Governing Board [OPEN ACCESS AGENDA PACK]

Schedule	Wednesday 13 July 2022, 8:00 PM — 10:00 PM BST
Description	20:00-20:10 GMT+1: Coffee 20:10-21:40 GMT+1: Main business 21:40-22:00 GMT+1: Trustees only https://www.timeanddate.com/worldclock/meetingtime.html?day=13&month=7&year=2022&p1=137&p2=75&p3=188&p4=51&p5=136&p6=37&p7=56&p8=676&p9=237&p10=152&p11=22&p12=103&iv=1800
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: https://community.cochrane.org/organizational-info/people/conflict-interest/board. 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. 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. Download a PDF version of the agenda pack from cochrane.azeusconvene.com. Comments and Questions: > Convene agenda packs can be annotated with private notes, which are not shared and serve as aide-memoire; or as comments and questions seen by everyone with access to the

agenda that are designed to support the in-person discussions at Board meetings
> Everyone should be careful to make sure these shared written comments - as ‘sticky notes’ on the agenda – don’t obscure the text of the papers
> The Co-Chairs will review all written comments received one day in advance of a teleconference and decide which ones are material to the discussion, and will therefore be picked up during the meeting in advance of any vote
> Other comments and questions will be answered as written responses on the agenda by ELT, Head of Governance or Co-Chairs, either before the meeting or within one week of the meeting finishing depending on the number and nature of the comments

Organiser Lucie Binder

Agenda

8:00 PM	VIRTUAL COFFEE AHEAD OF THE TELECONFERENCE (10 MINS)
8:10 PM	OPENING BUSINESS: (10 MINS)

1. Welcome, Apologies, Declarations of Interest & Code of Conduct, Board Charter, Decision-Making Framework

1.1. Welcome to Catherine Spencer, Chief Executive Officer as of 11 July 2022

1.2. Vote of thanks to outgoing members of the Central Executive Team: Lucie Binder, Sylvia de Haan, Chris Mavergames

	2. Approval of the Agenda, including the papers and decisions on the Consent Agenda For Decision	
8:20 PM	SUBSTANTIVE BUSINESS: (30 MINS)	
	3. 2021 Audit Outcomes [OPEN AND RESTRICTED ACCESS SUPPORTING DOCUMENTS] For Decision - Presented by Casey Early and Karen Kelly	
	GB-2022-24 Audit Outcomes [OPEN ACCESS SUPPORTING DOCUMENT].docx	9
	GB-2022-24 Audit Outcomes APPENDIX 2 Letter of Representation [OPEN ACCESS SUPPORTING DOCUMENT].docx	12
	4. 2021 Trustees' Report & Financial Statements [OPEN AND RESTRICTED ACCESS SUPPORTING DOCUMENTS] For Decision - Presented by Casey Early and Karen Kelly	
	GB-2022-25 Trustees' Report and Financial Statements [OPEN ACCESS VERSION].docx	17
	GB-2022-25 Trustees' Report and Financial Statements A1 A201 Cochrane Group 2021 [OPEN ACCESS SUPPORTING DOCUMENT].pdf	19
	5. Update on Board appointments [ORAL REPORT] Presented by Lucie Binder	
8:50 PM	RECURRING BUSINESS: (45 MINS)	
	6. Co-Chairs' Report [ORAL REPORT] For Information - Presented by Tracey Howe and Catherine Marshall	
	7. Future of Evidence Synthesis Oversight Committee Report [ORAL REPORT] Presented by Sally Green and Catherine Marshall	

Governing Board Evidence Synthesis Oversight Committee 2022.docx 61

8. 2022 Performance Report [OPEN ACCESS SUPPORTING DOCUMENT], including:
For Information

GB-2022-21 Operational performance report July 2022 [OPEN ACCESS SUPPORTING DOCUMENT].docx 65

8.1. CEO Report (written report provided by Interim CEO, Judith Brodie, for this meeting)

8.2. Editor in Chief Report

9. Finance Report [RESTRICTED ACCESS SUPPORTING DOCUMENTS]

10. Risk Report [RESTRICTED ACCESS SUPPORTING DOCUMENTS]

9:35 PM CLOSING BUSINESS: (5 MINS)

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

12. Date of next meeting: 16 August 2022 - informal meeting

9:40 PM 13. CLOSED SESSION (TRUSTEES ONLY) (20 MINS)

13.1. Co-Chair appointment

13.1.1. Remuneration of Co-Chair
Presented by Marguerite Koster

13.1.2. Co-Chair appointments process
Presented by Sally Green

CONSENT AGENDA [OPEN AND RESTRICTED ACCESS SUPPORTING DOCUMENTS]
For Decision

Approval of the minutes from 11 May 2022 [RESTRICTED AND OPEN ACCESS VERSIONS OF SUPPORTING DOCUMENTS]

Safeguarding and Whistleblowing policies

Non-financial delegations of authority

Complaints Resolution Committee Terms of Reference

FOR THE RECORD:

Record of Resolutions voted on between meetings via online poll, with associated papers [OPEN AND RESTRICTED ACCESS SUPPORTING DOCUMENTS]

Governing Board

Code of Conduct for Trustees

First prepared:	19 February 2018 Governance Sub-Committee
Last updated:	21 March 2018 Governance Sub-Committee
Governing Board approved:	22 March 2018 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:

_____

Governing Board
Charter

First prepared:	19 February 2018 Governance Sub-Committee
Last updated:	21 March 2018 Governance Sub-Committee
Governing Board approved:	22 March 2018 Lisbon Governance Meetings *Updated 2020 with new organizational vision and mission*

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 better health for all people where decisions about health and care are informed by high-quality evidence. We are an independent, diverse, global organization that collaborates to produce trusted synthesized evidence, make it accessible to all, and advocate for its use. Our work is internationally recognized as the benchmark for high-quality information about the effectiveness of health care.

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]

[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

[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.

Board Decision-Making Tool

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 where decisions about health and care are informed by high-quality evidence**			
Our Mission	**We are an independent, diverse, global organization that collaborates to produce trusted synthesized evidence, make it accessible to all, and advocate for its use**			
Key Principles	**COLLABORATION** Underpins everything we do locally and globally	**RELEVANCE** The right evidence at the right time in the right format	**INTEGRITY** Independent and transparent	**QUALITY** Reviewing and improving what we do, maintaining rigour and trust
Our Goals	**GOAL 1:** **Producing trusted evidence** To produce trusted and timely synthesized evidence addressing the most important questions for health and care decision making	**GOAL 2:** **Advocating for evidence** To be a leading global advocate for evidence-informed health and care	**GOAL 3:** **Informing health and care decisions** 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:** 1. Delivering timely, high quality responses to priority global health and care questions, which the users of our evidence help define 2. Streamlining production of reviews and simplifying editorial systems and processes	**We will deliver Goal 2 by:** 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:** 4. Making all Cochrane Reviews Open Access by 2025 at the latest without placing the financial burden on review authors 5. Improving user experience by increasing the accessibility and usability of our products	
Enabling Objectives	**Our Objectives for Change will be 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 **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 **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 **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			

Governing Board: Decision Paper

Title:	**2021 audit outcomes**
Previous papers submitted on this topic:	GB-2022-12 – audit update GB-2021-91
Paper Number:	**GB-2022-24**
From:	Finance, Audit & Risk Committee (the Committee)
People Involved in the developing the paper:	• Casey Early, Director of Finance & Corporate Services (DFCS) • Sayer Vincent, External Auditors (Auditors)
Date:	For consideration at 13 July 2022 Board meeting
For your:	**DECISION**
Access:	This paper is Open Access, as is Appendix 2 (Letter of Representation) but the following appendices include information about strategic and business plans that are not in the Charity's best interests to make publicly available and should therefore remain permanently restricted: • Post-Audit Report, Appendix 1 • Going Concern Assessment, Appendix 3

1. Purpose:

The Board is asked to note the Post-Audit Report, prepared by the Auditors (Sayer Vincent, Appendix 1) and, to approve, in connection with the audit (1) the Letter of Representation (Appendix 2) and (2) the Going Concern Assessment (Appendix 3).

2. Background and context:

The 2021 audit was carried out by Sayer Vincent (Auditors) on the Parent Charity (Cochrane) and Cochrane Innovations Limited (Innovations, trading subsidiary) only. The Danish trading subsidiary, IKMD, is not audited although certain balances and transactions are reviewed during the audit. The Board received the Audit Strategy at the February 2022 Board meeting. In accordance with Charity best practise, Judith Miller (Audit Partner) discussed the Post-Audit Report (Report) and other audit outcomes with the Committee in May 2022. This meeting including a 'closed session' without management (CEO, DFCS) present.

Post-Audit Report (Appendix 1)

As set out in the Report, the audit testing was completed in accordance with the Audit Strategy and an 'unmodified' or 'clean' audit report (see p.22, 2021 Trustees' Report and Financial Statements) is anticipated (subject to additional audit evidence below). The largest accounting adjustment, in respect of the £669,000 Share Capital Reduction (Innovations) was due to an agreement of the correct year-end accounting treatment rather than any error or control weakness. The Auditors also carried out an extra audit for UKRI grant funding, something that may increase in the future. An audit of Wiley, separate from the main audit, will be carried out in the second half of 2022. The Auditors are satisfied that there are no material uncertainties that impact on Cochrane's ability to continue operating and that the 'going concern basis' is appropriate. The Going Concern Assessment, which has an improved outlook since the Dec 2021 assessment, is described in more detail below. Other significant matters were reported with respect to Innovations and the extent of Cochrane's large cash holdings which were earning little interest. Alternative treasury management options will be explored. Some internal control items have been identified,

during the audit, and there were updates on the 2020 findings which have now all been resolved. A VAT review, by Crowe, did not require any material adjustment to the accounts although there were some follow-up actions. DFCS would report on corrective actions for all the findings at future Committee meetings. The Committee are assured that that management responses to the Report are satisfactory.

Letter of Representation (Appendix 2)
The Letter of Representation (Letter) is a piece of audit evidence that formally sets out the collective responsibility of the Board towards the audit and, ultimately, the approval of the statutory Trustees' Report and Financial Statements. The Letter explains any assumptions, accounting treatments and information provided for the purposes of the audit. It is a standard format and there are no unusual accounting assumptions for Cochrane. The Letter refers to a Danish bank account for which direct confirmation had not been received (as is typical for UK bank accounts) but which had been verified by other means. The Committee are assured that the 2021 financial outcome had been supported and evidenced by timely management accounts throughout the year. The Treasurer has, separately, received assurance from the DFCS that the Letter is accurate. The Letter should be signed by a member of the Board (Treasurer) and senior management (DFCS). The Board is asked to approve the Letter which will be sent to the Auditors.

Going Concern Assessment (Appendix 3)
In December 2021, as part of the 2022 Plan & Budget paper, the Board approved a Going Concern Assessment (Assessment). This report looked at the financial and operating outlook to 30 June 2023 including liquidity, worse-case scenarios and Free Reserves. The Board considered that there were no material uncertainties that impact on Cochranes ability to continue operating *up to this date* and that the going concern basis is appropriate. The Assessment has been updated to reflect the, *improved* (£0.2m), opening reserves position and more recent information - the main conclusion of the Assessment (now through to 31 July 2023) is otherwise unchanged. The Board is asked to approve the updated Assessment, not been previously seen by the Committee, which will be sent to the Auditors.

3. Options appraisal:
Not applicable – this is an annual compliance exercise.

4. Implications:
Not applicable.

5. Risk summary:
Not applicable.

6. Monitoring and communication:
Not applicable.

7. Resolution:
The Board approves the Letter of Representation in connection with the audit of the financial statements of The Cochrane Collaboration for the year ended 31 December 2021

Yes/No/Abstain

The Board approves the revised Going Concern Assessment in connection with the audit of the financial statements of The Cochrane Collaboration for the year ended 31 December 2021

Yes/No/Abstain

8. Next steps:

Director of Finance & Corporate Services will arrange the signing of the Letter of Representation which, along with the Going Concern Assessment, will be sent to the Auditors in July 2022.

Sayer Vincent LLP
Invicta House
108-114 Golden Lane
LONDON
EC1Y 0TL

FAO Judith Miller

Your ref: JAM/VM/C381/lmp

Date: 13 July 2022

Dear Sayer Vincent

Letter of representations on the financial statements for the year ended 31 December 2021

This representation letter is provided in connection with your audit of the financial statements of The Cochrane Collaboration for the year ended 31 December 2021, for the purpose of expressing an opinion as to whether the financial statements give a true and fair view of the results and financial position. All representations are made to the best of our knowledge and belief.

Financial statements

1 We have fulfilled, as trustees, our responsibility as set out in the terms of your engagement dated 6 February 2020 for preparing financial statements in accordance with the Companies Act 2006 and Charities Act 2011, which give a true and fair view of the results and financial position for the organisation as of the 31 December 2021 and for making accurate representation to you.

2 We confirm that significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.

3 We confirm that appropriate provisions have been made for irrecoverable debts.

4 We confirm that no fixed assets have been disposed of during the year

5 We confirm that we have no plans or intentions that may materially alter the carrying value or the fair value measurements or classification of assets and liabilities reflected in the financial statements.

6 We confirm that all income has been recorded.

7 We confirm that the restricted funds have been properly applied.

8 We confirm that we have disclosed all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements and these have been disclosed in accordance with the requirements of accounting standards.

9 We confirm that related party* relationships and transactions have been appropriately accounted for and disclosed and we are not aware of further related party matters that require disclosure.

10 We confirm that all events since the balance sheet date which require disclosure, or which would materially affect the amounts in the financial statements, have been adjusted or included in the financial statements.

11 We confirm the financial statements are free of material misstatements, and nothing significant has been omitted. We understand that no uncorrected misstatements were identified during the audit.

12 We confirm that, having considered our expectations and intentions for at least the next 12 months from today, including considering our current understanding of the impact of Covid-19 on our activities, we have a reasonable expectation of receiving adequate resources to continue operations for the foreseeable future. For this reason we continue to adopt the going concern basis in preparing the financial statements for the year ended 31 December 2021. We confirm that the disclosures in the accounting policies and the trustees' annual report are an accurate reflection of the reasons for our consideration that the financial statements should be drawn up on a going concern basis.

Information provided

13 We confirm that all accounting records and relevant information has been made available to you for the purpose of your audit. We have provided to you all other information requested and given unrestricted access to persons within the organisation from whom you have deemed it necessary to request information. All other records and related information, including minutes of all management and trustee meetings, have been made available to you.

14 We confirm that all correspondence with regulators has been made available to you including, in England and Wales, any serious incident reports.

15 We confirm that all transactions undertaken by the organisation have been properly reflected in the accounting records and are reflected in the financial statements.

16 We acknowledge our responsibility for the design, implementation and maintenance of controls to prevent and detect fraud. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

17 We confirm that we have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the organisation and involves management, employees who have a significant role in internal control, or others, where fraud could have a material effect on the financial statements.

18 We confirm that we have disclosed to you all information in relation to allegations of fraud, or suspected fraud affecting the organisation's financial statements communicated by employees, former employees, regulators or others.

19 We confirm that we are not aware of any possible or actual instance of non-compliance with those laws and regulations which provide a legal framework within which the organisation conducts its activities and which could affect the financial statements. The organisation has complied with all aspects of contractual and grant agreements that could have a material effect on the financial statements in the event of non-compliance.

20 We confirm that we have disclosed to you the identity of the organisation's related parties and all related party relationships and transactions relevant to the organisation that we are aware of.

21 We confirm that the organisation has satisfactory title to all assets in the financial statements, and there are no circumstances which alter or limit** the title held on the assets except for those disclosed in the financial statements.

22 We confirm that the organisation does not hold any bank accounts, short term deposits or other cash deposits other than those included in the financial statements. No other facilities or securities are held.

23 We confirm that there are no liabilities, contingent liabilities or guarantees to third parties other than those disclosed in the financial statements. In particular, we confirm that to the best of our knowledge, no provision is needed in respect of leased property dilapidations.

24 The organisation has at no time during the year entered into any arrangement, transaction or agreement to provide credit facilities (including loans, quasi loans or credit transactions) for trustees, nor to guarantee or provide security for such matters, except as disclosed in the financial statements.

25 We confirm that the trustees consider there to be appropriate controls in place to ensure overseas payments are applied for charitable purposes.

26 In the absence of you receiving direct balance confirmations, we confirm the statement balance(s) on the following accounts at 31 December 2021 were as follows:

Institution	Account name	Balance
Danske Bank	IKMD Current Accounts DKK	DKK 378,838.12

We confirm to the best of our knowledge and belief that the above representations are made on the basis of enquiries of management and staff with relevant knowledge and experience and, where appropriate, of inspection of supporting documentation sufficient to satisfy ourselves that we can properly make each of the above representations to you.

We acknowledge our legal responsibilities regarding disclosure of information to you as auditor and confirm that, so far as we are aware, there is no relevant audit information needed by you in connection with preparing your audit report of which you are unaware.

Each trustee has taken all the steps that they ought to have taken as a trustee in order to make themselves aware of any relevant audit information and to establish that you are aware of that information.

Yours faithfully

Signed on behalf of the senior management:

Signature: .....

Name: .....

Position: .....

Date: .....

Signed on behalf of the trustees:

Signature: .....

Name: .....

Position: .....

Date: .....

* The definition of a related party includes:

- A party controlling or controlled by the organisation (directly or indirectly)
- A party subject to the same source of control as the organisation (e.g. same trustees)
- A director, trustee or management committee member and his/her immediate family
- A party that has a significant influence over the operating and financial policies of the organisation, or one that is so influenced by the organisation.

** For example: mortgages, leases, covenants or restrictions

Governing Board: Decision Paper

Title:	**2021 Trustees' Report and Financial Statements**
Previous papers submitted on this topic:	N/A
Paper Number:	**GB-2022-25, including Appendix 1**
From:	Finance, Audit & Risk Committee (the Committee)
People Involved in the developing the paper:	• Casey Early, Director of Finance & Corporate Services (DFCS) • Lucie Binder, Head of Governance • Judith Brodie, Interim CEO • Juan Franco, Trustee
Date:	For consideration at 13 July 2022 Board meeting
For your:	**DECISION**
Access:	OPEN ACCESS - Commercially sensitive content has been removed from this document.

1. Purpose:

Following a recommendation from the Finance, Audit & Risk Committee (Committee), the Board is asked to approve the 2021 Trustees' Report and Financial Statements (Appendix 1). The recommendation, and decision for the Board, is informed by the Post-Audit Report produced by the Auditors, Sayer Vincent.

2. Background and context:

The 2021 Trustees' Report & Financial Statements has been 'signed off' by the Auditors, scrutinised by the Executive Leadership Team (ELT), the Committee and subsequently recommended for Board approval.

There is no change to the layout of the Trustees' Report: the 'achievements/performance', 'financial review', 'plans for future periods' and 'principal risks/uncertainties' sections all fall under a 'strategic report' narrative. We have, however, considerably expanded the 'principal risks/uncertainties' section – which forms the backbone of the Strategic Risk Register - and have made the 'achievements/performance' section more concise. Following the new *Strategy for Change*, the 'plans for future periods' section is now more clearly defined. There is a comprehensive 'financial review' section – which aims to explain the main items of income, expenditure and why things have changed compared with the previous year ('looking back'). This is slightly different from the management accounts reporting, which is more concerned with why things have changed compared with budgets or plans and what the end of year forecasts might be ('looking ahead). Considerable input was provided by Lucie Binder, Judith Brodie & Juan Franco for the narrative section.

Financial performance ('Consolidated statement of financial activities' - page 26 of the Report)
There is a significant year-on-year income reduction (£5.1m, 40%) of which £5.0m relates to commercial enhancements associated with the new publishing contract with Wiley. Total expenditure (£9.1m) was flat, year-on-year, with the significant initial COVID impact continuing into 2021 (e.g., travel costs). In addition, certain non-staff budget savings were introduced for 2021 and the impact of the restructure *process* generated immediate savings as some activities were immediately deferred/stopped and recruitment was frozen.

In summary, the reduced publishing income was the main reason for the operating deficit of £1.4m compared with the substantial net operating surplus, in 2020, of £3.8m. However, the 2021 deficit was considerably reduced from the budgeted deficit of £2.1m and comparable to the underlying 2020 deficit of £1.2m.

Financial position ('Balance sheet'- page 27 of the Report)
The balance sheet is in a strong position: total funds (or net assets) are £8.6m (2020: £10.0m). The single biggest balance sheet variance relates to the reclassification of the same 'high-interest' bank account from 'Short term deposits' to 'Cash at bank and in hand'. This was because the bank reduced the term notice (and interest) from 95 days to 35 days. £4.5m of the £8.6m total funds have been designated to the Continuity Fund (£2.0m) and Strategic Investment Fund (£2.5m). £139k, from the £200k Central Editorial Service pilot, had been charged to the Strategic Investment Fund by the year-end. The excess over the target Free Reserves floor (£2.0m) is £2.2m (and the Committee has considered that a large proportion of this is also ring-fenced in a Designated Fund).

Note that the Financial Statements are aligned to the management accounts 'by department' reporting which the Board are now familiar with. There will need to be a remapping, for the 2022 accounts, against the new organisational and reporting structure.

3. Options appraisal:
Not applicable – this is an annual compliance exercise.

4. Implications:
Not applicable.

5. Risk summary:
Not applicable.

6. Monitoring and communication:
Not applicable.

7. Resolution:
The Board approves the 2021 Trustees' Report and Financial Statements

Yes/No/Abstain

8. Next steps:
The Director of Finance & Corporate Services will arrange the signing of the Report by the Treasurer. The Report will then be sent to the Auditors for signing and, following that, will be published on the Cochrane website and filed with Companies House (by 30 Sept) and the Charity Commission (by 31 Oct). Cochrane members will have an opportunity to ask questions about the Report at the 2022 Annual General Meeting.

Trustees' Report and Financial Statements

The Cochrane Collaboration
(A company limited by guarantee)
For the year ended
31 December 2021

Company Number 03044323
Charity Number 1045921

CONTENTS

The Trustees of The Cochrane Collaboration (Cochrane), who are also Directors for the purposes of company law, present their report and financial statements for the year ended 31 December 2021.

Reference and Administration

Charity name:	The Cochrane Collaboration ("Cochrane")
Registered address:	St Albans House 57-59 Haymarket London, SW1Y 4QX UK

Advisors

Auditor:	Sayer Vincent LLP Chartered Accountants and Statutory Auditors Invicta House 108-114 Golden Lane London, EC1Y 0TL UK
Banker:	National Westminster Bank PLC Charities & Education Team Corporate & Commercial Banking 1st Floor, 440 Strand London, WC2R 0QJ UK
Legal advisers:	Brodies LLP 15 Atholl Crescent Edinburgh, EH3 8HA UK Harbottle & Lewis LLP Hanover House 14 Hanover Square London, W1S 1HP UK

Trustees

The following Trustees held office on the Cochrane Governing Board during the year and to the date of signing these financial statements:

Xavier Bonfill Cosp (term ended November 2021)
Yuan Chi (elected November 2021)
Nicola Cullum (term ended November 2021)
Juan Franco
Sally Green
Tracey Howe (Co-Chair)
Karsten Juhl Jørgensen (term ended November 2021)
Karen Kelly (Treasurer)
Marguerite Koster
Tamara Kredo
Raewyn Lamb
Catherine Marshall (Co-Chair)
Jordi Pardo Pardo
Emma Persad (elected November 2021)
Vanessa Piechotta (elected November 2021)

Key management personnel

During 2021, the key management personnel of the Charity – defined as the Senior Management Team - comprised:

Mark Wilson, Chief Executive Officer (until April 2021)
Judith Brodie, Interim Chief Executive Officer (appointed June 2021)
Karla Soares-Weiser, Editor in Chief, *Cochrane Library,* and Interim Chief Executive Officer (April-May 2021)
Joanne Anthony, Head of Knowledge Translation (until December 2021)
Lucie Binder, Head of Governance & Strategy
Christopher Champion, Head of People Services
Casey Early, Head of Finance
Sylvia De Haan, Head of External Affairs & Geographic Groups' Support
Toby Lasserson, Deputy Editor in Chief, *Cochrane Library,* and Interim Editor in Chief (April-May 2021)
Christopher Mavergames, Head of IT Services/Chief Information Officer
Charlotte Pestridge, Head of Publishing, Research & Development

From 01 January 2022, following the review and restructure of the Central Executive Team, a new Executive Leadership Team was formed as follows:

Judith Brodie, Interim Chief Executive Officer (until July 2022)
Catherine Spencer, Chief Executive Officer (from July 2022)
Karla Soares-Weiser, Editor in Chief, *Cochrane Library*
Christopher Champion, Head of Engagement, Learning and Support
Casey Early, Director of Finance & Corporate Services
Sylvia De Haan, Head of Advocacy, Communications and Partnerships
Charlotte Pestridge, Director of Publishing & Technology

Narrative Report

This Trustees' Report covers the twelve-month period 1 January - 31 December 2021.

1. Structure, Governance and Management

Nature of Governing Document
Cochrane's governing document is its Articles of Association.

Governing body
Cochrane's governing body is the Governing Board (the Board). The Board determines the strategic direction of the organization, including its policies, objectives and goals. It governs the Charity on behalf of the organization's members. Board members are the Charity's Trustees.

The majority of Board members – at least six – are elected by the organization's members and the rest are appointed by the Board. Two Co-Chairs are similarly appointed by the Board. Members serve for a three-year period and may be re-elected for a second consecutive term. New members go through a comprehensive induction with the Board Co-Chairs, Treasurer, and Charity staff, and are provided with introductory documentation to assist them.

The Governing Board is committed to the highest standards of governance. All Board members adhere to a Governing Board Charter and Code of Conduct for Trustees, and undertake regular training and development.

In 2021, the Board's Governance Sub-Committee undertook an audit of organizational processes and policies against the Charity Governance Code with the aim of identifying areas for improvement, including self-appraisal by Trustees. Skills where members identified lower confidence will be the focus of Board training, and the required skillsets of new members appointed in 2022. In 2022, risk management and charity finance training will be provided.

Organizational structure
The Charity owns three subsidiaries, each with its own board of directors:

- Cochrane IKMD Denmark ApS is a Danish company set up to support the work of the Charity's Informatics & Technology Services Department based in Denmark.
- Collaboration Trading Company Limited existed solely to receive royalties from the sales of the *Cochrane Library* and to gift aid its profits to the Charity. This company was dormant from 2020.
- Cochrane Innovations Limited (the company) is a commercial trading company that exists to develop and sell derivative products and services from Cochrane's content and tools, to return income to the Charity and support the Charity's mission and objects. In December 2020, following a review of the remit and purpose of the company, its directors recommended that the company be closed as it is no longer needed to deliver Cochrane's financial sustainability and product development goals, which can be delivered within the Charity. To facilitate the strike off, a share capital reduction exercise - to return the original investment to the Charity – was carried out. The company is currently following a stepwise approach of transferring all ongoing activities to the Charity, after which the company will be struck off with a target completion date of December 2022.

The Chief Executive Officer (CEO) has overarching responsibility for the management of the organization and the executive delivery of its plans and activities to implement its strategic goals. In April 2021, Mark Wilson resigned as CEO after eight years of excellent service. Between April and May 2021, Karla Soares-Weiser acted as CEO and Toby Lasserson as Editor in Chief of the *Cochrane Library*.

In June 2021, Judith Brodie was appointed as Interim CEO and, until July 2022, led the Central Executive Team - the staff employed by the Charity or through Charity funding - to deliver the Charity's mission in collaboration with separately funded Cochrane Groups. In July 2022, Catherine Spencer was appointed as Cochrane's new permanent CEO following a robust recruitment process.

In 2021, the Editor in Chief of the *Cochrane Library* was Karla Soares-Weiser, who was responsible for developing, implementing and directing the editorial policies of the *Cochrane Library* in relation to the vision and objectives of the organization; improving the quality in the editing process and product with respect to scientific content; providing a lead for conceptualizing and developing new products derived from Cochrane Systematic Reviews ('Cochrane Reviews' or 'reviews'); and for applying ethical and scientific standards consistent with the goals of the organization.

In the second half of 2021, the Interim CEO led a review and restructure of the Central Executive Team with the support of an external consultant, to reduce costs and increase efficiency. The proposed changes took effect in January 2022, but in 2021, the departments of the Central Executive Team remained as they had been in 2020:

- Editorial & Methods;
- Knowledge Translation (incorporating communications and events management);
- Publishing, Research & Development;
- People Services (incorporating Cochrane membership, Managing Editor/Information Specialist support and Human Resources);
- Informatics & Technology (IT) Services;
- Chief Executive's Office (incorporating units covering Governance & Strategy, and External Affairs & Geographic Groups' Support);
- Finance Services.

At the heart of Cochrane's work in 2021 were the activities of a global network of autonomously funded and governed Cochrane Groups:

- Eight Cochrane Systematic Review Group Networks (comprising 52 subject-based Review Groups) facilitate the preparation, by a variety of contributors (some of whom are volunteers) of Cochrane Systematic Reviews.
- 17 Methods Groups provide support in methods for research evidence synthesis.
- 13 thematic Fields represent cross-cutting health issues and carry out knowledge translation and advocacy activity.
- Plus, a Geographic Group presence in 54 countries, facilitating engagement with regional stakeholders; representing and promoting Cochrane locally; building capacity for review production and use; and engaging in knowledge translation activities and supporting advocacy.

For full details on their activities see cochrane.org. Each Cochrane Group has its own funding and a devolved management team appropriate to its function. For Cochrane Review Groups, for instance, this normally consists of a Co-ordinating Editor (commonly a senior healthcare professional such as a professor or senior doctor with extensive knowledge of the healthcare area concerned), a Managing Editor, an Information Specialist and administrative support. These teams support 'Cochrane Review author teams', consisting of authors and editors; with input provided by statisticians, methodologists, healthcare consumers and others.

Cochrane Groups have a voice in Cochrane's leadership and strategic decision-making through the Cochrane Council. The purpose of the Council is to provide:

- A forum for Cochrane Groups to consider high-level matters affecting Cochrane;
- A mechanism to raise matters and provide input to the Governing Board on behalf of Cochrane's Groups; and
- A forum to consider matters at the request of the Board and inform Board deliberations.

Statement of Responsibilities of the Trustees
The Trustees are responsible for preparing the *Trustees' Annual Report and Financial Statements* in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and group and of the incoming resources and application of resources, including the income and expenditure, of the group for that period. In preparing these financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in The Charities Statement of Recommended Practice (SORP).
- Make judgements and estimates that are reasonable and prudent.
- State whether applicable UK Accounting Standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue in operation.

The Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware.
- The Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Members of the Charity guarantee to contribute an amount not exceeding £10 to the assets of the Charity in the event of winding up. The total number of such guarantees at 31 December 2021 was 13,133 (2020: 13,203). The Trustees are members of the Charity, but this entitles them only to voting rights. The Trustees have no beneficial interest in the Charity.

Auditor
Sayer Vincent LLP was reappointed as Cochrane's auditor by the Trustees in October 2021.

2. Objectives and Activities

Legal Objects
The legal objects of the Charity, as defined in its Articles of Association, are "the protection and preservation of public health through the preparation, maintenance and promotion of the accessibility of systematic reviews of the effects of health care or any other charitable activities, for the public benefit."

Vision and Mission of the Charity
In June 2021, the organization adopted a new strategic plan, the *'Strategy for Change'*, which set out updated vision and mission statements:

Our vision is a world of better health for all people where decisions about health and care are informed by high-quality evidence.

We are an independent, diverse, global organization that collaborates to produce trusted synthesized evidence, make it accessible to all, and advocate for its use.

Cochrane is a global independent network of health practitioners, researchers, patient advocates and others, responding to the challenge of making the vast amounts of evidence generated through research useful for informing decisions about health. By December 2021, Cochrane had over 13,000 members and 102,000 supporters from more than 130 countries working together to produce, disseminate and promote credible, accessible health information that is free from commercial sponsorship and other conflicts of interest.

The Charity relies heavily on the contributions of these people around the world to produce its core outputs. Some of them work entirely voluntarily, in their own time, for no remuneration. Others undertake Cochrane activity as part of their paid employment, or as part of a course of study or training in which they are engaged. In 2021 they were involved in the following activities:

- Preparing Cochrane's outputs, predominantly as members of 'Cochrane Review author teams'.
- Disseminating and advocating for Cochrane's outputs and evidence synthesis methodologies through conference presentations, symposia, scientific papers, and other knowledge translation activities.
- Developing the knowledge base, tools and training of people for facilitating preparation of Cochrane's outputs.

Cochrane's work is internationally recognized as the benchmark for high-quality information about the effectiveness of health care.

