Cochrane

Governing Board January 2019 Meetings (19-20 January 2019) OPEN ACCESS

Schedule	Thursday 17 January 2019, 2:15 PM — 3:15 PM GMT
Venue	Goodenough College, Mecklenburgh Square, London WC1N 2AB, UK
Organiser	Lucie Binder

Agenda

DAY 1 19 JANUARY 2019: BOARD TRAINING AND DEVELOPMENT

1. Welcome, Apologies, Declarations of Interest

FORMAL MEETING ADJOURNED

(i) Faciliated training session - effective charity governance by Judith Miller, Sayer Vincent (09:00 – 10:00 and 10:15 - 11:15 GMT)

Charity Governance Code
for larger charities

Charity Governance Code Steering Group

Group members

Observer

Supported by

Charity Governance Code for larger charities

About the Code

Good governance in charities is fundamental to their success.

A charity is best placed to achieve its ambitions and aims if it has effective governance and the right leadership structures. Skilled and capable trustees will help a charity attract resources and put them to best use. Good governance enables and supports a charity's compliance with relevant legislation and regulation. It also promotes attitudes and a culture where everything works towards fulfilling the charity's vision.

It is the aim of this Code to help charities and their trustees develop these high standards of governance. As a sector, we owe it to our beneficiaries, stakeholders and supporters to demonstrate exemplary leadership and governance. This Code is a practical tool to help trustees achieve this.

The Code is not a legal or regulatory requirement. It draws upon, but is fundamentally different to, the Charity Commission's guidance. Instead, the Code sets the principles and recommended practice for good governance and is deliberately aspirational: some elements of the Code will be a stretch for many charities to achieve. This is intentional: we want the Code to be a tool for continuous improvement towards the highest standards.

This Code has been developed by a steering group, with the help of over 200 charities, individuals and related organisations. We would like to thank everyone who has given comments and assistance during the consultation. Development of the Code would not have been possible without The Clothworkers' Company or the Barrow Cadbury Trust, whom we thank for their support.

We hope you find it useful in helping your charity to make an ever bigger difference.

Using the Code

Steering group and sponsors

Using the Code

Who is the Code for?

This Code is intended for use by charities registered in England and Wales. Much of it will also apply to other not-for-profit organisations that deliver a public or community benefit and those with a social purpose. Organisations or subsectors may find it helpful to adapt the Code to reflect their context.

The Code's principles, rationale and outcomes are universal and apply equally to all charities, whatever their size or activities.

The recommended good practice to meet these principles will vary. Although it's hard to be precise about the distinction between larger or more complex charities, governance practice can look significantly different depending upon a charity's size, income, activities or complexity. We have produced different versions of the recommended practice to reflect and address some of these differences.

Which version you choose to use will depend on a range of factors. In general, we recommend that charities with a typical income of over £1m a year, and whose accounts are externally audited, use the larger version and charities below this threshold use the smaller version.

How it works

This Code is designed as a tool to support continuous improvement. Charity boards that are using this Code effectively will regularly revisit and reflect on the Code's principles.

Compliance with the law is an integral part of good governance. This Code does not attempt to set out all the legal requirements that apply to charities and charity trustees, but it is based on a foundation of trustees' basic legal and regulatory responsibilities. The seven Code principles build on the assumption that charities are already meeting this foundation.

The Code sets out principles and recommended practice. See the Code's useful resources and links section on the Code's website for more detailed guidance on how to meet the Code.

Each principle in the Code has a brief description, a rationale (the reasons why it is important), key outcomes (what you would expect to see if the principle were adopted) and recommended practice (what a charity might do to implement the

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principle).

Apply or explain

We anticipate that how a charity uses the Code is something which will develop and mature, particularly where the charity is growing and changing. Given this, some of the recommended practice may not be appropriate for a particular charity to follow initially, but it may become so in the future.

It's important that trustees discuss the Code's principles and recommended practice and make well-considered decisions about how these should be applied in their charity.

A charity should explain the approach it takes to applying the Code, so it is transparent to anyone interested in its work. We call this approach 'apply or explain'. All trustees are encouraged to meet the principles and outcomes of the Code by either *applying* the recommended practice or *explaining* what they have done instead or why they have not applied it. We have not used the phrase 'comply or explain', which is used by some other governance Codes, because meeting all the recommended practice in this Code is not a regulatory requirement.

Charities that adopt the Code are encouraged to publish a brief statement in their annual report explaining their use of the Code. We anticipate that this statement will be a short narrative rather than a lengthy 'audit' of policies and procedures.

Some charities work in areas, such as housing and sport, have their own sector-specific governance Codes. These Codes may well take precedence over this Code, and such charities are encouraged to say in their annual reports which governance Code they follow.

The principles

There are seven principles which make up this Code. These seven principles build on the assumption that a charity is meeting its legal and regulatory responsibilities as a foundation.

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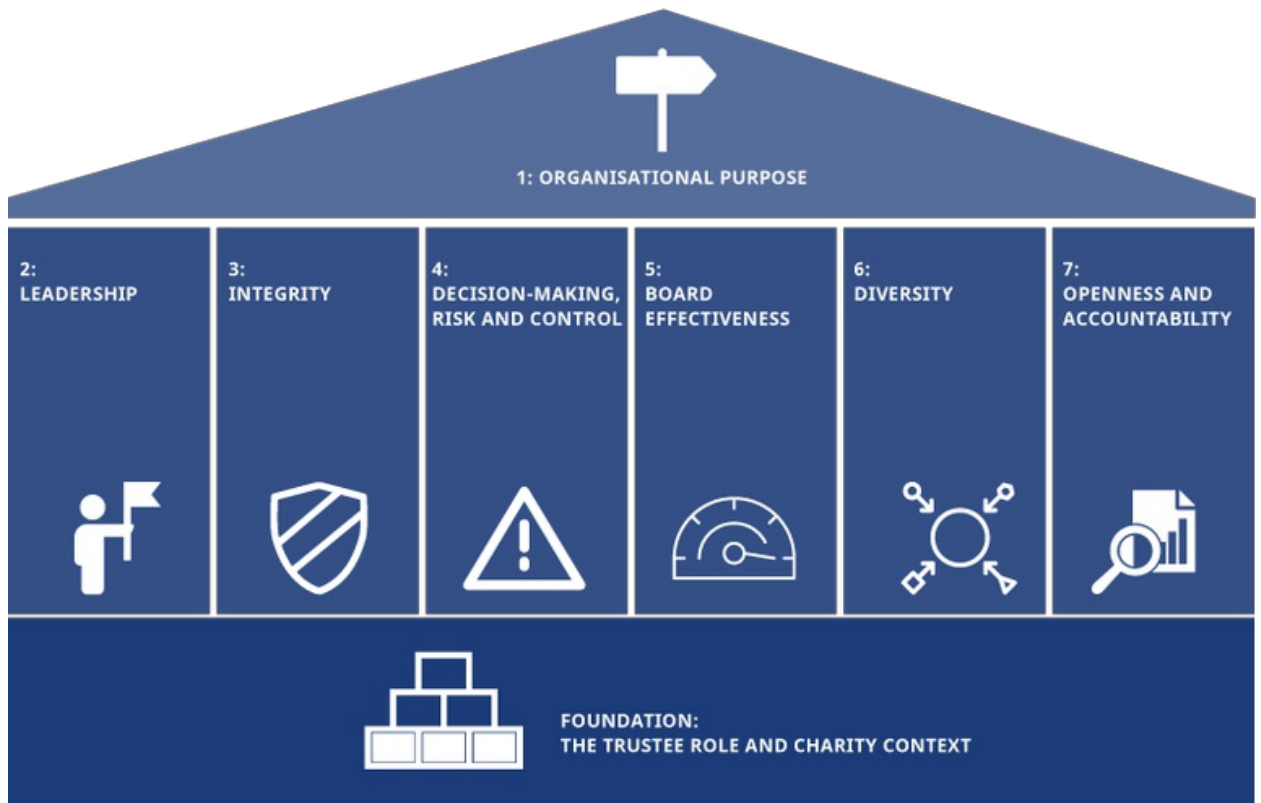
1. Organisational purpose

The board is clear about the charity's aims and ensures that these are being delivered effectively and sustainably.

2. Leadership

Every charity is led by an effective board that provides strategic leadership in line with the charity's aims and values.

3. Integrity

The board acts with integrity, adopting values and creating a culture which help achieve the organisation's charitable purposes. The board is aware of the importance of the public's confidence and trust in charities, and trustees undertake their duties accordingly.

4. Decision-making, risk and control

The board makes sure that its decision-making processes are informed, rigorous and timely and that effective delegation, control and risk assessment and management systems are set up and monitored.

5. Board effectiveness

The board works as an effective team, using the appropriate balance of skills, experience, backgrounds and knowledge to make informed decisions.

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6. Diversity

The board's approach to diversity supports its effectiveness, leadership and decision-making.

7. Openness and accountability

The board leads the organisation in being transparent and accountable. The charity is open in its work, unless there is good reason for it not to be.

Steering group and sponsors

The Charity Governance Code Steering Group is a cross-sector collaboration with an independent chair, Rosie Chapman. The group's purpose is to review, develop, promote and maintain the Code for the sector.

The steering group's members are:

- ACEVO: Charity Leaders Network
- Association of Chairs
- ICSA: The Governance Institute
- NCVO: National Council for Voluntary Organisations
- Small Charities Coalition
- WCVA: Wales Council for Voluntary Action.

The Charity Commission is an observer on the group.

The steering group's latest revision of the Code has been funded by The Clothworkers' Company and the Barrow Cadbury Trust.

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Foundation: the trustee role and charity context

It is the Code's starting point that all trustees:

- are committed to their charity's cause and have joined its board because they want to help the charity deliver its purposes most effectively for public benefit
- recognise that meeting their charity's stated public benefit is an ongoing requirement
- understand their roles and legal responsibilities, and, in particular, have read and understand:
  - the Charity Commission's guidance *The Essential Trustee* (CC3)
  - their charity's governing document
- are committed to good governance and want to contribute to their charity's continued improvement.

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Principle 1. Organisational purpose

Principle

The board is clear about the charity's aims and ensures that these are being delivered effectively and sustainably.

Rationale

Charities exist to fulfil their charitable purposes. Trustees have a responsibility to understand the environment in which the charity is operating and to lead the charity in fulfilling its purposes as effectively as possible with the resources available. To do otherwise would be failing beneficiaries, funders and supporters.

The board's core role is a focus on strategy, performance and assurance.

Key outcomes

1.1 The board has a shared understanding of and commitment to the charity's purposes and can articulate these clearly.

1.2 The board can demonstrate that the charity is effective in achieving its charitable purposes and agreed outcomes.

Recommended practice

1.3 Determining organisational purpose

1.3.1 The board periodically reviews the organisation's charitable purposes, and the external environment in which it works, to make sure that the charity, and its purposes, stay relevant and valid.

1.3.2 The board leads the development of, and agrees, a strategy that aims to achieve the organisation's charitable purposes and is clear about the desired outputs, outcomes and impacts.

1.4 Achieving the purpose

1.4.1 All trustees can explain the charity's public benefit.

1.4.2 The board evaluates the charity's impact by measuring and assessing results, outputs and outcomes.

1.5 Analysing the external environment and planning for sustainability

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1.5.1 The board regularly reviews the sustainability of its income sources and business models and their impact on achieving charitable purposes in the short, medium and longer term.

1.5.2 Trustees consider the benefits and risks of partnership working, merger or dissolution if other organisations are fulfilling similar charitable purposes more effectively and/or if the charity's viability is uncertain.

1.5.3 The board recognises its broader responsibilities towards communities, stakeholders, wider society and the environment, and acts on them in a manner consistent with the charity's purposes, values and available resources.

Principle 2. Leadership

Principle

Every charity is headed by an effective board that provides strategic leadership in line with the charity's aims and values.

Rationale

Strong and effective leadership helps the charity adopt an appropriate strategy for effectively delivering its aims. It also sets the tone for the charity, including its vision, values and reputation.

Key outcomes

2.1 The board, as a whole, and trustees individually, accept collective responsibility for ensuring that the charity has a clear and relevant set of aims and an appropriate strategy for achieving them.

2.2 The board agrees the charity's vision, values and reputation and leads by example, requiring anyone representing the charity reflects its values positively.

2.3 The board makes sure that the charity's values are reflected in all of its work, and that the ethos and culture of the organisation underpin the delivery of all activities.

Recommended practice

2.4 Leading the charity

2.4.1 The board and individual trustees take collective responsibility for its decisions.

2.4.2 The chair provides leadership to the board with prime responsibility for ensuring it has agreed priorities, appropriate structures, processes and a productive culture and has trustees and senior staff who are able to govern well and add value to the charity.

2.4.3 In the case of the most senior member of staff (e.g. CEO) the board makes sure that there are proper arrangements for their appointment, supervision, support, appraisal, remuneration and, if necessary, dismissal.

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2.4.4 The board's functions are formally recorded. There are role descriptions defining responsibilities for all trustees that differentiate clearly those of the chair and other officer positions and outline how these roles relate to staff.

2.4.5 Where the board has agreed to establish a formally constituted subsidiary organisation/s, it is clear about the rationale, benefits and risks of these arrangements. The formal relationship between the parent charity and each of its subsidiaries is clearly recorded and the parent reviews, at appropriate intervals, whether these arrangements continue to best serve the organisation's charitable purposes.

2.5 Leading by example

2.5.1 The board agrees the values, consistent with the charity's purpose, that it wishes to promote and makes sure that these values underpin all its decisions and the charity's activities (see also Principle 1).

2.5.2 The board recognises, respects and welcomes diverse, different and, at times, conflicting trustee views.

2.5.3 The board provides oversight and direction to the charity and support and constructive challenge to the organisation, its staff and, in particular, the most senior member of staff.

2.5.4 The board, through its relationship with the senior member of staff, creates the conditions in which the charity's staff are confident and enabled to provide the information, advice and feedback necessary to the board.

2.6 Commitment

2.6.1 All trustees give sufficient time to the charity to carry out their responsibilities effectively. This includes preparing for meetings and sitting on board committees and other governance bodies where needed. The expected time commitment is made clear to trustees before nomination or appointment and again on acceptance of nomination or appointment.

2.6.2 Where individual board members are also involved in operational activities, for example as volunteers, they are clear about the capacity in which they are acting at any given time and understand what they are and are not authorised to do and to whom they report.

Principle 3. Integrity

Principle

The board acts with integrity, adopting values and creating a culture which helps achieve the organisation's charitable purposes. The board is aware of the importance of the public's confidence and trust in charities, and trustees undertake their duties accordingly.

Rationale

Trustees, and the board members collectively, have ultimate responsibility for the charity's funds and assets, including its reputation. Trustees should maintain the respect of beneficiaries, other stakeholders and the public by behaving with integrity, even where difficult or unpopular decisions are required. Not doing this risks bringing the charity and its work into disrepute.

Key outcomes

3.1 The board acts in the best interests of the charity and its beneficiaries. The board is not unduly influenced by those who may have special interests and places the interests of the charity before any personal interest. This applies whether trustees are elected, nominated, or appointed. Collectively, the board is independent in its decision making.

3.2 The board safeguards and promotes the charity's reputation and, by extension, promotes public confidence in the wider sector.

3.3 Members of the board and those working in or representing the organisation are seen to be acting with integrity, and in line with the values of the charity.

Recommended practice

3.4 Maintaining the charity's reputation

    3.4.1 Trustees adopt and adhere to a suitable code of conduct that sets out expected standards of probity and behaviour.

    3.4.2 The board considers how the charity is perceived by other people, and organisations involved with the charity and the public. It makes sure that the charity operates responsibly and ethically, in line with its own aims and values.

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3.4.3 The board ensures that the charity follows the law. It also considers adherence to non-binding rules, codes and standards, for example relevant regulatory guidance, the 'Nolan Principles' and other initiatives that promote confidence in charities.

3.5 Identifying, dealing with and recording conflicts of interest/loyalty

3.5.1 The board understands how real and perceived conflicts of interests and conflicts of loyalty can affect a charity's performance and reputation.

3.5.2 Trustees disclose any actual or potential conflicts to the board and deal with these in line with the charity's governing document, and a regularly reviewed conflicts of interest policy.

3.5.3 Registers of interests, hospitality and gifts are kept and made available to stakeholders in line with the charity's agreed policy on disclosure.

3.5.4 Trustees keep their independence and tell the board if they feel influenced by any interest or may be perceived as being influenced or to having a conflict.

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Principle 4. Decision making, risk and control

Principle

The board makes sure that its decision-making processes are informed, rigorous and timely, and that effective delegation, control and risk-assessment, and management systems are set up and monitored.

Rationale

The board is ultimately responsible for the decisions and actions of the charity but it cannot and should not do everything. The board may be required by statute or the charity's governing document to make certain decisions but, beyond this, it needs to decide which other matters it will make decisions about and which it can and will delegate.

Trustees delegate authority but not ultimate responsibility, so the board needs to implement suitable financial and related controls and reporting arrangements to make sure it oversees these delegated matters. Trustees must also identify and assess risks and opportunities for the organisation and decide how best to deal with them, including assessing whether they are manageable or worth taking.

