Cochrane

Cochrane Governing Board Meeting 10am on 31 August 2023 to 3.30pm on 2 September 2023

Schedule	Thursday 31 August 2023, 10:00 AM — 5:00 PM BST Friday 1 September 2023, 9:00 AM — 5:30 PM BST Saturday 2 September 2023, 9:00 AM — 3:30 PM BST
Venue	The Royal Foundation of St Katharine, London
Description	The Governing Board will meet face to face in London on 31 August, 1 September and 2 September 2023 at The Royal Foundation of St Katharine, London E11 8DS. The Council Co Chairs will join the Governing Board on 1 September and 2 September
Organiser	Lucy Johnson-Brown

Agenda

10:00 AM	1. Welcome Presented by Catherine Marshall and Tracey Howe	
10:05 AM	2. Governance review - Trustees only with Barney Tallack For Discussion 📄 Item_03_Governance_Review_August_2023.pdf	1
12:00 PM	3. Report from the Governance and Nominations Committee - Trustees only with Barney Tallack For Decision - Presented by Karen Kelly 📄 Item_04_report from GovNomCo_August_ 2023.docx	35
	3.1. Governing Board succession planning For Decision - Presented by Tamara Kredo 📄 Item_4.1_Succession_planning_decision_paper_August_2023.docx	45

| 1:00 PM | LUNCH 1pm - 2pm |

| 2:00 PM | 4. Governance review discussion with Catherine Spencer, Karla Soares-Weiser, Casey Early and Lucy Johnson-Brown present |

For Discussion - Presented by Catherine Marshall and Tracey Howe

| 3:30 PM | 5. Cochrane communications report from a short term panel |

Report to Note - Presented by Gillian Leng and Juan Franco

📄 Item_06_Cochrane_Communications_short_term_panel_report. docx 52

| 4:30 PM | 6. Charity Commission advice and guidance |

For Information - Presented by Catherine Marshall and Tracey Howe

📄 Item_07_Charity_Commission_advice_guidance_July_2023.pdf 55

7. Day two welcome

Presented by Catherine Marshall and Tracey Howe

8. Approval of the agenda

For Decision - Presented by Catherine Marshall and Tracey Howe

9. Declarations of any conflicts of interest relating to items included on the agenda

| 9:00 AM | 10. Approval of the minutes of the meeting held on 18, 19 and 20 May 2023 |

For Decision - Presented by Catherine Marshall and Tracey Howe

📄 Item_11_minutes_cover page.docx 59

📄 Item_11_Governing Board meeting_ Draft_minutes_2023_05_18 restricted access.docx 60

📄 Item_11_Governing Board meeting_ Draft_minutes_2023_05_18 open access.docx 80

![Cochrane logo]

9:05 AM	11. Review of the action/decision log

Report to Note - Presented by Catherine Marshall and Tracey Howe

📄 Item_12_Decisions and actions as at May 2023.docx   92

9:10 AM	12. Report from the Chief Executive Officer

For Decision - Presented by Catherine Spencer

📄 Item_13_CEO Report August2023Board.docx   100

10:00 AM	13. Report from the Editor in Chief

Report to Note - Presented by Karla Soares-Weiser

📄 Item_14_Editor in Chief Report to Governing Board August 2023.docx   133

10:50 AM	14. Report from the Governing Board Co Chairs

For Information - Presented by Catherine Marshall and Tracey Howe

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11:00 AM	BREAK

11:15 AM	15. Report from the Remuneration Committee

For Decision - Presented by Catherine Marshall and Casey Early

📄 Item_15_Remuneration Committee report 1 September[140] 2023.pdf

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11:20 AM	16. Report from the Finance, Audit and Risk Committee

Report to Note - Presented by Karen Kelly and Casey Early

📄 Item_17_Finance_report_August_2023.pdf   149

11:50 AM	17. Strategy 2024-2027 - presentation from Tracey Barr (consultant)

For Discussion - Presented by Catherine Spencer

12:25 PM	18. Scientific strategy update

For Discussion - Presented by Karla Soares-Weiser

1:00 PM	LUNCH 1pm - 2pm and photographs in garden

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11:00 AM	24.1. Colloquium 2025	
	For Decision - Presented by Gavin Adams	
	📄 Item_252_Colloquium_2025_August_2023.docx	220

11:20 AM	24.2. Acceptance and refusal of donations policy	
	For Decision - Presented by Gavin Adams	
	📄 Item_253_Acceptance and refusal of donations policy August 2023.docx	223

11:30 AM	25. Emeritus and lifetime membership awards	
	For Decision - Presented by Gavin Adams and Catherine Marshall	
	📄 Item_26_ Lifetime and Emeritus Membership nominations_2023_09_02.docx	228

11:50 AM	BREAK

12:00 PM	26. Preparation for the Annual General Meeting
	For Discussion - Presented by Catherine Marshall, Tracey Howe, Catherine Spencer and Karla Soares-Weiser

1:00 PM	LUNCH 1pm - 2pm

2:00 PM	27. Governance review discussion with Co Chairs of Council
	For Discussion - Presented by Catherine Marshall and Tracey Howe

3:00 PM	28. Any other business, closing remarks and key messages to share

	29. To note the date of the next meeting
	6 December 2023 7pm - 9pm (UK time) - virtual meeting

Cochrane

Governing Board: Reports

Title:	**Chief Executive Report: Operational performance report to August 2023**
Previous papers submitted on this topic:	
Paper Number:	**GB-2023-25**
From:	Catherine Spencer
People Involved in the developing the paper:	Executive Leadership Team, Tracey Barr , Harry Dayantis, Tiffany Duque
Date:	To Board meeting end Aug 2023
For your:	1. **ASSURANCE** for headings 1-12 2. **Decision under heading 13:** **Resolution 1:** **To agree to implement referring to Cochrane as The Cochrane Collaboration in the first mention of Cochrane in text.** **To communicate this change at the Cochrane Colloquium or AGM** **To state who should announce this change** **Agree/ Disagree/ Abstain** **Resolution 2** **To decide whether the Governing Board meeting during the first quarter of 2024 will be held virtually or face to face.** **Agree/ Disagree/ Abstain**
Access:	Restricted

1.0 Strategy

1.1 Progress:

We are currently mid-way through the process to share and test the draft vision, mission and goals with key Cochrane stakeholders, which will continue through until the close of colloquium in September. This has been done in consultation with the

Strategy Working Group (Selection of slides detailing Goals in Annex A) Detail will be provided in the Governing Board session.

