



## **Cleveland Police Ethics Committee**

### **Minutes**

**Date:** Tuesday 2 February 2021

**Time:** 16:00

**Venue:** Via MS Teams

#### **Attendees:**

<b>Name</b>	<b>Role</b>
Dave Smith	Committee Chair
Richard Smith	Committee Vice Chair
Khan Hanif	Committee Member
Craig Marshall	Committee Member
Georgina Fletcher	Committee Member
Tresor Bukasa	Committee Member
Stuart Green	Committee Member
Kim Stewart	Committee Member
Lauren Blair	Committee Member
Craig Wright	Committee Member
Irene Kayube	Committee Member
Ian Arundale	Temporary Deputy Chief Constable – Cleveland Police
Jenni Salkeld	EDI Manager – Cleveland OPCC
John Dodsworth	Operational Ethics Lead Sergeant – Cleveland Police
Isaac Holmes	EDI Officer – Cleveland OPCC
Matt Murphy King	Chief Inspector, DSE – Cleveland Police
Charlotte Rumins	Community Hub Advisor – Cleveland OPCC (Minutes)

#### **Apologies:**

<b>Name</b>	<b>Role</b>
Rachelle Kipling	Interim Assistant Chief Executive – Cleveland OPCC

<b>No.</b>	<b>Discussed</b>	<b>Outcome/Decision/ Attachment</b>
<b>1</b>	<b>Welcome &amp; Introduction</b> It was noted that a number of new members have joined the	

	Committee; the meeting was opened with a round of introductions.	
<b>2</b>	<p><b>Apologies for Absence</b></p> <p>Apologies for absence were received from Rachelle Kipling.</p>	
<b>3</b>	<p><b>Declarations of Conflicts of Interest</b></p> <p>DS declared his interest as being a member of the Internal Ethics and Standards Board.</p> <p>It was noted that all external lay members have signed a confidentiality agreement and the matters discussed within this meeting are protected by that agreement.</p>	
<b>4</b>	<p><b>Review of Membership</b></p> <p>DS suggested that the Independent Ethics Committee Development Group configure a process for the review of membership. Suggestions for the process are to be brought to the next meeting for confirmation.</p>	<b>JS, JD, IH to develop process for review of membership</b>
<b>5</b>	<p><b>Minutes of the Previous Meeting and Matters Arising</b></p> <p>RS proposed that the minutes of the previous meeting were an accurate record, CM was the seconder to this proposal. The minutes of the meeting of 8 December 2020 were approved.</p> <p>Matters arising from the previous meeting were discussed, the holistic action log has been included for discussion under the agenda.</p>	
<b>6</b>	<p><b>Feedback From the Regional Group</b></p> <p>JD noted that an online forum called Knowledge Hub is utilised nationally by Police Ethics Committee leads to share examples of matters which have been discussed locally. JD provided an overview of two matters which have been posted recently.</p> <p><b>Specials' Medical Skills</b></p> <p>JD provided an overview of one of the recent matters raised in relation to the Special Constabulary and whether it would be ethical for Specials who have specific medical skills from their 'day job', such as a doctor, to utilise these skills whilst operating as a Special. IA noted that there is no specific national guidance relating to this but there could potentially be legal liability for the Force arising from their actions.</p> <p>It was noted that Specials are asked to do 16-20 hours per month but it is ultimately down to the availability of the individuals and many volunteer to assist for much longer hours.</p> <p>GF noted that there could be a conflict of interest or conflict of</p>	

concern with their 'day job' as they may be required as part of their ordinary role to assist in situations regardless of whether they are on duty.

IH suggested that the Committee consider two elements, whether the action is required as the situation is life threatening or whether the action is required for a minor ailment/injury arising from the situation. CM noted that there are both legal and ethical issues for consideration; he is of the view that ethically there is no argument against them using the medical skills when required.

DS noted that the points for consideration would be who legitimises the fact that the individuals have medical skills and what responsibility the Force would have to satisfy themselves of the level of skill the individuals hold.

SG noted that he agreed with CM's view and noted that any professional would aim to assist someone to the best of their abilities in any situation. The difficulty would lie with where the responsibility of the Force begins and ends in terms of this.

GF queried what guides Police Constables in the way that they respond to encountering a medical emergency and what considerations would there be for any individuals which happen to have more medical training. GF added that clear guidance would need to be given to Special Constables setting out what they can and cannot do in their roles.

IA noted that all Constables and Special Constables are trained to a national standard and will have an awareness of the limits of their capabilities, the training is continually refreshed and re-delivered to ensure that competence continues throughout their careers, some officers such as firearms officers are trained to a higher medical level to allow them to assist on specialist operations. IA noted that there is difficulty with Special Constables who have medical training from their day to day profession as the Force has no control over the level of medical training that the individuals have received and how frequently this is refreshed.

