






# Governing Board Teleconference Open Access

<b>Schedule</b>	Thursday 12 December 2019, 8:00 PM — 9:30 PM GMT
<b>Venue</b>	GoToMeeting (admin account)
<b>Organiser</b>	Veronica Bonfigli

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1. Welcome, Apologies, Declarations of Interest for this meeting, Board Code of Conduct and Board Charter





# Governing Board

## Code of Conduct for Trustees

<b>First prepared:</b>	19 February 2018 Governance Sub-Committee
<b>Last updated:</b>	21 March 2018 Governance Sub-Committee
<b>Governing Board approved:</b>	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.

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.

## 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

Signed:

\_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_





# Governing Board Charter

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

## Governing Board Charter

### Vision & Strategy

#### Compelling and durable charitable purpose

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

#### Long-term strategy flowing from the charitable purpose

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

### Board Leadership

#### Board commitment to focus on impact

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

#### The right 'tone at the top'

Individual **Board** members are committed to act as role models for the charity's approach<sup>1</sup>.

#### 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.<sup>2</sup>

<sup>1</sup> Refer to the Code of Conduct for Trustees

<sup>2</sup> Refer to the Board Skills Matrix



## Value Drivers & Stakeholder Engagement

### Developing a supportive organisational culture

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

### Active engagement with, stakeholders

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

### Fair remuneration aligned with purpose and values

The **Board** is committed to being a good employer and treating all employees fairly<sup>4</sup>. 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

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

<sup>4</sup> 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.







2. Approval of Agenda, including the papers and decisions included in the Consent Agenda







### 3. Matters Arising not otherwise covered by the Agenda







4. Approval of the Minutes of the 2019  
Teleconference from 10th July  
[CONSENT AGENDA] [RESTRICTED  
ACCESS SUPPORTING DOCUMENT]





# Governing Board Meeting Minutes

10 July 2019 – Teleconference

APPROVED

## PRESENT:

### **Trustees (Board members):**

**Martin Burton (Co-Chair)**

**Marguerite Koster (Co-Chair)**

**Jan Clarkson**

**Nicky Cullum**

**Sally Green**

**Gladys Faba**

**Karsten Jørgensen**

**Rae Lamb**

**Catherine Marshall**

**Jordi Pardo**

## ATTENDING:

### **Senior Management Team:**

**Mark Wilson** Chief Executive Officer (CEO)

**Karla Soares-Weiser** Editor in Chief

**Lucie Binder** Senior Advisor to the CEO – Governance & Management

**Chris Champion** Head of Membership, Learning & Support Services

**Chris Mavergames** Head of Informatics & Technology Services

**Charlotte Pestrige** Head of Innovations, Research & Development

**Sarah Watson** Head of Finance & Core Services

### **Apologies:**

**Xavier Bonfill** Trustee (Board Member)

**Tracey Howe** Trustee (Board Member)

**Jo Anthony** Head of Knowledge Translation Department

## **Restrictions:**

Board Minutes are open access unless content is restricted when the Board considers it confidential and/or commercially sensitive. **Restricted access content is highlighted in yellow** and is made available to the Board and Senior Management Team only. Closed sessions of the Board, which are attended only by Trustees, are recorded on behalf of the Co-Chairs and are only made available to the Trustees.



#### List of Approved Resolutions:

<b>Agenda Item 1</b>	<b>The Board approves the Agenda, including the papers and decisions included in the Consent Agenda.</b>
<b>6.2</b>	<b>The Board approves Catherine Marshall as Co-Chair from 1 September 2019.</b>

#### List of Actions:

<b>Agenda Item 8</b>	<b>Sally Green to start an email discussion with the Board on possible topics for the Board's strategic sessions at its meeting in Santiago, October 2019.</b>
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#### 1 Welcome, Apologies, Declarations of Interest

Marguerite Koster was in the Chair. She opened the meeting and welcomed everyone. Xavier Bonfill, Tracey Howe and Jo Anthony had sent their apologies. No changes to attendees' declarations of interest posted on the Cochrane Community website were required for this meeting.

Catherine Marshall requested that Mark Wilson provide an update on: i) the progress of clarifying the Spokesperson Policy; and ii) the estimated cost of additional face-to-face Board meetings. Sally Green requested more information on the plans for the Board's strategic meetings in Santiago, in October. The Chair confirmed these items would be taken during the meeting.

The Chair called for a vote. The resolution was approved.

**RESOLUTION: The Board approves the Agenda, including the papers and decisions included in the Consent Agenda.**

**YES: Martin Burton, Jan Clarkson, Nicky Cullum, Gladys Faba, Sally Green, Karsten Jørgensen, Marguerite Koster, Rae Lamb, Catherine Marshall, Jordi Pardo; NO: None; ABSTAIN: NONE.**

#### 3 Approval of the Minutes of the 2019 Meeting in Krakow [RESTRICTED ACCESS SUPPORTING DOCUMENT] [CONSENT AGENDA]

The Chair noted a required correction: the addition of Rae Lamb and Catherine Marshall to the list of attendees. The Minutes had been approved under Item 2.

#### 4 Actions Arising from previous meeting

The action items from the Board's previous meeting in Krakow were reviewed:

**Board communication:** The Board had posted a community news item following its meeting in Krakow. A longer document was in draft by Martin Burton for comment by the Trustees.

**Establish a Colloquium Working Group:** Catherine Marshall confirmed that a Colloquium Working Group, comprised of members of the Board, Council and Central Executive Team, had been established to advise the Board on strategic issues related to the Colloquium. Terms of Reference were currently in development and would be reviewed by the Governance Committee followed by a request for Board approval.

**Trustees Report and Financial Statements:** All required changes had been made. The final version was approved under the Consent Agenda of this meeting.