1.2 Engagement:

A series of zoom meetings have been held for different stakeholder groups at which the vision, mission and goals have been presented by Catherine Spencer followed by a facilitated discussion to address the questions that have been raised by those attending. All the sessions have been well attended with good representation from across the globe.

Each session has been recorded and the feedback from the meeting captured. Following the session, the slides and the recording have been shared with all those invited asking them to provide further feedback via their Council representatives and the Wider Leadership Group members.

In addition, in response to feedback from the CET session asking to make it easier for people to feedback, a survey has been developed to complement these sessions. Structured around the questions that have been included in the slide presentation, this survey will be sent to all those in the Cochrane community and the results will be analysed and shared at the colloquium https://www.surveymonkey.co.uk/r/M2NJZ63.

Finally, there will be opportunities for the community to engage and provide feedback at the colloquium – via a special session on the strategy that has been scheduled for 06.09.23 between 11.00 and 12.30pm; the Cochrane Community stand; and through other community meetings, e.g., Council, Geographic Groups Executive, Consumers Executive, and more.

1.3 Critical Friends:

During July and August, several interviews are being held with 'critical friends' of Cochrane from across the globe, identified by the Strategy Working Group, to get an external perspective into the organisational strategy, in particular on:

o Cochrane's role in the global health and care system, the value it adds and the potential to add even greater value in the future.
o The rapidly changing external global landscape and the potential opportunities and challenges these will present for Cochrane.
o What the strategic priorities should be for Cochrane over the next 3 to 5 years and where it should focus its resources and efforts to have the most impact.

1.3a Emerging Themes

As at 11.08.23 ten interviews have been completed and the intelligence gleaned from these interviews has been synthesised into three overarching themes. A transcript is available in the Annexes.

o Theme 1: Renew the focus, rebuild collaboration, reenergise the community.
o Theme 2: Focus on Global Health Equity – Partner to drive the delivery of UN SDGs
• Theme 3: Be more responsive to meeting the needs of our different audiences.

This, together with the feedback we are receiving from the wider consultation process, will be used to refine the emerging goals and develop the supporting implementation plans.

2.0 Income Generation

The income generation strategy is presented (separately) for sign off. This has been a lengthy process and I hope we can move forward to focus on raising funds.

Good work has been done concurrently to identify opportunities. This includes setting up legacy fundraising, direct fundraising from the website, identifying and making approaches to Trusts and Foundations and international and national agencies.

Karen Johnson is joining as our new Head of Fundraising on Wednesday 16th August.

2.1 Overview of income generation activities:

The scientific strategy will help identify projects that can be turned into potential bids – as we have already done for funding requests for Thematic Groups.

2.1a Fundraising

Contracts or Projects (funders could be governments or Trusts and Foundations) could help us to

- o deliver on our strategic aim to increase activity and capability in Lower Middle-Income Countries
- o develop project funding with existing and new donors.

Trusts and Foundations

Identify existing and new areas that match the funding interests of trusts and foundations and align with our mission.

Individual Giving

- o Donate button function has been updated.
Legacy programme (already under development)

2.1b Business Development (utilising and expanding existing 'services')

- o Training
- o Individuals sourcing training
- o packaged as a contract or project to provide training through partnership in a specific area identified as requiring capacity strengthening.
- o partnering with a university to provide accredited courses.
- o Membership as in 3.0
- • Work already significantly underway to add value and expand our membership programme.

2.1c Product Development (enhancing existing work and developing new products based on user need)

- o Enhanced functionality
Tools and data

3.0 Membership

Developing a paid version of membership continues to be a priority. Initial consultancy with *MemberWise* confirmed that an institutional version of paid membership should be our focus, with an individual offer also available for people who are not affiliated with an institution. There are opportunities to create a joined-up solution with the Open Access/Product Development work, thus this will be additionally considered in terms of the value proposition it could provide in our subscription work.

4.0 Product Development

We have been undertaking research to understand more about the value of structured data (PICO) for different user groups to inform the enrichment of data on the Cochrane Library.

We have also launched the white label version of Cochrane Crowd with European Centre for Disease Control (ECDC Crowd).

With the retirement of RevMan 5 for Cochrane Reviews, the subscription model for RevMan Web has been launched for non-Cochrane use and sales are on track to meet, and exceed, target for 2023.

5.0 Open Access

Validation of the OpenPlus model is underway with Wiley.

