abertawe area, accounting for 37% of deaths in Wales. Dr Harriet Pierpoint informed the group that her colleague Professor Holloway has written a paper related to this issue that may be of use. Professor McNamee noted that the group needs to bear in mind that we do not know the proportion of deaths that could have been prevented as a result of this drug**.** * The notion of proportionality was discussed: how the issue compares to other types of deaths that police could potentially have an impact on. One view was that one death prevented is enough, but – again - we do not have precise data at this stage. * D/Inspector Thomas suggested that there would be no distinction in terms of training between undercover officers in general and those involved in the user’s journey to taking opioids. The Committee noted that there is a clear moral distinction between the two. * The need for additional training was discussed in relation to Human Rights, i.e. Article 2 around preserving life. It was noted that defibrillators (often community based) can be used without training. Additionally firearms officers have enhanced first aid training due to the increased risk. Professor McNamee asked that the committee consider the more general, in-principal, case in hand before any analogous cases (such as defibrillator use). * Lee Jones said the Committee also needed to consider the risks and potential harm associated with the miss-administration of any drug and the possibility of harm (and therefore litigation). * It was also noted as an ancillary issue that there appear to be differences between the current medical guidance given to officers in their first aid training compared to NICE guidance, e.g. around mouth-to-mouth and CPR. Dr Gantley suggested that such intervention was not supported by the guidelines of the National Institute for Clinical Excellence. * The importance of having a consistent national strategy was raised particularly when forces are increasingly engaged cross border policing. Professor McNamee disagreed with the statement in the recent NPCC letter that it is “ultimately a force decision” as consistency will be key. * The distinction between something being permissible and obligatory was discussed. Members discussed situations that might merit obligatory use over permissible use due to the duty of care. For example, in custody, people are deprived of their liberty and therefore other opportunities to save their lives, (such as family and friends carrying Naloxone) and Committee members suggested this might extend to voluntary interviews as these are analogous. * The potential PTSD-style effects on an officer witnessing an overdose while being prohibited or unable to intervene were considered and concern was expressed by the Committee. * D/Insp Thomas indicated that carrying Naloxone should not put the undercover officer at further risk. Firstly, an officer would come out of role to save a life. Secondly, if undercover as a drug user, it would be normal for a drug user to carry naloxone and therefore carrying this would not compromise the officer’s undercover status. D/Insp Thomas is currently advising Officers not to go into rehab centres to avoid the situations of being offered and not accepting Naloxone (as such refusal alone could risk their undercover status) particularly as they would then be in the difficult position of being in possession of it and yet not be permitted to administer it. * The independent members challenged a number of points within the NPCC letter (from the NPCC lead in Lancashire Constabulary) and found them to be unconvincing:   + It was agreed that administering Naloxone would go “beyond the role of a first responder”, Dr Gantley confirmed however that there was no risk of harm by such an intervention as a misdiagnosis did not raise serious concerns.   + It could presumably not go beyond the person’s role as an Officer due to the duty to preserve life and limb.   + The training to use Naloxone is very minimal and no one believed it was beyond current training and could easily be incorporated within the same with little impact/time requirement.   The Committee did not think the guidance from the NPCC was acceptable and queried why the College of Policing had not intervened to provide further clarification.   * Professor McNamee noted that in light of the wider national significance to this issue, it would be worth raising the issue to the Chief Constable and Commissioner but that he would also raise this with UKPEGG due to the importance of adopting a consistent national approach.   **Action 03/10/2019.5: Dr Pierpoint is aware of evidence supporting that Naloxone is carried widely and will share with Professor McNamee.**    **Action 03/10/2019.6: Dr Gantley to share NICE guidance on CPR.**  **Action 03/10/2019.07: Professor McNamee to alert UK PEGG that we’d like to raise this issue at the forthcoming meeting, (too late for next Friday’s meeting, but to be raised at the following meeting) and to raise with Chief Constable and Commissioner.**  **Action 03/10/2019.08: D/Insp Thomas to share video footage with the committee.**  4b. Pursuit of off road motorcycles  The Committee were updated by C/Superintendent Valentine that South Wales Police routinely receives complaints about anti-social behaviour and dangerous driving involving off road motorbikes on public roads.  At present, the Force does not ordinarily pursue suspects due to the level of risk involved and the limited tactical capability to undertake the same.  The critical question/s addressed by the Independent Ethics Committee were:   * What considerations, if any, ought South Wales Police take to reconsider this policy?   