Key outcomes

4.1 The board is clear that its main focus is on strategy, performance and assurance, rather than operational matters, and reflects this in what it delegates.

4.2 The board has a sound decision-making and monitoring framework which helps the organisation deliver its charitable purposes. It is aware of the range of financial and non-financial risks it needs to monitor and manage.

4.3 The board promotes a culture of sound management of resources but also understands that being over-cautious and risk averse can itself be a risk and hinder innovation.

4.4 Where aspects of the board's role are delegated to committees, staff, volunteers or contractors, the board keeps responsibility and oversight.

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Recommended practice

4.5 Delegation and control

4.5.1 The board regularly reviews which matters are reserved to the board and which can be delegated. It collectively exercises the powers of delegation to senior managers, committees or individual trustees, staff or volunteers.

4.5.2 The board describes its 'delegations' framework in a document which provides sufficient detail and clear boundaries so that the delegations can be clearly understood and carried out. Systems are in place to monitor and oversee how delegations are exercised.

4.5.3 The board makes sure that its committees have suitable terms of reference and membership and that:

■ the terms of reference are reviewed regularly

■ the committee membership is refreshed regularly and does not rely too much on particular people.

4.5.4 Where a charity uses third party suppliers or services – for example for fundraising, data management or other purposes – the board assures itself that this work is carried out in the interests of the charity and in line with its values and the agreement between the charity and supplier. The board makes sure that such agreements are regularly reviewed so that they remain appropriate.

4.5.5 The board regularly reviews the charity's key policies and procedures to ensure that they continue to support, and are adequate for, the delivery of the charity's aims. This includes policies and procedures dealing with board strategies, functions and responsibilities, finances (including reserves), service or quality standards, good employment practices, and encouraging and using volunteers, as well as key areas of activity such as fundraising and data protection.

4.6 Managing and monitoring organisational performance

4.6.1 Working with senior management, the board ensures that operational plans and budgets are in line with the charity's purposes, agreed strategic aims and available resources.

4.6.2 The board regularly monitors performance using a consistent framework and checks performance against delivery of the charity's strategic aims, operational plans and budgets. It has structures in place to hold staff to account and support them in meeting these goals.

4.6.3 The board agrees with senior management what information is needed to assess delivery against agreed plans, outcomes and timescales.

Information should be timely, relevant, accurate and provided in an easy to understand format.

4.6.4 The board regularly considers information from other similar organisations to compare or benchmark the organisation's performance.

4.7 Actively managing risks

4.7.1 The board retains overall responsibility for risk management and discusses and decides the level of risk it is prepared to accept for specific and combined risks.

4.7.2 The board regularly reviews the charity's specific significant risks and the cumulative effect of these risks. It makes plans to mitigate and manage these risks appropriately.

4.7.3 The board puts in place and regularly reviews the charity's process for identifying, prioritising, escalating and managing risks and, where applicable, the charity's system of internal controls to manage these risks. The board reviews the effectiveness of the charity's approach to risk at least every year.

4.7.4 The board describes the charity's approach to risk in its annual report and in line with regulatory requirements.

4.8 Appointing auditors and audits

4.8.1 The board agrees and oversees an effective process for appointing and reviewing auditors, taking advice from an audit committee if one exists.

4.8.2 Where the charity has an audit committee, its chair has recent and relevant financial experience and the committee includes at least two trustees.

4.8.3 The board, or audit committee, has the opportunity to meet the auditors without paid staff present at least once a year.

4.8.4 Arrangements are in place for a body, such as the audit committee, to consider concerns raised in confidence about alleged improprieties, misconduct or wrongdoing. This includes concerns raised by 'whistle blowing'. Arrangements are also in place for appropriate and independent investigation and follow-up action.

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Principle 5. Board effectiveness

Principle

The board works as an effective team, using the appropriate balance of skills, experience, backgrounds and knowledge to make informed decisions.

Rationale

The board has a key impact on whether a charity thrives. The tone the board sets through its leadership, behaviour, culture and overall performance is critical to the charity's success. It is important to have a rigorous approach to trustee recruitment, performance and development, and to the board's conduct. In an effective team, board members feel it is safe to suggest, question and challenge ideas and address, rather than avoid, difficult topics.

Key outcomes

5.1 The board's culture, behaviours and processes help it to be effective; this includes accepting and resolving challenges or different views.

5.2 All trustees have appropriate skills and knowledge of the charity and can give enough time to be effective in their role.

5.3 The chair enables the board to work as an effective team by developing strong working relationships between members of the board and creates a culture where differences are aired and resolved.

5.4 The board takes decisions collectively and confidently. Once decisions are made the board unites behind them and accepts them as binding.

Recommended practice

5.5 Working as an effective team

  5.5.1 The board meets as often as it needs to be effective.

  5.5.2 The chair, working with board members and staff, plans the board's programme of work and its meetings, making sure trustees have the necessary information, time and space to explore key issues and reach well-considered decisions, so that board time is well-used.

  5.5.3 The board has a vice-chair or similar who provides a sounding board for

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the chair and serves as an intermediary for the other trustees if needed.

5.5.4 The board regularly discusses its effectiveness and its ability to work together as a team, including individuals' motivations and expectations about behaviours. Trustees take time to understand each other's motivations to build trust within the board and the chair asks for feedback on how to create an environment where trustees can constructively challenge each other.

5.5.5 Where significant differences of opinion arise, trustees take time to consider the range of perspectives and explore alternative outcomes, respecting alternative views and the value of compromise in board discussions.

5.5.6 The board collectively receives specialist in-house or external governance advice and support. The board can access independent professional advice, such as legal or financial advice, at the charity's expense if needed for the board to discharge its duties.

5.6 Reviewing the board's composition

5.6.1 The board has, and regularly considers, the mix of skills, knowledge and experience it needs to govern, lead and deliver the charity's purposes effectively. It reflects this mix in its trustee appointments, balancing the need for continuity with the need to refresh the board.

5.6.2 The board is big enough that the charity's work can be carried out and changes to the board's composition can be managed without too much disruption. A board of at least five but no more than twelve trustees is typically considered good practice.

5.7 Overseeing appointments

5.7.1 There is a formal, rigorous and transparent procedure to appoint new trustees to the board, which includes advertising vacancies widely.

5.7.2 The search for new trustees is carried out, and appointments or nominations for election are made, on merit against objective criteria and considering the benefits of diversity on the board. Regular skills audits inform the search process.

5.7.3 The charity considers using a nominations committee to lead the board-appointment process and to make recommendations to the board.

5.7.4 Trustees are appointed for an agreed length of time, subject to any applicable constitutional or statutory provisions relating to election and re-election. If a trustee has served for more than nine years, their reappointment is:

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- subject to a particularly rigorous review and takes into account the need for progressive refreshing of the board

- explained in the trustees' annual report.

5.7.5 If a charity's governing document provides for one or more trustees to be nominated and elected by a wider membership, or elected by a wider membership after nomination or recommendation by the board, the charity supports the members to play an informed role in these processes.

5.8 Developing the board

5.8.1 Trustees receive an appropriately resourced induction when they join the board. This includes meetings with senior management and covers all areas of the charity's work. Trustees are given the opportunity to have ongoing learning and development.

5.8.2 The board reviews its own performance and that of individual trustees, including the chair. This happens every year, with an external evaluation every three years. Such evaluation typically considers the board's balance of skills, experience and knowledge, its diversity in the widest sense, how the board works together and other factors relevant to its effectiveness.

5.8.3 The board explains how the charity reviews or evaluates the board in the governance statement in the trustees' annual report.

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Principle 6. Diversity

Principle

The board's approach to diversity supports its effectiveness, leadership and decision making.

Rationale

Diversity, in the widest sense, is essential for boards to stay informed and responsive and to navigate the fast-paced and complex changes facing the voluntary sector. Boards whose trustees have different backgrounds and experience are more likely to encourage debate and to make better decisions.

The term 'diversity' includes the nine protected characteristics of the Equality Act 2010 as well as different backgrounds, life experiences, career paths and diversity of thought. Boards should try to recruit people who think in different ways, as well as those who have different backgrounds.

Key outcomes

6.1 The board is more effective if it includes a variety of perspectives, experiences and skills.

6.2 The board ensures that the charity follows principles of equality and diversity, going beyond the legal minimum where appropriate.

Recommended practice

6.3 Encouraging inclusive and accessible participation

    6.3.1 The board periodically takes part in training and/or reflection about diversity and understands its responsibilities in this area.

    6.3.2 The board makes a positive effort to remove, reduce or prevent obstacles to people being trustees, allocating budgets, where necessary, to achieve this within the charity's available resources. This could include looking at:

        ■ the time, location and frequency of meetings

        ■ how papers and information are presented to the board, for example using digital technology

        ■ offering communications in formats such as audio and Braille

- ■ paying reasonable expenses
- ■ where and how trustee vacancies are publicised and the recruitment process.

6.3.3 The chair regularly asks for feedback on how meetings can be made more accessible and how to create an environment where trustees can constructively challenge each other and all voices are equally heard.

6.4 Recruiting diverse trustees

6.4.1 The board regularly carries out an audit of skills, experience and diversity of background of its members to find imbalances and gaps and inform trustee recruitment and training.

6.4.2 The board sees diversity, in all its forms, as an integral part of its regular board reviews. The board recognises the value of a diverse board and has suitable diversity objectives.

6.4.3 When deciding how to recruit trustees, the board thinks about how best to attract a diverse pool of candidates. It tries to achieve diversity in any trustee appointment panels.

6.5 Monitoring and reporting on diversity

6.5.1 Trustees ensure that there are plans in place to monitor and achieve the board's diversity objectives.

6.5.2 The board publishes an annual description of what it has done to address the diversity of the board and the charity's leadership and its performance against its diversity objectives, with an explanation where they have not been met.

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Principle 7. Openness and accountability

Principle

The board leads the organisation in being transparent and accountable. The charity is open in its work, unless there is good reason for it not to be.

Rationale

The public's trust that a charity is delivering public benefit is fundamental to its reputation and success, and by extension, the success of the wider sector. Making accountability real, through genuine and open two-way communication that celebrates successes and demonstrates willingness to learn from mistakes, helps to build this trust and confidence and earn legitimacy.

Key outcomes

7.1 The organisation's work and impact are appreciated by all its stakeholders.

7.2 The board ensures that the charity's performance and interaction with its stakeholders are guided by the values, ethics and culture put in place by the board. Trustees make sure that the charity collaborates with stakeholders to promote ethical conduct.

7.3 The charity takes seriously its responsibility for building public trust and confidence in its work.

7.4 The charity is seen to have legitimacy in representing its beneficiaries and stakeholders.

Recommended practice

7.5 Communicating and consulting effectively with stakeholders

7.5.1 The board identifies the key stakeholders with an interest in the charity's work. These might include users or beneficiaries, staff, volunteers, members, donors, suppliers, local communities and others.

7.5.2 The board makes sure that there is a strategy for regular and effective communication with these stakeholders about the charity's purposes, values, work and achievements, including information that enables them to measure the charity's success in achieving its purposes.

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7.5.3 As part of this strategy, the board thinks about how best to communicate how the charity is governed, who the trustees are and the decisions they make.

7.5.4 The board ensures that stakeholders have an opportunity to hold the board to account through agreed processes and routes, for example question and answer sessions.

7.5.5 The board makes sure there is suitable consultation with stakeholders about significant changes to the charity's services or policies.

7.6 Developing a culture of openness within the charity

7.6.1 The board gets regular reports on the positive and negative feedback and complaints given to the charity. It demonstrates that it learns from mistakes and errors and uses this learning to improve performance and internal decision making.

7.6.2 The board makes sure that there is a transparent, well-publicised, effective and timely process for making and handling a complaint and that any internal or external complaints are handled constructively, impartially and effectively.

7.6.3 The board keeps a register of interests for trustees and senior staff and agrees an approach for how these are communicated publicly in line with Principle 3.

7.6.4 Trustees publish the process for setting the remuneration of senior staff, and their remuneration levels, on the charity's websites and in its annual report

7.7 Member engagement

7.7.1 In charities where trustees are appointed by an organisational membership wider than the trustees, the board makes sure that the charity:

- has clear policies on who is eligible for membership of the charity
- has clear, accurate and up-to-date membership records
- tells members about the charity's work
- looks for, values and takes into account members' views on key issues
- is clear and open about the ways that members can participate in the charity's governance, including, where applicable, serving on committees or being elected as trustees.

Useful links

This page contains some useful links to the resources available from code steering group partners.

The [Charity Commission's website](#) has essential information for trustees and those that support effective governance. The foundation section of the code refers to [CC3 The Essential Trustee](#).

[ACEVO](#) is the community of civil society leaders. Its website contains advice and support on governance, in particular developing effective CEO and board relationships.

The [Association of Chairs](#) supports Chairs and Vice Chairs in England and Wales. You can find resources and events on their website [www.associationofchairs.org.uk](#)

[ICSA: The Governance Institute](#) has general and detailed information for the charity and voluntary sectors, including guidance on trustee roles and duties and conflicts of interest, as well as books and courses. Go to the 'knowledge tab' and look for the link to 'charity resources'.

[NCVO](#) has a suite of tools and resources designed to support effective governance.

- The [NCVO Knowhow Nonprofit site](#) provides knowledge and e-learning for charities, social enterprises and community groups. The ['Board Basics' section](#) contains a suite of tools, model documents and guidance for effective boards.
- The ['Studyzone' section](#) hosts online trustee training and other courses which can help your board implement this code. These resources are free to NCVO members.
- Other information on NCVO's governance support, training, publications and topical blogs can be found through [NCVO's website](#).

The [Small Charities Coalition](#) supports organisations with an income of under £1m a year. Its website includes information on events, advice and guidance for the trustees of smaller charities.

Charities based in Wales are encouraged to visit [WCVA](#)'s website which has guidance and information on events. [Third Sector Support Wales](#) is a network of support organisations for the voluntar sector in Wales.

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Glossary

Please refer to the [glossary](#).

(ii) Faciliated training session - Kathy Toogood and Mike Roarty (rest of day)

Governing Board Development Day

19th January 2019

9.00am – 5.00pm
Goodenough College, Mecklenburgh Square, London WC1N 2AB

Aim

For the Governing Board to continue their development towards becoming a high performing, engaged Board

Outcomes

By the end of the session members of the Board will have:

- Got to know one another better
- Heard from Cochrane's auditors on the role of the trustee
- Understood the obligations of a member of the Governing Board
- Shared and understood work already done by the Governing Board on the kind of Board it wants to be (Strategic and Engaged)
- Understood what being that type of Governing Board will mean in practice
- Shared and agreed the kind of behaviours that will enable the Board to be effective in the future

Facilitators: Mike Roarty and Kathy Toogood, Strengths Focused Leadership Ltd

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Governing Board Development Day

19th January 2019

9.00am – 5.00pm
Goodenough College, Mecklenburgh Square, London WC1N 2AB

Programme outline

Timing	Content & process
	Timing (**Content & process**)
9.00	**Welcome and introduction to the day**
	Getting to know one another An opportunity in small groups to get to know and understand one another more
	The role of the trustee Judith Miller from Sayer Vincent, Cochrane's auditors, will explain the role of the trustee and take questions
11.00 – 11.15	*BREAK*
11.15	**The role of the trustee…**continued
	Obligations of a member of the Governing Board - Gaining clarity - Addressing questions and concerns
13.00 – 13.40	*LUNCH*
13.40	**The kind of Board we want to be** - What work has the board already done on this? - Answering questions and sharing views
	The kind of Board we want to be …continued - What will this mean in practice for us?
15.15 – 15.30	*BREAK*
15.30	**The behaviours that will make us effective as a Board** - What are the important behaviours that we will want to demonstrate consistently in order to enable us to be effective?
	Next steps
	Summary and evaluation
17.00	**CLOSE**

DAY 2 20 JANUARY 2019: STRATEGIC & BUSINESS ISSUES

FORMAL MEETING RESUMED

2. Approval of the Minutes of the 10 December 2018 Board Teleconference [RESTRICTED OPEN ACCESS SUPPORTING DOCUMENT]

3. Actions Arising from previous meetings

4. Matters Arising not otherwise covered by the Agenda

5. Governance and Policy:

5.1. Co-Chairs' Report and Correspondence [VERBAL REPORT]

5.1.1. Editor in Chief recruitment update [RESTRICTED ACCESS SUPPORTING DOCUMENT]

5.2. Treasurer's Report [VERBAL REPORT]

5.3. Council Report [VERBAL REPORT]

5.4. Re-appointment of Trustees [OPEN ACCESS SUPPORTING DOCUMENT]

Governing Board Paper

Agenda number:	5.4. [2019-London.5.4]
Agenda item:	Reappointment of previously appointed Board Members
Submitted for Governing Board meeting:	London, January 2019
Submitted by:	Tracey Howe, Board Treasurer
Sponsored by:	Board Co-Chairs
Access:	Open
Decision or information:	Decision
Resolution for the minutes:	The Board reappoints Rae Lamb and Catherine Marshall as Trustees.

I.   Background

As a result of proceedings during the closed session of the Board on 13th September 2018, the following day four Board Members resigned with immediate effect. This situation required immediate changes to the composition of the Board. In order to maintain balance between elected and appointed board members, as specified in Cochrane's Articles of Association, two appointed Trustees, Rae Lamb and Catherine Marshall (Treasurer), volunteered to step down from the Board. This was effective immediately.