6.0 Finance

The Finance Report – from the Finance, Audit & Risk Committee – is provided separately but the key items are as follows:

- Latest 2023 financial projections on track at £0.4m deficit (budget: £0.4m deficit)
- Two resolutions to approve:
  a. Financial Delegations - increased contracts review threshold (£5k -> £10k)
  b. New banking mandate - Jordi Pardo Pardo to replace Tracey Howe

7.0 Human Resources

Starters from May 2023 till date:

First Name	Last Name	Department	Job Role	Start Date
Wanjiru	Mwangi	DEV	Internal Communications Manager	01/05/2023
Charlotte	Krüss	PT	Software Developer	08/05/2023
Kayleigh	Kew	EMD	Project Consultant	09/05/2023
Sue	Marcus	EPM	Managing Editor	09/05/2023
Anupa	Shah	EPM	Managing Editor	12/06/2023
Charlene	Bridges	PT	Information Specialist	19/06/2023
Michael	McShane	FCS	Finance Assistant	26/06/2023
Weronika	Oblak	CEOO	Governance and Administrative Officer	03/07/2023
Padraig	O Mahony	CEOO	Project Officer	07/08/2023
Sean	Gardner	PT	Product Owner	14/08/2023
Karen	Johnson	DEV	Head of Fundraising	16/08/2023

Leavers from May 2023 till date:

First Name	Last Name	Department	Final Day of Employment
Chris	Champion	DEV	19/05/2023
John	Hilton	EPM	25/05/2023
Cherylle	Khodabaccus	FCS	23/06/2023
Helen	Wakeford	EPM	31/07/2023
Stephanie	Boughton	EPM	31/07/2023

8.0 Staff Survey

The Staff Survey ran in July through the Culture Amp application. It is the first time we have used it, and it is a considerable time since a staff survey has been undertaken. The survey demonstrates ample room for improvement. Key areas include:

- Effective allocation of resources
- Increasing trust in leadership
- Communications and demonstrating how Cochrane will succeed.
- Governing Board communications and providing sufficient information to the Central Executive team.

9.0 Colloquium 2025

The Executive Leadership Team discussed holding a Colloquium in 2025 at our in-person meeting on 5-6 July 2023.

The paper considered by the Executive Leadership Team is included at Annex 9

10. Governance Review

10.1 As follows an excerpt from the Governance Review written by Barney Tallack

Overall health of Cochrane governance and executive

Cochrane is both a complicated and a complex organisation with a "community" encompassing many thousands of individuals in a mixture of paid, semi-funded and voluntary roles, very widely distributed across the globe and with a range of world class specialists from a multitude of disciplines.

Overall Cochrane has a healthy governance and with, recent appointments, a well-functioning executive leadership team.

The complexity has over time created a range of entities with differing mandates – some of which are formal governance bodies (Board, Committees, CLOC), others are function specific (e.g., synthesis units, fields, groups) or for wider internal engagement with members (Council).

The overarching finding of this review is that the governance and non-governance engagement mechanisms have become increasingly complicated, partly due to the increasing number of entities over time. There are also different understandings of

the role of each entity in the ecosystem and the boundary between the governance and representational roles is blurred in some entities.

The recommendations in this review are, therefore, largely about simplification alongside (re)clarification of the roles of remaining entities. The remaining recommendations aim to enhance effectiveness of individual entities in delivering their purpose.

To re-iterate, the governance and executive leadership layers are healthy.

10.2 Council

The Governing Board will be asked to consider the recommendations listed in the Governance Review.

11 Geographic Groups

A working group at the Geographic Group Exec meeting in London will be established to provide an outline and requirements for new Geographic Group applications.

We aim to encourage buy-in and accountability from all Geographic Group Directors including why we are accepting new applications, how we will prioritize areas, and how Monitoring & Evaluation will improve visibility and transparency.

This will also consider how the organisational strategy will be translated into the Geographic Group strategy – including the identification of priority areas to support the overall strategy to increase diversity and inclusiveness.

12 Governing Board meeting dates 2024

Trustees should decide whether the Governing Board meeting during the first quarter of 2024 will be held virtually or face to face.

Already agreed:

- meet quarterly during 2024.

The meeting in October 2024 (quarter 3) will be face to face during the Global Evidence Summit in Prague between 2 – 6 October 2024.

The annual cycle of governance meetings should facilitate a flow of information from sub committees and major programmes of work into the Board. The audit timetable and the operational planning and budgeting processes also influence the annual cycle of governance meetings.

Members of the Governing Board should decide whether the Governing Board meeting during the first quarter of 2024 will be held virtually or as a face-to-face meeting.

There is obvious value in an international Governing Board meeting face to face regularly. Cochrane will be in a period of uncertainly during the first part of 2024 with an interim Chair (or a permanent chair may have been recently appointed) and several new members (if the elected members who are coming to the end of their terms in 2023 are not re-elected). Significant decisions around open access will need to be made during 2024 and recommendations from the governance review will be implemented.

The costs associated with an international Board meeting face to face are not insignificant so the value of meeting face to face should be balanced with Trustees' responsibilities around managing the organisation's resources responsibly.

Putting the 'collaboration' back into Cochrane

Harry Dayantis, Head of Communications

Background

In 2015, the Cochrane Collaboration rebranded as 'Cochrane'. This was part of a significant rebranding and new visual identity. The relevant section of the brand guidelines, reproduced below, effectively bans reference to the 'Cochrane Collaboration':

Our name is Cochrane

To make things clear, and consistent and to maximize impact, we now refer to ourselves simply as 'Cochrane', in the singular.

For example:
'Cochrane is...'

We no longer say 'The Cochrane Collaboration'.

We are a collaboration as well as an organization, however; you can continue to talk about us as a collaboration, using a small 'c'.

For example:
'Cochrane is a worldwide collaboration...'.

This decision, made eight years ago, perhaps reflected a desire to commit fully to the new brand and break from the past. However, the rationale for the change does not necessarily hold today (or, arguably, in 2015). From a communications perspective, there are several issues that may not have been adequately considered:

- **Consistency:** one rationale given for the change was to make things 'clear and consistent'. However, our legal name as registered with the Charity Commission remains the Cochrane Collaboration (and this is what appears on bank statements when employees receive their salary).
- **Specificity:** 'Cochrane' is a relatively common surname. Without additional context, referring to 'Cochrane' in conversation can be confusing. The Cochrane Collaboration, on the other hand, refers specifically and only to our organization and retains strong name recognition among healthcare professionals and researchers.
- **Symbolism:** collaboration has always been an essential element of everything that Cochrane does. Including collaboration in our name sends the message that we are a collaborative organization, made possible by the combined efforts of a diverse group of people.