CW queried the interface between the two roles that the individual who is a Special Constable holds and how it is ethically managed when an issue arises that the individual would have the capability to deal with in their day job. IA noted that Special Constables in these situations could act to make the situation safe but not resolve the issue which does not fall under their remit in their role as a Special Constable. CM added that Specials should follow the principle of least harm in any situation.

GF queried whether Special Constables are given access to the basic level national standard medical training which Police Constables receive. IA confirmed that they receive the same training and the Chief Constable is liable for all of their actions which fall under the level of training provided but not action taken based on experience

they have from their other roles.

KH noted that it would be worthwhile checking whether the NHS provide an additional cover for action taken outside of the workplace and whether the skills of the individuals are constantly assessed.

RS felt that the legal rules would override the ethical issues. The individuals would need to consider what is reasonable in each situation. RS suggested that the starting position should be that the Specials should adhere to their Police training.

IA noted that if he was notified that one of the Special Constables is an A&E doctor, for example, the NHS would be contacted and a memorandum of understanding between the Force and NHS would be produced to ensure liability is fully understood.

**Overall, the Committee felt that there is a duty of care from the Force to Special Constables to be clear as to what is expected of them whether they have additional medical skills or not. There are still ethical issues which arise, even if the legal framework is clear, in relation to someone feeling they cannot use medical skills that they have when they feel they need to and are able to. However, the legal perspective should take precedence over the ethical position and the expectation would be that Special Constables adhere to their Police training.**

#### **Professional Standards Investigation of WhatsApp Groups**

JD provided an overview of the submission.

DS queried whether this would fall under the social media policy which is being developed rather than something separate. JD noted that the WhatsApp groups tend to be private conversations between individuals or smaller groups rather than public messages which would fall under the social media policy.

SG queried whether there is precedent for how the force deal with collateral matters and it was noted that the use of private devices for force activity has been discussed by the Committee previously. IA noted that the Code of Conduct applies to Police Officers and Special Constables both on and off duty and if a breach takes place outside of the member of staffs' duty it would still apply. The ethical issues apply when the matter goes beyond on-duty activity and social media and private conversations are considered.

RS noted that he is of the same view of DS that the development of the social media policy should be used as an opportunity to encompass the matter. JD noted that JB has considered this in part. JD added that John Beggs QC has previously made expressions in relation to how far Forces should monitor individuals' private life through policies.

	<p>DS noted that it would be inappropriate for the Force to be policing or monitoring conversations continually but if conversations are being legitimately looked at for a specific purpose, once information is known, even if individuals have become aware of it incidentally, action would need to be taken.</p> <p>CW noted that under the Code of Ethics, the reference to social media covers personal communications such as WhatsApp and he therefore feels that the social media policy should cover this. He added that consideration would need to be given as to what extent Police Officers are entitled to a private life and who the appropriate judge of the matters would be.</p> <p>CM noted that he would be uncomfortable with the extent to which this became a subjective decision, based on individual feelings.</p> <p>JD noted that when devices are searched, the search is targeted to relevant fields such as if messages are sent between a Monday and Thursday of a certain week, only messages from within that period would be considered, photos and videos would not be looked at if they aren't relevant to the investigation. The searches are carried out by a dedicated team with specialist knowledge. The submission should set out the parameters for the search and the software used to search the device is used to carry this out.</p> <p>IA suggested that a presentation be delivered at the next meeting in relation to conduct matters, how they are investigated and taken through to hearings.</p> <p>CW and MMK discussed a variety of examples of comments which may be made, it was noted that the line for what is and is not acceptable can occasionally become blurred depending on the comments made, the situation and the parties involved.</p> <p><b>The consensus view of the Committee was that the use of WhatsApp groups and the investigation of personal communications through such platforms, should fall within the remit of the Social Media Policy being developed by John Bonner. However, it was clear that any information indicating a breach of the Code of Conduct uncovered while legitimately investigating a WhatsApp conversation could not be ignored.</b></p>	<p><b>JD to liaise with JB, JB to be asked to attend the next meeting to deliver a presentation.</b></p>
<p><b>7</b></p>	<p><b>Submissions</b></p> <p><b>Use of Steroids and Legal Enhancement Chemicals</b></p> <p>MMK attended the meeting to provide an overview of the submission.</p> <p>It was noted that the submission was first raised within the Standards and Ethics Board. Anabolic steroids are not illegal to possess but they are illegal to sell and supply, if they are not legally prescribed they tend to be acquired from dubious sources. However, there are other legal enhancement chemicals known as pro-hormones available which</p>	

can be purchased from a multitude of websites. These products are often a pre-cursor to anabolic steroids and can have very similar effects to anabolic steroids such as aggression, paranoia and irritability.

Cleveland's Force policy in respect of substance misuse is to be updated by MMK to include reference to the use of anabolic steroids and pro-hormones as well as including reference to other substances such as CBD oils. The use of these substances would likely lead to gross misconduct proceedings.

