# Governing Board [OPEN ACCESS AGENDA PACK]

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| **Schedule** | Wednesday 11 May 2022, 8:00 PM — 10:00 PM BST |
| **Venue** | Zoom |
| **Description** | 20:00-20:10 GMT+1: Coffee<br>20:10-21:40 GMT+1: Main business<br>21:40-22:00 GMT+1: Trustees only |
| **Notes for Participants** | Board members must declare conflicts of interest related to their role on the Board, which are published on the Cochrane Community website and are updated annually or when circumstances change:<br><br>https://community.cochrane.org/organizational-info/people/conflict-interest/board.<br><br>All Trustees and senior staff must also declare interests once a year in a more comprehensive form, which are kept by the Central Executive Team in a Register of Interests.<br><br>All meeting participants are also required to declare any possible material interests that could give rise to conflict in relation to any item under discussion at the start of each meeting. All interests so disclosed are recorded in the minutes. Conflicted members may be required to absent themselves from all or part of the Board's discussion of the matter at the discretion of the Chair. |
| **Organiser** | Lucie Binder |

## Agenda

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|---|---|---|
| 8:00 PM | VIRTUAL COFFEE AHEAD OF THE TELECONFERENCE (10 MINS) | 1 |
| 8:10 PM | OPENING BUSINESS: (5 MINS) | 2 |

# VIRTUAL COFFEE AHEAD OF THE TELECONFERENCE (10 MINS)

# OPENING BUSINESS: (5 MINS)

# 1. Welcome, Apologies (Karen Kelly), Declarations of Interest, Board Code of Conduct, Board Charter, Decision-Making Framework

# Governing Board
# Code of Conduct for Trustees

| First prepared: | 19 February 2018<br>Governance Sub-Committee |
|---|---|
| Last updated: | 21 March 2018<br>Governance Sub-Committee |
| Governing Board approved: | 22 March 2018<br>Lisbon Governance Meetings |

## 1. Introduction

Those who serve on the Governing Board are trustees of a UK charity and have responsibilities both under UK company law as directors and under UK charity law. As part of this, each Governing Board Member ('Trustee') is asked to agree to abide by the Code of Conduct which is set out in this document and to sign the Trustee's Declaration accordingly.  This is to be read in conjunction with the Articles of Association of the Charity.

A copy of the Code of Conduct will be made available at the front of all Governing Board agendas.

## 2. Purpose of the Code

The Code aims to define the standards expected of Cochrane's Trustees in order to ensure that:

- The organisation is effective, open and accountable;
- The highest standards of integrity and stewardship are achieved; and
- The working relationship with any staff and advisers is productive and supportive.

## 3. Code of Conduct

### 3.1 Selflessness

Trustees have a general duty to act with probity and prudence in the best interest of the charity as a whole. They should not act in order to gain financial or other benefits for themselves, their family, their friends, or the organisation they come from.

### 3.2 Integrity

The charity's Trustees should conduct themselves in a manner which does not damage or undermine the reputation of the organisation or its staff. More specifically they:

- Should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their role;
- Must avoid actual impropriety and any appearance of improper behaviour;
- Should adhere to the Board Expenses Policy and avoid accepting gifts and hospitality that might reasonably be thought to influence their judgement, and any gift or hospitality received in any connection to the charity over the value of £50 GBP should be declared to the Board.

### 3.3 Objectivity

In carrying out their role, including making appointments, awarding contracts,

recommending individuals for rewards and benefits, or transacting other business, the Trustees should ensure that decisions are made solely on merit.

In arriving at decisions in areas where they do not have expertise themselves, the Trustees should consider appropriate professional advice.

### 3.4 Accountability

The Trustees:

- Have a duty to comply with constitutional and legal requirements and to adhere to official organisational policies and best practice in such a way as to preserve confidence in the charity;
- Are accountable to the organisation's members and other stakeholders for their decisions, the effectiveness of the Board, and the performance of the organisation.

### 3.5 Openness

The Trustees should comply with Cochrane's Data Protection Policy and ensure that confidential information and material, including material about individuals, is handled in accordance with due care; so that it remains confidential.

In addition, they should be as open as possible about their decisions and the actions that they take. As far as possible, they should give reasons for their decisions and restrict information only when the wider interest clearly demands.

### 3.6 Honesty

The Trustees have a duty to avoid any conflict of interest so far as is reasonably practicable and adhere to Cochrane's Conflict of Interest policies. In particular, they must make known any interest in any matter under discussion which:

- Creates either a real danger of bias (that is, the interest affects him/her, or a member of his/her family, or friends, or organisation, more than the generality affected by the decision); or,

- Which might reasonably cause others to think it could influence the decision.
- He/she should declare the nature of the interest and withdraw from the room and not participate in discussion and decision making, unless the remaining Trustees agree otherwise.

### 3.7 Leadership

The Trustees must:

- Promote and support the principles of leadership by example and adhere to Cochrane's Charter of Good Management Practice;
- Attend all meetings regularly (unless there are exceptional reasons not to do so), ensuring they prepare for and contribute appropriately and effectively, and avoid dominating the contributions of others;
- Bring a fair and open-minded view to all discussions of the Board, maintaining a respectful balance between speaking and listening, treating different views with respect, and ensuring that all decisions are made in the charity's best interests;
- Respect the authority of the Co-Chairs of the Board, and the chair of any meeting;
- Having given delegated authority to any of their number or to any staff, be careful - individually and collectively - not to undermine it by word or action.
- Accept and respect the difference in roles between the Board and staff, ensuring that the honorary officers, the Board and staff work effectively and cohesively for the benefit of the organisation, and develop a mutually supportive and loyal relationship;
- Respect the roles of staff, and of management arrangements in the staff team, avoiding any actions that might undermine such arrangements;
- Abide by any equal opportunities, diversity, health and safety, bullying and harassment policies and any other policies agreed by the Board;

- Maintain respectful, collegial and courteous relationships with contacts established in the Board member role;
- When speaking or writing as a Board member, ensure comments reflect current organisational policy even when they might be at variance with personal views;
- When speaking privately (that is, when speaking not as a Board member) adhere to the Spokesperson Policy and make great efforts to uphold the reputation of the charity and those who work in it.

## 4. Breaches of the Code

In cases where there is a concern that a Trustee has breached this Code, the matter will be reviewed by the Co-Chairs, or a Co-Chair and another Trustee, or two Trustees appointed by the Co-Chairs. They will make a recommendation to the Board. (If a concern has been raised about a Co-Chair, the review will be undertaken by the other Co-Chair and another Trustee).

The Board will decide whether to discuss the recommendation in closed session. Any sanctions will be determined by the Board, up to and including requiring the Trustee concerned to resign from the Board. The Trustee will accept the decision of the Board in such cases.

## 5. Trustee's Declaration

I declare that:

- I am over age 18.
- I am not an undischarged bankrupt.
- I have not previously been removed from Trusteeship of a UK or overseas charity by a court or charity commission.
- I am not under a disqualification order under the UK Company Directors' Disqualification Act 1986 or an overseas equivalent.
- I am, in the light of the above, not disqualified by section 72 of the UK Charities Act 1993 as amended by the UK

Charities Act 2006 from acting as a charity Trustee.
- I undertake to fulfil my responsibilities and duties as a Trustee of the charity in good faith and in accordance with the law and within the charity's objects, mission and values.
- I do not have any financial or other interests in conflict with those of the charity (either in person or through family or friends or business connections) except those that I have formally notified in a conflict of interest statement.
- I will make known any interest in any matter under discussion which creates either a real danger of bias (that is, the interest affects me, or a member of my family, or friends, or organisation, more than the generality affected by the decision); or which might reasonably cause others to think it could influence the decision, and withdraw from the room and not participate in discussion or decision making, unless the remaining Trustees agree otherwise.
- I will abide by the Code of Conduct for Trustees of the charity.
- In the event of my breaching this Code I am prepared to accept sanction as determined by the Board.

Signed:
_____

Name: _____

Date:
_____

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# Governing Board
# Charter

| First prepared: | 20 February 2018 |
|---|---|
| | Governance Sub-Committee and Honorary Treasurer |
| Last updated: | 20 February 2018 |
| | Governance Sub-Committee and Honorary Treasurer |
| Governing Board approved: | 22 March 2018 |
| | Lisbon Governance Meetings |

## Governing Board Charter

## Vision & Strategy

### Compelling and durable charitable purpose
**Cochrane** has a compelling and durable charitable purpose for the benefit of the public.
Our vision is a world of improved health where decisions about health and health care are informed by high-quality, relevant and up-to-date synthesized research evidence. Our mission is to promote evidence-informed health decision-making by producing high-quality, relevant, accessible systematic reviews and other synthesised research evidence.

### Long-term strategy flowing from the charitable purpose
The **Board** has a well-developed long-term strategy which is focused on impact.  It considers the possible future environments in which **Cochrane** will operate, including the changing needs of beneficiaries - those who use, deliver and/or pay for health care.

## Board Leadership

### Board commitment to focus on impact
The **Board** is committed to this focus and thereby to the long-term sustainable success of **Cochrane**.

### The right 'tone at the top'
Individual **Board** members are committed to act as role models for the charity's approach[1].

### Suitable structures and expertise
The **Board** has the necessary skills, expertise and structures in place to fulfil the vision and mission of **Cochrane** and to implement and oversee the 'focus on impact' approach.[2]

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[1] Refer to the Code of Conduct for Trustees
[2] Refer to the Board Skills Matrix

# Value Drivers & Stakeholder Engagement

### Developing a supportive organisational culture

The **Board** has clearly articulated the values of **Cochrane**[3]. These are at the heart of the charity and are fully taken into account in decision-making throughout the organisation. The **Board** regularly assesses the extent to which **Cochrane**'s charitable purposes are being fulfilled and the values are being applied in the organisation and identifies areas for development.

### Active engagement with, stakeholders

The **Board** has identified **Cochrane**'s key stakeholders. The **Board** engages with them and the charity's beneficiaries – those who use, deliver and/or pay for health care. The **Board** seeks stakeholders' opinions and communicates with them on matters of importance to them. The **Board** has developed targets and initiatives, covering all aspects of its work, in relation to diversity, inclusion and related issues and monitors progress being made towards achieving the goals it sets.

### Fair remuneration aligned with purpose and values

The **Board** is committed to being a good employer and treating all employees fairly[4].  It ensures that remuneration and promotion has full regard to employees' contribution to the charity.

