

## Minutes of The Cochrane Collaboration's Steering Group (CCSG)

### Panama City

Sunday 30 March 2014 (9.00 am to 6.00 pm)  
and Wednesday 02 April 2014 (9.00 am to 1.00 pm)

(Approved 11 08 2014)

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| <b>Agenda Item</b> | <p><b>Present:</b> Lisa Bero (Co-Chair), Jeremy Grimshaw (Co-Chair), Sally Bell-Syer, Rachel Churchill, Marina Davoli, Michelle Fiander, Steve McDonald, Anne Lyddiatt, Mona Nasser, Mary Ellen Schaafsma, Holger Schünemann (30 March only), Denise Thomson and Mingming Zhang.</p> <p>Mark Wilson (Chief Executive Officer), David Tovey (Editor in Chief), Lorna McAlley (Executive PA, minutes), Harriet MacLehose (item 3.3 only), Chris Mavergames (Head of Informatics and Knowledge Management, 30 March only), Deborah Pentesco-Gilbert (item 3.3 only) and Hugh Sutherland (Head of Finance).</p>   |
| <b>1.</b>          | <p><b>Welcomes, Apologies, Declarations of Interest, and Approval of the Agenda</b></p> <p>Lisa welcomed everyone to the meeting. Apologies for absence had been received from Holger Schünemann for the second part of the CCSG meeting on 2nd April. The agenda was approved, with no additional items until 'Any Other Business'.</p>  |
| <b>2.</b>          | <p><b>Co-Chairs' Report</b></p> <p>Lisa outlined recent issues that highlighted the need for Cochrane to develop an organisational representation policy and guidance on when and how Cochrane members should differentiate between expressing personal views and appearing to speak for the organisation. This policy would be developed in 2014.</p> <p>Jeremy highlighted that the Governance Review would result in significant change over the next 12-18 months that would profoundly impact the CCSG. He acknowledged the high level of change in Cochrane at present as implementation of the new <i>Strategy to 2020</i> began; and stressed the need for open communication between CCSG members and the Co-Chairs to help them lead and support this change.</p> |
|                    | <p><b>ACTION: Mark and the Communication and External Affairs Department (CEAD) to develop an organisational representation policy in 2014.</b></p>   |
| <b>3.</b>          | <p><b>Central Executive Reports</b></p>   |
| <b>3.1</b>         | <p><b>Chief Executive Officer's report</b></p> <p>Mark explained the concept and layout of the Central Executive Team report. Mark welcomed feedback from the CCSG on the new narrative reporting format and suggestions for any improvements or ways to present this information in the most accessible way possible for the CCSG.</p> <p>The Heads of Department then spoke to their individual department reports. Mark opened, speaking to the extensive range of developments covering the formation of the new Central Executive and the</p>  |

planning and budgeting process, the Translation Strategy, and work for the Governance Review, 'Game Changers', Regional initiatives, the Global Evidence Synthesis Initiative (GESI) and Wikipedia projects, as well as the Consumer support work.

**Informatics and Knowledge Management Department (IKMD)**

Chris outlined changes within the IKMD over the past six months, including the merging of the IMS and Web teams and the creation of a new departmental structure and job descriptions; changes to the way software tools and services are developed; and the replacement of the technology committees with a single User Experience Group (UXG). There had also been three releases of Archie. Chris signalled that IKMD were adopting an 'agile' approach to software development that would lead to more frequent releases to improve user experience.

Chris provided an update on Linked Data (target 2.3). He reminded the CCSG that the Linked Data project has three phases and reported that the IKMD was ahead of schedule with work on phase one (Foundation) and that overlapping work was being carried out on phase two (Exploration). The CCSG welcomed the progress made since September.

**Finance & Core Services Department:**

Hugh introduced himself and provided some background on his experience. He reported on three areas: 1) a review of the Finance & Core Services Department (FCS) team's recent work; 2) Cochrane's accounts for the 2013-14 financial year (Agenda Item 4); and 3) the proposed 2014-15 budget.

*Review of FCS team's recent work*

Since the beginning of 2014 Hugh had been working on establishing the FCS team and improving Cochrane's financial processes. Rachael Wallwork was appointed as Cochrane's new HR Manager and Maria Burgess as Office Manager for both the London and Oxford offices. The FCS would also be recruiting a trained accountant for the position of Finance Manager. Hugh is in the process of reviewing Cochrane's financial processes and policies, and is working with Mark on a revised Risk Management Register that would be presented to the CCSG later in the year.

*Cochrane's accounts for the 2013-14 Financial Year*

Hugh reported that income had been robust and was growing in 2013-14. Income was expected to exceed £4 million (though the precise amount was difficult to predict because the performance in the first quarter of 2014 was not yet known). The organisation currently has a low cost base with expenditure below what had been predicted in the revised 2013-14 budget presented in Québec. Hugh forecast a substantial operating surplus of over £1m for this financial year and stressed the strong financial position Cochrane was in with strategic reserves of over £6 million at the end of 2013-14. The CCSG welcomed his plans to develop an investment policy, though it recognised that returns on low-risk investments were very low at present.

*The proposed 2014-15 budget*

Hugh explained the new structure of the budget. The zero budgeting approach led to much greater robustness in the figures being presented and clear accountabilities had been established with the Heads of Department that would provide improved financial control. The 2014-15 budget had been presented by Department for greater clarity and was also structured so that management could see broadly how much was being spent against *Strategy to 2020* targets. Spending plans had risen but these increased costs

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|                     | <p>reflected the funds needed for Cochrane to deliver the targets approved by the CCSG in January. He planned to adopt a 24-month budget (rather than 12-month) which will aid with operational planning.</p> <p>Mark added that the CCSG would be presented with a new plan and budget for the whole of 2015 in December (latest early January 2015) including the proposed 2015-16 <i>Strategy to 2020</i> targets. He reiterated that future years' budgets would combine both target related work and all other departmental work, as the proposed 2014-15 budget does, so that further financial requests to the CCSG would be rare once an annual budget had been approved.</p> <p>Steering Group members highlighted the challenge for Cochrane volunteers of adapting to the growing speed of change and project implementation linked to the expansion of the Central Executive and the new <i>Strategy to 2020</i> targets. Mark recognised these challenges and reiterated that the Central Executive team was mindful of the added demands and would slow implementation timetables if this was appropriate.</p>  |
| <p><b>3.2</b></p>   | <p><b>Editor in Chief's report</b></p> <p>David reported on the screening of reviews project, stating that 210 reviews had now been screened with approximately 10% resulting in issues that required reverting back to the CRG which had produced the review. David praised the efforts of those involved in the screening work.</p> <p>Work had begun on the prioritisation of reviews (target 1.1), although the best process for achieving the prioritisation is still being discussed. David reported the target to be on schedule. Jeremy noted that the prioritisation of reviews would be an ongoing process Cochrane had committed to and that the organisation would learn from this first attempt and refine the process for future years.</p> <p>David briefly summarised the various projects the CEU had been working on, including the MECIR audit, CAST, Innovative Methods, Open Access, linguistic diversity, dissemination checklists, training strategy, CRG Structure &amp; Function review, derivative products (including Cochrane Learning, Cochrane Clinical Answers and a new point of care service that is being developed with Wiley), publication ethics questions, Copy Edit Support moving to the CEU, CRS, ME Support and CRS User Support.</p> <p>He also updated the CCSG on a recent complaint made by a US company in relation to a review. The CCSG discussed the issue and backed the recommended approach.</p> |
| <p><b>3.2.1</b></p> | <p><b>Cochrane Methodology Database Proposal</b></p> <p>The Cochrane Methodology Database (CMD) is one of the databases available in <i>The Cochrane Library</i>, but has not been updated for two years due to lack of funding. Jeremy provided background to the proposal developed by the Methods Executive and the CEU, that Cochrane leads the development of a comprehensive methodology database in a partnership model and provides financial support for the development of the CMD for the next three years. This was a re-working of an original submission to the CCSG in 2012 which was not funded at that time, as discussion of the original proposal had raised issues around sustainability, concerns around duplication of effort as others were already doing this research/compilation in other parts of the world, and questions over whether it was a legitimate expense for Cochrane core funding. The new proposal built on the concept of pooling records compiled by other individuals and organisations in a new partnership to create a searchable methodology database.</p>  |

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|                   | <p>The CCSG discussed the proposal at length. Although there was in-principle agreement of the merit of the proposal to resurrect the methodology register, several concerns were raised with respect to the operational details. In particular the proposal did not provide a viable business plan, sufficiently consider its long-term sustainability, nor present enough details on the capabilities and role of the register as part of Cochrane’s overall methods strategy.</p>  |
|                   | <p><b>DECISION: The CCSG asked that the proposal be re-worked as it did not sufficiently scope out a full specification of the costs, potential benefits and long-term sustainability.</b></p>  |
|                   | <p><b>ACTION: Holger would work with David, Jackie Chandler (Methods Coordinator) and others to develop the proposal further to include a fuller specification of the business plan (taking account of the feedback from CCSG members), and resubmit the paper for the CCSG to reconsider.</b></p>  |
| <p><b>3.3</b></p> | <p><b>Cochrane-Wiley Management Team publishing report</b></p> <p><i>Deborah Pentesco-Gilbert and Harriet MacLehose joined the meeting for this agenda item.</i></p> <p>Deborah spoke to the Cochrane-Wiley Management Team report and welcomed feedback on the work plan. The team had responded to the request from the CCSG in Québec to accelerate the pace of work. Deborah highlighted three significant achievements since Québec:</p> <ol style="list-style-type: none"> <li>(1) 8% increase in sales revenue in 2013 compared to 2012. The biggest growth areas had been in Asia, particularly Japan, although there had been growth in every region. The forecast sales growth for 2014 was 5%.</li> <li>(2) 180 reviews are now covered by the Open Access policy: 170 articles with Green Open Access (access after 12 months) and 10 with Gold Open Access (immediate access).</li> <li>(3) There are 30 technology-focused projects in 2014, some of which have been delivered, most of which are ‘in process’ and some of which are behind schedule. Deborah acknowledged that Wiley were behind on HTML (resizing) due to Wiley’s back office technical problems.</li> </ol> <p>Harriet highlighted the huge amount of work for the editorial and publishing management teams around the technology projects; and the additional projects which are ongoing and outside of the Roadmap. David acknowledged that there had been ups and downs over the last six months and emphasised the importance of communicating potential delays downstream.</p> <p>A critical challenge was the impact of Open Access on Cochrane’s revenue streams and Jeremy suggested it would be beneficial to have a discussion on Open Access at the Hyderabad Colloquium. Mark agreed and noted that an Open Access ‘summit’ was planned by the Publication Management Team for mid-May, and that some initial proposals would be ready for the CCSG in Hyderabad.</p> |
| <p><b>3.4</b></p> | <p><b>Draft ‘Dashboard’</b></p> <p>Mark introduced the first draft of a new ‘Dashboard’ linked to the <i>Strategy to 2020</i> Goals and Objectives, which aimed to give critical information on the progress towards achievement of our targets in an accessible and visually attractive way. This first draft Dashboard was ‘Restricted Access’ due to the sensitive financial nature of some of the information included, but his idea was that the final version would have two parts, one open access and one restricted.</p>   |

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|           | <p>CCSG members welcomed the 'Dashboard' draft and asked various questions for clarification. All agreed that there were too many metrics included in this draft. Mark was asked to reduce the number of metrics and to give priority to 'hard' data measures.</p>  |
|           | <p><b>ACTIONS: CCSG to provide feedback on useful information to be included in future versions of the dashboard.</b></p> <p><b>The SMT to develop a two-part dashboard in response to the CCSG's feedback (to include an Open Access section and Restricted Access section) to be presented for the CCSG's consideration at their meeting in Hyderabad.</b></p>  |
| <p>4.</p> | <p><b>Financial Report for 2013-14 &amp; EOY Forecast:</b></p> <p>(See above, section on Finance &amp; Core Services Update.)</p>   |
| <p>5.</p> | <p><b>Central Executive Team Plan &amp; Budget 2014-15</b></p> <p>The CCSG focused its consideration of the Central Executive's Plan &amp; Budget for 2014-15 on the <u>new funding elements</u> highlighted in the introduction of the CET report and discussed four elements in depth: 1) Quality and Methods; 2) Training Strategy; 3) Central Executive Colloquium Support; and 4) EU Project Funding Development.</p> <p><b>Quality &amp; Methods: £93,200</b></p> <p>The CCSG discussed and approved the appointment of a fixed term (9-12 month) editor position to support the review screening process, reporting to Senior Editor Toby Lasserson.</p> <p>The CCSG raised several concerns regarding the recommendation to appoint a statistician who would work 0.5 FTE for the CEU and 0.5 FTE for the Statistical Methods Group (SMG). There was approval for the CEU based work but disagreement as to whether the SMG should have a centrally funded statistician, although it was acknowledged that this statistical work was both important and needed. The CCSG approved the funding but advised that HR should attempt to appoint the 0.5 FTE post internally before advertising externally to fund this position.</p> <p><b>Training Strategy: £164,000</b></p> <p>David explained that a Training Strategy Proposal would be presented to the CCSG for discussion at its meeting at the Hyderabad Colloquium. If the training strategy is approved there would be two appointments required to work alongside the Senior Training Co-ordinator. Jeremy clarified that the figure encompassed the salaries of three positions plus a modest cost of £40k for interim work.</p> <p><b>Central Executive Colloquium Support: £29,000</b></p> <p>Mark explained that the current support provided for Colloquia (0.2 FTE, by Juliane Ried) was insufficient. The proposed Colloquium Support position would provide more effective and efficient support for both Colloquium and Mid-year meeting organisers by reducing costs and inconvenience for the hosts. In addition, this 0.5 FTE post was increased to a full-time position to provide extra officer-level support to the other initiatives within the CEO's office (Wikipedia project, GESI, WHO partnership support, etc.). The CCSG discussed this at length. Despite reservations from some members, the CCSG agreed that these support roles should be funded from existing funds or, in the case of Colloquium support, from income from registration fees. It therefore requested the sum be removed from the overall 2014-15 budget.</p> |

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|                   | <p><b>EU Project Funding Development: £35,000</b></p> <p>Mark described the need to develop both greater support for Cochrane groups to attract and manage EU funding and to build Cochrane’s capacity to secure funding from this source. The plan was to fund an EU Project Officer whose support would be made available to Cochrane groups. The CCSG agreed that Cochrane should develop bids for EU funding but disagreed with part-employing a centrally-funded staff member to do this work. Rachel suggested an alternative would be to work with universities in which this expertise already existed and within which Cochrane groups already reside. Lisa summarised that the CCSG supported the funding allocated but they would like these funds used in a different way (for example, by hiring consultants who have experience obtaining EU funding).</p> <p>All other elements highlighted in the CET Plan &amp; Budget Introduction were discussed and agreed. The other new funding elements agreed to were the Publishing &amp; Editorial Policy (£45,000), the Wikipedia Initiative (£15,000) and the Environmental Sustainability Initiative (£13,000)</p> <p><i>Mark, Chris, David and Hugh left the meeting for the CCSG to vote on the approval of the budget.</i></p> |
|                   | <p><b>DECISION: The CCSG approved the additional funding proposed for the 2014-15 Plan &amp; Budget with the exception of the £29,000 allocated for additional Colloquium Support, leaving the total approved budget for the financial year of £4,708,286.</b></p>   |
| <p><b>5.9</b></p> | <p><b>Annex: 5.9 Draft Organogram</b></p> <p>Mark explained that the new Cochrane organogram attempted to make clear the direct line management accountabilities and the advisory and other relationships within the organisation in a visual way. He welcomed feedback on ways to improve it. Jeremy noted that this was a first draft and may change from the results of the Governance Review and further iterations would be presented to the CCSG.</p>  |
| <p><b>6.</b></p>  | <p><b>CRG Structure &amp; Function Review</b></p> <p><i>On 02 April David provided feedback on the Strategic Session, which had focussed on the CRG Structure and Function Review:</i></p> <p>David reported that the session had gone very well and he thanked all those who had contributed input before and during the meeting. The feedback received during the strategic session was only part of the ongoing consultation needed, and this would continue over the following weeks and months as the plans developed (including at the Canada and UK symposiums in April). Jeremy noted that post consultation a further indication of the direction of travel would be presented to the CCSG.</p>   |
| <p><b>7.</b></p>  | <p><b>Commercial Sponsorship</b></p> <p>Lisa explained that following the CCSG’s approval of the Commercial Sponsorship Policy at its teleconference in January, a phrase within the policy related to industry-employed authors was unclear. This had resulted in some minor amendments to clarify further the policy and the introduction of an additional clause. These changes were highlighted in the paper. Lisa explained that a compliance audit regarding the Commercial Sponsorship policy was currently being carried out, with a consultant screening every review for the following: 1) funding source; 2) author conflicts of interest; and 3) any industry-</p>   |

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|     | <p>employed authors. She stressed that the policy applies to Cochrane Reviews in <i>The Cochrane Library</i> and to Cochrane Groups. David noted the need to change the CEU screening criteria to reflect the Commercial Sponsorship policy. The CCSG considered and agreed the revised and final version of the policy.</p>  |
|     | <p><b>DECISION: The CCSG approved the final version of the Commercial Sponsorship policy paper.</b></p>   |
|     | <p><b>ACTIONS: The updated policy would be included in the organisation’s Policy Manuals.<br/>David to update screening criteria in line with the revised Commercial Sponsorship policy.</b></p>  |
| 8.  | <p><b>Governance Review</b></p> <p>Jeremy requested in the meeting on 30<sup>th</sup> March that individual CCSG members complete the governance survey included in the paper for Item 10 (Annex 1), to be discussed during a CCSG ‘in camera’ session on 2<sup>nd</sup> April, at which the members of the CET would not be present. Mark spoke briefly to the paper and the objectives of the Governance Review, requesting that the CCSG’s in camera session provide a steer on the areas that the review should focus on. Mark recommended the engagement of an external consultant to aid the process.</p>   |
| 9.  | <p><b>Game Changers</b></p> <p><i>Rachel, Steve, Mona and David noted their potential conflicts of interest regarding this item and left the room for the discussion of the constitution of the Game Changers Project Board.</i></p> <p>Mark reported that 39 ‘Game Changer’ applications had been received and were yet to be reviewed. The CCSG would need to decide on the members of the Game Changers Project Board. It was requested that the external representation on the board should be increased. The CCSG discussed the paper presented on the composition of the Project Board and agreed the criteria and characteristics that would be desirable/required to achieve balanced representation (including the importance of the board being business minded with a keen awareness of the need for a return on investment). Mark reminded the CCSG that they would ultimately make the final decisions on Game Changer projects, based on the Project Board’s recommendations.</p> |
|     | <p><b>DECISION: The CCSG agreed that the Game Changers Project Board should comprise 4 internal members and 3 external members. The CCSG requested that the deadline for further suggestions for both internal and external members for the Project Board be extended and that a mapping exercise would need to be done to establish sets of prioritised candidates.</b></p>  |
|     | <p><b>ACTIONS: The CCSG to suggest additional potential members of the Project Board; and the CEO and Co-Chairs map the skill sets of prospective board members and produce proposed shortlists for the CCSG to approve.</b></p>  |
| 10. | <p><b>Partnership with G-I-N</b></p> <p>Mark provided background to the development of the draft partnership arrangement with the Guidelines International Network (G-I-N)). There is much overlap in the mission and values of Cochrane and G-I-N and the leadership of G-I-N is very enthusiastic that this would be a strong strategic partnership.</p>  |

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|             | Jeremy explained that this would be the third partnership Cochrane has with other organisations (the other two being the EPPI Centre and WHO). The CCSG welcomed the draft and discussed the implementation of the agreement.  |
|             | <b>DECISION: The CCSG formally approved the signing of the draft partnership agreement with the Guidelines International Network (G-I-N).</b>  |
| <b>11.</b>  | <b>Trading Companies</b>   |
| <b>11.1</b> | <b>Collaboration Trading Company</b><br><br>Mark reported that in future the minutes of the Trading Company board meetings would be included in the Trading Company Directors' report to the CCSG and not circulated separately to the CCSG. No questions were raised in relation to the Trading Company report.   |
| <b>11.2</b> | <b>Cochrane Innovations</b><br><br>Denise reported that the closing date for receipt of applications for the Cochrane Innovations CEO position had passed on 16 March and the interview process was underway. Mark would continue to act as the interim CEO until an appointment was made.<br><br>Jeremy requested that financial statements for Cochrane Innovations be produced for future face to face CCSG meetings. He reminded the CCSG that in addition to the original investment of £300k which had been allocated over the previous two financial years, the CCSG had agreed in principle the ring-fencing of £1m of Cochrane's reserves for investment in Cochrane Innovations and that a decision would need to be made on this in the near future. Mark noted that the incoming CEO would be responsible for producing a business plan for the use of the funds and determining how the funds would be handled; and this plan would have to be supported by both the Cochrane Innovations Board and the CCSG. He added that the business plan would be linked in to the charity's Plan and Budget for 2015. |
|             | <b>ACTION: Hugh to provide financial statements for Cochrane Innovations for future face to face CCSG meetings.</b>  |
| <b>12.</b>  | <b>Group Executives' Reports (for information only)</b>  |
| <b>12.1</b> | <b>Consumers' Executive Report</b><br><br>In addition to the paper provided by the Consumers' Executive, Anne reported that Silvana Simi would be stepping down from her role as Co-Chair of the Consumers' Executive at the Hyderabad Colloquium. Anne noted that during their meeting in Panama the Consumers' Executive set a list of nine targets to achieve along with timelines for completion, to encourage more focussed working.  |
| <b>12.2</b> | <b>Centre Directors' Executive Report</b><br><br>In addition to the paper provided by the Centre Directors' Executive, Steve reported that the Centre Directors' meeting in Panama had included preliminary discussion of conflicts of interest of Centre Directors. They had also begun discussions on scoping ideas for what a 'Structure and Function Review' of  |



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|             | Centres might entail. A process paper and a brief issues paper on this topic would be produced for discussion in Hyderabad.  |
| <b>12.3</b> | <p><b>Fields' Executive report</b></p> <p>Denise described how the ongoing priority for the Fields' Executive has been the mentoring and support of existing Fields. Denise had also been working closely with a group of people who would be submitting a proposal to establish a new Field later this year. The Fields' Executive meeting had focussed on planning for the upcoming 'Structure and Function Review' of Fields in terms of who should be involved and what kinds of questions should be asked.</p>  |
| <b>12.4</b> | <p><b>Co-ordinating Editors' Executive report</b></p> <p>Rachel reported that the 'Structure and Function Review' of CRGs had been the critical area of discussion in the previous six months. She noted that the Co-ordinating Editors' Executive had not been working as efficiently in recent months and that the issue of how to reconfigure the executive group to better support David had been discussed and that changes would be implemented to achieve this.</p> <p>Rachel noted that collaborative working across the organisation had been a recurrent theme in discussions and the Co-ordinating Editors wish to work more closely with Methods Groups and become more integrated in decision-making about priority methodological developments and ideas.</p> <p>She suggested bringing the regional groups of Co-ordinating Editors together (supported and facilitated centrally) to aid more functional discussions with David and enable more efficient communications at Mid-year and Colloquia meetings.</p> |
| <b>12.5</b> | <p><b>Trial Search Co-ordinators' Executive report</b></p> <p>Michelle reported that mentoring and induction had been ongoing since the Québec Colloquium and that new training materials for TSCs had been created, with six new TSCs having joined. The TSCs' Executive had been involved in Linked Data project discussions and had some useful discussions with the IKMD in these business meetings. The TSCs' Exec is enthusiastic about the User Experience Group (UxG) and the transparency and responsiveness this would allow.</p> <p>Michelle reported on TSC Executive membership updates and that the Executive would submit a request for a TSC Support Team, which would involve a merger with the CRS Support Team to provide centralised support for the induction and mentoring of TSCs on an ongoing basis.</p>  |
| <b>12.6</b> | <p><b>Managing Editors' Executive report</b></p> <p>Sally reported that it had been a very active period for the Managing Editors and that the pace of change had been both a concern and a challenge but that the Managing Editors' Executive had been working very efficiently. She said that the Managing Editors' Executive is comfortable with its remit and purpose but have concerns around change as the lines of communication had not been optimal. The Managing Editors' Executive is very interested in the implementation plans for many of the new policies.</p>   |
| <b>13.</b>  | <p><b>Matters Arising from minutes of CCSG teleconference on 16 January 2014 not appearing elsewhere on this agenda.</b></p>   |

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|            | <p>There were no matters arising from the minutes of the CCSG teleconference on 16 January 2014.</p>   |
| <b>14.</b> | <p><b>Any Other Business</b></p> <p>Mark was asked to feedback on the new branding proposals, as he had been presenting four possible 'refreshed' branding options during the mid-year meetings. Mark reported that the reputational audit presentation had been made Open Access and would be circulated to all CRGs, as there had not been sufficient time to cover this in their joint meeting with the Methods Groups. Mark explained that the four refreshed branding options would be available for the wider organisation to view online and a vote would be held over the next five weeks. The results of internal and external consultations would be available in May and would be shared with the CCSG, along with a recommendation from the Central Executive, and the CCSG would be asked to make the final decision. Once a decision has been made more brand guidelines would be drafted. Jeremy noted the high level of positive response to the four options displayed at the Panama meetings.</p> <p>Anne requested that a two-page high level introduction document (with links to the relevant further materials) be produced for the CCSG induction pack, to make it more digestible.</p> <p>Thanks were given to the Panama organising committee of the mid-year meeting for all their hard work and support. A formal letter of appreciation would be sent by the Co-Chairs to the organisers.</p> <p>There were no other items for discussion.</p> <p><i>David, Hugh, Lorna and Mark left the meeting. The CCSG held an in camera session on Item 8 (Governance Review).</i></p> |
|            | <p><b>ACTION: Jeremy and Lisa to send a letter of appreciation to the organisers.</b></p>  |

# COCHRANE METHODOLOGY DATABASE: BUSINESS CASE PROPOSAL

**Prepared by:** Jackie Chandler, Methods Co-ordinator

**Date:** 17<sup>th</sup> March 2014

**Purpose:** The purpose of this paper is to set out a business case for the retention and development of a methodology database in Cochrane.

**Urgency:** High

**Access:** Open

## Background

The attached paper is a proposal for a Cochrane Methodology Database (CMD). The paper sets out a rationale for CMD based on the status and previous contribution of the Cochrane Methodology Register (CMR). Cochrane published CMR from 2000 until July 2012. It ceased due to loss of voluntary resources. The environment for research evidence synthesis continues to expand and Cochrane's recent *Strategy to 2020* document explicitly positions the organisation as the 'home of evidence', a 'thought leader' and advocate for evidence. The targets that Cochrane has set include a commitment to develop innovative methods, and to continue to produce high quality and up to date reviews.

One item in the tool kit that will be required to secure the achievement of these goals is access to methodology research evidence. Research evidence synthesis is evolving as an emerging academic discipline and the CMD aims to support this development by creating an accessible and searchable source of such methodology research. The proposal put forward takes a partnership approach with other databases that have emerged outside Cochrane, which are complementary to the CMR.

## Proposal for Cochrane Methodology Database (CMD)

The attached document provides a detailed description of the scope of CMD, record identification, record management, indexing, recording linking, searching and database publication. The proposal shows the use of the CRS software to create a record management database for the CMD. The proposal describes potential users and access, anticipated impact and benefits, marketing and risks. A key component of the success of CMD will be visibility and ensuring that a wider community than previously makes use of CMD.

## Summary of recommendations

1. Cochrane leads the development of a comprehensive methodology database in a partnership model.
2. Cochrane provides financial support for the development of the Cochrane Methodology Database for 3 years.

**Resource implications**

1. Requested funding for 3 years is shown below. Costs are detailed in the attached document, and cover information specialist consultancy, set up of CMD in the CRS software, and technical support costs. The year 1 total includes all the implementation costs.

| Year 1 | Year 2 | Year 3 |
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| 38,500 | 25,654 | 25,911 |

2. Support for the set up and development of the project will be required from the Methods Co-coordinator and the CEU Information Specialist.
3. The consultants are likely to work off site, with attendance at meetings and other supervisory activities only.

**Impact statement**

We consider that increased organisation and consolidation of the increasing literature for methodological research will be a benefit to researchers inside Cochrane and outside. In particular, this will help to close the loop between the cycle of primary research and subsequent research evidence synthesis.

We do not anticipate that the CMD will create additional work beyond the scope of those directly involved; however, if the CRS and potential CMD are hosted on the Cochrane.org rather than the Metaxis server, this may require further clarification.

The impact of not supporting the development of this database would be that Cochrane and other interested parties would be reliant upon others in regional localities attached to specific evidence synthesis organizations such as NICE and AHRQ, whose future sustainability is unknown. For example, the Library hosted at AHRQ is available but not widely marketed. Previous user research, including the consultation work in support of the 2012 Strategic Session, has shown that some individuals have expressed concern at the loss of CMR. Decisions regarding the archive records of CMR will be required if funding is not available for this project.

**Decision required of the Steering Committee**

To support the proposal for the Cochrane Methodology Database in full.



# The Cochrane Methodology Database (CMD)

BUSINESS CASE PROPOSAL FOR A THREE YEAR FUNDED PROJECT

**Contributors:**

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## INTRODUCTION

The Cochrane Methodology Register from 2000 to 2012 provided a tool for those pursuing methodological development to readily access methods-related study reports and other relevant articles. These included members of the Methods Groups, *Cochrane Handbook* authors, the identification of published abstracts for the annual Library supplement *Cochrane Methods* as well as access by others supporting methodological work in research evidence synthesis (MEDLINE 84 articles since 2003). Maintaining a methodology database within Cochrane would contribute significantly to informing methodological development, maintain and enhance its reputation, which advocates keenly for an evidence-based approach. This proposal aims to create a more visible and useful product in partnership with other organizations. The proposed Cochrane Methodology Database will provide a broader and more comprehensive database utilizing reference software developed for the Cochrane Register of Studies (CRS).

## AIMS AND OBJECTIVES

The overall aim is to take advantage of the opportunity to be the lead provider of a high-quality methodology database

The specific objectives are to:

- provide an easily accessible and searchable database of methodological material relevant to the advancement of research evidence synthesis, including systematic review methodology for an international research community;
- establish a stable funding base for three years;
- collaborate with other external agencies including those with similar bibliographies;
- improve access and usage of the database within and beyond Cochrane; and
- utilize existing Cochrane IT infrastructure to develop a new CMR platform in the most cost-effective manner.

## THE RATIONALE FOR THE PROPOSAL

Currently, general healthcare databases (as well as other social, behavioural, management or physical sciences, for example) are not well-indexed for retrieving methodological articles and do not have the breadth of coverage of material relevant to research evidence synthesis methodology, hence the requirement for a separate database with a specialized indexing structure for this methodology. Other similar bibliographies have emerged more recently, including:

Table 1.

| Database                                 | Summary of content   |
|--|--|
| <b>AHRQ Scientific Resource Center</b>   | Free weekly email Article Alert service on all aspects of systematic review and comparative effectiveness review methodologies and includes methodology research literatures |
| <b>Meth4ReSyn's Library on CiteULike</b> | -Bibliographer Adam Hafdahl, Independent consultant. ARCH<br>Statistical consulting, Lawrence, Kansas, US<br>-Produces alerts for <i>Research Synthesis Methods</i>          |

|   |  |
|---|--|
| <b>The Meta-analysis Unit, Universidad de Murcia bibliographic database</b>                     | -Provides records of articles on meta-analysis methodology and meta-analytic reviews in psychology, education, criminology and health sciences<br>-Total of 3957 records<br>-Search for J Higgins brings up 18 refs earliest 1990. |
| <b>National Institute of Health and Social care Excellence (NICE) UK guideline organization</b> | Produces an internal alert of methods articles that are not widely available   |

These are relatively new with the exception of the Spanish Meta-analysis unit. They do not contain the substantial archive of records currently in CMR. The NICE alert system is not open access. The other two, AHRQ Scientific Resource Center and Meth4ReSyn's Library on CiteULike are involved in this proposal and further information is provided here.

## EVIDENCE-BASED METHODOLOGY

Promoting an evidence-based approach is a key strategic priority and objective for Cochrane. The *Strategy to 2020*, specifically requires the credibility of a strong methodological literature base (Table 2). Cochrane aims to be the 'home of evidence' continuing to take a leading role in pioneering research evidence synthesis methods. This is at the heart of the success of the highly valued Cochrane Systematic Review model (Chandler & Hopewell, 2013)<sup>1</sup>. Cochrane has led the way with its rigorous and forward thinking approach to title registration, protocol publication, online access, opportunity for pre- and post-publication comment and criticism, updating of reviews, review and production management software, a regularly updated online methods reference handbook and a methodology register. The scientific discipline of evidence-based medicine or practice has become increasingly academic as research evidence synthesis methodology continues to evolve with a number of other key agencies formed since Cochrane's inception who have subsequently developed systematic review and other evidence synthesis models.

Table 2.

| <b>Pertinent Strategy 2020 Goals and key targets</b>   | <b>Role of CMD to goal</b>  |
|--|---|
| <p><b>Goal One:</b> To enhance its production of <u>high quality, relevant, up-to-date</u> systematic reviews and other synthesized research evidence to inform health decision-making.</p> <p><b>Targets for 2014 will be to prioritise the questions we answer more systematically, enhance our commitment to meeting quality standards</b> across all Cochrane Systematic Reviews and will implement an online author support tool. Reduce review production time and <b>establish a framework for expanding beyond standard intervention reviews to support health decision-making.</b></p>  | <p>Cochrane is built on methodological pioneers to establish credible methods developing a robust model, which is at the heart of its product – The Cochrane Review. The durability of its product in a world catching up requires seriously considering how we maintain our leading edge as well as foster good practice amongst partners and other agencies.</p>  |
| <p><b>Goal Three: <u>Advocating for evidence.</u></b> Harnessing our radical heritage, this goal seeks to establish Cochrane as the '<u>home of evidence</u>' to inform health decision-making, build greater recognition of our work and <u>develop our profile as a leading advocate for evidence-informed healthcare.</u></p> <p><b>2014 activity will focus on: executing a full organisational rebrand – presenting Cochrane as credible, current and coherent; securing strategic partnerships with institutions and individuals at the heart of health decision-making; and establishing a clear and compelling advocacy agenda for Cochrane. To underpin these objectives, we will also develop a Cochrane narrative – improving</b></p> | <p>Advocating for evidence and being the 'home of evidence' leads us to set the standard, raise the methodological bar and have the necessary information at our finger tips.</p> <p>The compelling narrative should include the fact that we attract methodologists and currently support 16 methods specific networks with at least three more in the pipeline. Each individual is geographical located in a world region. They often reside in an academic institution, which often openly supports these individuals' commitment, and contribution to Cochrane. So along with CRGs, Fields and Centers underpins the global structure</p> |

<sup>1</sup> Chandler J, Hopewell S Cochrane Methods – twenty years in developing systematic review methods. *Systematic Reviews* 2013 2:76. <http://www.systematicreviewsjournal.com/content/2/1/76>

There is, therefore, a case to retain a methodology database within Cochrane.

## THE PROPOSED COCHRANE METHODOLOGY DATABASE

### Scope of the proposed CMD

CMD will comprise both records of completed studies and records of ongoing methodological research (as is the case currently within the CMR). We propose a more proactive approach to identify records relating to ongoing methodological research, learning from the experiences of CRD with the PROSPERO initiative. It is essential that Cochrane methodologists and others are aware of relevant ongoing research in order to avoid unnecessary duplication of effort. We will broaden the scope of CMD, for example, to include methods not currently covered in CMR such as Bayesian meta-analysis and to include material types not currently covered such as HTA monographs.

### Record identification

The foundation for building CMD will be the current CMR. In addition, records (both of completed studies and ongoing research) will be sourced, both prospectively and retrospectively, from partner databases (see below), systematic searching (of databases, journals, *The Cochrane Handbook*, Cochrane Methodology Reviews and other sources), and contributions from Cochrane Methods Groups (either via their registers or informally). We will extend our searches to include additional databases (in addition to MEDLINE and Embase) and to make further use of emerging technologies for citation searching, related article searching and textual analysis.

### Record management

People with experience of database design and development and research evidence synthesis will manage the database. Records will be accumulated, merged, de-duplicated, indexed (see below) and formatted ready for publication in a variety of formats or sources.

### Indexing

CMR currently benefits from a sophisticated, bespoke indexing system. In order, however, to meet the proposed expanded scope, this indexing system will need to be further developed, building, for example, on other existing taxonomies, including those used by our proposed partner organizations and the previous CMR indexing structure. An experienced indexer will then index records using this system.

### Record linking

Some work has already been undertaken to enhance the utility of CMR by linking records of conference abstracts presented at Cochrane Colloquia to their subsequent full papers. We propose to develop this further, utilizing the linking features available within the CRS software. For example, we will identify the full papers that relate to abstracts presented at Cochrane Colloquia that we consider are relevant to methods research, on a rolling cycle of three years after presentation, e.g. in 2014 a search would be conducted for full papers related to abstracts presented at the Cochrane Colloquium in 2010.



### **Searching**

The CRS software has been developed to facilitate searching of records possibly eligible for inclusion in Cochrane and other systematic reviews and evidence syntheses. We will optimize this development by using the same range of search features in the proposed CMD.

### **Database publication**

We will adopt a partnership approach in order to develop a more sophisticated and inclusive database accessible through *The Cochrane Library* and possibly other portals. We will investigate whether it would be possible to provide an email alert system to improve user access and also aim to move to a monthly publication model.

### **COCHRANE REGISTER OF STUDIES**

The Cochrane Register of Studies (CRS) is a relational database that permits uploading from multiple contributors, with records being merged, de-duplicated, linked and indexed as appropriate. Cochrane has significantly invested in developing the CRS and it is well suited to the creation of a reinvigorated version of the CMR. A fundamental principle of the CRS is that it is based on linking not duplication; this combined with information specialist input will enable an efficiently managed dataset that is derived from multiple sources. Robust de-duplication routines in the CRS ensure that duplicates can be identified and merged and a 'clean' version published, whilst at the same time allowing each contributing group to keep their own versions locally. It will also be possible for contributing groups to keep records in their personal segment, which never go forward for publication. Permission control and data integrity mechanisms are already well established in the CRS software so a multiple gate keeping approach is perfectly feasible. Fig.1 illustrates this project's proposed approach. All CRGs now use the CRS. CMD will have the advantage of building on a tried and tested system. Records will be received from internal and external sources and CRS will facilitate the effective input of records from the Methods Groups (with and without Specialized Registers) and any additional systematic targeted searches required to be conducted by the proposed CMD information specialist. Gordon Dooley from Metaxis, the company, which developed the CRS software, has conducted a proof of concept, which verified that CMR and other externally derived records could be easily handled by the CRS. Fig. 2 illustrates the proof of concept.

The Methods Board Annual Meeting in Québec City in September 2013 supported the approach of using the CRS to construct and house the CMD. The ambition is to create a 'methodology database of choice' that has utility beyond Cochrane as well as within it.

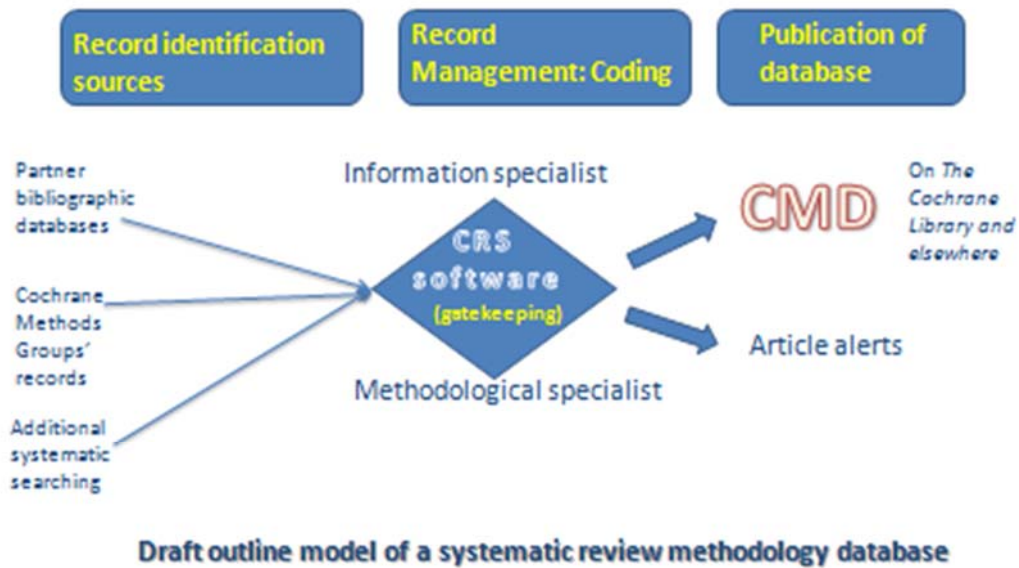


Fig. 1

## Mapping fields from an imported record to the CRS record structure

The Cochrane Register of Studies v1.42 [WOUNDS] CRSLive

File New Preferences Action View Help

Imported Record Count: 11

Please Note: There are some fields stored in the import filter that do not exist in the current imported file.

| Import Field | CRS Field                    |   |   |
|--------------|------------------------------|---|---|
| UI           | EMBASE accession number (EM) | + | ✓ |
| AU           | Author (AU)                  | + | ✓ |
| IN           | Correspondence address (CA)  | + | ✓ |
| TI           | Title (TI)                   | + | ✓ |
| SO1          | Accession Number (ACCNUM)    | + | ✓ |
| SO           | Acknowledgement (AK)         | + | ✓ |
| VL           | Central ID (CENTRALID)       | + | ✓ |
| NO           | Cited in a review (NIR)      | + | ✓ |
| PG           | Comments (CO)                | + | ✓ |
| PG           | Condition (CO)               | + | ✓ |
| YR           | Contact email (CE)           | + | ✓ |
| PB           | Year of publication (YR)     | + | ✓ |
| MH           | EMTREE headings (EMT)        | + | ✓ |
| AB           | Abstract (AB)                | + | ✓ |
| TN           | Miscellaneous 5 (MISCS)      | + | ✓ |
| OT           | Original title (TO)          | + | ✓ |

Example Value

2013149591

Mathur P. // Trikha V. // Farooque K. // Sharma V. // Jain N. // Bhardwaj N. // Sharma S. // Misra M.C.  
(Mathur) Department of Laboratory Medicine, Jai Prakash Narayan Apex Trauma Centre, All India Institute of Medical Sciences, New Del...

Implementation of a short course of prophylactic antibiotic treatment for prevention of postoperative infections in clean orthopaedic sur...

Indian Journal of Medical Research, Supplement. 137 (JAN) (pp 111-116), 2013. Date of Publication: January 2013.

Indian Journal of Medical Research, Supplement

137

JAN

111-116

2013

Indian Council of Medical Research (Ansan Nagar, P.O. Box 4911, New Delhi 110029, India)

absence of side effects/si [Side Effect] // Acinetobacter baumannii // adult // antibiotic prophylaxis // antibiotic sensitivity // arm fracture...

Background & objectives: Perioperative antimicrobial prophylaxis constitutes the bulk of antimicrobial consumption in any hospital. This st...

Fig.2

## THE BUSINESS CASE FOR COCHRANE METHODOLOGY DATABASE (BENEFITS AND RISKS)

### Partnership

The development of other bibliographies, which overlap with the existing CMR, has provided an opportunity to review and aim to avoid unnecessary duplication. A bibliography compiled by Adam Hafdahl is published as 'Article alerts' in the *Research Synthesis Methods* journal. This database focuses on meta-analysis and statistics. Adam found an overlap of only 300 records between CMR and 'Article alerts' from a potential 2500 distinct items from 2009. The papers included in these 'Article alerts' from *Research Synthesis Methods* appear to be highly relevant and are organised into categories e.g. statistical, non-statistical and are indexed with key words to indicate content focus. Additionally, staff from the US Agency for Healthcare Research and Quality's (AHRQ) Scientific Resource Center, (SRC) (Mark Helfand, Robin Paynter and Rose Revello), provide weekly article alerts which are available free of charge to subscribers. This database has a broader focus on topics such as patient involvement or engagement, reporting bias as well as more typically risk of bias. SRC maintains its own Library. Records from this Library can be streamed into the CMD. Greater clarification and decisions on CMD scope are required involving these potential Libraries. The above, together with others, have been assisting in the development of this proposal. CMR was the forerunner and has an archive of records not available in either of the aforementioned databases. Cochrane has greater a global reach than the proposed partners.

The originators of records will retain rights to use their records elsewhere and a Memorandum of Understanding would be developed and put in place.

### Potential database users and access

Researchers and academics, healthcare professionals, students (MSc, PhD), funders, decision and policy makers are the most likely users of CMD. Efforts will need to be made to consider the marketing and profiling of this database. Article alerts and other services tailored to certain subscribers could be a future development. Visibility is an important component of this proposal to ensure the utility of CMD. This will include how, and through which platforms CMD can be accessed.

### Anticipated impact and benefits

Methodological research is an upstream activity. Funds for methodological activity are limited in the applied health sciences. Appropriate use of, and reduction of wasteful research<sup>2</sup> is an important aspect in this highly competitive funding market. The systematic retrieval and assessment of all currently available evidence to contextualize the rationale for additional research is an important priority<sup>3</sup>. This tightening loop between primary research and syntheses of evidence implies a feedback life cycle with greater pressure on assurance for improvement of evidence synthesis methods. Therefore, the emphasis on CMD's visibility and accessibility is an important aspect to ensure the expected utility for the investment requested. Furthermore, the argument is that CMD could strengthen this overall position. Success for CMD in Cochrane would be its automatic use and reference in the search strategies and methods sections of articles. If such, Cochrane methods, articles were to be published in the Cochrane Library use of the CMD could be mandated, as are other databases for reviews. Embedding this database within Cochrane allows Cochrane to set the standard.

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<sup>2</sup> Research: increasing value, reducing waste. *Lancet* January 2014, special issue

<sup>3</sup> Clarke S. Horton R Putting research into context. *Lancet* 2010; 376:10-11.

**Marketing strategy**

Time and effort will be required to promote CMD to a much wider population of potential users, (e.g., systematic reviewers, methodologists, researchers, practitioners, policymakers), review trainers, other consumers and other interested parties who may have no idea that the CMD exists, as was certainly the case for CMR. Potentially interested parties including those who may have no current relationship with Cochrane, Campbell, or other evidence synthesis groups, should be approached to inform them that major efforts have been put into compiling methodological literature in this area and how this could benefit them. This could involve the use of social media (e.g., Facebook, Twitter, blogs) and a variety of relevant online forums and other sites (e.g., ResearchGate, LinkedIn, StackExchange, Wikipedia). By encouraging user input and feedback, the database could develop further and be more responsive in its development. This may involve identifying gaps in methodology and areas of emerging interest. An opportunity can be taken to consider with our Wiki partners, extensions to the current model. We now have a communications lead and options for better communication and delivery of information beyond Cochrane makes this project development timely. It will be part of the brief to consider how we can develop the appropriate metrics to ascertain how we can improve utility of the CMD.

**Risks*****Visibility and use***

Previous data obtained from Wiley, relating to use of the Wiley Online Library platform, for the year 2012 found full text downloads for CMR were 21, 585 (> 15,000 records), which compares to CENTRAL of 804,140 (>700,000 records). Cochrane has invested in better communications, improvements to its Library interface and the development of the Cochrane brand. These investments should assist in the visibility and awareness of the CMD.

***Competition***

We are seeking the involvement of others developing bibliographies, and therefore potentially competing bibliographies. The joint effort and wide dissemination proposed benefits all bibliographies. The other bibliographies do not financially benefit.

***Proven utility***

It is understood in the discussions developing this model that marketing is key to ensuring it is used by those needing methodological literature on a regular, intermittent or occasional use.

***Not supporting an in house methodology database***

The risk of not supporting the proposal for a re-modeled CMR is speculative at this point. Those that relied upon the CMR are now required to develop approaches to identify records in other less well-indexed databases, and experience the immediate effect of its withdrawal from use. Consideration should be given to the impact of not developing the tools to enhance ongoing methodology development for research evidence synthesis and others may or may not fill that gap. This could potentially impact in the long term as others move in and develop methodology to support their own programmes for research evidence synthesis. Inevitably, for Cochrane, others may take the lead. Information retrieval is a growing business of which Cochrane significantly contributes with CENTRAL. Should funding for this project not be granted there is a responsibility to consider CMR's future storage and access as we will be left with a substantial archive of 15,000 articles.

## BUDGET PROPOSAL AND FINANCIAL IMPLICATIONS

This proposal is requesting funding for a period of three years to provide a stable development period to allow adequate time to ensure the utility of the project. Future funding will be based on the success and potential to source funding from other sources. This project development will also be considered within the wider frame of other developments in Cochrane that include the methods and training strategies. This proposal due to its time-limited nature engages a consultant rather than employing another member of Central Executive Team. The intention is that a) this provides some flexibility in when days are worked, and b) limits employment liability should the project terminate before or after the three-year period. Other resources will be the support for the project and the consultants from available Central Executive Team staff the Methods Co-ordinator and the CEU Information Specialist.

| Item  | Description  | YR 1          | YR 2          | YR 3          |
|---|--|---------------|---------------|---------------|
| Information specialist                            | Information specialist consultant for 88 days per year 200 GBP per day*<br>*equivalent to 0.4 Fte (Fte 220 days) | 17,600        | 17,776        | 17,954        |
| Bibliographic specialist for taxonomy development | Consultant for 1 days a week for 6 months @ 300 GBP a day = 22 days  | 6,600         |               |               |
| Software development costs                        | Metaxis development of Cochrane Register of Studies 2 weeks  | 6,500         |               |               |
| Technical support**                               | Support and training 1 day per month includes database maintenance costs   | 7,800         | 7,878         | 7,957         |
| <b>TOTALS</b>                                     |  | <b>38,500</b> | <b>25,654</b> | <b>25,911</b> |

\*\* These costs are preliminary and relate to charges for Metaxis to host on their server including backups and line rental. These costs may significantly reduce if a decision (currently under review), on whether CRS and a potential CMD are transferred to the Cochrane.org server.

All annual cost of living increases have added 1%.

### Acknowledgments

The following parties have been involved in discussions in developing this bid and their interests declared. Jackie Chandler is grateful to all contributors to teleconferences and this document for their time and contribution.

Gerd Antes, Director, German Cochrane Center, Germany

Andrew Booth, Co-Convenor Qualitative and Implementation Methods Group, UK

Gordon Dooley, Metaxis, (CRS Developer), UK

Ruth Foxlee, Information Specialist, Cochrane Editorial Unit, London, UK (CRS implementer), UK

Adam Hafdahl, Independent statistical consultant, ARCH Statistical Consulting, LLC, US

Mark Helfand, Director Evidence Practice Center, Agency for Healthcare Research and Quality, US

Sally Hopewell, Methodology Review Group, French Cochrane Center (developer with Mike Clarke of CMR), UK

Carol Lefebvre, Co-Convenor Information Retrieval Methods Group, UK

Terri Pigott, Co-Chair of the Campbell Collaboration Methods Research Group

Rose Revello, Research Librarian, Scientific Resource Center, ARHQ Effective Health Center programme, US

David Tovey, Editor in Chief, Cochrane Editorial Unit, London, UK

OPEN ACCESS

Susan Wieland, epidemiologist and Trial Search Co-ordinator, member of Information Retrieval Methods Group, US

Kath Wright, Information Services Manager, CRD, York University, UK

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# Publishing Management Team | Steering Group Report | Panama City, Panama, March 2014



|                        |  |
|------------------------|--|
| DOCUMENT:              | Cochrane-Wiley Publishing Management Team  |
| SUBMITTED:             | For the Steering Group mid-year, Panama City, Panama, 30 March 2014  |
| PURPOSE:               | To provide the Steering Group with an update on the activities of the Cochrane-Wiley partnership as overseen by the Cochrane-Wiley Publishing Management Team for the period October 2013 to March 2014 and to provide a view of the 2014 Cochrane-Wiley workplan. |
| URGENCY:               | Low  |
| ACCESS:                | This is an open access paper   |
| DECISIONS<br>REQUIRED: | None. This document is for information only.   |





## 2 Principles of working together

The Cochrane-Wiley Publishing Management Team was formalised in the new publishing agreement signed in February 2013. The team has had seven formal meetings to date. This is the third Management Team report to the Steering Group.

The principles of working together are set out and mutually agreed, under the oversight of the Management Team and its subgroups, Wiley and Cochrane will work co-operatively to develop the Collaboration's global reputation in the following areas in 2014:

- As the market-leading provider of independent, trusted, high-quality evidence for healthcare decision-making.
- For providing up-to-date, relevant information across all areas of human healthcare.
- For methodological and technological innovation.
- For transparent and inclusive publishing and working practices.
- For demonstrating, communicating, and increasing the impact of Cochrane content on healthcare decision-making across all areas of healthcare.
- For conducting business according to the vision and principles of Cochrane, and to the highest ethical standards.
- For taking a partnership approach to business relations, emphasising shared responsibilities, and decision-making.
- For providing content that is packaged in such a way as to increase accessibility and utility in diverse settings.
- For promoting access by means of wide dissemination of Cochrane content, taking advantage of and/or promoting, without limitation, strategic alliances, pricing structures, open access strategies and content and media management methodologies.

