

Governing Board Meetings (30-31 March, 1 April 2020: Teleconferences) OPEN ACCESS

Schedule Thursday 2 April 2020, 3:15 PM — 4:15 PM BST

Venue GoToMeeting (admin account)

Description Times:

Los Angeles: 12:30 Ottawa: 15:30 Mexico City 13:30 London: 20:30

Copenhagen/Barcelona: 21:30 Melbourne: 06:30 (of the day after) Auckland: 08:30 (of the day after)

Board members must declare conflicts of interest related to their role on the Board, which are published on the Cochrane Community website and are updated annually or when circumstances change:

https://community.cochrane.org/organizational-info/people/conflict-interest/board. You are also required to declare any possible material interests that could give rise to conflict in relation to any item under discussion at the start of each meeting. All interests so disclosed are recorded in the minutes. Conflicted members may be required to absent themselves from all or part of the Board's discussion of the matter at the discretion of the Chair.

Notes for Participants GoToMeeting 30th March call

https://global.gotomeeting.com/join/816982661

GoToMeeting 31st March call

https://global.gotomeeting.com/join/989570685

GoToMeeting 1st April call

https://global.gotomeeting.com/join/243856109

Organiser Veronica Bonfigli



Agenda

AC	GENDA AND RUNNING ORDER	
	Governing Board Agenda and Running Order - 30-31 March and April 1 (1).docx	1
	AY 1- Monday 30th March 2020 - COVID 19 ORGANIZATIONAL RESPONSE ND PREPAREDNESS	
	OVID19_Board-teleconference_March-2020.pptx	4
	OVID response map for GB_30 Mar.pptx	13
1.	Welcome, Apologies, Declarations of Interest	
		22
		25
2.	Approval of the Agenda, including the papers and decisions included in the Consent Agenda	
3.	COVID-19: organizational response and preparedness [OPEN ACCESS SUPPORTING DOCUMENT]	
	☑ GB-2020-17 COVID 19 Organizational response and preparedness_OPEN ACCESS .docx	28
	☑ GB-2020-17Appendix 1 COVID 19 Org response_RESTRICTED ACCESS.png	38
DA	AY 2 - Tuesday 31st March 2020 - BUSINESS ISSUES AND REPORTS	
4.	Approval of the Minutes of the Board's teleconference on February 27th [RESTRICTED ACCESS SUPPORTING DOCUMENT][CONSENT AGENDA]	
5.	Actions Arising from the Minutes	
6.	Matters Arising not otherwise covered by the Agenda	
7.	Co-Chairs' business, to include:	



7.1. Update on the Co-Chair appointment process	
7.2. Board Sub-Committees and Working Groups: matters to report	
7.2.1. Governance Committee: Proposal to adopt the Charity Governance Code for Larger Charities [OPEN ACCESS SUPPORTING DOCUMENT]	
□ GB-2020-6 Governance Charter proposal March 2020_OPEN ACCESS.pdf	39
GB-2020-6 Governance Charter proposal March 2020 APPENDIX 1_OPEN ACCESS.pdf	41
7.2.2. Other Committees matters to report (report by exception)	
8. Publishing & Products business, to include:	
8.1. 2019 Cochrane Library Performance Dashboard [RESTRICTED ACCESS SUPPORTING DOCUMENT]	
8.2. 2019 Other Cochrane Products End of Year Report [RESTRICTED ACCESS SUPPORTING DOCUMENT]	
9. Editor in Chief's business, to include:	
9.1. Editor in Chief Report [OPEN ACCESS SUPPORTING DOCUMENT] [CONSENT AGENDA]	
☑ GB-2020-9 Editor in Chief Report March 2020_OPEN ACCESS.pdf	67
9.2. 2019-20 Cochrane Library Oversight Committee (CLOC) Annual Report [OPEN ACCESS SUPPORTING DOCUMENT] [CONSENT AGENDA]	
□ GB-2020-10 Cochrane Library Oversight Committee Report to Board 2020_OPEN ACCESS.pdf	71
10. Chief Executive Officer's business, to include:	
10.1. CEO Report [OPEN ACCESS SUPPORTING DOCUMENT] [CONSENT AGENDA]	
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 2019 Strategy to 2020 Targets End of Year Report [OPEN ACCESS SUPPORTING DOCUMENT] [CONSENT AGENDA] 	
☑ GB-2020-12 Strategy to 2020 2019 Targets_End of year report_OPEN ACCESS.pdf	77
10.3. 2019 Trustees' Report & Financial Statements - DRAFT [RESTRICTED ACCESS SUPPORTING DOCUMENT] [CONSENT AGENDA]	
10.4. Locations for Governance Meetings in 2021 and 2022 [OPEN ACCESS SUPPORTING DOCUMENT]	
☑ GB-2020-14 Locations for Governance Meetings in 2021 and 2022_OPEN ACCESS.pdf	93
10.5. Partnership and Advocacy Report [OPEN ACCESS SUPPORTING DOCUMENT]	
	96
11. Responding to Climate Change as an Organization [OPEN ACCESS SUPPORTING DOCUMENT]	
☑ GB-2020-16 Responding to Climate Change as an Organization_OPEN ACCESS.pdf	109
12. Any Other Business	
13. Date of Next Meeting: 2 July 2020 (Teleconference)	
DAY 3 - 1st April 2020 FOR BUSINESS NOT COMPLETED ON 30 MARCH OR 1 APRIL	



Agenda & Running Order

Governing Board Teleconferences 30-31 March and 1 April 2020

Consent Agenda:

Agenda Item	Title	Supporting Document	
4.	Approval of the Minutes of the Board's teleconference on February 27th	Restricted access	
9.1	Editor in Chief Report	Open access	GB-2020-9
9.2	2019-20 Cochrane Library Oversight Committee (CLOC) Annual Report	Open access	GB-2020-10
10.1	CEO Report	Open access	GB-2020-11
10.2	2019 Strategy to 2020 Targets End of Year Report	Open access	GB-2020-12
10.3	2019 Trustees' Report & Financial Statements - DRAFT	Restricted access	GB-2020-13

Running Order:

Agenda Item	Title	Supporting Document/Expected timing
30 March	<u>:</u>	
1.	Welcome, Apologies, Declarations of Interest	
2.	Approval of the Agenda, including the papers and decisions included in the Consent Agenda	
3.	COVID-19: organizational response and preparedness	OPEN ACCESS SUPPORTING DOCUMENT
31 March	<u>.</u>	
4.	Approval of the Minutes of the Board's teleconference on February 27th [CONSENT AGENDA]	RESTRICTED ACCESS SUPPORTING DOCUMENT
5.	Actions Arising from the Minutes	
6.	Matters Arising not otherwise covered by the Agenda	
7.	Co-Chairs' business, to include:	Estimated time: 20 mins

7.1	Update on the Co-Chair appointment process	
7.2	Board Sub-Committees and Working Groups: matters to report	005014055555555555555555555555555555555
7.2.1	Governance Committee: Proposal to adopt the Charity Governance Code for Larger Charities	OPEN ACCESS SUPPORTING DOCUMENT GB-2020-6
7. 2.2	Other Committees matters to report (report by exception)	
8.	Publishing & Products business, to include:	Estimated time: 10 minutes
8.1	2019 Cochrane Library Performance Dashboard	RESTRICTED ACCESS SUPPORTING DOCUMENT GB-2020-7
8.2	2019 Other Cochrane Products End of Year Report	RESTRICTED ACCESS SUPPORTING DOCUMENT GB-2020-8
9	Editor in Chief's business, to include:	Estimated time: 20 minutes
9.1	Editor in Chief Report [CONSENT AGENDA]	OPEN ACCESS SUPPORTING DOCUMENT GB-2020-9
9.2	2019-20 Cochrane Library Oversight Committee (CLOC) Annual Report [CONSENT AGENDA]	OPEN ACCESS SUPPORTING DOCUMENT GB-2020-10
10	Chief Executive Officer's business, to include:	Estimated time: 20 minutes
10.1	CEO Report [CONSENT AGENDA]	OPEN ACCESS SUPPORTING DOCUMENT GB-2020-11
10.2	2019 Strategy to 2020 Targets End of Year Report [CONSENT AGENDA]	OPEN ACCESS SUPPORTING DOCUMENT GB-2020-12
10.3	2019 Trustees' Report & Financial Statements - DRAFT [CONSENT AGENDA]	RESTRICTED ACCESS SUPPORTING DOCUMENT GB-2020-13
10.4	Locations for Governance Meetings in 2021 and 2022	OPEN ACCESS SUPPORTING DOCUMENT GB-2020-14
10.5	Partnership and Advocacy Report	OPEN ACCESS SUPPORTING DOCUMENT GB-2020-15
11.	Responding to Climate Change as an Organization	OPEN ACCESS SUPPORTING DOCUMENT GB-2020-16
		Estimated time: 15 minutes

AGENDA AND RUNNING ORDER - Agenda & Running Order: 30-31 March and 1 April 2020

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13. Date of Next Meeting: 2 July 2020 (Teleconference)

1 April: Contigency teleconference

Cochrane COVID-19 Response COVID-19 (living) Study Register

Chris Mavergames - Head of IT/CIO

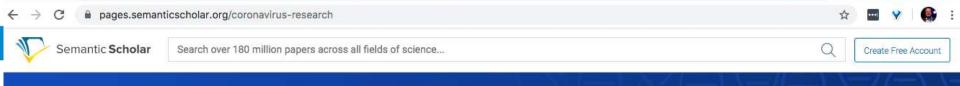
Trusted evidence. Informed decisions. Better health.

Centralized Search



metadata curation and enrichment (PICO, study type, design, aim, intervention assignment, other metadata)

published on public Study Register with browse, faceted search, export, linking, & surveillance features



COVID-19 Open Research Dataset (CORD-19)

Access this dataset to help with the fight against COVID-19

A Free, Open Resource for the Global Research Community

In response to the COVID-19 pandemic, the Allen Institute for AI has partnered with leading research groups to prepare and distribute the COVID-19 Open Research Dataset (CORD-19), a free resource of over 44,000 scholarly articles, including over 29,000 with full text, about COVID-19 and the coronavirus family of viruses for use by the global research community.

This dataset is intended to mobilize researchers to apply recent advances in natural language processing to generate new insights in support of the fight against this infectious disease. The corpus will be updated weekly as new C. M.; Dratch, A.; Penstersneib, M.; Haupt, 1.; Hoisnue, M.; Ghinal, I.; Jarasnow, M. C.; LO, J.; McPnerson, 1. D.; Rudman, S.; Scott, C. M.; Dratch, A.; Penstersneib, M.; Haupt, 1.; Hoisnue, M.; Ghinal, I.; Jarasnow, M. C.; LO, J.; McPnerson, 1. D.; Rudman, S.; Scott, C. M.; Dratch, A.; Penstersneib, M.; Haupt, 1.; Hoisnue, M.; Ghinal, I.; Jarasnow, M. C.; LO, J.; McPnerson, 1. D.; Rudman, S.; Scott, C. M.; Dratch, A.; Penstersneib, M.; Haupt, 1.; Hoisnue, M.; Ghinal, I.; Jarasnow, M. C.; LO, J.; McPnerson, 1. D.; Rudman, S.; Scott, C. M.; Dratch, A.; Penstersneib, M.; Haupt, 1.; Hoisnue, M.; Ghinal, I.; Jarasnow, M. C.; LO, J.; McPnerson, 1. D.; Rudman, S.; Scott, M.; Haupt, I.; Hoisnue, M.; Ghinal, I.; Jarasnow, M. C.; LO, J.; McPnerson, I. D.; Rudman, S.; Scott, M.; Hoisnue, M.; Hoisnue, M.; Ghinal, I.; Jarasnow, M. C.; LO, J.; McPnerson, I. D.; Rudman, S.; Scott, M.; Hoisnue, M.; Ghinal, I.; Jarasnow, M. C.; LO, J.; McPnerson, I. D.; Rudman, S.; Scott, M.; Hoisnue, M.; Ghinal, M.; Hoisnue, M.; Ghinal, I.; Jarasnow, M.; C.; LO, J.; McPnerson, I.; D.; Rudman, S.; Scott, M.; Hoisnue, M.; Ghinal, M.; Hoisnue, M.; Ghinal, M.; Ghinal, M.; Hoisnue, M.; Ghinal, M.; G





Evidence Pipeline

Finding and classifying relevant research through human and machine effort

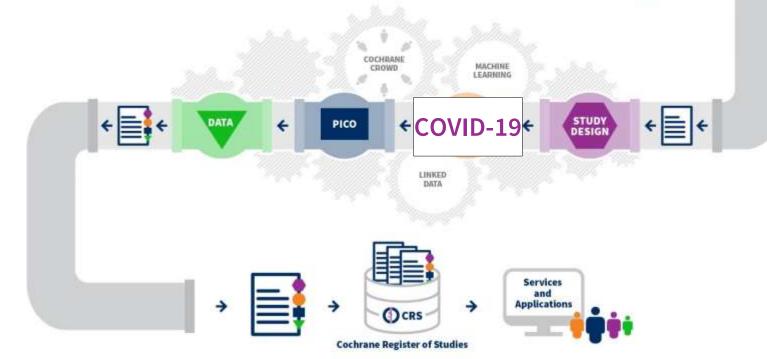


Centralised search service Routine searches for specialised registers Individual searches for reviews

COVID-19

EVIDENCE PIPELINE





Dashboard / Covid-19 Home 🚡 📀





Analytics









Covid-19 Centralised Search

Created by Ahmad Ali, last modified by Steve McDonald about 16 hours ago

Centralised Search Protocol for COVID-19 Study Register

Register eligibility: Human studies on COVID-19, including interventional, observational, diagnostic, prognostic, epidemiological, economic and qualitative designs. We will prioritise identification and publication of interventional studies.

weekly identification of new records from Selected Secondary Sources Selected based on phase z evaluation

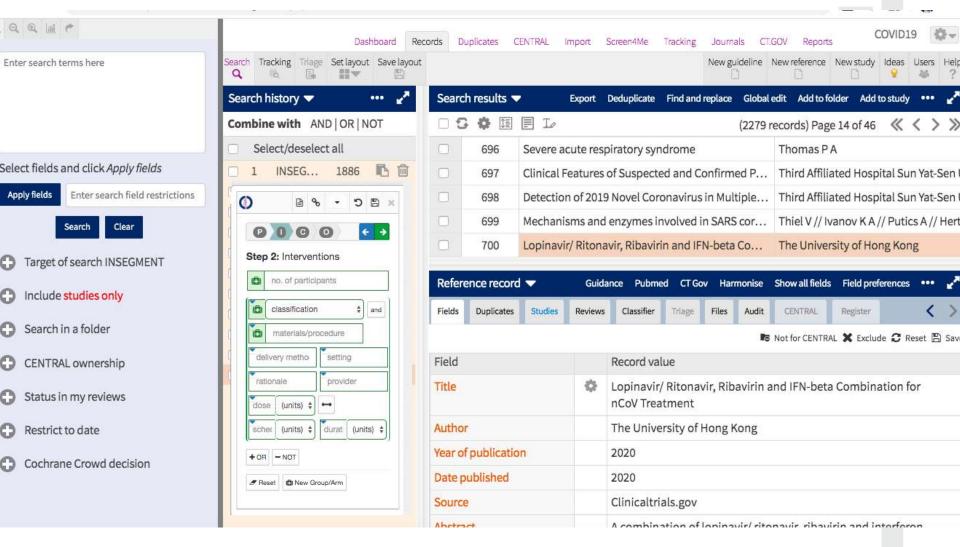
Data Sources: Our data sources will include trial registers and meta-registers of trial records, bibliographic databases, preprint archives, and curated collections of COVID-19 study records. The main criteria for selecting data sources for the register will be credibility and currency. Secondary criteria will be usability of the source and data quality.

