

Governing Board: End of Quarter 1 2021 Review OPEN ACCESS


Schedule	Tuesday 20 July 2021, 8:30 PM — 10:00 PM BST
Description	<p>Videoconference to be opened 15 minutes early for an informal 'coffee round' for those who would like to attend.</p> <p>Los Angeles (USA - California): Tuesday, 20 July 2021, 12:30:00 Ottawa (Canada - Ontario): Tuesday, 20 July 2021, 15:30:00 Buenos Aires (Argentina): Tuesday, 20 July 2021, 16:30:00 London (United Kingdom - England) Tuesday, 20 July 2021, 20:30:00 Cape Town (South Africa): Tuesday, 20 July 2021, 21:30:00 Barcelona (Spain - Barcelona): Tuesday, 20 July 2021, 21:30:00 Melbourne (Australia - Victoria): Wednesday, 21 July 2021, 05:30:00 Auckland (New Zealand - Auckland): Wednesday, 21 July 2021, 07:30:00</p>
Notes for Participants	<p>Board members must declare conflicts of interest related to their role on the Board, which are published on the Cochrane Community website and are updated annually or when circumstances change:</p> <p>https://community.cochrane.org/organizational-info/people/conflict-interest/board. All meeting participants are also required to declare any possible material interests that could give rise to conflict in relation to any item under discussion at the start of each meeting. All interests so disclosed are recorded in the minutes. Conflicted members may be required to absent themselves from all or part of the Board's discussion of the matter at the discretion of the Chair.</p>
Organiser	Veronica Bonfigli

Agenda

VIRTUAL COFFEE AHEAD OF THE TELECONFERENCE [20:15-20:30 GMT+1]

-
- 8:30 PM 1. Welcome, Apologies (Juan Franco), Declaration of Interest, Board Code of Conduct and Board Charter (10 MINS)

 Code of Conduct for Trustees_Aproved 22Mar18.pdf 1

 Governing Board Charter only_Aproved 22Mar18.pdf 4

OPENING BUSINESS:

2. Approval of the Agenda
-

- 2.1. Matters Arising not otherwise covered by the Agenda
-

3. Approval of the minutes from the 23 June teleconference
[RESTRICTED ACCESS SUPPORTING DOCUMENT]
For Information
-

4. Record of Resolutions approved between meetings
-

DECISION ITEMS:

- 8:40 PM 5. The future of evidence synthesis production [RESTRICTED ACCESS SUPPORTING DOCUMENT] (30 MINS)
For Decision - Presented by Karla Soares-Weiser
-

- 9:10 PM 6. 2020 Financial Reports: (20 MINS)
-

- 6.1. 2020 Audit Outcomes [OPEN ACCESS SUPPORTING DOCUMENT]
For Decision - Presented by Casey Early and Karen Kelly
-

- 6.2. 2020 Trustees' Report & Financial Statements [RESTRICTED ACCESS SUPPORTING DOCUMENTS]
For Decision - Presented by Lucie Binder, Casey Early and Karen Kelly
-

6.3. Annual Audit Declaration [RESTRICTED ACCESS SUPPORTING DOCUMENT]

For Decision - Presented by Casey Early and Karen Kelly


6.4. [2020 Financial Review of Cochrane Groups \[RESTRICTED ACCESS SUPPORTING DOCUMENT\]](#)

Report to Note - Presented by Lucie Binder

9:30 PM END OF QUARTER 1 2021 REPORTS FOR REVIEW: (15 MINS)

7. Management metrics to support the delivery of Strategy for Change: 2021-2023: Discussion Draft [OPEN ACCESS SUPPORTING DOCUMENT]


Report to Note - Presented by Lucie Binder

 GB-2021-77 Management metrics to support the delivery of Strategy for Change Discussion Draft [OPEN ACCESS SUPPORTING DOCUMENT] .pdf


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8. Strategy for Change: Progress on delivering Strategy for Change Objectives: Quarterly Update for Cochrane Board [OPEN ACCESS SUPPORTING DOCUMENTS]

For Information - Presented by Judith Brodie

 GB-2021-75.1 Strategy for Change 2021 [OPEN ACCESS SUPPORTING DOCUMENT].pdf

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 GB-2021-75 Progress on delivering Strategy for Change Objectives [OPEN ACCESS SUPPORTING DOCUMENT].pdf

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9. Risk Report [RESTRICTED ACCESS SUPPORTING DOCUMENT]

Report to Note - Presented by Judith Brodie

10. Editor in Chief Report [RESTRICTED ACCESS SUPPORTING DOCUMENT]

For Information - Presented by Karla Soares-Weiser

11. End of Quarter 1 Management Accounts [RESTRICTED

ACCESS SUPPORTING DOCUMENT]
For Information - Presented by Casey Early

9:45 PM CLOSING BUSINESS: (5 MINS)

12. Any Other Business

13. Date of next meeting: 11 August 20:30-21:30 GMT + 1

9:50 PM CLOSED SESSION (TRUSTEES ONLY) (10 MINS)

Co-Chair (re)appointment

Evaluation of meeting

Matters arising from previous meeting



Governing Board

Code of Conduct for Trustees

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

1. Introduction

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

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

2. Purpose of the Code

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

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

3. Code of Conduct

3.1 Selflessness

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

3.2 Integrity

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

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

3.3 Objectivity

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

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

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

3.4 Accountability

The Trustees:

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

3.5 Openness

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

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

3.6 Honesty

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

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

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

3.7 Leadership

The Trustees must:

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

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

4. Breaches of the Code

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

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

5. Trustee's Declaration

I declare that:

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

Charities Act 2006 from acting as a charity Trustee.

