Lothian NHS Board

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Date: 04/09/2026
Our Ref: 11825
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Dear

FREEDOM OF INFORMATION – GRIEVANCE PANEL

I write in response to your request for information in relation to grievance panel appointments in NHS Lothian.

Question:

1. Please provide the Workforce/Employee Relations Scheme of Delegation, delegated-authority matrix or equivalent framework in force from 1 November 2025 to the present governing:

a. the appointment of Stage 1 and Stage 2 grievance Chairs or panels;
b. the required organisational seniority or management level of those Chairs;
c. the authority to make findings and determine grievance outcomes;
d. the authority to require or implement actions arising from an outcome; and
e. any distinction between authority to determine an outcome and authority merely to make recommendations.

Answer:

The Scheme of Delegation and the Formal Hearing Guide are enclosed with this response.

Early resolution is normally managed by the immediate line manager (unless they are involved). Formal stage 1 or 2 is chaired by the appropriate manager/director who has had no prior involvement in the case and sits outside the immediate line management chain where required to ensure independence.

Under the 'Formal Hearing Guide', the appointed Chair holds delegated authority to assess findings and issue formal outcomes/decisions. Where remedies involve wider organisational impacts outside the Chair's delegated authority, they may make formal recommendations to the relevant Service Director or Executive Director for implementation.

Question:

2. Any NHS Lothian procedure, guidance, checklist, standard operating procedure, template or decision tool used to assess a proposed grievance Chair's:

a. prior involvement;

b. impartiality;
c. organisational seniority;
d. delegated authority; and
e. authority to implement an outcome.

Answer:

We do not maintain a separate standalone Operating Procedure, checklist, or decision tool for assessing Chair suitability. Criteria for assessing prior involvement, impartiality, organisational seniority, and delegated authority are included within the Grievance Policy/Formal Hearing Guide and Guide for Managers which is enclosed. The guide specifies that the Chair must be impartial, independent of the matter raised, and hold appropriate organisational seniority relative to the parties involved.

Question:

3. Any recorded guidance explaining:
a. who may select or authorise a grievance Chair;
b. whether that selection or authorisation must be recorded;
c. where the record must be stored; and
d. which department or role is responsible for maintaining it.

Answer:

As outlined above panel chairs are identified in accordance with line management structures. Where an independent Chair from outside the service line is required, the appointment is recommended/agreed jointly by the relevant Service Director and sometimes with Employee Relations.

The selection and authorisation is not recorded or stored.

Question:

4. The applicable records-management or retention schedule for:
a. grievance case files;
b. Employee Relations case-management records;
c. grievance Chair appointment and authorisation records;
d. panel-composition and conflict-of-interest checks; and
e. correspondence concerning reconsideration or replacement of a Chair.

Answer:

Files are retained for 6 years post-case closure. They are held on electronic file by Employee Relations and the manager will hold an electronic or paper copy. The case is recorded on the Human Resources system eESS.

We do not hold documentation on appointment of the chair as this is done in line with the policy and scheme of delegation. If there is a concern raised by the employee or Union

representative regarding chair appointment this will be held as part of the Employee Relations case file.

Question:

5. Any recorded guidance describing when a grievance should be chaired by:
a. a manager from another service or directorate;
b. a Service Director;
c. a person of greater seniority than originally proposed; or
d. another appropriately senior equivalent manager because of the subject matter, complexity or seniority of individuals whose actions are under consideration.

Answer:

This is as per Grievance Policy and Formal Hearing Guide.

A Chair from outside the immediate service or a higher management level (such as a Service Director) is generally assigned when the immediate line management chain has had prior involvement in the grievance or informal resolution attempts, if there is an actual or perceived conflict of interest and if the complexity, scope, or seniority of the individuals whose actions are under review requires oversight by a higher level manager or Service Director.

Question:

6. Any current organisational chart or role-authority document sufficient to show the reporting and management levels of:
a. Associate Medical Director;
b. Associate Nurse Director;
c. Deputy Associate Nurse Director;
d. Diagnostics Manager;
e. Clinical Director; and
f. Service Director,
insofar as relevant to the grievance Scheme of Delegation.

Answer:

No organisational chart for the Scheme of Delegation is kept.

Question:

7. Any recorded information stating whether Employee Relations is expected to retain, or have access to, records evidencing the selection, authorisation, prior-involvement assessment and delegated authority of Chairs in ongoing grievance cases.

Answer:

There is no specific policy on this.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at https://www.foi.scot/appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the reviewer at the address at the top of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: https://org.nhslothian.scot/FOI

Yours sincerely

ALISON MACDONALD
Executive Director of Nursing Midwifery and AHPs
Cc: Chief Executive

NHS SCOTLAND | Workforce

Formal hearing guide

The following guide forms part of the standard for workforce policies that apply to all staff within NHSScotland regardless of which Board they are employed by.

