

NHS Greater Glasgow & Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.

Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process.

Please contact ggc.equality.team@nhs.scot for further details or call 0141 201 4874.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

Please tick the relevant box:-

- Current Service
- Service Development
- Service Redesign
- New Service
- New Policy
- Policy Review

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Description of the service & rationale for selection for EQIA. (Please state if this is part of a service-wide consideration or is locally driven).

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

The Real-Time Patient Feedback (RTPF) pilot introduces a consistent, accessible method for patients, carers and visitors to provide immediate feedback on Facilities Services within acute hospital sites.

The pilot covers **Domestic Services, Portering Services, and Patient Catering** only.

The aims are to:

- Capture real-time insights into patient experience specifically relating to Facilities interactions.
- Identify and resolve issues quickly within operational teams.
- Strengthen person-centred improvements within Facilities Services in high-footfall acute environments.
- Provide a simple and accessible mechanism for patients who may not complete traditional surveys.

This pilot will inform whether a wider roll-out across all Acute or Board-wide services is appropriate.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.

An EQIA is required because:

- The use of QR codes relies on patients having a smartphone, digital literacy, and the physical ability to use their device.
- Patients with visual impairment, cognitive impairment, low literacy, dexterity challenges, or those without personal devices may be excluded if alternative formats are not provided.
- Language barriers may prevent some patients from understanding the poster or accessing the survey without translated versions or interpreting support.
- Some acute patients may be immobile, in pain or clinically unwell, reducing their ability to engage without staff assistance.

- The method of placing posters in patient rooms means that inclusivity of *communication* becomes a critical factor — a key equality consideration.
- Acute wards host a diverse patient population, including groups more likely to face digital exclusion or accessibility barriers.

Completing an EQIA ensures the pilot:

- Provides equitable access to feedback opportunities for all patient groups.
- Implements appropriate alternative routes (paper forms, staff-supported completion, translated wording, accessible formats).
- Meets NHSGGC responsibilities for inclusive communication, accessibility and equality monitoring.

Who is the lead reviewer and when did they attend Lead Reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Amanda Parker – Business Manager

Date of Lead Reviewer Training: N/A – process informed by input from EHRT Practitioner

Please list the staff involved in carrying out this EQIA (Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion)

- Facilities Governance & Assurance
- Facilities Operational Managers (Domestics, Portering, Patient Catering)
- Acute Site Facilities Teams
- Patient Experience & Public Involvement (PEPI)
- Equality & Human Rights Team

1. What equalities information is routinely collected from people currently using the service or affected by the policy?

If this is a new service proposal what data do you have on proposed service user groups. Please note below any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.

Example: A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.

Service Evidence Provided:

For the purposes of the Real-Time Patient Feedback project, the only information collected from patients will be:

- Name
- Contact details (either a phone number or email address)

This information is collected solely to allow Site Facilities Management to follow up directly where required.

No other personal, demographic or protected characteristic data will be collected at any stage, as it is not necessary for the operational purpose of this project.

Accessibility assurance:

All posters have been reviewed and approved through **Clear to All** to ensure they meet NHSGGC inclusive communication and accessibility requirements.

Possible negative impact and additional mitigating action required:

- Patients who do not provide contact details cannot receive a follow-up, but this does not constitute an equality barrier as participation is entirely voluntary.
- Posters have been designed to be clear, accessible and understandable to support informed choice.

2. Please provide details of how data captured has been/will be used to inform policy content or service design.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Example

A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)

Service Evidence Provided:

- Feedback will be reviewed at local Facilities governance meetings and used to target improvement actions.
- Trends will inform service adjustments within Domestic, Portering and Catering teams.

Possible negative impact and additional mitigating action required:

Because only a patient's name and contact details are collected, the service will not be able to identify whether specific equality groups are under-represented in the feedback. However, this does not create a disadvantage because the purpose of the project is operational follow-up, not demographic analysis. Posters have been reviewed and approved through Clear to All to ensure that the information is accessible to all patients.

3. How have you applied learning from research evidence about the experience of equality groups to the service or Policy?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Example

Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people.
(Due regard to removing discrimination, harassment and victimisation and fostering good relations).

Service Evidence Provided:

We currently receive patient feedback about Facilities Services through the PACE team; however, this feedback often arrives 2–3 months after it was originally submitted, which means it is sometimes too late for Facilities teams to make timely or impactful changes to the patient experience.

Patients and visitors will continue to have access to all existing feedback and complaints mechanisms, and any urgent concerns can still be raised directly with staff on the ward.

