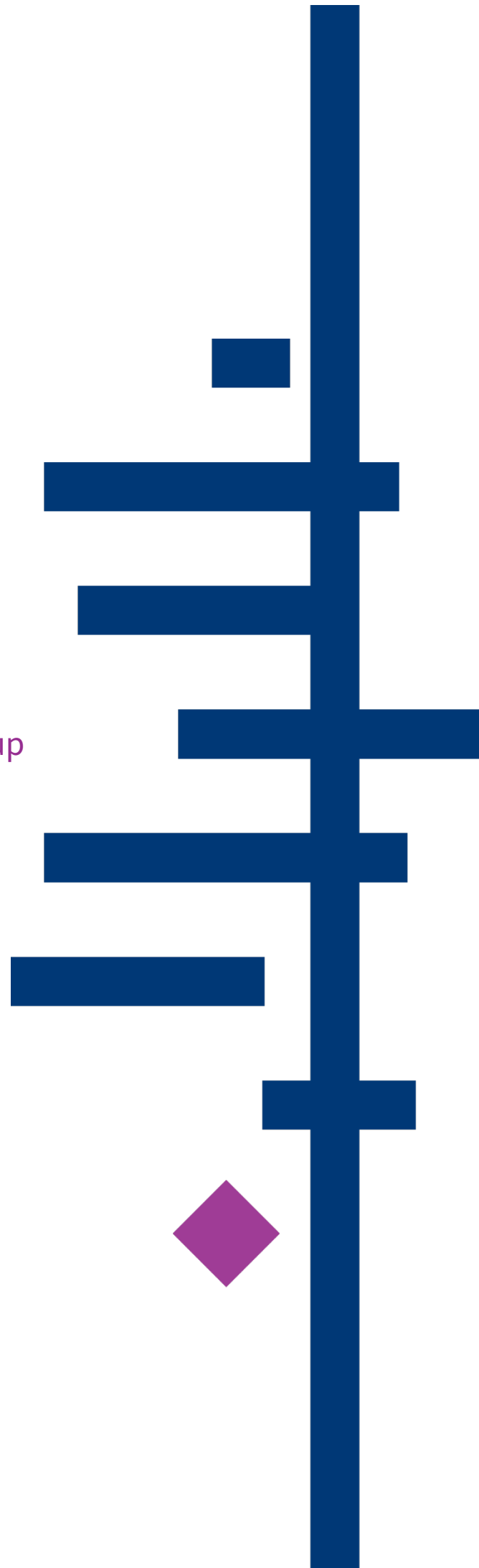


2016 Plan & Budget

Approved by the Cochrane Steering Group

January 2016



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1. Introduction

2016 will be a critical year in the delivery of Cochrane's *Strategy to 2020*, marking the beginning of the peak period of investments the organization is making as it changes its production and dissemination of evidence, and its organizational structures and ways of working. In addition, Cochrane will build on the successful projects already delivered over the last two years and develop important new initiatives to help implement the Strategy.

The group of 17 Targets Cochrane's Central Executive has set out in the ***Strategy to 2020: Proposed Organizational Targets for 2016*** represents an enormous body of work, and achieving them in the coming 12 months will require engagement and commitment from every part of the organization. All of the 17 Targets for 2016 are important, but Cochrane's Senior Management Team (SMT) has identified nine of them as 'mission critical, must not fail' projects requiring substantial cross-departmental and Cochrane Group working. These Targets will be the focus of intensive planning, support and co-ordination during the year by the CET. They are (in no particular order of importance, apart from the first):

- Enhanced Cochrane Library
- Quality strategy
- New authoring infrastructure
- Transform project
- Cochrane Review PICO annotation
- Membership scheme
- Organizational structure and function review
- Editor training and accreditation
- New governance structure

The sheer scale of the work being delivered and the scope of the fundamental changes being made to every area of Cochrane activities by the *Strategy to 2020* means that at this stage of the change management process the greatest load falls on the Central Executive team (CET). This makes sense: the CET is a new unit (in its current configuration) and has been able to mould itself around the requirements of the *Strategy to 2020*. Conversely, the capacity of Cochrane Groups to change or increase their existing functions and workloads has been limited so far – the SMT recognises this and has developed a *Plan & Budget* for 2016 that reflects that the principal responsibility for driving the *Strategy* currently lies with the CET.

However, the SMT also recognises that this will not be a financially sustainable budget model in the long-term given current levels of income and the possibility of reduced – or at least, less predictable – income in the future under an Open Access model for Cochrane Reviews. Moreover, as the structure and function of Cochrane Groups is reconfigured, the organization at large should have more capacity by 2020 for delivering the *Strategy* and its future iterations. This is the logic that the SMT is working to and is set out in more detail on page 17. This *Plan & Budget* should not be thought of a 'CET only' request, however. Almost £1.7 million of the total is allocated for grants that will go directly back to the Cochrane community. And what is allocated to the CET will be used in direct support of the *Strategy to 2020* for Cochrane's members, users and stakeholders around the world.

In 2015, because of higher than expected income and slower than anticipated CET recruitment and project expenditure, Cochrane did not run up the planned and approved operational deficit of £1.6 million. Instead,

the CET is forecasting a deficit of £594,000 for 2015, requiring the rolling over of planned expenditure into the 2016 budget, which is why both the total expenditure and the operational deficit for 2016 are larger than previously projected. In terms of financial resources needed to invest in the implementation of *Strategy to 2020* in order to make Cochrane strong and sustainable for the future, we are running slightly behind our earlier projections and now expect that 2016-2017 will mark the peak years of investment, drawing down on the strategic reserves built over the last decade (and particularly since 2012). These reserves remain at a very high level of £6.5 million at the end of 2015 despite the investments already made in implementing *Strategy to 2020*, Project Transform (the successful Game Changer strategic investment), and the initial development of Cochrane Innovations. Cochrane's financial situation remains strong and the organization can therefore choose to invest its reserves to fund the significant operational deficits projected in 2016 and 2017 in order to achieve its *Strategy to 2020* objectives and goals.

The CET has grown as planned in the second half of 2015 to accommodate the workload, but it will require an additional expansion in 2016 (up to a staff complement of 58.9 full-time equivalent (FTE)) to deliver these Targets). We anticipate that this size of Central Executive will begin to fall in the second half of 2017 to a sustainable run rate level affordable by the organization once the major change management projects have been completed. There are extensive CET work plans, which are available on request. This document is laid out as follows:

- *The Big Picture* outlines Cochrane's 2015 performance and projected financial results, as well as the strategic and financial thinking underlying the *2016 Plan & Budget*;
- *Strategy to 2020 Progress so far* sets out where we are in relation to implementation of *Strategy to 2020's* 28 objectives across the *Strategy's* four major Goals in order to place the 2016 Targets within the larger strategic context;
- *The 2016 Plan & Budget* has a series of sections covering:
 - 2016 projected income
 - A description of the structure of the 2016 Budget, which is similar to the format used in 2015 in setting out the projects and initiatives into five 'pots':
 - Pot 1 Core & Central Executive costs
 - Pot 2 2016 Target funding previously approved by the CSG
 - Pot 3 Additional 2016 Target funding requiring approval by the CSG
 - Pot 4 Other expenditure (not in the 2016 Targets) but already approved by the CSG
 - Pot 5 Additional strategic funding requiring approval by the CSG
 - The 2016 Plan & Budget within a multi-year framework
 - Short *Project Descriptions* are provided to describe the Target initiatives being proposed in greater detail;
 - The *2016 Budget* itself.

