



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

## **Equality Screening, Disability Duties and Human Rights Assessment Template**

Part 1 – Policy scoping

Part 2 – Screening questions

Part 3 – Screening decision

Part 4 – Monitoring

Part 5 – Disability Duties

Part 6 – Human Rights

Part 7 – Approval and Authorisation

*Guidance on completion of the template can be found on the Equality Commission website at [S75 screening template 2010 \(web access checked 230920\) .docx](#)*

## Part 1. Policy scoping

### 1.1 Information about the policy

Name of the policy:

NICE Guideline NG254 - Suspected sepsis in under 16s: recognition, diagnosis and early management

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Is this an existing, revised or a new policy?

Revised (updates and replaces Clinical Guideline NG51 - endorsed by the Department of Health in September 2016).

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What is it trying to achieve? (intended aims/outcomes)

This guideline covers the recognition, diagnosis and early management of suspected sepsis in under 16s (not pregnant or recently pregnant). It includes recommendations on recognition and early assessment, initial treatment, escalating care, finding and controlling the source of infection, early monitoring, information and support, and training and education.

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Are there any Section 75 categories which might be expected to benefit from the intended policy?

If so, explain how.

This guidance should benefit people under 16 years with suspected sepsis who are not and have not recently been pregnant.

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Who initiated or wrote the policy?

National Institute for Health and Care Excellence (NICE)

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Who owns and who implements the policy?

NICE owns the policy. The Department determines whether the policy should be endorsed for Northern Ireland, and, if endorsed, the SPPG / HSC Trusts implement it.

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## 1.2 Implementation factors

Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision?

None anticipated at this stage.

## 1.3 Main stakeholders affected

Who are the internal and external stakeholders (actual or potential) that the policy will impact upon? (please delete as appropriate)

staff

service users

other public sector organisations

voluntary/community/trade unions

other, please specify \_\_\_ Families/Carers\_\_\_\_\_

## 1.4 Other policies with a bearing on this policy

- what are they? **NICE Guidelines:**
  - NG51 - Sepsis: recognition, diagnosis and early management (endorsed by DoH in September 2016)
  - NG253 - Suspected sepsis in people aged 16 or over: recognition, assessment and early management (endorsed by DoH in February 2026) - <https://www.nice.org.uk/guidance/ng253>

- NG255 - Suspected sepsis in pregnant or recently pregnant people: recognition, diagnosis and early management (endorsed by DoH in February 2026) - <https://www.nice.org.uk/guidance/ng255>
- NG204 - Babies, children and young people's experience of healthcare (endorsed by DoH in January 2022) - <https://www.nice.org.uk/guidance/ng204>
- NG29 - Intravenous fluid therapy in children and young people in hospital (endorsed by DoH in June 2017) - <https://www.nice.org.uk/guidance/ng29>
- NG143 - Fever in under 5s: assessment and initial management (endorsed by DoH in January 2020) - <https://www.nice.org.uk/guidance/ng143>
- NG195 - Neonatal infection: antibiotics for prevention and treatment (endorsed by DoH in November 2021) - <https://www.nice.org.uk/guidance/ng195>
- NG224 - Urinary tract infection in under 16s: diagnosis and management (endorsed by DoH in October 2022) - <https://www.nice.org.uk/guidance/ng224>
- NG240 - Meningitis (bacterial) and meningococcal disease: recognition, diagnosis and management (endorsed by DoH in July 2024) - <https://www.nice.org.uk/guidance/ng240>

- who owns them? NICE/DoH

## 1.5 Available evidence

What evidence/information (both qualitative and quantitative<sup>1</sup>) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

**In developing this guidance, NICE have assessed its equality impact in scoping, consulting and before issuing the final guideline. This process is designed to mitigate the impact on equality. In addition, DoH locally consult on equality and human rights issues.**

**Religious belief** evidence / information:

There is no qualitative or quantitative evidence available in relation to the religious beliefs of those individuals with suspected sepsis who are not and have not recently been pregnant in Northern Ireland.

However, the results of the 2021 census in NI<sup>2</sup> indicate that on census day, the main current religions were: [Catholic/Roman Catholic \(42.3%\); Presbyterian \(16.6%\); Church of Ireland \(11.5%\); Methodist \(2.4%\); Other Christian denominations \(6.9%\); and Other religions \(1.3%\)](#). In addition, [17.4% of the NI population had 'No religion'](#).