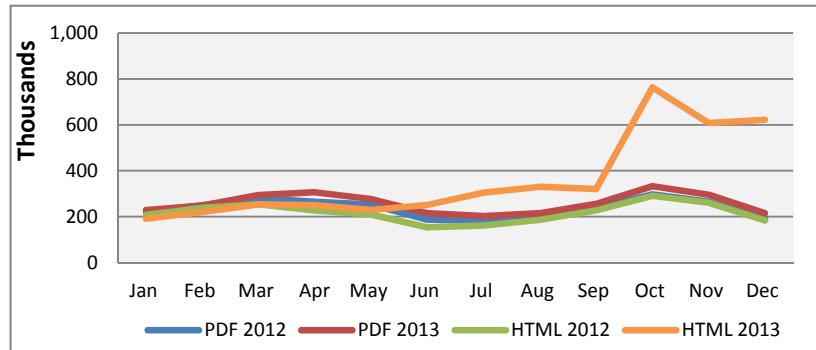
For the publication and delivery of Cochrane content, Wiley will provide:

- A technological environment created according to industry best practices made up of high-quality, innovative, and flexible delivery solutions that can be integrated with the Collaboration's existing and future information and communications technology infrastructure.
- A 'user-centric' approach to delivery and development of Cochrane content.
- A web-based publication model for Cochrane content.
- Search and inter-operability functionality between relevant products, platforms, and databases using industry best practices for software development.
- Optimisation of different and novel delivery platforms and presentation formats that can be incorporated into other health systems, including decision-support applications.
- The development of durable relationships with, and use of data from, other data providers.
- Accessibility to Cochrane content in environments where access to the internet is limited.
- Accessibility to Cochrane content for non-English language users.
- A reporting and monitoring process that ensures that the Collaboration has full and regular access to indicators of performance, project management activities and strategic planning.

### 3 Publishing Management Team dashboard

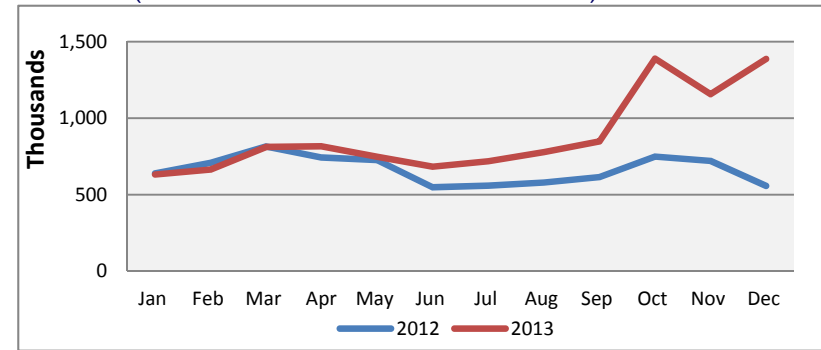
#### 3.1 Usage in 2013

Full-text downloads



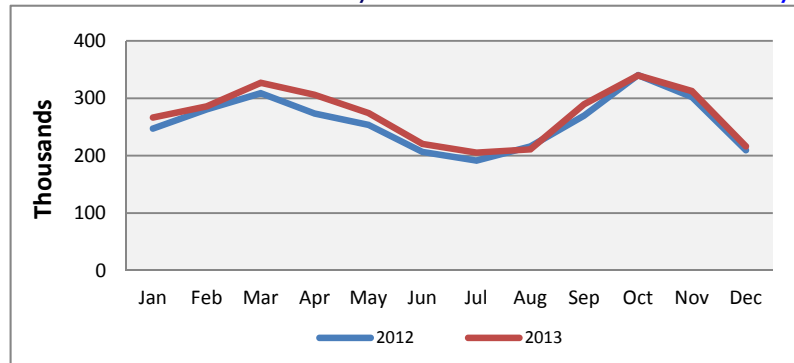
The increased HTML usage from July 2013 onwards is currently under investigation. The evidence at this stage suggests that this anomaly has been caused by Crawler activity in China.

Demand (full-text downloads + access denied)



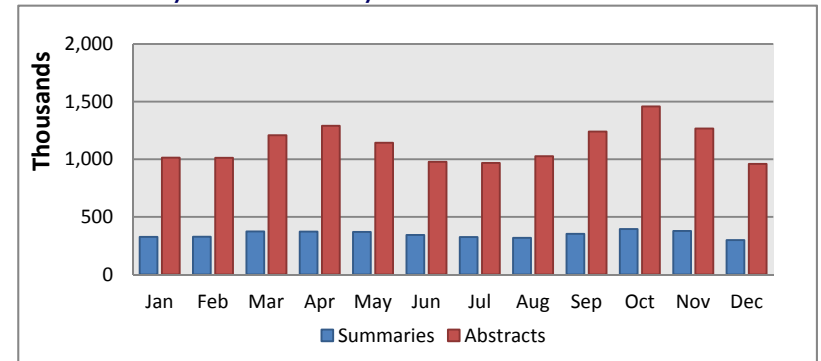
Full text downloads made up 70% of demand in 2013 compared with 68% of demand in 2012. This chart includes the increased HTML usage that is under investigation.

Visits to *The Cochrane Library* website [www.thecochranelibrary.com](http://www.thecochranelibrary.com)



3,253,840 visits to *The Cochrane Library* website were recorded in 2013 compared with 3,099,252 visits in 2012.

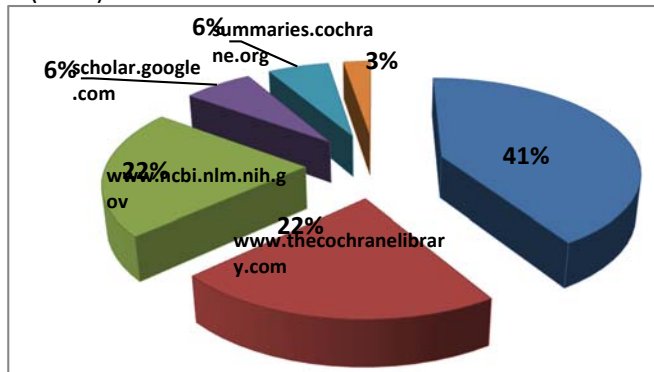
Page views of Cochrane Summaries versus Abstract page views on Wiley Online Library



13,566,196 Abstract page views on Wiley Online Library were recorded in 2013 compared with 4,181,131 page views of Cochrane Summaries.

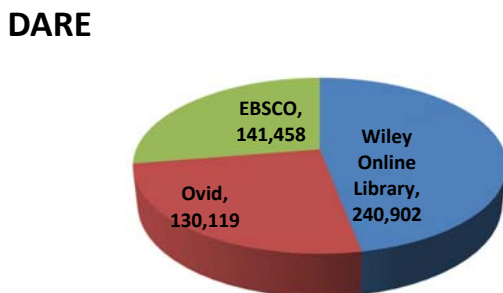
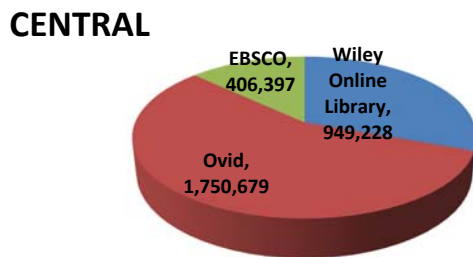
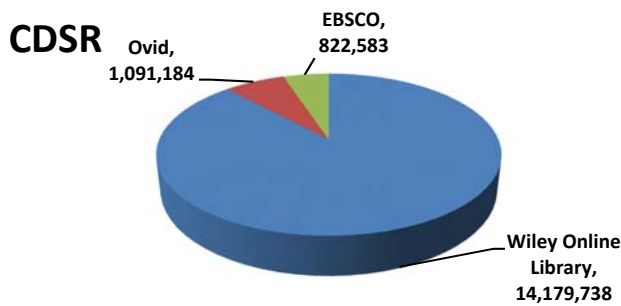
### 3.2 Refer data: referrals to Cochrane Reviews on Wiley Online Library 2013

The blue 'Others' category includes Wikipedia (1%), www.evidence.nhs.uk (0.9%), Facebook (0.5%), and Twitter (0.4%).



### 3.3 Usage by database

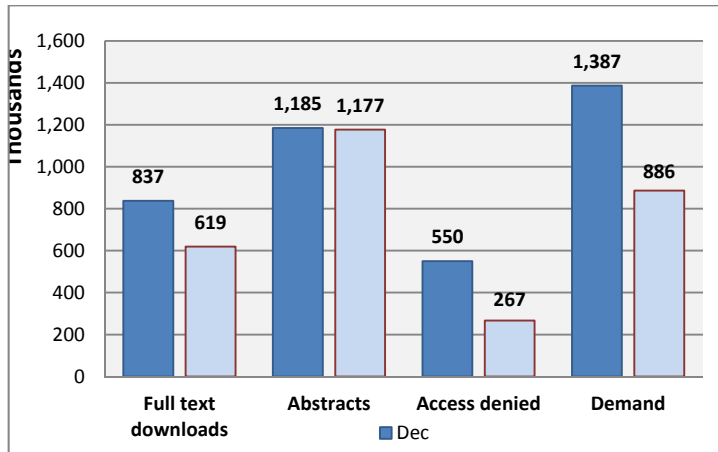
The following charts compare 'views' of each record by database. For the CDSR, the Wiley Online Library number in the first chart represents Abstract views.



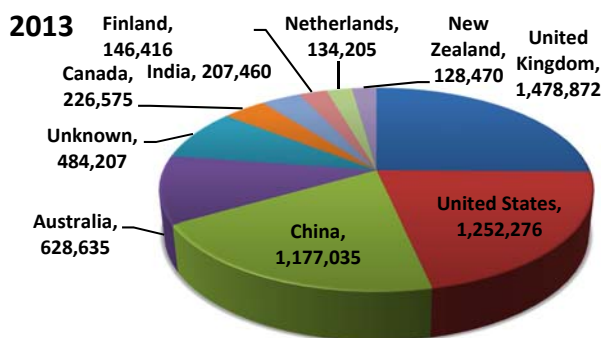
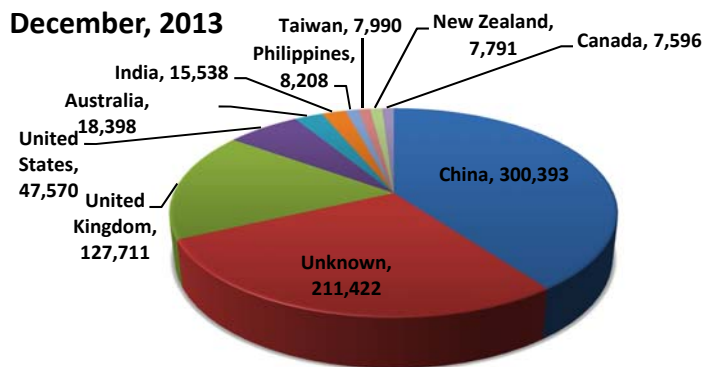
### 3.4 Usage for last reviewed month: December 2013

#### The Cochrane Library article-level metrics

December is usually a quieter month for usage of *The Cochrane Library*, but the ‘demand’ recorded in December 2013 was above average due to the continued Crawler activity in China. Australia and the United States downloaded over 50% fewer articles from *The Cochrane Library* in December (dark blue) compared to each country’s monthly average (light blue).



#### Full-text downloads by location



**Unknown:** The high number of ‘unknown’ full-text downloads will be re-allocated in the next month. The final figure for 2013 will not be as high as displayed in the chart above.

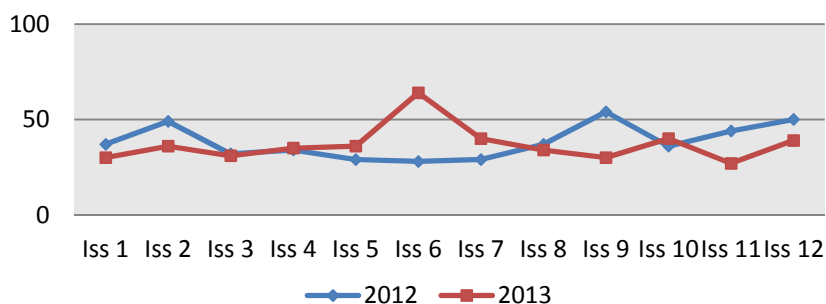
**China:** Since July 2013, 1,070,694 full text downloads have been recorded.

**Philippines:** Usage of *The Cochrane Library* in the Philippines remained high in December 2013. The country was given free access via Evidence Aid following Typhoon Haiyan in November 2013.

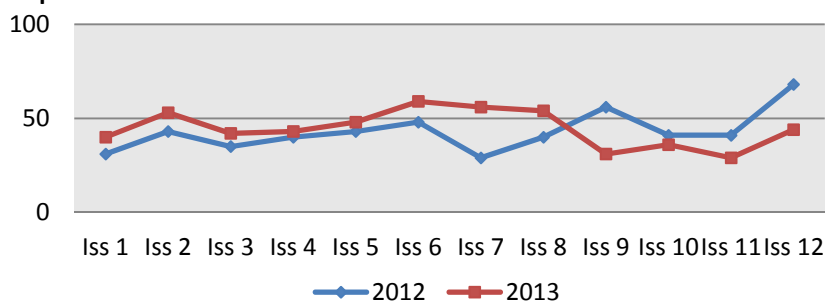
**Canada:** Usage in Canada for 2013 received a boost due to one-click access being made available for the Cochrane Colloquium in October 2013.

### 3.5 Monthly production

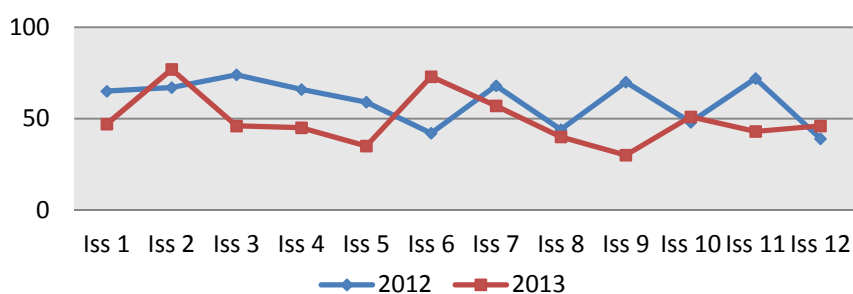
#### New Reviews



#### Updated Reviews



#### New Protocols



The increase in the number of articles published in Issue 6, 2013 can be attributed to the small backlog of papers that accumulated prior moving to the continuous publication model.

### 3.6 Record count

| Database                                       | December 2012 | December 2013 | Annual increase |
|--|---------------|---------------|-----------------|
| Cochrane Database of Systematic Reviews        | 7,626         | 8,134         | 7%              |
| Database of Abstracts of Reviews of Effects    | 18,915        | 26,123        | 38%             |
| Cochrane Central Register of Controlled Trials | 680,109       | 724,977       | 7%              |
| Cochrane Methodology Register                  | 15,764        | 15,764        | 0%              |
| Health Technology Assessment Database          | 10,406        | 12,685        | 22%             |
| NHS Economic Evaluation Database               | 12,684        | 14,916        | 18%             |
| Editorials                                     | 48            | 76            | 58%             |

### 3.7 Open access

Five gold open access articles published in 2013.

|   | Date Published   |
|---|------------------|
| Xpert® MTB/RIF assay for pulmonary tuberculosis and rifampicin resistance in adults   | 31 January 2013  |
| Effectiveness and cost-effectiveness of home palliative care services for adults with advanced illness and their caregivers | 6 June 2013      |
| Larvivorous fish for preventing malaria transmission  | 10 December 2013 |
| Mass drug administration for malaria  | 9 December 2013  |
| Screening for genital chlamydia infection   | 23 December 2013 |

### 3.8 Impact

#### Altmetric

The following table shows the highest Altmetric scores from reviews published in December 2013; scores retrieved 24 February 2014. By 24 February 2014, Altmetric had tracked 2911 articles from the *Cochrane Database of Systematic Reviews*. Cochrane Reviews receive more attention than average, with a mean score of 6.4 compared with the global average of 4.6. The Cochrane Review at the top of the table has the 10<sup>th</sup> highest score of all Cochrane Reviews.

B=Bloggers T=Tweeters G+=Google+ authors FB=Facebook walls N=News outlets C=CiteULike readers

|     | B | T   | G+ | FB | N | C |
|-----|---|-----|----|----|---|---|
| 160 | 4 | 129 | 0  | 3  | 5 | 1 |
| 69  | 1 | 82  | 0  | 0  | 5 | 0 |
| 61  | 3 | 45  | 0  | 1  | 0 | 0 |
| 55  | 0 | 63  | 0  | 0  | 4 | 0 |
| 47  | 0 | 57  | 1  | 0  | 0 | 0 |
| 34  | 0 | 49  | 0  | 0  | 0 | 1 |
| 33  | 0 | 42  | 0  | 0  | 0 | 0 |
| 32  | 0 | 39  | 1  | 0  | 1 | 0 |
| 32  | 3 | 21  | 0  | 0  | 0 | 0 |
| 29  | 2 | 22  | 0  | 0  | 0 | 0 |

## Impact factor

The 2012 Impact Factor for the *Cochrane Database of Systematic Reviews* is 5.785.

| Year | Rank | Impact Factor | In-Window Cites | Citable items | Total Cites | Self-citation rate | 5-Year Factor | Impact |
|------|------|---------------|-----------------|---------------|-------------|--------------------|---------------|--------|
| 2012 | 12   | 5.785         | 8087            | 1398          | 34,230      | 8%                 | 6.553         |        |
| 2011 | 10   | 5.912         | 7721            | 1306          | 29,593      | 5%                 | 6.309         |        |
| 2010 | 10   | 6.186         | 6978            | 1128          | 27,366      | 7%                 | 6.346         |        |

## Highest cited Cochrane reviews (2005–present)

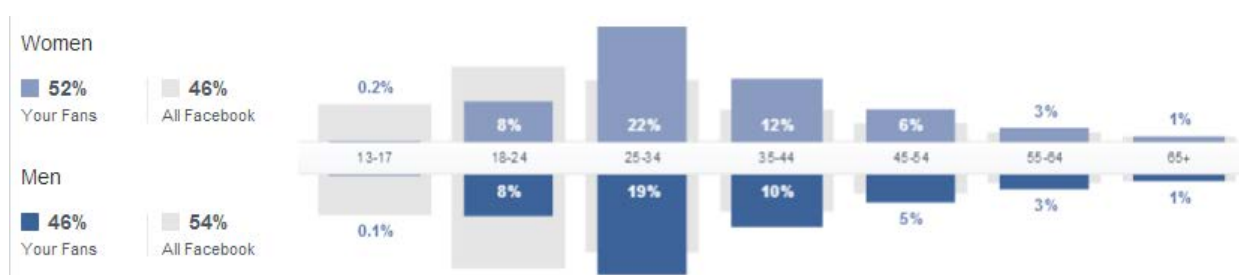
|     |   | Publication date | Updated? |
|-----|---|------------------|----------|
| 397 | Interventions for preventing falls in older people living in the community                          | Feb, 2009        | Yes      |
| 395 | Cholinesterase inhibitors for Alzheimer's disease   | Jan , 2006       | No       |
| 329 | Antidepressants for smoking cessation   | Jan, 2007        | Yes      |
| 271 | Nicotine replacement therapy for smoking cessation  | Jan, 2008        | Yes      |
| 265 | Interventions for enhancing medication adherence  | Feb, 2008        | No       |
| 232 | Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth | Mar, 2006        | No       |
| 228 | Pulmonary rehabilitation for chronic obstructive pulmonary disease                                  | Apr, 2006        | No       |
| 194 | Effectiveness of brief alcohol interventions in primary care populations                            | Feb, 2007        | No       |
| 189 | Decision aids for people facing health treatment or screening decisions                             | Mar, 2009        | Yes      |
| 169 | Group based training for self-management strategies in people with type 2 diabetes mellitus         | Feb, 2005        | No       |

## Social media

*The Cochrane Library* has been active on social media throughout 2013 and 2014, and our social reach has continued to grow.

### FACEBOOK

From March 2013 to March 2014, *The Cochrane Library* Facebook page experienced its most dramatic yearly growth to date, growing an impressive **69%** from 4,977 likes to 7,203 likes.



While *The Cochrane Library* underperforms compared to overall Facebook demographics in terms of the two youngest age groups (unsurprising given the content of our page), the largest fan demographic for *The Cochrane Library* is the 25–34 age range. Additionally, our number of fans in the rest of the age groups outranks the overall statistics for Facebook indicating that we are successfully reaching our target demographics. Our significant number of fans in the 25–34 age groups indicates that social media will continue to be an important promotional outlet for us in the future.

By far, the majority of our fans list English as their default language (3810 fans), followed by Spanish (1068 fans).

**TWITTER**

Through March 2014, *The Cochrane Library's* Twitter account (@cochranelibrary) has increased its total follower count to 12,374 followers, an increase of **63%** from six months ago and **371%** one year ago. With accounts on both Facebook and Twitter as well as a small and growing presence on Google+, *The Cochrane Library* has reached a global community of healthcare professionals, librarians, researchers and students.



#### 4 Overall performance review: Quebec, September 2013 to Panama, March 2014

In this period there have been some clear successes, but also areas where the Management Team identified the need for performance improvements:

- The Wiley sales team continue to generate excellent growth in sales of licences to *The Cochrane Library* across all regions, with the best performance in Asia. Section 3.6 describes this in more detail.
- All Cochrane Reviews and Protocols published since 1 February 2013 have green open access rights. These mean that the reviews and protocols become free to view for all readers globally 12 months after publication. Authors can also choose to post a copy of the review or protocol in a digital repository, such as PubMed Central. Looking forward, the parties are committed to moving to making all Cochrane Reviews free upon publication as part of Cochrane's *Strategy to 2020*. We have set the target to develop a roadmap to outline how we will achieve this by the end of 2014, and the open access working group, reporting to the Publishing Management Team, will be meeting in May for a two-day workshop to further this work and to consider funding models; conduct analysis of existing open access environment and how other organisations are responding to open access; and raise awareness of the policies we already have in place and open access generally.
- The Management Team completed the establishment of binding standards and associated key performance indicators in the areas of service availability and functionality, production and publication processes, and customer service. The process of jointly establishing these standards, reviewing the data, and using it to identify areas where improvements are required and/or possible has been a significant success. Section 3.4 provides more detail.
- Progress continues to be made on completing the projects in the *Cochrane Content Publication and Delivery Programme* (CCPDP), which incorporates *The Cochrane Library* Technology Roadmap. Section 3.3 provides more detail on the projects delivered in this reporting quarter and there is also a [dedicated page on cochrane.org](#) where regular updates are provided.
- However, Cochrane has expressed concern that 'back-end' developments to Wiley's technology platforms are causing delays and uncertainties for the Technology Roadmap projects; for example, at least a three-month delay to the release of the 'Anywhere Article', which will provide an enhanced viewing experience for Cochrane Reviews. In January 2014 a subgroup of senior members from Wiley and Cochrane met to review overall progress on technology and the *Cochrane Strategy to 2020* priorities. Wiley responded to the concerns raised by Cochrane at this meeting, providing a background on the technology changes and acknowledging that whilst they are causing short-term 'pain' to Cochrane and other customers, they are essential to providing a better service in the future. As an interim measure, senior Cochrane and Wiley technology and editorial staff will meet every six weeks to review the progress of the Technology Roadmap within the context of the technology changes to ensure clearer communications and greater transparency. Additionally, the parties have agreed to confirm as a priority the requirements for creating a coherent brand across all Cochrane content, with the implementation of these requirements being achieved in addition to the Technology Roadmap projects already established for 2014-15.
- The translation of content in different languages is a priority for Cochrane, as outlined in the *Strategy to 2020*, and both parties have therefore agreed to work intensively on mapping out the

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requirements for making it a multi-language platform by March 2015. Requirements for multi-language search and content are also being scoped out as part of the Technology Roadmap work.

- Cochrane has also raised the concern about the turnover and/or sometimes-poor attendance of Wiley staff on the Management Team and in the subgroups that are delivering the parties' overall programme of work, making consistent working more difficult. As part of measures to address this problem, Management Team meetings will be reduced from bi-monthly to quarterly, but will all be at least half-day face-to-face meetings rather than teleconferences to improve their efficiency. Annual agendas and target have been created to make transparent what the parties expect to achieve in the coming year, consistent with the approach taken on Cochrane's *Strategy to 2020*. The 2014 Cochrane-Wiley workplan is shown in section 4. There have been challenges in relation to the press and outreach work in this reporting period to promote Cochrane content. To resolve this, Cochrane's Communications & External Affairs Department will work with senior communications staff at Wiley to agree a set of expectations in this area to generate more focused, impactful and coherent media and communications work.

### 4.1 In-depth review of the last reporting period

#### Management Team membership

There have been some changes in membership and the roles of those participating since the last update provided in March 2013:

##### CHAIRPERSON:

- Mark Wilson, Chief Executive Officer (Cochrane)

##### COCHRANE:

- Lucie Binder, Senior Advisor to the CEO
- Harriet MacLehose, Senior Editor
- Chris Mavergames, Head of Informatics & Knowledge Management
- David Tovey, Editor in Chief

##### WILEY:

- Deborah Dixon, VP Publishing Director
- Deborah Pentesco-Gilbert, Editorial Director
- Ben Townsend, EMEA Sales Director
- Sophia Joyce, Associate Director, Digital Product Management\*
- Freddie Quek, Director of Engineering\*

\*Changes included addition of Sophie Joyce and Freddie Quek to replace Todd Toler (Vice President Digital Product Management) and David Aldea (Vice President and Chief Technology Officer). This proposal is reflective of Sophie and Freddie's activities and their direct roles in delivery of the *Cochrane Content and Publication Delivery Programme*, which they have been deputising.

### 4.2 Governance and reporting

We have established some key working groups that have been meeting at regular intervals in between the Management team meetings to achieve deliver the parties' overall programme of work. These include:

- **'Publishing Management Team executive'**: Lucie Binder and Harriet MacLehose, for Cochrane; Deborah Pentesco-Gilbert for Wiley.
- **Key Performance Indicators working group**: Lucie Binder, Harriet MacLehose, David Tovey for Cochrane; David Hives, Sophia Joyce, Deborah Pentesco-Gilbert, Freddie Quek for Wiley.
- **Open Access working group**: Lucie Binder, Harriet MacLehose, David Tovey for Cochrane; Deborah Dixon, Deborah Pentesco-Gilbert for Wiley.

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- **Wiley-Cochrane Innovations Team:** Lorne Becker, Karen New, Denise Thompson for Cochrane Innovations; Deborah Dixon, Deborah Pentescio-Gilbert for Wiley. (This team was formed based on the recommendation at the Quebec City meeting to tighten liaison with derivative product development.)
- **The Cochrane Library Technology Roadmap Committee:** Lucie Binder, Ruth Foxlee, Harriet MacLehose, Chris Mavergames, Jessica Thomas, and David Tovey for Cochrane; Rowland Conway, Colleen Finley, Jo Garner, Charles Hammer (until December 2013), Sophia Joyce (from January 2014), Deborah Pentescio-Gilbert for Wiley.
- **Wiley-Cochrane Technology Progress Review Meetings:** Regular meetings to discuss Technology and Product Management have been established involving Wiley senior managers David Aldea and Todd Toler, and David Tovey, Harriet MacLehose, and Chris Mavergames from Cochrane.

### 4.3 Cochrane Content Publication and Delivery Programme: recent releases

Progress continues to be made on completing the projects in the *Cochrane Content Publication and Delivery Programme* (CCPDP), the programme of work that started as 41 recommendations from the Cochrane 2012 Strategic Session on Cochrane content. This evolved into over 30 defined projects across three work-streams: *The Cochrane Library* development and user experience; content creation and quality; and dissemination and impact. The scope of the work expanded beyond the strategic session recommendations to enable us to bring in all the ongoing projects relating to Cochrane content (such as improving the feedback process for Cochrane Reviews) and planned projects that are outside of the recommendations (such as the development of Review Manager 6). The publishing contract included other technological developments that complement the CCPDP. The technology-related components of both sources were used to develop the projects in *The Cochrane Library Technology Roadmap*, which includes a range of projects to enhance the experience of interacting with and using *The Cochrane Library* website and its content.

#### Recent releases from the Technology Roadmap

Since the Steering Group meeting in Quebec, there have been two releases – Q4 2013 and Q1 2014 – that have include the following deliverables:

- Altmetric scores and badges: Each Cochrane Protocol and Review published in the *Cochrane Database of Systematic Reviews* (CDSR) now displays a corresponding Altmetric score. Altmetric is a service that tracks and measures the impact of scholarly articles and datasets on both traditional and social media.
- Open access:
  - Gold open access – Managing Editors will be able to allocate an open access licence for publication form to authors by using Archie (with the release of Archie 4.3). Open access articles in the CDSR now display an open access logo (purple open padlock) and relevant copyright and legal information.
  - Green open access – All Cochrane Reviews and Protocols published from 1 February 2013 onwards are free to view 12 months after publication; the technology changes support this work. The first articles were made free to view towards the end of February 2014 and have an open gold padlock.
- “When ready” alerting for Cochrane Reviews: For users with saved search alerts, searches will be reviewed each time new articles are loaded to the CDSR and sent daily instead of once a month. Users will only receive an email alert when a newly loaded CDSR article matches their saved search alert.
- New search functions:
  - Users now have the ability to limit searches by Cochrane Review Group and search CENTRAL articles based on a new field, Accession Number (AN).
  - Search by online date, which allows users to limit their searches of the CDSR to a specific issue or range of issue. This feature will be released in March 2014 and introduced for CENTRAL later this year.

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- Links to Cochrane Clinical Answers (CCAs) from Cochrane Reviews: Cochrane Reviews that have a corresponding CCA now have a direct link to the CCA.

### Projects in progress

Projects are planned for delivery across the four quarters of the calendar year, and several have been scheduled for delivery in 2014:

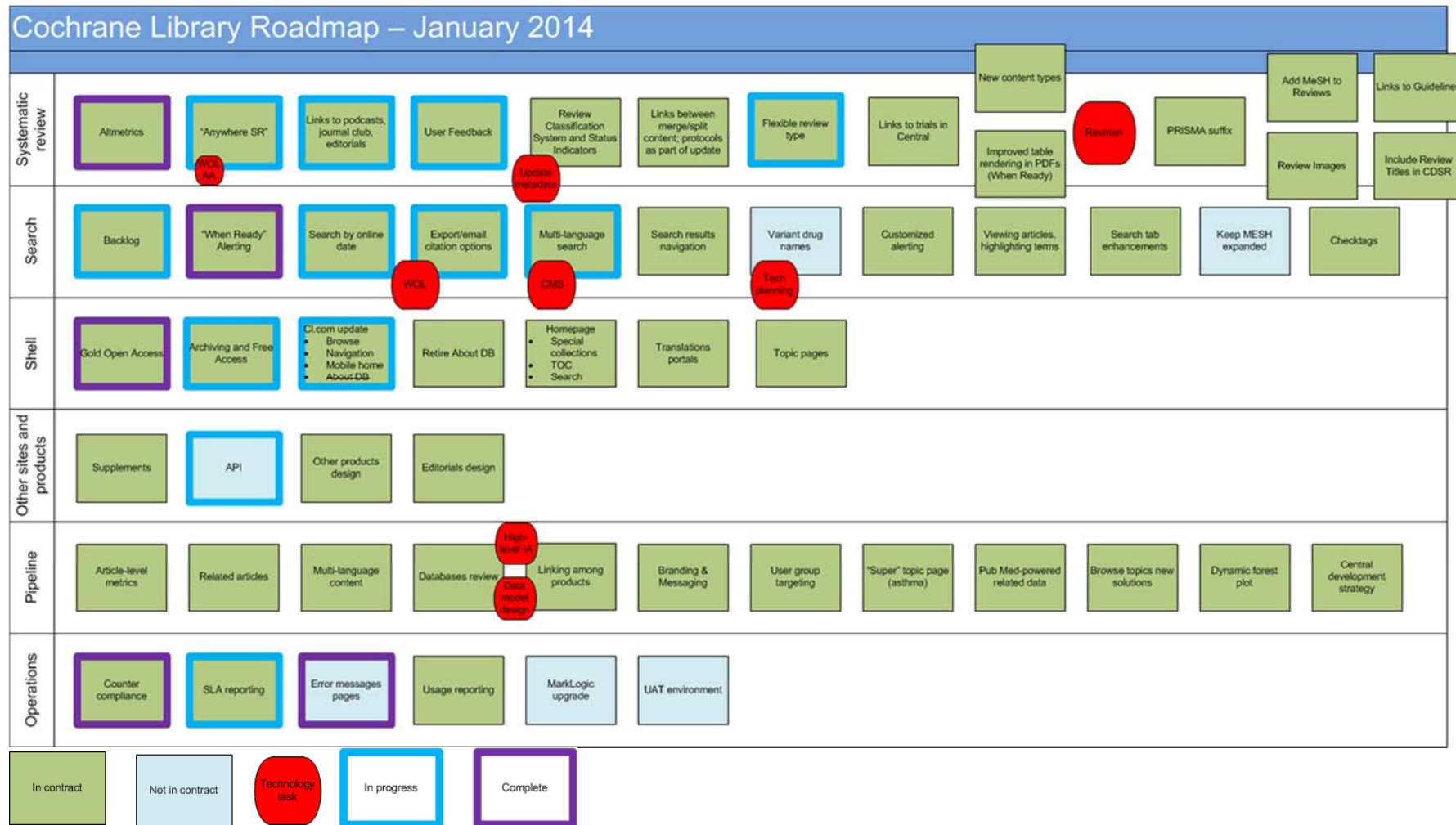
- Anywhere Article
- Links to editorials and podcasts
- User feedback
- Review classification system and status indicators (publishing events)
- Export/email citation options
- Search results navigation
- Multi-language search (translations)
- Translations portals (translations)
- Updated Cochrane Library.com, browse, navigation, mobile homepage, retire About Database
- Special collections and table of contents
- Supplement integration

On 25th March, the Roadmap Committee will meet to review the delivery dates and relative priority of projects currently scheduled for 2014, and the Publishing Management team will provide a verbal update at the Steering Group meeting in Panama. The Roadmap is a working document that will change based on input and approval of the Management Team and as we move ahead in an AGILE work environment.

### Non-technology CCPDP projects

The CCPDP includes projects that do not have technology changes as a key element. These include projects such as the innovative reviews project and development of Methodological Expectations of Cochrane Intervention Reviews (MECIR) work. We are mapping current activities against the CCPDP list of projects and will provide a report at the Hyderabad Colloquium.

Figure 1. The Cochrane Library technology roadmap (updated February 2014)



#### 4.4 Service standards

This reporting period marks the first anniversary of the service standards assessment. A formal review and reporting of key performance indicators (KPIs) of *The Cochrane Library* site and the Wiley technology systems that support it was completed in March 2014. The binding service standards for 2014 took effect from 1<sup>st</sup> February 2014 and where service falls below certain standards, financial penalties will be applied.

A key learning in developing the standards was the recognition that the data collection and reporting method consist of both System Level Monitoring and User Level Monitoring. The System Level Monitoring is important for Wiley to ensure that all relevant systems are operating at the right level of responsiveness and availability. The User Level Monitoring is important for Cochrane to understand how Cochrane users are actually experiencing the responsiveness and availability of *The Cochrane Library* and related applications/systems. The KPI working group will continue with the monthly review to provide the steer for continuous improvement and maturity over time. They will also conduct an interim review every six months and recommend revised targets every year for approval by the Management Team.

#### 4.5 Copy Edit Support

In January 2014, Wiley and Cochrane agreed to transfer the management of the Cochrane Copy Edit Support (CES) service from Wiley to Cochrane. Wiley will continue to fund CES partially, but the day-to-day management and strategic development of CES is now the responsibility of the Cochrane Editorial Unit (CEU). The existing CES Manager, Elizabeth Royle, continues in that role, but has now joined the CEU. The freelance copy-editors who work for the CES all continue to work as before and there are no other changes to the way the CES service is organised. The move recognises the key role played by copy-editing and the CES Manager in the CEU's work on review quality and readability.

#### 4.6 Sales and licenses

2013 has seen good consistent growth across all regions with highest growth in Asia (11%) and Japan (7%) on prior year. Key market sectors including Hospitals, Universities, Medical Institutions and Medical Schools all saw growth, albeit some of this may simply be re-classifications (e.g. Universities and Medical School classifications can be easily mis-matched), while Corporates, Charities, Associations and Personal Subscriptions saw slow declines.

National Provision licenses remained strong in 2013 with the new countries of Oman and Egypt tracking extremely high usage. Unfortunately, the funders for the Swedish National Provision were unable to secure their funding, although they were very strong supporters, in 2014. Wiley were able to secure access via the main consortia in Sweden so that many of the universities, colleges and government funded research institutions and all hospital districts across Sweden will have access to *The Cochrane Library* in 2014. We remain positive for the renewals of national provisions in 2014 and have some promising opportunities for the year ahead.

##### Wiley-Cochrane Sales Summits

As part of our partnership, sales and management staff have committed to meeting at least annually to focus on sales and regional licensing. In October 2013, Wiley hosted a meeting at their Berlin office to discuss sales in the European region. Attendees included Mark Wilson (CEO), Lucie Binder (Senior Advisor to CEO), Martin Burton (Director, UK Cochrane Centre), Xavier Bonfill Cosp (Director, Iberoamerican Cochrane Centre), Rob Scholten (Director, Dutch Cochrane Centre), Peter Gøtzsche (Director, Nordic Cochrane Centre), Philippe Ravaud (Director, French Cochrane Centre), Gerd Antes (Director, German Cochrane Centre), and Roberto D'Amico (Director, Italian Cochrane Centre) from Cochrane; and Deborah Pentescio-Gilbert (Editorial Director), Ben Townsend (EMEA Sales Director), Reiner Klimesch (Senior Account Manager), Reinhard Schuelke (Regional Sales Director, CEECA), Deniz Yilmazoglu (Account Manager), Marta Dyson (Account Manager) and from Wiley.



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In February 2014, Cochrane hosted a meeting with the Middle East and North Africa regional focus. Attendees included David Tovey and Mark Wilson from Cochrane; and Geoff Naylor (Regional Sales Director), Ben Fashim (Regional Sales Manager), and Deborah Pentesco-Gilbert from Wiley.

In May 2014, a meeting is planned to coincide with the Malaysian Branch meeting and is expected to include Wiley and Cochrane representatives from the following countries: Japan, South Korea, Malaysia, Singapore, Taiwan and Thailand.

### 4.7 Derivatives

The Management Team has oversight of derivative products and services working closely with Wiley and Cochrane Innovations. It is a standing item at all Management Team meetings and launch of Cochrane Learning and Cochrane Clinical Answers in 2014 is key target.

Further details on the derivatives programme can be found in the *Cochrane Innovations* report.

### 4.8 The Cochrane Library marketing and communications

This section provides a brief overview of the marketing activities carried out in promotion of *The Cochrane Library* for the reporting period as well as highlighting some workplans for the future. A copy of the full marketing plan is available on request to Deborah Pentesco-Gilbert. This first draft of the Marketing plan for 2014 was reviewed by David Tovey, Lucie Binder, Helen Morton from Cochrane and was also shared and then approved by the Publishing management team at its meeting in February.

#### Global marketing activities

##### EMAIL CAMPAIGNS AND WEB ADVERTISING

In the past, Wiley has sent a monthly e-mail highlighting Cochrane content to a preselected list of Wiley opt-in contacts. Our typical approach has been to promote every new issue 'launch' with an email campaign to related Wiley email lists. However, in recent months we saw our click through and click-to-open rates (CTOR) gradually decrease. At the beginning of 2014 we experimented with using these e-mails for a dedicated focus on product launches (such as Cochrane Learning and Cochrane Clinical Answers) rather than the monthly newsletter style which had become the norm. These experiments in different format and content were quite successful. We saw click-throughs and CTOR increase significantly, from an 8.4% CTOR and 2405 clicks (December launch e-mail) to a vastly improved **CTOR of 14.1%** and **4,457 total clicks** for our dedicated Cochrane Clinical Answers e-mail.

Due to the encouraging results of these e-mail experiments, our strategy going forward will take a more flexible approach to the monthly e-mail promotion. Our monthly e-mails should highlight newsworthy items like product launches and site changes rather than following the newsletter format we've used in the past.

##### WEB ADVERTISING

Web links to *The Cochrane Library* and details of new Cochrane podcasts, reviews, and Journal Clubs are placed on the health care and journal web pages on Wiley Online Library. These ads typically receive anywhere from 3,000 to 10,000 impressions depending how long they are scheduled to run.

Three subject-specific banner ads promoting Dr Cochrane were produced in December to be used on all relevant Wiley orthopaedics, rheumatology, and gastroenterology pages. These banner ads were placed in January and will run in their current state through May 2014; traffic to this point is quite impressive with the gastroenterology ad reporting 108 clicks and 161,760 impressions. In addition, these banner ads were routed to the appropriate Wiley marketers working on these three subject portfolios; the banner ads will be used in upcoming Wiley e-mail promotions within each subject area.

##### PRINT PROMOTIONS

We continue to produce and distribute the following promotional materials for *The Cochrane Library*:

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- *The Cochrane Library* Reference Guide
- Cochrane Library banner stands
- Cochrane Library pens, bookmarks and notepads

As part of our 2014 marketing strategy (reflected in the 2014 Marketing Plan), we plan to increase our support for events in tiered countries and provide additional items which could be of value in those locations.

### INTERNATIONAL CONFERENCE PROMOTION

By the end of 2013, *The Cochrane Library* was promoted at 225 global conferences representing over 35 clinical specialties and including all Global medical library meetings.

In the past year, we established a co-promotion program which ensures that *The Cochrane Library* promotional materials are sent to each medical conference attended by Wiley. Every medical conference receives copies of the Quick-Reference Guide for display, and *The Cochrane Library* banner stands are sent to key shows. For large conferences such as the Medical Library Association, custom materials are printed and sent to ensure *The Cochrane Library* is heavily promoted. As part of our 20th anniversary support program, marketing items for *The Cochrane Library* were sent to even more conferences via Cochrane entities and review groups whose members attend those events.

For Cochrane events we have been unable to attend, such as Cochrane Centres' Symposiums, we have worked with the organizers to send promotional materials, delegate bag inserts, and custom giveaways. For the 21st Cochrane Colloquium in Quebec, we provided design, sourcing, and funding of many conference items and initiatives for attendees.

Our plans for 2014 include promotion at all relevant Wiley conferences, sponsorship of the 22nd Cochrane Colloquium in Hyderabad, and an increased presence at those Cochrane Symposia which take place in our 2014 tiered countries.

### COUNTRY FOCUSED MARKETING

In addition to the global marketing activities detailed above we have also carried out marketing campaigns for specific countries. These countries we selected through analysis of subscriptions and revenue, usage and from discussions with David Tovey to form the focus for 2013. The 2013 country tiers were:

| TIER | DEFINITION                                  | COUNTRIES   |
|------|---|---|
| 1    | High revenue markets to protect             | National Provision countries and other important licenses |
| 2    | High revenue markets with potential to grow | USA, Canada, Germany                                      |
| 3    | Low revenue markets with potential to grow  | France, Turkey, China, Middle East                        |
| 4    | East Asia                                   | Taiwan, Japan, South Korea, Singapore, Hong Kong          |
| 5    | Low Revenue markets to develop/protect      | Rest of world   |

Using our 2013 usage and sales data analysis and through the discussions with our regional teams and Cochrane staff, including at the European sales summit in early November, we have reviewed and updated the country focused marketing plans simplifying to three tiers of focus activity and investment in 2014. These are:

| TIER | DEFINITION                                  | COUNTRIES  |
|------|---|--|
| 1    | High revenue markets to protect             | National Provision countries, Japan, Taiwan        |
| 2    | High revenue markets with potential to grow | USA, Canada, Germany                               |
| 3    | Low revenue markets with potential to grow  | Sweden, Turkey, China, Middle East, Brazil, Mexico |



## 5 Workplan for 2014

### Objectives and targets

Wiley and Cochrane have undertaken to achieve a series of overarching objectives during the lifetime of the contract. In 2014, we will work together to achieve these specific targets:

| Overarching objective |   | 2014 target |  |
|-----------------------|---|-------------|--|
| 1                     | Achieve universal 'one-click' access to <i>The Cochrane Library</i> , ensuring that it is free at the point of use  | i           | Develop a roadmap for achieving universal open access to new and updated Cochrane Systematic Reviews by the end of 2016 ( <i>Cochrane Strategy to 2020</i> )   |
|                       |   | ii          | In parallel with the development of the open access strategy, continue to achieve new, and maintain existing, national (regional) licences and achieve 5% growth in subscriptions sales in all regions in 2014   |
|                       |   | iii         | Approve the 2015 subscription pricing list   |
|                       |   | iv          | Approve the 2014 HINARI access list  |
| 2                     | Increase the global awareness and impact of the Cochrane brand and reputation and the Trade Marks, taking particular advantage of innovative technologies and marketing and communication methods   | i           | Deliver the projects, programmes of work and capabilities set out in the <i>Cochrane Content Publication &amp; Delivery Programme</i> (CCPDP), as scheduled for delivery in 2014 in The Cochrane Library Technology Roadmap or through the Publishing Management Team executive  |
|                       |   | ii          | Implement a coherent Cochrane brand across all content within or parallel to the scope of the 2014 Roadmap ( <i>Cochrane Strategy to 2020</i> )  |
|                       |   | iv          | Establish a working group with Helen Morton, Katie Breeze, Megan Helmers and Wiley's new communications manager for Cochrane to promote effective joint communications of Cochrane products  |
| 3                     | Identify the different ways and circumstances in which users access and use Cochrane content, and respond to these findings by using them as the basis for publishing and delivery developments, improvements and innovations                 | i           | Engage collaboratively in the Cochrane led project to gather systematic data and improve understanding of end-user experience and need; and establish a framework for ongoing reassessment ( <i>Strategy to 2020</i> )   |
|                       |   | ii          | Use the business and publishing 'dashboard' data provided for Management Team meetings to inform decision-making in this area and undertake 'deepdives' in different areas of the business at each Management Team meeting   |
| 4                     | Customise Cochrane content to meet the different needs and priorities of users, including (without limitation) making available in languages other than English those elements identified by the Collaboration as appropriate for translation | i           | Deliver the projects, programmes of work and capabilities set out in the <i>Cochrane Content Publication &amp; Delivery Programme</i> (CCPDP), as scheduled for delivery in 2014 in the Roadmap or through the 'Publishing Management Team Exec', including the translations cards scheduled for 2014 ( <i>Cochrane Strategy to 2020</i> ) |
|                       |   | iii         | Deliver Cochrane Clinical Answers and Cochrane Learning to market ( <i>Cochrane Strategy to 2020</i> )   |
|                       |   | iv          | Continue to provide complementary licences to Wikipedia editors and work with the new Cochrane Wikipedian in Residence   |
| 5                     | Engage positively with all users and stakeholders   | i           | Aim to meet the standards of service set out in the Service Level Standards and use the Key Performance  |

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|    |  |     |  |
|----|--|-----|--|
|    |  |     | Indicators to implement a ‘continuous improvement approach’ to service standards. As part of this, conduct a mid-year review of the standards and a formal review and adjustment at the end of the year  |
|    |  | ii  | Ensure that all members of the Cochrane and Wiley teams have a working knowledge of the Cochrane <i>Strategy to 2020</i> .   |
|    |  | iii | Continue to engage Cochrane Centre Directors in developing sales strategies  |
|    |  | iv  | Offer a co-ordinated Cochrane-Wiley series of events at the Hyderabad Colloquium   |
| 6  | Provide efficient and effective subscription management and support services for users   | i   | Aim to meet the standards of customer service set out in the Service Level Standards and use the Key Performance Indicators to implement a ‘continuous improvement approach’ to customer service. As part of this, conduct a mid-year review of the standards and a formal review and adjustment at the end of the year. |
| 7  | Develop strategic partnerships with news providers, policy-makers, healthcare organisations, technology providers and others who can disseminate, promote and use Cochrane content in effective and appropriate ways | i   | Use the business and publishing ‘dashboard’ data provided for Management Team meetings to inform decision-making in this area  |
|    |  | ii  | Approve the 2014 Marketing Plan  |
|    |  | iii | Hold regional sales summits, inviting relevant Cochrane Centre and Branch Directors  |
| 8  | Prioritise environmental and economic sustainability; and socio-cultural, linguistic, and gender diversity   | i   | Achieve the delivery of the translation cards in the Roadmap ( <i>Cochrane Strategy to 2020</i> )  |
|    |  | ii  | Review the recommendations of the environmental impact review that Cochrane will be undertaking and implement them where appropriate   |
| 9  | Promote professional, friendly and supportive relations, and provide clear points of contact with role-based staff, including those in high-level business and management roles                                      | i   | Ensure that all activities are communicated to a member of the Publishing Management Team executive  |
|    |  | ii  | Continue to hold weekly Publishing Management Team Exec calls; and monthly Roadmap Committee and KPI group calls   |
| 10 | Recognise and respond to the culture and unique organisational structure of the Collaboration  | i   | Ensure that all members of the Cochrane and Wiley teams have a working knowledge of the Cochrane <i>Strategy to 2020</i>   |
|    |  | ii  | Deliver Management Team reports to the Steering Group and its sub-committees for the Panama and Hyderabad Cochrane meetings  |

# CENTRAL EXECUTIVE

## PLAN & BUDGET 2014-15

SUBMITTED FOR THE STEERING GROUP PANAMA MEETING, MARCH 2014



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# 1. INTRODUCTION

This document – and the separate draft ‘Dashboard’ - heralds some important changes in the way that The Cochrane Collaboration (Cochrane), and particularly its new Central Executive, plans, budgets and monitors its activities. We have a new *Strategy to 2020* that establishes the clear priorities of the organisation over the next seven years, and in January the Steering Group approved an ambitious and wide-ranging set of targets for 2014 (some extending longer into 2015 and beyond) that extend and expand the work of the Central Executive team (CET) and the rest of Cochrane as a whole. Chapter 2 of this document gives some of the details about how we plan to structure, manage and deliver these targets (and also see Annex 1, *Strategy to 2020: 2014 Targets*, for reference).

Chapter 3 details the CET’s Activity Reports for the six months since the Québec Colloquium in September 2013. It has been a period of great change for the team itself by integrating more closely existing units (the old Cochrane Operations Unit (COU), now split into the CEO’s Office (CEO), Communications and External Affairs (CEAD) and Finance and Core Services (FCS); Cochrane Editorial Unit (CEU); IMS and Web Development teams, now merged into a single department, Informatics and Knowledge Management Department (IKMD)) and by recruiting and welcoming new members of the team into positions approved by the Steering Group in March last year.

But this has not only been an important foundational period for the CET. We have begun to deliver already on the *Strategy to 2020* Objectives and Targets. 172 new Cochrane Systematic Reviews and 189 Updates<sup>1</sup> have been published since last September and the reviews have been subject to the new quality screening process by the CEU as part of our work on Goal 1, Objective 1: ‘We will continue to develop and implement comprehensive quality assurance mechanisms for editorial and methodological standards throughout our production and updating processes.’ The initial results of this project have provided valuable additional evidence of the need for change across Cochrane; and therefore we have launched the first part of Goal 4, Objective 4, to ‘review and adjust the structure and business processes of the organisation to ensure that they are optimally configured to enable us to achieve our goals’, by beginning a structure and function review of the Cochrane Review Groups (with reviews of the Fields and Methods Groups, Centres and Branches to follow later this year and in 2015).

Building on an extensive analysis of Review Group strengths and weaknesses, as well as a reputational audit of what key users and policymakers think of us, initial options for change have been proposed for consultation across the organisation and this will be the focus of the strategic session at the mid-year meeting in Panama and our discussions together in the next couple of months as we decide what change is required to ensure that we are ‘fit for purpose’ for the next decade in order to continue ‘To produce high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making’ (Goal 1).

There have been significant developments in many other areas of work, too, and these are highlighted in the Central Executive’s Activity Reports. Five of the most far-reaching for the future of Cochrane are worth mentioning:

---

<sup>1</sup> Publication of new and updated Cochrane Reviews, October 2013 to February 2014

- The Steering approval of a new Translations Strategy that was completed and presented in January will make a profound impact in the coming years on Cochrane's reach and impact around the world, and marks a significant investment by the organisation to achieve our ambition of making 'Cochrane evidence accessible and useful to everybody, everywhere in the world';
- The launch of the 'Game Changers' initiative in early February (with the closing date for first-round applications at the end of March) is also an important opportunity to unleash the tremendous innovation both inside and outside Cochrane to transform our organisation and how we work, and is also a massive potential investment (up to £2.5 million) in new initiatives to deliver the *Strategy to 2020*;
- The foundation phase of the Linked Data project approved by the Steering Group in September 2013 has progressed well. The key APIs (Application Programming Interfaces) are all nearly complete for connecting Archie, CRS and the new linked data store; and the IKMD team are in negotiations with Altmetrics to become our first customer for 'nimble' Cochrane content;
- Action to meet *Strategy* target 1.3 has started already with a Request for Proposals (RFP) issued in early March after extensive work to establish the requirements for a new Cochrane Author Support Tool (CAST);
- Work with an external branding consultants produced some exciting new 'looks' for Cochrane that will be shared at the Panama mid-year meetings and opened for consultation with the whole Collaboration in April.

Chapter 3 also documents other progress over the last six months in a way that we hope you find structured and informative. In addition, in a separate – initially restricted – document we have produced a draft 'Dashboard' for the Steering Group and the wider organisation to be able to monitor quickly and strategically Cochrane's performance using a set of metrics that are presented graphically. These are being presented to the Steering Group for the first time for its comments and in its final form in future will be an integral part of CET progress reports and will be made available for the whole organisation to use.

Whilst working hard to deliver the achievements set out in the Activity Reports, the other principal exercise the CET has been working on in the first quarter of 2014 has been to establish a new, integrated, comprehensive planning and budgeting process for the Central Executive, and then use it to produce this first *Plan & Budget 2014-15*. Individual workplans have been developed for each of the 20 *Strategy to 2020* targets for 2014 approved by the Steering Group in January; and these have been integrated in the larger departmental work plans covering all of the other activities and objectives that are not covered by the targets but required by the organisation! Chapter 4 therefore shows the projects and objectives that each CET department is planning to deliver in 2014, though all of the detail behind them has not been included to make this Plan accessible and maintain a 'strategic view'. However, further information on the implementation plans is available from the respective departments on request or by contacting [Lucie Binder](#) - and for further information on Central Executive staff members and their responsibilities see Annex 9 and [cochrane.org](http://cochrane.org), [here](#).