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

Signed: _____

Name: _____

Date: _____



Governing Board Charter

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

Governing Board Charter

Vision & Strategy

Compelling and durable charitable purpose

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

Long-term strategy flowing from the charitable purpose

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

Board Leadership

Board commitment to focus on impact

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

The right 'tone at the top'

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

Suitable structures and expertise

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

¹ Refer to the Code of Conduct for Trustees

² Refer to the Board Skills Matrix

Value Drivers & Stakeholder Engagement

Developing a supportive organisational culture

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

Active engagement with, stakeholders

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

Fair remuneration aligned with purpose and values

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

Commitment to a sound financial approach

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

Innovation & Risk Management

Focus on innovation of benefit to society

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

Effective risk management system

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

Attention to the importance of the 'licence to operate'

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

Board Performance

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

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

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

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

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

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

Fostering resilience to crisis situations

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



Governing Board Paper: Decision & Discussion items

Title:	Governing Board and Senior Management Team management metrics to support the delivery of <i>Strategy for Change: 2021-2023</i>: Discussion Draft
Previous papers submitted on this topic:	None
Paper Number:	Governance & Strategy Unit to complete
From:	Lucie Binder, Head of Governance & Strategy Juliane Ried, Planning & Performance Manager
People Involved in the developing the paper:	The paper draws on input on strategic monitoring and evaluation from members of the Governing Board, Council, Executives, Cochrane Groups, the wider community, Senior Management Team (SMT), and Central Executive Team (CET) provided through virtual workshops, individual meetings, and as part of the Cochrane Groups financial and resources reporting since October 2020
Date:	6 July 2021. For consideration at the 20 July 2021 Governing Board meeting.
For your:	Information The Board is asked to review this paper in the context of reviewing the information it needs to oversee progress of the <i>Strategy for Change: 2021-2023</i> . In addition, it is asked for two or three volunteers who can work with the Governance & Strategy Unit and Senior Management Team to shortlist and confirm the metrics required on an ongoing basis.
Access:	Open

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1 Executive summary

Cochrane has recently adopted its *Strategy for Change: 2021-2023*, and the Governing Board and Senior Management Team (SMT) have to make critical decisions on current strategic priorities including the organizational Review & Reorganization; and the development of fundraising and the transition to an Open Access business model. This paper presents suggested management metrics that would be collated along with other reports for the Board and SMT quarterly review meetings and that aim to support Cochrane leadership in tracking progress against the strategy and in decision-making.

2 Background and context

Notes on the suggested metrics

- The metrics below are organized around the Goals and Objectives of *Strategy for Change: 2021-2023* to allow the Governing Board and Senior Management Team (SMT) to track progress against our strategy, identifying and addressing issues. The management metrics will complement other reports of the Board and SMT quarterly review meetings, including the **Progress on delivering Strategy for Change Objectives: Quarterly Update for Cochrane Board** and more detailed reports on specific projects and initiatives, so those should be considered together to assess the whole picture, not in isolation.
- We have not set out separate metrics linked to the Key Principles of *Strategy for Change*, as relevant metrics largely overlap with those of Goals and Objectives. There are also some metrics that link to both Change Objectives and Enabling Objectives, in which case we decided to list them only in one place.
- The suggested metrics build on existing or past resources and are informed by input on strategic monitoring and evaluation provided by a range of people across Cochrane over the past months, as well as review by the Senior Management Team at its Quarterly Review meeting in June 2021. The metrics present data we could reasonably collect on a regular basis without substantial new investments.
- Most listed metrics are tracking outputs – they would tell us about how much we do, or have of, something, but not necessarily about how well we do it or what sort of experience contributors or beneficiaries have. Assessing the latter would potentially be more informative, but also more complex and resource intensive. So, the listed metrics often constitute an approximation for what we might really want to know in terms of the change we want to achieve. **However, we are also starting work on developing metrics and stories of impact to support the new fundraising strategy and will ensure alignment between all data collected and published.**
- Most listed metrics are high-level – we wouldn't necessarily expect to provide more granular metrics for this Board-level set of management metrics, unless a certain sub-category or -group requires strategic attention. Teams working on different projects and areas track more granular data, for example by Group, or a certain audience, that allows them to identify and address issues and opportunities for improvement.
- Metrics in **orange** are suggestions which we aren't currently collecting and require additional work with responsible teams to consider and set up if the Board need those.
- All data would be reported as tables and/or graphs (inc. dashboard) and accompanied by any relevant comments to explain variations and limitations in the data, or to point to certain issues or opportunities. We will compare data over time where possible.
- The suggested metrics constitute a first pass. We can report less, more, or different data, depending on what the Board need. We would like to open a continuous dialogue with the Governing Board on what data and adaptations are useful, or not, as we progress, and as strategic priorities and needs might change.

- We also expect to adjust or add certain metrics that we cannot collect easily yet, but that we would establish processes for as we proceed.
- And finally, this work will be influenced and potentially merge with other initiatives including work that has started to demonstrate our value and impact as part of our fundraising plans, the organizational risk register, potential adaptations to Cochrane Group reporting, results from the upcoming Cochrane Convenes event, and the diversity and inclusion listening and learning exercise. Eventually, we would see the different pieces of work develop into an overarching strategic organizational monitoring and evaluation framework that allows us to continuously track our progress against strategic priorities across the organization, become a more data-driven organization, learn from what we do and share that learning to improve our work and results, and demonstrate our value and impact to external stakeholders.

3 Recommendations

The Board is asked to review this paper in the context of reviewing the information it needs to oversee progress of the *Strategy for Change: 2021-2023*.