Religion will have no bearing on the guidance, the NICE recommendations will affect all those suitable individuals irrespective of their religious belief.

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**Political Opinion** evidence / information:

There is no qualitative or quantitative evidence available in relation to the political opinions of those individuals with suspected sepsis who are not and have not recently been pregnant in Northern Ireland.

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<sup>1</sup> \* Qualitative data – refers to the experiences of individuals related in their own terms, and based on their own experiences and attitudes. Qualitative data is often used to complement quantitative data to determine why policies are successful or unsuccessful and the reasons for this.

Quantitative data - refers to numbers (that is, quantities), typically derived from either a population in general or samples of that population. This information is often analysed either using descriptive statistics (which summarise patterns), or inferential statistics (which are used to infer from a sample about the wider population).

<sup>2</sup> Northern Ireland Statistics and Research Agency (2022) *Census 2021: Main statistics for Northern Ireland Statistical Bulletin: Religion*. Available at: <https://www.nisra.gov.uk/system/files/statistics/census-2021-main-statistics-for-northern-ireland-phase-1-statistical-bulletin-religion.pdf>

Results from first party preference votes in the 2022 NI Assembly election<sup>3</sup> saw [Sinn Féin \(27 seats\) and the Democratic Unionist Party \(DUP\) \(25 seats\) make up the top two political parties in NI](#), with a combined vote share of 50%<sup>4</sup>.

Political opinion will have no bearing on the guidance, the NICE recommendations will affect all those suitable individuals irrespective of their political opinion.

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### **Racial Group** evidence / information:

There is no qualitative or quantitative evidence available in relation to the racial groupings of those individuals with suspected sepsis who are not and have not recently been pregnant in Northern Ireland.

The results of the 2021 census in NI<sup>5</sup> indicate that on census day, [96.55% of the usually resident population in NI were White, 0.14% were Irish Traveller, 0.08% were Roma, 0.52% were Indian, 0.50% were Chinese, 0.23% were Filipino, 0.08% were Pakistani, 0.10% were Arab, 0.28% were Other Asian, 0.76% were Mixed, 0.58% were Black and 0.19% belonged to other ethnic groups.](#)

Ethnicity will have no bearing on the guidance, the NICE recommendations will affect all those suitable individuals irrespective of their ethnicity. Though, during NICE development, it was outlined by the NICE guideline committee that people from minority ethnic groups may be at greater risk of sepsis. There is limited UK data that highlights this trend for sepsis specifically, but in terms of broader infectious diseases there is evidence from the USA which suggests that ethnic minorities experience infectious diseases at higher rates. Further evidence from the USA highlights a persistent variability in clinical outcomes across racial groups, with higher rates of morbidity and mortality in sepsis in minority ethnic groups linked to healthcare disparity. This disparity could be linked to a lack of awareness of the need to adjust test results to consider differences between racial groups, leading to poorer care for these groups.

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<sup>3</sup> The Electoral Commission (2022) *Report on the May 2022 Northern Ireland Assembly election*. Available at: <https://www.electoralcommission.org.uk/research-reports-and-data/our-reports-and-data-past-elections-and-referendums/report-may-2022-northern-ireland-assembly-election>

<sup>4</sup> BBC News (2022) *Northern Ireland Assembly Election Results 2022*. Available at: <https://www.bbc.co.uk/news/election/2022/northern-ireland/results>

<sup>5</sup> Northern Ireland Statistics and Research Agency (2022) *Census 2021: Main statistics ethnicity tables*. Available at: <https://www.nisra.gov.uk/publications/census-2021-main-statistics-ethnicity-tables>

## **Age** evidence / information:

There is no qualitative or quantitative evidence available in relation to the age of those individuals with suspected sepsis who are not and have not recently been pregnant in Northern Ireland.

The latest available figures show that in mid-2024, the proportion of the NI population aged in the 0–15-year age category was 20.0%.<sup>6</sup> Based on the 2024 Mid-year Population Estimates for Northern Ireland NISRA report 6.8% of the Northern Ireland population was aged 5 and under.<sup>7</sup>

The NICE recommendations will affect all those individuals under 16 years with suspected sepsis who are not and have not recently been pregnant.