2. The Big Picture

Cochrane's 2015 Performance

A detailed report on Cochrane's progress against 2015 *Strategy to 2020* Targets will be produced in early 2016, but the overall picture is excellent. There have been extraordinary levels of achievement and progress across all four of the Goals with enormous activity, outputs and change. Some of the highlights are:

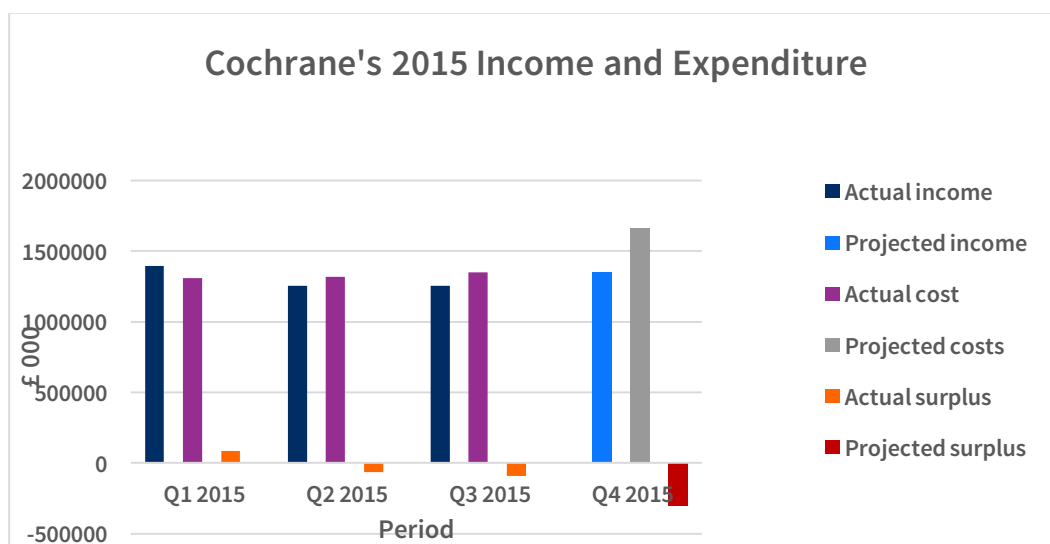
- The highly successful launch of the new 'Cochrane' brand and 'Cochrane.org' and Cochrane Library websites on 31st January 2015, with rollout across all Cochrane Groups in the following six months involving the re-launching of over 140 websites.
- Publication in early 2015 of Cochrane's first list of high priority new and 'to be updated' reviews that guide production and publication choices to meet the needs of our users better.
- The Cochrane Covidence author support tool was launched at the Colloquium in Vienna, on schedule.
- A new 'Quality Assurance Strategy' was developed by the CET's Central Editorial Unit to increase the effectiveness and efficiency of Cochrane Systematic Review production by ensuring quality issues are picked up and dealt with earlier.
- Trial 'beta' versions of the browser-based RevMan, CRS and the Linked Data project's 'PICO Finder' were unveiled ahead of schedule at the Vienna Colloquium, receiving a tremendous welcome from the Cochrane community and valuable feedback for the final development and full launch of 'beta' versions in 2016.
- The first elements of *Project Transform*, Cochrane's 'Game Changers' initiative, were also unveiled on schedule in Vienna, including the new Cochrane Task Exchange platform.
- Cochrane's new Membership Scheme was designed and approved after extensive consultation across the organization ready for launch in 2016, with plans fully integrated within the Cochrane Task Exchange and *Project Transform* plans.
- Cochrane's Open Access strategy was completed and approved by the Steering Group.
- The future of Cochrane's publishing arrangements with Wiley to the end of the current contract in 2018 was explored, negotiated and approved by the CSG.
- The Central Executive working with Cochrane Groups and Wiley delivered an unprecedented level of quality media coverage of Cochrane Review findings along with an increase of 22% in overall media coverage compared to 2014. Much of this can be attributed to an increase in international titles, consumer and lifestyle magazines, online coverage and increasing use of press conferences to disseminate newsworthy review findings.
- Cochrane Library usage (html and pdf downloads as well as overall demand) is set to reach record highs in 2015 (subject to final quarter 4 figures from Wiley).
- A new multi-year Cochrane-WHO workplan was agreed and relations developed to a new level of closeness, reflected by WHO's invitation to co-host the Cochrane mid-year business meetings in 2017.
- New Cochrane Spokesperson Policy and Policy Development Framework were developed and approved; and a new Partnership policy and strategy developed for CSG consideration in January 2016.
- Cochrane forged the idea and is currently exploring the feasibility with four other organizations (the Guidelines International Network, ISEHC, the Joanna Briggs Institute and the Campbell Collaboration) to hold a combined 'Global Evidence Summit' in Cape Town in September 2017 (replacing the Cochrane Colloquium of that year).
- After extensive consultation and wide engagement by the individual constituencies, separate structure and function reviews of Cochrane's Centres & Branches, Methods Groups, Fields and Consumers Network were completed and integrated within a wider organization-wide structure & function paper ready for CSG consideration in January 2016.
- Cochrane's Central Executive moved into its new home in London.

Elements of two Targets set in 2015 had to be abandoned because of restrictions and inadequacies of the Wiley technology platform hosting the Cochrane Library (Updating Classification and the launching of multi-lingual versions of the Library). These will now be delivered by the new publishing platform that will be

developed in 2016 and launched in January 2017. No other 2015 Targets have been abandoned and where achievement against some Targets slipped these should be delivered in 2016 (most in the early months of the year). The delays were due to our under estimation of the complexity and degree of change required to deliver some of the major initiatives (such as the Membership Scheme, Structure & Function Reviews, and Governance Review), and shortfalls in capacity (due to the sheer volume of work and the slower than expected recruitment of additional staff in the CEU).

Strong Income as forecast and £1 million underspend mean a small 2015 operational deficit but a large carry over into 2016 ...

Royalties from the Cochrane Library exceeded the 5% Target in 2015, so that the lower than expected income from donations and Cochrane Innovations will be largely offset and total annual revenues are projected to be the highest ever and as forecast for the year at £5.3 million. At the same time, total expenditure is projected to be £5.88 million, well below the budgeted level of £6.66 million for 2015.