In addition, it is asked for two or three volunteers who can work with the Governance & Strategy Unit and Senior Management Team to shortlist and confirm the metrics required on an ongoing basis. Questions considered will include:

- What kind of data do you need to see regularly to track progress of our strategic Goals and Objectives as a priority in the coming months? To take what action and to inform which decisions?
- What are the desired results for different priority areas and metrics? Do we want to have more, less, or about the same of certain outputs? What activities and resources do we have in place to achieve the desired results? And what action can we take if metrics don't develop as desired?
- What data do you need to see on a quarterly basis, what would suffice an annual or less frequent basis?
- Do you need data for specific priority regions, demographics, target audiences, topics or content?
- To what extent do you need additional data about or from Cochrane Groups and the wider community?
- Which data should be shared with Cochrane Groups and the wider community regularly?

4 Next steps

The Governance & Strategy Unit will work with the Board members and CET departments to:

- collate an initial report of the suggested metrics for the upcoming quarterly review meetings of the Governing Board and Senior Management Team;
- explore how best to collect suggested data we don't have yet.

5 Suggested metrics for Goals and Change Objectives

GOAL 1: Producing trusted evidence			
To produce trusted and timely synthesized evidence addressing the most important questions for health and care decision making			
By:			
<ol style="list-style-type: none"> 1. Delivering timely, high quality responses to priority global health and care questions, which the users of our evidence help define 2. Streamlining production of reviews and simplifying editorial systems and processes 			
Desired result	Metric	Frequency	Comments
Stable # of new reviews	# of new reviews	Quarterly and annual	
Stable # of updated reviews	# of updated reviews	Quarterly and annual	
# of global health priority reviews in progress in line with targets	# of global health priority reviews in progress	Quarterly and annual	Currently, this would cover COVID-19 reviews. In future depending on a set priority topic and capacity.
Stable or more global health priority reviews published and updated	# of new and updated global health priority reviews	Quarterly and annual	As above.
More 'complex' reviews published	# of complex reviews published	Annual	Complex reviews can serve as an indication that we are using the most appropriate, innovative methods to produce relevant reviews.
Reviews are published faster	Mean time from protocol to full review publication	Annual	Time to publication gives us the overall view of whether our various initiatives make us produce faster.
Global health priority reviews are published faster than others	Mean time from protocol to full review publication for global health priority reviews	Annual	As above.
Stable # of submissions rejected	# of rejected submissions	Annual	Rejection rates can serve as an approximation to assess the quality of submissions.
More conflict of interest policy awareness	% of early conflict of interest cases raised	Annual	
More people update their role-based conflict of interest declaration	% of people with up-to-date conflict of interest declaration	Annual	More people with up-to-date declarations suggests more awareness. Assessing conflict of interest compliance would require a resource-intensive audit of declarations.

Potential Goal 1 metrics we don't currently collect

Desired result	Metric	Frequency	Comments
More reviews apply ROB2	% of submissions with ROB 2	Annual	ROB 2 application rates could serve as an approximation to assess the quality of submissions.
More review authors do more than 1 review	% of return authors	Annual	% of return authors would give us an approximation of the effect of implemented projects on author satisfaction. This metric also links to Enabling Objective "Improved efficiency".
CRG staff, editors and review authors are more satisfied with review production	% of people satisfied with review production	Annual	Assessing satisfaction of review authors and editorial staff would allow us to confirm the effect of implemented projects. This could be implemented as part of larger author / Group staff surveys, or more regularly as short surveys embedded in the review production process.
All global health priority review questions are co-designed with end users	# of global health priority questions co-designed with end users	Annual	
More co-produced reviews	# of co-produced reviews	Annual	Figures showing that our reviews are being co-produced could serve as an approximation illustrating that we are producing outputs relevant for our end users. We would need to define co-production or involvement and have a way to track this in Editorial Manager, report on it in reviews or via Cochrane Account.

GOAL 2: ADVOCATING FOR EVIDENCE

To be a leading global advocate for evidence-informed health and care

By:

- Advocating for evidence-informed decision-making and integrity in research, including by pursuing high-impact partnerships and activities

Desired result	Metric	Frequency	Comments
Influential advocacy activities	# of advocacy activities	Quarterly	Figures alone don't tell us much, so we would add descriptions of results and influenced stakeholders of advocacy statements, letters, responses, events, and important conversations.
Influential partnership activities	# of partnership activities	Quarterly	As above, we would add descriptions of activities and results of partner initiatives.

Potential Goal 2 metrics we don't currently collect

Desired result	Metric	Frequency	Comments
Key Cochrane methods and standards are more widely applied	# of citations of key Cochrane methods guidance or publications	Annual	Citations of certain Cochrane methods guidance or standards could serve as an approximation of our contribution to application of evidence-informed decision-making and research integrity.

GOAL 3: Informing health and care decisions

To inform health and care decisions by making our evidence accessible, usable, and available to all

By:

4. Making all Cochrane Reviews Open Access by 2025 at the latest without placing the financial burden on review authors
5. Improving user experience by increasing the accessibility and usability of our products