In a major departure from earlier Cochrane budgets, these plans have then budgeted from 'zero base', meaning that each project manager has had to look at every cost element from scratch to build their budgets and not simply take last year's budget and add a 2% inflation adjustment. The budget/chart of accounts have been completely reformulated to reflect the new Central Executive structure and to be able to break out the financial detail by department or by project. As a result of all of these changes, we now have a complete and much more nuanced understanding of the budget as a whole, clear accountabilities in place for each part of it, and – through the changes introduced by Hugh Sutherland, our Head of Finance and Core Services – more sophisticated and timely ways of financially managing

expenditure against the plans and budget which will allow us to monitor and control that expenditure in line with our projected income, so that we do not run over the overall approved budget level.

Linked to this, it is important that the Steering Group and wider organisation understand that we have moved away from the system that operated in the past of different applications coming to the Steering Group over the course of a year with requests for additional finance for multi-year projects, so that over time Steering Group approvals create a mix of different initiatives with 'approved funding' over different times. This 2014-15 Budget includes all *already* authorised expenditures from the last three years and from now on we will be presenting annual budgets that include the total costs of the activities we plan to achieve in the following year, related to the plans, objectives and targets we are going to deliver. We are therefore seeking Steering Group approval for a total budgeted expenditure total, guaranteeing that as a Central Executive we will not exceed this total; and that we will manage expenditure within the income levels we received so that no total deficit spending takes place that is not pre-authorised by the Steering Group. Of course, 'stuff happens' and we may need to bring additional requests to the Steering Group, but this will be exceptional – based on unanticipated need – and funds would be for the remainder of that financial year before being integrated into the plans and budgets of following years where appropriate. This will drive better planning, ensure we look at the plan and budget holistically, are clearer on what we are intending to achieve in any given year; but also allow us to revise our budget within the overall approved total in order to respond to changing circumstances.

Through this approach and the provision of additional strategic information, we hope that this will allow the Steering Group to concentrate on the objectives, targets and other deliverables we will produce for the proposed budget; and not concentrate on the details of individual budget lines. We recognise that individual Steering Group members will be interested in certain parts of the budget, and given the representative nature of our Steering Group that is right and appropriate, and we will therefore provide them with the detail necessary to scrutinise these different sections. However, we hope that Steering Group members will look at those sections within the context of the budget as a whole.

A final change to note is that this will be the last Cochrane budget that covers the UK financial year period of April to March the following year. In the last quarter of 2014 we will go through another planning and budgeting exercise using our new system and processes and will present to the Steering Group in late December 2014 or early January 2015 a *Plan & Budget* for the 2015 calendar year. We have received the agreement of our existing auditors to move to a calendar financial year, and this will make future reporting more straight-forward and help to 'internationalise' the organisation by having an obvious and recognisable planning and financial year. The 2014-15 Budget has been drawn up to be accurate through to April 2015 (complete with scheduled expenditure for each budget line item) but will be revised in eight to nine months' time to cover the whole of 2015.

## HIGHLIGHTS OF THE 2014-15 PLAN & BUDGET

**In the 2014-15 financial year we expect Cochrane to receive total income of £4,928,000.** This is higher than in previous years for a number of reasons:

Royalty income from *The Cochrane Library* was strong in 2013, totalling £4 million GBP. Our publisher, John Wiley & Sons, Ltd, (Wiley) expects there will be further sales growth in 2014-15 of 5%, that would result in a significant increase in royalty income to a base of approximately £4.2 million.

A further £400,000 of funding from Wiley will be booked, including funds for Cochrane taking on responsibility for copy edit support. Other income would be generated from additional project funding, Cochrane Innovations fees for services, donations, fees and bank interest (£328,000).



**Total expenditure is projected at a maximum of £4,737,000.** This level of funding is required to deliver the *Strategy to 2020* prioritised 2014 targets approved by the Steering Group in January, planned work on other *Strategy to 2020* Objectives not covered in the targets, and the other projects and work-streams required or expected from the CET; as well as those activities across the organisation funded from central Cochrane funds.

Senior Management and the CET have worked hard to ensure that the budgets proposed are cost-efficient and not 'padded' with unnecessary or extravagant spending. Over recent years spending has consistently been well under authorised levels but we expect our expenditure to be much closer to our projections in the next twelve months as a result of the more rigorous budgeting process we have gone through. However, as we warned the Steering Group in January, the sheer size of the projected workplans for 2014-15 and therefore the potential need to adjust these to the change capacities across the organisation mean that spending may still fall well under the total projected level of £4.7 million. However, the major areas of additional expenditure that account for the increase in spending planned for 2014-15 are as follows:

#### QUALITY & METHODS: £93,200

The ongoing Cochrane Systematic Review screening process (see above) is stretching the CEU's small "screen team" to capacity, and has caused some work such as supporting review dissemination to be de-prioritised. In the next 12 months, in addition to continuing to screen reviews, we need to develop a longer-term quality assurance strategy that will ensure that intervention occurs at more appropriate times in the life cycle of the reviews, and we will also undertake an audit of new reviews over a three month period as part of Target 1.2 ('Create a prioritised sub-set of the existing MECIR (*Methodological Expectations of Cochrane Intervention Reviews*) standards with the aim of achieving 100% compliance to them for new Cochrane Systematic Reviews').

This will require the appointment of an additional editor on a fixed-term contract reporting to Senior Editor Toby Lasserson. In addition, the CEU needs to appoint a statistician as a research associate to provide specialist statistical input to the quality project and its other work. This post will be shared 50/50 with the Statistical Methods Group, and the role holder will be responsible for monitoring the quality of statistical analysis in Cochrane Reviews, will undertake methodological research and will contribute to the updating of statistical guidance and standards for Cochrane Reviews.

#### COPY EDIT SUPPORT: £200,000 (ALREADY APPROVED)

Cochrane has taken over accountability for copy edit support of Cochrane Systematic Reviews under the leadership of Copy Edit Support Manager Elizabeth Royle and a team of specialist freelance copy editors. Part of this expense is reimbursed by Wiley with the balance met from Cochrane's own funds. This responsibility and associated expenditure was approved by the Steering Group in December 2013.

#### PUBLISHING AND EDITORIAL POLICY: £45,000

The CEU workplan in Chapter 4 demonstrates the range and complexity of editorial projects demanded by the 2014 targets. These include supporting Cochrane's work towards open access publishing, overseeing the Managing Editor (ME) Support Team, developing a strategy for simplified English, implementing editorial policies and overseeing the Cochrane Wiley roadmap. In addition, we will be working with the Copy Edit Support Manager to identify measures to improve the efficiency and quality of copy editing. To achieve these goals, we seek to appoint a fixed-term additional editor and/or intern to support Harriet MacLehose and John Hilton.



TRANSLATION: £202,000 (ALREADY APPROVED)

As highlighted above, the Steering Group approved an annual increase of £202,000 a year for three years in January 2014 to support Cochrane's expanded translation work.

STRUCTURE & FUNCTION REVIEW: £35,000

The Steering Group approved funding for the Cochrane Review Group structure and function review in 2013 and the balance has been rolled over with additional funding to support reviews of the other Groups in Cochrane.

TRAINING STRATEGY: £164,000

The Steering Group approved in mid-2013 funds for the continuation of Cochrane training activities and the development of a new Training Strategy to September 2014. The Steering Group will consider this new strategy in September in Hyderabad and so the costs of the current team and strategy development until the end of August have been added projected funding for a transition period for the remainder of 2014 plus funds for the likely activities in the first quarter of 2015 (with the projected staffing levels indicated by the current Training Coordinators).

CENTRAL EXECUTIVE COLLOQUIUM SUPPORT: £29,000

Cochrane's organisation of its annual Colloquium is inefficient. The different organisers each year are required to set up systems and processes, and deliver outputs and targets that demand considerable support from across the CET because the organisers have not done these things before. We are therefore proposing to establish a single point of contact responsible for providing, co-ordinating and monitoring all Central Executive support to Colloquium organisers; including taking on some tasks related to organising the Colloquium that it is far more efficient for the CET to do on an annual basis. This additional 'cost' to the CET is therefore likely to produce savings for the annual organisers of Cochrane Colloquia and therefore reflects an increased investment by Cochrane to the total costs of its own major annual meeting.

EU PROJECT FUNDING DEVELOPMENT: £35,000

Cochrane Centres and Branches in Europe have highlighted how little funding Cochrane receives from the European Union, the world's largest development funder and a significant funder of research. We plan to invest £35,000 to support the development of expertise within the Central Executive both to identify funding opportunities for Cochrane groups and the central organisation; and to provide technical support to the formation of project proposals and EU project management if a proposal is successful. We hope that this investment becomes increasingly cost neutral in future years as this expertise helps Cochrane to expand and diversify its own funding portfolio.

WIKIPEDIA INITIATIVE: £15,000

Wikipedia's impact and global reach easily surpass all other knowledge sources in the world today, and its new partnership with Cochrane that was formally established in the first quarter of 2014 offers a massive opportunity for us to ensure Cochrane evidence reaches millions more people. Additional funding in 2014-15 will help us to maximise these opportunities and build the partnership quicker and more effectively.

ENVIRONMENTAL SUSTAINABILITY INITIATIVE: £13,000

Goal 4, Objective 7 of the *Strategy to 2020* pledges that 'We will review and adjust our operations to reduce the environmental impact'. The CET will work with a specialist external consultant to review

Cochrane's environmental footprint and then develop a pragmatic, workable strategy to reduce that environmental impact which can begin to be implemented in 2015.

#### REGIONAL INITIATIVES: £70,000

The CET is supporting the development of stronger Cochrane networks of contributors to expand the organisation's activities, profile, reach and impact in the Middle East, China and the US – and this may be extended to other countries and regions, too. We have set aside funds to support initiatives in these areas that are vital for the long-term growth and impact of Cochrane's work.

#### GESI: £120,000 (ALREADY APPROVED)

The Steering Group has already approved funding for four projects in Chile, South Africa, Pakistan and India as part of Cochrane's contribution to the Global Evidence Synthesis Initiative. Funding has been increased in this budget to accommodate funding to these projects. Additional support to the overall leadership and development of the GESI initiative is being supported through general CET funds.

#### TSC SUPPORT: £36,000 (TBC)

A proposal is currently being formulated by the TSC Executive, Senior Training Coordinator and the CEU to fund additional support to the TSC community. This proposal was not completed in time for incorporation in this *Plan & Budget* but a projected budget estimate of £36,000 was incorporated into the overall total to cover this support if the proposal is accepted by the Steering Group in the coming months.

As highlighted above, the *additional* staff beyond those already approved within the existing Central Executive structure are:

| Department   | Area of Work                     | Position     | Full/Part-Time | Fixed-Term/<br>Ongoing Post |
|--------------|----------------------------------|--------------|----------------|-----------------------------|
| CEU          | Quality Project                  | Editor       | 1 FTE          | Fixed Term                  |
| CEU          | Methods Support                  | Statistician | 1 FTE          | Ongoing                     |
| CEU          | Publishing/Editorial Policy      | Editor       | 1 FTE          | Fixed Term                  |
| CEU          | Training (TBC – Sept 2014)       | Admin & Web  | 1 FTE          | Fixed Term                  |
| IKMD         | IT Technical Support             | Officer      | 0.2 FTE        | Fixed to April 2015         |
| CEO's Office | Colloquium & CEO Project Support | Officer      | 1 FTE          | Ongoing                     |
| <b>Total</b> |                                  |              | <b>5.2 FTE</b> |                             |

The proposed 2014-15 budget contains no incremental increase for CET staff, despite the extremely successful year of achievements delivered by the team and the excellent financial performance of Cochrane. A Cost of Living (COL) adjustment has been included to ensure that staff are not worse off as a result of inflation in the countries where they are based. The 2014-15 salaries have therefore been increased where appropriate as follows:

- **UK:** 2% (Official CPI figure for 2013);
- **Germany:** 2.95% (Increase previously agreed by the Freiburg University Hospital and Cochrane staff and honoured in the transfer of staff to the Central Executive payroll);
- **Denmark:** 1% (Official COL for 2013 – still to be confirmed by the Rigshospitalet, Copenhagen).

Although these investments represent a significant increase in total expenditure, the overall picture is that we are projecting in 2014-15 Cochrane will still run **a surplus budget of £191,000**. We are

confident that if income does not reach the levels we are projecting we can adjust expenditure accordingly to ensure we do not run a deficit in 2014-15. We are also confident that this expenditure is appropriate and prudent in terms of future income projections beyond 2014-15 (see the Finance Report in Chapter 5); and given our accumulated reserves of £6 million at the end of this financial year. Even the potential allocations set aside for the 'Game Changers' strategic funding initiative can be adjusted if, in the next couple of years, there is a severe and unexpected deterioration of royalty revenues from The *Cochrane Library* as a result of the impact of more of the Library becoming available through Open Access.

### RECOMMENDATION:

**Cochrane's Senior Management Team therefore recommends this *Plan & Budget 2014-15* for adoption by the Steering Group.**

*Mark Wilson, Chief Executive Officer*

*David Tovey, Editor in Chief*

*Lucie Binder, Senior Advisor to the CEO*

*Chris Mavergames, Head of Informatics & Knowledge Management*

*Helen Morton, Head of Communications & External Affairs*

*Hugh Sutherland, Head of Finance & Core Services*

**20<sup>th</sup> March 2014**

## 2. STRATEGY TO 2020

The final version of Cochrane's *Strategy to 2020's* 2014 targets, which were developed by the Central Executive's Senior Management Team in consultation with Cochrane groups and contributors between November and December 2013, were approved by the Steering Group on 16th January 2014. These targets follow the adoption of the full *Strategy to 2020* by the organisation's members at the 2013 Annual General Meeting (AGM) on 21st September, in Québec City, Canada. Their purpose is to enable Cochrane as a whole – its groups, contributors and CET – to work effectively, efficiently and coherently in 2014 towards meeting its mission, goals and objectives.

The targets have been developed to be individually and collectively ambitious. There are 20 targets spread across the four Goals of the new *Strategy* and collectively they represent a substantial body of work. They are specifically designed to lay the groundwork and establish the processes for the delivery of the objectives set out in the *Strategy: 2014* will therefore, in many ways, be a 'year of preparation'.

Any target setting process obviously involves prioritisation to create an achievable balance between ambition and realistic workloads. The targets represent what the CET and Steering Group consider to be organisational priorities in the first year of the *Strategy* period, to lay the foundations for all objectives to be achieved by 2020. They do not denote a de-prioritisation of any other objectives, which will be addressed in future targets. They also do not represent all of the things that will be achieved in 2014; only those that the organisation has chosen to prioritise and measure as indicators of its progress in implementing the *Strategy to 2020*.

The CET came together in Oxford, in February, to develop the workplans that set out how the 2014 targets will be achieved; the delivery of each target is being treated as a project within an overall programme of work. During the work-planning process, the deliverables; timelines and milestones; target leads and project teams; stakeholders<sup>2</sup>; and budget dependencies for each target were identified. Additionally, work began and is ongoing by the project teams to establish step-by-step activity plans for each target, as well as risk management strategies and communication timetables. In the tables on the pages below, the project teams, timelines and stakeholders are set out for information.

Each target will be led by a CET target lead and project team, with some project teams also including members of Cochrane groups. The members of these project teams will achieve the implementation of the targets as a key component of their job roles. However, although operational management will be provided by the CET, it is important that Cochrane contributors – and particularly Cochrane groups – recognise the critical role they play in achieving success and, where required, organisational change.

To enable contributors to contribute effectively, the project teams will be establishing consultation groups made up of a selection of their target's stakeholders – both internal and external to the organisation, where required – to provide a navigating and 'sounding board' role. Opportunities will also be taken at Cochrane meetings, including the forthcoming mid-year meeting in Panama (which

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<sup>2</sup> Project stakeholders are groups or individuals that have an interest in the project. These stakeholders may be inside (internal) or outside (external) the organisation.

includes the [strategic session](#) on the structure and function review of Cochrane Review Groups) and the Colloquium in Hyderabad, to consult and communicate on the many different requirements of implementing the targets. You may be contacted specifically as part of the ongoing consultation process throughout the year. You can also read regular progress updates in Cochrane's new internal newsletter, *Within Cochrane*, and visit the [dedicated page on cochrane.org](#); this page will be regularly updated with more information. External stakeholders will be targeted through various promotions and news items. Although we have taken the decision to delay the release of the fully external and multi-lingual *Strategy to 2020* document series so that it can be branded consistently with Cochrane's revised brand (Target 3.1.), by the time of the Panama meeting we will have re-worked and publically released a professionally designed version of the internal *Strategy to 2020* document that Cochrane groups can share with their funders, partners and other stakeholders.

In the Activity Reports section below (Chapter 3) you can read in more detail about the progress that has already been made on delivering the 2014 targets by the CET departments. Chapter 4, the 2014 Workplans, sets out in tabular form when and by which department each target will continue to be worked upon in 2014. However, we know that many of you are really interested in the detail of delivering the targets and where delivery dates and/or requirements will affect your working practices. This information will be provided to you by the project teams as workplans are further refined, either through direct communication by email, meetings, teleconferences and webinars; or where appropriate in these Steering Group reports and on the Cochrane.org site.

We are confident that the programme and project management infrastructure that we have already established within the CET for delivering the targets will support all groups in implementing the targets within their own contexts. This infrastructure has already enabled the Senior Management Team to take an overarching view of the staffing and financial dependencies of the targets within their departments' overall programmes of work, and has supported the development of the unified CET budget that is presented in Chapter 5.






## CENTRAL EXECUTIVE TARGET LEADS AND PROJECT TEAMS

| 2014 target                              | Central Executive Team target lead   | Email address  | Project team (current: may be subject to changes or additions)  |
|--|--|--|---|
| 1.1 High priority reviews list           | <b>David Tovey</b><br>Editor in Chief  | dtovey@cochrane.org  | Maria Burgess, Ruth Foxlee, Orla Ni Ogain   |
| 1.2 MECIR sub-set                        | <b>Toby Lasserson</b><br>Senior Editor   | tlasserson@cochrane.org  | Miranda Cumpston, Ruth Foxlee, Rachel Marshall, Orla Ni Ogain, Nancy Santesso, Sera Tort  |
| 1.3.i Author support tool                | <b>Chris Mavergames</b><br>Head of Informatics & Knowledge Management<br><b>Ruth Foxlee</b><br>Information Specialist                  | cmavergames@cochrane.org<br><br>rfoxlee@cochrane.org                           | Ruth Foxlee, Toby Lasserson, Javier Mayoral, Rasmus Moustgaard, Jacob Riis, Paolo Rosati, Jessica Thomas  |
| 1.3.ii Review reduction time strategy    | <b>David Tovey</b><br>Editor in Chief  | dtovey@cochrane.org  | Jackie Chandler, Ruth Foxlee, John Hilton, Harriet MacLehose  |
| 1.4 Non-standard reviews framework       | <b>Jackie Chandler</b><br>Methods Co-ordinator   | jchandler@cochrane.org   | Methods Executive, MARS   |
| 2.1 User experience review and framework | <b>Jacob Riis</b><br>User Experience Lead<br><b>Catherine McIlwain</b><br>Consumer Co-ordinator  | jacob.riis@ims.cochrane.org<br><br>cmcilwain@cochrane.org                      | Olga Ahtirschi, selected members of the Ux group, selected members of CEAD, Sophia Joyce (Wiley), Denise Thomson                                    |
| 2.2 Dissemination checklist              | <b>John Hilton</b><br>Editor   | jhilton@cochrane.org   | Harriet MacLehose (or nominated member of ME Support Team), Managing Editor (TBC), Caroline Mavergames, Helen Morton, Rasmus Moustgaard, Jacob Riis |
| 2.3 Linked Data first phase              | <b>Chris Mavergames</b><br>Head of Informatics & Knowledge Management  | cmavergames@cochrane.org   | Olga Ahtirschi, Lorne Becker, Irfan Dawood, Michelle Fiander, Ruth Foxlee, Rachel Marshall, Rasmus Moustgaard, Paolo Rosati                         |
| 2.4 Open Access roadmap                  | <b>Lucie Binder</b><br>Senior Advisor to the CEO<br><b>David Tovey</b><br>Editor in Chief<br><b>Harriet MacLehose</b><br>Senior Editor | lbinder@cochrane.org<br><br>dtovey@cochrane.org<br><br>hmaclehose@cochrane.org | Cochrane Innovations CEO, Katie Breeze, Miranda Cumpston, Deborah Dixon (Wiley), Deborah Pentesco Gilbert (Wiley), Hugh Sutherland                  |

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|     |  |   |   |  |
|-----|--|---|---|--|
| 2.5 | <b>Simplified and standardised language</b>            | <b>Harriet MacLehose</b><br>Senior Editor   | hmaclehose@cochrane.org                       | John Hilton, Catherine McIlwain, Toby Lasserson, Juliane Ried, Elizabeth Royle, Caroline Struthers   |
| 2.6 | <b>Translation strategy</b>                            | <b>Juliane Ried</b><br>Translations Co-ordinator  | juliane.ried@cochrane.org                     | Olga Ahtirschi, Irfan Dawood, Ruth Foxlee, Martin Janczyk, Sophia Joyce (Wiley), Harriet MacLehose, Helen Morton, Deborah Pentesco Gilbert (Wiley), Jacob Riis                                   |
| 3.1 | <b>Coherent brand</b>                                  | <b>Helen Morton</b><br>Head of Communications & External Affairs  | hmorton@cochrane.org                          | Lucie Binder, Chris Mavergames, David Tovey, Mark Wilson   |
| 3.2 | <b>3-5 strategic partnerships</b>                      | <b>Helen Morton</b><br>Head of Communications & External Affairs  | hmorton@cochrane.org                          | Mark Wilson  |
| 3.3 | <b>Advocacy agenda</b>                                 | <b>Katie Breeze</b><br>Senior Media Officer<br><b>Nancy Owens</b><br>Content and Social Media Editor                      | kbreeze@cochrane.org<br>nowens@cochrane.org   | To be confirmed  |
| 3.4 | <b>Online metrics and impact stories</b>               | <b>Caroline Mavergames</b><br>Internal Communications Officer   | caroline.mavergames@cochrane.org              | Martin Janczyk, Nancy Owens, others to be confirmed  |
| 4.1 | <b>Membership scheme</b>                               | <b>Mark Wilson</b><br>CEO   | mwilson@cochrane.org                          | Claire Allen, others to be confirmed   |
| 4.2 | <b>Training and professional development strategy</b>  | <b>Miranda Cumpston</b><br>Senior Training Co-ordinator   | mcumpston@cochrane.org                        | Caroline Struthers, Marialena Trivella   |
| 4.3 | <b>Governance review</b>                               | <b>Claire Allen</b><br>Manager, Governance and Membership Support   | callen@cochrane.org                           | Mark Wilson  |
| 4.4 | <b>Structure and function review</b>                   | <b>David Tovey (for CRGs and Methods Groups)</b><br>Editor in Chief<br><b>Mark Wilson (for Centres and Fields)</b><br>CEO | dtovey@cochrane.org<br>mwilson@cochrane.org   | <b>CRGs and Methods:</b> Sally Bell-Syer, Maria Burgess, Chris Eccleston, Michelle Fiander, Ruth Foxlee, John Hilton, Harriet MacLehose, Sera Tort<br><b>Centres and Fields:</b> to be confirmed |
| 4.5 | <b>Cochrane Clinical Answers and Cochrane Learning</b> | <b>Cochrane Innovations CEO</b><br>(Interim: CCAs: Lorne Becker; Learning: Denise Thomson. Both Innovations Directors)    | lornebecker@gmail.com<br>dthomson@ualberta.ca | Jane Burch, Deborah Dixon (Wiley), Karen Pettersen (Wiley), Deborah Pentesco Gilbert (Wiley), Sera Tort, David Tovey, Mark Wilson  |
| 4.6 | <b>Improved financial and business processes</b>       | <b>Hugh Sutherland</b><br>Head of Finance & Core Services   | hsutherland@cochrane.org                      | Finance and Core Services Department, INCA (external accountants)  |

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| ORGANISATION OF 2014 TARGETS BY PRIMARY CENTRAL EXECUTIVE DEPARTMENT |   |  |  |  |   |                                |
|--|---|--|--|--|---|--------------------------------|
| GOAL   |  CEU |  CEOO |  IKMD |  CEAD |  FCS |                                |
| 1  | 1.1. High priority reviews list   | 1.2. MECIR sub-set   | 1.3. i) Author support tool<br>ii) Review reduction time                                 | 1.4. Non-standard reviews framework  |   |                                |
| 2  | 2.1. UX review and framework  | 2.2. Dissemination checklist   | 2.3. Linked Data first phase   | 2.4. Open Access roadmap   | 2.5. Simplified and standardised language   | 2.6. Translation strategy      |
| 3  | 3.1. Coherent brand   | 3.2. 3-5 strategic partnerships  | 3.3. Advocacy agenda   | 3.4. Online metrics and impact stories   |   |                                |
| 4  | 4.1. Membership scheme  | 4.2. Training and prof. dev. strategy  | 4.3. Governance review   | 4.4. Structure and function review   | 4.5. CCAs and Cochrane Learning   | 4.6. Improved financial & bus. |



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ESTIMATED TARGET TIMELINES, 2014-15

|                       |                                  | 13 | Jan 14                             | Feb 14                             | Mar 14                             | Apr 14 | May 14                             | Jun 14                             | Jul 14                             | Aug 14 | Sep 14 | Oct 14                           | Nov 14 | Dec 14 | Jan 15 | Feb 15 | Mar 15 | 15+ |        |  |  |        |        |
|-----------------------|----------------------------------|----|------------------------------------|------------------------------------|------------------------------------|--------|------------------------------------|------------------------------------|------------------------------------|--------|--------|----------------------------------|--------|--------|--------|--------|--------|-----|--------|--|--|--------|--------|
| 1.1.                  | High priority reviews list       |    |                                    | [Purple bar from Feb 14 to Dec 14] |                                    |        |                                    |                                    |                                    |        |        |                                  |        |        |        |        |        |     | Jul 15 |  |  |        |        |
| 1.2.                  | MECIR sub-set                    |    |                                    |                                    | [Purple bar from Mar 14 to Dec 14] |        |                                    |                                    |                                    |        |        |                                  |        |        |        |        |        |     |        |  |  |        |        |
| 1.3.i                 | Author support tool              |    | [Yellow bar from Jan 14 to Dec 14] |                                    |                                    |        |                                    |                                    |                                    |        |        |                                  |        |        |        |        |        |     |        |  |  |        |        |
| 1.3.ii                | Review reduction time strategy   |    |                                    |                                    |                                    |        | [Purple bar from Jun 14 to Mar 15] |                                    |                                    |        |        |                                  |        |        |        |        |        |     |        |  |  | Apr 15 |        |
| 1.4.                  | Non-standard reviews f/work      |    |                                    | [Purple bar from Mar 14 to Aug 14] |                                    |        |                                    |                                    |                                    |        |        |                                  |        |        |        |        |        |     |        |  |  |        |        |
| [Black separator row] |                                  |    |                                    |                                    |                                    |        |                                    |                                    |                                    |        |        |                                  |        |        |        |        |        |     |        |  |  |        |        |
| 2.1.                  | UX review and framework          |    |                                    | [Yellow bar from Feb 14 to May 14] |                                    |        |                                    |                                    | [Yellow bar from Jun 14 to Dec 14] |        |        |                                  |        |        |        |        |        |     |        |  |  |        |        |
| 2.2.                  | Dissemination checklist          |    |                                    | [Purple bar from Feb 14 to Nov 14] |                                    |        |                                    |                                    |                                    |        |        |                                  |        |        |        |        |        |     |        |  |  |        |        |
| 2.3.                  | Linked Data first phase          |    | [Yellow bar from Jan 14 to Sep 14] |                                    |                                    |        |                                    |                                    |                                    |        |        |                                  |        |        |        |        |        |     |        |  |  |        |        |
| 2.4.                  | Open Access roadmap              |    | [Purple bar from Jan 14 to Dec 14] |                                    |                                    |        |                                    |                                    |                                    |        |        |                                  |        |        |        |        |        |     |        |  |  |        |        |
| 2.5.                  | Simp. language                   |    |                                    |                                    |                                    |        |                                    | [Purple bar from Jun 14 to Mar 15] |                                    |        |        |                                  |        |        |        |        |        |     |        |  |  |        | Dec 16 |
| 2.6.                  | Translation strategy             |    | [Blue bar from Jan 14 to May 14]   |                                    |                                    |        |                                    | [Blue bar from Jun 14 to Dec 14]   |                                    |        |        |                                  |        |        |        |        |        |     |        |  |  |        |        |
| [Black separator row] |                                  |    |                                    |                                    |                                    |        |                                    |                                    |                                    |        |        |                                  |        |        |        |        |        |     |        |  |  |        |        |
| 3.1.                  | Coherent brand                   |    | [Red bar from Jan 14 to Oct 14]    |                                    |                                    |        |                                    |                                    |                                    |        |        |                                  |        |        |        |        |        |     |        |  |  |        |        |
| 3.2.                  | 3-5 strategic partnerships       |    |                                    | [Red bar from Mar 14 to Feb 15]    |                                    |        |                                    |                                    |                                    |        |        |                                  |        |        |        |        |        |     |        |  |  |        |        |
| 3.3.                  | Advocacy agenda                  |    | [Red bar from Feb 14 to Dec 14]    |                                    |                                    |        |                                    |                                    |                                    |        |        |                                  |        |        |        |        |        |     |        |  |  |        |        |
| 3.4.                  | Online metrics & impact stories  |    |                                    |                                    |                                    |        |                                    | [Red bar from Jun 14 to Dec 14]    |                                    |        |        |                                  |        |        |        |        |        |     |        |  |  |        |        |
| [Black separator row] |                                  |    |                                    |                                    |                                    |        |                                    |                                    |                                    |        |        |                                  |        |        |        |        |        |     |        |  |  |        |        |
| 4.1.                  | Membership scheme                |    |                                    |                                    |                                    |        |                                    |                                    |                                    |        |        | [Blue bar from Sep 14 to Mar 15] |        |        |        |        |        |     | Oct 15 |  |  |        |        |
| 4.2.                  | Training and prof. dev. strategy |    | [Purple bar from Jan 14 to Nov 14] |                                    |                                    |        |                                    |                                    |                                    |        |        |                                  |        |        |        |        |        |     |        |  |  |        |        |

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|------|----------------------------|--|--|--|--|--|--|--|--|--|--------|
| 4.3. | Governance review          |  |  |  |  |  |  |  |  |  |        |
| 4.4. | Structure and function     |  |  |  |  |  |  |  |  |  |        |
| 4.5. | CCAs and Cochrane Learning |  |  |  |  |  |  |  |  |  | Jul 15 |
| 4.6. | Financial and bus.         |  |  |  |  |  |  |  |  |  |        |

## TARGET STAKEHOLDERS

Target stakeholders are groups or individuals that have an interest in the target. These stakeholders may be inside (internal) or outside (external) the organisation. To identify the stakeholders for each target, the project teams answered the following questions:

- Will the person or their group be directly or indirectly affected by this target?
- Does the person or their group hold a position from which they can influence the target?
- Does the person or their group have any special skills or capabilities the target project will require?

| Target   | 1.1 | 1.2 | 1.3.i | 1.3.ii | 1.4 | 2.1 | 2.2 | 2.3 | 2.4 | 2.5 | 2.6 | 3.1 | 3.2 | 3.3 | 3.4 | 4.1 | 4.2 | 4.3 | 4.4 | 4.5 | 4.6 |   |
|--|-----|-----|-------|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| <b>Internal stakeholders</b>                                   |     |     |       |        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |   |
| <b>Review production teams:</b>                                |     |     |       |        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |   |
| Cochrane Review authors  | x   | x   | x     | x      | x   |     | x   |     | x   | x   | x   |     |     |     |     | x   | x   | x   | x   |     |     |   |
| Other members (e.g. statisticians, editors, consumer referees) |     | x   | x     | x      | x   |     | x   |     | x   | x   |     |     |     |     |     | x   | x   | x   | x   |     |     |   |
| <b>Cochrane Review Group staff:</b>                            |     |     |       |        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |   |
| Co-ordinating Editors/Executive                                |     | x   | x     | x      | x   |     | x   |     | x   | x   |     |     |     | x   |     | x   | x   | x   | x   | x   | x   | x |
| Managing Editors/Executive                                     | x   | x   | x     | x      | x   |     | x   |     | x   | x   | x   | x   |     |     | x   | x   | x   | x   | x   | x   | x   | x |
| Trials Search Co-ordinators/Executive                          | x   | x   | x     | x      | x   |     |     | x   | x   |     |     |     |     |     |     | x   | x   | x   | x   |     |     |   |
| <b>Centre and Branch staff:</b>                                |     |     |       |        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |   |
| Centre and Branch Directors                                    | x   |     |       | x      | x   |     | x   |     | x   |     | x   |     | x   |     |     | x   | x   | x   | x   |     |     | x |
| Centre Staff   |     | x   |       | x      | x   |     |     |     | x   | x   | x   | x   |     | x   | x   | x   | x   | x   | x   |     |     |   |
| <b>Methods Group staff</b>                                     | x   |     | x     |        | x   |     | x   | x   | x   | x   |     |     |     |     |     | x   | x   | x   | x   |     |     | x |
| <b>Fields staff</b>  | x   |     |       | x      | x   |     | x   | x   | x   |     | x   | x   |     |     | x   | x   | x   | x   | x   |     |     | x |
| <b>Consumers/Executive</b>                                     | x   |     |       |        | x   |     | x   |     | x   | x   | x   | x   |     |     | x   | x   | x   | x   | x   |     |     | x |
| <b>Steering Group</b>  |     |     |       |        | x   |     |     |     | x   |     | x   |     | x   | x   |     | x   | x   | x   | x   |     |     | x |
| <b>Central Executive team</b>                                  | x   | x   | x     | x      | x   | x   | x   | x   | x   | x   | x   | x   | x   | x   | x   | x   | x   | x   | x   | x   | x   | x |
| <b>Cochrane Innovations</b>                                    |     |     | x     |        |     | x   |     | x   | x   |     | x   | x   | x   |     |     |     | x   |     | x   | x   |     |   |
| <b>Cochrane Library Oversight Committee</b>                    | x   |     |       |        |     | x   | x   | x   | x   | x   | x   |     |     |     |     |     | x   |     |     |     |     | x |

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|---|---|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|---|---|--|--|
| <b>Other:</b>   |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |   |  |  |
| Potential Cochrane authors/contributors               |   |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  | x | x |  |  |
| Cochrane Training                                     |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |   |  |  |
| Trainers  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |   |  |  |
| Peer referees   |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |   |  |  |
| Copy editors  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |   |  |  |
| <b>External stakeholders</b>                          |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |   |  |  |
| <b>Wiley</b>  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |   |  |  |
| Users of Cochrane content:                            |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |   |  |  |
| Patients and other healthcare consumers               | x |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |   |  |  |
| Health practitioners (including clinicians)           | x |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |   |  |  |
| Guidelines developers                                 | x |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |   |  |  |
| Policy-makers   | x |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |   |  |  |
| Media (journalists, bloggers, etc.)                   |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |   |  |  |
| <b>Licence holders to <i>The Cochrane Library</i></b> |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |   |  |  |
| <b>Funders of Cochrane groups</b>                     | x |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |   |  |  |
| <b>Cochrane partners</b>                              |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |   |  |  |
| <b>Other:</b>   |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |   |  |  |
| Professional organisations                            |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |   |  |  |
| Authors of non-Cochrane Reviews                       |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |   |  |  |

# 3. DEPARTMENT ACTIVITY REPORTS

SEPTEMBER 2013 TO MARCH 2014: QUÉBEC TO PANAMA

## CEO'S OFFICE





ABOVE: THE CET IN OXFORD, FEBRUARY 2014

## CEO'S SUMMARY

*Mark Wilson*

It has been another busy and productive six months for the CEO's Office as we lead and support the organisation and the Central Executive (CET) on strategic and business matters. A significant priority has been the establishment of the new Central Executive, which nominally came into being on 1<sup>st</sup> September but was actually established through the last quarter of 2013 and the first quarter of 2014.

The new Head of the Communications & External Affairs Department (CEAD), Helen Morton, joined in October and Katie Breeze, Senior Media Officer, in January, forming a new team with Nancy Owens

(Web Content & Social Media Editor) and Caroline Mavergames (Internal Communications Officer). The new Head of Finance & Core Services (FCS), Hugh Sutherland, joined in late-November but because of pre-arranged plans effectively began working only at the beginning of 2014. Annie Webster, a new Office Assistant based in Oxford, joined the team on 2<sup>nd</sup> December, and in March Maria Burgess became the new Office Manager for the Central Executive's Oxford and London offices.

The new Head of the Informatics & Knowledge Management Department (IKMD), Chris Mavergames, led the re-development of the old IMS and Web Development units into a new, integrated IKMD team. IKMD team members based in Freiburg, Germany, were formally transferred from employment with and accountability to the German Cochrane Centre to the Central Executive on 1<sup>st</sup> January, though the team will be able to stay working alongside their GCC colleagues. It has also been agreed that the same arrangement can be made with the IKMD staff in Copenhagen, where the Rigshospitalet has been very slow and uncooperative but finally agreed to allow the Central Executive staff to work alongside colleagues from the Nordic Cochrane Centre. Negotiations with the NCC and Rigshospitalet are still going on to sort out the final arrangements but these should be sorted out in the next month or two. Meanwhile, Tom Cracknell was appointed as IKMD's new Project Support Officer from March.

At the Cochrane Editorial Unit (CEU) Jane Burch was recruited as a new Editor to work on Cochrane Innovations derivative products; and Elizabeth Royle, Copy Edit Support Manager, joined the team from Wiley as Cochrane took on responsibility for copy editing from our publisher, following a decision of the Steering Group in January.

In March we also announced further changes due to existing staff moving on to other jobs. Helen Morton, the newly appointed Head of CEAD, will leave us at the end of March to take up a new position at Save the Children, leading that organisation's post-2015 advocacy work. Helen has made a big impact in her six months in post and is a valued member of the Senior Management Team so we are very sad to lose her. Suki Kenth, HR Manager, and Rachel Sayers, Finance Officer, decided to make career changes and will leave us in February and April respectively. We thank them all for their excellent contributions to our work while they were with us. Rachael Wallwork has joined Cochrane's Central Executive as our new HR Manager; and we are now recruiting for a new Finance Manager. We are also recruiting for a Translations Coordinator to lead Cochrane's work in this critical area after receiving approval from the Steering Group in January.

## CENTRAL EXECUTIVE TEAM MEETING

In February we organised the first of what we hope to be annual team meetings for the CET, in Oxford. This meeting gave the team an opportunity to come together in full for the first time; plan in detail the workplans for the delivery of the 2014 *Strategy to 2020* targets; share best practice; undertake training in the new collaborative software and online tools that will support unified working practices between the Central Executive offices; and plan effective communications within the CET, to the wider organisation, and externally.

Staff members were uniformly positive in their feedback on this meeting, which provided an essential opportunity to bring what is predominantly a remote-working team together face-to-face to work intensively on supporting the aims of the business. As part of efforts to reduce overall expenditure and environmental impact, we envisage that this meeting will reduce the need for some staff members to attend mid-year meetings and/or Colloquia in person.

# STRATEGY TO 2020: 2014 TARGETS

## TARGET SETTING AND ANNUAL PLANNING

Since the Québec Colloquium the new Senior Management Team (SMT) produced *Strategy to 2020* targets for 2014 (with some targets extending longer), following extensive consultation with the Steering Group and the whole organisation, that were approved by the Steering Group in mid-January. These will form the major objectives for Cochrane and also provide the framework against which the Central Executive will report for the remainder of the year. After approval, the CEO's Office, led by Mark Wilson and Lucie Binder, and Hugh Sutherland from FCS, designed a new planning and budgeting process and the CET worked together in February and March to produce this *Plan & Budget 2014-15*, encompassing both the new work demanded by the *Strategy to 2020* as well as the other initiatives and ongoing objectives the CET is delivering.

The CEO's Office is also leading on the following targets in 2014 in partnership with other CET departments:

### TARGET 2.1: USER-CENTRED DESIGN AND DELIVERY: USER EXPERIENCE (UX) REVIEW AND FRAMEWORK

The CET will be focussing heavily on learning more about the Cochrane user experience this year to ensure that Cochrane is a much more user-centred organisation in the design of its products and services in future. The Ux Review and Framework target will deliver the necessary foundation for a continuous and well-informed focus on users' needs. The primary deliverables are gathering all currently available data on user behaviour and needs, and creating a framework that allows for ongoing analysis. We're in the exploratory phase and a detailed project plan is being drafted. This project will be led by Jacob Riis from the IKMD, and Catherine McIlwain.

### TARGET 2.4: OPEN ACCESS

On 1st February 2014, Cochrane had its first anniversary of going open access. 'Open access' is a way of publishing scholarly research that makes it available unrestricted online. Open access for Cochrane means that authors can choose to make their Cochrane Review or Protocol open access in the *Cochrane Database of Systematic Reviews* (CDSR) immediately upon publication (gold open access), while authors of all other reviews and protocols will see them go free to view twelve months after publication (green open access).

## OPEN ACCESS

Gold open access allows authors to ensure their Cochrane Review or Protocol is free to view immediately upon publication. Different licencing arrangements, using a Creative Commons licence, means the content is easier to share and reuse. Each gold access Cochrane Review is also included in PubMed Central, a digital repository managed by the US National Library of Medicine. Authors can pay an article publication charge to go gold open access, while reviews and protocols with a first author from a [Group A or B HINARI country](#) have the charge waived.

All Cochrane Reviews and Protocols published since 1st February 2013 have green open access rights. These mean that the reviews and protocols become free to view for all readers globally twelve months after publication. Authors can also choose to post a copy of the review or protocol in a digital repository, such as PubMed Central.

Cochrane and Wiley work with funders to meet mandated open access requirements; for example, Wiley submits Cochrane Reviews to PubMed Central on behalf of authors funded by the US National Institutes of Health (NIH). Last month, over 170 Cochrane Review and Protocols were the first articles made free to view as part of Cochrane's green open access policy. The uptake of gold open access has been gradual, with only 10 Cochrane Reviews and Protocols published with gold open access so far. In January 2014 we introduced changes to Archie to make it easier for authors and Managing Editors to publish gold open access Cochrane Reviews and Protocols.

Looking forward, we are committed to moving to making all Cochrane Reviews free upon publication by 2020. Over the course of 2014 the CEO's Office will be working with the CEU on development of a 'roadmap' for achieving this universal open access, in collaboration with Wiley and *Cochrane Innovations*, whilst trying to ensure that any reductions in licence income are replaced by other sources of funding or support. An 'open access summit' is planned for May 2014 which will give the target team members the opportunity to work intensively for two or three days on developing the roadmap before seeking consultation from Cochrane collaborators, funders, partners and other stakeholders.

Further information about the open access policy is available in the *Editorial and Publishing Policy Resource*, [here](#).

## TARGET 2.6: MULTI-LINGUAL: TRANSLATION STRATEGY

### TRANSLATION STRATEGY AND BUSINESS PLAN

The translation strategy and business plan was developed since the Québec Colloquium through extensive consultation with the Translation Strategy Working Group and Advisory Group, the Central Executive, Wiley and Smartling. The final proposal was delivered to the Steering Group for its January meeting and unanimously approved. We have since signed an agreement with [Smartling](#) for the provision of a translation management system (TMS) for an initial term of twelve months, with the option for renewal of the contract for 24 months thereafter. Establishment of the TMS has started. The recruitment process for a Translations Co-ordinator is also in progress, and a detailed work plan for the delivery of the translations strategy for 2014, including the *Strategy to 2020* multi-language target 2.6, is currently being scoped out.

### SUPPORT OF ONGOING AND PLANNED TRANSLATION PROJECTS

We continued to provide support to ongoing translation projects to facilitate publication of translations on our platforms via Archie, and engaged with groups and individuals interested in contributing Cochrane translations. Existing projects that were integrated with our systems and added to our platforms, or new projects that are in planning stage, include Traditional Chinese, Japanese, German, Korean, Tamil and Arabic.



## MULTI-LANGUAGE SEARCH AND PUBLICATION

Multi-language search specifications are in development for *The Cochrane Library* (as part of the Roadmap), and additional languages are to be added to the search on *Cochrane Summaries*. Planning with Wiley to develop *The Cochrane Library* as a multi-language platform has also begun. Policies and permissions in relation to conduct and publication of translations of Cochrane Reviews are under review and development.

## TARGET 4.1: INCLUSIVE AND OPEN: MEMBERSHIP SCHEME

Work on establishing a membership scheme will begin later in 2014 following the governance review and further progress being made on the structure and function review of Cochrane groups. In the meantime, the CEO's Office continues to be the first point of contact for membership enquiries, via Claire Allen.

## TARGET 4.3: TRANSPARENTLY GOVERNED: GOVERNANCE REVIEW

Following the approval at the AGM in Québec, Cochrane's new Articles of Association were registered with the UK Charity Commission and Companies House. We are awaiting information from the University of California, San Francisco, on whether they are seeking compensation for the time spent by Lisa Bero, the new Co-Chair on Cochrane duties. A special 'Co-Chairs Remuneration Committee' to consider the remuneration agreements affecting Co-Chairs, and assess and make recommendations to the Steering Group on subsequent value for money, has been formed with the following members:

- Mary Ellen Schaafsma (Chair)
- Marina Davoli
- Sally Green
- Luis Gabriel Cuervo
- Sharon Searle (International HR expert, based in New Zealand)

An initial mapping of the areas of concentration for the governance review scheduled for 2014 has been done and will be checked with the Steering Group in Panama (see separate paper).

## TARGET 4.4: EFFICIENTLY RUN: CENTRES AND GROUPS STRUCTURE AND FUNCTION REVIEW

The review of Centres & Branches, and Fields, will begin later in 2014 following further progress on the Cochrane Review Group structure and function review, being led by David Tovey (see CEU section, below). The first stage of the Fields review will be incorporated in the User Experience review (*Strategy* target 2.1).

## TARGET 4.5: FINANCIALLY STRONG: DERIVATIVE PRODUCTS

*Cochrane Clinical Answers* and *Cochrane Learning* continue to be developed, with the latter entering pilot market testing in Canada in early 2014. Mark Wilson continued to support the work of Cochrane Innovations as a member of its Board of Directors and in leading the recruitment of a new CEO for Cochrane Innovations. It is hoped that an appointment will be made in Quarter 2 2014, following the closing date for applications in March. For more details on the development of derivative products, see the CEU report below and the Cochrane Innovations report to the Steering Group.

# OTHER DEPARTMENT PRIORITIES

## 'GAME CHANGERS'

The 'Game Changers' initiative to provide strategic reserve funding for projects that could transform Cochrane's production and business situation was launched on 5<sup>th</sup> February, with an announcement made both inside and outside Cochrane of the opening of the first round of funding applications and up to £1 million GBP in the first year of the proposed three-year scheme with £2.5 GBP million set aside for the initiative. The Steering Group had approved the 'Game Changers' criteria and process in January and the first round applications close at the end of March. Draft names have been provided for the Project Board and a final list of potential members will be agreed by the Steering Group in Panama.

## REGIONAL INITIATIVES

Last year Cochrane's Central Executive took over direct 'reference centre' responsibility for the development of Cochrane's network and activities in the Middle East. A meeting at the Colloquium in Québec with collaborators from the region agreed on a new approach that would be based around building a wide network of collaborators without designating formal Cochrane Centres or Branches for the foreseeable future. Since then individuals in the region have been working to reach out to other individuals and institutions in their country and fielding approaches from those interested in joining Cochrane. Particularly noteworthy is the growing network of interest in Saudi Arabia and in April Mark Wilson and David Tovey are scheduled to visit the Ministry of Health to discuss the funding of a national licence and future support for the development of a Cochrane network in the country and the funding of a national licence.

Mark visited the Chinese Cochrane Centre in Chengdu and the Cochrane Hong Kong branch in November where it was agreed to establish a Chinese Cochrane Network in order to expand Cochrane's reach, profile, activities and impact across the country. This will be developed further in the second quarter of the year and may establish a useful model for other countries, too, including in the US, and discussions began on how the Central Executive could help to develop Cochrane's activities and impact in the world's largest healthcare economy.

## GLOBAL EVIDENCE SYNTHESIS INITIATIVE

Participants at the Global Evidence Synthesis Initiative (GESI) project meeting in Québec in September 2013 agreed to establish a drafting committee to put together a 'Case for Support'. A high-quality drafting team of ten people from Cochrane and other organisations involved in the project was formed in January-February and began work in March. Updates were sent to all those interested in the initiative or who participated in Québec as the drafting team's report will have wide consultation before at least one 'Case for Support' is produced ready for the Third Global Symposium on Health Systems Research in Cape Town in late September.

## PARTNERSHIP WITH WIKIPEDIA

In 2013, Cochrane formed a partnership with Wikipedia via the Wiki Project Med Foundation to promote the use of independent, high-quality evidence in Wikipedia articles. Wikipedia's impact and global reach easily surpass all other knowledge resources in the world today, providing an unparalleled opportunity for Cochrane to reach new audiences. To kick-off the new partnership, Wiley provided 100 full *Cochrane Library* licences free to Wikipedia medical editors to enable them to use Cochrane evidence to edit Wikipedia articles in health and medicine topics.

Additionally, although having taken longer than expected, we are now in the final stages of the process to appoint a Wikipedian-in-Residence (WiR) to work with Cochrane contributors and groups who want to get involved, to teach authors how to edit Wikipedia articles with the evidence they have produced; and to advocate Wikipedia within the Cochrane community as a key tool for disseminating Cochrane evidence. The WiR appointment is being overseen by Lucie Binder in partnership with Nancy Owens from the CEAD and John Hilton from the CEU. Going forward, Nancy and John will take on full responsibility for managing the WiR and the partnership in general.

## PUBLISHING MANAGEMENT

Mark Wilson and Lucie Binder are members of the Cochrane-Wiley Publishing Management Team, which provides overarching management of the publishing partnership between the two organisations. Mark chairs the team and Lucie leads its operations in partnership with Harriet MacLehose from the CEU and Deborah Pentesco Gilbert from Wiley. Additionally, Lucie is a member of the content and publication Roadmap committee, a sub-group of the Management Team; and leads on the monitoring of technology service standards. You can read more about progress on publishing projects over the past six months in the separate report to be submitted for Panama.

## CONSUMER SUPPORT

### ACCESSIBLE PRODUCTS: PLEACS AND PLS TRAINING

Following the completion of the PLEACS - or Plain Language Summary - standards, Catherine McIlwain, and Caroline Struthers from the CEU, designed a training course to provide practical examples for implementing the standards. The training was first conducted in Québec for an audience of 31 Managing Editors, authors, and guideline developers. Utilizing a Pre/Post-test, they asked about the PLS knowledge and skills of the participants. All key indicators showed a substantial increase after the training.

Due to the success of the training it was repeated in Oxford for UK-based MEs. It is also scheduled to repeat in Manchester at the UKCC annual meeting, and at the Hyderabad Colloquium. The training's initial recommendations on writing in simplified language will be expanded through the *Strategy to 2020* target 2.5, which is led by the CEU. Catherine McIlwain will continue to work in this area as a team member for the target 2.5, although further reports on PLS will be provided through the CEU's report.

### CONSUMER MEMBERSHIP AND PARTICIPATION IN COCHRANE

In 2013, as part of the Monitoring and Registration Committee (MaRC) reports, Cochrane Review Groups (CRGs) were asked a number of questions about the involvement of consumers in their reviews. This time, CRGs were asked for much more detailed information about their involvement of consumers in the review process. This data is reported in Section 3 of the CEU MaRC data report, [here](#).

## RE-DESIGNING THE AUBREY SHEIHAM SCHOLARSHIP

Aubrey Sheiham is a dental epidemiologist and a longtime supporter of Cochrane's work and mission. Since 2001, through Dr Sheiham's generosity, Cochrane researchers from low- and middle-income countries have been funded and supported each year to complete a Cochrane Review on a topic of relevance to their region, and to cascade relevant knowledge about Cochrane and evidence-based health care (EBHC) to their local networks.

Effective February 2014 following support from the CEO's Office, the Aubrey Sheiham Scholarship has evolved into a new award focussing on leadership in EBHC: The Aubrey Sheiham EBHC in Africa Leadership Award. With an updated and more explicitly concentrated remit, the award will continue to be offered annually to an individual from Africa, and will support the conduct and dissemination of a high-impact Cochrane Review on a topic relevant to resource constrained settings. The award will be administered and the successful candidates supported by the South African Cochrane Centre (SACC), based in Cape Town and one of Cochrane's most active coordinators of regional activity.

The award recipient will, in addition to completing their chosen Cochrane Review and disseminating its findings, support capacity development by mentoring a novice author from Africa through the Cochrane Review process. This will continue the Sheiham Scholarship's established tradition of building knowledge and research networks, and will be actively supported by the SACC team. More information can be found on [cochrane.org](http://cochrane.org), [here](#).

## COMMITTEE AND MEETING SUPPORT

The CEO's Office continues to provide administrative and project support to the Steering Group; Senior Management Team; Steering Group Co-Chairs, CEO and Editor in Chief meetings; Cochrane-Wiley Publishing Management Team; Trading Company; Centre Directors Executive; and GESI. We also support annual Cochrane Colloquia and mid-year meetings, and administer several annual awards and the Discretionary Fund.