Extract from Cochrane's Articles of Association:

13. NUMBER OF MEMBERS OF THE GOVERNING BOARD

13.1 The number of Members of the Governing Board shall be not less than three but (unless otherwise determined by ordinary resolution) shall not be subject to any maximum.
13.2 After 1 January 2017 a majority of the Members of the Governing Board must be Elected Members.

Furthermore as Catherine Marshall held the post of Treasurer this required the appointment of a new Treasurer, Tracey Howe, effective 14th September 2018.

As a result of the elections in December 2018 four new Board members have been appointed.
Elected Trustees are internal to Cochrane and whose experience within Cochrane adds value.
Appointed Trustees are independent are not involved in the day-to-day inner workings of Cochrane.

The Board identifies key areas of skills and experience considered to be essential to the effective operation of the Board, and to strengthen the practice of governance for Cochrane. The key areas may overlap with

those identified for elected candidates, but may also reflect skills and perspectives likely not to be found among elected members. Appointed Board members provide this expertise. Important skills and expertise may include:

- Board membership or other leadership of a large not-for-profit organization
- Financial management and business development in the not-for-profit sector
- Healthcare or other publishing
- Patient/consumer engagement in evidence production and health policy
- Evidence-informed health care
- Evidence-informed guidelines and policy
- Organizational operations across an international network
- Technology and data analytics
- Health economics
- Primary research
- Legal expertise
- Education and learning
- Communication and knowledge translation

Board Members (Trustees) at Dec 2018

Elected:
Xavier Bonfill
Janet (Jan) Clarkson
Nicky Cullum
Sally Green
Tracey Howe
Karsten Juhl Jørgensen
Jordi Pardo Pardo

Appointed:
Martin Burton (Co-Chair)
Marguerite Koster (Co-Chair)
Maria Gladys Faba Beaumont

According to the UK Charity Commission it is good practice for a Board to ensure that its membership reflects diversity in its broadest sense to provide a range of perspectives, insights and challenge needed to support good decision-making. A diverse Board includes and makes good use of differences in skills, expertise, experience, background, ethnicity, gender and other characteristics.

II.   Proposal

Case for reappointment of Rae Lamb as a Trustee

Rae was appointed the Cochrane Board in 2017. She has been an active member of the Governance Committee and has led much of the work of the Complaints sub-committee, including the drafting of the new Cochrane Complaints policy.

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Rae brings much-needed skills and experience to the Board. Rae recently relinquished her post as the Aged Care & Aged Care Complaints Commissioner, Australia, a national agency with 157 FTE public service staff around Australia with an annual operating budget of more than AU$18m. She has more than 13 years' experience exercising statutory decision-making powers in both the New Zealand and Australian aged care and health and disability sectors and is a recognised leader in the development and implementation of effective complaints policies and adjudication processes. Rae is also a recognised media expert, with more than 27 years' frontline media experience and winning recognition and awards for her work during that time. She helped organize and moderate two plenary panel sessions at the 2018 Cochrane Colloquium in Edinburgh.

At this critical time when Cochrane is finalizing its Complaints Policy and will be establishing the first Complaints Subcommittee to review and resolve complaints, expertise in this area is especially needed.

Case for reappointment of Catherine Marshall as a Trustee
Catherine was one of the first two appointed members of the Cochrane Governing Board in 2016. She has been an active member of the Governance Committee and Finance Audit and Investment Committee and was elected as Treasurer in September 2018.

Catherine is currently an Independent Guideline Adviser and Health Sector consultant based in NZ. Catherine was the inaugural Chief Executive of the New Zealand Guidelines Group, where one of her key responsibilities was the management and oversight of the organization's finances. She was Vice-Chair of the Guidelines International Network (G-I-N) Founding Committee and Vice-Chair of the G-I-N Board of Trustees. Catherine has held roles on G-I-N committees including, Website, Conference, Emergency Communities, Patient and Public Involvement, Implementation and Education Taskforce. Catherine has provided consultancy advice and training on guideline implementation in New Zealand (NZ), Australia, Malaysia, Brazil, Singapore, and Canada, as well as for G-I-N and Cochrane. She is also a member of the NZ Stronger Consumer Voices Alliance. Catherine helped organize and participate in the consumer programs for the 2018 Cochrane Colloquium in Edinburgh.

Two key areas of expertise currently absent on the Governing Board are charity financial management and consumer representation. Reappointment of Catherine Marshall would allow for these two key Board roles to be filled by a single person.

III.   Recommendation:

The Board is asked to reappoint Rae Lamb and Catherine Marshall as Trustees.

5.5. Appointment of members to Board Sub-Committees

5.6. Elections Report: November/December 2018 election [OPEN ACCESS SUPPORTING DOCUMENT]

Governing Board Paper

Agenda number:	5.6 [2019-London-5.6]
Agenda item:	**Report on the November – December 2018 Board election**
Submitted for Governing Board meeting:	London, January 2019
Submitted by:	Lucie Binder, Elections Officer
Sponsored by:	Board Co-Chairs
Access:	Open
Decision or information:	Decision
Resolution for the minutes:	The Board approves the following recommendations to improve the Governing Board election and appointment procedure, and other organisational policies: 1. The Governing Board electoral and appointment procedure will be clarified to confirm that no one who receives salary, consultancy or secondment fees from core funds is eligible for election to the Board. They may choose to stand for election, but if elected, should resign from any core funded position before taking up their seat on the Board. 2. The canvassing clauses of the current electoral and appointment procedure are open to debate and will therefore be clarified and improved. The aim should not be to prevent discussion and debate by candidates or voters about candidates and important election issues – in fact, more could be permitted to increase voter engagement - but to make clear what is and isn't permitted in the best interests of free and fair elections. 3. Policy on appropriate use of Cochrane email lists will be developed. 4. An open discussion forum for all Cochrane Members will be developed. 5. The Governance Committee will keep a watching brief on whether changes to the canvassing and communications procedures lead to increased voter turnout and take appropriate action.
Executive summary:	This report provides an overview of participation and issues arising in the recent election of members of the Governing Board and makes recommendations for improving the process for future elections. Appendix 1 is a list of the emails to Cochrane Members to promote the elections.
Consultation with Cochrane Council:	To follow, as per the recommendations in this report.
Financial request:	N/A

1: Summary of elections process

Election preparation

Following the resignation of four Board Members in September 2018, an election was held over November and December 2018 to replace them. This election was conducted in accordance with the Board electoral and appointment procedure with the following timeline:

Thursday 25 October	Call for nominations opens
Wednesday 14 November	Deadline for nominations
Thursday 15 November	Candidate Statements posted
Thursday 23 November	Voting opens
Monday 10 December	Voting closes (12:00 pm GMT)
Tuesday 11 December	All results announced

As proposed by the Governing Board Governance Committee and agreed by the Board at its meeting in Edinburgh, in September 2018, the following changes had been made to the elections procedure before the election was conducted:

- **Co-Chair elections**: A serving Co-Chair is not permitted to provide a Letter of Support for a fellow Board member standing for a Co-Chair appointment (to avoid perceived or real conflict of interest);
- **Board member elections**: Candidates for election to the Board should be required to submit the names of two nominators who are also Cochrane members. Letters of Support are not required (to make it easier for candidates to stand and to keep the focus on candidates and not their nominators);
- **Candidate photographs**: Candidates for election to the Board may include a headshot photograph with their application (to increase the profile of candidates, especially those less well known in the Cochrane Community);
- **Candidate Statements**: Candidate statement templates for all types of Board Member (elected and appointed) and for Co-Chair positions should be brought up-to-date.

Regarding the Candidate Statements, changes were made to the questions to increase the focus on the key attributes and skills required by Board members. Further, prospective candidates were asked to make new declarations to confirm their eligibility and understanding of the role of a Board member.

For this election, the Governance Committee identified the following key areas of experience as the priorities for prospective Board members, in order to complement the skills and experience of current Board members:

- Charity Governance (in any charitable organization around the world)
- Organizational Finance and Resource Management
- People Management (often called 'Human Resources' in English) and Organizational Development
- Consumer involvement in Evidence Production and Health Policy
- Advocating for Evidence
- Widening Access, Participation, Reach and Impact of Research
- Fundraising & Development

During the election

The call for nominations was sent to all targeted Cochrane Members (those who had (a) accepted the Terms and Conditions of Membership and (b) had 'opted-in' to receiving communications from Cochrane) on 25 October 2018.

By the deadline of 14 November 2018, 20 candidates had submitted nominations, and numerous other people had made enquiries. This was a substantial increase in the number of candidates who had stood in the two previous elections: five in July 2018 and four in July 2017. Interest in the election following the resignation of the previous members and the resulting internal and external publicity, as well as more frequent official communication to Members, are likely to explain this increase.

By the opening of voting, the number of candidates standing had reduced to 18: one prospective candidate had not submitted a complete nomination, and another did not meet the eligibility criteria and withdrew.

Official communications

Over the course of the election:

- Seven all-Member emails from the official Cochrane account (elections.cochrane.org) were sent by me as the Elections Officer, copied to the Cochrane Community website; and for the announcement and results emails, also to Cochrane.org;
- At the request of individual Centre Directors, an additional email from them – drafted by them individually in their own languages - was sent to voters in: Australia, Iberoamerican Network, Ireland, Malaysia, New Zealand, Norway, Russia, Sweden, UK and USA;
- Regular social media reminders to support the Community News posts were posted;
- Regular reminders via the Review & Methods and Centres & Fields Digests were posted.

In addition, for the first time, candidates completed interview questions about their motivation to stand for election and their views on Cochrane's key opportunities and challenges:

- Tell us a bit about your professional background
- Why do you want to become a member of Cochrane's Governing Board?
- What are Cochrane's key opportunities and challenges and what can the Board do to help address them?

The aim was to provide voters with a shorter summary of the Candidate Statements given the high number of candidates standing and the extensive amount of material available to review. These 'Questions & Answers' were published alongside the full Candidate Statements on elections.cochrane.org.

Finally, an email to all eligible members who had not yet activated their Membership was sent by the Learning & Support Department, following the numerous enquiries received about membership and voting rights to the elections.cochrane.org inbox. As a result, almost 2,000 people activated their Membership during the elections period.

Summary of results

Governing Board elections (since establishment of Governing Board):				
Election	**Nov-Dec 2018**	**July 2018**	**July 2017**	**Dec-Jan 2016-17**
Number of candidates	18 (eligible)	5	4	11
No. of places on the Board	4	1	2	4
Number of individual voters	1,237*	456	298	1,223
Voter profile	Members only	Members only	Archie contacts	Archie contacts

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*Approximately 9.5% of total eligible voters (active Members) at end of voting period. Voter turnout therefore remains low.

2: Issues arising

There was a significant increase in the correspondence to me as Elections Officer during this election compared to previous elections, focussed on the issues below. Where required, I make recommendations for future improvements in organisational policy and process to deal with these issues:

Candidate eligibility

There was a question of interpretation of the Governing Board electoral and appointment procedure's rules on eligibility of candidates who are paid by core funds but are not Central Executive Team staff. As a result, one candidate chose to withdraw their nomination.

Recommendation:

- The Governing Board electoral and appointment procedure should be clarified to confirm that no one who receives salary, consultancy or secondment fees from core funds is eligible for election to the Board. They may choose to stand for election, but if elected, should resign from any core funded position before taking up their seat on the Board.

Conflict of Interest declarations

A candidate found the Conflict of Interest declaration difficult to interpret and too open to inconsistency between the candidates.

This feedback has been given to the Editorial & Methods Department, who are working on revising the Conflict of Interest policy and associated resources.

Canvassing for candidates

There was a series of questions concerning the interpretation of the Governing Board electoral and appointment procedure's rules on canvassing for candidates, which resulted in extensive correspondence with various people, centring on the distribution of an unofficial 'Voter Guide'.

On 22 November, the day that voting was due to open, Jos Verbeek, Co-ordinating Editor of the Cochrane Work Review Group, sent a self-compiled 'Voter Guide' to the official Co-ordinating Editors email list, of which he is a member. This guide assessed the candidates on the basis of the 'four policy issues' he and Cochrane colleagues identified as being important for Cochrane, and on which they had already corresponded with the Board and received a response, which was published on the Cochrane Community website on 14 November 2018. Further, he sent individual emails to all candidates asking them to check whether they agreed with his assessment.

My view, supported by external legal advice (taken overnight from 22-23 November, during which I delayed the opening of voting due to the potential seriousness of the issue for the integrity of the election), was that the document was not a 'voter guide' as one might expect to understand it; it was a partial viewpoint assessing candidates on the basis of a selection of issues that were important to those members, and an interpretation of candidate positions made on that basis. If shared widely, it would have had the potential to unfairly affect the elections and leave Cochrane open to complaints by a candidate or voter about the result.

Also, and critically, Dr Verbeek had access rights to an official Cochrane email list – and therefore access to a substantial portion of potential voters who are members of that list - which other candidates and voters did not have. I therefore informed Dr Verbeek that the official email lists should not be used to distribute the Voter Guide,

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although, if he wished to, he could share it in other ways. Further, I turned down a request to send the Voter Guide to the official Consumers email list made by Caroline Struthers, another signatory to the 'four policy issues' letter.

My understanding is that the Voter Guide was then shared by Dr Verbeek and Ms Struthers via their own personal email contact lists during the voting period. It should be noted that I received multiple complaints from members of the Co-ordinating Editors list who felt the distribution of Voter Guide was inappropriate, and complaints from those who had received it privately via email. Certain candidates standing also expressed their concern that they were being treated unfairly by the Guide. Due to the potential seriousness of this issue, I temporarily requested that candidates did not respond to Jos Verbeek's request on 22 November to check his assessment of them, but later clarified with them that they were free to correspond with Jos and any other voter on any issue.

My view, supported by external legal advice, is that I acted in the best interests of the Charity and the election process in taking the course of action outlined above. Dr Verbeek and colleagues continue to challenge that view. However, this case does highlight the following issues that need to be addressed:

Recommendations:

- The canvassing clauses of the current electoral and appointment procedure are open to debate and should therefore be clarified and improved. The aim should not be to prevent discussion and debate by candidates or voters about candidates and important election issues – in fact, more could be permitted to increase voter engagement - but to make clear what is and isn't permitted in the best interests of free and fair elections;

- Policy on appropriate use of Cochrane email lists should be developed;

- An open discussion forum for all Cochrane Members, as proposed by Dr Verbeek and colleagues, is an important idea and should be pursued. This idea has already been taken forward by the Council and Board, who have asked the Central Executive Team to develop a forum. More information on this will be announced shortly.

Length of Candidate Statements

There was at least one informal complaint on Twitter (tagging Cochrane's account) about the length of the Candidate Statements and the requirement this placed on voters to review a large amount of material. This complaint was echoed by Dr Verbeek in his distribution of the Voter Guide.

My view is that the number of candidates standing in this election was unusual and is likely to reduce in future elections. Further, the 'Question & Answer' summaries completed by candidates provided a shorter, more accessible overview of candidates. For these reasons, I do not recommend the Candidate Statements need to be shortened, although they should be updated each year as requirements for Board membership change.

Voter engagement

This was an important election for the Governing Board and Cochrane, coming as it did following the resignation of four previous members. It did generate increased voter turnout and correspondence compared to previous elections, and was supported by significantly increased communications, but nevertheless, voter turnout as a percentage of eligible members remained low (under 10%).

Recommendation:

The Governance Committee should keep a watching brief on whether changes to the canvassing and communications procedures lead to increased voter turnout.

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3. Summary of Recommendations:

1. The Governing Board electoral and appointment procedure will be clarified to confirm that no one who receives salary, consultancy or secondment fees from core funds is eligible for election to the Board. They may choose to stand for election, but if elected, should resign from any core funded position before taking up their seat on the Board.
2. The canvassing clauses of the current electoral and appointment procedure are open to debate and will therefore be clarified and improved. The aim should not be to prevent discussion and debate by candidates or voters about candidates and important election issues – in fact, more could be permitted to increase voter engagement - but to make clear what is and isn't permitted in the best interests of free and fair elections.
3. Policy on appropriate use of Cochrane email lists will be developed.
4. An open discussion forum for all Cochrane Members will be developed.
5. The Governance Committee will keep a watching brief on whether changes to the canvassing and communications procedures lead to increased voter turnout and take appropriate action.

Appendix 1: Emails sent to all Members to promote the election

From: Cochrane <elections@cochrane.org>
Sent: 25 October 2018 16:04
To: Lucie Binder <LBinder@cochrane.org>
Subject: Invitation to stand for election to the Governing Board

Cochrane's Governing Board is seeking to elect 4 new members

We are looking for candidates with a passion for Cochrane, a belief in its power to improve healthcare decision making worldwide, and the ability to support the management of the organization.

Cochrane is an international organization and a registered charity in the UK, and members of the Governing Board from around the world are 'Trustees' of the charity. The Trustees carry ultimate responsibility for Cochrane and this is a critically important role.

