## 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:**

*Food and Vending Provision Policy*

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.<br><br>The NHSGGC Food and Vending Provision Policy sets out the requirements for food and drink sold across NHS Greater Glasgow and Clyde premises. It applies to in-house and externally managed retail, catering, café, vending, trolley and hospitality services. The policy aims to increase access to healthier food and drink choices for patients, visitors and staff, promote healthier eating behaviours, support compliance with national standards and contribute to reducing health inequalities. The policy also supports environmental sustainability through the promotion of sustainable food choices, reduction of food waste and responsible procurement. |
| 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.<br><br>The policy review has been selected for EQIA because food environments can affect population health, health inequalities, cultural and religious food access, affordability of healthy food and opportunities for healthier choices. NHSGGC recognises that food choice and dietary intake are influenced by cultural, religious, environmental, socio-economic and lifestyle factors and therefore an EQIA is required to assess potential impacts on protected groups. |
| 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)<br><br>Name: Aimee Matheson-Dear |

| |
|---|
| Date of Lead Reviewer Training: support provided by Lead for Equality and Fairer Scotland |
| 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)<br><br>Eileen O'Rourke, Retail services manager<br>Linda Morris, Programme Manager |

| **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.<br><br>**Example:** A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.<br><br>**Service Evidence Provided:**<br><br>This policy is focused on food and vending provision available to anyone visiting acute sites across NHSGGC. No data is routinely collected.<br><br>**Possible negative impact and additional mitigating action required:** |