## CONTRACTS MANAGEMENT

Over the last six months, the CEO's Office has been working with Hugh Sutherland, Head of Finance & Core Services, to draft and manage contracts between the organisation and third parties. In the future this responsibility will be fully handed over to the FCS, although we will continue to provide strategic oversight on all contracts and business relationships.

## CEO BULLETIN AND OTHER INTERNAL COMMUNICATIONS

The CEO Bulletin, which provided the Cochrane community with quarterly updates on Mark Wilson's activities and other strategic matters was very well received throughout 2013 and in its first 2014 edition. However, since March this year it has been incorporated into the new internal newsletter, *Within Cochrane*, which is compiled by the CEAD. The CEO's Office will work with the CEAD on an ongoing basis to ensure that business and strategic matters are effectively communicated to both internal and external stakeholders.

# COCHRANE EDITORIAL UNIT



## EDITOR IN CHIEF'S SUMMARY

*David Tovey*

As the individual reports below demonstrate, this has been another extremely busy period for the Cochrane Editorial Unit (CEU) team. Six projects have dominated:

1. Work related to the *Strategy to 2020* and its targets;
2. The review quality screening project;
3. The Cochrane Review Group structure and function project;
4. Development work on the Cochrane-Wiley Content and Publication Roadmap;
5. Ongoing development of derivative products (products derived from Cochrane content);
6. Implementation of the *Cochrane Register of Studies*.

These, and other projects are discussed in more detail below.

On a personal note I would like to take this opportunity to welcome Jane Burch, who joined the CEU team as an editor supporting Sera Tort in delivering our derivative product program; and Elizabeth Royle, who transfers her Copy Edit Support post from Wiley to the Unit. As ever, I am extremely grateful to my excellent team, and also to those many individuals and groups in the wider organisation who have supported our work over the past six months.

## STRATEGY TO 2020: 2014 TARGETS

### TARGET 1.1: RELEVANT AND UP-TO-DATE REVIEWS: HIGH-PRIORITY REVIEWS

David has had very early discussions with a number of stakeholders including the Fields Executive convenor and the convenors of the Agenda and Priority Setting Methods Group.

We will work with interested parties inside and outside Cochrane to create a list of about 200 high-priority review titles (new or for updating) by the end of 2014. To this end, we will hold a teleconference with the Agenda and Priority Setting Methods Group in the next few weeks. In addition, we will be undertaking work aimed at identifying priorities of partner organisations (e.g. guidelines groups, the World Health Organization (WHO) etc.), and also exploring data on burden of disease in order to identify conditions and interventions that are under-represented in the *Cochrane Database of Systematic Reviews*.

### TARGET 1.2: HIGH QUALITY: MECIR SUB-SET

Between September 2013 and the end of February 2014, the CEU screened 186 reviews against 13 key MECIR reporting and conduct standards. In many cases we identified only discretionary changes that would help reviews to meet these standards. These have proved fairly straightforward to incorporate, and the response from CRGs has been overwhelmingly positive. A number of reviews have helped us to identify good practice examples of 'Summary of Findings' tables, incorporating GRADE in reviews, and reporting statistical uncertainty. However, we identified that there are substantial quality issues in nearly 10% of reviews, which cannot be resolved by simple edits to the text of the review, and, inevitably, the publication of these reviews has been delayed. Issues identified include errors in the analysis of data, and problems in the implementation of methods that introduce clear biases and incoherent reporting.

Whilst the process has posed a number of challenges around the timeliness of reporting back, we managed these challenges by maintaining good communications both within the team of screening editors, and with the CRG editorial bases. Sharing the reports with the Copy Edit Support team is proving to be a helpful way to co-ordinate finalising reviews in the last stages of the editorial process. We continue to liaise closely with the training team to ensure that the reports help to identify common errors and good practice, and that the findings of the screening program will help the development of training resources.

We are looking to expand the criteria we use as part of the screening program to identify a prioritised subset of the MECIR standards, and will audit against these items from September 2014.



## TARGET 1.3: EFFICIENT PRODUCTION: INCLUDING AN AUTHOR SUPPORT TOOL (CAST)

Ruth Foxlee and Chris Mavergames are leading on this target. Ruth Foxlee developed the first draft of the Request for Proposals (RFP), for the Cochrane Author Support Tool (CAST). Feedback from relevant stakeholders was solicited and incorporated including from CEU and Informatics and Knowledge Management Department team members, Hugh Sutherland, Finance and Core Services, Karla Soares-Weiser, Miranda Cumpston, Chris Eccleston and the Trials Search Co-ordinator and Managing Editor Executives.

The RFP was released on Monday 10th March 2014.

## TARGET 1.4: PIONEERING METHODS: NON-STANDARD REVIEWS

An Innovations Framework is in draft form for discussion at Board, Executive, and the Methods and Review Standard (MARS) Advisory Committee (AC) meetings in Panama. This document proposes the following recommendations:

### Recommendation 1:

Cochrane should provide a policy statement that clarifies the principles and parameters of the innovations it believes it can accommodate in its portfolio of reviews.

### Recommendation 2:

Cochrane should design a framework that clearly articulates processes that allow methodological and review type 'experimentation', prior to policy agreement and implementation. This would include notification of intention, rationale, submission of planned work for development, procedures for evaluation, decision-making, and implementation.

The third recommendation is made tentatively at this stage and warrants further discussion – as outlined in the paper under development for Panama.

### Recommendation 3:

We propose that a 'think tank' policy development group is formed to engage in a dialogue and examination of the notion of 'systematic review' and how the Cochrane Review should be positioned within that construct, taking account of access to broader types of data, technological developments and future possibilities.

## TARGET 2.2: USER-CENTRED DESIGN AND DELIVERY DISSEMINATION CHECKLIST

Target 2.2 (to develop and pilot a dissemination checklist for Cochrane Reviews) is being led by John Hilton, working with other Central Executive team members and representatives of other Cochrane groups. The first version of the project plan has been completed with the first project meetings taking place during March 2014. The aim is to deliver a draft checklist for discussion at the Colloquium in September 2014, with selected Review Groups starting to pilot the checklist in November 2014.

## TARGET 2.4: OPEN ACCESS

The work on this target is described in the CEO's Office section of the chapter.

## TARGET 2.5: ACCESSIBLE LANGUAGE

The work on this target is not due to start until June 2014. In preparation, Harriet MacLehose has consulted with members of the Central Executive team (CET) who are interested in being involved, and has narrowed down the deliverables for this project:

- Guidelines for accessible language have been developed for Cochrane Reviews of interventions, specifically for Plain Language Summaries, Abstracts, and Authors' Conclusions (by June 2015);
- Time taken to translate Plain Language Summaries, Abstracts, and Authors' Conclusions is reduced by 25% (by June 2015);
- An implementation program for editorial teams and authors has been developed and rolled out (by September 2015);
- An audit for Plain Language Summaries, Abstracts, and Authors' Conclusions prepared using the new guidelines against the guidelines has been undertaken (by December 2016).

## TARGET 4.2: INVESTING IN PEOPLE: TRAINING & PROFESSIONAL DEVELOPMENT STRATEGY

A Project Board and two Working Groups are now in place to support the development of the Cochrane Training & Professional Development *Strategy*. These groups held their first two meetings in January and March 2014; the members bring together a range of roles within Cochrane, as well as skills and experience in both systematic review processes and teaching and learning. Working groups are now refining and prioritising detailed issues frameworks that outline the training and support needs for Cochrane contributors in various roles, and preliminary projects and areas of activity that could address those needs, and evaluation approaches in each area. Preliminary discussions have been held with internal and external key informants, and also with external consultants with expertise in online learning approaches. Meetings with Cochrane Executives have been scheduled for the Panama Mid-Year meetings, as well as two working days for members of the Working Groups to develop the frameworks further, and to produce more detailed proposals ahead of the broad consultation exercise planned to take place in April/May 2014. Further details of the Project Plan and Working Group membership, as well as updates on the progress of the *Strategy* are available at <http://training.cochrane.org/about/strategy>. Further details on the next steps, issues emerging as likely areas of activity, and the details of preliminary consultations are presented in the Training report below.

## TARGET 4.4: EFFICIENTLY RUN: CRG STRUCTURE AND FUNCTION REVIEW

The Steering Group endorsed the Cochrane Review Group (CRG) Structure and Function Project at the 2013 Cochrane Colloquium, which aims to explore and re-evaluate the work and configuration of CRGs and other Cochrane groups involved in producing Cochrane Reviews. The project is led by the CEU and overseen by a Project Board that includes representatives from the CRG Executives. There are more details on the CEU website: <http://editorial-unit.cochrane.org/structure-function-project>.

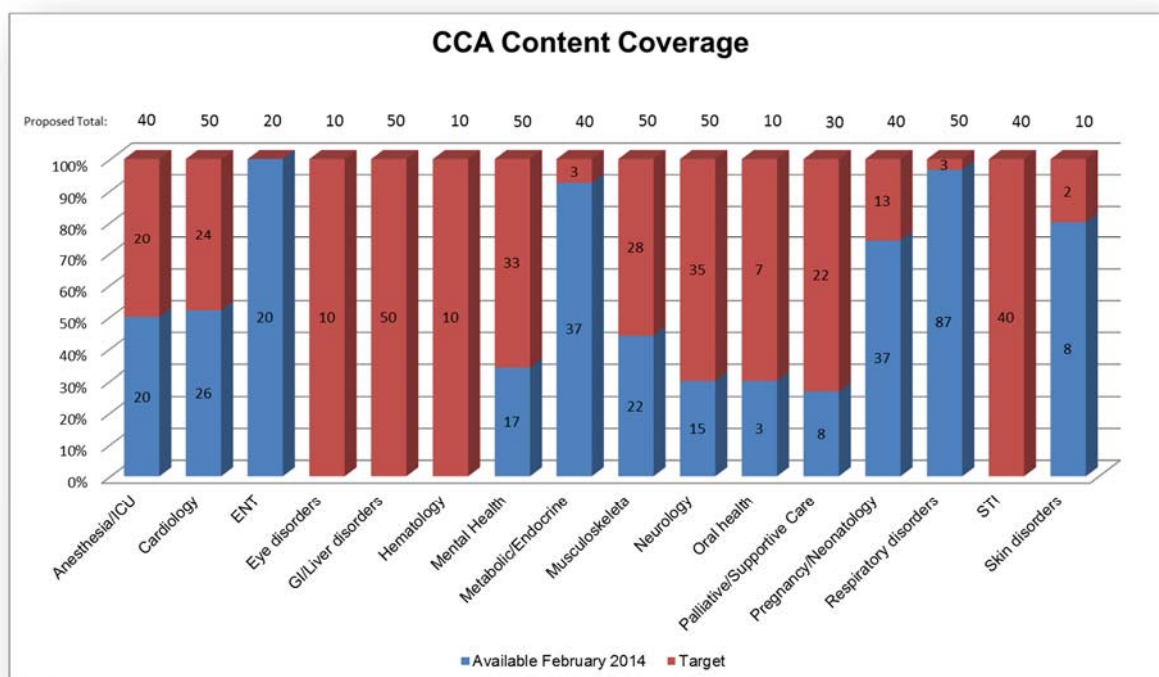
Following initial consultations with groups and individuals from within Cochrane, and data gathering, we believe that there is support for change, and have developed a paper describing the rationale and potential benefits. Four distinct options for change emerged, and we have started to define these and consider how they might achieve the desired outcomes. The consultation process will proceed through in Panama, with face-to-face meetings at regional conferences in April and webinars for other groups.



The options in the paper describe broad pathways; they are not intended to provide a detailed blueprint or prescription. We hope that they will stimulate wide discussions, and that this will lead to more detailed, thought-through solutions that will be developed further over the next few months. We intend to develop concrete proposals to be ratified or explored further at the Hyderabad Colloquium. The entire process from this point onwards will be informed by the widest possible consultation, which will also include funding bodies and other external stakeholders.

### TARGET 4.5: FINANCIALLY STRONG: DERIVATIVE PRODUCTS

The CEU has been working with Karen Pettersen (Editor, Cochrane Clinical Answers), on data extraction, editing and signing off *Cochrane Clinical Answers* (CCAs) prior to publication. The sign-off process has comprised consideration of clinical content in the CCAs and verification of data from associated Cochrane Reviews and as the process has highlighted some issues with some of the associated Cochrane Reviews, a centralised process to feedback to groups has been created. As of February 2014, queries concerning 16 reviews have been identified and reported to groups; some issues have been addressed and others will be considered for future updates of the reviews. The CEU has also been working with Karen Pettersen and associate editors to create CCAs and to provide input to increase the speed of production. A new editor, Jane Burch, has been appointed to work with the team; she will start on 17 March 2014. As of February 2014, 300 CCAs have been signed-off and published (258 published in full and 42 part published with outcome data only). The CCA content coverage is shown in the table below:



ABOVE: COCHRANE CLINICAL ANSWERS COVERAGE

Our target is to reach publication of 600 CCAs by the end of 2014. We will also work with colleagues at Essential Evidence plus to evaluate whether this can be transformed successfully into a Cochrane-badged point-of-care product.

The CEU team has also been working with the *Dr Cochrane* team, editing and signing off *Dr Cochrane* vignettes. In a similar way to the CCA sign-offs, the process has involved consideration of clinical content and verification of data from associated Cochrane Reviews. However, additionally, the *Dr Cochrane* sign-off process has involved consideration of the narrative portion of the vignette. Sixty *Dr Cochrane* vignettes have been completely signed-off by the CEU, these have been accredited and built onto the *Cochrane Learning* platform. A Canadian pilot testing is underway and we expect follow-up evaluation by March 2014.

## OTHER DEPARTMENT PRIORITIES

### THE COCHRANE LIBRARY TECHNOLOGY ROADMAP

Ruth Foxlee, Harriet MacLehose, and David Tovey are members of the Roadmap Committee, a subgroup of the Publishing Management Team. See the Publishing Management Team report for information about the Roadmap developments.

### MANAGING EDITOR SUPPORT



ABOVE: HARRIET MACLEHOSE, BECKY GRAY, LIZ DOOLEY, AND ANUPA SHAH

Managing Editor (ME) Support provides induction training, ongoing training, and day-to-day support to MEs in all aspects of the role within a Cochrane Review Group. The ME Support team is made up of Liz Dooley, Rebecca Gray, and Anupa Shah, and Harriet MacLehose (ME Support Manager).

The team provides day-to-day support to MEs via email, phone, and Skype. Since September 2013, the team has helped with the induction of four MEs to their new role. Increasingly, the team has been providing one-to-one support sessions to established MEs on specialist topics, such as workflows. These may be one-off sessions

or run over a few weeks or months.

### MES' TRAINING NEEDS

In 2013, the ME Support team together with the Training Co-ordinators and Sally Bell-Syer, ME member of the Training Working Group, surveyed MEs about their training needs. The ME Support team has been working with the Training Co-ordinators to map the priority training areas providing training events that MEs can join, eLearning opportunities, recordings or materials from past events, and links to other documentation and guidance. This resource ([training.cochrane.org/mes](http://training.cochrane.org/mes)) will be updated and maintained by the Training Co-ordinators in conjunction with the ME Support team. Together, the two teams will plan and prioritize training events where we identify gaps in current training events and materials.

### EVALUATION OF ME SUPPORT

In January, we invited MEs and Assistant Managing Editors (AMEs) to complete a short survey to provide feedback on the ME Support team's service and to suggest ideas for improvements and topics for short webinars.

Just under half of all MEs/AMEs (38/95; 40%), across 34 CRGs, responded to the survey. There was good geographical representation and a 50–50 split of newer MEs/AMEs versus more experienced ones. Only three people (8%) had not contacted ME Support because they had not needed to contact the team or had not heard of ME Support.

Most MEs/AMEs said that their query was answered by the ME Support team, and in a timely manner. MEs who had received induction training said that they felt more confident in the tasks they had to perform afterwards. Most MEs/AMEs asked for short webinars, for example, on specific features of Archie and Workflows. The ME Support team, in conjunction with the Training Co-ordinators, will work on developing these ideas.

## RECRUITMENT

In July 2013, the ME Support team's funding proposal to extend the funding for an additional three years was approved by the Steering Group. This included funding for an additional two days per week of ME Support time. No one was appointed during the October recruitment process, and we recently re-advertised the post(s). The interviews will be held shortly. In the meantime, Becky Gray has extended her hours to two days per week.

## EDITORIALS AND SPECIAL COLLECTIONS

Editorials and Special Collections continue to provide a useful means of highlighting Cochrane's work or of increasing the potential impact of Cochrane Reviews. They may be commissioned by the CEU or proposed by Cochrane contributors or others. Editorials are managed by John Hilton and Special Collections by Orla Ni Ogain.

From October to December 2013 we continued to commission and publish CDSR editorials in the 20th Anniversary series, supplementing these with editorials on important methodological, editorial and health care topics. In 2014 we plan to move back to publishing more editorials linked to new and updated reviews, and to publish three editorials in March 2014.

### Recent editorials:

- [Comprehensive evidence on assisted reproductive technologies](#) (January 2014)
- [Why the Cochrane risk of bias tool should include funding source as a standard item](#) (December 2013)
- [Why the Cochrane risk of bias tool should not include funding source as a standard item](#) (December 2013)
- [A 747 in the age of A380s: how can Cochrane learn from the past and compete 20 years on?](#) (December 2013; 20th Anniversary series)
- [Reviews of qualitative evidence: a new milestone for Cochrane](#) (November 2013; 20th Anniversary series)
- [Cochrane and capacity building in low- and middle-income countries: where are we at?](#) (November 2013; 20th Anniversary series)
- [Should The Cochrane Collaboration be producing reviews of efficiency?](#) (October 2013; 20th Anniversary series)
- [The WHO Reproductive Health Library: a Cochrane window on sexual and reproductive health](#) (October 2013; 20th Anniversary series)
- [Cochrane and Wikipedia: the collaborative potential for a quantum leap in the dissemination and uptake of trusted evidence](#) (October 2013)
- [Rotator cuff tears and shoulder impingement: a tale of two diagnostic test accuracy reviews](#) (October 2013)
- [Screening for prostate cancer: shaping the debate on benefits and harms](#) (September 2013; 20th Anniversary series)

We have published two new special collections in recent months:

- [Cochrane Overviews](#) (January 2014)
- [Hospital-acquired infection](#) (August 2013)

In addition we have continued to update the Evidence Aid Special Collections as needed.

## CEU BULLETIN

We have continued to publish regular issues of the [CEU Bulletin](#). There have been four issues in total in the last 6 months.

## COCHRANE REGISTER OF STUDIES (CRS) AND CRS USER SUPPORT TEAM

All CRG Specialised Registers have been moved across to the live version of the *Cochrane Register of Studies* (CRS). CRS Online (CRSO) has been launched, and work on the global search feature for the CRS standalone version is ongoing. The CRS web interface is available to all Cochrane members with an Archie login. To date, 70 webinars have been conducted, and many of these recorded. A CRS training day took place in Québec, and another is planned for the UK & Ireland Contributors' Meeting in Manchester in April 2014. Metaxis Ltd continue with minor bug-fixing and small changes to the program, where possible, in response to suggestions from TSCs who are now using the software to deliver search results to authors and to maintain their specialized registers. Chris Mavergames has taken over the Chair of the CRS Project Board from Mark Wilson, and will carry overall responsibility for managing the technology issues. The future of program development and the continuation of CRS User Support are currently being considered within the context of the wider CET budget.

## EMBASE SEARCH PROJECT

Embase records have begun to flow into CENTRAL again, initially via the CRSO, but they will also be published in CENTRAL via Wiley Online Library in March 2014. A new Embase search filter has been developed and tested, and study identification will be done using a tiered approach. Tier 1 retrieves records coded RCT or CCT; Tier 2 retrieves records that might be RCTs or CCTs but are not coded, and Tier 3 returns records from Tier 2 with ineligible records removed (e.g. animal studies). To date 28,442 unique Embase records have been identified from the 2011-2013 backlog using the Tier 1 approach, and records identified prospectively using this approach are available now in the CRSO. A crowd-sourcing approach has been taken for screening of the Tier 2 and Tier 3 searches. Volunteer screeners are currently testing the online screening tool and accompanying guidance, and it is expected that these records will begin to flow into CENTRAL from March 2014.

## CRG MONITORING

The CRG monitoring report for 2013 can be found on the Cochrane Editorial Site, [here](#). We are grateful to the CRG teams for their commitment in filling in the forms, and to Heather Maxwell for her assistance in compiling the report, which provides a detailed snapshot of CRGs activities and performance over the previous two years.

# COCHRANE METHODS

The Cochrane Methods community continues to be actively involved in methods development and innovation, development of guidance, and facilitation of training and peer support on behalf of Cochrane. 2014 should see delivery of the following key projects:

- Delivery of Methods Innovation projects;
- Piloting new 'Risk of bias' tool for non-randomised studies;
- Delivery of Handbook V 5.2;
- Development of a Methods Strategy;
- Development of an Innovations Framework (*Strategy to 2020*: Goal 1, target 1.4, July 2014).

## MARS ADVISORY COMMITTEE

The Methods and Review Standards Advisory Committee (MARS AC) have constructed a workplan and that includes a review of the *Strategy to 2020* goals and targets relevant to their remit; a draft copy is available as Annex 8. Jane Noyes and Kate Flemming (Qualitative and Implementation Methods Group (QIMG)), jointly replace Julian Higgins on the committee. Key areas of future work will oversee the Methods Innovation Fund grants and the development and implementation of the Innovations Framework.

## METHODS EXECUTIVE

The Methods Executive continues to meet every two months and oversee the work of the Methods Co-ordinator. Jo McKenzie (Statistical Methods Group (SMG)) replaces Julian Higgins on the Executive. Key areas of future work will be the development of a Methods *Strategy* for discussion in Panama, Methods training for 2015 and the Innovations Framework.

## TARGET 1.4: PIONEERING METHODS: NON-STANDARD REVIEWS

Research and development in Cochrane needs to be more formalised to allow experimentation and innovative developments to be tested and evaluated. Formalising developments allows consideration, and planning, for implementation and dissemination. The proposed process involves the current structure of Boards and Executives as a first step in the support – or not – of an innovation. MARS AC will have the authority to arbitrate between different interests, negotiate methodological policy, and will make recommendations to the Steering Group. The nature of this formal process should ensure that any new developments are logged and agreed before they move forward. This represents an important shift in governance of developments. A framework for managing different types of development will be available for initial consultation by Co-ordinating Editors (Co-eds), Methods, MARS AC and the Joint Executives meeting at the mid-year meeting in Panama.

## MECIR PROJECT

The co-ordinating team have not met in the last six months. The focus has been on disseminating the standards. The CEU Review Screening Project is using a subset of key standards. The output from this work will inform the draft standards for reporting protocols – held up by the screening project – and will be distributed for consultation within the next two months. The draft considerations for updates will now be held over until after the meeting on updates at McMaster University in late June 2014. An integrated database of standards with common errors and examples of good practice (plus exemplars of reviews or sections of reviews), with links to training and other resources, is in very early

development. The screening project will provide material for this work. Further discussions are required to create an accessible workspace for authors and editorial teams to the *Handbook*, which should include information on standards, together with errors and corrections, and exemplars.

The UK Cochrane Centre (UKCC) will report on a design for the booklet format produced by the MECIR team that is planned for distribution at the UKCC Symposium in April this year. This will be a very useful opportunity to trial a booklet format. In addition, publication of a more informative *Handbook* companion guide based around the MECIR standards is under discussion.

## METHODS INNOVATION FUND 2012-2014: REPORT ON THE SIX FUNDED PROJECTS

1. Searching for unpublished trials using trials registers and trials websites, and obtaining unpublished trial data and corresponding trial protocols from regulatory agencies: Project completed, please see [annotated bibliography](#), [Strategies for obtaining unpublished drug trial data](#), [Searching for unpublished data for Cochrane Reviews](#).
2. Extending the Cochrane Risk of Bias tool to assess risk of bias in randomised trials with non-parallel-group designs, and non-randomised studies: Development of this tool is well underway and it will be disseminated in the autumn of 2014.
3. Enhancing the acceptance and implementation of 'Summary of Findings' (SoF) tables in Cochrane Reviews: User testing on SoF footnotes and SoF for DTA Reviews has been conducted. This project has been delayed due to the need for a second study surveying users of SoFs to ensure better participation of editorial bases, as the previous study suffered a poor response. Completion expected by the end of April 2014.
4. Methodological Investigation of Cochrane Reviews of Complex Interventions (MICCI): Complexity tool iCAT SR version 1 to assess complexity of interventions developed. Tool kit of frameworks, models, theories created. [Exemplar review](#) published, integrating qualitative evidence with an effect review.
5. Addressing missing trial participant data in Cochrane systematic reviews: [Addressing dichotomous data for participants excluded from trial analysis: a guide for systematic reviewers](#)
6. Methods for comparing multiple interventions in Intervention reviews and Overviews of reviews: [Recommendations and guidance on reviews that compare multiple interventions](#). Other guidance and training information.

## METHODS INNOVATION FUND 2015-2018

Subsequent to the Steering Group agreement to provide funding support for a three-year program, the process for identifying priority topics is underway, with the following criteria:

- Priority field of methods for reviews;
- Topic is methodological or related to methods (e.g. tool improvement, decision aid);
- Methods covered are broadly in the remit of Cochrane Reviews or review methods in development e.g. prognosis reviews;
- Topic needs to be clearly articulated for the purpose of research or development; and
- A clear and explicit link between the proposed project and the needs of users of Cochrane content.



A schedule outlining the process and the timeframe, including a communication strategy, is attached as Annex 7. The Steering Group requested sight of the process plan.

## HANDBOOK

Delays continue with the 'minor update' for Version 5.2 of *The Cochrane Handbook for Systematic Reviews of Interventions*. This is due, in part, to the editors waiting for Chapter updates and input from the scientific editors responsible for reviewing Chapters. Similarly, both the Senior Training and Methods Co-ordinators managing the process are limited in the time they have to chase material, although significant efforts have been made. A better strategy will be required for Version 6, the planned major update. A meeting with Chapter leads is planned in Hyderabad to discuss scheduling for this version.

## COCHRANE METHODS

Collection of material for the fifth annual issue of *Cochrane Methods* is underway. This year we will have hard copies delivered in participant packs at the Colloquium.

## METHODS TRAINING EVENTS

The 2014 Methods Training event, entitled 'Including non-randomized studies in reviews and the 'Risk of bias' tool for NRS' will be held in Paris from 26 to 28 November 2014. The Methods Executive will shortly call for training event submissions for 2015.

## METHODS SYMPOSIUM AT THE HYDERABAD COLLOQUIUM

The Methods Symposium planned for the 21 September 2014 in Hyderabad will focus on methods related to reviews for public health care interventions and health systems, as well as, specific considerations for low- and middle income countries (LMICs). A planning group will meet shortly to discuss the program and speakers.

## COCHRANE METHODOLOGY REGISTER

The Steering Group will receive a business case proposal for the *Cochrane Methodology Register* for discussion and decision in Panama. If funded the register would change its name to the *Cochrane Methodology Database (CMD)*.

## METHODS GROUPS

There are four potential new Methods Groups on the horizon, namely: rapid reviews, review updates, aetiology and animal studies. A potential fifth new Methods Group on translation methods does not seem to have traction at present. Review updates, methods, policy and practical guidance for CRGs will be addressed at a meeting of invited participants hosted by McMaster University, Hamilton, Canada at the end of June from which a Methods Group may form.

# COCHRANE TRAINING



The main focus of Cochrane Training in the current period is on the development of the Cochrane Training & Professional Development Strategy (*Strategy* target 4.2), but work continues on other projects arising from the *Strategy to 2020* and our ongoing work program.

## TARGET 4.2: INVESTING IN PEOPLE: TRAINING & PROFESSIONAL DEVELOPMENT STRATEGY

The work of developing the strategy is proceeding well. Working Groups are in place and a broad field of training needs and possible action strategies is under active consideration. A number of issues are emerging as likely areas of work, including:

- Improved pathways for prospective authors to connect and communicate with Cochrane;
- redesigning our face-to-face and online training to provide clear training pathways with good educational design;
- Alleviating pressure on CRGs by providing training pathways for authors without key skills;
- Accreditation of trainers;
- Better models of support and capacity building for authors in languages other than English (LOTE) and LMIC settings;
- Comprehensive evaluation of the impact of author training;
- Training packages to support key quality assurance messages and changes to methods;
- A comprehensive training approach to support Editors in methodological and editorial skills;
- Ongoing improvement of structures around methodological support for CRGs;
- Support for CRGs in prioritisation and dissemination;
- Capacity development for Methods Groups;
- An ongoing TSC Support scheme;
- Professional and leadership development for Cochrane staff and contributors; and
- A review of the staffing structure and position descriptions for Cochrane Training.

Preliminary discussions have been held with internal and external key informants, including:

- Cochrane senior leadership;
- Representatives of specific areas of activity in the Collaboration;
- External colleagues engaged in university teaching of systematic reviews and EBM;
- David Moher and colleagues researching good editorial practice; and
- The Campbell Collaboration.

Preliminary discussions have also been held with two groups of external consultants based at Monash University in Melbourne. The first group, the eLearning Services Team at the Faculty of Medicine, Nursing & Health Sciences, bring expertise in the practical design of university-level blended learning courses on the Moodle platform, which incorporate documents, multimedia, group learning and interaction with teachers. The second group comprises members of the Faculty of Education, who bring expertise in instructional design for online learning, as well as a research interest in the underlying goals of online learning programs such as ours, including issues of access and equity. These



groups have agreed to assess our existing resources and the objectives of our training activities, and to discuss possible strategies for improvement in the short- and longer-term.

After the Panama meetings, the Working Groups currently working on the strategy will have developed a focused framework of key learning needs, and clearly articulated proposals to address these needs. This framework will form the basis of a major consultation process, to ensure that we have captured the important needs with potential solutions, and that our priorities for action are informed by our contributors. This feedback will be incorporated with further input from key informants and external consultants, and a draft Strategy made available for final feedback ahead of the Hyderabad Colloquium. The Steering Group will have the opportunity to approve the strategy at their meeting in Hyderabad. Following this decision, assuming our proposed path is approved, the first steps will be to address Cochrane Training staffing. The current Training Co-ordinators' contracts expire in September 2014. One or more fully-revised Training Co-ordinator positions will be designed during the Training Strategy, ready to be advertised and appointed before the end of 2014. In collaboration with stakeholders in other projects, the Training Co-ordinator(s) will then begin the work of implementing the Strategy.

With these sources feeding into our work, and the Working Groups in place, the strategy is on track for delivery at the Hyderabad Colloquium in September 2014.

## COLLABORATION WITH MAJOR PROJECTS

Although our key responsibility arising from the *Strategy to 2020* is the development of a training and professional development strategy, the work of Cochrane Training intersects with 14 of the other targets. These intersections largely arise at the implementation stage, where developed policies, guidelines or processes must be rolled out and used by Cochrane contributors. In some cases, the specific role of training has not yet been established, or will not be required for some time. In a few cases, implementation and training will require significant project work as a key component of the target, and the Training Team will collaborate accordingly, including providing support aimed at achieving 85% compliance with a prioritised subset of MECIR standards; roll-out of the Author Support Tool; and implementation of guidelines on simplified language.

Cochrane Training is collaborating with the CEU to develop a communication and training response to the common critical errors identified through the CEU screening project, with a view to providing appropriate information, examples of good practice and training to all Cochrane authors and editors. Work continues on a flexible, searchable database of common errors, where priority will be given to errors arising from the CEU screening project, with the ultimate aim of building a large, diverse and continuously-updated resource.

The Cochrane Informatics and Knowledge Development Department is in the process of restructuring their consultation and prioritisation processes. In the past, Cochrane Training has been represented on committees such as the RevMan Advisory Committee (RAC) and the Archie Development Advisory Committee (ADAC), and has now been invited to join the new User Experience Group that will provide first-line advice to the IKMD in planning and prioritising their development work.

## ONGOING COCHRANE TRAINING ACTIVITIES

Work continues on the identification of training resources for Editors, which is emerging as a key area of work under the Training strategy. In collaboration with the CEU and CRG advisors, we are considering our expectations of good editors and appropriate training strategies to support those skills.

Major training events planned this year include the next workshop on Diagnostic Test Accuracy (DTA) methods to be held in the Netherlands in June 2014, and the next Methods Training Event on risk of bias assessment in non-randomised studies to be held in Paris in November 2014. Cochrane Training is also Co-Chairing the Workshops Committee for the Hyderabad Colloquium.

Recent additions to the Cochrane Training website include:

- A new resources page for MEs, linked to topics identified by the 2013 needs assessment conducted by ME Support. This needs assessment will be used to guide the development of new resources, which will be added to this collection;
- The first modules of the planned DTA online training resource;
- New online presentations for authors and CRGs on the use of social media, developed by the UK Cochrane Centre;
- Translation of the standard author training materials is underway in Russian, German and French, with other languages also being considered.

The three part-time Cochrane Training Co-ordinators continue to provide support to the growing Trainers' Network and others requesting assistance. The Training Co-ordinators' contracts will come to an end in September 2014, and the work of re-imagining the staffing requirements of Cochrane Training and positioning them within the Central Executive structure, with appropriate capacity to support the implementation of the strategy, is beginning now. All positions will be re-advertised following the approval of the strategy.

# COMMUNICATIONS & EXTERNAL AFFAIRS



## HEAD OF DEPARTMENT'S SUMMARY

*Helen Morton*

The reporting period, from the time of the Québec Colloquium to the Panama mid-year meeting, was one of high activity for the Communications and External Affairs Department. The Department was established in November 2013 and was completed, with the appointment of a Senior Media Officer, in January 2014. A small but dynamic department, the 3.5 team members are responsible for a wide communications remit covering: internal communications, thought leadership, media, social media, digital content and brand/profile development.

Despite the required recruitment of a new Head of Department, the coming six months will be particularly fast-paced with key deliverables in relation to a full organizational rebrand (to be previewed at the Hyderabad colloquium), partnership mapping and development and media engagement.

## STRATEGY TO 2020: 2014 TARGETS

### TARGET 3.1: GLOBAL PROFILE: COHERENT BRAND

With the endorsement of the *Strategy to 2020* at the Québec AGM, Cochrane's commitment to a full organisational rebrand was concretised.

Since October, Cochrane has introduced the following key activities in relation to rebrand, led by Helen Morton:

#### REPUTATIONAL AUDIT

Consulting key external stakeholders to better understand their perceptions of Cochrane, sense-check our new *Strategy* and establish their confidence in Cochrane's ability to deliver. Whilst not comprehensive, this qualitative audit provides an indication of Cochrane's reputational baseline as a foundation for the rebrand process. Topline audit findings will be shared by Mark Wilson at the Steering Group and Centre & Branch Directors meetings in Panama.

#### TONE OF VOICE DOCUMENT

Currently in process, the Tone of Voice document seeks to provide guidance for anyone writing from Cochrane's perspective. Intended to steer our narrative presentation of Cochrane, this document will provide key messages, brand personality, boilerplate and other key copy to be used across the Cochrane community.

#### DESIGN AGENCY RECRUITMENT

A pitch process was carried out across a range of international design agencies for the visual elements of the rebrand. An agency have been selected [Fabrik](#) and will be delivering the first phase (to include logo refresh, colour palette, typeface, templates and guidelines) by end June 2014. First logo variants will be available for consultation by the Panama mid-year meeting.

#### WILEY ENGAGEMENT

As the intention is for the Cochrane rebrand to include the full organisational offering, it is crucial that our publisher buys into the process and can deliver to agreed timelines. The Central Executive team are currently working with colleagues at Wiley to scope out the project and establish key requirements and milestones.

### TARGET 3.2: GLOBAL PARTNER

The first quarter of activity following the endorsement of the *Strategy* has been one of exploration and formalisation of existing partnerships, led by Helen Morton. With aspirations to identify, categorise and prioritise potential partners in coming months, initial activity has focused in on two key Cochrane partnerships: WHO and Guidelines International Network.

Specifically:

## WORLD HEALTH ORGANIZATION

Following renewed engagement with Cochrane's contractual WHO liaison, Mark travelled to Geneva in late February for a series of high level meetings. In addition to providing a lunchtime cross-WHO seminar, Mark met with the Assistant Director General, Essentials Medicine Team, Guidelines Committee and Reproductive Health Library representatives. The meetings provided the opportunity to gather intelligence, demonstrate leadership and share Cochrane's new strategy. Subsequent to these meetings, Cochrane and WHO will re-assess the ways in which the partnership can be developed to align most strategically with respective strengths and objectives.

## GUIDELINES INTERNATIONAL NETWORK

During the reporting period, Cochrane and GIN formulated a Memorandum of Understanding for the consideration of respective steering groups. The partnership agreement will initially be active for a period of two years and will introduce a series of tangible actions to enhance cooperation between the two organisations, including access to *The Cochrane Library* and the creation of a digital platform for knowledge sharing.

## TARGET 3.3: GLOBAL INFLUENCE

### MEDIA

Over the reporting period, the CEAD has established the beginning of a press office function for the organization, putting in place key services, such as a monitoring service for media coverage and a subscription to a global media database. This is all in support of a stronger desire for improved media work, both for building relationships with journalists and for gaining opportunities to talk about Cochrane and the work we do. Activities have been led by Katie Breeze. Examples include:

- Guardian guest blog in relation to a Cochrane Review on lay health workers (Helen Morton): <http://www.theguardian.com/global-development-professionals-network/2013/nov/08/community-health-workers-every-woman-every-child>
- Huffington Post feature guest editorial on trial transparency and Tamiflu (David Tovey): [http://www.huffingtonpost.co.uk/dr-david-tovey/tamiflu-report\\_b\\_4535688.html](http://www.huffingtonpost.co.uk/dr-david-tovey/tamiflu-report_b_4535688.html)
- Announcement of the Wiki Project Med Foundation partnership - generating coverage in the US, India and UK.

The new approach to media generation and monitoring is already starting to pay dividends. From 31 January 2014 until 28 February 2014, there were 72 coverage hits, of which 66 were on the internet, 5 in a magazine or business publication and 1 international piece (German). Of these almost all were a mention for Cochrane with just one mention was picked up for *The Cochrane Library*. Coverage was included in a mix of publications from BBC online, Bloomberg, Hindustan Times, Huffington Post to Health Club Management and Yahoo!

This coverage reached a total of 24,501,423 people and it would have cost £228,018 GBP to achieve through advertising.

The stories largely focussed on review findings and some referred to Cochrane in a positive light as a quality source for information. A number included author quotes but we aim to see more using the key messages for the Cochrane Collaboration. Descriptions of Cochrane included:

- Systematically reviewed healthcare research;
- The gold standard in the expertise of performing this sort of research;

- Global independent network of health practitioners, researchers, patient advocate and others;
- A non-profit independent research organisation;
- A health care analysis group;
- The world famous evidence evaluator.

Further work in building media skills is well underway, particularly around preparation for the Tamiflu review release. We are working in partnership with the BMJ to build media materials, including press release, articles and press conference for the launch. We have also secured successful media training with an outside agency for key Cochrane executives. Additionally we have begun engaging directly with the Cochrane Review Groups and Fields in order to inform planning around key topics and work out potential campaign story areas. All of this is in support of the *Strategy* and target 3.3, to position Cochrane in a 'thought leadership' space.

On top of this we have begun an audit of Cochrane Centres and their communications work or potential for work. Gaining insight into existing activities, plans and goals. We will offer a support function to Centres to help build their communications know-how and skills, to enhance the channels available for Cochrane messaging and influence in the wider global market.

Katie Breeze is working closely with the CEU to establish a clear process for PR/marketing work with our publisher Wiley, a way to build on the work they have been doing in recent years, but also to enhance potential opportunities for raising awareness of Cochrane Reviews and the important health issues we cover.

## DIGITAL

In addition to ongoing, regular maintenance of the cochrane.org site, the major areas of active content development, led by Nancy Owens, include:

- Coordinating curation and development of content for cochrane.org including: writing and producing homepage features; scanning submissions, emails, and group newsletters to develop news items & features, reviewing press releases and new release lists for featured review possibilities, and coordinating with CRGs and other Cochrane Groups on content development. There have been 12 new homepage features in the last six months, for a total of 27 in the last 12 months; topics featured have included the growing movement for improving access to clinical trial data in Europe, the launch of the Cochrane Game Changers initiative, and Cochrane Reviews relevant to a variety of populations and conditions.
- Curating the [Cochrane Blog](#): soliciting original posts from Cochrane contributors, as well as seeking out and vetting suggestions for cross-posting. Current rate of posting about two per month. Recent highlights include posts on technology developments in Cochrane, and internationally known journalist Ray Moynihan's reflections on overdiagnosis and Cochrane's role in addressing this growing issue.

## TARGET 3.4: GLOBAL IMPACT

The [Impact Stories](#) database is a CEAD-led effort to create a resource available to all Cochrane contributors that catalogs the impact of Cochrane evidence, led by Caroline Mavergames. The submission link is available in the Community area of cochrane.org, and stories submitted are available for review at <http://www.cochrane.org/impact-stories>. Nancy Owens has taken the lead on inputting the backlog of stories, and is in the process of transferring responsibility to Caroline Mavergames, who is leading on the work package for Goal 3.4 (Global Impact) of the *Strategy to 2020*.



The technical development of the target is scheduled to be completed in a 7-months period, from June to December 2014. A project outline identifying key deliverables, possible project team and consultation group, key stakeholders and key decision points and target stages has been submitted. Among the initiatives already being discussed, we have been exploring the possibility of integrating the Impact Stories resource with other initiatives focusing on linking Cochrane Reviews with clinical practice guidelines, including the database collected by the UK Cochrane Centre.

## OTHER DEPARTMENT PRIORITIES

### SOCIAL MEDIA AND OTHER ONLINE CONTENT

- Continuing to engage actively on social media with a significant Cochrane presence established on platforms including Facebook, Google+, LinkedIn, SlideShare and Twitter; expanding content disseminated and engagement via social media networks. Publication of Cochrane20 Video Series throughout 2013 significantly increased traffic on Cochrane's YouTube channel; the number of followers more than tripled over the course of 2013, and the Cochrane20 videos have received more than 23,000 views as of 7th March 2014.
- Combined numbers of subscribers across social media networks as of 7th March 2014 are at 38,000; averaging 200 new Twitter followers/week. The combined number represents a 68% increase in subscription over the last year, up from 22,500 in late February 2013.
- Providing social media training and support at Cochrane meetings, including the Québec Colloquium and the Australasian Contributors' Meeting, to increase Cochrane contributors' understanding of and participation in social media, and facilitate remote engagement.
- CEAD is now taking an active role in coordinating the Cochrane/Wikipedia initiative to improve dissemination of Cochrane evidence on Wikipedia healthcare and medicine topics. Current activities include recruitment of the first Cochrane Wikipedian in Residence to coordinate the pilot phase of the project, scoping the project plan and deliverables, and coordinating communications with a large group of Cochrane stakeholders interested in getting involved.

### INTERNAL COMMUNICATIONS

- We have implemented an integrated workflow to capture and communicate Cochrane news to the general public as well as to Cochrane groups and contributors via cochrane.org and two new newsletters. The first issue of [Cochrane Connect](#), our new global newsletter, was published on 20th February this year. It was mailed to CCIInfo's subscriber base of at the time 2,280 subscribers and all central Cochrane lists. We have since unsubscribed 6 and added 142 new subscribers (currently 2,422 subscribers). The two top stories clicked in the first issue were David Tovey's Huffington Post article and the Game Changers announcement.
- A second newsletter for the Cochrane community, [Within Cochrane](#), was released to all Cochrane lists on 10th March. It included two features stories and an editorial from SMT as well as comprehensive news listings from Cochrane groups, the CET, about content and organisational matters as well as news for Colloquia and other meetings and the top Cochrane media stories.
- Newsletters will continue to mail to the Cochrane community on a twice monthly basis (with public-facing and 'core'/internal audiences on rotation).

# INFORMATICS & KNOWLEDGE MANAGEMENT



## HEAD OF DEPARTMENT'S SUMMARY

*Chris Mavergames*

The new Informatics and Knowledge Management Department (IKMD) came into existence with the creation of the new Central Executive team on 1<sup>st</sup> September, 2013. However, there has been a substantial amount of effort and work put into the merging of the former IMS and Web Teams both operationally and organisationally in the last six months. This has involved the transfer of staff onto Cochrane contracts (still ongoing for the IKMD-Copenhagen staff); the arrangement of rental agreements and some staff handover; creation of one website; set-up of new regular meetings;



discussions around merging resources; as well as a new organogram for the department. New job descriptions were drafted and agreed, job evaluations done, and the new IKMD structure is now live from 1st of January 2014. We are still in the process of transferring staff in the Copenhagen office, co-located at the Nordic Cochrane Centre, to Cochrane contracts and structures. We expect this to be done soon. There was also work done on transferring Nancy Owens and Caroline Mavergames out of the old Web Team (now IKMD) and into the Communications and External Affairs Department, and clarifying responsibilities for maintenance of content and related tasks with Helen Morton.

## STRATEGY TO 2020: 2014 TARGETS

### TARGET 1.3: EFFICIENT PRODUCTION: COCHRANE AUTHOR SUPPORT TOOL (CAST)

In our attempt to create an improved and unified user experience for authors, Cochrane has put out a Request for proposals (RFP) to support authors in study screening, data extraction, and quality assessment (Risk of Bias). This new tool would integrate into our current toolkit and enhance the use of the current software systems we have in place. Chris Mavergames and Ruth Foxlee are leading on target 1.3.i) which is for CAST. Throughout January and February work was done to complete the RFP after consultation with various stakeholders. The deadline is the 28th of April 2014 with the tool chosen by end of June, and IKMD plan to have integrated the chosen new tool before the end of 2014.

### TARGET 2.1: USER-CENTRED DESIGN AND DELIVERY: USER EXPERIENCE (UX) REVIEW AND FRAMEWORK

The CET will be focussing heavily on learning more about the Cochrane user experience this year to ensure that Cochrane is a much more user-centred organisation in the design of its products and services in future. The Ux Review and Framework target will deliver the necessary foundation for a continuous and well-informed focus on users' needs. The primary deliverables are gathering all currently available data on user behaviour and needs, and creating a framework that allows for ongoing analysis. We're in the exploratory phase and a detailed project plan is being drafted. This project will be led by Jacob Riis from the IKMD, and Catherine McIlwain.

### TARGET 2.3: USER-CENTRED DESIGN AND DELIVERY: LINKED DATA FOUNDATION PHASE

In Québec, the Steering Group funded the "Foundation Phase" for Cochrane's move to implement linked data. Since Québec, we've made great progress starting with a kick-off meeting with the consultants in October and a two-day ontology design meeting in London in December. The key APIs (Application Programming Interfaces) are all nearly complete for connecting Archie, CRS, and the new linked data store. The CRS link-checking project is due to be completed by the end of March at which time the first deliverable will be set to ship to Altmetrics, who have requested a feed of Cochrane data (Study-Reference-Review links and risk of bias scores). They have offered to pay though we're unclear how much and what the status of those negotiations are at this stage. This would be the first example of 'nimble' Cochrane content powered by the Cochrane Content API and linked data which shows a quick return on Cochrane's initial investment in this new area.

The Foundation Phase is entering the knowledge transfer (to developers in IKMD) and annotation phase in March/April. The consultants will be starting to ramp down and IKMD developers to ramp up in taking over the technical and data architecture. The annotation phase will begin soon and we'll be

approaching TSCs, CCA editors and others to assist with annotating Cochrane Reviews and included studies for the PICO (Participants, Intervention, Comparison, Outcome). We plan to publish the systematic review and PICO ontologies we've developed on data.cochrane.org in the next few months. Also, we have been approached by NICE in the UK, who are embarking on a linked data project, and by a project called Drugome who have offered a PhD student to assist with the annotations.

We're on track to deliver this target by September 2014, as indicated in the targets, and the plan is to integrate linked data, APIs, and the new architecture into the regular work of IKMD going forward with less need for consultants and further stand-alone funding required for the next two phases, the "Exploration Phase" and the "Production Phase".

For more information, [watch this space!](#)

## TARGET 2.6: MULTI-LINGUAL: TRANSLATIONS/TRANSLATION APIS

In support of Cochrane's translation strategy, the IKMD is refactoring our existing framework for managing translations in Archie. The new platform will still retain a copy of all translated content and act as the pipeline for publication on both Cochrane and Wiley sites. But it will integrate smoothly with the Smartling online translation software, so this becomes the primary site used to manage and produce translations. In addition, *Cochrane Summaries* (summaries.cochrane.org) will continue to be developed and translated content added and other improvements to search and indexing made to support discoverability and presentation of translated content on the new cochrane.org site, which will be built on top of the summaries platform (see next point re: Rebrand plans).

## TARGET 3.1: COHERENT BRAND

IKMD have been working closely with Helen Morton and the other members of CEAD since Québec to move website redesign and new architecture plans forward. Jacob Riis (virtually) and Chris Mavergames attended a re-brand meeting in Freiburg in December to map out re-brand plans for Cochrane websites, including *The Cochrane Library* and other derivative products and sites. A plan was agreed to re-brand all sites and products by January 2015 with a new "skin" and look and feel, meta-navigation bar across all sites, and some consolidation and adjustments to the organisation websites. The new cochrane.org will be a public-facing site built on top of the summaries.cochrane.org platform but redesigned and containing 20-30 pages of content about Cochrane and its work with news feeds. All content will be public-facing. The existing cochrane.org will be pruned of the public-facing content and re-skinned and put at community.cochrane.org and will internally-facing and for recruitment. The remainder of the sites will only be re-skinned for now as we await word on the outcome of the Structure and Function Project and plans for a membership scheme. Martin Janczyk developed wireframes for the new cochrane.org.

The re-brand made the decision to go with the PLoS look. Sample wireframes are available, [here](#).

# OTHER DEPARTMENT PRIORITIES

## UX GROUP: CHANGING TECHNICAL COMMITTEES AND INFORMATION TECHNOLOGY DEVELOPMENT INFRASTRUCTURE

Starting at the Québec Colloquium we have been working on improving the User Experience of using Cochrane technology, in particular around how ideas are generated and implemented. The User Experience Group (UxG) is a new, transparent framework for considering technology feature requests or wishes, in the form of "user stories". It will be a single, small group of Central Executive staff,

replacing all past software committees (RAC, ADAC, WSC, and soon the CRS Project Board), and we will be holding our first, official meeting in Panama. Consultation beyond the UxG will still be of critical importance, and is intended to happen primarily through the various Executives and others, as needed, in order to make efficient use of the expertise in these groups. This change will enable us to prioritize and action requests more efficiently and ensure better coordination at the strategic level to support our #CochraneTech to 2020 strategy, with the aim of improving the overall user experience of using Cochrane technology tools and services. We will continue to fine tune this new group during the year. To do so we have set up assessment points to ensure it operates as effectively as possible, to ensure it is meeting the needs of users, that Cochrane groups feel they are being represented and that their “user stories” are captured and fed into our new, agile development pipeline.

## MOVING TO AGILE

To support the move to a single Ux Group for managing feature requests from users, a new project management framework is being developed within the team to support technical and specifications development, in addition to supporting improved testing procedures using more agile (flexible) methodologies. This is being gradually introduced within the IKMD development team to support our technology, website, and software design processes. By adapting and adjusting to the needs of the team working on a project, and providing an opportunity for an easy overview of the work, ‘agile software development frameworks’ - such as Scrum and Kanban - aim to improve the ability to release more user-centred deliverables; i.e. to become more responsive to the stakeholders’ requests and changing needs via shorter release cycles and tighter iterations for evaluation and testing. As we look to move RevMan and CRS to browser-based environments, as Archie and, of course, our 130+ websites are already, and with the implementation of the Cochrane Author Support Tool (CAST), which is required to be browser-based, this new agile methodology will mean we can see continuous improvement through shorter releases and more efficient and effective functionality made available for the user.

## REVMAN 5.3 & BUG-FIX UPDATES

In October, January and February we released bug-fix improvements to RevMan. For Panama IKMD will have released a beta version of RevMan 5.3, which, in brief, will include some of the following features: a flexible review type, which will allow Methods the opportunity of creating new templates for use by review groups such as Prognosis or Qualitative reviews; an option to show Risk of Bias Summary in the Forest Plots; MECIR guidance accessible within RevMan; and a new study-centric view. The final release of RevMan 5.3 is scheduled for mid-May 2014 and the current list of new features planned is visible on this link: <http://tech.cochrane.org/revman/new-releases/revman-wish-list> See “Future of Review Production” section for more info on the future of RevMan.

## MAILCHIMP NEWSLETTERS SYSTEM FOR COCHRANE CONNECT AND WITHIN COCHRANE

Options for integration of MailChimp for the new *Cochrane Connect* newsletter on [cochrane.org](http://cochrane.org) were explored and two subscription forms were created. Some help during the creation of the first newsletter was provided and integrated with Drupal via the Mailchimp API for subscriptions and newsletters, which are being archived on [cochrane.org](http://cochrane.org).

## COCHRANE WEBSITES

There have been regular maintenance and minor developments across Cochrane’s web presences since Québec. Support for group webmasters and content management for the Communications and

External Affairs Department is ongoing. Abstracts.cochrane.org, the new site which contains all years' Colloquia abstracts is now launched in beta form. Regular loading of both English and translated content continues on summaries.cochrane.org as well as small tweaks to the interface and back-end search engine and systems. Also, there were upgrades to the contact pages and policy manual on cochrane.org.