Public Benefit Statement
This public benefit statement has been drawn up in accordance with the Charity Commission's 2013 guidance on public benefit:

To deliver high quality healthcare services, medical and allied health professionals depend on high-quality information about the effects and effectiveness of the health interventions to meet individual healthcare needs. Health consumers, including patients, need to be able to make valid choices between the various options open to them. Policy-makers require high-quality evidence in order to develop effective policies that can impact the health of populations on a national and international scale. Huge amounts of information are available; hundreds of thousands of scientific articles are published every year. Nobody can assimilate this mass of information.

The primary public benefit provided by Cochrane, therefore, is the advancement of human health by assimilating, on behalf of the world's population, the results of primary research relating to individual treatments or interventions, and then presenting these results in a single scientific paper called a 'Cochrane Review' or 'systematic review'.

The secondary public benefit relates to Cochrane's work to improve research integrity by developing and advocating for improved health research methodologies; and identifying uncertainties, missing or poor evidence in primary research.

The third public benefit relates to supporting the use of our health evidence by those who need it to make health decisions, through what we call 'knowledge translation'. Knowledge translation activities include:

- Producing Cochrane evidence in different and accessible formats such as graphics, podcasts, or videos, to help the target audience be able to use it more easily.
- Translating Cochrane evidence from English into different languages.
- Building partnerships with stakeholders to support the uptake of Cochrane evidence in their setting.
- Capacity building through workshops in local settings.

The fourth public benefit relates to the advancement of education. Producing hundreds of Cochrane Reviews each year requires the assistance of hundreds of thousands of members and supporters, who include academic researchers, health professionals, patients. These contributors need to be trained in the advanced techniques necessary for the work, and so international educational initiatives are a key part of Cochrane's activities.

Organizational strategic plan

The *Strategy for Change* was approved by the Governing Board in June 2021. It replaced the *Strategy to 2020* and was based on a draft new strategic framework developed from 2019-2020, which had extensive input from members and supporters. However, the Board decided a shorter-term focus on the changes Cochrane needs to make in the next two years to remain financially sustainable was required.

Alongside the three goals, the *Strategy for Change's* focus on improved efficiency, sustainability, increased awareness and impact, and enhanced accountability, will guide work to 2023. The Objectives for Change are to produce timely, high-quality Cochrane Reviews; streamline review production; advocate for evidence-informed decision-making; achieve Open Access to Cochrane Reviews; and improve the user experience of our evidence. These are the building blocks for planning and priorities.

3. Achievements and Performance: Strategic Report

The *Strategy for Change* is based on the principles of collaboration, relevance, integrity, and quality. It will guide the organization to deliver on three goals in the next three years:

1: Producing trusted evidence:
To produce trusted and timely synthesized evidence addressing the most important questions for health and care decision making

2: Advocating for evidence:
To be a leading global advocate for evidence informed health and care

3: Informing health and care decisions
To inform health and care decisions by making our evidence accessible, usable, and available to all

Achievements against strategic plan:

GOAL 1 Producing trusted evidence
In 2021, 3,100 authors prepared 507 new and updated reviews by summarising evidence from over 10,000 included studies. Among 18 Special Collections published, Cochrane showcased content covering stillbirth prevention, brain tumours, physical activity in healthy ageing, and low value healthcare interventions. The Impact Factor of *Cochrane Database of Systematic Reviews* grew to 9.266 - Impact Factor is a way of measuring the importance of a journal within its field.

In addition:

- We released a new policy to improve research integrity by helping authors identify and manage problematic studies.
- We rolled out a new web-based version of our bespoke writing tool for Cochrane Reviews, RevMan Web, with many new features, including study-centric data, and support for methodology; and implemented the new editorial management system.
- Cochrane Crowd, our citizen science platform, passed 23,000 contributors and 6 million classifications of primary research.

Cochrane Library - Top accessed reviews in 2021:

1. Ivermectin for preventing and treating COVID-19 *(Full text views: 408,973)*
2. Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient settings has COVID-19 *(Full text views: 198,355)*
3. Antibody tests for identification of current and past infection with SARS-CoV-2 *(Full text views: 111,944)*
4. Rapid, point-of-care antigen and molecular-based tests for diagnosis of SARS-CoV-2 infection *(Full text views: 93,322)*
5. Chloroquine or hydroxychloroquine for prevention and treatment of COVID-19 *(Full text views: 55,658)*
6. Enteral versus parenteral nutrition and enteral versus a combination of enteral and parenteral nutrition for adults in the intensive care unit *(Full text views: 43,798)*
7. Physical interventions to interrupt or reduce the spread of respiratory viruses *(Full text views: 40,012)*

8. Music therapy for depression *(Full text views: 22,642)*
9. Interprofessional collaboration to improve professional practice and healthcare outcomes *(Full text views: 21,591)*
10. Interventions to support the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic or pandemic: a mixed methods systematic review *(Full text views: 21,175)*

GOAL 2 Advocating for evidence

- We made statements at two World Health Assemblies - advocating for the need of evidence synthesis in the response to COVID-19.
- We hosted a major advocacy event: *Cochrane Convenes: Preparing for and responding to global health emergencies: what have we learnt from COVID-19:*
    - 90 healthcare policy makers, researchers, funders, journalists, science communicators and consumer representatives from around the world participated in seven roundtable discussions.
    - The event was led by Cochrane, co-sponsored by the World Health Organization (WHO), and co-organized with partners of COVID-END (COVID-19 Evidence Network to support Decision-making).
- Cochrane Groups - including Cochrane Austria, Cochrane Mexico, and Cochrane Belgium - continued their advocacy work for clinical trial transparency.

GOAL 3 Informing health and care decisions

- All COVID-19 related reviews continued to be made free to access and 75% of all Cochrane Reviews were – and still are – cost free to access globally.
- Teams in different countries continued to translate and disseminate Cochrane evidence into 15 languages, including: Croatian, French, German, Japanese, Korean, Malay, Persian, Polish, Portuguese, Russian, Simplified Chinese, Traditional Chinese, Spanish, Tamil, and Thai. We published 8,774 new or updated translations of review abstracts and Plain Language Summaries over the year; with 39,546 translations of Cochrane Reviews offered on the Cochrane Library and Cochrane.org websites at the end of 2021. All our COVID-19 evidence was translated into multiple languages, and some translated evidence was among the most popular on our websites.
- We published 48 Cochrane podcasts based on new and updated Cochrane Reviews, and 139 podcast translations in 12 different languages. Cochrane teams around the world also continued sharing Cochrane evidence for different audiences and in various languages via hundreds of social media posts, newsletters, blogs, journal articles, visuals and animations; with a focus on COVID-19 evidence in 2021.
- We created and shared 109 YouTube videos, featuring new evidence as well as organizational updates and discussions. Cochrane YouTube videos were viewed 184,300 times in 2021.
- We launched *Cochrane Evidence Essentials* in German and Russian and released the fifth and final module in the course. *Cochrane Editorial Essentials* is our free online resource offering an introduction to health evidence, and how to use it to make informed health choices.
- We have a collaboration with the UK National Institute for Health & Care Excellence (NICE) to support the production of guidelines for UK health professionals, so that the evidence we produced translates into practice changes and improved health.

Achieving impact - the use of our evidence:

- There were around 14 million full text views of Cochrane Reviews, CENTRAL records and Cochrane Clinical Answers (CCAs), from over 190 countries.
- Over 82% of all Cochrane.org page views were to translated information; and more than 80% of all visitors to Cochrane.org used browsers in languages other than English.
- Web traffic to Cochrane.org in 2021 confirmed the numbers from 2020, when a spectacular growth occurred and page views increased to 84 million - compared to 77 million in 2019, 37 million in 2018, and 22 million in 2017.
- Cochrane received 11,538 global media mentions in 2021, up a thousand on the previous year. The Ivermectin review is Cochrane's most talked about review in social media of all time.
- 2,246 Twitter posts across the Cochrane and Cochrane Library Twitter accounts generated more than 25.8 million impressions and attracted about 18,000 new followers.
- At the end of 2021, more than 306,400 people followed Cochrane and Cochrane Library updates across different social media channels, compared to 262,000 at the end of 2020, including a Facebook group, Facebook page, LinkedIn group, LinkedIn page, Cochrane Twitter, Cochrane Library Twitter, YouTube, Instagram, and TikTok. In addition, tens of thousands more people follow the many social media accounts of Cochrane's Fields and Geographic, Review and Methods Groups.
- User research showed that the Cochrane Library continues to excel in satisfaction, likelihood of future use and recommendations.

Responding to organizational challenges:

In 2021, the UK National Institute for Health Research announced that by 2023 it will end its infrastructure funding of UK-based Cochrane Review Groups, which make up more than half of all Cochrane Review Groups worldwide. This will have an impact on how Cochrane Reviews are produced and reflects a number of challenges that Cochrane has plans to address over the next two years:

- Cochrane Group funding is less secure, and we are committed to making all Cochrane Reviews Open Access immediately upon publication, which will reduce the Charity's income from sales of licences to the Cochrane Library.
- There is more competition in the evidence synthesis market, so we need to demonstrate our value and make our range of evidence synthesis products affordable.
- We have grown rapidly and organically, becoming inefficient and hard to understand as a global organization, so we need to streamline and simplify the way we work.
- We need to be more agile and adapt more quickly to new ways of accessing, using, and sharing information.

We are responding to these challenges through the *Strategy for Change* and in 2021 we launched a stakeholder consultation on the future of evidence synthesis production. In an engagement process that ran from September to November, Cochrane members expressed their hopes, concerns and ideas about the proposed new production models through a workshop series and an online survey available on the Future Cochrane website. This feedback helped to revise the model that was then presented to the Governing Board and approved in February 2022.

Also in 2021:

- We launched the Cochrane China and Cochrane India Networks.
- We maintained a programme of virtual meetings and engagement to ensure our community continued to be able to connect.

- We restructured the Central Executive Team to save money, to streamline the way we operate and integrate a focus on fundraising. This has contributed to projected expenditure savings of over £2million GBP by 2023, which will enable us to achieve break-even operational budgets over this period.
- We recruited three new Governing Board members, all under 30 years-old, and two members were re-elected.
- We ran an author experience survey to update on the findings from 2019. Overall, the Cochrane Review authors who participated were pleased with their experience of working with Cochrane, the majority of them stating that they are satisfied with the overall experience as a Cochrane author, although there are opportunities for improvement.
- In 2021, we welcomed 2,067 new members to the organization and approximately 45,000 new supporters.

Financial Review

Principal funding sources
Core income referred to in this report comes from publishing income, as described below. Core funds support the Charity's staff - the Central Executive Team - to deliver programmes considered of key strategic importance to the Cochrane community, including review quality oversight, Cochrane Review Group transformation, knowledge translation activities, Information Technology infrastructure development, Cochrane Training and Cochrane Methods.

The global network of Groups who contribute towards the work of Cochrane are based in other organizations - such as universities and hospitals - which provide direct or indirect funding to support them. Cochrane Groups are responsible for sourcing their own funding to support Cochrane Review preparation and related activities. This funding comes principally from national and trans-national government sources (typically from health, research and related ministries), and national and international charitable bodies. Some Cochrane Groups also raise funds through training activities. Group funding globally equates to roughly £15 million GBP per annum when converted from local currencies into GBP, but is not shown in the Charity's accounts as it is not accessible by the Charity.

In addition, many Cochrane Review authors fund their own costs and time related to writing their reviews, though some authors are funded to undertake reviews (e.g. through a university Master's programme). It is impossible to calculate the monetary value of volunteers' contributions, but if the work they perform were to be done at commercial rates, their contributions would cost tens of millions of GBP per year.

Overview of the year
Charitable expenditure of £9,107,000 (2020: £9,048,000) was incurred during the year and has supported our charitable objects, including continuing investments in strategic projects, as set out in the statement of financial activities on page 26 of this report.

Cochrane's core income is overwhelmingly derived from publication royalties from its main output, the *Cochrane Library*, published by John Wiley & Sons, Ltd ('Wiley'). In 2021, income from sales of licences to the *Cochrane Library* fell by 1% to £10,004,000 (2020: £10,126,000); with royalties paid to Cochrane down by 7% to £6,002,000 (2020: £6,432,000). Other Publications Income, decreased substantially to £527,000 (2020: £5,515,000), due to a signing bonus in the previous year related to the new publishing contract with Wiley. Additional sources of revenue were received in 2021 from 'Cochrane Response' (£496,000, the Charity's consultancy service), Other Cochrane Products (£340,000) and Trusts & Grant Income (£282,000).

The reduced publishing income, particularly in respect of a one-off signing bonus, was the main reason for the operating deficit of £1,415,000 compared with the substantial net operating surplus, in 2020, of £3,781,000. The 2021 deficit was considerably reduced from the budgeted deficit of £2,085,000 and comparable to the underlying 2020 deficit (without the signing bonus) of £1,219,000.

Remuneration and pay policy for staff
Cochrane is committed to ensuring it pays Charity staff fairly and in a way that ensures it attracts and retains the right skills to have the greatest impact in delivering its charitable objectives. It aims to pay a fair remuneration that is competitive within the charitable sector, proportionate to the complexity of each role, and in line with organizational objectives. The Governing Board reviews staff remuneration as part of its consideration of the annual Plan & Budget. Central Executive staff remuneration is determined using an established job evaluation scheme and relevant market comparisons. Provision

was increased, in 2021, by 1.2% to cover the necessary cost of living adjustments in the following year. The Remuneration Committee oversees and advises on Cochrane's remuneration policy and practice.

Reserves policy

In December 2020, the Trustees approved a new Reserves Policy that will support Cochranes' strategic plans for 2021 onwards. This risk-based Reserves Policy was developed by the Finance, Audit & Investment Committee (now the Finance, Audit & Risk Committee) following an assessment of Cochrane's strategic risks, including publishing income risk, and with regard to the latest Charity Commission guidance. This guidance requires the Reserves Policy to be clearly laid out with strong justifications on why the stated Reserves are needed. The new Policy balances the need to hold back Reserves to mitigate the publishing income risks but also signals intentions to fulfil charitable objects for current and future beneficiaries (e.g. strategic projects).

The major risk exposure in Cochrane's income portfolio is its dependence on publishing income from royalties received from sales of licences to the *Cochrane Library*, which represents nearly 80% of normal annual turnover. Cochrane's expressed commitment is that by 2025 at the latest Cochrane will achieve universal open access to Cochrane systematic reviews immediately on publication for both new and updated reviews. A considerable amount of work has started to assess Open Access models that will support our ambition and sustainability.

A portion of Cochrane's Reserves (£2,000,000) has been specifically designated as a 'Continuity Fund' to mitigate this risk and help provide financial stability through a post Cochrane Review Open Access transition period. The Continuity Fund is designed to support Cochrane to complete any adjustments required in this period, should future publishing incomes be significantly reduced.

A Strategic Investment Fund (£2,361,000) is being allocated to specific single- or multi-year strategic or change projects of organization-wide impact required to help Cochrane achieve its Strategic Plans and meet its organizational Mission. The word "investment" is key, and proposals from the Central Executive Team to access and use Reserves from this Fund for strategic or change projects and initiatives will be supported by a business case and approved by the Board via the Finance, Audit and Risk Committee. During the year, £139,000 was allocated against a project to scale up the Central Editorial Service (including increasing the Fast-Track Service for high-priority and high-profile reviews) and pilot the independent editorial process with up to 20 CRGs to test feasibility and gather key learnings.

Cochrane holds reserves to ensure it can meet its operational needs and working capital requirements ('Free Reserves'). The Free Reserves floor should be not less than three months' sustainable operating costs to provide operational cash flow. The target Free Reserves floor is around £2,000,000.

Free reserves (unrestricted income funds less designated funds less fixed assets) at the end of 2021 were £4,216,000, an excess over the target Free Reserves floor of £2,216,000. The Trustees intend to continue investing in the implementation of Cochrane's strategic goals and objectives, including for future sustainability and resilience, and this will draw down on the Charity's reserves in the coming years.

Going concern assessment (ISA 570 (Revised))

The Trustees have assessed Cochrane's financial and operating outlook to 30 June 2023. They have considered Cochrane's liquidity, particularly in respect of contracted income, worse-case scenarios and the current level of Free Reserves. The Trustees have concluded that there are no material uncertainties that impact on Cochrane's ability to continue operating and that the Going Concern accounting basis is appropriate.

Investment policy
In the short-term, the Charity will seek to maximise bank interest as the challenges being addressed by the two-year *Strategy for Change* are managed. Consequently, the Finance, Audit & Investment Committee was renamed the Finance, Audit & Risk Committee. The long-term commitment, for Cochrane, is to use its invested Reserves to generate additional income for the Charity from a low-risk investment portfolio in accordance with the Charity's ethical values and independence.

Fundraising
Cochrane does not engage in public fundraising and does not use professional fundraisers. The Charity, nevertheless, observes and complies with the relevant fundraising regulations and codes where appropriate. During the year there was no non-compliance of these regulations and codes, and we received no complaints relating to our fundraising practice. We plan to strengthen and increase fundraising activity in support of our sustainability objective, and will ensure professionalism and compliance in doing that.

Policies on conflict of interest and commercial sponsorship
Cochrane strives to attain the highest levels of objectivity and to ensure user confidence in the quality of *Cochrane Library* content. In October 2020 a new and even more stringent Conflict of Interest (CoI) policy for Cochrane Library content came into force. The revised policy, as with previous versions, not only requires interests to be declared, but also mandates that some conflicts will prevent individuals from contributing to a Cochrane Review.

The intent of the policy is to avoid conflicts of interest associated with commercial sponsorship and ensure that the people or organizations that fund the creation of *Cochrane Library* content are free from such conflicts. The policy definition of a commercial organization is 'any for-profit organization with a financial interest in the topic of *Cochrane Library* content'.

In addition, no Cochrane Review Group (CRG) is permitted to accept funding from any commercial organization with a financial interest in the CRG topic area. While government departments, not-for-profit medical insurance companies and health management organizations may find the conclusions of Cochrane reviews carry financial consequences for them, these are not included in the policy definition of a commercial organization.

Other sponsorship of Cochrane's activities is allowed, but a sponsor should not be allowed to delay or prevent publication of a Cochrane Review, or to interfere with the independence of the authors of reviews in the conduct of their reviews, and the protocol for a Cochrane Review should specifically mention that a sponsor cannot prevent certain outcome measures being assessed in the review.

Future Plans

2022 Priorities
2022 will take Cochrane a step nearer to fulfilling our commitment to making all Cochrane Reviews Open Access immediately upon publication. We know how important it is to make the best evidence freely available to all those who need it - the experience of the COVID-19 pandemic reinforces that, and the funders of our global network of Groups expect it. With that commitment there is a financial challenge that we are determined to meet, so in 2022 we will be continuing the step-by-step transformation of Cochrane we launched in 2021 in line with the *Strategy for Change*.

The future of evidence synthesis

- Following the consultation on the future of evidence synthesis proposals, the Governing Board approved a radical change to Cochrane's evidence synthesis production model and the immediate move to implementation activities.

They have asked the Central Executive Team to work with Cochrane Groups to:

- Rearrange the current Cochrane Review Groups into around 20 thematic groups responsible for defining global priorities and providing expertise.
- Create around ten interdisciplinary Evidence Synthesis Units with responsibility for the conduct of evidence syntheses, located in both High- and Low- or Middle-Income Countries.
- Expand the Central Editorial Service to handle the editorial process for all evidence syntheses published in the Cochrane Library, including a direct pathway and a fast-track service, to strengthen consistency and delivery.
- Undertake targeted projects to simplify Cochrane's systems, processes, and develop our tools to enhance efficiency in the production of evidence synthesis.

Other strategic priorities for 2022 as agreed by the Governing Board in December 2021 are:

- Ensuring a detailed roadmap to deliver full Open Access by 2025 is in place by the end of the year.
- Advocacy activities that build on the success of Cochrane Convenes; an online, multi-partner event that explored and then recommended the changes needed in evidence synthesis to prepare for and respond to future global health emergencies: Publishing the report and basing advocacy and influencing on the findings and recommendations.
- Investment in income generation and diversification, including a fundraising strategy.
- A focus on Central Executive Team culture and ways of working, to ensure the Team's new structure – which took effect in January 2022 - works effectively with and for the community to deliver our collective goals.

In addition, a review of organizational governance is planned to standardize and simplify the governance structures in place between the Charity, and Cochrane Groups and members, so that people are clearer about what decisions they're responsible for taking and to whom they're accountable.

Principal Risks and Uncertainties

We are taking steps to ensure that risk management becomes an integral part of our governance and embedded throughout the organization. We identify and address our key strategic risks to mitigate their likelihood and impact. There are two levels to the risk and assurance process. Our strategic risk approach is designed to identify the key risks which could prevent Cochrane from achieving its

strategic objectives. It also identifies the assurance processes which we have in place to mitigate these risks and any outstanding actions around these assurance processes. We must also consider operational risks which underpin the strategic risk framework, dealing with a greater number of potential risks at a more detailed level.

The Trustees consider all aspects of risk and assurance and are supported in this by the work of the Finance, Audit and Risk Committee. The major strategic risks of Cochrane, together with plans and strategies in managing these risks, are shown in the following table:

Strategy and governance - Are we delivering the strategy and impact in order to meet our vision?	• In 2021, we launched a new strategic framework - *Strategy for Change: 2021-2023* – which provides a short-term plan for a more efficient, effective and sustainable organization. • We will be developing the next long-term consultative strategic framework in 2023 to incorporate a sustainable business model, ready for implementation from 2024. • In 2022, we will appoint three new Governing Board members to help ensure the Board continues to have a wide range of skills, knowledge, and backgrounds to be effective. • In 2022, we will undertake an organizational governance review to standardize and simplify the governance structures in place between the Charity, and Cochrane Groups and members.
Financial sustainability - Are we managing the finances to ensure we continue to make an impact in the medium to long term?	• In 2021, we completed a restructure of the Charity that will achieve over £2m annual savings and help achieve a break-even operating target by 2023. • The new Charity structure includes provision for a Director of Development and fundraising team to establish an income generation strategy (including fundraising) to deliver a balanced income portfolio across fundraising and enterprise income (sales). • Working with the publisher of the Cochrane Library, John Wiley & Sons Ltd, we are continuing to explore new Open Access business models that are affordable for customers whilst also providing financial sustainability for the Charity. • The Charity's management accounts are reviewed quarterly by senior management and the Finance, Audit & Risk Committee. • In 2022, we will maintain rolling five-year financial forecasts and incorporate the latest strategic plans.

Compliance - Do we comply with all legal and regulatory requirements?	• In 2021, we completed an external data protection assessment against the European Union's General Data Protection Regulation. In 2022, we will update our data protection policy and ensure all staff undertake data protection training. We will also scan our systems for weaknesses, especially in respect of cyber security. These activities are designed to manage this risk of data and information held by Cochrane being accessed, used, disrupted, modified or destroyed by unauthorised parties. • In 2021, two new financial policies on anti-money laundering and counter fraud were approved by the Governing Board. • We will update the health and safety risk assessments and policies for the Charity's staff – including any relevant COVID-19 regulations - to reflect the virtual office environment that will be in place from the end of 2022. • In 2022, we will carry out an external Value Added Tax (VAT) review to ensure that our VAT treatment is fully compliant. • In 2022, we will sign up to the Code of Fundraising Practice and register with the Fundraising Regulator.
People and culture - Do we have the right skills and experience to deliver our goals?	**Charity leadership:** • In 2022, we will recruit a permanent Chief Executive Officer and Director of Development. **Charity staff:** • Following the Central Executive Team's restructure, we will focus on organizational culture and ways of working in 2022, including investment in training and development of staff and continued promotion of wellbeing initiatives. **Cochrane Groups:** • Funding of Cochrane Groups is uncertain in the UK and elsewhere. We are taking steps to ensure that essential work undertaken by these groups can continue and we are developing support mechanisms for authors and other community members who may be receiving less support from Cochrane Groups now. • We are engaging extensively with community members with regard to future plans for evidence synthesis in Cochrane to ensure that we retain the involvement of our many talented content experts across the Cochrane community. **Overall organization:** • We are conducting a listening and learning exercise to understand diversity and inclusion in Cochrane better. A report and associated action plan will be developed in the first quarter of 2022. • In 2022, we will start work with the Cochrane Council to develop an organizational statement of values to inform organizational decision-making.

Reputational **-** are we delivering the strategy in a way which safeguards our reputation?	• In 2022, we will be updating the suite of policies and procedures designed to manage reputational risk including, those covering organizational (non-content) conflicts of interest, data protection, and controversial reviews. • In 2022, we will develop a new organizational communications plan, including key messages for proactive communications, and a crisis communications and management framework. • We are working on diversity and inclusion to maintain a supportive, inclusive and respectful workplace and will launch new Safeguarding and Whistleblowing policies.
Producing and publishing trusted synthesized evidence - Can we maintain the delivery of our mission including any contractual obligations as intended?	• Following an extensive consultation, the Governing Board approved a radical change to Cochrane's evidence synthesis production model that will allow us better to respond to global health and social care priorities. In 2022, we will move to implementation activities via the establishment of a comprehensive programme of work. • This includes, in the second half of 2022, an expansion of the Central Editorial Service to support high-priority reviews and mitigate the likely reduction in article submissions with the closure of some Cochrane Review Groups in 2023. • We will also develop a project plan to deliver new formats for Cochrane Reviews, with the aim of making the production process more efficient and Cochrane Reviews more user-friendly. • We will continue to seek the simplification of production processes and technology - this includes a range of product and technological improvements to support the streamlining of review production and editorial processes.

Our risk management framework complies with recommended practice as outlined by the Charity Commission for England and Wales. During 2021, we conducted a review of our risk management framework. In February 2022 the Trustees approved a new Risk Policy, following professional advice.

The Trustees have prepared this report in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small entities.

Approved and signed on behalf of the Trustees by:

..... **Date: .....**

Karen Kelly, Trustee and Treasurer

Independent auditor's report to the members of The Cochrane Collaboration.

Opinion

We have audited the financial statements of The Cochrane Collaboration (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 December 2021 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 December 2021 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the group financial statements section of our report. We are independent of the group and parent charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on The Cochrane Collaboration's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the trustees' annual report, including the strategic report, other than the group financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the group financial statements does not cover the other information, and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the group financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the group financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006
In our opinion, based on the work undertaken in the course of the audit:

- The information given in the trustees' annual report, including the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements
- The trustees' annual report, including the strategic report has been prepared in accordance with applicable legal requirements

Matters on which we are required to report by exception
In the light of the knowledge and understanding of the group and the parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report, including the strategic report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and Charities Act 2011 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- The parent charitable company financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit.

Responsibilities of trustees
As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, the trustees (who are also the directors of the parent charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the group's and the parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements
We have been appointed auditor under the Companies Act 2006 and section 151 of the Charites Act 2011 and report in accordance with those Acts.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud are set out below.

Capability of the audit in detecting irregularities
In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management, and the Finance, Audit and Risk Committee, which included obtaining and reviewing supporting documentation, concerning the group's policies and procedures relating to:
    - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
    - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
    - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the group operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the group from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud

rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Judith Miller (Senior statutory auditor)
Date
for and on behalf of Sayer Vincent LLP, Statutory Auditor
Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006

Consolidated statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 December 2021

	Note	Unrestricted £'000	Restricted £'000	**2021 Total £'000**	Unrestricted £'000	Restricted £'000	2020 Total £'000
Income from:							
Charitable activities	2	7,603	80	**7,683**	12,777	42	12,819
Investments	3	9	–	**9**	10	–	10
Total income		7,612	80	7,692	12,787	42	12,829
Expenditure on:	4						
Raising funds		104	–	**104**	115	–	115
Charitable activities			–				
Editorial & methods		2,546	–	**2,546**	2,493	–	2,493
Knowledge translation		1,253	–	**1,253**	1,331	–	1,331
Publishing, research & development		1,119	12	**1,131**	1,260	–	1,260
People services		1,059	–	**1,059**	1,024	–	1,024
Informatics & technology services		2,311	68	**2,379**	2,167	75	2,242
Other charitable activities		635	–	**635**	571	12	583
Total expenditure		9,027	80	**9,107**	8,961	87	9,048
Net income / (expenditure) for the year	5	(1,415)	–	**(1,415)**	3,826	(45)	3,781
Transfers between funds		–	–	**–**	26	(26)	–
Net income / (expenditure) before other recognised gains and losses		(1,415)	–	**(1,415)**	3,852	(71)	3,781
Other (losses)/gains		(16)	–	**(16)**	12	–	12
Net movement in funds		(1,431)	–	(1,431)	3,864	(71)	3,793
Reconciliation of funds:							
Total funds brought forward		10,012	–	**10,012**	6,148	71	6,219
Total funds carried forward		8,581	–	**8,581**	10,012	–	10,012

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 19 to the financial statements.

Charity and consolidated balance sheet

Company no. 3044323

As at 31 December 2021

	Note	The group 2021 £'000	The group 2020 £'000	The charity 2021 £'000	The charity 2020 £'000
Fixed assets:					
Tangible assets	10	–	1	–	1
Investments	11	1	1	7	676
		1	2	7	677
Current assets:					
Debtors	14	955	1,227	1,031	1,207
Short term deposits	22	–	8,000	–	8,000
Cash at bank and in hand	22	9,096	1,945	8,654	1,660
		10,051	11,172	9,685	10,867
Liabilities:					
Creditors: amounts falling due within one year	15	(1,471)	(1,162)	(1,511)	(1,091)
Net current assets		8,580	10,010	8,174	9,776
Total net assets	18	8,581	10,012	8,181	10,453
Funds:	19				
Restricted income funds		–	–	–	–
Unrestricted income funds:					
Designated funds		4,361	4,500	4,361	4,500
General funds		3,915	5,953	3,820	5,953
Non-charitable trading funds		305	(441)	–	–
Total unrestricted funds		8,581	10,012	8,181	10,453
Total funds		8,581	10,012	8,181	10,453

Approved by the trustees and signed on their behalf by

Ms. Karen Kelly, Trustee and Treasurer **Date:**

Consolidated statement of cash flows

For the year ended 31 December 2021

Reconciliation of net income to net cash flow from operating activities

	2021 £'000	2020 £'000
Net (expenditure)/income for the reporting period (as per the statement of financial activities)	**(1,415)**	3,781
Depreciation charges	**1**	1
Dividends, interest and rent from investments	**(9)**	(10)
Decrease in debtors	**272**	488
Increase/(decrease) in creditors	**309**	(134)
Net cash provided by operating activities	**(842)**	4,126

	Note	2021 £'000	£'000	2020 £'000	£'000
Cash flows from operating activities					
Net cash provided by operating activities			**(842)**		4,126
Cash flows from investing activities:					
Dividends, interest and rents from investments		**9**		10	
Purchase of short term deposits		**–**		(8,000)	
Proceeds from sale of short-term deposits		**8,000**		–	
Net cash provided by investing activities			**8,009**		(7,990)
Change in cash and cash equivalents in the year			**7,167**		(3,864)
Cash and cash equivalents at the beginning of the year			**1,945**		5,797
Change in cash and cash equivalents due to exchange rate movements			**(16)**		12
Cash and cash equivalents at the end of the year	22		**9,096**		1,945

Notes to the financial statements

For the year ended 31 December 2021

1 Accounting policies

a) Statutory information

The Cochrane Collaboration is a charitable company limited by guarantee and is incorporated in England and Wales.

The registered office address is St Alban's House, 57-59 Haymarket, London, SW1Y 4QX, UK.

b) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) - (Charities SORP FRS 102), The Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006/Charities Act 2011.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiaries, Cochrane Innovations Limited and Cochrane IKMD Denmark ApS, on a line by line basis. Collaboration Trading Company Limited, which did not trade during the current or preceding period, is now dormant and is therefore not consolidated. Transactions and balances between the charitable company and its subsidiaries have been eliminated from the consolidated financial statements. Balances between the companies are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the group and the charitable company's ability to continue as a going concern.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Income

Income is recognised when the group has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether ‘capital’ grants or ‘revenue’ grants, is recognised when the group has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

Notes to the financial statements

For the year ended 31 December 2021

1 Accounting policies (continued)

g) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

h) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of supporting Cochrane Groups to further the purposes of the charity and their associated support costs
- Other expenditure represents those items not falling into any other heading

i) Foreign exchange

Transactions denominated in foreign currencies are translated into sterling on the exchange rate ruling on the date of transaction.

j) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity.

Support costs are the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function including governance costs.