The learning applied here is that Facilities Services benefit from having a quicker, additional route for patients to share feedback.

The Real-Time Patient Feedback project adds this extra layer, giving Facilities the opportunity to understand issues immediately and make prompt improvements to the patient journey while the patient is still in the care environment.

Possible negative impact and additional mitigating action required:

None identified — this project enhances feedback options and does not replace any existing routes.

4. Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?

The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Example

A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake. (Due regard to promoting equality of opportunity)

* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.

Service Evidence Provided:

The project team has included input from both the Equality & Human Rights Practitioner and the Patient Experience and Public Involvement (PEPI) team, who have been members of the project group from the outset. Their involvement has ensured that the design of the posters, the communication approach and the use of QR codes meet NHSGGC accessibility and inclusive communication standards. PEPI also highlighted that this additional feedback route complements—rather than replaces—existing patient experience and complaints mechanisms, ensuring patients still have multiple accessible ways to raise concerns or provide feedback.

Possible negative impact and Additional Mitigating Action Required:

None identified. Engagement to date has supported improvements to accessibility and clarity, ensuring the project adds an inclusive additional feedback route without removing existing pathways.

5. Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Example

An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire.

(Due regard to remove discrimination, harassment and victimisation).

Service Evidence Provided:

The Real Time Patient Feedback pilot provides an opportunity for visitors to submit observations about facilities they have accessed. The use of QR codes may not be accessible to everyone but this does not replace existing mechanisms for reporting issues.

Possible negative impact and additional mitigating action required:

As above, the use of QR codes facilitates a quicker response to reported issues. Where access to QR codes is not possible for users, existing mechanisms for reporting remain in place.

6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.

Example

Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to deaf service users. Written materials were offered in other languages and formats. (Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).

Service Evidence Provided:

The project has been designed to ensure that all communication with patients and staff is accessible, clear and non-discriminatory. The posters used to promote the feedback option have been reviewed and approved through Clear to All to ensure they meet NHS GGC inclusive communication standards, including readability, layout, contrast and plain-language requirements. Patients who are unable to scan the QR code—for example due to language barriers, disability, low digital confidence, or lack of a smartphone—can still provide feedback through alternative routes, including speaking to ward staff or using existing feedback

and complaints mechanisms. Staff can also support patients to complete the form where appropriate.

Instructions on the posters are written in simple language, with clear visual cues, and translated versions will be available for the most commonly spoken languages across acute sites. Interpreting services remain available for patients requiring assistance.

These measures ensure that no patient is excluded from engaging with the service due to communication needs, disability, language barriers, or lack of access to digital devices.

Possible negative impact and additional mitigating action required :

No negative impacts identified. Alternative feedback routes and ward staff support ensure inclusivity for all patients.

7. Protected Characteristic

(a) Age

Could the service design or policy content have a disproportionate impact on people due to differences in age?

(Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).

If this decision is likely to impact on children and young people (below the age of 18) you will need to evidence how you have considered the General Principles of the United Nations Convention on the Rights of the Child. Please include this in Section 10 of the form.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided:

The project does not target any age group and does not include age-related eligibility. Patients of all ages who are able to use the QR code may do so, and those who cannot use existing ward-based feedback routes. Posters have been reviewed through Clear to All to ensure clarity and accessibility for all age groups.

Possible negative impact and additional mitigating action required:

(b) Disability

Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided:

Patients with a disability who cannot use a smartphone or scan the QR code can still provide feedback through existing mechanisms (speaking to staff, complaints pathways). Posters approved via Clear to All support readability, and staff can assist patients where needed.

The Real-Time Patient Feedback system will speed up identification and response to reported issues. This may mean that faults that may impact on access for disabled people are rectified quicker. It also allows for disabled people to have direct access to reporting relevant issues as they are observed.

Possible negative impact and additional mitigating action required:

(c) Gender Reassignment

Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

The project does not request gender information and has no content that affects trans or non-binary people differently.

Possible negative impact and additional mitigating action required:

(d) Marriage and Civil Partnership

Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

There is no differential impact based on marital or civil partnership status.

Possible negative impact and additional mitigating action required:

(e) Pregnancy and Maternity

Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

Pregnant patients or those with infants may prefer not to use a mobile device. They retain access to all existing feedback routes. Poster placement within patient rooms ensures visibility without requiring movement.