**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 ☐

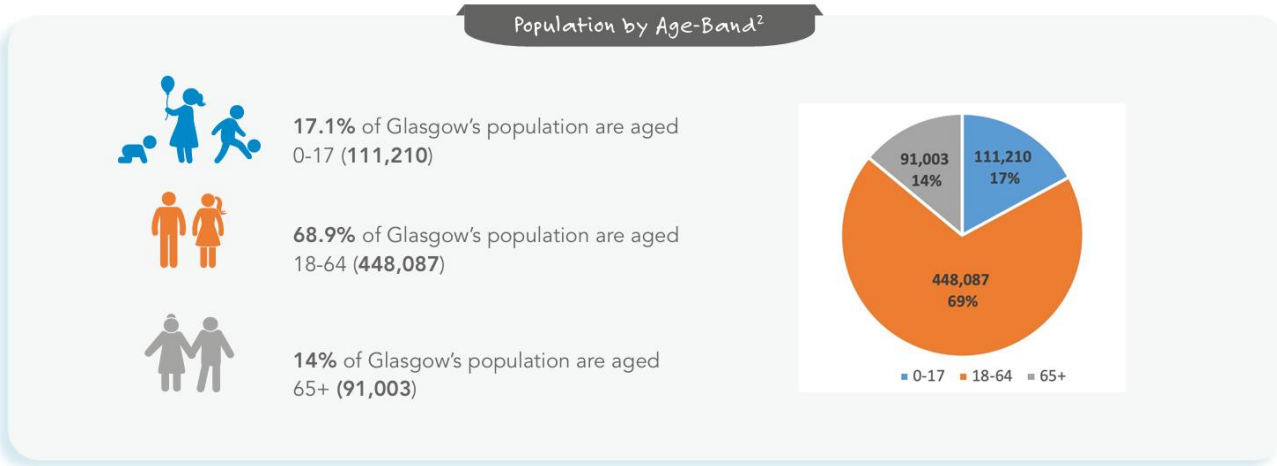
**Example**

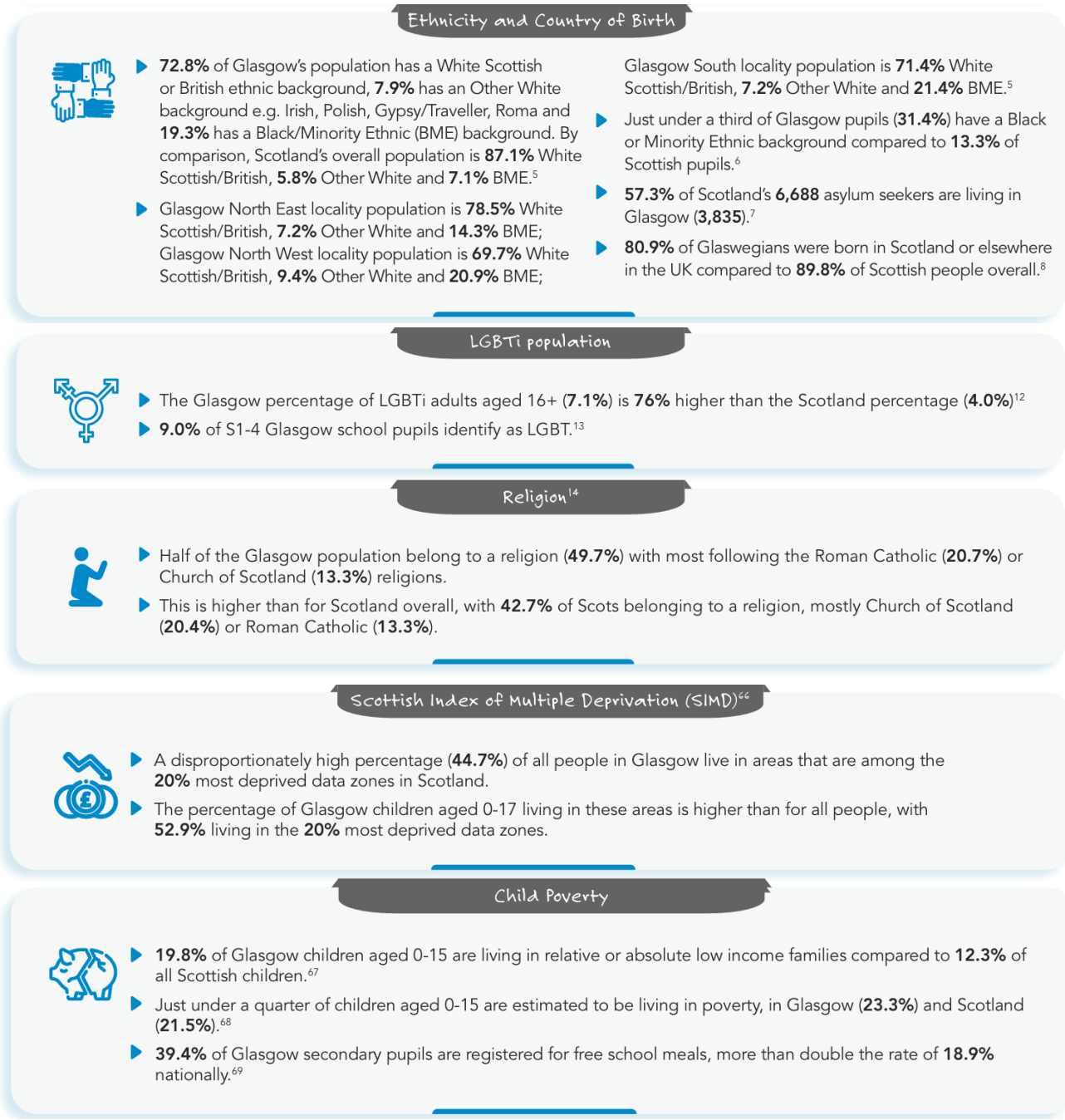
A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were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

**Service Evidence Provided:**

The policy review has been informed by the demographic profile of Glasgow.

Performance and Demographics | Glasgow City Health and Social Care Partnership






Additionally, the importance of creating supportive food environments is underlined by the continuing challenge of obesity in Scotland. In 2024, 31% of adults were living with obesity in Scotland and 17% of children were at risk of obesity and one third at risk of overweight, highlighting the need for sustained action across all settings to provide healthier food and drinks options. .

Further, the Good Food Nation (Scotland) Act 2022 establishes a framework requiring public bodies, including NHSGGC, to consider and report on how their activities contribute to national Good Food Nation Outcomes. As legislative requirements are implemented,

NHSGGC will ensure its food and catering services support these outcomes through actions that promote health, sustainability, local economies, and reduced environmental impact.

