

**APPROVED MINUTES**

**Scottish Intercollegiate Guidelines Network (SIGN) Council meeting**  
**Wednesday 13 November 2019, 10.30 am -1.00 pm**  
**Healthcare Improvement Scotland, Edinburgh**

<b>Present</b>	
Professor Angela Timoney (AT)	SIGN Chair
Mr Mohammed Asif (MA)	Royal College of Surgeons of Edinburgh
Dr Jenny Bennison (JB)	Royal College of General Practitioners – SIGN Vice-Chair
Alistair Brown (AB)	Scottish Association of Social Workers (deputy)
Beatrice Cant (BC)	Programme Manager, SIGN
Ms Iris Clarke (IC)	Allied Health Professionals
Dr Sara Davies (SD)	Scottish Government (by telephone)
Dr George Fernie (GF)	Healthcare Improvement Scotland (deputy)
Karen Graham (KG)	Public Involvement Advisor, SIGN
Ms Alison Gray (AG)	Allied Health Professionals (by telephone)
Maureen Huggins (MH)	Patient Representative
Dr Roberta James (RJ)	SIGN Programme Lead
Mr Kenneth McLean (KM)	Lay representative (by telephone)
Dr Alan Ogg (AO)	Faculty of Clinical Radiology
Dr Safia Qureshi (SQ)	Director of Evidence
Mrs Margaret Ryan (MR)	Royal Pharmaceutical Society (by telephone)
Mr Duncan Service (DS)	Evidence Manager, SIGN
Dr Lydia Simpson (LS)	Junior Representative
Dr David Stephens (DSt)	Royal College of General Practitioners
Ms Jacqueline Thompson (JT)	Royal College of Nursing (by telephone. Deputy)
Mr Andrew Thomson (ATh)	SGPC Representative (by telephone)
<b>In attendance</b>	
Ms Kirsty Allan (KA)	Executive Secretary to SIGN Council (Minutes)
<b>Observers</b>	
Wendy McDougall (WM)	Healthcare Improvement Scotland

<b>Apologies</b>	
Dr Emilia Crighton (EC)	Faculty of Public Health Medicine
Professor Lesley Colvin (LC)	Royal College of Anaesthetists
Mr Andrew de Beaux (AdB)	Royal College of Surgeons of Edinburgh (deputy)
Mr Euan Dickson (ED)	Royal College of Physicians and Surgeons of Glasgow
Mr Mike Gavin (MG)	Royal College of Ophthalmologists
Mr David Hewitson (DH)	Scottish Association of Social Workers
Dr Scott Jamieson (SJ)	Royal College of General Practitioners (deputy)
Dr Chu Chin Lim (CCL)	Royal College of Obstetricians and Gynaecologists
Professor Gregory Lip (GL)	Royal College of Physicians of Edinburgh
Dr Vivienne MacLaren (VM)	Faculty of Clinical Oncology
Dr Rajan Madhok (RM)	Royal College of Physicians and Surgeons Glasgow
Laura McIver (LM)	Healthcare Improvement Scotland
Professor Phyo Kyaw Myint	Royal College of Physicians of London
Professor Ronan O'Carroll (RO)	British Psychological Society
Dr Colin Rae (CR)	Royal College of Anaesthetists
Ms Caroline Rapu (CR)	Royal College of Nursing
Dr Karen Ritchie (KR)	Healthcare Improvement Scotland
Matthew Smith-Lilley (MSL)	British Association for Counselling and Psychotherapy (BACP)
Mr Alan Timmins (ATi)	Royal Pharmaceutical Society (deputy)
Eileen Wallace (EW)	Lay representative
Professor David Wilson (DW)	Royal College of Paediatrics and Child Health

<b>1.</b>	<b>Welcome and apologies</b>	
	<p>The chair welcomed Council members and observer to the meeting. AT welcomed new members Alan Ogg (Faculty of Clinical Radiology), Alistair Brown (Scottish Association of Social Workers), Safia Qureshi (Director of Evidence).</p> <p>Apologies were noted as above.</p>	
<b>2.</b>	<b>Register of Interests</b>	
	<p>The Register of Interests was circulated during the meeting and AT asked anyone who had any changes to be made, to note them. Blank Declaration of Interest forms were also circulated during the meeting and AT asked that anyone who had not completed one to do so before leaving the meeting today.</p> <p>An updated Register of Interest and Declaration of Interest will be made available on the SIGN website.</p>	<b>KA</b>

