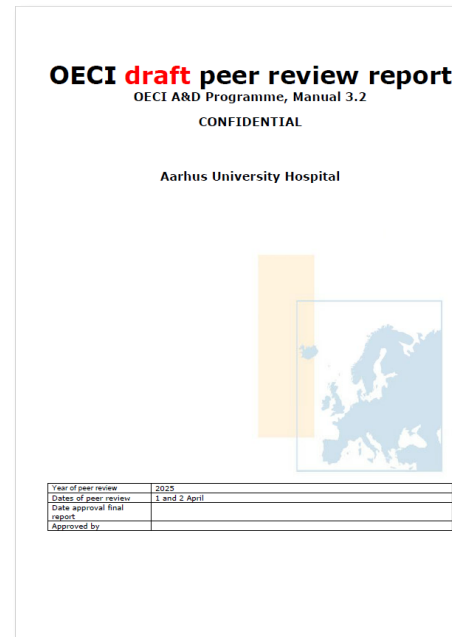


Dialogmøde OECl rapport



Dato: d. 23. juni 2025

Deltagere: Auditdeltagere, CCC-Forum ambassadører, AL-kredsen, CCC-Styregruppe og CCC-Sekretariat

Indhold på mødet

- Gennemgang af OECl rapport
- Proces for høring
- Fremadrettet arbejde med forbedringsplan og handleplaner
- Dialog og spørgsmål

Med Aarhus CCC løfter vi kræftindsatsen ved at se på tværs. Arbejdet er en del af AUH's transformation.



Patienten oplever sammenhæng i diagnostik, behandling og forløb, og vi sikrer en indsats efter højeste faglige og internationale standard.

Kræftindsatsen omfatter
Henvisning, udredning, behandling, senfølger, psykoonkologi, forskning og uddannelse;
Patient, Pårørende, Hospitaler, Alment- og Specialpraktiserende Læger, Terapeuter, Kommuner og Private tilbud.

OECl rapporten



Appendix 1: Overview of the auditor scores

§	Yes	%	Mostly	%	Partially	%	No	%	n/a	%	n/v	%	Sum Tot	Check
Chapter 1														
Score audit team	2	18.2	2	18.2	5	45.5	2	18.2	0	0.0	0	0.0	11	100.0
Chapter 2	Yes		Mostly		Partially		No		n/a		n/v		Tot	
Total	30	57.7	8	11.5	12	23.1	4	7.7	0	0.0	0	0.0	52	100.0
Chapter 3	Yes		Mostly		Partially		No		n/a		n/v		Tot	
Total	26	68.4	4	10.5	7	18.4	1	2.6	0	0.0	0	0.0	38	100.0
Chapter 4	Yes		Mostly		Partially		No		n/a		n/v		Tot	
Total	19	67.9	2	7.1	7	25.0	0	0.0	0	0.0	0	0.0	28	100.0
Chapter 5	Yes		Mostly		Partially		No		n/a		n/v		Tot	
Total	12	92.3	0	0.0	1	7.7	0	0.0	0	0.0	0	0.0	13	100.0
Chapter 6	Yes		Mostly		Partially		No		n/a		n/v		Tot	
Total	33	91.7	2	5.6	1	2.8	0	0.0	0	0.0	0	0.0	36	100.0
Chapter 7	Yes		Mostly		Partially		No		n/a		n/v		Tot	
Total	65	68.4	20	21.1	10	10.5	0	0.0	0	0.0	0	0.0	95	100.0
Chapter 8	Yes		Mostly		Partially		No		n/a		n/v		Tot	
Total	18	34.0	7	13.2	24	45.3	4	7.5	0	0.0	0	0.0	53	100.0
Chapter 9	Yes		Mostly		Partially		No		n/a		n/v		Tot	
Total	8	42.1	6	31.6	1	5.3	4	21.1	0	0.0	0	0.0	19	100.0
Total	213	61.7	49	14.2	68	19.7	15	4.3	0	0.0	0	0.0	345	100.0

75,9% af substandarderne er scoret 'yes' eller 'mostly', og 24% af sub-standarderne er scoret 'partially' eller 'no' af OECl.