Desired result	Metric	Frequency	Comments
Existing Cochrane Library (CLIB) subscriptions are maintained	CLIB subscriber retention rate and net retention volume	Annual	Maintenance and increase of CLIB subscribers would be key in enabling Open Access, and it could also serve as an indication that our products are usable and accessible. Depending on our OA approach, different metrics may be more useful.
New CLIB subscriptions are acquired	# and GBP volume of new CLIB subscribers	Annual	As above.
More CLIB full text accesses	# of CLIB full text accesses	Quarterly and annual	
More CLIB accesses to global health priority reviews	# of CLIB accesses to global health priority reviews	Quarterly and annual	
More people find what they are looking for on CLIB	# of successful CLIB searches	Quarterly and annual	This metric looks at how users interact with CLIB after a search and can serve as an indication of the accessibility and usability of our products.
More people access our evidence on cochrane.org	# of cochrane.org page views	Quarterly and annual by language	
More or stable amount of our content is made available in different languages	# of translations published	Quarterly and annual by language	As a dimension of accessibility, usability, availability to all.
More global health priority reviews are translated in different languages	# of translated global health priority reviews	Quarterly and annual by language	As above.
More CLIB accesses by people speaking different languages	% of CLIB access in languages other than English	Quarterly and annual by language	As above.
More or stable % people access translations on cochrane.org	% of Cochrane.org translation page views	Quarterly and annual by language	As above.
More people from low- and middle-income countries access our evidence on cochrane.org	% of Cochrane.org page views from LMIC	Quarterly and annual	As above.
More uptake of our reviews (Altmetric)	Overall and top reviews Altmetric figures	Annual figures and comparison	Altmetric assesses a range of news, citations, social media, Wikipedia etc. and gives an indication of whether uptake and sharing of our evidence increases or decreases overall.

More uptake of our global health priority reviews (Altmetric)	Global health priority reviews Altmetric figures	Quarterly and annual figures	As above.
More uptake via Wikipedia	# of accesses to our evidence on Wikipedia	Annual figures and comparison	
More or stable media hits in more countries	# of media hits	Annual figures and comparison	
More media coverage beyond Anglophone and high-income countries	% of media hits beyond Anglophone & high-income countries	Annual figures and comparison	
More or stable WHO guidelines cite our reviews	% of WHO guidelines citing reviews	Annual figures and comparison	As indication of review relevance and use in policy.

Potential Goal 3 metrics we don't currently collect

Desired result	Metric	Frequency	Comments
More people find what they are looking for on cochrane.org	<i>To be determined</i>		Would require more in-depth analysis of web analytics and/or qualitative user research.
More high-quality media hits	# of media hits in key publications		This metric could point to our ability to produce relevant, understandable evidence. This would require us to define a list of key target publications.
More uptake of our reviews beyond Anglophone or high-income countries	<i>To be determined</i>		As a dimension of accessibility, usability, availability to all. We could look at Altmetric, Wikipedia, guideline citations etc. in certain countries or languages.
More people use our evidence through channels and products corresponding to their needs	<i>To be determined</i>		We could assess uptake for priority products, channels, topics, demographics, or audiences only and look at access data or do run surveys. We don't have a mechanism to track much KT work done by Cochrane Groups.
More policymakers and practitioners are trained on applying evidence	# of policymakers and practitioners trained on evidence		As an approximation of getting our evidence applied in practice.
More governments implement policy or strategy in response to Cochrane evidence or capacity building	<i>To be determined</i>		Guideline citations or impact stories could be an approximation.
End users trust in, recommend, or share our evidence more	% of users who say they trust, recommend, or share our evidence		The annual Wiley voice of customer survey collects such data, but the sample of users is limited. We could try to do more regular temperature checks, e.g. via 1-2 question surveys on our websites, or assess how/where our outputs get shared. More insightful data might require more substantive qualitative approaches.

6 Suggested metrics for Enabling Objectives

Improved efficiency – Reducing editorial and production complexities, and simplifying organizational structures to support the global collaboration that is key to Cochrane’s work

Sustainability – Realizing our Open Access ambitions by moving towards a new organizational business model that reflects expanded fundraising and delivers long-term sustainability for the whole organization

Increased awareness and impact – Increasing the visibility and profile of Cochrane globally; demonstrating our value and impact to decision-makers and funders; and meeting the needs of future generations

Enhanced accountability – Strengthening communications and engagement with Cochrane members, supporters, staff, and beneficiaries; improving diversity and inclusion; and making a commitment through the evidence we produce and how we collaborate to addressing global health and care priorities and reducing health inequities

Desired result	Metric	Frequency	Comments
Charity income from royalties increases	Royalties due in GBP	Quarterly and annual	
Charity income increases	Charity income in GBP	Quarterly and annual	
Group income increases	Cochrane Group income in GBP	Annual	We can combine this with data on human, in-kind and volunteer resources to get a more complete picture of the cost of our work and associated risks. We could link resource data to outputs to understand the cost of certain areas of work better.
More or stable # of people support, contribute, and become members	# of members and active supporters	Quarterly and annual	
Stable or lower # of support queries	# of Helpdesk queries	Quarterly and annual	As an indication that our work to improve and simplify processes works or doesn’t.
More contributors know about organizational updates relevant to them	% of people who open organizational emails	Quarterly and annual	
More or stable # of people support, contribute, and become members	# of members and active supporters	Quarterly and annual	
More or stable # of people are trained to contribute	# of central training participants & users	Quarterly and annual	We don’t currently track training done locally by Groups. We could look at specific types of training or demographics.

Potential metrics for Enabling Objectives we don't currently collect

Desired result	Metric	Frequency	Comments
Costs of certain products are covered by the revenue they (help) generate	Cost of key products vs. their revenue		We could link the cost of our key products against the revenue they are supposed to contribute to, to help understand if our investments are affordable, for example, RevMan, Archie, Editorial Manager, Memsource, and CLIB vs. revenue from CLIB. Or Cochrane Interactive Learning and related development cost vs. subscription revenue.
Our systems are more reliably available with less unplanned downtimes	% of unplanned system downtimes		
Healthy Group and CET staff wellbeing and change management	Staff turnover rate		High turnover rates point to issues in the work environment that may put continuity and reputation at risk.
Healthy Group and CET staff wellbeing and change management	% of staff who are comfortable with their workload and motivated		Regular check of staff motivation and an opportunity for feedback would help ensure issues are brought up and can be dealt with early. We could do this via frequent quick, anonymous polls on Slack or other internal tools, instead of, or in addition to, more extensive sporadic staff surveys
Equal pay for equal work	Gender pay gap		We can only assess that for Central Executive staff, not Group staff.
More people from LMIC are part of Cochrane	# of LMIC members and active supporters		We could assess other demographic data such as gender, ethnicity, age, language, career stage, etc. We can set up Cochrane account so people can self-report demographic data in optionally, so it would only be an approximation.
More people from LMIC are trained to contribute	% of LMIC training participants		As above.
Training leads to more contributions	% of trained people who become review authors		As above.
The quality of trained people's contributions improves	% of trained authors with accepted submissions		As an indication if our training leads to better quality contributions. We could look at other aspects, for example % of trained authors using certain methods, % of trained authors with priority setting exercise, number of required translation edits, Crowd classification error rates.