As evidence products are emerging rapidly in the current environment, we may integrate new sources as they become available. Based on evaluation of data quality during the project and understanding of stakeholder needs, we may also revise our data sources. Further, we may reevaluate sources given the availability of automated crawlers to replace manual searching.

Primary Data Sources for the initial search phase (backlog):

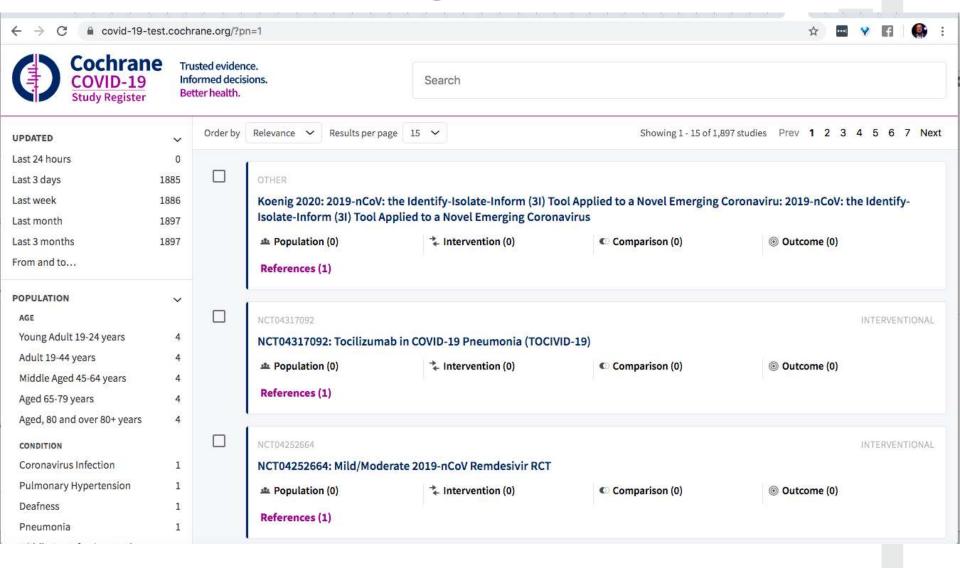
Туре	Source	URL
Trial register	CT.gov	https://clinicaltrials.gov/ct2/home
Meta-register of trial records	WHO ICTRP	http://apps.who.int/trialsearch/

COVID-19 Register in CRS Web tool





COVID-19 Study Register test site





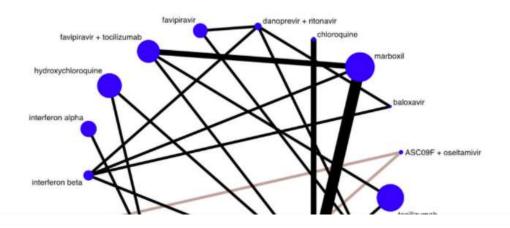
evaluated the targeted treatments (36 recruiting)

Network diagrams

In the following network diagrams we depict the interventions that are compared in the identified randomized controlled trials for patients with **mild (16 trials, 3006 patients)** and **severe** disease (**4 trials, 813 patients**) as well as for trials with **heterogeneous** severity among the participants (**11 trials, 2680 patients**). The nodes represent the different available treatments and the lines represent the direct comparisons made in the studies. Hence, when two nodes are connected with a line, it means there is at least one study that compares the corresponding treatments whereas when they are not connected it means there is no study comparing them. The size of the nodes is proportional to the number of participants allocated to each intervention and the thickness of the lines is proportional to the number of studies that compare each pair of treatments.

Patients with mild disease

recruiting)



Cochrane response to COVID-19 pandemic

Presented by Karla Soares-Weiser (on behalf of the central team)

Trusted evidence. Informed decisions. Better health.

Response to CUVID-19 Response to CUVID-19



Working Group and decision making





Mid to long-term response



Key challenges:

- Fast-Track editorial process
- IT and Publication issues
- Identification of resources
- Coordination and response to the community
- Communication



Working Group

19 ORGANIZATIONAL	Affiliation	Country Page 15 of 112
Jo Anthony	Cochrane CET	United Kingdom
Lisa Bero	Cochrane PHHSN	Australia
Isabelle Boutron	Cochrane France	France
Mike Brown	Cochrane AECN	United States of America
Yaolong Chen	Lanzhou University	China
Mike Clarke	Evidence Aid	Ireland
Sylvia De Haan	Cochrane CET	Netherlands
Declan Devane	Cochrane Ireland	Ireland
Julian Elliott	Cochrane Australia	Australia
Robin Featherstone	Cochrane CET	Canada
Paul Garner	Cochrane IDG	United Kingdom
Gerald Gartlehner	Cochrane Austria	Austria
Toby Lasserson	Cochrane CET	United Kingdom
Chris Mavergames	Cochrane CET	Germany
Joerg Meerpohl	Cochrane Germany	Germany
Jordi Pardo	Cochrane MSK/GB	Canada
Philippe Ravaud	Cochrane France	France
Kathelene Weiss	Cochrane CET	Switzerland
Karla Soares-Weiser	Cochrane CET	Israel

Response to CUVID-19 Response to CUVID-19



Immediate response:

- Cochrane Library free for all, everywhere
- Special Collections:
 - Critical care and infection control (> 150K views each)
 - Options for quitting smoking (this week)
 - Remote Care (Telemedicine) (next week)
 - Working from home
 - Home care for at risk populations
 - Mental health issues

Response to CUVID-19 Response to CUVID-19



Working Group and decision making





Mid to long-term response



Immediate response:

Fast track prioritised updates:

Personal protective equipment for preventing highly infectious diseases

Rapid Reviews:

- Working with Rapid Reviews
 Methods group to provide guidance
 and standards
- Priority setting in liaison with WHO and other stakeholders
- Identification of teams to conduct the key questions
- Support from methodologists and information specialists
- Fast Track for publication

Fast Track Services

Quality assurance within 4 days

Pre-print publication in the Library

Editorial process within 2 weeks

Publication in the Library as a "supplement"

Current reviews in the pipeline

The Effectiveness of Quarantine to Control the Coronavirus Disease 2019: a Rapid Review	Submitted: 24 March Publication date: 7 April
Adverse effects of non-steroidal anti-inflammatory drugs (NSAIDs) in acute viral respiratory infections	Submitted: 30 March Publication date: 13 April
Personal protective equipment for preventing highly infectious diseases	Submitted: 31 March Publication date: 14 April
The efficacy of chemical disinfectants on the concentration of human-associated coronaviruses SARS, MERS, and SARS-CoV-2 on stainless steel surfaces: a network meta-analysis	Submitted: tbc Publication date: tbc
Efficacy of ash as an alternative to soap for cleaning hands	Submitted: 30 March Publication date: 13 April

Visit our website

https://covidrapidreviews.cochrane.org

Response to CUVID-19 Response to CUVID-19



Reflections on future response:

- Relationship with key stakeholders
- Community engagement

Living evidence:

- Living repository of studies (Chris M)
- Living Systematic Reviews and Network Meta-analysis as more evidence becomes available
- Support preparadeness in Low and Middle-Income countries (e.g., ash as an alternative for soap)
- Update and maintanence of a suit of reviews



Governing Board

Code of Conduct for Trustees

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

1. Introduction

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

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

2. Purpose of the Code

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

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

3. Code of Conduct

3.1 Selflessness

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

3.2 Integrity

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

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

3.3 Objectivity

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

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

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

3.4 Accountability

The Trustees:

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

3.5 Openness

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

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

3.6 Honesty

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

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

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

3.7 Leadership

The Trustees must:

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

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

4. Breaches of the Code

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

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

5. Trustee's Declaration

I declare that:

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

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

_	 _
Name:	
Date:	

Signed:



Governing Board

Charter

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

Governing Board Charter

Vision & Strategy

Compelling and durable charitable purpose

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

Long-term strategy flowing from the charitable purpose

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

Board Leadership

Board commitment to focus on impact

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

The right 'tone at the top'

Individual **Board** members are committed to act as role models for the charity's approach¹.

Suitable structures and expertise

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

¹ Refer to the Code of Conduct for Trustees

² Refer to the Board Skills Matrix

Value Drivers & Stakeholder Engagement

Developing a supportive organisational culture

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

Active engagement with, stakeholders

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

Fair remuneration aligned with purpose and values

The **Board** is committed to being a good employer and treating all employees fairly⁴. It ensures that remuneration and promotion has full regard to employees' contribution to the charity.

Commitment to a sound financial approach

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

Innovation & Risk Management

Focus on innovation of benefit to society

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

Effective risk management system

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

Attention to the importance of the 'licence to operate'

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

Board Performance

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

³ Refer to Cochrane's Principles: http://www.cochrane.org/about-us/our-vision-mission-and-principles [Accessed 20.02.18]

⁴ Refer to Cochrane's Charter of Good Management Practice: http://community.cochrane.org/organizational-info/resources/policies/charter-good-management-practice [Accessed 20.02.18]

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

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

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

Fostering resilience to crisis situations

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



Governing Board Paper: Decision & Discussion items

Title:	COVID 19: Organizational response and preparedness
Previous papers submitted on this topic:	None
Paper Number:	GB-2020-17
From:	Mark Wilson
People Involved in the developing the paper:	Lucie Binder and Mark Wilson Senior Management Team
Date:	27 March 2020. For Consideration at the 30 March meeting
For your:	Discussion
Access:	Restricted

Executive Summary

This paper sets out Cochrane Senior Management Team's immediate response to the COVID-19 pandemic and preparedness for its future impact. The Board is invited to review and comment on the assessment and response.

Background and Context

The COVID-19 pandemic and the world's response to it is unique in recent times. As an international healthcare organization, Cochrane's response and preparedness can be split into two parts: 1) the role the organization can play in improving the body of evidence on COVID-19 for the public benefit; 2) the responsibility the organization has to its staff (Central Executive Team and Cochrane Group staff), members, and other stakeholders.

Responding to the Crisis

Cochrane's editorial and production response to the crisis in order to improve the body of evidence on COVID-19 for the public benefit has been set out by the Editor in Chief's plans (see Appendix 1 – Restricted Access).

The Cochrane.org website has been extensively remodelled to reflect Cochrane's multi-faceted response to the pandemic. See: www.cochrane.org and – in particular – the special pages on Cochrane's Response and Coronavirus News. Effective curation and communication of Cochrane evidence, resources, support, learning on both Cochrane.org and the Cochrane Library will be vital in maximising Cochrane's usefulness and impact for health practitioners on the 'frontline' dealing with patients affected by COVID-19, policy makers organizing health systems and processes, researchers looking for solutions to key problems and questions in combatting the pandemic, and patients and the public looking for answers and guidance. The detailed Communications and Engagement Plan the SMT has drawn up is included for the Governing Board's information in Appendix 2.

Cochrane also has to ensure that it supports its own staff and volunteers in the best possible way, owing a duty of care to its staff in particular to ensure that they are supported in their work from home, whilst also encouraged to

meet their obligations to look after their families and other personal obligations. We believe that the extraordinary measures, including societal 'lockdowns', imposed by governments across the world, are likely to continue to be in place and/or required for some time. Therefore, Cochrane's response and its support to staff, must be measured for 'a marathon not a sprint' in order to protect the safety and well-being of staff members in the short-, medium and long-terms.

Strategically, the Senior Management Team believes that Cochrane's response to the COVID-19 crisis will define it as an organization in the eyes of key stakeholders, audiences and funders for years to come. COVID-19 provides a unique opportunity for Cochrane to prove its agility, value and relevance in providing prioritized, high-quality evidence, in the formats its most useful to our stakeholders, at the right time, to answer key health questions of global importance. The reverse possibility is a significant threat: if Cochrane's response is too slow, halting or irrelevant then it risks undermining trust and confidence in the organization, and in other organizations replacing us as the 'go to place' for quality evidence that users need.

Some initial thoughts on opportunities and threats to Cochrane produced by the COVID-19 pandemic are set out in Appendix 4. However, the present key features of Cochrane's response are as follows:

Evidence production and external engagement

- The organizational response is being led by a joint, international, multi-skilled joint CET-Cochrane Group working group.
- A Fast-Track and Centralized Editorial Services team has been established to improve the speed of production of prioritized Cochrane Reviews and updates, and rapid reviews.
- A 'living priority-setting process' for rapid reviews, working directly with the global Cochrane network, the Cochrane Consumer Network, front-line healthcare workers, and health agencies, has been established: https://covidrapidreviews.cochrane.org/.
- Cochrane Rapid Reviews Methods Group has developed provisional rapid review methods recommendations to support the development of high-quality rapid reviews.
- Special Collections of existing Cochrane Reviews are being developed to support health professionals as the priority user-group at this time. Cochrane Geographic Groups are translating them into their local languages as a priority depending on their context.
- The provision of evidence for key partners, especially the WHO, is being prioritized (including via Cochrane Response).
- Updates to prioritized Cochrane Reviews are being fast-tracked.
- The Cochrane Library has been made unrestricted globally for a limited period.
- Funding opportunities with organizations like Gates and Wellcome are being pursued.
- A campaign to engage those in isolation or practicing social distancing to join us as Citizen Scientists on our Cochrane Crowd platform with weekly challenges has been launched.
- Cochrane's Evidence Essentials is being promoted and made available for free. It is an online resource offering an introduction to health evidence and how to use it to make informed health choices.
- A special edition of the Cochrane Library app for related COVID-19 Cochrane evidence is being developed.
- An internal and external COVID-19 communications plan has been developed and put into action (see Appendix 2).
- The response is specifically looking at how Cochrane can provide evidence to support decision-makers dealing with pandemics in the future a longer-term view.

Cochrane Central Executive Team and Cochrane Group Staff Management and Support

- A CET taskforce, led by People Services, has been established to provide ongoing advice and support to all
 CET staff. All staff are allowed to work from home; and all have the appropriate support and technology to do
 this. Reduced capacity is expected, and staff maintain their usual salaries. The physical and mental health of
 staff are being explicitly considered. Information is sent regularly via the CET email and Slack channels, and
 webinars (see Appendix 3).
- Cochrane Group staff have been invited to use Slack to better facilitate online communication and weekly updates from the Editor in Chief will be sent to Groups.

In addition,

Abstract submission the annual Cochrane Colloquium has been extended until 6 April and a decision as to whether the Colloquium will be in-person or virtual will be made by 5 June.

Next steps

The Board is invited to review and comment on the Senior Management Team's initial assessment, response and plans for future action.

Appendix 1: Organizational response to COVID-19 JPEG (See separate document)

Appendix 2: Communications plan as of 27 March

Cochrane's COVID-19 Communications and Engagement plan

Cochrane's role: Building up and promoting the evidence-base around COVID-19. Purpose of communications: To communicate our response to this global public health emergency, and Cochrane's plan of work in line with a strategy to support those needing to make informed decision about their own and others' health.

HOW? A succession of communications outputs with a clear strategic direction to provide high quality evidence in a time of great need. These communications will target policy-makers, health workers, consumers, researchers and also, importantly engage with Cochrane's membership base and community.

The Communications plan is divided into an external and internal plan.

External Communications and messaging:

Key messages:

 Evidence led: Based on dissemination of Cochrane Reviews and Special Collections published in response to COVID-19

Strategy: A huge opportunity to promote our mission of quality, credibility and independence whilst being reactive, agile and timely. We do not compromise quality for engagement. We are led by adding value to those making difficult decisions. We will seize the chance to use this momentum to innovate – but not at the expense of the well-being of our colleagues. The strategy should emphasize: the updating of our reviews; avoiding duplication; the ability to comment; the ability to deliver relevant reviews in a timely manner; and, to be consistent to our organisational 'values' of high-quality, reliable and independent health information.

Monitoring and Evaluation: We will trial new ways to monitor and evaluate our knowledge translation dissemination products.