This means Cochrane will have run an operational deficit in 2015 of approximately £550,000; but not the £1.36 million planned and approved by the CSG for the 2015 budget. The reasons for this are continued careful cost control, but principally the delayed recruitment of approved staff positions and slower than expected project expenditures. However, these project expenditures will be made in 2016 as budgeted and as project implementation catches up. The net effect is to increase 2016 annual projected expenditure by £766,000; but it is important to understand that this is already approved expenditure and an ‘artificial’ inflation of the expenditure run rate over the two-year period 2015-16.

and additional 2015 CSG Expenditure Approvals ...

There will also be additional expenditures appearing in 2016 as a result of CSG approvals over the last year. In May in Athens at the Mid-Year Business meetings and in October in Vienna at the Colloquium the Steering Group approved additional expenditure of £1,030,000 for the following projects and initiatives:

Cochrane Innovations Strategy (for 2016)	£427,000*	(Athens)
Cochrane Priority Reviews Incentive Fund	£100,000	(Athens)
CRG Strategic Development Support Fund	£200,000	(Vienna)
Annual support to Cochrane Colloquia & Events	£70,000	(Vienna)
Total	£797,000	

*The CSG approved Cochrane Innovations expenditure of £660,000 for 2015-16 in Athens. Innovations’ expenditure in 2015 is projected to be £233,000; therefore £427,000 will be carried over into 2016.

will lead to a Substantial Increase in Expenditure and a Deficit Budget in 2016 and the planned drawing down of Cochrane's Strategic Reserves

The net effect of the additional CSG authorised expenditure for 2016 and delayed/carry over 2015 operational expenditures is therefore that £1,563,000 has been added to the planned 'core' expenditures and those required to meet 2016 *Strategy to 2020* Targets and other projects.

The next two years (2016-17) are the years in which Cochrane will make the most significant investments in staff and project costs to ensure the organization completes the transformation necessary to achieve the 28 objectives set out within *Strategy to 2020's* four goals. This means that Cochrane will run significant deficit budgets and draw down on its strategic reserves. However, the Senior Management Team will continue to aim to maintain a long-term minimum level 'rainy day' strategic reserve of between £2 million and £2.5 million (as set by the CSG in September 2013), although this 'minimum' may be subject to change by the CSG as the organization grows.

3. Strategy to 2020 Progress So Far

An analysis by Cochrane's Senior Management Team shows excellent progress in the first two years of Strategy to 2020 in relation to the 28 objectives contained within it. The investments in 2016-17 will deliver significant change and many of the key deliverables contained within the objectives.

Strategy to 2020 Objective	What's Been Done in the first Two Years & What's Coming Soon
GOAL 1: PRODUCING EVIDENCE	
To produce high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making.	
HIGH-QUALITY:	
1.1 We will continue to develop and implement comprehensive quality assurance mechanisms for editorial and methodological standards throughout our production and updating processes.	<ul style="list-style-type: none"> ▪ Quality screening programme established and made a significant impact on improving the quality of Cochrane Reviews. ▪ A prioritized sub-set of MECIR standards put in place and nearly all new Reviews now include GRADE (100% target) and SOF tables (85% target). ▪ A new Quality Assurance Strategy will be finalized by end of 2015. This will be developed in 2016 to include Quality assurance; Quality improvement; Prioritization and relevance; Re-evaluation of the editorial process, including timeliness of review production; Development and implementation of agreed policies; and Methods development.
RELEVANT:	
1.2 We will engage with patients and other healthcare consumers, health practitioners, policy-makers, guidelines developers and research funders to identify questions that are most relevant and important to them; and prioritise the production and updating of Cochrane Systematic Reviews accordingly.	<ul style="list-style-type: none"> ▪ Cochrane's new Priority List of Reviews published in January 2015, updated each quarter and now nearly 400 identified. Work on them has begun/is continuing in 2015-16. ▪ A more developed priority-setting framework will be developed in 2016 to incorporate more priorities identified by external parties, reflect global needs and provide opportunities for additional authors/author teams.
UP-TO-DATE:	
1.3 We will ensure that Cochrane Systematic Reviews represent the best evidence currently available by establishing and managing performance against updating targets, particularly for high priority reviews.	<ul style="list-style-type: none"> ▪ New Updating Strategy & Updating classification on reviews in the Library in place in 2016. ▪ New pilot 'Focused Update' project funded in 2015 for roll out in 2016 onwards if successful.
WIDE COVERAGE:	
1.4 We will continue to support the production of Cochrane Systematic Reviews across a broad range of questions in order to develop the widest possible body of reliable knowledge about health.	<ul style="list-style-type: none"> ▪ CSG has approved a new funding mechanism to support Cochrane Review Groups taking on support to or the work of Groups facing challenges/closure in order to ensure continuing comprehensive content coverage. ▪ Structure & Function Reviews considering new ways that Cochrane Reviews can be produced in a more integrated and comprehensive way across broad thematic areas (e.g., cancer, nutrition)

Strategy to 2020 Objective	What's Been Done in the first Two Years & What's Coming Soon
PIONEERING METHODS:	
<p>1.5 We will ensure that established methods are applied consistently and appropriately in Cochrane Systematic Reviews; and continue to develop innovative methods for designing and conducting research evidence synthesis that help us to achieve our mission.</p>	<ul style="list-style-type: none"> ▪ 'Methods Research and Review Development Framework' in place by end of 2014 and now being implemented. ▪ Revised plans in place to support and approve new methods across Cochrane by end 2016
EFFICIENT PRODUCTION:	
<p>1.6 We will improve our technology and revise our processes to create more timely, consistent and efficient editorial and production systems.</p>	<ul style="list-style-type: none"> ▪ New Covidence author support tool developed & launched in 2015-16. ▪ Browser based version of RevMan developed in 2015 (beta version Q4 2015); full implementation by end of 2016. ▪ Cochrane Register of Studies moved online in 2016. ▪ Project Transform funded over three years (2015-17) to provide new data capabilities & interactive platform for Task Exchange. ▪ Cochrane's 'Next Generation' Evidence System designs developed and resources sought from external funders; including the development of 'Living Systematic Reviews' within the S2020 period.
<p>1.7 We will expand our training and capacity-building programmes, promote innovation, and improve the experience of Cochrane Systematic Review production teams to retain and develop our contributor-base.</p>	<ul style="list-style-type: none"> ▪ New programme of training and accreditation for Cochrane Editors launched in 2016. ▪ See Objectives 1.2, 1.6 & 4.1 for other initiatives to meet this Objective.

GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

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

USER-CENTRED DESIGN AND DELIVERY:

<p>2.1 We will put the needs of our users at the heart of our content design and delivery.</p>	<ul style="list-style-type: none"> ▪ User experience research conducted and future assessment framework in place in early 2016 for Cochrane and Cochrane Innovations' development of new products and services; and to improve the usability of our existing products.
<p>2.2 We will consult with our users to develop creative and flexible formats and delivery solutions for our content that make it more discoverable, accessible, useful and usable in diverse contexts and settings worldwide.</p>	<ul style="list-style-type: none"> ▪ Make the data behind Cochrane Reviews more useful and discoverable by completing the linked data annotation of reviews and studies by end of 2016.
<p>2.3 We will engage with our users to bring the concepts and methodologies of evidence synthesis into mainstream use beyond the research and medical communities, so that people know why and how evidence should be used to inform their health decision-making.</p>	<ul style="list-style-type: none"> ▪ New 'Knowledge Translation Strategy' for Cochrane evidence by mid-2016 ▪ Continue to trial and test more accessible summaries of evidence for dissemination.