### Commitment to a sound financial approach

The **Board** is committed to a sound financial strategy that protects **Cochrane**'s viability, maintaining sufficient reserves to cover contingencies whilst avoiding an undue build-up of reserves.

# Innovation & Risk Management

### Focus on innovation of benefit to society

The Board ensures that Cochrane has the capacity and capability to be innovative. In promoting innovation, the Board both encourages ongoing incremental improvements and seeks opportunities for transformational change.

### Effective risk management system

The Board ensures that its risk management system takes full account of all risks, including the risk that Cochrane will impose negative impacts on society. It seeks to identify how risks may be mitigated and acts accordingly.

### Attention to the importance of the 'licence to operate'

The Board has full regard to reputational risk and the importance of its 'licence to operate' to the future success of the charity.

# Board Performance

### High quality stakeholder and society-orientated information used in decision-making

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[3] Refer to Cochrane's Principles: http://www.cochrane.org/about-us/our-vision-mission-and-principles [Accessed 20.02.18]
[4] Refer to Cochrane's Charter of Good Management Practice: http://community.cochrane.org/organizational-info/resources/policies/charter-good-management-practice [Accessed 20.02.18]

The **Board** ensures that it has sufficient high-quality, relevant and reliable information about stakeholder and wider societal matters. **Cochrane** works co-operatively with other organisations to help maximise its impact on society.

### Clear focus on performance with respect to beneficiaries, other stakeholders and wider society

The **Board** has developed non-financial, and financial, Key Performance Indicators (KPIs) and a risk management system that flows directly from the strategy.  Emphasis is placed on matters of importance to those who use, deliver and/or pay for health care – other stakeholders and wider society. The **Board** seeks to foster a high level of public trust in **Cochrane.**

### Fostering resilience to crisis situations

The **Board** works hard to prevent crises which could negatively impact on stakeholders or wider society and has the necessary skills and experience to respond effectively in a crisis situation.

**STRATEGY FOR CHANGE**
1. Welcome, Apologies (Karen Kelly), Declarations of Interest, Board Code of Conduct, Board ...

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# Board Decision-Making Tool

**Cochrane**

## a. Getting Ready

- [ ] Are we clear what we're being asked to decide and approve?
- [ ] How much time is appropriate to devote to this decision?
- [ ] Are there previous decisions relating to this topic which we should be bearing in mind?

## b. Strategic fit

- [ ] Does this deliver our Mission and move us towards our Vision?
- [ ] Is it consistent with the *Strategy for Change* Principles of **COLLABORATION, RELEVANCE, INTEGRITY, & QUALITY?**
- [ ] Does this clearly deliver against a Goal and Objective of the *Strategy for Change*?

## c. Data/Insight

- [ ] Do we have sufficiently robust information and insight to make a decision with confidence?
- [ ] Have the strategic, economic, financial, and operational implications been adequately considered?
- [ ] Are we clear how this initiative will increase or mitigate the principal organizational risks in the Charity's Risk Register? Are the proposed mitigations credible and robust?

## d. Implementation

- [ ] Are we sufficiently clear - at this stage - how this proposal will be implemented?
- [ ] Are we confident it's the most effective, efficient and Principles-aligned way to achieve the Goal & Objective compared to other possible options?
- [ ] Are we satisfied with the plans to measure, monitor and communicate effectiveness; and learn and adapt as implementation progresses?
- [ ] Have the financial and people resources required from Cochrane Groups and the Central Executive Team been sufficiently identified, with robust plans for consultation, clear timeframes, training etc?

## e. Return on investment

- [ ] Do we think this initiative will deliver the best value for the organization's stakeholders and beneficiaries compared to other possible options?
- [ ] Will it contribute to organizational financial sustainability; and if so, will this contribution be worth the investment of effort and/or financial resources?
- [ ] Does it support revenue diversification for the Charity and/or Cochrane Groups?
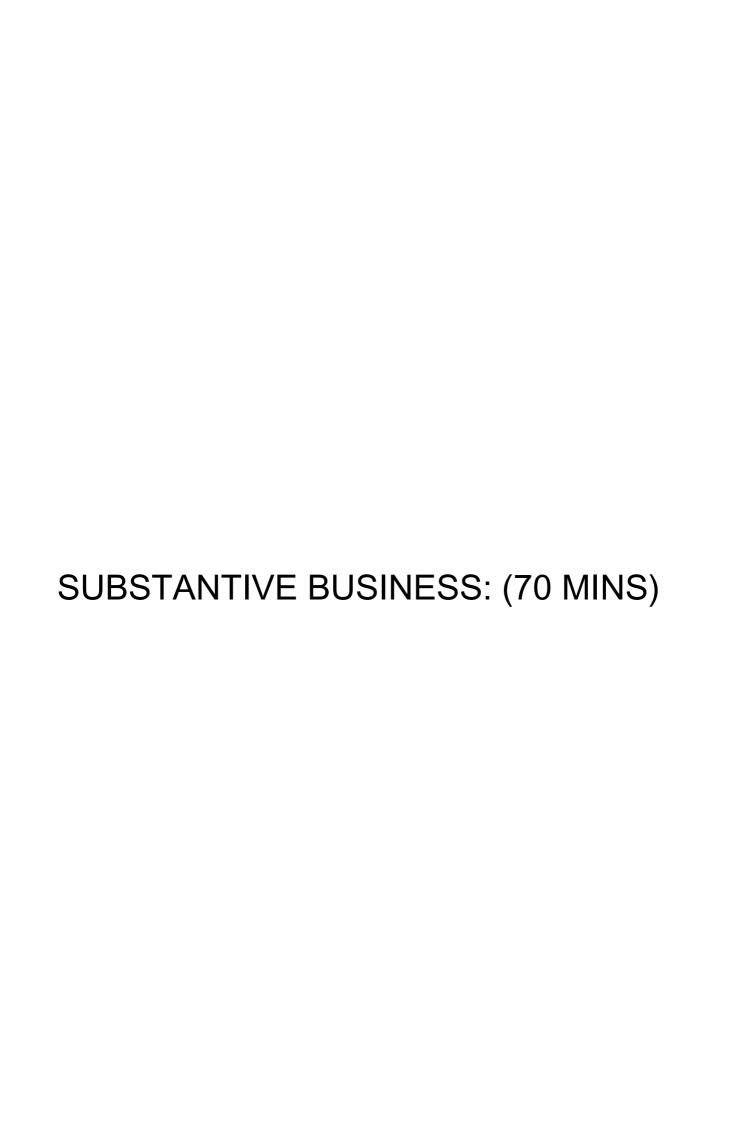- [ ] Are we clear on the timing of the expenditure and cash flow implications?

1 - Select the relevant criteria for this decision at this point in the decision-making process (tick boxes);  2 – discuss; and 3 – decide

*To be used in conjunction with proposals submitted using the DECISION Board paper template*

# Strategy for Change: 2021-2023

| | | | |
|---|---|---|---|
| **Our Vision** | Our vision is a world of better health for all people<br>where decisions about health and care are informed by high-quality evidence | | |
| **Our Mission** | We are an independent, diverse, global organization that collaborates to<br>produce trusted synthesized evidence, make it accessible to all, and advocate for its use | | |
| **Key Principles** | **COLLABORATION**<br>Underpins everything we do<br>locally and globally | **RELEVANCE**<br>The right evidence at the right time<br>in the right format | **INTEGRITY**<br>Independent and transparent | **QUALITY**<br>Reviewing and improving what we do,<br>maintaining rigour and trust |
| **Our Goals** | **GOAL 1:**<br>**Producing trusted evidence**<br>To produce trusted and timely synthesized evidence addressing the most important questions for health and care decision making | **GOAL 2:**<br>**Advocating for evidence**<br>To be a leading global advocate for evidence-informed health and care | **GOAL 3:**<br>**Informing health and care decisions**<br>To inform health and care decisions by making our evidence accessible, usable, and available to all | |
| **Objectives for Change** | We will deliver Goal 1 by:<br>1. Delivering timely, high quality responses to priority global health and care questions, which the users of our evidence help define<br>2. Streamlining production of reviews and simplifying editorial systems and processes | We will deliver Goal 2 by:<br>3. Advocating for evidence-informed decision-making and integrity in research, including by pursuing high-impact partnerships and activities | We will deliver Goal 3 by:<br>4. Making all Cochrane Reviews Open Access by 2025 at the latest without placing the financial burden on review authors<br>5. Improving user experience by increasing the accessibility and usability of our products | |
| **Enabling Objectives** | Our Objectives for Change will be enabled by:<br><br>**Improved efficiency** — Reducing editorial and production complexities, and simplifying organizational structures to support the global collaboration that is key to Cochrane's work<br><br>**Sustainability** — Realizing our Open Access ambitions by moving towards a new organizational business model that reflects expanded fundraising and delivers long-term sustainability for the whole organization<br><br>**Increased awareness and impact** — Increasing the visibility and profile of Cochrane globally; demonstrating our value and impact to decision-makers and funders; and meeting the needs of future generations<br><br>**Enhanced accountability** — Strengthening communications and engagement with Cochrane members, supporters, staff and beneficiaries; improving diversity and inclusion; and making a commitment through the evidence we produce and how we collaborate to addressing global health and care priorities and reducing health inequities | | |

## 2. Approval of the Agenda, including the papers and decisions on the Consent Agenda

For Decision

# SUBSTANTIVE BUSINESS: (70 MINS)

# 3. Cochrane Library: Proposal to mitigate the risk of reduced content pipeline [RESTRICTED ACCESS SUPPORTING DOCUMENT]

For Decision

# 4. 30th Anniversary Colloquium proposal

For Decision

Presented by Chris Champion and Judith Brodie

# Governing Board: Decision Paper

| | |
|---|---|
| **Title:** | **30th Anniversary Colloquium proposal** |
| **Previous papers submitted on this topic:** | N/A |
| **Paper Number:** | GB-2022-20 |
| **From:** | Chris Champion, Head of Engagement, Learning & Support |
| **People Involved in the developing the paper:** | Judith Brodie, Interim CEO <br> Tracey Howe <br> Catherine Marshall |
| **Date:** | 9 May 2022  For Consideration at 11 May Board meeting . |
| **For your:** | **DECISION** |
| **Access:** | RESTRICTED only until such time as key stakeholders have been advised of the Board's decision, then OPEN. |

## 1    Purpose:

To seek Governing Board approval to proceed with planning a 30th Anniversary Colloquium in the UK in 2023.