Recommendation

It would be expensive, time-consuming, and undesirable to go through a rebranding process and redesigning the logo. However, a simple decision to call ourselves the Cochrane Collaboration could be straightforwardly implemented. The following guidelines would achieve this:

- When describing the organization, refer to the 'Cochrane Collaboration' in the first mention.
- For subsequent mentions, refer simply to 'Cochrane' for short.

This approach is in line with how many organizations manage to have long and short versions of their name. There are many examples of this in science organizations who, like Cochrane, are named after individuals:

- The Wellcome Sanger Institute, 'the Sanger', sanger.ac.uk
- The Francis Crick Institute, 'the Crick', crick.ac.uk
- The Alan Turing Institute, 'the Turing', turing.ac.uk

Note: Rebranding would be extremely resource intensive. The Central Executive Team does not have sufficient resources to do a rebranding at this time.

Governing Board Decision requested:

I.   To agree to implement referring to Cochrane as The Cochrane Collaboration in the first mention of Cochrane. Agree/ Disagree/ Abstain
II.   To communicate this change at the Cochrane Colloquium or AGM
III.   To state who should announce this change at the AGM

The significant changes underway at Cochrane represent an opportunity to revisit the branding decision made in 2015. The organization is under new leadership, with a new strategy and several structural changes ongoing. **A return to describing ourselves as the Cochrane Collaboration could be announced at the 2023 Colloquium.**

Governing Board: Discussion Paper

Editor in Chief Report to Governing Board

Title:	Editor in Chief Report August 2023
Previous papers submitted on this topic:	Editor in Chief Report May 2023
Paper Number:	**GB-2023-26**
From:	Karla Soares-Weiser, Editor in Chief
People Involved in developing the paper:	Toby Lasserson, Ruth Foxlee, Frances Kellie, Ella Flemyng, Ursula Gonthier, Susan Evans
Date:	10th August 2023 For Consideration at the **September 2023** Board meeting
For:	**FOR INFORMATION**

1 Background:

This report provides a comprehensive overview on Methods Groups activities and of critical editorial matters, encompassing a detailed analysis of key projects within the Future of Evidence Synthesis (FES) programme. The dedicated efforts of the Future of Evidence Synthesis (FES) Oversight Committee merit special recognition, as they have been consistently convening to receive in-depth insights, expert guidance on prevailing challenges, and to monitor the evolution of defined metrics, serving as crucial performance indicators.

During our May 2023 session, we discussed the multifaceted challenges tied to the closure of UK Review Groups and the subsequent surge in submissions to the Central Editorial Service. Undoubtedly, this is the most significant challenge we are currently grappling with, with an overwhelming load of over 400 submissions currently being managed by the central team. We have been providing support to the editorial team, emphasizing their well-being as they tackle this demanding workload. In parallel, the Editorial Board has assumed a pivotal role, providing invaluable assistance and guidance to uphold our stringent editorial standards, all while meeting the diverse requirements of our community and external stakeholders.

Our unwavering commitment to fostering transparency and efficiency remains resolute. In this spirit, we have devised a targeted plan to enhance communication and engagement tailored to the different groups within our community. However, we recognize that there is more work to be done in this arena, and we are actively addressing these concerns.

2 Report
2.1 Future of Evidence Synthesis Programme of work

On August 3rd, 2023, Cochrane's Oversight Committee held a meeting to address ongoing challenges and advise on the timeline for launching the Evidence Synthesis Units application process. The Committee Chair has requested information to facilitate an in-person meeting before the Colloquium, aimed at reaching consensus on the application process for the establishment of Evidence Synthesis Units and the allocation of resources necessary for expediting the inclusion of additional Thematic Groups. Below is a brief overview of key projects and related links for more details, when applicable:

Project	RAG	Progress (Q2 2023)[1]	Key Risk and mitigations
Prospective Author Journey	🟩	To enhance efficiency, J&J Editorial now manages proposals. Starting May 2023, we've shifted conflict of interest checks to the protocol submission stage, reducing administrative load. This year, we've received 236 proposals and invited 27% for protocol submission, averaging 10 new protocols monthly.	The concern is that funded review groups might not participate, leading to a halt in new reviews and updates. To address this, we're developing a promotion campaign to inspire potential authors to submit proposals and adhere to best practice guidelines. This will be followed by an engagement initiative targeting the groups.
Review Development Pipeline	🟩	**30th Anniversary Special Collection:** Ongoing maintenance; details here. **Noteworthy Review:** Upcoming publication comparing electronic cigarettes as smoking cessation aid. **NIHR Funded Reviews:** 39 out of 66 remaining NIHR grant reviews published; 8 submitted for editorial approval. **High-Profile Review Support:** Currently assisting 50 high-profile reviews for submission within the year. Editorial Board oversees progress. **Methods Support Unit:** Organizing webinars, training, and tutorials for study-centric data management.	We're closely monitoring the potential decrease in output in 2024, which might affect our commitments to Wiley. To counter this, we're proactively implementing measures to assist our authors and uphold our obligations. These measures encompass updating highly cited/accessed reviews, offering focused assistance for high-profile reviews, and enhancing the author submission process.
Central Editorial Service	🟧	In May 2023, the Board agreed to expand the Central Editorial Service to manage the unexpected surge in submissions when UK CRGs closed.