OPEN ACCESS:

<p>2.4 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.</p>	<ul style="list-style-type: none"> ▪ New Cochrane Open Access strategy in place by end of 2015. ▪ All new Cochrane protocols to be published Open Access from early 2016.
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Strategy to 2020 Objective	What's Been Done in the first Two Years & What's Coming Soon
	<ul style="list-style-type: none"> ▪ All new Cochrane Reviews & updated Cochrane Reviews to be posted on PubMed Central 12 months after publication from early 2016. ▪ Target of all Cochrane Systematic Reviews available OA by the end of 2020 confirmed.
ACCESSIBLE LANGUAGE:	
<p>2.5 We will simplify and standardise the language used across our content to improve readability and reduce ambiguity.</p>	<ul style="list-style-type: none"> ▪ A framework and guidelines for simplified and standardized language across Cochrane Reviews will be delivered in 2016. ▪ Pilot a new approach to Plain Language Summaries of Cochrane Reviews in 2016 to make them easier to find, understand and translate.
MULTI-LINGUAL:	
<p>2.6 We will translate key content into at least the five other official languages of the World Health Organization (Spanish, French, Russian, Chinese and Arabic); and make it accessible in the same way as English-language content.</p>	<ul style="list-style-type: none"> ▪ New Translation strategy approved March 2014, including major investment in Translation Management System support software. ▪ Expansion of number and output of translation teams (17 languages with regular production in 12); and pilot new models of ensuring sustainable translations in 2016 by focusing on key languages that reach the widest populations ▪ Full Cochrane.org website available in first five languages by end of 2015. ▪ Cochrane evidence (previously Cochrane Summaries) now available in 12 languages on Cochrane.org ▪ Cochrane Library available in first five languages by mid-2017 at the latest; including integration of the Spanish language Biblioteca Plus.

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.

GLOBAL PROFILE:

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|--|---|
| <p>3.1 We will clarify, simplify and improve the way we communicate to the world by creating an overarching 'Cochrane' brand.</p> | <ul style="list-style-type: none"> ▪ New Cochrane branding (including new name, logo, colour scheme & brand book for Cochrane and its 120+ Groups) launched January 2015 and fully implemented by end of 2015. |
|--|---|

THE 'HOME OF EVIDENCE':

- | | |
|--|---|
| <p>3.2 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.</p> | <ul style="list-style-type: none"> ▪ Reputational survey conducted in 2014 and comprehensive external stakeholder survey in 2015 to find out perceived strengths and weaknesses of Cochrane by users and funders. |
| <p>3.3 We will build greater recognition of Cochrane's role as an essential link between primary research and health decision-making.</p> | <ul style="list-style-type: none"> ▪ New <i>Cochrane Library</i> platform likely to be launched in 2016 bringing many new features for users. ▪ Cochrane Clinical Answers launched in 2014 ▪ New tools, features and products as part of Cochrane's 'Next Generation' Evidence System will be developed and made available on the <i>Cochrane Library</i> platform in 2016-18. |

GLOBAL ADVOCATE:

- | | |
|---|--|
| <p>3.4 We will advocate for evidence-informed health care and the uptake of synthesized research</p> | <ul style="list-style-type: none"> ▪ Co-Founder and continuing supporter/advocate of the +All Trials campaign |
|---|--|

Strategy to 2020 Objective	What's Been Done in the first Two Years & What's Coming Soon
evidence in health policy-making and services planning.	
3.5 We will promote reliable, high-quality primary research that is prioritised to answer real world health questions and improves the evidence-base on which our work is built.	<ul style="list-style-type: none"> ▪ A Cochrane Policy Development process has been developed and adopted; with a first position developed on Cochrane's contribution to reducing research waste. ▪ A Cochrane Spokesperson Framework has been developed and adopted.
3.6 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.	<ul style="list-style-type: none"> ▪ Higher quality and quantity media coverage is being generated.
GLOBAL PARTNER:	
3.7 We will build international and local partnerships and alliances with organizations that help us to reach people making decisions in health, particularly guidelines developers, policy-makers, associations of healthcare practitioners and patient organizations.	<ul style="list-style-type: none"> ▪ New Cochrane Partnership Strategy in place by end of 2015 ▪ Cochrane's relationship with WHO is reinvigorated with new 2016-18 Plan of Action agreed in Q4 2015 and we will pilot establishing relationships with WHO regional offices in 2016. ▪ New formal partnerships in place with Wikipedia, Guidelines International Network (G-I-N), The Campbell Collaboration, Joanna Briggs Institute, Union for International Cancer Control, GRADE and the Pan-American Health Organization (PAHO). ▪ A major Global Evidence event planned for the Cochrane Colloquium in Cape Town in October 2017 with G-I-N, ISEHC, The Campbell Collaboration & Joanna Briggs Institute (TBC).
GLOBAL IMPACT:	
3.8 We will demonstrate Cochrane's value and impact to funders, users and other beneficiaries of our work.	<ul style="list-style-type: none"> ▪ A series of impact stories and infographics have been created to communicate the difference that Cochrane makes. ▪ By the end of 2016 50% of all new priority Cochrane Reviews beginning production will have evidence impact plans (following the successful piloting of 'dissemination plans' with Cochrane Review Groups in 2014-15).

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.

INCLUSIVE AND OPEN:

4.1 We will establish a membership structure to improve our organizational cohesiveness and to reduce barriers to participation by creating a clear and open route into the organization for people who want to get involved.	<ul style="list-style-type: none"> ▪ The new Cochrane membership scheme will be launched in 2016. ▪ Cochrane's Community website will be re-developed, and aligned with the new Cochrane membership scheme; and Project Transform's 'Task Exchange' will enable Cochrane supporters and members to contribute in more efficient and effective ways.
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GLOBAL AND DIVERSE:

4.2 We will become a truly global organization by establishing a Cochrane organizational	<ul style="list-style-type: none"> ▪ Cochrane now has representatives in more than 43 countries; with 10 new Cochrane Branches or other
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Strategy to 2020 Objective	What's Been Done in the first Two Years & What's Coming Soon
<p>presence in all regions, building capacity in low- and middle-income countries; promoting gender, linguistic and geographic diversity; and enabling generational change.</p>	<p>recognised Groups established since the launch of <i>Strategy 2020</i> in the Caribbean, Hungary, Ireland, Japan, Mexico, Malaysia, Poland, Portugal, Russia and Taiwan.</p> <ul style="list-style-type: none"> ▪ A new Cochrane African Network is prepared for CSG consideration in Q4 2015. ▪ Structure & Function Review (Q3 2015) proposes new Network and Affiliate Groups to provide more flexible structures and an expanded Cochrane geographic organizational presence. ▪ Cochrane leadership of and investment in the Global Evidence Synthesis initiative (GESI) to establish increased production and use of evidence synthesis in Low and Middle Income Countries. ▪ A new Cochrane Equity Task Force established in September 2015 to develop recommendations & solutions for establishing greater equity and diversity within Cochrane. ▪ New MoUs between Cochrane's Central Executive & Cochrane Groups will include the need for succession planning.
FINANCIALLY STRONG:	
<p>4.3 We will strengthen Cochrane's financial position by diversifying and expanding our funding base, both at core and group level.</p>	<ul style="list-style-type: none"> ▪ Cochrane Innovations strategy developed & approved with a target of an annual return of £1 million a year from 2020. Initial investment of £660,000 approved by the CSG in May 2015. Innovations CEO & team in place by Q3 2015. ▪ New Trusts & Foundations Fundraiser appointed Q2 2015. ▪ New EU Project Fundraiser appointed Q3 2015. ▪ New MoU for The Cochrane Institute, Freiburg (Cochrane Germany) established as a model for future Cochrane/host institution agreements.
EFFICIENTLY RUN:	
<p>4.4 We will review and adjust the structure and business processes of the organization to ensure that they are optimally configured to enable us to achieve our goals.</p>	<ul style="list-style-type: none"> ▪ Structure & Function reviews of Cochrane Group structure completed in early 2016. CSG-approved changes to begin to be implemented from 2016. ▪ Review of Cochrane Colloquia and Events conducted in 2015; with reforms of Mid-Year Business Meetings, Colloquia & other events from 2016. ▪ A 'Cochrane Dashboard' to monitor and report on the implementation progress of <i>Strategy 2020</i> established in 2014; with a new Cochrane Group monitoring and reporting system set up in 2016 after the Structure & Function Reviews are completed. ▪ Cochrane's financial and planning years aligned (to the calendar year). ▪ Cochrane Central Executive financial and HR systems and processes updated and improved.
INVESTING IN PEOPLE:	
<p>4.5 We will make major new investments in the skills and leadership development of our contributors.</p>	<ul style="list-style-type: none"> ▪ New Training, Learning & Professional Development Strategy for Cochrane contributors developed & approved in September 2014. ▪ New Learning & Support website launched October 2015. ▪ Establish a new Cochrane Online Learning Environment in 2016.

Strategy to 2020 Objective	What's Been Done in the first Two Years & What's Coming Soon
	<ul style="list-style-type: none"> ▪ £2.7m to be invested in learning, training & support of Cochrane contributors from 2015-17.
TRANSPARENTLY GOVERNED:	
<p>4.6 We will increase the transparency of the organization's governance and improve the opportunities for any contributor to participate in governing the organization and/or to be appointed to a leadership position.</p>	<ul style="list-style-type: none"> ▪ Steering Group Governance support programme launched in 2014 with an external consultant. ▪ Governance Review launched in 2014, led by CSG Working Group; with a timetable approved for a reformed Cochrane 'Governing Board' in place by end of 2016.
ENVIRONMENTALLY RESPONSIBLE:	
<p>4.7 We will review and adjust our operations to reduce their environmental impact.</p>	<ul style="list-style-type: none"> ▪ Draft Cochrane Environmental Sustainability Strategy by end Q1 2016.

4. 2016 Plan & Budget

2016 Income

Cochrane's principal centrally organized income source (Cochrane Library royalties) is expected to maintain its recent sustained year-on-year growth and achieve returns to Cochrane in 2016 at or above the 5% target level agreed with our publishers, John Wiley & Sons.

Income	£
Royalties (Wiley)	4,751,000
Other publishing revenues	394,000
EU Grants (Cochrane Central Exec)	124,000
Trust/Foundations Fundraising	666,000
Interest & Investment Return	105,000
Total income	£6,040,000

Cochrane Innovations

Projected income generated by Cochrane Innovations (CI) in 2016 has been netted off against projected expenditures by CI over the year with the balance appearing 'below the line' in the amount drawn directly from Cochrane's reserves.

Fundraising from Trusts and Foundations & Revenues from EU Grants

Income projections for 2016 from EU grants and Trust/Foundation fundraising remain conservative. Success in receiving EU grants is extremely hard to predict. However, Cochrane's new EU Coordinator expects Cochrane to achieve a 20-30% success rate (from its applications) and ten specific EU budget calls have already been identified in addition to a major IT grant that was submitted in September 2015. A very prudent projection of £124,000 in income coming through the Central Executive has therefore been included in the 2016 budget.

Success in Trusts and Foundations fundraising is also very difficult to forecast, and may be subject to a 'feast or famine' phenomenon. A major proposal to support the 'New Generation Cochrane Evidence System' being submitted in early 2016 may, if successful, lead to further fundraising success from other Foundations; but if unsuccessful may make even the £666,000 target (US\$1 million) for the year harder to reach.

Structure of the 2016 Budget

As in 2015, the SMT has structured the proposed 2016 Budget in a layered way to enable the Steering Group to see how the total is constructed. The detailed budget listings show how the different costs have been divided within five separate 'pots':

1. Core & Central Executive **£4,479,010**

This 'pot' covers the core 'standard' tasks and services provided to the collaboration across all areas and departments of work by the Central Executive in running the organization and leading, facilitating and delivering the objectives of *Strategy to 2020*. It includes all staff salaries (with a projected full-time equivalent (FTE) staff complement of 58.9); and projects that are recurring or approved through previous multi-year grants and appropriately should be considered part of our core spend. The CET provides editorial, technological, and business leadership for the organization. It co-ordinates communications and external affairs, and manages learning support and development. Examples of some of the standard tasks and activities provided by the CET include:

- Editorial support, including conflict and dispute resolution
- Overseeing the development of editorial policies and standards
- Quality screening and management: including work with high risk Cochrane Groups
- Management of the legal and business requirements of the Cochrane charity
- Management of the publishing relationship with Wiley
- Leadership, management and support to Cochrane Groups
- Learning, training & skills support to the Cochrane community
- Information technology support and projects for the Cochrane community (RevMan, Archie, web development, cloud and server hosting)
- Web content development and curation
- Communications, advocacy and media promotion
- Events support (Event Manager software and web builder, coordination, and other support)
- Core services (administration, finance & HR)
- Management of editorials, Special Collections and the Cochrane Library
- Managing Editor and TSC support
- Support for the Funding Arbiters and Cochrane Library Oversight Committee
- Management of editorial and other complaints and feedback
- General methods support and co-ordination; and the Methods Investment Fund (MIF)
- ...and a huge range of other activities

In addition, this includes £183,972 of direct Governance costs (part of the £418,968 spent on direct support to Cochrane's governance, business meetings and Colloquium).

It is important to highlight that whilst there are budget lines allocated to supporting the 2016 Targets in the other 'pots', a large amount of the work required to enable us to deliver these Targets comes from Central Executive staff time, which is wrapped up in the core costs. As a team we have prioritised our workplans to focus on the Targets for 2016 and the longer-term vision of *Strategy to 2020* so that staff time is aligned with the strategic direction set for the organization. The additional costs linked to Targets are, generally speaking, direct project costs and external specialist support where that is required alongside the CET staff time.