Strategy for Change: 2021-2023

Our Vision	<p>Our vision is a world of better health for all people where decisions about health and health care are informed by high-quality evidence</p>			
Our Mission	<p>We are an independent, diverse, global organization that collaborates to produce trusted synthesized evidence, make it accessible to all, and advocate for its use</p>			
Key Principles	<p>COLLABORATION Underpins everything we do locally and globally</p>	<p>RELEVANCE The right evidence at the right time in the right format</p>	<p>INTEGRITY Independent and transparent</p>	<p>QUALITY Reviewing and improving what we do, maintaining rigour and trust</p>
Our Goals	<p>GOAL 1: Producing trusted evidence To produce trusted and timely synthesized evidence addressing the most important questions for health and care decision making</p>	<p>GOAL 2: Advocating for evidence To be a leading global advocate for evidence-informed health and care</p>	<p>GOAL 3: Informing health and care decisions To inform health and care decisions by making our evidence accessible, usable, and available to all</p>	
Objectives for Change	<p>We will deliver Goal 1 by:</p> <ol style="list-style-type: none"> Delivering more rapid responses to priority global health and care questions, which the users of our evidence have helped to define Streamline production of reviews by simplifying editorial systems and processes Improving relevance and timeliness by developing simpler but rigorous approaches to evidence synthesis 	<p>We will deliver Goal 2 by:</p> <ol style="list-style-type: none"> Increasing our advocacy for evidence-informed decision-making and integrity in research, including by pursuing high-impact partnerships and activities 	<p>We will deliver Goal 3 by:</p> <ol style="list-style-type: none"> Making all Cochrane Reviews Open Access by 2025 at the latest without placing the financial burden on review authors Improving user experience by increasing the accessibility and usability of our products 	
Enabling Objectives	<p>Our Objectives for Change will be enabled by:</p> <p>Improved efficiency Reducing editorial and production complexities, and simplifying organizational structures, to support the global collaboration that is key to Cochrane’s work</p> <p>Sustainability Realizing our Open Access ambitions by moving towards a new organizational business model that reflects expanded fundraising and delivers long-term sustainability for the whole organization</p> <p>Increased awareness and impact Increasing the visibility and profile of Cochrane globally; and demonstrating our value and impact to decision-makers and funders</p> <p>Enhanced accountability Strengthening communications and engagement with Cochrane members, supporters, and staff; improving diversity and inclusion; and making a commitment through the evidence we produce and how we collaborate to addressing global health and care priorities and reducing health inequities</p>			



Title:	Progress on delivering Strategy for Change Objectives: Quarterly Update for Cochrane Board
Period covered by this report:	Quarter: 2 (April – June) 2021, reporting on Quarter 1 (January-March)
Date and period of last report:	N/A
Purpose of the report:	<p>This report is intended to provide the Board with an update on the progress of key initiatives that fulfil the Objectives in the Strategy for Change. However, please note that:</p> <ol style="list-style-type: none"> 1) The initiatives listed below were agreed as part of the Plan & Budget for 2021, before the Strategy for Change was drafted. They represented the priority work for 2021. They have therefore been retrospectively applied to the Strategy for Change Objectives: ideally, and in future, initiatives will be designed, planned, and budgeted specifically to deliver the strategic objectives. Following the Review & Reorganization exercise currently underway, some of the initiatives listed below may change as work is stopped, started, or changed. 2) This report is adapted from the operational report compiled for the Senior Management Team’s quarterly operations review of Quarter 1 2021, held in May 2021. The plan was to present this information to the Board in June, but due to the events of the past few months it has been postponed to the July meeting. The information provided below is therefore now slightly out-of-date, but we want to maintain the integrity of the new proposed quarterly reporting structure by providing it to you in this format. Important status changes from Quarter 1 for you to note are: <ul style="list-style-type: none"> • Rollout of the new Editorial Management System has moved from Amber to Green • Monitoring & Evaluation has moved from Red to Amber <p><i>The updated statuses are shown in the report, below.</i></p>
Paper Number:	GB-2021-75
From:	Lucie Binder, Head of Governance & Strategy
People Involved in the developing this report:	Susan Evans, Project Portfolio Officer Senior Management Team
Date:	6 July 2021 for consideration at the 20 July Board videoconference
For your:	Information
Access:	Open

The initiatives were given a RAG rating by the Senior Management Team. These ratings have been used to define a rating for the overall Objective as it was at the end of Quarter 1, 2021.