The Board works as a team, including members with complementary skills and backgrounds. Candidates standing for election must be Cochrane Members but do not have to be a leader of a Cochrane Group. We are looking for a diverse and international range of candidates, and welcome nominations from people with the skills required to fulfil the responsibilities of a Trustee.

In this election, we are especially seeking candidates who have one or more of the following areas of expertise, in order to complement those of existing Board members:
* Charity Governance (in any charitable organization around the world)
* Organizational Finance and Resource Management
* People Management (often called 'Human Resources' in English) and Organizational Development
* Consumer involvement in Evidence Production and Health Policy
* Advocating for Evidence
* Widening Access, Participation, Reach and Impact of Research
* Fundraising and Development

This is an exciting opportunity to join the team providing strategic oversight to Cochrane, making sure the organization's work is effective and innovative, and that it delivers on its mission to promote evidence-informed health decision making by producing high-quality, relevant, accessible systematic reviews and other synthesized research evidence.

In line with the usual requirements for UK charity Trustees, these are voluntary, unpaid roles. Each year you will need to commit to attending at least three and up to four face-to-face meetings at different locations internationally, and at least two teleconferences. You will be expected to be a member of one or more Board Sub-Committees. Your expenses will be paid to attend meetings. The term of appointment is three years, from December 2018 to December 2021. In 2019, you should be available to travel to London, UK, 19-20 January; Krakow, Poland, 1-5 April; and Santiago, Chile, 22-25 October.

The deadline for nominations is Wednesday 14 November 2018. To find out how to stand for election, please visit elections.cochrane.org.

With best wishes,
Cochrane Governing Board

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From: Cochrane <elections@cochrane.org>
Sent: 07 November 2018 15:50
To: Lucie Binder <LBinder@cochrane.org>
Subject: Reminder: Nominations deadline for Governing Board elections is 14 November 2018

Cochrane's Governing Board is seeking to elect 4 new members

We are looking for candidates with a passion for Cochrane, a belief in its power to improve healthcare decision making worldwide, and the ability to support the management of the organization.

Cochrane is an international organization and a registered charity in the United Kingdom, and members of the Governing Board from around the world are 'Trustees' of the charity. The Trustees carry ultimate responsibility for Cochrane and this is a critically important role.

Board Co-Chairs Martin Burton and Marguerite Koster have given their thoughts on what qualities make for a good trustee in a new Cochrane Community blog post.

Find out how to stand for election at elections.cochrane.org. The deadline for nominations is **14 November 2018** and all candidates must have activated their Cochrane Membership by **10 November 2018**.

You can check whether you are a Cochrane Member, and amend your communications preferences, at Your Cochrane Membership.

From: Cochrane <elections@cochrane.org>
Sent: 15 November 2018 16:22
To: Lucie Binder <LBinder@cochrane.org>
Subject: Governing Board elections November 2018: Announcing the candidates standing

Following a period of nominations, we're very pleased that 19 candidates are standing for election to the Governing Board in this election. They are listed on elections.cochrane.org and here you can read more about the them, why they're standing for election, and what they plan to do for Cochrane if elected.

There are four (4) positions available on the Board for this election, which is open to Cochrane Members. Candidates do not have to be a leader of a Cochrane Group and the Board is looking for a diverse and international range of candidates. Voting will open on 22 November 2018 and close on 10 December 2018 (12:00 GMT).

All members as defined by the Membership Terms & Conditions will be entitled to vote in the election. To check your membership status, please see https://join.cochrane.org/your-membership. If you have questions about your status, you can email membership@cochrane.org. Instructions on how to vote will be sent to you on 22 November 2018.

Cochrane places high regard on minimizing bias, promoting access, and enabling wide participation. For these reasons, canvassing for specific candidates is prohibited. It should be noted that:

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Any Cochrane individual, Group or committee may encourage members to participate in elections **without endorsing specific candidates**;
Cochrane leaders or leadership committees (such as Executives) **should not publicly endorse specific candidates**.
Questions about any aspects of the elections process, or concerns about a candidate's eligibility, can be raised with Lucie Binder, **Senior Advisor to the CEO (Governance & Management)** and Electoral Officer for this election.

Best wishes to all candidates standing!

From: Cochrane <elections@cochrane.org>
Sent: 23 November 2018 16:31
To: Lucie Binder <LBinder@cochrane.org>
Subject: Governing Board elections November 2018: Voting now open

Dear Cochrane Members,

Voting is now open for the current Governing Board election.

Visit elections.cochrane.org **to view the candidates standing**, **read their Candidate Statements, and cast your votes.**

We'll be sending a series of reminders before voting closes on 10 December 2018 at 12:00 GMT. Next week on the Cochrane Community website, we'll be interviewing the candidates about their motivation to stand for election, providing you with another opportunity to get to know candidates before voting.

All members as defined by the Membership Terms & Conditions are entitled to vote in this election. To check your membership status, please see https://join.cochrane.org/your-membership. If you have questions about your status, you can email membership@cochrane.org.

Questions about any aspects of the elections process can be raised with Lucie Binder, **Senior Advisor to the CEO (Governance & Management)** and Electoral Officer for this election.

From: Cochrane <elections@cochrane.org>
Sent: 28 November 2018 17:29
To: Lucie Binder <LBinder@cochrane.org>
Subject: Governing Board elections November 2018: Interviews with the candidates

Dear Cochrane Members,

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If you haven't voted yet in the current Governing Board elections, you're still able to do so until 10 December 2018 at 12:00 GMT.

With 18 candidates standing for election this year, there's a lot of information available for you to review before casting your votes. To support your choices, we've interviewed the candidates about their motivation to stand for election and their views on Cochrane's key opportunities and challenges.
Visit elections.cochrane.org to read these interviews, view the full Candidate Statements, and cast your votes.

All members as defined by the Membership Terms & Conditions are entitled to vote in this election. To check your membership status, please see https://join.cochrane.org/your-membership. If you know of fellow members who aren't receiving these emails but want to, you can ask them to check their communications preferences in their Cochrane Account. The Community Support Team will also be happy to assist you by email at support@cochrane.org.

Questions about any aspects of the elections process can be raised with Lucie Binder, **Senior Advisor to the CEO (Governance & Management)** and Electoral Officer for this election.

From: Cochrane <elections@cochrane.org>
Sent: 07 December 2018 16:02
To: Lucie Binder <LBinder@cochrane.org>
Subject: Governing Board elections December 2018: Final reminder to vote!

Dear Cochrane Members,

Almost 1,100 votes have been cast so far, but if you haven't voted yet, you're still able to do so until next Monday, 10 December 2018, at 12:00 GMT.

With 18 candidates standing for election this year, there's a lot of information available for you to review before casting your votes. To support your choices, we've interviewed the candidates about their motivation to stand for election and their views on Cochrane's key opportunities and challenges. Visit elections.cochrane.org to read these interviews, view the full Candidate Statements, and cast your votes.

All members as defined by the Membership Terms & Conditions are entitled to vote in this election. To check your membership status, please see https://join.cochrane.org/your-membership. If you know of fellow members who aren't receiving these emails but want to, you can ask them to check their communications preferences in their Cochrane Account. The Community Support Team will also be happy to assist you by email at support@cochrane.org.

Questions about any aspects of the elections process can be raised with Lucie Binder, Senior Advisor to the CEO (Governance & Management) and Electoral Officer for this election.

From: Cochrane <elections@cochrane.org>
Sent: 11 December 2018 17:36
To: Lucie Binder <LBinder@cochrane.org>
Subject: Governing Board elections December 2018: Results

Dear Cochrane Members,

Thank you for voting in the recent election for new members of the Cochrane Governing Board. Over 1200 people voted and over 4000 votes were cast.

We're delighted to announce that the following four candidates have been elected:
Xavier BONFILL
Sally GREEN
Karsten Juhl JØRGENSEN
Jordi PARDO PARDO
Thank you to all the candidates who stood in this election, your contributions and willingness to serve Cochrane in this way are greatly appreciated. The full vote count is available on elections.cochrane.org. Learn more about the Governing Board on the Cochrane Community website. Questions about any aspects of the elections process can be raised with Lucie Binder**, Senior Advisor to the CEO (Governance & Management)** and Electoral Officer for this election.

5.7. Cochrane Library Oversight Committee: request to approve Terms of Reference [OPEN ACCESS SUPPORTING DOCUMENT]

![Cochrane logo]

Agenda number:	5.7. [2019-London-5.7]
Agenda item:	Cochrane Library Oversight Committee updated Terms of Reference
Submitted for Governing Board meeting:	London, January 2019
Submitted by:	Virginia Barbour, David Tovey, Lucie Binder
Sponsored by:	David Tovey
Access:	Open Access
Decision or information:	Decision
Resolution for the minutes:	The Board approves the updated Terms of Reference for the Cochrane Library Oversight Committee (CLOC)
Executive summary:	The Terms of Reference required updating.
Consultation with Cochrane Council:	N/A
Financial request:	N/A

![Cochrane logo]

Cochrane Library Oversight Committee
Terms of Reference

Purpose	The Cochrane Library Oversight Committee (CLOC) is an independent body that supports the editorial independence of Cochrane's Editor in Chief's within the organization by providing a mechanism for avoiding or resolving disputes that may arise about the content of the Cochrane Library or any editorial positions taken by the Editor in Chief in respect to the Cochrane Library.
Membership	**Chair: Virginia Barbour, Australia** Professor and Advisor, Office of Research Ethics and Integrity and Library, Queensland University of Technology and Director, Australasian Open Access Strategy Group *Appointed February 2018* **Deputy Chair: Tracey Pérez Koehlmoos, USA** - Associate Professor & Director HSA Division, Uniformed Services University of the Health Science

	Appointed November 2010: term of office was extended at the Chair's discretion in November 2018.
	• **Saeed Farooq, UK** Visiting Professor and Consultant Psychiatrist, Centre for Ageing and Mental Health, Staffordshire University & Black Country Social Partnership NHS Foundation Trust *Appointed July 2014*
	• **David Moher** Senior Scientist, Clinical Epidemiology Program, Ottawa Hospital Research Institute, Associate Professor, School of Epidemiology, Public Health and Preventive Medicine, University of Ottawa, University Research Chair, University of Ottawa *Appointed November 2010: term of office was extended at the Chair's discretion in November 2018*
	• **Lijing L Yan, China** Head of NCD Research, Global Health Research Center, Duke Kunshan University, Jiangsu *Appointed July 2014*
	• **Manu Easow Mathew, India** Medical Consultant, WHO-RNTCP Technical Support Network, Health Services, Dehradun, Uttarakhand *Appointed July 2014*
	• **Charles Young, UK** Senior Medical Officer Capita, plc., London *Appointed July 2014*

Remit	The remit of the Committee is to:
	
	 • Consider, and where appropriate seek to mediate on, matters of tension between the Governing Board and the Editor in Chief, at the request of either party, that relate to the editorial process or published content of or in *The Cochrane Library*.
	 • To provide independent, impartial advice to the Governing Board and/or Chief Executive Officer (CEO) or the Editor in Chief on issues regarding performance management for the Editor in Chief, including:
	     o Providing feedback to the CEO and Governing Board on the performance measures for the Editor in Chief;
	     o Discussing with the Editor in Chief, if requested, any issues in her/his performance;
	     o Providing feedback to the Editor in Chief or the Governing Board on possible measures to enhance the effectiveness of the role of the Editor in Chief if requested;

	• To advise the Editor in Chief on any matters of editorial independence that (s)he may wish to seek their opinion on.
Quorum	Quorum will be a minimum of three members.
Meetings	• The Committee will typically meet twice per year by teleconference and be available to correspond regularly by email between meetings and/or attend ad-hoc meetings should an urgent matter arise. • 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 must declare relevant conflicts of interest at the time of application to join the board and must update them if any change occurs either between meetings or at a meeting. A written record of CoIs will be kept and published if requested. • 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.

Terms of appointment and membership	• The Committee shall be comprised of a Chair, Deputy Chair, up to six additional members. The Editor in Chief may attend Committee meetings at the invitation of the Chair, but is not a voting member of the Committee.
	• These are unpaid, voluntary positions.
	• New members will be proposed and approved by current members of the Committee[1]. The Chair and Deputy Chair must be proposed and approved by the members from within its existing membership (the initial Chair was appointed by the Cochrane Steering Group). The Governing Board and the Editor in Chief have, in exceptional circumstances and with an explanation given to the Committee in writing, the power of veto for any individual proposed.
	• Members of the Committee should have experience in scientific publication or editorial policy, be capable of independence of thought, and be prepared to act in the best interests of *The Cochrane Library*. In addition, and as far as its practicable:
	
	    o Not more than half of its members should be Cochrane Members as defined by the Membership Terms & Conditions;
	    o Not more than half of its members should be based in the UK and/or North America;

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[1] Expression of interests (addressing the Terms of Reference) for membership will be sought by the Committee via personal contacts and with support from the Senior Advisor to the CEO (Governance & Management) from Cochrane's Central Executive Team, who will publicise advertisements on the Cochrane and Cochrane Community Websites and news channels. The Committee will inform Cochrane via the Senior Advisor to the CEO of the name(s) of the proposed new member(s), together with a short biography or CV, and any conflicts of interest, and the proposal will be put forward to the Editor in Chief, followed by the Governing Board via its Governance Sub-Committee for ratification. The Editor in Chief and Governing Board will both have the power of veto with an explanation given to the Committee in writing, No reason need be given to the unsuccessful candidate.

	○ At least a third of its members should be from Low- or Middle-Income Countries; ○ Not more than half of its members should be medically qualified; ○ There should be at least one health consumer advocate; ○ There should be at least one former journal editor; ○ There should be some members with legal, ethical, statistical experience; ○ There should be roughly equal numbers of men and women. - The Committee may co-opt ex-officio members who in the opinion of the Committee will bring additional relevant skills to the Committee, but appointed members shall always form the majority. - Members may serve a single term of three years, ordinarily with extension for a further three years at the discretion of the Chair.
Reporting and Assurance Arrangements	- The Chair will decide whether any given issue is relevant for the Committee and in doing so may consult with the Deputy Chair, the Editor in Chief and/or the Chief Executive Officer (CEO). - In the event of a dispute between the Editor in Chief and Governing Board, the Committee will convene by email and/or teleconference at the next available opportunity and take a view and offer advice to the Editor in Chief and the Board in writing. If the Board disagrees with the advice of the Committee, it will explain why in writing as soon as possible and always within two months of receipt of the original advice. Should the Committee be unconvinced by the counterargument of the Board, it may choose to express its opinion publicly. The Committee's primary responsibility is the editorial independence of the Editor in Chief. - All complaints about the Editor in Chief's performance will be handled in the first instance by the CEO as his/her line manager. At request of the Editor in Chief, the CEO or the Board the Committee may consider such complaints by convening as above. - In addition to reports arising from the situations outlined above, the Committee, through its Chair, will provide annual written reports on its activities to the Governing Board for the March/April Cochrane Governance Meetings. - The Chair will conduct an informal review of the effectiveness of the Committee on an annual basis with the support of the Board's Governance Committee and the Committee's Secretary. This will include a review of the membership and any proposed changes will be recommended to the Editor in Chief and Governing Board.
Secretary	- The Senior Advisor to the CEO (Governance & Management) 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, provided that the Chair agrees. The Chair reserves the right in exceptional circumstances to redact part of the minutes
Review	These Terms of Reference will be reviewed annually. Any changes that are considered necessary will be recommended to the Governing Board for approval.
First prepared	26 July 2018
Last updated	1 December 2018

Governing Board approved	

6. Executive Officers' Updates:

6.1. CEO's Report [VERBAL REPORT]

6.1.1. Publishing Management update

6.1.2. Governance Meetings Krakow 2019 - update

6.2. Editor-in-Chief's Report [VERBAL REPORT]

7. Strategy and Management:

7.1. 2019 Draft Strategy to 2020 Targets: request to approve [OPEN ACCESS SUPPORTING DOCUMENT]

Cochrane

Agenda number:	7.1 [2019-London-7.1]
Agenda item:	**2019 Draft Strategy to 2020 Targets**
Submitted for Governing Board meeting:	London 2019
Submitted by:	Senior Management Team
Sponsored by:	Mark Wilson
Access:	Open Access
Decision or information:	Decision
Resolution for the minutes:	The Board approves the Strategy to 2020 Targets for 2019.
Executive summary:	At its meeting in Edinburgh, September 2018, the Board considered proposed Targets areas for 2019. These have been developed into eight organizational Targets for 2019 as set out in this paper, which also guide resource choices in the 2019 Plan & Budget.
Consultation with Cochrane Council:	No
Financial request:	As per the 2019 Plan & Budget

Strategy to 2020:
Proposed 2019 Targets

January 2019

Trusted evidence.
Informed decisions.
Better health.

| 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
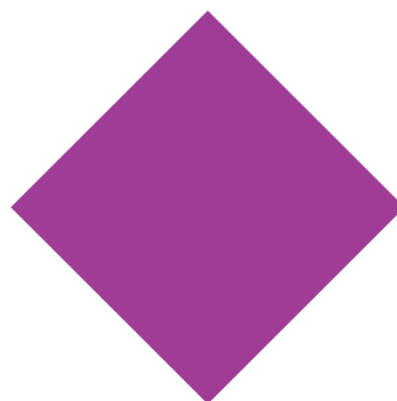
Strategy to 2020 aims to put Cochrane evidence at the heart of health decision-making all over the world.