**Estimate the cost of a face-to-face Board meeting:** Mark Wilson said that the estimated cost of holding a face-to-face Board meeting was approximately £30k GBP in direct travel and other meeting costs, and around five weeks' work from the Senior Management Team. Board members – and their employing institutions where applicable – also provided significant contributions in terms of time. The Chair thanked Mark for this information, which would be used to inform any subsequent decision on whether to hold a third face-to-face Board meeting in any given year.



**Log of Board correspondence:** The Chair confirmed that they had no significant correspondence to report since the meeting in Krakow by the Board or Co-Chairs, apart from the matter noted under Item 5. In any case, a log would be developed in the Board's Document Library in Convene.

**Finance, Audit and Investment Committee actions:** A paper was in development on the possible strategic uses of, and communication about, the charity's reserves. The Committee would be considering the establishment of a new operational discretionary fund at its next teleconference.

## 5 Matters Arising not otherwise covered by the Agenda

The Chair confirmed that Jordi Pardo would take on the role of Governing Board representative on the Cochrane Innovations Board, following a call for nominations from within the Governing Board. He received full support from his fellow Governing Board members and was thanked for taking on this role.

## 6 Reports for this Meeting, and Strategic & Business Issues:

### 6.1 Co-Chair's Report:

#### 6.1.1. Correspondence

The Chair explained the Board had been asked to adjudicate an appeal from a Cochrane Review Group on a decision by the Funding Arbiter not to allow the publication of a Cochrane Review, due to the conflicts of interest of some of its author team. She noted the Board's involvement in appeals was currently part of the appeals process; however, with the forthcoming revision of the Conflict of Interest policies, this responsibility would appropriately pass to the Editor in Chief as an editorial decision.

#### 6.1.2 Council Matters to Report

The Co-Chairs continued to have cordial and productive teleconferences with the Council Co-Chairs. They noted the extensive work undertaken by Council Co-Chair Craig Lockwood to review community feedback on, and revise, the new organizational Code of Conduct. This document was on target to be completed and submitted for the Board's approval at its meeting in Santiago, in October.

#### 6.1.3. Board Sub-Committee Matters to Report: i) Appointed Members Nomination Committee (No Matters to Report); ii) Complaints Resolution Committee (No Matters to Report); iii) Finance, Audit and Investment Committee (Verbal Report); iv) Governance Committee (Verbal Report); v) Remuneration Committee (Verbal Report)

The Finance, Audit and Investment Committee had provided its update under Item 4.

The Governance Committee was continuing with its workplan, including a scheduled review of all Board Committee terms of reference, proposed changes to the Articles of Association, exploration of external running of Board elections, and the recognition of long-service and achievement of Cochrane members.

The Remuneration Committee had recently completed the appraisal of the CEO.

#### 6.1.4. Board Working Groups Matters to Report: i) Complaints Resolution Working Group (Verbal Report)

Rae Lamb reported good progress on the completion of a new Complaints Resolution Procedure for Cochrane, which would sit alongside various other policies and procedures, including the new 'Code of Conduct' (document title in review) for Cochrane members, and a document outlining organizational accountabilities. Following review by the Governance Committee and external legal advisors, all documents would be submitted for the Board's approval at its meeting in Santiago, in October.

### 6.2. Appointment of a Co-Chair from 1 September 2019 [RESTRICTED ACCESS SUPPORTING DOCUMENT]

*Catherine Marshall left the teleconference at this point.* The Trustees gave their unanimous approval for her appointment.



The Chair called for a vote. The resolution was approved.

**RESOLUTION: The Board approves Catherine Marshall as Co-Chair from 1 September 2019.**

**YES: Martin Burton, Jan Clarkson, Nicky Cullum, Gladys Faba, Sally Green, Karsten Jørgensen, Marguerite Koster, Rae Lamb, Jordi Pardo; NO: None; ABSTAIN: None.**

The Chair asked Catherine to return to the teleconference and she was congratulated on her appointment. She thanked her fellow Board members for their support and noted her excitement at working with everyone over the course of her term.

*Gladys Faba left the meeting at this point due to a conflicting appointment.*

### **6.3. CEO's Report**

Mark Wilson started his report by noting the productive meetings recently held by the Senior Management Team to review the organization's progress against its *Strategy to 2020* targets; and to make plans for the process of reviewing the success of the *Strategy* and use the resulting information to inform the next strategic planning process. These meetings had also provided the opportunity for the Senior Management Team to discuss and develop appropriate supporting mechanisms for Karla Soares-Weiser's plans as the new Editor in Chief.

Narrative quarterly reports on performance against targets and other strategic priorities were now being published for the community and public on Cochrane.org (e.g., [here](#)). In terms of major achievements in the second Quarter of 2019, he noted the increase in the CDSR's Impact Factor to 7.755, the continued delivery of enhancements to the Cochrane Library (including the recent addition of information on links to guidelines for relevant Cochrane Reviews), the launch of a Knowledge Translation mentoring scheme, the number of webinar views on Cochrane Learning Live passing 100,000, and the launch of the Cochrane US Network and the Cochrane First Aid Field.

In terms of challenges, he noted the slight delay to the review of Cochrane's Editorial Management Systems, and the Senior Management Team's recognition of the scale of this project and possible impact it might have on other projects.

The Senior Management Team continued to monitor the preparations for the forthcoming Colloquium in Santiago.

Preparations for the 2020 Colloquium in Toronto were beginning and five good-quality bids for the Global Evidence Summit in 2021 were currently being considered. He reported to the Board that following consultations with Cochrane Geographic Groups both before and at the Governance meetings in Krakow, the CET will develop a revised Spokesperson Policy, that would then be shared for consultation with all different types of Cochrane Groups, and the Council, before being submitted to the Board for final consideration.

### **6.4. Editor in Chief's Report**

Karla Soares Weiser gave her first report to the Board as Editor in Chief. She started by thanking the Senior Management Team members for their support since her appointment. She had been focusing her time in three areas: i) structural planning for the Editorial and Methods Department; ii) meeting with every Cochrane Review Group to discuss her plans and vision; iii) building relationships with external stakeholders. She spoke about productive meetings she had recently attended with representatives of the World Health Organization and UK National Institute for Health Research. She noted the current recruitment process for a Head of Review Production in her department, who would be taking operational leadership for review production under her leadership.