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

Support costs including governance costs are apportioned based on the percentage of direct costs attributable to each activity.

k) Operating leases

Rental charges are charged on a straight line basis over the term of the lease.

l) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £1,000. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use. Major components are treated as a separate asset where they have significantly different patterns of consumption of economic benefits and are depreciated separately over its useful life.

Notes to the financial statements

For the year ended 31 December 2021

1 Accounting policies (continued)

l) Tangible fixed assets (continued)

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

● Fixtures and fittings	Straight-line over 4 years
● Computer equipment	Straight-line over 3 years
● Leasehold improvements	Straight-line over 4 years

m) Investments

Investments in subsidiary undertakings are included at cost.

n) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

o) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account. Cash balances exclude any funds held on behalf of others.

p) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

The group only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

q) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

The charity only has both basic and non-basic financial assets and financial liabilities. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method. Non-basic financial instruments are measured at fair value with any gain or loss going to the statement of financial activities. Full details are given in the financial instruments note.

q) Pensions

The group operates a defined contribution scheme. The assets of the scheme are held separately from those of the group in an independently administered fund.

Notes to the financial statements

For the year ended 31 December 2021

2 Income from charitable activities

	Unrestricted £'000	Restricted £'000	2021 Total £'000	Unrestricted £'000	Restricted £'000	2020 Total £'000
Royalties from The Cochrane Library	6,002	–	**6,002**	6,432	–	6,432
Cochrane Response	496	–	**496**	499	–	499
Other Publications Income	527	–	**527**	5,515	–	5,515
Other Cochrane Products	340	–	**340**	324	–	324
Trusts and Grant Income	202	80	**282**	–	42	42
Other Income	36	–	**36**	7	–	7
Total income from charitable activities	7,603	80	**7,683**	12,777	42	12,819

In 2020, Other Publications Income included commercial enhancements related to a new publishing contract with Wiley.

3 Income from investments

	Unrestricted £'000	Restricted £'000	2021 Total £'000	Unrestricted £'000	Restricted £'000	2020 Total £'000
Bank interest	9	–	**9**	10	–	10
	9	–	**9**	10	–	10

For the year ended 31 December 2021

4a Analysis of expenditure (current year)

		Charitable activities									
	Cost of raising funds £'000	Editorial & methods £'000	Knowledge translation £'000	Publishing, research & development £'000	People services £'000	Informatics & technology Services £'000	Other charitable activities £'000	Governance costs £'000	Support costs £'000	**2021 Total £'000**	**2020 Total £'000**
Staff costs (note 6)	–	1,403	339	553	373	958	327	270	520	**4,743**	4,341
Other people costs	89	318	157	216	222	16	164	–	50	**1,232**	1,234
Consultancy/outsourced support	–	414	19	177	181	623	34	114	4	**1,566**	1,620
Commissioned Work	–	41	396	–	13	–	11	–	–	**461**	669
Technology	–	–	55	7	19	411	–	–	–	**492**	395
Premises costs	–	–	–	–	–	12	–	–	272	**284**	328
Legal & professional	–	–	–	6	33	10	1	1	27	**78**	118
Colloquium costs	–	–	88	–	–	–	–	–	–	**88**	56
Travel & subsistence	–	–	–	–	–	1	3	1	6	**11**	85
Sundry	–	3	19	9	1	5	3	1	47	**88**	78
Employee-related costs	–	–	–	–	64	–	–	–	–	**64**	57
Room hire & catering	–	–	–	–	–	–	–	–	–	**–**	52
Finance costs	–	–	–	–	–	–	–	–	–	**–**	15
	89	**2,179**	**1,073**	**968**	**906**	**2,036**	**543**	**387**	**926**	**9,107**	9,048
Support costs	**11**	**258**	**127**	**115**	**108**	**242**	**65**	**–**	**(926)**	**–**	**–**
Governance costs	**4**	**109**	**53**	**48**	**45**	**101**	**27**	**(387)**	**–**	**–**	**–**
Total expenditure 2021	**104**	**2,546**	**1,253**	**1,131**	**1,059**	**2,379**	**635**	**–**	**–**	**9,107**	9,048

Notes
Staff costs (as shown above) are those costs relating to employed CET staff paid via the payroll system.
Other people costs are costs relating to self-employed contracted CET staff paid via invoice for services.
Consultancy/outsourced support costs relate to external contractors.

Notes to the financial statements

For the year ended 31 December 2021

4a Analysis of expenditure (prior year)

		Charitable activities								
	Cost of raising funds £'000	Editorial & methods £'000	Knowledge translation £'000	Publishing, research & development £'000	People services £'000	Informatics & technology services £'000	Other charitable activities £'000	Governance costs £'000	Support costs £'000	**2020 Total £'000**
Staff costs (note 6)	–	1,351	299	543	383	790	248	195	532	**4,341**
Other people costs	97	250	180	210	256	26	157	–	58	**1,234**
Consultancy/outsourced support	–	444	49	193	104	714	–	116	–	**1,620**
Commissioned Work	–	45	470	90	32	–	24	8	–	**669**
Technology	–	–	42	5	10	338	–	–	–	**395**
Premises costs	–	1	–	–	–	13	–	–	314	**328**
Legal & professional	–	–	–	19	14	9	3	30	43	**118**
Colloquium costs	–	–	56	–	–	–	–	–	–	**56**
Travel & subsistence	–	7	16	1	–	1	47	13	–	**85**
Sundry	–	14	12	4	8	7	1	–	32	**78**
Employee-related costs	–	–	–	–	56	–	1	–	–	**57**
Room hire & catering	–	–	3	–	4	–	13	32	–	**52**
Finance costs	–	–	–	2	–	1	–	1	11	**15**
	97	**2,112**	**1,127**	**1,067**	**867**	**1,899**	**494**	**395**	**990**	**9,048**
Support costs	**13**	**272**	**146**	**138**	**112**	**245**	**64**	**–**	**(990)**	**–**
Governance costs	**5**	**109**	**58**	**55**	**45**	**98**	**25**	**(395)**	**–**	**–**
Total expenditure 2020	**115**	**2,493**	**1,331**	**1,260**	**1,024**	**2,242**	**583**	**–**	**–**	**9,048**

Notes to the financial statements

For the year ended 31 December 2021

5 Net income for the year

This is stated after charging:

	2021 £'000	2020 £'000
Depreciation	1	1
Operating lease rentals:		
Property	225	286
Auditor's remuneration (excluding VAT):		
Audit	19	16
Other services	6	3
Foreign exchange losses/(gains)	16	(12)

6 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

	2021 £'000	2020 £'000
Salaries and wages	3,834	3,591
Redundancy and termination costs	184	48
Social security costs	413	363
Employer's contribution to defined contribution pension schemes	312	340
	4,743	4,342

The following number of employees received employee benefits (excluding employer pension costs) during the year between:

	2021 No.	2020 No.
£60,000 - £69,999	7	8
£70,000 - £79,999	3	4
£80,000 - £89,999	4	-
£90,000 - £99,999	2	3
£110,000 - £119,999	1	1
£130,000 - £139,999	1	-
£150,000 - £159,999	1	2

The total employee benefits including pension contributions of the key management personnel, including those on consultancy contracts, were £1,229,000 (2020: £1,128,000).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £1,000 (2020: £9,000) incurred by 7 (2020: 9) members.

Notes to the financial statements

For the year ended 31 December 2021

7 Staff numbers

The average number of employees (head count based on number of staff employed) was as follows:

	2021 No. Head count	2020 No. Head count
Editorial & Methods	**22.6**	22.9
Informatics & Technology Services	**15.9**	13.1
People Services	**10.8**	10.7
Publishing, Research & Development	**8.6**	8.8
CEO's Office	**6.4**	6.2
Finance Services	**5.6**	5.8
Knowledge Translation	**5.5**	5.6
	75.4	73.1

8 Related party transactions

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties.

During the year, the Cochrane Collaboration recharged £47,000 (2020: £32,000) in respect of salaries, management fees and sundry costs to Cochrane Innovations Limited. At the end of the year, Cochrane Innovations Limited owed £84,000 (2020: £7,000) to the Cochrane Collaboration.

At the year end, Collaboration Trading Limited was owed £100 (2020: £100) by the Cochrane Collaboration.

During the year, the Cochane Collaboration provided £522,000 (2020: £550,000) to Cochrane IKMD Denmark ApS. At the year end, the Cochrane Collaboration owed Cochrane IKMD Denmark ApS £152,000 (2020: £104,000).

During the year the following related parties received funding from Cochrane Collaboration. The individuals involved in each transaction were not included in the decision making process. All transactions were completed at arms' length.

Catherine Marshall, a trustee of the Cochrane Collaboration, is a self-employed consultant. During the year, Cochrane Collaboration paid for Co-Chair consultancy fees, totalling £31,000 (2020: £31,000). No funds were outstanding at the year-end.

Xavier Bonfill Cosp, a trustee of the Cochrane Collaboration to 29 November 2021, is the Director of the Iberoamerican Cochrane Centre. During this period, Cochrane Collaboration paid Cochrane Iberoamericana for a translation project totalling £160,000 (2020: £179,000). No funds were outstanding at the year-end.

Tracey Howe, a trustee of the Cochrane Collaboration, is a self-employed consultant. During the year, Cochrane Collaboration paid for Co-Chair consultancy fees, totalling £29,000 (2020: £8,000). No funds were outstanding at the year-end.

Notes to the financial statements

For the year ended 31 December 2021

8 Related party transactions (continued)

Sally Green, a trustee of the Cochrane Collaboration, is a Co-Director at Cochrane Australia, Monash University. During the year, Cochrane Collaboration paid Monash University for staffing costs totalling £1,000 (2020: £3,000) and consultancy costs totalling £10,000 (2020: £5,000) for commisioned work. In addition, Monash University paid the Cochrane Collaboration £8,000 (2020: £nil) for a Cochrane Interactive Learning subscription. No funds were outstanding at the year end.

Jordi Pardo, a trustee of the Cochrane Collaboration, is a Co-Managing Editor of Cochrane Musculoskeletal Group which forms part of The Centre for Global Health (CGH) at the University of Ottawa, Canada. During the year, Cochrane Collaboration paid CGH £nil (2020: £43,000) for commissioned work. No funds were outstanding at the year end. □

Tamara Kredo, a trustee of the Cochrane Collaboration, is a Senior Specialist Scientist at Cochrane South Africa, South African Medical Research Council (SAMRC) . During the year, SAMRC refunded the Cochrane Collaboration for consultancy work in respect of Cochrane's Knowledge Translations Strategy, totalling £7,000 (2020: payments of £23,000). No funds were outstanding at the year end.

Yuan Chee, a trustee of the Cochrane Collaboration from 20 November 2021, is a self-employed consultant. During the period, the Cochrane Collaboration paid for tagging and data curation services totalling £3,000 (2020: £nil). At the year-end, £1,000 was included in creditors.

Lorne Becker, a director of Cochrane Innovations Limited, is a self-employed consultant. During the year, Cochrane Collabration paid for consultancy fees, totalling £nil (2020: £1,000). No funds were outstanding at the year-end.

9 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary, Cochrane Innovations Limited, gift aids available profits to the parent charity. The charity's subsidiary Cochrane IKMD Denmark ApS recognised a corporation tax charge of DKK37,000 (£4,000) in its profit and loss account in the year to 31 December 2021.

10 Tangible fixed assets

Group and charity

	Fixtures and fittings £'000	Computer equipment £'000	Leasehold improvements £'000	**Total £'000**
Cost				
At the start of the year	26	26	20	**72**
Additions in year	-	-	-	**-**
At the end of the year	26	26	20	**72**
Depreciation				
At the start of the year	25	26	20	**71**
Charge for the year	1	-	-	**1**
At the end of the year	26	26	20	**72**
Net book value				
At the end of the year	-	-	-	**-**
At the start of the year	1	-	-	**1**

All of the above assets are used for charitable purposes.

Notes to the financial statements

For the year ended 31 December 2021

11 Fixed asset investments

	The group		The charity	
	2021	2020	**2021**	2020
	£'000	£'000	**£'000**	£'000
Investment in Cochrane Innovations	**–**	–	**–**	669
Investment in Cochrane IKMD	**–**	–	**6**	6
Other investments	**1**	1	**1**	1
	1	1	**7**	676

The investments represent a 100% (£100) shareholding in Collaboration Trading Company Limited, a 100% shareholding in Cochrane Innovations Limited (incorporated in England and Wales) and a 100% shareholding in Cochrane IKMD Denmark ApS (incorporated in Denmark). All figures have been included in the consolidation but rounded to £nil in the table presented above for Collaboration Trading Company Limited and Cochrane Innovations Limited.

Following a review of the remit and purpose of Cochrane Innovations Limited, its Directors recommended – in December 2020 – that the company be closed as it is no longer needed to deliver the Cochrane group's financial sustainability and product development goals which can be delivered within the parent company. To facilitate the strike off, a share capital reduction exercise – to return the original investment to the parent company – was carried out. Consequently, the share capital of the company was reduced from £669,075 to £1.00 by cancelling and extinguishing 669,074 Ordinary Shares of £1.00 each fully paid (the Shares) and by crediting the total nominal amount paid up on the Shares to the company's profit and loss account.

Other investments represents the value of the oil painting of the Cochrane logo gifted by Sir Iain Chalmers.

12 Subsidiary undertakings

The charitable company owns the whole of the issued ordinary share capital of Collaboration Trading Company Limited and Cochrane Innovations Limited, both are companies registered in England, and Cochrane IKMD Denmark ApS, a company registered in Denmark. All activities have been consolidated on a line by line basis in the statement of financial activities, except for Collaboration Trading Limited, which was dormant in 2020 and therefore not consolidated. Cochrane Innovations Limited includes, within Other operating income/(expenditure), £669,075 realised profit from the reduction in share capital. A summary of the results of the subsidiaries is shown below:

	Cochrane Innovations Limited		Cochrane IKMD Denmark ApS	
	2021	2020	**2021**	2020
	£'000	£'000	**£'000**	£'000
Turnover	**248**	324	**522**	563
Gross profit	**248**	324	**522**	563
Administrative expenses	**(89)**	(111)	**(565)**	(508)
Other operating	**668**	(2)	**57**	(35)
Profit on ordinary activities	**827**	211	**14**	20
Exchange rate adjustment to opening balance	**–**	–	(6)	4
Profit for the financial year	**827**	211	**8**	24

The aggregate of the assets, liabilities and funds was:

Assets	**405**	212	**197**	203
Liabilities	**(100)**	(65)	**(99)**	(113)
Share capital	**–**	(669)	**(6)**	(6)
Funds	**305**	(522)	**92**	84

Notes to the financial statements

For the year ended 31 December 2021

13 Parent charity

The parent charity's gross income and the results for the year are disclosed as follows:

	2021 £'000	2020 £'000
Gross income	**7,489**	12,532
Result for the year	**(2,271)**	3,562

14 Debtors: falling due within one year

	The group		The charity	
	2021 £'000	2020 £'000	2021 £'000	2020 £'000
Trade debtors	**203**	93	**194**	77
Other debtors	**70**	70	**73**	65
Prepayments	**120**	196	**120**	196
Accrued income	**562**	868	**560**	862
Amounts due from subsidiaries	**–**	–	**84**	7
	955	1,227	**1,031**	1,207

15 Creditors: amounts falling due within one year

	The group		The charity	
	2021 £'000	2020 £'000	2021 £'000	2020 £'000
Trade creditors	**362**	171	**361**	171
Accruals	**396**	311	**387**	293
Deferred income (note 16)	**81**	71	**70**	23
Taxation and social security	**97**	40	**85**	–
Other creditors	**288**	255	**211**	186
VAT creditor	**247**	314	**245**	314
Amounts due to subsidiaries	**–**	–	**152**	104
	1,471	1,162	**1,511**	1,091

16 Deferred income

	The group		The charity	
	2021 £'000	2020 £'000	2021 £'000	2020 £'000
Balance at the beginning of the year	**71**	124	**23**	23
Amount released to income in the year	**(48)**	(101)	**–**	–
Amount deferred in the year	**58**	48	**47**	–
Balance at the end of the year	**81**	71	**70**	23

17 Pension scheme

The group operates three defined contribution schemes. The assets of these schemes are held separately from those of the group in independently administered funds. The pension cost charge represents contributions payable by the group to the funds and amounted to £312,000 (2020: £340,000). Contributions totalling £nil (2020: £26,000) were payable to funds, related to Germany-based staff, at the balance sheet date and are included in creditors.

Notes to the financial statements

For the year ended 31 December 2021

18a Analysis of group net assets between funds - current year

	General unrestricted funds £'000	Designated funds £'000	Restricted funds £'000	Total funds £'000
Investments	1	–	–	1
Net current assets	4,219	4,361	–	8,580
Net assets at the end of the year	**4,220**	**4,361**	**–**	**8,581**

18b Analysis of group net assets between funds - prior year

	General unrestricted funds £'000	Designated funds £'000	Restricted funds £'000	Total funds £'000
Tangible fixed assets	1	–	–	1
Investments	1	–	–	1
Net current assets	5,510	4,500	–	10,010
Net assets at the end of the year	**5,512**	**4,500**	**–**	**10,012**

19a Movements in funds - current year

	At the start of the year	Income & gains	Expenditure & losses	Transfers	At the end of the year
Restricted funds:	£'000	£'000	£'000	£'000	£'000
COVID-19 Open Study Register fund	–	80	(80)	–	–
Total restricted funds	–	80	(80)	–	–
Unrestricted funds:	£'000	£'000	£'000	£'000	
Designated funds:					
Continuity Fund	2,000	–	–	–	2,000
Strategic Investment Fund	2,500	–	(139)	–	2,361
Total designated funds	4,500	–	(139)	–	4,361
General funds	5,512	7,612	(8,904)	–	4,220
Total unrestricted funds	10,012	7,612	(9,043)	–	8,581
Total funds	10,012	7,692	(9,123)	–	8,581

Notes to the financial statements

For the year ended 31 December 2021

19b Movements in funds - prior year

	At the start of the year	Income & gains	Expenditure & losses	Transfers	At the end of the year
Restricted funds:	£'000	£'000	£'000	£'000	**£'000**
Gates Foundation	33	42	(75)	-	**-**
The Global Evidence Synthesis Initiative (GESI)	12	-	(12)	-	**-**
The Cochrane Colloquium	26	-	-	(26)	**-**
Total restricted funds	71	42	(87)	(26)	**-**
Unrestricted funds:					
Designated funds:					
Discretionary Fund	20	-	-	(20)	**-**
Continuity Fund	-	-	-	2,000	**2,000**
Strategic Investment Fund	-	-	-	2,500	**2,500**
Total designated funds	20	-	-	4,480	**4,500**
General funds	6,128	12,799	(8,961)	(4,454)	**5,512**
Total unrestricted funds	6,148	12,799	(8,961)	26	**10,012**
Total funds	6,219	12,841	(9,048)	-	**10,012**

20 Purposes of restricted funds

Gates Foundation - these were grants from the Bill and Melinda Gates Foundation which supported work to identify and scope specific opportunities in the application of evidence-based medicine and data liquidity at a systems level especially with regard to ontology development and alignment. During 2020, with the agreement of the Foundation, these funds were repurposed to support Cochrane's COVID related work including the development of the COVID-19 Study Register. This grant was fully utilised during 2020.

The Global Evidence Synthesis Initiative (GESI) - this is funding from the International Initiative for Impact Evolution to support the GESI-Cochrane partnership. This grant was fully utilised during 2020.

The Cochrane Colloquium - these funds related to unclaimed sponsorship income from the cancelled 2019 colloquium that were initially donated towards the 2020 colloquium. Following the cancellation of the 2020 colloquium, the sponsors agreed that this income could be retained by Cochrane for general purposes.

COVID-19 Open Study Register fund - this was a grant from UK Research and Innovation (UKRI) to support enhancements to the existing register by developing crowdsourcing and machine learning (AI) capability that will help to identify, link, describe and appraise studies in near real-time to significantly aid discoverability. This grant was recieved and fully utilised in 2021.

Notes to the financial statements

For the year ended 31 December 2021

21 Purposes of designated funds

The Cochrane Governing Board's Discretionary Fund provides £20,000 per year to facilitate small projects of general benefit to the organisation (with no project receiving more than £5,000). No applications were made to the fund in 2019 which was discontinued in 2020.

The Continuity Fund is designed to support Cochrane complete any adjustments required in a post Cochrane Review Open Access transition period, should future publishing incomes be significantly reduced.

The Strategic Investment Fund will be allocated to specific single- or multi-year strategic or change projects of organization-wide impact required to help Cochrane achieve its Strategic Plans and meet its organizational Mission. During the year, £139,000 was allocated against a project to scale up the Central Editorial Service (including increasing the Fast-Track Service for high-priority and high-profile reviews) and pilot the independent editorial process with up to 20 CRGs to test feasibility and gather key learnings.

22 Analysis of cash and cash equivalents

	At 1 January 2021 £'000	Cash flows £'000	Other changes £'000	**At 31 December 2021 £'000**
Cash at bank and in hand	1,945	7,167	(16)	**9,096**
Total cash and cash equivalents	1,945	7,167	(16)	**9,096**

23 Operating lease commitments

The group's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods:

	Land and buildings	
	2021 £'000	2020 £'000
Less than one year	**115**	223
One to five years	**-**	149
	115	372

24 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.

25 Funds held on behalf of others

At the end of the year, Cochrane Collaboration was holding £100,000 (2020: £109,000) on behalf of Health Education England in relation to the Cochrane (Oxford) Fellowship Fund. Additional funds were held in respect of two Cochrane thematic fields; Cochrane Rehabilitation (£71,000) and Cochrane Neurosciences (£8,000).

26 Contingent liabilities

The London office leasehold agreement, which expires in September 2022, is subject to reinstatement and dilapidations obligations at the end of the lease. During 2021, without predjudice discussions with the landlord have indicated that a liability is unlikely to exist and consequently no provision has been made in the financial statements.

Governing Board Committee
Terms of Reference

Cochrane's Articles of Association provide the Governing Board with the power to appoint Board Committees (Sub-Committees), and to delegate to these Committees authority to undertake its duties or functions as required. Non-members of the Governing Board may be invited to participate accordance with the role and remit of the relevant Committee.

Committee	**Future of Evidence Synthesis Oversight Committee**
Purpose	The Future of Evidence Synthesis Oversight Committee is responsible, on behalf of the Governing Board, for providing oversight of the implementation programme[1] on the strategic redesign of Cochrane's processes and structures, for the production and publication of Cochrane Reviews and other evidence synthesis.
Membership	*Voting (Governing Board members):* • Sally Green (Chair) – appointed June 2022 • Catherine Marshall (Governing Board Co-Chair) – appointed June 2022 • Karen Kelly (Treasurer) – appointed June 2022 • Jordi Pardo Pardo – appointed June 2022 • Vanessa Piechotta – appointed June 2022 • Marguerite Koster – appointed June 2022, to move to non-voting member once term on the Board has ended in August 2022 *Non-voting:* • Vanessa Jordan, Author representative, Cochrane Council • Stefano Negrini, Fields representative and Co-Chair, Cochrane Council • Hywell Williams/Jim Nielson, Co-ordinating Editor • Martin Burton, Co-ordinating Editor/Geographic Group Director
Remit	The remit of the Future of Evidence Synthesis Oversight Committee covers three principal areas: **1. Assurance & scrutiny** • To ensure the Governing Board is fully informed and able to exercise its responsibilities for stewardship, governance, and risk management by providing oversight and scrutiny of the implementation programme between Governing Board meetings and reporting back to the Governing Board on its findings. • To provide independent challenge of the Programme Board's performance, with a specific focus on scrutinizing measures to address any performance indicators with a red or amber status. • If applicable, to assess the Future of Evidence Synthesis Programme Board's requests for significant changes to the scope or budget of the implementation

[1] **See Annex 1, below**

	programme and/or additional funding from the strategic reserves and provide its recommendations to the Governing Board. **2. Advice** • To provide advice to the Programme Board at the Programme Board's request. Advice may be sought from the Committee on any issue, but is likely to cover things like: how to foster support from current Cochrane Group staff for change, how best to engage with current and potential funders, how to deal with variation from milestone targets, etc. • To act as the liaison with the Cochrane Council, via the Council representatives on the Committee, and thereby ensure the views of Cochrane Groups and other members of the Cochrane community are maintained in the implementation Programme. **3. Visible leadership** • Committee members will act as spokespeople for the Future of Evidence Synthesis Programme, to both internal and external audiences.
Quorum	Quorum will be a minimum of three voting members.
Meetings	• The Committee will typically meet every quarter (at least one month before a written report is due to the Governing Board) and may provide advice to the Programme Board by email more frequently upon request. • A representative of the Future of Evidence Synthesis Oversight Programme Board, normally Karla Soares-Weiser, Editor in Chief, will attend Committee meetings. • Members will be expected to make a contribution to meetings in order to ensure the best decisions can be made, and to allow the Committee to fulfil its role and responsibilities. • Members will be 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 so required. • All decisions will be voted on by a simple majority of those present. In the case of equality, the Chair will have a casting vote.
Membership, Reporting and Assurance Arrangements	• All members of the Committee are appointed by the Governing Board. • The Committee shall consist of not less than three Trustees appointed by the Governing Board in addition to the Chair. • The Committee may co-opt members who in the opinion of the Committee will bring additional relevant skills to the Committee, but Trustees shall always form the majority. **Reports to the Committee:** • The Programme Board will provide short written reports to the Committee in advance of each Committee meeting, covering the following: I. Progress reviews of implementation activities in the preceding reporting period, with a specific focus on indicators of performance with a red or amber status - and actions planned or taken to return the indicators to green. II. Budget (expenditure) report. III. Planned activities for the period ahead. IV. Updates on potential and emerging risks, and associated risk management actions.

	V. If applicable, requests for significant changes to the implementation Programme's scope or budget and/or additional funds from the strategic reserves. Any advice sought from the Committee by the Programme Board shall be detailed separately so as to ensure the scrutiny and advisory roles of the Committee can be effectively maintained. • The Council representatives will provide short written or verbal reports to the Committee on issues raised by the Council regarding the Future of Evidence Synthesis Programme during the most recent reporting period. **Reports from the Committee:** • The Committee will provide short written reports to the Governing Board once a quarter (submitted for a formal meeting) covering the following: I. Significant successes and challenges in the preceding reporting period and a summary of plans for the period ahead. II. Changes to the Strategic Risk Register arising from the implementation Programme and a summary of how the Committee has scrutinised these changes and the performance of the Programme Board in implementing mitigating actions, etc. III. The Committee's view on how well the implementation Programme is progressing, with a special focus on relations with the Cochrane community. IV. If applicable, requests for significant changes to the scope or budget of the implementation Programme and/or additional funds from strategic reserves. • The Committee will provide verbal reports to the Council via its representatives on the Committee. The Council will have access to the open access resources about the programme published on the Cochrane Community website and elsewhere. • The Chair will conduct an informal review of the effectiveness of the Committee on an annual basis with the support of the Committee's Secretary. This will include a review of the membership and any proposed changes will be recommended to the Governing Board. • 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 (covered by the minutes).
Secretary	• A Central Executive Team administrator will ensure that secretariat services are provided to the Committee, including the taking of minutes, record of attendance and distribution of papers. • Approved minutes will be issued by the Secretary, 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 Committee for approval, and if requested, made available to the full Governing Board.
Review	These Terms of Reference will be reviewed annually and any changes approved by the Board.
First prepared	June 2022
Last updated	

Governing Board approved	June 2022

Annex 1: Scope and activities of the implementation Programme

Up-to-date as of May 2022

Key goals of the Programme are to:

1. Be more responsive to the evidence needs of our funders and beneficiaries (in terms of relevance, quality and numbers of reviews);
2. Separate Cochrane review production and editorial functions;
3. Simplify our organizational structure and clarify lines of accountability;
4. Simplify the methods and processes of review production for greater efficiency and improved author experience;
5. Increase pathways to publication in that Cochrane reviews can be submitted for consideration directly to the Central Editorial Service by authors and by a range of Cochrane organizational structures;
6. Modernize, simplify and diversify the format of Cochrane reviews for enhanced usability and greater impact;
7. Diversify our revenue to enable our open access commitment;
8. Maintain existing methodological and content expertise;
9. Sustain and grow Cochrane Community collaboration and engagement.

Approved implementation activities for this stage are:

1. **Evidence Synthesis Units:** Work with partners to set up a small number of externally funded Evidence Synthesis Units to produce evidence syntheses in priority areas, to be located in both high and low- or middle- income countries.
2. **Cochrane Thematic Groups:** Develop collaborative, flexible arrangements across the Cochrane Community to ensure we maintain valued skills and expertise. New Cochrane Thematic Groups will be shaped thematically to address global priorities and will work in collaboration with other Cochrane entities, accountable to the Central Editorial Service. They will focus on global priorities and provide support to the Central Editorial Service. They will also have a remit in prioritization, knowledge translation and stakeholder engagement. A small number of Thematic Groups in high priority areas will be established as a pilot.
3. **Expansion of the Central Editorial Service** to manage editorial processes for all evidence syntheses published on the Cochrane Library. This will include a Fast Track service.
4. **Undertake targeted projects** to simplify systems and processes.

Governing Board: Reports

Title:	**Operational performance report to July 2022**
Previous papers submitted on this topic:	GB-2022-18 [Operational performance report to May 2022]
Paper Number:	**GB-2022-21**
From:	Judith Brodie Karla Soares Weiser
People Involved in the developing the paper:	Executive Leadership Team Lucie Binder, Head of Governance
Date:	To Board meeting 13 July 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.

This performance report will be a narrative report only. We will report Quarter 2 performance and include the performance schedule at the September Board meeting.

Background and context

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

Overview from the Interim CEO

CEO Transition

Catherine Spencer, the new permanent Cochrane Chief Executive Officer (CEO), starts on 11 July and will be at this Board meeting.

Staffing changes

Three longstanding senior managers in Cochrane will be leaving in July, all were on the Senior Management Team until the end of last year and one continues to be as acting co-director:

- Chris Mavergames, Head of IT Services
- Lucie Binder, Head of Governance

- Sylvia de Haan, Head of Advocacy, Communications and Partnerships (acting Co-Director of Development).

All have given incredible service to Cochrane over many years, with great passion and commitment. They have all contributed enormously and will be missed.

Recruitment/interim arrangements – correct at the time of writing (29 June 2022)
Catherine Spencer will also provide a verbal update.

Development
In relation to the Director of Development, with the recruitment agency AAW, we longlisted six candidates, two withdrew as they secured other positions and one did not make the grade following the AAW interviews. This left a shortlist of three to interview and, on the advice of AAW, we sped up the process to reduce the risk of losing any more candidates. Cochrane interviews took place on 22 June, plus informal meetings with ELT, then the panel convened on 23 June and agreed two were appointable. At the time of writing an offer has been made and accepted, subject to references and contract.

Sylvia is discussing with Catherine Spencer how best to support Advocacy, Communications and Partnerships when she leaves and given the Director will not start until later in the year. They can update at the meeting.

Publishing and Technology
Charlotte Pestridge (Director of Publishing and Technology) and Chris Mavergames have undertaken a thorough review of the directorate structure, consulted with staff affected, and concluded that we should not do a "like for like" replacement of the Head of Informatics and IT Services role. The opportunity has been taken to streamline the directorate on a cost-neutral basis bringing aligned activities together, so key changes will be to:

1. Promote two current managers to be "Heads" of department: Head of Evidence Pipeline and Head of IT Development and Infrastructure.
2. Move the product owners within Publishing & Technology to a product team managed by the existing Head of the Cochrane Library – bringing product management together
3. Move the web team to the Development Directorate – timing to be determined given changes there.

Head of Governance
An Interim Head of Governance has been recruited (name of person to be confirmed at the meeting) to cover the range of governance activities required over the next few months. These include:

- Supporting the appointment of new Trustees and inducting them
- Planning and arranging the Board retreat in Barcelona, which was approved in principle by the Board at its last informal meeting in June 202
- Planning and arranging a hybrid in-person and online Annual General Meeting, likely to be held in Barcelona as well

- Supporting the new Future of Evidence Synthesis Oversight Committee
- Planning and delivering a governance review, to ensure Cochrane's governance structures are fit for purpose as organizational structures and functions change with the Future of Evidence Synthesis work
- Implementing the new Whistleblowing and Safeguarding policies

The Interim Head of Governance will work alongside Veronica Bonfigli and Lorna McAlley to ensure the Board is well supported.

Company Secretary
The Company Secretary is a formal governance role required in public companies in the UK. Company Secretary duties include ensuring all requirements of Companies House and the Charity Commission are met. This role is currently held by Lucie Binder. The proposal is for Casey Early to take over the role, at least – and possibly beyond – the appointment of a new, permanent Head of Governance. A Resolution has been added to the Board's agenda to vote on this proposal.