Partners and Funders: we will need to regularly update Cochrane's strategic partners, funders, Trusts and Foundation as well as other important stakeholders such as Ministries of Health, World Health Organization, Gates Foundations, as well as Cochrane's publishing partner, Wiley etc. with new, relevant information. This will be led by KTD and External Affairs teams.

Channels: We will use Cochrane.org, social media, and the science, health and news media as our main channels. We will look for new ways to package and 'push' dissemination products to targeted users of our health evidence, for example, health workers and policymakers with the foresight to work collaboratively with Cochrane's existing strategic partnership as well as exploring new partnership opportunities.

Internal Communications and messaging:

Cochrane's stakeholder base is extremely wide and diverse from lead authors of Cochrane Reviews, Cochrane Review Groups, Geographic Groups promoting Cochrane's work in over 43 countries and regions including working with language volunteer translators, consumer groups, dedicated Cochrane Group staff as well as individual contributors and members geographically dispersed, working remotely and many cases now, in isolation. This plan will focus on engaging with Cochrane's key stakeholders within the coming three months to demonstrate Cochrane's work relating to COVID-19, but also supporting them as they face difficult personal challenges and for some a challenging time delivering frontline clinical care.

Key messages:

- 1. We care and are invested in the welfare of our trusted, community, our people: their well-being comes first.
- 2. Our response to this emergency will always be about high-quality evidence: this is based upon on dissemination of Cochrane Reviews and Special Collections published in response to COVID-19.

Strategy: People come first...We harness the energy, and connections of the community to help push out Cochrane's Editorial products (reviews, special collections, etc.) and support them in their efforts to be part of Cochrane's ongoing response to the challenges of meeting the needs of decision-makers responding to COVID-19. In addition, a sense of 'some' organisational business as usual will be reassuring for many and work on strategic projects is ongoing.

The community can be described as:

- Cochrane's Governing Board;
- Cochrane's Council;
- Editorial Board, Scientific Committee and other relevant Advisory Groups and bodies, including Consumers, Advocacy and KT Advisory Groups;
- Geographical Centre Directors, Associate Centre Directors and Affiliates;
- CRG Networks and Senior Editors (and Editorial Board);
- CRGs CRG Staff IS, MEs, Co-Eds, Information Specialists;
- Authors and pee-review teams;
- Fields;
- Group Execs;
- CET departments;
- Language Translation teams.

Channels: Community.org, digests, twitter, direct emails, CEO email, weekly Editor -in-Chief emails, videomessaging, webinars.

Communications assumptions and deliverables:

This is a fast-moving situation, as the pandemic continues to impact the economies and infrastructure of countries, health systems and individuals around the world. This is a global situation and we need to build translation into other languages into our work from the outset. Cochrane's response is to produce rapid reviews to urgent questions. The Cochrane community, and each individual is impacted personally, we have to be sensitive to this and acknowledge that everyone's situation is different. However, we can take it as given that our community will be interested in Cochrane's work in building up the evidence base on COVID-19 and that is a positive message to share with people at this difficult time.

Planned activity (this is changing daily)

A full update is available on the comms calendar.

Daily updates on editorial priorities, new resources and information continue to be posted on Cochrane's main organisational website: https://www.cochrane.org/coronavirus-covid-19-cochrane-resources-and-news

Week of 23rd March 2020 - summary of activity

- The Cochrane Library is temporarily unrestricted for everyone in every country of the world. We are taking this unprecedented move to ensure that all Cochrane evidence is accessible for all those involved in combating the pandemic and its effects on public health.(internal and external communications)
- Our organizational web platform, Cochrane.org has been reconfigured to hold and update (daily) summations of our activities and plans to date. You can find more details of our work on the <u>Cochrane</u> <u>home page</u> and <u>here.</u> We continue to update key information on <u>The Cochrane Library homepage</u>, as well.
- Two special collections on evidence relevant to <u>critical care</u> and <u>infection control</u>; and <u>prevention measures</u>. (Internal and external)
- CEO message: for community staff written each week (Internal)

- Editor in Chief (EiC) message: via video setting out Cochrane's strategy, its response and work underway (External and Internal)
- COVID-19 page on Cochrane.org updated daily, to include working group updates (internal and external)
- Trusted resources social media campaign based on content on .org
- Smoking Cessation: Special collection, linked to COVID-19 (external, with press release)
- information already available aimed at a consumer audience and most recently, and comprehensively, our co-produced Evidence Essentials modules, that cover an introduction to EBM, clinical trials, evidence synthesis and understanding and using Cochrane evidence. It's told through the story of a fictitious consumer with interactive exercises, recordings, links to more information. It's been accessed by 3.000 people since its launch. https://training.cochrane.org/essentials
- https://consumers.cochrane.org/help-using-evidence
- The establishment of a Cochrane consumers rapid response initiative and form a consumer involvement group to support Covid-19 rapid reviews and guideline development see draft proposal attached (Rachel can you link to document on email).
- Mechanisms will be set up to capture all efforts relating to COVID-19 activities from Cochrane Groups to
 ensure a coordinated and comprehensive response to meet the ever-changing needs of our users and
 global health decision-makers- support@cochrane.org

April

We expect this to be a voluminous month of new content, publications and dissemination of Cochrane Reviews and special collections, as the following are currently planned:

- Other Special Collections planned: including delivery of remote consultations and telemedicine; home based care for people who live with chronic conditions; mental health implications linked to the pandemic; and support for the healthcare workforce.
- Cochrane is working closely with WHO to respond to their needs for identification and annotation of studies linked to COVID-19.
- In addition, Cochrane's Acute Respiratory Infections (ARI) Review Group is prioritizing the update of the Cochrane Review on 'physical interventions to interrupt or reduce the spread of respiratory viruses' and Cochrane Work are updating the Review of Personal protective equipment for preventing highly infectious diseases due to exposure to contaminated body fluids in healthcare staff
- Rapid Reviews on quarantining and adverse effects from non-steroidal anti-inflammatory medicines are being prepared and will be supplemented with additional rapid reviews currently being prioritised. So far, this includes:
 - The Effectiveness of Quarantine to Control the Coronavirus Disease 2019: a Rapid Review this
 has been submitted and editorial process is in progress it is currently out to peer review. We are
 aiming for publication on or before <u>7 April.</u>
 - Physical interventions to interrupt or reduce the spread of respiratory viruses (ARI group, rapid update) CANCELLED (publishing in another journal)
 - o Adverse effects of non-steroidal anti-inflammatory drugs (NSAIDs) in acute viral respiratory infections EXPECTED 30 MARCH. Aim for publication on or before 13 April.
 - Personal protective equipment for preventing highly infectious diseases (Work group, rapid update) EXPECTED 3rd April. Aim to publish on or before 18 April.
 - The efficacy of chemical disinfectants on the concentration of human-associated coronaviruses SARS, MERS, and SARS-CoV-2 on stainless steel surfaces: a network meta-analysis. PROTOCOL DUE ON 26 MARCH. Timeline for full review not yet clear.

The production of new content and updated information will continue to change these plans and will be monitored and updated daily with staff from the Knowledge Translation and Editorial and Methods Departments.

Knowledge Translations Department/Editorial and Methods Department March 2020

Appendix 3: Example communication sent from CET taskforce to CET staff:

Message to London office and CET

Covid-19 - Coronavirus update - Tuesday 17th March, 2020.

Dear CET colleagues,

The Covid-19 sub-group met this morning and in light of the growing escalation of infections and further restrictions from nationalgovernments across the world, here is an update on the current status and the latest advice to all Central Executive Team staff:

Office working update:

London, Copenhagen and Freiburg offices are now closed. Everyone is being urged to work from home until further notice in accordance with the advice from national Governments. NB: Lisa from HR will send a subsequent message through SLACK to the London Office staff in regards any valuables or work equipment you may still have in St Albans House. We believe that everyone has access to a laptop and now have means of working remotely. Plans have been made to ensure we can operate with nobody in our offices (we are very well set up for this).

Everyone has been asked to stop non-essential contact with other people and you must avoid unnecessary travel. Anyone living with someone who has a cough or a temperature needs to stay at home for 14 days.

Working from home and your well-being:

We know that many of you are now confined at home and having to adapt your working hours and normal lives with imposed restrictions as well as having dependents to care for. As previously communicated last week, we do not expect you to take annual leave or unpaid leave in these situations. We also know that these unprecedented measures will affect our productivity, so we urge you to work when you can but please avoid working unsociable hours. We fully understand that we are in the grip of a new reality and we will be limited to what we can do given individual circumstances. If you are unclear of your work priorities, or have any concerns, please speak with your line manager as and when you need to.

There is no question that this is a very difficult time for us all and we may feel isolated, vulnerable and anxious. We encourage you to take advantage of regular virtual communications as well as team meet-ups online and other ideas – again, Lisa Archer will be contact with more support and guidance.

What do to if you are unwell:

If you feel unwell, please follow the guidelines of your local government / health service and inform your line manager and HR.

Regular Communications:

These brief updates will continue on email and through SLACK. We will try to do so after each subgroup meeting even if there is no change. Cochrane's Senior Management Team will meet tomorrow (Wednesday 18th March) and we will be reviewing and re-prioritizing projects, as appropriate, in the wake of this ongoing situation. We will provide a further update following those discussions.

Finally, in the event that we need to communicate urgently with staff to convey a message, we will use a combination of Email, Slack and SMS depending on the situation. If you have not done so already, please ensure your emergency contact details are fully up to date in PeopleHR.

As an organization, we are extremely well prepared for this situation as we are all used to working remotely from one another and many of us are home workers. If you have any specific concerns please speak with your line manager, Head of Department or Lisa Archer.

Stay safe and we will be in contact again soon.

From: Centralexecutive <centralexecutive-bounces@lists.cochrane.org> on behalf of Lisa Archer via

Centralexecutive <centralexecutive@lists.cochrane.org>

Reply-To: Lisa Archer < larcher@cochrane.org>

Date: Tuesday, 17 March 2020 14:07

To: "Central Executive (centralexecutive@lists.cochrane.org)" <centralexecutive@lists.cochrane.org>

Subject: Re: [Centralexecutive] Message to all CET staff: Covid-19 - Coronavirus update - Tuesday 17th March,

2020.

17 March 2020

Dear all,

I am following up on the message sent out earlier today, with a specific focus on our wellbeing during this challenging time. For some of us, working from home is part of our normal day-to-day lives; for others, it's adapting to a whole new set of working conditions - either way, we are all faced with new circumstances and prolonged uncertainties that may present difficulties and challenges over the coming weeks. So, in addition to advice around our physical health and re-prioritizing work plans, I also wanted to send a reminder for us to spend some time ensuring we keep check on our own mental health and that of family and friends. To this end, I thought I would send round some links so you have to hand should the need arise. I have been unable to provide an exhaustive list of every location in which CET staff are based, but have selected some resource from different regions that you might find useful and informative at this time.

If you wish to discuss any particular concerns or support needs, as always, please speak with your line manager or myself. Please also continue to maintain good virtual contact with each other (turn those webcams on, no-one will know if you're still in your pyjama bottoms!)

Best wishes,

Lisa

Mind – this resource is particularly useful and although contains links to UK based support, there is some v useful guidance here for all

https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/#collapse0747d

Mental Health Europe:

https://www.mhe-sme.org/covid-19/

(also includes some resource/helplines across Europe, aimed at young people, however many are appropriate for all ages)

CDC

https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html

Resource via Mental Health Australia

https://www.beyondblue.org.au/the-facts/looking-after-your-mental-health-during-the-coronavirus-outbreak

Lisa Archer

Human Resources Manager Cochrane Central Executive

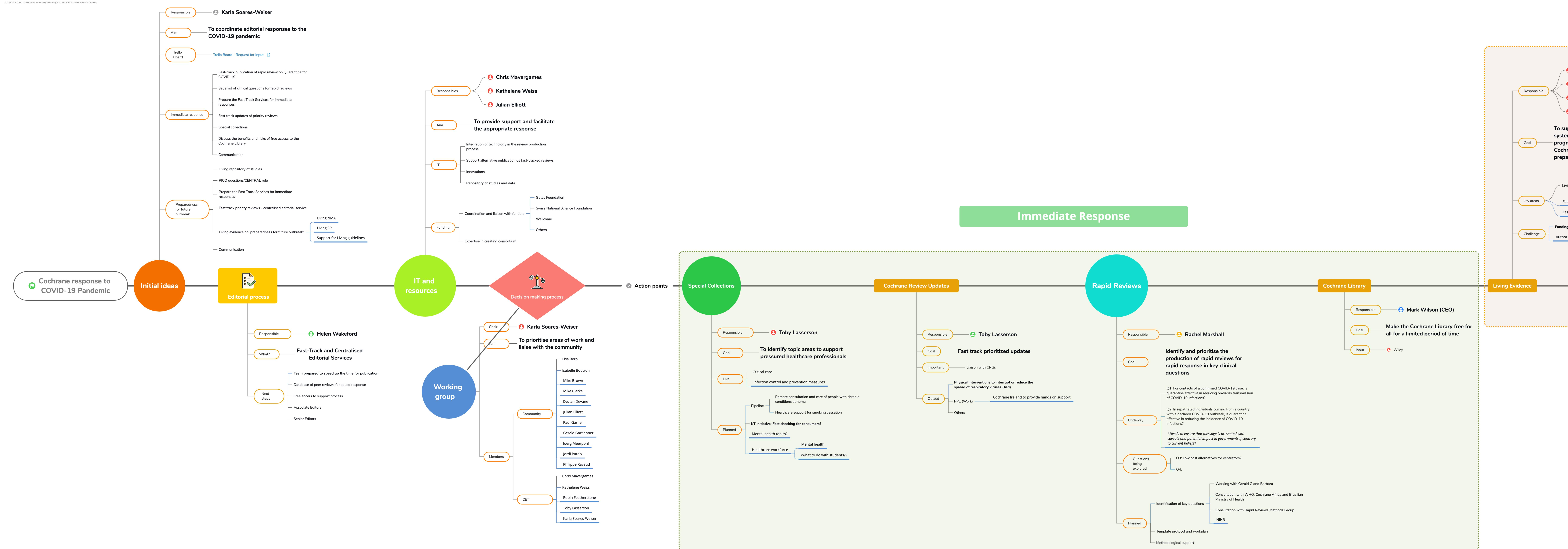
Appendix 4: COVID-19 – Opportunities and Threats for Cochrane