She would provide a full report for the Board at its meeting in Santiago, in October.

### **6.5. Publishing and Products:**

#### **6.5.1. Publishing RFP status report [RESTRICTED ACCESS SUPPORTING DOCUMENT] [CONSENT AGENDA]**

*Approved under Item 2.*



Charlotte Pestrige confirmed that the Senior Management Team was currently reviewing the bids received by publishing and technology companies in response to the Request for Proposals to be Cochrane's publishing partner from the beginning of 2021. More information would be provided to the Board in due course.

**6.6. Finance and Risk Management:**

**6.6.1. Approval of 2018 Trustees' Report and Financial Statements [OPEN ACCESS SUPPORTING DOCUMENT]  
[CONSENT AGENDA]**

*Approved under Item 2.*

**7. Any Other Business**

In response to a question from Sally Green, Martin Burton explained that two of the three days scheduled for the Board's meeting in Santiago, in October, would be used for strategic discussions. Mark Wilson said that the Senior Management Team would be supporting the Board to plan for these sessions by providing its perspectives on progress against current strategic plans and clear strategic priorities to 2020 and beyond, as well as a process for developing the next strategic plan. The Trustees agreed with this approach but requested that Sally Green start an email discussion with the Board on possible topics for the sessions.

**ACTION: Sally Green to start an email discussion with the Board on possible topics for the Board's strategic sessions at its meeting in Santiago, October 2019.**

**8. Date of Next Meeting**

The Board would next meet by teleconference on 25 September 2019. The Chair closed the meeting.

---MEETING END---



## 5. Publishing and Products:







## 5.1. Update on contract negotiations for Cochrane Library [VERBAL REPORT]

Presented by Charlotte Pestrige







## 6. Strategy and Management:







## 6.1. Proposed 2020 Plan & Budget [OPEN AND RESTRICTED ACCESS SUPPORTING DOCUMENTS]

Presented by Mark Wilson





## Proposed 2020 Plan & Budget to meet *Strategy to 2020* Goals and Objectives

<b>From:</b>	Mark Wilson, CEO
<b>People Involved in developing the paper:</b>	Senior Management Team
<b>Date:</b>	For consideration at the 12 <sup>th</sup> December 2019 Governing Board teleconference
<b>For your:</b>	Decision
<b>Access level:</b>	Open access

### Introduction:

This document sets out the proposed *2020 Plan & Budget* for core funds presented under the Goals of Cochrane's [Strategy to 2020](#), which provides the framework for all centrally-managed activities and spending.

More details on the main organizational Targets within the 2020 Plan are provided in the document: *Strategy to 2020 Targets for 2020*. Brief descriptions of 'business as usual' activities are set out in this document alongside each of the different Goals and Objectives to which they relate. Costs are presented against each of the Objectives and these are composed of directly related team and project costs.

This Plan & Budget is presented for the Board's approval.



## GOAL 1: PRODUCING EVIDENCE

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

### 2020 Highlights

#### **STRATEGY TO 2020 TARGET 1: EDITORIAL AND PRODUCTION SYSTEMS PROGRAMME: Provider selection, workflows and roles, and initial implementation phases**

In 2020, three of the five planned projects in a new, large-scale 'Editorial and Production Systems Programme' will be undertaken:

Project 1 = Production system tender process (COMPLETED IN 2019)

Project 2 = Editorial & Management System (EMS) evaluation and tender process (COMPLETED IN 2019)

Project 3 = Provider selections for EMS and production systems

Project 4 = Full production workflow creation (EMS + Production + Delivery): defining roles, workflow work, content, translations and other elements

Project 5 = Implementation of new systems (for both production system and EMS, staggered as appropriate into 2021)

#### **STRATEGY TO 2020 TARGET 2: IMPLEMENTATION OF MORE RIGOROUS CONFLICT OF INTEREST POLICIES**

In 2020, new policies that strengthen Cochrane's approach to financial interests, and clarify our position regarding non-financial interests, will be implemented.

#### **Plus:**

##### **A focus on Research & Editorial Integrity:**

- Implementation of policies: Editorial Charter and Misconduct policies (+COI)
- Training and awareness of policies
- Advocacy for research integrity and transparency
- Support service for high-profile reviews
- Pilots: separation of development and editorial functions and consumer engagement

##### **Diversification of methods, content, and the creation of new databases including:**

- Assessment and planned support to scale up new methods
- Initial approaches to a publishing strategy that will lead to the creation of new databases, such as,



- A new Cochrane Systematic Review Journal
- A new Cochrane Systematic Review Methods Journal
- A new Cochrane Database of Uncertainties

Goal 1 Producing Evidence		Total GBP	All Objectives include Central Executive Team costs, plus the non-staff cost allocations listed below. Note that the non-staff cost allocations split by Objective do not necessarily represent the total budget for an initiative or project, which may be split across a series of Objectives and include staff costs:
1.1	High Quality	1,021,139	Methods strategy £35,000; CRG Network support £80,000; Copy Editorial Service £18,000; Copy Edit Support £168,567; Consumer engagement £4,500.
1.2	Relevant	225,717	Methods strategy £35,000
1.3	Up to Date	217,452	Methods strategy £35,000; Consumer engagement £1,500.
1.4	Wide Coverage	163,994	Review Support Program £40,000
1.5	Pioneering Methods	348,959	Review Support Program £24,000; Handbooks, Standards & Guidance £10,000; Methods strategy £35,000; CRG Network support £80,000; policies Implementation £10,000; publishing strategy £5,000.
1.6/7	Efficient Production	2,162,895	Methods Training £10,000; Scientific Committee £10,000; CRG Network support £80,000; Centralised Editorial Service £18,000; CCA's £5,000; Publishing operations £6,500; Publishing strategy £5,000; Update Classification System £10,000; Managing Editor and Information Specialist support £3,000; Cochrane Register of Studies maintenance and development £100,504; Linked Data £102,500; EPPI Reviewer maintenance and development £8,400; Transform maintenance £37,624; Archie support £180,000; automation project £28,000; Editorial Management System programme £346,920