2. Target funding previously approved by the CSG £1,481,458

This 'pot' includes expenditure for 2016 Targets for which a budget has already been approved by the CSG because they are multi-year projects (and not included in the 'core' costs). It includes, for instance:

- Costs linked to moving RevMan and the CRS online (Target 5 in 2016);
- Ongoing costs to develop and implement the Cochrane Covidence author support tool (Target 5 in 2016);
- The Translations strategy and programme of work (Target 10 in 2016);
- Online learning and development support, and Editor training (Targets 16 & 17 in 2016 – part of the Training & Learning Support Strategy approved in September 2014)
- Learning content development (Targets 16 & 17 in 2016 – part of the Training & Learning Support Strategy approved in September 2014)
- Development and launch of the Cochrane Membership Scheme (Target 14 - £97,444). Note that the total cost of the project also includes the Membership Coordinator post included in Core (Pot 1) – because it is a 'Permanent' position:

In addition, this section includes 'carry over' expenditures for the following projects linked to 2015 Targets including:

- Final year costs for the 'Linked Data' programme that has produced the PICO Finder tool and supports the further development of 2016 Target 7 – and Targets 5, 6 & 11 (£163,000)
- Ensuring improved web and IT system security (£36,000)
- Costs related to the user experience testing programme to increase accessibility and use, and improve the future development of Cochrane's products and services (£40,000)

- A much reduced level of funding to support the development of new Cochrane Regional Initiatives (£20,000)
- Completion of the pilot 'Targeted Updates' project (£63,024)
- Development of Cochrane's environmental sustainability strategy (£13,000).

3. Additional 2016 Target funding requiring approval by the CSG £527,243

This 'pot' includes additional funding required to deliver the 2016 Targets proposed by the Central Executive that requires approval from the CSG and that is not included in the 'core' costs or already approved expenditure. This includes, for instance, additional funds required for:

- Further development of the *Quality Assurance and Editorial Process Integrated Plan* (Target 1 - £91,500)
- PICO Annotation (Target 7 - £120,992)
- Additional Translations support to Cochrane Groups around the world (Target 10 - £91,278)
- Support for Cochrane partnerships development (Target 13 - £80,473)
- Specific additional costs related to the development of a new technology platform to host the Cochrane Library (Target 11 - £70,000)
- Development of the new Cochrane Knowledge Translation strategy (Target 8 - £30,000)
- Additional costs to support the Governance Review and reform process (Target 18 - £18,000)
- Structure & Function development and implementation costs (Target 15 - £25,000)

4. Other expenditure (not covered in the 2016 Targets) but already approved by the CSG £976,454

This section includes additional funding already approved by the CSG for activities and projects that will be implemented but are not included in the 2016 Targets (and not included in the 'core' costs). This includes, for instance:

- Direct funding of Cochrane Group attendance fees to Colloquium organizers (£60,000)
- Cochrane Events support (£70,000)
- Stipends for Consumers and those from Low & Middle Income Countries to attend the Cochrane Colloquium (£32,000)
- Learning & Development support expenditure not related to Targets 16 & 17 (£162,000)
- Specific Mid-Year Meeting costs in London, April 2016 (£35,000)
- CRG Prioritised Review Support (£75,000)
- CRG Support for Groups taking on additional duties (£175,000)
- Centralised Search support (£16,250)
- Co-Ed Board travel support (£30,000)
- Methods Innovation Funds (£229,208)
- Completion of the Methods Handbook (£20,004)
- Methods support, training and development (£52,000)
- CSG Discretionary Fund (£20,000)

Cochrane provides funding to support the attendance of one person per eligible Cochrane Group to the Colloquium each year. In 2016 funds will also need to be used to support stipends for Colloquium attendance for eligible consumers and participants from Low- and Middle- Income Countries. This is because the Hyderabad Colloquium did not make a profit and the Vienna Colloquium is not projected to have done so either; with surpluses from Colloquia used in the past for this purpose. Other costs in this list have been approved at recent Steering Group meetings. Learning & Development support expenditure not related to Targets 16 & 17 is detailed in the [Cochrane Training & Professional Development Strategy](#), which was approved in 2014.

5. Additional strategic funding requiring approval by the CSG £335,000

This 'pot' includes additional funding requested for approval from the CSG for projects that are not directly linked to 2016 Targets but are considered strategically very important and valuable to Cochrane to meet its *Strategy to 2020*. They include additional funds required in 2016 for:

- The Cochrane African Network (year one of a five year programme which it is hoped would be funded from year two onwards through external support but with contingency funding possibly required in years two and three) £120,000
- The new Strategic Methods Fund £200,000
- Cochrane's first of a three-year seed funding commitment to the Global Evidence Synthesis Initiative for 2016-18 (GESI) £15,000

The SMT has pledged a small amount of seed-funding for a GESI secretariat, to be matched by the other organizations involved in the initiative.

2016 Budget Totals

	Pot 1 'Core'	Pot 2 2016 Target (CSG Approved)	Pot 3 2016 Target (Req. Approval)	Pot 4 Other CSG Approved	Pot 5 Other Strategic (Req. Approval)	Total (£)
Expenditure	4,479,010	1,481,458	527,243	976,454	335,000	7,799,165
Income						6,040,000
Operational Deficit						1,759,165

In January 2016, at its meeting in Vancouver, the Steering Group approved a centrally organized budget of £7,800,000 GBP.

A total of £2,457,912 was approved by the CSG for activities covered in Pot 2 (related to 2016 Targets) and Pot 4 (other projects and initiatives not covered in the 2016 Targets).

At the same meeting, the CSG approved the proposed budgets for:

- Pot 1 The 'Core' budget (£4,479,010);
- Pot 3 Project funding to deliver the 2016 Targets set out in the *Strategy to 2020: Proposed Organizational Targets for 2016* document (£527,243);
- Pot 5 Additional funding to deliver some or all of the strategic projects proposed (£335,000).

The 2016 Plan & Budget within a multi-year framework

The Central Executive has planned and budgeted for the strategic investments and operational activities required to deliver Cochrane's *Strategy to 2020* at this phase of its implementation and in accordance with the CSG approved investment decisions over the last year. Cochrane is now in a highly competitive market and although an acknowledged leader in the sector we are addressing critical challenges and maximising future opportunities by investing in initiatives and projects that protect and increase Cochrane's future efficiency, capacities and revenue generation potential. Essentially, we are investing now to provide Cochrane with an attractive, viable and more efficient production model; a superb technical and editorial environment and support for its contributors, a broader portfolio of products and services built around the needs of users; and a more diversified funding base that replaces and grows lost *Cochrane Library* licence income.

But the *2016 Plan & Budget* has also been drawn up within a multi-year timeframe to ensure that it is not established in isolation: in particular, that we are living within our means in the medium- to long-term. The large operational deficit of over £1.76 million planned for 2016 cannot be sustained in 2017 and following years, but must be used to take Cochrane a long way towards delivering its *Strategy* and being better prepared to achieve future sustainability.