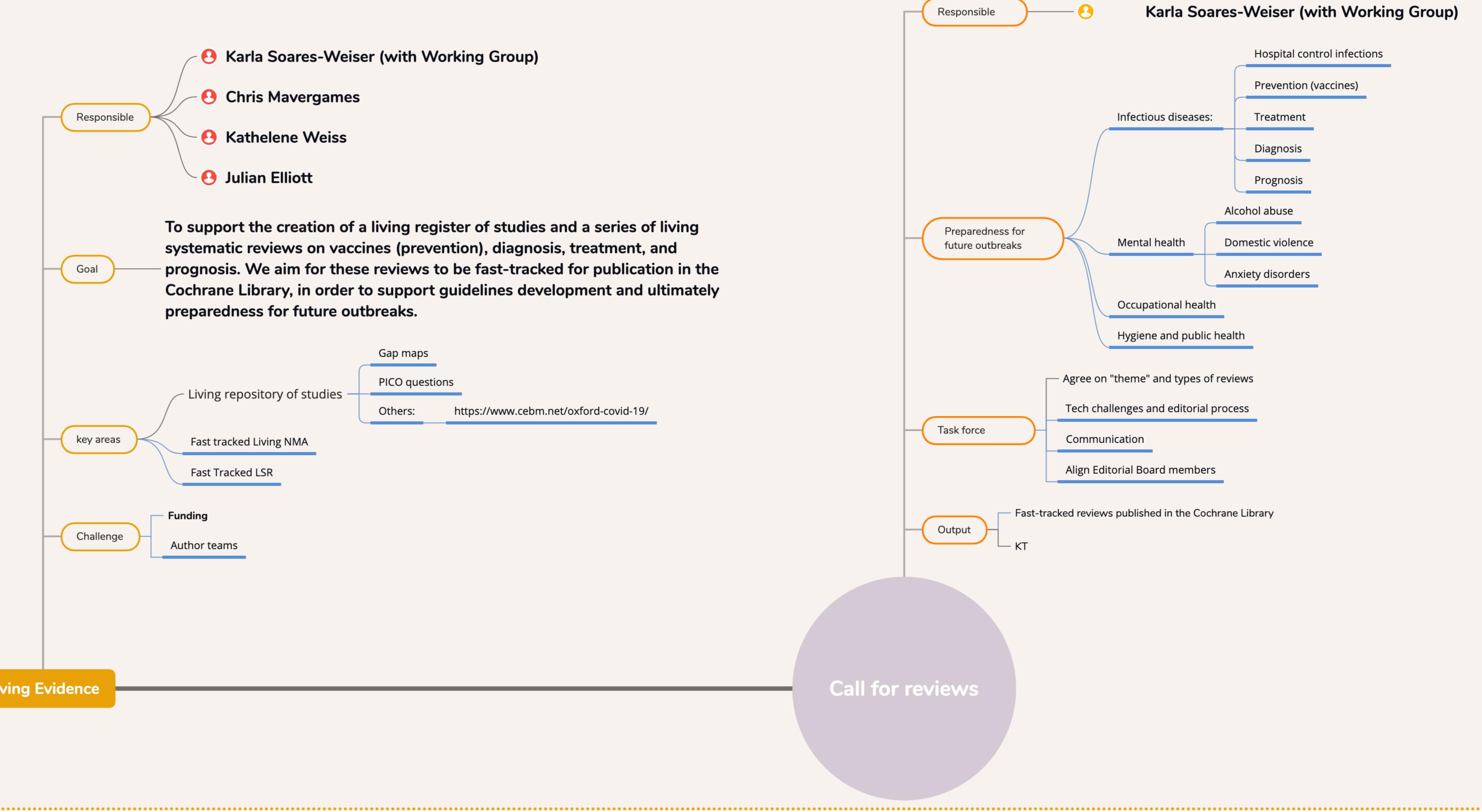
OPPORTUNITIES

- COVID-19 provides a unique opportunity for Cochrane to prove its value and relevance in providing prioritized, high-quality evidence, in the formats its most useful to our stakeholders, at the right time, to answer key health questions of global importance.
- Rapid scale-up of our Knowledge Translation activities (inc. clear way to involve end-users of Cochrane products in prioritization and production), rapid review production and centralized editorial services, and 'living evidence ecosystems' – proof of concepts.
- Breaking down of barriers between different Grouptypes by mobilizing around a clear priority.
- External funding opportunities.
- Further testing of remote working and remote meeting/conferencing capabilities on a larger scale.

THREATS

- Staff (CET and Group) and members' lives, and physical and mental health, are under threat by COVID-19. The scale and long-term impact of this is not yet known.
- The work-capacity of staff and members has been affected by the COVID-19 restrictions to movement, closing of schools etc. Many of our Group staff and members are also likely to be de-prioritizing Cochrane work in favour of their front-line responsibilities as key healthcare and policy workers.
- If Cochrane cannot or is not publicly seen to be able to –
 respond to COVID 19 with the evidence to inform healthcare
 decision-making in a timely and relevant way, our
 relevance and position as a 'go to' source of information for
 our partners and funders (charity and Group level) will be
 under significant threat.
- Our competitors may be responding more quickly to provide evidence to our partners and funders (charity and Group level) [More insight needed to check this assumption].
- Funding for Cochrane Groups and the Cochrane Library may be under threat from the re-prioritized spending priorities of our funders in the medium and longer term.
- The case for not making all Cochrane Reviews and possibly the whole Cochrane Library – immediately Open Access on a permanent basis may become harder to make. Possible that the global push for open evidence will becomes stronger? [More insight needed to confirm this assumption].
- The impact of COVID-19 on air travel, and the changing willingness of people to travel internationally, will threaten Cochrane's current model of regular face-to-face international meetings.





Preparedness for future outbreak

Governing Board Paper: Decision & Discussion items

Title:	Charity Governance Code			
Previous papers submitted on this topic:	None			
Paper Number:	GB-2020-6			
From:	Martin Burton, Chair of the Governance Committee			
People Involved in the developing the paper:	Tracey Howe, Lucie Binder and the Governance Committee: Martin Burton (Chair), Jan Clarkson, Tracey Howe, Karsten Juhl Jørgensen, Jordi Pardo			
Date:	13 January 2020. For Consideration at the 1 st of April meeting			
For your:	Decision			
Access:	Open			

Executive summary

This paper proposes that Cochrane adopts the Charity Governance Code for larger charities. The Code is a practical tool to help charities and their trustees develop high standards of governance.

Background and context

The Charity Governance Code for larger charities is intended for use by charities registered in England and Wales: https://www.charitygovernancecode.org/en. See Appendix 1.

It has been developed by a steering group, with the help of over 200 charities, individuals and related organisations as a tool to support continuous improvement. It is the aim of the Code to help charities and their trustees develop the seven core principles and recommended practice for good governance.

- 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.

- 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.

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 <u>The Essential Trustee</u> (CC3)
 - their charity's governing document
- are committed to good governance and want to contribute to their charity's continued improvement.

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

Issues

The Governance Committee recognises that the Code is aspirational, and that Cochrane is not yet fully 'compliant' with it. Steps to improve compliance are likely to require some changes to the Governing Board and Central Executive Team's structures and processes, which will need to be analysed from a cost-benefit perspective on a case-by-case basis. The Governance Committee, in collaboration with other sub-committees and the Senior Management Team, will work through the various implications for the Board's consideration. Nevertheless, the Governance Committee agrees that the Code promotes governance best practice, and is appropriate for Cochrane has as a UK-registered charity, but also an international organisation.

Recommendations

The Board supports the adoption of the Charity Governance Code for larger charities on behalf of Cochrane.

Next steps

- If adopted, the Governance Committee should prepare for the Board to discuss the Code's principles and recommended practice and make well-considered decisions about how these should be applied to Cochrane
- Cochrane will contact the Charity Governance Code volunteer steering group to inform them of Cochrane's participation. Communications will be published on the Cochrane websites and through community news channels.
- The Charity Governance Code volunteer steering group are currently undertaking a consultation exercise related to updating the code, to which the Governance Committee will contribute.



for larger charities

Charity Governance Code Steering Group

Group members

























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

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.

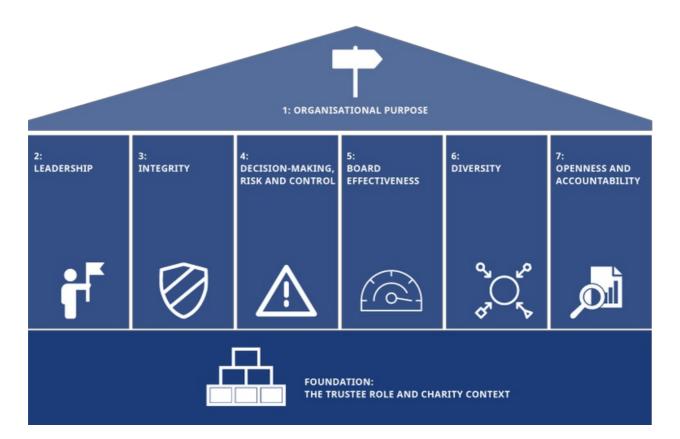
A charity should explain the approach it takes to applying the Code, so it is transparent to anyone interested in its work. We call this approach 'apply or explain'. All trustees are encouraged to meet the principles and outcomes of the Code by either *applying* the recommended practice or *explaining* 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 sectorspecific 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.



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.

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 <u>Charity Commission</u> is an observer on the group.

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

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.

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.

- 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

- **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.

- **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.

- **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.

- **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.

- **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.

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.

- 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.

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.

- **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

- 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 boardappointment 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:

- 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.

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.

- **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.

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.

- 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.

- **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 <u>Charity Commission's website</u> 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 <u>Association of Chairs</u> 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 <u>'Studyzone' section</u> 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 <u>Small Charities Coalition</u> 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 <u>WCVA</u>'s website which has guidance and information on events. <u>Third Sector Support Wales</u> is a network of support organisations for the voluntar sector in Wales.

Glossary

Please refer to the glossary.



Governing Board Paper: Reports

Title:	Report from the Editor in Chief			
Period covered by this report:	October 2019 to March 2020			
Date and period of last report:	March to October 2019, presented in Santiago in October 2019			
Purpose of the report:	This report is for information about key editorial priorities and targets			
Paper Number:	GB-2020-9			
From:	Karla Soares-Weiser			
People Involved in the developing this report:	All senior members of the Editorial and Management Department contributed to the development of this paper			
Date:	18 th March 2020. For Consideration at the 1 st of April Board meeting			
For your:	Information			
Access:	Open			

Key updates:

Business category	Key activities	Key achievements	Issues for the Board to note	Plans for next 3-6 months
New Conflict of interest policy implementation	To implement the new COI policy for CLIB content, including launch, communications, training, and support	Research Integrity team appointed; Policy signed off by Board on 27 th February; Implementation working group formed to address dependencies within the CET (IT, training, and communications); COI portal launched 16 th March; First webinar on 19 th March.	Working with the ITS & PRD to try to create a single Declaration of Interest (DOI) entry point.	Continue working with ITS & PRD to create a single DOI entry (see here for details); deliver more online training; develop more training materials; translation of the COI policy to Spanish.
Plain Language Plan Pilot project	To assess whether professional scientific writers improve quality, consistency and translatability of PLS, develop a PLS template and format and consolidate existing resources.	Two Networks recruited to host the PLS writers (MOSS & PHHSN); MOSS Associate Editor & Network Fellow have followed up with CRGs to identify best way to integrate writer in review process; Interviews scheduled for third week of March.	Recruitment of PHHSN will be deferred as AE recently left post & NSF has been working reduced hours.	Finalise evaluation framework by the end of March
Editorial Management and Production Systems Programme	To identify the preferred providers for both systems and develop a master end-to-end editorial workflow that reflects current best practice and meets contributors and user needs.	Mapped requirements against vendor capabilities & started drafting general contract terms; started capturing detailed information about current and future workflow requirements.	Need to manage approach if vendors do not meet all Cochrane requirements.	Sign contract with preferred vendor; Complete workflow analysis and start implementation planning.
High-profile reviews	To develop and implement a quality assurance and knowledge translation process for high-profile (controversial) reviews.	Criteria for high-profile reviews established; quality assurance and knowledge translation process developed; database of high-profile reviews created; several high-profile reviews already managed and published.	The new Senior Editorial Officer noted some issues with the list inclusion criteria (lack of clarity), and other stated the requirements. These will be resolved before full implementation.	Revise inclusion criteria and process within the next quarter. Full implementation of the criteria and process within the next 6-month period.

9.1. Editor in Chief Report [OPEN ACCESS SUPPORTING DOCUMENT] [CON...

Business category	Key activities	Key achievements	Issues for the Board to note	Plans for next 3-6 months
Stakeholder engagement (CFS Update)	To develop and pilot a process of engaging stakeholders in high-profile reviews, including a full update of the review 'Exercise for chronic fatigue syndrome'.	Appointed lead of an independent advisory group (IAG) for the review update and other IAG members invited; Developed the initial process for the IAG using Cochrane's 'Involving People' resource; Presented the initial process at UK conference; Web page live with information about the project.	Highly controversial intervention and review, with high levels of social media interest and some negativity about the review and the process.	Complete recruitment of the IAG; Confirm the editorial group and author team for the review; Hold first meeting of the IAG.
Editorial Charter	To develop and implement an Editorial Charter that outlines what authors can expect from Cochrane Editorial teams.	Editorial Charter has been drafted and revised in consultation with a working group; Implementation planning is underway.	Lack of consensus within working group about timeframes for various stages of the editorial process, led EMD taking the final decision; Compliance will be challenging before the EMS/EMP is in place.	Roll-out of the Editorial Charter in April 2020
Separation of Functions	To engage two networks in a pilot to separate the development and editorial functions for Cochrane Reviews.	First network recruited and discussions underway; Second network identified; Preparation of the Central Editorial Service (CES) to take on the editorial process for reviews in the pilot.	Concerns in CRG community about relinquishing some editorial responsibilities to the CES, incl. potential impact on future funding; Pilot may not address all issues in the editorial process and that editorial teams encounter.	Recruitment of second network; Development of a protocol for the pilot and agreement reached with networks involved; First reviews in the pilot published within the next 6 months.
Updating Cochrane Reviews	To publish the Updating Classification System information alongside Cochrane Reviews in the Cochrane Database of Systematic Reviews	Developed criteria for CRGs to start publishing the 'update status' in Cochrane Reviews (incl. DTA) by the end of 2019; UCS publication switched on mid-2019 for one CRG then stopped because of a serious problem in the production/publication process; Project paused completely and those involved worked to identify what happened and why, plus what went well.	Need to pause the project was disappointing for everyone who contributed to and supported the project. Those involved have ensured that learning points have been identified to inform future developments.	Share information with editorial teams about what happened and recommendations for future activity; Focus efforts on integrating the UCS information into established editorial and publishing processes take this work forward as part of an EMD Programme for Updating Systematic Reviews.

9.1. Editor in Chief Report [OPEN ACCESS SUPPORTING DOCUMENT] [CON...

Business category	Key activities	Key achievements	Issues for the Board to note	Plans for next 3-6 months	
Methods Strategy	To implement RoB2, scale up living systematic reviews, NMA (including standards), and prognosis reviews, go/no-go for rapid reviews, and explore CSR use	NMA webinar series CSR and RoB2 starter packs RoB2 pilot Rapid reviews stage 1 report	Manchester strategy meetings to be held virtually to confirm methods priorities for implementation	NMA protocol template and MECIR extension; RoB2 clinics and webinar series; Methods roadmap for RevMan Web (NMA, RoB2, etc); Methods group engagement project	
CRG Network updates	CRG Networks are responsible for the efficient and timely production of high-quality systematic reviews that address the research questions that are most important to decision makers	Cancer: increase in priority setting, produced relevant reviews for the WHO & guidance for Time to event data in Summary of Findings tables; Public Health & Health Systems: series in American Journal of Public Health; Abdomen and Endocrine: Successful recruitment process to appoint new editorial leadership in IBD group; MOSS: continued with peer to peer in put on search by ISs from initial pilot in 2018; Circulation & Breathing have editorial working groups; Acute & Emergency Care & Children & Families: NSFs have worked on high priority reviews; Coronavirus special collections across Acute Care, Public Health & MOSS Networks prepared in collaboration with Publishing Operations Portfolio		Appoint Associate Editors to increase resource for Networks; Oversee merger of IBD with Upper GI CRGs in Abdomen and Endocrine; Develop Co-Ed succession process	
Publishing operations	-Publishing Cochrane Library content: Editorials, Special Collections, Comments, and more -Provision of copy-editing service for CDSR -Working with the Product Team and Wiley to maintain and develop the Cochrane Library	-Focus on content supporting KT, including two active Special Collections on COVID-19 -Separation of publishing into operations and strategy	Recent and ongoing technical problems with Comments management and publishing	-Resolving issues with Comments management and publishing, and moving forward with a new process and metrics -Operational changes and planning in anticipation of new authoring, editorial and production systems coming online	

Governing Board Paper: Reports

Title:	2019-20 Cochrane Library Oversight Committee (CLOC) Annual Report
Period covered by this report:	April 2019 to March 2020
Date and period of last report:	March 2019
Purpose of the report:	Annual report to the Board on activities of the CLOC
Paper Number:	GB-2020-10
From:	Ginny Barbour, CLOC Chair (reviewed by Karla Soares Weiser and Mark Wilson)
People Involved in the developing this report:	Ginny Barbour on behalf of the CLOC
Date:	March 2020. For consideration at the `1st of April Board meeting
For your:	Information
Access:	Open

Executive summary

This paper provides a report of the past 12 months' activity of the Cochrane Library Oversight Committee (CLOC). There are no specific actions required of the Board.

