



Steering Group Meeting Minutes

Meeting held during the 2016 Colloquium

Seoul, Republic of Korea

Thursday 20th -Saturday 22nd October 2016

Approved by Governing Board, 5th December 2016

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Notes & Abbreviations

CSG	Cochrane Steering Group
CET	Central Executive Team
SMT	Senior Management Team
AGM	Annual General Meeting

Members of the CSG present:

Lisa Bero	Co-Chair	All items	LB
Cindy Farquhar	Co-Chair	From Item 4	CF
Mona Nasser	Elected by Authors	All items except 7-8	MN
Martin Burton	Elected by Co-ordinating Editors	All items	MB
Joerg Meerpohl	Elected by Centre Staff	All items	JM
Anne Lyddiatt	Elected by the Consumer Network	All items	AL
Mingming Zhang	Elected by the Consumer Network	All items	MZ
Denise Thomson	Elected by Fields	All items	DTn
Karin Dearness	Elected by Managing Editors	All items	KD
Elizabeth Stovold	Elected by Information Specialists	All items	ES
Marguerite Koster	External member	All items	MK
Catherine Marshall	External member	All items	CM
Michael Makanga	External member	All items	MM

Other attendees:

Mark Wilson	CEO (SMT)	From item 4	MW
David Tovey	Editor in Chief (SMT)	From item 4	DT
Lucie Binder	Senior Advisor to the CEO (SMT)	All items	LBr
Miranda Cumpston	Head of Learning & Support (SMT)	Items 5-14	MCn
Chris Mavergames	Head of Informatics & Knowledge Management (SMT)	Items 5-12	CMs
Charlotte Petridge	CEO, Cochrane Innovations (SMT)	Items 9-10	CPe
Sarah Watson	Head of Finance & Core Services (SMT)	Items 5-14	SWn
Julie Wood	Head of Communications & External Affairs (SMT)	Items 5-14	JWd
Chris Champion	Senior Programme Manager (CET)	Items 5.4.3 and 11-12	CCn
Harriet MacLehose	Senior Editor (CET)	Item 7	HMe
Deborah Pentescio-Gilbert	Editorial Director (Wiley)	Item 7	DPG
Shawn Morton	Publishing Director, Health Science Journals (Wiley)	Item 7	SMn

Todd Toler	VP, Digital Product Management (Wiley)	Item 7	TTr
Julian Elliott	Next Generation Co-ordinator (CET)	Item 9	JEt
Rachel Churchill	Co-ordinating Editor, CCDAN	Item 11	RCl
Sally Green	Director, Cochrane Australia	Item 11	SGn
Karla Soares Weiser	Deputy Editor in Chief (CET)	Item 12	KSW

Summary of Decisions taken

Agenda Item 3	The CSG elected Cindy Farquhar as its Co-Chair for the period October 2016–October 2018. Cindy’s membership of the CSG to take on this role would be ratified by Cochrane members at the Annual General Meeting.
4	The CSG endorsed the proposal to establish a new Cochrane policy establishing a uniform peer review approach for all Cochrane Review author teams and Cochrane Groups.
5.2.1	The CSG supported the five recommendations from the Cochrane Editorial Unit’s Report on Review Quality.
5.3	The CSG approved the registration of a Cochrane Rehabilitation Field.
5.4.1	The CSG approved the revised Cochrane Spokesperson Policy.
5.4.4	The CSG approved the disbanding of the Colloquium Policy Advisory Committee and the formation of the Cochrane Events Network to replace it under the proposed Terms of Reference.
5.5	The CSG approved the Risk Management Report for Quarter 4, 2016.
6.3	The CSG approved the recommendation from the Finance, Investment and Audit Committee to appoint Sayer Vincent as Cochrane’s auditors for the 2016 financial year, for ratification by Cochrane members at the Annual General Meeting.
6.5	The CSG approved the proposed <i>Strategy to 2020</i> 2017 Target areas. The Senior Management Team would work up specific 2017 Targets that would be submitted for formal approval by the CSG in December, alongside the 2017 Plan & Budget.
6.6	The CSG approved the draft 217 Plan & Budget. The Senior Management Team would respond to the recommendations made by the CSG and draft a final version that would be submitted for formal approval in December 2016.
8	The CSG approved the final policies to implement the new Cochrane Governing Board and Council, to be implemented should the new Articles of Association be adopted by Cochrane members at the Annual General Meeting. In addition, it noted proposed next steps for implementation, and approved the continued role of the Governance Working Group in taking these forward.
12.1	The CSG approved the Structure & Function transformation programme for CRGs in its entirety, including the four discrete areas, and committed to provide funding in support of this. A CSG working group would be established to monitor progress and provide strategic input.
12.2	The CSG approved the additional recommendations affecting Cochrane’s geographic-oriented Groups arising out of Paper 2’s organizational Structure & Function Review.