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## **Marital Status** evidence / information:

There is no qualitative or quantitative evidence available in relation to the marital status of those individuals with suspected sepsis who are not and have not recently been pregnant in Northern Ireland.

The results of the 2021 census in NI<sup>8</sup> indicate that on census day, [45.6% of people aged 16 years and over were married, 0.2% were in a civil partnership, 38.1% were single, 3.8% were separated, 6.0% were divorced, and 6.4% were widowed](#)

Marital status will have no bearing on the guidance, the NICE recommendations will affect all those suitable individuals irrespective of their marital status.

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## **Sexual Orientation** evidence / information:

There is no qualitative or quantitative evidence available in relation to the sexual orientation of those individuals with suspected sepsis who are not and have not recently been pregnant in Northern Ireland.

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<sup>6</sup> 2024 Mid-year Population Estimates for Northern Ireland, NISRA, 2025, [2024 Mid-year Population Estimates for Northern Ireland](#)

<sup>7</sup> 2024 Mid-year Population Estimates for Northern Ireland, NISRA, 2025, [2024 Mid-year Population Estimates for Northern Ireland](#)

<sup>8</sup> Northern Ireland Statistics and Research Agency (2023) *Census 2021: Main statistics for Northern Ireland: Statistical bulletin: Marital or civil partnership status & Household relationships (couples)*. Available at: <https://www.nisra.gov.uk/system/files/statistics/census-2021-main-statistics-for-northern-ireland-phase-3-statistical-bulletin-household-relationships-version-2.pdf>

The results of the 2021 census in NI<sup>9</sup> indicate that on census day, [90.0% \(1,363,900\) of people aged 16 years and over identified as straight or heterosexual, 1.2% \(17,700\) identified as gay or lesbian, 0.7% \(11,300\) identified as bisexual, 0.2% \(2,600\) identified as other sexual orientation, 4.6% \(69,300\) preferred not to say and 3.3% \(50,000\) did not state their sexual orientation.](#)

Sexual orientation will have no bearing on the guidance, the NICE recommendations will affect all those suitable individuals irrespective of their sexual orientation.

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### **Men & Women generally** evidence / information:

There is no qualitative or quantitative evidence available in relation to the gender of those individuals with suspected sepsis who are not and have not recently been pregnant in Northern Ireland.

Recent statistics indicate that a greater number of the 45.7 million items dispensed in the community (this includes community pharmacy, appliance contractors and dispensing doctors) in NI in 2024/25 were to females<sup>10</sup>. [Females account for 56.4% of all prescription items which could be attributed to a gender in 2024/25.](#)

This difference is not statistically significant or indeed surprising given that there are [slightly more females \(51%\) than males \(49%\)](#) in the total NI population as identified in the 2021 census<sup>11</sup>.

It is also important to note that females have a longer life expectancy than males<sup>12</sup>. The latest available estimates indicate that in 2022-24, [life expectancy in NI was 78.8 years for males and 82.6 years for females.](#)

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<sup>9</sup> Northern Ireland Statistics and Research Agency (2023) *Census 2021: Main statistics for Northern Ireland: Statistical bulletin: Sexual Orientation*. Available at: <https://www.nisra.gov.uk/system/files/statistics/census-2021-main-statistics-for-northern-ireland-phase-3-statistical-bulletin-sexual-orientation.pdf>

<sup>10</sup> Health and Social Care Business Services Organisation, Family Practitioner Services (2025) *General Pharmaceutical Services Statistics for Northern Ireland 2024 – 2025*. Available at: [General Pharmaceutical Services for Northern Ireland: Annual Statistics 2024/25](#)

<sup>11</sup> Northern Ireland Statistics and Research Agency (2022) *Census 2021: Main statistics for Northern Ireland: Statistical bulletin: Population and household estimates for Northern Ireland*. Available at: <https://www.nisra.gov.uk/system/files/statistics/census-2021-population-and-household-estimates-for-northern-ireland-statistical-bulletin-24-may-2022.pdf>

<sup>12</sup> Department of Health (NI) (2025) *Life Expectancy in Northern Ireland 2022-24*. Available at: [Life expectancy in Northern Ireland 2022-24: headline figures](#)

Data indicates that the Expectation of life at birth (EOLB) and median age are projected to increase over the next 25 years<sup>13</sup>. [Life expectancy for females is projected to increase from 82.3 years in 2022 to 85.4 years in 2047. Males are projected to experience a greater increase in life expectancy, from 78.4 years in 2022 to 81.9 years in 2047.](#)

Gender will have no bearing on the guidance, the NICE recommendations will affect all those suitable individuals irrespective of their gender.