#### Central Executive Team (CET) supporting operations will include:

- CRG and Network management
- Quality assurance and screening
- Support to Editorial Board and Scientific Committee
- Editorial policy development
- Copy editing and Style Manual
- Editorial and publishing resource maintenance and development
- Methods leadership
- Conflict of Interest management for Cochrane Reviews

#### CET Resource Breakdown: Goal 1 (% of each CET Department's total expenditure)

Chief Executive Officer's Office	1.2%
Editorial & Methods Department	71.9%
Publishing, Research & Development	28.6%
Knowledge Translation	3.8%
Finance & Contract Services	0%
Information Technology Services	47.1%
People Services	28.6%



	<ul style="list-style-type: none"><li>• <b>Cochrane Library Oversight Committee support</b></li><li>• <b>Oversight of the Editorial Management System</b></li><li>• <b>Editorial complaints and feedback</b></li><li>• <b>Cochrane Response</b></li></ul>		
<b>Total Goal 1 - Producing Evidence:</b>		<b>£4,140,156</b>	<b>% of total Expenditure: 36%</b>



## GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

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

### 2020 Highlights

#### STRATEGY TO 2020 TARGET 3: CONSULTATION ON OPEN ACCESS FOR COCHRANE REVIEWS

In 2020 there will be a consultation with external and internal stakeholders 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.

#### STRATEGY TO 2020 TARGET 4: IMPROVING QUALITY, CONSISTENCY AND TRANSLATABILITY OF COCHRANE'S PLAIN LANGUAGE SUMMARIES

Plain Language Summaries (PLSs) are a key dissemination product created and published for every Cochrane Review. Along with the Review Abstract, they are often: 1) the first - or only - contact potential health decision-makers will have with Cochrane as an organization; and 2) the main way health decision-makers will access and gain understanding of a Cochrane Review. They are also the one product that is most frequently translated into other languages. This project aims to determine a new approach and format that simplifies and standardizes Cochrane's PLSs to improve the readability and understandability of Cochrane evidence.

#### Plus:

- Implementation of the new multi-lingual strategy (<https://community.cochrane.org/news/cochrane-multi-language-activities-2019-and-beyond>)

Goal 2 - Making Our Evidence Accessible		Total GBP	All Objectives include Central Executive Team costs, plus the non-staff cost allocations listed below. Note that the non-staff cost allocations split by Objective do not necessarily represent the total budget for an initiative or project, which may be split across a series of Objectives and include staff costs:
2.1-3	User Centred Design and Delivery	995,407	Community engagement £30,000; Consumer engagement £1,500, KT Strategy Implementation £240,891; Cochrane Library PICO Services £70,000.
2.4	Open Access	211,309	Consultation and meetings £58,116.
2.5	Accessible Language	92,813	(Included in staff costs)
2.6	Multi-Lingual	512,382	Consumer engagement £1,500, implementation on new translations strategy (Chinese, French & Spanish, 6 language review summaries) £445,000.



**Central Executive Team (CET) supporting operations will include:**

- **Cochrane Library Product Roadmap, research and development**
- **Editorials, Podcasts, Special Collections**
- **Cochrane Clinical Answers**
- **Knowledge Translation Dissemination products toolkit, guidance and training**
- **Continued global media outreach and engagement - dissemination support for high profile and impactful Cochrane Reviews**
- **Translation teams' support**

<b>CET Resource Breakdown: Goal 2 (% of each CET Department's total expenditure)</b>	
Chief Executive Officer's Office	4.5%
Editorial & Methods Department	9.7%
Publishing, Research & Development	21.4%
Knowledge Translation	45.5%
Finance & Contract Services	0%
Information Technology Services	16.7%
People Services	3.5%

**Total Goal 2 - Making Our Evidence Accessible: £1,811,911**

**% of total Expenditure: 15%**



## GOAL 3: ADVOCATING FOR EVIDENCE

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

### 2020 Highlights

- Ongoing development and new feature development of the Cochrane Library: <https://www.cochranelibrary.com/about/releases>.
- Organizational advocacy priorities for 2020-2021 approved by the Governing Board in October 2019 will be developed and implemented around:
  - Advocacy for the use of high-quality evidence synthesis in health decision making; and
  - Advocacy for transparency and integrity in research.
- Maintenance of organizational partnerships, guided by the [Cochrane Partnership Policy](#), and the [Guidance for Partnership Development](#).
- In 2020, as we end the current strategy and prepare for the next strategic plan, there will be a specific focus on evaluation of the many *Strategy to 2020* initiatives undertaken over the past seven years, and their value and impact to Cochrane’s internal and external stakeholders. Knowledge Translation monitoring and evaluation work in 2020 will develop theories of change, evaluation plans and tools liaising with diverse stakeholders around the world that will support policy makers, practitioners, the public and researchers to use Cochrane evidence in policy and practice. Further, a monitoring and evaluation framework for Cochrane’s next strategic plan will be established.