Board retreat
Planning for the Board retreat is underway in Barcelona. Indicative dates are:

- **Wednesday 12 October** – arrivals long-haul; **Thursday 13 October** – arrivals short-haul
- **Friday 14 - Saturday 15 October** – strategic sessions (full Board), smaller meetings (small groups as required), retreat activities
- **Sunday 16 October** – rest day and Board retreat activity
- **Monday 17 October** – Iberoamerican symposium plenary session, followed by Annual General Meeting – or vice versa, to be confirmed
- **Tuesday 18 October** – departures

30th anniversary plans for 2023
Discussions continue about plans for the 30th anniversary. The focus will be the Colloquium inthe UK (subject to business case approval), 30th anniversary editorials. We are also considering a public lecture, or lecture series to tie in with Covid and misinformation. A logo enhancement has been commissioned from a designer to use through the year. We are continuing to plan and will want to ensure events reflect global Cochrane.

Leadership Development
As you know, the ELT and the Wider Leadership Group (heads) have been participating in a bespoke leadership development programme run by Linda Rich Associates. That has now completed, and all were committed to finding ways to maintain the learning from it. Lisa Archer (Head of HR) will work with Catherine Spencer on next steps for leadership development.

London office
We are approaching the end of the lease on our London office in Haymarket (1September) and decided as part of the review and restructure to move to a virtual office, based on staff feedback in the first half of 2021 as well as the cost. As we are approaching that time, we have undertaken

another staff survey to help assess future meeting and workspace needs (for all staff) in a mainly virtual operating environment. Decisions on that will be taken at the end of July (after Catherine Spencer has started) so that we can consider the survey results, review options and she can be part of determining next steps. In the meantime, we are getting on with clearing and sorting out to ensure we know what, if anything, to keep/store/recycle/throw away.

Overview from the Editor in Chief

Update on Future of Evidence Synthesis programme of work
Substantial project and programme planning has been done and the Future of Evidence Synthesis programme implementation plan was approved by the Executive Leadership Team on the 14th June. All projects are now formally in the implementation phase, though several were already underway given the critical need for Cochrane to move forward with this work.

The Programme Board (the Executive Leadership Team) and an Oversight Committee are in place, both with clear Terms of Reference. The Programme Board will provide overall strategic direction and decisions including approval of plans, monitoring overall progress, authorising any major changes, resolving conflicts, managing strategic risks and escalating to the Oversight Committee where required. The Oversight Committee will provide assurance to the Governing Board, advice to the Programme Board, and visible leadership for the programme.

Some programme highlights:

- *Communication plans:* Future of Evidence Synthesis update fortnightly webinars continue and are well-attended. More information here.
- *Fundraising activities*:
    - Sylvia and Karla are meeting with partners in the WHO to finalise a first version of a case for support to create two Evidence Synthesis Units in low- and middle-income countries, focusing on capacity strengthening and supporting policy making. The next step will be to involve members of the Cochrane community and WHO centres.
    - Wellcome Request for Proposals (RFP) for an evidence synthesis programme in mental health research: Cochrane is part of consortium and will put an Expression of Interest by 15 July.
    - The Central Study Identification Service project was not successful in the UK Innovate SMART grant proposal (Two years for approx. GBP300K). We will work with the project team on alternative means of service delivery at a lower level.
- *Thematic Groups:* The call for applications is now open, to select an initial cohort of no more than six Thematic Groups. Ten people have been invited to join an independent assessment panel, including members of Cochrane community, the Editorial Board, and external stakeholders. We aim to create a panel that is diverse in terms of geography, gender, and professional background and will ensure that interests are declared and managed appropriately.
- *Review Pipeline*:
    - Meetings with UK Cochrane Review Groups are underway to find out what type of support required to complete and publish reviews and if any priority reviews with

funding deadlines are at risk. This will be followed by meetings with non-UK CRGs in the Autumn.
    - Work has initiated for the call for reviews covered in the 30th anniversary. We have identified already titles related to obesity, mental health, Covid-related and others. Our goal is to select from a list of approximately 50 relevant questions in collaboration with Cochrane's Editorial Board. The selected titles will be in areas relevant to Cochrane's Thematic Groups.
- *Central Editorial Service*: a report from the Editorial Independence & Efficiency Project is being drafted to inform service scale-up plans. Pressure on the service will increase as UK groups wind down, coupled with requests for support from groups outside the UK that have also lost staff. The full report will be shared with the Board which will include performance metrics, such as, the number of reviews published and turnaround times. We will also use the findings to identify potential blockers and develop mitigation strategies.
- *Author proposal management*: From Friday 24 June, authors can now submit proposals for new Cochrane Reviews directly to the central Editorial Manager site. More information can be found here.
- *New Review Format*: a widely shared survey aiming to get feedback and help prioritise features received over 1000 responses (English and Spanish versions) and the findings are due by 18 July. These recommendations will be built into a draft implementation plan for consultation with key stakeholders during August and September 2022.

New Open Access Journal launched

The contracts for the new open access journal are signed (between Cochrane and Wiley and between Cochrane and Michael Brown as Deputy Editor in Chief). *Cochrane Evidence Synthesis and Methods* complements the *Cochrane Database of Systematic Reviews* by publishing other types of evidence synthesis across health and social care, methods research, and evaluation papers. A community announcement will be made soon and shortlisting for Editorial Board members and topics for commissioning initial content has started. In September, Wiley will launch a marketing campaign to coincide with the opening of submissions. We plan to publish the first articles in Q1 2023.

Cochrane Library pipeline

In Q2 2022 we have seen a 20% increase in the number of reviews and updates published compared with Q1 2022. Although this performance is still lower than 2022, the overall output (Jan to June 2022) is now 34% lower than the same period in 2021.

Cochrane Database of Systematic Review Impact factor

As reported earlier this week, the 2021 Journal Citation Report has been released, and we are delighted that the Cochrane Database of Systematic Reviews Journal Impact Factor is now **12.008**. This is an increase on the 2020 Journal Impact Factor, which was 9.289. While Journal Impact Factor is a useful measure of average citation frequency, we recognize that it is not the only measure of success or impact.

Editorial Board

To strengthen transparency around editorial decision-making, presentations to the Editorial Board and a summary of the ensuing discussion will be available on the Cochrane Community site (prospectively). The presentation and notes on the Central Editorial Service discussion are available here.

High profile and controversial reviews
We continue to monitor the development of the new Chronic Fatigue Syndrome (CFS) protocol and review. As you know, a complaint about the review from a senior member of Cochrane in July 2021 was not fully resolved until March 2022. Given the seriousness of the complaint and the uncertain future about whether the review would proceed, progress was not pushed on the update during this period, and the independent advisory group were informed not to communicate/engage about this review during that time, preventing some of the planned consultation. Although little work was performed by the advisory group during this time, the protocol has now been submitted by the author team to the Cochrane PaPaS group.

A meeting was held in April 2022 between the chair of the advisory group, the lead author, and editors from the central team, PaPaS and the editorial board to discuss next steps. There was a desire in the meeting to progress the review, but risks were noted particularly around the timelines for the review, given the funding for the Cochrane Response authors is due to cease at the end of 2022, the PaPaS group (who are due to run the editorial process) are losing their funding in March 2023, and the project manager is leaving her post in July 2022. In addition, re-starting communication about the review after a long hiatus is likely to receive significant attention. The same group will be meeting again with within the next couple of weeks to discuss a proposed timeline, before restarting any communications or engagement about this review.

Progress on Strategy for Change Objectives

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

Key priorities:
- Future of evidence synthesis transformational programme of work
- 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
- Implement new way to monitor, manage and publish high profile reviews

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 programme team, Programme Board (ELT) and the Oversight Committee. The risks relating to finding sufficient funding for Evidence Synthesis Units and Thematic Groups

are ongoing. Another key risk associated with the capacity of the Central Editorial Service has been identified and we are working on mitigation strategies including options to outsource some of the service.

- We are closely monitoring the number of reviews published in the Cochrane Library and are working on the pipeline project described above to mitigate some of the current risks.

Goal 1, Objective 2: Streamlining production of reviews and simplifying editorial systems and processes

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
- Teams have started to implement projects as part of Future of Evidence Synthesis.

Key risks

- As above, 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 programme team, programme board (ELT) and the oversight committee.

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

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

Achievements and challenges

- We held a webinar on May 24, during the World Health Assembly, with a panel of policy makers. This wasorganised jointly with the WHO EvipNet team and the team leading the Global Commission on Evidence. The Webinar was well attended.
- 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. A face to face meeting is scheduled for 13 and 14 July in Geneva to discuss this further and decide next steps.

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).

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

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

Achievements and challenges

- We are still waiting for NIHR to confirm the open access policy compliance route for Cochrane Programme Grant reviews. We have proposed two options.
    - 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.
- We have started the open access industry and expert meetings and these will continue into July 2022.
- We are progressing well with the Cochrane Library product development plans (see Objective 5 update below).
- Wiley open access team are working on more detailed assessments and financial modelling for our open access models.
- We still need to review and agree an updated funder engagement plan. This will be discussed as a priority with Catherine Spencer.

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.

Goal 3, Objective 5: Improving user experience by increasing the accessibility and usability of our products

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 had 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 received positive feedback from the Wiley sales team on the customer value of our proposed product development plans. Wiley are due to report on the full customer research project in July 2022. This information is required to inform the business cases due in July and August 2022.

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

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 programme team, Programme Board (ELT) and the Oversight Committee. The risks relating to finding sufficient funding for Evidence Synthesis Units and Thematic Groups are ongoing. Another key risk associated with the capacity of the Central Editorial Service has been identified and we are working on mitigation strategies including options to outsource some of the service.
- We are closely monitoring the number of reviews published in the Cochrane Library and are working on the pipeline project described above to mitigate some of the current risks.

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

Key priorities:

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

Achievements and challenges

- Director of Development appointed - see the Interim CEO update above.
- The recruitment of a fundraising team is on hold until the Director starts (start date: end September tbc).
- We are working with WHO on a case for support for evidence synthesis units in low or middle income countries.
- We are part of a consortium responding to the Wellcome Request for Proposals (RFP) for an evidence synthesis programme in mental health research.
- RevMan Web for commercial use was launched in late May 2022.
- Editorial are completing an editorial review of Essential Evidence Plus – a US clinical decision support product being offered to Cochrane by Wiley.

Key risks

The 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 previous agenda.

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

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 a paper that outlines how we will re-focus Cochrane's communications. The paper was discussed at ELT and the direction endorsed. 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 is needed and currently being recruited.

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

Key priority: Culture and ways of working - values

Achievements and challenges

- Leadership development programme – see the Interim CEO update above
- Following the March launch event, the Culture Working Group drew up a findings paper for ELT consideration. Feedback from this meeting and the wider CET resulted in a series of slides to further reinforce the project aims. Next steps, over the coming weeks, include the formation of a 'Culture Map'. Working Group members are meeting with teams to explore individual perceptions of Cochranes culture and what we should continue, start and stop.
- We are recruiting an Internal Communications Executive to support engagement with the Community at this time of change. This new post will be focussed on ensuring that communications around the future of evidence synthesis are effectively communicated to the community, such that everyone feels well informed. They will also have a role in building greater engagement with the community more generally.
- A plan for a review of organizational governance is in development. The draft plan has been delivered to, and commented on, by the Governance Committee and will be brought to the full Board by the Interim Head of Governance, probably in September 2022. The project will review, and implement improvements to, Cochrane's overall organizational governance, leading to a clearer and more effective system for organizational decision-making.

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.

Recommendations

The Governing Board is asked to note this performance report.

Governing Board: Decision Paper

Title:	New organizational policies on Safeguarding and Whistleblowing
Previous papers submitted on this topic:	N/A
Paper Number:	**GB-2022-22, including Appendices 1 & 2**
From:	Lucie Binder, Head of Governance
People Involved in the developing the paper:	Lisa Archer, Head of Human Resource Rae Lamb, Trustee Tracey How, Co-Chair Catherine Marshall, Co-Chair
Date:	5 July 2022
For your:	**DECISION**
Access:	Open

1 Purpose:

To seek Board approval of two new organizational policies:

- **Whistleblowing Policy**
  This policy is designed to enable anyone, including members of the public, to raise and to disclose information which they believe shows malpractice or impropriety in Cochrane.

- **Safeguarding Policy**
  This policy informs members and supporters - including staff & contractors of Cochrane Groups and the Charity - of their responsibilities in relation to safeguarding in the context of their work for the organization.

2 Background and context:

1) A policy on Whistleblowing has been planned for some time to complement the existing Complaints Resolution Procedure.
2) An organization-wide policy on Safeguarding was identified by the Board as a priority following recent safeguarding issues for those working on Cochrane Reviews on controversial topics.

3 Options appraisal:

Option 1	Option 2	Choice and rationale
No organization-wide policies on whistleblowing and safeguarding (we currently have policies covering	Organization-wide policies on whistleblowing and safeguarding	*Option 2:*

these topics for the Central Executive Team only)		In line with good practice recommended by the Charity Commission
Different policies for Charity staff & contractors (Central Executive Team) and wider organization	Organization-wide policies applicable to all	*Option 2:* • Simpler than different policies for different groups of people covering the same topics; reduces inconsistencies • Central Executive Team-specific policies should be based on organization-wide policies as a principle
Internal whistleblowing reporting	External whistleblowing reporting	*Option 2:* External service provides independence and supports the perception of fairness. SeeHearSpeakUp will be the service used to triage and re-direct whistleblowing disclosures. This company has been appointed following research of different providers available. The contract is currently being finalized.

4 Implications:

4.1. Strategic implications

I. Supports *Strategy for Change* Objective on:

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.

II. Helps to mitigate the following risks from the strategic risk register:

- **S06 Compliance** Failure to comply with legislation and regulations
- **S07 People and culture** Failure to achieve a positive, supportive, achieving culture
- **S13 Reputational** Controversial reviews lead to safeguarding issues
- **S08 Reputational** Cochrane's reputation is compromised or damaged

4.2. Economic and income implications

Potential funders require organizations to have strong cultures of compliance and accountability.

4.3. Financial and resource implications

The SeeHearSpeakUp contract will cost £950 GBP/annum and is covered by existing Charity budget. The contract will be reviewed after one year. The service will be run online and by telephone in multiple languages. Support is required from the Head of Governance, Head of Human Resources, CEO, Complaints Resolution Committee and others handling complaints or disclosures.

4.4. Operational implications

The external service from SeeHearSpeakUp may reduce workloads associated with handling safeguarding issues arising from the conduct of Cochrane Reviews on controversial topics.

5. Risk summary:

Continuing without these policies will mean that there are insufficient procedures in place for whistleblowing and safeguarding. This increases the likelihood and potential impact of the strategic risks listed above.

6. Monitoring and communication:

- Policies to be published on Community website and linked from Cochrane.org (as per all organizational policies)
- New policies to be publicized on Cochrane news channels
- Policies to be logged in new policy register developed by Head of Governance and managed by Executive Leadership Team

7. Resolutions:

The Board approves the new organizational Whistleblowing Policy

Yes/No/Abstain

The Board approves the new organizational Safeguarding Policy

Yes/No/Abstain

8. Next steps:

I. SeeHearSpeakUp contract to be finalized and steps for making a whistleblowing disclosure added to the policy
II. Policies to be published on Community website and linked from Cochrane.org
III. Complaints Resolution Procedure to be updated to refer to new policies
IV. Policies to be added to policy register
V. Policies to be publicized on Cochrane news channels
VI. Reports on safeguarding and whistleblowing disclosures to be sent to and/or handled by the Board's Complaints Resolution Committee (refer to policy wording)

Appendix 1: Proposed Whistleblowing Policy

An official Cochrane policy. First approved XXX. Last updated XXXX.

1. Introduction

This policy outlines the mechanism to enable disclosure of wrongdoing or serious malpractice independently of formal or informal line management in Cochrane.

Cochrane believes people should be protected from being dismissed or penalised as a result of disclosing certain serious concerns. The provisions set out below ensure that no Cochrane member, supporter, or employee of the Charity should feel at a disadvantage in raising legitimate concerns.

It should be emphasised that this policy is intended to assist people who believe they have discovered malpractice or impropriety. It is not designed to question editorial or business decisions taken by Cochrane nor should it be used to reconsider any matters which have already been addressed under the Complaints Resolution Procedure, Referrals to the Research Integrity Editors and the Conflict of Interest Panel, or other internal procedures.

2. Scope

This policy is designed to enable anyone, including members of the public, to raise and to disclose information which they believe shows malpractice or impropriety in Cochrane.

This policy is intended to cover concerns which may at least initially be investigated separately but might then lead to the invocation of other procedures e.g., the Complaints Resolution Procedure; employment procedures for Charity staff (the Central Executive Team); or referral to an external agency such as the Police. These concerns could include:

- Financial malpractice or impropriety or fraud;
- Failure to comply with a legal obligation;
- Dangers to Health & Safety or the environment;
- Criminal activity;
- Improper conduct or unethical behaviour;
- Attempts to conceal any of these.

3. Safeguards

I. **Protection –** This policy is designed to offer protection to those who disclose such concerns provided the disclosure is made:

- in good faith;
- in the reasonable belief of the person or people making the disclosure that it tends to show malpractice or impropriety.

II. **Confidentiality –** Cochrane will treat all such disclosures in a confidential and sensitive manner. The identity of the person or people making the allegation will be kept confidential if they so request, although it should be noted that this may hinder a full investigation.

III. **Anonymous allegations –** This policy encourages people to put their name to any disclosures they make. Concerns expressed anonymously are much less credible, but they may be considered at the discretion of the organization. In exercising this discretion, the factors to be considered will include the:

- seriousness of the issues raised;
- credibility of the concern;
- likelihood of confirming the allegation from attributable sources.

IV. **Untrue allegations –** If someone makes an allegation in good faith, which is not confirmed by subsequent investigation, no action will be taken against them. In making a disclosure they should exercise due care to ensure the accuracy of the information. If, however, someone makes malicious or vexatious allegations, and particularly if they persist with making them, disciplinary action may be taken against them.

4. Procedures for making a disclosure

Before making a disclosure, you should first check whether the matter would be more appropriately dealt with via another mechanism such as:

- The Complaints Resolution Procedure, for complaints about the standard of service provided by, or conduct & behaviour of, Cochrane members or supporters in their Cochrane activities; or any action, or lack of action, by Cochrane members or supporters in their Cochrane activities;
- The Human Resources procedures for staff and contractors of the Charity (the Central Executive Team);
- The Comments Section of Cochrane Reviews in The Cochrane Library for comments - including disagreements - on the content of a Cochrane Review or Protocol;
- Referrals to the Conflict of Interest Panel on potential contraventions of Cochrane's Conflict of Interest policies.

[TO BE FINALISED: Whistleblowing disclosures will be made through SeeHearSpeakUp, an external and independent global whistleblowing service available in multiple languages, for which the contract is being finalised: https://www.seehearspeakup.co.uk/]

For all disclosures received and addressed according to this procedure, a confidential repository of the documentation pertaining to each disclosure, its handling and its outcome, will be maintained.

Investigating officers:

- Whistleblowing disclosures will first be investigated by the Head of Governance unless the complaint is against the Head of Governance or is in any way related to the actions of the Head of Governance. In such cases, the complaint should be passed to the Chief Executive Officer (CEO) for referral.

- Whistleblowing disclosures against the Chief Executive Officer or Editor in Chief should be passed to the Co-Chairs of the Governing Board who will nominate an appropriate internal or external investigating officer.

Timescales:

Due to the varied nature of Whistleblowing disclosures, which may involve external investigators, it is not possible to lay down precise timescales for such investigations. The investigating officer will ensure that the investigations are undertaken as quickly as possible without affecting the quality and depth of those investigations.

Investigating procedure:

The investigating officer will follow these steps:

1) Obtain full details and clarifications from the person or people making the Whistleblowing disclosure, including whether they want to keep their name(s) confidential;
2) Decide whether the disclosure should be dealt with under this policy or is more appropriately dealt with by another Cochrane procedure or policy; or should be passed to an external agency such as the employing institution of a Cochrane member or the police;
3) Should the disclosure be appropriately dealt with under this policy, fully investigate the allegations with the assistance, where appropriate, of other individuals such as the Charity's Head of Human Resources;
4) Provide a written report to the Chief Executive Officer, and Governing Board via the Complaints Resolution Committee. The Governing Board will decide what action to take, including whether to file a serious incident report to the UK Charity Commission.
5) If the person or people making the Whistleblowing disclosure is/are not satisfied that their concern has been properly dealt with, they have the right to raise it directly with the UK Charity Commission.

Appendix 2: Proposed Safeguarding Policy

An official Cochrane policy. First approved XXX. Last updated XXXX.

1. Introduction

Safeguarding is about protecting people's health, wellbeing, and human rights, and enabling them to live free from harm, abuse, and neglect.

Cochrane has an important role to play in improving health safeguarding by providing high-quality evidence about what works, what doesn't, and where more evidence is needed. Safeguarding is also something we put at the heart of how we work together as a global collaboration of members and supporters.

This policy informs members and supporters - including staff & contractors of Cochrane Groups and the Charity - of their responsibilities in relation to safeguarding in the context of their work for the organization.

2. Safeguarding commitments

Cochrane believes that *everyone* who works with or for us, regardless of ethnic origin, religious identity, disability, sexual orientation, age, or gender identity has the right to be protected from all forms of harm, abuse, and exploitation. Cochrane will not tolerate harm, abuse, or exploitation of or by its members, supporters, staff, or others with whom we work.

Individual commitments:

I. As a condition of membership, all Cochrane Members agree to abide by the Principles of Collaboration, which act as the organization's code of conduct and set out expectations of behaviour.

II. Those managing others in a formal or informal capacity in conducting work for Cochrane agree to abide by the Charter of Good Management Practice.

Organizational commitments:

I. Cochrane Groups and the Cochrane Charity commit to ensuring all staff and those contracted or engaged by them - on a paid or voluntary basis - are aware of and abide by their responsibilities in this policy in everything they do for the organization.

II. Cochrane Groups and the Cochrane Charity commit to designing all programs and activities in a way that protect people from risk of harm. This includes the way in which information about individuals is gathered and communicated.

3. Reporting & Response

Complaints or concerns relating to safeguarding can be reported in the following ways:

1) Cochrane Members, supporters and members of the public should follow the Complaints Resolution Procedure; or, if they feel it necessary to bypass normal Organizational Accountabilities – for example, because they are afraid for their safety – the Whistleblowing Policy.

2) Staff and contractors of the Charity (the Central Executive Team) should follow the Charity's Human Resources procedures; or, if they feel it necessary to bypass normal line management - for example, because they are afraid for their safety – the Whistleblowing Policy.

The Complaints Resolution Procedure, Whistleblowing Policy, and Charity Human Resources procedures, set out the processes and timescales for complaints or whistleblowing disclosures that fall under Cochrane's remit. The most serious consequence of a complaint or disclosure *under these policies* is the recommendation that an individual's Cochrane membership, supporter, employment, or contractor status be terminated. A Cochrane Group may be deregistered.

The use of our evidence is not the subject of this policy. A disclaimer is provided on the Cochrane Library and repeated on Cochrane.org to guide users on the appropriate use of our evidence https://www.cochranelibrary.com/about/disclaimer.

Governing Board: Decision Paper

Title:	**Delegations of authority for the Cochrane Charity**
Previous papers submitted on this topic:	N/A
Paper Number:	**GB-2022-23, including Appendix 1**
From:	Lucie Binder, Head of Governance
People Involved in the developing the paper:	Governance Committee Catherine Marshall, Co-Chair Judith Brodie, Interim Chief Executive Officer (left 30 June)
Date:	5 July 2022
For your:	**DECISION**
Access:	Open

1 Purpose:

To seek Board approval of a new organizational policy:

Delegations of authority for the Cochrane Charity
This policy sets out the delegations of authority for the Charity and identifies where the Charity has authority with respect to the whole Cochrane organization. It should be read alongside the Organizational Accountabilities policy [CURRENTLY BEING UPDATED], which sets out how accountabilities across the whole organization are delegated.

2 Background and context:

Development of a policy on delegations was proposed by the Finance, Audit & Risk Committee and is on the 2022 workplan of the Governance Committee. It will support the list of financial delegations.

The Governance Committee has reviewed and commented on the proposed policy and supports its submission to the full Board for approval.

3 Options appraisal:

Not applicable.

4 Implications:

4.1. Strategic implications

I. Supports *Strategy for Change* Objective on:

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.

II. Helps to mitigate the following risks from the strategic risk register:

- **S06 Compliance** Failure to comply with legislation and regulations
- **S04 Financial sustainability** Poor budgetary control and financial reporting
- **S08 Reputational** Cochrane's reputation is compromised or damaged

4.2. Economic and income implications
Potential funders require organizations to have strong cultures of compliance and accountability.

4.3. Financial and resource implications
Not applicable.

4.4. Operational implications
Not applicable.

5. Risk summary:
Supports the management and mitigation of the strategic risks listed above.

6. Monitoring and communication:
- Policy to be published on Community website and linked from Cochrane.org (as per all organizational policies)
- Policy to be publicized on Cochrane news channels
- Policy to be logged in new policy register developed by Head of Governance and managed by Executive Leadership Team

7. Resolutions:
The Board approves the new policy on Delegations of Authority for the Cochrane Charity

Yes/No/Abstain

8. Next steps:
I. Organizational Accountabilities policy to be updated by Interim Head of Governance and Executive Leadership Team, and approved by the Board
II. Policy to be published on Community website and linked from Cochrane.org; updated Organizational Accountabilities policy to be published
III. Policy to be added to policy register
IV. Policy to be publicized on Cochrane news channels
V. Policy to be reviewed annually by Governance Committee

GB-2022-23 ANNEX 1
Delegations of authority for the Cochrane Charity

An official Cochrane Policy. First published and last updated XXXX

1. Introduction

The Governing Board is ultimately responsible for Cochrane's decisions and actions, but delegates authority to individuals and groups to carry out the work of the organization in pursuit of its mission.

The Cochrane organization is comprised of a UK-registered Charity (formally, the Cochrane Collaboration), an international autonomously funded Group network, and members & supporters who contribute to the work of Groups and the Charity. People working for the Charity as staff or consultants are part of the Central Executive Team (CET).

2. Scope

This policy sets out the delegations of authority for the Charity and identifies where the Charity has authority with respect to the whole Cochrane organization. It should be read alongside the Organizational Accountabilities policy, which sets out how accountabilities across the whole organization are delegated.

Area of Delegation	Co-Chair responsibilities	Governing Board responsibilities	Board sub-committee responsibilities	Chief Executive (CEO) and Editor in Chief (EIC) responsibilities	Executive Leadership Team (ELT) responsibilities	Central Executive Team responsibilities
Good governance and accountability	Work together to provide effective leadership of the Board Communicate and engage with Board	Determine the direction of the organization, including its policies, objectives, and goals	Monitor the governance function of the Board & identify improvements *(Governance Committee)*	Take principal operational responsibility for overall organizational governance, including the contractual	Develop proposals and reports for the Board's consideration, using the Council for advice where appropriate	Act as Company Secretary *(Head of Governance)* Manage Governing Board and Council

	members to maintain a positive Board culture Chair Board meetings and various Board sub-committees Chair the Annual General Meeting Attend regular meetings with the Chief Executive Officer (CEO) and Editor in Chief (EIC), and maintain positive relations with the Executive Leadership Team (ELT) Attend Council meetings and maintain positive relations with the Council Co-Chairs Serve as official spokesperson(s) for Cochrane and the Board, with the authority to delegate this responsibility to others Respond to issues raised by members of the organization, outside the remits of the CEO and the EIC	Maintain an overview of overall organizational governance, including the contractual arrangements between the Charity and Cochrane Groups, and the roles and responsibilities of organizational committees like the Council Oversee compliance with the Articles of Association and propose amendments to the Articles of Association for approval by Cochrane members Appoint new Trustees (non-elected) and oversee the process for elected Trustees in line with Articles Appoint Board Co-Chairs Appoint the returning officer for Trustee elections (Head of Governance) Approve the annual Trustees Report & Financial Statements	Monitor compliance with the Articles of Association and the UK Charity Governance Code *(Governance Committee)* Approve the recruitment & selection process for Board appointments *(Nominating Committee with Governance Committee)* Approve system for governance and Board, Co-Chairs, and senior leadership reviews *(Governance Committee)* Review the Trustees' Report & Financial Statements *(Finance, Audit & Risk Committee)* Monitor and review the annual audit process and auditor performance *(Finance, Audit & Risk Committee)* Propose the level of remuneration of the Co-Chairs *(Remuneration Committee)*	arrangements between the Charity and Cochrane Groups, and the roles and responsibilities of organizational committees like the Council Maintain positive relations with the Co-Chairs and attend regular meetings with them Work with the Co-Chairs, ELT, and Head of Governance to develop Board agendas and provide final sign-off of all papers submitted for the Board's consideration *(CEO)* Induct, train & brief Board members Attend Council meetings and maintain positive relations with the Council Co-Chairs Serve as official spokespersons for Cochrane Manage organizational complaints and/or	Manage the relationship and contractual obligations between the Charity and: Geo Groups, Evidence Synthesis Units & Thematic Groups, Methods Groups, and Cochrane Members Manage organizational complaints and/or appeals from Cochrane Groups as per remit Provide input on possible appointed members of the Board Monitor Charity and Company legislation in the UK	elections, appointments, and induction *(Head of Governance)* Manage Board and Council agendas, minuting, and decision tracking *(Head of Governance)* Remain up to date on good governance in the sector *(Head of Governance)* Manage the organizational register of policies and draft organizational policies *(Head of Governance)* Support Board Sub-Committees *(Director of Finance & Corporate Services, and Head of Governance)* Draft the Trustees' Report & Financial Statements on behalf of the Board *(Director of Finance & Corporate Services, and Head of Governance)*

	Conduct the performance appraisal of the CEO and EIC Mentor & support new trustees Lead performance reviews for Board members	Receive & approve recommendations of improvements to Board performance Approve Terms of Reference for Sub-Committees Approve organizational policies Act as the final point of appeal for organizational complaints Approve the remuneration of the Co-Chairs		appeals from Cochrane Groups as per remit Oversee writing of Trustees' Report & Financial Statements (CEO)		
Area of Delegation	**Co-Chair responsibilities**	**Governing Board responsibilities**	**Board sub-committee responsibilities**	**Chief Executive (CEO) and Editor in Chief (EIC) responsibilities**	**Executive Leadership Team (ELT) responsibilities**	**Central Executive Team responsibilities**
Strategic management	Facilitate strategic planning by the Board Advise and guide the CEO, EIC and Central Executive Team, in working towards delivery of the Cochrane's strategic plan Pursue those initiatives and projects agreed by the Board to be the	Set the organization's vision, mission, principles & values Act as guardians and advocates of the mission, vision, principles & values Ensure the organization has a strategic plan to guide its activities	Review the detailed draft of the annual Charity Plan & Budget, which includes scenario planning for future years, and make recommendations to the Board *(Finance, Audit & Risk Committee)* Regularly review performance against the Charity's Plan & Budget *(Finance, Audit & Risk Committee)*	Take overall operational responsibility for delivering the organization's strategic plan *(CEO with EIC)* Report on progress against the strategic plan Embed awareness of and alignment to the strategic plan across Cochrane	Develop the organization's strategic plan in collaboration with Cochrane Group leaders and organizational stakeholders Lead responsibility for individual themes in the strategic plan and collective responsibility for the whole	Deliver the strategic plan at Directorate level and work with Cochrane Groups to deliver the plan at Group level Ensure that the Central Executive Team work towards the organization's objectives & adhere to the organization's values

	responsibility of the Co-Chairs	Approve the annual Plan & Budget for the Charity Approve out-of-budget and other strategic proposals prepared by the Central Executive Team, or exceptionally, via the Council Monitor performance against the strategic plan Monitor the needs of beneficiaries & ensure strategic plan continues to meet them			Report and monitor progress against the strategic plan	Report and monitor progress against the strategic plan
Area of Delegation	**Co-Chair responsibilities**	**Governing Board responsibilities**	**Board sub-committee responsibilities**	**Chief Executive (CEO) and Editor in Chief (EIC) responsibilities**	**Executive Leadership Team (ELT) responsibilities**	**Central Executive Team responsibilities**
Financial management	Approve exceptional expenditure in line with current agreed Financial Delegations Present the annual organizational review to members at the Annual General Meeting, alongside the Treasurer, CEO and EIC Approval expense claims of the CEO and EIC quarterly	Approve the annual Plan & Budget for the Charity Approve the Charity's management accounts (reporting financial performance & resulting decisions) each Quarter Approve the Reserves Policy Receive subsidiary companies' reports	Review the detailed draft of the annual Charity Plan & Budget, which includes scenario planning for future years, and make recommendations to the Board *(Finance, Audit & Risk Committee)* Regularly review performance against the Charity's Plan and Budget *(Finance, Audit & Risk Committee)*	Take overall operational responsibility for managing the Charity's finances, ensuring that resources are used efficiently & effectively to deliver the strategic plan (*CEO, with the support of the EIC)* Take overall responsibility for the overseeing the global organization's resources *CEO, with the support of the EIC)*	Ensure effective financial management and planning *(Director of Finance & Corporate Services)* Receive & monitor monthly financial performance update & take appropriate action Undertake the annual Financial & Resource Monitoring of Cochrane Groups *(Director of*	Budget management and decisions as appropriate to role and in line with Financial Delegations

