

# October - December 2025 Environmental Cleanliness Audit Dashboard

as of 19 February 2026 15:07

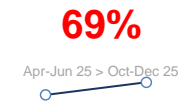
Percentage of bi-monthly audits completed in this period for 39 areas



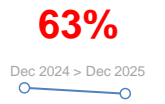
Percentage of quarterly audits completed in this period for 102 areas



Percentage of the 6-Monthly audits completed to date for 72 areas



Percentage of Managerial audits completed to date for 229 areas

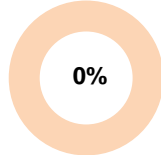


## Standard Achieved in the Completed Bi-Monthly Audits

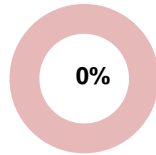
Scores in Green



Scores in Amber

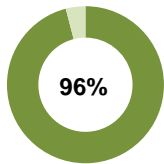


Scores in Red

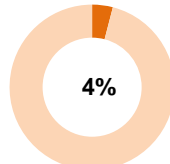


## Standard Achieved in the Completed Quarterly Audits

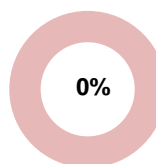
Scores in Green



Scores in Amber

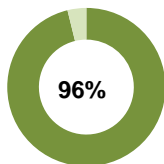


Scores in Red

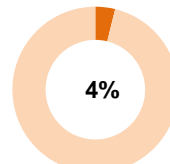


## Standard Achieved in the Completed 6-Monthly Audits

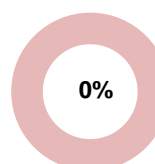
Scores in Green



Scores in Amber

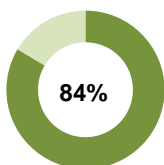


Scores in Red

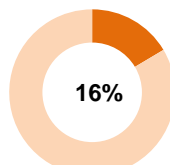


## Standard Achieved in the Completed Managerial Audits

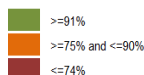
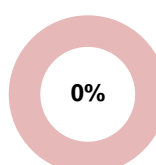
Scores in Green



Scores in Amber



Scores in Red



## Key Learnings:

The number of managerial audits completed to date for the 229 areas is slightly below the figure from last year as a number of Managerial audits have been cancelled and work is being undertaken to reschedule the audits . An additional piece of work is also ongoing to review the Managerial audit scheduling process for the Altnagelvin Hospital site, Waterside Hospital and a number of areas on the OHPCC site ( spilt with SWAH schedule) to improve the process and reduce the number of cancellations.

## Good Practice

Good adherence to the EC schedule with 94% of the Bimonthly audits completed and 100% of these achieved the required standard of green ( ≥ 91%) , 92% of the quarterly audits were completed with 96% achieving the standard and 69% of the six monthly audits were completed in this first three months of the cycle (Oct-Dec 2025) with 96% achieving the required standard. 63% of the Managerial audits have been completed until the end of December 2025 with 84% achieving the required standard.

## Focus for Improvements:

Identified themes for all areas to focus on are :

1. Reduce clutter
2. Checking expiry dates on consumables such as PPE
3. Ensure exception reports submitted for all amber and red scores
4. Cleaning and replacement of bins.

As per key learning EC schedulers to look at the outstanding Managerial audits and ensure an audit date is secured

## Action Plans:

1. All areas to plan a schedule of decluttering.
2. All areas to have a sytem in place to review expiry dates and rotate stock.
3. Lead Nurses/ Midwives/ Heads of Service to ensure exception reports are submitted.
4. Review of current bins and alternatives ongoing .
- 5.Theatres Altnagelvin have a schedule for the replacement of the flooring in theatres recovery;

Professional Nursing Team working with schedulers to follow up on cancelled audits and their rescheduled date and to schedule any outstanding audits before the end of March.

Review and update the process for the Managerial audit teams to advise re completion of the audit and prompt input of data onto the dashboard.

A number of additional areas have been identified for inclusion on the EC schedules and work is ongoing with the services to complete the MICAD build .