Development and implementation of an audit programme in mobile diagnostic imaging

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BACKGROUND

Assurance of clinical and operational quality is key to delivering safe and patient centred care. Identification of areas of non compliance or emerging risk can be cross referenced with areas demonstrating good practice. Assurance can be documented and reported with tangible evidence of regulatory and policy compliance.

INTRODUCTION

Within Radiology services audit is used to measure the compliance with company policy and procedure documents. Clinical audit compliance is key to identification of areas of non compliance and emerging risk. As a mobile and relocatable provider covering the UK and Europe areas of practice are not visible to the senior and quality teams on a daily basis, requiring clear compliance and non compliance overview at sites.

METHOD

By utilising electronic audit and audit programme within RADAR the central team had clear overview of the audit findings at site see outcomes and actions on a dashboard.

Building of an audit programme against key regulatory and organizational requirements allowed for board assurance of safe practice. Audits were allocated specifically for each location with a bespoke audit plan built into the system based upon the service delivery.

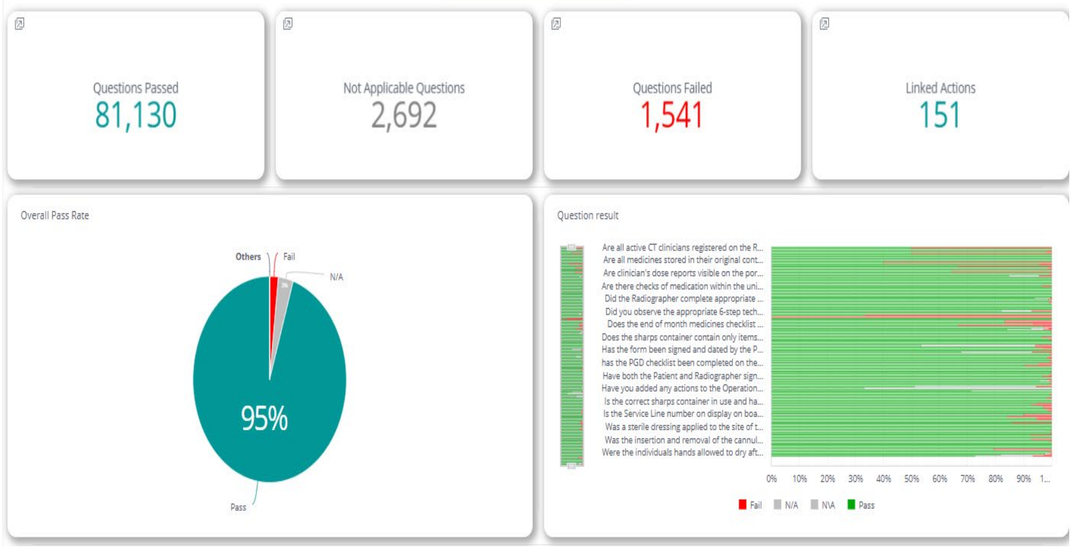
Audit Name	Frequency
CQC	Annual
ISO external audit (surveillance or full depending on schedule)	Annual
QSI reaccreditation (surveillance or full depending on schedule)	Annual
ISO Internal Audit	Quarterly
Sharps	Monthly
Environmental cleaning	Monthly
Meds management	Monthly
Safeguarding	Monthly
DBS	Monthly
BLS/ILS	Monthly
Right to work	Monthly
HCPC	Monthly
Dose badge	Monthly
CT environment	Monthly
Pause and check	20 cases per month per site
Cannulation	20 cases per month per site
Hand washing	20 cases per month per site
Post exam	20 cases per month per site
MRI safety	20 cases per month per site
Contrast safety	20 cases per month per site

COMPLEO VALUES

COLLABORATION
TRUST
QUALITY
CONTINUOUS IMPROVEMENT

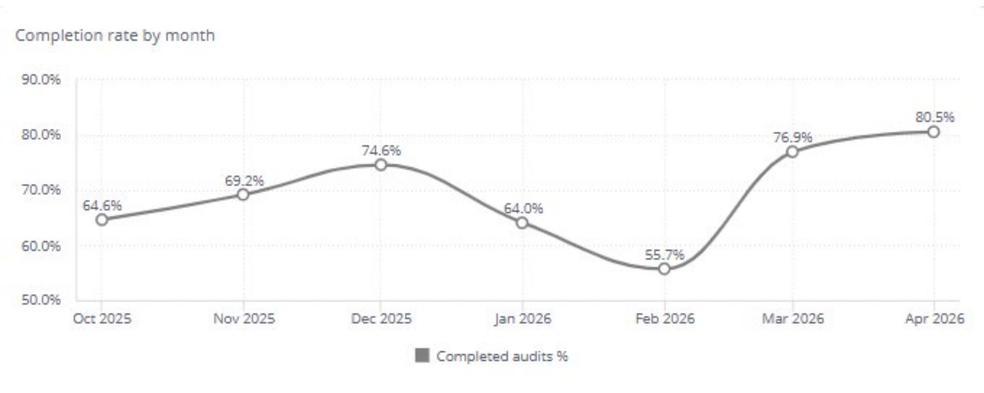
RESULTS

The dashboard showed between October 2025 and April 2026 that the organization was 95% compliant with audit requirements. The dashboard allowed easy overview of locations with abandoned audits and support and training targeted to those areas. By tracking and logging actions centrally these could be presented to Clinical Governance Committee for overview of outstanding and overdue actions and learning from audits.



Linked actions are able to be tracked and monitored for completion and the trail of learning clearly visible.

Challenges have been seen regarding abandoned or none complete audits and these can be tracked by site and location for action planning and support. Audit abandon rate decreased in Feb 2026 due to changing of questions to streamline the audits based upon user feedback, improved completion can be seen following the updates.



CONCLUSION

By allocating audits specifically to each location and tracking and monitoring outstanding actions, key trends and emerging themes the central governance team gained assurance that processes were followed at site, allowing identification of actions and escalation as required.

Challenges arise with completion across national locations without on site clinical managers due to the mobile nature of the business. Further work throughout 2026 linked with the quality strategy to streamline reporting and encourage staff