Background and context

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. CLOC's terms of reference remain unchanged from February 2019 other than Manu Mathew has stepped down from the Committee.

Issues

The Cochrane Library Oversight Committee has met twice between February 2019 and March 2020. The intention is usually to have more meetings than this but the schedule was disrupted by the recruitment of the new Editor in Chief, for which Ginny Barbour was involved. In addition, she met separately on several occasions with David Tovey, previous Editor in Chief, and Karla Soares-Weiser, current Editor in Chief, at their request, to provide advice on specific items.

CLOC is looking to increase its membership still, especially in order to have consumer representation, and that will be a focus of the group over the next few months.



Governing Board Paper: Reports

Title:	CEO Update				
Period covered by this report:	October 2019 – March 2020				
Date and period of last report:	2019 (Board meeting Santiago, October 2019)				
Purpose of the report:	To provide the Governing Board with a short update of key items of business in Quarter 1, 2020.				
Paper Number:	GB-2020-11				
From:	Mark Wilson, CEO				
People Involved in the developing this report:	Senior Management Team				
Date:	24 th March 2020 - For Consideration at the 1 st of April Board teleconference				
For your:	Information				
Access:	Restricted (Open in alternate form after the Board meeting)				

Key updates:

Business category	Key activities Key achievements		Issues for the Board to Plans for next 3-6 mor			
COVID-19 Response	 Editorial and evidence production and publication response Central Executive Team members support Cochrane community and external stakeholder communication See Separate Update paper from the Senior Management Team 			am		
2020 Annual Targets	 Editorial and Production Systems Programme Implementation of More Rigorous Conflict of Interest Policies Improving Quality, Consistency and Translatability of Cochrane's Plain Language Summaries 	All Targets on schedule for	See Editor in Chief's Report - All Targets on schedule for completion as planned at this stage (although to be confirmed in the next quarter given the impacts of the COVID-19 pandemic).			
2020 Annual Targets	Consultation on Open Access for Cochrane Reviews	Planning for the OA consultation process prepared and will be aligned with external stakeholder consultations on Post-2020 Strategic Plan and KT Monitoring & Evaluation. But timing now delayed as a result of COVID-19 pandemic.	External funder perspectives may be altered by the decision to make the Library open access from March 2020 (for a period yet to be determined), Cochrane's response to the pandemic, and any changing environment in relation to the funding of scientific & healthcare research.	Open Access provision of the Library to be reviewed on a weekly basis by Cochrane-Wiley.		

Business category	Key activities	Key achievements	Issues for the Board to note	Plans for next 3-6 months	
2020 Annual Targets	Development and Launch of a new Organizational Strategic Plan	of a new Organizational making framework and the Post-2020 strategic		 To develop decision-making values. To draft potential Objectives for consultation. To make the completion of the next Strategic framework consultative and virtual. 	
Publishing	Cochrane Library development	 Delivery of planned new features and enhancements to the Cochrane Library continued well in the first part of 2020 with Cochrane's PRD team leading the Wiley/HighWire development priorities and foci. There were problems which took a long time to sort out with EMD not being alerted to Comments being made on Reviews in the CL. Workarounds were developed until an automated system is in place. 		Currently focusing on supporting the urgent implementation of features and functionality to support COVID-19 plans, including publication of Rapid Reviews and translations for Special Collections.	
Publishing	New Publishing Contract (2021-30) New point of care/electronic health record product	 Cochrane drafted a new Publishing contract draft (for January 2021 onwards) from scratch, which took longer than anticipated; and Wiley also delayed in responding. Exploratory Talks began with Taylor & Francis on development of a new POC/EHR product. 	 Initial signals from Wiley are that there are no major problems or issues with the draft. We will confirm formal reaction and progress at the Board meeting. Board note – this is highly confidential and business sensitive. 	 Completion and signing of the contract, followed by the formal announcement. We are awaiting a formal proposal from T&F, with an NDA to be signed then 	

Business category	Key activities	Key achievements	Issues for the Board to note	Plans for next 3-6 months
				initial product development work.
Governance	 Preparation for Manchester Governance Meetings 	 Extensive preparations made for Cochrane's Governance meetings in Manchester, including strategic sessions on the new strategic plan, Knowledge Translation M&E, and open access; as well as a General Meeting of members to consider redrafted Articles of Association, which were completed in Q1. Additional contingency plans were made for a Virtual meeting; then the meetings were cancelled in early March (pandemic events subsequently proved this was the correct decision) New members were elected to the Cochrane Council 		To be determined, although some meetings – like the Governing Board and select Executive meetings (Geographic Groups, Co-Eds & Fields) - will go ahead although with amended agendas and through virtual means.
Knowledge Translation	 KT Dissemination Checklist KT Mentoring Project KT Monitoring & Evaluation Project Media & Communications 	 KT Monitoring & Evaluation Project running on sched South Africa and the Evidence Centre. External const Change for Cochrane evidence impacting target aud were scheduled to be shown and consulted on in Ma Most notable Q1 communications impact for the new Alcoholics Anonymous and 12-Step Facilitation program alcohol problems – including NYTimes coverage and the research outputs scored by Altmetric already (https://cochrane.altmetric.com/details/77335766) The first cohort (26 participants) from Cochrane Grown and KTD staff attended the bespoke KT Dissemination in January in London. They are now an active 'SLACK on applying the checklist to improving the quality of passing their learning onto peers and colleagues aliked KT Mentorship scheme continuing well. Cochrane on World Cancer Day: https://www.cochrane. 		

Business category	Key activities	Key achievements	Issues for the Board to note	Plans for next 3-6 months		
People Services	Support to CET & Cochrane Groups	 Highly successful Central Executive Team annual meetings held in January in London, planning for 2020 and beyond and concentrating on cross-departmental and Cochrane Group dependencies for Targets and major Objectives. New Head of Finance and HR Manager joined strengthening Cochrane's senior management. A new Cochrane Interactive Learning Module on Health Equity was launched; The Cochrane Community Support Team turned two. 				
External Affairs	Advocacy, External Affairs & Partnerships	See	Separate Report			
External Affairs	Fundraising	 Continued engagement with the Gates Foundation through the ongoing development grant, and with Cochrane Australia on the 'Living Evidence' project, to secure long-term funding. Extensive new funding possibilities opening up to support Cochrane's response to the COVID-19 pandemic 				
Geographic Groups	External Relations & Knowledge Translation	 Successful launch of <u>Cochrane Portugal Centre</u> in January. Agreement in Delhi in February to form a new Cochrane India Network. <u>Expressions of Interest</u> subsequently launched for new Affiliates. Formal launch of Cochrane China Network in Beijing in February postponed because of the COVID-19 outbreak. <u>The revised Spokesperson Policy was published</u> and is open for comment and suggestions from the Cochrane community. 				
Organizational	Finance	The 2019 draft post-audit management report has been issued by our auditors, Sayer Vincent. The audit scope was extended to provide auditor's reports to both Cochrane Innovations and Collaboration Trading, as the Group has exceeded the small company limit. Sayer Vincent has confirmed that it anticipates issuing an 'unqualified audit opinion' in respect of the year ended 31 December 2019 for all three entities. The final report, including management responses to audit findings, will be discussed at the FAI meeting on 28 April 2020.				



Governing Board Paper: Reports

Title:	Strategy to 2020: 2019 Targets End of Year Report		
Period covered by this report:	January to December 2019		
Date and period of last report:	Mid-Year and Quarter 3 progress report submitted September 2019 (Santiago)		
Purpose of the report:	To provide the Board and wider community with an end of year report on the delivery of the proposed organizational targets for 2019		
Paper Number:			
From:	Mark Wilson		
People Involved in the developing this report:	Senior Management Team		
Date:	March 2020 for Manchester 2020 Board meeting		
For your:	Information		
Access:	Open		

1. CONTENT STRATEGY IMPLEMENTATION

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

	we will be the least of the state of the sta		1			
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	S				
Why are we doing this?	It is vital for Cochrane's sustainability that we develop and implement strategies aimed at providing revie	ws that	address decision			
	makers' needs more effectively: focusing on high priority and increasingly complex questions, the use of r	new me	thods, new review			
	types and expanding data sources.					
ndicators of Success	Successful introduction of Content Strategy Implementation plan.					
	 Implementation plans for: ROB 2 tool, Network Meta-Analysis, Using Clinical Study Reports as the s 	ource o	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 Revinitiated by at least five Networks 	views id	lentified and			
eliverables	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	9)	June 2019			

	exemplars identified, and work initiated for at least three reviews
Estimated start date	January 2019
2019 End of year report	During 2019 the decision was taken to re-name the 'content strategy' the 'methods strategy', as this is a better representation of what it encompasses. Work to achieve the deliverables continued within this new framework. Of the nine proposed deliverables, most elements have been achieved or additional plans initiated to address dependencies to achieve them:
	 A methods implementation plan template was created and in use across methods projects Online learning modules in Network Meta-Analysis (NMA) were launched, as well as a six-part Learning Live NMA webinar series A meeting was held to further explore uses of Clinical Study Reports Plans for to integrate Risk of Bias 2 (ROB2) into RevMan Web and the Cochrane Library have been built into the respective product development roadmap The Rapid Review Methods Group completed the first part of a project, which included a survey of Cochrane members that informed a set of recommended methods and a proposed definition for rapid reviews, and this is to be presented to the Editorial Board. Work on a MECIR extension to NMA is underway and a protocol template is ready for dissemination. Full implementation plan needs to be developed. A pilot (13 reviews across all CRG Networks included in the pilot so far and actively calling for more) to make ROB2 the standard risk assessment for new Cochrane Reviews was completed and 'scale-up' activities are underway. Living Systematic Reviews across at least four Networks are underway. Discussions on Living Systematic Reviews and language translation/KT products have been initiated. A Starter Pack for using Clinical Study Reports (CSRs) has been developed. Five reviews using CSRs are underway as well as advocacy work to facilitate CSR access and use In addition to the proposed deliverables for this Target: Four Prognosis Reviews have been published; 20 are underway.

2. IMPROVED EDITORIAL PROCESS

Assure the quality and consistency of Cochrane's editorial process

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Target	Outcomes	We will develop an editorial charter	that describes agreed expectations a	across networks and Review Groups to assure the
		equity and consistent high quality o	of editorial processes	
		 Development and implementation of 	of an agreed quality assurance proce	ss 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	 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. Consultation, amendment and implementation of Editorial Charter with support from Review Groups Network Senior and Associate Editors Development and implementation of quality assurance process for high-profile reviews Central Methods Support Unit to provide hands-on support to Groups Agreed performance parameters and monitoring process for Networks. Review Groups and Network priorities communicated Adherence to Editorial Charter and process for high profile reviews 	 April 2019 July 2019 April 2019 June 2019 June 2019 June 2019 July 2019 December 2019
Estimated start date	January 2019	
2019 End of year report	An Editorial Charter was developed by a working group of the Editorial Board according to the process set out above, but due to the cancellation of the Editorial Board's meeting in Santiago, in October 2019, it has not yet been signed-off. The Editorial Board's next meeting planned for Manchester, in April 2020, has also been cancelled, so a new process for approval will be agreed. Roll-out of the charter is therefore delayed but is planned to begin in April 2020.	

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 stru with a proposed development and implementation plan. This will follow a full evaluation and options appraisal of the ongoing prototype being Norway which will be presented to the Governing Board in April 2019. The implementation plan will include: An advisory Board with representatives from the community and central team; Description of technology challenges for both review production (RevMan etc) at roadmap); Guidance, support and learning needs of the Cochrane community in delivering with high quality; CET responsibilities and accountabilities across different departments; Consultation plan and engagement with the Cochrane community. 	g developed by Cochrane nd publication (Cochrane Library
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 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; ethey 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 2) Development and implementation plan established, including: a) Advisory board	 March 2019 September 2019 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 	4) September 2019	
	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		
2019 End of year report	Work to finalise the product development plan for the New Review Format project was slower than expected in 2019. The plan was to prioritise and assess the proposed review format changes alongside the broader editorial publishing strategic priorities, especially where these related to improving the accessibility of Cochrane evidence.		
	The project was put on hold following the cancellation of planning and editorial strategy meetings during the Future worked will be aligned with the new Editorial Management System and Cochrane Library development		

4. UPDATED OPEN ACCESS AND OPEN DATA POLICIES Review our policies on Open Access to Cochrane Reviews and datasets In 2019, we plan to review our policies on open access to Cochrane Reviews and datasets, with the aim of ensuring these policies are upto-date, continue to support our organizational mission to improve health decision-making, and secure core and Group funding, and the long-term sustainability of the organization. Why are we doing this? Cochrane already has progressive Open Access options for Cochrane Reviews and always respects the mandates of funders of Cochrane Reviews. It also has a long-term ambition to move to full and immediate Open Access for Cochrane Reviews once a reliably sustainable funding model for its activities is established. In 2018 a group of national research funding organisations, with the support of the European Commission and the European Research Council (ERC), announced the launch of 'coAlition S', an initiative that aims to accelerate the transition to full and immediate Open Access for research publications. The Coalition has produced 'Plan S', which may have important implications for the funding of Cochrane Reviews – and Cochrane Groups - and it is therefore appropriate to re-assess our current policies and funding model in light of this.

Indicators of Success	'Open data' is the manifestation of the principle that clinical trial should be freely available to everyone wish, without restrictions from copyright, patents or other mechanisms of control ¹ . Cochrane has many share, and it <u>already makes the statistical datasets from Cochrane Reviews</u> available for non-commerci Open Access policies, it also makes sense to review our policies to data access: what data, to whom, and share our data in support of our mission to improve health decision-making?	types of data that are useful to al use. As we are reviewing our d for what purposes should we	
indicators of Success	 Cochrane Governing Board, Cochrane Group, public and funder support for our Open Access and Open Data policies Continued compliance with funder mandates for Cochrane Reviews 		
Deliverables	 Formation of a project team. Scoping and preparatory work undertaken by the team. Formation of a Consultation Group composed of people internal and external to Cochrane with expertise in Open Access, Open Data, and research funding; and representing key stakeholder groups such as Cochrane Groups, Review funders, and Library customers. Consultative meetings at the Chile with the Cochrane community on Open Access and Open Data approaches. Meeting of the Consultation Group and other stakeholders to discuss Cochrane Open Access and Open Data policies and approaches. Submission of any revised policy(ies) to the Governing Board for approval. 	1) April 2019 2) August 2019 3) October 2019 4) Q4 2019 / Q1 2020 5) April 2020 (Governance meetings)	
Estimated start date	March 2019		
2019 End of year report	The Board and Senior Management Team undertook an in-depth review of the organization's Open Access policies in Krakow, in Apri 2019. They concluded that the current policy is the only responsible option at this time for ensuring the organization's financial sustainability. Progress in 2019 has been slower than expected but Cochrane will run a formal consultation with internal and externa stakeholders in 2020 to achieve a common understanding of the challenges and opportunities for Cochrane in delivering universal, immediate Open Access to Cochrane Reviews whilst continuing to ensure organizational financial sustainability. The outputs of the consultation will directly inform any future revisions to existing policy.		