Structure of the *Strategy to 2020*:

There are various ways in which strategic plans can be structured; and planning structures and terminology are used differently by different organizations. **Cochrane's** *Strategy to 2020* **has been developed with the following structure:**

Vision > Mission > Goals > Objectives > Targets > Workplans:

- **Vision:** Outlines what the organisation wants the world in which it operates to be.
- **Mission:** Defines the fundamental purpose of the organisation, describing why it exists and what it does to achieve its vision.
- **Goals:** Establish the desired endpoints for achieving the mission.
- **Objectives**: Describe the ways in which goals will be operationalized and achieved.
- **Targets**: Represent the tangible stepping stones on the path towards the achievement of an objective. An objective may have one or many targets that must be fulfilled to achieve it.
- **Workplans**: Set out how the targets will be achieved.

The Objectives have been developed as overarching aims to 2020. SMART (Specific, Measurable, Attainable, Relevant & Time-Bound) Targets and accompanying Workplans are developed and reviewed on an annual basis to achieve these Objectives. Some of the Targets are annual, some will be for a two-year period and a few may be for longer. All Targets are approved by the Governing Board and establish the priority tasks the organisation is setting itself for a given period. Progress against the Targets and the wider Objectives and Goals are reported on regularly by the Senior Management Team (SMT).

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Proposed Targets for 2019:

Eight priority Targets are proposed for 2019. Together, the Cochrane Groups and the Central Executive Team will:

GOAL 1: PRODUCING EVIDENCE
To produce high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making.

1. **CONTENT STRATEGY IMPLEMENTATION**
    Achieve the annual objectives and targets of Cochrane's Content Strategy, including:
    - o Implementing the Risk of Bias 2 tool (ROB2);
    - o Scaling up Cochrane's 'Living Systematic Reviews';
    - o Developing standards and scaling up our Network Meta-analysis (NMA);
    - o Deciding whether to progress work on developing Rapid Reviews
    - o Exploring the use of Clinical Study Reports as source data for drug intervention reviews.

Why are we doing this?
• It is vital for Cochrane's sustainability that we develop and implement strategies aimed at providing reviews that address decision makers' needs more effectively: focusing on high priority and increasingly complex questions, the use of new methods, new review types and expanding data sources.

2. **IMPROVED EDITORIAL PROCESS**
    Assure the quality and consistency of Cochrane's editorial process, by:
    - o Developing an editorial charter that describes agreed expectations across Review Group Networks and Review Groups to assure the equity and consistently high quality of editorial processes; and
    - o Developing and implementing an agreed quality assurance process for high-profile reviews.

Why are we doing this?
• Cochrane needs to attract high quality researchers from across the world to contribute to its reviews. The marketplace for such reviews is highly competitive, with many high impact journals now wishing to publish systematic reviews. Therefore, the editorial process needs to be consistently supportive (within agreed limits), efficient and rigorous. There is ample evidence that the process is currently inconsistent and sometimes unacceptable. Addressing these is therefore a key priority.

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GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE
To make Cochrane evidence accessible and useful to everybody, everywhere in the world.

3. COCHRANE REVIEW STRUCTURE AND FORMAT CHANGES
Make Cochrane Reviews more accessible to decision makers, by:

   o Developing a prioritised and costed list of potential changes to the structure and format of Cochrane Reviews with a proposed development and implementation plan to be undertaken over the course of three years.

Why are we doing this?

- The structure of reporting and publishing Cochrane Reviews remain unchanged since Cochrane's inception.
- In response to methodological advances, new features have been added to Cochrane Reviews over the years (e.g., Summary of Findings Table), and this probably contributed to reviews becoming longer and more complex (less accessible).
- Review production (write, editorial process, and copy-editing) is more time-consuming and quality assurance is a challenge.
- This proposal aims to support improvements in the quality, understandability, and usefulness of Cochrane Reviews, which in turn might allow for tailored derivative products that build on and go beyond what Cochrane Reviews can offer.
- User testing of Cochrane Reviews have found that they are difficult for decision-makers to understand and use; e.g., they are long, there are frequently large numbers of comparisons and outcomes, there is frequently missing information about outcomes, particularly adverse effects.

GOAL 3: ADVOCATING FOR EVIDENCE

To make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed health care.

4. **NEW COCHRANE LIBRARY FEATURES**

   Continue to deliver more features and enhancements in the Cochrane Library, with a focus on continuing to improve the discoverability, accessibility, usability and impact of our content.

   o   Projects to be delivered in 2019 include PICO based search, RoB2, Living Systematic Reviews and the integration of Health Systems Evidence.

   Why are we doing this?

   - Following delivery of an enhanced Cochrane Library in 2018, work will continue to deliver features and enhancements on an ongoing basis, as planned, to maintain its relevance and usability.

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5. **SUPPORTING POLICY-MAKERS**

   Support health policy makers to use Cochrane evidence and new advocacy initiatives, by:

   o   Strengthening Cochrane's capacity to support policy-makers and health policy managers in their uptake and use of Cochrane evidence applicable to their language and context;
   o   Advocating for evidence-informed health care and the uptake of synthesized research evidence in health policy making and service planning.

   Why are we doing this?

   - This Target directly addresses the challenge set by Goal 3 of Cochrane's *Strategy to 2020* to 'make Cochrane the "home of evidence" to inform health decision making, build greater recognition of our work, and become the leading advocate for evidence-informed health care'.
   - It does this by expanding Cochrane's capacity to engage more effectively with one of the most important target users of our evidence: health policy makers. This focus will increase the take up and impact of Cochrane evidence with these users; and give valuable lessons on how we embed effective Knowledge Translation approaches and tools across Cochrane to reach other target audiences better in future.
   - The continuing implementation of the Knowledge Translation Strategy will complement Cochrane's Editorial Content Strategy and advocacy messages to ensure the widest possible access to and use of our evidence, in multiple languages and across geographic contexts.
   - Cochrane has not yet developed an organizational Advocacy Strategy that will guide its work in this important area. The Target supports the development of new advocacy initiatives, expanded partnerships and wide internal and external consultations that will help Cochrane develop an Advocacy Strategy ready for implementation in January 2020.

GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANISATION

To be a diverse, inclusive and transparent international organisation that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources.

6. SUPPORTING AND TRAINING OUR CONTRIBUTORS
Build capacity in the Cochrane community to produce more complex reviews and undertake knowledge translation activities.

Why are we doing this?

- This Target is addressing Review Group concerns about:
    - the level of author training being too basic;
    - mass training exercises (pushing those Centres to work on training users in this context instead).
- It is also addressing issues around quality of training (training trainers to be better trainers and providing improved materials).
- It is making the most of Cochrane Interactive Learning and embedding that as our new standard author training with face-to-face opportunities seen as advancing that rather than replicating that basic training.
- It is supporting the quality improvement agenda by establishing more support and learning for editorial staff.
- Its is addressing some of the skills gap in the organization around Knowledge Translation.
- It is addressing issues around generational change and supporting younger members of the community to find their place and opportunities.

7. IMPROVED EDITORIAL MANAGEMENT SYSTEM
Evaluate, plan and begin implementation of an improved Editorial Management System for Cochrane Review production.

Why are we doing this?

- Cochrane's editorial management systems are 15 years old, and whilst they were fit for purpose when created they have not kept up with external competition over the last 15 years due to lack of investment and other priorities.

8. INCREASED ORGANIZATIONAL DIVERSITY
Strengthen Cochrane as a global organization, through a series of initiatives including:

- o Establishing new Cochrane Networks in the US and China to extend Cochrane's global reach and facilitate the accessibility, use and uptake of Cochrane evidence in practice;
  - o Promoting diverse participation within our organization;
  - o Expanding equity in the content and accessibility of our work;
  - o Supporting the next generation of Cochrane Contributors.

Why are we doing this?

- This Target is a direct response to the objective to strengthen Cochrane as a global and diverse organization by establishing a Cochrane organisational presence in all regions, building capacity in low- and middle-income countries; promoting gender, linguistic and geographic diversity; and enabling generational change.
- As stressed in the 2019 Colloquium theme, we aspire to embrace diversity in Cochrane and we need to support this actively.
- The development of a Content Strategy highlighted importance of equity in our work.
- We need a new generation of people coming through to lead Cochrane –we need to celebrate and support them.

In addition to these Cochrane organizational Targets, the Central Executive Team will:

Run an open, competitive tender process for Cochrane's future publishing arrangements from January 2021.

1. CONTENT STRATEGY IMPLEMENTATION

Achieve the annual objectives and targets of Cochrane's Content Strategy

Target Outcomes	We will achieve the key objectives and targets relating to the content strategy, as approved by the Governing Board in April 2018. These will address the following: • Implementation of Risk of Bias 2 tool (ROB2) • Scaling up of Living Systematic Reviews • Standards developed and scaling up of Network Meta-analysis (NMA) • A Decision on whether to progress work on developing Rapid Reviews • Further exploration of the use of Clinical Study Reports as source data for drug intervention reviews
Why are we doing this?	It is vital for Cochrane's sustainability that we develop and implement strategies aimed at providing reviews that address decision makers' needs more effectively: focusing on high priority and increasingly complex questions, the use of new methods, new review types and expanding data sources.
Indicators of Success	• Successful introduction of Content Strategy Implementation plan. • Implementation plans for: ROB 2 tool, Network Meta-Analysis, Using Clinical Study Reports as the source of data for drug intervention reviews, Living Evidence, Rapid Reviews and Reviews of Prognosis Studies • Successful implementation of ROB2 for all new reviews and updates initiated after the end of 2019 • Development of 'MECIR' standards for NMA • Decision on whether to proceed Rapid Reviews in Cochrane • Meetings to explore feasibility and exemplar reviews based on Clinical Study Reports and organizing broad access to CSRs • Progress in identifying and commencing work on exemplar reviews based on Living Systematic Reviews identified and initiated by at least five Networks

Deliverables		
	1) Content Strategy Implementation plan agreed and signed off	1) March 2019
	2) Development of online learning modules in Network Meta-analysis	2) December 2019
	3) Meetings organized to further explore use of Clinical Study Reports	3) May 2019
	4) Tech development to support ROB2 in RevMan Web and Cochrane Library	4) December 2019
	5) Rapid Review Methods Group to complete first part of project leading to a go/no go decision	5) April 2019
	6) NMA quality standards and proposed implementation plan agreed and delivered	6) June 2019
	7) ROB2 become the default form of risk of bias assessment for new reviews	7) December 2019
	8) Identification of initiation of work for LSR's across at least five Networks	8) April 2019
	9) Meeting to plan Clinical Study Report exemplars and access to CSR's. Clinical Study Report exemplars identified, and work initiated for at least three reviews	9) June 2019
Estimated start date	January 2019	

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2. IMPROVED EDITORIAL PROCESS

Assure the quality and consistency of Cochrane's editorial process

Target Outcomes	• We will develop an editorial charter that describes agreed expectations across networks and Review Groups to assure the equity and consistent high quality of editorial processes • Development and implementation of an agreed quality assurance process for high-profile reviews
Why are we doing this?	Cochrane needs to attract high quality researchers from across the world to contribute to its reviews. The marketplace for such reviews is highly competitive, with many high impact journals now wishing to publish systematic reviews. Therefore, the editorial process needs to be consistently supportive (within agreed limits), efficient and rigorous. There is ample evidence that the process is currently inconsistent and sometimes unacceptable. Addressing these is therefore a key priority.
Indicators of Success	• Approval process and implementation plans for Editorial Charter completed • Implementation of agreed Editorial Charter • Implementation of clear quality assurance process for high-profile reviews
Deliverables	1) Development of an Editorial Charter to be agreed across Cochrane Groups addressing: fidelity and equity of title registration, timeliness of response, high quality communication, transparency of decision making, implementation of due process, separation of editor and author functions. 2) Consultation, amendment and implementation of Editorial Charter with support from Review Groups Network Senior and Associate Editors 3) Development and implementation of quality assurance process for high-profile reviews 4) Central Methods Support Unit to provide hands-on support to Groups 5) Agreed performance parameters and monitoring process for Networks. 6) Review Groups and Network priorities communicated 7) Adherence to Editorial Charter and process for high profile reviews | 1) April 2019 2) July 2019 3) April 2019 4) June 2019 5) June 2019 6) July 2019 7) December 2019
Estimated start date	January 2019

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3. REVIEW STRUCTURE AND FORMAT CHANGES

Make Cochrane Reviews more accessible to decision makers

Target Outcomes	We will develop a prioritised and costed list of the proposed prospective changes to the structure and format of Cochrane Reviews with a proposed development and implementation plan. • This will follow a full evaluation and options appraisal of the ongoing prototype being developed by Cochrane Norway which will be presented to the Governing Board in April 2019. • The implementation plan will include: o An advisory Board with representatives from the community and central team; o Description of technology challenges for both review production (RevMan etc) and publication (Cochrane Library roadmap); o Guidance, support and learning needs of the Cochrane community in delivering the changes consistently and with high quality; o CET responsibilities and accountabilities across different departments; o Consultation plan and engagement with the Cochrane community.
Why are we doing this?	• The structure of reporting and publishing Cochrane Reviews remain unchanged since Cochrane's inception. • In response to methodological advances, new features have been added to Cochrane Reviews over the years (e.g., Summary of Findings Table), and this probably contributed to reviews becoming longer and more complex (less accessible). • Review production (write, editorial process, and copy-editing) is more time-consuming and quality assurance is a challenge. • This proposal aims to support improvements in the quality, understandability, and usefulness of Cochrane Reviews, which in turn might allow for tailored derivative products that build on and go beyond what Cochrane Reviews can offer. • User testing of Cochrane Reviews have found that they are difficult for decision-makers to understand and use; e.g. they are long, there are frequently large numbers of comparisons and outcomes, there is frequently missing information about outcomes, particularly adverse effects.
Indicators of Success	• A strategic plan for the proposed changes in the structure and format of Cochrane Reviews. • A clear and comprehensive implementation plan detailing the proposed changes in the structure and format of Cochrane Reviews according to a prioritization process and with plans for regular deliverables (using an agile strategy).
Deliverables	1) A full evaluation and options appraisal of the ongoing prototype 1) March 2019 2) Development and implementation plan established, including: 2) September 2019 a) Advisory board 3) September 2019

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		4)	September 2019
	b) Governance and accountability c) Consultation plan with community and external stakeholders d) Guidance, support and learning needs of the Cochrane community e) Resource requirements: human and financial f) Description of technology challenges for review production and publication 3) Full options paper with resource requirements paper to Governing Board 4) Active involvement in consultation process from Review Groups Networks: feedback and support		
Estimated start date	January 2019		

4. NEW COCHRANE LIBRARY FEATURES

Continue to deliver more features and enhancements in the Cochrane Library

Target Outcomes	We will deliver new features and enhancements of the Cochrane Library on a regular basis, with a focus on continuing to improve the discoverability, accessibility, usability and impact of our content. Projects to be delivered in 2019 include: • PICO based search • Risk of Bias 2 (ROB2) • Living Systematic Reviews; and • The integration of Health Systems Evidence.
Why are we doing this?	Following delivery on an enhanced Cochrane Library in 2018, work will continue to deliver features and enhancements on an ongoing basis, as planned, to maintain its relevance and usability.
Indicators of Success	• Release of features and enhancements aligned to strategic priorities and delivering against the following product themes - discoverable, accessible, credible, actionable, sustainable. • PICO based search, RoB2, Living Systematic reviews and Health Systems Evidence are delivered on the Cochrane Library by the end of 2019.

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Deliverables	1) Regular release of new features and enhancements, including public release notes. 2) Quarterly roadmap report confirming our now, next, and future development plans. 3) PICO search beta available on the Cochrane Library 4) Features required to support the publication and use of Living Systematic reviews available on CDSR 5) Health Systems Research searchable from the Cochrane Library 6) Publish RoB2 7) Ideas and suggestions for new functionality/features to support Cochrane's aims and vision to input into the roadmap from Cochrane Groups. 8) Support for understanding the requirements and applications of the stated priority features for 2019 and future features from Cochrane Groups.	1) At lease quarterly from January 2019 2) Quarterly from March 2019 3) Quarter 3 2019 4) Quarter 3 2019 5) Quarter 3 2019 6) Quarter 4 2019 7) Ongoing 8) Ongoing
Estimated start date	January 2019	

5. SUPPORTING POLICY-MAKERS
Support health policy makers to use Cochrane evidence and new advocacy initiatives

Target Outcomes	Health policy makers are a key user group for Cochrane evidence, and a principal target of Cochrane's advocacy messaging. In 2019, as part of the implementation of Cochrane's Knowledge Translation (Knowledge Translation) Strategy, we will: • Strengthen Cochrane's capacity to support policy-makers and health policy managers in their uptake and use of Cochrane evidence applicable to their language and context; • Advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy-making and service planning. This includes a specific aim of making Cochrane leaders more effective advocates for evidence-informed healthcare.
Why are we doing this?	• This Target directly addresses the challenge set by Goal 3 of Cochrane's *Strategy to 2020* to 'make Cochrane the "home of evidence" to inform health decision making, build greater recognition of our work, and become the leading advocate for evidence-informed health care'. • It does this by expanding Cochrane's capacity to engage more effectively with one of the most important target users of our evidence: health policy-makers. This focus will increase the take up and impact of Cochrane evidence with these users; and give valuable lessons on how we embed effective Knowledge Translation (Knowledge Translation) approaches and tools across Cochrane to reach other target audiences better in future. • The continuing implementation of the Knowledge Translation (Knowledge Translation) Strategy will complement Cochrane's Editorial Content Strategy and advocacy messages to ensure the widest possible access to and use of our evidence, in multiple languages and across geographic contexts.