Summary of Actions requested during the meeting

Agenda Item 2	The Scientific Committee should consider the development of official Cochrane position statements, where appropriate on relevant issues.
4	David Tovey should manage the process of identifying new members of the Cochrane Library Oversight Committee for the CSG’s approval, and that these new committee members should review the CLOC’s own terms of reference.
5.2.2	Charlotte Petridge should establish a process for involving of Centres and Fields; and a process for Cochrane Response involvement in Group-initiated work.
5.4.1	The Communications & External Affairs and Department should: i) cross-reference the Spokesperson Policy and the Logo and Endorsement policy; ii) include information about all Cochrane policies in the introductory resources for new Groups.
6.5 i	At their first joint meeting in April, the Cochrane Council and Governing Board should address organizational culture and change in the context of shared Group-contributor-CET responsibility for delivering the <i>Strategy to 2020</i> .
6.5 ii	The Senior Management Team should work with Group Executives to identify ‘community champions’ for each annual Target, who should share responsibility for development and implementation.

6.5 iii	The Senior Management Team should make amendments to the <i>Strategy to 2020</i> Objectives success definitions and proposed 2017 Target areas based on the CSG's feedback before: i) circulating the proposed Target areas to the Group Executives for comment; ii) releasing an open access version of the <i>Definition of Success by 2020</i> document by the end of 2016.
8 i	Miranda Cumpston should check the proportion of the current proposed electorate from native English-speaking countries and Europe (as recorded in Archie).
8 ii	The Remuneration Sub-Committee of the CSG should consider whether the Articles of Association should be changed to allow for remuneration of Board members.
9 i	Julie Wood should recommend to the Global Evidence Summit organizing team the inclusion of diverse/big data on the plenary or special session agenda.
9 ii	Julian Elliott, Chris Mavergames, Charlotte Petridge and David Tovey should develop a Diverse Data Working Group and terms of reference for it.
14 i	The Communications & External Affairs Department should develop a paper on the possibility of central funding to Colloquia.
14 ii	Miranda Cumpston and Lucie Binder should confirm forthcoming dates for CSG (Governing Board) meetings.
14 iii	The CSG Nominating Sub-Committee should develop proposals for the new external Governing Board members.

Apologies

None. Alvaro Atallah (AA) and Holger Schünemann (HS) had both resigned in the preceding three months and were thanked for their service.

1. Welcome, Apologies, Declarations of interest and Approval of the Agenda

LB welcomed everyone to the meeting. She asked for members' declarations of interest in relation to the items on the Agenda. For the benefit of the new external members on the CSG, MB wanted to clarify that, as a Centre Director, he was funded by an external organization to undertake Cochrane activities on a full-time basis. Any decisions affecting the running of the organization would therefore affect him. ES and KD said that they were in the same position as full-time staff of Cochrane Review Groups. LB noted these declarations and no further action was required.

JM asked for an additional item to be added to the Agenda: the potential for central funds to be used to support Cochrane Colloquia. It was agreed that this item would be taken during Any Other Business, and following this, the agenda was approved.

2. Co-Chairs' Report

LB provided the Co-Chairs' Report. She thanked KD, ES, AL, MZ, AA and HS, those members who had just resigned or were stepping down from the CSG at this meeting, for their various excellent contributions over the course of their terms.

In relation to recent correspondence on the Spokesperson Policy, LB confirmed Cochrane did not make position statements on the scientific findings of individual Cochrane Reviews or its other evidence; its [statements and policies](#) were instead focused on overarching themes such as commercial sponsorship of Cochrane Reviews and prospective trial registration. Nevertheless, JM argued that, in principle, there might be occasions on which it was beneficial for Cochrane's advocacy agenda to establish position statements on particular scientific arguments. LB agreed and said that the CSG and SMT were willing to work with Cochrane Groups and contributors to develop official statements; she cited the example of Cochrane's statements on [World Health Assembly](#) agenda items. She asked that the newly established Scientific Committee consider the development of position statements, with particular reference to position statements on scientific arguments.

