

FOR IMAGING MANAGERS

Operational intelligence for radiology *departments.*

The staffing and governance platform built specifically for imaging managers. Severity-scored matching, defensible audit trail, regulator-ready evidence — generated automatically from the work the platform already does.

PILLAR I

Operate

Severity-scored live workflow, saved sites, templates, forward schedule, handover.

PILLAR II

Govern

Skill matrix, two-reference verification, audit trail, role-based access, multi-region timezone correctness.

PILLAR III

Evidence

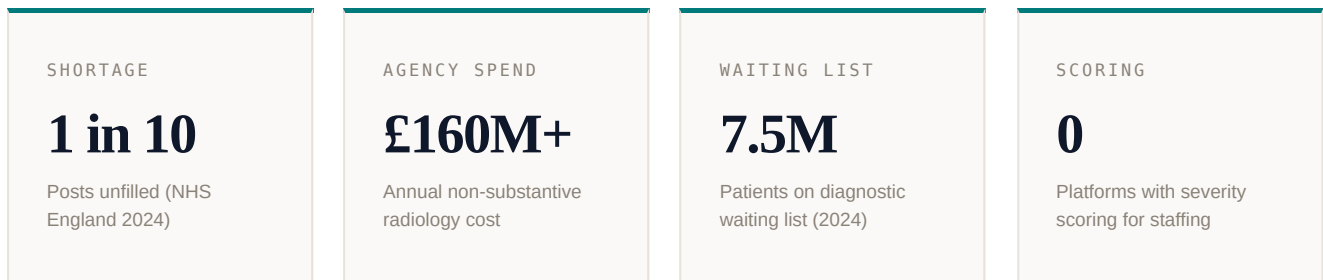
Regulator-ready evidence pack, operational report, four governance add-ons.

— THE PROBLEM

Radiology staffing is broken — *and everyone knows it.*

When a radiographer calls in sick, a scanner goes down and comes back online, or surge demand hits the department without warning, the current process is the same everywhere: a manual blast to every agency contact and every radiographer on a shared list. First to respond gets the session — regardless of modality fit, compliance status, or clinical context. No matching. No scoring. No audit trail.

There is also a cost problem most departments absorb silently. When an agency radiographer is booked for a full day and the scanner develops a fault mid-morning, the department still pays for the full day. The radiographer is present, the scanner is not scanning, and the invoice arrives regardless. Remote-I sessions are posted for specific time slots when the scanner is confirmed running. **If the scanner is down, no session is posted — and no cost is incurred.**



WHAT THE CURRENT PROCESS LOOKS LIKE

- 01 Gap appears** Sick leave, unexpected demand, scanner back online after maintenance.
- 02 Manual blast** HR Manager calls or emails every agency and every radiographer on a contact list.
- 03 First to respond wins** No modality matching, no compliance check, no clinical context considered.
- 04 No audit trail** Who was contacted, when, and why they were selected — none of it is documented.
- 05 Regulatory exposure** Inspector asks for evidence of how bank and locum staff are managed. The answer is a spreadsheet.

— THE SOLUTION

Operational intelligence, *in three pillars.*

Remote-I is not a generic freelancer marketplace, not a rostering tool, and not a locum agency. It is purpose-built infrastructure for the one problem imaging managers face every week: finding a qualified, verified radiographer for the right modality, at the right time, with a governance trail that stands up to scrutiny.

The platform is organised around three pillars. Each pillar reflects a different question imaging managers have to answer every week — and a different stakeholder who asks for the evidence.

PILLAR I

How do I run today's work?

Operate

Severity-scored live workflow. Ten clinical and operational factors recalculated every five minutes, ranking every gap by real urgency rather than first-in-first-out. Saved sites for hospitals operating across multiple locations, hospital-curated job templates, per-radiographer pay-rate configuration, forward scheduling with severity engine dormant until lead time. Three-phase notification escalation with HR fallback. Radiographer-to-radiographer session handover with cross-tenant prevention.

PILLAR II

How do I prove every decision was sound?

Govern

Pool eligibility gated by skill matrix and two-reference verification. MR safety training currency tracked annually. Compliance state frozen at the moment of session acceptance — the audit record cannot drift. Five role types with MFA-enforced role-based access. **Tamper-evident audit trail with timestamped, IP-logged events — rendered in each hospital's local timezone so the evidence reads correctly whether the inspector is CQC, DNV, or Joint Commission.** Incident and near-miss log with radiographer-side reflection capture. Platform operational maturity: external uptime monitor, hourly cron-health watcher, published BCP and DR policies.

PILLAR III

What do I show the people who ask?