Cochrane's Senior Management Team is aware that it must establish a CET, future 'core' budget and overall organization that is sustainable within its means once the main change elements of *Strategy to 2020* are complete. In essence, Cochrane cannot build a 'Rolls Royce' organisation if the future costs of running the organization are beyond its likely future resources. With this in mind the SMT plans to develop over the next six months much more detailed and sophisticated budget projections/scenarios for 2017-19 than those discussed and approved by the CSG in Vienna in October 2015. This will include initial indicators of the structure of the 'steady-state' CET and core costs we plan to have in late 2017 and beyond.

We recognize this is important to give the CSG confidence the 2016/17 levels of expenditure – and the staff size - are the high-water mark of *Strategy to 2020* implementation costs; and even whilst using these resources to deliver effectively Cochrane's strategic objectives the SMT will, over the next two years, be managing the CET down to a sustainable future level. We are already doing this: only 58% of the total salary budget (£2.1 million) is for 'Permanent' staff positions (even though, as stated above, almost all permanent positions are anyway subject to three months' notice), with the rest much more flexible as it is made up of short or fixed-term contracts or secondments.

However, the SMT recognises that reducing CET staff levels so substantially will be a challenge for both the CET itself and the organization at large as it seeks to fulfil the *Strategy to 2020*. It is vital that the structure and function review of Cochrane Groups currently being undertaken establishes a configuration that enables Groups to take on more responsibility for delivering the organization's strategic aims if the capacity of the CET is to be reduced and current levels of output and achievement maintained.

In the meantime, we are confident that whilst the structure of the 2017-19 expenditure projections will change, we will be able to deliver a sustainable CET and overall annual cost base that will serve Cochrane efficiently and effectively in 2018 and beyond; and even if the SMT's 'realistic' Budget Scenario proves over-optimistic, then costs would still be managed to maintain reserves above the minimum 'rainy day' allocation of £2 million.

Short Project Descriptions for 2016 Targets

Projects in Pot 2: Target funding previously approved by the CSG

This pot includes expenditure for 2016 Targets for which a budget has already been approved by the CSG because they are multi-year projects (and not included in the Core costs).

The 2016 Targets (highlighted Targets are in pot 2):

- 1 Quality strategy
- 2 Prioritization list
- 3 Updating strategy
- 4 Timeliness pilot projects
- 5 **New authoring infrastructure**
- 6 Transform project
- 7 Cochrane Review PICO annotation
- 8 Knowledge Translation strategy
- 9 **Translations pilot projects**
- 10 Enhanced Cochrane Library
- 11 REWARD campaign
- 12 Partnerships and alliances
- 13 **Membership Scheme**
- 14 Organizational structure and function review
- 15 **Online learning**
- 16 **Editor training and accreditation**
- 17 New governance structure

New authoring infrastructure: Moving RevMan and CRS online; implementing the Cochrane Author Support Tool (Target 5) £194,750

Target 5 in 2016 will see the completion of the remaining design and final development work of moving CRS and RevMan to be browser-based tools (run in a regular web browser and not as desktop applications as they currently are). This is a critical move as it will bring our core tools into the same environment as the author support tools (Covidence and EPPI-Reviewer) and the Transform tools (Task Exchange and the Cochrane Crowd platform). The CAST budget is for year two of the project and is for the last phase of development of the Covidence tool in line with the RFP requirements and for the community support and project management.

Translations strategy (Target 10) £300,000

Cochrane established a [translation strategy](#) in 2014 that focuses on establishing a unified central technology platform for translations of Cochrane content and providing central support and co-ordination to local translation teams, as well as to sustainable translation approaches. The overall aim is to strengthen our impact in non-English speaking countries. This Target is anchored in a mid-term review of the strategy and focuses on improving the sustainability of the work undertaken by local Cochrane translation teams, as well as ensuring the quality of their output. The 2016 budget is in line with the strategy.

Membership scheme (Target 14) £97,444

Through the establishment of a membership scheme Cochrane wants to open up to the world by allowing anyone to support and become involved in our work. The guiding principle will be inclusivity and the outcome we are trying to achieve is a vibrant worldwide community of members who feel part of Cochrane and who have clear, easy and varied ways to contribute to our mission. Becoming a Cochrane member should be the beginning of a journey of

engagement with us that we hope lasts for many years. The cost of the Membership Co-ordinator is justified in Pot 1 (Core).

Online learning, and editor accreditation (Targets 16 & 17)

£314,500 & £51,000

The Training & Learning Support Strategy was approved in September 2014 and the 2016 budget is in line with the strategy. Upgrading Cochrane's online learning environment will have a direct impact on the quality and accessibility of learning, while also enabling better evaluation to inform our work, interconnection with Cochrane membership and review production platforms, and the commercialization of online learning for users.

In close collaboration with the Editorial Unit quality assurance agenda, the editor accreditation Target will establish best practice standards for the competencies of editorial teams and establish a programme of support for our editors to achieve these standards, ultimately leading to a formal system of accreditation to acknowledge their expertise.

Projects in Pot 3: Additional Target funding requiring CSG approval

This pot includes additional funding required to deliver the 2016 Targets proposed by the Central Executive that requires approval from the CSG and that is not included in the Core costs or already approved expenditure.

The 2016 Targets (highlighted Targets are in pot 3):

- 1 Quality strategy
- 2 Prioritization list
- 3 Updating strategy
- 4 Timeliness pilot projects
- 5 New authoring infrastructure
- 6 Transform project
- 7 Cochrane Review PICO annotation
- 8 Knowledge Translation strategy
- 9 Translations pilot projects
- 10 Enhanced Cochrane Library
- 11 REWARD campaign
- 12 Partnerships and alliances
- 13 Membership Scheme
- 14 Organizational structure and function review
- 15 Online learning
- 16 Editor training and accreditation
- 17 New governance structure

Quality Assurance and Editorial Process Integrated Plan, including the quality strategy (Target 1), prioritisation (Target 2), updating (Target 3) and timeliness pilot projects (Target 4) £91,500

The CSG identified quality as one of its highest priorities and a critical part of our sustainability. Recent audit work and the Cochrane Editorial Unit Screening Programme have demonstrated a year-to-year improvement in certain aspects of methodological quality. However, the review also showed that some aspects of review quality and timeliness need improvement. Given the importance of review quality to the sustainability of Cochrane, we must now engage in a concerted, collective effort to implement the learning points and build on the best practice examples we have identified. Most of the work will be undertaken by the existing CEU team. However, an additional budget of £106,000 is required for additional support, including the engagement of consultants (mainly from within the Cochrane community). Most of this funding will be needed in 2016; the remainder will be used in the first quarter of 2017.