		Approve the Trustees' Report & Financial Statements and Letter of Representation Appoint the Charity's auditors & bankers	Review all financial aspects of Charity operations, to ensure short and long-term viability *(Finance, Audit & Risk Committee)* Monitor and recommend changes to the Reserves Policy *(Finance, Audit & Risk Committee)* Maintain oversight of any budget lines relating to Governance costs and approve Co-Chair expenses *(Treasurer - Finance, Audit & Risk Committee)* Agree and review any new or revised financial policies before presenting them for approval *(Finance, Audit & Risk Committee)*	Approve expenditure in line with current agreed Financial Delegations [hyperlink/ Appendix]	*Finance & Corporate Services)* Approve expenditure and key variances in line with current agreed Financial Delegations Ensure Directorate budgets are managed effectively Implement financial procedures & finance policies (*Director of Finance & Corporate Services et al)*	
Area of Delegation	**Co-Chair responsibilities**	**Governing Board responsibilities**	**Board sub-committee responsibilities**	**Chief Executive (CEO) and Editor in Chief (EIC) responsibilities**	**Executive Leadership Team (ELT) responsibilities**	**Central Executive Team responsibilities**
Risk management	Create, in collaboration with the Treasurer, a positive culture of risk management	Set the organization's overall approach to managing risk Approve the full Risk Register on an annual basis	Monitor the effectiveness of the Charity's risk management procedures via the ongoing review of the system of internal	Take overall responsibility for risk management and updating the Risk Register, including recommending strategies and plans to	Implement & monitor adherence against the risk management policies & procedures Conduct an annual test of the Business	Identify & minimise risk at a Directorate level

		Monitor performance and action against the Risk Register per Quarter Approve changes to the Risk Policy	control *(Finance, Audit & Risk Committee)* Provide regular assurance to the Board that appropriate risk management procedures are in place and recommend any changes to the Risk Policy as required *(Finance, Audit & Risk Committee)*	reduce and mitigate risks *(CEO/Director of Finance & Corporate Services)*	Continuity and Major Incident Plans Identify & minimise risk & review on an on-going basis, updating the Risk Register Monitor top risks regularly Develop understanding of risk among teams	
Area of Delegation	**Co-Chair responsibilities**	**Governing Board responsibilities**	**Board sub-committee responsibilities**	**Chief Executive (CEO) and Editor in Chief (EIC) responsibilities**	**Executive Leadership Team (ELT) responsibilities**	**Central Executive Team responsibilities**
Human Resources management for the Charity	Manage the performance of the CEO and EIC, including agreeing personal development plans Lead the recruitment & selection of the CEO and EIC	Approve annual pay award for Charity staff Approve the CEO and EIC appointments Involved in Executive Leadership Team appointments Approve proposals for significant restructures and redundancies (as required, including by law)	Manage the recruitment & selection process for the CEO and EIC (*recruitment panel)* Review the salary and reward package of the CEO and EIC at least every three years; to make recommendations on this as necessary to the Board *(Remuneration Committee)* Recommend annual pay award for Charity staff	Recruit & appoint new senior managers Oversee the disciplinary process at appeal stage for staff as per remit	Recruit & appoint managers Approve changes to staffing at Directorate level Approve small-scale redundancies, with review by the Co-Chairs where redundancies are considered high-risk or high-profile[1i] Approve alterations to Charity staff and consultant polices	Draft Central Executive Team HR policies *(Head of HR)* Approve minor departmental restructuring (not involving redundancies) – a*ll managers* Oversee the disciplinary process for staff as per remit – *all managers*

[1] Small scale' will differ on a case-by-case basis and the scope will be agreed collaboratively by the CEO and Co-Chairs

		Oversee the disciplinary process at appeal stage for the CEO and EIC	*(Remuneration Committee)* Recommend remuneration level for Co-Chairs *(Remuneration Committee)*		Oversee the disciplinary process at appeal stage for staff as per remit	
Area of Delegation	**Co-Chair responsibilities**	**Governing Board responsibilities**	**Board sub-committee responsibilities**	**Chief Executive (CEO) and Editor in Chief (EIC) responsibilities**	**Executive Leadership Team (ELT) responsibilities**	**Central Executive Team responsibilities**
Health & Safety management for the Charity's staff & consultants and Safeguarding for the organization's members & supporters	Lead creation of a positive culture of safeguarding, and health & safety	Receive an annual report and plan on safeguarding and health & safety management Approve the organizational safeguarding policy	Ensure safeguarding and Health & Safety are reflected in the Risk Register *Finance, Audit & Risk Committee)*	Take overall operational responsibility for safeguarding management and culture as the designated safeguarding officer for the Charity (CEO)	Take responsibility for ensuring the Health & Safety and Safeguarding policies are followed at Directorate level	Draft the Central Executive Team Health & Safety policy *(Head of Human Resources)* Draft the organizational Safeguarding Policy *(Head of Governance)* Implement Safeguarding and Health & Safety Policies at a Departmental level
Area of Delegation	**Co-Chair responsibilities**	**Governing Board responsibilities**	**Board sub-committee responsibilities**	**Chief Executive (CEO) and Editor in Chief (EIC) responsibilities**	**Executive Leadership Team (ELT) responsibilities**	**Central Executive Team responsibilities**
Organizational Diversity & Inclusion	Lead the creation of a positive culture towards diversity and inclusion starting with the Governing Board	Champion diversity and inclusion Receive an annual report on diversity & inclusion monitoring		Take overall operational responsibility for diversity and inclusion management (CEO)	Take responsibility for ensuring diversity and inclusion policies are followed at Directorate level	Draft diversity and inclusion policies for the Central Executive Team *(Head of Human Resources)* Lead diversity and inclusion initiatives for the organization (Head

						of Engagement, Learning and Support)
Area of Delegation	**Co-Chair responsibilities**	**Governing Board responsibilities**	**Board sub-committee responsibilities**	**Chief Executive (CEO) and Editor in Chief (EIC) responsibilities**	**Executive Leadership Team (ELT) responsibilities**	**Central Executive Team responsibilities**
Editorial policy	Maintain a positive relationship with the EIC	Ensure the organization has an EIC overseeing evidence synthesis and content production in line with the strategic plan Refer any disputes with the EIC to the Cochrane Library Oversight Committee to ensure the EIC can retain editorial independence	Advise the EIC on proposed changes to the governance structure supporting editorial decision-making (e.g., Editorial Board and Scientific Committee)	Ensure Cochrane's editorial independence is protected (EIC) Ensure editorial processes and practices are in place to deliver editorial work in line with organizational strategic plans (EIC) Refer any disputes with the Governing Board to the Cochrane Library Oversight Committee (EIC)	Deliver editorial policy and practice operationally at Directorate level and by Cochrane Groups	

[i]

Governing Board Committee
Terms of Reference

Cochrane's Articles of Association provide the Governing Board with the power to appoint Board Committees, and to delegate to these Committees authority to undertake its duties or functions as required. Non-members of the Governing Board may be invited to participate accordance with the role and remit of the relevant Committee.

Committee	**Complaints Resolution Committee**
Purpose	The Complaints Resolution Committee oversees Cochrane's complaints resolution procedure and makes recommendations on decisions related to individual complaints that have been raised at Board level.
Membership	• Tracey Howe (Committee Chair and Board Co-Chair) appointed March 2022 • Tamara Kredo, appointed March 2022 • Rae Lamb, appointed March 2022 • Emma Persad, appointed March 2022 *Non-voting:* • Head of Governance
Remit	The remit of the Complaints Resolution Committee is to: • Maintain oversight of the organizational Complaints Resolution Procedure, which is published on the Cochrane Community website, reviewing it annually and updating it as required to ensure it remains fit for purpose. • Support the Governing Board Co-Chairs in handling any complaints made about the behaviour of the Chief Executive Officer or Editor in Chief. • Make recommendations to the Board on the termination of individual Cochrane membership in certain cases, as per section 3.4. of the Complaints Resolution Procedure. • Make recommendations to the Board on cases that may need referral to the UK Charity Commission as 'serious incidents'. • Make recommendations to the Board on any whistleblowing disclosures received at Board level as per the organizational Whistleblowing Policy.
Quorum	Quorum will be a minimum of two members.
Meetings	• The Committee will meet ad hoc when it may be necessary and will review the Complaints Resolution Procedure by email at least once a year. • The Head of Governance be in attendance at all meetings. • Members will be expected to make a contribution to meetings in order to ensure the best decisions can be made, and to allow the Committee to fulfil its role and responsibilities. • Members will be 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 so required.

	• All decisions will be voted on by a simple majority of those present. In the case of equality, the Chair will have a casting vote.
Membership, Reporting and Assurance Arrangements	• All members of the Committee are appointed by the Board. The Committee shall consist of not less than two Trustees appointed by the Board in addition to the Chair. • The Chair will normally be a Co-Chair of the Board. • The Committee may co-opt members or advisors who in the opinion of the Committee will bring additional relevant skills to the Committee, but Trustees shall always form the majority. • The Committee reports directly to the Board who will take all final decisions on recommendations made by the Committee.
Record of Meetings	• The Head of Governance will ensure that secretariat services are provided to the Committee, including the taking of minutes, record of attendance and distribution of papers. • Approved minutes will be issued 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 Committee for approval, and if requested, made available to the full Governing Board. • The approved minutes will then be recorded in the Convene Document Library.
Review	These Terms of Reference will be reviewed annually and any changes approved by the Board.
First prepared	June 2022
Last updated	
Governing Board approved	

Resolution

Subject	The Board approves the Terms of Reference for the Future of Evidence Synthesis Oversight Committee	
Voting Deadline	1 Jul 2022, 11:59 PM BST	
Organiser	Lucie Binder	
Voters	Tracey Howe	No Vote
	Catherine Marshall	Yes
	Yuan Chi	Yes
	Sally Green	Abstain
	Juan Franco	No Vote
	Karen Kelly	Yes
	Marguerite Koster	Yes
	Tamara Kredo	No Vote
	Rae Lamb	Yes
	Jordi Pardo Pardo	No Vote
	Emma Persad	No Vote
	Vanessa Piechotta	Yes
Total Votes	6 Yes 0 No 1 Abstain 5 No Vote	
Decision	Approved on 4 Jul 2022	

Resolution

Subject	The Board approves the updated Terms of Reference for the Nominating Committee - 2022	
Voting Deadline	1 Jul 2022, 11:59 PM BST	
Organiser	Lucie Binder	
Voters	Tracey Howe	No Vote
	Catherine Marshall	Yes
	Yuan Chi	Yes
	Sally Green	Abstain
	Juan Franco	Yes
	Karen Kelly	Yes
	Marguerite Koster	Yes
	Tamara Kredo	No Vote
	Rae Lamb	Yes
	Jordi Pardo Pardo	No Vote
	Emma Persad	Yes
	Vanessa Piechotta	Yes
Total Votes	8 Yes 0 No 1 Abstain 3 No Vote	
Decision	Approved on 4 Jul 2022	

Resolution

Subject	The Board approves the proposed Foreword for the Diversity & Inclusion Listening and Learning report
Voting Deadline	11 Apr 2022, 11:59 PM BST
Notes to Voters	PROPOSED FOREWORD (REVISED BASED ON BOARD FEEDBACK): Diversity and inclusion are critically important for Cochrane's success as a global collaboration. The Governing Board is committed to taking action to address biases that exist within the organization to ensure that Cochrane is continuously working towards becoming more accessible, diverse, and inclusive. We wanted to know the current views and experiences of community members to ensure that we are targeting our resources in the right way, so we commissioned a 'listening and learning' exercise that has been completed over the last six months. The following report summarizes what has been heard during this process and will be used to help us establish a strategy for increasing diversity and inclusivity in Cochrane. The Governing Board would like to thank the Program Board that oversaw this work, the Community Advisory Group who provided valuable feedback throughout the process, and all of the members of the Cochrane Community who participated in the process. This is only the first step in our diversity and inclusion program, but this report provides important findings that will help us set our future direction. It is important that we take time to consider what we have heard and then use this learning to take actions that help make Cochrane even more diverse and inclusive - as the organization has always aspired to be. Cochrane's Governing Board.
Organiser	Lucie Binder

Voters		
Tracey Howe	Yes	
Catherine Marshall	Yes	I support Jordi's concerns and would like to receive some feedback on why

			the suggestions were not picked up
	Yuan Chi	Yes	
	Sally Green	Yes	
	Juan Franco	Yes	
	Karen Kelly	Yes	
	Marguerite Koster	Yes	
	Tamara Kredo	No Vote	
	Rae Lamb	Yes	
	Jordi Pardo Pardo	Yes	Jordi: I voted yes as I said that I could live with the previous text. However, I'm unclear what are we voting. The text of the foreword does not have track changes, there is no response to the comments from the GB members, and some of the comments does not seem to have been addressed (for instance, thanking the Evidence Centre on the same sentence we thanked the community). For future resolutions, would be good to have together with the vote the first version, which changes have been introduced, and a response to comments so could help made and informed vote.
	Emma Persad	Yes	
	Vanessa Piechotta	Yes	
Total Votes	11 Yes 0 No 0 Abstain 1 No Vote		
Decision	Approved on 11 Apr 2022		

Governing Board Paper: Decision & Discussion Items

Title:	**Governing Board Foreword for the diversity and inclusion listening and learning report**
Previous papers submitted on this topic:	
Paper Number:	GB-2022-14, including GB-2022-14 Annex 1
From:	Chris Champion, Head of Engagement, Learning and Support
People Involved in the developing the paper:	Tracey Howe, Co-Chair, Governing Board
Date:	March 2022 – for consideration between Board meetings
For your:	Decision
Access:	Open

Executive summary

We would like the Governing Board to approve a foreword to be attached to the front of the report GB-2022-14 Annex 1. This is important to show the Governing Board's commitment to diversity and inclusion. Diversity and inclusion are important to Cochrane and explicitly included in the Objectives of the *Strategy for Change*. They are also a key pillar of the Charity Governance Code that we are subscribed to.

Please note that we will be bringing a strategy paper to the Board in due course that sets out the plan for addressing the contents of this report, so there will be time on a future Governing Board agenda to substantively discuss this report and Cochrane's approach to diversity and inclusion.

The suggested text for the Foreword by the Governing Board is as follows:

Foreword

The principles of diversity and inclusion are important for Cochrane as a global organisation and as a UK Charity. Cochrane's Governing Board is committed to embedding the principles of diversity and inclusion in Cochrane and we recognise that there is always a lot more that can be done to make Cochrane a more accessible organisation and increase diversity and inclusivity in its broadest sense.

We wanted to know the current views and experiences of community members to ensure that we are targeting our resources in the right way, so the Governing Board commissioned a listening and learning exercise that has been completed over the last 6 months. The following report summarises what has been heard during this process and will be used to help us establish a strategy for increasing diversity and inclusivity in Cochrane for the future.

The Governing Board would like to thank the Programme Board that oversaw this work, the Advisory Group from the Community who provided valuable feedback throughout the process and the external partner, The Evidence

Centre, who managed the consultation process, conducted the interviews and produced the report for Cochrane.

This report provides important findings that will help us set our future direction. It is important that we take time to consider what we have heard and take actions that help make Cochrane the truly global and diverse organisation that we have always aspired to be.

Cochrane Governing Board
[DATE]

Recommendations

The Board approves the proposed Foreword for the diversity and inclusion listening and learning report.

YES/NO/ABSTAIN

Next Steps

The listening and learning report will be published on the Cochrane websites.

Cochrane

How could Cochrane be even more inclusive?

Feedback from over 1300 people

January 2022

Coproduced by members of the Cochrane community and an independent team

Trusted evidence.
Informed decisions.
Better health.

THE Evidence Centre

Key messages

What did we do?

Seeking feedback about diversity and inclusion in Cochrane

Cochrane is a worldwide organisation. We want to be diverse and inclusive, so that the Cochrane community continues to be made up of people with many varied characteristics (diversity) and so people feel welcome, listened to and able to participate in ways that they want (inclusion).

Over the past decade, Cochrane has undertaken many initiatives to keep building our diversity and inclusiveness. In 2022 we will create a Diversity and Inclusion Strategy to prioritise practical next steps. As part of this journey, we wanted to understand whether members of the Cochrane community felt as included as they wanted to be, what is getting in the way and their suggested priorities for strengthening inclusion in future.

In November/December 2021, we compiled readily available information about who is part of Cochrane and who is using Cochrane evidence. We also invited people using Cochrane evidence, volunteers and paid team members to share their experiences of diversity and inclusion in Cochrane.

Over 1300 people from around the world shared ideas during 36 online discussion groups, telephone conversations, by email and through an online survey. People were from a variety of countries, roles, age groups and genders. 2 out of 3 had a main language other than English.

Over 100 members of the Cochrane community helped to review the themes in people's feedback and coproduce this summary, facilitated by an independent team outside Cochrane.

What did we learn?

Diversity and inclusion is essential to Cochrane's mission

People referred to 'diversity' in Cochrane as meaning an organisation run by, with contributions from and benefitting people with a variety of demographic, language and geographic characteristics as well as different levels of experience and professional expertise. They also used 'diversity' to mean synthesising evidence about a wide variety of topics, using various methods and dissemination routes, mindful of different local needs.

Those taking part thought that diversity and inclusion should be fundamental to Cochrane. They thought that if Cochrane celebrates and strives for difference, we will benefit from new ideas and be better able to understand and respond to people's varied evidence needs. This will help us achieve our mission of supporting people to make evidence-informed decisions about health and healthcare, no matter where they are in the world. Being diverse and inclusive will ensure we provide evidence about topics and in formats that people want, so we stay relevant, worthwhile and sustainable.

How diverse is Cochrane?

It is difficult to get a clear picture of who is contributing to and benefitting from Cochrane because information has not been collected consistently. There are plans to improve this. In the meantime, we know that:

- Cochrane's Governing Board has some diverse characteristics, with 42% of Board members having a main language other than English, 17% based in low or middle income countries and 67% female or non-binary gender. Our Central Executive Team may be less diverse, with 2% based in low or middle income countries and 85% whose ethnicity is known describing themselves as 'White'.
- Only one of the Cochrane Groups leading on producing reviews is based in a low or middle income country.
- Over 110,000 people are registered with Cochrane accounts, meaning they are members of the Cochrane community. 12% of these are from low and middle income countries. We do not routinely collect people's gender, age or profession.
- People from countries around the world use Cochrane's websites and resources, including in many languages. 14% of visitors to the Cochrane Library website are from people in low and middle income countries, and half access the website in a language other than English.

Do people feel included?

People taking part defined 'inclusion' as the extent to which people felt welcome, engaged and able to be as involved as they wanted in Cochrane activities.

In a survey of 1194 people, including volunteers, paid staff, and people who are not actively involved in Cochrane:

- 7 out of 10 people thought that Cochrane was doing some things well to include a wide range of people. Most said more could be done.
- **4 out of 10 said they felt as included in Cochrane as they wanted**. 6 out of 10 wanted to be more included. These people were from all different countries, ages, genders and language groups.

It seems that once people are actively participating in Cochrane activities they feel more involved and welcome, but many people said they found it difficult to become part of the Cochrane community and get involved in the first place. In 36 discussion groups and the survey, people said that barriers to feeling included were:

- not knowing **how** to get involved
- not being **offered** opportunities
- not feeling confident to take part, perhaps due to limited **training** or experience
- the **geographic** location and perceived Anglocentric mindset of Cochrane activities
- not feeling **accepted** or valued, including due to experience, language, roles or lack of academic background

What did people recommend?

The things people commonly suggested that Cochrane could do next were:

1. Prioritising diversity and inclusion

- Recognising that diversity and inclusion is **essential** for Cochrane to achieve its mission and framing striving for further diversity and inclusion in a positive light, as a 'must have'
- Acknowledging that Cochrane is not as diverse and inclusive as it could be and has work to do to address systemic **institutional biases** in Cochrane's systems, processes and attitudes
- Establishing a workstream specific to developing diversity and inclusion in Cochrane as well as building diversity and inclusion into all workstreams, with **specific resources** allocated

2. Building capability and leadership in diversity and inclusion

- Providing diversity and inclusion **training** to all leaders and paid staff, including in Cochrane Groups, to help people understand systemic biases and practical strategies to aid inclusion
- Expanding the **diversity of senior leaders and paid staff**, including succession pipelines and targeted mapping of potential internal and external people; having a 'high potential' leadership programme; and identifying role models to build and champion
- Targeting and supporting people from **low and middle income countries** and people who speak a variety of languages to be decision-makers, authors and volunteers
- Rolling out a **mentoring initiative** for peer support, including for early career professionals

3. Prioritising and resourcing practical changes

- Reviewing and **prioritising** all of the suggestions community members made, deciding which will be progressed in the short and medium term, and allocating appropriate resourcing.
- Developing **tools and guidance for Groups and teams** focused on 'getting the basics right' such as responding to people who express an interest, ongoing clear and appreciative communication, having transparent criteria when selecting participants, proactively seeking out different types of people to volunteer or as paid staff, ringfenced funding for reviews of interest to low and middle income countries, regular online opportunities to participate and more focus on sharing evidence widely, using locally appropriate formats
- Continuing to build a supportive community and upskill people, including providing **online and face-to-face activities** to create a sense of community and help people feel welcome
- Making Cochrane resources more **accessible**, including a user friendly website; free access to evidence; resources in many languages; training and manuals that are easy to use no matter how experienced people are; and sharing and promoting Cochrane evidence widely

4. Measuring and promoting diversity and inclusion

- Being transparent about what Cochrane wants to achieve, such as setting inclusion **targets**
- Developing **metrics** that Cochrane reports on each year to show progress with diversity and inclusion, and requiring Cochrane Groups to routinely compile and report on such metrics
- Celebrating successes, including **showcasing stories** of inclusion; annual awards for good practice; and featuring diverse speakers and participants at events such as Colloquia

In 2022 Cochrane will reflect on this feedback when creating a Diversity and Inclusion Strategy that sets out plans to keep building an inclusive network.

Contents

Acknowledgements

Cochrane would like to thank everyone who provided feedback, facilitated discussions, helped to organise the process or contributed in other ways. More than 1350 people contributed as participants, organisers or facilitators.

This report was coproduced by over 100 members of the Cochrane community, assisted by an independent organisation, The Evidence Centre. The ideas in this report reflect the feedback gathered, not necessarily the views of Cochrane as an organisation or any specific Cochrane Group or team.

January 2022

1 What did we do?

This section describes why we wanted to hear people's experiences of inclusion in Cochrane, how we sought feedback and who contributed.

1.1 Why focus on diversity and inclusion?

Purpose

Cochrane is a leading international organisation in synthesising research evidence. In 2022 we will develop a Diversity and Inclusion Strategy prioritising and planning how to keep building diversity and inclusion in Cochrane.

This document describes feedback from a 'Listen and Learn' process in 2021 that asked what members of the Cochrane community thought about diversity and inclusion in Cochrane, and what Cochrane could do to be even more inclusive.

It is designed to be used by Cochrane leaders and teams, alongside other information, to help shape strategies and actions for improvement. Over 1350 people contributed by sharing their experiences, organising or guiding the process and/or compiling the themes. The report was co-written by 104 members of the Cochrane community, facilitated by an independent team outside Cochrane.

Importance of diversity and inclusion

Diversity and inclusion are important to Cochrane because:

- **It is the right thing to do**. Increasing participation and access, and minimising bias, are founding principles of Cochrane. As a leading international organisation, Cochrane has a responsibility to facilitate equity and to lead by example.

- **It is the best thing to do**. Cochrane needs expertise from a wide range of backgrounds, perspectives, lived experiences and ways of working to stay relevant, worthwhile and sustainable. We want to attract, retain and nurture a diverse range of people and to reflect the communities we serve.

- **It is what we are setting out to do**. We need to be diverse and inclusive in order to achieve our mission of supporting people to make evidence-informed decisions about health and healthcare, no matter where they are in the world. Diversity and inclusion are part of our Organisational Strategy.

We have over 230 Groups producing and/or disseminating Cochrane evidence around the world. Over 9 million people visit the Cochrane Library website a year, from different roles, genders, age groups, languages and countries. Some might argue that this means that Cochrane is already 'diverse'. However, it would be complacent to say that this means that Cochrane is as diverse and inclusive as it could be.

For many years Cochrane has indicated that it could improve global participation in its activities and the relevance of our reviews to citizens and health systems across the world. Cochrane has highlighted the need to support the inclusion and advancement of people of different genders, career stages, geographic regions, languages and personal circumstances. We have also compiled evidence about people's characteristics, gaps and areas for improvement.[1] This report is a step in our ongoing journey and commitment and builds on this past work.

Cochrane already does many things to encourage people with differing characteristics to be part of our network. We want to be transparent about what we are doing well and where we could do even better. We want to understand whether Cochrane, like other organisations, has systemic inequalities in the range of people we involve and how they are involved. By focusing on diversity and inclusion we are not suggesting that it is a 'problem', but rather part of the solution to our continued survival and success.

Definitions

Words matter. Discussions about equity, diversity, inclusion and advantage are sensitive. The words we use can inspire, irritate or alienate people for many reasons. We know that the words we use in this report may not be as sensitive or appropriate as they could be, and that they may cause offence. That is not our intention.

We want to be explicit about how we have used words in this report:

- We use the terms 'diversity' and 'inclusion' broadly, to take into account the variety of perspectives and definitions used across the Cochrane community. We wanted to understand how people associated with Cochrane defined diversity and inclusion.

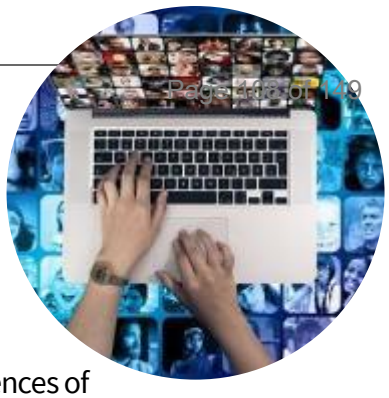
- We use 'diversity' to mean the range of different people who make up Cochrane and the variety of their characteristics. We recognise that people are more than 'boxes' or characteristics. People also have multiple characteristics and identities (intersectionality).

- We use 'inclusion' to mean the extent to which people feel they can be meaningfully involved in a way that they wish. Inclusion is about inviting contribution, input and insight from a diverse group. It includes a sense of being welcome and valued. It is about having space for everyone and valuing the richness that comes from different experiences.

- We use the term 'we' to refer to Cochrane as a worldwide network, and all of the people who contributed their views and experiences as part of this listening process. We use 'Cochrane community' to mean anyone associated with Cochrane, in any way. We have used the active tense to make the report more readable, but we emphasise that the perspectives expressed throughout the report do not represent an 'official Cochrane' organisational or team view.

- We use 'Cochrane Groups' to mean Cochrane groups, fields, centres, networks, affiliates and other entities working towards Cochrane's mission and formally linked with the Cochrane name.

1 Examples of past work include Cochrane Groups financial and resources reporting (annual), Increasing the participation and recognition of women leaders (2011), Enhancing global participation (2011), Author survey (2021), Membership dashboard (annual), Cochrane author profiles (2019), Gender analysis of Cochrane reviews (2020), Diversity of reviewers (2020), Review activity by Cochrane groups (2011), and International activity within Cochrane review groups (2012).



1.2 Listening and learning

Who did we listen to?

Before we identify and prioritise opportunities as part of a Diversity and Inclusion Strategy, we wanted to understand more about our communities and their experiences of being part of Cochrane. We set out to begin filling a gap in Cochrane's knowledge: understanding people's perceptions about whether Cochrane is inclusive, and their suggestions for development.

In November/December 2021, Cochrane undertook a Listen and Learn process to find out more about:

- the **characteristics** of the people who make up the Cochrane community
- the extent to which people feel **included** and part of Cochrane
- the things that people think should be **prioritised** so that Cochrane continues to develop how we include people

We particularly sought feedback from:

- participants in Cochrane Groups and teams of all types
- other active members and supporters of the Cochrane community, including but not limited to review authors, peer reviewers and translators
- other groups such as the Consumer Network, Early Career Professionals, Students 4 Best Evidence and Central Executive Team
- people who were interested but may not feel as included in Cochrane activities as they wanted

How did we listen?

We used four methods to learn more about diversity and inclusion in Cochrane.

- **drawing together existing information** about the characteristics of people associated with Cochrane, including the number of people registered with Cochrane accounts, anonymised demographic characteristics of employees and leaders, the country of origin of Cochrane authors, and where in the world people access our evidence from
- an **anonymous online survey** advertised via Cochrane Groups, a pop up for people visiting the Cochrane community website and via email and newsletters for people with a Cochrane account. The survey was available in Spanish and English. 1194 people took part
- **36 online discussion sessions** advertised through social media, newsletters and the survey, including 3 discussion groups with the Central Executive Team and 4 targeting early career professionals. Sessions were available in languages including Arabic, Chinese, English, French, German, Gujrati, Italian, Japanese, Malay, Portuguese and Spanish. 180 people took part
- **39 telephone interviews**, mainly in languages other than English, to include people who did not have easy access to online sessions or who wanted to speak one-to-one or in another language

Appendix 1 contains more details about the methods we used. We chose these methods because we could achieve them rapidly and with minimal resources. We know that these methods do not provide exhaustive information, and that other perspectives will be available. The information was collected during the COVID-19 pandemic, when people had other priorities. This is a step in our journey, not a final destination.

1.3 Who took part?

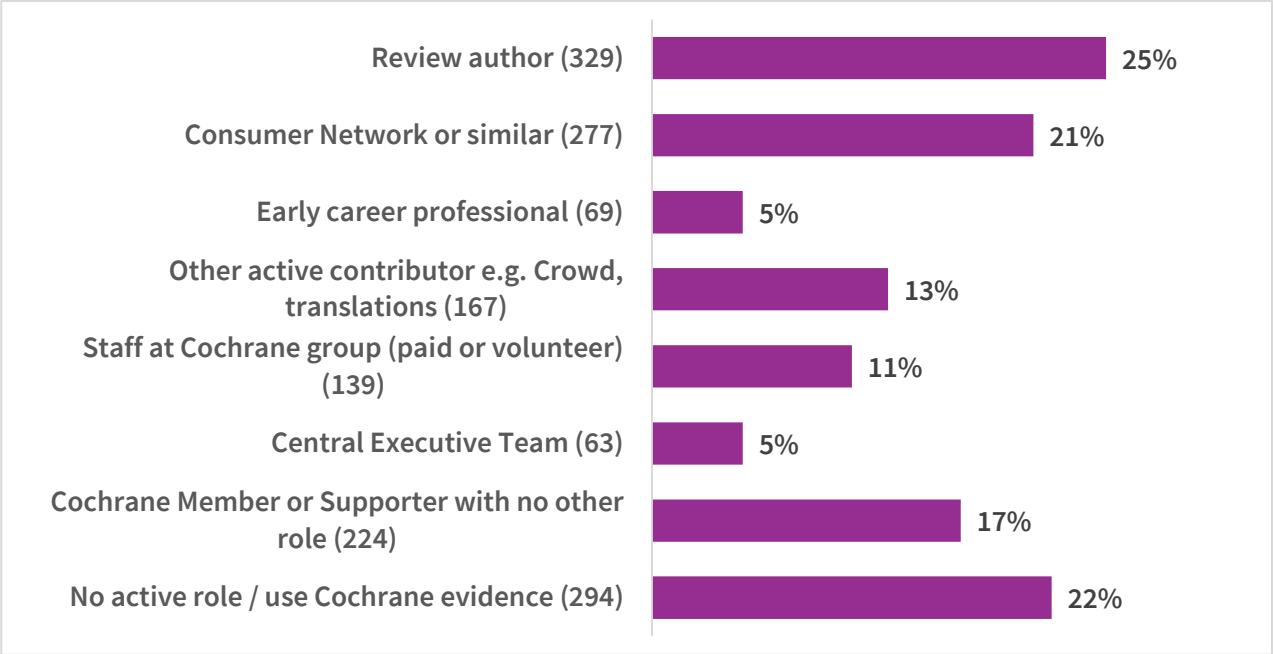
Characteristics of people who shared their views

A total of 1312 people shared their views across discussion groups, interviews and the online survey in November/December 2021.[2] Those who took part were a good mix of people actively and not actively involved in Cochrane, from many parts of the world and with a variety of personal characteristics.