70-75 % ("yes + mostly") = rigtig godt

Gået fra 36 ikke opfyldte områder i selvevalueringen til 83 handleplaner/områder der ikke opfyldes (47 ekstra)

Opmærksom på OECl's vurdering ud fra cyklusser

Yes	The indicator has been on a wide scale in the cancer centre and the Deming-cycle has been completed at least twice (> in third cycle)
Mostly	The indicator has been implemented in most of the critical places in the cancer centre and the Deming-cycle has been completed at least once (> in second cycle)
Partially	The indicator has been implemented on project basis or on a modest scale in the cancer centre or the Deming-cycle has not been completed (Do)
No	The indicator does not get attention or there are plans to start working on the indicator (Plan)
Not applicable	The indicator is not applicable in the cancer centre / the centre is not responsible for this indicator due to the health care system
Not verified	The auditors have not addressed this indicator and are not able to provide a verified answer

Generelle bemærkninger

- Engagerede og motiverede medarbejdere
- Mindset for kvalitetsforbedringer
- Velforberedt besøg
- Godt indtryk af kvaliteten af plejen
- Sund: mad og motion



Styrker

- Nationalt system eks. guidelines og patientforløb
- Udstyr og IT-arkitektur
- Forskningsoutput på højt niveau
- Proton center
- Nuklearmedicin og PET
- Samarbejdet med Kræftens Bekæmpelse
- MDT tradition og organisering
- PRO-data



SKAL opfyldes inden for et år

1. Governance structure:

- There is a **CCC Board**, but a clear mandate and positioning within the matrix of the organisation is lacking.
- The CCC board should define a **vision and strategy that contains priorities** for the coming years.
- The CCC board should have **formal involvement in annual budgeting- and investment processes**
- The CCC board has to decide on a **formal liaison and close cooperation with the CCC Research Board**
- We **advise formalising the relationship with the University regarding the CCC** and decide on a formal mandate of the designated representatives in CCC Board and CCC Research Board.
- In line with the above recommendations, **the organisation chart** should be revised (in a more formalised matrix structure).
- Define a **quality and data policy** at CCC Board level to serve the board's needs and enabling them to monitor the strategic objectives.
- Define a **policy on Internal branding** of the CCC for both staff and patients.

2. Cancer Research Board

As a first-year priority, the structure and functioning of the Cancer Research Board should be improved:

- First to execute the intended re-structuring of the **CCC Research Board** as an entity apart from the AUH overall research board. Its role, mandate, and position relative to the CCC Board and hospital executive should be clearly defined. The Translational Cancer Centre Network should be integrated into the CCC Research Board.
- A **CCC Scientific Advisory Board (SAB)** should be established and convened within the first year.
- **Formalise the relation with the University** on the CCC and decide on a formal mandate of the designated representatives in CCC board and CCC research board.
- We advise to combine a bottom up and top down approach and **define a strategy with research priorities** within 6-9 months.
- Define an **internal quality policy on the grant submission process**
- **The relationship with basic research groups should be clearly structured.**
- A uniform policy and SOPs for clinical trials in cancer is advisable as well as a **common database** and a standardised patient recruitment process through the MDTs.
- Regarding the choice of a **trial management system**. IF a system is chosen (for instance trial manager) ensure that all departments only use that system!"

Øvrige muligheder

- Work on the CCC specific Quality management system by defining a quality policy on cancer care quality.
- Formulate a Data- and digital cancer strategy
- Pharmacy
- Pathways for survivorship and palliative care
- Prehabilitation programme.
- CCC patient council.
- Specific educational programme in oncology and dedicated oncology education strategy
- Use the national biobank and centralise all small biobanks
- Spatial multidisciplinary cooperation in oncology outpatient setting.
- Duplications in infrastructure and facilities
- Breaking down departmental silo's and giving priority to the patient pathway and cross-process management vision - benchmarking with more advanced organisations



Refleksioner i CCC-Styregruppen

- Ikke overraskende tilbagemelding fra OECl – lig preliminary results
- AUH gør det rigtig godt, og ligger højt på scoring
- Fokus på at arbejde med de områder og udviklingsmuligheder, der giver mening og relevans for Aarhus CCC
- Opmærksom på arbejdet med governance struktur for CCC og kræftforskningsområdet – skal opfyldes inden OECl genbesøg i april 2026
- CCC-Styregruppen anbefaler, at der i første omgang arbejdes med spor omkring Governance, Forskning samt Kvalitet og data.