## 2    Background and context:

We were scheduled to have a Global Evidence Summit meeting with our partners in 2023, but that has now been deferred to 2024 at the request of the planned host and agreement of the working group, due to the geopolitical situation in Europe. This means we now have the opportunity to host a Cochrane event in 2023.

We have not held a Colloquium since 2018 as a result of the pandemic and the cancellation of the 2019 Colloquium in Chile, so there is strong appetite for an event next year. It will also be the year of Cochrane's 30th Anniversary, and so it would be appropriate to celebrate this with a Colloquium.

## 3    Proposal:

Given the short time available to us, we would like to propose a proactive approach to identifying the location and host of the 2023 Colloquium. This allows us to move immediately to planning the event rather than delaying the start of planning by several months whilst we run a process to identify hosts. Such a delay might impact the success of the event by making the planning and preparation timescale too short.

Our preferred option is therefore to host the Colloquium in the UK in collaboration with Cochrane UK as the host. There are multiple reasons why we believe this is a good idea, including:

- It is appropriate to celebrate Cochrane's 30th Anniversary in the UK given Cochrane was founded in the UK.
- From a reputational perspective, we think it sends a strong message at a time of uncertainty that Cochrane is still strong despite changes in funding

- Practically, working with a team who have recent experience of delivering a successful colloquium is a real benefit. We have confidence that they can deliver an event in the already short timescales we are working with.
- The UK will be a good location to attract a strong attendance, probably around 1,200 – 1,400, which will be important to ensure we generate a surplus.
- Cochrane UK have experience of delivering a Colloquium that generates a surplus, which is a requirement for our future major events.

The Cochrane UK team are enthusiastic to support us with this and have provisionally suggested that Manchester would be a preferred location given it has excellent travel links, and being more affordable than London. It also has a range of venues, such as Manchester Central.

To be as efficient as possible, we would use a similar logistical model to the Edinburgh Colloquium, including using TFI as the conference organiser. This is important from a timescale perspective, as we know that this model worked well.

We would try to use the dates that were held for the GES 2 meeting, if at all possible.

# 4    Implications:

## 4.1. Strategic implications

The proposal to host a colloquium in 2023 is well aligned with our mission and strategy. To be a *diverse, global organisation that collaborates*, we need to be a cohesive community and events such as this play an important role in bringing people together.

At the level of Goals and Objectives, a scientific conference is important for all of the Goals and is relevant to the enabling objective of Enhanced Accountability. We will seek to provide stipends and other support to ensure that we have a diverse and inclusive event, both in terms of attendees and presenters. We will make this a Patients Included event to ensure that we are inclusive of consumers.

## 4.2. Economic and income implications

Given our financial position, it is important that we run this event at a surplus and we will confirm this will be achieved through developing a full financial and risk appraisal for the Board.

We will work up a budget that covers all costs and generates a moderate surplus. This may involve making some changes to the way in which we have run Colloquia in the past. Any significant proposed changes to reduce costs will be noted alongside the budget that will be presented to the Board. In future, we should expect events such as this to be generating revenue for Cochrane. Given the short notice for organising this event we will only make small changes to previous ways of hosting to increase surplus, but we will use this as a learning opportunity to see how we can generate income from these events in the future.

Environmentally, this is a significant activity in terms of our overall impact on climate change as we will be encouraging people to travel from around the world to an event. We believe that this is no longer sustainable or responsible on an annual basis, but given that we have not met as a Community since 2018, we believe that this is an environmentally acceptable decision to host a face to face meeting in 2023 and doing so in the UK will have a lower carbon footprint than hosting in another continent given the number of attendees who come from the European region and the potential for many to use trains rather than flying. We will explore ways to mitigate climate impact further.

## 4.3. Financial and resource implications

This event should be generating a surplus and so we expect to at least cover our costs. We will factor in direct staff time and overheads when calculating the costs of hosting the event. A full financial appraisal will follow.

## 4.4. Operational implications

Having a Colloquium does create more work for everyone, but it is also an excellent opportunity to engage directly with Community members which can be extremely valuable, so it is a worthwhile investment of time particularly after the pandemic and the extent of ongoing change in Cochrane.

The events planning will be managed by our Events Officer on a day to day level, but we will appoint an events company to do much of the work, as we have done for previous Colloquia.

The Governing Board will be updated on a regular basis, with the first update being the formal proposal and costings.

# 5. Risk summary:

A full risk appraisal will be developed, but the primary risks are as follows:

- **Financial risk - cancellation**: given Covid has not gone away, and we had to cancel a previous colloquium due to civil unrest, we are aware that there is a risk of cancellation. We will take appropriate measures to mitigate this including insurance and managing payment schedules so that we do not commit too much resource up front.
- **Financial risk - low registration**: low registration translates into a financial risk for the event. We will aim to have a very low break-even point and generally will be aiming to make a surplus. If registration struggles, we will consider mitigating steps along the way to ensure that we do not make a loss.
- **Geopolitical risks**: geopolitical risks were the reason why the GES 2 was deferred until 2024, so it is appropriate that we consider this risk in our planning. The UK is an appropriate location in this regard.
- **Reputational risks:** planning a Colloquium at short notice can be a risk in itself, as there is a reputational risk from us failing to deliver a good event. We are mitigating this by using a host with demonstrated experience of successfully running a colloquium and running the event logistics to a similar model as before.

# 6. Monitoring and communication:

If approved, the Governing Board will be routinely updated of progress on the planning of this Colloquium.

# 7. Resolution:

**The Board approves in principle that a 30th Anniversary Colloquium should be held in the UK with Cochrane UK as hosts, subject to a financial and risk appraisal demonstrating the affordability and viability of the event.**

**Yes/No/Abstain**

# 8. Next steps:

If the Board approve this, we will start working with Cochrane UK to confirm a venue and develop the financial and risk appraisal for the colloquium which will be submitted to the Board in due course. We will also communicate the dates and venue widely as soon as possible to start the marketing around the event.

# 5. Revenue diversification – context and challenges [RESTRICTED ACCESS SUPPORTING DOCUMENTS]

For Discussion

Presented by Judith Brodie

RECURRING BUSINESS: (10 MINS)

# 6. Co-Chairs' Report [ORAL REPORT]

For Information

Presented by Tracey Howe and Catherine Marshall

# 7. 2022 Performance Report [OPEN AND RESTRICTED ACCESS VERSIONS OF SUPPORTING DOCUMENT], including:

For Information

# Governing Board: Reports

| Title: | **Operational performance report to May 2022** |
|---|---|
| **Previous papers submitted on this topic:** | |
| **Paper Number:** | GB-2022-18, including Annex 1 |
| **From:** | Judith Brodie<br>Karla Soares Weiser |
| **People Involved in the developing the paper:** | Executive Leadership Team |
| **Date:** | 11 May 2022 |
| **For your:** | **ASSURANCE** |
| **Access:** | Open |

## Executive summary

This paper provides an overview for the Governing Board on achievements and challenges delivering on our plans for 2022 towards the Strategy for Change. It includes overviews from the Interim Chief Executive Officer (CEO) and Editor in Chief, and sections summarizing progress on each Strategy for Change objective. This is a new approach for 2022, and so we will continue to evolve it and welcome feedback.

The performance schedule for 2022 is included as an Annex. Where possible, it reports progress on our goals and objectives, which is also reported in this narrative report.

## Background and context

The Board agreed a plan and budget for 2022. This paper reports progress.

## Overview from the Interim CEO

**CEO Recruitment**
Catherine Spencer, the newly appointed Cochrane CEO, will start on 11 July. The interim CEO finishes on 30 June, and so the Editor-in-Chief will be acting CEO for the days between.

**30th anniversary plans for 2023**
Cochrane celebrates its 30th anniversary in 2023, next year, and ELT have had some discussions about what – if anything – we should do to celebrate/commemorate this event.

It is very late in the day to be planning activities for next year, and ELT concluded that given the tight timeline and the changes that are ongoing, with the financial challenges of Open Access and the operational challenges of review production, we should be pragmatic about what can be achieved/delivered.

Anniversaries are not enough of a reason for stakeholders to pay attention - it is hard to find distinctive impact for anniversaries per se. However, they can be used to amplify other objectives and activities. So the most practical approach is to overlay planned activities with a 30th anniversary consciousness so, for example:

- Reinforcing our 30 years of experience, expertise and collaboration with funders and partners
- Using the 30th to re-invigorate the community after a difficult period – eg potential 30th anniversary colloquium, other events
- Involving members of the Cochrane community in planning and delivering activities
- Celebrating/labelling achievements relating to the 30th – eg opening/launching our first evidence synthesis unit, launch of the new Cochrane journal
- A logo enhancement to be used during 2023

In addition we would like to update the 20 year history to mark the progress and achievements of Cochrane in its third decade.

## Fundraising
See the Revenue Diversification paper on this agenda.

The recruitment agency AAW has been appointed to lead the recruitment of the Director of Development. Catherine Spencer will be involved in the process, including at final interview stage.

## Climate change
The Central Executive Team (CET) Environmental Sustainability working group is a time limited working group led by Lucie Binder (at ELT's request) to ensure we integrate consideration of climate impact into the way we work.  At its initial meeting, they agreed to progress:

1. An organizational position statement on environmental sustainability, to be approved by the Board and published on the Cochrane website – co-developed with input from the Climate Health Working Group led by Denise Thomson, and the Council.
2. Revised and approved organizational policy, linked to the position statement, covering:
   a. Rules and guidelines (toolkit) for hosting events and associated travel for the whole organization
   b. Rules and guidelines for the CET (Charity), including measurement of carbon footprint, office space, incentives for CET staff (e.g. contributions to e-cars or bikes), ways of working, Cochrane Store, etc
3. Updated carbon footprint for the CET and a decision from the ELT about who will own this document and data collection process going forward.
4. A set of proposed conditions for the London office move and home working for the ELT's consideration

## Leadership Development
The ELT and the Wider Leadership Group (heads) have been participating in a bespoke leadership development programme run by Linda Rich Associates.  So far we have looked at leadership models and paradoxes, personality and leadership (including Myers-Briggs assessments) and Leader as Coach.  The sessions are engaging and participative.

## Global Evidence Summit (GES) 2
The second GES due to be held in Prague in 2023 has now been deferred to 2024, provisional dates 9-13 September 2024, still hosted by the Czech National Centre for Evidence Based Healthcare and Knowledge Translation (CEBHCKT) in Prague.  See the events paper on this agenda.