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	• Cochrane has not yet developed an organizational Advocacy Strategy that will guide its work in this important area. The Target supports the development of new advocacy initiatives, expanded partnerships and wide internal and external consultations that will help Cochrane develop an Advocacy Strategy ready for implementation in January 2020.

Indicators of Success	• Indicators of success for strengthening Cochrane's capacity:
	
	   o The community of Cochrane collaborators working with policy-makers is expanding. This community helps identify training needs and tools (such as evidence briefs, support summaries and other Knowledge Translation dissemination products as part of a Knowledge Translation 'tool-kit') to facilitate interaction with policy-makers.
	   o Training and guidance provided to specific Cochrane Groups who are, or who will imminently be, actively engaged in working with policy-makers and request additional support.
	   o Tools and Knowledge Translation products developed are prioritized for translation into non-English languages fit for multiple dissemination platforms.
	   o An improved understanding of policy-making environments with strengthened systems, processes and evaluation frameworks that support Cochrane's engagement with policy-makers.
	   o Health Systems Evidence – a database to support the use of health evidence in policy making – is integrated within the Cochrane Library's search function.
	   o Best of practice experiences gained from working with policy-makers will be shared across Cochrane's community Groups.
	
	• Indicators of success to advocate for evidence-informed health care and the uptake of synthesized research evidence in health policy making and service planning:
	
	   o Documented stories of systematic review use in selected countries. What is/was needed to ensure use in-country (advocacy and campaigning work for the use of evidence; relationship building and use; dissemination and translation work). The stories will help device strategies for facilitating campaigns and advocacy work around future reviews with the potential to change health policy and practice (illustrated by stories of success).
	   o Documented stories of strengthening the capacity of policy makers in understanding and interpreting evidence synthesis and its use in policy and practice. Specific activities include: training of policy makers; deliberative dialogues; expanding our work with the WHO Evidence-Informed Policy Network (EVIPNet).
	   o New connections built with WHO departments, leading to continued and increased use of Cochrane Reviews in WHO normative guidance;
	   o New partnerships and priorities for co-production developed that have resulted in joint advocacy statements and work.

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Deliverables	1) The successful preparation and holding of a session on: "*Supporting the use of evidence in policy-making*" at Cochrane's Governance meetings in Krakow. Cochrane's Knowledge Translation Advisory Group, Editorial Board and Review Groups Networks and geographic Centres to approve the session's aims and expected outcomes. 2) The delivery of an ongoing programme of 'train the trainer' activities; exemplar projects; and the production of a Cochrane community tool-kit consisting of 'evidence briefs' and practical tools to improve the quality of Cochrane's Knowledge Translation dissemination products aimed at policymakers. 3) A Cochrane Advocacy strategy is developed and approved for implementation in 2020 and beyond.	1) April 2019 2) April - October 2019 (delivered by Chile Colloquium) 3) December 2019
Estimated start date	January 2019	

6. SUPPORTING AND TRAINING OUR CONTRIBUTORS
Build capacity in the Cochrane community to produce more complex reviews and undertake knowledge translation activities

Target Outcomes	During 2019 and 2020 we will be developing tools, materials, guidance and learning for the whole Cochrane Community to build the skills required to respond to our Editorial Content and Knowledge Translation strategies. Both are critical for the organisation to continue to produce relevant evidence that is used in decision-making, so it is vital that the right support and training are in place to enable our contributors to do their Cochrane work.
Why are we doing this?	• This is addressing Review Groups concerns about the level of author training being too basic • This is addressing the concerns of Review Groups about mass training exercises (pushing those Centres to work on training users in this context instead) • This is addressing issues around quality of training (training trainers to be better trainers and providing improved materials) • This is making the most of Cochrane Interactive Learning and embedding that as our new standard author training with face-to-face opportunities seen as advancing that rather than replicating that basic training. • This is supporting the quality improvement agenda by establishing more support and learning for editorial staff • This is addressing some of the skills gap in the organization around Knowledge Translation • This is addressing issues around generational change and supporting younger members of the community to find their place and opportunities.

Indicators of Success	• For improvements in author training, success will be Cochrane Review Groups experiencing improved submissions and greater levels of author skills • For Knowledge Translation training development, success will be a greater number of training sessions being delivered that focus on use of Cochrane evidence • For equipping the next generation of Cochrane collaborators and leaders, success will be an increase in the number of young researchers publishing with Cochrane and taking positions of responsibility within the organization

<table>
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<td>Deliverables</td>
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Content Strategy and quality improvement
1) Develop a new author training curriculum that blends online learning with face-to-face learning, with an emphasis on more advanced and in-depth learning face-to-face, so that our author teams have the skills needed to produce high quality reviews and adopt more complex methods as required.
2) Provide Cochrane Trainers with pedagogical training, linked to a defined curriculum, to support high quality teaching delivery and delivery of new types of learning. Face to face training to be delivering at the 2019 Colloquium with online follow up training to continue the learning.
3) Develop communities of practice amongst Cochrane Editors to share learning and develop skills, based on a problem-based learning approach using real case studies.
4) Support the community of Managing Editors (ME) to establish minimum competencies for the ME role, and develop training opportunities to support these competencies

Knowledge Translation
5) Develop an online learning experience for Cochrane contributors to learn about knowledge translation in Cochrane
6) Develop materials for Cochrane Groups to provide more training on the use of Cochrane evidence in practice for policy makers, practitioners and patients.
7) Develop a suite of online learning for patients to understand evidence and the role of systematic reviews in health decision-making.

</td>
<td>

1) Estimated Quarter 2 2020
2) First milestone Quarter 3 2019
3) Quarter 1 2019
4) Quarter 4 2019
5) Completion by Quarter 3 2019
6) Completion by Quarter 4 2019
7) Completion by Quarter 2 2019

</td>
</tr>
<tr>
<td>Estimated start date</td>
<td colspan="2">January 2019</td>
</tr>
</table>

15

7. IMPROVED EDITORIAL MANAGEMENT SYSTEM

Evaluate, plan and begin implementation of an improved Editorial Management System for Cochrane Review production

Target Outcomes	In 2019, we plan to evaluate our editorial management system to understand the needs of the system users and to compare these needs with the products available on the market. We will then decide either to purchase a new Editorial Management System or, if no external system is suitable, we will make e significant investment in Archie to make it fit for purpose. As this is a tool used every day by the community, it will be critical that this work is carried out in close collaboration with system users such as Managing Editors and other key stakeholders.
Why are we doing this?	Cochrane's Editorial Management Systems are 15 years old, and whilst they were fit for purpose when created they have not kept up with external competition over this period due to lack of investment and other priorities.
Indicators of Success	• A decision is taken on what our future system for editorial manage should be, and all major stakeholder groups agree with the selection. • Key stakeholders, such as Group staff, are engaged with the evaluation and support whichever option is chosen. • Implementation is underway before the end of 2019.
Deliverables	1) Commissioning with external consultants an evaluation of Cochrane's editorial management requirements and then involving all relevant stakeholder groups leading to an update paper for the Board and the community, including any known resource implications. 2) Implementation plan for new system, developed in collaboration with the community, with clear timelines and budget (if new system). 3) Development plan for Archie is developed, in collaboration with the community, with clear timelines and budget (if continuing with Archie). 4) A plan of Archie's other functionality is developed for whichever option is pursued. 5) Implementation started on the agreed solution. 6) Provide expert stakeholder input to the evaluation process. 7) Assist in the implementation planning of the agreed solution. 1) Krakow - April 2019 2) July 2019 3) July 2019 4) September 2019 5) November 2019 6) February 2019 7) November 2019
Estimated start date	January 2019

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8. INCREASED ORGANIZATIONAL DIVERSITY

Strengthen Cochrane as a global organization

Target Outcomes	Cochrane is a global organization that welcomes participation from a diverse range of contributors. We aspire to have a global impact through our work. *Strategy 2020* sets an objective to: *strengthen Cochrane as a global and diverse organization by establishing a Cochrane organisational presence in all regions, building capacity in low- and middle-income countries; promoting gender, linguistic and geographic diversity; and enabling generational change*. In 2019 we have a range of related initiatives that collectively address this objective, both in our organization and in the work we produce.
Why are we doing this?	• This is a direct response to the objective to strengthen Cochrane as a global and diverse organization by establishing a Cochrane organisational presence in all regions, building capacity in low- and middle-income countries; promoting gender, linguistic and geographic diversity; and enabling generational change. • As stressed in the 2019 Santiago Colloquium theme, we aspire to embrace diversity in Cochrane and we need to support this actively. • The development of the Editorial Content Strategy highlighted the importance of equity in our work. • We need a new generation of people coming through into leadership positions in Cochrane –we need to celebrate and support them.
Indicators of Success	• Cochrane is communicating clearly about diversity with transparent metrics and targets for development • Meaningful recommendations on diversity are developed from the 2019 Colloquium • Young authors have mechanisms to put themselves forward to join author teams under defined terms of involvement
Deliverables	**Developing our global organization** 1. Establish networks in the US and China to extend Cochrane's global reach and facilitate the accessibility, use and uptake of Cochrane evidence in practice. **Embracing diverse participation within our organization** 2. Using the 2019 Santiago Colloquium as a platform, discuss, debate and identify ideas for embracing diversity in a way that leads to meaningful recommendations that can be put into action. 3. Perform a pilot study to assess improved approaches to supporting authors in Spanish speaking countries to understand how we might improve non-English author support internationally. 4. Collectively assess the Cochrane title proposal process and identify opportunities for improvements to support diversity in our author base. 5. Establish new metrics for the organization to report meaningfully on diversity within the organization **Equity in the content and accessibility of our work** 6. Develop training to support authors to address equity considerations in reviews including a learning module and guidance documentation, all supported by the Equity Methods Group	1. Quarter 2 2019 2. Quarter 4 2019 3. Quarter 3 2019 4. Quarter 3 2019 5. Quarter 22019 6. Quarter 3 2019 7. To be confirmed 8. To be confirmed 9. Quarter 4 2019 10. Quarter 1 2019 11. Quarter 4 2019

17

	7. Provide the right infrastructure to support efficient language translation processes including the integration of high performing machine translation (MT) engines into workflows for selected Cochrane languages. 8. Strengthen Cochrane's language translation community by providing a suite of online training and learning modules for volunteer translators, to improve the quality of our multi-lingual content and reducing workloads for Cochrane geographic groups/editors/managers. **Supporting the next generation of Cochrane Contributors** 9. Define clear roles for early career researchers, including clear guidance for how to involve someone in their first review as an author and their first review as a lead author and creating other opportunities in the organization to support their development, e.g. Junior Editor roles. 10. Facilitate a community of practice amongst early career researchers to learn from each other's experiences of working within Cochrane, building on the *Cochrane 30 under 30* initiative. 11. Propose KPIs that Cochrane Groups can adopt to increase the number of young people progressing in their Cochrane career.	
Estimated start date	January 2019

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7.2. 2019 Draft Plan and Budget: request to approve [OPEN AND RESTRICTED ACCESS SUPPORTING DOCUMENTS]

Governing Board Paper

7.2. [2019-LONDON-7.2]

Proposed 2019 Plan & Budget

Background:

This document sets out the proposed 2019 Plan & Budget for core funds presented under the Goals of Cochrane's *Strategy to 2020*, which provides the framework for all centrally managed activities and spending. The Plan aims to move Cochrane towards implementation of the 28 Objectives contained in the Strategy as defined in the document: *Definitions of success by 2020, an assessment of progress and a framework for work remaining.* The main targets, new initiatives and projects contained within the 2019 Plan are described in detail in the document: *Strategy to 2020 Targets for 2019*. Brief descriptions of the 'business as usual' activities included within the Plan & Budget are set out in this document alongside each of the different Goals and Objectives they relate to. See also the separate Annex 1 with a more detailed description of Central Executive Team functions. Costs are presented against each of the objectives and these are made up of directly related project costs, staff costs and associated team costs. Further Budget details have been provided to the Governing Board's Finance, Audit & Investment Committee for its consideration.

This *Plan & Budget*, alongside the *Strategy to 2020 Targets for 2019*; and the *2018 End of Year Projection, Introduction to the 2019 Budget and Financial Scenarios to 2021*, aim to give the Governing Board the key strategic and operational information it needs to assess the proposed activities and expenditure Cochrane will make in 2019.
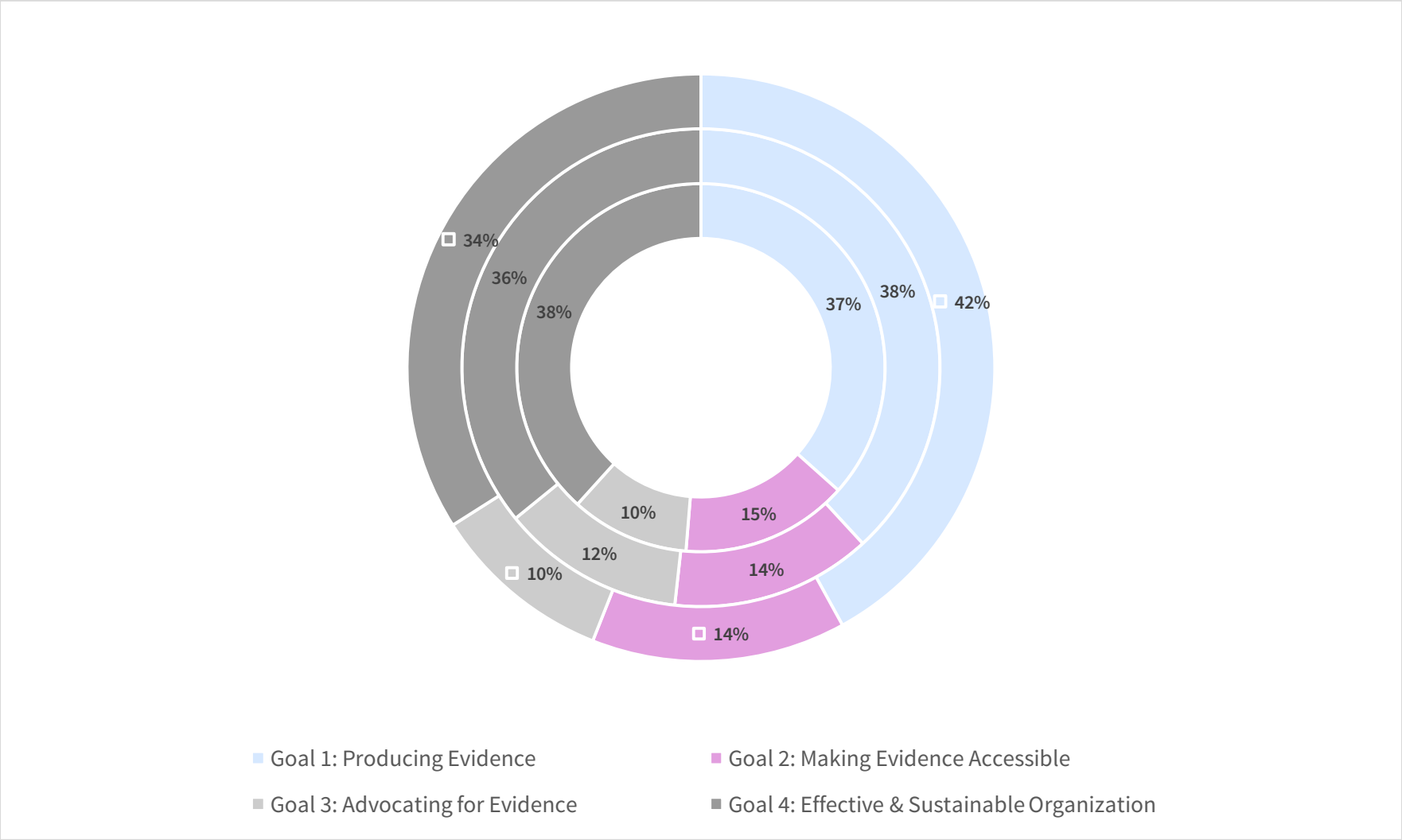
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Figure 1. Percentage split of budget by Goal in 2019 (outside ring) with 2018 (middle ring) and 2017 (inner ring) comparison

GOAL 1: PRODUCING EVIDENCE

To produce high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making.