Traffic Light	Red Amber Green (RAG) Status Definition
Red	<ul style="list-style-type: none"> • There are significant issues with the initiative because one or more aspects of project viability – time, cost, scope – exceed tolerances set by the project team. • The project requires corrective action to meet its objectives. The issue cannot be handled solely by the project manager or project team and needs the input of the Senior Management Team (SMT). <p><u>SMT ACTION REQUIRED.</u></p>
Amber	<ul style="list-style-type: none"> • A problem has a negative effect on project performance but can be dealt with by the project manager or project team. • One or more aspect of project viability – time, cost, scope – is at risk. However, the deviation from plan is within tolerances assigned to the project manager. <p><u>SMT TO MONITOR SITUATION.</u></p>
Green	<ul style="list-style-type: none"> • The initiative is performing to plan. • All aspects of project viability are within tolerance. However, the project may still be late or forecast to overspend. <p><u>SMT TO BE INFORMED OF STATUS.</u></p>

As of end of Quarter 1, 2021:

Priority initiative (project / programme) for 2021	Current start & end dates	Key activities delivered in Quarter just passed (Q1)	Any project issues and/or resolutions of for information or action? (Dealt with by the Senior Management Team)	Key activities to be delivered next Quarter (Q2)	Any emerging risks or other information to note by Senior Management Team	Objective / Project status (RAG: Red; Amber; Green)*
GOAL 1: Producing trusted evidence: To produce trusted and timely synthesized evidence addressing the most important questions for health and care decision making						
Objective 1. Delivering more rapid responses to priority global health and care questions, which the users of our evidence have helped to define						
COVID-19 response	Ongoing	<ul style="list-style-type: none"> Reviews published on tocilizumab, travel control measures, thoracic imaging, rapid tests, chloroquine (plus an editorial), cardiovascular effects of COVID, signs/symptoms of COVID. Covid 19 study register data curation & feature enhancements. 	<ul style="list-style-type: none"> Resource issues coming in July that we are discussing now (some staff moving on to other projects, need strategy for ramp down of human resource in favour of Machine Crowd). 	<ul style="list-style-type: none"> COVID paper on response to pandemic in 2021 Public health reviews, update of convalescent plasma to be published Series of reviews of generic medicines to be submitted & reviews looking biologic therapies 	<ul style="list-style-type: none"> UK NIHR announcement impact on productivity/capacity to produce reviews on COVID. Dependency of review teams on the register being populated. Risk to Innovate UK & German grant. 	GREEN
Objective 2. Streamline production of reviews by simplifying editorial systems and processes						
Editorial Management System	June 2019 – September 2021	<ul style="list-style-type: none"> First rollout to CRGs, creation of central editorial site; creation of roll out & implementation training plan 	<ul style="list-style-type: none"> Project has addressed all issues needed to facilitate initial implementation by Q1 2021 & final implementation by end of Q3 2021. Extended period required(end Q3) to ensure functionality implemented successfully 	<ul style="list-style-type: none"> Further roll out to remaining Networks; Review of final forms & processes; Complete tech work around licence for publication, development ingest & XML editing. 	<ul style="list-style-type: none"> Insufficient resources available to fund manual workarounds in the interim could hinder adoption. Reduced project resources for training & monitoring could hinder adoption. Long term risk - EM setup via the 8 CRG Networks under review due to potential loss of significant CRG groups. 	GREEN
Editorial Integrity & Efficiency pilot	June 2021 to December 2022	<p>Workstream 1:</p> <ul style="list-style-type: none"> Phase A CRGs Invited Working group invited Advisory group invited Editorial Service staff recruited 	<p>Workstream 1:</p> <ul style="list-style-type: none"> EMS training is a bit behind schedule. We can proceed without but ideally we need the CRGs trained. 	<p>Workstream 1:</p> <ul style="list-style-type: none"> EM site for Editorial Service live (& also for groups in pilot.) EM Training for Editorial Service and Phase A CRG staff Workflow and process documented and distributed to Phase A CRGs. Phase B Groups invited. 	<ul style="list-style-type: none"> UK NIHR funding announcement. Impact on all UK groups (likely drop off in productivity/request for editorial service to manage submissions). COVID reviews may impact on Ed Service capacity. One CRG expected to into Phase A but backed out – concerns about sign-off process in Editorial Service. 	GREEN
		<p>Workstream 2:</p> <ul style="list-style-type: none"> Consultations scheduled for CRGs coming in to first cohort of pilot 	<p>Workstream 2:</p> <ul style="list-style-type: none"> Scheduling & timing of consultations following UK NIHR funding announcement (including Karla) 	<p>Workstream 2:</p> <ul style="list-style-type: none"> Consultations started Scheduling of Q3 Consultations 	GREEN	
Editorial Tech Product (ETP) Programme	5-year programme of work	<ul style="list-style-type: none"> ETP presented to SMT; Vision strategy paper completed; 5 projects active 	<ul style="list-style-type: none"> ETP team working through unknowns to get further clarity. 	<ul style="list-style-type: none"> Checking current plans considering NIHR response (potentially will require us to accelerate) 	<ul style="list-style-type: none"> NIHR CRG development potentially affects rollout timelines. 	2 projects AMBER; 3 GREEN
Objective 3. Improving relevance and timeliness by developing simpler but rigorous approaches to evidence synthesis						
Editorial Tech Product (ETP) Programme		<ul style="list-style-type: none"> See above: ETP falls under Objectives 2, 3 & 6 				2 projects AMBER; 3 GREEN

GOAL 2: Advocating for evidence: To be a leading global advocate for evidence-informed health and care**Objective 4. Increasing our advocacy for evidence-informed decision-making and integrity in research, including by pursuing high-impact partnerships and activities**

Strategic partnerships		<ul style="list-style-type: none"> WHO is now a partner in Cochrane Convenes 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> In Q2 we will develop and submit plan of work for 2022-2024 for Official Relations. Wikipedia: in Q2 starting to explore formalising the partnership with them. 	<ul style="list-style-type: none"> N/A 	GREEN
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GOAL 3: Informing health and care decisions: To inform health and care decisions by making our evidence accessible, usable, and available to all**Objective 5. Making all Cochrane Reviews Open Access by 2025 at the latest without placing the financial burden on review authors**