5. NEW COCHRANE LIBRARY FEATURES

Continue to deliver more features and enhancements in the Cochrane Library

¹ https://en.wikipedia.org/wiki/Open_data

basis, as planned, to maintain its relevance and usability.	ancem		
basis, as planned, to maintain its relevance and usability.	ancen		
release of features and enhancements aligned to strategic priorities and delivering against the follow	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.		
 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. 			
regular release of new features and enhancements, including public release notes. Quarterly roadmap report confirming our now, next, and future development plans. PICO search beta available on the Cochrane Library regular release of new features and enhancements, including public release notes Features required to support the publication and use of Living Systematic reviews available on CDSR realth Systems Research searchable from the Cochrane Library rublish RoB2 redeas and suggestions for new functionality/features to support Cochrane's aims and vision to input not the roadmap from Cochrane Groups. requirements and applications of the stated priority features for 019 and future features from Cochrane Groups.	1) 2) 3) 4) 5) 6) 7) 8)	At lease quarterly from January 2019 Quarterly from March 2019 Quarter 3 2019 Quarter 3 2019 Quarter 3 2019 Quarter 4 2019 Ongoing Ongoing	
2019			
tent, as are the quarterly roadmap planning process and reports. Key features delivered in 2019 included content section for CENTRAL records, improved 'sign posting' of linked content types (Cochrane , Special Collections and Podcasts), collapsible sections within reviews, Farsi translated content, Special calerts and updated review email alerts. Therefore the update classification system identified a critical problem which means a new solution of the update classification system identified a critical problem which means a new solution of the update classification system identified a critical problem which means a new solution of the update classification system identified a critical problem which means a new solution of the update classification system identified a critical problem which means a new solution of the update classification system identified a critical problem which means a new solution of the update classification system identified a critical problem which means a new solution of the update classification system identified a critical problem which means a new solution of the update classification system identified a critical problem which means a new solution of the update classification system identified a critical problem which means a new solution of the update classification system identified a critical problem which means a new solution of the update classification system identified a critical problem which means a new solution of the update classification system identified a critical problem which means a new solution of the update classification system identified a critical problem which means a new solution of the update classified and the update classified and the update classified a critical problem which means a new solution of the update classified and t	ude gue Clinic e Clinic e anish e will n	uideline reporting and cal Answers, PDFs, PICO search, eed to be developed	
() (2) () () () () () () () () () () () () (D19 and future features from Cochrane Groups. D19 and future features from Cochrane Groups. D19 and future features and enhancements, including public release notes, are now standard practice ent, as are the quarterly roadmap planning process and reports. Key features delivered in 2019 included content section for CENTRAL records, improved 'sign posting' of linked content types (Cochrane Special Collections and Podcasts), collapsible sections within reviews, Farsi translated content, Special contents and updated review email alerts.	D19 and future features from Cochrane Groups. D19 and future features from Cochrane Groups. D19 and future features and enhancements, including public release notes, are now standard practice for Cochran, as are the quarterly roadmap planning process and reports. Key features delivered in 2019 include gued content section for CENTRAL records, improved 'sign posting' of linked content types (Cochrane Clinic Special Collections and Podcasts), collapsible sections within reviews, Farsi translated content, Spanish is alerts and updated review email alerts. D19 and future features from Cochrane Groups. D20 in Collections and Podcast in Cochrane Clinic Special Collections and Podcasts), collapsible sections within reviews, Farsi translated content, Spanish is alerts and updated review email alerts. D20 in Cochrane Clinic Special Collections and Podcasts), collapsible sections within reviews, Farsi translated content, Spanish is alerts and updated review email alerts. D20 in Cochrane Clinic Special Collections and Podcasts), collapsible sections within reviews, Farsi translated content, Spanish is alerts and updated review email alerts.	

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

support neatth po	olicy 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 <u>Strategy to 2020</u> 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.
	 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.
ndicators of Success	Indicators of success for strengthening Cochrane's capacity:
	 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. 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.

	 Tools and Knowledge Translation products developed are prioritized for translation into no fit for multiple dissemination platforms. An improved understanding of policy-making environments with strengthened systems, pro evaluation frameworks that support Cochrane's engagement with policy-makers. Health Systems Evidence – a database to support the use of health evidence in policy making within the Cochrane Library's search function. Best of practice experiences gained from working with policy-makers will be shared across of community Groups. 	ocesses an ng – is inte _l	d grated
	 Indicators of success to advocate for evidence-informed health care and the uptake of synthesi in health policy making and service planning: 	zed resear	ch evidence
	 Documented stories of systematic review use in selected countries. What is/was needed to eand campaigning work for the use of evidence; relationship building and use; dissemination stories will help device strategies for facilitating campaigns and advocacy work around future change health policy and practice (illustrated by stories of success). Documented stories of strengthening the capacity of policy makers in understanding and in and its use in policy and practice. Specific activities include: training of policy makers; delib our work with the WHO Evidence-Informed Policy Network (EVIPNet). New connections built with WHO departments, leading to continued and increased use of Conormative guidance; New partnerships and priorities for co-production developed that have resulted in joint adversarial contents. 	n and trans re reviews terpreting erative dia ochrane R	lation work). The with the potential to evidence synthesis logues; expanding eviews in WHO
Deliverables	 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. 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. A Cochrane Advocacy strategy is developed and approved for implementation in 2020 and beyond. 	3)	April 2019 April - October 2019 (delivered by Chile Colloquium) December 2019
Estimated start date	January 2019		
2019 End of year report	The session planned for the Governance Meetings in Krakow, in March 2019, was developed and held. Del Translation activities for Cochrane Groups are reported on in Target 7, below.	iverables r	elated to Knowledge

An advocacy strategy was developed and presented to the Governing Board in October 2019. The Board decided not to put the paper to vote as a strategy, but instead to note their support for the decision-making framework and the activities proposed. In the meantime, in 2019, Cochrane developed and started work on a series of advocacy priorities for 2020 and beyond. We issued statements in response to developments in trial transparency policy at national and international levels – reminding clinical trial sponsors of their obligation to make their results public; pushing the Chair of the UK House of Commons Science and Technology Select Committee to call for sanctions on a new Health Research Authority transparency policy; and responding to an FDA consultation on the proactive release of clinical study reports.

Cochrane joined representatives from the European Commission and European Medicines Agency and transparency advocates at the European Parliament to speak about the importance of trial transparency for systematic reviewers. We also supported an AllTrials report which was used in an evidence session at the UK Parliament. In 2019, the Cochrane-REWARD prize was given out for the third year, recognising three initiatives with the potential to reduce research waste.

7. 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 improvements of author skills For Knowledge Translation training development, success will be a greater number of training sessification on use of Cochrane evidence For equipping the next generation of Cochrane collaborators and leaders, success will be an increase researchers publishing with Cochrane and taking positions of responsibility within the organization 	ions be	eing delivered that
Deliverables	 Content (now Methods) Strategy and quality improvement 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. 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. Develop communities of practice amongst Cochrane Editors to share learning and develop skills, based on a problem-based learning approach using real case studies. 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 Develop an online learning experience for Cochrane contributors to learn about knowledge translation in Cochrane Develop materials for Cochrane Groups to provide more training on the use of Cochrane evidence in practice for policy makers, practitioners and patients. Develop a suite of online learning for patients to understand evidence and the role of systematic reviews in health decision-making. 	1) 2) 3) 4) 5) 6) 7)	Estimated Quarter 2 2020 First milestone Quarter 3 2019 Quarter 1 2019 Quarter 4 2019 Completion by Quarter 3 2019 Completion by Quarter 4 2019 Completion by Quarter 4 2019 Completion by Quarter 2 2019
Estimated start date	January 2019		
2019 of year report	Content (now Methods) Strategy and quality improvement The two-year target to develop an author training curriculum that blends online learning with face-to-face learning is progressing we trials are underway with blended learning and we are updating training materials, including enhanced pedagogical materials, to sue a standardised training approach. Work to provide Cochrane Trainers with pedagogical training was completed and a workshop was delivered in Santiago, although not to the intended audience. The work is now being used as the underpinning of further trainer skill development of communities of practice amongst Cochrane Editors to share learning and develop skills has been piloted in some Review Group Networks with positive results. We will consider how well this can be adapted and rolled out in other Groups during 2		materials, to support d a workshop was orther trainer skills iloted in some

We have successfully developed a job description for the Managing Editor role that outlines all the elements of the role. This is the first step in defining training needs, so that MEs can be better supported in the future.

Knowledge Translation

A suite of online learning resources has been launched to support Cochrane Groups in the development of their Knowledge Translation strategies. This includes new training materials to support the outputs of Target 6 (above): Supporting policy-makers in the use of synthesized evidence in policy-making. Cochrane Evidence Essentials launched in July providing an engaging online learning experience for patients and the public to find out about evidence and systematic reviews in particular.

Cochrane's Dissemination Checklist and Guidance launched in November 2019, slightly later than planned due to the cancellation of the Chile Colloquium. The aim of the guidance is to improve the quality of dissemination products that present the findings of Cochrane intervention reviews; a full implementation and training plan will be launched across the organization from October 2019 onwards.

8. IMPROVED EDITORIAL MANAGEMENT SYSTEM

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

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	 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. Implementation plan for new system, developed in collaboration with the community, with clear timelines and budget (if new system). Development plan for Archie is developed, in collaboration with the community, with clear timelines and budget (if continuing with Archie). A plan of Archie's other functionality is developed for whichever option is pursued. Implementation started on the agreed solution. Provide expert stakeholder input to the evaluation process. Assist in the implementation planning of the agreed solution. 	 Krakow - April 2019 July 2019 July 2019 September 2019 November 2019 February 2019 November 2019 	
Estimated start date	January 2019		
2019 End of year report	 Cochrane engaged Origin Editorial, who helped us to document stakeholder requirements, assess the potential for Archie requirements, and identify potential external systems that could meet these requirements. This phase of work is now com key decisions: Cochrane will not continue to develop its own EMS, and the editorial management parts of Archie will be decommother Archie functions will be reviewed separately. Cochrane will explore a small number of commercial EMS providers in more detail, with the aim of selecting one for the same of the same of		
	implementation. The programme of work to review, evaluate, select, and implement a new EMS will continue throug look at the linked production systems used to deliver content from the EMS to the publisher platfor combined review will ensure these systems are complementary and work efficiently together.	hout 2020. This programme will also	

9. 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 aspethrough our work. Strategy 2020 sets an objective to: strengthen Cochrane as a global and diverse organization Cochrane organisational presence in all regions, building capacity in low- and middle-income countries; prome geographic diversity; and enabling generational change. In 2019 we have a range of related initiatives that coobjective, both in our organization and in the work we produce.	on by establishing a ottoor
Why are we doing this?	 This is a direct response to the objective to strengthen Cochrane as a global and diverse organization by es Cochrane organisational presence in all regions, building capacity in low- and middle-income countries; pre 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 ne 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 ce 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 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 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. 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. Collectively assess the Cochrane title proposal process and identify opportunities for improvements to support diversity in our author base. Establish new metrics for the organization to report meaningfully on diversity within the organization Equity in the content and accessibility of our work 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 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. 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 	 Quarter 2 2019 Quarter 4 2019 Quarter 3 2019 Quarter 3 2019 Quarter 22019 Quarter 3 2019 To be confirmed To be confirmed Quarter 4 2019 Quarter 1 2019 Quarter 4 2019 Quarter 4 2019

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

2019 End of year report

Developing our global organization:

A Cochrane US Network has been launched in June. The Network involves 14 new Affiliates, and also closely connects to the existing CRGs, Satellites and Field. The China Network has continued in a more informal manner for the last year. In September a Call for Expressions of Interest was launched to invite the institutions currently part of the informal China Network to formalize their status and become an Affiliate. Seven new Affiliates have now been approved as member of the Cochrane China Network. The official launch of the Cochrane China Network was planned for February 2020, but has been postponed due to COVID-19, and is now planned for later in 2020.

Embracing diverse participation within our organization

Due to the cancellation of the Colloquium, the proposed workshop could not go ahead. However, 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 is ongoing. Work to develop metrics (key performance indicators) has not developed as hoped. However, with the establishment of the Governance & Strategy Unit, this work is planned at an organizational level from 2020 onwards.

Equity in the content and accessibility of our work

We have developed and launched a training to support authors to address equity considerations in reviews in early 2020, via a Cochrane Interactive Learning module on Equity in Cochrane Reviews. This is an extensive learning module, which will be complemented by face to face training materials in future.

Supporting the next generation of Cochrane Contributors

Support for the next generation of Cochrane leaders and contributors progressed in 2019:

- Following the highlighting on the Cochrane.org website of the work within the organization of many young academics, clinicians and researchers ('Cochrane's 30 Under 30'), a new Early Career Professionals Group was launched.
- 'Students 4 Best Evidence', an initiative of Cochrane UK, was integrated into Cochrane's learning, development and support structures, and a Spanish-language version, 'Estudiantes x la Mejor Evidencia', was also launched.

Governing Board Paper: Decision & Discussion items

Title:	Locations for Governance Meetings in 2021 and 2022					
Previous papers	ers None					
submitted on this topic:						
Paper Number:	GB-2020-14					
From:	Mark Wilson					
People Involved in the Jo Anthony, Head of Knowledge Translation						
developing the paper:	Lucie Binder, Head of Governance & Strategy					
	Sabrina Khamissa, Event & Brand Support Officer					
Date:	March 2020. For consideration at the 1st of April Board meeting.					
For your:	Decision					
Access:	Open					

Executive summary

Cochrane's Governance Meetings occur in March or April every year. They are an opportunity for Cochrane's boards, executives, group leaders and Central Executive Team to meet and agree the organization's strategic priorities for the coming 12 months. They are either organized by the Central Executive Team, or by a Cochrane Group with support from the CET, and are held in Europe or another easily accessible location for the majority of participants.

Due to the impact of the COVID-19 outbreak and the associated restrictions on international travel, Cochrane's Governance meetings scheduled to be held in Manchester, UK, on 30 March – 3 April in 2020, were cancelled. This comes only six months after the Cochrane Colloquium in Santiago – which, despite being primarily a scientific conference also provides the opportunity for Cochrane's management and governance groups to meet - was also cancelled. As part of its remit, the Board's Colloquia, Meeting & Events Working Group will now review the feasibility, acceptable risk and impacts associated with holding organization-wide face-to-face meetings twice annually, with change likely to follow.

Nevertheless, this paper proposes that for the next two years at least, face-to-face Governance Meetings continue to be held as they provide the primary – and in some cases only – opportunity for key organizational leaders to meet in person to discuss and develop organizational strategy and policy. At this point, we do not have other established options to replicate the value these meetings bring to the organization. This paper further proposes that the 2021 meetings are held in Manchester, UK; and the 2022 meetings are held in Amsterdam, Netherlands.

Background and context

In recent years, Cochrane's Governance Meetings have been held during the first week in April (or earlier or later depending on when Easter falls). They are usually held in Europe or within a two-hour distance of an international airport. During its meeting in Edinburgh 2018, the Governing Board approved the dates but not the venues for Governance Meetings in 2021, 22, 23, 24 and 25 (*PDF Open Access document*):

• 2021: 21st March - 27th March 2021

• 2022: 28th March - 1st April 2022

Cochrane Groups are invited to submit proposals to host the event, based on the 'Governance Meetings Standard Operating Procedures'. Following a call in early 2020 for prospective host for Cochrane's Governance Meetings in 2021 and 2022, no applications were received.

The Central Executive Team has therefore taken on the role of sole organizer of the 2021 and 2022 meetings.

Issues

The CET has assessed different locations for the meetings in 2021 and 2022 for cost, ease of travel, facilities etc. On the basis of this assessment, the following proposals are made:

2021: The Governance Meetings are held in Manchester, UK, replicating the arrangements made for the 2020 meetings. A significant discount from the Manchester MacDonald has been offered:

MacDonald Hotel - Manchester: confirmed venue of 2020 before cancellation in March 2020.