Between January and July 2023, the Central Editorial Service received 411 new submissions, approximately half of which were from closing CRGs in the process of transferring. Editorial processing was finalized for 175 submissions, with a 23% rejection rate. During this period, 73% of acceptance decisions were made within 9 months, and 70% of rejections within 4 months (88% within 6 months). For detailed metrics, refer here.

We've announced a revised deadline (31 March 2024) for transferring all editorial content to the Central Editorial Service. We're actively | Delays in editorial processing and publication timelines can detrimentally affect our productivity and the author experience. Such delays can result in compromised performance metrics, outdated reviews, reduced published output, and even impact staff morale and retention, leading to burnout.

To counter these risks, the Governing Board endorsed a business case in May 2023, seeking additional resources to address these challenges. We're making substantial headway in clearing submission backlogs, all |

		communicating with remaining Cochrane Review Groups, offering technical support for content transfer, and arranging engagement meetings to address key issues. Additionally, we're collaborating with editors from both current and past Review Groups to form a pool of Sign-off editors. This voluntary capacity will transition into an Associate Editor role affiliated with the Cochrane Editorial Board, following a formal application and appointment process. We will soon announce the appointment of the replacement for the Central Editorial Service Executive Editor, who is set to join our team in early September.	while upholding rigorous editorial standards. Our commitment remains steadfast in ensuring efficient and effective processes to support both authors and staff.
Optimise production workflows (mainly copy-editing)		The backlog of protocols and reviews awaiting copy editing has notably reduced due to streamlined content transfer. Although the time from acceptance to publication (currently 80 days) remains higher than desired. We're closely monitoring time in production to identify bottlenecks. Key changes during the past months: J&J Editorial performing a 'pre-edit' tasks for larger reviews in the production queue, streamlining Cochrane style application and enhancing copy editor efficiency. The copy-editing team has moved to the Publishing & Technology Directorate, aligning production tasks and strengthening ties with Cochrane Library development. We are currently seeking a new software partner for copy editing that is based on Extensible Markup Language (XML), with 'Requests for Proposals' sent to two potential suppliers. For detailed metrics, refer here.	Production delays stem partially from the substantial revisions needed during the copy-editing phase. To alleviate this, we are actively working on creating precise guidelines for authors to enhance manuscript preparation. Additionally, we're maintaining a continuous feedback loop with editorial teams, ensuring additional checks before acceptance. Anticipating improved efficiency, we look forward to the launch of the new review format in September 2023. This step is expected to facilitate smoother processes and reduce delays.
New Review Format		We're making steady progress toward the launch of the focused review format in September 2023. Early opt-in will be available starting August 22. Our current focus is on finalizing technological enhancements, refining guidance, providing training, and effective communication strategies. We've recently introduced a new data sharing policy and communicated changes related to transitioning to PRISMA guidelines, subheadings, and supplementary materials. An evaluation	We acknowledge the importance of community involvement in ensuring the success of these mandatory changes. We're proactively developing an engagement plan to garner the essential support. This plan encompasses customized communication, training, and guidance to guarantee that all community members are informed and adequately

	🟩	plan is being developed, with a community feedback loop via Cochrane Support. In line with the data management changes implemented in April 2023, which coincided with the full shift to RevMan Web, we've witnessed a significant uptake in RevMan Web usage by over 50%, reaching over 6000 monthly users. Moreover, 120 reviews are now employing the new study-centric data management approach.	equipped for the upcoming changes.
Evidence Synthesis Units	🟧	A draft of the application guidance and form for the Evidence Synthesis Unit pilot will be presented to the Oversight Committee in August. The committee will discuss the application process at an in-person meeting before the Colloquium. Although there has been a minor delay, our target is to initiate the application process by September/October.	We're aware that delays can result in community disengagement. Collaborating with the Oversight Committee, we are in the process of refining the application process and guidance, with the intention of commencing a call in September/October to mitigate such issues.
Thematic Groups	🟩	An approach to formulate an accountability framework, in line with legal guidance, has been endorsed by the Executive Leadership Team. Additionally, a non-binding Terms of Reference document has been created and discussed by the Oversight Committee. Productive meetings with all seven Thematic Groups have been conducted to address funding matters and their preliminary initiatives.	The ongoing transition period is giving rise to certain uncertainties, which we are actively addressing to minimize their impact. As a solution, we are in the process of devising an engagement plan that entails tailored communications directed towards Cochrane volunteers. Moreover, the Oversight Committee has expressed interest in obtaining details regarding the resources required to initiate a second application round for Thematic Groups.

2.2 Cochrane Library

In the first half of 2023, Cochrane published 224 reviews and updates, along with 67 protocols, marking an increase in output compared to the same period in 2022 (178 reviews, 110 protocols). While the number of published protocols in 2023 has decreased, we're closely monitoring this trend. Our Prospective Author Journey project is promoting a new proposal pathway, essential for securing new protocols and encouraging review group and Thematic group engagement to initiate new and updated reviews.

As anticipated, the 2022 impact factor for the Cochrane Database of Systematic Reviews (considering papers from 2020 and 2021) declined from 11.9 in 2021 to 8.4. It's important to note that the higher 2021 figure was influenced by a surge in citations for COVID-19 related reviews. Similar to other highly-cited medical journals, there was a decrease in impact factors in 2022 compared to 2021. Although COVID-19 papers continue to receive citations in 2022, the numbers have significantly decreased from the previous year. While recognizing the significance of the impact factor as an academic measure, we acknowledge that it doesn't fully capture the true

impact of Cochrane Reviews. In alignment with our scientific strategy, we are committed to exploring various metrics, methods, and approaches to accurately assess the genuine impact of our reviews.