## ARCHIE 4.2, 4.3 AND 4.4

Three releases of Archie will have taken place between Québec and Panama. Archie 4.2 (October) included 18 new features; highlights include improvements to search, topics, and workflow email attachments. Archie 4.3 (January) had over 50 features implemented, including a reworked calendar and improvements to the Advanced Search, support for Gold Open Access, links between topics and people, and removal of the term '*group*'. Archie 4.4 (March) will be the first of our smaller but more frequent releases with around 10 features, which in this case will include dynamic feeds of review guidance (MECIR) to RevMan 5.3, and more workflow task flexibility. Archie, like all our products and services, is now being integrated into the agile development workflow and will thus be released more often as the Ux Group prioritizes user stories and feeds them into the development pipeline. (See also, [here](#)).

## COCHRANE REGISTER OF STUDIES

All CRG Specialised Registers have been migrated to the live version of the CRS. The CRS Online (CRSO) has been launched and work on the global search feature for the CRS standalone version is ongoing. The CRS web interface is available to all Cochrane members with an Archie login. Seventy webinars have been conducted to date and many of these recorded. A CRS training day took place in Québec, and another is planned for the UK & Ireland Contributors Meeting in Manchester in April 2014. Metaxis Ltd. continue with minor bug-fixing and small changes to the program where possible in response to suggestions from TSCs who are now using the software to deliver search results to authors and to maintain their specialized registers. Chris Mavergames has taken over as Chair of the CRS Project Board from Mark Wilson, and now will be responsible for overall management of the related technology issues. The future of program development and the continuation of CRS User Support are currently being considered within the context of the wider CET budget.

## FUTURE PLANS FOR CRS

Chris Mavergames, David Tovey, and Ruth Foxlee held a meeting on Wednesday, 5 March, to discuss future plans for the CRS. In this meeting, it was agreed that a two-year project would be undertaken to hand over the CRS to IKMD for maintenance, support, training, and further development. Details of the final plan for Metaxis to ramp down and IKMD to ramp up in bringing the CRS in-house are still being worked out, but the aim would be for the handover to be complete during 2016. It is likely that further funding will be required for Metaxis to facilitate the completion of the handover in FY 2015-16 and to ensure that Cochrane's significant investment in this core piece of technology and knowledge management infrastructure is fully realised.

## EVENT MANAGER

The Hyderabad Colloquium website was launched in early January 2014, following the archiving of the Québec site. Event Manager has been migrated to Drupal 7 and the Hyderabad site is fully-responsive (works and looks nice on all mobile and tablet devices). The administrator interface has been enhanced for better usability. Some adjustments are still being made as the planning of the Hyderabad Colloquium progresses and certain functionality is first used in Drupal 7 mode. Payment system integration and registration setup have proved more time-intensive for IKMD staff this year than in previous years, primarily due to Indian particularities and regulations in relation to international payments and visas requirements.

Event Manager is also being used for the ‘Cochrane UK & Ireland 2014 Symposium’ in Manchester and the Cochrane Mid-Year Meeting and XIII Iberoamerican Cochrane Meeting and Symposium in Panama.

## ABOUT DATABASE RETIREMENT

We are nearing the end of a multi-year project to retire the About Database in *The Cochrane Library* which is fed with information from Groups’ modules in Archie. The editorial and technical components are coming together and in June of this year the project is scheduled for completion. We’ve held regular calls and worked with Harriet MacLehose at the Editorial Unit to ensure that the new website guidelines, which will replace the module guidelines, are ready and that our content management system, Drupal, is configured for the migration of module information in Archie to Group websites ahead of the retirement of the About Database in the *Library*.

## COCHRANE-WILEY ROADMAP AND PUBLISHING MANAGEMENT TEAM

Chris and Jessica serve on the Roadmap Committee and contribute to and participate in strategic meetings and discussions around prioritisation of cards including technical advice and scheduling. Chris also serves on the Publishing Management Team and has attended three face-to-face meetings since Québec. Chris is the technical contact from the Cochrane side and manages the interface with Wiley’s technical staff and infrastructure as we strive to align our technical requirements around re-brand and other projects with Wiley and ‘re-platforming’ upgrades.

## FUTURE OF REVIEW PRODUCTION

The IKMD and the CEU held a two-day meeting in December at the Editorial Unit in London to start scoping out the “future of the review production experience” from an editorial and process point-of-view, as well as considering potential new technological and knowledge management developments that could better support the user experience for producing Cochrane Reviews. We are still pulling together the notes, ideas, materials, break-out session outputs from this two-day meeting, and it will inform our work going forward.

What came through clearly from these two days was that we need to move RevMan (and CRS) to a browser-based environment. A requirement of the new CAST (author support tool) is that it be browser-based (run in a normal browser without the need for downloading of stand-alone desktop apps). The emerging new ‘ecosystem’ for review production will see an evolution of these desktop apps to browser-based applications that are seamlessly stitched together by APIs (Application Programming Interfaces) that make the user experience of producing Cochrane Reviews more integrated and logical. Our aim for the future is to move from producing numbered releases of RevMan “offline” to moving directly to scoping out the development of a browser-based system for both RevMan and CRS.

## GUIDELINE DEVELOPMENT TOOL AND THIRD-PARTY SOFTWARE INTEGRATION

The IKMD is looking to take a more external focus in how we interact and manage relationships with third-party software development projects. This includes projects such as GRADEPro (now moving to GDT) and other Cochrane- and non-Cochrane related projects we might wish to partner or establish relationships with. We plan to be more pro-active in reaching out and being the ‘go-to place’ for evidence synthesis-related tools and software projects, including tools such as RevMan HAL, which was developed partially ‘in-house’ (Cochrane Schizophrenia Group). We plan to create a space on [tech.cochrane.org](http://tech.cochrane.org) where we document some of our architecture requirements with regards to APIs

(Application Programming Interfaces) and data standards and to provide a space to interact with Cochrane technology development.

## CENTRAL EXECUTIVE TEAM IT SETUP AND ROLL OUT

Javier Mayoral and David Lefebvre have been working together since October 2013 to develop an IT solution for all of the Central Executive to include email, calendars, and file storage in addition to project management for the team. They led a small working group from across the Central Executive team and after consultation Office 365 was chosen alongside Dropbox as the file storage system as both these tools were used in some form by the majority of users. Wrike project management system had already been chosen, but a plan to support use by all the team was not in place.

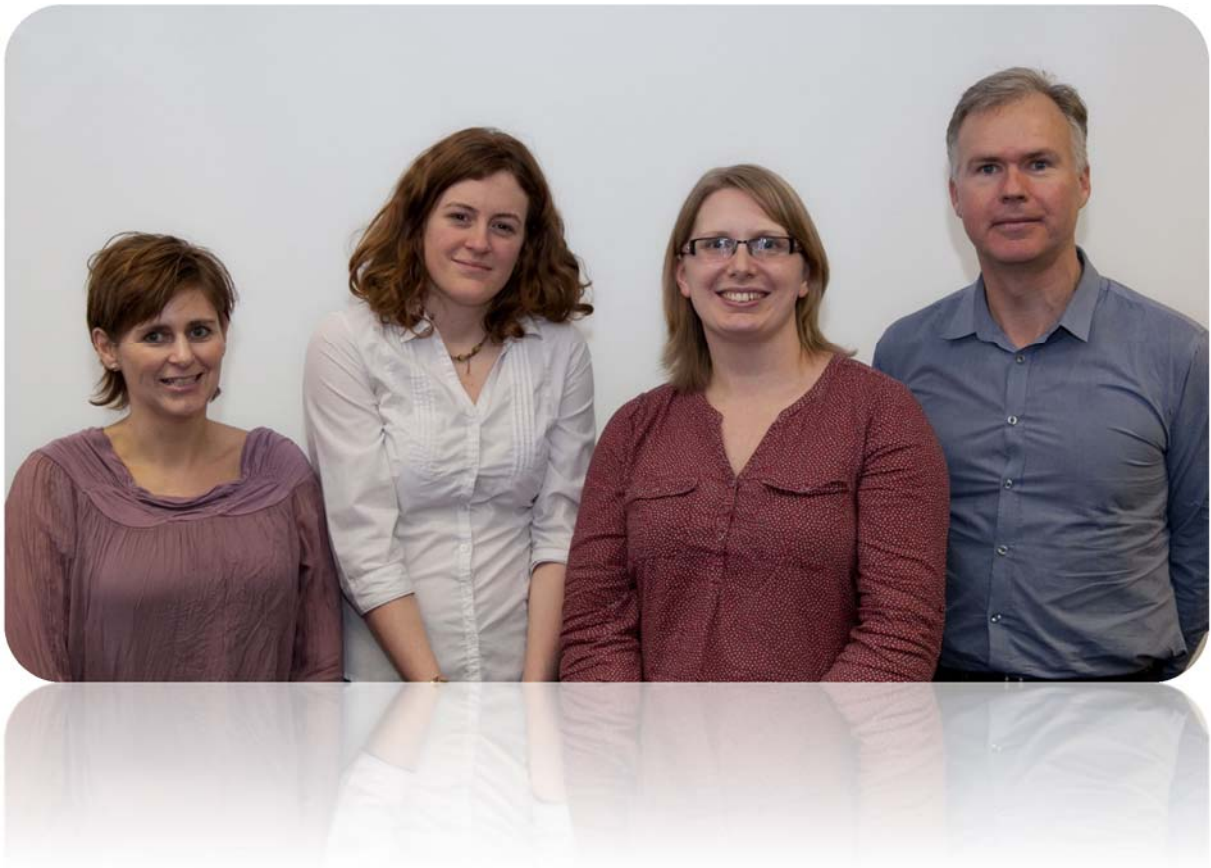
The roll-out of the new Central Executive team IT systems is now almost complete. Dropbox for Business is the central storage area for CET members, and all have access to Wrike to manage 2014 targets while the training to improve its use is ongoing. Practically, all users already have the new Office 365 installed, with the exception of IKMD Copenhagen members, which will be migrated in a short period of time. The final phase will be the migration of mailbox data to the Office 365 server expected to take place before the mid-year meeting. Wrike will be used by all team members managing *Strategy to 2020* 2014 targets, and they will be required to keep their projects up-to-date in the system for reporting and tracking.

## #COCHRANETECH SYMPOSIUM AT THE HYDERABAD COLLOQUIUM

The first-ever #CochraneTech Symposium was held in Québec on the 20th of September. Videos and other outputs of the day are available, [here](#), and info on this year's plans are [here](#). Chris Mavergames published a [blog post on cochrane.org](#) which summarizes the Symposium and lays out some future directions for technology and knowledge management in Cochrane. On a related note, Chris Mavergames worked on a paper with others in Cochrane last year on "[Living Systematic Reviews](#)" which was published in February in PLoS Medicine.



# FINANCE & CORE SERVICES



## HEAD OF DEPARTMENT'S SUMMARY

*Hugh Sutherland*

The position of Head of Finance & Core Services is a new one, created alongside a new department and indeed a whole new departmental structure for the Central Executive team. This presents a great deal of opportunity for building new teams of people and for introducing new ways of working, as well as a significant short-term challenge in scoping, scheduling and implementing the necessary changes.

Every other aspect of the Department is undergoing change at the moment: physical location, organisational structure, accounting systems, international footprint, IT infrastructure, key suppliers. The appetite and enthusiasm for change and establishment of new services evinced by my colleagues is exciting, motivating and rewarding. Very few of the activities and project which have been undertaken are completed.

I would like to take this opportunity to thank Suki Kenth and Rachel Sayers, who will have left Cochrane by the time of the Panama meeting. I also welcome Rachael Wallwork as HR Manager, who replaced Suki. The post of Finance Manager to replace Rachel Sayers is [currently being advertised](#). I also wish to record my thanks and appreciation to Jini Hetherington for leaving such a sound platform upon which the FCS can build.

## STRATEGY TO 2020: 2014 TARGETS

A comprehensive and thoroughly prepared strategy has been set out for the organisation, providing the essential framework for the structural changes being implemented in the other Departments, with detailed objectives and targets for the year. The *Strategy* recognises that the FCS is starting from a low base in terms of capacity and technical expertise. The initial tasks of consolidating and then improving the core financial and administrative functions are vital to ensure the effective financial control of the ambitious plans to be carried out by the CET.

### TARGET 4.6: IMPROVED FINANCIAL AND BUSINESS PROCESSES

#### NEW MANAGEMENT ACCOUNTS, FINANCIAL REPORTS AND ACCOUNTING SYSTEMS

The shortcomings of the existing accounting systems reflect the very simple requirements of previous years with overlays of extra complexity and detail. A new accounting system based on cloud or 'Software as a Service' ("SaaS") service providers has been assessed. It will provide greater processing efficiency, with automatic data feeds for recording banking transactions and better functionality for flexible reporting, combined with multi-user remote access for authorising and processing transactions and for generating reports. A proposal to begin using a new accounting system provider will be made with a commencement date coinciding with the new financial year in April 2014.

The key 'chart of accounts' element of system design will follow the structures agreed within the budgeting process, enabling analysis for each Department and by strategic goal, as well as detailed reports by type of transaction.

The basic management accounting information provided by the accounts system will be presented in a new financial report showing key metrics of income, spending, surplus, balance sheet movements and cash flow. These metrics will be presented as budget, actual, variance and forecast for each month of the current year. Spending related to specific strategic targets will be integrated with dashboard reports associated with those targets.

#### MONITORING GROUPS

The other main target identified for 2014 is to expand and elaborate the Monitoring and Reporting function gathering data from the global community of Cochrane Groups. While there is no formal legal requirement to report this data, the role of the CET in supporting Groups relies upon high-quality information. The existing systems for gathering information reflect a strong culture of transparency, sharing of best practice and co-operation, but the reporting links needs to be explored to ensure consistency and coherence of the information being derived. Developing a dialogue with Groups will enable the information to be shared and acted upon more easily.

A list of the activities undertaken by the FCS in the period November 2013 to March 2014 in support of improved financial and business processes is as follows:



- My appointment as Company Secretary for the Charity;
- A review of the current pattern of regulatory and taxation/fiscal requirements and check to see if there are any compliance issues;
- A review of the basics of the organisation's finances, including major assets and liabilities, sources of income and commitments to expenditure;
- Detailed review of the contract with Wiley, checking the accounting treatment of revenues and reporting of royalties due;
- A detailed review of current management accounting systems and procedures, sufficient to ensure continuity of services;
- An assessment of options for improved systems based on cloud/SaaS accounting systems;
- Initial liaison with the organisation's auditors and start of statutory reporting and audit planning;
- Drafting and negotiation of the annual budget for The Cochrane Collaboration, Cochrane Trading and Cochrane Innovations;
- Drafting of a revised set of management accounts and financial reports.

## OTHER DEPARTMENT PRIORITIES:

Other activities have included:

- Familiarisation with the people, structures and procedures of the organisation generally and those of the existing Finance and Core Services team in particular;
- Completion of the process of transferring the staff of the Freiburg office from UniversitätsKlinikum to a newly formed Cochrane branch;
- Formation of a Danish subsidiary in order to employ staff based in Copenhagen;
- Completion of the Job Evaluation process for standardising pay grades across the Central Executive team;
- Recruitment of a HR Manager;
- Recruitment of an Office Manager;
- Recruitment of a Finance Manager;
- Recruitment of two Office Assistants;
- Initial assessment of the costs and lease terms of existing premises in the UK;
- Initial assessment of the needs of the organisation for premises over the short- to medium-term;
- Assistance with the negotiation of the major contract with Smartling for translation management services;
- Assistance with launching the Game Changers initiative;
- Assistance with issuing the Request for Proposals for the CAST project;
- Review of the group monitoring process with proposals for revised Financial Part B forms;
- Review of the arrangements for receipt of donations globally;
- Review of the pension arrangements for UK staff;
- Review of the staff handbook for UK staff;
- Review of the expenses policy;
- Review and renewal of the insurance policies and level of cover;
- Initial review of the risk management policy;
- Consultation with IKMD on the implementation of new shared software suites;
- A review of arrangements with existing payroll bureau services;

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- A review of banking arrangements with a view to reducing the number of bank accounts held and reducing the number of banking transactions;
- An assessment of options for improved authorisation and recording of travel expenses.

# 4. DEPARTMENT WORKPLANS

This chapter sets out the substantial workplans for the CET departments **in 2014** and is structured according to work in the following areas:

- *Strategy to 2020*: overall management and delivery of the 2014 targets
- Other department priorities for the year
- Regular workstreams
- Internal department management

The structure of the workplans reflects the order of the narrative reports in the Activity Reports of Chapter 3.

## CEO'S OFFICE

| Workstream   | Functional Area         | Project or Activities  | Est. Start Date | Est. End Date |
|--------------|-------------------------|--|-----------------|---------------|
| CEO projects | <i>Strategy to 2020</i> | Oversight and management of organisational progress towards <i>Strategy to 2020</i> Goals, Objectives and Annual targets                                     | Ongoing         | Ongoing       |
| CEO projects | <i>Strategy to 2020</i> | Develop, and co-ordinate the development of, the <i>Strategy to 2020</i> 2015 targets for approval by the organisation and Steering Group at the end of 2014 | Aug-14          | Aug-14        |
| CEO projects | <i>Strategy to 2020</i> | Plan and implement a series of <i>Strategy to 2020</i> events at the Hyderabad Colloquium  | Mar-14          | Sep-14        |
| CEO projects | <i>Strategy to 2020</i> | Translations (2.6): Employ a Translation Co-ordinator  | Ongoing         | Apr-14        |
| CEO projects | <i>Strategy to 2020</i> | Translations (2.6): Develop a detailed translation strategy work plan for 2014   | Ongoing         | Apr-14        |
| CEO projects | <i>Strategy to 2020</i> | Translations (2.6): Establish Smartling software as central translation management system (Phase 1):   | Ongoing         | Sept-14       |

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|---------------------|-------------------------|---|---------|---------|
| <b>CEO projects</b> | <i>Strategy to 2020</i> | Translations (2.6): Integrate Spanish translation project into our translation management and publication system  | Apr-14  | Mar-15  |
| <b>CEO projects</b> | <i>Strategy to 2020</i> | Translations (2.6): Develop <i>Cochrane Summaries</i> as multi-language platform  | Ongoing | Dec-14  |
| <b>CEO projects</b> | <i>Strategy to 2020</i> | Translations (2.6): Develop <i>The Cochrane Library</i> as multi-language platform  | Ongoing | Mar-15  |
| <b>CEO projects</b> | <i>Strategy to 2020</i> | Derivative products (4.5): Support delivery of CCAs and <i>Cochrane Learning</i> to market and introduce plans for new derivative products with Cochrane Innovations  | Ongoing | Dec-14  |
| <b>CEO projects</b> | <i>Strategy to 2020</i> | Ux Review and Framework (2.1): Assess user behaviour and needs, and develop a framework for ongoing analysis  | Apr-14  | Dec-14  |
| <b>CEO projects</b> | <i>Strategy to 2020</i> | Ux Review and Framework (2.1): integrate review of Fields into project  | Apr-14  | Dec-14  |
| <b>CEO projects</b> | <i>Strategy to 2020</i> | Partnership relationship management (3.2): Lead, oversee and facilitate the relationships with WHO, the +AllTrials campaign, Guidelines International Network, the Campbell Collaboration and other organisations with whom we have established or are establishing formal partnerships | Ongoing | Ongoing |
| <b>CEO projects</b> | <i>Strategy to 2020</i> | Membership (4.1): Explore models of organisational membership schemes and prepare a process for internal consultation and the development of a new Cochrane membership scheme in 2015   | Oct-14  | Dec-14  |
| <b>CEO projects</b> | <i>Strategy to 2020</i> | Governance review (4.3): Conduct a review of Cochrane's governance structure and processes  | Jan-14  | Dec-14  |
| <b>CEO projects</b> | <i>Strategy to 2020</i> | Governance review (4.3): Ensure the Charity Commission Good Governance document key principles are included in any suggested trustee performance monitoring; Develop performance monitoring documents for Trustee performance monitoring  | Jan-14  | Apr-14  |
| <b>CEO projects</b> | <i>Strategy to 2020</i> | Governance review (4.3): Introduce individual self-performance monitoring to the Steering Group; Develop performance monitoring documents for individual self-assessment of Trustees  | Jan-14  | Apr-14  |

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|---------------------|--|---|---------|---------|
| <b>CEO projects</b> | <i>Strategy to 2020</i>                        | Governance review (4.3): Review committees not directly reporting to the Steering Group: List and review terms of reference for all committees not reporting directly to the Steering Group(e.g. MECIR, MARS)   | TBC     | TBC     |
| <b>CEO projects</b> | <i>Strategy to 2020</i>                        | Work with the Head of Finance & Core Services to improve financial and business monitoring for Cochrane groups and ensure the outcomes are consistent with and support those of the governance review   | Ongoing | Ongoing |
| <b>CEO projects</b> | Wikipedia                                      | Support the partnership with Wikipedia and the Wikipedian in Residence  | Ongoing | Jun-14  |
| <b>CEO projects</b> | Organisational Development / Capacity Building | Lead and assist the development of the Global Evidence Synthesis Initiative (GESI) by supporting the work of the framework drafting committee (April – September); and – if necessary - the development of an initial ‘Case for Support’ or subsequent Cochrane-led Cases for Support for systematic review capacity- and demand-building initiatives in Low- and Middle-Income Countries (July-December) | Ongoing | Ongoing |
| <b>CEO projects</b> | Organisational Development                     | Support the development of Cochrane’s global profile, activities and reach through leadership and support for Country and Regional development in the Middle East, China, the United States and other areas as agreed   | Ongoing | Ongoing |
| <b>CEO projects</b> | Internal Communications                        | Communicate regularly and effectively with the Cochrane community to ensure collaborators remain well informed on Cochrane’s organisational and business issues; including the implementation and results of <i>Strategy to 2020</i>  | Ongoing | Ongoing |
| <b>CEO projects</b> | Governance                                     | Strategic, Organisational and Business advice and support to Cochrane’s Steering Group, Co-Chairs, members and sub-committees (e.g., Co-Chair Remuneration Committee, Funding Arbiter/Funding Panel, etc.)  | Ongoing | Ongoing |
| <b>CEO projects</b> | Governance                                     | Strategic, organisational and business advice and support to Cochrane’s Trading Company   | Ongoing | Ongoing |
| <b>CEO projects</b> | Global Evidence Synthesis Initiative           | Project manage and administratively support GESI drafting team  | Feb-14  | Sep-14  |

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| <b>CEO projects</b>           | Game Changers                                  | Chair, facilitate and support the 'Game Changers' process to invite, assess and recommend to the Steering Group proposal(s) that offer a transformative effect upon the operations and/or business of Cochrane  | Apr-14  | Dec-16  |
| <b>CEO projects</b>           | Game Changers                                  | Oversee and support implementation of any Game Changer initiatives selected by the Steering Group in September 2014   | Oct-14  | TBC     |
| <b>CEO projects</b>           | Funding/Finance                                | Lead and support the relationship development with key Cochrane funders, potential funders and related external stakeholders to secure, expand and diversify our funding base   | Ongoing | Ongoing |
| <b>CEO projects</b>           | Funding/Finance                                | Establish a new European Union funding support initiative to explore for Cochrane centrally and for Centres, Branches and other Groups funding opportunities from the EU; and to offer a project development support for EU grants and other funding opportunities.         | Ongoing | Ongoing |
| <b>CEO projects</b>           | External representation                        | External representation at key conferences and meetings; and partnership development with key external stakeholders   | Ongoing | Ongoing |
| <b>CEO projects</b>           | Cochrane Innovations                           | Lead and support the growth and development of Cochrane Innovations through involvement on the Cochrane Innovations Board; recruitment of an Innovations CEO and other staff; and development of new products and services to expand and diversify Cochrane's funding base. | Ongoing | Ongoing |
| <b>CEO projects</b>           | <i>Strategy to 2020</i>                        | Open access (2.4): Establish open access roadmap  | Ongoing | Dec-14  |
| <b>CEO projects</b>           | <i>Strategy to 2020</i>                        | Structure and function (4.4): Review structure and function of Centres & Branches, and Fields   | Jul-14  | Jul-15  |
| <b>CEO regular workstream</b> | Organisational management                      | Manage and oversee integration of Copenhagen and Freiburg teams into CET  | Ongoing | May-14  |
| <b>CEO regular workstream</b> | Organisational management & governance Support | Leadership and line management support to Cochrane Centres, Branches and Fields (including Co-Chairing the Centre Directors Executive and Fields Executive) and the Monitoring and Registration Committee.  | Ongoing | Ongoing |
| <b>CEO regular workstream</b> | Organisational management                      | Leadership and line management support to the Editor in Chief and all Heads of Department   | Ongoing | Ongoing |

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|--------------------------------|-------------------------------|--|---------|---------|
| <b>CEOO regular workstream</b> | Organisational management     | Organisation (preparation, chairing, follow up) of bi-weekly SMT meetings and other management initiatives to ensure effective organisational performance and cross-departmental coherence   | Ongoing | Ongoing |
| <b>CEOO regular workstream</b> | Organisational management     | Draft the 2014 CET report and 2014/15 budget for approval at the 2014 Panama meeting   | Mar-14  | Mar-14  |
| <b>CEOO regular workstream</b> | Organisational management     | Draft the CET activity report for approval at the Hyderabad Colloquium   | Aug-14  | Aug-14  |
| <b>CEOO regular workstream</b> | Organisational management     | Develop the 2015 CET budget for approval at the end of 2014  | Aug-14  | Aug-14  |
| <b>CEOO regular workstream</b> | Organisational management     | Plan and hold the CET annual team meeting  | Nov-13  | Jan-15  |
| <b>CEOO regular workstream</b> | Internal Communications       | Guest-edit <i>Within Cochrane</i> on a quarterly basis   | Ongoing | Ongoing |
| <b>CEOO regular workstream</b> | Internal Communications       | Support CEAD in internal communications  | Ongoing | Ongoing |
| <b>CEOO regular workstream</b> | Internal Communications       | Co-ordinate CET communications   | Ongoing | Ongoing |
| <b>CEOO regular workstream</b> | Funds and Awards              | Administration and support to Steering Group and oversight of Cochrane's Awards, Scholarships, Discretionary Fund and other internal funds.  | Ongoing | Ongoing |
| <b>CEOO regular workstream</b> | Committee and meeting support | Provide administrative and project support to the Steering Group; Senior Management Team; Steering Group Co-Chairs, CEO and Editor in Chief meetings; Cochrane-Wiley Publishing Management Team; Trading Company; Centre Directors Executive; and GESI.                      | Ongoing | Ongoing |
| <b>CEOO regular workstream</b> | Colloquium support            | Working with CPAC, to lead the development and management of the Central Executive's improved, more streamlined and efficient support to the organisers of Cochrane Colloquia and Mid-Year meetings; draft and sign-off contracts for future Colloquia and mid-year meetings | Ongoing | Ongoing |
| <b>Consumer support</b>        | Reporting                     | Reporting  | Ongoing | Ongoing |
| <b>Consumer support</b>        | PLEACS                        | Best practice examples for PLEACS  | Ongoing | Ongoing |
| <b>Consumer support</b>        | PLEACS                        | Additional tools for MEs and authors   | Ongoing | Ongoing |

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| <b>Consumer support</b>           | MaRC  | MaRC requirements   | Ongoing | Ongoing |
| <b>Consumer support</b>           | Information dissemination                                 | CCNet internal and external communications (newsletters, CCNet website, Web 2.0)  | Ongoing | Ongoing |
| <b>Consumer support</b>           | ECRAN   | Manage ECRAN grant  | Ongoing | Ongoing |
| <b>Consumer support</b>           | Developing EC funding sources                             | Develop plan for EC funding development for Centres   | Ongoing | Ongoing |
| <b>Consumer support</b>           | Consumers' Executive                                      | Support Executive in meetings, elections, policy documents, email lists, budgeting, travel, training                                | Ongoing | Ongoing |
| <b>Publishing Management Team</b> | General   | Manage the contractual and operational requirements and deliverables of the organisation's publishing contract; chair the committee | Ongoing | Ongoing |
| <b>Publishing Management Team</b> | General   | Roadmap committee   | Ongoing | Ongoing |
| <b>Publishing Management Team</b> | General   | Oversee technology performance standards  | Ongoing | Ongoing |
| <b>Internal management</b>        | Travel/conference   |   | Ongoing | N/A     |
| <b>Internal management</b>        | Office and technology                                     |   | Ongoing | N/A     |
| <b>Internal management</b>        | Department reporting (mid-year meetings, Colloquia, etc.) |   | Ongoing | N/A     |
| <b>Internal management</b>        | Budgets   |   | Ongoing | N/A     |
| <b>Internal management</b>        | Appraisals  |   | Ongoing | N/A     |
| <b>Internal management</b>        | Administration  |   | Ongoing | N/A     |
| <b>Internal management</b>        | Internal department communications and staff training     |   | Ongoing | N/A     |



# COCHRANE EDITORIAL UNIT

| Workstream                        | Functional area                                    | Project or activity  | Estimated start date                            | Estimated end date<br>(Q = Annual quarter) |
|-----------------------------------|--|--|---|--|
| CEU projects                      | <i>Strategy to 2020</i> : CRG Structure & Function | Initial consultation paper, Consultation, Preparation for Mid-Year meeting, Further work and pre final paper to Colloquium | Ongoing   | Sep 2014                                   |
| CEU projects                      | <i>Strategy to 2020</i> : Quality assurance        | Review screening   | Ongoing   | Q4, 2014                                   |
| CEU projects / Training / Methods | <i>Strategy to 2020</i> : Quality assurance        | Common errors and exemplars  | Ongoing   | Q4, 2014                                   |
| CEU projects                      | <i>Strategy to 2020</i>                            | Prioritisation   | Started   | Q4, 2014                                   |
| CEU projects                      | <i>Strategy to 2020</i>                            | MECIR audit  | Oct 2014  | Q1, 2015                                   |
| CEU projects                      | <i>Strategy to 2020</i>                            | Author software RFP  | Started, expect to publish RFP 3/2014           | Q2, 2015                                   |
| CEU projects                      | <i>Strategy to 2020</i>                            | Innovative methods strategy  | Ongoing   | Q3, 2014                                   |
| CEU projects                      | <i>Strategy to 2020</i>                            | Open access  | Ongoing   | Q4, 2016                                   |
| CEU projects                      | <i>Strategy to 2020</i>                            | User testing CLIB  | TBD   |  |
| CEU projects                      | <i>Strategy to 2020</i>                            | Derivative products  | Ongoing (see below)                             | Q4, 2014                                   |
| CEU projects                      | <i>Strategy to 2020</i>                            | Dissemination strategy   | Started   | Q4, 2014                                   |
| CEU projects                      | <i>Strategy to 2020</i>                            | Simplified English   |   | Q4, 2016                                   |
| CEU projects                      | <i>Strategy to 2020</i>                            | Training strategy  | Ongoing   | Q3, 2014                                   |
| CEU projects                      | <i>Strategy to 2020</i>                            | Impact factor work   | Ongoing (but suspended due to lack of capacity) | Aiming for Q3 2014                         |
| CEU projects                      | <i>Strategy to 2020</i>                            | Embase search project  | Ongoing   | N/A  |
| CEU projects                      | CRS  | CRS/CRSO/CENTRAL project management & program development  | Ongoing   | N/A  |

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|---------------------|---------------------------|--|--|-------------------|
| <b>CEU projects</b> | CRS                       | CRS/CENTRAL development  | Ongoing                                  | N/A               |
| <b>CEU projects</b> | CRS                       | User support team  | Ongoing                                  | To be decided     |
| <b>CEU projects</b> | CRS                       | CRS training   | Ongoing                                  | Q1, 2015          |
| <b>CEU projects</b> | Patient Safety            | Development of project   | Started                                  | Q3, 2014          |
| <b>CEU projects</b> | Derivative products       | Cochrane Clinical Answers  | Ongoing                                  | Q4, 2014          |
| <b>CEU projects</b> | Derivative products       | <i>Dr Cochrane</i>   | TBD                                      | N/A               |
| <b>CEU projects</b> | Derivative products       | Essential Evidence plus  | Started                                  | Decision Q3, 2014 |
| <b>CEU projects</b> | Derivative products       | Patient decision aids  | TBD                                      | N/A               |
| <b>CEU projects</b> | Guidelines liaison        | Facilitate working between guidelines groups and CRGs                  | Started                                  | N/A               |
| <b>CEU projects</b> | Relationship with funders | Miscellaneous interactions and requests                                | Ongoing                                  | N/A               |
| <b>CEU projects</b> | Diagnostic reviews        | DTA group oversight & support  | Ongoing, but minimal engagement recently | Ongoing           |
| <b>CEU projects</b> | Conferences               | Nutrition conference   | TBD                                      | N/A               |
| <b>CEU projects</b> | Conferences               | Philippines conference   | Sera Tort to present                     | May 2014          |
| <b>CEU projects</b> | Conferences               | UK Cochrane meeting  | Various meetings                         | April 2014        |
| <b>CEU project</b>  | Conferences               | Unite for Sight Conference   | DT to present                            | April 2014        |
| <b>CEU project</b>  | Conferences               | Pre-Omeract meeting  | DT to present                            | May 2014          |
| <b>CEU project</b>  | Conferences               | ECRAN meeting  | DT to present                            | May 2014          |
| <b>CEU projects</b> | Conferences               | Canadian Cochrane  | DT to present                            | April 2014        |
| <b>CEU project</b>  | Conferences               | “Decide” conference  | DT to present                            | June 2014         |
| <b>CEU project</b>  | Colloquium                | Plenary  | DT and HM to organise                    | Sep 2013          |
| <b>CEU project</b>  | Wikipedia                 | Support the partnership with Wikipedia and the Wikipedian in Residence | Ongoing                                  | Ongoing           |
| <b>Methods</b>      | Updating work group/MG    | Contribute to conference and use as basis to develop updating strategy | Ongoing                                  | Ongoing           |
| <b>Methods</b>      | Updating conference       | See above  |  | June 2014         |
| <b>Methods</b>      | Methods Innovation Fund   | Research Governance 2012-14  | Ongoing                                  | Q1, 2015          |

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| <b>Methods</b>            | Methods Innovation Fund                | Manage new round 2015-18                                       | Q2, 2014         | Q4, 2014 |
| <b>Methods</b>            | Cochrane Methods                       | Content and editorial management                               | Ongoing          | Q3, 2014 |
| <b>Methods</b>            | Cochrane Methods                       | Editing  | Q2, 2014         | Q3, 2014 |
| <b>Methods</b>            | Cochrane Methodology Register proposal | Paper for Steering Group                                       | Q1, 2014         | Q2, 2014 |
| <b>Methods</b>            | Colloquium Symposium                   | Planning and management  | Q2, 2014         | Q3, 2014 |
| <b>Methods / Training</b> | Colloquium workshops                   | Chair of Workshop committee                                    | Q4, 2013         | Q3, 2014 |
| <b>Methods</b>            | Methods training event                 | Organise and manage event                                      | Annual event     | Q4, 2014 |
| <b>Methods</b>            | Methods training Event                 | Manage processes and post production materials                 | Annual event     | Ongoing  |
| <b>Methods / Training</b> | Cochrane Handbook                      | Editorship   | Ongoing          | Ongoing  |
| <b>Methods</b>            | Cochrane Handbook                      | Updating chapter   | Ongoing          | Q2, 2014 |
| <b>Methods</b>            | Cochrane Handbook                      | Reporting chapter  | Ongoing          | Q2, 2014 |
| <b>Methods</b>            | Cochrane Handbook                      | Logistics chapter  | Ongoing          | Q2, 2014 |
| <b>Methods</b>            | Methods strategy                       | Conduct review of MGs & CRG networks                           | In process       | Q2, 2014 |
| <b>Methods</b>            | Methods Strategy                       | Develop strategy consultation                                  | Q3, 2014         | Q4, 2014 |
| <b>Methods</b>            | Methods Board                          | One face-to-face meeting at Colloquia                          | Ongoing          | Sep 2014 |
| <b>Methods</b>            | Methods Executive                      | Meeting every two months, manage agenda, work plan and outputs | Ongoing          | N/A      |
| <b>Methods</b>            | MARS AC                                | Manage agenda, work plan, outputs and meetings                 | Ongoing          | N/A      |
| <b>Methods</b>            | Common errors and exemplars database   | In development   | To be negotiated | N/A      |
| <b>Methods</b>            | MECIR project                          | Maintenance management   | Ongoing          | Ongoing  |
| <b>Methods</b>            | Methods website                        | Beta in development  | Ongoing          | Ongoing  |
| <b>Methods</b>            | Methods Groups                         | Support and liaison  | Ongoing          | Ongoing  |
| <b>Methods</b>            | Budget setting and management          |  | Ongoing          | Q1, 2014 |

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| <b>CEU regular workstream</b> | Editorials                             |   | Ongoing  |
| <b>CEU regular workstream</b> | Special Collections                    |   | Ongoing  |
| <b>CEU regular workstream</b> | Editorial and Publishing Policy Manual | General maintenance   | Ongoing  |
| <b>CEU regular workstream</b> | Editorial and Publishing Policy Manual | New section: Translation policies   |          |
| <b>CEU regular workstream</b> | Editorial and Publishing Policy Manual | New section: Editorial process  | Q2, 2014 |
| <b>CEU regular workstream</b> | Editorial and Publishing Policy Manual | New section: Registering titles for new Cochrane Reviews                                  |          |
| <b>CEU regular workstream</b> | Editorial and Publishing Policy Manual | New section: Co-registration of titles with the Campbell Collaboration                    | Q1, 2015 |
| <b>CEU regular workstream</b> | Editorial and Publishing Policy Manual | New section: Peer review  | Q3, 2014 |
| <b>CEU regular workstream</b> | Editorial and Publishing Policy Manual | New section: Dual publication of a Cochrane Review by more than one Cochrane Review Group | Q3, 2014 |
| <b>CEU regular workstream</b> | Editorial and Publishing Policy Manual | New section: Protocol templates   | Q1, 2015 |
| <b>CEU regular workstream</b> | Editorial and Publishing Policy Manual | New section: Authorship and contributorship   | Q2, 2014 |
| <b>CEU regular workstream</b> | Editorial and Publishing Policy Manual | New section: Conflicts of interest and Cochrane Reviews                                   | Q2, 2014 |
| <b>CEU regular workstream</b> | Editorial and Publishing Policy Manual | New section: Plagiarism   | Q2, 2014 |
| <b>CEU regular workstream</b> | Editorial and Publishing Policy Manual | New section: Protection of human subjects and animals in research                         | Q2, 2014 |

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| <b>CEU regular workstream</b> | Editorial and Publishing Policy Manual | Revise co-publication policy                               |                     | Q3, 2014 |
| <b>CEU regular workstream</b> | Editorial and Publishing Policy Manual | New section: Feedback                                      | Ongoing             | Q1, 2014 |
| <b>CEU regular workstream</b> | Committees                             | Co-Eds Exec  | Ongoing             | N/A      |
| <b>CEU regular workstream</b> | Committees                             | Co-Eds Board   | Ongoing             | N/A      |
| <b>CEU regular workstream</b> | Committees                             | CLOC   | Ongoing             | N/A      |
| <b>CEU regular workstream</b> | Committees                             | Author forum (participation only)                          | Ongoing             | N/A      |
| <b>CEU regular workstream</b> | Committees                             | Editorial Resources Committee                              | Suspended currently | N/A      |
| <b>CEU regular workstream</b> | Problem solving                        | As they arise  |                     | N/A      |
| <b>CEU regular workstream</b> | Editorial sign off high profile review | Tamiflu review sign-off                                    |                     | Q1, 2014 |
| <b>CEU regular workstream</b> | Assessing non-standard titles          |  | Ongoing             | N/A      |
| <b>CEU regular workstream</b> | Managing co-publication requests       |  | Ongoing             | N/A      |
| <b>CEU regular workstream</b> | Monthly media releases                 |  | Ongoing             | N/A      |
| <b>CEU regular workstream</b> | Copy-editing                           | Copy Edit Support handover from Wiley                      | Ongoing             | Q1, 2014 |
| <b>CEU regular workstream</b> | Copy-editing                           | Freelance management                                       | Ongoing             | N/A      |
| <b>CEU regular workstream</b> | Copy-editing                           | Cochrane Style Guide transfer to Drupal                    | Started             | Q2, 2014 |
| <b>CEU regular workstream</b> | Copy-editing                           | Cochrane Style Guide development, maintenance and updating | Ongoing             | Ongoing  |
| <b>CEU regular workstream</b> | Copy-editing                           | Copy-editing test development and implementation           | Ongoing             | Q2, 2014 |
| <b>CEU regular workstream</b> | Copy-editing                           | Liaison with review screening                              | Started             | Ongoing  |
| <b>CEU regular workstream</b> | Copy-editing                           | Copy-editing support: budget management                    | Q1, 2014            | Ongoing  |

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| <b>CEU regular workstream</b>     | Copy-editing                        | Copy-editing support: seek to identify efficiencies and quality improvement | Q1, 2014                                    | Ongoing  |
| <b>CEU regular workstream</b>     | Cochrane Library feedback           | Management  | Ongoing                                     | Ongoing  |
| <b>CEU regular workstream</b>     | Cochrane Library feedback           | Problem solving   | Ongoing                                     | Ongoing  |
| <b>CEU regular workstream</b>     | Cochrane Library feedback           | Tracking, reports, and analysis   | Ongoing                                     | Ongoing  |
| <b>CEU regular workstream</b>     | Communications                      | CEU Bulletin  | Ongoing                                     | Ongoing  |
| <b>CEU regular workstream</b>     | Communications                      | CEU Blog  | Currently suspended due to lack of capacity |          |
| <b>CEU regular workstream</b>     | Browse menu maintenance             |   | Ongoing                                     | Ongoing  |
| <b>Publishing Management Team</b> | General                             | Support CEOO team   | Ongoing                                     | N/A      |
| <b>Publishing Management Team</b> | Key Performance Indicators          | Support CEOO team   | Ongoing                                     | N/A      |
| <b>Publishing Management Team</b> | Content and production issues       | Support CEOO team   | Ongoing                                     | N/A      |
| <b>Publishing Management Team</b> | Mini-cards                          | Support CEOO team   | Ongoing                                     | N/A      |
| <b>Publishing Management Team</b> | Cochrane Library Technology Roadmap | General management and communications                                       | Started                                     | N/A      |
| <b>Publishing Management Team</b> | Cochrane Library Technology Roadmap | Card: Anywhere Article systematic review                                    | Started                                     | Q1, 2014 |
| <b>Publishing Management Team</b> | Cochrane Library Technology Roadmap | Card: Links to podcasts, journal club, editorials                           | Started                                     |          |
| <b>Publishing Management Team</b> | Cochrane Library Technology Roadmap | Card: Search by online date   | Started                                     |          |
| <b>Publishing Management Team</b> | Cochrane Library Technology Roadmap | Card: Archiving and free access   | Started                                     | Q1, 2014 |
| <b>Publishing Management Team</b> | Cochrane Library Technology Roadmap | Card: User feedback   | Started                                     |          |

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| <b>Publishing Management Team</b> | Cochrane Library Technology Roadmap | Card: Export/email citation options                                  | Started  |
| <b>Publishing Management Team</b> | Cochrane Library Technology Roadmap | Card: Browse, navigation, mobile homepage                            |          |
| <b>Publishing Management Team</b> | Cochrane Library Technology Roadmap | Card: About database   | Q2, 2014 |
| <b>Publishing Management Team</b> | Cochrane Library Technology Roadmap | Card: Review classification system and status indicators             | Q3, 2014 |
| <b>Publishing Management Team</b> | Cochrane Library Technology Roadmap | Card: Search results navigation                                      |          |
| <b>Publishing Management Team</b> | Cochrane Library Technology Roadmap | Card: Special Collection, TOC  |          |
| <b>Publishing Management Team</b> | Cochrane Library Technology Roadmap | Card: Supplement integration   |          |
| <b>Publishing Management Team</b> | Cochrane Library Technology Roadmap | Card: Multi-language search  |          |
| <b>Publishing Management Team</b> | Cochrane Library Technology Roadmap | Card: Translations portal  |          |
| <b>Publishing Management Team</b> | Cochrane Library Technology Roadmap | Card: Flexible review types  |          |
| <b>Publishing Management Team</b> | Cochrane Library Technology Roadmap | Card: Branding and messaging   |          |
| <b>Publishing Management Team</b> | Cochrane Library Technology Roadmap | Card: Links between merge/split content; protocols as part of update |          |
| <b>Publishing Management Team</b> | Cochrane Library Technology Roadmap | Card: Multi-language content   |          |
| <b>Publishing Management Team</b> | Open access                         |  | Q4, 2016 |

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| <b>Publishing Management Team</b> | National Library of Medicine (NLM) liaison   |  | Ongoing  | N/A      |
| <b>Managing Editor Support</b>    | General                                      |  | Ongoing  | N/A      |
| <b>Managing Editor Support</b>    | Induction                                    |  | Ongoing  | N/A      |
| <b>Managing Editor Support</b>    | Ongoing support                              |  | Ongoing  | N/A      |
| <b>Managing Editor Support</b>    | Training events                              |  | Ongoing  | N/A      |
| <b>Managing Editor Support</b>    | Training needs assessment                    |  | Ongoing  | Q2, 2014 |
| <b>Managing Editor Support</b>    | Bulletin                                     |  | Ongoing  | N/A      |
| <b>Training</b>                   | Training & Professional Development Strategy | Consultation & development   | Ongoing  | Sep 2014 |
| <b>Training</b>                   | Training & Professional Development Strategy | Implementation   | Sep 2014 | Ongoing  |
| <b>Training</b>                   | <i>Strategy to 2020</i>                      | Assist target leads in planning and implementing training & communication where required                           | Ongoing  | Ongoing  |
| <b>Training</b>                   | ME Support                                   | Collaborate with ME Support to produce & source materials responding to the 2013 needs assessment                  | Ongoing  | Ongoing  |
| <b>Training</b>                   | Editor support                               | Make preliminary resources available and begin to develop tailored resources                                       | Ongoing  | Ongoing  |
| <b>Training</b>                   | Author training materials                    | Update and expand online & face-to-face materials for authors  | Ongoing  | Ongoing  |
| <b>Training</b>                   | Online Learning Modules                      | Evaluate & plan commercialisation  | Ongoing  | Sep 2014 |
| <b>Training</b>                   | Methods Innovation Fund                      | Plan implementation & training as projects conclude  | Ongoing  | Ongoing  |
| <b>Training</b>                   | Translation                                  | Continue translation into new languages & collaborate with Translation Co-ordinator on new system for translation. | Ongoing  | Ongoing  |
| <b>Training</b>                   | DTA  | Convert presentations for online training course & support Netherlands training workshop                           | Ongoing  | Sep 2014 |



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| <b>Training</b>              | Consumers   | Improve existing materials & plan for new resources to be developed.               | Ongoing    | June 2015 |
| <b>Training</b>              | TSCs  | Support establishment of TSC Support scheme  | March 2014 | Ongoing   |
| <b>Training</b>              | Communications  | Trainers Network Bulletin, Training Bulletin, maintain website, respond to queries | Ongoing    | Ongoing   |
| <b>Training</b>              | Trainers' Network   | Maintain membership, respond to queries, Colloquium meeting                        | Ongoing    | Ongoing   |
| <b>Training</b>              | Committees  | IKMD User Experience Group   | March 2014 | Ongoing   |
| <b>Training</b>              | Committees  | MARS AC  | Ongoing    | Ongoing   |
| <b>Training</b>              | Committees  | Methods Board  | Ongoing    | Ongoing   |
| <b>Training</b>              | Committees  | CPAC   | Ongoing    | Ongoing   |
| <b>CRS User Support Team</b> |   |  | Ongoing    | TBD       |
| <b>Internal management</b>   | Appraisals  |  | Ongoing    | N/A       |
| <b>Internal management</b>   | Budgets   |  | Ongoing    | N/A       |
| <b>Internal management</b>   | Administration  |  | Ongoing    | N/A       |
| <b>Internal management</b>   | Travel/conference   |  | Ongoing    | N/A       |
| <b>Internal management</b>   | Office and technology                                     |  | Ongoing    | N/A       |
| <b>Internal management</b>   | Department reporting (mid-year meetings, Colloquia, etc.) |  | Ongoing    | N/A       |
| <b>Internal management</b>   | Meeting attendance  |  | Ongoing    | N/A       |
| <b>Internal management</b>   | Internal department communications and staff training     |  | Ongoing    | N/A       |
| <b>Other</b>                 | NHS de-prioritisation and eyes on evidence                |  | Ongoing    | N/A       |
| <b>Other</b>                 | Authorship symposium                                      |  |            | Q2, 2014  |

# COMMUNICATIONS & EXTERNAL AFFAIRS

| Workstream    | Functional area         | Project or activity   | Estimated start date | Estimated end date |
|---------------|-------------------------|---|----------------------|--------------------|
| CEAD projects | <i>Strategy to 2020</i> | Brand – Brand Audit   | Nov 2013             | Feb 2014           |
| CEAD projects | <i>Strategy to 2020</i> | Brand - Web requirements  | Dec 2013             | Feb 2014           |
| CEAD projects | <i>Strategy to 2020</i> | Brand - Rebrand (phase A)   | Feb 2014             | Mar 2014           |
| CEAD projects | <i>Strategy to 2020</i> | Brand - Web redesign (phase A)  | Jan 2014             | Mar 2014           |
| CEAD projects | <i>Strategy to 2020</i> | Brand – First consultation  | Apr 2014             | May 2014           |
| CEAD projects | <i>Strategy to 2020</i> | Brand - Rebrand (phase B)   | Apr 2014             | Aug 2014           |
| CEAD projects | <i>Strategy to 2020</i> | Brand – Web redesign (phase B)  | Apr 2014             | Sept 2014          |
| CEAD projects | <i>Strategy to 2020</i> | Brand – Second consultation   | Sept 2014            | Oct 2014           |
| CEAD projects | <i>Strategy to 2020</i> | Brand - Application and adaptation (online)   | Oct 2014             | Dec 2014           |
| CEAD projects | <i>Strategy to 2020</i> | Brand - Application and adaptation (offline)  | Oct 2014             | Dec 2014           |
| CEAD projects | <i>Strategy to 2020</i> | Brand – re-brand launch   | Sept 2014            | Jan 2015           |
| CEAD projects | <i>Strategy to 2020</i> | Partnerships – mapping and ranking exercise-stakeholders and opportunities                            | Mar 2014             | Apr 2014           |
| CEAD projects | <i>Strategy to 2020</i> | Partnerships – Desk research – organisational mission fir with institution/funders                    | Mar 2014             | May 2014           |
| CEAD projects | <i>Strategy to 2020</i> | Partners – Develop draft Case for support document for internal consultation (immediate stakeholders) | Aug 2014             | Oct 2014           |
| CEAD projects | <i>Strategy to 2020</i> | Partners – Sign-off Case for support and have print-ready   | Oct 2014             | Dec 2014           |
| CEAD projects | <i>Strategy to 2020</i> | Partners - Concretise MoUs with existing soft partners  | May 2014             | Sept 2014          |
| CEAD projects | <i>Strategy to 2020</i> | Partners – Outreach to priority target partners   | Oct 2014             | Jan 2015           |

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| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Thought leadership - Establish key messaging and media lines-to-take as needed  | Feb 2014 | Jan 2015 |
| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Thought leadership - Regular meetings with editorial team to discuss upcoming reviews and those most likely to help secure coverage   | Feb 2014 | Jan 2015 |
| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Thought leadership - On-going campaign development with select Review Groups/Field to highlight themed approach to communications - Global Ageing, Child Health and Communicable Diseases                                 | Mar 2014 | Jan 2015 |
| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Thought leadership - Provide a service to media interested in health stories, but offering expert comment, information from reviews, opportunities to work with Cochrane  | Feb 2014 | Jan 2015 |
| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Thought leadership - Distribute press releases as news stories allow, about Cochrane, Cochrane partnerships, new reviews, health issues Cochrane can comment on   | Feb 2014 | Jan 2015 |
| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Thought leadership - Create a target media list to build strong relationships with, follow these journalists online and in the news, work to develop stories relevant to them to influence and gain coverage              | Feb 2014 | Apr 2014 |
| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Thought leadership - Make the most of partnerships, such as WHO, in the media. So creating press releases to announce partnerships and milestones. Look for opportunities to support campaigns/themes and raise awareness | Feb 2014 | Jan 2015 |
| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Thought leadership - Use services such as media database, monitoring and response source to create opportunities in the press, maximise the reach and gather coverage for evaluation                                      | Feb 2014 | Jan 2015 |
| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Thought leadership - Develop/curate content for Cochrane.org (news, features, blog posts) to support media outreach for high-profile review publication and organisational publicity campaigns                            | Feb 2014 | Jan 2015 |

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| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Thought leadership - Distribute relevant news and information across established Cochrane social media channels; monitor channels for engagement/information provision opportunities  | Feb 2014      | Jan 2015     |
| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Thought leadership - Develop relationships with key social media communicators focusing on healthcare issues to raise profile of Cochrane content and issues on high-profile non-Cochrane healthcare social media platforms and conversations | Feb 2014      | Jan 2015     |
| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Thought leadership - Explore new platforms, dissemination, engagement methods for social media communication  | Feb 2014      | Jan 2015     |
| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Thought leadership - Improve methods and processes for capturing impact of social media campaigns   | Feb 2014      | Jan 2015     |
| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Thought leadership - Provide training, support, inreach for social media engagement within Cochrane   | Feb 2014      | Jan 2015     |
| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Thought leadership - Advocacy: Scoping policy moments, change agendas   | Feb 2014      | Apr 2014     |
| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Thought leadership - Advocacy: Mapping internal influence spheres   | Mar 2014      | Jun 2014     |
| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Thought leadership - Advocacy: Identify series of top-line change agendas for consultation  | May 2014      | Jun 2014     |
| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Thought leadership - Advocacy: Hold advocacy agenda open consultation   | Sept 2014     | Oct 2014     |
| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Thought leadership - Advocacy: develop up draft core documents (policy briefs, talking points, manifesto etc.) for sign-off   | November 2014 | January 2015 |
| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Impact – Scoping  | June 2014     | June 2014    |
| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Impact – Consultation on Scoping  | June 2014     | June 2014    |
| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Impact - First Implementation of consultation feedback  | July 2014     | July 2014    |
| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Impact - Develop technical specs  | Jul 2014      | Jul 2014     |
| <b>CEAD projects</b> | <i>Strategy to 2020</i> | Impact - Programming prototype (IKMD)   | Aug 2014      | Aug 2014     |