Goal 3 - Advocating for Evidence		Total GBP	All Objectives include Central Executive Team costs, plus the non-staff cost allocations listed below. Note that the non-staff cost allocations split by Objective do not necessarily represent the total budget for an initiative or project, which may be split across a series of Objectives and include staff costs:
3.1	Global Profile	225,708	Consumer engagement £1,500; Toronto Colloquium logistics £41,150
3.2-3	Home of Evidence	254,759	Centralised Search £14,800
3.4-6	Global Advocate	104,901	Partnerships & advocacy support £21,250



3.7	Global Partner	215,620	Partnerships & advocacy support £21,250; Cochrane Response £101,629.	
3.8	Global Impact	80,352	Consumer engagement £1,500.	
Central Executive Team (CET) supporting operations will include:			CET Resource Breakdown: Goal 3 (% of each CET Department's total expenditure)	
			Chief Executive Officer's Office 15.8%	
			Editorial & Methods Department 2.7%	
			Publishing, Research & Development 29.2%	
			Knowledge Translation 31.3%	
			Finance & Contract Services 0%	
			Information Technology Services 7.7%	
			People Services 3.1%	
	<ul style="list-style-type: none"><li>• Maintenance of partnerships and external relations</li><li>• Community websites &amp; support; and outreach and media relations</li><li>• Cochrane Colloquium organization and support</li><li>• Press office and external communications</li><li>• Internal communications and support for change management</li></ul>			
Total Goal 3 - Advocating for Evidence: £881,340			% of total Expenditure: 8%	



## GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANIZATION

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

### 2020 Highlights

#### TARGET 5: DEVELOPMENT AND LAUNCH OF A NEW ORGANIZATIONAL STRATEGIC PLAN

In 2020, a new strategic framework and plan will be developed and launched, setting out Cochrane's priorities and decision-making framework from 2021 onwards.

#### Plus:

- Announcement and implementation of new publishing arrangements for the Cochrane Library
- Review of organizational meetings, including Colloquia and events, considering their environmental and social impact
- Improvements to Cochrane's Articles of Association
- Introduction and training on new organizational policies
- Conflict of Interest policy development for organizational interests
- Support to next generation leaders
- Further expansion of geographic networks

Goal 4 - Building an Effective & Sustainable Organisation		Total GBP	All Objectives include Central Executive Team costs, plus the non-staff cost allocations listed below. Note that the non-staff cost allocations split by Objective do not necessarily represent the total budget for an initiative or project, which may be split across a series of Objectives and include staff costs:
4.1	Inclusive & Open	812,176	Membership systems and support; £58,000; Toronto Colloquium support £534,961; Stipends £20,800, Colloquium Sponsored Registrations £74,100; Monitoring & Evaluation £5,000



<b>4.2</b>	<b>Global &amp; Diverse</b>	<b>566,388</b>	Regional Initiatives £38,000; Consumer engagement £1,500, Toronto Colloquium support £246,905; Stipends £9,600, Colloquium Sponsored Registrations £34,200
<b>4.3</b>	<b>Financially Strong</b>	<b>870,356</b>	Governance meeting logistics £20,000
<b>4.4</b>	<b>Efficiently Run</b>	<b>1,452,065</b>	Management meetings £17,500; Governance Meetings and Colloquium meeting travel (sub-set) £14,650.
<b>4.5</b>	<b>Investing in People</b>	<b>574,026</b>	Learning support £69,000, Managing Editor and Information Specialist support £1,000,
<b>4.6</b>	<b>Transparently Governed</b>	<b>543,720</b>	Management meetings £17,500, Governance Meetings and Colloquium meeting travel (sub-set) £14,650; Consumer engagement £1,500, Governing Board £135,000; Council £40,000; Group Executives £62,000; Governance meeting logistics £20,000, governance projects and legal support £40,000.
<b>4.7</b>	<b>Environmentally Responsible</b>	<b>18,063</b>	(Included in team costs)

**Central Executive Team (CET) supporting operations include:**

- Learning, training and support, including User Support Team
- Management and governance support to Groups and members
- IT and web systems infrastructure design, development and maintenance
- Management of relations with the publisher of the Cochrane Library
- Business, governance, finance and contracts management for the organization
- Management of organizational policies
- Fundraising

**CET Resource Breakdown: Goal 4**

**(% of each CET Department's total expenditure)**

Chief Executive Officer's Office	78.5%
Editorial & Methods Department	15.7%
Publishing, Research & Development	20.9%
Knowledge Translation	19.5%
Finance & Contract Services	100%
Information Technology Services	28.5%
People Services	64.8%

**Total Goal 4 – Building an Effective & Sustainable Organization: £4,836,794**

**% of total Expenditure: 41%**



	<b>Goal 1 Producing Evidence</b>	<b>Total</b>		<b>Goal 2 - Making Our Evidence Accessible</b>	<b>Total</b>		<b>Goal 3 - Advocating for Evidence</b>	<b>Total</b>		<b>Goal 4 - Building an Effective &amp; Sustainable Organisation</b>	<b>Total</b>
1.1	High Quality	1,021,139	2.1-3	User Centred Design and Delivery	995,407	3.1	Global Profile	225,708	4.1	Inclusive & Open	812,176
1.2	Relevant	225,717	2.4	Open Access	211,309	3.2-3.3	Home of Evidence	254,759	4.2	Global & Diverse	566,388
1.3	Up to Date	217,452	2.5	Accessible Language	92,813	3.4-6	Global Advocate	104,901	4.3	Financially Strong	870,356
1.4	Wide Coverage	163,994	2.6	Multi-Lingual	512,382	3.7	Global Partner	215,620	4.4	Efficiently Run	1,452,065
1.5	Pioneering Methods	348,959				3.8	Global Impact	80,352	4.5	Investing in People	574,026
1.6/7	Efficient Production	2,162,895							4.6	Transparently Governed	543,720
									4.7	Environmentally Responsible	18,063
	<b>Total Goal 1 - Producing Evidence</b>	<b>4,140,156</b>		<b>Total Goal 2 - Making Our Evidence Accessible</b>	<b>1,811,911</b>		<b>Total Goal 3 - Advocating for Evidence</b>	<b>881,340</b>		<b>Total Goal 4 - Building an Effective &amp; Sustainable Organisation</b>	<b>4,836,794</b>
	<b>% of total Expenditure</b>	<b>36%</b>		<b>% of total Expenditure</b>	<b>15%</b>		<b>% of total Expenditure</b>	<b>8%</b>		<b>% of total Expenditure</b>	<b>41%</b>
										<b>TOTAL GBP (Exc. Innovations)</b>	<b>£ 11,670,201</b>