2.3 Cochrane Evidence Synthesis and Methods OA Journal

Up until the end of June 2023, Cochrane Evidence Synthesis and Methods has received 26 submissions and published 14 articles, reflecting an 80% acceptance rate. The median duration from submission to the first online appearance is 94 days. Notably, the most downloaded article in the journal is "What did the scientific literature learn from internal company documents in the pharmaceutical industry? A scoping review." See here.

The journal launched a "Methods and statistics tutorial" collection, spearheaded by Kerry Dwan (Statistics Editor for Cochrane Evidence Synthesis and Methods) and Rachel Richardson (Cochrane Methods Support Unit Manager). This initiative features tutorial papers complemented by concise e-learning modules developed by Cochrane Training. The collaboration recently published its first topic "Measuring dichotomous outcomes using risk ratios, odds ratios, and the risk difference.", which is accompanied by a short video. See here.

Supporting early-career professionals, Cochrane Evidence Synthesis and Methods will extend a waiver to the recipients of the Thomas Chalmers award at the Cochrane Colloquium, allowing them to publish their topics in the journal.

Currently, the journal's foremost objective is to establish a robust pipeline with regular publications. In July, Wiley executed a marketing campaign to encourage submissions, and we are seizing opportunities at the upcoming Colloquium. Additionally, an in-person Editorial Board meeting is slated to take place during the 2023 Colloquium.

2.4 Cochrane editorial policies

Our policies are continually evolving to align with the changes introduced by the Future of Evidence Synthesis program. We have recently finalized several policies, including a fresh approach to managing comments on published Reviews and adjustments to Cochrane's conflict of interest policy. These changes are intended to facilitate the transition to a new review proposal process and to provide clarity on author responsibilities.

A revised rejection policy, allowing the rejection of reviews or protocols based on topic/scope alongside quality, timeliness, and policy adherence considerations, is eminent. Furthermore, a new policy concerning the use of AI-generated content and related tools is also in progress. To support the implementation of these policy changes, we are in the process of creating a new internal editorial guidance resource.

2.6 Editorial Board

Cochrane's Editorial Board is actively engaged in defining standards for the new review format, convening regularly to evaluate its advancement. This Board collaborates closely with the Editor in Chief and central team, offering counsel on high-profile reviews and strategies to streamline reviews through direct support and expedited assistance to the Editorial Service.

In September, during the 2023 Colloquium, the Editorial Board is scheduled to convene an in-person meeting. The focus of this meeting will encompass devising a method for executing high-

profile reviews, integrating innovative modifications into the new review format, and contributing insights to the plans for the scientific strategy.

2.7 Cochrane's Scientific Strategy (May- August 2023)

We extend our heartfelt gratitude to Board trustees Tamara Kredo and Emma Persad for their proactive involvement in our working group. Led by the Editor in Chief, this group also comprises Cochrane's commission editor, Roses Parker, and an accomplished external consultant, Bey-Marrie Schmidt, based in South Africa and specialized in priority setting. Our activities during the period from May to August 2023 have centred around the following key focal points:

Setting out an Advisory Group: We have successfully extended invitations to prospective members of the Advisory Group, and are planning an inaugural meeting for September/October 2023.

Prioritisation Strategies: Under the guidance of our consultant, we've undertaken an evaluation of key priority-setting methodologies, and are actively adapting them to establish global health condition priorities without the constraints of geography or specific conditions. We plan a high-level consultation with Cochrane leaders (Governing Board, Editorial Board, Council, Methods Executive) to delineate broader areas of interest based on the Sustainable Development Goals (SDGs).

Long List Classification: Building upon these foundational steps, we are shaping a comprehensive long list of priorities. This framework will lay the groundwork for a more expansive consultation planned for the Q4 2023.

Colloquium Special Session: In addition, a dedicated session during the Colloquium will introduce the community to our Scientific Strategy plans.

These collective efforts aim to move Cochrane's Scientific Strategy forward through well-timed collaboration and engaged partnership.

2.8 Update on Methods Groups activities

The Cochrane Methods community remains active and is closely collaborating with the Methods Executive to diversify methods, aligning with our new scientific strategy to produce high-quality and trusted evidence. The recent report provides a snapshot of these efforts:

1. Emphasis on Cochrane Methods Groups enhancing review quality, developing guidance in areas that are challenging for authors, adoption of standard publishing guidelines, and informing more focused reviews.
2. The Methods Support Unit's continued aid through web clinics and tutorials for authors and editors.
3. Active involvement in Cochrane's new open-access journal to maintain high standards.
4. Launch of the new Cochrane Handbooks, specifically for Diagnostic Test Accuracy (July 2023) and the upcoming Qualitative Evidence Synthesis in 2024 and Prognosis in 2025.
5. The 2023 Methods Symposium on September 3, focusing on data re-use and equity.

We appreciate their dedication during this period of change and look forward to welcoming a new Methods Group dedicated to supporting co-production of systematic reviews with health consumers.

Governing Board: Discussion Paper

Title:	Development Directorate Update
Previous papers submitted on this topic:	N/A
Paper Number:	Head of Governance to complete
From:	Gavin Adams (Director of Development)
People Involved in the developing the paper:	-
Date:	25th July, 2023. For Consideration at August 2023 Board meeting.
For your:	**DISCUSSION of Development Update Paper**
Access:	Restricted

1   Purpose:

The purpose of this paper is to provide the Governing Board with an update on key activities within the Development Directorate since the May 2023 Governing Board meeting.

