Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Equality Screening, Disability Duties and Human Rights Assessment Template

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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 Clinical Guideline NG256 - Kidney cancer: diagnosis and management

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Is this an existing, revised or a new policy?

New

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

This guideline covers diagnosing and managing renal cell carcinoma in people aged 18 and over. It aims to improve care by helping healthcare professionals offer people the right treatments and support, taking into account the person's individual preferences.

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 aged 18 and over with suspected or confirmed renal cell carcinoma.

Who initiated or wrote the policy?

National Institute for Health and Care Excellence (NICE)

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.

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:**
    - CG138 - Patient experience in adult NHS services: improving the experience of care for people using adult NHS services (endorsed by DoH in July 2012) - https://www.nice.org.uk/guidance/cg138
    - NG12 - Suspected cancer: recognition and referral (endorsed by DoH in August 2015) - https://www.nice.org.uk/guidance/ng12
    - NG197 - Shared decision making (endorsed by DoH in May 2022) - https://www.nice.org.uk/guidance/ng197
    - NG146 - Workplace health: long-term sickness absence and capability to work (endorsed by DoH in February 2020) - https://www.nice.org.uk/guidance/ng146

- NG86 - People's experience in adult social care services: improving the experience of care and support for people using adult social care services (published in February 2018) - https://www.nice.org.uk/guidance/ng86

- **Note:**
  - NG86 is a piece of NICE Social Care guidance which has not been endorsed by DoH for implementation in NI.

- who owns them? NICE/DoH

1.5 Available evidence

What evidence/information (both qualitative and quantitative[1]) 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 or confirmed renal cell carcinoma in Northern Ireland.

However, the results of the 2021 census in NI[2] 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 apply to all clinically appropriate individuals, irrespective of their religious belief.

Political Opinion evidence / information:

There is no qualitative or quantitative evidence available in relation to the political opinions of those individuals with suspected or confirmed renal cell carcinoma in Northern Ireland.

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[1] * 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).

[2] 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[3] 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%[4].

Political opinion will have no bearing on the guidance, the NICE recommendations will apply to all clinically appropriate individuals, irrespective of their political opinion.

Racial Group evidence / information:

There is no qualitative or quantitative evidence available in relation to the racial groupings of those individuals with suspected or confirmed renal cell carcinoma in Northern Ireland. However, data from Cancer Research UK from 2013-2017, shows that the incidence of kidney cancer is higher in white ethnic groups than in people from Black or Asian groups, and people with multiple ethnicities. However renal medullary carcinoma, a rare form of renal cell carcinoma, predominantly affects young adults with African and African- Caribbean heritage, who have sickle cell trait, sickle cell disease or other haemoglobinopathies which cause sickling of the red blood cells.

The results of the 2021 census in NI[5] 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 apply to all clinically appropriate individuals, irrespective of their ethnicity.

Age evidence / information:

There is no qualitative or quantitative evidence available in relation to the age of those individuals with suspected or confirmed renal cell carcinoma in Northern Ireland. However, Cancer Research UK data shows that the incidence of kidney cancer increases with age in both men and women, rising from the age of 35-39

[3] 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*

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

[5] 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

years and peaking at 80-85 years in both sexes. Mortality from kidney cancer also increases with age, in particular from age 70-74 years.

The latest available figures show that in mid-2024, the proportion aged 16-64 years was 61.9%.[6] The proportion of the NI population aged 65 and over was 18.1%.

The NICE recommendations will affect all those individuals aged 18 years and over. Kidney cancer in children is not covered in the recommendations because it is managed and treated as paediatric cancer and in a different pathway. In total proportion of the NI population aged 18 and over was 77.4%.[7]

Marital Status evidence / information:

There is no qualitative or quantitative evidence available in relation to the marital status of those individuals with suspected or confirmed renal cell carcinoma in Northern Ireland.

The results of the 2021 census in NI[8] 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 apply to all clinically appropriate individuals, irrespective of their marital status.

Sexual Orientation evidence / information:

There is no qualitative or quantitative evidence available in relation to the sexual orientation of those individuals with suspected or confirmed renal cell carcinoma in Northern Ireland.

[6] 2024 Mid-year Population Estimates for Northern Ireland, NISRA, 2025, 2024 Mid-year Population Estimates for Northern Ireland

[7] 2024 Mid-year Population Estimates for Northern Ireland, NISRA, 2025, 2024 Mid-year Population Estimates for Northern Ireland

[8] 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[9] 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 apply to all clinically appropriate individuals, irrespective of their sexual orientation.

Men & Women generally evidence / information:

There is no qualitative or quantitative evidence available in relation to the gender of those individuals with suspected or confirmed renal cell carcinoma in Northern Ireland. However, data from Cancer Research UK show that more men than women in the UK develop and die from kidney cancer. Data from 2017-2019 show that 63% of kidney cancers occurred in men compared to 37% in women and that 62% of kidney cancer-related deaths occurred in men compared to 38% in women. However, a study by Zhou et al 2019 in high-income countries, found that women were more likely than men to experience delays in diagnosis. Kidney cancer in both sexes tends to be diagnosed either through incidental findings of investigations for other conditions, or at advanced stages.

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[10]. 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[11].

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[9] 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

[10] 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

[11] 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

It is also important to note that females have a longer life expectancy than males[12]. 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.

Data indicates that the Expectation of life at birth (EOLB) and median age are projected to increase over the next 25 years[13]. 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 apply to all clinically appropriate individuals, irrespective of their gender.