ACTION: **The Scientific Committee should consider the development of official Cochrane position statements, where appropriate on relevant issues.**

3. Election of CSG Co-Chair

LB explained the nomination process and confirmed that only the CSG members would vote on the proposed nominees; ratification of the CSG decision would take place by the electorate at the forthcoming AGM. Nominations

were confidential to the CSG but voting within the CSG would be open. CF, who was standing for re-election, was not present until item 4 on the Agenda.

The members discussed the relative merits of the two candidates standing. Following an open vote, CF was re-elected.

DECISION: **The CSG elected Cindy Farquhar as its Co-Chair for the period October 2016-October 2018. Cindy's membership of the CSG to take on this role would be ratified by Cochrane members at the Annual General Meeting.**

4. Cochrane Library Oversight Committee (CLOC) Report

This report had been submitted for the CSG's information. DT introduced it and explained [CLOC's role](#) in supporting the Editor in Chief's editorial independence. LB invited comments, and KD asked DT about the report's perspective on the different peer review approaches used by Cochrane Groups. In response, DT said that, in his opinion, disparities in these approaches were fewer than the report implied, but he recognized the need for a new Cochrane policy that would create a uniform peer review approach for all Cochrane Review author teams and Groups; and this was endorsed by the CSG.

DECISION: **The CSG endorsed the proposal to establish a new Cochrane policy establishing a uniform peer review approach for all Cochrane Review author teams and Cochrane Groups.**

DT confirmed that no new members for the CLOC had yet been nominated to replace those stepping down: Lara Fairall; Magne Nylenna (Deputy Chair); and Richard Smith (Chair). It was therefore agreed that DT would manage the process of identifying new members for the CSG's approval, and that these new members would take on the task of reviewing the CLOC's terms of reference, which had been highlighted in the report as needing updating. LB thanked Richard Smith and his fellow committee members for their service.

ACTION: **David Tovey should manage the process of identifying new members of the Cochrane Library Oversight Committee for the CSG's approval, and that these new committee members should review the CLOC's own terms of reference.**

5. Central Executive Team reports, including:

5.1 2016 Strategy to 2020 Targets Update

This update had been submitted for the CSG's information. The SMT joined the meeting and MW introduced the team to the members. He explained the new calendar-year reporting structure for the *Strategy* and all other Cochrane business, and reminded the CSG that they had already received a mid-year *Strategy to 2020* Target report that had also been published on the [Cochrane Community website](#).

He talked through the [Quarter 3 \(July-September 2016\) Organizational Dashboard](#) and highlighted some specific achievements, including a 67% increase in usage on Cochrane.org. Particularly noteworthy was the impact on usage of translated content – visits from non-English language browsers had now overtaken visits from English-language browsers. JM said that when considering the 2017 budget later on in the agenda, the potential impact of translations and the need to provide funding for translation activities should be considered.

Strategy to 2020 Targets in 2016 had been progressing well over the last Quarter and most were in 'green', MW explained, meaning they were expected to deliver on time and in scope. However, the Enhanced Cochrane Library project had become more complex and time-consuming for the Central Executive Team than previously envisaged, with additional staff and expenses required to support the project. He confirmed that a delivery date for the new Library platform would be delayed from the end of January to the end of Quarter 1 2017. Wiley was aware of Cochrane's dissatisfaction on this matter. Overall, though, MW said that he was pleased and proud of the work the CET and Cochrane Groups had been doing to operationalize the *Strategy to 2020* in 2016.

5.2 Editor in Chief's Update, including:

5.2.1 Cochrane Editorial Unit (CEU) Report on Review Quality

This report had been submitted for the CSG's information. MB thanked DT and his team for it and said that it was an important document given the organization's strategic focus on high quality. He noted the lack of quantitative data on Cochrane Review Groups' (CRG's) performance and the limitations this placed on measuring improvement.

In response, DT said that the CEU's approach to quality assurance, as formalized in the [Quality assurance and editorial process integrated plan](#), was new, and that there was not a lot of comparison data available at this point. However, he wanted the CSG to be aware that the standards of quality assurance being provided by CRGs was still too variable: one quarter to one third of CRGs were, from time-to-time, submitting Cochrane Reviews with important failings; and additionally, on-demand screening and copy-editing support provided by the CEU were often being used by CRGs to plug gaps in their own editorial processes. His conclusion was that further increases to the CEU budget would not address the issue – fundamental changes were needed at Group level and in the editorial production process to ensure consistently high-quality editorial outputs. MW agreed, adding that organizational [Structure & Function reforms](#) were at the heart of the process and management changes required.