Cochrane Review PICO annotation (Target 7)**£120,992**

Cochrane PICOs are short summaries of a clinical question addressed by one or more Cochrane Reviews. Target audiences for Cochrane PICOs are healthcare practitioners and professionals, and other informed users of health care (e.g. decision-makers). This Target will complete the background work required to enable PICO views of Cochrane evidence in the Cochrane Library and elsewhere. This funding is the final tranche of funding required for the development of the PICO Annotator, linked data triple store database, and PICOfinder tool to support the work of the annotators. In addition, the annotator tool will be embedded in production tools (RevMan Web, CRS Web, Covidence) and in the workflow for capturing PICO annotations prospectively once we tackle the backlog of annotating all Cochrane Reviews.

Knowledge Translation strategy (Target 8)**£30,000**

This Target will provide a clear understanding of what it means to undertake knowledge translation (KT) work in Cochrane. It will inform further developments of the structure and function review as well as our future partnerships with other organizations. We are still at the planning stage for the KT Strategy but we envisage that an important element of the work will be to commission interviews of external stakeholders involved in KT to understand the KT environment in which Cochrane is operating, so that we may learn from external best practice. There are many people in the Cochrane community (e.g. in Cochrane Centres) who would be capable of doing this work, so we expect to commission the work in this way rather than using external consultants. We also anticipate that it will be critical to the success of the KT strategy to have a face-to-face meeting to reach consensus on what should be in the strategy. We anticipate holding this meeting after gathering all the required data and we would want to have a range of attendees representing both internal and external stakeholder views.

Additional Translations support to Cochrane Groups around the world (Target 10)**£91,278**

The CSG approved a translation strategy in January 2014. Since then, we have learned and identified critical issues where we need to improve or adapt in order to be able to make the translation strategy a success. Translation teams provided detailed input in Athens, through a questionnaire and teleconferences, and a meeting was held in Vienna with the translation advisory group. The result is the proposed plan for next steps and adaptations to address identified issues. It is clear that we have not delivered sufficiently on a number of aspects, most notably, our translation projects are not sustainable and struggle to maintain activity; our translation technology system is not adequately meeting our teams' needs; and as an organization we have not achieved the cultural shift within all of our areas of work that is required to facilitate translation and multi-language activities. On the other hand, and despite these struggles, the achievements of our translation teams to date have been impressive, and it is clear that there is strong desire to change and to embed translations across all of our work. Based on feedback from translations teams, this money will be used to make the translations programme more sustainable for priority languages.

Enhanced Cochrane Library (Target 11)**£70,000**

This Target will lead to a radically improved Cochrane Library for our users. The CET, Wiley, and the external technology supplier will work together to build and deliver an enhanced Cochrane Library. The requested budget is to cover a fixed-term 0.5 editor post to backfill the Senior Editor's time on the project for the CEU, and additional non-staff costs associated with the project including travel and meeting costs for the project team. Former Publishing Management team travel costs are also captured by this budget.

Developing new partnerships and alliances (Target 13)**£80,473**

To achieve the *Strategy to 2020* we need to look beyond our organization and work with others. While Cochrane can do much on its own, by working in partnership we can achieve more with our resources. This Target will improve our network of partnerships, helping us to

deliver our other Targets for the year. The CET requires an increase in its capacity to deliver new partnerships and alliances, and is requesting a 0.6 FTE Partnerships Co-ordinator.

Consultancy costs for the organizational structure and function review (Target 15) and new governance structure (Target 18) £25,000 & £18,000

Cochrane's Group structure is changing, expanding into new institutions, countries and regions around the world, and becoming more integrated and impactful in its work, particularly in relation to external audiences and stakeholders. Similarly, we will deliver an updated, more open and externally focused Governing Board that retains close links to the community of Cochrane collaborators and Groups.

This funding for structure and function is to allow us to start the process of implementing recommendations from the structure and function reviews. We are not yet in a position to say what this will entail, but we are certain that small amounts of money as incentives for those Groups willing to lead in implementation will help accelerate uptake of the changes. Over the last two years the CSG has benefited from the support of a consultant leading Board development days at both the mid-year meeting and the colloquium. This consultant has also supported the governance review. We have allocated the budget again for this year as we are expecting the CSG to use this resource in 2016.

5. 2016 Budget

2016 Budget Summary by CET Department

	CEAD £	CEO £	CEU £	FCS £	GOV £	IKMD £	LSD £	Total Year £
GROSS INCOME								
Publishing	0	0	5,145,000	0	0	0	0	5,145,000
Fundraising	790,000	0	0	0	0	0	0	790,000
Innovations/New Product Dev	0	0	0	0	0	0	0	0
Other Income	0	0	0	105,000	0	0	0	105,000
Total Gross Income	790,000	0	5,145,000	105,000	0	0	0	6,040,000
People Costs								
Payroll Costs	495,396	407,314	1,063,632	231,860	70,000	725,611	159,040	3,152,854
Other Staff Costs	101,049	21,320	216,517	45,950	0	146,998	61,686	593,521
Consultants	251,400	33,000	128,762	0	72,000	522,228	280,000	1,287,390
HR Costs	0	0	17,800	17,500	0	24,000	4,300	63,600
Total People Costs	847,845	461,635	1,426,711	295,311	142,000	1,418,838	505,026	5,097,366
Other Costs								
Grants	13,000	195,000	782,720	0	111,996	0	183,000	1,285,716
IT Costs	129,522	0	5,000	60,000	0	165,228	64,600	424,350
Advertising & Marketing Costs	34,428	0	0	0	0	0	250	34,678
Legal & Professional Fees	900	0	0	37,000	0	0	12,500	50,400
Meetings & Events	0	30,000	51,600	25,000	95,000	4,250	1,000	206,850
Travel, Subsistence & Entertainment	41,500	40,000	46,504	12,000	69,972	39,996	23,200	273,172
Premises & Office Costs	0	0	0	422,251	0	1,452	2,930	426,633

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Total Other Costs	219,350	265,000	885,824	556,251	276,968	210,926	287,480	2,701,799
Total Expenditure 2016	1,067,195	726,635	2,312,535	851,562	418,968	1,629,764	792,506	7,799,165
Total Operating Surplus/(Deficit)	(277,195)	(726,635)	2,832,465	(746,562)	(418,968)	(1,629,764)	(792,506)	(1,759,165)
Transform Costs 2016								345,200
Innovations Costs 2016								427,000
Total Surplus/(Deficit)								(2,531,365)

2016 Budget Summary by CET Department and Pot

	CEAD	CEO	CEU	FCS	GOV	IKMD	LSD	Total Year
	£	£	£	£	£	£	£	£
Pot 1 - Core Costs	458,000	481,635	1,284,553	851,562	183,972	954,282	265,006	4,479,010
Pot 2 - 2016 Target - CSG Approved	437,444	33,000	103,024	0	0	542,490	365,500	1,481,458
Pot 3 - 2016 Target - Req Approval	171,751	77,000	127,500	0	18,000	132,992	0	527,243
Pot 4 - Other Strategic - CSG Approved	0	0	597,458	0	216,996	0	162,000	976,454
Pot 5 - Other Strategic - Req Approval	0	135,000	200,000	0	0	0	0	335,000
Total	1,067,195	726,635	2,312,535	851,562	418,968	1,629,764	792,506	7,799,165