# Overview from the Editor in Chief

### Update on Future of Evidence Synthesis programme of work
From February to April 2022, substantial work was done to define the approach to delivering the Future of Evidence Synthesis programme.  The list of projects in the programme has been defined, project teams set up and documentation for some projects has already begun.  Some highlights:

- - Communication plans: The first Future of Evidence Synthesis update webinars took place on 21st April, and from 26th May we will run fortnightly webinars. More information here.
  - Fundraising activities: a case for support for Cochrane Evidence Synthesis Units was drafted, focused initially on a partnership with the World Health Organization with a view to securing funding for Units in two low-and-middle income countries.  Alongside this, there has been continued communication with current funders, in particular, National Institute for Health and Care Research (NIHR) (UK) and National Health and Medical Research Council (NHMRC) (Australia).
  - Thematic Groups:  we have received five expressions of interest from the community and are supporting the UK Cochrane meeting in Manchester at the end of May, where we are planning to discuss the scope, activities, roles, and expectations of Thematic Groups with the community. The discussions will be summarized to the wider community in the May 26 webinar.
  - Central Editorial Service: Plans are being finalized to begin the scale up process in Q3 2022.  Phase 1 (to April 2023) will focus on the work from all the UK groups that are losing funding, i.e., approximately 75 to 80% of Cochrane content.  Phase 2 (May-Dec 2023) will bring in all other non-UK groups.
  - Work to establish a way for authors to propose Cochrane review titles centrally is well advanced.  This new process will help to keep the review publication pipeline open as UK-based Review Groups wind down, but still allow Review Groups with stable funding to decide which titles they want to register.  The estimated 'go live' date for the new process is June 24.
  - Work on retiring RevMan 5 continued throughout the reporting period and will continue for the rest of 2022. The intention is that the new Evidence Synthesis Units and Thematic Groups would only use RevMan Web. The RevMan 5 retirement project is critical for other projects such as 'New Review Format' which has been in the scoping phase this year, supported by a team of Cochrane members in Cologne, Germany.  A survey about the new format will be shared widely on the Cochrane Library, and communication plans are underway.

## Cochrane Library pipeline

As we approach the deadline for Cochrane UK Groups to reduce their activities we are monitoring the number of reviews and updates published in the Cochrane Library in Q1 2022 and putting plans in place to support the transition of reviews to the Central Editorial Service.

## Call for reviews to celebrate Cochrane 30th Anniversary

We are partnering with Wiley and Covidence to launch a call for 30 reviews in three high priority topic areas.  This will have the oversight of Cochrane's Editorial Board and will be led by Toby Lasserson.  We are consulting with key stakeholders, in particular guideline developers and the WHO, and leveraging our experience with the COVID-19 response.  More information is available in the "Cochrane Library: Proposal to mitigate the risk of reduced content pipeline" paper on this agenda.

## New membership of the Editorial Board

Cochrane's Editorial Board welcomed new members at its 5th April meeting.  The revised Editorial Board includes representatives from the Review Groups, Early Careers Group, Consumer Network, Low-Middle-Income countries, Methods and Statistics.  We consider these changes important to align with our future strategic decisions and goals and are in the process of updating the information on cochrane.org.

## High profile and controversial reviews

We continue to monitor high profile and controversial reviews, including providing quality assurance and support as needed.

## Progress on Strategy for Change Objectives

## Summary of progress – more below:

| | GREY delivered | GREEN on track | AMBER | RED |
|---|---|---|---|---|
| | | | | |

| Goals/objectives | | | Manageable delay/issue | concern/ undeliverable |
|---|---|---|---|---|
| Goal 1 Obj 1 Timely high quality responses … | | GREEN | AMBER | |
| Goal 1 Obj 2 Streamlining reviews … | | GREEN | | |
| Goal 2 Obj 3 Advocacy | | GREEN | | |
| Goal 3 Obj 4 Open Access | | | AMBER | |
| Goal 3 Obj 5 Accessibility and usability | | GREEN | | |
| **Enabling objectives** | | | | |
| Improving efficiency | | GREEN | AMBER | |
| Sustainability | | | AMBER | |
| Increased awareness and impact | | GREEN | | |
| Enhanced accountability | | GREEN | | |

## Goal 1, Objective 1: Delivering  timely, high quality responses to priority global health and care questions, which the users of our evidence help define  [*Karla*]

Key priorities:
- Change programme for CRGs - future of evidence synthesis
- Submission pipeline monitoring and risk mitigation
- Maintain Centralised Editorial Service, complete Editorial Efficiency & Independence Pilot (EIEP) and set clear expectations regarding resources needed to expand

*Achievements and challenges*
- See the Editor-in-Chief update above

*Key risks*
- The Future of Evidence Synthesis Programme has multiple risks, which were set out as part of the business case presented to the Governing Board, and will be monitored by the project team, ELT and the project Advisory Group.

*Summary of progress:* **AMBER/GREEN**


## Goal 1, Objective 2: Streamlining production of reviews and simplifying editorial systems and processes [*Karla*]

Key priorities:
- Develop and introduce a new, streamlined review format
- Simplification of processes and tech

*Achievements and challenges*
- See the Editor-in-Chief update above

*Key risks*

*Summary of progress:* **GREEN**


## Goal 2, Objective 3: Advocating for evidence-informed decision-making and integrity in research, including by pursuing high-impact partnerships and activities [*Sylvia*]

Key priority: We will shape our advocacy programme building on Cochrane Convenes recommendations

*Achievements and challenges*

- The Cochrane Convenes report launched in February and nine organizations are signing the Call to Action. Follow up work with partners involved and others is continuing and focuses on the three areas of work identified in the Call to Action for Cochrane to take forward.
- The report findings have been presented to the WHO-ECC-19 meeting (a collaborative meeting of key partners involved in the response to COVID-19) on March 3, in order to solicit support and collaboration in key areas.
- We are planning a webinar on May 24, during the World Health Assembly, with a panel of policy makers. This is organised jointly with the WHO EvipNet team and the team leading the Global Commission on Evidence.
- A concept note has been developed to follow up on the recommendation to strengthen capacity in Low or Middle Income Countries (LMICs) by establishing Evidence Synthesis Units (ESUs). Discussions are ongoing with WHO to collaborate on this and to jointly fundraise for the ESUs.

***Key risks***

The main risk is that we are not able to action the recommendations of the report. We are now working with the communications team on the short term advocacy and dissemination work. The longer term changes we expect link closely to the Future of Evidence work (i.e. the establishment of Evidence Synthesis Units in Lower or Middle Income Countries (LMICs) directly links to one of the key recommendations of Cochrane Convenes).

***Summary of progress:*** **GREEN** good progress in collaborating with WHO on WHA event and ESUs concept in LMICs.


### Goal 3, Objective 4: Making all Cochrane Reviews Open Access (OA) by 2025 at the latest without placing the financial burden on review authors [*Charlotte*]

| Key priority: We will have a Board approved decision and transition plan (roadmap) for OA in 2022 |
|---|

***Achievements and challenges***

- We reviewed the NIHR open access policy compliance options with Wiley and confirmed two recommended options with NIHR in mid-April 2022 for the 50+ reviews likely to be impacted from the 1 June 2022 policy start date. We are waiting for the initial response from NIHR.
  - Continue with the current policy for Programme Grant funded reviews by providing immediate free access via co-publication in the NIHR Journal. This includes no change to our licensing/re-use terms.
  - Payment for open access publishing with full re-use rights (CC BY) with fees paid via a one-off licensing agreement for this subset of content.
- Running later than planned for open access industry and expert meetings so these will continue into May 2022.
- Need to reconsider the funder engagement plan as waiting for the recruitment of the Development Director would delay the delivery of the transition plan into early 2023. Will work with CEO and OA Working Group to agree a new approach in May 2022.

***Key risks***

- Even though we are running later than planned on some key activities and need to reconsider the funder engagement plan, the updated project plan still supports delivery of transition plan and final recommendation paper in Q4 2022.

***Summary of progress*** **AMBER some delays/issues** but close management means we will still deliver recommended transition plan by Q4 2022.

## Goal 3, Objective 5: Improving user experience by increasing the accessibility and usability of our products [*Charlotte*]

Key priority: Further develop and continuously improve the Cochrane Library working with Wiley, progressing a product development and business model strategy including OA

*Achievements and challenges*
- We have a publishing strategy follow-up meeting with Wiley on 19 May 2022. This is to ensure we keep momentum in delivering our strategic objectives related to review production, Cochrane Library product development and new product development.
- We are waiting for Wiley to finalise the scope of the customer research project which has been delayed from April to May 2022.
- We are on track to deliver the following four business cases for Cochrane Library product development initiatives between May to July 2022.
    - Integration of new databases - ECRI Guidelines Trust & HEORO (Burden of Illness Database)
    - Cochrane data re-use - exporting meta-analysis data from Cochrane Reviews.
    - Cochrane content reporting - enabling users to collate & report sections across multiple reviews.
    - Enhancements to CENTRAL - new metadata creation and use;  development of (PICO and other) metadata for CENTRAL records to allow them to be found with high levels of specificity.

*Key risks*
- We are dependent on the Wiley customer research project to validate the value of product development opportunities within the context of an open access future. We are still waiting to see the project research brief to ensure that the plan will support our business planning requirements. The project research brief will be available in May 2022.

*Summary of progress:* **GREEN on track**


## Improved efficiency (enabling objective): Reducing editorial and production complexities, and simplifying organizational structures to support the global collaboration that is key to Cochrane's work [*Karla*]

*Achievements and challenges*
- See the Editor-in-Chief update above

*Key risks*

*Summary of progress* **AMBER/GREEN**


## Sustainability (enabling objective):  Realizing our Open Access ambitions by moving towards a new organizational business model that reflects expanded fundraising and delivers long-term sustainability for the whole organization  [*Judith/Casey*]

Key priorities:
- Recruit a Director of Development
- Establish a global fundraising strategy with community consultation, and recruit a fundraising team

*Achievements and challenges*
- We have appointed the agency AAW to rerecruit for a Director of Development and are close to advertising.  To make sure we maintain momentum, a fundraising plan for 2022 was

developed and discussions about fundraising held at the ELT face to face meeting in March. These are reflected in the income diversification paper on this agenda. We also plan to recruit a philanthropy manager more urgently. Catherine Spencer (incoming CEO) has been involved with determining this approach.

