Accountability, Support, Planning and Reporting Procedure for Cochrane’s Geographic Groups

This document is applicable to Affiliates, Associate Centres, Centres and Networks.

# Part A – General Procedures

Accountability

All Groups in Cochrane’s Geographical network are ultimately accountable for their operational activities to Cochrane’s CEO, and through him/her to Cochrane’s Governing Board. However, only Cochrane Centres/Networks will be directly accountable to the CEO, with other Cochrane geographic Groups (Associates and Affiliates) accountable through their Cochrane Centre or Network.

Establishing accountability arrangements for new Groups

In countries where there is no existing Cochrane presence, a potential Cochrane Group (Affiliate/Associate Centre) will be able to directly contact Cochrane’s Central Executive with a proposal for its activities to be overseen by a Cochrane Centre/Associate Centre/Network of its choice. This choice may be based on factors such as a common language; nature of work intended; specialist support skills needed and offered; strong personal, historical or institutional links.

There will be a collaborative process for establishing the accountability arrangements for the new Group. This will involve discussions with the Group in question and the other Centres in the region. A recommendation will then be discussed at the Geographic Groups’ Executive before the CEO makes a final decision on the accountability lines for the new Group.

Collaboration Agreements

A formal [Collaboration Agreement](https://community.cochrane.org/sites/default/files/uploads/inline-files/Collaboration%20Agreement%20for%20existing%20Cochrane%20Centres_February%202019.docx) will be established between Cochrane and the Cochrane Centres, Networks and other Groups that have a direct line relationship with the Central Executive. This Agreement will set out the mutual responsibilities and accountabilities of Cochrane and its Central Executive and the Director/Head and Group. This will be routinely re-assessed as part of the management, reporting and monitoring process (at least once every five years).

This Collaboration Agreement will consist of some generic clauses which all Groups reporting to the CEO will have to sign up to, but it may also contain some custom clauses for each Group as we appreciate that Groups operate in different contexts and so a completely generic agreement is not appropriate.

We encourage Centres and Associate Centres who manage other Groups to set up similar agreements with those Groups that they manage; and suggest adapting the [generic Cochrane Collaboration Agreement template](https://community.cochrane.org/sites/default/files/uploads/inline-files/Collaboration%20Agreement%20for%20existing%20Cochrane%20Centres_February%202019.docx) for such use. However, the precise form of the agreements made between a Centre and an Associate Centre/Affiliate will be for their respective Directors to agree.

Accountability for multiple presences in a country

It is important that all Groups work within a clear accountability structure and this is particularly important where we expand Cochrane’s work in a country by having multiple presences, such as Affiliates. The existing Cochrane Group in the country will be central to the decision-making around the establishment of further Groups in the country.

Support and mentorship

In many cases the lines of formal accountability will be the same as the sources of regular mentorship and support that a Group receives. However, in certain situations there may be reasons why these relationships differ. For example, the Group most appropriate to offer support and mentorship could be an Affiliate or an Associate Centre, whilst the formal accountability line is with a Centre.

It is also possible that multiple support and mentorship lines are established, e.g., where a Group may be supported by one Centre on its training portfolio, but have mentorship and support from a different Centre for its knowledge translation programme. Support and mentorship relationships may differ due to language; similarities in functional priorities; and similar healthcare system or other geographically specific challenges.

Planning

For Groups who are directly accountable to the CEO, there is the requirement that a strategic plan/plan of action is created that shows how the Group will deliver its functions. This plan should also provide self-set targets for the Group. There are templates available for this purpose, though they are not mandatory. If a Group already has a plan, e.g. for a funder, that meets the requirements of Cochrane then this could be submitted instead.

Where Groups are not directly managed by the CEO, e.g., where Affiliates or Associate Centres are reporting to Centres, the Centre which has line management responsibility will decide what type of workplan needs to be submitted to them. The Central Executive has developed templates for Affiliates and Associate Centres and recommends that they be used or adapted by the Centre. However, there may be cases where in a country network, for example, planning takes place on a national level involving all Affiliates and the Centre and so whilst each Affiliate will of course have their own responsibilities, they may be party to a broader Country workplan managed by the Centre. Whether Affiliates in a country independently set their work-plans or form part of a broader shared workplan is at the discretion of the Centre Director.

Reporting

All Groups will report to Cochrane’s CEO through the Group to whom they are accountable. Reporting will be done on an annual basis and will consist of a report against the Group’s Strategic Plan and targets.

Centres will be responsible for obtaining reports from the Groups they are responsible for. They will then submit either the reports directly or in a collated report for their Centre and the Groups they manage.

# Part B – Possible Variations in Networks

Accountability arrangements for Networks

In general, the terms set out above should work for Networks. All lines of accountability will be within the Network and support and mentorship will come mostly, but not necessarily exclusively, from within the Network. All Groups within a Network will be accountable to Cochrane through the Network Co-Ordinating Centre, or, if there is not one overarching Centre, through the coordinating group or committee that oversees the activities and direction of the Network. In addition, where the Network includes a large number of Groups it may need to create accountability hierarchies. For example, it may establish new Affiliate Groups who report to Associate Centres within the Network.

Reporting arrangements for Groups within Networks

Groups that sit within a Network will report as defined by their Network. Cochrane’s Central Executive will require an annual report from the Network that shows activities within the Network as a whole. Cochrane will not need annual reports from each Group within the Network, but such reports should be prepared for the Network Co-ordinating Centre or any other Group who has delegated accountability responsibilities within the Network.

# Part C - Cochrane’s Charter of Good Management

Cochrane’s [*Charter of Good Management*](http://community.cochrane.org/organizational-info/resources/charter-of-good-management-practice) sets out the organization’s expectations of managers across the organization and the standards and behaviours we expect them to uphold. The Charter is designed to guide and support its leaders, and to give staff and volunteers working in Cochrane clear guidance on the management behaviours they should expect to see. However, because Network, Centre, Associate Centre and Affiliate staff are not directly employed by Cochrane, only the ‘Principles of the Charter’ on page 2 are applicable to Centre and Network Directors.

**Principles of the Charter**

The nature of Cochrane’s work, and of our extensive network of staff, volunteers and stakeholders, mean that Cochrane’s staff work in a demanding, multicultural and diverse environment. **Honesty, integrity and trust, together with the display and maintenance of high standards of professional conduct and competence, lie at the heart of best practice in management and leadership**. Cochrane expects its managers to display the highest standards in their working relationships with team members, other colleagues and stakeholders; and in their management and leadership activities undertaken on behalf of Cochrane.

**The management of Cochrane is based on the following principles:**

* Adherence at all times to behaviour and decision-making in accord with Cochrane’s mission and values.
* Working to the highest standards of excellence in order to deliver quality products and services to our users, partners and other stakeholders.
* A commitment to providing these products and services with the highest degree of efficiency, innovation and effectiveness to provide maximum impact on health decision-making.
* A commitment to transparency, openness and accountability in our relationships, communication and actions.
* Promoting regular participation in a spirit of mutual respect and cooperation.
* Embracing the diversity of thought and perspective represented by all at Cochrane; and encouraging employees and collaborators to offer and use all of their knowledge, skills and experience.

**All Cochrane employees have a right to:**

* Expect managers to manage according to this Charter and to the agreed policies, procedures, standards and values of Cochrane;
* An agreed individual work plan; and clear guidance on expectations and priorities;
* An annual appraisal;
* One-to-one meetings with their line manager on a regular basis, and at least monthly unless exceptional circumstances prevent it;
* Continuity between one-to-one meetings through the setting and review of action points.

Version control

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