Figure 1 shows the main ways that participants were involved with Cochrane. Two thirds of people were engaged to some extent, such as being review authors (25%), members of Cochrane's Consumer Network or similar (21%), paid or volunteer staff at Cochrane Groups (11%), members of the Central Executive Team (5%) or people who volunteered for ad hoc tasks (13%). People could have more than one active role.

4 in 10 people who took part were not actively engaged at this stage (39%). They were either people who had used Cochrane evidence in the past or were registered with a Cochrane account, but not actively involved in Cochrane activities.

Figure 1: Main Cochrane roles of people who took part in interviews, discussion groups and survey



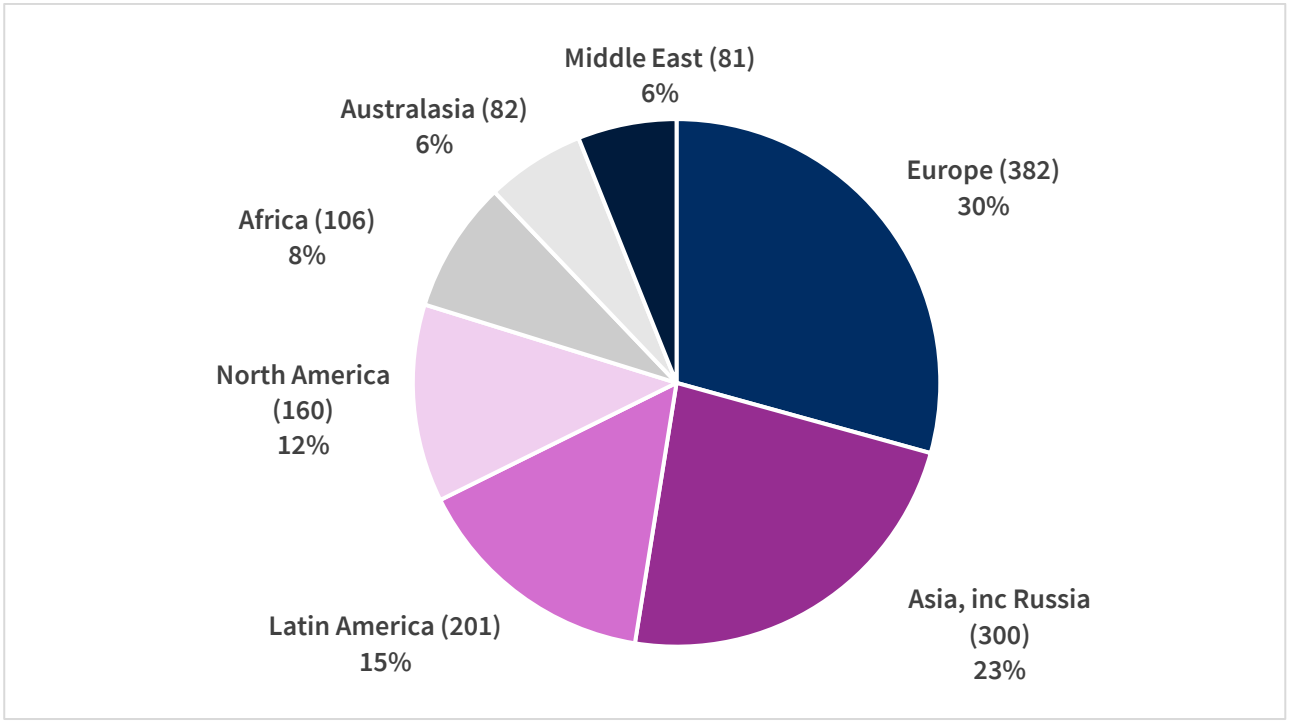
Note: 1312 people took part in total. Proportions add to more than 100% as people could have more than one role, such as being a review author and staff at a Cochrane Group. Actual numbers are in parentheses. People who took part in both the survey and a discussion group are not counted twice.

2 180 people took part in 36 discussion groups, 39 in one-to-one interviews and 1194 in the online survey. 101 of the people who took part in discussion groups had also provided feedback by survey. The survey and discussion groups asked different questions. All 104 people who took part in coproduction sessions to review and prioritise themes in people's feedback had taken part in an interview or discussion group or facilitated a discussion group.

Figure 2 shows that people based in many parts of the world took part.

The largest proportion of people took part by responding to a survey. 4 in 10 survey participants were from low and middle income countries (43%) and two thirds had a main language other than English (65%). About 4 in 10 were women, non-binary or preferred to self-describe their gender. 1 in 10 said they had a life limiting long-term condition or disability (see Figure 3).

Figure 2: Geographic location of people who took part in interviews, discussion groups and survey



Note: 1312 people took part in total. The numbers combine people taking part in the survey, interviews and discussion groups. Actual numbers are in parentheses. People who took part in both the survey and a discussion group are not counted twice. People participating in discussion groups and interviews were more likely to be based in Africa, Asia, Latin America and the Middle East because people from those regions were prioritised to book into discussions.

Representativeness

Our Listen and Learn approach did not set out to be generalisable or to represent the entire Cochrane community, or people who may wish to be part of the community. We wanted to hear from anyone willing to share their experiences and suggestions.

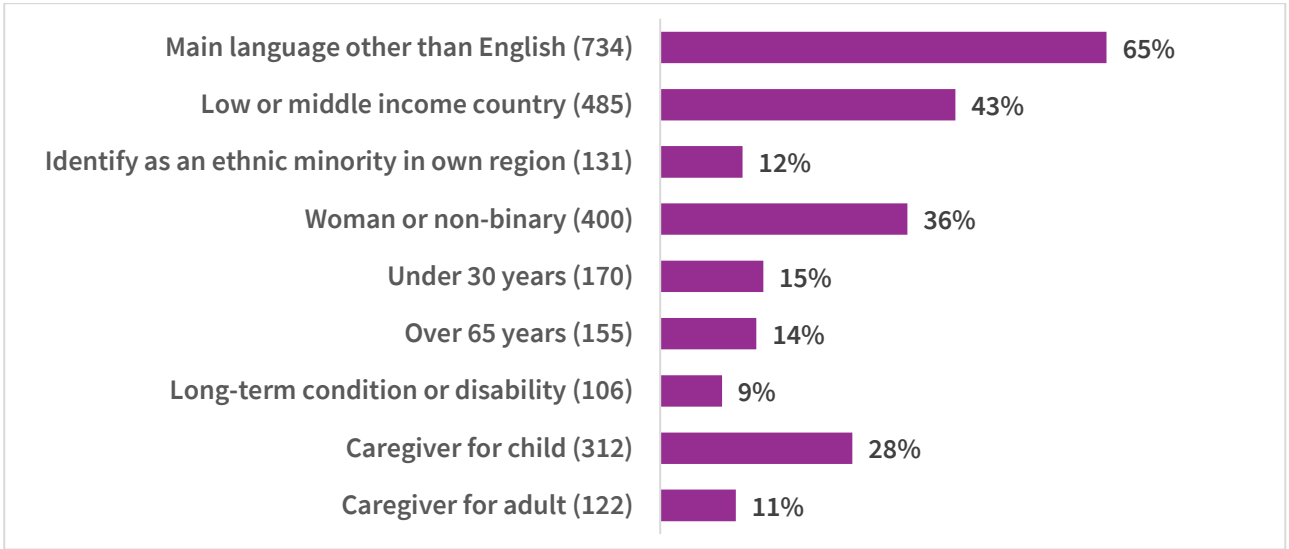
In total, only about 1% of all members of the Cochrane community took part. But, this is based on anyone that has ever registered for a Cochrane account, rather than those who are actively using or contributing to Cochrane currently. About 40% of those in paid roles in Cochrane Groups took part, 55% of the Central Executive Team and 13% of all Cochrane members or supporters who are healthcare consumers (service users), so those groups are well represented.

We recognise that our methods have not reached everyone who may have wanted to share their experiences, particularly those who may not have felt comfortable speaking in groups or who did not have easy access to the internet. This is emphasised in feedback from our survey, where 82% said they had access to a stable electricity supply, 82% had a strong stable internet connection, 93% had a desktop or laptop computer and 86% had a mobile telephone or other mobile device. This means that around 1 in 7 people taking part did not have easy access to stable electricity or internet, but this under-represents those in similar circumstances who may have wanted to contribute.

However, given that we only sought feedback over an 8-10 week period and at a time when the COVID-19 pandemic meant that people had many other pressures and priorities, we were pleased with the wide range of people who felt able to contribute. We were particularly happy that **feedback was provided by a large number people who speak languages other than English, by those in low and middle income countries and those outside Australasia, Europe and North America, and by those who are not actively engaged with Cochrane at present**. Everyone's experiences are important, and we believe the range of people who contributed strengthens the variety of what we heard and the suggestions for development.

It is important to highlight that the feedback and quotes used throughout this report are people's opinions and feelings. They are not necessarily factual, and some readers may find the wording or opinions hurtful or unjustified. It is not our intention to cause offence, but rather to provide a frank summary of the range of views that people expressed, to show the strength of people's opinions.

Figure 3: Characteristics of people who took part in the survey



Note: Based on 1194 people who took part in the survey. Actual numbers are in parentheses. People could have more than one of these characteristics. We believe that a greater proportion of women completed the survey than is reflected in these figures, but the question was asked in a list of characteristics so people may have inadvertently missed this question.

2 What did we learn?

This section summarises how people defined diversity and inclusion in Cochrane, what we know about the characteristics of Cochrane community members and staff and the extent to which people feel included.

2.1 How did people define diversity and inclusion?

Diversity

We asked people what diversity and inclusion meant to them in the context of Cochrane. This is to help develop shared understandings. People reflected that 'diversity' was about variety and difference. Interestingly, people emphasised that diversity to them was about more than demographic characteristics, but also about variety in the roles, professional backgrounds and experience of those involved in producing and accessing Cochrane's work. People emphasised the importance of diversity of opinion and experiences, not solely variation in demographic characteristics. They also focused on the variety of topics, methods and types of research that Cochrane focused on (see Box 1).

Box 1: Components of diversity Cochrane should consider according to people sharing their views

Diversity in characteristics of people organising and creating content

- People of different languages, genders, countries, age groups, socio-economic status
- People from a variety of professional backgrounds, including consumers, health and care professionals, public health, academics, technical and IT specialists, communications specialists
- People with different levels of experience, including early career professionals and students

Diversity in characteristics of people using Cochrane content

- People from different countries, social economic status, ages, genders, languages
- People from different professional backgrounds such as policy makers, academics, consumers, journalists and health and care professionals

Diversity in features of Cochrane content

- Available in multiple languages
- Available online and in print for those who do not have easy online access; and open access
- Topics relevant to varied audiences
- Types of evidence included
- Types of methods used to identify and compile evidence
- Range of approaches used to disseminate evidence synthesis

Characteristics of Cochrane activities

- Various ways to be involved such as through creating evidence, disseminating evidence, using evidence and championing evidence-informed decision-making
- Variety in the location of Cochrane Groups
- Spread of governance and leadership across regions
- Spread in the funding, resourcing and staffing for Cochrane Groups

Some defined diversity as about the people who create and manage Cochrane evidence and activities. This included the demographic characteristics of individuals, but also the geographic location, language and mindset of leadership and activities.

> **"Diverse means bringing together characteristics that make us unique and make the group more enriching', such as including people from different countries, ages, gender and professions. Each region has its particularity. It means nobody is excluded due to race, gender or language spoken. And also people with hearing disabilities and other characteristics."** (Discussion group participant)

> **"Diverse means to me that there are opportunities for participation, taking into consideration the physical, cognitive, socioeconomic and cultural limitations and barriers to participation. It needs to take into account different ways of thinking and doing things. The needs and daily challenges of groups that are marginalised, such as women, people with disabilities, childcare commitments, sexual orientation, ethnicity. It is about celebrating these differences and recognising them. It is about reflecting the characteristics of the population into the organisation."** (Interview participant)

> **"Over half of the Cochrane Review Groups are based in the UK and the rest are mostly based in developed countries like New Zealand, Canada and the US. Almost none in developing countries. Diversity should allow more participation of developing countries, such as being reviewers, lecturers and members. In the past two years, we felt alienation with Cochrane."** (Discussion group notes)

There was also a focus on diversity of the professions and level of experience of people involved in creating and using Cochrane content.

> **"You must have members from all backgrounds, regions of the world, different levels of students, other specialities of practice. Diversity of academic levels, being from different professional backgrounds. It includes IT professionals, social media, nurses, family, doctors."** (Discussion group participant)

> **"Diversity to me means different fields of research or by sectors or topics, by people of different levels of experience including those early in their career working with the more experienced, and different professions. It is about having a wider team of different people and contexts (ethnicity, background, occupation). We learn more from different kinds of people rather than people from similar settings because you are exposed to new ideas to share. Diversity within the team helps the research itself because you are able to understand different perspectives and ways of thinking. Technology has allowed us to work remotely collaboratively and all over the world."** (Discussion group participant)

Others said that diversity also referred to the variation in the topics covered in Cochrane reviews, and the methods used to create and disseminate evidence.

> **"The population in developing countries count for about 70-80% of the world's population. But the Review Groups are mostly based in developed countries so when you register a title, they will tell you that is not their priority. Cochrane is an international organisation, but its representativeness of developing countries is not enough. They judge whether a topic is prioritised based on themselves, rather than taking a global view."** (Discussion group notes)

> **"Diversity means having products other than systematic reviews such as translated summaries, podcasts and blogs, colloquiums and events. And the contents should not only be on medicine, but also wider healthcare, leadership, technology, psychology and sociology related to health."** (Interview participant)

Inclusion

In the survey and discussion groups, we asked what 'good inclusion' in Cochrane would look like. The feedback was similar regardless of how people gave feedback or their own demographic characteristics. Inclusivity was perceived to be about being open and welcoming to all, creating a sense of community where people were engaged and felt valued, and striving to make content, methods and approaches relevant, whilst acknowledging and respecting differences.

Box 2: What 'good inclusion' in Cochrane would look like according to people surveyed

Being open to all

- **Offering opportunities to all**, including those from different professions, countries, languages, and levels of experience (29%)
- Wide **accessibility** of content e.g. open access, large font, subtitles, languages, time zones (15%)
- Actively **seeking out underrepresented groups** to support, including creating more Cochrane Groups in low and middle income countries (14%)
- **Listening** with tolerance of different views and proactively engaging with and responding to people who want to take part (10%)

Being relevant to all

- **Wider range** of people involved in decisions, activities and **senior roles** (19%)
- Broader range of topics in Cochrane reviews, wider study types and **implications** of reviews for diverse groups and regions explicitly stated (4%)

Building a community

- Activities to create a **sense of community** e.g. two way communication, forums, local in person and online networking events so people can meet and interact (15%)
- Sharing **skills**, free training, pairing more and less experienced people through mentoring or buddy systems to build skills and relationships (10%)

Acknowledging and tackling issues

- Allocating **resources** to recruit, train and involve people, including **training about inclusion** and inclusive HR policies that allow people to be hired wherever they are in the world (5%)
- **Transparency** about how diverse and inclusive Cochrane is and what it is doing to improve (5%)
- Reimbursement / **acknowledgement** for work (2%)

Note: Proportions are based on 1194 people responding to the survey.

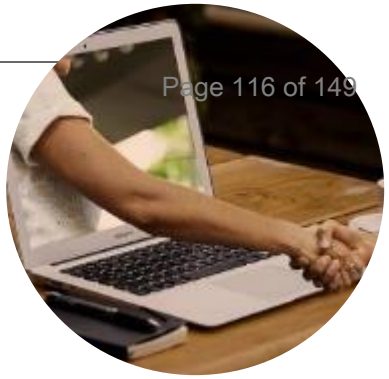
How could Cochrane be even more inclusive?

People defined good inclusion as respecting, welcoming and giving people opportunities to contribute, and listening to different perspectives and experiences. They often linked this to values such as social justice, addressing discrimination and equality of opportunity.

"Good inclusion in Cochrane would be an organisation that welcomes people from all walks of life regardless of their age, disability, gender, sexuality, belief, background. One which values everyone's contributions and treats everyone with respect. A place where there is no place for bullying, sexual harassment, discrimination, intimidation, inappropriate remarks or abuse of any kind." (Survey participant)

"Good inclusion would be greater representation outside of the UK amongst the central editorial unit and central staff. There are lots of initiatives claiming to promote the involvement of contributors in low and middle income countries, consumers, and those from different backgrounds but little direction or resources to support Groups in implementing this. Despite efforts to promote translation, the primary language of publication of reviews and other products makes it difficult to work with individuals without advanced English proficiency." (Survey participant)

"Inclusion is about more than gender, age, culture or other types of identity balances in a group. Inclusion is also about a willingness to hear different opinions, disrupt existing power mechanisms, create a forum for all and create collective understanding. It is about opportunities for everybody to speak without fear. Welcoming insights from different groups, culturally and generationally speaking, is what can aid in keeping an organisation young and updated to new needs. It fights stagnation. People walk faster when they are alone or with likeminded people, but they would walk further with opposing and different viewpoints feeding discussions and processes. Inclusion is pretty much core to the central question of the whole Cochrane community: what works for whom under which circumstances? And are we willing to sacrifice our own needs and interests for the sake of those in less powerful positions to achieve social justice?" (Interview participant)



2.2 How diverse is Cochrane?

Cochrane has previously compiled information about the characteristics of Cochrane members and authors which we do not replicate here.[3] However we present some statistics to show the type of information that is available about those managing, creating and using Cochrane evidence, and the gaps in what is known. This is not meant to be an exhaustive assessment of the extent to which Cochrane is made up of diverse people, but rather a way to contextualise some of the suggestions for change people made (presented in Section 3). We have not included data about the diversity of Cochrane's outputs, topics or methods. All data were provided by the Central Executive Team.

Spread of Cochrane Groups

As of July 2021 there were 245 Cochrane Groups registered. Of these, 30% were based in low and middle income countries. However only 1 of the 51 Cochrane Review Groups which create Cochrane systematic reviews was based in a low or middle income country.

Table 1: Spread of Cochrane Groups as of July 2021

Type of Cochrane Group	Total number of Groups	Number In low and middle income countries	Number in countries other than Australia, Canada, UK and USA
Cochrane Review Group (CRG)	51	1 (2%)	14 (27%)
CRG Network	8	0	2 (25%)
CRG Satellite	27	5 (19%)	17 (63%)
Field	12	1 (8%)	9 (75%)
Geographic Affiliate	61	39 (64%)	45 (74%)
Geographic Associate	46	21 (46%)	44 (96%)
Geographic Centre	23	7 (30%)	20 (87%)
Methods Group	17	0	3 (18%)
Total	**245**	**74 (30%)**	**154**

3 Examples of available information include:

- https://community.cochrane.org/organizational-info/resources/support-cet/membership/membership-dashboard
- https://docs.google.com/document/d/1ZK5O03DCSpcSDMUo5lV-AxrEN69spIrf7wSOlWIV67c/edit?usp=sharing
- http://2011.colloquium.cochrane.org/abstracts/c4o2-testing-selective-responses-cochrane-groups-request-conducting-cochrane-systematic-re.html
- https://abstracts.cochrane.org/2019-santiago/class-inclusion-medicine-and-disability-faculties-medicine-learn-patients-and-train
- https://abstracts.cochrane.org/2019-santiago/profile-cochrane-review-authors
- https://abstracts.cochrane.org/2020-abstracts/gender-diversity-analysis-cochrane-systematic-reviews
- https://abstracts.cochrane.org/2019-santiago/diversity-reviewers-diverse-researcher-perspectives-systematic-reviews-may-help-reduce
- https://abstracts.cochrane.org/2012-auckland/international-activity-within-cochrane-review-groups

Cochrane's global resource distribution reflects global inequality patterns: most of our income and human resource is in Europe and in high-income countries. 81% of our Groups and 90% of Cochrane's income are in high-income countries as classified by the World Bank.

Many of the best funded Groups are Geographic Centres with strong relationships with national funders. However, under Cochrane's current Group structures and functions, Geographic Groups do not lead on review production.

Cochrane leaders and staff members

Table 2 shows the characteristics of people on Cochrane's Governing Board and how this has changed in recent years. As of July 2021, 42% of the 12 Board members had a main language other than English, 17% were based in low or middle income countries and 67% were female or non-binary gender.

Table 3 shows the characteristics of Cochrane's Central Executive Team. As of July 2021, 2% of the 115 Central Executive Team members were based in low or middle income countries and 77% were female or non-binary gender. 85% whose ethnicity is known described themselves as 'White' and 2% reported a disability or impairment.

Across the Cochrane network there are over 300 full-time-equivalent paid staff working in Cochrane Groups. 71% of our Group staff are based in just 10 countries (UK, South Africa, Italy, Denmark, United States, Brazil, Australia, Canada, France and Mexico). Cochrane does not yet routinely collect the demographic characteristics of paid team members or volunteers in Groups.

Table 2: Characteristics of people on Cochrane's Governing Board

	Dec 2018	Dec 2019	Dec 2020	Jul 2021
Total number on Governing Board	12	13	12	12
Number from low and middle income countries	1 (8%)	1 (8%)	2 (17%)	2 (17%)
Number from countries other than Australia, Canada, UK and USA	5 (42%)	5 (38%)	6 (50%)	6 (50%)
Number who are female or non-binary	8 (67%)	8 (62%)	8 (67%)	8 (67%)
Number with a main language other than English	4 (33%)	4 (31%)	5 (42%)	5 (42%)

Table 3: Characteristics of people in Cochrane's Central Executive Team

	Dec 2018	Dec 2019	Dec 2020	Jul 2021
Total number in Central Executive Team	92	93	114	115
Number from low and middle income countries	2 (2%)	2 (2%)	1 (1%)	2 (2%)
Number from countries other than Australia, Canada, UK and USA	29 (32%)	26 (28%)	31 (27%)	33 (29%)
Number who are female or non-binary	67 (73%)	67 (72%)	84 (74%)	89 (77%)
Number with a main language other than English	Unknown	Unknown	Unknown	Unknown

Cochrane members and supporters

People register for Cochrane online accounts in order to access some of Cochrane's content and activities. This provides an idea of who is using Cochrane content (supporters), and who wants to be part of a network by contributing to Cochrane's work (members).

When they register, Cochrane invites people to provide optional information about the country in which they are based and their language preferences. Information is not currently collected about gender, age, stage of career or profession, and information about language preferences is inconsistent.

More than 110,000 people had Cochrane accounts as of July 2021. 14% of these were based in low and middle income countries and 34% stated a main language other than English.

Over 2800 people had been part of the author team on a Cochrane review over the past 12 months. Of these, 4% were based in low or middle income countries. Over 2700 people had contributed to Cochrane in other ways in the past 12 months, including volunteering to translate or peer review materials, or to take part in activities via Cochrane Crowd or Task Exchange. Of these, 7% were based in low or middle income countries (see Table 4).

Table 4: Characteristics of Cochrane members, authors and contributors

	December 2018	December 2019	December 2020	July 2021
Total Cochrane members and supporters	65191	79342	100911	110157
Proportion of members and supporters from low and middle income countries	Unknown	10%	13%	14%
Proportion of members and supporters from countries other than Australia, Canada, UK and USA	Unknown	60%	62%	63%
Proportion of members and supporters who have a main language other than English, where known	Unknown	Unknown	Unknown	34%
Proportion of members and supporters who are healthcare consumers as their main role	Unknown	Unknown	Unknown	2%
Total number of Cochrane authors in past 12 months	5256	4414	4334	2859
Number of authors from low and middle income countries	147 (3%)	144 (3%)	129 (3%)	121 (4%)
Number of authors from countries other than Australia, Canada, UK and USA	2390 (45%)	2021 (46%)	1951 (45%)	1192 (42%)
Total number of other contributors in past 12 months (Crowd, translation, Task Exchange and peer reviewing)	Unknown	Unknown	3799	2747
Number of other contributors from low and middle income countries	Unknown	Unknown	360 (9%)	198 (7%)
Number of other contributors from countries other than Australia, Canada, UK and USA	Unknown	Unknown	2196 (56%)	1599 (58%)

People using Cochrane evidence

The most common countries from where people accessed the Cochrane.org website were the USA, Spain, Russia, UK, Brazil and France.

There are about 9 million visitors to the Cochrane Library website each year. Of these, about 12% of visitors access the site from low and middle income countries and 47% use web browsers in a language other than English (see Table 5).

Table 5: Characteristics of people using the Cochrane Library website

	Dec 2018	Dec 2019	Dec 2020	Sep 2021
Total number of unique visitors in past 12 months	2,312,647	8,703,683	9,135,619	7,419,499
Proportion from low and middle income countries	7%	10%	10%	12%
Proportion from countries other than Australia, Canada, UK, USA	56%	59%	64%	67%
Proportion using web browsers in a language other than English	41%	40%	44%	47%

Based on the limited information available about the characteristics of those managing, producing and consuming Cochrane evidence and activities, the group involved in coproducing this report inferred that:

- Cochrane's Governing Body appears to have diverse representatives in terms of gender, geographic location and preferred language, but the Central Executive Team may not be equally diverse in terms of language, geographic spread or ethnicity.
- It appears that those creating most Cochrane evidence (in Review Groups) are headquartered in a narrow range of countries. There are few authors or other contributors from low and middle income countries. Geographic groups generate much Cochrane funding, but do not currently have a leading role in creating Cochrane reviews. The functions and structure of Cochrane Groups is under review.
- The lack of information routinely collected about gender, age or career stage, profession and language preferences is a gap in Cochrane's ability to monitor diversity in those working or volunteering for Cochrane.
- A large portion of people accessing Cochrane evidence use languages other than English, but only about 1 in 10 visitors to the Cochrane Library is from low or middle income countries.

2.3 How inclusive is Cochrane?

What does Cochrane do well?

We wanted to understand people's perceptions of the things Cochrane is doing well at present, both to celebrate those and consider their continuation or expansion.

In discussion groups, people said that things that Cochrane is doing well to support diversity and inclusion include:

- moving towards open-access resources and giving access to some content and online training free
- Cochrane Crowd and Task Exchange platforms, where participants do not need a technical background to engage
- specific networks such as the Early Career Professionals group and the Consumer Network
- grants for students, consumers and those from low and middle income countries to attend events
- the Colloquium and other opportunities to network with a wide range of people
- collaborating with authors and contributors from different countries when working on specific reviews or projects
- having discussions as part of the Listen and Learn process, including sessions in local languages
- large number of Cochrane members and supporters, including from different parts of the world
- large number of Groups across the world
- Geographic Group activities in local languages
- translation of reviews and dissemination materials into a variety of languages
- high proportion of women in leadership roles
- Governing Board elections with specific slots for people from low and middle income countries

"In Cochrane Colloquiums, it is very good that there were stipends for students and consumers. This allows us more opportunities to get closer to Cochrane and to learn about its core, then bring them back and share with our colleagues. We can also get to know more people this way who are happy to help us in developing countries." (Discussion group participant)

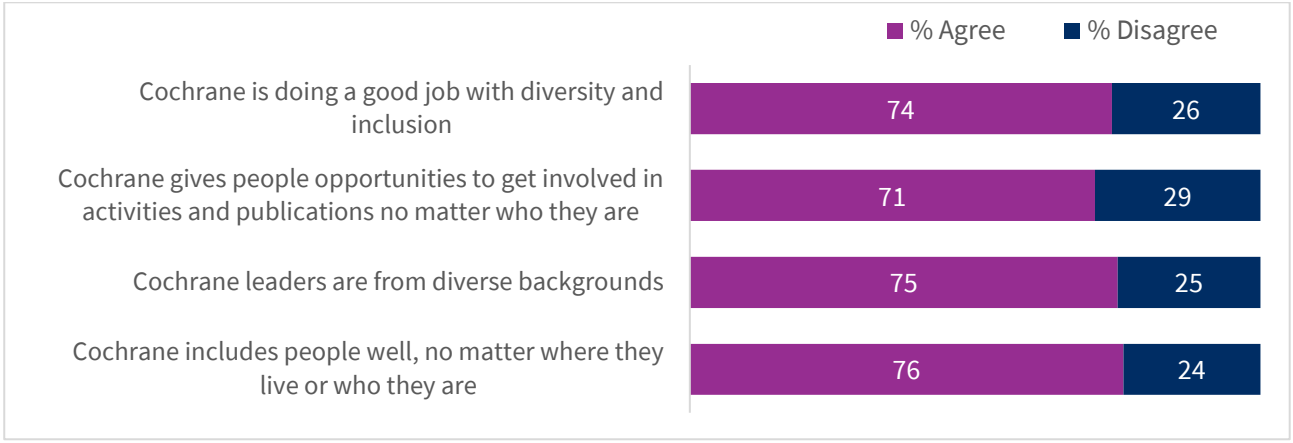
"The Task Exchange and Crowd platform make it easy to get started with Cochrane step by step. The reward badges and membership help recognising the progress and contributions one has made. The more you get involved, the more you can collaborate." (Discussion group participant)

"We must celebrate what we have achieved in the past 25 years. Cochrane has opened doors for people, including women and people of colour. We have a broad footprint with Geographic Groups all around the world. There is a real richness of people working around the world. We need to remember those successes as we also focus on not being complacent." (Discussion group participant)

How included do people feel?

We asked people the extent to which they felt included in Cochrane and whether the believed that Cochrane was doing a good job of supporting diversity and inclusion. People who took part in the survey were generally positive about the extent to which Cochrane was supporting diversity and inclusion, giving people opportunities to be involved and including leaders from diverse backgrounds (Figure 4). However some people did not have much knowledge about Cochrane so could not answer these questions. Cochrane authors were more likely to be positive than those with no active roles. Women were less likely to be positive (see Table 6).

Figure 4: Perceptions about diversity and inclusion in Cochrane amongst those surveyed



Note: Based on 985 to 1078 people who answered these questions.

Table 6: Differences in what people thought about inclusion based on their personal characteristics

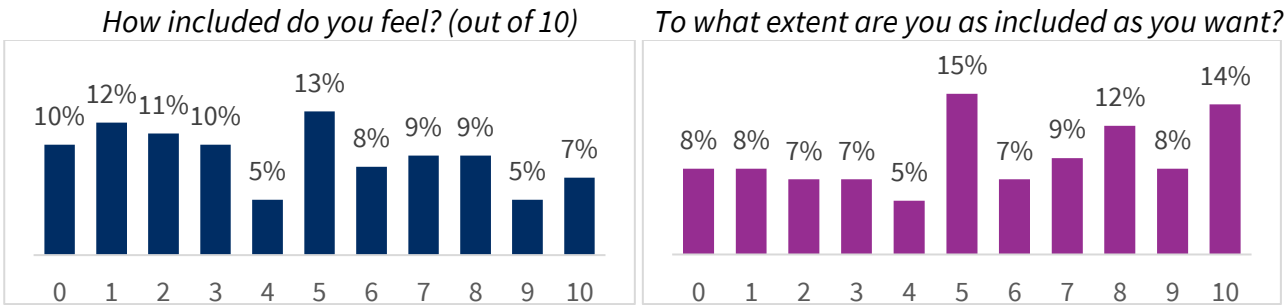
% that agreed	Cochrane is doing a good job with diversity and inclusion	Cochrane includes people well, no matter where they live or who they are
All surveyed (1078 & 985 responses)	**74%**	**76%**
Low or middle income country	76%	77%
Language other than English	77%	79%
Woman or non-binary	66%	69%
Under 30 years	87%	86%
Over 65 years	75%	79%
Caregiver for child	73%	75%
Caregiver for adult	79%	73%
Life limiting condition or disability	65%	65%
Central Executive Team member	50%	75%
Staff at Cochrane Group	62%	64%
Author	72%	77%
No active role in Cochrane	63%	66%

People surveyed had widely differing feedback about the extent to which they felt included in Cochrane and whether they were as included as they wished. On average, people scored the extent to which they felt included as 4.5 on a 10-point scale. They scored an average of 5.5 as to whether they were as included as they wanted to be, but there was a wide range (see Figure 5).