2   Background and context:

The Development Directorate is structured as follows:
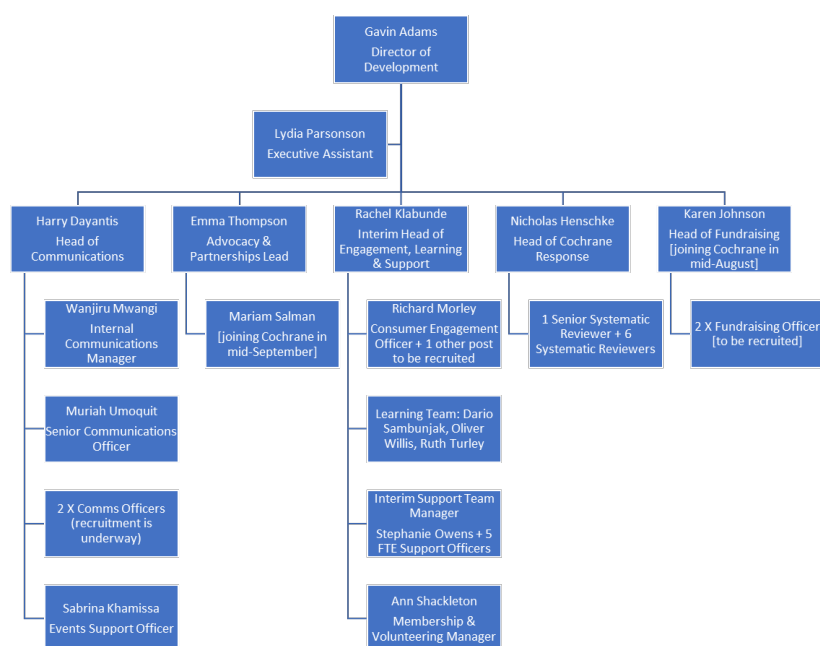
3   Issues & ideas:

Key developments which have taken place within the Development Directorate since May 2023 include:

Membership, Learning and Support

Membership

General membership

Cochrane Memberships decreased slightly between Q1 (11,055) and Q2 2023 (11,032); however, there has been a significant increase in the number of Cochrane Supporters (those who have signed up for a Cochrane account), with this increasing from 97,991 in Q1 to 105,648 in Q2. This is due to an interesting and unexplained increase in the average weekly number of new supporter accounts that have been created; some of this increase may be due to people making use of the free trial of RevMan Web; however, not all new accounts have logged into the platform.

Professional membership

Developing a paid version of membership continues to be a priority of the membership team. Initial consultancy with MemberWise confirmed our thinking that an institutional version of paid membership should be our main focus, with an individual offer also available for people who are not affiliated with an institution. There is a clear overlap with the work that the Product and Technology Directorate is doing on Open Access, so we are liaising with them to make sure we have a joined up solution. We will continue to work with MemberWise to develop a new Membership Strategy for Cochrane.

Emeritus & Lifetime membership

We announced the first cohort of Emeritus & Lifetime members in early July, with a follow-up communications piece with information, photos, and quotes from nominators in late July. All awardees were sent certificates and badges related to their award, and notified when the communications about the awards were published. There have been 8 initial nominations for the second cohort, and nominations are planned to close on 31st July. The Membership and Awards Committee is meeting on August 3 to discuss the new round of nominations, with the aim of announcing new awardees at the Colloquium.

Learning

Key achievements from the Learning team this year have included:

- In support of the Future of Evidence Synthesis Programme project for the new review format, we have developed a 'Study centric data management and analysis in RevMan' collection on the Cochrane Training website, including a new interactive infographic providing an overview of the study centric approach in RevMan, recordings of webinars delivered in May 2023, a self-guided practical for setting up study centric data analysis in RevMan, and development of a brief training course on study centric data in RevMan for Central Executive Team staff on Cochrane's Learning Experiences platform (LXP).
- Development and launch of the Spanish translation of Cochrane Evidence Essentials modules 1 to 4

- Development of micro-learning modules ([Dichotomous outcomes,](#) [Cluster-randomised trials,](#) clinical vignette on haemangiomas, and quizzes for French translator training on [terminology](#) and [phraseology](#))
- Update of training materials and resources to reflect the RevMan 5 retirement and change
- Launch of a Learning Experiences Platform playlist for the Central Executive Team on management development
- Near-completion of a new induction training package for Thematic Groups, which will be launched when the Thematic Groups are ready for official onboarding

The team is currently working on the development of a new Cochrane Interactive Learning module on Qualitative evidence synthesis (planned to be launched in Q4 2023); development of a new Cochrane Evidence Essentials module. Business As Usual work includes the Cochrane Learning Live webinar series, maintaining our Learning Experiences Platform (e.g. online Review Author training course delivered with Cochrane UK), and analytics related to the updating of Learning resources.

Support

The Cochrane Support Team expanded in Q1 2023 to include a new role (Publishing Systems Support Specialist) and 1.0 additional FTE (from two part-time Support Officers). A significant achievement to highlight was the successful completion of the transfer of all review content from UK Cochrane Review Groups leading up to and following their closure, as well as associated administrative tasks related with removing roles, permissions, and technical access from members of these closed groups. Corresponding to this work, March 2023 was the busiest month in the history of the Support Team; the team received 1,999 queries that month (statistics for 2021-2023 are detailed below). The Support Team is now also handling the technical process for the publication of protocols, reviews, updates, and amendments on the Cochrane Library.