Website:	<u>Link</u>	
Distance from Airport:	25-minute bus or taxi ride from Manchester airport	
Total Approximate Cost:	£65,000 (minus discount/carry forward as agreed circa	
	£32,000 - waiting for confirmation in writing.)	

2022: The Governance Meetings are held in Amsterdam, Netherlands, at one of the two venues listed below (the Senior Management Team will take the final decision on venue):

Postillion Hotel and Convention Centre - Amsterdam

Website:	<u>Link</u>	
Distance from Schipol Intl airport:	20-minute taxi ride	
Meeting Room, Audio Visual and Catering:	Approx €93,207 based on 200 attendees	
Accommodation Rates:	€154 (Breakfast included)	
Total Approximate Cost:	<u>€141,717</u>	

Crowne Plaza Schipol - Amsterdam (NB: This hotel is located at Schiphol airport, 30 mins from city centre)

Website:	<u>Link</u>	
Distance from Schiphol Intl airport:	5-minute free shuttle service provided by the venue	
Meeting Room, Audio Visual and Catering:	Approx. €78,075 based on 200 attendees	
Accommodation Rates:	€129 (Breakfast included)	
Total Approximate Cost:	<u>€118,710</u>	

Both locations for 2021 and 2022 can provide a meeting venue in an international transport hub, at a reasonable price for the organization, and with appropriate facilities.

Other options considered but discounted:

Le Plaza Hotel - Brussels

Website:	<u>Link</u>
Distance from Brussels airport:	30-minute taxi ride
Meeting Room, Audio Visual and Catering:	Approx. €96, 175 based on 200 attendees

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Steinberger Hotel - Berlin

Website:	<u>Link</u>	
Distance from Berlin Brandenburg airport:	30-minute taxi ride	
Meeting Room, Audio Visual and Catering:	Approx. €88, 125 based on 200 attendees	
Accommodation Rates:	€129 (Breakfast included). City tax does not apply.	
Total Approximate Cost:	€128,760	

These meetings will be planned as primarily face-to-face events, but we have the opportunity to increase remote participation.

Recommendation:

The Board approves the locations for Governance Meetings in 2021 and 2022 as Manchester, UK, and Amsterdam, Netherlands, respectively

Next steps

Should the Board approve the proposal, the Central Executive Team will book the venues and organize the meetings as normal, taking into account the learning from recent and current experiences with meeting cancellation and the COVID-19 pandemic in considering options for meeting agendas and structures, and remote participation.



Governing Board Paper: Reports

Title:	Update on partnerships and advocacy
Period covered by this report:	October 2019 to March 2020
Date and period of last report:	October 2019, Q2 and Q3 2019
Purpose of the report:	To provide a status update on Cochrane's external partnerships and advocacy work for Q4 2019 and Q1 2020
Paper Number:	GB-2020-15
From:	Sylvia de Haan (signed off by Mark Wilson)
People Involved in the developing this report:	Sylvia de Haan and Emma Thompson, with contributions from Jennifer Dawson, Chris Mavergames, Richard Morley, Daniel Shanahan and Gert van Valkenhoef
Date:	5 March 2020. For consideration at the 1 st of April Board meeting
For your:	Information
Access:	Open

Partnership update

Cochrane's work with external partners is guided by the <u>Cochrane Partnership Policy</u>, and the <u>Guidance for Partnership Development</u>. A <u>dedicated space on the community website</u> has been developed to keep the Cochrane community informed about the key external partnerships that Cochrane is engaged in. <u>Updates (including those to Cochrane's Governing Board)</u> on external partnerships are also available on the community site.

This report provides a status update on Cochrane's external partnerships for Q4, 2019 and Q1 2020. A detailed overview per partner is set out below, also specifying the plans for the next two quarters. The main developments to note are:

- Cochrane has been working closely with WHO since the end of January in its response to COVID-19, through Special Collections published on the Cochrane Library related to evidence needs related to <u>critical care</u> and on <u>infection control and prevention measures</u>; and members of the Central Executive Team (CET) are currently in talks regarding a Cochrane Response contract to support the prioritization of candidate therapies.
- Cochrane/Campbell Global Ageing Field is supporting the WHO 'Decade of Healthy Ageing' with a gap map, evidence synthesis guidance, and evidence for its baseline report. Cochrane's CET is currently working with the Field and WHO in preparation for the launch in October 2020.
- Cochrane and G-I-N have decided to hold a joint meeting on Saturday 3 October, bringing both communities together in the day between the G-I-N Conference and Cochrane Colloquium.
- MoUs for partnerships with the GRADE Working Group and MAGIC were renewed.
- Planning for the 2nd Global Evidence Summit is progressing, with a list of potential partners and programme domains defined. The focus is now on approaching external partners about high level speakers and joining the Scientific Committee.
- A review of all strategic partnerships held at the central level will take place in Q2 and Q3 2020 as part of the development of Cochrane's next organizational strategy.

Annex – Update on Key Strategic Partnerships:

Goal	Partner	Activity	Status of partnership	Key achievements Q4 2019 and Q 1 2020	Q2 and 3, 2020 plans
3	Wikipedia https://en.wikip edia.org/wiki/W ikipedia:WikiPr oject Medicine/ Cochrane	Work towards developing sustainable strategies for our collaboration with Wikipedia	There is no formal MoU currently in place. Cochrane has been collaborating with WikiProject Medicine, the non-profit organization that helps to maintain, monitor, and develop medical articles on Wikipedia, since 2014	There are presently 3,269 Cochrane Review citations in English Wikipedia and the Cochrane Library is the most frequently cited medical journal on Wikipedia. Sharing Cochrane evidence on Wikipedia continues to be the focus of this project. This has been achieved by the following ongoing projects: 1. Support and guide Cochrane Review Groups, Fields, Centres, and community members (Task Exchange volunteers) to share Cochrane Evidence in order to improve Wikipedia articles related to human health in as many languages as possible. 2. Continual improvements to our new 'Wikipedian in Training' resource. 3. Collaboration with researchers, Cochrane colleagues, and volunteers on Wikipedia to improve our IT tools that organize Cochrane Reviews on Wikipedia. We have now moved to a model where the "Cochrane Reviews on Wikipedia and it also permits Cochrane Review Groups to track their progress on a quarterly basis. The percentage of Cochrane Reviews on Wikipedia for each Cochrane Review Group ranges from 14-100%. These percentages are also updated quarterly as new reviews are published and as Cochrane evidence is shared on Wikipedia. The "Cochrane Update bot", an automated tool that flags Wikipedia articles that cite an outdated Cochrane review, is updated monthly and maintained by the Wikipedia consultant.	Continue support to Cochrane Groups, Networks, and community members asking for training and guidance on Wikipedia editing, using the new project page (with useful resources) to facilitate this work. This includes recruiting volunteers via Cochrane's Task Exchange. Maintain regular communication and collaborative relationship with WikiProject Medicine (now Wikimedia Medicine) as we work together to improve Wikipedia articles. Participate and contribute to Wikipedia events held by members of the Cochrane community. Continue to work on our new collaboration with Insight Centre for Data Analytics to test their Cochrane-Wikipedia indexing prototype. Continue to support the progress made by the Cochrane Spanish Wikipedia Project, Dutch project, and French project. Continue to improve the "Wikipedian in Training" resource and project page, including quarterly updates and ensuring that the training page is easy to use with minimal support. Two Wikipedia workshop proposals have been submitted for the 2020 Toronto Colloquium. These workshops will include a general overview of the project (and approaches to contributing), and a hands-on component that will cover creating a Wikipedia account and working through the Wikipedian-in-Training resource to begin to share evidence on

					Wikipedia. There will also be an opportunity to meet with the Wikipedia Consultant (J. Dawson) to troubleshoot and obtain support for individual Wikipedia projects and time for an "edit-a-thon" event where participants will be supported by experienced Wikipedians to add new Cochrane evidence to Wikipedia.
1,2,3,4	WHO (www.who.int)	Implement plan of work 2019 – 2021.	Implementation phase	 Cochrane has actively supported WHO's response to COVID-19: Published two Special Collections to meet evidence needs on critical care and prevention and infection control Members of the CET are in talks regarding a Cochrane Response contract to support the prioritization of candidate therapies Cochrane's Editor in Chief met with key contacts at WHO HQ in December to build/maintain relationships and delivered a seminar. Karla was also interviewed in the WHO Bulletin Attended the Executive Board meetings in February 2020 and held meetings with various WHO staff to build relations and monitor implementation of the plan of work. Linked several Cochrane Groups to departments in WHO at the request of WHO (mainly in support of guideline development processes). The Cochrane/Campbell Global Ageing Field is supporting the WHO 'Decade of Healthy Ageing' – with a gap map, evidence synthesis guidance, and evidence for their baseline report. Cochrane has also identified an opportunity to input on WHO's review of world health days, bringing in expertise of the Sustainable Healthcare Field. 	Ongoing follow-up on all items in the joint plan of work. Continue to facilitate participation from local Cochrane Groups in regional/local meetings. Plan semi-regular visits to WHO's HQ for Cochrane's Editor in Chief to foster relationships. Plan to attend the World Health Assembly in May 2020. Monitor opportunities to make statements and to work with WHO on advocacy efforts. Continue the blog series to illustrate the wide range of interactions and collaborations the Cochrane community has with WHO, and to encourage people to share their experiences. Support the 'Decade of Healthy Ageing' with the Global Ageing Field – potential WHA side event, launch with press release and editorials, special collections, Colloquium workshop proposal, advocacy opportunities.

2,3	Global Evidence Synthesis Initiative (GESI) www.gesiinitiat ive.com	GESI seeks to develop the production capacity and use of synthesized evidence in lowand middle-income countries.	Implementation phase (contract extended until June 2020)	One of the main activities of GESI is the training they provide for their network members. Cochrane Training is supporting the delivery of some of the online training (webinars).	Regular meetings with the GESI governance group will continue and will focus on strategies for sustaining the work of the network. The American University of Beirut (the current host of the GESI Secretariat) informed Cochrane at the end of 2019 that they will no longer host the GESI Secretariat at the end of the current contract (June 2020). This is a major setback for the Network – as much of its success was due to the AUB staff involved. Discussions are being held with the founding partners of GESI regarding continuation of the Network and the funding available for it. No other external funding has been secured for the Network to date. Cochrane will take a decision regarding continuation of our support to the Network in the coming weeks. One of the main activities of GESI is the training they provide for their network members. Cochrane Training is supporting the delivery of some of the online training (webinars) provided.
2	Epistemonikos (http://www.ep istemonikos.or g)	Continue to develop Cochrane's relationship with the Epistemonikos.	Implementation of current MoU	Epistemonikos is expanding its API to support additional search fields within the Cochrane Library. Once this work is complete, users will be able to search Epistemonikos reviews across abstract, title, author, source, DOI and accession number. Going forward, this will offer the opportunity for Epistemonikos to be included in the advanced search functionality on the Cochrane Library. The work for this improved integration has been completed from the Cochrane Library perspective, with the outstanding actions sitting with Epistemonikos.	Progress on this partnership, beyond the integration of Epistemonikos within the newly-launched Cochrane Library, has been slow. Further development of Epistemonikos search functionality on the Library has been slow; and meetings will take place in the next six months to try to establish a shared expectations and an agreed plan of next steps within the partnership. Cochrane continues to support Epistemonikos with £50,000 a year to support partnership work.
2	G-I-N <u>www.g-i-n.net</u>	To build stronger connections	Implementation phase	Toronto planning: • Agreed to hold a G-I-N–Cochrane meeting (an	Further planning for Toronto activities.
		between G-I-N		expanded GRADE Working Group meeting) in	

		members and Cochrane; and promote the use of Cochrane evidence in guidelines worldwide.		 Toronto on Saturday 3 October. Agenda to be developed. Will also develop a panel session on a topic of relevance for both communities that will be submitted at both conferences – theme/content also to be decided. Planning a Cochrane/G-I-N tech symposium on Saturday 3 October also underway. G-I-N promoting relevant Cochrane Reviews and Learning Live webinars of relevance to their members. 	Communication and advocacy – highlighting examples of joint work between guideline developers and systematic reviewers. Ongoing planning for GES 2.
3	Campbell G-I-N Joanna Briggs	Co-host the 2 nd Global Evidence Summit in 2021.	Planning phase	The competitive tender for the PCO (main conference organizer) was held, with partners agreeing to appoint AIM, an international conference management organization with a strong presence in the Czech Republic and a close existing relationship to the local organizers (including Cochrane Czech Republic). Cochrane's CET has received assurances that additional resources that will be required to support AIM and the local committee by Cochrane will be included in the GES 2 organizing budget. Plan for partners and programme domains developed. Organizing partners starting to approach high-profile individuals/organizations.	From a partnership perspective GES 2 provides a unique opportunity. The main focus in the coming half year will be on approaching external partners that can either be invited as high-level speakers to GES 2 and/or that can be invited to join the Scientific Committee and help to develop the many themes required – including ensuring that health evidence is only one of many different thematic offerings at GES 2. Discussions with WHO have started. Other partners to be approached by Cochrane are: the Gates Foundation, NIHR, the World Bank, the International Federation of Red Cross and Red Crescent Societies, and the International Society for Evidence-based Health Care.
3	The International Network for Public Involvement and Engagement in Health and Social Care Research	Develop collaboration with existing consumer groups; and create an international network.	Developing and setting up the network	 Vision, mission and objectives agreed Social media offer completed (LinkedIn and Twitter). Webinar series. Seven very successfully delivered to date; and a programme of monthly webinars scheduled 255 organizations globally have indicated interest, including universities, research institutions, institutes of health research, organizations which support involvement 	 Building partnerships with other organizations, including MeSH network and UK NIHR Development Programme. Investigating ways to sustain the Network. Developing collaborative tools, including website.

				and engagement, and patient-led organizations.	
1,2,3	GRADE Working Group (http://www.gr adeworkinggro up.org)	To deliver the MoU as well as a licensing agreement for software use.	MoU renewed	Renewed MoU finalized and signed off. GRADE Methods group to serve as Partnership Advisory Group.	 The areas of collaboration are defined in the MoU and focus on: Sharing and integration of software tools; Collaboration in the provision and development of training; Collaboration in methods development.
1,2,3	Evidence Prime (https://evidenceprime.com/)	No formal MoU in place		GRADEpro GDT integration with RevMan Web completed and available to Cochrane authors.	
2	MAGIC (http://magicpr oject.org)	To explore strategic partnership opportunities for review production and guideline tools.	MoU renewed	MAGIC implemented support for Cochrane Account login. Identified gaps in MAGIC's functionality that need to be addressed prior to integration.	Implement missing functionality in MAGIC. Integrate MAGIC and RevMan Web. Explore Cochrane engagement and involvement with new initiatives being developed by MAGIC and showcased in a partnership meeting held in February 2020.
3	REWARD (http://research waste.net)	Continue to develop Cochrane's relationship with the REWARD alliance.	Implementation	2019 prize winners announced and received their awards at the International Clinical Trials Methodology Conference in October. Preparation of 2020 prize launch and opening of submissions underway.	2020 prize launch and submissions opened. Submissions collated and reviewed by panel – winners announced and presented at Toronto Colloquium. Further communications about past applications and winners – thus increasing Cochrane's visibility in the area of reducing research waste.
3	Joanna Briggs Institute (<u>http://joannab</u> riggs.org)	Exploring opportunities for scientific and methodological research, as well as sharing of data for the efficiency of evidence synthesis processes, and joint representation at major healthcare events.	MoU redevelopment on hold	Renewal of MoU on hold for now. Prioritizing collaboration on GES 2.	Continue to work together planning GES 2.