- We continue to pursue conversations with potential funders of evidence synthesis units, and have drafted two cases for support – one for evidence synthesis units in low or middle income countries, and a more general one.
- The five-year rolling forecast established last year will be updated and maintained to support the move to a new business model. Working with the HR team, we are developing a dynamic workforce planner, that will improve reporting and awareness of staffing budget (70% of total budget).

*Key risks*

There is a risk we do not recruit again, though advice is that we should be able to secure the profile we need.   If that transpires, we will of course do a review of the role and agree the right next steps.  There is a key risk we do not secure funding for Cochrane, but all activities are focused on the imperative of achieving a sustainable future, and we are continuing the focus – see Income Diversification paper on this agenda.

*Summary of progress:*  **AMBER** – some challenges but progress being made


**Increased awareness and impact (enabling objective):  Increasing the visibility and profile of Cochrane globally; demonstrating our value and impact to decision-makers and funders; and meeting the needs of future generations** [*Sylvia*]

*Achievements and challenges*

- An external consultant has been recruited to work with ELT and the Communications team on developing a communications strategy that will help position Cochrane better, and increase our visibility. The communication team met in London on 26/27 April and developed the outline of the communication strategy, which will be further developed in May. The communications teams will need to become more outward facing, focusing on increasing the visibility of Cochrane and facilitating the fundraising work.

*Risks*

The constrained capacity of the Communications team means some activities will need to stop, and energy needs to be directed towards high impact topics, channels and communications. We will bring in additional capacity where needed.  The team will in part rely on the Cochrane Community to amplify messages, and help build Cochrane's profile in thought leadership. Additional capacity for internal communication and community engagement may be needed. We are holding a vacant post to be able to use the budget for flexible capacity to respond to needs.

*Summary of progress (=> table above)* **GREEN** Good progress made with the development of the communication strategy, some gaps identified that need to be addressed in this quarter.


**Enhanced accountability (enabling objective):  Strengthening communications and engagement with Cochrane members, supporters, staff and beneficiaries; improving diversity and inclusion; and making a commitment through the evidence we produce and how we collaborate to addressing global health and care priorities and reducing health inequities** [*Judith/ Chris C*]

| Key priority: Culture and ways of working - values |
| --- |

***Achievements and challenges***
- A leadership development programme has been running for the Executive Leadership Team and Wider Leadership Group. We have run three events (Leadership Models & Paradoxes, Personality & Leadership, Leader as Coach) with two remaining. We held the second Wider Leadership meeting for heads of departments/functions as well as ELT, and discussed the Q122 performance review schedule.
- The CET culture working group delivered a launch event in March 2022 to initiate organisational discussion, feedback and engagement in the development of our culture within the CET. Around 65% of staff engaged with the event in some way. A findings paper, including some early recommendations, will be considered by the ELT.
- A plan for a review of organizational governance is in development and is being reviewed by the Governance Committee on 4 May before being brought to the full Board. The aim of this review will be to provide answers – and then practical resources - to the following questions:
    - I.  Who are the organizational decision-makers in Cochrane, for what decisions are they responsible, and what are the relative mechanisms of accountability?
    - II.  How do we want our decision-making system to be coded, communicated, and managed?
    - III.  How can we ensure our governance structures reflect the principles of Collaboration, Relevance, Integrity & Quality from the *Strategy for Change*?

***Key risks***
- There is a risk that the culture work is not sustained and/or does not deliver what staff expect.  There are varied expectations of the work.

***Summary of progress GREEN***

## Recommendations

The Governing Board is asked to note this performance report.

**Strategy for Change priorities 2022**
RAG Grey = delivered; Green = on track; Amber = manageable delay/issue; Red = issues of concern/undeliverable

| Obj. | HOW WE WILL DELIVER (Priority activities) | HOW WE WILL MONITOR - METRIC/MILESTONE/TIMESCALE | | ELT LEAD | KEY CONTRIBUTORS | STAKEHOLDERS (e.g. CET, Community) | RAG | UPDATES ON PROGRESS - Progress on Delivering metrics/milestones and/or Impact metrics/milestones; Flag any issues or changes to timelines | WHEN WE WILL DELIVER - PROJECT TIMELINES (Scoping, Development, Delivery) OR BAU | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Delivery metrics/milestones etc. | Impact metrics/milestones etc. | | | | | | 2022 Q1 | 2022 Q2 | 2022 Q3 | 2022 Q4 | 2023 Q1 | 2023 Q2 | 2023 Q3 | 2023 Q4 |
| **GOAL 1: PRODUCING TRUSTED EVIDENCE To produce trusted and timely synthesized evidence addressing the most important questions for health and care decision making** | | | | | | | | | | | | | | | | |
| **Objective 1: Delivering timely, high quality responses to priority global health and care questions, which the users of our evidence help define** | | | | | | | | | | | | | | | | |
| 1.1 | PRIORITY - Future of evidence synthesis tranformational programme of work | Board approval, implementation plan developed Q2 | 1. Working group meeting to start programme of work in April 2. Communication plans finalised for Q2 3. Oversight Advisory Group (Governing Board) formed and expections set | EIC | ELT | CET and community | Green | - Proposal approved by the Governing Board on Feb 9, 2022 and communicated to the wider community on Feb 18. The Board asked the CET to begin work on implementing the proposal and appointed Sally Green to lead an Advisory Group that will have oversight of the programme. - A plan for implementing the programme was drawn up and shared with the Executive Leadership Team and senior CET team. This involves a project initiation document template and work to map timelines and dependencies. - Work on creating a case for support for an Evidence Synthesis Unit in a low-and-middle income country and an application process for Thematic Groups also began. - A detailed communications plan was developed and will be implemented as part of the Development Directorate's overarching communications plan. Ad hoc meetings were held with Cochrane leaders (Cochrane Council, Co-eds, Geographic Group Directors, etc). | Scoping | Development | TBC | TBC | TBC | TBC | TBC | TBC |
| 1.2 | PRIORITY Submission pipeline monitoring and risk mitigation | 1) Plan finalised and budget approved by Board - May 2022 2) Central title registration in place by Q2 3) Ongoing delivery of project plan to scope, schedule and budget | 1. Meet 2022 commissioning targets. 2. Meet 2022 submission targets. 3. Meet 2022 publishing targets | EIC | EPM, P&T, ELS | CET and community | Amber | Paper and budget request in development. This will cover three main areas of activity: 1. Identify pre-submission pipelines; 2. Themed calls for reviews agreed with Editorial Board; 3. Commissioning updates based on citation and access data. Editorial Board will prepare an editorial announcing calls for reviews and we will look to invite 50 updates of reviews later ion the year once we have appropriate resourcing in place. Discussion around process for title registration through Editorial Manager is complete. This will require an interim solution to cover for lack of resource in place, but will need increased resource in place ahead of wider rollout for it become BAU. | NA | Scoping | TBC | TBC | TBC | TBC | TBC | TBC |
| 1.3 | PRIORITY Maintain Centralised Editorial Service, complete EIEP pilot and set clear expectations regarding resources needed to expand | Scalable CES in place and operating by June 2022 | 1. Meet time to publication targets 2. Meet throughput targets | EIC | EPM | CET and community | GREEN | Content is going through the Central Editorial Service without blockages (content includes from pilot groups (phase A and B), groups that have lost funding, and high-priority reviews). A funding agreement from the EPOC group to Central Editorial Service to provide editorial services has been agreed, and the first invoice has been submitted. Recruitment is almost complete for two new Managing Editors, and recruitment for the Head of Editorial is underway. Iterations in the process to improve quality and efficiency in the editorial process are ongoing and documented. Plans for further expanding the Central Editorial Service are in development, and being discussed with the EIEP working group. Challenges arising for the Editorial Service include a large number of recent unexpected submissions from one CRG, which have been assessed for priority status to push through the highest-priority content first. Ensuring sign-off editor capacity for a swell in submissions will be key. | Scoping | Scoping | Development | Development | Delivery of expanded Central Editorial Service to cover content from folding UK groups, continuation of pilot groups and high-priority content. | Development | Development | Delivery of expanded Central Editorial Service to cover all content. |
| 1.4 | Implement new way to monitor, manage & publish high profile reviews | New procedures in place and operating by Q3 | | EIC | EPM, ACP, P&T | CET and community | Amber | Lack of resources meant that this process did not start on Q1. Work has been carried on to establish a process for the CFS review, including independent editorial process by one of the CRGs and sign off by the Editorial Board. Delays on define how the risk register will be used. | | | | | | | | |
| **Objective 2:  Streamlining production of reviews and simplifying editorial systems and processes** | | | | | | | | | | | | | | | | |
| 2.1 | PRIORITY Develop and introduce a new, streamlined review format | 1) Concept & user research report delivered May 2022, 2) Scope of work agreed June 2022 for Editorial Board approval July 2022, 3) Author and editor guidance, including MECIR reporting standards and comms plan agreed and start implementation by Q3, 4) Systems implementation to start by Q4, 5) Aiming for April 2023 full go live. | Longterm 1) Improved author satisfaction 2) Shorter review production timelines. 3) Reduced editorial time and costs. 4) Reduced copy editing time and costs. 5) Improved reader satisfaction. | EIC/DP&T | EPM Heads, P&T | CET and community | GREEN | An external research team are working up a survey for The Cochrane Library Website under direction from the Cochrane Haematology team at Cologne. The survey will be launched in late April with results back in mid-May. This will supplement insights that they have gained from a series of interviews conducted with different members of the Cochrane Community. To keep on schedule in Q2 we need the Systems and Product Development Editor to be recruited. | Scoping | Scoping | Development | Development | Development | Delivery | BAU | BAU |
| 2.2 | PRIORITY Simplification of processes and tech *-including prioritizing 1-2 additional projects (e.g, RevMan, central title registration)* | 1) Direct submissions requirements and scope confirmed by March 2022 2) Finalise plans for closing RevMan5 by April 2022, with closure expected in early 2023. 3) Review RevMan Web product strategy in Q2 2022 following validation of copyediting and xml workflow systems. 4) Implement Porto, new review portfolio mgmt system for non-Cochrane users by May 2022, and for Cochrane users by Q4 2022, as part of Archie closure plan. 5) Re-launch Cochrane Taskexchange by Q4 2022 and drive use across the community. | Longterm 1) Improved author satisfaction 2) Shorter review production timelines. 3) Reduced systems support costs following closure of Archie workflows and RMS in 2023. 4) Increased use of Covidence by Cochrane authors for data extraction. 5) Full use of centralised search service as part of FOES. | EIC/DP&T | P&T, EPM, customer support, membership | CET and community | Green | 1) Direct submissions requirements have been finalised and we will be able to support a manual word submission route given the small number of reviews expected to follow this route. 2) The Porto review portfolio management build is going well and on schedule to launch for non-Cochrane users in May 2022. 3) Covidence interoperability requirements have been finalised and implementation work is ongoing. | | | | | | | | |
| **GOAL 2: ADVOCATING FOR EVIDENCE To be a leading global advocate for evidence-informed health and care** | | | | | | | | | | | | | | | | |
| **Objective 3: Advocating for evidence-informed decision-making and integrity in research, including by pursuing high-impact partnerships and activities** | | | | | | | | | | | | | | | | |
| 3.1 | PRIORITY We will shape our advocacy programme building on Cochrane Convenes recommendations | Advocacy programme planned and delivered as anticipated. Social media coverage of report and call to action. PR coverage of Cochrane Convenes. Develop ability to write and place thought leadership op-eds. | Number of organisations that support the call to action. Follow up survey with supporters 12 month later - what actions have they taken? Changes that occur related to our advocacy; collection of 'stories' as news items on CC website to capture impacts that are easy to measure in numbers. New connections made with impactful partners / influencers (how many, who, possible impact explained) | DDev | HoACP | CET and community | green | Nine organisations signed the call to action; World Health Assembly side event in preparation (to be organised in May); BMJ editorial published; Recommendations presented at WHO Evidence Collaborative Covid-19 meeting and at WHO EVIPNet Steering Group meeting; Follow up meetings held with high level people and senior team at WHO (specifically focusing on collaboration around ESUs in LMICs); referenced in Nature editorial in Feb. | | ✓ | ✓ | ✓ | ✓ | | | |
| 3.2 | Revisit all partnerships and reduce to most impactful ones. Consider more agile approach - work with partners for time limited projects then move on.  Retain high value partners eg WHO | Review of partners against SFC goals and levels of impact/influence Mapping of possible new priority partners Partnership strategy paper for Board | Number of high impact connections (new and established).  Mapping executed and reviewed by groups.  Partner strategy paper for board written and delivered. Number of impact stories shared. | DDev | HoACP | CET and community | | Work has not yet started but our official status with WHO was extended with another three years. | | | ✓ | ✓ | | | | |