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| <b>CEAD projects</b>           | <i>Strategy to 2020</i>                                   | Impact - Prototype for Cochrane-wide consultation (functionality and work flows) at Colloquium | Sept 2014 | Sept 2014 |
| <b>CEAD projects</b>           | <i>Strategy to 2020</i>                                   | Impact – Second implementation of consultation feedback  | Oct 2014  | Oct 2014  |
| <b>CEAD projects</b>           | <i>Strategy to 2020</i>                                   | Impact - Establish work flows to capture impact  | Oct 2014  | Oct 2014  |
| <b>CEAD projects</b>           | <i>Strategy to 2020</i>                                   | Impact – Develop design brief  | Oct 2014  | Oct 2014  |
| <b>CEAD projects</b>           | <i>Strategy to 2020</i>                                   | Impact - Programming (IKMD)  | Nov 2014  | Nov 2014  |
| <b>CEAD projects</b>           | <i>Strategy to 2020</i>                                   | Impact - Create cross-Cochrane launch plan   | Nov 2014  | Nov 2014  |
| <b>CEAD projects</b>           | <i>Strategy to 2020</i>                                   | Impact - Select and commission first impact info graphic                                       | Nov 2014  | Nov 2014  |
| <b>CEAD projects</b>           | <i>Strategy to 2020</i>                                   | Impact - Design (external)   | Nov 2014  | Nov 2014  |
| <b>CEAD projects</b>           | <i>Strategy to 2020</i>                                   | Impact – Testing   | Nov 2014  | Nov 2014  |
| <b>CEAD projects</b>           | <i>Strategy to 2020</i>                                   | Impact – Launch/go live  | Dec 2014  | Dec 2014  |
| <b>CEAD projects</b>           | <i>Strategy to 2020</i>                                   | Impact – Publicize across Cochrane and go public   | Dec 2014  | Dec 2014  |
| <b>CEAD projects</b>           | Wikipedia   | Manage the partnership with Wikipedia and the Wikipedian in Residence                          | Ongoing   | Ongoing   |
| <b>CEAD regular workstream</b> | Internal communications                                   | Communications Calendar  | Feb 2014  | Mar 2014  |
| <b>CEAD regular workstream</b> | Internal communications                                   | Cochrane public news letter  | Feb 2014  | Feb 2014  |
| <b>CEAD regular workstream</b> | Internal communications                                   | Cochrane core community news letter  | Feb 2014  | Mar 2014  |
| <b>CEAD regular workstream</b> | Internal communications                                   | Final coordination of Cochrane.org   | Feb 2014  | Apr 2014  |
| <b>CEAD regular workstream</b> | Internal communications                                   | Internal communications guidelines and material  | May 2014  | Sep 2014  |
| <b>CEAD regular workstream</b> | Internal communications                                   | Online platform for internal communications and knowledge sharing                              | Jan 2015  | Jan 2015  |
| <b>CEAD regular workstream</b> | Internal communications                                   | Impact target 3.4  | Jun 2014  | Dec 2014  |
| <b>Internal management</b>     | Appraisals  |  | Ongoing   | N/A       |
| <b>Internal management</b>     | Budgets   |  | Ongoing   | N/A       |
| <b>Internal management</b>     | Administration  |  | Ongoing   | N/A       |
| <b>Internal management</b>     | Travel/conference   |  | Ongoing   | N/A       |
| <b>Internal management</b>     | Meeting attendance  |  | Ongoing   | N/A       |
| <b>Internal management</b>     | Internal department communications and staff training     |  | Ongoing   | N/A       |
| <b>Internal management</b>     | Department reporting (mid-year meetings, Colloquia, etc.) |  | Ongoing   | N/A       |

# INFORMATICS & KNOWLEDGE MANAGEMENT

| Workstream    | Functional area (if applicable) | Project or activity  | Estimated start date | Estimated end date |
|---------------|---------------------------------|--|----------------------|--------------------|
| IKMD projects | Strategy to 2020                | 1.3 Author tool: CAST  | Jan-14               | Dec-14             |
| IKMD projects | Strategy to 2020                | 2.1 Ux Review and Framework  | Apr-14               | Dec-14             |
| IKMD projects | Strategy to 2020                | 2.3 Linked data foundation phase                                     | Jan-14               | Sep-14             |
| IKMD projects | Strategy to 2020                | 1.3ii - 30% reduction (1.3 ii)                                       | May-14               | Dec-14             |
| IKMD projects | Strategy to 2020                | Translations (2.6)   | Jan-14               | Dec-14             |
| IKMD projects | Strategy to 2020                | Rebrand (3.1)  | Jan-14               | Jan-15             |
| IKMD projects | Strategy to 2020                | Training 4.2   | Apr-14               | Dec-14             |
| IKMD projects | Strategy to 2020                | Monitoring: Support any development required (4.6)                   | Mar-14               | Dec-14             |
| IKMD projects | Strategy to 2020                | GIN-Cochrane Portal (form official partnership)                      | Apr-14               | Dec-14             |
| IKMD projects | Strategy to 2020                | 1.1: Priority and list decision making                               | Mar-14               | Mar-15             |
| IKMD projects | Strategy to 2020                | 2.2: Create checklist in Archie                                      | Apr-14               | Aug-15             |
| IKMD projects | Strategy to 2020                | 3.4: Global impact, analytics etc.                                   | Apr-14               | Dec-15             |
| IKMD projects | Training                        | Training and Support (for Cochrane)                                  | Jan-14               | Dec-14             |
| IKMD projects | Technology development          | Archie development   | Jan-14               | Dec-14             |
| IKMD projects | Technology development          | Archie Advanced Search   | Jan-14               | Dec-14             |
| IKMD projects | Technology development          | Future of CRS: Development, integration, support planning & handover | Mar-14               | Ongoing            |

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|----------------------|------------------------|---|--------|---------|
| <b>IKMD projects</b> | Technology development | Future of review production   | Jan-14 | Ongoing |
| <b>IKMD projects</b> | Technology development | RevMan 5.3 development  | Jan-14 | May-14  |
| <b>IKMD projects</b> | Technology development | Summaries.cochrane.org Development  | Sep-14 | Dec-14  |
| <b>IKMD projects</b> | Technology development | Abstracts.cochrane.org: finalise all content                                      | Jan-14 | Mar-14  |
| <b>IKMD projects</b> | Technology development | Chinese Text support in search engine   | Apr-14 | Apr-14  |
| <b>IKMD projects</b> | Technology development | Drupal Upgrades (as needed)   | Oct-14 | Dec-14  |
| <b>IKMD projects</b> | Technology development | Federated search engine upgrade for websites: Google.mini                         | Sep-14 | Jan-15  |
| <b>IKMD projects</b> | Technology development | GDT (Guideline Development Tool) integration                                      | Oct-14 | Dec-14  |
| <b>IKMD projects</b> | Technology development | Group Website Builder Support (ongoing)   | Jan-14 | Ongoing |
| <b>IKMD projects</b> | Technology development | Lists.cochrane.org / Mailman integration  | Mar-14 | Apr-14  |
| <b>IKMD projects</b> | Technology development | Archie Security Overhaul: check for hacks, password improvements                  | Apr-14 | Jun-14  |
| <b>IKMD projects</b> | Technology development | CRS migration to IKMD servers   | Nov-14 | Dec-14  |
| <b>IKMD projects</b> | Technology development | User Experience Group: disband committees, dev. remit etc. & begin                | Jan-14 | Dec-14  |
| <b>IKMD projects</b> | Technology development | User stories and one support system: One support, one user story interface (beta) | Mar-14 | Apr-14  |
| <b>IKMD projects</b> | Technology development | Guideline and Review Linking  | Feb-14 | Dec-14  |
| <b>IKMD projects</b> | Tech support           | User Support: for all tech systems  | Jan-14 | Dec-14  |

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|----------------------|---|--|--------|-----------|
| <b>IKMD projects</b> | Sustainability or organisation / derivative product development | Altmetrics feed from Cochrane  | Dec-13 | Apr-14    |
| <b>IKMD projects</b> | Special project   | Evidence for Equity (E4E)  | Jan-14 | Mar-14    |
| <b>IKMD projects</b> | Methods   | Methods site: support, set-up and launch                                     | Mar-14 | Sep-14    |
| <b>IKMD projects</b> | Internal management   | Administration   | Jan-14 | Ongoing   |
| <b>IKMD projects</b> | Event support   | Event Manager  | Jan-14 | Oct-14    |
| <b>IKMD projects</b> | Editorial processes and knowledge management                    | Author Support tools: communicating our expectations and offering our advice | Jun-14 | Sep-14    |
| <b>IKMD projects</b> | Editorial processes and knowledge management                    | Common Error data sets   | Apr-14 | Jul-14    |
| <b>IKMD projects</b> | Editorial processes and knowledge management                    | CRS CENTRAL cleaning and linking   | Jan-14 | Apr-14    |
| <b>IKMD projects</b> | Editorial processes and knowledge management                    | Handbook (RevMan release)  | Mar-14 | May-14    |
| <b>IKMD projects</b> | Editorial processes and knowledge management                    | Community.cochrane.org beta site creation                                    | Oct-14 | Dec-14    |
| <b>IKMD projects</b> | Editorial processes and knowledge management                    | Migrate Community site: Knowledge Base                                       | Mar-14 | Dec-14    |
| <b>IKMD projects</b> | Editorial processes and knowledge management                    | Community development support & outreach                                     | Dec-14 | Continues |
| <b>IKMD projects</b> | Department project  | Cochrane Editorial about Cochrane technology                                 | Apr-14 | Apr-14    |
| <b>IKMD projects</b> | Department management   | Launch IKMD department, including singular website                           | Jan-14 | Jun-14    |



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|-----------------------------------|---|---|--------|----------|
| <b>IKMD projects</b>              | Communications  | Communication strategy for IKMD: newsletters, Social media, etc.                                  | Mar-14 | May-14   |
| <b>IKMD projects</b>              | Communications  | Website Administration – General  | Jan-14 | Dec-14   |
| <b>IKMD projects</b>              | #CochraneTech Symposium   | #CochraneTech Symposium and/or with hackathon: Scoping, Planning, Administering, Managing the day | Apr-14 | Oct-14   |
| <b>Publishing management Team</b> | Technology development  | Feedback system (Roadmap)   | Feb-14 | May-14   |
| <b>Publishing management Team</b> | Technology development  | About / Module database retire  | Mar-14 | Jun-14   |
| <b>Publishing management Team</b> | Technology development  | Review classification system (Roadmap)  | Jul-14 | Sep-14   |
| <b>Publishing management Team</b> | Sustainability or organisation / derivative product development | Derivative products: Podcasts Guidelines etc.   | Jan-14 | Ongoing  |
| <b>Publishing management Team</b> | Publishing management   | Cochrane-Wiley Publishing Management Team   | Jan-14 | Ongoing  |
| <b>Publishing management Team</b> | Publishing management   | Cochrane-Wiley Roadmap Committee  | Jan-14 | Ongoing  |
| <b>CET support</b>                | Department management   | Analytics to monitor business performance   | May-14 | Dec-14   |
| <b>CET support</b>                | Department management   | Archie Data Policy  | Mar-14 | Jun-14   |
| <b>CET support</b>                | Department management   | Benchmarking & evaluation of Cochrane products & services   | Jul-14 | On-going |
| <b>CET support</b>                | Department management   | Central Executive IT: Introduce Dropbox, Office 365 and Wrike                                     | Jan-14 | Apr-14   |
| <b>CET support</b>                | Department management   | Central Executive IT: Agree Meeting tools & ensure introduce standard conference set-up           | Apr-14 | Jul-14   |
| <b>CET support</b>                | Department management   | Central Executive IT: Agree Policies for purchase & use   | May-14 | Dec-14   |

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|----------------------------|---|--|---------|----------|
| <b>CET support</b>         | Department management                                     | Organisational change: Copenhagen, and finalising Freiburg                             | Jan-14  | May-14   |
| <b>CET support</b>         | Department management                                     | System admin: Maintain server space – Rackspace  | Apr-14  | Jul-14   |
| <b>CET support</b>         | Department management                                     | System Admin: Management of IT software & Equipment                                    | Jan-14  | Dec-14   |
| <b>CET support</b>         | Department management                                     | System Admin: Server infrastructure & systems tidy including CRS migration             | Jul-14  | Dec-14   |
| <b>CET support</b>         | Department management                                     | System Admin: set-up (Server migration, disengagement from NCC/Rigshospitalet IT etc.) | Jan-14  | May-14   |
| <b>CET support</b>         | Department management                                     | System Admin: Run Archie database reports and queries as required                      | Jan-14  | Dec-14   |
| <b>CET support</b>         | Department management                                     | Work plan: create, prioritise, & add to Wrike  | Jan-14  | On-going |
| <b>Internal management</b> | Department management                                     | Project Management improvements: move to Agile development, work with Wrike etc.       | Jan-14  | Dec-14   |
| <b>Internal management</b> | Appraisals  |  |         | N/A      |
| <b>Internal management</b> | Budgets   |  | Ongoing | N/A      |
| <b>Internal management</b> | Administration  |  | Ongoing | N/A      |
| <b>Internal management</b> | Travel/conference   |  | Ongoing | N/A      |
| <b>Internal management</b> | Meeting attendance  |  | Ongoing | N/A      |
| <b>Internal management</b> | Internal department communications and staff training     |  | Ongoing | N/A      |
| <b>Internal management</b> | Department reporting (mid-year meetings, Colloquia, etc.) |  | Ongoing | N/A      |

# FINANCE & CORE SERVICES

| Work Stream                   | Functional area (if applicable) | Project or activity  | Estimated start date | Estimated end date |
|-------------------------------|---------------------------------|--|----------------------|--------------------|
| <b>FCS projects</b>           | <i>Strategy to 2020</i>         | Work with the CEO's Office to improve financial and business monitoring for Cochrane groups and ensure the outcomes are consistent with and support those of the governance review | Ongoing              | Ongoing            |
| <b>FCS projects</b>           | <i>Strategy to 2020</i>         | Improved financial and business monitoring and reporting processes (4.6): Negotiate annual budgets with Heads of Department  | Feb-14               | Mar-14             |
| <b>FCS projects</b>           | <i>Strategy to 2020</i>         | Improved financial and business monitoring and reporting processes (4.6): Agree layout and content of financial reports  | Mar-14               | Mar-14             |
| <b>FCS projects</b>           | <i>Strategy to 2020</i>         | Improved financial and business monitoring and reporting processes (4.6): Select/propose new accounting system   | Feb-14               | Mar-14             |
| <b>FCS projects</b>           | <i>Strategy to 2020</i>         | Improved financial and business monitoring and reporting processes (4.6): Design chart of accounts for new accounting system   | Mar-14               | Apr-14             |
| <b>FCS projects</b>           | <i>Strategy to 2020</i>         | Improved financial and business monitoring and reporting processes (4.6): Arrange for bank feeds to be set up  | Mar-14               | Apr-14             |
| <b>FCS projects</b>           | <i>Strategy to 2020</i>         | Improved financial and business monitoring and reporting processes (4.6): Enter brought forward balances to new system   | Apr-14               | Apr-14             |
| <b>FCS projects</b>           | <i>Strategy to 2020</i>         | Improved financial and business monitoring and reporting processes (4.6) Design reports on new system  | Apr-14               | May-14             |
| <b>FCS projects</b>           | <i>Strategy to 2020</i>         | Improved financial and business monitoring and reporting processes (4.6): Integrate reports to dashboard   | Apr-14               | May-14             |
| <b>FCS projects</b>           | Organisational management       | Review and oversee possible Oxford office relocation to London   | Ongoing              | May-15             |
| <b>FCS regular workstream</b> | Organisational management       | Manage and oversee integration of Copenhagen and Freiburg teams into CET   | Ongoing              | May-14             |

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|-------------------------------|---|---|---------|---------|
| <b>FCS regular workstream</b> | Organisational management                                 | Finalise year end numbers   | Apr-14  | Apr-14  |
| <b>FCS regular workstream</b> | Meetings  | SMT meetings: Monthly finance reports                                   | Ongoing | Ongoing |
| <b>FCS regular workstream</b> | Human Resources   | Manage CET's Human Resources requirements, including staff appointments | Ongoing | Ongoing |
| <b>FCS regular workstream</b> | Organisational management                                 | Work with CEO's Office to produce Annual Report                         | Nov-14  | Jan-15  |
| <b>Internal management</b>    | Travel/conference   |   | Ongoing | N/A     |
| <b>Internal management</b>    | Office and technology                                     |   | Ongoing | N/A     |
| <b>Internal management</b>    | Internal department communications and staff training     |   | Ongoing | N/A     |
| <b>Internal management</b>    | Department reporting (mid-year meetings, Colloquia, etc.) |   | Ongoing | N/A     |
| <b>Internal management</b>    | Budgets   |   | Ongoing | N/A     |
| <b>Internal management</b>    | Appraisals  |   | Ongoing | N/A     |
| <b>Internal management</b>    | Administration  |   | Ongoing | N/A     |

# 5.2014-15 BUDGET

## SUMMARY

The following memorandum sets out the main details of Cochrane's 2014-15 budget, including:

- Income projections for the coming year, based on a central scenario and consideration of other scenarios;
- Expenditure budgets for the CET, with responsibility allocated to Heads of Department (HoDs) for all spending within their team;
- Costing of the implementation of plans to meet the 2014 targets within the *Strategy to 2020*;
- Scheduling of spending plans over the 12 months of the budget period (April 2014 to March 2015), with an indication of expected plans for the following period;
- Balance Sheet and Cash-flow budgets for the period;
- Proposals for financial management reporting, including content, formats and frequency.

The restricted access financial annexes attached to this document are:

- **Annex 2:** Cochrane Annual budget main report 2014-15
- **Annex 3:** Cochrane Annual budget year on year 2014-15
- **Annex 4:** Cochrane Annual budget charts 2014-15
- **Annex 5:** 2014-15 income and spending profile
- **Annex 6:** Cochrane Annual budget by department 2014-15

## INCOME PROJECTIONS

A total income budget of £4.9 million has been set.

### REVENUES

#### *Revenues from The Cochrane Library – performance and extrapolation of trends*

The quarterly reports from Wiley show significant variation from quarter to quarter, suggesting that the figures reflect raw sales rather than total subscription income allocated to the subscription period (which would be much smoother from quarter to quarter).

Smoothing Wiley's quarterly sales and royalty reports with a four quarter rolling period shows a steadily increasing trend for sales growth averaging 8%. The royalties due on those sales have increased much more because of the greatly improved licensing terms in the 2013 renegotiated contract, but underlying growth is in line with sales growth. A projection of 5% growth over the current annual royalty figure of £4 million to **£4.2 million** is therefore a prudent projection.

There is uncertainty about the impact of the adoption of an Open Access policy on the income generated by *The Cochrane Library*, as well as the impact of entrants to the market for the provision of synthesised research evidence. The uncertainty extends to the direction of the impact (more or less revenue may ensue), the amount of the impact, and the timing of the impact. This potential loss of income underscores the need for the adoption of prudent projections of income growth and for total spending budgets which leave a surplus for the year.

### *Other income*

The agreement with Wiley stipulated that they should arrange for and pay the cost of copy editing of content in *The Cochrane Library*. These arrangements have altered, so that Cochrane has taken on responsibility for the copy editing. Wiley has agreed to reimburse Cochrane for part of these costs; and with other deferred and additional fees Wiley will provide us with additional income of **£400k** over the year.

Cochrane Innovations Ltd, the trading subsidiary set up to develop and exploit new products based on the activities of the organisation, receives services from a number of staff employed by the CET. The cost of these staff will be charged to Cochrane Innovations, recouping **£139k**.

Other sources of income include donations we expect to receive from various funders, fees from the RevMan software licence, interest accruing on cash deposits and some funding due from the European Commission for the ECRAN project. These other sources total **£169k**.

## FINANCIAL CONTROL

In the new management structure established for the CET, authority and accountability for spending has been delegated in large part to HoDs. They will be designated Budget Holders for the purposes of financial control.

- All spending must be approved in advance using Purchase Orders signed by Budget Holders;
- Invoices, bills and requests for payment must be matched to Purchase Orders;
- Purchase Orders must refer to the appropriate section of the budget held by the Budget Holder;
- All Purchase Orders and commitments to payments in excess of £10,000 must be countersigned by the Head of Finance & Core Services;
- A number of planned activities are controlled by staff who are not HoDs (covering Methods, Training, Consumer Support, CRS and Governance). The managers and individuals in charge of these activities will be Budget Holders for those projects, and are accountable to their respective HoD.

## REPORTING SPENDING

Each CET department has its own budget, developed in negotiation with the CEO and Head of Finance and Core Services. While the existing budgets and spending reports were used as inputs to this process, the new structure presents an opportunity to re-assess the use of resources and adopt a 'zero-based' budgeting approach, challenging every aspect of the existing organisation and encouraging managers to take responsibility for the costs of their department while sharing in the common goals and constraints of the whole Senior Management Team.

The main financial reports to be presented through the year will use the departmental breakdowns as the headline totals. Spending has been categorised across a number of dimensions to help gain perspectives on costs and operations separate from the specifics of Departments. The dimensions and categories are:

- Type – people, supplier, overhead, expenses;
- Goal – labelling by strategic goal, project or source of funding;
- Recurring/Non-recurring – to identify spending (particularly on people) which represents a permanent increase in the cost base of the organisation;

- New/Existing – to highlight which areas of proposed spending represent an increase relative to the previous year’s budget.

Separate schedules showing the spending budgets broken down over these dimensions are provided in the Annexes to the report (Restricted Access), along with schedules showing the item detail of budgets (except for people costs which are shown in aggregate only).

## IMPLEMENTATION OF THE STRATEGY TO 2020 – 2014 PLANS AND TARGETS

Delivery of the *Strategy to 2020* approved targets for the calendar year 2014 will be the responsibility of the designated HoDs using their existing departmental resources. Where these resources need to be augmented in order to implement them the financial implications have been flagged as separate items of expenditure (see Annexes for more details).

Much of the implementation will be done using the people within the teams. While it is possible to allocate people costs to individual goals, plans and projects, doing so on anything other than a coarse-grain basis involves a great deal of time-sheeting administration which is not considered to be cost effective relative to the additional information that would be generated. An indication of cost relative to the completion of plans will be given by the KPI reporting on strategic goals together with the total costs for departments.

## SCHEDULING OF SPENDING PLANS OVER THE NEXT 12 AND THEN 24 MONTHS

The spending budgets have been prepared using an assessment of the total cost of an item, which is then allocated across the twelve months of the year. The default position is to allocate the full cost in equal twelfths, but some items will only come on stream part way through the year, while others have a predictable profile (e.g., travel costs for scheduled meetings). Providing better information on the timing as well as amount of spending is a key aspect of improved financial control.

A number of the plans/targets arising from the *Strategy to 2020*, as well as a number of commitments and initiatives from previous years, have a budget or funding allocation for spending to take place over a number of years. A separate listing of these projects will be prepared, with the unspent amounts brought forward from previous years and a schedule of spending over the next 12 months for each item. As the year progresses, the scheduling of these projects may be revised or the schedule over the next budget year elaborated, providing an early view of the spending plans in the medium term and allowing early identification of potential spending commitments.

## BALANCE SHEET AND CASH-FLOW BUDGETS

The income and expenditure budgets have been built into a spreadsheet model of the balance sheet of the organisation, enabling a cash flow budget to be proposed based on rigorous modelling (see Annexes for more details). The organisation is fortunate in having a fairly simple balance sheet, along with rapid payment of sums due under the publishing agreement, as well as substantial cash reserves, so liquidity is not an issue now or in the medium term future.

The main benefit of improved cash flow forecasting will therefore be the enabling of improved investment strategies, basically tying up cash for longer, possibly in riskier investments (including ‘Innovations’ and ‘Game Changers’) in order to generate higher returns or in negotiating favourable contract terms and prices in exchange for front-loaded payment, as the CET did with the contract

negotiated with Smartling for translation services. The 'Game Changers' initiative will entail payment of large sums of cash out of reserves. The effect of these payments is shown in the cash flow budget.

## MANAGEMENT ACCOUNTS FREQUENCY, CONTENT AND FORMAT

Management accounts will be produced on a monthly basis. The format will be the same as the main budget schedule, with actual spending headline totals for each department shown, as well as total royalty income and other income.

A schedule showing the differences/variances of actual from budget will be provided. Detailed reporting of income and spending will be provided on an exception/drill-down basis, providing necessary explanations of variation from budget at the headline level. A combination of the actual income and spending figures for the year-to-date with the remaining months of the budget for the year will also be provided, showing an updated projection of the likely results for the year.

This Projection will be a powerful tool for managing the finances of the organisation, enabling plans to be modified in the light of new information as it arises, providing a "flexed" budget reconciled to the original annual budget as formally approved. Modification of plans can take the form of accelerating or deferring spending, as well as altering the amount of the proposed spending.



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# STRATEGY TO 2020



## *2014 Targets*

*Approved by Cochrane's Steering Group on 16<sup>th</sup> January 2014*

## Introduction

This document is for *internal* use only. It presents the final version of the *Strategy to 2020's* 2014 targets, which were developed by the Central Executive's<sup>1</sup> Senior Management Team in consultation with Cochrane groups and contributors between November and December 2013; and approved by the Steering Group (Board of Trustees) on 16th January 2014. These targets follow the adoption of the full *Strategy to 2020* by the organisation's members at the 2013 Annual General Meeting, on 21st September, in Québec City, Canada. Their purpose is to enable the organisation as a whole – its contributors, groups and Central Executive – to work effectively, efficiently and coherently in 2014 towards meeting Cochrane's mission, goals and objectives.

A specially formulated set of documents designed for external communication will be released within the next few weeks. These documents will be translated into a variety of languages and will be used to promote Cochrane's work to new and existing partners, funders, contributors and other stakeholders.

The collated feedback provided by contributors on the draft version of the 2014 targets is available on the Cochrane Community site, [here](#), alongside the full *Strategy to 2020* document series. The feedback demonstrates widespread support for the targets, as well as significant interest in how they will be implemented.

Our vision is a world of improved health where decisions about health and healthcare are informed by high-quality, relevant and up-to-date synthesized research evidence.

## A reminder of the 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 organisations. 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.

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<sup>1</sup> The Central Executive is the name for the newly amalgamated central support units (formerly the Operations Unit, Editorial Unit, IMS and Web Teams) and is split into five departments: CEO's Office; Cochrane Editorial Unit; Informatics and Knowledge Management (formerly the IMS and Web Teams); Communications and External Affairs; and Finance and Core Services.

- **Goals:** Establish the desired endpoints for achieving the mission.
- **Objectives:** Describe the ways in which goals will be operationalised 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.

Our mission is to promote evidence-informed health decision-making by producing high-quality, relevant, accessible systematic reviews and other synthesized research evidence

The objectives have been developed as overarching aims to 2020. SMART (Specific, Measurable, Attainable, Relevant & Time-Bound) targets – of which those for 2014 are set out in this document – and accompanying workplans will be developed and reviewed on an annual basis to achieve these objectives. Some of the targets will be annual, some will be for a two-year period and a few may be for longer. All targets will be approved by the Steering Group and will establish the priority tasks the organisation is setting itself for a given time period. Progress against the targets and the wider objectives and goals will be reported on regularly.

## The 2014 targets

The purpose of the 2014 targets is to enable Cochrane as a whole to work effectively, efficiently and coherently in 2014 towards meeting its mission, goals and objectives. Although support and leadership will be provided by the Central Executive team in implementing the targets, it is important that Cochrane contributors – and particularly Cochrane groups – recognise the critical role they play in achieving success and, where required, organisational change.

The targets have been developed to be individually and collectively ambitious. They are specifically designed to lay the groundwork and establish the processes that are currently missing in the organisation: 2014 will, in many ways, be the ‘year of preparation’ in the delivery of our longer-term ambitions. There are 20 targets spread across the four Goals of the new *Strategy*; and collectively they represent a substantial body of work.

Any target setting process obviously involves prioritisation to create an achievable balance between ambition and realistic workloads. The targets set out here represent what the Central Executive and Steering Group consider to be organisational priorities in the first year of the *Strategy* period, to lay the foundations for all objectives to be achieved by 2020. They do not denote a de-prioritisation of any other objectives, which will be addressed in future targets. They also do not represent all of the things that will be achieved next year by Cochrane; only those that the organisation has chosen to prioritise and measure as indicators of its progress in implementing the *Strategy to 2020*.

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Moreover, because they represent top level organisational aims they do not drill down to the level of individual workplans for the Central Executive or Cochrane groups. For example, in the Central Executive workplan for achieving target 3.1.(to create a coherent Cochrane brand across all content), the revision of the group website builder will be included as an activity. So although this activity represents a 'target' for the coming year it does not feature in these organisation-wide 2014 targets.

## Implementing the targets

The development of workplans for 2014 by the Central Executive departments is currently underway for completion by the end of February 2014. A more comprehensive report will be submitted for the mid-year meetings in Panama at the end of March detailing individual target timelines, activities, project teams, stakeholders and budget dependencies. Some of you will be contacted over the next few weeks for your input in this process. In future years it will be started earlier: at the end of the preceding calendar year, something not possible this time around given that the overall *Strategy to 2020* was in development until late 2013.

As part of driving the implementation of the targets the Central Executive team will be working with Cochrane groups to establish the targets within their workplans as well. **This is going to be a learning process for everyone as we seek to adhere to one unified strategy and set of prioritised activities, in many respects for the first time in Cochrane's history. However, it is vital to enabling the success of the overall *Strategy to 2020*.**

The aim of these targets is not to increase workloads overall – in fact, we anticipate their successful implementation will bring efficiencies and clearer prioritisation that will reduce unrealistic workloads for groups and contributors – but to ensure the work that we do undertake as an organisation is optimally aligned to our vision, mission and goals. Cochrane's *Strategy to 2020* sets out clearly the direction and the extent of change that we are embarked on; and although it was unanimously adopted by our members last September we recognise that this level of change will bring uncertainty and some disruption as we do new things, or introduce new ways of doing things. Processes are being put in place by the Central Executive team to ensure that Cochrane contributors, and others who help us achieve our mission, are communicated with regularly; and we want to hear from you as the implementation of *Strategy to 2020* begins.

You may be contacted specifically as part of the ongoing consultation with contributors during the development and implementation of the workplans. Everyone will be provided with regular progress updates throughout 2014 in the new newsletters that are replacing *CCIInfo*. However, if you have any specific questions, ideas, suggestions or would like to assist our work in a specific area, please feel free to contact Lucie Binder ([lbinder@cochrane.org](mailto:lbinder@cochrane.org)) who is managing the overall programme of work, or the individual target leads in the Central Executive as set out below.

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|        | 2014 Target                          | Central Executive Team target lead   | Email address  |
|--------|--------------------------------------|--|--|
| 1.1    | High priority reviews list           | <b>David Tovey</b><br>Editor in Chief  | dtovey@cochrane.org  |
| 1.2    | MECIR sub-set                        | <b>Toby Lasserson</b><br>Senior Editor   | tlasserson@cochrane.org  |
| 1.3.i  | Author support tool                  | <b>Chris Mavergames</b><br>Head of Informatics & Knowledge Management<br><b>Ruth Foxlee</b><br>Information Specialist                  | cmavergames@cochrane.org<br><br>rfoxlee@cochrane.org                           |
| 1.3.ii | Review reduction time strategy       | <b>David Tovey</b><br>Editor in Chief  | dtovey@cochrane.org  |
| 1.4    | Non-standard reviews framework       | <b>Jackie Chandler</b><br>Methods Co-ordinator   | jchandler@cochrane.org   |
| 2.1    | User experience review and framework | <b>Jacob Riis</b><br>User Experience Lead<br><b>Catherine McIlwain</b><br>Consumer Co-ordinator  | jacob.riis@ims.cochrane.org<br><br>cmcilwain@cochrane.org                      |
| 2.2    | Dissemination checklist              | <b>John Hilton</b><br>Editor   | jhilton@cochrane.org   |
| 2.3    | Linked Data first phase              | <b>Chris Mavergames</b><br>Head of Informatics & Knowledge Management  | cmavergames@cochrane.org   |
| 2.4    | Open Access roadmap                  | <b>Lucie Binder</b><br>Senior Advisor to the CEO<br><b>David Tovey</b><br>Editor in Chief<br><b>Harriet MacLehose</b><br>Senior Editor | lbinder@cochrane.org<br><br>dtovey@cochrane.org<br><br>hmaclehose@cochrane.org |
| 2.5    | Simplified and standardised language | <b>Harriet MacLehose</b><br>Senior Editor  | hmaclehose@cochrane.org  |
| 2.6    | Translation strategy                 | <b>Juliane Ried</b><br>Translations Co-ordinator   | juliane.ried@cochrane.org  |
| 3.1    | Coherent brand                       | <b>Helen Morton</b><br>Head of Communications & External Affairs   | hmorton@cochrane.org   |
| 3.2    | 3-5 strategic partnerships           | <b>Helen Morton</b><br>Head of Communications & External Affairs   | hmorton@cochrane.org   |
| 3.3    | Advocacy agenda                      | <b>Katie Breeze</b>  | kbreeze@cochrane.org   |

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|     |   |  |   |
|-----|---|--|---|
|     |   | Senior Media Officer<br><b>Nancy Owens</b><br>Content and Social Media Editor  | nowens@cochrane.org                           |
| 3.4 | Online metrics and impact stories               | <b>Caroline Mavergames</b><br>Internal Communications Officer  | caroline.mavergames@cochrane.org              |
| 4.1 | Membership scheme                               | <b>Mark Wilson</b><br>CEO  | mwilson@cochrane.org                          |
| 4.2 | Training and professional development strategy  | <b>Miranda Cumpston</b><br>Senior Training Co-ordinator  | mcumpston@cochrane.org                        |
| 4.3 | Governance review                               | <b>Claire Allen</b><br>Manager, Governance and Membership Support  | callen@cochrane.org                           |
| 4.4 | Structure and function review                   | <b>David Tovey (for CRGs and Methods Groups)</b><br>Editor in Chief<br><b>Mark Wilson (for Centres and Fields)</b><br>CEO              | dtovey@cochrane.org<br>mwilson@cochrane.org   |
| 4.5 | Cochrane Clinical Answers and Cochrane Learning | <b>Cochrane Innovations CEO</b><br>(Interim: CCAs: <b>Lorne Becker</b> ; Learning: <b>Denise Thomson</b> . Both Innovations Directors) | lornebecker@gmail.com<br>dthomson@ualberta.ca |
| 4.6 | Improved financial and business processes       | <b>Hugh Sutherland</b><br>Head of Finance & Core Services  | hsutherland@cochrane.org                      |

Thank you for your individual and collective support as we begin this exciting journey together.

**Mark Wilson, Chief Executive Officer**  
**David Tovey, Editor in Chief**  
**Lucie Binder, Senior Advisor to the CEO**  
**Chris Mavergames, Head of Informatics & Knowledge Management**  
**Helen Morton, Head of Communications & External Affairs**  
**Hugh Sutherland, Head of Finance & Core Services**

*Cochrane Central Executive Senior Management Team*  
*31st<sup>h</sup> January 2014*

## GOAL 1: PRODUCING EVIDENCE

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

Goal 1 recognises and reflects Cochrane's primary endeavour: to produce evidence. Specifically this goal seeks to enable Cochrane to continue and enhance its production of high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making.

Whilst continuing to support the production of evidence across a broad range of health questions, 2014 will see us begin to prioritise the questions we answer more systematically. We will enhance our commitment to meeting quality standards across all Cochrane Systematic Reviews and will make this easier for production teams to achieve by implementing an online author support tool. By the end of the year we will have a plan in place to significantly reduce review production time and will have established a framework for expanding our offering beyond standard intervention reviews to support health decision-making.

## Our Objectives to 2020

### HIGH-QUALITY:

1. We will continue to develop and implement comprehensive quality assurance mechanisms for editorial and methodological standards throughout our production and updating processes.

### RELEVANT:

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.

### UP-TO-DATE:

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.

## WIDE COVERAGE:

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.

## PIONEERING METHODS:

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.

## EFFICIENT PRODUCTION:

6. We will improve our technology and revise our processes to create more timely, consistent and efficient editorial and production systems.
7. We will expand our training and capacity-building programmes, promote innovation, and improve the experience of Cochrane Systematic Review production teams<sup>2</sup> to retain and develop our contributor-base.

## Our Targets for Goal 1 in 2014

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<sup>2</sup> Cochrane Systematic Review production teams are the teams of authors, editors, statisticians and others who produce and maintain reviews.



## To achieve our Goal 1 objectives, in 2014 Cochrane will:

|     | Target  | Indicators of success   | Timing  |
|-----|---|---|---|
| 1.1 | <p><b>RELEVANT AND UP-TO-DATE</b></p> <p>Develop a list of approximately 200 new high-priority and ‘to-update’ Cochrane Systematic Reviews that will direct production priorities; and establish a decision-making framework to update it at regular intervals.</p> | <ul style="list-style-type: none"> <li>• Cochrane groups and the Central Executive team have together engaged with a cross-section of users (including patients and other healthcare consumers, health practitioners, policy-makers, guidelines developers and existing and potential research funders) to identify questions that are most relevant and important to them.</li> <li>• A list has been developed of approximately 200 new high-priority and ‘to-update’ Cochrane Systematic Reviews that will direct organisation-wide production priorities for 2015 onwards.</li> <li>• 100 new reviews from the list have been registered (review teams identified and titles registered).</li> <li>• A priority-setting decision-making framework for Cochrane Systematic Reviews is in place.</li> </ul> | <ul style="list-style-type: none"> <li>• A priority list and decision-making framework are completed by the end of December 2014.</li> <li>• Registration of 100 new reviews from the list completed by July 2015.</li> </ul> |
| 1.2 | <p><b>HIGH-QUALITY</b></p> <p>Create a prioritised sub-set of the existing MECIR (<i>Methodological Expectations of Cochrane Intervention Reviews</i>) standards with the aim of achieving 100% compliance to them for new Cochrane Systematic Reviews.</p>         | <ul style="list-style-type: none"> <li>• A prioritised sub-set of MECIR standards for Cochrane Systematic Reviews has been created.</li> <li>• A regular audit process for measuring compliance has been established.</li> <li>• An audit has been completed for the last three months of 2014, with a target baseline of 85% compliance achieved in this quarter and a continuous improvement approach adopted for future years until full compliance is achieved.</li> </ul>  | <ul style="list-style-type: none"> <li>• Prioritised sub-set of MECIR standards completed by the beginning of May 2014</li> <li>• Audit and target baseline for 2014 completed by December 2014.</li> </ul>                   |
| 1.3 | <p><b>EFFICIENT PRODUCTION</b></p> <p>Improve production processes by: i) implementing a web-based author support tool; ii) establishing a strategy for reducing review production time by</p>  | <ul style="list-style-type: none"> <li>• A web-based author support tool has been designed, implemented and integrated into production workflows.</li> <li>• A strategy for production time reduction is in place and ready to be implemented.</li> </ul>   | <ul style="list-style-type: none"> <li>• Author support tool implemented by the end of December 2014.</li> <li>• Strategy for reducing review</li> </ul>  |

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| 1.4 | <p>30%.</p> <p><b>PIONEERING METHODS</b><br/>         Establish a framework to inform decision-making and target setting for new and existing types of non-standard intervention Cochrane Systematic Reviews and other products and services.</p> | <ul style="list-style-type: none"> <li>• A framework is in place and ready to be implemented that will guide the development of innovative methods for designing and conducting research evidence synthesis.</li> <li>• Production targets are in place for new forms of Cochrane Systematic Reviews and other products and services.</li> </ul> | <p>production time in place and ready to be implemented from the end of April 2015.</p> <p>By the end of April 2014.</p> |
|-----|---|--|--|

## GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

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

Goal 2 may possibly prove our most challenging but has enormous potential for achieving our mission. To deliver this will require that we put the needs of our users at the heart of our content design and delivery, provide open access to Cochrane Systematic Reviews, and develop a more accessible and multi-lingual offering.

Given the scale of the changes we need to make, 2014 will primarily be a year of preparation. By the end of the year we will have established a framework for ongoing assessment of user experience of Cochrane evidence, a comprehensive translation strategy, an open access roadmap, and piloted an approach to improve production teams' ability to disseminate their reviews to target users. We will have begun work on an accessible language initiative and delivered the first phase of planned technology improvements that will fundamentally change the way Cochrane's data and content are structured, stored and used. In addition, we will have taken concrete action to introduce multi-lingual portals in different languages.

## Our Objectives to 2020

### USER-CENTRED DESIGN AND DELIVERY:

1. We will put the needs of our users at the heart of our content design and delivery.
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.
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.

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### OPEN ACCESS:

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.

### ACCESSIBLE LANGUAGE:

5. We will simplify and standardise the language used across our content to improve readability and reduce ambiguity.

### MULTI-LINGUAL:

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.

## Our Targets for Goal 2 in 2014

*To achieve our Goal 2 objectives, in 2014 Cochrane will:*

|     | Target   | Indicators of success   | Timing                       |
|-----|--|---|------------------------------|
| 2.1 | <b>USER-CENTRED DESIGN AND DELIVERY</b><br>Gather systematic data and improve our understanding of end-user experience and need; and establish a framework for ongoing | <ul style="list-style-type: none"><li>• A mapping, data gathering and analytical project has been undertaken and completed, providing a better understanding of how to make our content more discoverable, accessible, useful and usable in diverse</li></ul> | By the end of December 2014. |

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|     | reassessment.  | contexts and settings worldwide. <ul style="list-style-type: none"><li>• A framework for ongoing reassessment and evaluation is in place.</li></ul>  |   |
| 2.2 | Build a dissemination checklist into the editorial process of Cochrane Systematic Reviews to ensure that every review adequately considers its target users. | <ul style="list-style-type: none"><li>• A dissemination checklist has been created and is being piloted with volunteer Cochrane groups.</li></ul>  | By the end of December 2014.  |
| 2.3 | Complete the first phase of the Cochrane ‘linked data’ project to create structures and linkages between our content to make it more accessible and useful.  | <ul style="list-style-type: none"><li>• Linkages and structures have been built into Cochrane’s technology systems, connecting the <i>Cochrane Register of Studies</i>, Archie, and the new Linked Data Triple Store.</li><li>• An ‘ontology’ for linking data and annotating Cochrane content has been completed.</li><li>• A Population Intervention Comparison Outcome (PICO) framework has been established, and used in the first instance to enable the faster and more efficient creation of Cochrane Clinical Answers.</li></ul> | By the end of September 2014.   |
| 2.4 | <b>OPEN ACCESS</b><br>Develop a roadmap for achieving universal open access to new and updated Cochrane Systematic Reviews by the end of 2016.               | <ul style="list-style-type: none"><li>• A roadmap has been established in collaboration with John Wiley &amp; Sons, Ltd, and is ready to be implemented, setting out our plan – including an income replacement strategy – for achieving universal open access to Cochrane Systematic Reviews immediately upon publication for both new and updated reviews, and later the archive of existing published reviews.</li></ul>  | By the end of December 2014.  |
| 2.5 | <b>ACCESSIBLE LANGUAGE</b><br>Simplify and standardise the language used across our content to improve readability and reduce                                | <ul style="list-style-type: none"><li>• Guidelines for simplified and standardised language across content have been developed.</li><li>• An audit for plain language summaries against the new</li></ul>  | <ul style="list-style-type: none"><li>• Guidelines and an audit completed by the end of May 2015.</li></ul> |

ambiguity.

## 2.6 MULTI-LINGUAL

Finalise Cochrane's translation strategy, establish a translation management system to integrate all existing workflows, and introduce key digital content and multi-lingual portals in French, Spanish and three other languages.

- guidelines has been undertaken.
- All reviews are produced according to the new guidelines.
- All reviews are using the simplified and standardised language by the end of December 2016.
- Cochrane's translation strategy and business plan has been completed and ready to be implemented.
- Translation strategy and business plan completed by the end of April 2014.
- A translation management system has been established integrating all existing workflows (including those in the Translation Exchange).
- Translation management system and key content available by the end of December 2014.
- Key digital content and translated user interfaces have been made available in French, Spanish and at least three other languages.

## GOAL 3: ADVOCATING FOR EVIDENCE

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

Goal Three introduces an ambitious new area of focus for Cochrane: advocating for evidence. Harnessing our radical heritage, this goal seeks to establish Cochrane as the ‘home of evidence’ to inform health decision-making, build greater recognition of our work and develop our profile as a leading advocate for evidence-informed healthcare. Goal Three, with its focus on influence and impact, though an expanded area of work for Cochrane, is just as central as the production and dissemination of our evidence in delivering our mission.

Prioritising objectives that will add value from the very start of the *Strategy to 2020*, 2014 activity will focus on: executing a full organisational rebrand – presenting Cochrane as credible, current and coherent; securing strategic partnerships with institutions and individuals at the heart of health decision-making; and establishing a clear and compelling advocacy agenda for Cochrane. To underpin these objectives, we will also improve the ways in which we capture and communicate our impact and tell our story.

## Our Objectives to 2020

### GLOBAL PROFILE:

1. We will clarify, simplify and improve the way we communicate to the world by creating an overarching ‘Cochrane’ brand.

### THE ‘HOME OF EVIDENCE’:

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.

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3. We will build greater recognition of Cochrane's role as an essential link between primary research and health decision-making.

## GLOBAL ADVOCATE:

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

## GLOBAL PARTNER:

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

## GLOBAL IMPACT:

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

## Our Targets for Goal 3 in 2014



*To achieve our Goal 3 objectives, in 2014 Cochrane will:*

|     | Target  | Indicators of success   | Timing  |
|-----|---|---|---|
| 3.1 | <b>GLOBAL PROFILE</b><br>Create a coherent Cochrane brand across all content.   | <ul style="list-style-type: none"> <li>A new end-user focused 'cochrane.org' website is launched that is consistently branded with <i>The Cochrane Library</i> and all other digital and offline products.</li> </ul>   | <ul style="list-style-type: none"> <li>Re-brand preview at the Hyderabad Colloquium, September 2014.</li> <li>Full launch completed by the end of January 2015.</li> </ul>  |
| 3.2 | <b>GLOBAL PARTNER</b><br>Identify and establish partnerships with three to five international strategic stakeholders to advance evidence-informed health decision-making. | <ul style="list-style-type: none"> <li>Three to five partnership agreements have been secured.</li> <li>A 'Case for Support' document has been created to share with potential partners that demonstrates Cochrane's achievements, strategic aims and target partnership areas.</li> </ul>  | By the end of December 2014.  |
| 3.3 | <b>GLOBAL ADVOCATE</b><br>Establish an advocacy agenda to develop Cochrane's position as a 'thought leader' in the health sector.   | <ul style="list-style-type: none"> <li>A formal policy development and sign-off process has been developed and adopted.</li> <li>Cochrane's initial advocacy agenda has been developed.</li> <li>Opportunities have been secured for Cochrane to present and offer comment on key health evidence issues in-person and online.</li> <li>Higher quality and quantity media coverage is being generated.</li> </ul> | <ul style="list-style-type: none"> <li>Formal policy development and sign-off process adopted by the end of September 2014.</li> <li>Initial advocacy agenda completed by March 2015.</li> <li>Platforms secured by the end of December 2014.</li> <li>Higher quality and quantity media coverage generated by the end of December 2014.</li> </ul> |
| 3.4 | <b>GLOBAL IMPACT</b><br>Capture and communicate Cochrane's impact on  | <ul style="list-style-type: none"> <li>A series of online metrics are in place demonstrating how and where Cochrane evidence has been cited and</li> </ul>  | By the end of December 2014.  |

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policy and practice, introducing online metrics and stories of impact.

used.

- A prominently displayed, regularly updated record of where Cochrane evidence is being utilised has been 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.

Goal 4 provides the foundation for achieving our mission and will see us becoming a more diverse, inclusive and transparent organisation. To enable us to harness more effectively the enthusiasm and skills of our contributors we will introduce a Cochrane membership scheme by the 2015 Colloquium. Allied to this, we will have developed and be implementing a training and professional development strategy for our group staff and contributors by the end of 2014. With a more ambitious strategy than ever before we will begin to re-assess and change how our organisation is governed, structured and operates in order to fulfil our key functions and achieve our mission. We will have overhauled our financial and business processes to enable us to monitor and manage our activities more effectively.

### Our Objectives to 2020

#### INCLUSIVE AND OPEN:

1. We will establish a membership structure to improve our organisational cohesiveness and to reduce barriers to participation by creating a clear and open route into the organisation for people who want to get involved.

#### GLOBAL AND DIVERSE:

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2. We will become a truly global organisation by establishing a Cochrane organisational presence in all regions, building capacity in low- and middle-income countries; promoting gender, linguistic and geographic diversity; and enabling generational change.

## FINANCIALLY STRONG:

3. We will strengthen Cochrane's financial position by diversifying and expanding our funding base, both at core and group level.

## EFFICIENTLY RUN:

4. We will review and adjust the structure and business processes of the organisation to ensure that they are optimally configured to enable us to achieve our goals.

## INVESTING IN PEOPLE:

5. We will make major new investments in the skills and leadership development of our contributors.

## TRANSPARENTLY GOVERNED:

6. We will increase the transparency of the organisation's governance and improve the opportunities for any contributor to participate in governing the organisation and/or to be appointed to a leadership position.

## ENVIRONMENTALLY RESPONSIBLE:

7. We will review and adjust our operations to reduce their environmental impact.

## Our Targets for Goal 4 in 2014

*To achieve our Goal 4 objectives, in 2014 Cochrane will:*

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|     | Target  | Indicators of success  | Timing  |
|-----|---|--|---|
| 4.1 | <b>INCLUSIVE AND OPEN</b><br>Introduce a Cochrane membership scheme.  | <ul style="list-style-type: none"> <li>Models of organisational membership have been explored and a preferred membership scheme established that more effectively enfranchises existing Cochrane contributors and attracts new contributors with useful skills and experience.</li> </ul>  | By the Vienna Colloquium, October 2015.   |
| 4.2 | <b>INVESTING IN PEOPLE</b><br>Develop, and begin implementation of, an inter-professional and inclusive training and professional development strategy. | <ul style="list-style-type: none"> <li>A training and professional development strategy has been completed and is in roll-out phase.</li> </ul>  | By the end of December 2014.  |
| 4.3 | <b>TRANSPARENTLY GOVERNED</b><br>Conduct a review of Cochrane's governance structure and processes.   | <ul style="list-style-type: none"> <li>A review of Cochrane's Board of Trustees and other governance committees has been completed. Recommendations will be designed to ensure that Cochrane's governance processes and bodies fully enfranchise all constituencies, encompass diverse perspectives, are adequately skilled and work effectively.</li> </ul> | <ul style="list-style-type: none"> <li>Review completed by the end of December 2014.</li> <li>Implementation of recommendations in 2015.</li> </ul>   |
| 4.4 | <b>EFFICIENTLY RUN</b><br>Review and adjust the structure and functions of the global network of Cochrane groups.                                       | <ul style="list-style-type: none"> <li>Reviews have been completed with recommendations designed to ensure that the structure and business processes of the organisation are optimally configured to enable us to achieve our <i>Strategy to 2020</i> goals.</li> </ul>  | <ul style="list-style-type: none"> <li>Review of Cochrane Review Groups completed by the end of December 2014.</li> <li>Review of other groups completed by the end of July 2015.</li> <li>Implementation of recommendations for all groups completed by the end</li> </ul> |

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| 4.5 | <b>FINANCIALLY STRONG</b><br>Deliver Cochrane Clinical Answers and Cochrane Learning to market. | <ul style="list-style-type: none"><li>• The Cochrane Clinical Answers and Cochrane Learning derivative products have been delivered to market in partnership with <i>Cochrane Innovations</i> and John Wiley &amp; Sons, Ltd.</li></ul>  | of December 2016.<br><br>By the end of December 2014.   |
| 4.6 | Establish improved financial and business monitoring and reporting processes.                   | <ul style="list-style-type: none"><li>• A ‘Dashboard’ and wider set of editorial and business metrics to monitor and report on the implementation progress of <i>Strategy 2020</i> have been established.</li><li>• An expanded, integrated, monitoring and reporting system is in place across the organisation (building on the existing Monitoring &amp; Registration Committee framework) ready for the 2015 annual reporting cycle.</li><li>• Cochrane’s chart of accounts has been amended to reflect more accurately the organisation’s activities and management accountabilities; and its Central Executive financial systems have been updated and improved.</li></ul> | <ul style="list-style-type: none"><li>• Dashboard and wider set of editorial and business metrics completed by the end of June 2014.</li><li>• Expanded, integrated monitoring and reporting systems completed by December 2014.</li><li>• Chart of accounts and Central Executive financial systems improvements completed by December 2014.</li></ul> |

# METHODS INNOVATION FUND 2015-18

## SCHEDULE OF MIF PROCESS

Committee: MARS AC

Author: Jackie Chandler, Methods Co-ordinator

Date: 11<sup>th</sup> February 2014

## PURPOSE

Subsequent to the agreement by the CCSG for a further tranche of funds (capped at 375,000 over 3 years) towards the development of methods related activity and research this document sets out a process for delivering the future projects for the next round from January 2015 to December 2018. This considered the original process, decisions and a survey to evaluate the previous process for January 2012 to December 2014. The MARS AC has agreed the following process to identify future projects.