**Possible negative impact and additional mitigating action required:**

**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:**
The Board's approach is aligned with National strategies and policy drivers, including A Healthier Future: Scotland's Diet and Healthy Weight Delivery Plan (2018), which

sets out actions to reduce obesity and create environments that make healthier choices easier; the Chief Medical Officer's (CMO) Health Promoting Health Service letter (2018), which reinforces the NHS's responsibility to model and support healthy behaviours; the Scottish Government's Out of Home Action Plan (2021), which seeks to improve the nutritional quality of food sold in public sector and out-of-home settings; and the Good Food Nation Plan (2025), which promotes a coordinated, whole-system approach to ensuring everyone in Scotland has access to healthy, sustainable and affordable food.

All NHSGGC cafes, dining facilities, hospitality services and meal vending services currently maintain compliance with the Healthy Living Award Plus (HLA) standards until the new Eating Out Eating Well (EOEW) framework is available. As national implementation arrangements for EOEW have not yet been confirmed, this policy adopts a phased approach which maintains current standards while supporting progressive alignment with EOEW principles.

**Possible negative impact and additional mitigating action required:**

Ongoing review of national standards and implementation of the Eating Out, Eating Well Framework when introduced.

**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:**
Due to nature of this policy. There is no planned patient engagement.

If patients or service users etc wish to provide feedback or raise concerns, there is information displayed on screens around the various GGC sites with Retail Manager details.

There is also an annual Retail Survey inviting staff, patients and visitors to provide feedback. This was open from October-November 2026 however no data was available at the time of this EQIA. Following this collated feedback, there will be QR codes across GGC sites from January 2027 to provide feedback at any time.

**Possible negative impact and Additional Mitigating Action Required:**

**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 layout of NHSGGC venues is linked to facilities, out with the scope of this policy. Due to the number of facilities and vending machines available, we are unable to assess this on a collective basis as we could not provide a true reflection of accessibility.

**Possible negative impact and additional mitigating action required:**

Adaptations would be required at individual locations and has been discussed with the retail team. Currently, the following are in place:

- The retail team always ensure there is a staff member to assist anyone unable to carry food/drinks or trays etc.
- Counter tops are low for accessibility

- Food is served directly to customers tables within in Aroma venues, reducing the requirement for customers to carry food/drinks to tables.
- Vending machines are card only however there are other food outlets available around each NHSGGC venue
- Some venues have screen visuals for food options however this does not cover all NHSGGC facilities.

**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 NHSGGC revised policy will be publically available and circulated to the relevant staff groups upon publishing. We will ensure the EQIA can be made available in an accessible or alternative format where required, including translated versions where appropriate.

The policy will be communicated through:
•NHSGGC Intranet.
•NHSGGC website.
•Communication and implementation plans.
•Healthy food choice campaigns.
•Partnership working with retailers and providers.

**Possible negative impact and additional mitigating action required :**

**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 policy applies equally to staff, visitors and patients. The policy seeks to improve the food environment and increase availability of healthier choices for everyone using NHSGGC premises.

As of 2024, there were 650,300 people living in Glasgow; 17.1% aged 0-17 years, 68.9% aged 18-64 years and 14% aged 65+ years. It is projected that the ageing population will increase by 18.1% by 2036 highlighting the need for the food and vending provision policy to consider food options suitable for the elderly population. Vending machines may be harder to access for those with dexterity or sight issues so there should always be other options available nearby with staff who can assist individuals.

On the other hand, although the population of children 0-17 years is substantially smaller, the food and vending provision policy still needs to consider suitable and attractive options for children to encourage healthier choices from a young age.

NHSGGC can provide smaller portions of a number of products where this is practical. Products supplied through our CPU are produced in line with the relevant nutritional standards and criteria applied to our Retail Services.
The bouillon we use for soups are low salt however we cannot confirm that this meets the defined children's salt standard.

**Possible negative impact and additional mitigating action required:**

Public Health recommends the following:

- Food and vending options to include food items suitable for children, for example, using low salt stock cubes in soups.
- Ensure alternatives to vending machines are available nearby for those with sight, dexterity or disability issues.

**(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:**
20.1% of all Glasgow people have one or more health condition compared to 21.4% nationally, including 10.6% of those living with a physical disability and 5.9% living with one or more of a learning disability, learning difficulty or developmental disorder.