Evidence

Regulator-ready evidence pack (CQC Well-Led, DNV, Joint Commission), generated on demand from live session data. Operational report covering fill rate, mean time to fill by modality, agency-vs-platform cost comparison. **Four paid governance add-ons available in production:** Cost-Saving Evidence Pack, Inspection-Readiness Score, Monday Brief, Compliance Dashboard Overview. Each built on data the platform already captures — no manual compilation.

— PILLAR I · OPERATE

Every gap, ranked by *clinical urgency*.

The severity engine is the core intelligence of Remote-I. Rather than presenting all open sessions in chronological order, the dashboard ranks every request by a live severity score from 0 to 100, recalculated every five minutes. The score tells the team instantly which gap needs to be filled first — and escalates automatically if it goes unfilled.

FACTOR	MAX PTS	DESCRIPTION
Time to start	40	Session starting within 60 min scores near maximum. 24h+ scores zero.
Urgency flag	15	HR Manager can manually mark a session urgent.
Assignment status	15	Unassigned penalty — no radiographer allocated yet.
Modality weight	10	PET-MRI and PET-CT score highest, CT lowest (scarcity of qualified operators).
Session age	10	Unfilled sessions score higher over time.
Pool size	8	Fewer available radiographers in the approved pool means a higher score.
Governance flags	7	Imminent session with missing pre-checks (site or radiographer side).
Notification phase	5	Phase 3 notification reached — the gap has fully escalated.
Incident history	5	Prior incidents on this session type increase the score.
Radiographer rating	3	Average hospital feedback informs match ranking.

Score bands. **75–100** Critical (all qualified pool members notified, escalation logged for governance). **50–74** High (top three fit-matched radiographers notified; auto-promotes to Critical if unfilled). **25–49** Medium (best-fit radiographer notified). **0–24** Low (posted to the pool for voluntary pickup; severity rises automatically as time passes or the start time approaches).

Why this is different from traditional staffing. Traditional process: first-in-first-out or manager intuition; escalation when someone notices; broadcast notification; no evidence record. Severity engine: live ten-factor score recalculated every five minutes; automatic escalation at score thresholds; phased notification (top three fit matches first, then expand); full timestamped record.

— PILLAR I · OPERATE

The live workflow, *end to end.*

Around the severity engine, Remote-I provides the operational depth real imaging departments need. The features below are production-ready and operating today.

LIVE

Hospital dashboard

Live severity queue, 180-day rota calendar, active jobs, job history, staff roster, audit log, reports — one screen, no system-switching. Roles tailored: HR Manager, Lead Radiographer, Auditor, Owner, Viewer.

LIVE

Saved sites and locations

For hospitals operating multiple sites across the country, the platform maintains a record of each site with name, address, and operational notes. A growing roadmap of site-aware capabilities is being scoped with early-access customers.

LIVE

Hospital-curated job templates

Save the recurring session shapes — modality, duration, scanner, default urgency, default certifications. New session creation becomes a two-click operation when the shape repeats.

LIVE

Per-radiographer pay-rate configuration

Default pay rates set per modality. Per-radiographer overrides for specialists, senior staff, or contracted exceptions. Empty cell means modality default; filled cell means override that takes precedence.

LIVE

Forward scheduling

Post sessions weeks or months ahead. The severity engine stays dormant until configured lead time, then activates and notifies radiographers automatically. Planned sessions shown with distinct visual treatment.

LIVE

Three-phase notification escalation

Phase 1: top fit-matched radiographers in the approved pool. Phase 2: full qualified pool. Phase 3: availability gate ignored, opt-out still respected, HR fallback channel triggered. Each phase logged.

LIVE

Job handover

Mid-flow radiographer-to-radiographer handover for shift overruns or unexpected blockers. Cross-tenant prevention enforced — handover only to radiographers approved into the same hospital pool.

LIVE

Open pool (production only)

Sessions that the customer's internal pool cannot fill expand to the wider verified Remote-I network. Available in production deployment only — pilots run inside the customer's own pool.

— PILLAR II · GOVERN

Pool eligibility, *verified end to end.*

Imaging managers carry the governance burden of every radiographer who walks into the department. Remote-I builds that burden into the platform itself: a radiographer is not eligible for the pool until their claimed modalities have been confirmed by named referees, their MR safety training is current, and their compliance documents are in date. The platform enforces this at the database level — a radiographer with a stalled verification cannot appear in a hospital's match results. **Every event in this chain is timestamped, IP-logged, and rendered in the hospital's local timezone** — so when an inspector asks "*when did this radiographer become eligible?*", the audit log answers in their regulatory frame, not the server's.

Governance is not the enemy of flexibility. It is what makes flexibility sustainable.

FLOW · 01

Skill matrix

Radiographer claims modalities, scanner-manufacturer experience, scanner-model experience, certifications (cardiac MRI, paediatric, oncology PET-CT, etc.). Years of experience and clinical setting depth captured. Drives the match score.