	Goal 1 Producing Evidence	Total GBP	Specific activities to deliver the Objective:	Central Executive Team (CET) supporting operations include:
1.1	High Quality	1,236,277	• Content Strategy £50k • Fast Track £44k • Learning £81k: Learning Standard Author Training; Learning Resources and Training Events • Network projects include editorial process improvement, methodological consultancy in complex reviews	• Editorial Policy development • Copy editing and Style Manual • Editorial and publishing resource maintenance and development • CRG Transformation Programme • CRG and Network management • Quality assurance (screening) • Methods leadership • Funding Arbiter support and COI management (including COI Review project) • Cochrane Library Oversight Committee support • Editorial Management System • Complaints and Feedback • Updating Classification System • Cochrane Response • Further investment in priority setting initiatives (Inc. new initiatives with Fields/CRG Networks), mentorship and definition of co-production for Cochrane
1.2	Relevant	140,609	• Content Strategy £50k • Priority setting • Development & Management of Prioritization List	
1.3	Up to Date	288,856	• Content Strategy £50k	
1.4	Wide Coverage	102,438	• Review Support Programme £30k	
1.5	Pioneering Methods	601,783	• DTA Review Support £12k • Methods Innovation Fund 2 £5k • Strategic Methods Fund £109k • Handbooks £15k • Training £20k • Methods Journal £30k • Scientific Committee £15k • Content Strategy £50k • Learning (Content Strategy Priorities, Prognosis Reviews & Risk of Bias 2)	

3

1.6/7	Efficient Production	1,620,378	• Fast Track £44k • CRS Metaxis £90k • Linked Data £86k • EPPI £8k • Transform component operations - Pipeline, Crowd Task Exchange £59k • Archie £200k • Task Exchange & Crowd • RevMan Web Development • Editorial Management System Review	
	Total Goal 1 - Producing Evidence	**3,990,341**		
	% of total Expenditure	**42%**		

CET Resource Breakdown: Goal 1	
Chief Executive Office	1.7%
Editorial & Methods Department	64.5%
Innovations, Research & Development	18.1%
Knowledge Translation	0.0%
Finance & Core Services	0.0%
Information Technology Services	58.7%
Membership & Learning Services	28.1%

GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

To make Cochrane evidence accessible and useful to everybody, everywhere in the world.

Goal 2 - Making Our Evidence Accessible		Total GBP	Specific activities to deliver the Objective:	Central Executive Team (CET) supporting operations include:
2.1-3	User Centred Design and Delivery	579,290	• Knowledge Translation Strategy £135k • User Testing £25k • Knowledge Translation Training Resources • Consumer Learning Resources • New Review Format project	• Editorials • Special Collections • Support for media releases • Cochrane Library development • Editorial Board • Cochrane Clinical Answers • Cochrane Library Product Roadmap, Research and Development projects • Knowledge Translation products toolkit, guidance and training • Dissemination products/principles/investment in multilingual strategy and implementation
2.4	Open Access	75,207	• Management of Open Access policy • Exploration of Open Data policy	
2.5	Accessible Language	85,239	• New Review Format project	
2.6	Multi-Lingual	604,303	• Translations	
	Total Goal 2 - Making Our Evidence Accessible	1,344,038		
	% of total Expenditure	14%		

CET Resource Breakdown: Goal 2	
Chief Executive Office	4.6%
Editorial & Methods Department	7.3%
Innovations, Research & Development	16.6%
Knowledge Translation	20.3%
Finance & Core Services	0.0%
Information Technology Services	23.2%
Membership & Learning Services	11.9%

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GOAL 3: ADVOCATING FOR EVIDENCE

To make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed health care.

Goal 3 - Advocating for Evidence		Total GBP	Specific activities to deliver the Objective:	Central Executive Team (CET) supporting operations include:
3.1	Global Profile	303,056	• Cochrane.org website management and development	• Organizational Advocacy • Partnerships, Policy & External Affairs • Community engagement • Community websites • Investment in training in users with external stakeholders - policy-makers, new advocacy initiatives and implementation • Marketing & Cochrane events • Press office
3.2-3	Home of Evidence	206,263	• Epistemonikos	
3.4-6	Global Advocate	87,155	• Organizational Advocacy; Policy & External Affairs • Consumer Support	
3.7	Global Partner	232,198	• Partnerships £24k • Partnership Development & Management	
3.8	Global Impact	125,539	• Organizational and Knowledge Translation monitoring & evaluation	
	Total Goal 3 - Advocating for Evidence	**954,211**		
	% of total Expenditure	**10%**		

CET Resource Breakdown: Goal 3	
Chief Executive Office	23.9%
Editorial & Methods Department	5.0%
Innovations, Research & Development	20.6%
Knowledge Translation	52.1%
Finance & Core Services	0.0%
Information Technology Services	9.8%
Membership & Learning Services	11.0%

GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANIZATION

To be a diverse, inclusive and transparent international organization that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources.

Goal 4 - Building an Effective & Sustainable Organisation		Total GBP	Specific activities to deliver the Objective:	Central Executive Team (CET) supporting operations include:
4.1	Inclusive & Open	441,144	• Cochrane Membership governance and management • Membership development £71k • Consumer Expenses £22k • Task Exchange/Crowd development £83 • Sponsored Registrations for groups to attend Colloquium £114k • Student Initiative & Community of Practice for early career researchers • CRG Network support	• IT system management / architecture • IT systems infrastructure design, development and maintenance • Systems administration and security • Software development • Technical leadership, integrations and development and maintenance of 3rd party IT solutions • IT Support Services • Complaints and feedback • Editorial management system • Cochrane Response • Cochrane Library Product Roadmap, Research and Development projects • Other products sales • New internal Communications platforms, Community toolkits • Knowledge Translation sustainable processes (Inc. strengthening Knowledge Translation infrastructure)
4.2	Global & Diverse	254,907	• Cochrane Network & Centre Management and Support • Geographic Network Development • Regional Initiatives £65k • Global Evidence Synthesis Initiative £15k • Stipends for Colloquium attendance £32k • Diversity Initiatives • Equity in the context of accessibility of our work • Supporting next generation of Cochrane Contributors	
4.3	Financially Strong	729,999	• Publishing tender process £50k • Publishing Management • Trust & Foundations Fundraising & Revenue Generation • Funder/Donor Relationship Management • Support to Cochrane Group Fundraising	

			• Other Income & Fundraising Initiatives • Cochrane Innovations – services & products
4.4	Efficiently Run	760,356	• Organizational Management & Oversight • Financial management • Audit • Charity & Company management • Human Resources for CET/Group support • Risk management • Contracts management • Transformation Programme management £44k • London office move for CET £24k • Governance Meetings direct support £22 • Community Support Teams
4.5	Investing in People	465,571	• Learning & Support to Cochrane community • CET Meeting • Support to the network of Cochrane trainers
4.6	Transparently Governed	522,545	• Governance Meetings £132k • Executives £119k • Council £37k • *Strategy 2020* Review £30k • Strategy Development • Governance Support for Governing Board, Sub Committees, Council and Group Executives • Board Discretionary Fund £20k • Board Travel to Local Centres £5k
4.7	Environmentally Responsible	21,208	• Distance learning; virtual events; virtual conferences
	Total Goal 4 -	**3,195,729**	
	% of total Expenditure	**34%**	

CET Resource Breakdown: Goal 4

Chief Executive Office	69.0%
Editorial & Methods Department	23.2%
Innovations, Research & Development	44.7%
Knowledge Translation	27.6%
Finance & Core Services	100.0%
Information Technology Services	8.2%
Membership & Learning Services	49.0%

|	Goal 1 Producing Evidence	Total		Goal 2 - Making Our Evidence Accessible	Total		Goal 3 - Advocating for Evidence	Total		Goal 4 - Building an Effective & Sustainable Organisation	Total
1.1	High Quality	1,236,277	2.1-3	User Centred Design and Delivery	579,290	3.1	Global Profile	303,056	4.1	Inclusive & Open	441,144
1.2	Relevant	140,609	2.4	Open Access	75,207	3.2-3.3	Home of Evidence	206,263	4.2	Global & Diverse	254,907
1.3	Up to Date	288,856	2.5	Accessible Language	85,239	3.4-6	Global Advocate	87,155	4.3	Financially Strong	729,999
1.4	Wide Coverage	102,438	2.6	Multi-Lingual	604,303	3.7	Global Partner	232,198	4.4	Efficiently Run	760,356
1.5	Pioneering Methods	601,783				3.8	Global Impact	125,539	4.5	Investing in People	465,571
1.6/7	Efficient Production	1,620,378							4.6	Transparently Governed	522,545
									4.7	Environmentally Responsible	21,208
	Total Goal 1 - Producing Evidence	**3,990,341**		**Total Goal 2 - Making Our Evidence Accessible**	**1,344,038**		**Total Goal 3 - Advocating for Evidence**	**954,211**		**Total Goal 4 - Buidling an Effective & Sustainable Organisation**	**3,195,729**
	% of total Expenditure	**42%**		**% of total Expenditure**	**14%**		**% of total Expenditure**	**10%**		**% of total Expenditure**	**34%**
										TOTAL GBP	**9,484,319**

Head of Dept: CEO – Mark Wilson

Chief Executive's Office (CEOO)

including Governance, Fundraising & External Affairs

- Organisational Leadership, Management & Oversight (including management of SMT)

- *Strategy 2020* review & future strategy development

- Governance Support (Governing Board, Board Sub-Committees & Council)

- Fundraising & Revenue Generation

- Organisational Advocacy, Partnerships, Policy & External Affairs

- Cochrane Geographic Group Management
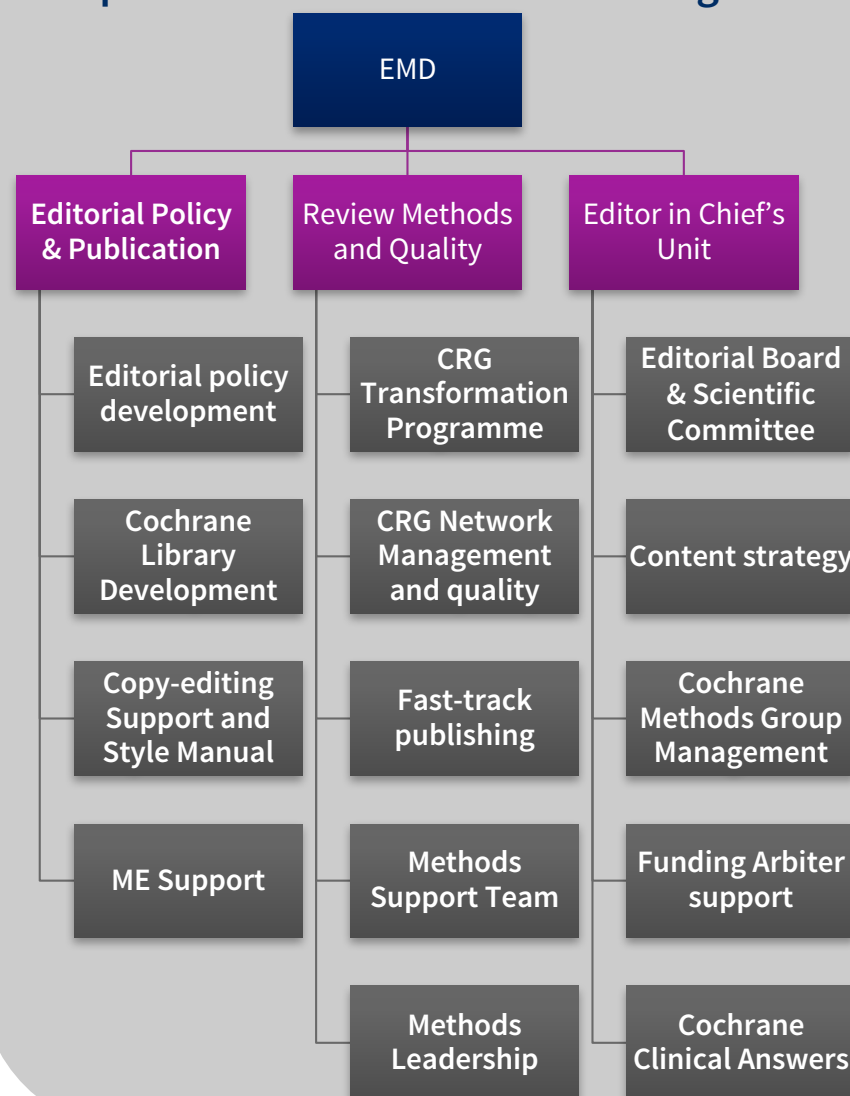
- Geographic Network Development

- Special Projects

Department functional areas at a glance

CEOO
- Org Management & Special Projects
- Governance
- Fundraising
- External Relations
- Cochrane Centres Mgmt
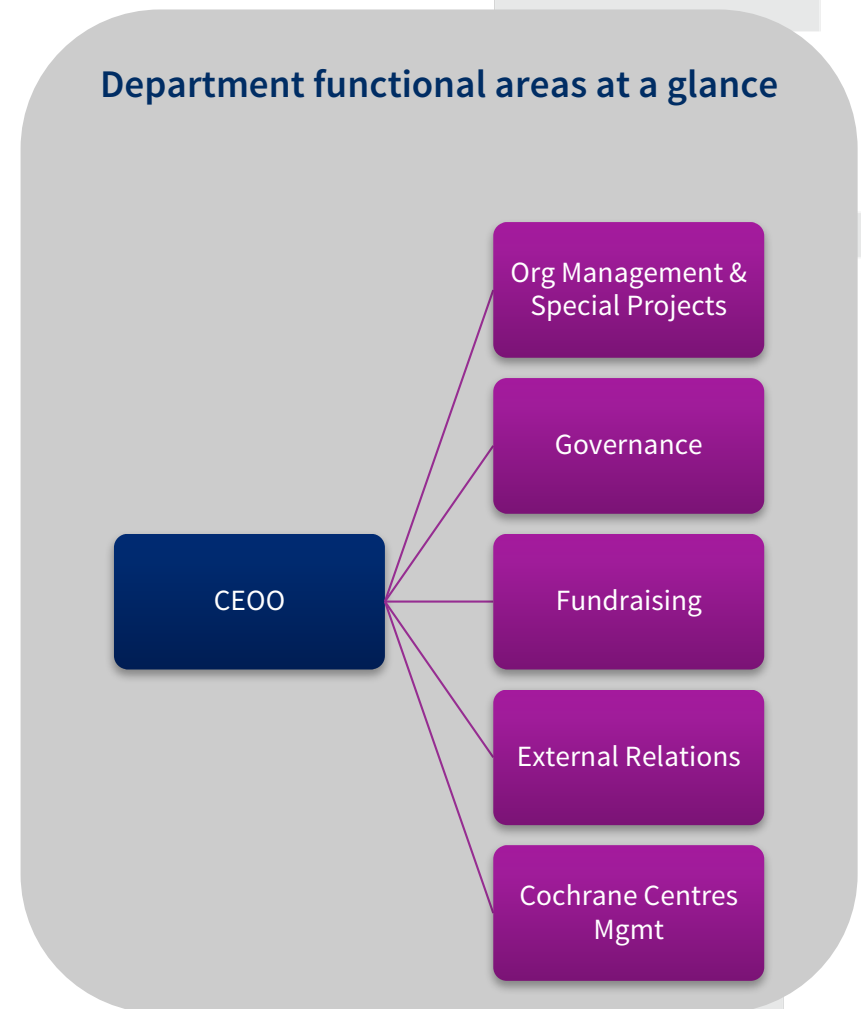
Cochrane Editorial & Methods Department

- **Editorial Policy and Publication Unit**
  - Editorial policy and development
  - Digital content curation and development
  - Cochrane Library Development
  - Copy-editing Support and Style Manual
  - ME Support

- **Review Methods and Quality Unit**
  - CRG Transformation Programme
  - CRG Network Management and quality
  - Fast-track publishing
  - Methods Support Team
  - Methods Leadership

- **Editor in Chief's Unit**
  - Leadership & management of Editorial Board & Scientific Committee
  - Content strategy
  - Methods leadership, co-ordination & support
  - Cochrane Methods Group Management
  - Funding Arbiter and IS support
  - Cochrane Clinical Answers

Head of Dept: Editor in Chief – David Tovey

Department functional areas at a glance

EMD

Editorial Policy & Publication	Review Methods and Quality	Editor in Chief's Unit
Editorial policy development	CRG Transformation Programme	Editorial Board & Scientific Committee
Cochrane Library Development	CRG Network Management and quality	Content strategy
Copy-editing Support and Style Manual	Fast-track publishing	Cochrane Methods Group Management
ME Support	Methods Support Team	Funding Arbiter support
	Methods Leadership	Cochrane Clinical Answers

Head of Dept: Cochrane Innovations CEO – Charlotte Pestridge

Innovations, Research & Development

- Core product development
  - Co-Chair of Ops Management Team
  - Cochrane Library Product Development
  - Cochrane Library Business Analysis
  - Cochrane Tools product development

- Managing Commercial services
  - Cochrane Response
  - Cochrane Interactive Learning
  - Production tools (e.g., RevMan, Covidence)

- Innovative R&D
  - Linked Data commercialisation / strategy
  - Horizon scanning
  - 'Seed' research, innovation & market testing new ideas