Healthier options should be available to all considering in 2024, 31% of adults were living with obesity in Scotland and 17% of children were at risk of obesity and one third at risk of overweight, highlighting the need for sustained action across all settings to support healthier food choices.

Although there is no current data, consideration should be made to those living with coeliac disease and any other severe dietary requirement including nut and milk allergies. We provide a range of gluten-free, vegetarian, vegan and halal suitable options across our Retail Services. However, our units are mixed food preparation and service environments, so we cannot describe them as completely gluten free or allergen free environments. We do not currently provide a specific Kosher food range.

All Aroma units have allergen information folders readily available within the servery. Digital screens also advise customers with an allergy or dietary requirement to speak to a member of staff for further information and assistance.

The layout of NHSGGC venues is linked to facilities, out with the scope of this policy. Due to the number of facilities and vending machines available, we are unable to

assess this on a collective basis as we could not provide a true reflection of accessibility.

**Possible negative impact and additional mitigating action required:**
Adaptations are required at individual locations and has been discussed with the retail team and includes:

- The retail team always ensure there is a staff member to assist anyone unable to carry food/drinks or trays etc.
- Counter tops are low for accessibility
- Food is served in Aroma venues
- Vending machines are card only however there are other food outlets available around each NHSGGC venue
- Some venues have screen visuals for food options however this does not cover all NHSGGC facilities.

**(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:**

No direct impact identified

**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:**

No direct impact identified

**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:**

The policy may have a positive impact through promoting access to healthier food and drink choices. No disproportionate negative impact identified.

**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 ☐

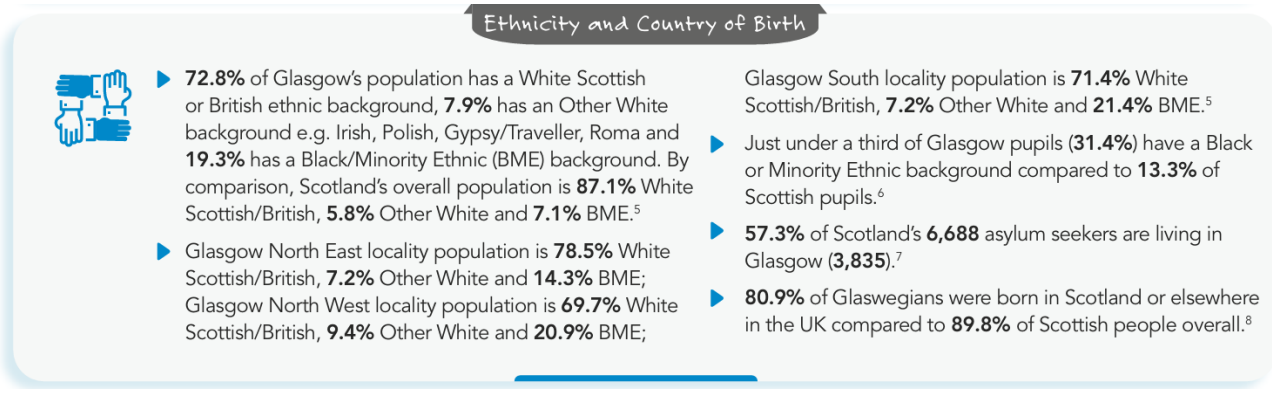
4) Not applicable ☐

**Service Evidence Provided:**

Food preferences and dietary needs may vary by ethnicity and culture. The policy recognises that food choices are influenced by cultural factors and requires suitable options to be available.

The policy applies equally to staff, visitors and patients. The policy seeks to improve the food environment and increase availability of healthier choices for everyone using NHSGGC premises.

The ethnic profile of Glasgow's population includes 19.3% of Black and Minority Ethnic (BME) people.



**Possible negative impact and additional mitigating action required:**

Ensure culturally appropriate food choices are available through retail and catering providers. NHS GGC currently provides a range of gluten-free, vegetarian, vegan and halal suitable options across our Retail Services.

**(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:**

Food preferences and dietary needs may vary by ethnicity and culture. The policy recognises that food choices are influenced by cultural factors and requires suitable options to be available.

The policy applies equally to staff, visitors and patients. The policy seeks to improve the food environment and increase availability of healthier choices for everyone using NHSGGC premises.