The CSG supported the five recommendations in the Quality report: i) Develop an agreed rejection policy and process to help address continuing issues around volume and capacity; ii) Increase the transparency of quality assessments within the Cochrane community; iii) Develop and implement a pre-publication check on abstracts and Summary of Findings tables accompanied by ongoing cyclical audits with a validated tool on published content; iv) Continue to work with colleagues within CRG teams and the Learning and Support Department to ensure that learning resources and opportunities are available for editorial teams, including 'real-time' screening sessions; v) Continue to provide an 'on demand' screening service and screen high priority reviews from the Cochrane-wide prioritization list and reviews being considered for media dissemination.

DECISION: **The CSG supported the five recommendations from the Cochrane Editorial Unit's Report on Review Quality.**

DT thanked the CSG for recognizing the CEU's concerns about performance and management of CRGs.

5.2.2 Targeted Update Report

This report had been submitted for the CSG's information. MK thanked the authors for an excellent report. She agreed with the conclusion that there was an external market of guidelines developers for a Targeted Updates product, particularly in the USA where she had experience. She raised the concern that there might be potential conflict between CRGs and CET in completing the updates. DT said that the approach was to support the relevant CRG to complete the update if they had the capacity to do so and to continue to promote collaboration; this activity was a 'win-win' for all areas of the organization.

JM requested that Centres and Fields also be involved and that a process be established whereby Groups who have been approached by external organizations to undertake rapid reviews could be guided by Cochrane Response in terms of pricing and other policies. And in response to a question from KD, DT said the plan would be to add the targeted updates as a separate database to the Cochrane Library to differentiate them from full Cochrane Reviews.

CPe confirmed that the targeted update method would be continued as part of the Cochrane Response offering. LB said that in future, this kind of Agenda item should additionally be reviewed by the Council, which would consider its operational elements.

ACTION: **Charlotte Pestrige should establish a process for involving of Centres and Fields; and a process for Cochrane Response involvement in Group-initiated work.**

5.2.3 Project Transform & Covidence

DT spoke to this item and said that in general, [Project Transform and its four components](#) were progressing well and that a critical step would be implementation of the new developments across the organization. Matched funding from the NHMRC in Australia had brought total funding on the project to £1 million. Updates on project progress were provided regularly to the community on the Cochrane Community website.

Progress on Covidence was more mixed. It had been developed, released, and available for a year; and whilst external use of the author support tool was showing outstanding growth, use of Covidence by Cochrane Groups had so far been disappointingly slow. In response, the Covidence team was now working on the required technical changes to ensure Covidence better met Cochrane Groups' needs, and an update to the software was imminent. Further internal promotion of the product would continue. Data extracted through Covidence was usable for Cochrane's linked data work and would be available to Cochrane members in future.

5.3 New Rehabilitation Field Application

DTn introduced this item. She said that despite the ongoing Structure & Function review of Fields and changes to them, this new proposed Group was extremely well designed and orientated towards possible future functions for Fields, particularly Knowledge Translation. MW agreed, saying that it was an excellent proposal that showed the Rehabilitation Field's members were already working effectively as an international network, and that their approach offered a model for exciting new forms of collaboration by Groups across Cochrane.

DECISION: The CSG approved the registration of a Cochrane Rehabilitation Field.

5.4 Communications & External Affairs Department reports:

5.4.1 Spokesperson Policy Revision

JWd spoke to the policy revision and said that the aim was to reduce ambiguity in applying the policy and to provide more examples of how it could be used in practice. CF asked for it to cross-reference the [Logo and Endorsement Policy](#), so that the body of information was easily available to readers.

MZ said that it would be useful to include the policy and associated policies in the introductory resources for new Groups. LBr explained that official Cochrane policies such as the Logo and Endorsement Policy were being transferred from the old Organizational Policy Manual to a new area on [Cochrane.org](#). Other operational information was being updated and located on the Cochrane Community site. The Manual itself would be disbanded once these actions were completed and appropriate internal communications issued.

DECISION: The CSG approved the revised Cochrane Spokesperson Policy.

ACTION: The Communications & External Affairs and Department should: i) cross-reference the Spokesperson Policy and the Logo and Endorsement policy; ii) include information about all Cochrane policies in the introductory resources for new Groups.

5.4.2 Update on Partnerships

CM introduced this standing information item. She commented on the great range of organizational partnerships and asked what CSG members could do to cement and increase partner links. JWd said that CSG members were already contributing in that way and asked others to come forward as they wanted to, by email to her. She also said that a 'Partnerships Pack' would be developed by the end of Quarter 1 2017 to support Groups in taking forward their own partnerships.