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### **Disability** evidence / information:

There is no qualitative or quantitative evidence available in relation to those individuals with a disability, with suspected sepsis who are not and have not recently been pregnant in Northern Ireland.

The results of the 2021 census in NI<sup>14</sup> indicate that on census day, [one person in four \(24.3% or 463,000 people\) had a limiting long-term health problem or disability, 40% of which were aged 65 or more \(185,300 people\).](#)

Census 2021 results also reveal that 34.7% of people had one or more long-term health conditions (659,800 people). The most prevalent long-term conditions (whether solely or in combination with others) were [long-term pain or discomfort \(11.58%\), mobility or dexterity difficulty that limits basic physical activities \(10.91%\); shortness of breath or difficulty breathing \(10.29%\); an emotional, psychological or mental health condition \(8.68%\) and other condition \(8.81%\).](#)

The NICE recommendations will affect all those suitable individuals irrespective of disability. Though, the NICE guideline committee noted that people with a learning disability, people with cognitive impairment and people with communication difficulties may face additional challenges when describing symptoms, which could lead to further difficulties in ascertaining a diagnosis of suspected sepsis.

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<sup>13</sup> Northern Ireland Statistics and Research Agency (2025) 2022-based Interim Population Projections for Northern Ireland. Available at: [Statistical Bulletin - 2022-based Population Projections for Northern Ireland 1.pdf](#)

<sup>14</sup> Northern Ireland Statistics and Research Agency (2022) *Census 2021: Main statistics for Northern Ireland: Statistical bulletin: Health, disability and unpaid care*. Available at: [https://www.nisra.gov.uk/system/files/statistics/census-2021-main-statistics-for-northern-ireland-phase-2-statistical-bulletin-health-disability-and-unpaid-care.pdf](#)

**Dependants** evidence / information:

There is no qualitative or quantitative evidence available in relation to whether those individuals with suspected sepsis who are not and have not recently been pregnant in Northern Ireland, are with or without dependants.

Dependant status will have no bearing on the guidance, the NICE recommendations will affect all those suitable individuals, regardless of whether they have dependants.

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## **1.6 Needs, experiences and priorities**

Taking into account the information referred to above, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision?

Specify details of the needs, experiences and priorities for each of the Section 75 categories below:

### **Religious belief**

This guidance will affect all those suitable individuals with suspected sepsis who are not and have not recently been pregnant. There is no evidence that different religions will have any different needs, experiences, priorities or issues in relation to the guidance.

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### **Political Opinion**

This guidance will affect all those suitable individuals with suspected sepsis who are not and have not recently been pregnant. There is no evidence that different political opinions will have any different needs, experiences, priorities or issues in relation to the guidance.

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### **Racial Group**

This guidance will affect all those suitable individuals with suspected sepsis who are not and have not recently been pregnant. During development of the reviews related to hypoperfusion the NICE guideline committee discussed mottling as a marker for septic shock in dark-skinned populations. Based on the

NICE committee's experience and expertise they felt that the issue of skin colour in the use of mottling as a clinical perfusion marker in black and brown skinned populations should be considered. In addition, recommendations have been developed to ensure that practitioners should be aware of the possible greater risk for sepsis for people from Black backgrounds as well as those from south Asian backgrounds.

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## **Age**

This guidance will affect all those suitable individuals under 16 years with suspected sepsis who are not and have not recently been pregnant.

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## **Marital status**

This guidance will affect all those suitable individuals with suspected sepsis who are not and have not recently been pregnant. There is no evidence that those of different marital status will have any different needs, experiences, priorities or issues in relation to the guidance.

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## **Sexual orientation**

This guidance will affect all those suitable individuals with suspected sepsis who are not and have not recently been pregnant. There is no evidence that those of different marital status will have any different needs, experiences, priorities or issues in relation to the guidance.

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## **Men and Women Generally**

This guidance will affect all those suitable individuals with suspected sepsis who are not and have not recently been pregnant. There is no evidence that different genders will have any different needs, experiences, priorities or issues in relation to the guidance.