Possible negative impact and additional mitigating action required:

(f) Race

Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

The project does not collect any information relating to race, ethnicity or cultural background. The posters and feedback form do not ask for race-related data and the method of providing feedback does not treat patients differently based on race.

Possible negative impact and additional mitigating action required:

The QR code-led process is available in English only and may present some barriers to people who are unable to read English or have this as their first language. However, existing mechanisms for reporting facility-related issues will not be removed and will allow patients whose first language is not English to report while on site with the assistance of NHSGGC's interpreting support.

(g) Religion and Belief

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided:

The project does not involve any activity that would conflict with religious beliefs or practices.

Possible negative impact and additional mitigating action required:

(h) Sex

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

The project does not collect any information relating to sex or gender. The posters and feedback mechanism do not differentiate between male and female patients, and access to the QR-code form is the same for everyone.

Possible negative impact and additional mitigating action required:

(i) Sexual Orientation

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided:

Sexual orientation is not relevant to the use of the poster or QR code. No personal demographic data is collected.

Possible negative impact and additional mitigating action required:

(j) Socio – Economic Status & Social Class

Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?

In addition to the above, if this constitutes a 'strategic decision' you should evidence below due regard to meeting the requirements of the Fairer Scotland Duty (2018). Public bodies in Scotland must actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions and complete a separate assessment. Additional information available from the [Fairer Scotland Duty: guidance for public bodies - gov.scot](#)

Service Evidence Provided:

Some patients may not have access to a smartphone. These patients retain full access to all existing feedback and complaints mechanisms. The project does not remove or replace any current routes.

Possible negative impact and additional mitigating action required:

(k) Other marginalised groups

How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?

Service Evidence Provided:

Groups such as asylum seekers, people experiencing homelessness, or those with limited digital literacy may not be able to use QR codes. They can still use existing feedback routes. Posters have been reviewed through Clear to All to maximise clarity.

Possible negative impact and additional mitigating action required:

8. Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

This service change does not include any element of cost savings. The Real-Time Patient Feedback project is an additional feedback route and does not replace or reduce any existing services, resources or mechanisms.

Possible negative impact and additional mitigating action required:

9. What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups?

As a minimum include below recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.

Service Evidence Provided:

Staff involved in the Real-Time Patient Feedback project have completed all required statutory and mandatory training, including Equality, Diversity and Human Rights. The project team has also received advice from the Equality and Human Rights Practitioner and the PEPI team to ensure that communication materials and processes meet NHSGGC inclusive communication standards.

No additional training is required, as the project does not introduce any new processes that would disproportionately impact protected characteristic groups. Staff will continue to follow existing policies for supporting patients who may need help with communication or accessing feedback routes.

Possible negative impact and additional mitigating action required:

[10](#). In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

No human rights risks were identified in relation to the design or implementation of this project. The Real-Time Patient Feedback posters and QR-code form do not interfere with a patient's care, treatment, privacy, dignity or liberty.

The project provides an additional route for patients to give feedback specifically to Facilities Services. All existing feedback and complaints processes remain fully available to them, and urgent concerns can still be raised directly with ward staff.

The only personal information collected through the form is the patient's name and contact details, which are required so that Site Facilities Management can follow up appropriately. This does not infringe on any human rights, as:

- the information collected is minimal and directly linked to the purpose of the feedback

- patients choose whether or not to use the form
- patients continue to have other feedback and complaints routes that do not require contact details

The project supports human rights principles by enabling patients to express their views about their care environment, improving participation and responsiveness.

Please explain below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* (see below).

*FAIR is an acronym for the following -

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

A human-rights-based approach was applied through the use of the **PANEL principles** to ensure the project supports participation, fairness and accessibility without introducing any risks.

- **Participation:**
The QR-code form provides an additional way for patients to share their views directly with Facilities Services. Patients still retain access to all existing feedback and complaints routes, ensuring they can participate in the way that best suits them.
- **Accountability:**
Feedback collected will go straight to the Site Facilities Management teams, allowing issues to be followed up promptly, which strengthens accountability for service standards.
- **Non-discrimination & Equality:**
The posters have been reviewed and approved through **Clear to All** to ensure accessible communication. Patients who cannot use a QR code can still use ward-based feedback or complaints mechanisms, ensuring no group is excluded.
- **Empowerment:**
Patients are provided with a clear, simple mechanism to raise concerns or highlight positive experiences in real time, supporting their ability to influence the environment they are receiving care in.
- **Legality:**
The project does not restrict or interfere with any rights under the Human

Rights Act. The only personal information collected is the patient's name and contact details, required solely to allow appropriate follow-up.