KS queried why CBD oil is referenced and MMK noted that the oil often contains a level of THC and it is not known what that level would be at the point of purchase. If the oil is used, the officer could then fail a Force drugs test as they would provide a positive result for cannabis.

GF noted that there is a lot of public concern in relation to 'roid rage' and taking any substances which would have an impact on an individual's ability to deliver their role should be prohibited. She added that there would be a need for communications to be distributed to members of staff to make them aware of some of the dangers of the consumption of the products and the reasons for them being prohibited under the policy.

CW noted that the use of steroid treatments or similar hormones can be used to assist older females through menopause or by trans individuals who are transitioning. MMK noted that when the steroids have been prescribed the use would be perfectly acceptable and legitimate but the policy would cover circumstances where the steroids or hormones are not prescribed and are being abused. Individuals who are prescribed the products would need to disclose that they have been prescribed them at the point of being tested, the tests are carried out sensitively by the Counter Corruption Unit and the disclosures can be made sensitively to the Force Medical Officer or Counter Corruption Unit.

It was noted that the policy will not contain a prescriptive list of banned substances as the substances are constantly evolving and fall under new names. The policy will however be as descriptive as possible to include all possible variations of each of the substances.

IH noted that the wait for NHS treatment for transgender people currently ranges from around 3 to 6 years depending upon where you live around the country so it is very common for transgender people to order the relevant hormones online. As a result they would not have been prescribed the medication as such but they would be using the substances for legitimate purposes. This is an element for consideration when producing the policy.

LB noted that the side effects of the hormones and anabolic steroids would be the most concerning element of the usage and she feels that it would therefore be appropriate and important for the policy to

be in place.

MMK noted that the testing for the substances is only carried out when intelligence is received that an individual is using anabolic steroids or pro-hormones for non-legitimate purposes.

**Overall the Committee felt that the policy would be required and ethical, it was noted that consideration should be given as to the wording to confirm how far the policy goes and what it encompasses, the Force would also need to be particularly sensitive in ensuring there is no discrimination against individuals using the substances for legitimate purposes such as transitioning.**

### **Covid-19 Vaccine Refusals**

JD provided an overview of the submission which had previously been raised nationally in relation to how Forces deal with Officers and staff who refuse to be vaccinated.

DS queried whether there is anything within Force employment contracts which requires staff to take the vaccination. JD noted that vaccinations are offered to members of staff throughout their employment for things such as Hepatitis but they are not forcibly required to accept them.

SG noted that whether an individual accepts a vaccination is a matter for them but there would need to be consideration given to the fact that they could then infect others (either members of the public or their colleagues within the workplace) if they were to refuse the vaccination.

GF noted that the scientific information is not yet available to support the decision and suggested that those who are not willing to receive the vaccination should continue to wear full PPE to reduce the likelihood of spreading. CM added that there is still not a lot known about the virus so it is difficult to make a definite decision about it as it is still unknown what the consequences of refusing the vaccine would be.

RS felt that individual perspectives should overrule the potential needs of the Force in this circumstance as there is not yet enough known about the scientific impact the vaccine will have.

**Overall it was felt that there is an ethical imperative on Officers to receive a vaccination however, some individuals may have grounds for refusal and the individual should then be permitted to make their own decision and should not be forced to receive the vaccine.**

JD noted that medical records are private and require a warrant and an order from a Crown Court Judge for access to be allowed. If an individual does not want to disclose whether or not they have had the vaccine they cannot be forced to. IA noted that if they are notified by

	Officers that they won't be receiving the vaccine they will be moved roles for a period of time to remove them from being public facing and ensure they won't be entering individuals' homes.	
<b>8</b>	<p><b>Development Action Plan</b></p> <p>JS noted that one of the key elements the Development Group are now considering is the training needs assessment and CPD of lay members. It has been agreed that there would be benefit in considering shared training needs across the different platforms and ethical champions.</p> <p>A list has been produced of potential training needs which have been identified, the list is to be circulated for feedback outside of the meeting.</p> <p>JD provided an overview of the holistic action log. A standing agenda item is to be added to the agenda to allow updates to be provided on submissions which have been discussed within other forums. JD is also currently drafting a submission form for the ethical forums, the form will be circulated and will be a useful tool for monitoring and reporting.</p> <p>DS noted that another element discussed within the Development Group is support which is available for new members. The group are conscious that they would like to provide some form of support to new members and conversations are to be held with JS and IH following the meeting over the next couple of days. The discussions will focus on how the new members have found the meeting and will provide a forum for the members to raise any concerns they may have following the meeting.</p>	<p><b>JS to circulate training needs assessment list for comments</b></p>
<b>9</b>	<p><b>Any Other Business</b></p> <p>GF suggested that the Development Action Plan be listed further towards the beginning of the agenda for the next meeting to allow the discussions to take place more fully.</p>	<p><b>Development Action Plan to be taken earlier within the next agenda</b></p>