Key points discussed at the Committee were:   * The Force routinely receives complaints around this issue, it is clearly a community concern with complaints to the Commissioner. Jacqui Trow gave an example of a member of public making a complaint around wheelies outside a school: “Given the length of time this illegal activity has gone on for and the apparent inability of the police to act, I’m asking you to intervene before a child is seriously injured.” Jacqui Trow stated that there is a public appetite to support the police in dealing with this type of crime and suggested it could also help prevent potential public retaliation such as nails on path, or wires between trees etc., which are of equal concern. * Currently our roads policing capability and practice is that we do not engage in pursuit unless there is a very high level of threat. Pursuits in themselves are high risk, and officers have to be highly trained to undertake the same. The Committee discussed whether the Force should reconsider its current policy and whether there is scope to increase its capability for pursuits. C/Superintendent Valentine expressed the view that accountability following police contact (and the likelihood of independent investigation around article 2 or 3) already contributes to the willingness of colleagues to authorise pursuits. * It was agreed that the committee should consider the full range of potential offences from Anti-Social Behaviour to death by dangerous driving. C/Superintendent Valentine expressed concerns that there is sometimes a perception that such activity is low risk and low impact, but that it is more dangerous than presumed. * Professor McNamee stated that the key issue is to determine the proportionality, the frequency of incidents and the potential risks. * Risk: Motorbikes have more capability to injure pedestrians and this is increased by engaging within a pursuit. Tactical contact poses a risk to public, but if successful this could be less risk to the public than a pursuit. DC Sian O’Shea questioned whether there was an assumption that offenders would not stop in a pursuit situation and stated we need to be clear on data as this will be fundamental to the Committee’s consideration of the issue. * Frequency: C/Supt Valentine confirmed that incidents occur daily or weekly and are higher over the weekend. * It was noted that another difficulty facing the police in these situations is that due to the absence of number plates, perpetrators are predominantly unidentifiable. * It was agreed that the Committee should not view this concern as purely an urban issue as it also occurs in semi-rural areas. * C/Supt Valentine explained that the Metropolitan Police Force have developed capability to deal with moped crime and have an emerging evidence base that this has been successful. Their continued use would suggest that they have determined that any collateral damage is tolerable. Professor McNamee asked if we could compare the position within South Wales Police with that in similar forces and whether such data could be provided so that the Committee have a rounded context within which to consider the issue and make a recommendation. * It was noted that a strategic assessment is undertaken annually and that any decisions made are based on the National Decision Model. C/Superintendent Valentine confirmed that this assessment was carried out recently and a decision taken not to further develop our capability for pursuits of off-road bikes (as opposed to other interventions). * Dr Pierpoint stated that the rationale for deployment (or otherwise) must be consistent with and take account of, other determinations, which will include the likelihood of successful prosecutions and other risks. * Mr Mike Lewis asked for clarification whether pursuit was the only operational response available. Officers confirmed that there is some force experimentation with the use of smart water or DNA-based aerosols and also with bike stingers for slow time deflation, but these are both relatively new innovations. It was noted that the force were fully exploring other (non-pursuit) means of tackling the issue. * The committee also asked for a wider perspective of the public view on this issue. * D/Inspector Thomas stated that Operation Venice (MPS) had seen a reduction of over 50% (from circa 20,000 to 10,000 incidents of moped related crime in the MPS area). Professor McNamee queried however, whether such crime had been displaced into a neighbouring force and requested any information available on this point.   **Action 03/10/2019.9: C/Supt Valentine to gather relevant persons from Roads Policing and PSC colleagues and consideration of strategic assessment in time for next IEC meeting in December with this ethical issue to be added to the agenda.**  **Action 03/10/2019.10: Lee Jones to gather more data on public perceptions of such behaviours.**  4c. Off duty overseas visit to sex workers  A query was raised regarding a situation if a police officer travels overseas to see sex workers whilst on annual leave. In the scenario presented – this would not be an offence in the country concerned and the sex worker is believed to be an adult who fully consents to sexual activity for payment.  The critical question/s addressed by the Independent Ethics Committee were:   * Does the issue raise concerns of an ethical kind? * If so, what steps (if any) ought to be taken in relation to the officer’s conduct?   