Open Access strategy and delivery	Feb 2021 to March 2022	<ul style="list-style-type: none"> Project plan finalised Board approval for commitment to OA by 2025 Initial Response to NIHR delivered Wiley engagement and commitment to the project 	<ul style="list-style-type: none"> No 	<ul style="list-style-type: none"> Run author survey Respond to NHMRC OA consultation OA meeting with NIHR following publication of new OA policy (not yet published) Complete OA business model reports. Complete OA product and article definition. 	<ul style="list-style-type: none"> Need to consider bringing in an OA consultant to review findings & recommendations in Sept 2021. Bring an independent, external, specialist view. Need to understand the impact of NIHR infrastructure cuts on the quantity of reviews for publication. This will impact our OA options and scenarios. 	GREEN
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Objective 6. Improving user experience by increasing the accessibility and usability of our products

Cochrane Library Product development plan	To Dec 2021	<ul style="list-style-type: none"> CLIB product strategy updated Research plan finalised Voice of customer survey ready for sign off Q1 product work included: Integration of new EMS Resolving issues with platform notifications HighWire security incident & subsequent resolution Multi-language search for Health Systems Evidence and Social Systems Evidence databases Article header design changes. 	<ul style="list-style-type: none"> No 	<ul style="list-style-type: none"> Run Voice of Customer survey Set-up research insights resource centre Start next stage research to update product personas. Run individual interviews to research product development opportunities and CLIB value proposition statements. <p>Q2 product work includes:</p> <ul style="list-style-type: none"> Improved Memsources integration. Improved right hand navigation in CDSR. Allowing future publication dates to be scheduled. Improvements to PICO search. 	<ul style="list-style-type: none"> Ambitious product research plan with short September 2021 completion date. It may not be possible to validate all product development opportunities until the end of the year. Publishing Strategy – during recent PubMan meeting Cochrane and Wiley agreed that we were nervous about the ongoing viability of the HighWire platform. We have ended up with a bespoke but fragile technology stack and legacy HW systems. OA research will give us a better understanding of the publishing platform we will need for the future, but even if we still need a customised solution, we will have to consider a platform review and tender from next year, with a view to moving by June 2024. 	GREEN
Editorial Tech Product (ETP) Programme		<ul style="list-style-type: none"> See above: ETP falls under Objectives 2, 3 & 6 				2 projects AMBER; 3 GREEN
Plain Language Summary pilot	May 2021- May 2021	<ul style="list-style-type: none"> PLS second and final independent evaluation with key stakeholders to assess understandability and translatability. (More than 500 respondents – consumers, 	<ul style="list-style-type: none"> None – Editor in Chief (EIC) and Deputy EIC regularly updated. Weekly operational updates. 	<ul style="list-style-type: none"> Official completion of 12-month project. Outcomes will include: <ul style="list-style-type: none"> -Final Evaluation Report -Final Recommendations for future PLSs and an implementation plan (for rest of 21/22) to be submitted 	<ul style="list-style-type: none"> Success of this programme of work against other strategic and competing priorities for next 6-12 months. CRG/other Group engagement and prioritization of their funding constraints. 	GREEN

		<p>patients, public, healthcare professionals and in 9 languages)</p> <ul style="list-style-type: none"> • PLS writers developed guidance, usage documents and various alternative templates for future PLSs • PLS writers continue to write PLSs for CRGs and COVID Editorial Service Reviews. • PLS writers' analysis of PLS internal evaluation from Groups to date. • PLS writers and Team present 60 mins workshop/panel webinar for Virtually Cochrane event. 		<p>for SMT and Editorial Board approval</p> <ul style="list-style-type: none"> • Writers to finish all Guidance and a new PLS template proposal by end of May. • PLS Basics (how to write) completed and approved. • Submit to Ed Board for approval. • Attempt to publish the PLS guidance in a journal - work to start before team disbands, if possible • Development of a series of webinars of different aspects for training purposes, and to highlight project at Editor in Chief's webinar – June onwards 	<ul style="list-style-type: none"> • NB: having PLS writers to support this workload may be a value add in the current context of other strategic projects. 	
Knowledge Translation mainstreaming	Jan-Dec 2021	<ul style="list-style-type: none"> • Development of dissemination essentials training (6-month, approx. 100 participants): recruitment of trainers, participants, and development of course content • KT evaluation support • Identification of Groups who are interested in being involved • Promotion of online learning module (through Geographic Groups, Fields etc.) • Cochrane Group support re: working group on summaries of Cochrane Reviews in journals including updating learning resources • Cochrane Group support re: working with journalists • Development of resource about using awareness days • Supporting Learning Live webinar on image checklist • Support on work developing learning resources on stakeholder engagement 	<ul style="list-style-type: none"> • Discussion at KT Advisory Group /Geo Groups /Fields regarding greater visibility of community KT activities and dissemination products. How does this link in with other projects (e.g. EMS/ETP)? • KT Advisory Group Discussion on definition for Cochrane: 'embedding KT' – concepts and activities to form longer-term sustainability planning. 	<ul style="list-style-type: none"> • First 3 modules of the dissemination essential training • Completion and evaluation of KT mentoring scheme-cohort 2 • Support of first Cochrane Groups through evaluation process and identification of second wave • Continued support through: <ul style="list-style-type: none"> -Development of webpage support on stakeholder engagement -Completion of KT strategy with Cochrane Croatia -Community Working group to understand more about KT activities/products database needs • Further discussion about development of Cochrane Trainer Network materials for integration of KT (including consumer involvement) in author training materials • Integration and development of EMS to include KT to facilitate flagging and reporting • Organization/invitation and content planning for Cochrane Convenes event – October. Support to Partnerships and Advocacy. • Start development of 'sustainable roadmap' for embedded KT in Cochrane. 	<ul style="list-style-type: none"> • Success of this programme of work against other strategic and competing priorities for next 6-12 months. CRG/other Group engagement and prioritization of their KT plans. 	AMBER
ENABLING OBJECTIVES:						
Improved efficiency: Reducing editorial and production complexities, and simplifying organizational structures to support the global collaboration that is key to Cochrane's work						GREEN
Review & Reorganisation (known as Sustainability & Efficiency review in Q1)	April 2021 – March 2022	<ul style="list-style-type: none"> • Scope agreed & contract signed with Crowe consultant • initial documents sent to Crowe • SMT & Crowe 121s 	<ul style="list-style-type: none"> • At the request of the Board Co-Chairs timeframes of review have been accelerated 	<ul style="list-style-type: none"> • Communications to CET about the process & how CET members can be involved • Thereafter will undertake focus groups with CET members & Crowe will complete the report • TBC timelines for next period 	Multiple questions submitted by CET members for CET webinar suggesting some uneasiness among the broader CET.	GREEN