FLOW · 02

Two-reference verification

Two named referees — typically prior clinical leads — confirm the claimed modalities and the period of work via a tokenised public form. No login required for the referee. Each form is single-use; replay protection at the database level.

FLOW · 03

MR safety training currency

MR safety training tracked annually — training year must be current year or one prior. The eligibility helper flags MR_SAFETY_TRAINING_EXPIRED and removes the radiographer from MRI match results until training is refreshed.

FLOW · 04

GDPR pool-consent gate

A radiographer is invisible to hospital pickers until pool-consent is recorded with timestamp and IP. Modality skills cannot be saved until the consent box is ticked. Auditable lawful basis for every appearance in a hospital's match list.

FLOW · 05

Compliance state frozen at acceptance

The moment a radiographer accepts a session, their professional registration, background check, and indemnity insurance state is snapshot-frozen into the audit record. Subsequent changes do not retroactively affect the record. Inspector sees exactly what was true at the moment of decision.

FLOW · 06

Expiry warning windows

Compliance documents tracked to expiry date. Three windows surface: 90-day visibility on the analytics tile, 30-day flag on the regulator-ready report, 60-day actionable items on the weekly compliance digest add-on.

— PILLAR II · GOVERN

Audit, access, and *the things that go wrong.*

Even with strong pool eligibility, real imaging departments see incidents, near-misses, and operational anomalies. Remote-I treats these as a permanent part of the operational reality, captured in the same audit substrate as the routine work — so the regulator-ready evidence pack reflects the department's full operational truth, not just its successful sessions.

ACCESS

Five role types, MFA-enforced

HR Manager, Lead Radiographer, Auditor, Owner, Viewer. Each with precise permission boundaries. MFA enforced for all accounts. Session security hardened (CSRF, SameSite cookies, HTTPS-only).

AUDIT

Tamper-evident audit trail

Every action logged with user ID, role, entity, action, IP address, timestamp. Exportable as CSV. Retention policy enforced automatically. Last 30 audit entries surfaced into the regulator-ready evidence pack.

MULTI-REGION

Timezone-correct audit, per regulator

Every timestamp is canonical at storage and renders in the inspecting regulator's timezone at display: CQC reads UK local, DNV reads Scandinavian local, Joint Commission reads US local. **One source of truth, one correct answer per audience.**

INCIDENTS

Incident & near-miss log

Clinical incidents, near-misses, and operational anomalies captured against the originating session. Filterable by severity, modality, scanner. Surfaces into the audit trail and feeds the severity engine's incident-history factor.

REFLECTIONS

Radiographer-side reflection capture

Post-incident, the radiographer captures their reflection on what happened, what they would do differently, and what training would help. Direct evidence for professional CPD evidence and for departmental learning. Cross-tenant access prevented at the row level.

PROTOCOLS

Department SOPs with signature tracking

Upload department SOPs and require radiographers to sign before their first session. Signature status tracked per radiographer per document. Full version history. Inspector can see who signed what, when, and which version.

INTEGRITY

Override discipline tracking

When a manager overrides a fit-match recommendation or a compliance flag, the override is recorded with reason. Inspection-readiness scoring penalises high override rates — making the discipline visible without making it punitive.

CONTINUITY

Operational maturity, transparent

External uptime monitor, hourly cron health watcher, published BCP, DR, and incident response policies. Tested backup and restore — not just configured. ISO 27001 Statement of Applicability published.

— PILLAR II · GOVERN

Platform *operational maturity.*

Governance includes the platform itself. Remote-I publishes the operational discipline behind the service so that hospital governance, IG, and procurement teams have what they need without a discovery cycle.

MONITORING

External uptime monitor + hourly cron health watcher

Public health endpoint for external uptime monitoring (UptimeRobot or equivalent). Hourly cron-health watcher monitors every scheduled job and alerts on state transitions only — no alert spam. Idempotent: a broken cron does not produce repeating notifications.

CONTINUITY

Tested backup, restore, disaster recovery

Backup and Restore Policy, Disaster Recovery Plan, Business Continuity Plan, Incident Response Policy — all published at remote-i.com/assets/public_docs. RTO and RPO documented. DR backups tested, not just configured.

DOCUMENTS

Published policy stack

Information Security Policy, Access Control & MFA Policy, Vulnerability & Patch Management, Logging & Monitoring, Data Retention & Disposal, Information Asset Register, DPIA, ISO 27001 Statement of Applicability, Independent Platform Assessment — all available at the same URL.

Most early-stage healthtech doesn't have a third of this. Most enterprise SaaS that does have it doesn't publish it openly. Remote-I does both — because hospital procurement teams have been burned before, and transparent operational discipline is the fastest way to shorten a discovery cycle.