<b>3.</b>	<b>Minutes of the previous meeting</b>	
	<p>AT thanked John Kinsella for his term in office and the outstanding job he did as Chair. The minutes of the previous meeting held on Wednesday 5 June 2019 were accepted as accurate.</p> <p>The minutes will be available on the SIGN Council and SIGN website.</p>	<b>KA</b>
<b>3.1</b>	<b>Review of action point register</b>	
	<p>Strategic business</p> <p>Revising the terms of reference for Strategy Group has been deferred and the copyright agreement is in progress. A generic version of the Guidelines in Practice copyright agreement will be used with other organisations.</p> <p>The review of membership of SIGN Council is currently ongoing.</p>	<b>RJ</b> <b>AT/RJ/KA</b>
<b>4.</b>	<b>Strategic Business</b>	
<b>4.1</b>	<b>Evidence directorate</b>	
	<p>SQ gave a presentation to members of the planned future vision of the Evidence Directorate. The three challenges given to SQ by the Chief Executive of Healthcare Improvement Scotland in beginning her role as the Evidence Director were detailed as well as what is planned to address the challenges.</p> <p>The challenges were:</p> <ol style="list-style-type: none"> <li>1. ensure the work of the directorate is relevant to the challenges of our frontline health and care services</li> <li>2. raise the profile of the directorate and the importance of evidence</li> <li>3. improve how the different elements of the directorate work together.</li> </ol> <p>It was agreed that the Evidence Directorate would pilot a new approach to determining how questions requiring evidence were assigned across the Directorate. This will impact on SIGN in terms of decisions around new guidelines.</p>	
<b>4.2</b>	<b>SIGN Council</b>	
	<p>AT gave a presentation to the members on her impressions since coming into post, what does and does not work. The themes from the June SIGN Council workshop, and the issues around membership that SIGN Council should consider were presented by AT. These were:</p> <ol style="list-style-type: none"> <li>1. Closer linking of Council to the work of Guideline Development Groups</li> <li>2. Support for Council members in representing SIGN and your constituency</li> <li>3. Methodology, publication, dissemination and implementation of Guidelines</li> </ol> <p>AT proposed that there should be a 3 year term of office. Council members to serve a maximum of 2 terms with a third term in exceptional circumstances</p>	

	<p>MA commented that there will be a need to strike a balance for engagement. Proposed two terms, stay on and allow one new person for the third term. JB agreed with the need to keep wisdom on SIGN Council. LS commented that trainees may not be fully engaged with the Colleges and those interested in SIGN guidance may be different from those who engage with College. It was proposed that the Council member and deputy could be a senior and more junior College member. The senior member would have a mentorship role to enable the more junior member to take over the senior position. Discussion followed as to how this will work with respect to trainees. A discussion between LS and AT is needed on how to engage trainee representatives.</p> <p>AO commented there is uncertainty in Royal Colleges about what SIGN Council does. A mentoring system for deputies would be good and help people put themselves forward. JT indicated there are about 50 specialist forums/networks at the RCN and this is how things are cascaded. JT to send a link to AT for this.</p> <p>Agreements: It was agreed that it would be useful to consider if members of SIGN Guideline Development groups would be useful College nominations. Active past members could be canvassed to determine their wish to serve on Council and names could be provided to Royal Colleges for consideration for nomination.</p> <p>It was agreed that Royal Colleges would be asked to nominate more than one person for any vacancy in order that SIGN could ensure that SIGN Council addresses needs to respect diversity and equality requirements.</p> <p>It was agreed that at Council meetings in 2020 members would progress other issues raised in the workshop in June and by the Chair. This includes linking SIGN Council members to Guideline development group work, strengthening two way working for Council members to link with their College on SIGN matters and representing College views at SIGN, ensuring SIGN maintains its position as the source of evidence based clinical guidelines for NHS Scotland.</p> <p>Terms of office are required, balance the need to keep the organisational memory and senior member to mentor colleague's deputy role. Ensure demography, diversity and quality are considered. The agreements will be finalised and signed off at the March 2020 SIGN Council meeting.</p>	<p><b>KA</b></p> <p><b>JT</b></p> <p><b>All</b></p>
4.3	Strategy group update	
	<p>JB highlighted most of the issues discussed at Strategy group have been covered in the SIGN Council agenda. The only thing not discussed from the recent meeting was the new collaboration between SIGN/BTS/NICE for the asthma guideline. This collaboration was announced in July and BTS/SIGN/NICE are to jointly present proposals about this work at BTS Winter meeting December 2019</p>	