Formal hearing process

When does this apply?

- formal appeal hearings
- formal attendance hearings
- formal capability hearing
- formal conduct hearings
- formal grievance hearings
- formal review hearings

Who should be present?

The following parties will be present throughout the hearing:

- Manager(s) hearing the case
- Member of the human resources (HR) team
- Investigating manager, or in grievance / appeal / review cases, the manager who took the decision and HR support
- Employee(s) and their representative

In the case of appeals against dismissal the panel will consist of:

- non-executive director
- executive director
- HR representative not previously involved

Witnesses

Witnesses will attend only for the period of time when they are being asked to present their evidence and respond to questions.

Professional / technical / educational advice

In certain cases it may be appropriate for the hearing panel chair to obtain professional advice relating to the case. This person would sit on the panel.

Representation

Employees have the right to be represented by a trade union representative or accompanied by a work colleague at a formal hearing. The representative is allowed to address the hearing, but not answer questions on the employee's behalf.

Witnesses also have the right to be accompanied at the hearing.

Process

1. Introduction

The Chair will:

- introduce those present
- outline the procedure for hearing

The standard hearing process is as follows:

2. Management Representative / Investigating Manager presents case

- The management representative will outline the case by going through the evidence.
- The management representative will call any witnesses to support the case as appropriate.
- All parties will question the witnesses.
- The employee and / or representative will be given the opportunity to question the Management Representative about the case.
- The hearing Chair and adviser will have the opportunity to question the management representative about the case.

3. Employee or representative presents case

- The employee / their representative will present their case, including any explanation and / or mitigating circumstances to be taken into account.

- The employee and / or representative will call any witnesses in support of their case, as appropriate.
- All parties will question the witnesses.
- The decision-making manager and HR support will have the opportunity to question the employee about their case.
- The hearing Chair and advisers will have the opportunity to question the employee about their case.

In cases of grievance and appeals the process is as follows:

2. Employee or representative presents case

- The employee / their representative will present their case, including any explanation and / or mitigating circumstances to be taken into account.
- The employee and / or representative will call any witnesses in support of their case, as appropriate.
- All parties will question the witnesses.
- The decision-making manager and HR support will have the opportunity to question the employee about their case.
- The hearing Chair and advisers will have the opportunity to question the employee about their case.

3. Management representative presents case

- The management representative will outline the case by going through the evidence.
- The management representative will call any witnesses to support the case as appropriate.
- All parties will question the witnesses.
- The employee and / or representative will be given the opportunity to question the management representative about the case.
- The hearing Chair and adviser will have the opportunity to question the management representative about the case.

4. Consideration of investigation evidence in grievance cases

Where an investigation of the grievance concerns was undertaken the evidence will be considered as follows:

- The investigating manager will present the findings of the investigation.
- The employee and / or representative will be given the opportunity to question the investigating manager.
- The decision-making manager and HR support will be given the opportunity to question the investigating manager.
- The hearing Chair and adviser will have the opportunity to question the investigating manager.

5. Summing up

- The management representative or investigating manager will summarise their case.
- The employee and / or representative will summarise their case.
- No new information may be brought in at this stage.

6. Adjournment for hearing manager to consider case m

The hearing Manager will inform the employee and representative, whether they will be able to give an outcome on the day.

If they are unable to confirm an outcome on the day, they will confirm to the employee whether they will reconvene or notify the employee in writing of the outcome within 7 calendar days following the hearing.

A formal note of the hearing should be prepared and shared with all parties.

NHS Lothian
Scheme of Delegation for Dismissals (Non-medical and dental)

The NHSScotland Workforce policies have a set of principles that underpin the application of the policies. With regard to dismissals, it states:

"The number of managers with dismissing powers should be restricted but sufficient to ensure cases can be concluded in a timely manner. They should normally be at Director level or report to a director."

NHS Lothian has defined Director level as members of the Corporate Management Team. These individuals and those who report directly to them therefore have dismissing powers for conduct. Given the number of attendance cases which now require a Stage 3 Hearing and the potential of a Board level appeal, those who report to individuals with conduct dismissal powers can undertake incapacity dismissals(ICD). There is no scope for deputies under this process. If the identified dismissing officer for the area is unable to take the case, then an individual with dismissing powers from another area should be identified.