5.4.3 Update on Membership

CM introduced this information item, for which CCn had joined. She asked whether membership would be fee-based; CCn confirmed that it would not. JWd said the first priority was to create a system to identify current members and the scope of their membership, and the next step would be to establish criteria at which new Cochrane supporters would be eligible to become members. In relation to the membership scheme's impact on organizational governance, MW clarified that in the interim period until the membership scheme was established, any approved changes to the concept of membership of Cochrane – and associated voting rights – in the organization's Articles of Association at the forthcoming AGM would be dealt with via the content management system, Archie. All the technology systems would be integrated with each other to support the membership scheme.

5.4.4 Cochrane Policy Advisory Committee /Events Network

JWd introduced this item and confirmed that the Cochrane Policy Advisory Committee, a sub-committee of the CSG, would be disbanded and replaced by the Cochrane Events Network. Decisions about locations of Colloquia would continue to be taken by the CSG.

DECISION: The CSG approved the disbanding of the Colloquium Policy Advisory Committee and the formation of the Cochrane Events Network to replace it under the proposed Terms of Reference.

5.5 Risk Management Report (Q4)

MW spoke the report and highlighted the increased risk of currency fluctuations in light of the unsteady state of the GBP. No other changes to the report had been made since the last CSG meeting. LB said that work to improve the quality of Cochrane Reviews was a mitigating step against loss of business to external competition.

DECISION: The CSG approved the Risk Management Report for Quarter 4, 2016.

6. Finance

6.1 2016 Financial Year Update

6.2 Trading Company Directors' 2015 Report & Financial Statements

As Treasurer, MB reported back on the Trading Company Director's meetings. The CSG recommended a review of the future role of the Trading Company.

6.3 Appointment of Cochrane Auditors

SWn explained that was good practice for charities to re-tender for auditors from time-to-time, which had been the rationale for this tender process. MB said that of all the auditors responding to the tender, Sayer Vincent was the most impressive and offered added services such as training. They briefed the CSG on the tender process and the reasons for their unanimous proposal to appoint Sayer Vincent as Cochrane's auditors for the 2016 financial year.

DECISION: The CSG approved the recommendation from the Finance, Investment and Audit Committee to appoint Sayer Vincent as Cochrane's auditors for the 2016 financial year, for ratification by Cochrane members at the Annual General Meeting.

6.4 Cochrane Canada Update

LB explained that the decision to approve strategic support funding to Cochrane Canada had already been made at the CSG meeting in London in April as it had met the CSG's criteria for Bridge Funding support from central Cochrane funds.

MW explained that the funding was in the process of being transferred to the Canadian Groups, and would be linked to deliverables.

6.5 Proposed 2017 Strategy to 2020 Targets

MW and LBr introduced the *Definition of Success by 2020* document, explaining that it provided a definition of success by 2020 against each of the *Strategy Objectives*; an assessment of predicted progress by the end of 2017; and a framework for establishing the work remaining to be done to reach that definition of success. The document would be a valuable tool relevant until 2020, but developed and updated as work was completed and the organization adapted to new circumstances. He said that it would be made available to the wider community once the CSG had commented on it and resulting changes had been made. CF asked the CSG to consider whether definitions of success were correct, and identify obstacles to success.

The CSG members provided their feedback against each of the 28 Objectives and the proposed Target areas for 2017. Overall, the CSG supported the definitions of success proposed by the SMT against the *Strategy to 2020* Objectives, but supported the idea of fewer annual Targets and encouraging greater engagement from the wider Cochrane community in delivering them. DT reiterated that the Targets were not a measure of CET success, but of wider organizational achievement. JWd supported this, saying that business culture change required organizations to focus on "one issue at a time". MB spoke to the need for a review of Cochrane's culture and an analysis of what elements should remain and what should change. He proposed, and it was agreed, that the first joint meeting between the Cochrane Council and the Governing Board should include a discussion about organizational culture and change in the context of shared Group-contributor-CET responsibility for delivering the *Strategy to 2020*.

ACTION: At their first joint meeting in April, the Cochrane Council and Governing Board should address organizational culture and change in the context of shared Group-contributor-CET responsibility for delivering the *Strategy to 2020*.

MK went on to recommend that designated 'community champions' be identified for each annual Target, who could share responsibility for development and implementation. LBr confirmed that annual reports on the delivery of previous Targets were available on the [Strategy to 2020 pages](#) on the Cochrane Community site.

DECISION: The CSG approved the proposed *Strategy to 2020* 2017 Target areas. The Senior Management Team would work up specific 2017 Targets that would be submitted for formal approval by the CSG in December, alongside the 2017 Plan & Budget.