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## **Disability**

This guidance will affect all those suitable individuals with suspected sepsis who are not and have not recently been pregnant. The guideline cross refers to

NICE guidance on Babies, children and young people's experience of healthcare (NG204) which seeks to focus attention on the individual in front of healthcare professionals and to enable and support individuals to actively participate in the care they receive as far as is possible.

The recommendations also note the need for Healthcare Professionals to take extra care when assessing people who might have sepsis if there is difficulty in taking their history, for example people with English as a second language or people with communication difficulties (such as autism, cognitive impairment, learning disabilities, severe mental health conditions or brain injury). The risk related recommendation focuses on factors that may increase the risk of developing sepsis or sepsis not being identified properly.

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## **Dependants**

This guidance will affect all those suitable individuals with suspected sepsis who are not and have not recently been pregnant. There is no evidence that those of different dependant status will have any different needs, experiences, priorities or issues in relation to the guidance.

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## Part 2. Screening questions

### 2.1 What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? minor/major/none

**Details of the likely policy impacts on Religious belief:** No impact on equality of opportunity

What is the level of impact? ~~Minor~~ / ~~Major~~ / None (circle as appropriate)

**Details of the likely policy impacts on Political Opinion:** No impact on equality of opportunity

What is the level of impact? ~~Minor~~ / ~~Major~~ / None (circle as appropriate)

**Details of the likely policy impacts on Racial Group:** No impact on equality of opportunity

What is the level of impact? ~~Minor~~ / ~~Major~~ / None (circle as appropriate)

**Details of the likely policy impacts on Age:** No impact on equality of opportunity

What is the level of impact? ~~Minor~~ / ~~Major~~ / None (circle as appropriate)

**Details of the likely policy impacts on Marital Status:** No impact on equality of opportunity

What is the level of impact? ~~Minor~~ / ~~Major~~ / None (circle as appropriate)

**Details of the likely policy impacts on Sexual Orientation:** No impact on equality of opportunity

What is the level of impact? ~~Minor~~ / ~~Major~~ / None (circle as appropriate)

**Details of the likely policy impacts on Men and Women:** No impact on equality of opportunity

What is the level of impact? ~~Minor~~ / ~~Major~~ / None (circle as appropriate)

**Details of the likely policy impacts on Disability:** No impact on equality of opportunity

What is the level of impact? ~~Minor~~ / ~~Major~~ / None (circle as appropriate)

**Details of the likely policy impacts on Dependents:** No impact on equality of opportunity

What is the level of impact? ~~Minor~~ / ~~Major~~ / None (circle as appropriate)

**2.2 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories? Yes/ No**

Detail opportunities of how this policy could promote equality of opportunity for people within each of the Section 75 Categories below:

**Religious Belief** - If Yes, provide details:  
If No, provide reasons: No evidence to support this

**Political Opinion** - If Yes, provide details:  
If No, provide reasons: No evidence to support this

**Racial Group** - If Yes, provide details:  
If No, provide reasons: No evidence to support this

**Age** - If Yes, provide details:  
If No, provide reasons: No evidence to support this

**Marital Status** - If Yes, provide details:  
If No, provide reasons: No evidence to support this

**Sexual Orientation** - If Yes, provide details:  
If No, provide reasons: No evidence to support this

**Men and Women generally** - If Yes, provide details: this  
If No, provide reasons: No evidence to support

**Disability** - If Yes, provide details:  
If No, provide reasons: No evidence to support this

**Dependants** - If Yes, provide details:  
If No, provide reasons: No evidence to support this

**2.3 To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group?**

Please provide details of the likely policy impact and determine the level of impact for each of the categories below i.e. either minor, major or none.

**Details of the likely policy impacts on Religious belief:** The policy will not impact on good relations

What is the level of impact? ~~Minor~~ / ~~Major~~ / None (circle as appropriate)

**Details of the likely policy impacts on Political Opinion:** The policy will not impact on good relations

What is the level of impact? ~~Minor~~ / ~~Major~~ / None (circle as appropriate)

**Details of the likely policy impacts on Racial Group:** The policy will not impact on good relations

What is the level of impact? ~~Minor~~ / ~~Major~~ / None (circle as appropriate)

**2.4 Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?**

Detail opportunities of how this policy could better promote good relations for people within each of the Section 75 Categories below:

**Religious Belief** - If Yes, provide details:  
If No, provide reasons: No evidence to support this

**Political Opinion** - If Yes, provide details:  
If No, provide reasons: No evidence to support this

**Racial Group** - If Yes, provide details:  
If No, provide reasons: No evidence to support this

## 2.5 Additional considerations

### Multiple identity

Generally speaking, people can fall into more than one Section 75 category.