## SCHEDULE OF METHODS INNOVATION FUND PROCESS

| Process                              | Task  | Communication strategy  | Scheduling  |
|--------------------------------------|---|---|---|
| <b>Agree and communicate process</b> | MARS AC to agree process and then to communicate to Collaboration intention   | List wide email with a table such as this, with objectives and summary of previous programme  | <ul style="list-style-type: none"> <li>• Agree <b>Feb 11<sup>th</sup></b></li> <li>• Communicate by <b>28<sup>th</sup> Feb</b></li> </ul>   |
| <b>Research topic identification</b> | <p>Agree process for developing methods related research and guidance development needs.</p> <p><b>Suggestion:</b> Ask all Executives (+ all Methods Groups, and Co-eds board/Executive) to provide suggestions based on specific criteria, providing level of importance.</p>  | Communicate as appropriate to those requested to provide suggestions. Methods Groups in Collaboration will lead this work with other Cochrane groups and individuals. | <ul style="list-style-type: none"> <li>• Communicate by <b>28<sup>th</sup> Feb.</b></li> <li>• Deadline for receipt of suggestions to the Co-ordinator by <b>23<sup>rd</sup> March</b></li> </ul> |
| <b>Prioritisation</b>                | <p>Agree process for prioritisation of topics for commissioning.</p> <p><b>Suggestion:</b></p> <ol style="list-style-type: none"> <li>1. Collation of topics proposed. (Co-ordinator)</li> <li>2. Sift and organise proposals into key topic areas and level of importance given by contributor. Remove topics considered beyond the</li> </ol> |   | Agree <b>28 Feb</b>   |

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|                             |  |  |
|-----------------------------|--|--|
|                             | <p>scope of the criteria, providing insufficient detail or inadequately articulated. (Sub group of MARS AC)</p> <p>3. Final list of topics for discussion by the full MARS AC at special meeting for that purpose: Prioritise topics for commissioning and lead Methods Groups to be involved with any key Collaborators</p>   | <p><u>26<sup>th</sup> March</u></p> <p><u>2<sup>nd</sup> April (Panama)</u></p> <p><u>By 14<sup>th</sup> April</u></p> |
|                             | <p>General list communication on agreed key topics</p>   |  |
| <p><b>Commissioning</b></p> | <p>Agree commissioning process (including funding structure constraints)</p> <p><b>Suggestion:</b> To be structured in similar fashion to before:</p> <ol style="list-style-type: none"><li>1. Topic area of priority</li><li>2. Description and detail of commission</li><li>3. Expected leads and Collaborators</li><li>4. Proposal application form setting out criteria (including funding limits) submission deadline, peer review and decision process.</li><li>5. Submission deadline</li><li>6. Proposals initially viewed by MARS AC representatives and Co-ordinator to ensure criteria etc. met. Eligible proposals sent to peer reviewers.</li></ol> | <p>Agree <u>28 Feb</u></p> <p>Notification of requests for proposals <u>By 14<sup>th</sup> April</u></p>               |



|  |  |  |
|--|--|--|
|  |  | <b><u>27<sup>th</sup> June</u></b>   |
|  |  | <b><u>By 11<sup>th</sup> July</u></b>  |
| <b>Peer review of submissions</b>                                  | <p>Agree peer review process and identify likely reviewers to prime.</p> <p><b>Suggestion:</b></p> <ol style="list-style-type: none"> <li>1. As before 5 independent of process reviewers to review all submissions using template spreadsheet for review.</li> <li>2. Reviewers comments* received and discussed by sub group of MARS AC (6) including 3 methods convenors (maybe co-opted) who are not conflicted and 3 non Methods individuals. Provide recommendations for the MARS AC.</li> </ol> | <p>Agree <b><u>28<sup>th</sup> Feb</u></b></p> <p><b><u>28<sup>th</sup> April</u></b></p> <p>Received by reviewers <b>11<sup>th</sup> July</b></p> <p>Reviewers comments received <b>1<sup>st</sup> Sept</b></p> <p>To discuss comments before full meeting at 2014 Colloquium</p> |
| <b>Decision process</b>  | Decision by the MARS AC  | Colloquium meeting   |
| <b>Notification and contract negotiations, project start dates</b> | <p>Notification of successful candidates</p> <p>Communication to Collaboration</p>   | <p><b>30<sup>th</sup> September</b></p> <p><b>October</b></p> <p>By <b><u>March 2015</u></b></p>   |

\*An additional step may be considered to go back to potential candidates

### Criteria for topic identification and submission guidance

Research and guidance development topics on review methods are sought, please consider the following criteria:

- Priority field of review methods
- Topic is methodological or related to methods (e.g. tool improvement, decision aids)

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- Methods covered are broadly in the remit of Cochrane Reviews or reviews/methods in development e.g. prognosis reviews.
- Topic needs to be clearly articulate for the purposes of research or development.
- There is a clear and explicit link between the proposed project and the needs of users of Cochrane content.

### Submission template

| Short description<br>(title)<br><br><15 words | Brief explanation<br>(research question or<br>aim) <50 | Level of priority* | Contributor details<br><br>Name, email, Role in<br>CC and Group<br>affiliation |
|---|--|--------------------|--|
|   |  |                    |  |

**\*Level of priority:** This is a useful opportunity to gather a comprehensive list of suggestions for future work. It would assist decision making to note the level of priority in terms of the timeframe for development. Therefore please identify whether this is a short, medium or long term project (very briefly qualify, if necessary). It will be assumed that all suggested topics are important, however, some projects will need to respond to more pressing needs, whereas others could be seen as an important development regarding future direction of Cochrane. Therefore 'long term' does not downgrade a topic but allows MARS AC the opportunity to create a broad programme spanning short and long term investment.

# MARS ADVISORY COMMITTEE WORKPLAN 2014-15

## INCORPORATING *STRATEGY TO 2020* TARGETS

*Key areas of responsibility*

*Targets for 2014/15*

| <i>Review quality and standards</i> | <b>2020 Target (extracted) or specified work for MARS AC</b>  | <b>Indicators of success (for 2020 targets extracted)</b>  | <b>Timing</b>   | <b>CET Project lead</b> | <b>MARS AC implications and input required and related work not in 2020 target</b>  |
|-------------------------------------|---|--|---|-------------------------|---|
|                                     | <p><b><u>Goal 1: Producing evidence</u></b></p> <p><b><i>1.1 Relevant and up to date</i></b></p> <p>Develop a list of approximately 200 new high-priority and 'to-update' Cochrane Systematic Reviews that will direct production priorities; and establish a decision-making framework to update it at regular intervals</p> | <ul style="list-style-type: none"> <li>• Cochrane groups and the Central Executive team have together engaged with a cross-section of users (including patients and other healthcare consumers, health practitioners, policy-makers, guidelines developers and existing and potential research funders) to identify questions that are most relevant and important to them.</li> <li>• A list of approximately 200 new high-priority and 'to-update' Cochrane Systematic Reviews that will direct organisation-wide production priorities for 2015 onwards has been developed.</li> <li>• 100 new reviews from the list have been registered (review teams identified and titles registered).</li> </ul> | <ul style="list-style-type: none"> <li>• Priority list and decision-making framework completed by end of December 2014.</li> <li>• Registration of 100 new reviews from the list completed by July 2015.</li> </ul> | David T                 | <p>i. Updating reviews project meeting 26/27<sup>th</sup> June. To be informed of developments.</p> <p>ii. To be involved and consulted regarding developments of the Priority list and decision making framework??</p> |

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|   |   |   |   |   |   |
|---|---|---|---|---|---|
| Overseeing process for monitoring and improving quality of conduct and reporting of Reviews |   | <ul style="list-style-type: none"> <li>• A priority-setting decision-making framework for Cochrane Systematic Reviews is in place.</li> </ul>   |   |   |   |
|   | <p><b>1.2 High Quality</b></p> <p>Create a prioritised sub-set of the existing MECIR (<i>Methodological Expectations of Cochrane Intervention Reviews</i>) standards with the aim of achieving 100% compliance to them for new Cochrane Systematic Reviews.</p> | <ul style="list-style-type: none"> <li>• Prioritised sub-set of MECIR standards for Cochrane Systematic Reviews created.</li> <li>• Regular audit process for measuring compliance established.</li> <li>• Audit of new reviews completed for last three months of 2014, with a target baseline of 85% compliance achieved in this quarter and a continuous improvement approach adopted for future years until full compliance is achieved.</li> </ul> | <ul style="list-style-type: none"> <li>• Prioritised sub-set of MECIR standards completed by beginning of May 2014</li> <li>• Audit and target baseline for 2014 completed by December 2014.</li> </ul>                         | Toby L  | To be involved and consulted regarding developments of the proposed sub set of MECIR standards??  |
|   | <p><b>1.3 Efficient production</b></p> <p>Improve production processes by: i) implementing a web-based author support tool; ii) establishing a strategy for reducing review production time by 30%.</p>   | <ul style="list-style-type: none"> <li>• A web-based author support tool has been implemented and integrated into production workflows.</li> <li>• A strategy for production time reduction is in place and ready to be implemented.</li> </ul>   | <ul style="list-style-type: none"> <li>• Author support tool implemented by end of December 2014.</li> <li>• Strategy for reducing review production time in place and ready to be implemented by end of April 2015.</li> </ul> | <p>i. Ruth</p> <p>ii. CEU</p> <p>Chris Mavergames</p> | To be involved and consulted regarding developments of the reducing review production time – considering issues for methods standards and quality?? |
|   | <p><b>Non Strategy</b></p> <p>Common errors and exemplars project</p>   | <ul style="list-style-type: none"> <li>• Project plan to be developed and resources identified</li> </ul>   | N/A   | Jackie C. and Marialena T.                            | To be informed of developments.   |

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|  |   |  |                           |  |   |
|--|---|--|---------------------------|--|---|
|  | MECIR standards Project   | <ul style="list-style-type: none"> <li>• Protocol standards to be sent out for consultation and finalised.</li> <li>• Considerations for updates to be sent out for consultation and finalised.</li> </ul>   | [to be inserted]          | MECIR project team                           | To be informed of developments.   |
|  | Handbook and other guidance development   | <ul style="list-style-type: none"> <li>• Completion of V5.2</li> <li>• Project plan for V6</li> </ul>  |                           | Rachel C, Julian H., Miranda C., & Jackie C. | To be informed of developments.   |
| <i>Implementation of new methods</i>                                   | <p><b>1.4 Pioneering methods</b></p> <p>Establish a framework to inform decision-making and target setting for new and existing types of non-standard intervention Cochrane Systematic Reviews and other products and services.</p> | <ul style="list-style-type: none"> <li>• A framework is in place and ready to be implemented that will guide the development of innovative methods for designing and conducting research evidence synthesis.</li> <li>• Strategy in place for new forms of Cochrane Systematic Reviews and other products and services.</li> </ul> | By end of July 2014.      | Jackie C.                                    | To be involved and consulted regarding developments of the proposed framework.  |
|  | <p><b>Non Strategy</b></p> <p>To deliver the Methods Innovation Fund programme</p>  | <ul style="list-style-type: none"> <li>• Programme of priority methods related projects identified and commissioned.</li> </ul>  | By end of December 2014   | Jackie C                                     | This is a priority area for MARS AC to co-ordinate programme. <a href="#"><u>Detailed timetabled work plan attached</u></a> |
| <i>Communication and working arrangements between Methods and CRGs</i> | <p><b>Goal 2: making our evidence accessible</b></p> <p><b>2.3 user centred design and delivery</b></p>   | <ul style="list-style-type: none"> <li>• An 'ontology' for linking data and annotating Cochrane content has been completed.</li> <li>• A Population Intervention Comparison Outcome (PICO) framework has been established, and used in the first</li> </ul>  | By end of September 2014. | Chris Mavergames                             | <p>To be informed of developments.</p> <p>IKMD lead.</p> <p>Note: Holger has some issues and can address</p>                |

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|  |  |  |   |   |
|--|--|--|---|---|
| <p><i>Advocacy for methods in research synthesis</i></p> | <p>Complete the first phase of the Cochrane 'linked data' project to create structures and linkages between our content to make it more accessible and useful.</p>   | <p>instance to enable the faster and more efficient creation of Cochrane Clinical Answers.</p>   |   | <p>re: ontology development and PICO. Currently for CA but future roll out needs to be considered.</p>                    |
|  | <p><b>Non-strategy</b><br/>Methods Strategy</p>  | <ul style="list-style-type: none"> <li>To development strategy ensuring the engagement of Methods Groups. Draft for decision to agree way forward.</li> </ul>  | <p>By end of September</p>  | <p>Jackie c.<br/><br/>To be informed of developments. Input also required. Methods lead.</p>                              |
|  | <p><b>Goal 3: Advocating for evidence</b><br/><b>3.3 Global advocate and Global influence</b><br/><br/>Establish an advocacy agenda to develop Cochrane's position as a 'thought leader' in the health sector.</p> | <ul style="list-style-type: none"> <li>A formal policy development and sign-off process has been developed and adopted.</li> <li>Cochrane's initial advocacy agenda has been developed.</li> <li>Opportunities have been secured for Cochrane to publically present and offer comment on key health evidence issues in-person and online.</li> <li>Higher quality and quantity media coverage is being generated.</li> </ul> | <ul style="list-style-type: none"> <li>Formal policy development and sign-off process adopted by end of September 2014.</li> <li>Initial advocacy agenda completed by March 2015.</li> <li>Platforms secured by end of December 2014.</li> <li>Higher quality and quantity media coverage generated by end of December 2014.</li> </ul> | <p>Helen M.<br/><br/>To consider relevance of goal re: 'thought leader' concept and contribution.<br/><br/>CEAD lead.</p> |

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|-------|--|--|--|---|--|
| Other | <p><b>Goal 4: Building an effective &amp; sustainable organisation</b></p> <p><b>4.1 Inclusive and open</b><br/>Introduce a Cochrane membership scheme</p> | Models of organisational membership have been explored and a preferred membership scheme has been established that more effectively enfranchises existing Cochrane contributors and attracts new contributors with useful skills and experience  | By the Vienna Colloquium, October 2015.  | Claire A.   | To consider relevance of goal and contribution.  |
|       | <p><b>4.2 Investing in people</b></p> <p>Develop, and begin implementation of, a cross-organisational training and professional development strategy.</p>  | A cross-organisational training and professional development strategy has been completed and is in roll-out phase.   | By end of December 2014.   | Miranda C.  | To be informed of developments. Input also required. Training lead.  |
|       | <p><b>4.3 Transparently governed</b></p> <p>Conduct a review of Cochrane's governance structure and processes</p>  | A review of Cochrane's Board of Trustees and other management committees has been completed. Recommendations will be designed to ensure that Cochrane's governance processes and bodies fully enfranchise all constituencies, encompass diverse perspectives, are adequately skilled and work effectively. | <ul style="list-style-type: none"> <li>Review completed by end of December 2014.</li> <li>Implementation of recommendations in 2015.</li> </ul>  | Claire A.   | To be involved and consulted regarding developments. To consider implications.   |
|       | <p><b>4.4 Efficiently run</b></p> <p>Review and adjust the structure and functions of the global network of Cochrane groups.</p>                           | Reviews have been completed with recommendations designed to ensure that the structure and business processes of the organisation are optimally configured to enable us to achieve our <i>Strategy to 2020</i> goals.  | <ul style="list-style-type: none"> <li>Review of Cochrane Review Groups completed by end of December 2014.</li> <li>Review of other groups completed by end of July 2015.</li> <li>Implementation of recommendations for all groups completed</li> </ul> | <p>David T. (CRGs Methods Groups)</p> <p>Mark W. (Fields and Centres)</p> | <p>CRG Structure and Function project underway</p> <p>To be involved and consulted regarding developments that impact on related methods standards review quality.</p> |

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by end of December  
2016.



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MARCH 2014

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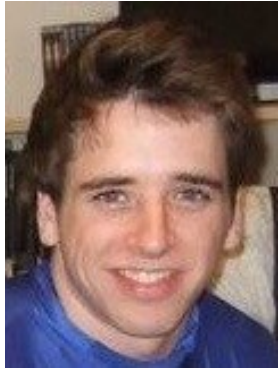


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# Cochrane Commercial Sponsorship Policy (update)

---

Prepared by: David Tovey, Lisa Bero and Cindy Farquhar (Funding Arbiter)

Date: 14<sup>th</sup> March 2014

**Purpose:** To inform the CCSG about proposed revisions to the agreed commercial sponsorship policy as a result of an internal challenge, and to propose that a final version (Appendix A) is ratified by CCSG.

**Urgency:** High

**Access:** Open

**Background:**

At the teleconference meeting on 16<sup>th</sup> January 2014 the CCSG approved changes to the commercial sponsorship policy.

Subsequent to this, Peter Gøtzsche circulated an email to some internal and external colleagues criticising the approved policy and stating that *“two full-time Pfizer employees are allowed to co-author a Cochrane review of one of Pfizer's drugs, provided there are at least three other authors who fulfill the criteria in clause 2a below (i.e. who are not conflicted)”*.

The Co-Chairs, CEO, Editor in Chief and Funding Arbiter discussed Peter's email and agreed to do the following:

1. We have commissioned a researcher based at UCSF, Donna Odierna, to research the affiliations, sources of support and declarations of interest for all active Cochrane Reviews to determine whether there have been breaches of the current policy. This report will be available in the next few weeks.
2. We have further amended the commercial sponsorship policy in the light of Peter's comments (see appendix A). This clarifies the following:
  - Individuals who are employed by a company that has a real or potential financial interest in the outcome of the review (including but not limited to drug companies or medical device manufacturers), or who hold or have applied for a patent related to the review are prohibited from being Cochrane review authors. In most cases, employment would be characterised by the affiliation statement made by the author at the title registration, protocol or review stage of the review. Any questions about what constitutes "employment by a company with a financial interest" should be referred to the funding arbiter.



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- Authors who in the last 3 years have received financial support from commercial sponsors or sources who have a real or potential financial interest in the findings of the review, but who are not covered by the restriction above should declare these interests at the earliest possible stage in the editorial process. Such financial support may include remuneration from a consultancy, grants, fees, fellowships, support for sabbaticals, royalties, stocks from pharmaceutical companies, advisory board membership or otherwise. In such cases, at the funding arbiter's discretion, and only where a majority of the review authors and lead author have no relevant COIs, it may be possible for an author who has a declared interest as listed in the previous sentence to be a Cochrane review author.
- Editors with conflicts of interest with a given product/drug/non-drug intervention should not undertake peer review or be a contact editor, or provide sign-off on a review that involves that product, drug, non-drug intervention or a competing intervention. Co-ordinating Editors with conflicts of interest should assign the relevant review to another editor within their group. Editors are prohibited from being employees of a pharmaceutical company or medical device manufacturer.

We then circulated the revised document to the funding panel and Peter. At the time of writing only Peter has responded and in addition to the more substantive comments, Peter also provided suggestions and corrections that we agree will improve the document; these have been incorporated into the version now published in Appendix A as indicated.

### **Summary of recommendations:**

We recommend that the CCSG approves the proposed revisions to the commercial sponsorship policy (Appendix A).

**Resource implications:** None

### **Impact statement:**

The response from external parties to Peter's email indicates the reputational importance of Cochrane being seen to have a robust and defensible commercial sponsorship policy.

### **Decision required of the Steering Committee:**

To approve or modify the most recent revisions to the commercial sponsorship policy (Appendix A).

## Appendix A:

### Cochrane Collaboration policy on ~~the limits of~~ commercial sponsorship of Cochrane reviews and Cochrane groups

Note for CCSG: This document includes some changes from proposed by Peter Gøtzsche. Where content has been deleted this is indicated by being struck through (example above). Where content is added it is highlighted in yellow.

**Prepared by:** Cindy Farquhar, Sophie Hill, Lisa Bero, David Tovey

**Date:** 8<sup>th</sup> March 2014

#### Principles informing this policy

Whilst the Cochrane Collaboration has adopted the uniform requirements for declaration of conflicts of interests framework produced by the International Committee of Medical Journal Editors, the Collaboration and the CDSR differ from many journals in 2 ways: 1) certain types of sponsorship are forbidden and 2) we ask for disclosure of COI at the beginning of a review process (title registration). **Such declarations may be managed within the group processes or be referred to the funding arbiter for discussion and decision making.**

*Independence:* Cochrane reviews must be independent of conflicts of interest associated with commercial **sponsorship and** should be conducted by people or organisations that are free from such bias.

*Free from interference:* The process for conducting Cochrane Reviews and the Cochrane groups and contributors responsible from producing Cochrane Reviews should operate free from interference.

*Assurance:* Users of Cochrane Reviews should be assured that Cochrane reviews are produced in an independent manner.

#### Definitions

*'Commercial sponsor or source':* any for-profit manufacturer or any other for-profit source with a real or potential vested interest **in** the findings of a specific review.

This definition is not intended to include government departments, not-for-profit medical insurance companies and health management organisations, although clauses 6-8 **below** are relevant for all funders. Also not included are for-profit companies that do not have real or potential vested interests in Cochrane reviews (e.g. banks).

*Appropriate 'Funder' of a Cochrane review:* a body which provides a grant, contract, gift or other form of financial support for one, several or all authors of a review (or the funding may go to their institution(s)) where the funder has no commercial or vested interest in the finding of the review.

*Conflict of Interest of a Cochrane author or editor:* Conflict of interest is defined as "a set of conditions in which professional judgement concerning a primary interest (such as patients' welfare or the validity of research) may be unduly influenced by a secondary interest (such as financial gain) or may be perceived to be influenced by a secondary interest."

## Policy affecting Cochrane Reviews and Groups

### Scope of policy:

This policy affects the people who conduct Cochrane reviews ('authors'), referees and editors, and all Cochrane groups (Steering Group, centres, review groups, fields, methods groups, consumer network, and central functional entities including the Operational Unit, Editorial Unit, and Informatics and Knowledge Management Team).

### Commercial funding of reviews or authors

The intent of clauses 1-5 is to ensure the independence of Cochrane reviews by ensuring making sure there is no bias associated with commercial conflicts of interest in the conduct of Cochrane reviews.

1. Cochrane reviews cannot be funded or conducted by commercial sponsors or commercial sources with a real or potential vested interest in the findings of a specific review.
2. Individuals who are employed by a company that has a real or potential financial interest in the outcome of the review (including but not limited to drug companies or medical device manufacturers), or who hold or have applied for a patent related to the review are prohibited from being Cochrane review authors. In most cases, employment would be characterised by the affiliation statement made by the author at the title registration, protocol or review stage of the review. Any questions about what constitutes "employment by a company with a financial interest" should be referred to the funding arbiter.
3. Authors who in the last 3 years have received financial support from commercial sponsors or sources who have a real or potential financial interest in the findings of the review, but who are not covered by the restriction above should declare these interests at the earliest possible stage in the editorial process. Such financial support may include remuneration from a consultancy, grants, fees, fellowships, support for sabbaticals, royalties, stocks from pharmaceutical companies, advisory board membership or otherwise. In such cases, at the funding arbiter's discretion, and only where a majority of the review authors and lead author have no relevant COIs, it may be possible for an author who has a declared interest as listed in the previous sentence to be a Cochrane review author.
4. Editors with conflicts of interest with a given product/drug/non-drug intervention should not undertake peer review or be a contact editor, or provide sign-off on a review that involves that product, drug, non-drug intervention or a competing intervention. Co-ordinating Editors with conflicts of interest should assign the relevant review to another editor within their group. Editors are prohibited from being employees of a pharmaceutical company or medical device manufacturer.
5. Peer reviewers should be asked to declare COI using the ICMJE framework.

### Disclosure of commercial conflicts of interest

The intent of clauses 6-7 is to ensure that all links between Cochrane authors and commercial sponsorship or sources are disclosed, so that Cochrane users have confidence in the process for the disclosure and management of potential commercial conflicts of interest.

6. At title registration stage, Cochrane authors should declare their conflicts of interest according to the relevant ICMJE criteria.

Commercial interests that should be declared include, but are not limited to: income from private

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clinical practice (if relevant to the topic), ownership of stocks related to industry, legal advice related to the topic, consultancies, honoraria, fellowships, speaker's fees, involvement in primary research in the subject area of their review, funding for primary research in the subject area of the review, and any other interests that others may judge relevant. Employment in a speciality relevant to the review should be declared in the interests of transparency, but this does not prevent an individual from being a review author, editor or peer reviewer.

7. On receipt, the relevant Cochrane Review Group (CRG) will assess whether an author may have a conflict of interest that would prohibit them from participating in the review team. In making this assessment, it is important to consider how the reader would perceive the potential for conflict of interest. All potentially important conflicts (as described in the paragraphs above) should be referred to the funding arbiter unless it is clear that the conflicts prohibit the author from further involvement.

At each stage of the review – title registration, protocol publication, review publication, and updating the COI declarations should be updated and reviewed by the Managing Editor and Co-ordinating Editor as appropriate.

### **Cochrane authors who are also the authors of included studies**

The intent of clause 8 is to ensure transparency of Cochrane authors who are authors of primary studies.

8. Cochrane authors who include primary studies (which they had conducted) in their review should declare this in the review in the Declarations of Interest section. The Review Group should ensure that an editor checks the included data and interpretation against the study report and any available study registration details or protocol.

### **Funders of Cochrane reviews**

Cochrane reviews are commonly funded by granting bodies. The intent of clauses 9-11 is to ensure that granting bodies do not interfere in the design and release of reviews and that funding is transparently declared.

9. Funders of Cochrane reviews cannot interfere with the design or conduct of reviews.
10. Funders cannot delay or prevent the publication of a review or its update.
11. Funding for the review should be declared in the 'Sources of support' section of the review, which should include reference to the role of any sponsors.

### **Role of the Funding Arbiter**

If there are questions about how this policy should be implemented, under what conditions the policy applies, if COIs are unclear, or there is no agreement between the parties, the matter will be referred to the Funding Arbiter Panel who will assess the potential conflict of interest and make a recommendation.

The Funding Arbiter Panel is nominated by the Steering Group and contains 3-4 Cochrane collaborators and one person external to the Collaboration. In making an assessment, the Funding Panel will consider the principles outlined above.

### **Removal of reviews not meeting policy**

The intent of clause 12 is to enforce the policy.

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12. Cochrane reviews (whether new or updates) or protocols that do not meet the above requirements (1-8) from the inception of this policy will be withdrawn after consultation with the Funding Arbiter Panel and Editor in Chief.

### **Commercial sponsorship of Cochrane review groups and Cochrane entities**

The intent of clauses 13 is to ensure the independence of Cochrane entities and their activities.

13. No Cochrane groups are permitted to accept funds from commercial sponsors or commercial sources.

Cochrane entities which violate this policy by accepting commercial funding may be de-registered, following an investigation by the appropriate body e.g. Executive Group, COU or CEU.

### **Derivative products**

The development of derivative products from Cochrane reviews is the responsibility of Cochrane Trading Company, supported by the Editor in Chief, and the Steering Group.

14. In developing derivative products, these bodies will adhere to the items above.

### **Royalties**

15. Authors and Cochrane Review Groups should not receive royalties on sales of reprints of their reviews, since these sales are likely to have been made to commercial sources and might, therefore, be assumed to be equivalent to direct sponsorship of the review or Group. Therefore, the current policy that royalties on reprint sales go to The Cochrane Collaboration centrally, via the Collaboration Trading Company, will continue.

### **Audit**

16. There will be an audit of compliance with the policy within six months and the policy will be revisited in two years.

# Governance Review: A Preparatory Paper

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|                     |  |
|---------------------|--|
| <b>PREPARED BY:</b> | Mark Wilson  |
| <b>DATE:</b>        | 20 <sup>th</sup> March 2014  |
| <b>PURPOSE:</b>     | To provide the Cochrane Steering Group (CCSG) with initial thoughts on issues to be covered by the Governance Review planned for 2014. For discussion by the Steering Group. |
| <b>URGENCY:</b>     | Low  |
| <b>ACCESS:</b>      | Open   |

## BACKGROUND:

1. *Strategy to 2020*'s Goal 4, Objective 6 says that Cochrane: 'will increase the transparency of the organisation's governance and improve the opportunities for any contributor to participate in governing the organisation and/or to be appointed to a leadership position'. A specific 2014 target has been set for this Objective to 'Conduct a review of Cochrane's governance structure and processes' that should be completed by December 2014 with implementation of recommendations in 2015.

2. This is a preparatory paper to help to inform early Steering Group thinking and discussions about the scope and approach of such a Governance Review. It concentrates on two things: ensuring improved governance by the Steering Group – the principal governance body exercising ultimate power and responsibility in the organisation; and mapping the other issues across Cochrane that might be covered by a review looking at governance-related issues.

### *The Steering Group*

3. The Cochrane Collaboration is both a UK company limited by guarantee and a UK charity. As such, the main focus of ensuring that the organisation as a company and a charity has 'good governance' is therefore the 'Governing Board' or, as we call it, the Steering Group. Members of the Steering Group are both trustees of the charity and Directors of the company and they have a legal obligation to ensure that the charity and company remains financially solvent and acts according to law and in a way that fulfils its mission.

4. In the UK the Charities Commission has supported leading organisations from the charity and voluntary sector to establish a Good Governance Code that serves as the 'blue ribbon' guide to good governance for organisations legally structured like Cochrane. This Code sets out six principles that a Governing Board, our Steering Group, should have in order to show it is providing Good Governance (see <http://www.governancecode.org> for more details). I would advise the Steering Group to consider its structure, knowledge, activities and decisions in relation to these six principles in order to highlight areas it thinks it could improve in future.

5. These six principles, and brief accompanying descriptive notes follow:

**Principle 1: An effective Board will provide good governance and leadership by understanding its role.**

**The role of the Board:** Trustees have and must accept ultimate responsibility for directing the affairs of their organisation, ensuring it is solvent, well-run, and delivering the outcomes for which it has been set up.

**Strategic Direction:** Trustees should focus on the strategic direction of their organisation and avoid becoming involved in day-to-day operational decisions and matters

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(except in the case of small organisations with few or no staff). Where trustees do need to become involved in operational matters, they should separate their strategic and operational roles.

Members of the Board will understand their role and responsibilities collectively and individually in relation to:

- Their legal duties;
- Their stewardship of assets;
- The provisions of the governing documents;
- The external environment;
- The total structure of the organisation;
- Setting and safeguarding the vision, values and reputation of the organisation;
- Overseeing the work of the organisation;
- Managing and supporting staff and volunteers, where applicable.

### **Principle 2: An effective Board will provide good governance and leadership by ensuring delivery of organisational purpose**

The Board will ensure that the organisation delivers its stated purposes and aims by:

- Ensuring organisational purposes remain relevant and valid;
- Developing and agreeing a long-term strategy;
- Agreeing operational plans and budgets;
- Monitoring progress and spending against plan and budget;
- Evaluating results, assessing outcomes and impact;
- Reviewing and/or amending the plan and budget as appropriate.

### **Principle 3: An effective Board will provide good governance and leadership by working effectively both as individuals and as a team**

The Board will have a range of appropriate policies and procedures, knowledge, attitudes and behaviours to enable both individuals and the Board to work effectively. These will include:

- Finding and recruiting Board members to meet the organisation's changing needs in relation to skills, experience and diversity;
- Providing suitable induction for Board members;
- Providing all Board members with opportunities for training and development according to their needs;
- Periodically reviewing their performance as individuals and as a team.

### **Principle 4: An effective Board will provide good governance and leadership by exercising effective control**

**Compliance:** The Board must ensure that the organisation complies with its own governing document, relevant laws, and the requirements of any regulatory body.

**Internal controls:** The Board should maintain and regularly review the organisation's system of internal controls, performance reporting, policies and procedures.

**Prudence:** The Board must act prudently to protect the assets and property of the organisation and ensure that they are used to deliver the organisation's objectives.

**Managing risk:** The Board must regularly review the risks to which the organisation is subject, and take action to mitigate risks identified.

**Equality and diversity:** The Board should ensure that it upholds and applies the principles of equity and diversity, and that the organisation is fair and open to all sections of the community in all of its activities.

As the organisation's principal accountable body, the Board will ensure that:

- The organisation understands and complies with all legal and regulatory requirements that apply to it;
- The organisation continues to have good internal financial and management controls;
- It regularly identifies and reviews the major risks to which the organisation is exposed and has systems to manage those risks;
- Delegation to committees, staff and volunteers (as applicable) works effectively and the use of delegated authority is properly supervised.

**Principle 5: An effective Board will provide good governance and leadership by behaving with integrity**

The Board will:

- Safeguard and promote the organisation's reputation;
- Act accordingly to high ethical standards;
- Identify, understand and manage conflicts of interest and loyalty;
- Maintain independence of decision making;
- Deliver impact that best meets the needs of beneficiaries

**Principle 6: An effective Board will provide good governance and leadership by being open and accountable**

The Board will lead the organisation in being open and accountable both internally and externally. This will include:

- Open communications, informing people about the organisation and its work;
- Appropriate consultation on significant changes to the organisation's services or policies;
- Listening and responding to the views of supporters, funders, beneficiaries, service users and others with an interest in the organisation's work;
- Handling complaints constructively, impartially and effectively;
- Considering the organisation's responsibilities to the wider community (e.g., its environmental impact).

6. A danger of the 'Good Governance Code' is that its close link to the legal requirements, rules and procedures Governing Boards need to adhere to can blind a Board to something just as fundamental to good governance: the 'people factor'. The IMD Management School has also developed a model on effective Governing Boards that usefully stresses this. This model highlights four pillars of effectiveness all of which are focused on the ability of the Board to take good decision-making.

- The first pillar is *People* and builds on their quality, focus and dedication: 'Boards could be composed by high-quality individuals, who are outstanding in their respective fields'.
- The second pillar is *Information Architecture*: 'Information is best when it is designed in a way that keeps the board informed about all the essential activities undertaken by the company and the issues facing it.'
- The third pillar is *Structures and Processes*: 'In terms of structures, the composition of the board contributes to effectiveness. In a well-managed board diversity of opinion, experience, personality and genre greatly impact effectiveness. The independence of board members is also crucial.'



- The fourth pillar is Group Dynamics: ‘Dynamics are fundamentally linked to the culture of the Board. In this aspect, it is necessary to consider board pathologies. Group-think tendencies, for example, hinder effectiveness as do disruptive or dominating members of the board. A low energy level on the board, the sleepy board, is also typical.’

7. There are other models that could be adopted and used by the Steering Group, but these two in my view encompass the key components around people and process, legal and procedural rigour with the acknowledgement that effective Boards are made up of qualified, knowledgeable, engaged individuals working well together.

8. The Central Executive has assessed the Steering Group according to detailed criteria linked to these principles and characteristics, and this will be shared with the Steering Group in future. But a better starting point may be first for Steering Group members to make their own assessments of how the CCSG collectively, and themselves individually as the Charity’s trustees and the company’s Directors, are performing.

9. The IMD Board Effectiveness tool suggests the following set of questions individual Steering Group members could consider to begin this assessment:

- i. Am I happy with this board, both with my contribution and with the overall performance of the board?
- ii. Is this enriching work for me personally?
- iii. Do I consider that the organization is close to the heart of each board member?
- iv. Do I contribute to the design of the board information architecture?
- v. Is the board agenda turned sufficiently towards the future (70%) and towards real issues?
- vi. Are well-structured processes at the core of board activities?
- vii. Where do I truly add value to the board?
- viii. Does the culture of my board provide for well-managed meetings and ‘equal participation’ in discussions?
- ix. Do I really listen to the opinions of others? Do I challenge others, respectfully but without conceding, while keeping the relationship personal?
- x. Are my contributions short and to the point? Do I make them when I have knowledge or judgement?
- xi. Should I talk to the chairman about something that we do not address well, possibly even his own role?
- xii. Do I update myself regularly on regulation, industry trends, and competitors? How is my knowledge?

10. There are many other self-assessment tools that have been developed for Board members to assess their own knowledge and performance in this kind of way. Annex 1 gives an example of a generic self-assessment tool; and Annex 2 one that could be used for Cochrane Steering Group members that has been aligned much more closely with the Good Governance principles. Some variant of these questionnaires could be developed and used by CCSG members to highlight their own assessments of strengths and weaknesses to be addressed in future in order to improve the quality of Cochrane’s Steering Group leadership in future.

***Other subjects for the Governance Review to include***

11. Good Governance fundamentally rests on **clear and functioning Accountabilities – who has power and responsibility to do what**. Given Cochrane’s diversity and history, with the development of highly autonomous entities (which we now call Groups), the Governance Review needs to go beyond a focus on the Steering Group and also clarify the accountabilities related to these many different Groups and structures and how they relate to one another. An initial mapping of subjects and questions that should be covered by the Governance Review suggest the following:

*Steering Group*

- Membership of the Steering Group is currently representative of Cochrane's constituent Groups, with no involvement of external independent or other stakeholders. Should Cochrane introduce Non-Executive Directors to the Steering Group; or an Advisory Board of external advisors; or a completely new Governing Board above the Steering Group? If so, what would be the powers and duties of such a structure?

#### *Groups*

- Cochrane has begun a Structure and Function Review of Groups, beginning with the Review Groups. The final decisions from these reviews will undoubtedly affect Cochrane's governance. Any Governance Review will be planned to take this into account and we will ensure that its work is entirely complementary to that being done in the Group reviews.
- Cochrane has a combination of different kinds of Groups with different kinds of governance and management arrangements. Some Centres have Advisory Boards (with different responsibilities) but other Groups do not. What should a consistent and appropriate set of governance accountabilities be for Cochrane Groups that are funded in many different ways?
- How does Cochrane ensure adequate oversight and control over Groups?
- What are – or should be – the powers, responsibilities and accountabilities of the Executives of the different Groups?
- What powers should Cochrane have over the appointment of Group leaders? How does it ensure adequate succession planning and greater diversity of Leaders (gender/geography)?
- Functional roles (Coordinating Editors, Managing Editors, Trial Search Coordinators, Authors) have their own representative governance at the organisational level. What should be the impact on governance of other functional groups joining Cochrane as we move to an individual membership model?
- What are the other governance implications of a membership model for Cochrane?
- Cochrane has other technical and advisory groups that play other roles in its work (CPAC/ADAC/MARS/MECIAR). Are the terms of reference, powers and accountabilities of these other Groups clear?

#### *Governance/Executive Accountabilities*

- The division of governance and executive accountabilities has begun to be clarified in the last year. Does more need to be done? Are these accountabilities clear in all places and instances?

#### *Other Bodies*

- Cochrane has other bodies that affect governance decision-making, such as the Ombudsman, the Funding Arbiter and Funding Panel, and the CLOC. Are the accountability relationships between these bodies and the Steering Group clear?

#### *Articles of Association*

- As a result of the analysis and changes proposed in relation to all of the above, is there any resulting need to revise further Cochrane's Articles of Association?

12. Steering Group members and the wider Cochrane community are invited to add to this list of subjects the Governance Review should cover. The Terms of Reference for the Review will then be finalised and begun. The Review should involve collaborators from across the Cochrane community as well as external advisors, and be facilitated by the Central Executive (led by the CEO and Manager, Governance & Membership Support).

## Annex 1: Generic Governing Board Self-Assessment Questionnaire

|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know | Comments |
|--|-------------------|----------|---------|-------|----------------|------------|----------|
|  | 1                 | 2        | 3       | 4     | 5              |            |          |
| <b>1. DIRECTORS</b>  |                   |          |         |       |                |            |          |
| a) The Board has the necessary range of Skills and Experience among current Directors  |                   |          |         |       |                |            |          |
| b) Directors understand the goals and objectives of the organisation   |                   |          |         |       |                |            |          |
| c) The Board is satisfied with the procedures to ensure Directors do not have affiliations, memberships contracts or special interests conflicting with their role & duties as a Directors and have completed a COI form |                   |          |         |       |                |            |          |
| d) The time commitment required of Directors is appropriate  |                   |          |         |       |                |            |          |
| e) The Board is satisfied with the value for money from any payment of Co-Chair  |                   |          |         |       |                |            |          |
| <b>2. PERFORMANCE OF INDIVIDUAL DIRECTORS</b>  |                   |          |         |       |                |            |          |
| a) I am aware of what is expected of me as a Board member  |                   |          |         |       |                |            |          |
| b) I have a good record of meeting and teleconference attendance   |                   |          |         |       |                |            |          |
| c) I read the minutes and agenda, reports and other materials in advance of our Board meeting  |                   |          |         |       |                |            |          |
| d) I am familiar with what is in the organisation's governing policies and strategic plan  |                   |          |         |       |                |            |          |
| e) I frequently encourage other Board members to express their opinions at Board meetings  |                   |          |         |       |                |            |          |
| f) I am encouraged by other Board members to express my opinions at Board meetings   |                   |          |         |       |                |            |          |
| g) I am a good listener at Board meetings  |                   |          |         |       |                |            |          |
| h) I follow through on things I have said I would do   |                   |          |         |       |                |            |          |
| i) I maintain the confidentiality of all Board decisions when necessary  |                   |          |         |       |                |            |          |
| j) When I have a different opinion than the majority, I raise it   |                   |          |         |       |                |            |          |
| k) I support Board decisions once they are made even if I do not agree with them   |                   |          |         |       |                |            |          |
| l) I Promote the work of the organisation in the community whenever I have a chance to do so   |                   |          |         |       |                |            |          |
| m) I stay informed about issues relevant to our mission and bring information to the attention of the Board.   |                   |          |         |       |                |            |          |

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|---------------------------------|--|--|--|--|--|--|--|--|
| n)                              | I feed back to and canvas views from my constituents   |  |  |  |  |  |  |  |
| <b>3. MEETING ORGANIZATION</b>  |  |  |  |  |  |  |  |  |
| a)                              | The number of Board meetings/teleconferences is appropriate  |  |  |  |  |  |  |  |
| b)                              | The length of Board meetings/teleconferences is appropriate  |  |  |  |  |  |  |  |
| c)                              | Directors are provided with sufficient opportunity to provide input with respect to the meeting agendas                              |  |  |  |  |  |  |  |
| d)                              | Agenda items that should appear on a regular basis do appear on a regular basis  |  |  |  |  |  |  |  |
| e)                              | Directors receive all necessary materials in advance of the Board meeting  |  |  |  |  |  |  |  |
| f)                              | Directors are provided with up to date and supporting material and information required to effectively fulfil their role as Director |  |  |  |  |  |  |  |
| <b>4. MEETING EFFECTIVENESS</b> |  |  |  |  |  |  |  |  |
| a)                              | Board debate and discussion is frank and open  |  |  |  |  |  |  |  |
| b)                              | Agenda items are well structured and complete  |  |  |  |  |  |  |  |
| c)                              | Agenda items are adequately dealt with in the meeting  |  |  |  |  |  |  |  |
| d)                              | General consensus arises prior to voting   |  |  |  |  |  |  |  |
| e)                              | The Board effectively delegates tasks to management, committees and central staff  |  |  |  |  |  |  |  |
| <b>5. CHAIR OF THE BOARD</b>    |  |  |  |  |  |  |  |  |
| a)                              | The Chair and CEO have an effective working relationship   |  |  |  |  |  |  |  |
| b)                              | The Chair ensures that necessary background materials are made available   |  |  |  |  |  |  |  |
| c)                              | The Chair effectively presides over the meetings, facilitates discussion, decision-making and follow-up on action items              |  |  |  |  |  |  |  |
| <b>6. BOARD APPOINTMENT</b>     |  |  |  |  |  |  |  |  |
| a)                              | The Board is satisfied with its Directors' contributions and the Board composition   |  |  |  |  |  |  |  |
| b)                              | Directors' orientation is provided in a timely manner  |  |  |  |  |  |  |  |
| c)                              | Directors' orientation is provided in a comprehensive manner   |  |  |  |  |  |  |  |
| <b>7. MANAGEMENT</b>            |  |  |  |  |  |  |  |  |
| a)                              | The Board is satisfied with the evaluation process relating to the performance of the CEO  |  |  |  |  |  |  |  |
| b)                              | The Board is satisfied with the effectiveness of the process with respect to the job description of the Senior Management Team       |  |  |  |  |  |  |  |
| c)                              | The Board is satisfied with the effectiveness of the process for the appointment and compensation of the Senior Management Team      |  |  |  |  |  |  |  |
| d)                              | The Board is satisfied with Management's succession planning process   |  |  |  |  |  |  |  |

## Annex 2: Draft Cochrane Steering Group Self-Assessment

| Item to assess  | Good Performance | Adequate Performance but needs improvement | Inadequate Performance and needs attention | Comments |
|---|------------------|--|--|----------|
| <b>The Steering Group (SG) ...</b>  |                  |  |  |          |
| 1) Acts according to clear, current, written accountabilities and responsibilities.                       |                  |  |  |          |
| 2) Has current Articles and other legal documents and legal advice.                                       |                  |  |  |          |
| 3) Has appointed a CEO and Company Secretary who have current, written job descriptions.                  |                  |  |  |          |
| 4) Has a succession plan for each SG Officer (Co-Chair/Treasurer).  |                  |  |  |          |
| 5) Has terms of reference for each sub-committee of the SG.   |                  |  |  |          |
| 6) Has a succession plan for the CEO.   |                  |  |  |          |
| 7) Maintains good communication with and supervision of, its CEO and Company Secretary.                   |                  |  |  |          |
| 8) Appoints auditors annually.  |                  |  |  |          |
| 9) Has a new SG member orientation process and a complete induction pack of key documents.                |                  |  |  |          |
| 10) Has knowledge of the interests of Cochrane collaborators and ensures that they are kept well informed |                  |  |  |          |

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| Item to assess<br><b>The Steering Group (SG) ...</b>  | Good Performance | Adequate Performance but needs improvement | Inadequate Performance and needs attention | Comments |
|---|------------------|--|--|----------|
| through the constituent representatives.  |                  |  |  |          |
| 11) Has clear, current vision, mission and strategic statements, which are in accord with Cochrane's charitable purposes.     |                  |  |  |          |
| 12) Has policies and plans that ensure the Collaboration will remain financially solvent.                                     |                  |  |  |          |
| 13) Has policies and plans that ensure the work plans resulting from Strategy to 2020 are sufficiently funded.                |                  |  |  |          |
| 14) Has policies and procedures that ensure the integrity of the Collaboration's cash assets are protected.                   |                  |  |  |          |
| 15) Has plans and policies that ensure all the Collaboration operations are being managed effectively, morally and prudently. |                  |  |  |          |
| 16) Carries out its work in a manner in which all members freely and actively participate.                                    |                  |  |  |          |
| 17) Carries out decision making according to well prepared proposals.   |                  |  |  |          |
| 18) Operates according to clear agendas and procedures that are   |                  |  |  |          |

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| Item to assess<br><b>The Steering Group (SG) ...</b>   | Good Performance | Adequate Performance but needs improvement | Inadequate Performance and needs attention | Comments |
|--|------------------|--|--|----------|
| prepared and agreed in advance of meetings.  |                  |  |  |          |
| 19) Has timely, full and accurate records of all decisions and deliberations available to members. |                  |  |  |          |
| 20) Is committed to its own performance development.   |                  |  |  |          |
| 21) Maintains an action plan for improvement and formally assessing itself annually.               |                  |  |  |          |

**Individual Committee Member Assessment**

| Item to assess<br><b>The Steering Group Member ...</b>   | Good Performance | Adequate Performance but needs improvement | Inadequate Performance and needs attention | Comments |
|--|------------------|--|--|----------|
| 1) Has educated themselves in the purposes, accountabilities and responsibilities of the Steering Group.   |                  |  |  |          |
| 2) Has actively and constructively participated in the work of the Steering Group by regularly attending meetings both face to face and by teleconference; coming prepared for the meetings; and participated in the meetings. |                  |  |  |          |

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| Item to assess<br><b>The Steering Group Member ...</b>  | Good Performance | Adequate Performance but needs improvement | Inadequate Performance and needs attention | Comments |
|---|------------------|--|--|----------|
| 3) Has displayed the written and agreed qualities desired in a Steering Group member.                                 |                  |  |  |          |
| 4) Has applied themselves in developing the skills needed in a Steering Group member.                                 |                  |  |  |          |
| 5) Has represented the Charity in an honourable and positive manner.  |                  |  |  |          |
| 6) Has carried out delegated responsibilities in an effective and conscientious manner.                               |                  |  |  |          |
| 7) Has demonstrated the ability to both represent and efficiently communicate with the constituent group represented. |                  |  |  |          |

**Co-Chair Assessment**

| Item to assess<br><b>The Co-Chair...</b>  | Good Performance | Adequate Performance but needs improvement | Inadequate Performance and needs attention | Comments |
|---|------------------|--|--|----------|
| 1) Has effectively led the Steering Group in carrying out its responsibilities.   |                  |  |  |          |
| 2) Effectively manages the Steering Group meetings according to their agendas and |                  |  |  |          |



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| Item to assess<br><br>The Co-Chair...   | Good Performance | Adequate Performance but needs improvement | Inadequate Performance and needs attention | Comments |
|---|------------------|--|--|----------|
| time parameters. Leads the Steering Group in sound decision-making.   |                  |  |  |          |
| 3) Encourages and seeks to win full participation of all committee members without bias.  |                  |  |  |          |
| 4) Carries out their special delegated responsibilities in a conscientious and effective manner, and on a regular basis.                          |                  |  |  |          |
| 5) Ensures that thorough records are kept of committee deliberations, and Steering Group minutes are developed and circulated in a timely manner. |                  |  |  |          |
| 6) Has met with the CEO to ensure agendas and relevant material are prepared for meetings and circulated in advance in a timely manner.           |                  |  |  |          |
| 7) Regularly meets with the CEO to ensure responses to matters arising are dealt with effectively and in a timely manner.                         |                  |  |  |          |

**Treasurer Assessment**

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| <p><b>Item to assess</b></p> <p><b>The Treasurer...</b></p>   | <p><b>Good Performance</b></p> | <p><b>Adequate Performance but needs improvement</b></p> | <p><b>Inadequate Performance and needs attention</b></p> | <p><b>Comments</b></p> |
|---|--------------------------------|--|--|------------------------|
| <p>1) Ensures that the Steering Group has a clear overview of the financial position of the Collaboration.</p>  |                                |  |  |                        |
| <p>2) Ensures that the financial implication of any decisions of the Committee are fully considered.</p>  |                                |  |  |                        |
| <p>3) Liaises with the Head of Finance and Core Services to ensure that financial reports provide the necessary information in a clear and understandable format.</p> |                                |  |  |                        |
| <p>4) Reviews financial reports and seeks further clarification where necessary both from employees and auditors.</p>   |                                |  |  |                        |
| <p>5) Ensures that the Steering Group meets its statutory obligations in relation to the annual accounts and audit.</p>   |                                |  |  |                        |

# Cochrane Partnership with Guidelines International Network (G-I-N)

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**PREPARED BY:** Mark Wilson

**DATE:** 14<sup>th</sup> March 2014

**PURPOSE:** To request the Steering Group (CCSG) to approve the signing of a partnership agreement with the Guidelines International Network (G-I-N).

**URGENCY:** High

**ACCESS:** Open

**BACKGROUND:**

1. One of the most important and influential uses of Cochrane Systematic Reviews and other synthesized evidence is in the formation of clinical guidelines. Cochrane has close relationships with some national guideline developers (for instance, the UK's National Institute for Health and Care Excellence (NICE) and the Scottish Intercollegiate Guidelines Network (SIGN)) but not with national guideline authorities or professional associations working on guideline production in many other countries. *Strategy to 2020*'s Goal 1, Objective 2 says that Cochrane, 'will engage with patients and other healthcare consumers, health practitioners, policy-makers, *guideline 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' [emphasis added]; and guideline developers are a principal end-user target to make our content 'more discoverable, accessible, useful and usable in diverse contexts and settings worldwide' Goal 2, Objective 2. In addition, our ambition to make Cochrane 'the home of evidence' and 'an essential link between primary research and health decision-making' (Goal 3, Objective 3) all mean that Cochrane's relationship with and influence in the work of clinical guidelines development is central to our mission, our strategy and our impact globally.

2. The Guidelines International Network (G-I-N) is a global network founded in 2002. Its website says that it has grown to comprise 96 organisations and 117 individual members representing 69 countries from all continents (December 2013 – for a full list of organisational members see Annex 2).

2. G-I-N seeks to improve the quality of health care and health outcomes by promoting systematic development of clinical guidelines and their application into practice, and by supporting international collaboration and reducing inappropriate guideline variation throughout the world. It has the world's largest international guideline library. Its website lists its three principal aims as:

- Providing a network and partnerships for guideline organisations, implementers, end-users, researchers, students and other stakeholders
- Assisting members in reducing duplication of effort and improving the efficiency and effectiveness of evidence-based guideline development, adaptation, dissemination and implementation
- Promoting best practice through the development of opportunities for learning and building capacity, and the establishment of high quality standards of guideline development, adaptation, dissemination and implementation.

3. G-I-N is an international not-for-profit association of organisations registered as a Scottish Charity and limited company (just like Cochrane, except in Scotland). It has developed formal partnerships already with the following groups/organisations: The AGREE Research Trust, The GRADE Working Group, The International Federation for Emergency Medicine, The International

Network of Agencies for Health Technologies Assessment and The World Medical Association. Many Cochrane collaborators are closely involved with G-I-N and its work and have encouraged much closer collaboration between the two organisations than has existed so far.

4. In August 2013 I attended G-I-N's annual conference in San Francisco with Cochrane's Co-Chair, Jeremy Grimshaw, and we met with the senior leadership of G-I-N, including the Chair of its Board, Amir Qaseem, and G-I-N Board member Holger Schunemann, who was about to join Cochrane's Steering Group as the Method's representative. We agreed to establish a formal partnership between the two organisations and a draft agreement has now been agreed.