- ACTION:** The Senior Management Team should work with Group Executives to identify ‘community champions’ for each annual Target, who should share responsibility for development and implementation.
- ACTION:** The Senior Management Team should make amendments to the *Strategy to 2020 Objectives* success definitions and proposed 2017 Target areas based on the CSG’s feedback before: i) circulating the proposed Target areas to the Group Executives for comment; ii) releasing an open access version of the *Definition of Success by 2020* document by the end of 2016.

6.6 2017 Plan and Budget

MW clarified that the proposed Plan & Budget was for initial decision by the CSG, but that a final version would be presented for approval at the CSG’s teleconference on 5th December 2016.

- DECISION:** The CSG approved the draft 217 Plan & Budget. The Senior Management Team would respond to the recommendations made by the CSG and draft a final version that would be submitted for formal approval in December 2016.

7. Cochrane-Wiley Publishing Update:

7.1 2016 Work Plan Update

DPG, SMn and TTr and HMe were welcomed to the meeting for Item 7; MW introduced them to the new external members of the CSG. JM introduced the item and offered his congratulations to both the Wiley and Cochrane teams for their work in the various areas that the Work Plan Update covered, although he wanted to focus discussions on the delay to the delivery of the [Enhanced Cochrane Library](#).

As background, TTr explained why the current Wiley Online Library had no longer been meeting Cochrane’s requirements and a new, bespoke platform had been proposed. He said that existing development delays were within the “normal range” for such complex technology projects, but highlighted the issue of the complexity of the tripartite relationship between Cochrane, Wiley, and Semantico – the third party developer of the new platform. To address those delays, he explained that Semantico had added human resources to the project; tripartite ‘scrum’ teams had been established; and Wiley had also added resources. HMe said that a more granular, comprehensive project plan was being developed that would provide a more accurate picture of work left to do.

DT added that Cochrane had appointed an additional project manager to support the development of the Enhanced Library (Ahmad Ali) to help manage and respond to the increased face-to-face contact between the Cochrane and Semantico development teams that was now required. TTr said that the new expected release date for the finalized Enhanced Cochrane Library would be the end of Quarter 1 2017 – with an estimated 80% certainty on this. LB asked about changes to scope and TTr confirmed that quality and scope were taking precedent over timelines as a principle.

7.2 Publishing Management Team Dashboard

Going on to other areas of the Cochrane-Wiley report, DPG explained that royalties continued to exceed expectations due to strong licence sales worldwide. Cochrane Clinical Answers had been incorporated into the main Cochrane Library as they had not sold well as a stand-alone product but would support the Cochrane Library as the ‘home of evidence’.

8. Governance Reform (including: Update and Review of documentation)

DTn introduced the item and provided an overview of the proposed [governance reforms](#). She explained that the process had been ongoing for two years under the leadership of a Governance Reform Working Group, and had been addressing both CSG and wider organizational governance improvements.

The Steering Group would become a Governing Board, with six internal and up to five external members standing to be elected on the basis of different areas of expertise. Members of the Board would continue to serve three-year terms as standard, with Co-Chairs serving two-year terms; both would be eligible to stand for a maximum of two terms, although during the transition to the new structure some new internal members would stand for shorter periods to ensure balanced rotation. She noted that by the end of 2017, all current internal members (MN, MB, JM, and DTn) would have reached the end of their current terms – either first or second.

MZ asked how internal candidates from LMIC and non-English speaking countries could be fairly represented; MCn said that the candidate rules would not specify country of origin, but should it be unbalanced upon election, external

membership could specify specific geographical representation. JM raised the concern that internal voting might favour European candidates. DTn spoke in support of *Strategy to 2020* plans to implement leadership training for new leaders that would promote gender, generational, and geographic change – encouraging new Cochrane members to run and to vote. MW agreed that the risk was legitimate and that the governance system could be adapted as and when required to specify candidates from particular constituencies if the Board felt broader representation was needed.

ACTION: **Miranda Cumpston should check the proportion of the current proposed electorate from native English-speaking countries and Europe (as recorded in Archie).**

CM raised the issue of the remuneration of external members who might be taking unpaid leave from their normal jobs to fulfill their Board responsibilities for Cochrane. It was agreed that this would be considered by the Remuneration Sub-Committee of the Steering Group (Board), for future consideration. Any change would require further amendment to the Articles of Association.

