

BOROUGH COUNCIL OF KING'S LYNN AND WEST NORFOLK

RECORD OF DECISION TAKEN BY OFFICERS UNDER DELEGATED POWERS

This is a record of a decision taken by an officers under delegated powers and where necessary taken in consultation with members and officers.

Delegated Power

Specify the particular delegated power being exercised by reference to the Delegation Scheme or Cabinet minute and date.

The Local Authorities (Indemnities for Members and Officers) Order 2004

<https://www.legislation.gov.uk/ukdsi/2004/0110495314>

Decision Taken

Specify precise details of the decision taken

The Council's insurance indemnifies members and employees under the terms of the policy in respect of any defamation claims made against them personally.

The Council's insurance policy will be applied to indemnify Cllr Long against the alleged defamation claim.

Reasons for the Decision

Specify all reasons for taking the decision

The alleged defamation falls within the insurance policy and falls within Article 5 of the Local Authorities (Indemnities for Members and Officers) Order 2004.

Article 6 of the order sets out some restrictions:

Restrictions on indemnities

6.—(1) No indemnity may be provided under this Order in relation to any action by, or failure to act by, any

(a) constitutes a criminal offence; or

(b) is the result of fraud, or other deliberate wrongdoing or recklessness on the part of that member

My assessment is that these provisions do not apply.

Options considered

Not instructing the insurance company to indemnify: there is no reason to support this option. The insurance is already part of the Council's insurance policy, available for all Members and Officers where a claim is made against them, and there is no reason to justify not using it on this occasion.

Any declarations of interest and details of any dispensations granted in respect of interests.

List of Background papers

Solicitor's letter of alleged defamation.

Authorisation

Post Held Chief Executive

Signature

Date **20 August 2020**

Consultation with ~~members~~/officers

If the decision is taken following consultation with the ~~members~~/officers, please give details:

In discussion with Alexa Baker, Monitoring Officer

Signed by ~~Member as consulted:~~

Date

Pre-Screening Equality Impact Assessment

Borough Council of
**King's Lynn &
West Norfolk**



Name of policy/service/function					
Is this a new or existing policy/ service/function?		New / Existing (delete as appropriate)			
Brief summary/description of the main aims of the policy/service/function being screened. Please state if this policy/service rigidly constrained by statutory obligations					
Question	Answer				
<p>1. Is there any reason to believe that the policy/service/function could have a specific impact on people from one or more of the following groups according to their different protected characteristic, for example, because they have particular needs, experiences, issues or priorities or in terms of ability to access the service?</p> <p>Please tick the relevant box for each group.</p> <p>NB. Equality neutral means no negative impact on any group.</p>		Positive	Negative	Neutral	Unsure
	Age				
	Disability				
	Gender				
	Gender Re-assignment				
	Marriage/civil partnership				
	Pregnancy & maternity				
	Race				
	Religion or belief				
	Sexual orientation				
Other (eg low income)					
Question	Answer	Comments			
2. Is the proposed policy/service likely to affect relations between certain equality communities or to damage relations between the equality communities and the Council, for example because it is seen as favouring a particular community or denying opportunities to another?	Yes / No				
3. Could this policy/service be perceived as impacting on communities differently?	Yes / No				
4. Is the policy/service specifically designed to tackle evidence of disadvantage or potential discrimination?	Yes / No				
<p>5. Are any impacts identified above minor and if so, can these be eliminated or reduced by minor actions? If yes, please agree actions with a member of the Corporate Equalities Working Group and list agreed actions in the comments section</p>	Yes / No	Actions:			
		Actions agreed by EWG member: Name			
Assessment completed by: Name					
Job title	Date				
<p>Please Note: If there are any positive or negative impacts identified in question 1, or there any 'yes' responses to questions 2 – 4 a full impact assessment will be required.</p>					