Key points discussed at the Committee were:   * It was agreed there was an appetite to consider this potential scenario at a future meeting, as this is linked to considerations around Article 8: right to a private life. The independent members stated that such scenarios open up a wider debate about where one should draw the line in cases where there is no offence committed, e.g. smoking cannabis in Amsterdam. (The internal members noted however that this would not be analogous, as having cannabis in your system as an officer is an offence). It was also noted that the act of visiting a prostitute is not illegal in this country either, but would pose concerns in terms of honesty, integrity, corruption and vulnerability. An officer would be unlikely to retain their vetting status in the event of such behaviour. * Supt. Martyn Stone stated that the Force is trying to be more prescriptive about what we understand about staff and how we manage those issues e.g. following annual appraisals, individuals may be offered support in relation to alcohol issues etc. * The Committee discussed Standard 9 in the Code of Ethics around conduct and notably the examples given in the code: “I will behave in a manner, whether on or off duty, which does not bring discredit on the police service or undermine public confidence in policing.” It was noted that this was a rather broad and indeterminate duty. * While such a standard applies in most other professions, they generally do not have the same level of scrutiny as Police officers. It was noted that any such behaviour could bring the Force into disrepute, particularly when contrasted with other professional standards given as examples such as those referring to punctuality and dress code. Jacqui Trow asked if acceptance of this behaviour could start to normalise the behaviour. Martyn Jones stated that the professional standards of behaviour should be reinforced on a regular basis. * Professor McNamee questioned how we apply a public test on this issue. * Professor McNamee said the committee need to be mindful that the line between ethics and Professional Standards is blurred on this topic. * Lee Jones raised the point around media coverage and social media and the need for officers to be prepared that so much is now in the public domain, regardless of national boundaries. * The concern of vulnerability of a sex worker was a key topic in consideration of this issue. The Force is committing considerable resources and time to looking at the impact of sex workers, so there would in any event be a conflict here. The information in the scenario, however, stated that “the sex worker was *believed* to be an adult who fully consents”. * Nia Brennan gave a legal perspective: it was noted that the legal view on Article 8 is assessed on a case by case basis. During recent judgements the courts have given detailed consideration to Article 8 – right to a private life, but the outcomes have depended upon the facts of each matter. * As Officers of the crown, police officers hold a different status and are subject to different codes, so on/off duty is less relevant than it would be for other employees. Professor McNamee highlighted that if on/off duty is not relevant, should it be expressly referenced in our code of ethics?   **Action 03/10/2019.11: Revisit this ethical scenario at pre-December meeting and include within the IEC agenda in the future.** |

| **5. Knowledge Hub - UK Police Ethics Guidance Group C/Supt Valentine** |
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| Police Knowledge Hub <https://knowledgehub.group>  C/Supt Valentine gave a brief update. The Knowledge Hub will replace NCALT and forces will be able to submit minutes in due course.  Professor McNamee raised the point that UK PEGG do not yet know how members outside of the police force(s) will have access. |

| **6. UK PEGG Chair / Nia Brennan** |
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| * 1. **South West; Conference Ethical Leadership** - **Chair**   Professor McNamee stated that no further details were given at the last meeting and would hope this would come out of the next meeting.  Mike Lewis is unable to attend. Professor McNamee asked members of the committee to consider their availability and reply.  **Action 03/10/2019.12: members to reply to Professor McNamee if available to attend on Friday 11th October.**  **6.2 UK PEGG Terms of Reference** - **Nia Brennan**  Nia Brennan confirmed that, following a conversation with Carl Williams, UK PEGG are looking for some consistency across force IECs. Nia had circulated her proposed updates to our internal terms of reference to reflect the UKPEGG terms and invited comments from the Committee regarding the same. It was noted that some of the changes made simply formalise what we are already doing in practice:   * Consider the terms of ethical policy issued by NPCC UK Police Ethics guidance group * Consider the escalation of ethical questions that have national implications back up to regional committees and UK PEGG * Additional paragraph 13: due to sensitivity, non-police members are required to sign a confidentiality agreement * Publication of minutes   Lee Jones expressed the desire going forwards for greater indication of the public perception on ethical dilemmas being considered – it was noted that this may be addressed by issues raised by the public being escalated to the internal committee in the first instance.  The committee requested a number of further changes.   * Professor McNamee stated that the use of the word ‘joint’ was unclear and asked Nia to add further definition as to what was meant by the committee being ‘joint’ as it is clearly independent. Nia confirmed that the reference to ‘joint’ was to the Commissioner and the Chief Constable i.e. as both corporations sole are involved in the appointment and representation at Committee meetings (and was not a reference to the Committee itself) – compared with both having separate committees. The reference is not to the IEC itself which acts as a critical friend and advisor to both. * Dr Gantley noted that paragraph 12 (ii) appeared to be an old paragraph that has since been amended.   **Action 3/10/2019.13: Nia Brennan to summarise the changes made to our TOR’s in a few bullet points to pass onto the UK PEGG.**  **Action 3/10/2019.14: Nia Brennan to reference the Chief Constable and the Police and Crime Commissioner are joint and that the IEC remains independent of both and to amend paragraph 12 (ii) to refer to all members.**  The above to be circulated and discussed at the December meeting then voted in for due process. |