Sustainability: Realizing our Open Access ambitions by moving towards a new organizational business model that reflects expanded fundraising and delivers long-term sustainability for the whole organization						
Fundraising strategy	Ongoing	Draft fundraising report discussed in the May Board meeting	none	<ul style="list-style-type: none"> 1st Task Force meeting scheduled for 7 July Global Leaders Consulting has agreed to support implementation of the fundraising recommendations over the next 6 months (the Board recommended in May to engage them). 		GREEN
NIHR (UK) negotiations	Pending	<ul style="list-style-type: none"> Started discussions with NIHR re Funders Forum. Now stalled with departure of Mark Wilson. Martin Burton and Nicky Cullum negotiating with NIHR on behalf of Cochrane at this point 	SMT and Board need to agree how negotiations will be handled and communicated; and monitor and plan for impact on UK CRGs and wider organization	Not yet decided	SMT and Board to decide next steps. Also links to OA discussion.	RED
Increased awareness and impact: Increasing the visibility and profile of Cochrane globally; and demonstrating our value and impact to decision-makers and funders						
External communications	Ongoing	<ul style="list-style-type: none"> Media and dissemination support to COVID reviews- packaging and push Confirmation of all Multi-lingual agreements and funding for 21 excluding Spanish 		<ul style="list-style-type: none"> Media and dissemination support to COVID reviews- packaging and push Multi-lingual work planning review – monitoring and evaluation with teams in quarterly meetings. Preparation, organisation, and content planning for Cochrane Convenes: Advocacy and thought leadership initiatives to begin. Future of Fields/Embedding KT and contributions to strategic discussions in May. Departmental support required (Subject Matter Experts) for Dissemination Essentials Training programme beginning in May – October 2021. 		GREEN
Monitoring & Evaluation framework	Oct 2020 – to be decided	<ul style="list-style-type: none"> Conversations with people from Cochrane Groups and the wider community and CET staff from all departments about what data they've been collecting and would help us demonstrate our value and impact as part of workshops and individual meetings, and at the Governance Meetings strategic sessions. Analysed and reported on Cochrane Group finances and resources, and data gaps that would be useful to address in forthcoming Group reporting to support current strategic priorities and decision-making. Started working on possible management metrics aligned to Strategy of Change, and possible approaches and metrics to assess our value and impact to support fundraising. 	The Q1/Q2 delays with the next strategic plan led to delays and uncertainty around how to proceed with M&E during that period, as of Q2 we are now back on track and have agreed priority activities (see next column).	<ul style="list-style-type: none"> First pass of management metrics report for forthcoming Board and SMT quarterly review and incorporating input. Draft possible approaches and metrics to assess our value and impact to support fundraising. Plan and conduct next Cochrane Group reporting to gather 2020 data on resources and key activities/impact to support strategic priorities. 	<ul style="list-style-type: none"> People in CET and Cochrane Groups are very supportive of M&E, willing to contribute, and highly welcoming of more data-driven decisions. However, they are worried that M&E metrics will be decided upon without consulting with them, that they won't be useful and actionable, and that they might be held accountable and at risk for not delivering against certain indicators they did not agree to. Communications, data sharing, and opportunities for engagement around this work will be important. We don't currently have clear and consistent reporting requirements for all Cochrane Groups, and would benefit from putting this in place. We don't have any database or central system to record and access all M&E data consistently, and rely on a lot of manual work, analysis, data sharing, which is prone to errors and inconsistency. This may be worth putting in place in future. 	AMBER

Enhanced accountability: Strengthening communications and engagement with Cochrane members, supporters, and staff; improving diversity and inclusion; and making a commitment through the evidence we produce and how we collaborate to addressing global health and care priorities and reducing health inequities						
Internal communications	Ongoing	<ul style="list-style-type: none"> Internal communications support to Groups/SLACK and changeover of newsletters onto SugarMarket Events planning – Community event March 22 using Hopin 		<ul style="list-style-type: none"> Events: Delivery of Governance Meetings via Hopin platform and coordination of Cochrane Group meetings in May. 		GREEN
Diversity & Inclusion initiative	December 2020 – to be decided	<ul style="list-style-type: none"> Diversity and Inclusion Advisory group formed. Group is made up of a range of community volunteers & will be important in informing the work. We contracted a consultant to help us deliver the listening and learning exercise. They will run the surveys and focus groups and undertake the analysis work. 	No specific issues raised	<ul style="list-style-type: none"> The advisory group will meet to work on ideas for the listening exercise and to inform the first draft of questions. The Programme Board will meet to confirm the overall approach and best use of resources on the project. We would hope to be ready to launch the exercise at the end of quarter 2. 	None noted at present.	GREEN