## 6.2. Proposed Strategy to 2020 Targets for 2020 [OPEN ACCESS SUPPORTING DOCUMENT]

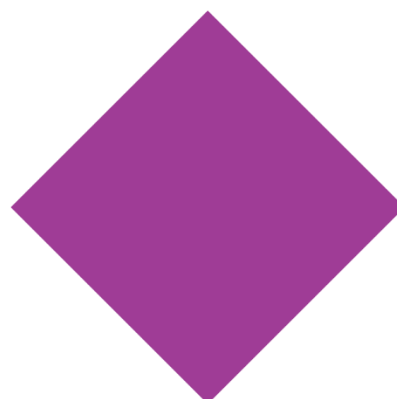
Presented by Mark Wilson



# **Strategy to 2020: 2020 Targets**

For Governing Board approval

**Trusted evidence.  
Informed decisions.  
Better health.**







## Introduction:

<b>From:</b>	Mark Wilson, CEO
<b>People Involved in developing the paper:</b>	Senior Management Team
<b>Date:</b>	For consideration at the 12 <sup>th</sup> December 2019 Governing Board teleconference
<b>For your:</b>	Decision
<b>Access level:</b>	Open access

This document presents five proposed organizational Targets for 2020 in a format consistent with the previous years of the *Strategy to 2020*. The Senior Management Team recognises the format and processes for development of strategic priorities from 2021, under a new strategic framework, will be different. These Targets represent the main organization-wide priorities in this transition year between strategic plans.

## Structure of the *Strategy to 2020*:

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

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

- **Vision:** Outlines what the organisation wants the world in which it operates to be.



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

## Proposed organizational Targets for 2020:

### GOAL 1: PRODUCING EVIDENCE

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

### TARGET 1: EDITORIAL AND PRODUCTION SYSTEMS PROGRAMME: Provider selection, workflows and roles, and initial implementation phases

In 2020, three of the five planned projects in a new, large-scale 'Editorial and Production Systems Programme' will be undertaken:

Project 1 = Production system tender process (COMPLETED IN 2019)

Project 2 = Editorial & Management System (EMS) evaluation and tender process (COMPLETED IN 2019)

Project 3 = Provider selections for EMS and production systems

Project 4 = Full production workflow creation (EMS + Production + Delivery): defining roles, workflow work, content, translations and other elements

Project 5 = Implementation of new systems (for both production system and EMS, staggered as appropriate into 2021)

Contributes to *Strategy to 2020* Objective(s):

**1.6. EFFICIENT PRODUCTION**



	We will improve our technology and revise our processes to create more timely, consistent and efficient editorial and production systems.
<b>Background:</b>	<p>Cochrane uses several editorial management systems and processes to manage its content. Archie, Cochrane's bespoke content and editorial management system (amongst other functions), has not kept pace with the requirements of the editorial user base and has also fallen behind technologically, raising concerns about maintainability, reliability and security. The production systems employed by the Library's publisher, Wiley, into which our content is fed have also fallen behind and are too complex.</p> <p>As a result, tender processes have been run in 2019 for both a new Editorial Management System (EMS) and an improved production system. These have produced viable, affordable new options. In conjunction with these system changes, process and workflows will be reviewed and required changes made to more optimally support editorial and production workflows in Cochrane.</p>
<b>Rationale for the Target in 2020:</b>	<ul style="list-style-type: none"> <li>Improved and aligned editorial and production systems are a critical dependency for most of our Goal 1 Objectives</li> <li>Cochrane's current systems are starting to become outdated. Origin, the consultant which undertook the EMS evaluation in 2019 (see above, Project 2), stated in their recommendations report for the EMS: <p><i>"The current variety of systems and technology impact the ability to measure performance at the macro level by denying a clear image of existing operations ... Cochrane must invest in a new EMS solution in order to remain competitive and improve the stakeholder experience ... A market-based system would reduce internal pressure for Cochrane by allowing it to focus on content rather than software design."</i></p> </li> </ul>
<b>Desired outcomes</b>	<ul style="list-style-type: none"> <li>Implementation of a new Editorial Management sSstem closely aligned with a new production system to improves the efficiency, reliability, and sustainability of producing and publishing Cochrane content.</li> </ul>
<b>Planned outputs by the end of 2020</b>	<p>Project 3: Providers for the production system and EMS are selected:</p> <ul style="list-style-type: none"> <li>Proposed architecture is articulated</li> <li>Implementation plan is prepared</li> <li>Contracts with system vendors are signed</li> </ul> <p>Project 4: Workflow analysis and proposed changes:</p> <ul style="list-style-type: none"> <li>A comprehensive workflow map is created</li> <li>Roles and responsibilities for each system are defined</li> <li>A list of 'testable unknowns' for piloting in implementation are identified</li> </ul> <p>Project 5: Staggered implementation of both systems across Cochrane begins (continuing into 2021).</p>



## TARGET 2: IMPLEMENTATION OF MORE RIGOROUS CONFLICT OF INTEREST POLICIES

In 2020, new policies that strengthen Cochrane's approach to financial interests, and clarify our position regarding non-financial interests, will be implemented.