— PILLAR III · EVIDENCE

The evidence regulators ask for, *generated automatically.*

Healthcare regulators worldwide — CQC in the UK, DNV in Scandinavia, Joint Commission internationally — ask the same question: show us how you select, verify, and manage your bank and locum clinical staff. Remote-I generates the evidence pack automatically from live session data. No manual compilation. No spreadsheets. No email chains.

ELEMENT	CONTENTS
Provider details	Organisation name, regulatory ID (CQC / DNV / Joint Commission), report period, prepared by, role.
Executive summary	Inspection-appropriate language: fill rate, compliance rate, escalation events for the reporting period.
Session KPIs	Total sessions posted, filled, completed, cancelled. Fill rate before critical threshold. Mean time to fill by modality.
Compliance table	Every radiographer who worked a session: professional registration number and expiry, background check status, insurance status — frozen at time of acceptance.
Escalation log	Sessions that reached Critical severity before being filled, or that were cancelled unfilled. Each row linked to the full audit trail.
Audit trail summary	Last 30 audit entries showing user, role, action, entity, IP address, timestamp — rendered in the regulator's local timezone.
Sign-off block	Prepared By, Role, Date, Regulatory ID with physical signature lines.

OPERATIONAL REPORT — INCLUDED IN BASE SUBSCRIPTION

Alongside the regulator-ready pack, every customer gets the operational report on demand: date-range selectable, filterable by modality. Fill rate trends, mean time to fill histograms, modality breakdown, radiographer ratings, and agency-vs-platform cost comparison. Print-to-PDF for board reporting. Built directly on the same audit substrate as the regulator pack — **no separate data pipeline.**

— PILLAR III · EVIDENCE

Four governance add-ons, *available in production.*

Production deployment makes four paid governance add-ons available alongside the base subscription. Each is built directly on the data the platform already captures, so once switched on they require no manual compilation. **None are required for production use;** each is scoped and priced separately, in conversation.

01

FOR CFO · DIRECTOR OF FINANCE

Cost-Saving Evidence Pack

Quarterly agency-vs-platform cost comparison, calculated per completed session against your historical agency baseline rates. Total saved, savings rate, per-modality breakdown. Designed to attach to the CFO's quarterly review pack. **Honest comparison:** every session priced at what it actually cost on the platform, not at a synthetic average.

02

FOR CMO · DIRECTOR OF QUALITY · COMPLIANCE LEAD

Inspection-Readiness Score

A composite 0–100 score blending six measurable governance factors: professional registration currency (25%), MR safety training currency (15%), reference completeness (20%), HR signoff coverage (15%), override discipline (15%), audit completeness (10%). Refreshes live; lists top blockers with one-click action paths. Designed for departments preparing for a CQC, DNV, or Joint Commission visit.

03

FOR HR MANAGER · WEEKLY PUSH

Monday Brief

A weekly Monday email listing radiographers whose professional registration, background check, or insurance is expiring within 60 days, missing signoffs, and pool members with stalled approvals. Auto-prioritised; per-recipient unsubscribe. Designed to land in the inbox before Monday's first meeting, with the actions surfaced in order of urgency.

04

FOR HR MANAGER · ALWAYS-ON DASHBOARD

Compliance Dashboard Overview

The same compliance intelligence that the Monday Brief pushes to the inbox — surfaced live in the hospital dashboard, available whenever you log in. Same data source, two surfaces: the Monday morning briefing and the all-week reference. **Bundles naturally with the Monday Brief** as a single Compliance Intelligence Pack for HR teams who want both the push and the pull.

— GET STARTED

A structured pilot — zero disruption, *measurable outcomes.*

Remote-I is production-ready and operational. We are currently working with a small number of early-access hospitals to validate the platform in live hospital settings across the UK and Europe. A four-week pilot agreement gives the department full platform access with direct support from the Remote-I team, and ends with a structured review and a regulator-ready evidence pack generated from the pilot's own data.

TIMING	ACTIVITY	DETAIL
Week 1	Onboarding	Hospital profile created. HR Manager and team given platform access. Existing bank radiographers imported via CSV; skill matrix and two-reference verification flow runs across the imported pool. SOPs uploaded.
Weeks 1–4	Live sessions	Three to five sessions posted through Remote-I across the four weeks. Severity engine active and recalculating every five minutes. Full audit trail generated. Saved sites, job templates, handover, and incident capture all available throughout.
Week 4	Governance review	Regulator-ready evidence pack generated from the pilot's own data. Operational report produced. Inspection-Readiness Score computed for the pool as it stood at week four. 60-minute pilot review meeting with the Remote-I team.
Post-pilot	Decide	Continue with a production agreement scoped to the customer's full operational shape, or conclude. No lock-in during pilot. No automatic conversion. Customer data exported either way.

Ready to *see it live?*

A 20-minute screen share covers the severity engine, a sample regulator-ready export, and the parts of the platform most relevant to your department's shape. The conversation is concrete; the platform is real.

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