4.4	NICE accreditation of SIGN guidelines	
	DS made the members aware that Strategy Group recommended that SIGN continue with the NICE accreditation of SIGN guidelines. SIGN Council agreed that NICE accreditation would continue.	
<b>5.</b>	<b>SIGN Executive Business</b>	
5.1	Guideline development programme	
	There was no discussion of the circulated paper.	
5.2	Project report	
	There was no discussion of the circulated paper.	
5.3	Methodology	
	There was no discussion of the circulated paper.	
5.4	Public partner involvement	
	<p>Karen Graham (KG) gave an update on the patient and public involvement work.</p> <p>Patient booklets –</p> <ul style="list-style-type: none"> <li>Fetal alcohol spectrum disorders (FASD) was published in October 2019</li> <li>An animation for young people based on the FASD booklet created in collaboration with SHC will be available in November 2019</li> <li>Arrhythmias, Delirium, Asthma x 2 and Epilepsy x 2 are in development</li> </ul> <p>KG is involved in the PPI toolkit work for G-I-N and the chapter on developing patient versions of guidelines is to be updated to reflect recent developments with SIGN's patient versions of guidelines.</p>	
5.5	GPAG Update	
	<p>RJ updated members in Rajan Madhok's absence.</p> <p>RJ summarised actions from the circulated minutes.</p> <p>No new topics will be taken onto the programme until the new evidence process is in place for proposals in the Evidence directorate.</p> <p>Members endorsed the decision to approve the following:</p> <ul style="list-style-type: none"> <li>Peripheral Arterial Disease. Will be piloted using the new Evidence Directorate proposal process.</li> <li>Venous thromboembolism. Inclusion in programme once proposals restarted as priority.</li> <li>Chronic Heart Failure is to be revalidated following the 3-year scoping process</li> <li>Acute Coronary Syndrome to be revised following the 3-year scoping process</li> </ul>	
5.6	Future programme	
	There was no discussion of the circulated paper.	
<b>6</b>	<b>Presentations from the 2019 G-I-N Conference</b>	

	<p>KG gave a presentation to members on the process of incorporating the patient experience and Public Involvement in SIGN Guideline 159: Epilepsy in Children.</p> <p>BC gave a presentation to members on the living guidelines – the quest for currency. Lessons from 16 years of the SIGN/BTS British guideline on the management of asthma.</p>	
7.	AOB	
	No items were raised.	
8.	<b>Next Steps and actions</b>	
	<ul style="list-style-type: none"> <li>• WebEx facilities to be available for the March 2020 SIGN Council meeting, KA will do this</li> <li>• The terms of office to be brought to the March 2020 SIGN Council for agreement, AT/RJ/KA will work on this</li> <li>• Better engagement is needed with AHPs and to consider how SIGN could work better with RCN tapping into RCN networks</li> </ul>	<p><b>KA</b></p> <p><b>AT/RJ/KA</b></p> <p><b>AT</b></p>
9	<p><b>Dates of future meetings</b></p> <p>11 March 2020 - The Studio, Glasgow</p> <p>3 June 2020 – Boardroom, Gyle Square, Edinburgh</p> <p>4 November 2020 – Meeting Room 6.4 and 6.5, Delta House, Glasgow</p> <p>Dates to be added to SIGN Council member’s diaries.</p>	<p><b>KA</b></p>