Disability evidence / information:

There is no qualitative or quantitative evidence available in relation to those individuals with a disability, with suspected or confirmed renal cell carcinoma in Northern Ireland.

The results of the 2021 census in NI[14] 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%).

Disability will have no bearing on the guidance; the NICE recommendations will apply to all clinically appropriate individuals, irrespective of disability status. In addition, imaging accessibility considerations for people with obesity, as identified in the NICE screening documentation, highlight the importance of

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

[13] 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

[14] 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

ensuring equitable diagnostic pathways where equipment constraints may impact service availability.

Dependants evidence / information:

There is no qualitative or quantitative evidence available in relation to whether those individuals with suspected or confirmed renal cell carcinoma in Northern Ireland, are with or without dependants.

Dependant status will have no bearing on the guidance, the NICE recommendations will apply to all clinically appropriate individuals, regardless of whether they have dependants.

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 applies to all clinically appropriate individuals with suspected or confirmed renal cell carcinoma. Though, it was noted that some people have cultural and religious preferences to keep their kidneys and so have partial nephrectomies. It was also acknowledged during development of the guideline that for some people, religious or cultural barriers may prevent them discussing some of the symptoms of kidney cancer such as blood in their urine, with their doctor.

Political Opinion

This guidance applies to all clinically appropriate individuals with suspected or confirmed renal cell carcinoma. There is no evidence that different political opinions will have any different needs, experiences, priorities or issues in relation to the guidance.

Racial Group

This guidance applies to all clinically appropriate individuals with suspected or confirmed renal cell carcinoma. Though, as noted above, data from Cancer Research UK from 2013-2017, shows that the incidence of kidney cancer is higher in white ethnic groups than in people from Black or Asian groups, and people with multiple ethnicities. However renal medullary carcinoma, a rare form of renal cell carcinoma, predominantly affects young adults with African and African- Caribbean heritage, who have sickle cell trait, sickle cell disease or other haemoglobinopathies which cause sickling of the red blood cells

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Age

This guidance applies to all clinically appropriate individuals aged 18 years or over with suspected or confirmed renal cell carcinoma. Though, as noted above, Cancer Research UK data shows that the incidence of kidney cancer increases with age in both men and women, rising from the age of 35-39 years and peaking at 80-85 years in both sexes. Mortality from kidney cancer also increases with age, in particular from age 70-74 years.

Marital status

This guidance applies to all clinically appropriate individuals with suspected or confirmed renal cell carcinoma. There is no evidence that those of different marital status will have any different needs, experiences, priorities or issues in relation to the guidance.

Sexual orientation

This guidance applies to all clinically appropriate individuals with suspected or confirmed renal cell carcinoma. There is no evidence that those of different marital status will have any different needs, experiences, priorities or issues in relation to the guidance.

Men and Women Generally

This guidance applies to all clinically appropriate individuals with suspected or confirmed renal cell carcinoma. Though, it was noted that certain types of

imaging are not suitable for pregnant women and being pregnant can affect the choice of imaging used during diagnosis, as well as for during active surveillance or during follow-up after treatment.

As noted above, data from Cancer Research UK show that more men than women in the UK develop and die from kidney cancer. Data from 2017-2019 show that 63% of kidney cancers occurred in men compared to 37% in women and that 62% of kidney cancer-related deaths occurred in men compared to 38% in women. However, a study by Zhou et al 2019 in high-income countries, found that women were more likely than men to experience delays in diagnosis. Kidney cancer in both sexes tends to be diagnosed either through incidental findings of investigations for other conditions, or at advanced stages.

Disability

This guidance applies to all clinically appropriate individuals with suspected or confirmed renal cell carcinoma. To facilitate the decision-making process and ensure that patients are able to fully participate in this, the NICE committee added cross references to relevant sections of some core NICE guidelines in the overarching section of the kidney cancer guideline that covers information needs. These were the sections on patient information and support in NICE's guidelines on suspected cancer (NG12), patient experience in adult NHS services (CG138), shared decision making (NG197), workplace health (NG146) and NICE's guideline on people's experience in adult social care services (NG86).

In particular, NICE's guideline on patient experience in adult NHS (CG138) includes recommendations about knowing the patient as an individual with recommendations on taking the person's circumstances into account, Tailoring healthcare services for each patient with recommendations on taking the person's view and preferences into account and on involving family members or carers.

CT and MRI imaging have upper weight limits due to safety considerations and equipment design. As a result, some individuals with obesity may have limited access to certain imaging modalities for the diagnosis of renal cell carcinoma (RCC), as well as during active surveillance or follow-up after treatment. However, NICE has recommended a range of imaging options at diagnosis, during active surveillance, and throughout follow-up to help address situations where specific imaging modalities are unsuitable for individual patients or are not available.

Dependants

This guidance applies to all clinically appropriate individuals with suspected or confirmed renal cell carcinoma. There is no evidence that those of different dependant status will have any different needs, experiences, priorities or issues in relation to the guidance.

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 Dependants: 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

Part 7 - Approval and authorisation

Screened by:	**Position/Job Title**	**Date**
Jonathan Adair	EO1	13/05/2026
Approved by:		
James Gordon	DP	13/05/2026
Copied to EHRU:		

The Screening Template is 'signed off' and approved by a senior manager responsible for the policy (at least Grade 7), made easily accessible on the public authority's website as soon as possible following completion and made available on request.