> **"I have always felt included. I believe Cochrane Crowd to be a friendly and caring group. What has solidified this feeling is the friendly and caring nature of all communications - emails, training materials, invitations to participate, response to questions. I believe I can try any task I want and I can also contact someone if I have a question. Even my suggestions are taken seriously. I am impressed by the high number of countries where participants come from. I have noticed that there are varied start times for the screening challenges. To me, this shows you are trying to include people from different time zones."** (Survey participant)

About 6 out of 10 people said they did not feel as included in Cochrane as they wanted to be. There was no significant difference in the extent to which people from different age, gender, language or regional groups felt as included as they wished. This suggests that people's feelings about being included were not based largely on demographic characteristics, but rather the extent to which they had had opportunities to engage with Cochrane (see Table 7).

Figure 5: Extent to which people surveyed felt included in Cochrane

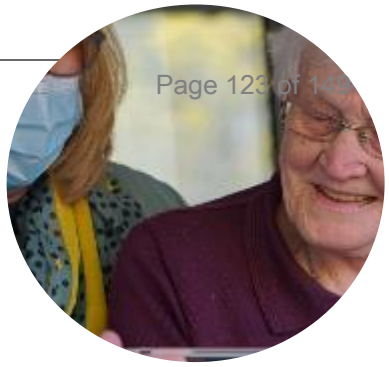


Note: Participants rated both questions from 0 to 10 where 10 was the highest / most.

Table 7: Differences in the extent to which people felt included based on their personal characteristics

% that scored 7+ out of 10	How included do you feel	Feel as included as you want
Total surveyed (1194 responses)	**30%**	**43%**
Low or middle income country	31%	46%
Language other than English	31%	46%
Woman or non-binary	28%	35%
Under 30 years	27%	42%
Over 65 years	33%	48%
Caregiver for child	29%	39%
Caregiver for adult	30%	42%
Condition or disability	32%	42%
Staff at Cochrane Group	57%	61%
Central Executive Team member	83%	75%
Author	50%	54%
No active role in Cochrane	0%	33%

How could Cochrane be even more inclusive?



People who took part in discussion groups and interviews were generally less positive overall about the extent to which Cochrane was supporting diversity and inclusion and giving a wide range of people opportunities to take part.

> **"Being inclusive would mean that we enable people to participate regardless of their background, not expecting them to adjust to and adopt the Western, Anglophile way, but working together to come up with ways that work for everyone. The people who are from other backgrounds now and part of Cochrane are the ones who have already adapted themselves to the Western, Anglophile way. We are not as inclusive as we should be. I think quotas to ensure people from certain backgrounds / marginalised groups are part of leadership and committees is a route we should explore, as well as decision-making processes that require to take into account, systematically assess and transparently communicate the impact of strategic and operational decisions on people from different backgrounds and marginalised groups."** (Discussion group participant)

> **"I am so tired of hearing leaders in Cochrane say how diverse we are. We should acknowledge that we, as much as any organisation in this sort of environment, are part of the problem of structural inequity. Our leaders like to talk about the importance of diversity and inclusion, they think they know what they are talking about, but they don't usually get what it actually means. They need to let the disadvantaged and marginalised lead."** (Interview participant)

We prioritised inviting people who may not feel involved to discussion groups as we wanted to hear what the barriers might be and their suggestions for development.

> **"I don't feel at all I am included as much as I want to. The website feels like it doesn't have all the information. We don't know how to get involved. I am not sure if I will be of use to Cochrane as I am lacking training. I don't know how Cochrane works as an organisation. I want to know, but don't know how to know. Also, I worry, I am not good enough, I don't know things at all. Maybe if the website was segregated in first person language in a step wise manner or had a trial programme I would join. Training is the key so that the individual can understand requirements."** (Discussion group participant)

> **"Cochrane feels quite removed. Although there is a lot of communication, it feels like information giving rather than involvement. I volunteered to be a member of the Cochrane Consumer Network for a certain group. All you ever did about it was send me some newsletters. There was no patient engagement with me on your part. That was very discouraging and not at all consumer oriented."** (Discussion group participant)

Some said they had tried to get involved, but that they had not had positive experiences.

> **"I don't feel involved at all. I have requested to have collaboration with my organisation and never received any response. It feels like Cochrane is a very closed organisation, not interested in others. They do not even respond to messages."** (Discussion group participant)

> **"I feel excluded. I started work on a review and had Zoom sessions and then everything stopped and there has been no communication. I emailed the team leader and had no response. They got everyone started on updating a review and then just stopped with no communication. I want to be involved and help, but no-one responds."** (Interview participant)

Perceived barriers to inclusion

In the survey, people said that the main barriers to being more involved in Cochrane were a lack of information about how to get involved, a lack of encouragement or opportunities to engage, people not feeling they had appropriate skills or feeling unwelcome.

Box 3: Perceived barriers to being involved in Cochrane amongst those surveyed

Knowledge and information

- **Do not know how** to get involved (18%)
- Do not know the **options** for involvement or not being offered opportunities (15%)

Experience and confidence

- Lack of **training** / perceived lack of skill or experience or being early in career (14%)

Anglocentric focus

- **Geographic** location, lack of Cochrane presence in country, time zones for meetings (15%)
- **Language** barriers (9%)

Feeling excluded

- Perception that Cochrane Groups are **not accepting of new people** e.g. focused on people with specific qualifications or younger people, or not welcoming in their approach (13%)
- Volunteered but received **no response** (6%) or poor **communication** (6%)

Narrow focus

- Lack of focus on **areas of interest** / narrow methods so do not feel Cochrane is relevant (6%)

Structure and organisation

- Complexity of organisational structure including division between Cochrane centre and Groups (5%)
- Lack of networking opportunities and ability to meet people to feel part of a community (3%)

Resources

- Lack of resources such as **open access** to Cochrane materials (3%), lack of funding (2%), or lack of internet (1%)

Note: Percentages are based on 904 survey responses.

In discussion groups and interviews, people described these barriers in more detail. A number said that they did not feel that Cochrane was welcoming of diverse groups of people, and that there were systemic biases in the processes, requirements and ways of working that made it more difficult for some types of people to be involved. As in the survey, people acknowledged the need to maintain quality of Cochrane outputs and approaches, but some felt that this was used as an 'excuse' to limit involvement in Cochrane's work.

> **"Cochrane's leaders are mainly the same type of people based in the same countries. Systemic institutional biases are disguised using the excuse of quality."** (Discussion group participant)

> **"Cochrane has become an exclusive club for savvy statistical know-it-alls and is far away from the inclusive community it used to be. Some Groups seem racist and do not allow the inclusion of members from other countries. Cochrane now looks like a sort of private club, mainly from UK."** (Discussion group participant)

> **"There are important biases against non-native English speakers in the way the organisation is built. Cochrane has become increasingly less culturally diverse in its core processes. This also means lower participation of early career professionals, unless they are from ivy league Universities (many med students can author a Cochrane review if they are affiliated to a certain university, but senior researchers from Latin America cannot register a title)."** (Survey participant)

People expressed a strong desire for leadership and management teams to better understand and acknowledge the barriers to inclusion, and to avoid trying to change people to fit into a single 'mould'.

> **"The Central Executive Team is too UK, White, middle-class focused. CET needs to role model inclusivity. We need to have a strategy that is not about pulling people to be 'more like us...' I think we expect people to code switch all the time. There is a strong divide between those who understand systematic reviews and those who don't - those who don't are deemed lesser beings! However their skill in communications, design, presenting, conveying information, leadership, team work and emotional intelligence could be far superior. It is to Cochrane's detriment that this hierarchy exists."** (Survey participant)

> **"We are embedding inequality in health if our systems and leaders are not diverse. Inclusion to me starts with being actively anti-racist, anti-colonialist, and, for White people with privilege to explicitly take action to change your behaviour and impact. You then have to be a safe place for people to engage with you - which means that there has to be people who look like them in the group. You have to start with 'how can we design this project differently to engage the marginalised'. Not 'we're doing this great thing, come join us and do what we want you to do'!"** (Survey participant)

Some were concerned with changes to the way Cochrane is structured and staffed, which they perceived as reducing inclusivity. Participants from China and India were particularly concerned about the structure of Cochrane Groups in those regions, and other participants were concerned about restructuring in the Central Executive Team and across Cochrane Groups.

> **"The most prominent barrier is the hierarchy decision-making structure within Cochrane. Collaboration has been taken out of the organisation and all decisions and processes are handled strictly at the top. While communication and management with members is polite, authors and review groups are used as unpaid labour and concerns are rarely taken seriously."** (Survey participant)

Many felt that Cochrane had specific criteria for participation which excluded people who wanted to be involved.

> **"Language is barrier. Non-native English speakers are not in the same position as those who are coming from English speaking countries. The distance from Cochrane offices could also play a role. Also, you can no longer start reviews on topics that are of interest or relevance to you, and instead have to conform to someone else's agenda."** (Discussion group participant)

> **"Cochrane has great potential to help people. But 95% of the world's population does not speak English as our first language and only 1 in 5 speaks English at all. Cochrane does not represent us."** (Survey participant)

> **"I do not know how to be more closely involved. It seems this community works on invitations which you only get when you know someone. Your expertise, publications etc do not get you a pass in. I do not have an academic role. I perceive that for Cochrane my four decades of experience working in healthcare does not measure up to someone with a recent PhD."** (Survey participant)

> **"We don't work at a university, but in the transgender community. Cochrane has little interest in such activities. It is a university club."** (Survey participant)

Others said that they wanted to take part, but did not feel they had the skills or experience needed, and had limited opportunities to build these skills.

> **"I would like to be included in the projects of Cochrane. I am from an underdeveloped country and I cannot afford training in research writing and I am learning it on my own from books and videos. People like me can only be included if we get free training in different steps of research."** (Interview participant)

> **"Language is a barrier at times. Especially in low income countries, few people have access to English classes that teach English at the level required for successful participation in scientific discussions and collaboration."** (Discussion group participant)

Language was a barrier for some, but others pointed to a more general Anglocentric focus. It was not just 'words' that were mainly in English, but also ways of working and thinking. People said that infographics were created in English, social media use did not account for some platforms being difficult to access or blocked in some parts of the world (such as YouTube or Facebook) and that review topics or dissemination methods of more interest outside the Western world were discounted. This was off-putting to potential participants and made them question whether Cochrane was relevant.

Another barrier for involvement was a lack of awareness about what Cochrane does and how to get involved. People felt that raising awareness would encourage more people to get involved.

> **"People don't know Cochrane's standing, impact, and what is it doing. If you don't search for it proactively, you even don't know the entrance. The awareness of Cochrane is too low. To participate you need to first know about it.** (Discussion group participant)

3 What could we do next?

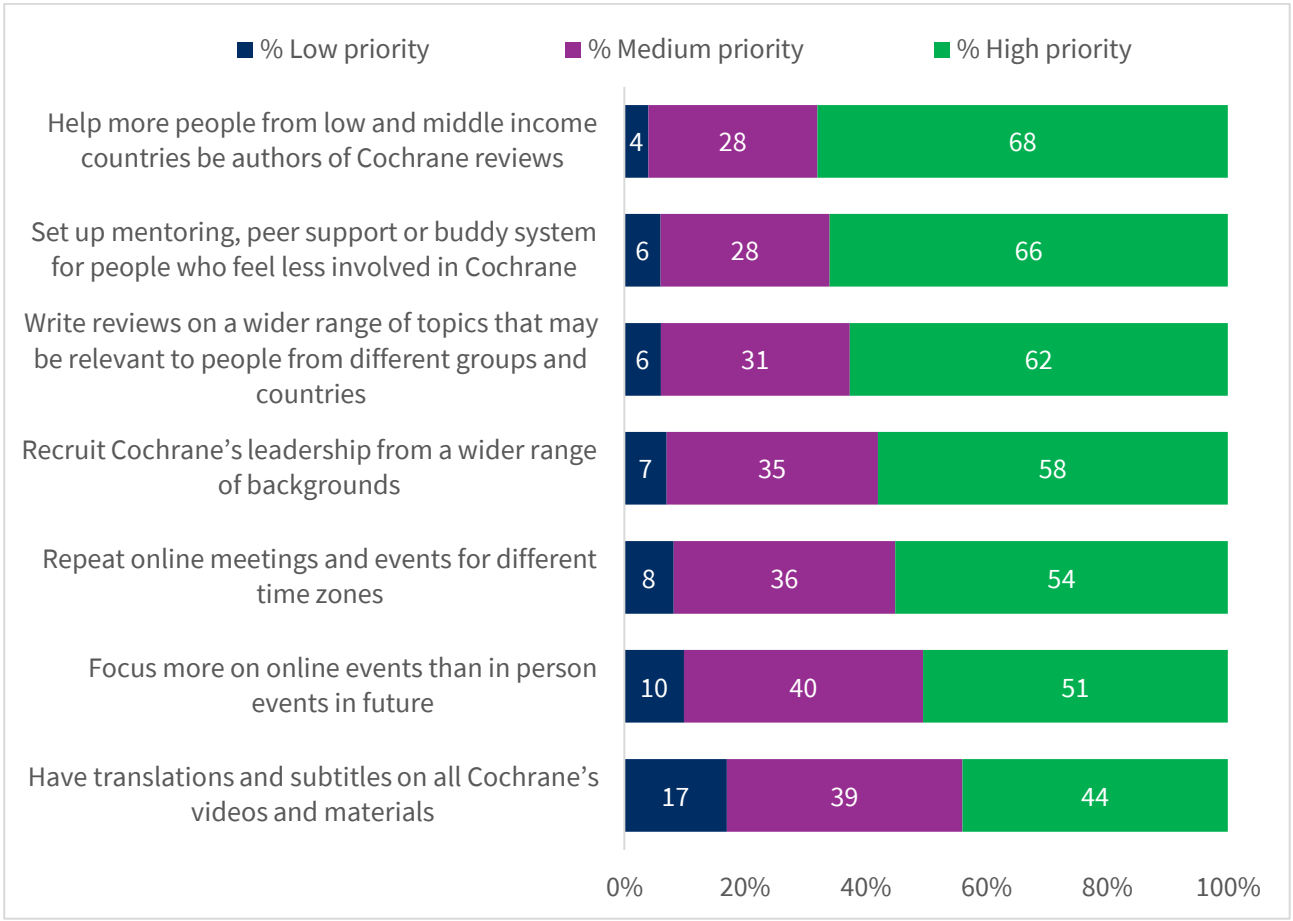
This section describes what people recommended that Cochrane prioritise in future to continue building a diverse and inclusive network.

3.1 People's recommendations for the future

Cochrane's Central Executive Team is interested in practical things that can be prioritised to improve diversity and inclusion. The survey invited people to prioritise some practical steps, based on ideas from an Advisory Group and pilot testing. The survey also invited people to share other ideas, as did the discussion groups and interviews.

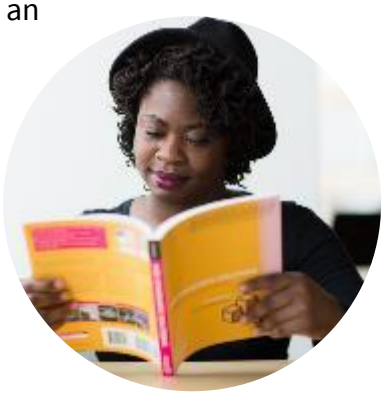
The key priorities reflected barriers already described. There was more focus on helping a wide range of people to proactively engage and strengthening leadership than on more operational issues such as translations, subtitles and time zones (Figure 6).

Figure 6: Extent to which people surveyed prioritised potential practical next steps



Note: Based on 1192 survey responses.

The most highly prioritised potential next steps were largely similar regardless of people's personal characteristics and roles in Cochrane, though there were some key differences. Those based in low and middle income countries and people aged under 30 years were the most likely to say that Review authors should be sought out from low and middle income countries and that there should be a mentoring scheme. Those who did not currently have an active role in Cochrane were more likely than those with active roles to prioritise diversifying leadership, focusing on review topics of wider relevance and implementing mentoring schemes (Table 8).



Regardless of role or demographics through, the focus on engagement and a sense of community was prioritised over technical elements to bolster inclusivity. This was also mirrored in discussion groups.

Table 8: Differences in the extent to which people prioritised potential next steps

% suggested high priority	Build LMIC authors	Mentoring	Relevant topics	Leadership	Time zones
Total surveyed (1194)	**68%**	**66%**	**62%**	**58%**	**54%**
Low or middle income country	80%	73%	67%	64%	54%
Language other than English	70%	68%	62%	59%	52%
Woman or non-binary	70%	63%	65%	59%	55%
Under 30 years	84%	77%	67%	71%	58%
Over 65 years	62%	61%	60%	50%	50%
Caregiver for child	68%	66%	68%	65%	65%
Caregiver for adult	69%	66%	58%	62%	54%
Condition or disability	64%	60%	68%	53%	58%
Staff at Cochrane Group	69%	62%	64%	60%	56%
Central Executive Team member	82%	64%	80%	80%	67%
Author	66%	68%	62%	59%	56%
No active role in Cochrane	67%	100%	100%	100%	67%

Note: LMIC = low and middle income countries. The question wording is in Figure 6.

Acknowledge that Cochrane may have inbuilt biases

We now describe some of the suggested priorities in more detail. Cochrane may already be doing some of these things. In describing people's feedback we are not commenting on what is or is not currently done, simply reflecting what participants would like to see.

Across the discussion groups, interviews and survey, people suggested that an important next step was to acknowledge and understand the importance of diversity and inclusion in Cochrane. This included:

- recognising that Cochrane has more work to do and that there may be **biases** and barriers in Cochrane's way of thinking about and doing things, including perceived potential elitism
- focusing on the **benefits** of being inclusive so this is framed positively
- publicly affirming Cochrane's **commitment** to diversity and inclusion as one of our organisational commitments
- **defining** what diversity and inclusion means to Cochrane and placing a commitment to this on the webpage, near to the mission
- developing an **engagement strategy** and consultation process so diverse communities are involved in collectively deciding next steps as part of the Diversity and Inclusion Strategy

"Institutional bias is the collective failure of an organisation to respond appropriately to people because of their characteristics. This can occur in processes, attitudes and behaviours which discriminate through unwitting prejudice, thoughtlessness, ignorance and stereotyping. A first step to tackling it is admitting it." (Interview participant)

"Inclusion needs to be a 'must do', not a 'nice to have'. It is fundamental to Cochrane's survival. Cochrane could get more funding, be more productive and help achieve worldwide improvements if it was more inclusive." (Discussion group participant)

"There is (rightly) fatigue in people from discriminated and marginalised communities being asked to contribute to these conversations when there is no sense that there will necessarily be any change (based on long and previous experience), and that these exercises can be token and non-transformative at the structural level." (Email contribution)

"We don't have an inclusive culture. The teams are close knit, with a cliquey culture. Even after years of working here, I feel like an outsider. But everything can be done remotely so there is no excuse. We need to change the culture. The whole organisation needs to own up to the fact that it is snobby and excluding people, and that some people are excluded more than others. Admitting there is an issue publicly for all staff and volunteers would be a massive step." (Discussion group participant)

Make sure that leaders and staff are diverse and informed

People suggested that practical next steps would depend on appropriate resourcing and leadership. They therefore prioritised ensuring that Cochrane had appropriate structures and leaders who were passionate about collaboration and inclusion. This included:

- recruiting **leaders** and staff from different countries, languages, professions and characteristics so that diversity is visible and helps shape decisions
- making sure that **HR processes** support diverse recruitment and flexible working
- having a workstream and **named lead** to help the organisation and Groups improve on diversity and inclusion, with allocated funding
- providing **training** and tools for all staff and regular volunteers about systemic biases and practical ways to be more inclusive. Some Group members said they would like to be more inclusive but did not know how to do this effectively

"Leadership is not aware or does not acknowledge issues. The leadership is mainly UK based. Other cultures are not in senior management. This means they cannot understand our perspectives. Even small things like lots of cultural references in examples such as 'BBC'. The leaders and staff should be trained so they understand different cultures and more people should be leading from different parts of the world. There should also be more bilingual programmes, such as was planned for the Chile colloquium." (Interview participant)

"We are going through review of Cochrane structure – but diversity and inclusion is not being taken into account in this. I am worried that plans for the future are led by a limited group of people who are not diverse. Our strength is our large international collaborator base, but these people are not engaged in planning for the future. We need to have management diversity. We don't know what we don't know." (Discussion group participant)

"We have had an issue when recruiting: only able to recruit people with work permits. Cochrane should support teams and Groups to open recruiting to around the world. The HR team do not listen when we raise this. It feels like there is provision for people in Europe and not elsewhere. Cochrane needs to say that it is ok to spend extra time and extra money on recruiting staff and leaders more diversely. We could learn from how organisations like Google work not just go for the easy option of hiring people locally instead of internationally. We need to revamp our HR processes to recruit internationally." (Discussion group participant)

"I am glad that Cochrane is doing this diversity and inclusion assessment and I think there should be an established Diversity Council to follow up and make sure that the recommendations are implemented. Such an entity will be able to continuously monitor achievements in terms of having a more diverse community." (Discussion group participant)

Proactively offer opportunities to get involved

A common suggestion was to proactively engage with a wider range of people, providing direct opportunities for involvement. This may include:

- targeting and supporting people from **low and middle income countries** and people who speak a language other than English to be authors and volunteers
- **recruiting** editors/contributors/champions from wider regions and backgrounds by specifically approaching people or organisations to partner with
- offering opportunities to all who express an interest, making it easier to see how to get involved and **actively welcoming** people when they volunteer
- **revising the website** and promotional materials to be more user-friendly and contain clear information about the range of opportunities available
- creating a **register of interests** and using this to match people with available opportunities
- asking people **what they are interested** in when they register for a Cochrane account and adding this to a searchable register of interests, so colleagues from around the world are able to make contact
- asking people whether they are at beginner, intermediate or advanced level when they join, and using this to send invitations for training and networking. People could update their **profile** as they build their skills and experience
- mailing everyone with a Cochrane account to explain what **Task Exchange** is and to clarify that it is open to beginners
- considering how we recognise and **reward** people's contributions, so they know they are valued
- having **Cochrane champions** in every country to publicise evidence and proactively recruit and train volunteers

Importantly, 'involvement' did not mean simply authorship, but rather a myriad of other opportunities to be part of the Cochrane volunteer team.

> **"If we want to open up to people with lived experience, then we need to improve how we involve people as coproducers of research. Only 1 in 10 Cochrane reviews at maximum has consumer involvement as part of the author team. Patient volunteers are drawn from a limited part of the world i.e. English speaking high income world. Researchers and professionals are getting paid for their time by their own organisation, but consumers are not compensated."** (Discussion group participant)

> **"We need to encourage the engagement of our early career researchers. This is extremely important because this group will play a vital role in the delivery of healthcare in the region. More opportunities such as fellowships, leadership roles, trainings, exchange programs, will all ensure the inclusion of this group."** (Discussion group participant)

> **"In non-profit volunteer management, there are two things that work well: (1) retain people who are already doing a good job and (2) reward people for their involvement, even if it's with something small. I'd recommend Cochrane use a contact management system to manage communications with existing contacts, which would allow them to see who is staying involved. Could also offer people who are not in academia some small financial compensation or other recognition for their time. Standards exist for this."** (Survey participant)

Build a supportive collaborative community

Another high priority was helping people feel included by creating supportive, safe and collaborative environments. This included:

- providing regular online and face to face activities to help people meet others, create a **sense of community** and help people feel welcome. Some suggested regular online forums or drop in sessions
- making it an expectation that every Group runs at least **1-2 online events each year**, open to anybody, to network. These events could be repeated in different time zones. Some said that there was perceived elitism, where Cochrane teams from some countries 'looked down' on those from other regions. People suggested that regular opportunities to meet might help to overcome those barriers
- offering events such as the **Colloquium online**. Many people said that this was an ideal opportunity to learn more about Cochrane and feel involved, and they were disappointed with a perceived lack of large online events recently
- providing **mentoring**, peer support or buddy systems to help people learn from each other and build networks

"Some of it is basics - like making it clear what time zone a meeting is in, scheduling meetings so all time zones can participate, running meetings in a way that helps people feel comfortable about speaking no matter their experience/background. It's hard to understand why such basics are not yet common practice in an organisation like Cochrane." (Survey participant)

"It is very difficult to establish international collaborations unless you were able to study or work abroad. We feel that authors have a bias towards our country. They do not respond to us. They think they are important and we are not worth taking the time for. There needs to be a way where we can contact people, go to meetings and get to know people." (Discussion group participant)

"It would be good to be able to access people and talk online. I have no idea of whom I should contact to get involved. People do not respond when I email. I don't know where to start. To whom should I present myself? It would be good to have basic information. The Cochrane website 'contact us' does not invite involvement, just send newsletters of what other people are doing." (Interview participant)

Build capacity in underrepresented groups

People also prioritised providing training and tools to help people build their skills, particularly underrepresented groups. This included:

- offering **free training** and opportunities to contribute so people can build their skills and confidence. Some suggested having a bookable calendar online for all workshops running, including sessions facilitated by Cochrane Groups
- recording **training about review methods in multiple languages** and placing it online
- considering using a sliding scale for **fees** to encourage students and people with limited means to take part in training
- **simplifying** the Cochrane handbook so that it is more accessible
- **translating** the Cochrane handbook

"The English language is a barrier. It is very important to create a translation of the Cochrane Handbook." (Discussion group participant)

"More trainings are needed for researchers from our region on how to conduct robust systematic reviews. This should be tailored to both junior and senior researchers here because of the urgent need. This could be delivered in local languages and recorded to be shared." (Discussion group participant)

"Is there a tension between diversity and quality? Resources are not distributed equally across the world. It is hard to bring people in from less well-resourced areas. There is no funding there for those groups, so do we reduce quality to include those without resources? We need to maintain our quality and reputation so have to reject reviews due to low quality. So a solution is to do capacity building in low resourced areas to improve the quality." (Discussion group participant)

"There is plenty of information available online, but some resources are paid. We understand the need to make profit, but it is a barrier for researchers from low and middle income countries. The training courses are too expensive for researchers who need to invest from their own pockets to pay for their continuous education." (Discussion group notes)

Consider Cochrane structures

A number of people suggested that the Cochrane Group structure and processes were barriers to inclusion. They felt that single organisations or small groups in some regions acted as gatekeepers. The suggested:

- formally **reviewing** the functionality and inclusivity of Groups
- listening to feedback from people from **particular regions** such as China, India and South America, where concerns were expressed about links between central Cochrane teams, Groups and local involvement
- investing in resources and infrastructure to support **remote work**
- considering whether it would be appropriate to **set author targets** such as requiring all reviews to have at least one author from a low or middle income country, a healthcare consumer and an early career professional to encourage Group structures to seek out more diverse participants
- considering whether Cochrane fields, geographic groups and others could have a more leading role in **creating reviews**
- considering what could be done to build **sustainability** of Group processes, given that staff in Groups change relatively frequently, which may lead to inconsistency

"Allow Fields to register titles. Fields can cover the topics that cannot be addressed by the Cochrane Review Groups. Review Groups may have little knowledge in an area, but the Field can establish Specialist Groups and have access to experts in the area." (Discussion group notes)

"We need to think about how Cochrane is structured so that diversity is not just focused on countries. Everyone in high income countries does not have equal access, and everyone in low and middle income countries is not the same. The 'country-level' sometimes does not represent inclusion. For instance, to have leaders based in a rich city in a developing country only increases inequalities in science. Usually, the main stakeholders in several countries are the ones from prominent universities, big rich cities, etc. Inclusion means giving the opportunity to all who want to take part, but also increase awareness for underprivileged groups. If we set author targets or try to recruit volunteers, we need to look at those nuances." (Survey participant)

Increase the relevance of Cochrane products

There was a push to widen the topics that Cochrane reviews focused on and the range of studies included to be more relevant to wider audiences. Suggestions included:

- involving a diverse range of people in **decision-making** to shape what Cochrane does and how it does it so that topics and dissemination routes are more widely relevant
- compiling evidence about **topics relevant** to people in a wider range of places and professions, and broadening the methods to include other relevant evidence
- reducing **newsletter content** focused on central Cochrane activities, and broadening instead to include material of interest to Groups
- including a section with the **practical implications** of evidence in every review, including implications and costs for low and middle income countries

"Priority setting is not done very well and it determines what issues get addressed. Reviews that are important are put forward but not put into action, like for malaria treatments, Chinese medicine. More representation in setting priorities is needed especially for lower income countries. Cochrane needs to think from a global view when prioritising topics." (Discussion group notes)

"Include more themes pertinent to medium / low income countries, because many times Cochrane makes reviews on very interesting themes, but very distant from the reality of these countries." (Survey participant)

Link diversity and inclusion to knowledge translation

As described earlier, people defined diversity and inclusion in terms of Cochrane's reach, not solely the characteristics of team members involved. Here people thought that Cochrane could prioritise:

- making Cochrane resources more **accessible**, including a user friendly website; free access to the Cochrane Library; resources in many languages; training and manuals that are easy to use no matter how experienced people are and considering the time zones and accessibility of platforms that Cochrane uses
- translating and **disseminating** key themes from evidence more quickly
- reviewing the **terminology** used. Some suggested that Cochrane uses British or US-focused language and phrases, which are not always understandable
- revising Plain Language Summaries, social media content and similar so they are more accessible and user friendly, and considering having them drafted by laypeople
- sharing and **promoting** Cochrane evidence widely, as people felt strongly that increasing awareness of the Cochrane brand would lead to more people wanting to be involved. Some suggested collaborating with professional groups and societies in local regions to introduce professionals to Cochrane
- reviewing all materials to check their accessibility for people with **visual and hearing** impairments

"It would be good to do an audit of communications channels used to communicate with the community. There are so many websites and newsletters and not enough clarity of message or contemporary design. Less could be more, just better targeted communications that are properly evaluated e.g. use analytics to determine what groups within the community are engaged or not." (Survey participant)

"Cochrane uses Twitter, YouTube and Google frequently. But these are blocked in some places, like mainland China, so people do not see Cochrane news, policies and training recordings quickly. The time zones are also usually focused on Europe. It is simple to use alternative platforms and repeat sessions for different time zones." (Interview participant)

"Translating the abstracts and Plain Language Summaries to more languages is very important. Many countries do not offer a wide access to English language training so it is a real barrier to inclusion if nothing is in our language. Why will we get involved if we cannot use any of the outputs?" (Interview participant)

Draw on evidence

As an evidence-informed organisation, people said that it was important for Cochrane to build an evidence-base about diversity and inclusion. This included:

- being transparent about what Cochrane wants to achieve and how it is progressing, such as setting **targets** and monitoring diversity and inclusion each year
- developing indicators and consistently **collecting information** about the characteristics of staff, volunteers and members
- requiring Cochrane Groups to collect and report on the characteristics of people within the Groups as part of an **annual reporting** cycle
- examining **literature**, examples of good practice and gaining expert input into organisational strategies and tools to enhance diversity and inclusion
- celebrating and **sharing successes**, including potentially having awards for good practice, sessions at Colloquia specifically to discuss diversity and inclusion, and sharing information on Cochrane's website about how diverse people are involved
- considering a **newsletter** focusing on examples of diversity and inclusion in Cochrane or including good news stories and tips in existing newsletters
- **evaluating progress** formally regarding the implementation of the Diversity and Inclusion Strategy, which may include running a survey or discussion groups every 3-5 years

"Document how much less effective we are without inclusion. Show this is something we must fix. It is not a 'nice to have' thing. It is a systemic issue so it needs a systemic solution. We pride ourselves in being evidence-based, so we should build the business case for diversity and inclusion. We need to measure things and look at evidence of whether we are diverse – but not just tick boxes." (Discussion group participant)

"Creating opportunities for feedback and monitoring is important. This is the first time I engage in a conversation about diversity, so I was really excited to attend this meeting. I think integrating this type of assessment in the work of Cochrane is important because it will allow for more feedback to be collected anonymously. So anyone, at any point in time, will be able to share their insights because they know that they will be heard." (Discussion group participant)

"Support and celebrate difference, such as showcasing stories and experiences of researchers from groups who are less represented in Cochrane. This is helpful because it encourages those researchers to be more engaged in the Cochrane community." (Discussion group participant)

This is a long list of suggestions and Cochrane is unlikely to be able to action all of them, at least in the short to medium term. The specifics though are likely less important that the overarching themes, which were about culture change, building capability, resourcing and implementing practical changes and monitoring progress to strive for ongoing improvement.

4 Summary

This section summarises the key points to consider when planning next steps.