| **7. Update from Ethics Meetings** |
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| **Update from Internal Ethics Committee C/Supt Valentine**  At the last internal meeting on 28th August 2019, 6 dilemmas were discussed:  1 Naloxone (discussed today)  2 Pursuit of bikes (noted today with further information to be gathered and discussed at future IEC meeting)  3 Sporting venues, gifts, hospitality  4 Anti-depressants, mental health, disclosure  5 Sex worker and Article 8 (to be reconsidered at December’s pre-meet for future discussion)  6 Claiming compensation (e.g. for delay on work related train journey)  Dilemmas 3 and 4 above to be referenced to the IEC for consideration.  C/Superintendent Valentine reported that there are four further scenarios on the agenda for the next internal ethics meeting:   1. Tata steel 2. Abolition of single crewing 3. Scenario where appointment vetting checks shows past public profile, containing sexual references. 4. Women 18-25 divisionary schemes.   Professor McNamee said the following should be escalated for discussion at the next meeting:   1. Tata steel 2. Women divisionary schemes (just allocation of resources and equitable treatment of citizens) |

| **8. Any Other Business** |
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| The Ethics Forum – intranet portal update C/Supt Valentine   * Currently in prototype stage with some minor revisions ongoing. * Will become a library for minutes for this group and internal group. * Force challenges will be posed on the same in an interactive way (and take quantitative analysis in the form of polls). * Colleagues can make comments. * Keen to get this up and running to raise further awareness and to be our repository. It was reported that this should be live ahead of next meeting.   **UK PEGG**  Thames Valley Police and Oxford University have developed a decision-making model on Child Sexual Exploitation. This tries to quantify difficult decisions with a scoring model to allow objective decision making based on numerical data.  Professor McNamee would like to invite these parties to a future IEC meeting. The Committee agreed.  **Action 03/10/2019.15: Professor McNamee to send out an invitation.** |

| **9. Date of Next Meeting** |
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| 1300hrs 11th December 2019 Docklands Meeting Room HQ |

| **Action Number** | **Action** | **Owner** | **Status/Update** |
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| 1. | Internal Ethics Group to consider a pursuits scenario for potential escalation to the Independent Ethics Committee. | C/Supt Andy Valentine | C/Supt Valentine to gather further information and relevant parties for next discussion at meeting on 11th December 2019. |
| 2. | Raise at the National Ethics meeting whether any work has been undertaken nationally on giving a different service to different organisations. Continue dialogue with ACC Vaughan/Sgt Maund. | Professor McNamee | Ongoing. Professor McNamee unable to meet with ACC Vaughan |
| 3. | Check the UKPEGG Terms of Reference against the forces to ensure consistency. | Nia Brennan | Nia Brennan to further revise. |
| 4. | Refer Sale of Seized Firearms ethical dilemma from Devon and Cornwall to the Firearms Licensing Department for a response. | C/Supt Valentine | C/Supt Valentine unable to discuss at last internal meeting as the subject matter expert was unavailable. Deferred until next meeting in November. Ongoing. |
| 5. | Dr Pierpoint is aware of evidence supporting that Naloxone is carried widely and will share with Professor McNamee. | Dr Harriet Pierpoint | New action. |
| 6. | Share NICE guidance on CPR. | Dr Jacqueline Gantley | New action. |
| 7. | Alert UK PEGG group that we’d like to raise it at the next meeting | Professor McNamee | New action. |
| 8. | Share video footage from back of the car with the committee. | D/Insp Huw Thomas | New action. |
| 9. | Off road motorcycles: Gather relevant persons from Roads Policing and PSC colleagues and consideration of strategic assessment in time for next meeting in December | C/Supt. Andy Valentine | New action. |
| 10. | Off road motorcycles: Lee Jones to gather more data on public perceptions of such behaviours. | Lee Jones | New action |
| 11. | Revisit dilemma 5 (sex worker/Article 8) at pre-December meeting with an agenda in the future. | Professor McNamee | New action. |
| 12. | Contact Professor McNamee if available to attend on Friday 11th October | All | New action. |
| 13. | Summarise the changes to the Terms of Reference in UK PEGG. | Nia Brennan | New action. |
| 14. | Revise Terms of reference to include: reference the Chief Constable and the Police and Crime Commissioner as joint and that the IEC remains independent of both; and to amend paragraph 12 (ii) to refer to all members. | Nia Brennan | New action. |
| 15. | Send out an invitation to Thames Valley and Oxford University. | Professor McNamee | New action. |