<b>Contributes to Strategy to 2020 Objective(s):</b>	<b>1.1. HIGH-QUALITY</b> We will continue to develop and implement comprehensive quality assurance mechanisms for editorial and methodological standards throughout our production and updating processes.
<b>Background</b>	<p>In 2018, Cochrane initiated a revision of its Commercial Sponsorship policy for Cochrane Reviews. This work was led by a panel of experts that included Cochrane's Conflict of Interest (Funding) Arbiters, members of the Cochrane Governing and Editorial Boards, and other Cochrane members with expertise in conflict of interest.</p> <p>At the end of this process, the panel proposed a series of recommendations to strengthen Cochrane's policy regarding financial and non-financial conflicts of interest. The Governing Board approved these recommendations in October 2019, and work has begun to rewrite the current policy accordingly. The new policy will come into force early in 2020 and will apply to all newly registered Cochrane Reviews. Work now needs to be undertaken to revise and clarify the supporting policy for Cochrane Groups and members.</p>
<b>Rationale for the Target in 2020:</b>	<ul style="list-style-type: none"> <li>• Cochrane's reputation for independence, transparency and integrity in healthcare research is one of its most important features. World-leading conflict of interest policies are essential to maintaining this reputation.</li> <li>• The current policy for Cochrane Reviews lacks clarity in places and is difficult for Review Groups to implement and the Funding Arbiters to administer.</li> <li>• The policies for Cochrane Reviews and Cochrane Groups need to be aligned.</li> </ul>
<b>Desired outcomes</b>	<ul style="list-style-type: none"> <li>• Users of Cochrane Library content can see clearly where conflicts exist and can be confident that our policy mitigates the impacts of conflict of interests on Cochrane Reviews.</li> <li>• Everyone involved in producing Cochrane Reviews understands the new policy and can apply it as part of their regular editorial process.</li> <li>• All policies and processes for managing conflict of interests in Cochrane are consistent and aligned.</li> </ul>
<b>Planned outputs by the end of 2020</b>	<ul style="list-style-type: none"> <li>• New conflict of interest policies for Cochrane Reviews and Cochrane Groups are published.</li> <li>• New declaration of interest forms are developed and implemented.</li> </ul>



- A conflict of interest 'portal' is launched on the Cochrane websites.
- Training materials and support are provided.

## GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

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

### TARGET 3: CONSULTATION ON OPEN ACCESS FOR COCHRANE REVIEWS

In 2020 there will be a consultation with external and internal stakeholders 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.

Contributes to Strategy to 2020 Objective(s):

#### 2.4. OPEN ACCESS:

We will achieve universal open access to Cochrane Systematic Reviews immediately upon publication for both new and updated reviews and the archive of existing published reviews.

Background

Since February 2013 Cochrane has:

- Provided free access to new and updated Cochrane Reviews for all readers worldwide 12 months after publication, under our 'green' Open Access scheme. Over 65% of all Cochrane Reviews are now available this way.
- Deposited all Cochrane Reviews in PubMed Central for open access publication 12 months after publication (started September 2016).
- Made all Cochrane Review protocols freely available on publication (since February 2016).
- Provided Cochrane author teams with the option to pay an Article Publication Charge in order to make their new and updated reviews freely available worldwide on publication, and to take up other benefits of a Creative Commons licence, via a 'gold' Open Access option.
- Provided free one-click access to all Cochrane Reviews for over 3.66 billion people living in Low- and Middle-Income Countries.



	In November 2018 the Governing Board decided to continue these policies under the post-2020 publishing arrangements, but to postpone implementation of the target set out in <i>Strategy to 2020</i> to make all Cochrane Reviews open access 'immediately upon publication'. The Board reiterated that this remains Cochrane's long-term ambition, but it will be implemented only when the Governing Board is confident that it will not undermine Cochrane's future sustainability and, therefore, its ability to meet other strategic goals.
<b>Rationale for the Target in 2020:</b>	<ul style="list-style-type: none"> <li>• Cochrane needs to remain responsive to the wider scientific publishing environment and trends.</li> <li>• In 2020 Cochrane will announce new publishing arrangements for the Cochrane Library from 2021; and it is therefore the right time to evaluate our Open Access options.</li> <li>• Cochrane has multiple stakeholders interested in Open Access, including Group funders, review authors, and Library licence purchasers. The expectations and requirements of these stakeholders vary. Consulting with these groups, educating them on the context in which Cochrane operates, and using their expertise to explore possible options will be key to developing a sustainable Open Access position and funding model.</li> </ul>
<b>Desired outcomes</b>	<ul style="list-style-type: none"> <li>• An enhanced understanding by our stakeholders of the complexities and constraints of Open Access for Cochrane.</li> <li>• Stakeholder position statements can inform any changes to Cochrane's current Open Access policy and provide more clarity on the transition process from one model to the next.</li> <li>• Better transparency about the organization's costs and how funds are spent is achieved.</li> <li>• Improved relationships with funders and partners are achieved.</li> </ul>
<b>Planned outputs by the end of 2020</b>	<ul style="list-style-type: none"> <li>• A detailed stakeholder map and analysis is developed</li> <li>• An Open Access and Open Data discussion framework is developed</li> <li>• Cochrane's cost base is clarified and communicated better</li> <li>• A strategic session at the Governance Meetings in Manchester, April 2020, is held to consult with internal stakeholders</li> <li>• An 'Open Access summit' is held at the Toronto Colloquium to consult with external stakeholders</li> <li>• A consultation summary, with stakeholder position statements, is published</li> </ul>

## TARGET 4: IMPROVING QUALITY, CONSISTENCY AND TRANSLATABILITY OF COCHRANE'S PLAIN LANGUAGE SUMMARIES

Plain Language Summaries (PLSs) are a key dissemination product created and published for every Cochrane Review. Along with the Review Abstract, they are often: 1) the first - or only - contact potential health decision-makers will have with Cochrane as an organization; and 2) the main way health



decision-makers will access and gain understanding of a Cochrane Review. They are also the one product that is most frequently translated into other languages. This project aims to determine a new approach and format that simplifies and standardizes Cochrane's PLSs to improve the readability and understandability of Cochrane evidence.