There are also several religions practised in Glasgow. Of the total population;

- 8554 practise Hinduism
- 51,086 are Muslim
- 3,620 are Sikh
- 1,019 are Jewish and
- 2,990 practise Buddhism

Due to the nature of Glasgow's diverse population, culturally appropriate options will be available to purchase including halal, dairy free, and vegetarian and vegan products.

**Possible negative impact and additional mitigating action required:**

Ensure culturally appropriate food choices are available through retail and catering providers. NHS GGC currently provides a range of gluten-free, vegetarian, vegan and halal suitable options across our Retail Services.

**(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:**

No direct impact identified

**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:**

No direct impact identified

**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:**

In Glasgow, 19.3% of all people are income deprived and 44.4% of all Glasgow adults have had difficulty meeting food and/or energy costs.

Levels of food insecurity have not returned to their pre-Covid level and are now considerably higher, particularly in areas of multiple deprivation. In the past year, 21.8% of all Glasgow adults have experienced food insecurity with 29.6% of those living in the 15% most deprived data zones.

In addition to this, The Food Foundations latest *Broken Plate* report highlighted that healthier foods are now more than twice as expensive per calorie than less healthy foods with the most deprived fifth of the population needing to spend 45% of their disposable income on food to afford the government recommended healthy diet, rising to 70% for households with children.

The policy explicitly aims to ensure healthier food and drink choices are affordable, accessible and prominently available, with particular consideration given to:

- People experiencing socio-economic disadvantage
- Shift workers
- Patients attending for prolonged periods
- Visitors

The policy is expected to contribute to reducing health inequalities by improving access to healthier food environments.

**Possible negative impact and additional mitigating action required:**

Public Health would recommend the following

- Price cap healthier options such as soups to improve accessibility and encourage healthier behaviours.
- Ensure there are options for payment including cash and card to ensure those without bank accounts, for various reasons, are not excluded from purchasing healthier items.

**(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:**
Glasgow's population includes almost 4000 asylum seekers which is 57.3% of Scotland's total asylum seekers, and just over 400 refugees resettled since 2014.

The policy applies equally to staff, visitors and patients. The policy seeks to improve the food environment and increase availability of healthier choices for everyone using NHSGGC premises.

**Possible negative impact and additional mitigating action required:**

Public Health would recommend the following

- Price cap healthier options such as soups
- Ensure there are options for payment including cash and card.

**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:**

The policy is not primarily a cost-saving exercise. It is intended to improve health outcomes, comply with national standards and support healthier food environments. Any commercial impacts will be monitored through feasibility assessments and annual reporting

**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.<br><br>**Service Evidence Provided:**<br><br>Development of the policy has been supported by NHSGGC Retail team and Food Fluid and Nutrition governance structures. There has been consideration of relevant national policy and standards. Staff within NHSGGC are expected to complete mandatory Equality and Diversity training in line with Board requirements.<br><br>**Possible negative impact and additional mitigating action required:**<br><br>Recommendation to promote availability of free Equality, Diversity and Inclusion training available via Turas to all external providers within NHSGGC. |

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.**

Not applicable

**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).**

Not applicable

*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.

Facts: Obesity, poor diet and health inequalities remain significant challenges in Scotland and NHSGGC.

Analyse Rights: Consideration given to equality, inclusion and access to healthier food choices.

Identify Responsibilities: NHSGGC, catering services, retail providers, vending suppliers and leaseholders share responsibility for implementation.

Review Actions: Compliance monitoring, reporting arrangements and future review through the Food Fluid and Nutrition governance framework.

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.

**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.**

**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'**

List anything to consider

Ongoing review of national standards and implementation of the Eating Out, Eating Well Framework when introduced - ongoing

**Date for completion Ongoing**
**Who is responsible? (initials) AMD**

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

Lead Reviewer:
Name
Job Title
Signature
Date

EQIA Sign Off:
Name: Aimee Matheson-Dear
Job Title: Health Improvement Senior, Nutrition
Signature: Aimee Matheson-Dear
Date: 29/10/2026

Quality Assurance Sign Off:
Name Dr Noreen Shields
Job Title Planning and Development Manager
Signature 
Date 02/11/2026

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

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

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