Bemærkninger til OECl

Der kan indsendes bemærkninger til OECl, og efterfølgende modtager vi en endelig rapport.

Høring på AUH:

- OECl rapporten sendt i høring på AUH d. 4.-27. juni
- Auditdeltagere, CCC-Forum ambassadører, AL-kredsen og Hospitalsledelsen
- Frist for indsendelse af bemærkninger **d. 27. juni**
 - Sendes til CCC-Sekretariatet: auh.ccc-funktionpostkasse@rm.dk
- Tak for tilbagemeldinger indtil videre

OECl rapporten - eksempel

1. Governance

§	Yes	%	Mostly	%	Partially	%	No	%	n/a	%	n/v	%	Sum Tot	Check
Chapter 1														
Score audit team	2	18.2	2	18.2	5	45.5	2	18.2	0	0.0	0	0.0	11	100.0
Score centre	9	81.8	0	0.0	1	9.1	1	9.1	0	0.0	0	0.0	11	100.0

OECl scoring samlet for kap 1. Governance

Standard 1: Structure of the cancer centre – identifiable entity

Auditors findings
The Cancer Centre has initiated the formation of a CCC Board and a Research Steering Group. However, its strategic plan lacks specificity, the board's mandate—particularly regarding budget and investments—is unclear, and there is no established policy on data and quality. Although a moderate budget has been allocated for accreditation, broader quality data and overall care and research budgets are not visibly addressed. Key decisions, especially financial ones, are made at the hospital or university level and although there is an advisory role in practice, there is no formal role for the Cancer Center yet. Moreover, many scientific and technical activities occur at the regional level in cooperation with the University; it is not clarified what decisions the Cancer Centre is truly responsible for.

OECl bemærkning til opfyldelse af hele standarden (kan indeholde flere kriterier)

The cancer centre has an identifiable governing entity (board of directors / executive committee).

#	Standard	Score	Auditor score
1	CORE The cancer centre has an identifiable governing entity (board of directors / executive committee with accountability for: - Strategic plan for cancer care - Plan for research - Quality and safety - Budget.	Yes	Partially

OECs scoring sammenholdt med AUHs selvevaluering

Foreløbige bemærkninger

CCC-Styregruppen

- har valgt ikke at lave bemærkninger, når OECl vurderer fra "Yes" til "Mostly"
- har bemærkninger til 10 kriterier, heraf 8 med ændringsforslag til Yes/Mostly.

Eksempel:

Feedback and comments form			
Standard and question (e.g std .., q..)	Feedback/comment of centre	Alternative wording	Change accepted Yes/No*
Chapter 1 Governance Standard 1.1	We do not agree, that our CCC-Board should have their own budget. We are a part of a University Hospital, and cannot have a budget for cancer for the CCC-Board alone. The CCC-Board will have a counselling role a financial priorities at the hospital, and suggestions for developments areas to the hospital management board		
Chapter 1 Governance standard 3.1	AUH has a written strategic plan. We can add an appendix with priorities and specific aims for research performance. Is it partially because the deming-cycle has not been completed?	Change to "yes"	

Fremadrettet proces

- Bemærkninger sendes til OECI d. 30. juni
- Forbedringsplan og handleplaner (juli-september)
 - Involvering af relevante personer/afdelinger
 - Prioritering af udviklingsområder
 - Godkendelse af HL midt september
- OECI skal godkende endelig rapport og forbedringsplan (september/oktober)
- OECI genbesøg forventeligt april 2026

Refleksionstid - 5 min

- Betydning for egen afdeling?
- Spørgsmål til OEI rapporten?
- Spørgsmål til arbejdet i Aarhus CCC med fokus på de tre udvalgte områder:
 - Governance
 - Forskning
 - Kvalitet og data
- Andre refleksioner?

Spørgsmål og dialog