<b>Contributes to <i>Strategy to 2020</i> Objective(s):</b>	<b>2.5. ACCESSIBLE LANGUAGE</b> We will make our reviews more accessible to decision-makers. We will simplify and standardize the language used across our content to improve readability and reduce ambiguity.
<b>Background</b>	The drive to improve the consistency and quality of Plain Language Summaries is not new. In 2016-17, Cochrane Norway ran a <a href="#">pilot project</a> , which identified: <ul style="list-style-type: none"> <li>• the strengths and weaknesses of different approaches to writing PLSs within Cochrane;</li> <li>• the need to provide a standardized language to all PLSs to assist the facilitation and uptake of language translation; and</li> <li>• the requirement for guidance in producing templates and subsequent training for writing PLSs.</li> </ul>
<b>Rationale for the Target in 2020:</b>	<ul style="list-style-type: none"> <li>• Accessible language is key to achieving the Goal 2 of making Cochrane evidence accessible and useful to everybody, everywhere in the world.</li> <li>• Content written in plain language is a key dependency for producing effective and usable Knowledge Translation products, including language translations.</li> </ul>
<b>Desired outcomes</b>	<ul style="list-style-type: none"> <li>• Cochrane's four target Knowledge Translation audiences (consumers and the public, practitioners, policymakers, and researchers and funders) find the Plain Language Summaries produced from Cochrane Reviews to be more understandable and consistent, leading to an uptake in their use.</li> <li>• Cochrane language translation teams find the Plain Language Summaries to be more consistent and therefore easier to translate into other languages.</li> </ul>
<b>Planned outputs by the end of 2020</b>	<ul style="list-style-type: none"> <li>• A project to test a new format and template for producing and writing PLSs within the MOSS CRG Network supported by KT advisors, senior editorial teams will be undertaken, working from learning already gained from the previous Cochrane Norway PLS pilot scheme.</li> <li>• The new-style PLSs will be regularly evaluated and compared against a range of existing PLSs.</li> <li>• The project will develop a series of recommendations and guidance for future PLSs, including the feasibility of a single integrated PLS approach for Cochrane.</li> </ul>



## GOAL 3: ADVOCATING FOR EVIDENCE

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

There are no proposed organizational Targets under Goal 3 for 2020, although ongoing prioritized work that is now part of standard operations will be focused on the following Objectives:

### 3.2. THE ‘HOME OF EVIDENCE’

We will make Cochrane the ‘go-to’ place for evidence to inform health decision-making by offering a range of evidence-informed products and resources.

There will be ongoing development and new feature development of the Cochrane Library, as detailed here: <https://www.cochranelibrary.com/about/releases>.

### 3.4. GLOBAL ADVOCATE

We will advocate for evidence-informed health care and the uptake of synthesized research evidence in health policymaking and services planning.

### 3.6. GLOBAL ADVOCATE

We will campaign for transparency and integrity in scientific conduct, including the registration and reporting of results from all clinical trials, to ensure that the totality of evidence is available to those conducting research or making health decisions.

Organizational advocacy priorities for 2020-2021 approved by the Governing Board in October 2019 will be developed and implemented around:

- Advocacy for the use of high-quality evidence synthesis in health decision making; and
- Advocacy for transparency and integrity in research.

### 3.7. GLOBAL PARTNER

We will build international and local partnerships and alliances with organizations that help us to reach people making decisions in health, particularly guidelines developers, policymakers, associations of healthcare practitioners and patient organizations.

Cochrane’s work with external partners is guided by the [Cochrane Partnership Policy](#), and the [Guidance for Partnership Development](#). A [dedicated space on the community website](#) has been developed to keep the Cochrane community informed about the key external partnerships that Cochrane is engaged in. A full review of Cochrane’s partnership work and its existing and potential future partners will be conducted in 2020.



**3.8. GLOBAL IMPACT**

We will demonstrate Cochrane's value and impact to funders, users and other beneficiaries of our work.

In 2020, as we end the current strategy and prepare for the next strategic plan, there will be a specific focus on evaluation of the many *Strategy to 2020* initiatives undertaken over the past seven years, and their value and impact to Cochrane's internal and external stakeholders. Our KT monitoring and evaluation work in 2020 will develop theories of change, evaluation plans and tools liaising with diverse stakeholders around the world that will support policy makers, practitioners, the public and researchers to use Cochrane evidence in policy and practice. Further, a monitoring and evaluation framework for Cochrane's next strategic plan will be established.

## GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANISATION

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

## TARGET 5: DEVELOPMENT AND LAUNCH OF A NEW ORGANIZATIONAL STRATEGIC PLAN

In 2020, a new strategic framework and plan will be developed and launched, setting out Cochrane's priorities and decision-making framework from 2021 onwards.

<b>Contributes to <i>Strategy to 2020</i> Objective(s):</b>	This will be a new strategic framework and plan.
<b>Background</b>	Cochrane's <i>Strategy to 2020</i> was designed as a time-limited plan for organizational transformation. The next strategic plan will build on, prioritize and – where appropriate – amend the priorities of <i>Strategy to 2020</i> , preparing the organization to meet its mission from 2021 onwards.
<b>Rationale for the Target in 2020:</b>	A new strategic framework and plan beginning from January 2021 is critical for the organization.
<b>Desired outcomes</b>	<ul style="list-style-type: none"> <li>• A new strategic framework and plan that build on the learning of <i>Strategy to 2020</i> and support the organization to meet its mission from 2021 onwards.</li> <li>• Improved strategic and operational planning, monitoring and evaluation processes.</li> </ul>



Planned outputs by the end of 2020	<ul style="list-style-type: none"><li>• An internal and external evaluation of the <i>Strategy to 2020</i></li><li>• An internal stakeholder consultation at the Governance Meetings in Manchester, April 2020</li><li>• A new strategic framework, with a re-assessed vision and mission, decision-making framework, and prioritized objectives</li><li>• Launch of a new strategic plan and decision-making framework at the Toronto Colloquium, October 2020</li><li>• New strategic and operational planning, monitoring and evaluation processes and resources</li></ul>
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6.3. Report on the Virtual Colloquium and  
hybrid Annual General Meeting 2019  
[CONSENT AGENDA] [OPEN ACCESS  
SUPPORTING DOCUMENT]







## 6.4. Development and launch of a new organizational strategic plan: update [VERBAL REPORT]

Presented by Lucie Binder







## 7. Any Other Business







## 8. Date of Next Meeting







## 9. Matters arising from previous meeting