*Strategy for Change priorities 2022*
RAG Grey = delivered; Green = on track; Amber = manageable delay/issue; Red = issues of concern/undeliverable

| Obj. | HOW WE WILL DELIVER (Priority activities) | HOW WE WILL MONITOR - METRIC/MILESTONE/TIMESCALE | | ELT LEAD | KEY CONTRIBUTORS | STAKEHOLDERS (e.g. CET, Community) | RAG | UPDATES ON PROGRESS - Progress on Delivering metrics/milestones and/or Impact metrics/milestones; Flag any issues or changes to timelines | WHEN WE WILL DELIVER - PROJECT TIMELINES (Scoping, Development, Delivery) OR BAU | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Delivery metrics/milestones etc. | Impact metrics/milestones etc. | | | | | | 2022 Q1 | 2022 Q2 | 2022 Q3 | 2022 Q4 | 2023 Q1 | 2023 Q2 | 2023 Q3 | 2023 Q4 |
| **GOAL 3: INFORMING HEALTH AND CARE DECISIONS To inform health and care decisions by making our evidence accessible, usable, and available to all** | | | | | | | | | | | | | | | | |
| **Objective 4: Making all Cochrane Reviews Open Access (OA) by 2025 at the latest without placing the financial burden on review authors** | | | | | | | | | | | | | | | | |
| 4.1 | PRIORITY We will have a Board approved decision and transition plan (roadmap) for OA in 2022 | Final costed options paper and proposed transition plan to Board by Q4 2022 | Finding a financially sustainable OA publishing model as part of a broader revenue & funding diversification strategy | DP&T | ELT, C:LIB team | CET | Amber | 1) Completed supply and demand profile analysis 2) Behind on industry/expert meetings - will now take place in May 2022 3) Behind on funder engagement due to delayed Development Director recruitment. Will work with CEO and Board Working Group to finalise and new approach. | | | | | | | | |
| 4.2 | New Multilingual strategy & how it fits with OA (2023 onwards) | Development of draft multilingual strategy and approval of strategy by ELT and governing board | Finding a sustainable approach to continue multilingual activities | DDev | HoACP, Comms Manager, Multilingual Manager, Head of CLIB | CET and community, Subject to Board approval | Green | Scenarios for multilingual work being developed. Will be presented to ELT in May, before wider consultation with translation teams, and presenting final paper to Board mid year. | | ✔ | ✔ | | | | | |
| 4.3 | Open access journal, establish new journal in partnership with Wiley | Journal launched January 2023 | Readership gained, revenues | EIC | EPM, P&T | | Green | Business case approved by Board in Q3. Contracts currently being reviewed for signing in May 2022. | | Development | Development | Development Launch | BAU | BAU | BAU | |
| | | | | | | | | | | | | | | | | |
| **Objective 5: Improving user experience by increasing the accessibility and usability of our products** | | | | | | | | | | | | | | | | |
| 5.1 | PRIORITY Further develop and continuously improve the Cochrane Library working with Wiley, progressing a product development and business model strategy including OA | 4 Cochrane Library business cases developed by July 2022 and implementation started for at least 2 initiatives by Q3. | Subscription revenue business model protected. Increase usage of new features. Increase user and customer satisfaction | DP&T | EIC, EMP, P&T | CET | GREEN | On schedule to deliver 4 business cases between April and July 2022. Includes: 1) Integration of new databases - ECRI Guidelines Trust & HEORO 2) Cochrane data re-use. Exporting meta-analysis data from Cochrane Reviews. 3) Cochrane content reporting. Enabling users to collate & report sections across multiple reviews. 4) Enhancements to CENTRAL: New metadata creation and use. Development of (PICO and other) metadata for CENTRAL records to allow them to be found with high levels of specificity | Scoping | Scoping | Scoping / Dev | Scoping / Dev Dev | | Dev | Dev | Dev |
| | | | | | | | | | | | | | | | | |
| **OUR WORK IS ENABLED BY:** | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| **Improved efficiency - Reducing editorial and production complexities, and simplifying organizational structures to support the global collaboration that is key to Cochrane's work** | | | | | | | | | | | | | | | | |
| IE.1 | Ensure expenditure is sufficiently within budget in 2022 to position us to deliver breakeven budgets in 2023 and 2024 | Management accounts and projections 5 year projections updated for every FAR | | DFCS | ELT, WLG | CET | Amber | Progression delayed but Q122 Management Accounts are close to completion & planning for update of 2022-26 financial modelling (including detailed LIVE staff analysis) in hand. | Development | Delivery | BAU | BAU | BAU | BAU | BAU | BAU |
| IE.2 | Develop M&E system for geographic groups, revisit functions in the light of changes in review production, develop criteria for accepting/upgrading groups | M&E Framework developed, tested and implemented (should be operational in 2023) | Increase in geo groups performance on key deliverables. Number of new and closed groups. | DDev | HoACP | CET and community | Green | Webform for tracking Geo Group activities developed; platform on community site set up so people can search these activities. ELT and Geographic Groups Executive have reviewed platform and provided feedback. Next steps: incorporating feedback and identifying 5 to 6 Geo Groups that are willing to pilot test the system. | | ✔ | ✔ | ✔ | | | | |
| | | | | | | | | | | | | | | | | |
| **Sustainability - Realizing our Open Access ambitions by moving towards a new organizational business model that reflects expanded fundraising and delivers long-term sustainability for the whole organization** | | | | | | | | | | | | | | | | |
| 5.1 | PRIORITY Recruit a Director of Development | Director of Devpmt in post by June 2022 | | CEO | ELT | CET | Amber | Did not appoint at 1st go. Deferred pending CEO appointment process, about to relaunch recruitment | | ✔ | ✔ | | | | | |
| 5.2 | PRIORITY Establish a global fundraising strategy (for income generation and diversification) with community consultation - and recruit a fundraising team | 1. Global Fundraising Strategy - Global fundraising strategy in place, in time to inform 2023 budget - Recruit team/capacity to progress plans - At least 7 funding proposals submitted worth at least… 2. Revenue diversification - Revenue diversification strategy submitted to Board for approval by June 2022. - 2 new products business cases developed by Q4 2022 for submission to Board by Q1 2023 if positive. - RevMan Web commercial launch in May 2022 | | DDev | Fundraising Task Force | CET & community | Amber | 1. Affected by Dir of Dev situation.  Planning now to recruit team as well as Director.  Fundraising plan for 2022 in place, and ELT reviewed revenue diversification in March 22 Revenue diversification 2. Commercial launch of RevMan Web is on schedule for May 2022 launch. | | ✔ | ✔ | ✔ | | | | |
| 5.3 | Continue existing fundraising initiatives and progress fundraising plans, pending the appointment of the Development Director | Welcome funding application submitted by … Fundraising database in place by … | | CEO | HoACP | CET and community | Amber | As above, freelance capacity is progressing fundraising bids. Case for Support developed for an ESU in a Low or Middle Income Country. | ✔ | ✔ | ✔ | ✔ | | | | |
| 5.4 | Plan process towards a new strategy for 2024 and beyond, and assess resource/support requirements for 2023 | Q3, Q4 | | CEO | ELT, WLG | CET & Community | Green | New CEO to progress substantially in 2023, 2022 is for planning for 2023 | | | | ✔ | ✔ | ✔ | ✔ | ✔ |
| 5.5 | Embed risk management at all levels within the Cochrane on a consistent basis (> one year) | Q122 (risk policy, professional advice) Q222 (FAR risk update paper/monitoring & training) Q322 BAU | Annual self-assessment against IRM Charities SIG Risk Management Maturity Framework | DFCS | ELT, WLG, FAR Committee | CET | Amber | Progression delayed but Board Risk Policy approved, following professional advice, and working towards an regular risk reporting mechanism via ELT/FAR. Risk management training to be arranged. | Development | Delivery | BAU | BAU | BAU | BAU | BAU | BAU |
| 5.6 | Close the London office & associated services (2022) | Hard deadline 1 Sept 2022 (on time, on budget) Plan for post 1 Sept 22 | Alternative working arrangements and protocols in place | DFCS | EA (CEO), ITS Admin | CET | Amber | Progression delayed but a PiD, for ELT approval, to be discussed in early May. We have discussed arrangements with Landlord, started reviewing office contracts and are speaking with other remote organisations. | Scoping | Development | Delivery | BAU | BAU | BAU | BAU | BAU |
| | | | | | | | | | | | | | | | | |
| **Increased awareness and impact - Increasing the visibility and profile of Cochrane globally; demonstrating our value and impact to decision-makers and funders; and meeting the needs of future generations** | | | | | | | | | | | | | | | | |
| IA.1 | Develop communication strategy - focused on delivering key organisational messages, but also on marketing, increasing visibility, illustrating impact | Communication plan developed with quarterly targets | Focused external reach and visibility (PR mentions, social media metrics). Development of Cochrane as a thought leader. Meeting of quarterly targets. | DDev | HoACP | Needs to include OA comms, and ref future of evidence synthesis [CET] | GREEN | Held communication strategy session during ELT in March to determine direction. Comms team will work on comms strategy during two day meeting end April. Expecting comms strategy with plan end May. | | ✔ | | | | | | |
| IA.2 | Develop Events strategy - internally and externally focused events - considering community needs and external visibility | Events strategy developed and approved by Board - Decision taken on GES for 2023 Q2 2022 - Plan for Community Leaders meeting by Q2 2022 - Host Community Leaders Meeting by Q4 | | Ddev | HoELS | CET and community | Green | Events strategy development and events planning all on course. Update to go to the Governing Board in May with further information. | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| **Enhanced accountability - Strengthening communications and engagement with Cochrane members, supporters, staff and beneficiaries; improving diversity and inclusion; and making a commitment through the evidence we produce and how we collaborate to addressing global health and care priorities and reducing health inequities** | | | | | | | | | | | | | | | | |
| EA.1 | PRIORITY Culture and ways of working [Values for the community] | Leadership development programme delivered Develop further the Board/executive partnership | Participants report satisfaction, and impact on their leadership. Staff report positive impact. | CEO | ELT, WLT | CET CET & Community | Green | Culture working group established, led by Head of HR.  Launch event took place end March for all CET. Leadership development for ELT and wider leadership is under way.  Community Values work on hold pending new CEO. | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ |
| EA.2 | Review and rationalisation of Cochrane websites | Audit of Cochrane.org conducted and Cochrane.org revised Plan for website overhaul in place and budget identified | | DDev | | CET and Community | | Not yet started. Links to comms strategy which needs to be developed first | | | | | | | | |
| EA.3 | Put in place a register/list of current and planned organizational policies with review dates and authority level (ELT/GB etc) | Work to start in Q2 | | CEO | Governance, WLT (Editorial and HR) | Important for risk management [CET] | | | | | | | | | | |
| EA.4 | Review and update governance arrangements, to ensure they are fit for purpose for the Cochrane's next stage of development | External consultant engaged; plan delivered; work underway | | CEO | Governance, Board | CET and Community | | | | | | | | | | |