5. Annex 1 sets out this draft agreement in full. It is a partnership agreement that will run for two years from March 2014 to March 2016, but our intention is to extend and deepen the partnership arrangements if this initial phase goes well and proves its mutual benefit. The partnership recognises the close mutual goals, values, products and interests of the two organisations and it therefore establishes a formal framework within which a much closer relationship can be forged in the future. The specific outputs of this agreement are relatively limited, and even those that are listed have still to be agreed as to their scope and the respective investments from each organisation in delivering them. They are:

- A web-based platform between Cochrane authors/Review Groups and G-I-N members to enhance cooperation around Review production and updating, and facilitate relationship development between these groups; the intention is that the platform, budget, and respective responsibilities will be scoped and finalized within six months of the MoU being signed;
- Common educational/promotional opportunities;
- A drive to increase Cochrane contributors from across the G-I-N community and G-I-N members from Cochrane contributors.
- Increasing use of Cochrane Systematic Reviews in guidelines produced by the G-I-N community.
- Establishing a subgroup, on both the GIN and Cochrane side, to facilitate communication and promote membership partnership participation.

We have also committed: 'to provide free Cochrane Systematic Review access to G-I-N members – through the allocation of a to be determined number of cost-waived licences to the Cochrane Library'. In other respects the framework text is deliberately 'baggy' to allow us to explore and develop additional initiatives.

6. The technical specifications and therefore cost of establishing the 'web-based platform' have yet to be agreed; but this will now be done by Chris Mavergames, Head of Cochrane's IKMD, and Holger Schunemann, who has been designated as G-I-N's liaison person. We asked G-I-N to indicate how many free Cochrane licences it was looking for and it replied that 'G-I-N would like to see a certain number of people within its organisational members to be eligible for a free license. The number of organisations currently registered with G-I-N is approximately 20.' This number of registered organisations is far lower than those listed on G-I-N's website (96) and therefore would significantly reduce the cost of offering a small number of free licences to them. This will be clarified with G-I-N and discussed with our Wiley publisher.

7. The draft text was agreed by the Central Executive team and approved by the Steering Group Co-Chairs. It was submitted to the G-I-N Board and received formal approval on 11<sup>th</sup> March. The draft agreement is now being submitted to Cochrane's Steering Group with a recommendation from the Cochrane Co-Chairs, CEO and Editor in Chief that it be approved.

**FOR DECISION:** That the Steering Group formally approve the signing of the draft partnership agreement with the Guidelines International Network (G-I-N).

## Annex 1:

### COCHRANE PARTNERSHIP AGREEMENT

("Agreement")

# Partner: Guidelines International Network

Date: 10<sup>th</sup> March, 2014

Partnership rationale: The clear synergy of the goals, values and products of Cochrane and Guidelines International Network (G-I-N) represent a tangible partnership opportunity – working together to deliver a world of improved health where decisions are informed by high-quality, relevant and up-to-date synthesized research evidence. This partnership is central to the missions of both organisations, helping to ensure that evidence is both *useful* and *used* by people making decisions about health; from the individual patient to international health policy-makers.

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The broad mutual benefits of this partnership include:

- Shared understanding of international health system priorities and a greater ability to respond to related evidence needs in a timely, coordinated manner;
  - Enhanced relationships between guideline developers and systematic review groups – with a view to more coherent production pipelines, research and recommendations;
  - Reduced incidence of independently produced Systematic Reviews by the guidelines community, instead leveraging and/or commissioning Cochrane Reviews (new or updated);
  - Improved communication regarding reviews that are out of date or require a more nuanced question (with the possibility of a feedback mechanism to incorporate any data produced by guideline developers into the relevant Cochrane Review);
  - Cochrane Reviews are more aligned with the needs of guideline developers;
  - Coordinated approach to developing methodology for conducting and reporting systematic reviews;
  - Strengthened advocacy and application of evidence-informed health.
- 1) This agreement is entered into by the Cochrane Collaboration, of *Summertown Pavilion, 18-24 Middle Way, Oxford, OX2 7LG, UK* herein referred to as "Cochrane," and Guidelines International Network, (Registered Office) J. & H. Mitchell W.S., 51 Atholl Road, Pitlochry, Perthshire PH16 5BY, Scotland, herein referred to as "G-I-N".
  - 2) This agreement shall run from 10<sup>th</sup> March 2014 until 10<sup>th</sup> March 2016, for the length of 24 months. The agreement may be renewed after that date.
  - 3) This agreement refers specifically to mapping and shared delivery of:
    - A web-based platform between Cochrane authors/Review Groups and G-I-N members to enhance cooperation around Review production and updating, and facilitate relationship development between these groups; the intention is that the platform, budget, and respective responsibilities will be scoped and finalized within six months of the MoU being signed;

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- Common educational/promotional opportunities;
- A drive to increase Cochrane contributors from across the G-I-N community and G-I-N members from Cochrane contributors.
- Increasing use of Cochrane Systematic Reviews in guidelines produced by the G-I-N community.
- Establishing a subgroup, on both the GIN and Cochrane side, to facilitate communication and promote membership partnership participation.

Cochrane also commits to provide free Cochrane Systematic Review access to G-I-N members – through the allocation of a to be determined number of cost-waived licences to the Cochrane Library.

- 4) The use of the term “Partner” does not connote, nor is it meant to imply any formal partnership arrangement between the parties with regard to a shared provision of capital, labour, cost-or profit-sharing.
- 5) Cochrane shall not indemnify G-I-N and in turn, G-I-N shall not indemnify Cochrane for any claims.
- 6) This Partnership Agreement is subject to the following additional terms and conditions:

**A. EFFECTIVE DATE AND RENEWAL:** This agreement will go into effect upon receipt by Cochrane of two (2) signed copies of the Partnership Agreement. Cochrane and G-I-N may agree to renew this agreement for subsequent periods as desired.

Updates of the Cochrane/G-I-N activities will be reported at the respective Annual General Meetings and recommendations will be followed up when renewals are considered.

**B. INTELLECTUAL PROPERTY:** All services and written products or other intellectual property created by Cochrane pursuant to this agreement shall remain the sole and exclusive property of Cochrane. All services and written products or other intellectual property created by G-I-N pursuant to this agreement shall remain the sole and exclusive property of G-I-N. Any joint services and written products or other intellectual property created pursuant to this agreement shall be for the joint benefit of Cochrane and G-I-N, and shall be designated as jointly owned upon creation.

**C. CONFIDENTIALITY:** Except with the written consent, both parties hereby agrees that, during the term of this agreement and for a period of two (2) years following the expiration or earlier termination of this agreement, neither the employees, officers, managers, representatives or agents, will communicate, disclose or publicize Confidential Information to any third party. “Confidential Information” shall mean all nonpublic or sensitive information or material pertaining to Cochrane or G-I-N (including, without limitation, as pertains to its respective programmes, initiatives, properties and business plans and objectives) and its affiliates, employees, officers, directors, representatives and/or agents which was obtained by the partner during the term of this agreement, and such Confidential Information shall include the fact, terms, amounts and existence of this agreement and the Services contemplated hereby. Both parties hereby agree to use reasonable care to prevent the unauthorized use, disclosure, publication or dissemination of any Confidential Information.

**D. ENTIRETY AND AMENDMENT:** This agreement constitutes the entire understanding of the Parties with respect to the subject matter, and supersedes all prior agreements and understandings, whether oral or written. This agreement may not be amended or modified except in writing and signed by both Parties.

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**E. TERMINATION:** This agreement may be terminated upon thirty (30) days written notice from one party to the other.

Cochrane and the Guidelines International Network accept all of the terms and conditions of this Partnership Agreement.

---

Mark Wilson

Date

CEO

Cochrane

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Amir Qaseem

Date

Chair

Guidelines International Network

## Annex 2: Guidelines International Network

### GIN Membership Organisations:

AAN (US) - American Academy of Neurology  
 AAO-HNSF (US) - American Academy of Otolaryngology - Head and Neck Surgery Foundation  
 AAOS (USA) - American Academy of Orthopaedic Surgeons  
 ACC (US) - American College of Cardiology  
 ACCP (US) - American College of Chest Physicians  
 ACP (US) - American College of Physicians  
 ACSQHC (AU) - Australian Commission on Safety and Quality in Health Care  
 AEKB (DE) - Berlin Chamber of Physicians  
 AEKW (AT) - Vienna Medical Chamber  
 AEZQ (DE) - German Agency for Quality in Medicine (AEZQ/AQuMed)  
 AHQAC (ES) - Agency for Health Quality and Assessment of Catalonia  
 AHRQ (US) - Agency for Healthcare Research and Quality  
 AHS (CA) - Alberta Health Services  
 AHTA (AU) - Adelaide Health Technology Assessment  
 AMB (BR) - Brazilian Medical Association  
 AMIL (BR) - Amil Assistência Médica Internacional S/A  
 AND (US) - Academy of Nutrition and Dietetics  
 APA (US) - American Psychological Association  
 ART (UK) - The AGREE Research Trust  
 ASCO (US) - American Society of Clinical Oncology  
 ASR (IT) - Regional Health Agency Emilia Romagna  
 ASTRO (US) - American Society for Radiation Oncology  
 AUA (US) - American Urological Association  
 AWMF (DE) - Association of Scientific Medical Societies  
 BMJ (UK) - BMJ Group  
 BQS (DE) - Institute for Quality and Patient Safety  
 CA (AU) - Cancer Australia  
 CAP (US) - College of American Pathologists  
 CAREBMC Net - Central Asian Network of EBM Centers (CAREBMC Network), Kazakhstan, Kyrgyzstan, Uzbekistan, Tajikistan, Turkmenistan  
 CBO (NL) - Dutch Institute for Healthcare Improvement CBO  
 CC (FI) - Current Care / Duodecim - Finnish Medical Society  
  
 CCA (AU) - Cancer Council Australia  
 CEBAM (BE) - Belgian Centre for Evidence-Based Medicine  
 CEM (LU) - Cellule d'expertise médicale  
 CEMBE (PT) - Center for EBM, Univ. of Lisbon School of Medicine  
 CENETEC (MX) - National Center for Health Technology Excellence  
 CEP (US) - Penn Medicine Center for Evidence-based Practice  
 CePiC (CH) - Clinical Epidemiology Centre, University Hospital Lausanne  
 CGS (DE) - User Group  
 CIR (US) - Center for International Rehabilitation  
 CRED (RO) - CRED Foundation - Romanian-Swiss Centre for Health Sector Development  
 CVZ (NL) - College voor Zorgverzekeringen  
 DIP (AU) - Diagnostic Imaging Pathways  
 DKG (DE) - German Cancer Society  
 DM (BE) - Domus Medica vzw; Flemish College of General Practitioners  
 Dr. Evidence (US) - Doctor Evidence  
 DUODECIM (FI) - Duodecim Medical Publications Ltd.  
 EBHC-KT (SA) - Chair of Evidence-based Healthcare and Knowledge translation, College of Medicine, King Saud University  
 ESC (FR) - European Society of Cardiology  
 GIMBE (IT) - GIMBE Foundation  
 GlobeMed (LB) - GlobeMed Ltd.  
 GOEG (AT) - Health Austria / Federal Institute for Quality in Health Care



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GRADE Working Group

GYEMSZI (HU) - National Institute for Quality- and Organizational Development in Healthcare and Medicines

HAS (FR) - French National Authority for Health (formerly: ANAES)

Hdir (NO) - Norwegian Directorate for Health

HTA-DoH (MY) - HTA Unit, Ministry of Health, Malaysia

IACS (ES) - GuíaSalud-Aragon Institute of Health Sciences

ICEBM (IR) - Iranian Center for Evidence-Based Medicine

ICSI (US) - Institute for Clinical Systems Improvement

IDSA (US) - Infectious Diseases Society of America

IETS (CO) - Institute of Health Technology Assessment

IKNL (NL) - Comprehensive Cancer Centre, the Netherlands

INC (CO) - National Institute of Cancer from Colombia

INESSS (CA) - Institut national d'excellence en santé et en services sociaux

IQWiG (DE) - Institute for Quality and Efficiency in Health Care

JBI (AU) - Joanna Briggs Institute

KAMS (KR) - Korean Academy of Medical Science

KCE (BE) - Belgian Healthcare Knowledge Centre

KIT (NL) - Royal Tropical Institute

KNGF (NL) - Royal Dutch Society for Physical Therapy

KPCMI (US) - Care Management Institute, Kaiser Permanente

KSAU-HS (SA) - King Saud bin Abdulaziz University for Health Sciences

MHC (IE) - The Mental Health Commission

Minds Center (JP) - Medical Information Network Distribution Service Center, Japan Council for Quality Health Care

MoH (UA) - The State Expert Center, Ministry of Health, Ukraine

NBHW (SE) - The National Board of Health and Welfare

NEHL (NO) - Norwegian Electronic Health Library

NHFA (AU) - National Heart Foundation of Australia

NHG (NL) - Dutch College of General Practitioners

NHMRC (AU) - National Health and Medical Research Council

NICE (UK) - National Institute for Health and Care Excellence

NSF (AU) - National Stroke Foundation

Orde (NL) - Dutch Association of Medical Specialists

OSTEBA (ES) - Basque Office for Health Technology Assessment

Partnership IFEM and G-I-N

RCRZ (KZ) - Republican Centre for Health Development

REDEGUIAS (ES) - Spanish Network for Research on Guidelines

Registered Nurses' Association of Ontario

SIGN (GB) - Scottish Intercollegiate Guidelines Network

TGL (AU) - Therapeutic Guidelines Ltd

THL (FI) - Finnish Office for Health Technology Assessment (Finohta), part of National Institute of Health and Welfare (THL)

Translational Health Division ARCH

TRIMBOS (NL) - Trimbos-Institute - Netherlands Institute of Mental Health & Addiction

UCEETS (AR) - National Coordination Unit of Health Technology Assessment and Implementation

UNAL (CO) - Universidad Nacional de Colombia/ Instituto de Investigaciones clinicas / Facultad de Medicina

WCPT (BE) - European Region of the World Confederation of Physical Therapy

WMA (FR) - The World Medical Association

ZZQ (DE) - Agency for Quality in Dentistry

# Entity Executive Steering Group Report

## 1. PRELIMINARY INFORMATION

- **Entity Executive:** Consumers' Executive
- **Meeting:** Mid-Year meeting in Panama
- **Report period:** September 2013 to March 2014
- **Members of the Executive for this period:**
  - Gill Gyte, Co-Chair
  - Anne Lyddiatt, Co-Chair
    - CCSG consumer representative
  - Mingming Zhang
    - CCSG consumer representative
    - Representative of consumers in developing countries
  - Silvana Simi
    - Representative of non-English speaking consumers
  - Deborah Delage
  - Catherine McIlwain, non-voting member
- **Report prepared by:** CE – with Gill Gyte and Anne Lyddiatt as leads
- **Report prepared on:** 6 March 2014
- **Access:** Open
- **Purpose of report:**
  - Scheduled update
  - Low urgency

## 2. WORKPLAN UPDATE

i) For this reporting period:

The Consumers' Executive redefined their work plan to ensure that it meets Strategy 2020. During this period, SMART targets were developed for key projects.

### Workstream 1: Accessible Cochrane Products

| Objective/planned activity                                    | Planned and/or achieved output | Timeline and comments |
|---|--------------------------------|-----------------------|
| See Catherine McIlwain's report contained in the CEO's report |                                |                       |

### Workstream 2: Integrating Existing Consumers

| Objective/planned activity                        | Planned and/or achieved output  | Timeline and comments   |
|---|---|---|
| 2.1 Process for Consumer Involvement and training | 2.1.1 Training program for all consumer referees.<br>2.1.2 Monitoring system for consumer training progression in Archie. | There is currently no funding allotted to consumer training, so we ask the CCSG to fully fund consumer training in advance of the completed Cochrane Training Strategy. |

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|   |  |   |
|---|--|---|
| 2.2 Implement Consumer Referee Process                    | 2.2.1 Buddy system for consumer referees | This process is being led by Anne Lyddiatt. A draft plan has been developed but needs further discussion                              |
| 2.3 Orientation of new members of the Consumers Executive | 2.3.1 Induction pack for new CE members  | Induction Pack produced by Gill Gyte with input from the rest of the CE, in particular Deborah Delage – a new member in October 2013. |

**Workstream 3: Supporting consumer involvement**

| Objective/planned activity    | Planned and/or achieved output  | Timeline and comments   |
|-------------------------------|---|---|
| 3.1 Information Dissemination | 3.1.1 CCNet-Info<br>3.1.2 CCNet Newsletter  | CCNet-info provides monthly communication with CCNet, organised by Gill Gyte. CCNet Newsletter provides reports of the Mid-year meeting and the Colloquium. |
| 3.2 Consumers' Executive      | 3.3.1 Executive Work plan<br>3.3.2 Monthly meetings<br>3.3.3 Annual Elections<br>3.3.4 Administration<br>3.3.5 Special Projects<br>- Modified definition of 'consumers'<br>- Buddy system | Modified definition of 'consumers' led by Silvana Simi – paper sent to the CCGS in December 2013.   |

**Workstream 4: Attracting new consumers**

| Objective/planned activity                           | Planned and/or achieved output   | Timeline and comments                                   |
|--|--|---|
| 4.1 Development of a new Geographical Advisory Group | 4.1.1 Setting up structure and Terms of Reference<br>4.1.2 Deciding how to appoint members | In process during Panama meetings<br><br>Next steps TBD |

**Workstream 5: Measuring Impact**

| Objective/planned activity      | Planned and/or achieved output | Timeline and comments |
|---------------------------------|--------------------------------|-----------------------|
| See Catherine McIlwain's report |                                |                       |

**Workstream 6: External Funding**

| Objective/planned activity | Planned and/or achieved output   | Timeline and comments   |
|----------------------------|--|---|
| 6.1 ECRAN                  | 6.1.1 Website up and running<br>6.1.2 Film being distributed<br>6.1.3 Meeting in Milan in February 2014<br>6.1.4 Dissemination conference being organised for Luxemburg for May 20 to coincide with Clinical trials conference | Implementation is ongoing and is led by Catherine McIlwain and Gill Gyte.<br>Gill attended the meeting in Milan and gave input into the plan for the conference – with particular reference to involving consumers. |

**ii) Full breakdown of expenditure:**

| Activity  | Amount allocated | Actual Expenditure |
|---|------------------|--------------------|
| Fiscal year 2010-2011 (Keystone/Split)          | £10,000          | £ 7,029.80         |
| Fiscal year 2011-2012 (Madrid)                  | £10,000          | £ 2,392.07         |
| Fiscal year 2012-2013 (Paris, Auckland, Oxford) | £10,000          | £11,758.33         |
| Fiscal year 2013 – 2014 (Quebec)                | £10,000          | £ 3,764.45         |
| Fiscal year 2014 – 2015 (Panama, Hyderabad)     | £10,000          | TBD                |
| <b>Total since onset of Executive funding:</b>  | <b>£50,000</b>   | <b>£24,944.65</b>  |

**iii) Meetings, teleconferences and other communication:**

The Consumers' Executive met at the Quebec Colloquium and discussed how the Geographical Advisory Group might be terminated in its current form but re-constituted to better meet the goals of the Collaboration in extending membership. The CE has monthly teleconferences to discuss activities pertaining to the Consumer Co-ordinator, CCNet and consumer needs.

**iv) Descriptive summary:**

**Consumers' Executive.** The Consumers' Executive is bringing in new members to fulfil its Terms of Reference and to bring new ideas and energy to the work. It is a challenge for consumers to understand the workings of Cochrane outside their known sphere of acting as referees for Cochrane reviews. To help with this process, a draft Induction Pack has been developed (see Annex 1) but we expect modifications to be suggested by new members.

**Buddy system:** A Buddy system is being developed to support new consumers invited to referee Cochrane protocols and reviews. This is proving more challenging than anticipated partly because CRGs work in differing ways.

**CCNet Geographical Advisory Group:** The Consumers Executive would like to re organise this group so that members are invited on for a fixed period of time and have a defined role to play. The aim is to reach out and attract new consumers from all over the world.

**ECRAN** – Part of an international partnership, CCNet has been awarded a grant to promote public education about and involvement in clinical trials. CCNet's involvement in the project has led to the creation of an online database of consumer educational tools, websites and other communications devices which will be made available through a multi-lingual audience. The search engine functions in the six WHO languages, and the online interface will feature each flag from the European Union with translated interfaces in several languages. The project has successfully completed the 18 months work, and the final work package is a dissemination conference in May 2014 to involve consumers and the press.

### 3. OBJECTIVE PLANNING

i) For the next reporting period and beyond:

| Objective/activity  | Planned output | Timeline and comments |
|---|----------------|-----------------------|
| Further develop the Geographical Advisory Group   | TBD            | TBD                   |
| Plan buddy system for Colloquia   | TBD            | TBD                   |
| Plan Colloquia workshops for consumers  | TBD            | TBD                   |
| Investigate the use of Colloquia workshops for consumers by regional Centres                | TBD            | TBD                   |
| Coordinate with Canadian Cochrane Centre to complete 2-3 webinars that are consumer focused | TBD            | TBD                   |

### 4. FUNDING AND/OR POLICY DECISION REQUESTS

*Are members of your entities submitting any proposals to the Steering Group for decision at its next meeting? If so, how do these fit with the wider goals of your entities?*

*The Consumers' Executive requests funding to support consumer training prior to the submission of the Cochrane Training Strategy (submission scheduled for Hyderabad).*

### 5. ANNEXES TO THIS REPORT

#### Annex 1.

#### Induction Pack for

#### Cochrane Consumers' Executive (CCNet CE)

#### Draft

Welcome to the Cochrane Consumers' Executive (CE). It is great to have you join us and we look forward to working with you.

This 'Induction Pack' has been put together to help you understand the role of the CE within Cochrane, as well as our responsibilities to the Consumer Network.

Prior to the first CE meeting you will attend, you are invited to have a skype call (or telephone call) with one of the co-chairs who will go through the Induction Pack with you and answer any questions you may have. Catherine (the Consumer Coordinator) will also have a skype call (or telephone call) with you to go through Archie and other web information which you will need to be aware of. If you do not already have an Archie password, you will need one so please ask Catherine to help you. You are also welcome to contact any member of the CE at anytime if you have questions or queries or things you are unsure of.

#### **Cochrane:**

The structure of the Collaboration can be a bit confusing but there is a Newcomers Guide on the Cochrane website (<http://www.cochrane.org/about-us/newcomers-guide>).

The CE is one of a number of Executive Committees in Cochrane, the others include the Co-ordinating Editors Executive, the Managing Editors Executive, etc. The Consumer Network is a Cochrane Field, so we have close links with the Fields Executive. In addition, not all consumers who

contribute to the work of Cochrane close to join CCNet, so these consumers are not the responsibility of the CE, although the Consumer Coordinator, Catherine, does have some responsibility for them.

### **Consumer Network Executive/Consumers' Executive (CE)**

The CE has five elected members, with the Consumer Coordinator as a non-voting member. Two members of the CE hold dual roles as they are also consumer representatives on the Cochrane Collaboration Steering Group (CCSG) and are elected through CCSG elections. The other three are regular CE members and are elected through the CE elections.

We have a one hour teleconference every month and meet face to face twice a year, at the Colloquium and the Cochrane Mid-Year meeting. The CE also has email discussions between calls and these are usually on topics that are more suitable for this method of discussion or those that have a time limit and need a decision before the next teleconference.

We work as a team so that any decisions/documents/notices that are sent out are not from one member of the CE but "on behalf of" or simply as the CE? And we strive for consensus wherever possible.

### **Documents to read**

We suggest you look at the following documents to help you understand Cochrane and the workings of the CE.

Most of the information about Cochrane and its workings are found in the Cochrane Policy Manual (<http://www.cochrane.org/organisational-policy-manual>) on the main Cochrane website but the list below will help you to focus on what may be useful to you in your role on the CE.

These documents have been split into three levels of importance and some are given by links to the internet and the most important ones are in the Appendices of this document.

#### **A. Important documents for you to read:**

##### **1. Consumer Network section of the Cochrane Policy Manual:**

3.4.8 Consumer Network (Appendix 1) which describes CCNet policies.

##### **2. Consumers Executive section of the Cochrane Policy Manual**

1.1.3.14 Consumers' Executive (Appendix 2) which is the CE's 'Terms of reference'. If you look at other executive's sections here you will find them similar to the CE, although we elect members for the CE and other executives seem to appoint members.

##### **3. CCNet module (Appendix 3)**

Each Cochrane entity has a module in the Cochrane Policy Manual, which covers how they operate. (Archie/Consumer Network/Module or online at <http://www.cochrane.org/organisational-policy-manual/11314-consumers-executive>).

##### **4. Introduction to Archie (Appendix 4)**

Archie is the Cochrane Information Management System (<http://archie.cochrane.org/>). You will be given an Archie 'User name' and 'password' if you don't already have one. There is a huge amount of information stored in Archie and Catherine will explain this on her telephone call with you and give guidance on how to access Archie and to show you its content.

##### **5. CE work plan 2011-16 (Appendix 5)**

The CE sets a 5 year overarching work plan (found Archie/Consumers Executive/Files). Each year we aim to set targets for the year.

##### **6. Cochrane Policy Manual Index (Appendix 6)**

Cochrane Policy Manual contains detailed descriptions of the responsibilities of each of the Cochrane 'entities'. Cochrane entities receive their funding from different sources, but agree to follow the policies and practices of The Cochrane Collaboration (also contained in The Cochrane Policy Manual). (<http://www.cochrane.org/organisational-policy-manual>).

Appendix 6 has the whole manual index to show you the content of the document – this is just for information – you are not expected to read the manual!!!

**B. Useful documents for you to read sometime:**

**5. Introduction to Cochrane**

This gives a short history of the Cochrane (<http://www.cochrane.org/about-us/history>) and the structure of Cochrane (<http://www.cochrane.org/about-us/newcomers-guide>).

**C. Some historical material which may be of interest**

1. **Governance Plan:** This is a historical document about how the Transitional CE functioned (Found in Archie under the Resources tab: <http://archie.cochrane.org> - choose Executive, then Consumers Executive, then Files)
2. **Transition Process:** This paper describes the process by which the CE was formed (initially as the Transitional CE (TEC) then the CE).
3. **CCNet history 1995-2003.** Prior to the TEC there was a CCNet Governing Council and prior to that a Management Committee. The 2003 Annual Report (found in Archie/Consumers Executive/Files/Executive Reports) give this part of CCNet's history.

If you want some background information about consumers in Cochrane then Dell Horey's 2010 Background paper is a useful read (Consumer Involvement in The Cochrane Collaboration. Found at <http://consumers.cochrane.org/reports>).

06 February 2014

# Centre Directors' Executive - Steering Group Report

## 1. PRELIMINARY INFORMATION

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- **Entity Executive:** CDs Executive
- **Meeting:** Mid-year meeting, Panama
- **Report period:** September 2013 to March 2014
- **Members of the Executive for this period:**

|                      |                      |
|----------------------|----------------------|
| Tamara Kredo         | Maria Regina Torloni |
| Steve McDonald       | Gerard Urrutia       |
| Mary Ellen Schaafsma | Mark Wilson          |
- **Report prepared by:** Steve McDonald and Mary Ellen Schaafsma on behalf of CDs Executive
- **Report prepared on:** 17 March 2014
- **Purpose of report:** Scheduled update; for information only; no funding or policy decisions required

## 2. UPDATE

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### i) Descriptive summary of other activities and actions to note

- Drafted, approved and circulated the minutes of the Centre and Branch Directors (CBDs) meeting in Quebec.
- Reviewed and submitted comments to the Monitoring and Registration Committee on applications to establish the following Branches: Portuguese, Japanese, and Mexican.
- Offered stipends to attend the Panama mid-year meetings (see below) and managed the selection of applicants.
- Initiated and contributed to a discussion paper in Panama on possible revisions and clarifications to the Cochrane Commercial Sponsorship Policy that are relevant to the personal declarations of Cochrane Centre and Branch Directors, and to specific Cochrane Center activities.
- As part of the planning process for the mid-year meeting of CBDs in Panama, we outlined the key issues that would be addressed by Centres and Branches over the next 12-18 months, these include: Communication, branding and external affairs; training and learning strategy; review of structure and functions of Centres; broader organisational governance review.
- Facilitated the call for proposals for the Methods Innovation Fund and submitted proposals to the Methods Coordinator.
- Represented Centres on the Monitoring and Registration Committee; provided feedback on matters relating to the relocation of the Dutch Cochrane Centre, and the appointment of an Associate Director of the UKCC.
- We plan to ask for nominations for a new member of the CDs Exec (as replacement for Regina Torloni) at the Panama meeting.



**ii) Expenditure**

We are well within our budgeted spending for this period. Unspent funds of £20,848 from 2012-13 were rolled over to the 2013-14 financial year. In the past we have only offered financial assistance to attend the mid-year meetings, but given the funds available, we put a call out to Centres and Branches in low- and middle-income countries to support attendance at the Quebec Colloquium. We offered funding to five individuals (c. £5,000 in total) to attend the Quebec Colloquium, plus contributed towards the cost of members of the CDs Exec to attend the Colloquium. A call went out to Centres and Branches to support attendance at the mid-year meetings in Panama, with preference to low- and middle-income countries. We provided funding for two individuals (c. £2,800 in total) and for one member of the CDs Exec.

We have indicated to Centre and Branch Directors that funds will be earmarked to support attendance at the Hyderabad Colloquium.

**iii) Meetings, teleconferences and other communication**

The CDs Executive met face-to-face at the Colloquium in Quebec, and held teleconferences in December, February and March.

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**Minutes of The Cochrane Collaboration's Steering Group (CCSG)  
Teleconference on 16 January 2014 (Approved 03 March 2014)**

|                    |  |
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| <b>Agenda Item</b> | <p><b>Present:</b> Lisa Bero (Co-Chair and meeting Chair), Jeremy Grimshaw (Co-Chair), Sally Bell-Syer, Marina Davoli, Michelle Fiander, Holger Schünemann (Items 3 - 13), Mona Nasser, Anne Lyddiatt, Steve McDonald, Mary Ellen Schaafsma and Denise Thomson.</p> <p>Mark Wilson (Chief Executive Officer), David Tovey (Editor in Chief), Lucie Binder (Senior Advisor to the CEO), Lorna McAlley (Executive PA , Minutes), Juliane Ried (Item 6 only).</p>   |
| 1.                 | <p><b>Welcomes, apologies, declarations of interest, and approval of the agenda</b></p> <p>Lisa welcomed everyone to the call. Apologies had been received from Rachel and Mingming. Steve identified a declaration of interest regarding Item 11 (Recommendation for South Korea to host the 2016 Colloquium) and would leave the teleconference for this item. The agenda was approved.</p>  |
| 2.                 | <p><b>Approval of minutes of CCSG teleconference on 12 December 2013</b></p> <p>No clarifications were made and the minutes were approved.</p>   |
|                    | <p><b>ACTION: Lorna to upload the minutes to Cochrane.org and Archie and circulate to all Cochrane Groups.</b></p>   |
| 3.                 | <p><b>Strategy to 2020 – 2014 targets for final approval</b></p> <p><i>Holger joined the teleconference.</i></p> <p>Lucie reported that a great deal of feedback had been received across the organisation on the draft 2014 Targets for Cochrane's <i>Strategy to 2020</i> and the vast majority had been overwhelmingly positive, with only one or two requests for changes. Most of the feedback focused on ideas for the implementation of the targets. All feedback is now available on Cochrane.org, under the Community tab. The three main areas of interest had been: (1) the prioritisation of Cochrane Systematic Reviews and how this might be achieved; (2) the author support tool; and (3) the Structure and Function Review of CRGs. No major changes to the targets themselves were required from the feedback.</p> <p>Mark explained that the Senior Management Team (SMT) understood that individually the targets would be achievable but that it was not yet known how the Central Executive team (CE) and the Cochrane organisation as a whole would 'handle doing them all together' given the scale and ambition of the targets. He recognized the size of the challenge and the SMT would periodically assess how the organisation is coping to ensure that the pace of change does not overwhelm individuals. The SMT would manage and look at performance collectively for the organisation and adjust the work pace and/or deadlines accordingly, if required. Not all of the targets may therefore be reached on time; and some may need additional months to be achieved, but the SMT would rather take a little longer and get them right. He pledged to report regularly and ensure the CCSG was aware of where progress was slower than originally planned.</p> <p>He also stressed that the Central Executive may need additional resources to accomplish all of the planned targets but that, due to timing, it had not been possible to finalize these figures for 2014-15 alongside the</p> |

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|                  | <p>presentation of the targets at this meeting. This would, however, be completed by the time of the CCSG meeting in Panama when a detailed budget for 2014-15 would be put before the Steering Group for approval based on overall activities including those related to achievement of the targets. As an example, Mark highlighted the Translation Strategy paper (Item 6) which set out a clear budget for achieving two of the targets contained in the 2014 plans.</p> <p>Lisa was impressed by the quality of the draft and the work behind it, and noted she was glad to hear that the SMT acknowledged the ambitiousness of the targets, as several CCSG members and others had noted this in their feedback. She suggested that acknowledgement of the ambitiousness of the targets is reiterated to the wider organisation when the final targets are communicated. Sally agreed, welcoming a realistic approach to implementation of the targets and cautioning that good communication would be very important, as would sufficient levels of consultation. Mark thanked the CCSG for its pragmatic support, and explained that the SMT is now in the process of producing detailed work plans for each of the targets, which it would share and discuss with Cochrane groups.</p> <p>Marina raised the question of target leads and also queried the 'restricted' access level for the paper. Mark explained that lead people from the Central Executive would be identified to work on specific targets and this information would then communicated to the Cochrane community so everyone would know whom to contact with questions or if they wanted to get involved in implementation. Lucie added that this iteration of the targets had been assigned restricted access in case any further changes were identified in this meeting, and that the approved targets would be communicated to the wider Collaboration with further information at the end of the month, with further information communicated within six to eight weeks.</p> |
|                  | <p><b>DECISION:</b>     <b>The CCSG approved the <i>Strategy to 2020: 2014 targets</i>.</b></p>  |
|                  | <p><b>ACTIONS:</b>     <b>Lucie/Mark to announce the approved targets, along with the target leads, in one set of communications in the week beginning 27th January. The internal communication version of the <i>Strategy to 2020 2014 targets</i> should stress the ambitiousness of the targets being set.</b></p> <p><b>The full financial implications of achieving the 2014 targets to be included in the draft 2014-15 budget to be tabled at the CCSG meeting in Panama.</b></p>   |
| <p><b>4.</b></p> | <p><b>Commercial Sponsorship Policy</b></p> <p>Lisa summarised the previous discussion of this item from the CCSG teleconference on 12<sup>th</sup> December 2013. Sally had sent useful comments regarding implementation issues raised by the MEs. David stated that the revised policy would be the best compromise that could be reached and that he was very satisfied with it.</p> <p>Steve identified some issues for clarification regarding clause 1 and 2, questioning the clarity of the wording around commercial remuneration. Lisa felt that the issues raised were more around implementation and related to specific cases in terms of the relationship between the topic of the review and the author's</p>   |

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|                  | <p>employment, and that these were examples of cases that would go to the Funding Arbiter panel for their consideration. She acknowledged this feedback was important but that the CCSG were being asked for their approval of a policy paper and not an implementation plan.</p> <p>Holger raised the issue of non-commercial conflicts of interest. David clarified that although non-commercial conflicts of interest had been omitted from this policy paper, in the implementation phase the commercial and non-commercial conflicts of interest would be combined into one document within the CEU's editorial publishing handbook.</p> <p>The applicability of clause 10 (which states that 'No Cochrane groups are permitted to accept funds from commercial sponsors or commercial sources') was discussed, following recent questions around Cochrane Centres' delivery of training to pharmaceutical companies, and Centre Directors being invited to conferences and having their travel expenses met by a commercial source. Lisa explained that selling services transparently to commercial organisations is considered differently to receiving sponsorship, and that these types of questions are currently answered by the Funding Arbiter Panel on a case-by-case basis. Lisa suggested that the CCSG could request that the Funding Arbiter panel provide some examples of cases to date and their outcomes as a guide to Cochrane groups. It was agreed this would be helpful. In addition, Lisa suggested that our policy regarding Centres and Centre Directors be clarified.</p> |
|                  | <p><b>DECISION:</b>        <b>The CCSG approved the revised Commercial Sponsorship Policy.</b></p>   |
|                  | <p><b>ACTION:</b>            <b>The Central Executive to communicate widely to the Cochrane community about the adoption of this policy; to include the updated version in the organisation's Policy Manuals and to ensure all other Cochrane policies are consistent with it.</b></p> <p><b>The Central Executive to begin work on an implementation plan and to ask the Funding Arbiter to provide case studies of the most common kinds of question addressed to the Funding Panel, to serve as a useful guide to Cochrane groups.</b></p> <p><i>[Additional Note: After further consultation with members of the Funding Panel additional wording was proposed to the policy to clarify and make explicit Cochrane's position on the involvement of industry-employed authors. This will be considered by the Steering Group in March 2014 and the new policy published immediately after.]</i></p>  |
| <p><b>5.</b></p> | <p><b>Access to Trials Data - draft statement</b></p> <p>David provided some background information on the draft statement, which is a revision of the existing Collaboration statement on 'Access to Data for Clinical Trials' which had been challenged at the Auckland Colloquium AGM in 2012. David, Julian, Toby and Jeremy have been working on this proposed statement which they recommend to the CCSG. David also noted that this statement is in line with Cochrane's support for and involvement in the 'All Trials+' initiative.</p>   |

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|                  | <p>Lisa noted that this item had been carried forward from the previous CCSG teleconference on 12 December 2013 and that no comments had been received in writing on this item. No further comments were made. The new statement would be disseminated widely internally but we would not highlight this in a major way externally (as the policy changes were relatively minor).</p>  |
|                  | <p><b>DECISION: The CCSG approved the Access to Trials Data statement.</b></p>   |
|                  | <p><b>ACTION: The Central Executive to communicate widely to the Cochrane community about the adoption of this revised statement and to include the statement in the Organisational Policy Manual.</b></p>   |
| <p><b>6.</b></p> | <p><b>Translation Strategy</b><br/> <i>Juliane Ried joined the teleconference for this item.</i></p> <p>Mark spoke to the paper, which had been drawn up by the Translation Strategy Working Group with input from the Translation Strategy Advisory Group and the Central Executive. Mark explained it had been produced following the CCSG's request, at its 2013 mid-year meeting in Oxford, for a detailed work plan to support the broad Translation framework approved at that time. The paper had also been developed in light of <i>Strategy to 2020</i> and elements of the strategy relating to translation of Cochrane content had been integrated within it. Mark explained that although the Translation Strategy required considerable funding it would put a sophisticated and essential framework for multi-lingual translations of Cochrane content in place. He stressed that it would <i>not</i> fund the actual translation of content but would establish and sustain a framework that facilitates that process to the scale of ambition already set out in <i>Strategy to 2020</i>, principally through the use of machine translation and 'crowd-sourcing' translations to bring the translated content up to the required quality. Mark explained that the examples of translations undertaken by the French and Iberoamerican Cochrane Centres using professional translators demonstrated that the level of investment required would be too large to adopt broadly for other languages.</p> <p>The Translation Strategy, if approved, would be integrated into future annual budgets. Mark noted that the CCSG had already approved funding of £100,000 for translation work within previous budgets and, as this funding had not been used, the first three years would require an additional £200,000 per year (£300,000 in total). Mark recognised that this was a significant commitment but he thought the paper set out in a detailed and compelling way why it was necessary and he commended the project to the CCSG.</p> <p>Marina noted that videos/images had been identified in the Strategy as difficult to translate but these were a very important part of social media and the likely impact of disseminated content. She stressed that an awareness of differing cultural contexts would need to be considered in the translation implementation plans. She also thought that producing a search engine for Cochrane content in different languages would be very ambitious. Finally, she gave strong support for the 'crowdsourcing' method of translation and for the suggestion in the Strategy of possibly rewarding volunteer translators with reduced Colloquia fees. Juliane responded that we are at the early stages of multi-language implementation in terms of technology and</p> |

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|  | <p>search – but welcomed the comments and she hoped that people from different cultural and linguistic backgrounds would continue to provide guidance to Cochrane's translation work. She stressed that video/image content <i>would</i> be translated in future; the Strategy simply recognized this was a more difficult and expensive process to do. Mark added that extensive consultation had already occurred between Wiley and Smartling and that the multi-lingual search facility was recognised as vitally important and would be integrated into Wiley's work plan, although this would not be ready until later in 2014.</p> <p>Holger noted that the standardisation approach taken by the Translation Strategy would prioritise abstracts and PLS and not the full text reviews at this stage. He accepted this but asked that the Summary of Findings (SOF) tables also be included in this first priority translation content. The SOF tables had not been mentioned in the paper. Mark agreed that the SOF tables are central to usability, access and outreach and that we would try to include them in the first body of work and to include them in the Translation Strategy paper.</p> <p>The issue of how to successfully recruit and manage volunteers who would provide crowdsourcing translations was discussed. Mona suggested that the Author list could be contacted to assess the appetite and availability for voluntary crowdsourcing. Mark agreed but expected the pool of volunteers to be even wider reaching.</p> <p>It was noted that there were comparisons made between other potential translation service providers but that no competitive tender/RFP process had been run. Mark explained this was due to the wideranging and unique combination of services offered by Smartling that could not be provided elsewhere, therefore there had been no other comparators available. He was convinced that the contract he had agreed with Smartling therefore represented good value for money; however the Translation Working Group had proposed only a short term (three-year) contract so that Cochrane could reassess the situation at that time given the likely pace of technological advances in this area. This would enable us to assess the benefits of either extending the contract or making other arrangements. Juliane added that if we did not employ Smartling and make use of their Global Delivery Network service (whereby they publish the translated interfaces for us), Wiley would need to build a multi lingual web interface themselves that would require further investment of resources from Cochrane.</p> <p>The CCSG discussed the need for Mark to ensure that 'value for money' was secured from any translation management system contract(s) and he confirmed his willingness to do so.</p> <p>The CCSG agreed that the Translations Strategy should not be considered as a 'Game Changer' project, as there would be considerable year-on-year costs associated with delivering the translated content and the initiative must be part of Cochrane's core business.</p> |
|  | <p><b>DECISION: The CCSG approved the proposed Translation Strategy and budget.</b></p>   |

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|    | <p><b>ACTION:</b> Mark to thank the Translation Working Group, on behalf of the CCSG, for all their work on the Translation Strategy; to ensure any external Translation Management System (TMS) contract provides 'value for money'; and to begin implementation of the Strategy.</p>  |
| 7. | <p><b>'Game Changers'</b></p> <p>Lisa introduced the item, explaining that although the CCSG had hoped a 'Game Changers' proposal could be ready to be put forward in Panama it turned out that more time would be needed to develop the criteria for proposals and have a viable proposal ready for the Steering Group. Mark introduced his new paper on the subject, which aimed to respond to the discussion held at the CCSG meeting in Québec and address the need for more detailed, specific criteria and revised timelines for the application process. The CCSG were invited to comment on the paper.</p> <p>Clarification was sought on how potential conflicts of interest within the CCSG and other groups (such as the Central Executive) who had been involved in proposals for Game Changers would be handled. Mark expanded on the approach he had proposed (see Item 7, page 3) to ensure that any individual or group substantively involved in developing a 'Game Changers' proposal must recuse themselves from any consideration of the proposal. The Steering Group's decision-making was also limited to either supporting or rejecting funding for a recommended proposal from the 'Game Changers' Project Board, with any decision asking for a proposal to be reworked requiring a clear statement from the CCSG to the Board to explain its decision. Lisa noted the only other option would be for a strict rule that CCSG members or Project board members could not be involved in any of the proposals in any way, which Mark highlighted was practically difficult and counter-productive to enforce. It was agreed that Central Executive team members may serve as advisors to 'Game Changer' bid proposals and may be involved in developing proposals, but that all those involved must declare their involvement. The CCSG also stressed that the 'Game Changers' fund is kept separate from CE general business expenditure.</p> <p>The CCSG agreed that it would have input into the composition of the 'Game Changers' Project Board. There would be an open invitation and Mark welcomed any suggestions from CCSG for individuals suitable for appointment to the Board. The CCSG would give final approval of the project board members.</p> |
|    | <p><b>DECISION:</b> The CCSG approved the following recommendation with the understanding that Mark would take on board the suggestions discussed at this meeting: That the CCSG provide in principle support for the formation of a Strategic Investment Fund, with an initial budget of £2.5 million, to be structured and managed as set out in the supporting paper.</p>  |
|    | <p><b>ACTIONS:</b> Mark to make revisions on the Game Changers document to clarify how any 'conflicts of interest' would be handled.</p> <p>CCSG to send Mark any suggestions of individuals to make up the Game Changers Project Board.</p>  |

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| 8. | <p><b>RFP Systematic Review Author Support software</b></p> <p>David provided some background information on the benefits of an Author Support tool, explaining that most producers of systematic reviews have author support software to facilitate the process. The function of this software would be to speed up production and to store retrievable data. The proposal suggests a tender process for providers to put forward proposals. David noted it is possible Cochrane could choose to contract more than one provider, due to the nature of different types of reviews. David asked the CCSG for their questions and comments.</p> <p>Steve provided two suggestions for additional criteria: (1) How nimble the product is in terms of being able to map to future changes in review types; and (2) the functionality of the systems proposed. David agreed to adopt both suggestions. He clarified that the paper is a precursor to the tender document, which would be more detailed and would be available in approximately three weeks.</p> <p>It was clarified that the Central Executive would produce the RFP document and assess the bids as and when they are received.</p> <p>Concern was raised over defining the time taken to complete a review, as the target of reducing review production time by 30% would affect CRGs differently, due to groups differing in the amounts of time taken to produce reviews. David explained that work was currently in progress on developing workflows, that a specific time would need to be established and that the timeline for completion of the RFP process would be the end of June.</p> |
|    | <p><b>DECISION: The CCSG approved the recommendation 'to run a procurement process on the basis that some financial and other investment will likely be required from Cochrane. However no appointment will be made without a further approval from CCSG'.</b></p>  |
|    | <p><b>ACTION: David to produce and issue the RFP tender document; and the Central Executive to assess the bids and recommend one or more providers to the CCSG for final approval.</b></p>  |
| 9. | <p><b>2014 Mid-Year Meetings, Panama City, Panama: Subject of Strategy Session</b></p> <p>Due to time constraints, the CCSG members agreed to discuss this by email outside of this meeting. Mark would email the CCSG with details of the two potential topics for the Strategy Session and requested that the CCSG responds swiftly with specific responses and suggestions for any further topics. Mark explained that the session would be split up into concurrent streams of topical subjects for individuals to attend depending on their area of interest.</p>  |



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|            | <p>Steve noted that some people make decisions on whether to attend Mid-Year meetings based on the subject of the Strategic Session, and he therefore asked Mark to complete this CCSG consultation and make the final result known as soon as possible.</p>   |
|            | <p><b>ACTION:</b>        <b>Mark to email CCSG with two potential topics for the Strategic Session. CCSG to respond with any further suggestions.</b></p>  |
| <b>10.</b> | <p><b>Invitation for Bahrain to host the 2015 Mid-Year meeting</b></p> <p>Lisa introduced this item by recognizing that a number of CCSG members thought there was a need to hold a broad discussion of the value of face-to-face Cochrane Mid-Year meetings, in terms of the time and financial implications involved. It was recognized that since the mid-year meetings had been developed in their current format a lot had changed, with considerable growth in the number of people who now attended them. Lisa noted that this had been the only invitation received to host the 2015 Mid-Year meeting. Mark agreed that it was time to look at the issue more generally, and suggested that the Central Executive prepare a paper on the subject for future consideration by the CCSG. After some discussion, it was agreed that, although the pros and cons of holding Mid-Year meetings would be discussed this year, the criteria should not change whilst 'an offer is on the table' and that the gracious invitation by Cochrane's Bahrain branch for 2015 should be accepted, with thanks to the host. Jeremy added that the location could also serve to strategically advance the Middle East initiative and suggested that a conversation be held with Zbys Fedorowicz on this subject.</p> |
|            | <p><b>DECISION:</b>        <b>The CCSG approved acceptance of the invitation for Bahrain to host the 2015 Mid-Year meeting.</b></p>  |
|            | <p><b>ACTIONS:</b>        <b>Mark to write to Zbys Fedorowicz with thanks and accept the invitation.</b><br/> <b>The Central Executive team to prepare a paper on the future purpose and value of Cochrane's Mid-year meetings for the CCSG meeting in Hyderabad.</b><br/> <b>Jeremy &amp; Mark to discuss opportunities to advance the Middle East initiative with Zbys Fedorowicz.</b></p>   |
| <b>11.</b> | <p><b>Recommendation for South Korea to host the 2016 Colloquium</b></p> <p><i>Steve left the teleconference for this item.</i></p> <p>The CCSG agreed that the proposal from the South Korea Cochrane branch had been very well thought out and organised. There was unanimous support for the proposal.</p>  |
|            | <p><b>DECISION:</b>        <b>The CCSG gave approval for South Korea to host the 2016 Colloquium.</b></p>  |

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|            | <b>ACTION:</b> Mark to write to Hyeong Sik Ahn with thanks and accept the invitation, copying in Steve McDonald and Sally Green from the Australasian Cochrane Centre and the Colloquium Policy Advisory Group. |
| <b>12.</b> | <b>Matters arising from the minutes of CCSG meeting on 18 &amp; 24 September not appearing elsewhere on this agenda</b><br>None.  |
| <b>13.</b> | <b>AOB</b><br>None.   |

**KEY DATES IN 2014 OF THE COCHRANE COLLABORATION, COLLABORATION TRADING COMPANY (TC) LTD,  
AND COCHRANE INNOVATIONS LTD**

| Due date       | Charity  | Collaboration Trading Co Ltd   | Cochrane Innovations Ltd   | Task completion     |
|----------------|--|--|--|---------------------|
|                | <b>Incorporation date: 10 April 1995</b>   | <b>Incorporation date: 27 October 1998</b>   | <b>Incorporation date: 20 June 2011</b>  |                     |
| 31 Jan         | File Charity Commission Annual Return within 10 months of financial year end.  |  |  | 06.01.14            |
| 31 Jan         | Inca UK to file VAT return (October-December).   |  |  | 20.01.14            |
| 19 Feb         | [Trustees meet by teleconference 6-weekly, and face to face 6-monthly.]  | TC Directors' meeting/teleconference.  | [Directors meet by teleconference monthly.]  | 19.02.14            |
| 28 Feb         | Renewal of Directors' and employees' liability insurance.  |  |  | 28.02.14            |
| 28 Feb         |  | TC Directors check royalty payments for previous calendar year accord with terms of publishing contract.   |  | 19.02.14            |
| 30 Mar & 2 Apr | Steering Group meetings, Panama  |  |  | 30.03.14 / 02.04.14 |
| 23 Mar         | Data Protection renewal (direct debit).  |  |  | 23.03.14            |
| 31 Mar         |  | Minutes of TC Directors' teleconference to be circulated to Steering Group.  |  | 17.03.14            |
| 31 Mar         | Inca UK file Collaboration TC/Cochrane Innovations tax returns   |  |  |                     |
| 31 Mar         | End of financial year for all three companies.   |  |  |                     |
| 30 Apr         | Inca UK to file VAT return (January-March).  |  |  |                     |
| 8 May          | File the Annual Return to Companies House (online).  |  |  |                     |
| 19 May         | Employer's Annual Returns (P35) for Charity (Buntings submit these).   |  |  |                     |
| 31 May         | Inca UK to have accrued all relevant payments to the previous financial year, so that Mazars can commence the annual audit. Remind Mazars to arrange to audit our publishers' royalty figures for the previous financial year. |  |  |                     |
| 26 Jun         |  | Data Protection renewal (by direct debit). (Renewal date 26 June 2014.)  |  |                     |
| 18 Jul         |  |  | File Annual Return to Companies House online ('made up date' is 20 June 2014).       |                     |
| 31 Jul         | Inca UK to file VAT return (April-June).   |  |  |                     |
| early Aug      |  | TC Directors' teleconference.  |  |                     |
| 28 Aug         |  | Minutes of TC Directors' teleconference circulated to Steering Group.  |  |                     |
| 30 Aug         | Give 21 days' notice to all entities of the date and time of the AGM during the Colloquium. Call for agenda items. Attach Report and Financial Statements in PDF format.   | Mazars to provide separate financial statement for this TC, for review and sign-off.   | Mazars to provide separate financial statement for this TC, for review and sign-off. |                     |
| 2 Sept         | Obtain appropriate text from Mazars to prepare Letters of Representation on Cochrane stationery for Charity and TCs. Obtain signatures on Report/Financial Statements from Treasurer (for Charity) and Director of both TCs.   |  |  |                     |
| 22 & 27 Sept   | Steering Group meetings, Hyderabad, India (9.00am-6.00pm)  |  |  | 22.09.14 / 27.09.14 |
| 25 Sept        | AGMs (Charity and TC) held during Colloquium. One TC Director to retire and be reappointed or replaced; Auditors to be reappointed, if recommended by the CEO.   |  |  |                     |
| 31 Oct         | Put approved minutes of previous year's AGMs onto website.   |  |  |                     |
| 31 Oct         | Put financial statements for previous year (approved at the AGM) onto the Collaboration website in PDF format.   |  |  |                     |
| 31 Oct         | Inca UK to file VAT return (July-September).   |  |  |                     |
| 24 Nov         |  | File the Annual Return to Companies House (online).  |  |                     |
| 30 Nov         |  | If the Directors hold a meeting during the Colloquium, circulate minutes to Steering Group.  |  |                     |
| 30 Nov         | Notify Companies House of resignations from, and appointments to, the Boards of Directors of the Charity and both TCs.   |  |  |                     |
| 31 Dec         | Deadline for Mazars to file the Accounts at Companies House for the previous financial year.   |  |  |                     |
| 31 Dec         |  | Pay profits (Trading Company/Innovations) to Charity by Gift Aid within 9 months of financial year end (by 31 December): Mazars supplies the figure. |  |                     |