ACTION: **The Remuneration Sub-Committee of the CSG should consider whether the Articles of Association should be changed to allow for remuneration of Board members.**

DTn said that next steps were to: i) elect new internal members to the Board; ii) establish the Council; iii) undertake a review of the structure and functions of Executives. She proposed continuing the Governance Reform Working Group (re-named the ‘Governance Working Group’) to take this forward, possibly with refreshed membership. The CSG agreed to this.

DECISION: **The CSG approved the final policies to implement the new Cochrane Governing Board and Council, to be implemented should the new Articles of Association be adopted by Cochrane members at the Annual General Meeting. In addition, it noted proposed next steps for implementation, and approved the continued role of the Governance Working Group in taking these forward.**

9. Future Evidence Systems: Cochrane & Big Data

JEt and CPe were welcomed to the meeting, and they were introduced to the new external members of the CSG. LB spoke to the item and thanked the authors for the paper, requesting more information on what kinds of diverse data were under discussion and how that might be operationalized in Cochrane’s context. JM said that, from his perspective, responding to ‘diverse (big) data’ was the biggest challenge that Cochrane faced over the next 10-15 years. MB said that the issue remained conceptually difficult to grasp and that concrete examples would be helpful, but he agreed in the strength of the movement. JEt said that the global trend in all topic areas was to make data more structured and electronically available. This had many advantages for Cochrane given the need for trusted sources of that structured data.

ACTION: **Julie Wood should recommend to the Global Evidence Summit organizing team the inclusion of diverse/big data on the plenary or special session agenda.**

ACTION: **Julian Elliott, Chris Mavergames, Charlotte Pestrige and David Tovey should develop a Diverse Data Working Group and terms of reference for it.**

9.1 Open Research Data

This paper was noted for information. The paper recommended that a consultation on open data take place and a policy developed. The CSG agreed with this approach.

10. Innovations Update

CPe introduced the general Cochrane Innovations strategy.

10.1 Linked Data Commercialisation Strategy

10.2 Online Learning Modules Business Case

10.3 Cochrane Response Update Report

The CSG noted the report. CPe thanked the CSG for its continued support.

11. Knowledge Translation Strategy

The CSG welcomed SGn and RCI to the meeting for this item. DTn, SGn and RCI were chairing the Knowledge Translations Working Group. JM thanked the authors for an excellent paper. He said KT had potentially the biggest impact for Cochrane to improve healthcare. However, implementation was always regional and topic specific, and also costly. He questioned whether one strategy could really be effective. Partnerships and possibly associated external funding would be essential right from the beginning. LB said that the principle of the strategy wasn't to impose a uniform policy but to reduce duplication of effort internationally by creating an overarching organizational framework that could be implemented in different contexts.

In response to the questions posed in the paper, the CSG confirmed that the strategy was developing as it expected. The CSG asked for 'citizens' to be renamed as 'communities' or another similar term that was not associated with nationality. In response to a question about prioritized target audiences (MK had strongly recommended that knowledge brokers be considered as end users; CM added funders to the list) SGn asked the CSG to provide a steer on where energies should first be targeted given the potentially huge scale of the task. JM said that highest impact and funding should be the deciding factor; and that targeting policy-makers who implement Cochrane evidence were the obvious choice for changing practice. There was general agreement on this.

In terms of funding, MB said that it was available for KT as a principle. MW clarified that the Plan & Budget had relatively little spending on KT in 2017 as the strategy was finalized, but from 2018 onwards it would be a key strategic area of expenditure as proposals for implementation were developed. SGn and RCI were thanked for their work and left the meeting.

12. Structure & Function Review:

The CSG welcomed KSW to the meeting for this item.

12.1 Paper 1: Creating a more sustainable review production system for the Cochrane Library

DT introduced Paper 1. He explained that it contained modified proposals that would still enable Goal 1 Objectives to be achieved and desired outcomes obtained, but had responded to the concerns of the CRGs on previous iterations of the proposal prepared after the CSG decisions made in April 2016. He emphasized the continued importance of the [Quality assurance and editorial process integrated plan](#) (proposal 4); and three new proposals: i) establishing a new Editorial Board; ii) establishing new accountability mechanisms; iv) undertaking a sustainability review. In relation to the last point, the desired end point was the quality of Cochrane's products – principally the Cochrane Library. He confirmed that the CEU was confident that the proposals could be delivered as set out.

KSW reinforced DT's points and emphasized the importance of listening to CRGs' concerns. She said that CRG working needed to be made more consistent through the provision of new and different kinds of support to them from the CEU.