No additional measures were required, as the project enhances feedback opportunities without replacing or limiting any existing rights or routes.

[11.](#) The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 came into force on the 16th July 2024. All public bodies may choose to evidence consideration of the possible impact of decisions on the rights of children (up to the age of 18). Evidence should be included below in relation to the General Principles of the Act. Go to the [full list of articles](#) to be considered for further information.

No Discrimination: Where the decision may have an impact, explain how the EQIA has considered discrimination on the grounds of protected characteristics for children. You may have considered children in each of the EQIA sections and returned relevant evidence.

Best Interests of the child: Where the decision may have an impact, explain how the EQIA has evaluated possible negative, positive or neutral impacts on children. You may find that options considered need to be reframed against the best possible outcome for children.

Life, survival and development: Where the decision may have an impact, explain how the EQIA has considered a child's right to health and more holistic development opportunities.

Respect of children's views: Where the decision may have an impact, explain how the views of children have been sought and responded to. You need to consider what steps were taken in Q4 in relation to this.

The project is currently being implemented within adult acute wards only, so there is no direct impact on children or young people at this stage.

However, if the project is rolled out to paediatric areas, including the Royal Hospital for Children, the working group would reconvene to review the approach. A child-friendly poster and communication format would be developed to ensure the method is appropriate for the age group.

In practice, children may not have access to a mobile phone to scan the QR code. This does not introduce any new disadvantage, as this reflects the same limitations children currently experience with existing feedback mechanisms. In these cases, parents or carers would be able to complete the form on the child's behalf, as they do now when providing feedback through other routes.

No discrimination or impact on children's rights is anticipated, as all existing feedback and complaints mechanisms would continue unchanged, and additional adjustments would be made as required to ensure age-appropriate access.

Having completed the EQIA template, please tick the relevant box that you, the Lead Reviewer, perceive best reflects the [findings of the assessment](#). This can be cross-checked via the Quality Assurance process:

Option 1: No major change (where no impact or potential for improvement is found, no action is required)

Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

Option 4: Full mitigation of identified risk not made, decision to continue without objective justification (Lead Reviewer to provide explanatory note here)

Option 5: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

If you believe your service is doing something that ‘stands out’ as an [example of good practice](#) - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the space below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Although the project does not collect additional demographic or protected characteristic data, it demonstrates good practice in inclusive communication and patient engagement. The Real-Time Patient Feedback posters have been reviewed and approved through Clear to All, ensuring they meet NHSGGC accessibility standards and can be understood by the widest range of patients.

The project also provides an additional, easy-to-use feedback route for patients, carers and visitors without removing any existing feedback or complaints mechanisms. This strengthens participation and supports a more responsive approach to patient experience within Domestic Services, Portering and Patient Catering.

By enabling Facilities teams to receive and act on feedback in real time, this approach promotes improved patient experience and supports equitable access to service improvement opportunities.

Actions.

From the additional mitigating action requirements sections completed above, please summarise the actions this service will be taking forward or tick the box next to 'No Actions Identified'

No actions identified

Date for completion

Who is responsible? (initials)

Ongoing 6 Monthly Review: please write your 6 monthly EQIA review date:

Lead Reviewer:

Name Amanda Parker

Job Title Business Manager FM & Corporate

Signature *A Parker*

Date 12/03/26

EQIA Sign Off:

Name

Job Title

Signature

Date

Quality Assurance Sign Off:

Name Alastair Low

Job Title Manager, EHRT

Signature *Alastair Low*

Date 12/03/26

Where unmitigated risk has been identified in this assessment, responsibility for appropriate follow-up actions sits with the Lead Reviewer and the associated delivery partner.

NHS Greater Glasgow & Clyde Equality Impact Assessment Tool
Meeting the Needs of Diverse Communities
[6 monthly review sheet](#)

Name of Policy/Current Service/Service Development/Service Redesign:

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

Action:

Status:

Completed

Date

Initials

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

Action:

Reason:

To be completed by

Date

Initials

Action:

Reason:

To be completed by

Date

Initials

Please detail any new actions required since completing the original EQIA and reasons:

Action:

Reason:

To be completed by

Date

Initials

Action:

Reason:

To be completed by

Date

Initials

Please detail any discontinued actions that were originally planned and reasons:

Action:

Reason:

Action:

Reason:

Please write your next 6-month review date

Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: Alastair.Low@nhs.scot