1,3	The Campbell Collaboration (https://campbellcollaboration.org/)	Continue to develop Cochrane's relationship with the Campbell Collaboration.	Implementation phase	Global Ageing Field's work on the WHO's 'Decade of Healthy Ageing' has brought together both communities to plan for launch in October. Ongoing collaboration on planning for GES 2.	Continue to collaborate in support of the 'Decade of Healthy Ageing' work – current ideas include potential WHA side event, launch with press release and editorials, special collections, Colloquium workshop proposal, advocacy opportunities. Plan Cochrane presence at next year's Campbell annual event (venue, date etc. still TBC). Continue to work together on GES 2 planning. Deliver other activities as agreed in the MoU.
2,3	VIVLI	VIVLI and Cochrane aim to promote, coordinate, and facilitate clinical research data sharing through the creation and implementation of a sustainable global datasharing enterprise	Commercial license in place. PICO metadata between VIVLI and Cochrane and Cochrane PICO ontology and vocabulary are being used to enhance the discoverability of clinical trials.	Continued to work with Vivli to enhance the Cochrane PICO services.	Continue to work with Vivli to enhance the Cochrane PICO services and support the promotion and use of the new clinical trials data sharing platform.
2,3	Choosing Wisely	'Choosing Wisely' is a campaign to help clinicians and patients engage in conversations about unnecessary tests and treatments and make smart and effective choices to ensure high-quality care.	No formal MoU in place	New Cochrane Field on Sustainable Healthcare re-engaging with Choosing Wisely – connecting with new Choosing Wisely Denmark group and Cochrane Geographic Groups that have a partnership with local Choosing Wisely groups. Sustainable Healthcare Field attended international Choosing Wisely meeting in Berlin and have developed connections.	Further explore collaboration with Choosing Wisely through new Sustainable Healthcare Field.
3	Health Systems Evidence (HSE) and Social	Exploring partnering to offer users the opportunity to	Planning phase	Following discussions, it has been agreed to add HSE and SSE to the Cochrane Library federated search. The design and specifications for this integration have been agreed and signed off by	There have been some delays on behalf of HSE and SSE with setting up the API endpoints and their database rebuild – this is scheduled for

Systems Evidence (SSE) SSE from within CLIB's Federated Search feature.	both parties and work is underway. A new Topic – health systems arrangements – will be added to the Cochrane Library.	completion in May 2020, so the Cochrane Library product team will begin work in Q3. An MoU will be formalized once HSE and SSE are ready to proceed with the integration. There are further discussions about a phase II integration, linking relevant Cochrane Reviews to the policy brief 1-siders within HSE.
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Advocacy update

As discussed during the Cochrane Governing Board meeting in Santiago, October 2019, we have focused our advocacy work on two main areas: advocacy for research integrity, including trial transparency, and advocacy on thematic areas – obesity and healthy ageing are the topics being pursued for now. We are also taking steps to support Cochrane Groups with their own advocacy initiatives on these, or other, themes.

Below is a summary of some of the activities carried out and planned. We also considered and turned down other potential opportunities that we felt did not fit in with our overall advocacy plans.

Advocacy area	Topic	Activity	Date of activity	Involvement	Outcome and/or next steps
Research integrity	Trial transparency	Posted a statement from Cochrane's Editor in Chief in support of a European Commission/European Medicines Agency (EMA)/Heads of Medicines Agencies (HMA) open letter urging trial sponsors to publish their results.	July 2019	Cochrane CET	Forthcoming meeting with EMA and HMA in March 2020. Continue to monitor.
Research integrity	Access to clinical study reports	Responded to a US Food and Drugs Agency request for comment on their pilot clinical study report release programme via an open letter requesting greater transparency.	August 2019	Cochrane CET Cochrane CSR Working Group	No public update from FDA since close of submissions. Continue to monitor.
Research integrity	Trial transparency	Signed onto a letter to then-Chair of the UK House of Commons Science and Technology Select Committee (SciTech), Norman Lamb MP, asking him to call on the UK Health Research Authority to add sanctions for noncompliance to their new research transparency policy.	August 2019	Cochrane CET External transparency organizations	Norman Lamb replied, agreeing to write to HRA, and did so shortly thereafter.
Research integrity	Trial transparency	Supported an AllTrials report updating the UK SciTech on rates of clinical trial reporting among universities and NHS trusts, which was used as a basis for an evidence session at Parliament.	October 2019	Cochrane CET AllTrials	Evidence session was successful in holding trial sponsors that perform poorly on trial reporting to account (some made drastic improvements ahead of the event). The financial support was offered to AllTrials in exchange for input and advice on trial transparency advocacy beyond the UK.
Research integrity	Research waste	Gave out the Cochrane-REWARD prize for the third year, recognizing three initiatives with the potential to reduce research waste.	October 2019	Cochrane CET Prize panel	Awards given out at the International Clinical Trials Methodology Conference.

Advocacy area	Торіс	Activity	Date of activity	Involvement	Outcome and/or next steps
					Plan to continue with communications about prize winners and submitted initiatives. Prize will continue in 2020.
Research integrity	Access to clinical study reports	Published a statement in support of EMA's proactive CSR release policy in light of a legal challenge from the pharmaceutical industry.	January 2020	Cochrane CET	The ruling was in favour of EMA. This support paved the way to organizing a forthcoming meeting with senior figures at EMA and HMA to discuss collaboration, particularly regarding access to clinical study reports (March 2020). Cochrane will be represented by Editor in Chief, Cochrane Nordic, Cochrane Netherlands and Head of External Affairs & Geographic Groups' Support.
Research integrity	Trial transparency	<u>Signed onto a letter</u> to the incoming Chair of the UK SciTech, Greg Clark MP, asking him to ensure that the new Committee continues work on trial transparency.	January 2020	Cochrane CET External transparency organizations	No response. The full Committee was formed in early March 2020 and has not yet announced priority work areas.
Working with Geographic Groups	Trial transparency	Cochrane Germany wrote their own Advocacy Strategy, based on the paper produced centrally last year, which was discussed by and received support from the Cochrane Germany Foundation Council. Members of the CET met with Cochrane Germany to discuss advocacy on access to clinical trial data and other topics of importance nationally. The potential for EU advocacy with other groups was also discussed.	November 2019	Cochrane Germany	 Update Cochrane's position statement on trial transparency – current policy is the AllTrials one from 2013. A draft will be shared for discussion and input shortly. Draft webpages for .org and community websites, as areas where position statements, advocacy news/opportunities and

Advocacy area	Topic	Activity	Date of activity	Involvement	Outcome and/or next steps
					supportive materials can be accessed. This will be discussed at a Geographic Group Directors meeting to ensure that supportive materials are appropriate to facilitate advocacy at Group level.
Working with Geographic Groups	Trial transparency	Cochrane Germany and Cochrane Austria both released statements on trial transparency in in response to (or as part of) advocacy work of pressure groups in their countries.	January and February 2020	Cochrane Germany Cochrane Austria	Submitting a Toronto Colloquium workshop abstract with Cochrane Germany, Cochrane Austria and Cochrane Poland – an opportunity to discuss this clinical trial transparency work, what has been learned so far, and how to build on it.
Working with Geographic Groups	Trial transparency	Cochrane Poland was invited to give a presentation on trial transparency at their host institution.	February 2020	Cochrane Poland	See above.
Advocacy in thematic areas	Overdiagnosis	Discussing an opportunity to influence WHO policy on world health days which is currently being updated. The Cochrane KT Department recently prepared a paper that discusses if and how Cochrane should use awareness events for its communication and dissemination work. This was done in response to questions received from the community on potential harmful/adverse effects of using these days. We proactively approached the WHO team working on this issue to ask whether potential for overdiagnosis will be a consideration for their review, and to share our work on this issue.	March 2020 onwards	Cochrane CET Cochrane Sustainable Healthcare	We are currently discussing possible ways forward with Cochrane Sustainable Healthcare. This would provide a great opportunity to influence WHO policy on the use of awareness days.
Advocacy in thematic areas	Healthy Ageing	Cochrane/Campbell Global Ageing is supporting the WHO 'Decade of Healthy Ageing'. As well as participation in a potential World Health Assembly side event, other advocacy activities are being considered as part of the launch and	October 2020 onwards	Cochrane/ Campbell Global Ageing Cochrane CET	

Advocacy area	Topic	Activity	Date of activity	Involvement	Outcome and/or next steps
		ongoing initiative – alongside a press release, editorials, special collections and a Colloquium workshop proposal.			
Advocacy in thematic areas	Obesity	Based on the outcomes of the Cochrane cross-network obesity project, which aims to produce a gap map of Cochrane Reviews related to obesity against key international consensus statements on obesity and do a priority-setting exercise, we plan to produce an advocacy campaign.	Autumn 2020	Cochrane Abdomen & Endocrine Network; Cochrane Public Health & Health Systems Network; Cochrane Nutrition Cochrane CET	Produce an advocacy campaign, alongside other strategic communications, using the findings of this project (it is projected that this will be ready to start early summer).



Governing Board Paper: Decision & Discussion items

Title:	Responding to Climate Change as an Organization
Previous papers submitted on this topic:	None
Paper Number:	GB-2020-16
From:	Cochrane Council, with response from the Senior Management Team (signed off by Mark Wilson)
People Involved in the developing the paper:	Erik von Elm (Geo Groups representative on the Council), Maria-Inti Metzendorf (Information Specialists representative on the Council), with approval from the full Council and response from the Senior Management Team
Date:	12 th March 2020. For consideration at the 1 st of April Board meeting.
For your:	Discussion
Access:	Open

Executive summary

This document sets out a proposal prepared by the Cochrane Council on 'Responding to Climate Change as an Organization' for the Board's consideration and an initial response from the Senior Management Team to inform the Board's discussion.

Issues:

Council's proposal

Background:

The Council met by teleconference on October 11th, 2019. As an AOB item, Erik von Elm (Geo Group Executive) raised the issue of how Cochrane intends to respond to the challenges of climate change. Erik von Elm and Maria-Inti Metzendorf then drafted this paper, which was discussed by the Council and subsequently revised.

Details:

Cochrane is a global organization with a mission to improve people's health through evidence-informed decisions. Climate change, caused by the rising emissions of greenhouse gases, such as CO2, methane, nitrous oxide, and fluorinated gases, represents a threat to ecosystems that are essential to life on the planet. The current global initiatives to strengthen the response to climate change are underpinned by solid evidence from climate science showing that rising global temperatures are due to human production of greenhouse gases, in particular related to fossil fuels used for energy production and transport, but also meat consumption. There is a solid body of evidence that even the most conservative climate goals established by the Intergovernmental Panel on Climate Change (IPCC), an

intergovernmental body of the United Nations, can only be met by a timely and joint response by citizens, governments, and international non-governmental organizations alike. The recently published "2019 report of The Lancet Countdown on health and climate change" provides extensive evidence of how climate change impacts human health and health systems.

Cochrane should be a model for an international organization addressing this urgent issue in its own governance. Cochrane should adopt a pro-active stance on how it could best respond to the challenge of reducing greenhouse gas emissions directly linked to its regular activities. So far, discussions about Cochrane's response to climate change have been informal; related questions have been asked in different fora and in individual conversations. For instance, many members are acutely aware of the environmental impact of their long-distance flights to Cochrane's key events. They struggle with the balance between reducing related CO2 emissions on one side and participation in these events on the other. A number of immediate measures have been suggested. In addition, various Cochrane groups may have started to think about what they could do at their respective levels. Current suggestions include (but are not restricted to):

- 1) revisiting the schedule of Cochrane's regular meetings including the annual Colloquia and Governance Meetings, which entail long-distance flights for hundreds of delegates;
- 2) considering the choice of Colloquium and Governance Meeting locations with the aim of minimizing travel distance for most delegates;
- 3) promoting regional meetings that may be inter-connected with suitable technology;
- 4) favouring virtual meetings where they can replace in-person meetings e.g. by providing easy access to online videoconferencing technology such as GoToMeeting to groups/members outside the CET; this would also have the dual purpose of making it easier for more people to get involved with Cochrane;
- 5) favouring land-based travelling e.g. by train or coach wherever possible, in particular, with the aim to replace flights of relatively short distances, e.g. within continental Europe and to/from the UK;
- 6) enabling CO2 offset payments to trusted organizations as an integral component of travelrelated expenses covered by Cochrane's funds;
- 7) reducing meat consumption at Cochrane meetings;
- 8) identifying additional opportunities to reduce the carbon footprint related to Cochrane's activities (e.g. running servers on green energy); and
- 9) fostering the production of Cochrane Reviews on interventions to mitigate the effects of climate change on human health.

The Council is aware that some of the above-listed suggestions (or any additional ones) would impact on Cochrane as an organization more than others. Some suggestions may even be perceived as disruptive. To date, there is no coordinated approach within the organization to mitigate climate change, so it is timely that we now seriously consider our options and encourage everyone to join in the conversation and meet an agreed approach.

We therefore suggest convening a standing working group / task force with defined terms of references that (1) reports directly to the Governing Board, (2) is (co-)led by one of its members, and (3) is supported

by the CET. This working group would aim to identify opportunities to reduce the carbon footprint related to Cochrane's activities in a coordinated manner, while carefully considering their impact on the organization. The working group would also support the CET with communicating Cochrane's response to climate change, e.g. with the media.

The Council has a unique role representing Cochrane's various constituencies. It can take on issues that are 'cross-cutting', i.e. affecting all Cochrane groups, and could support the new "Climate change working group" to be convened e.g. if there is need to reach out to the various constituencies. The Council is committed to help shape Cochrane's response to climate change at a time when a new multi-year strategy needs to be established to define Cochrane's priorities beyond 2020.

Decision/Recommendation(s):

For discussion & decision by the Governing Board

Senior Management Team's Response:

Dear Cochrane Council,

Many thanks for the opportunity to comment on this paper. As requested by the Co-Chairs of the Governing Board, our response will be included as a section of this paper, which is due to be presented to the Board for consideration at its next meeting.

Senior Management Team response:

The Senior Management Team recognizes the growing interest of Cochrane members in reducing their own, and the organization's, ecological footprint. This reflects increasing international concern and attention about the impact of human activities on the earth's climate and natural resources.

As stated in the Council's paper, discussions in Cochrane are currently developing organically and based on the enthusiasm of individuals. However, they appear to be coalescing around three main themes:

- Environmental determinants of health; and Cochrane's potential role in producing and advocating for synthesized evidence to inform decision-making in this area
- Environmental impact of healthcare research and interventions; and Cochrane's potential role in developing methodology to inform decision-making in this area
- Reducing the ecological footprint of Cochrane's operations

The Senior Management Team's view is that Cochrane has the potential to prioritize activities in all three areas, but the decision to do so should be based on insight and considered discussion about the costs and benefits to the organization, and their relative priority against Cochrane's other activities to meet its mission. These are important strategic decisions and we therefore propose they are included as part of the Board and Senior Management Team's work to develop the next strategic framework for Cochrane – and in particular, the development of organizational objectives, which will be informed by input from Cochrane Groups.

Further, as possible activities against these three areas are at the exploration stage, should the Board support progressing them, we support the Council's proposal to establish a cross-constituency, cross-

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topic taskforce to lead the work. We recommend the group starts by focussing on the data and insight needed to inform decisions on the costs and benefits to the organization of prioritizing these activities.

Mark Wilson	Chief Executive Officer (CEO)	
Karla Soares-Weiser	Editor in Chief	
Jo Anthony	Head of Knowledge Translation	
Lucie Binder	Head of Governance & Strategy	
Chris Champion	Head of People Services	
Casey Early	Head of Finance & Contract Services	
Sylvia de Haan	Head of External Affairs & Geographic Group Support	
Toby Lasserson	Deputy Editor in Chief	
Chris Mavergames	Head of Informatics & Technology Services	
Charlotte Pestridge	Head of Publishing, Research & Development	

Recommendations

The Board is asked to consider the Council's proposals in light of the Senior Management Team's response.

Next steps

The Board should report back to the Council and Senior Management Team on the outcomes of its discussion and any decisions it has taken. The Senior Management Team and Council will then work as required to implement any actions arising.