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<th>Bi-Monthly:</th>
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<tbody>
<tr>
<td><strong>Scores less than 75%:</strong></td>
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| **No audit completed/reported:** | TCH-Theatres 1 & 2  
TCH-Theatre 3  
TCH-Renal Unit |
| **Partial-compliant:**  | SWAH-ICU                                                                   |
| 1 out of 2 audits completed and reported: |                                                                              |
| **Overall Compliance:** | 95%                                                                        |
| **Comments:**           | 5% did not carry out the audit as per standard of 2 audits per month       |

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<td><strong>Scores less than 75%:</strong></td>
<td>Waterside Hospital Main Areas (E = 72%)</td>
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| **No audit completed/reported:** | ALT-A&E  
ALT-Cardiac Investigations  
ALT-HSDU  
ALT-Ward 1  
SWAH-Ward 2  
TCH-Cardiac Investigations |
| **End of the quarter compliance:** | 94%                                                                         |
| **Comments:**           | 6% of audits not completed during the quarter                              |

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| **No audit completed/reported:** | ALT-Microbiology  
Limavady Health Centre-Speech & Language Therapy  
Lisnaskeea Health Centre-Speech & Language Therapy  
Podiatry - Irvinestown HC  
SWAH-Podiatry  
TCH-Pain Management |
<p>| <strong>End of the 6-month compliance:</strong> | 96%                                                                         |</p>
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<td>ALT-Ward 19 OPALS (P=72%)</td>
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<tr>
<td></td>
<td>CSD Omagh-Paeds OT/Physio (C=70%; P=69%)</td>
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<td><strong>Comments:</strong></td>
<td>6% of audits not completed during the fiscal year</td>
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Directorates' Bi-Monthly Environmental Cleanliness Audits Average Scores

Acute Services

Women & Children's Services
Managerial Environmental Cleanliness Audit Report

1. The Managerial Audit is an unannounced audit conducted by a team of Senior Staff with the objective of providing check and balance of self-assessed audits.
2. One (1) full audit per year per ward / department is required to be completed.
3. By the end of each quarter, each Division should have at least accomplished 25% compliance rating.
4. Action should be taken against results that have high discrepancy in scores between the managerial audit and ward audit.

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Number of Audits This Month

Page 7 of 13
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**Number of Audits This Month:** 6

**Compliance Rating Todate:** 100%

**PCOP Services - Primary & Community Care**

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<td>10 Lakeview</td>
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<td>Ward / Facility</td>
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<td>Composite Managerial Audit Scores to Date</td>
<td>Previous Ward Audit</td>
</tr>
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<td></td>
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<td>11 Lisnaskea</td>
<td>Feb-17</td>
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<tr>
<td>12 Mantlin Residential Facility</td>
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<td>91</td>
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<td>13 Maybrook ATC</td>
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<td>14 Omagh Centre</td>
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<tr>
<td>15 Ralphs Close</td>
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<td><strong>Compliance Rating To date</strong></td>
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**Adult Mental Health & Disability Services - Physical Disability**

1 ALT-Spruce House
2 Foyle Disability Resource Centre
3 Drumcoo Day Centre, Eniskillen Mar-17

<table>
<thead>
<tr>
<th>Ward / Facility</th>
<th>Date of Managerial Audit</th>
<th>Composite Managerial Audit Scores to Date</th>
<th>Previous Ward Audit</th>
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<td></td>
<td>Overall</td>
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</tr>
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<td>1 ALT-Spruce House</td>
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<tr>
<td>2 Foyle Disability Resource Centre</td>
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<tr>
<td>3 Drumcoo Day Centre, Eniskillen</td>
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**TOTAL NUMBER OF AUDITS THIS MONTH** 21
**OVERALL COMPLIANCE RATING** 94%

Score Rating:
- Greater than 90
- Between 75 and 90
- Less than 75
- No audit done/No report received to date