KD emphasized the importance of internal communications to managing change – if new processes or methods were being introduced, they had to be consistently and repeatedly communicated, and appropriate training and support provided. MB said that the sustainability review would have to consider structure and function from an external perspective, making the organization's structure easier to understand. JM said that the issue of production speed was critical to address – and more quickly than was currently proposed.

DECISION: The CSG approved the Structure & Function transformation programme for CRGs in its entirety, including the four discrete areas, and committed to provide funding in support of this. A CSG working group would be established to monitor progress and provide strategic input.

12.2 Paper 2: Cochrane's Geographic Presence

MW introduced this item, explaining that the paper considered the work of Cochrane's geographic-oriented Groups within an organizational perspective. MB thanked MW for the paper and said he was very happy with the direction of travel. He asked MW to comment further on the issue of Centre governance, which would be discussed the following day at the Centre Directors' Board and had been creating debate within that community. MW explained to the CSG that a mutual accountability mechanism between Centres and the CEO has been proposed via a 'Collaboration Agreement' (but not between the Central Executive and Associate Centres and Affiliates, which would report to their associated Centres). He explained that the document established – at last – fundamental principles of collaboration and accountability, and the minimum commitments between the parties. It had the flexibility to be signed by the

Centre Director, and if required by the Centre, its host institution. There had been considerable negotiation on issues regarding the modalities of implementation of the Collaboration Agreement, but that he was confident it would be endorsed by the Centre Directors Board.

MN asked MW how resource intensive the management of the accountabilities between the parties would be for the CEO's Office. MW recognized the management challenge but was confident that the capacity was available.

DECISION: The CSG approved the additional recommendations affecting Cochrane's geographic-oriented Groups arising out of Paper 2's organizational Structure & Function Review.

12.3 Paper 3: Cochrane Fields: An Update on proposals

CCn introduced this update item and explained why the Fields proposals had been put on hold in light of the work on the Knowledge Translation strategy, which would become a critical function of Fields in the future. Once developed, the planned proposals would address how the structure and function of Fields could change to respond to the KT strategy in both thematic and geographic areas.

In response to a question from MB, CCn said that removing Fields as a Group-type would be considered as part of the review, but given that other Group-types were also not being designed from 'scratch' and that, in particular, the capacity of CRGs to take on new activities was limited, the requirement for Fields to fulfill functions for the organization was still present. MW concurred with this statement. He referred to the newly established Rehabilitation Field and said that it provided a model that was replicable to the benefit of the organization.

13. AGM Preparation

The CSG reviewed the agenda for the AGM to be held on Tuesday, 25th October.

14. Any Other Business

MN reported that the Methods Executive had raised concerns about the proposed governance reforms and had suggested a new definition of methods expertise required on the Board, which the CSG agreed to consider. The CSG encouraged members of Methods Groups to put themselves forward to election to the Board in the future. LB had already written to the Methods Executive to confirm the importance of methods to Cochrane, and the principle of an open election system for internal Board members without quotas. The CSG recognized the Methods Executive's concerns; LB and CF agreed to speak to Jane Noyes, the Exec's chair, at the forthcoming Colloquium.

JM raised the issue of central funding for the Colloquium. It was agreed that a paper would be developed to explore the issues around this.

ACTION: The Communications & External Affairs Department should develop a paper on the possibility of central funding to Colloquia.

The CSG agreed it was not necessary to meet face-to-face in early 2017. Instead it was agreed to use GoToMeeting rather than a landline teleconference to facilitate face-to-face communication at future virtual meetings.

Dates of next face-to-face meetings:

It was tentatively agreed that:

- The Governing Board (replacing the CSG) would meet on the afternoon of 5th April 2017 and for two full days on 6th and 7th April at the mid-year meeting in Geneva. The paper from the Diverse Data Working Group would form the focus of the strategic meeting on the 5th April.
- The Board would meet on 10th-11th September at the Global Evidence Summit in Cape Town; LB would send her apologies. The Executives would meet on 12th September. The possibility of a development day on 9th September would be agreed at a later date. The AGM would be on 14th September.

ACTION: Miranda Cumpston and Lucie Binder should confirm forthcoming dates for the Governing Board meetings.

As its last item, the CSG agreed that the Nominating Sub-Committee of the CSG would develop proposals for the new external Board members.

ACTION: The CSG Nominating Sub-Committee should develop proposals for the new external Governing Board members.

The Central Executive Team was thanked for its work and participation at the meeting; LBr was thanked for taking the minutes. The CET members left and the CSG finished the meeting with Board-only time.

---MEETING END---