Cases handled by Community Support Team 2021-2023
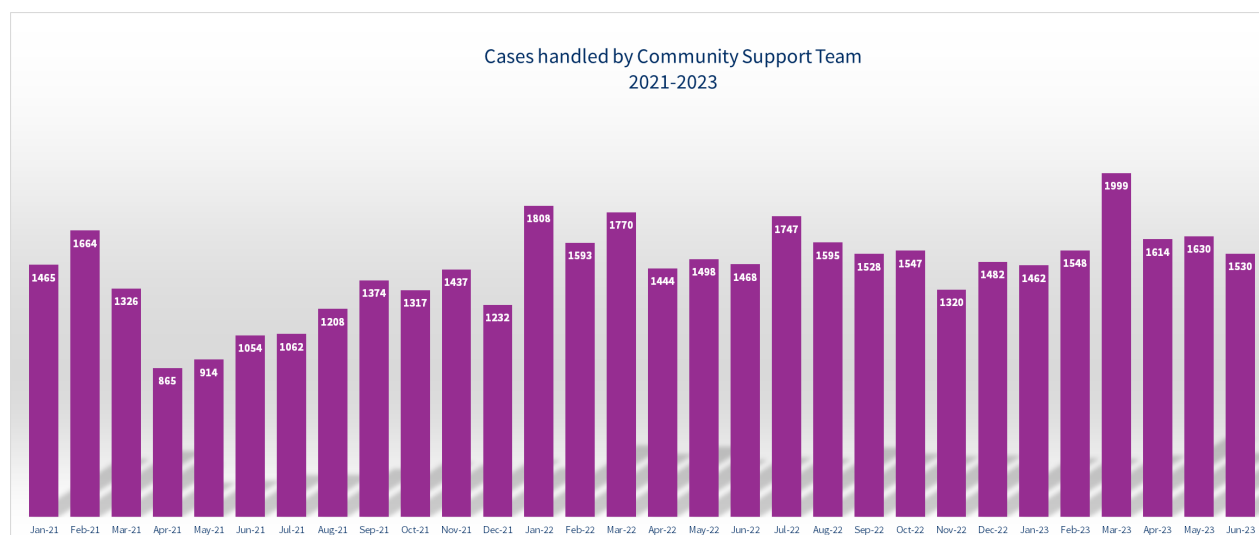
Consumer Framework

Since the Cochrane consumer engagement and involvement framework was shared with the Board in December 2022, we have completed the following key actions:

- The Framework was given significant promotion following the December 2022 Board meeting, on social media, and the Cochrane news digest.

- Cochrane has committed to the [Shared commitment to public involvement in health and social care research](#). The pledge solidifies Cochrane's commitment to ensuring that healthcare consumers are embedded and central to our work. We subsequently have attended our first partnership meeting.
- An application has been submitted to form a Co-production Methods Group in order to address evidence gaps and embed co-production in the community and evidence synthesis production.
- At the forthcoming Cochrane Colloquium there will be a [Patients Included](#) event with patient engagement and involvement featuring strongly, with 13 consumers awarded stipends to attend.
- [Evidence Essentials](#), Cochrane's co-produced and free learning resource for the public has been accessed over 60,000 times since launch and is available in English, German, Russian, and now in Spanish. A sixth module is currently being written on the critical appraisal of evidence synthesis.
- A collaborative partnership has been established between Cochrane, the Global Evidence Commission (and its Citizen Leadership group), the World Health Organisation, and Evidence-informed Policy Network (EVIPNet) to put evidence at the centre of everyday life. A [webinar series](#) is currently underway for policy makers and citizen leadership organisations.
- The International Network for patient and public involvement in health and social research (which Cochrane founded) is launching a [series of webinars](#) to promote involvement in health research.
- <u>Next steps:</u> Following the announcement of Cochrane's new Consumer Framework, an annual delivery plan will be produced to align Consumer Framework implementation with the Strategy.

Diversity and Inclusion
In 2021, Cochrane undertook a Diversity and Inclusion exercise called Listening and Learning which resulted in the production of a [Diversity and Inclusion Report.](#) Discussions are underway within ELT to agree how the recommendations from this Report could be implemented. Currently, resources for managing this large initiative are limited within the Central Executive Team. A further update will be provided at the December Governing Board meeting.

Colloquium update:
The full Colloquium [programme](#) has now gone live and delegates are now able to plan their [schedules](#) with sessions they would like to attend. *Note: seats at sessions will be available on a 'first come, first served' basis'. Adding sessions does not guarantee a place but it will allow us to allocate bigger rooms to the most popular sessions.*
Registration Numbers: 951. We are aiming to try and get at least 50+ additional new registrations before the Colloquium start date on 4th September.
Sponsorship: 7 organisations have been confirmed as sponsors and exhibitors – guaranteeing an income of £46,445. We are working to secure commitments from an additional three organisations. It is still important, even at this stage, to continue pushing this area of work as hard as possible and we continue to welcome any suggestions or, more importantly, any personal contacts that can help secure sponsorship deals.
Advertising: We have recently promoted the London Colloquium via the [following channels](#).

A paper on the potential to convene a Colloquium in 2025 was presented to the Executive Leadership Team at its face-to-face meeting in July. It was agreed not to host a 2025 Colloquium given that Cochrane is committed to co-hosting the Global Evidence Summit in Prague between 9ᵗʰ and 13ᵗʰ September 2024.

Communications

- The broad direction of the Communications Strategy has been approved, but the more detailed implementation plan is on hold until the direction of the broader organisational strategy has been agreed.
- We have selected a digital agency, Headscape, to support the website redevelopment project. This project has the potential to significantly improve our visibility and demonstrate our value to a wider range of audiences. Work will commence in August 2023 to deliver the following programme of work:
  - Develop a strategy for Cochrane's website based on research findings
  - Create a new visual and user experience (UX) design for the new Cochrane website
  - Implement a library of user interface components and layouts that will form the basis for Cochrane's website developments now and into the future
  - Headscape is scheduled to deliver designs by February 2024, and then the development work is likely to take an additional 6-9 months before the new website is live.
- We have recruited two part-time roles, a Communications Officer and a Creative Content Producer (graphic designer). We had an excellent field of candidates, with over 350 applicants between the two roles. We expect both appointments to be in place by September.
- Our new Internal Communications Manager, Wanjiru Mwangi, is now settling in post and beginning to develop engagement strategies.