**SfC Priorities schedule - Quarterly updates required**

**Please update the following columns in the SfC priorities tab:**

| Columns | Instructions |
|---|---|
| RAG STATUS (COLUMN H) | Please update the RAG Status as follows:<br>Grey = delivered;<br>Green = on track;<br>Amber = manageable delay/issue;<br>Red = issues of concern/undeliverable |
| UPDATES ON PROGRESS (COLUMN I) | Write here the progress on Delivering metrics/milestones and/or Impact metrics/milestones;<br>If impact metrics are not yet defined, please focus updates on delivering metrics/milestones<br>Flag any issues or changes to timelines |
| WHEN WE WILL DELIVER - PROJECT TIMELINES (COLUMNS J:Q) | If the initiative is a project, please break down into: Scoping, Development, Delivery. If timeline is unknown, write TBC.<br>If the initiative is BAU, please write BAU. |

**Notes**

1. Close the London office & associated services (2022), row 47, has been updated for Q1 as an example

2. If you have developed any Delivery metrics/milestones or Impact metrics/milestones you can add these to HOW WE WILL MONITOR - METRIC/MILESTONE/TIMESCALE (Columns C:D). But please note, this is an ongoing process.

3. PROJECT REFERENCE STATUS (Column R). This is to track if all projects have a PID. If your initiative is a project & has a PID, please write yes here.

4. Please update for Q1 2022 (covering January - March 2022)

5. If you have not confirmed which quarter the initiative will be coped, developed & delivered in, please put tbc.

6. If you have any questions on completing the SfC Priorities schedule for your initiatives, please contact Susan Evans

| Abbreviation | Definition |
|---|---|
| ACP | Advocacy, Communications and Partnerships department |
| Angular JS | a JavaScript-based open-source front-end web framework for developing single-page applications |
| API | Application Programming Interface |
| AWS | Amazon Web Services |
| BAU | Business as usual |
| CENTRAL | Cochrane Central Register of Controlled Trials |
| CEO | Chief Executive Officer |
| CES | Centralised Editorial Service |
| CET | Central Executive Team |
| CLIB | Cochrane Library |
| COI | Conflict of Interest |
| CRG | Cochrane Review Group |
| CRS-D | Cochrane Register of Study Data |
| CRS-W | Cochrane Crowd CRS Web |
| Ddev | Director of Development |
| DFCS | Director of Finance and Corporate Services |
| DOI | Declaration of Interest |
| DP&T | Director of Publishing and Technology |
| EA | Executive Assistant |
| EIC | Editor in Chief |
| EIEP | Editorial Integrity and Efficiency Pilot |
| ELT | Executive Leadership Team |
| ELS | Engagement, Learning and Support department |
| EM | Editorial Manager |
| EPM | Editorial production and methods directorate |
| ESU | Evidence Synthesis Unit |
| FAR | Finance, Audit and Risk |
| FCS | Finance and Corporate Services |
| GB | Governing Board |
| GDPR | General Data Protection Regulation |
| HoACP | Head of Advocacy, Communications and Partnerships |
| HoG | Head of Governance |
| HoHR | Head of Human Resources |
| HR | Human Resources |
| HW | HighWire |
| IRM | Institute of Risk Management |
| ITS | Informatics and IT Services Department |
| MECIR | Methodological Expectations of Cochrane Intervention Reviews |
| M&E | Monitoring and Evaluation |
| OA | Open Access |
| PICO | Population, Intervention, Comparison and Outcomes - search tool |
| PM | Production Manager |
| P&T | Publishing and Technology directorate |
| RCT | Randomised Controlled Trial |
| SfC | Strategy for Change |
| SIG | Standardized Information Gathering |
| SOAP | Simple Object Access Protocol |
| SQL | Structured Query Language |
| WHO | World Health Organization |
| WLG | Wider Leadership Group |

# Editorial Board

## Terms of Reference

**Purpose**

- The Editorial Board provides an advisory role for the Editor in Chief on areas relating to Cochrane Library content, editorial management, and publishing. All members act as advocates and ambassadors for Cochrane in their field and may undertake duties as outlined below.

**Membership and accountability**

- Members are accountable to, and appointed by, the Editor in Chief and serve an initial period of two years, which can be extended by a further two years.

The Editor in Chief is responsible for ensuring the Editorial Board represents the community, including key strategic areas and growth regions. Diversity, equity and inclusivity will be considered during member appointment with some designated roles for specific representatives:
  - o Content experts
  - o Methods Executive
  - o Statistics
  - o Low- and Middle-Income Countries
  - o Early Career Professionals Network
  - o Consumer Network
  - International Advisory Editor

- Executive members of the Editorial Board include the Editor in Chief and Deputy Editor in Chief. Wiley also has representation on the Editorial Board.
- All members must provide a full declaration of interest, including all positions on other journal or database Boards. If any of these declarations corresponds to a conflict of interest, or perceived conflict of interest, then that member will be excluded from certain Editorial Board activities or discussion as determined by the Editorial in Chief. Conflicts of interest that prevent someone becoming an Editorial Board member include, but are not limited to, commercial sponsorship or commercial sources, as defined in the Conflicts of Interest policy for Cochrane groups.
- The Editor in Chief may co-opt ex-officio members, but appointed members must always form the majority.
- The Editorial Board, through the Editor in Chief, will produce (written or verbal) reports for the Governing Board on their activities. If matters require a decision by the Governing Board, this will be clearly stated.
- The Editorial Board will produce an annual workplan in the first quarter of each calendar year of their planned activities and objectives for the next 12 months aimed at ensuring the Cochrane Library contributes to Cochrane's mission.

- Editorial Board members must adhere to the [Cochrane spokesperson policy](#) and other relevant Cochrane policies.

**Role and responsibilities**

- Inform the development of Cochrane editorial, publishing, and content strategies, provide feedback on areas for development or improvement for the Cochrane Library, and respond to specific requests, such as commissioning ideas.
- Support implementation of changes to the Cochrane Library and to improve Cochrane Review consistency, quality, and timeliness.
- Be an ambassador for the Cochrane Library in their field and help attract high-quality submissions.
- Except for the content experts, members are not expected to be involved in the day to day running of the Cochrane Library.
- Content experts will have the following additional responsibilities:
    - maintain high scientific standards in the editorial process, adhere to Cochrane's editorial policies, publishing policies and Committee of Publication Ethics (COPE) guideline, ensure the Cochrane Library adheres to ethical standards and journal policies, and ensure that manuscripts are handled through its editorial management system.
    - final editorial decision on at least two manuscripts per month as assigned by the central editorial service (within two weeks of assignment).
    - respond to emails from the central editorial service or relating to manuscripts within one week.
    - Act as an escalation for handling rejection appeals and general complaints (approximately two per year).
- The Editor in Chief is responsible for recruiting content experts to cover the scope and quantity of editorial decisions required.

**Meetings and communication**

- Quorum is a minimum of half of the members (appointed and ex-officio together).
- Meetings are held virtually on a bi-monthly basis.
- Meetings are chaired by the Editor in Chief. In the absence of the Editor in Chief, the Deputy Editor in Chief or a nominated replacement will chair.
- Specific tasks may be conducted by email and within smaller groups of members.
- Members are expected to make contributions in meetings to ensure the Editorial Board fulfil its roles and responsibilities.
- Members are expected to provide pertinent and professional challenge where appropriate, albeit demonstrating clear respect for colleagues and their views.
- Members will be expected to maintain confidentiality in respect of all discussed issues where this is required.
- Only appointed members can vote (ex-officio members do not have voting rights). All decisions will be reached by consensus where possible. Or, where appropriate, voted on by a simple majority of those present. In the case of a tied vote, the Editor in Chief will have a casting vote.