**Taking this into consideration, are there any potential impacts of the policy/decision on people with multiple identities?**

*(For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people).*

No impact. This guidance will benefit all relevant service users, including those with multiple identities.

**Provide details of data on the impact of the policy on people with multiple identities. Specify relevant Section 75 categories concerned.**

N/A

**2.6 Was the original policy / decision changed in any way to address any adverse impacts identified either through the screening process or from consultation feedback. If so please provide details.**

N/A

### **Part 3. Screening decision**

#### **3.1 Would you summarise the impact of the policy as; No Impact/ Minor Impact/ Major Impact?**

No Impact

#### **3.2 Do you consider that this policy/ decision needs to be subjected to a full equality impact assessment (EQIA)?**

No

#### **3.3 Please explain your reason.**

This guidance will impact on all sections of the community equally.

#### **3.4 Mitigation**

When the public authority concludes that the likely impact is 'minor' and an equality impact assessment is not to be conducted, the public authority may consider mitigation to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

#### **Can the policy/decision be amended or changed or an alternative policy introduced to better promote equality of opportunity and/or good relations?**

No

#### **If so, give the reasons to support your decision, together with the proposed changes/amendments or alternative policy.**

N/A

### 3.5 Timetabling and prioritising

Factors to be considered in timetabling and prioritising policies for equality impact assessment.

If the policy has been ‘**screened in**’ for equality impact assessment, then please answer the following questions to determine its priority for timetabling the equality impact assessment.

**On a scale of 1-3, with 1 being the lowest priority and 3 being the highest, assess the policy in terms of its priority for equality impact assessment.**

Effect on equality of opportunity and good relations – **Rating** \_\_\_\_ (1-3)

Social need – **Rating** \_\_\_\_ (1-3)

Effect on people’s daily lives – **Rating** \_\_\_\_ (1-3)

Relevance to a public authority’s functions – **Rating** \_\_\_\_ (1-3)

Note: The Total Rating Score should be used to prioritise the policy in rank order with other policies screened in for equality impact assessment. This list of priorities will assist the public authority in timetabling. Details of the Public Authority’s Equality Impact Assessment Timetable should be included in the quarterly Screening Report.

**Is the policy affected by timetables established by other relevant public authorities?**

N/A

**If yes, please provide details.**

## **Part 4. Monitoring**

Monitoring is an important part of policy development and implementation. Through monitoring it is possible to assess the impacts of the policy / decision both beneficial and adverse.

### **4.1 Please detail how you will monitor the effect of the policy / decision?**

The SPPG will be responsible for monitoring implementation of NICE guidance within HSC. To provide further assurance regarding implementation, RQIA will lead on assessing the implementation of NICE Guidelines.

### **4.2 What data will you collect in the future in order to monitor the effect of the policy / decision?**

N/A

***Please note:*** - *For the purposes of the annual progress report to the Equality Commission you may later be asked about the monitoring you have done in relation to this policy and whether that has identified any Equality issues.*

## **Part 5. Disability Duties**

**5.1 Does the policy/decision in any way promote positive attitudes towards disabled people and/or encourage their participation in public life?**

N/A

**5.2 Is there an opportunity to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the policy/decision or introducing additional measures? N/A**

N/A

## **Part 6. Human Rights**

### **6.1 Does the policy / decision affects anyone's Human Rights?**

Not applicable to NICE guidance.

### **6.2 If you have identified a likely negative impact who is affected and how?**

*At this stage we would recommend that you consult with your line manager to determine whether to seek legal advice and to refer to Human Rights Guidance to consider:*

- *whether there is a law which allows you to interfere with or restrict rights*
- *whether this interference or restriction is necessary and proportionate*
- *what action would be required to reduce the level of interference or restriction in order to comply with the Human Rights Act (1998).*

N/A

### **6.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy/decision.**

N/A