4.1 What is new?

Cochrane has already done work to acknowledge and explore inequity in access to evidence and participation in Cochrane activities. In 2022 a Diversity and Inclusion Strategy will formalise next steps so this remains high on our strategic agenda. It could be argued that this Listen and Learn process merely repeats what we already know: that Cochrane has more work to do to be as diverse and inclusive as it wants and needs to be. However, the Listen and Learn process has added to what we already know. It has shown that:

- There is a real **strength of feeling** amongst some in the Cochrane community about the need to increase diversity and inclusion and the benefits of doing so for the organisation. Over a short space of time, more than 1300 people wanted to share their views and engage in this process.
- In discussion groups, people often spoke passionately about wanting to be involved but feeling excluded. Some said that this was the first opportunity that they had ever had to engage with Cochrane and meet others from the community. They wanted to **continue having opportunities to shape what Cochrane does**. We have astounding human resources available to us as an organisation, if we are able to harness them.
- People said that they would like to see Cochrane **acknowledge** that, as with other organisations, Cochrane is affected by systemic biases and that there is work to do from the grassroots through to leadership level. It is important that Cochrane does not think of diversity and inclusion as a 'problem' to be solved, but rather as an essential component of driving continuous improvement, engagement and evidence-informed decision-making. People wanted Cochrane leadership to hear that diversity and inclusion is not about ticking boxes or assembling a proportion of people with various characteristics. It is about understanding why those differences are valuable and maximising the value. Cochrane does not need external 'diversity specialists' – it already has a passionate global team willing to help.
- Cochrane has a range of resources available, including free training, newsletters and opportunities to take part in activities through Crowd and Task Exchange. However, many **people did not know about existing opportunities**. Therefore one way to respond to some of the suggestions is considering how to engage people in the opportunities already available.
- Some of the barriers to inclusion involve societal and structural issues that Cochrane cannot address alone. Other barriers are within Cochrane's control and involve **'getting the basics right'** such as genuinely wanting to collaborate, making it easy for people to contribute, responding to people when they volunteer, and showing appreciation. Some felt that Cochrane's structures, including the way Groups are organised and managed, was not conducive to collaboration and focused too extensively on universities. They suggested that if Cochrane is serious about diversity and inclusion, an overhaul of structures and processes may be needed, not simply 'fiddling around at the margins', so a multipronged strategy is required.

How could Cochrane be even more inclusive?

Some elements of becoming a more diverse and inclusive may involve 'quick wins' or targeted strategies, whereas others may need more fundamental changes to structures, values and ways of working. Diversity and inclusion likely needs to be linked to all elements of Cochrane's work and values, not an 'add on'. In order to move forward, Cochrane may need to consider what diversity and inclusion means to it as an organisation, and the extent to which this is a priority.

> **"A problem can't be properly tackled if it is not admitted and clearly identified. No action plan will make a difference if Cochrane does not really believe there is a problem."** (Discussion group participant)

> **"Everything we do relies on us attracting and retaining people to our network by creating a diverse, inclusive and trusting environment. Cochrane has much to be proud of, but there is also much we must change to stay relevant and useful. Everyone needs to commit to improving the culture and continuing to strive to be the best we can all be."** (Interview participant)

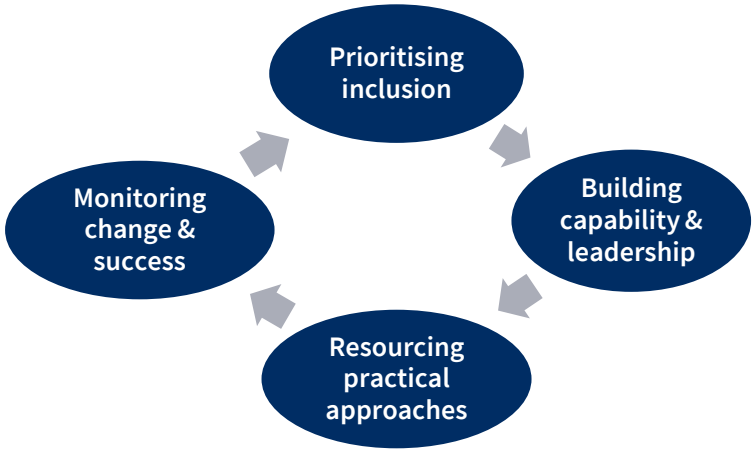
A key learning point is that people at various levels want to see Cochrane be more collaborative and inclusive, but may feel disempowered or not know how. General members of the Cochrane community who shared their views often felt strongly that Cochrane needed to concentrate more on diversity and inclusion. They sometimes had the impression that this was not important to Cochrane as an organisation or to leadership teams.

However, members of Cochrane's Central Executive Team and paid staff working in Cochrane Groups showed that this was not necessarily the case. They frequently indicated a desire to improve diversity and inclusion, but felt that this needed structural change, prioritisation of values and resourcing at the highest level. Some said that Cochrane's approach to diversity and inclusion so far had lacked focus and clarity. Leaders, managers, editors and coordinators faced many competing priorities. They reported a lack of follow-through from past commitments to implementation and monitoring, saying that people were not held accountable for inclusion. Amongst paid team members, there was perceived to be a lack of ringfenced staffing, time and financial resources to make the necessary changes and a perceived unfair load placed on some colleagues thought to represent 'diverse groups'.

Another learning point is a potential difference in understanding about what it means to be 'involved' or included. Some members of the Central Executive Team highlighted the need to be realistic about the extent to which Cochrane could welcome new people as they assumed that this meant engaging less experienced people as review authors. However, the Listen and Learn process emphasised that when people say they want to be involved or contribute to Cochrane, this does not necessarily mean they want to author reviews. Some people want to be involved in setting priorities for review topics, others in helping to interpret findings for practical application or disseminating learning. Others may want to take part in networking events, receive newsletters and keep up to date with events and training relevant to them. They wanted to be part of a community of people interested in evidence-informed decision-making, not necessarily to be involved in creating the evidence. Based on this feedback, Cochrane's forthcoming Diversity and Inclusion Strategy could focus on wider priorities than simply involving people as authors.

4.2 What next?

People's suggestions for next steps in the short to medium-term fell into four priority areas:



Prioritising diversity and inclusion

- Recognising that diversity and inclusion is **essential** for Cochrane to achieve its mission, and that Cochrane's continued relevance, usefulness and sustainability depends on this. This includes reframing striving for further diversity and inclusion in a positive light, as a 'must have', rather than as a 'nice to do' or as a problem to be addressed
- Recognising and explicitly **acknowledging** that Cochrane is not as diverse and inclusive as it could be and has work to do here. There are likely to be systemic institutional biases in Cochrane's systems, processes and attitudes that are barriers, as is the case in other large and international organisations. This recognition is needed at senior levels and cascaded through the organisation as a starting point for meaningful change
- Establishing a committee or **workstream** specific to building diversity and inclusion in Cochrane, potentially with subcommittees focused on gender and low and middle income countries. This should include appropriate resources allocated in line with diversity being part of Cochrane's mission
- Building diversity and inclusion into all workstreams so everything is looked at through an **inclusivity lens**, including resource allocation, content and operational priorities, staffing, training and leadership

Building capability and leadership in diversity and inclusion

- Providing diversity and inclusion **training** to all leaders and paid staff, including in Cochrane Groups, focused on understanding systemic bias and practical strategies to support inclusion
- Involving a wider range of people in making **decisions** about what Cochrane does and how. Expanding the diversity of senior leaders and paid staff may include succession pipelines and targeted mapping of potential internal and external people; having a 'high potential' leadership programme; and identifying at least 100 role models to champion
- Targeting and supporting people from **low and middle income countries** and people who speak a variety of languages to be decision-makers, authors and volunteers
- Providing a **mentoring** initiative for peer support to help a wider range of people feel included and to raise awareness of different perspectives amongst those mentoring

Prioritising and resourcing practical changes

- Reviewing and prioritising all of the **suggestions** community members made during this Listen and Learn process, deciding which ones will be progressed in the short and medium term, and allocating appropriate resourcing.
- Developing a **toolkit** for Groups and teams with information about expectations and goals related to inclusion, focused on 'getting the basics right'. This includes signposting how people can get involved; responding to all people who express an interest; ongoing clear and appreciative communication; transparent criteria for selecting people to take part in opportunities; proactively seeking out different types of people to volunteer and as paid staff; regular online meetings and opportunities to participate; more focus on knowledge translation and sharing evidence widely using locally appropriate formats; and a campaign about the value of seeking out new perspectives
- Continuing to build a **supportive community** and upskill people, including online and face-to-face activities to help people meet others, create a sense of community and feel welcome; offering free training and opportunities to contribute so people can build their skills and confidence; using a registry of skills and interests to match people with opportunities; providing mentoring, peer support or buddy systems; and providing training and practical tips about inclusion and tackling institutional biases for the Governing Board and all staff
- Making Cochrane resources more **accessible**, including a user friendly website; free access to evidence; resources in many languages; training and manuals that are easy to use no matter how experienced people are; and sharing and promoting Cochrane evidence widely. People felt strongly that Cochrane should focus more on knowledge translation to build its profile globally, as they believed that increased awareness of Cochrane would increase the number and type of people wanting to engage
- Considering the **relevance** to diverse audiences of the topics of Cochrane reviews, the type of research included and the way that Cochrane shares evidence. This may include changes to how review topics are chosen or prioritised and ringfenced funding for reviews of interest to low and middle income countries or specific target audiences

Measuring and promoting diversity and inclusion

- Being transparent about what Cochrane wants to achieve with diversity and inclusion and how it is progressing, such as setting **targets**, collecting data consistently and reporting progress annually. Appendix 2 provides examples of the types of topics it may be useful to develop indicators about
- Requiring Cochrane Groups to routinely compile and report on diversity and inclusion **metrics** as part of the annual reporting cycle
- **Celebrating successes**, including showcasing stories of positive inclusion; having annual awards dedicated to examples of good practice and featuring diverse speakers and participants at events such as Colloquia

Diversity is part of Cochrane's mission. In 2022, Cochrane will use the ideas people shared in this Listen and Learn process to prioritise what can be done straight away, what may take longer and what may not be strategically aligned at this stage. We will also continue listening, learning and testing ways to improve.

Appendix 1: Listen and Learn approach

This appendix describes how people were invited to contribute to the Listen and Learn process.

The Listen and Learn process was overseen by an Advisory Group made up of people from different countries, genders and at different stages of their careers, and supported by Cochrane's People Services team. We drew on advice from specialist diversity and inclusion advisors and coproduced the process with over 100 members of the Cochrane community and an independent organisation.

Survey in multiple languages

The Advisory Group developed survey questions with the help of diversity and inclusion advisors and an independent team. Over 50 members of the Cochrane community pilot tested this to check that the language and questions were appropriate.

We used MS Forms to host the anonymous online survey, which was available in Spanish and English. We asked Cochrane Geographic Groups to translate the survey questions into local languages. No other Group was able to do so, but this was during the COVID-19 pandemic.

We knew that surveys would not necessarily be the best way of hearing from people that feel less engaged or involved with Cochrane. However, we used this as part of our approach as it allowed us to invite a large number of people to provide anonymous feedback about the extent to which they feel included. We kept the survey open for 8 weeks, beginning in October 2021. We promoted it using:

- advertising in regular newsletters
- email to all members of the community who had opted in to receive communications
- Slack, Twitter and Facebook messages
- a pop up on the Cochrane community website
- emails to Cochrane Groups asking them to promote to their networks
- discussions at Cochrane meetings

1194 people took part in the survey. Their characteristics are described in the main body of the report.

Discussion groups

We ran 36 online discussion groups at different times of the day and evening on weekdays and weekends over a 6 week period in November/December 2021. We used various online platforms, taking into account what could be accessed in various parts of the world.

180 people took part. 10 discussion groups were facilitated by members of the Cochrane community and the rest by an independent team. The discussion groups were run in Arabic, Chinese, English, French, German, Gujrati, Italian, Japanese, Malay, Portuguese and Spanish. We set up an online booking form and invited people to take part by expressing an interest in further discussion after they had completed the survey; by sending emails to people in certain regions or with characteristics under-represented in the survey; and asking Cochrane Groups to suggest or recruit people.

We prioritised people in regions outside Europe, North America and Australasia to make sure we heard from people who may feel less involved than they wanted. We did not exclude people from these regions and some did take part. We simply opened invitations to other regions first.

We included 3 discussion groups specifically for members of the Central Executive Team and 4 for early career professionals. We asked Cochrane Groups to facilitate a session for people they worked with, including in local languages. Two groups did this and a third attempted to do so but was not able to recruit participants in the time period.

We considered emailing people from the Cochrane database who had not been active recently to invite them to complete the survey or take part in a discussion group or interview, but this was not possible.

The main aim of the discussion groups was to explore what helps and hinders people from feeling a part of Cochrane and their suggestions for next steps. The main topics we covered were:

- How do people define and think about diversity and inclusion?
- Do people feel as included as they want in Cochrane's work? And if not, what are the barriers?
- What do people think Cochrane is doing well and less well in terms of diversity and inclusion?
- What practical things should Cochrane prioritise to work on or change first?

We used a template with structured questions to take notes so that there was some consistency between discussion groups, but the groups adapted to discuss issues that were most important to the participants. The feedback was treated in confidence and anonymised notes were taken by facilitators.

We also encouraged members of the Advisory Group to engage in discussions at Cochrane meetings they were taking part in over an 8 week period, such as with the Senior Executive Team, Cochrane Council, Equity Methods Group, Early Professionals Group and Consumer Network. This was primarily about promoting the Listen and Learn activities, but we encouraged the Advisory Group to feed in any reflections from their discussions.

Interviews

In November/December 2021, we had telephone conversations with 39 people who expressed an interest but were unable to take part in discussion groups, either because they were not comfortable contributing in those languages, did not have good internet access, preferred not to speak in a group or were not available at the discussion group times. These people were recommended by Cochrane Groups or by people who took part in discussion groups, or they expressed an interest by email or on a booking form.

Compiling themes

All of the information we collected during discussion groups and in the survey was anonymised, including quotes used for illustration in the report.

In December 2021, we sent a 2-page summary of emerging trends to everyone who had taken part in discussion groups or interviews and everyone who facilitated discussion groups. 104 people said they would like to help review the findings. We held 9 meetings in January 2022 where these people reviewed the themes and helped to construct this report. We used a constant comparative method to identify themes based on a grounded theory approach, rather than using a pre-defined theoretical framework.

Appendix 2: Monitoring diversity

Monitoring diversity is essential to review our progress. This appendix contains people's suggestions about what Cochrane should monitor.

People taking part in the Listen and Learn process felt that Cochrane should set diversity targets and monitor performance over time, as they felt that things that are measured are prioritised. They also said that as Cochrane is an evidence-based organisation, it is important to have data to inform decisions, though this should not be only a 'tick box exercise'.

The aim of this appendix is not to develop specific metrics, but to show the types of characteristics that were most important to community members and which may form part of a dashboard that the Governing Board and senior leadership could review and publish annually, as part of the annual report.

Participants suggested Cochrane could consider the following in tracking diversity:

- collecting information about the characteristics of people registering for Cochrane accounts (people using Cochrane evidence and contributing to Cochrane)
- setting targets for the proportion of leaders, paid staff and authors with specific characteristics
- setting organisational targets
- using a dashboard to report on progress across any priorities agreed as part of Cochrane's forthcoming Diversity and Inclusion Strategy

Characteristics of people with Cochrane accounts

Cochrane asks people to provide some information when they register for Cochrane accounts, but this has not been consistent over time. It would be possible to update the characteristics that people are asked about routinely, and to invite everyone to update their account profiles.

In the survey, people gave 1482 suggestions about the personal characteristics that Cochrane could seek information about:

- Country / region (sometimes stated as ethnicity) (44% of people who made a suggestion)
- Age categories or stage of career (44%)
- Experience / expertise / education (31%)
- Professional role or work environment (30%)
- Gender (26%)
- Interests / topic areas / what they are interested in doing with Cochrane (20%)
- Languages spoken (15%)
- Disabilities or conditions if adaptations may be needed e.g. visual impairment (8%)
- Whether socially or financially less advantaged (8%)

A small proportion of people suggested other characteristics such as caregiver status (4%), religion/belief (4%), access to IT resources (3%) or sexual orientation (3%).

These suggestions were a mix of asking for information that may help Cochrane proactively approach people to participate (professional role, type of involvement desired) and characteristics to help monitor whether a broad range of people are maintaining membership (country, age, gender, languages and disabilities).

Characteristics of Cochrane leaders and staff

In coproduction sessions, we discussed potential metrics related to the characteristics of senior leaders, paid staff and those with other Cochrane roles. An example would be to examine the proportion of people in different roles who are women or non-binary gender, from low and middle income countries, with a main language other than English or early in their careers.

	% Low and middle income countries	% Women, non-binary or self-described gender	% Early career professional (potentially defined by age)	% Main language other than English
Governing Body				
Senior Management Team				
Paid members of Cochrane (in Groups or Central Executive Team)				
Members				
Authors				
First and last authors				
Reviews published with an author from target group				
Editors				

Examples of organisational targets

At coproduction sessions, people also suggested organisational targets that could be monitored annually, including:

- % of total Cochrane funding allocated to low and middle income countries
- % of Cochrane (Review) Groups based in low and middle income countries
- Wage equity amongst paid members of staff, including gender comparisons
- % of paid staff and leadership who have taken part in diversity and inclusion training within the past 3 years

Coproducers also thought that it would be valuable to review the components of diversity set out in Box 1 of the main text of this report and develop indicators for those decided to be priorities for Cochrane.

Example of dashboard

People who took part in coproduction sessions were eager to see Cochrane report annually against a formal Diversity and Inclusion dashboard. Some of the indicators may apply to the organisation as a whole and others could be developed specific to Cochrane Groups. Group collaboration agreements, induction and guidance may need to include clearer instructions about reporting requirements, including what to collect information about and when.

The dashboard structure would depend on what is prioritised in the forthcoming Diversity and Inclusion Strategy, but examples of potential activities and indicators are below.

	Aim 1: Prioritising diversity and inclusion	Aim 2: Building capability, capacity and leadership	Aim 3: Resourcing and implementing practical change	Aim 4: Monitoring progress and celebrating successes
Examples of activities	• Put governance and accountability processes in place • Develop Strategy • Internal campaign to raise awareness and build support for culture change	• Training for leaders and staff • Recruit staff and leaders from diverse backgrounds	• Toolkit and guidance for teams and Groups • Revise website and communications to streamline and be more accessible • Review awards and recognition to ensure inclusive	• Improve management information to track progress • Build into annual reporting of Groups and organisation • Benchmark performance with other organisations
Examples of performance indicators	• Diversity and inclusion stated as priority on website and in all relevant documents • Strategy developed and adequately resourced	• % of leaders and staff completed training within 3 years • % surveyed think Cochrane leadership is diverse • % surveyed think Cochrane is inclusive	• Number of networking opportunities run by Groups • Number and type of new volunteers each year	• % of members and staff from target groups • % visiting website from low and middle income countries • % accessing resources in language other than English

Governance Committee Minutes

[Governance Committee Teleconference – DRAFT Minutes]

Date:	**4 May 2022 16:00-17:00 GMT+1**
Present:	Tracey Howe (Chair of the Committee and Board Co-Chair) Marguerite Koster Jordi Pardo Pardo Emma Persad Lucie Binder, Head of Governance (non-voting member) Judith Brodie, Interim CEO (non-voting member)
Apologies:	Tamara Kredo
Status (draft, approved):	Draft
Access (Open or Restricted to Board):	Open Access

Agenda Item	Discussion and Decisions:	Action Arising:
GC-MIN-May22-1 Welcome, Apologies, Declarations of Interest	The Chair opened the meeting and welcomed everyone. Tamara Kredo had sent her apologies.	
GC-MIN-May22-2 Approval of Agenda	The Agenda was approved.	
GC-MIN-May22-3 Approval of the Minutes	The Minutes from the meeting on 17 November 2021 were approved. Tracey Howe said that she had not followed up with Xavier Bonfill as noted in the minutes and it was agreed that Jordi Pardo Pardo would do this on her behalf.	**Jordi Pardo Pardo to follow up with Xavier Bonfill regarding the Board election issue noted in GC-MIN-1121-5**
GC-MIN-May22-4 Actions Arising not otherwise covered by the Agenda; Action Log Review; Review of Committee Workplan 2022	There were no matters or actions not otherwise covered by the Agenda. The Terms of Reference for the Committee in 2022 had been approved by the Governing Board at its meeting in March 2022 [GB-2022-04]. Marguerite Koster noted that she and Tamara Kredo had only been appointed to the Committee in November 2020; Lucie Binder would make this correction. Jordi Pardo Pardo raised the issue of deciding how papers to the Board are designated as restricted or open access, which had been an item to address under the 2021 workplan for the Governance Committee. It was agreed that the new Board paper	**Lucie Binder to correct the start dates of Marguerite Koster and Tamara Kredo on the Governance Committee (November 2020)** **Lucie Binder to make agreed edits on restricted access guidance to the Governing Board paper templates, and add links to the open access accounts of the Charity in the Trustees' Report & Financial Statements on the Cochrane Community website**

	template, currently under review by the full Board, would include a requirement to explicitly justify why papers need to be made restricted access, with the preference being for redaction of confidential or commercially sensitive information over full restriction. Further, it would need to be justified why papers need permanent rather than time-limited redaction or restriction. On the Governing Board webpages on the Cochrane Community website, links to the open access accounts of the Charity in the Trustees' Report & Financial Statements would be added.	
GC-MIN-May22-5 Feedback from the Trustees on the 2021 end of year evaluations - implications for this Committee	This item was not discussed and would be dealt with separately by the Chair and Lucie Binder.	**Feedback from the Trustees on the 2021 end of year evaluations to be dealt with by Tracey Howe and Lucie Binder**
GC-MIN-May22-6 Governance review 2022 – proposal for review	The Committee commented on the draft Project Initiation Document. It would be important to clarify that the project would confirm and clarify the *new* organizational structures, not the existing Group structures. Phrases that could not be back up around "perceptions" etc should be removed. Once the revisions had been made, the Committee gave its support for the Project Initiation Document to be used as the basis of a paper for the Board's approval.	**Lucie Binder to revise the 2022 governance review Project Initiation Document as advised by the Committee**
GC-MIN-May22-7 Board training plan – proposal for review	The Committee supported the proposed training plan, although Marguerite Koster would focus her session on more general lessons for Board decision-making, rather than knowledge translation.	
GC-MIN-May22-8 Non-financial delegations - proposal for review	The Committee generally supported the proposed document but requested that the formatting be reviewed as it was difficult to read. Further, it would be helpful to add an explanation on the principles of delegation from the Board to the operational leaders so that the detail on individual decisions could be understood in context. The Committee agreed that the Co-Chairs did not need to approve individual redundancies of Charity staff, unless those positions were considered high-risk or high-profile.	**Lucie Binder and Judith Brodie to amend the proposal non-financial delegations document for further review.**
GC-MIN-May22-9 Any Other Business and review of items against Charity Governance Code	The Committee requested that the Board be emailed after its meetings to circulate a link to the meeting evaluation survey. The Chair and Lucie Binder would bring back an updated assessment of Cochrane's performance	**Lucie Binder to email the Board after its meetings to circulate a link to the meeting evaluation survey.** **Tracey Howe and Lucie Binder to bring back an updated**

	against the UK Charity Governance Code for the Committee's next meeting.	**assessment of Cochrane's performance against the UK Charity Governance Code for the Committee's next meeting.**
GC-MIN-May22-10 Date of next meeting	15 September 2022. The Chair closed the meeting just after 17:00 GMT+1.	

Governance Committee Workplan 2022:

1) **Undertake ongoing review of Cochrane's performance against the Charity Governance Code; and use the outcomes from the 2021 Board evaluations, to inform improvements in Board training and composition**
2) **Develop a Board training plan for 2022 in collaboration with the Finance, Audit & Risk Committee**
3) **Work with the Nominating Committee to develop the profile and person specification for the Board appointments to be made this year**
4) **Support the Executive Leadership Team and Head of Governance to undertake a governance review of the organization (proposal to be developed and brought back to the Board)**
5) **Support the Interim CEO to complete the non-financial delegations list for Board approval**

Governing Board: Reports

Title:	**Guidance on Cochrane Governing Board Co-Chair Remuneration**
Previous or schedule reports on this topic:	None
Paper Number:	GB-2022-28
From:	Remuneration Committee Members: • Marguerite Koster • Karen Kelly • Juan Franco Board Member(s): • Jordi Pardo Pardo
People Involved in the developing the paper:	Listed above
Date:	5 July 2022. For Consideration at 14 July 2022 Board meeting.
For your:	**INFORMATION**
Access:	OPEN

1. Purpose:

In accordance with requirements of the Charity Commission for England and Wales, which regulates and registers charitable organizations, Cochrane's Articles of Association (updated 25 October 2016) document the terms under which a Governing Board Chair/Co-Chair may receive remuneration. While the Articles provide broad guidance on the circumstances under which Chair/Co-Chair remuneration is allowed, they refer only to a Chair/Co-Chair employed by a third-party organization. Given that other potential work situations exist (including self-employment) for potential Chair/Co-Chairs, the Cochrane Governing Board has requested additional guidance on specific circumstances under which such remuneration should be considered.

2. Report:

This guidance covers the remuneration of Cochrane Governing Board Chair/Co-Chairs in their role(s) as trustees of the charity. It is based on guidance from the Charity Commission for England and Wales in its publication, *Guidance: Trustee Expenses and Payments* (CC11, March 2012). It does not apply to reimbursement of other Trustees or Trustee expenses or payments for which Cochrane has developed specific guidance.

3. Summary:

Compensating Cochrane Chair/Co-Chairs

Why provide remuneration to Cochrane Chair/Co-Chairs?

A Cochrane Governing Board Chair/Co-Chair may be unable to accept the position and fulfil responsibilities of the role without reimbursement for their time to a third-party employer. In addition, a Chair/Co-Chair who is self-employed may experience a loss of earnings without some level of remuneration for their role and responsibilities. Without remuneration, Cochrane may be unlikely to recruit high-level candidates with the necessary skills, time and commitment to serve as Chair/Co-Chair.

When can payment be made to Cochrane's Chair/Co-Chairs?

Based on consultation with the Charity Commission, remuneration to a Cochrane Chair/Co-Chair is allowable based on an expressed authority to do so in Cochrane's Articles of Association. Payment must provide a clear advantage to the Charity. The advantage of Chair/Co-Chair remuneration to Cochrane is the opportunity to recruit candidates who bring the necessary skills and knowledge to the role yet may be unable to participate due to their employer's inability to pay for time devoted to Cochrane business during normal working hours or who are self-employed and would have loss of earnings preventing their participation.

Are there any set guidelines for remuneration of Cochrane's Chair/Co-Chairs?

There are no established guidelines from the Charity Commission for remuneration of Trustees, including serving as Chair/Co-Chair of a charitable organization. The Charity Commission, however, suggests that reimbursement must be no more than the amount which could be regarded as reasonable payment for the work undertaken on behalf of the charity or the amount lost by the trustee, whichever is lower. Remuneration is not intended to make up for total loss of earnings while conducting charitable work. The amount of remuneration for Cochrane's Chair/Co-Chairs has to-date been based on precedent, determined based on the earnings (8 hours per week) of prior Co-Chairs employed by an academic institution.

Who is responsible for setting remuneration of Cochrane's Chair/Co-Chairs?

Prior to the 9 March 2022 update of the Board's Remuneration Committee's Terms of Reference (TOR), determining Chair/Co-Chair remuneration has been the responsibility of the Remuneration Committee with final approval from Cochrane's Chief Executive Officer. The most recent update of the Remuneration Committee's TOR, however, has replaced the CEO's approval of Co-Chair remuneration, stipulating that the Remuneration Committee will "Recommend to the Board the remuneration for Board officers (e.g., Co-Chairs) in accordance with the Articles of Association. In the case of discussions on Co-Chair remuneration, the Treasurer will assume chairing responsibilities."

What is Cochrane's Chair/Co-Chair remuneration expected to cover?

Remuneration is expected to cover at least 8 hours per week dedicated to conducting Cochrane Chair/Co-Chair responsibilities. This includes regular meetings with the Governing Board, Cochrane's CEO, Editor-in-Chief, Executive Leadership Team/Central Executive Team, Board Committees and external organizations, as well as time conducting in-person Board meetings at Cochrane mid-year events, annual Colloquia, and other internal/external business meetings, as necessary.

What are the terms of Cochrane's Chair/Co-Chair remuneration?

As noted, Chair/Co-Chair remuneration is not intended to compensate for total loss of earnings while conducting charitable work. Third-party employers should be asked to consider reducing remuneration demands for salaried employees, and those self-employed should not expect full reimbursement for loss of earnings due to charitable work.

Chair/Co-Chair remuneration should be based on prorated salary and signed agreement with an organization's financial representative if employed by a third-party organization, or a reasonable estimate of loss of earnings if self-employed. Documentation of salary should be provided by the employer or, in the case of self-employment, formal contracts verifying the individual's consulting rate (per hour/day). (See Table 1.) Based on current Co-Chair remuneration, the upper limit of remuneration should not exceed the maximum rate agreed in 2019 (£30,000). Consideration should be given to the impact of inflation in line with the amount given to Cochrane staff. If the estimated employer "buy-out" or self-employed person's documented loss of earnings is less than this rate, then the lower rate of remuneration applies. Annual cost of living adjustments in line with those of Cochrane's staff are applicable.

Table 1. Cochrane Chair/Co-Chair Remuneration Terms

Employment Status	Remuneration*	Documentation Required
Employed by a third party with a nonprofit, charitable or for-profit status	• Up to 8 hours equivalent to the hourly salary paid by the organization, not to exceed maximum established by Cochrane Governing Board • Third-party employers should be encouraged to consider a lower rate of remuneration/buy-out given Cochrane's charitable status	• Verification of salary • Signed agreement with organization's finance representative
Self-employed	• Up to 8 hours equivalent to consulting services hourly rate, not to exceed maximum established by Cochrane Governing Board • Self-employed individuals should be encouraged to consider a lower rate of remuneration given Cochrane's charitable status	• Documented hourly/daily rate as verified by current consulting services agreements
Retired, receiving state benefits or pensions	None – voluntary participation (if also self-employed, self-employed rules might apply)	n/a
Other	As determined by Cochrane Governing Board	As determined by Cochrane Governing Board

*Per the Cochrane Articles of Association, Section 3.3.1(c), "the maximum amount of remuneration which a Chair or Co-Chair may receive in any financial year of the Charity shall not exceed any limit for the time being in force pursuant to any resolution of the Governing Board or the Charity."

Documentation of the history of Co-Chair remuneration is being developed as a separate document to provide guidance to the Remuneration Committee in its recommendations to the Board.

How will conflicts of interest be managed?

Assessing and managing potential conflicts of interest is essential when any payment of Trustees is proposed. Cochrane must be transparent about the decision to remunerate the Chair/Co-Chair of the Governing Board, and all payments to Chairs/Co-Chairs to-date have been disclosed in the charity's accounts, which are made publicly available. In addition to public disclosure of payments, the Chair/Co-Chair is expected to recuse themselves from any meeting during which their remuneration is discussed. Regular review of Chair/Co-Chair conflicts of interest, as well as annual performance, should be conducted by the Remuneration Committee and submitted to the Board, as appropriate, to mitigate risks.

Evaluating the roles/responsibilities of the Cochrane Chair/Co-Chairs

As of the date of this paper, no terms of reference or descriptions of the roles and responsibilities of the Cochrane Chair/Co-Chairs are in place. Discussions at Board meetings over the last 6-8 years have focused on the role of the Board and Co-Chairs as strategic, rather than operational. Questions have been raised over the last several years about the extent of involvement required of the Chair/Co-Chairs and whether some responsibilities should instead be taken or supported by Cochrane's CEO, Executive Leadership Team, Central Executive Team or other staff. Given substantial financial and structural changes (e.g., open access, fundraising needs, future of evidence synthesis, etc.) to Cochrane, Charity Commission guidance may warrant consideration as to whether Co-Chair remuneration continues to be in the best interests of the charity.

With Cochrane's new CEO beginning employment in July, 2022, there is an opportunity to re-evaluate the Chair/Co-Chair's roles and responsibilities. We suggest that the Board's Governance Committee make this a

priority in 2023, once the new CEO has been fully acclimated to Cochrane's organizational structure, strategic priorities and staff roles.

4. Next report:

No further reports are anticipated at this time. Updates to the Board on Co-Chair remuneration will provided by the Board's Remuneration Committee as needed. A decision to re-evaluate the Chair/Co-Chair's roles and responsibilities will be provided by the Board's Governance Committee