- The Editorial Board is supported administratively by the Editorial, Production and Methods Directorate, which involves taking minutes, recording attendance and distribution of papers.
- Approved minutes will be issued by the Editor in chief's Personal Assistant normally within 10 working days of the meeting and will list the topics discussed, actions agreed, and all individuals responsible for undertaking these actions.  These minutes will be taken to the Editorial Board for approval.
- An action log will be maintained that will identify individuals and appropriate timelines for specific tasks, progress against which will be actively monitored at subsequent meetings.

**Review of Terms of Reference and membership**

- Assessments of the impact and effectiveness of the Editorial Board, and its members, will occur on a regular basis to inform the development of the Terms of Reference and ensure members are contributing to the Cochrane Library.
- Editorial Board members may rotate off the Editorial Board before the end of their tenure if they fail to fulfil their roles and responsibilities or by mutual agreement
- Misconduct or unprofessional behaviour will result in termination of Editorial Board membership.
- The Terms of reference will be reviewed annually to determine if any updates are required.
- Proposed amendments will be developed in consultation with the Editor in Chief.
- Any changes that are considered necessary will be implemented by the Editor in Chief.

# 2022 Editorial Board members

Chair
- Karla Soares-Weiser – Editor in Chief

Senior Executive Editors
- Toby Lasserson – Deputy Editor in Chief (deputy chair)
- Rachel Marshall – Head of Editorial
- John Hilton – Head of Content Publication and Policies
- Deborah Pentesco – Editorial Director, Evidence Based Health Care, Wiley

Senior Editors
- Zarko Alfirevic
- Lisa Bero (Senior Research Integrity Editor)
- Isabelle Boutron
- Robert Boyle
- Michael Brown
- Cindy Farqhuar
- Gerald Gartlehner
- Nicole Skoetz
- Tari Turner
- Peter Tugwell
- Steven Woloshin

LMIC representative
- Emmanuel Effa

Consumer Editor
- Rachel Plachcinski

Early Career Editor
- Ana Pizarro

Methods Editor
- Jane Noyes

Statistical Editor
- Yemisi Takwoingi

# 7.1. Interim CEO Report

# 7.2. Editor in Chief Report

CLOSING BUSINESS: (5 MINS)

# 8. Matters Arising not otherwise covered by the Agenda and Any Other Business

9. Date of next meeting:

# 10. CLOSED SESSION (TRUSTEES ONLY) (20 MINS)

# CONSENT AGENDA:

For Decision

Approval of the minutes from 9 March 2022 [RESTRICTED AND OPEN ACCESS VERSIONS OF SUPPORTING DOCUMENTS]

# Update on organizational events in 2022 and 2023 [OPEN ACCESS SUPPORTING DOCUMENT]

**Cochrane**

# Governing Board: Reports

| | |
|---|---|
| **Title:** | **Update on organizational events in 2022 and 2023** |
| **Previous or schedule reports on this topic:** | |
| **Paper Number:** | GB-2022-19 |
| **From:** | Judith Brodie |
| **People Involved in the developing the paper:** | Chris Champion |
| **Date:** | 29 April 2022.     For Consideration at 11 May Board meeting. |
| **For your:** | **ASSURANCE** |
| **Access:** | Open |

## 1. Purpose:

The purpose of this report is to update the Governing Board on events activities and, in particular, to draw the Governing Board's attention to the developments around the Global Evidence Summit and the potential for a 30th Anniversary Colloquium in 2023.

## 2. Report:

### Strategic approach to events

We are developing a strategic framework to help us with our events planning for the future. This document is at an advanced stage but requires more stakeholder engagement with the Events Working Group before it is ready for the Board. It goes without saying that events must contribute to the Strategy for Change goals and objectives.

In outline, the events strategic framework proposes that events hosted by Cochrane should always serve a clear purpose; have a well-defined intended audience; and be aligned with our mission and strategy.

More specifically, they should be:

- Purposeful – justify there being an event for the purpose
- Diverse and inclusive – thinking about location, affordability and the use of digital media to engage the widest possible range of community members etc.
- Financially responsible – fully costed, clarify how funded, seek to generate income if possible
- Environmentally responsible – thinking about innovative ways to share knowledge and information, clear rationale for travel, options for low carbon transport, options for local events and reducing overall travel requirements for participants etc.
- Working in partnership – seek synergies with other events, minimize duplication and build awareness of our work and our capability

Business cases for specific events will address all these elements.

The draft strategy also identifies six purposes of events:

- **Promoting Cochrane and the use of evidence**
  *Events intended to promote the use and uptake of evidence in policy and practice; disseminate our Vision and Mission and raise our global profile.*

- **Advocacy**
  *Events that support us to deliver on our commitment to be a leading advocate of evidence -informed health decision-making, delivered, where possible, in partnership with others.*
- **Science**
  *Events that contribute to the advancement of the science of Evidence Based Medicine.*
- **Community networking & social cohesion**
  *Events that bring the evidence synthesis community together to share, network, and build social cohesion.*
- **Training**
  *Events that allow us to equip people with the skills needed to produce systematic reviews and translate them into practice; and events that support the community staff to fulfil their roles.*
- **Organisational strategy and governance**
  *Events that allow for strategic discussion within the Cochrane Community so that the community is cohesive, effective, productive and impactful; this will also enable us to meet our obligations as a UK Charity.*

There are various upcoming events that are worth pursuing with the draft strategy as a framework to help our thinking. This is particularly relevant for face to face events, as the pandemic has prevented us from meeting face to face for several years, so whilst we do envisage a future with fewer face to face events than before, we think that there is a strong rationale for face to face events in the next two years.

# Events in planning
## 1.1 Cochrane Strategy Summit (face to face event of around 100 people)
Cochrane's Community Leadership has not been able to meet since Krakow in March 2019. We do not propose to host a full Governance Meeting, but instead we would like to have an event focussed on engaging Community leaders in the strategic issues that we are currently facing, such as future of evidence synthesis, income generation and open access.

**Purpose:**  *Organisational strategy and governance, community networking*
**Strategy for Change fit:**  *evidence production (Goal 1); sustainability, accountability (enabling objectives)*

This would be an event of approximately 100 people, probably in Europe in October / November and we would expect participants to pay for their own travel and accommodation (except Council, Board and a number of stipends for Consumers and people from lower and middle income countries).  It could be an opportunity for a face to face board meeting – including newly appointed trustees – and for the new CEO to meet some of the community. We are exploring three location options at the moment and will soon have cost estimates for each, that should allow us to make a decision on feasibility and value.
If this event goes ahead, the Governing Board will have a multi-day Board meeting with Board development sessions.

**There is no budget available for this meeting, as we did not anticipate the Covid situation would allow a face to face meeting this year, so this will be an out of budget financial request for the Board.**

## 1.2 Global Evidence Summit 2, Prague, - now Sept 2024
The Global Evidence Summit 2 was re-scheduled for 2023, but as a result of the geo-political situation the global organising committee has decided to postpone the event until September 2024.

**Purpose**: *Promoting Cochrane and the use of evidence, Advocacy, Science*
**Strategy for Change fit**: *Goal 3: Informing health and care decisions; and increased awareness and impact; Goal 2: Advocating for evidence.*

An event of this scale with multiple organising partners takes a lot of time to organize, so we will restart preparations for this in September 2022 in order that we have 24 months lead time for the event.
A news item will be going out to the communities of all partner organisations shortly to communicate the deferral.

## 1.3 Cochrane 30th Anniversary Colloquium Sept 2023

As a result of the deferral of the Global Evidence Summit 2, we have no major event planned for 2023. We know that the community is eager to meet again, and there is strong appetite for a large gathering. It is also the 30th Anniversary of Cochrane in 2023, so we propose that we host a 30th Anniversary Colloquium.

**Purpose**:  Promoting Cochrane and the use of evidence; Science; Community networking & social cohesion; Training.
**Strategy for Change fit**:   Goal 1: Producing trusted evidence; Enhanced accountability.

There is a clear rationale for holding a Colloquium in 2023 both to celebrate the 30th Anniversary of Cochrane and to bring the community together for the first time since 2018. We would expect a good attendance given these two factors.

We need to be mindful of the financial implications of holding such an event. Our draft events strategy stresses the importance of generating income from major events such as Colloquia and we would be applying this to the organisation of this event. We would not only factor in direct costs of the event, but also staff time and other indirect costs.

We have also discussed the scope of the Colloquium over the last few years, and there is general agreement that we need to have a more focussed event. We will work with the hosts of the event to ensure that the Colloquium has a clear focus and outcomes and we will design the programme accordingly. It is appropriate to define the focus and purpose in collaboration with the hosts, so we are not stipulating what this should be at this point in time.

The UK has been suggested as a possible location, given that we are celebrating the 30th Anniversary of the organization. A separate paper is included in the Board pack outlining a proposal to this effect.

## 1.4   Cochrane Lecture virtual event

Since 2013, we have hosted four Cochrane Lectures. The format of the lectures would lend itself to a virtual event, and so we propose to host a 5th Cochrane Lecture in 2022. This will probably be around September time, but the timing will primarily be based on the speaker's availability. We are developing suggestions, but would welcome any that Board members have.

**Purpose**:  Community networking & social cohesion
**Strategy for Change fit**:   Strategy for Change: Enhanced accountability

For information, the previous four Cochrane Lectures were as follows:
**1st Cochrane Lecture**
Sir Iain Chalmers
Keeping systematic reviews up to date: a continuing challenge (Quebec, 2013 (delivered virtually))
https://www.youtube.com/watch?v=C8PBtpH3toY&t=628s
**2nd Cochrane Lecture**
Gordon Guyatt
Evidence-Based Medicine and the Cochrane Collaboration: a McMaster Perspective (Hyderabad, 2014)
https://www.youtube.com/watch?v=k_24CNOqN30&t=7s
**3rd Cochrane Lecture**
Ida Sim
The Uneven Future of Evidence-Based Medicine (Vienna, 2015)
https://www.youtube.com/watch?v=RgOgcs95fRk&t=180s
**4th Cochrane Lecture**
Paul Glasziou
Four Challenges for EBM and Cochrane's Future (Seoul, 2016)
https://www.youtube.com/watch?v=VGJP6maJ5Es

## Recommendation

3

The Board is asked to note and comment on this direction of travel for events mindful it will be subject to further engagement with the events working group.

The Board should be reassured that every event will have a clear business case developed to ensure conformance to the criteria in the draft strategy.

EVALUATION OF MEETING - send any comments by email to Lucie Binder