Director Dismissing Powers: Conduct and ICD	**Directorate**	**Direct Report Dismissing Powers: Conduct and ICD**	**Dismissing Powers – ICD & probation only**
Chief Executive Officer Caroline Hiscox	All		
	REAS	Services Director Jillian Torrens	GM Mike Reid Siobhann Blair AND Craig Stenhouse
Deputy Chief Executive Jim Crombie	All		
	Facilities and Estates	Director of Estates and Facilities Morag Campbell Associate Director of Estates and Facilities TBC	Head of Sustainability Head of Estates TBC Head of Risk, Quality and Assurance TBC Head of Soft Facilities Management Danny Gillan Senior PFI Lead Gary Whyte
	Analytical Services	Andrew Jackson, Deputy Director	

Acute Services Chief Operating Officer Michelle Carr	RIE Site	Site Director Jo Dobson	GM(Acute Medicine and ED) Jennifer Watters (interim) GM(Surgical) GM(Care of the Elderly and CTR) Chris Connolly AND Michelle Jack
	SJH Site	Site Director Andy McKay	GM(Medical) Shirley Douglas-Keogh GM(Surgical) Ann Smith AND Agnes Ritchie
	WGH Site	Site Director Chris Stirling	GM(Medical) David Walker GM(Surgical) Jenny Fleming GM(Cancer) Lyndsay Cameron AND Neil Boyle (acting)
	DATCC	Services Director Ian Gorman	GM(ATCC) Jane MacDonald GM(Diagnostic) Jamie Hetherington AND Jane McNulty Andrew Davie, Health Care Science Professional Lead
	OPAT	Services Director Gillian Cunningham	AND Carolyn Meldrum
	WACAS	Services Director Aris Tyrothoulakis	GM Fiona Schofield AND Peter Campbell AMD Katy Ruggieri
	AHPs	Eddie Balfour	
Director of Nursing and AHPs Alison MacDonald	All	Nurse Director – Acute Claire Palmer Nurse Director – Primary Care Pat Wynne	

		Nurse Director – Mental Health and LD Karen Ozden Director of Midwifery Mercedes Perez-Botella	
	Corporate Nursing	Deputy Nurse Director Fiona Ireland	GM Chantelle Willox Head of PET TBCLi
	AHPs	Director of AHPs Heather Cameron	
Medical Director Tracey Gillies	All		Deputy Medical Director Eddie Doyle Medical Director, Acute Caroline Whitworth Associate Director of Quality Jill Gillies
	Pharmacy	Director of Pharmacy Scott Garden	Associate Directors of Pharmacy Melinda Cuthbert Stephen McBurney Alexa Wall Jane Brown
	eHealth	Director of eHealth David Stibbards	Head of eHealth Operations Iain Robertson Head of Health Records Lisa Watson Head of Digital Innovation Paul Schofield Head of Digital Programmes and Development John Sturgeon
Director of Public Health Susan Webb	All		

	Public Health	Ashley Goodfellow, Deputy Director of Public health	Laura Hutchison, Head of EDI Tony Beveridge, Head of Resilience
Director of Finance Craig Marriott	All		
	Finance	Deputy Director of Finance Andrew McCreadie	
Director of People and Culture Tom Power	All		
	HR	Deputy Director of HR and OD Jo Roger	
Joint Director West Lothian IJB Alison White		Head of Health Yvonne Lawton	Chief Nurse Linda Yuill Chief AHP
Joint Director East Lothian IJB Fiona Wilson		Head of Operations David Hood	Chief Nurse Sarah Gossner Chief AHP Lesley Berry
Joint Director Midlothian IJB Morag Barrow		Head of Primary Care and Older People's Services Grace Cowan	Chief Nurse Fiona Stratton Chief AHP
Joint Director Edinburgh IJB Christine Laverty		Service Director (Operations) Mike Massaro – Mallinson Service Director (Strategic Planning) Andrew Hall	Chief Nurse Jill Irwin Chief AHP Hannah Cairns Head of Services: Angela Lindsay – Home First &Community Based Support Heather Mackie – Hospitals, Care Homes and Tech Amegad Abdelgawad – Primary Care

			Anna Duff – Mental Health, LD & Sub Use

NHS SCOTLAND | Workforce

Scheme of delegation principles

The following guide forms part of the standard for workforce policies that apply to all staff within NHSScotland regardless of which Board they are employed by.

Given the range and scale of employers within NHSScotland, it is not possible to define a standard scheme of delegation. On that basis the following general principles should be applied when establishing any hearing panels under NHSScotland workforce policies:

- The chair of any hearing panel should be one step removed from the employee to ensure impartiality i.e. it should not be the direct line manager
- The number of managers with dismissing powers should be restricted but sufficient to ensure cases can be concluded in a timely manner. They should normally be at Director level or report to a director
- Where there are insufficient levels within an organisation to allow cases to be considered without reaching board level at an early stage, cases may be heard by equivalent managers from other services
- In Health and Social Care Partnerships, local authority employed managers can hear cases of health staff as long as these are under the relevant NHSScotland Workforce policy and they are advised by a health HR representative
- In cases involving professional, technical or educational matters, the chair must be supported by a relevant adviser or representative from the educational institution if they do not have the necessary qualifications / registration to do so