Department functional areas at a glance

I,R&D
- Core Product Development
  - CLIB
  - Production tools
- Commercial Services
  - Cochrane Response
  - Cochrane Interactive Learning
  - Production tools
- Innovative R&D
  - Linked Data
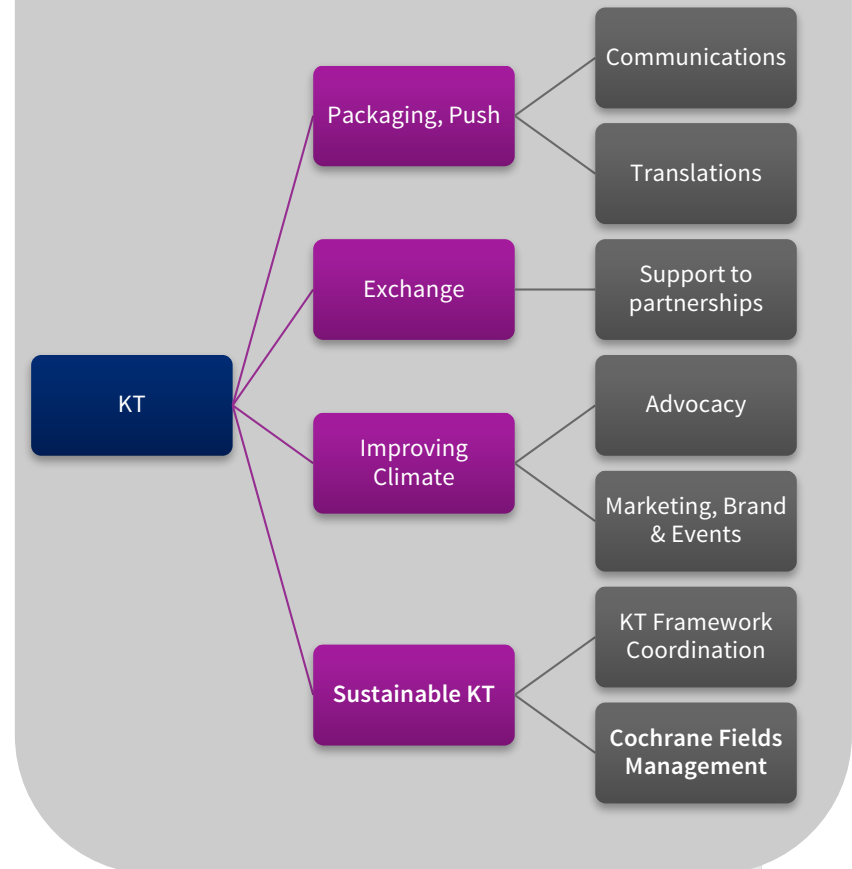 - New products R&D

Cochrane

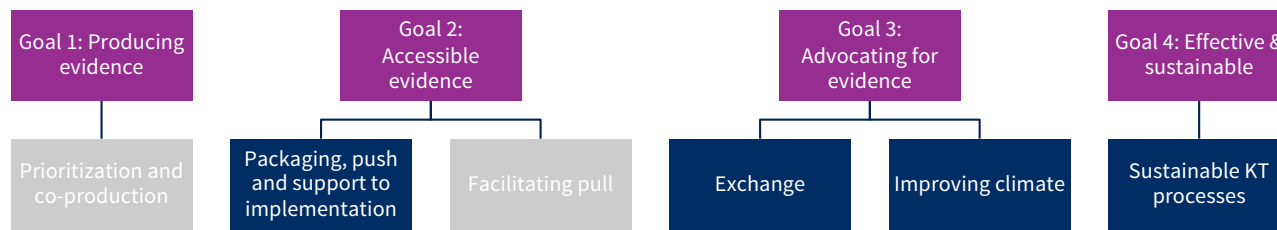# Knowledge Translation

Head of KT: Jo Anthony
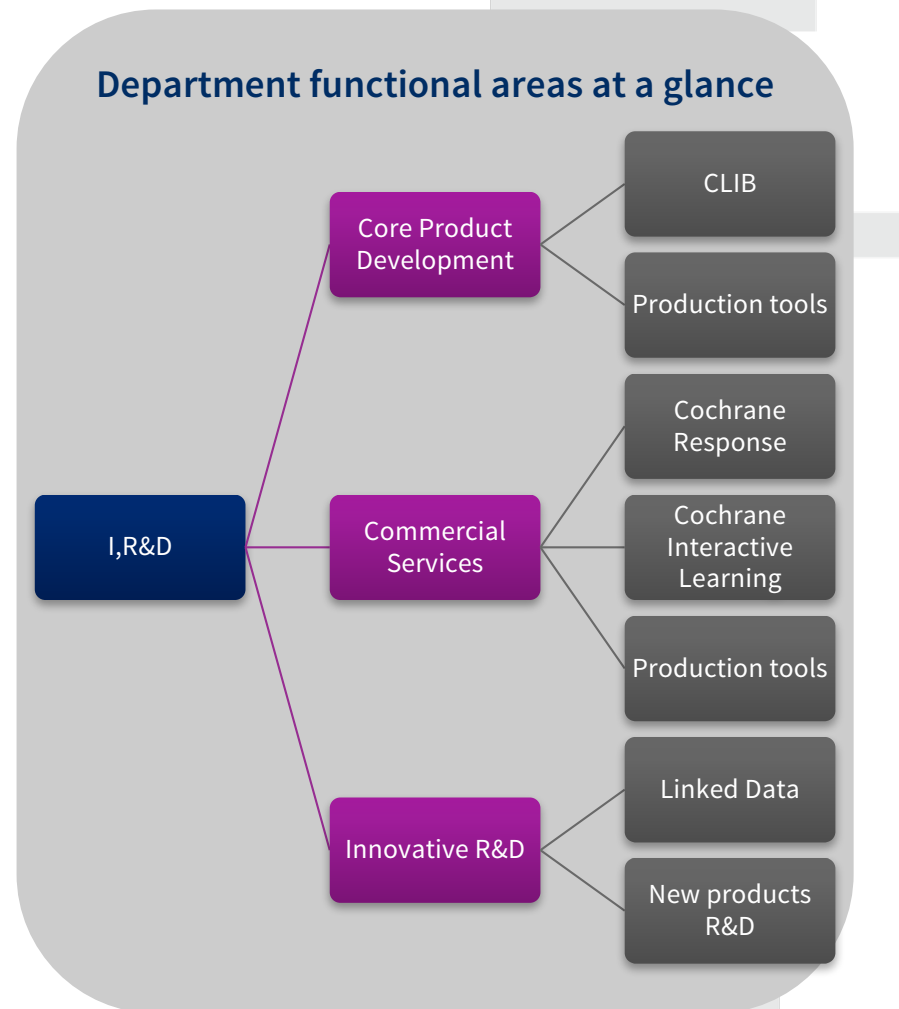
- Facilitating and supporting KT implementation across Cochrane including KT Advisory Group.

- Communications (External & Internal),

- Dissemination – outreach and engagemen

- Multi-lingual activities

- Support to 'content' advocacy, partnerships & external engagement

- Marketing, brand management & Cochrane events

- Sustainable KT processes, infrastructure and training

- Fields Management.

Department functional areas at a glance

KT

Packaging, Push → Communications, Translations

Exchange → Support to partnerships

Improving Climate → Advocacy, Marketing, Brand & Events

Sustainable KT → KT Framework Coordination, **Cochrane Fields Management**

Primary responsibility for 4 of the 6 themes of the KT framework

Goal 1: Producing evidence — Prioritization and co-production

Goal 2: Accessible evidence — Packaging, push and support to implementation | Facilitating pull

Goal 3: Advocating for evidence — Exchange | Improving climate

Goal 4: Effective & sustainable — Sustainable KT processes

Finance & Core Services (FCS)

- Finance services

- HR services

- Business services
  - Risk Management
  - Contracts Management
  - Publishing Management
  - Administration & Office/Facilities Management (London, Copenhagen & Freiburg)

- Business performance
  - Planning & Monitoring/Reporting
  - Business & Project Management Processes
  - Business performance metrics
  - Cochrane Group Financial Monitoring
 - Environmental Reporting

Department functional areas at a glance

FCS

- Finance Services
- HR Services
- Business Services
- Business Performance

Cochrane
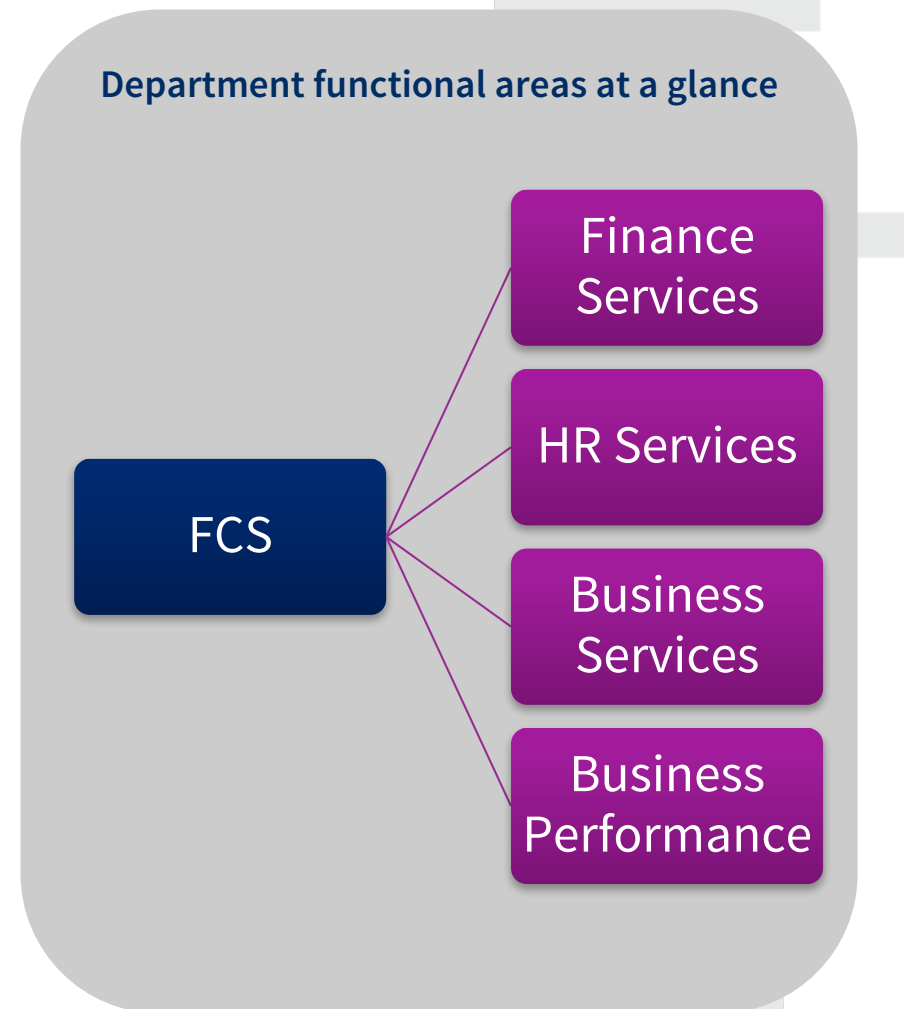
Informatics & Technology (IT) Services

- System management / architecture
  - IT systems infrastructure design, development and maintenance
  - Systems administration and security

- Software development
  - Development & maintenance of the new ecosystem of review & content production tools

- 3rd party Integrations
  - Technical leadership, integrations and, where relevant, development and maintenance of 3rd party IT solutions (e.g. CRM, LRS)

- Data Management
  - Leading technical side of initiatives to store and reuse data (linked to CRS-D)
  - Linked Data (operational delivery)

- IT Support Services
  - CET IT support provision
  - Web Team management

Department functional areas at a glance

IT Services
- System architecture
- Software development
- 3rd party integrations
- Data management
- IT Support Services
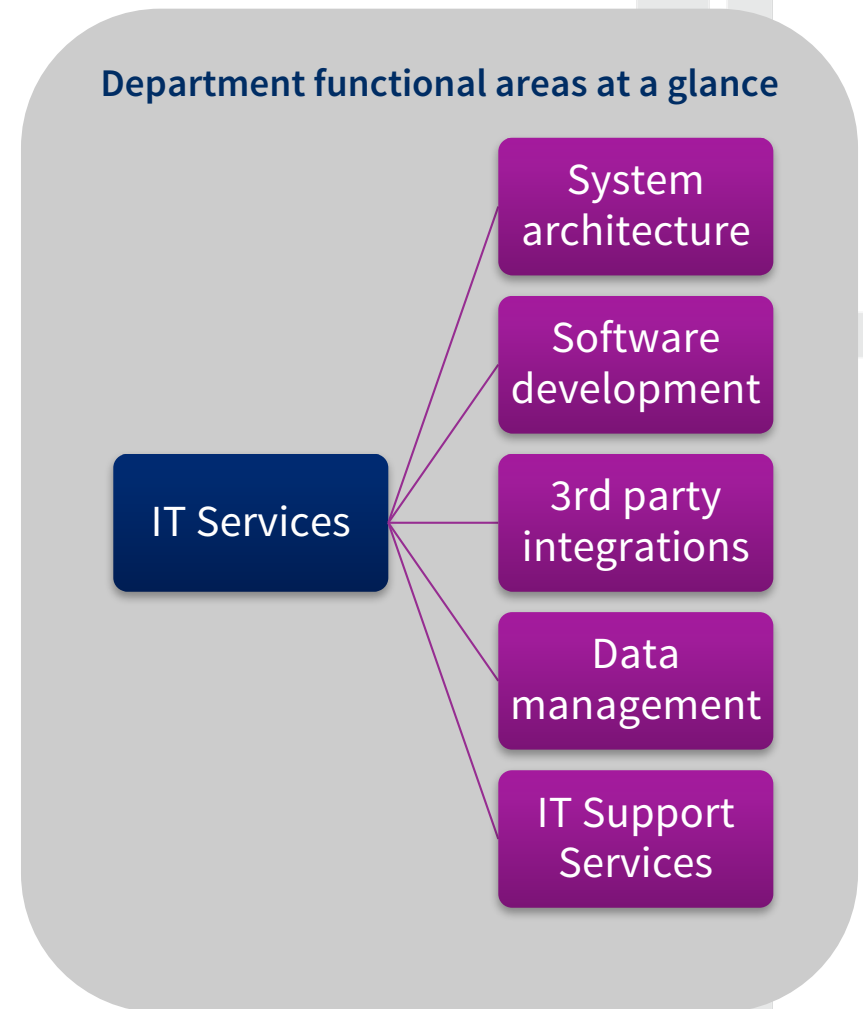
Cochrane

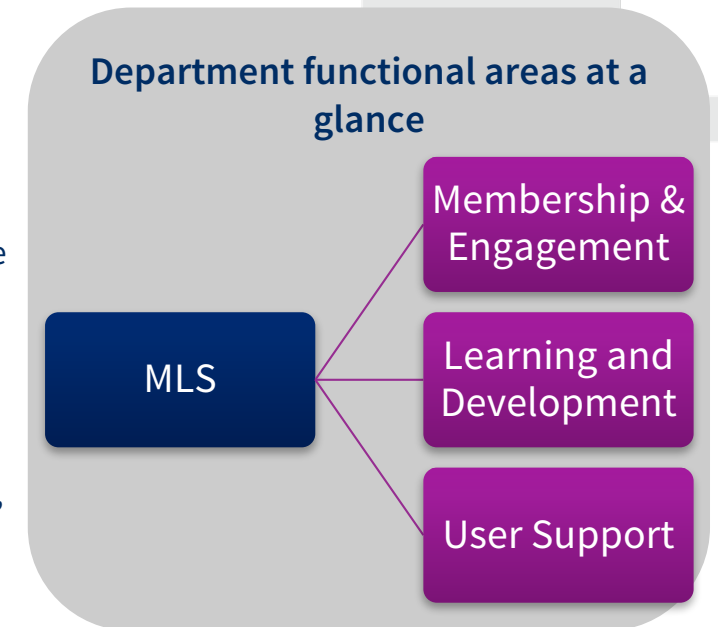# Membership, Learning and Support Services

MLSS provides an integrated people management approach so that Cochrane recruits, develops and retains high quality contributors to participate in our work.

Learning: E-learning (Self-directed online learning); virtual learning events including Webinars, interactive workshops and virtual conferences; training website hosting a range of learning resources; community network of trainers including pedagogical support and standard training materials; Listings and promotion of workshops around the world that are delivered by Cochrane Groups.

Consumer Engagement: Support & learning for healthcare consumers, students and lay users of our evidence; Support for consumers to be a part of producing and spreading Cochrane evidence including a network of consumers as part of Cochrane Membership

Membership: opportunities and pathways available on join.cochrane.org to allow people easy ways to join and participate in our organization; TaskExchange as a platform for task sharing in the community; Crowd as a mechanism to crowdsource involvement and provide an entry level pathway for newcomers; Cochrane Account, a portal for our members and supporters to manage their own data, understand how they have contributed and view their learning records; *coming soon* new initiatives for students and young researchers

User support: Knowledge Bases (online support resource specifically for software or platform (e.g. RevMan Web); Helpdesk for the community: email-based user support for enquiries from the community including: Membership, Translation teams, Tech support, General Support and the website *Contact Us* form; Implementation support for new software and methods

Department functional areas at a glance

MLS

Membership & Engagement

Learning and Development

User Support

8. Any Other Business

9. Closed Session (Trustees Only)

10. Matters arising from previous meeting