

REMOTE-I

FOR IMAGING MANAGERS

Operational Intelligence for Radiology Departments

The staffing and governance platform built specifically for imaging managers.

This document introduces Remote-I — what it is, why it exists, and a detailed walkthrough of the Hospital Dashboard your team will use daily.

4 MODALITIES

**MRI · CT
PET-CT · PET-MRI**

Purpose-built for cross-sectional imaging.

SCORING ENGINE

**10-factor
severity score**

Live ranking, recalculated every 5 minutes.

GOVERNANCE

**Evidence pack
built in**

CQC Well-Led, DNV, Joint Commission ready.

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 your 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 that most departments absorb silently. When an agency radiographer is booked for the 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.

1 in 10RADIOLOGY POSTS
UNFILLED
(NHS ENGLAND 2024)**£160M+**ANNUAL NON-
SUBSTANTIVE
RADIOLOGY
STAFFING COST
(NHS)**7.5M**PATIENTS ON
DIAGNOSTIC
WAITING LIST (2024)**0**PLATFORMS WITH
SEVERITY SCORING
FOR STAFFING

What the current process looks like

1**Gap appears**

Sick leave, unexpected demand, scanner back online after maintenance.

2**Manual blast**

HR Manager calls or emails every agency and every radiographer on a contact list.

3**First to respond wins**

No modality matching, no compliance check, no clinical context considered.

4**No audit trail**

Who was contacted, when, and why they were selected — none of it is documented.

5**Regulatory exposure**

Inspector asks for evidence of how bank and locum staff are managed. The answer is a spreadsheet.

THE SOLUTION

Remote-I: structured intelligence for radiology staffing

Remote-I is a clinical staffing platform built specifically for radiology departments. It is not a generic freelancer marketplace, not a rostering tool, and not a locum agency. It is purpose-built infrastructure for the one problem that 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.

"Remote-I is the infrastructure layer for remote radiology staffing — making qualified operator availability predictable, auditable, and governed."

How it works

Severity scoring engine

Every open session receives a live severity score from 0–100, recalculated every five minutes. Ten factors — including time to start, modality complexity, urgency flag, pool size, and compliance state — combine into a single number that drives everything downstream. No more guessing which gap to fill first.

Modality-specific matching

Radiographers are matched to sessions by a six-factor fit score: availability (40 pts), modality match (25 pts), required certification (15 pts), hospital rating (10 pts), scanner manufacturer experience (5 pts), and scanner model experience (5 pts). Specialists are matched to specialist sessions.

Compliance verified at booking

Every radiographer holds their own professional registration (HCPC, SRK, CORU or equivalent), background check, and professional indemnity insurance. Your HR Manager or Lead Radiographer reviews and approves each radiographer into your pool — and the platform surfaces expiry dates automatically so expired credentials never become the top match. Compliance status is frozen in the audit record at time of acceptance.

Regulatory governance built in

Every action on the platform generates a timestamped audit log entry. The platform produces a regulator-ready evidence pack (CQC Well-Led, DNV, Joint Commission) on demand — fill rate before critical threshold, mean time to fill by modality, radiographer compliance table with registration and insurance expiry dates, audit trail summary, and a sign-off block. No manual compilation required.

THE SEVERITY ENGINE

Every gap ranked by clinical urgency — automatically

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. The score tells you instantly which gap needs to be filled first — and escalates automatically if it goes unfilled.

The 10 scoring factors

FACTOR	MAX PTS	DESCRIPTION
Time to start	40	Session starting within 2h scores maximum. 24h+ scores near zero.
Urgency flag	15	HR Manager can manually mark a session urgent (+15 pts).
Session age	10	Unfilled sessions score higher over time.
Assignment status	15	Unassigned penalty — no radiographer allocated yet.
Modality weight	10	PET-MRI scores highest, CT lowest (scarcity of qualified operators).
Pool size	8	Fewer available radiographers in your approved pool = higher score.
Governance flags	–	Expired compliance reduces score ceiling.
Notification phase	2	Advanced phase (Phase 3 reached) adds urgency.
Incident history	5	Prior incidents on this session type increase score.
Radiographer rating	–	Average hospital feedback informs match ranking.

The score is recalculated every five minutes. Factors weighted zero for a given session (e.g. no incident history) simply don't contribute — the weighting is transparent and available in the audit log.

SEVERITY ON THE DASHBOARD

How severity levels appear in the live queue

Every session card is colour-coded and shows the live score with a fill bar. Critical sessions pulse red. The severity summary strip above the list shows counts per band at a glance, so the team always knows at a glance where attention is needed first.

CRITICAL	95/100	MRI · URGENT — starts in 45 min — no radiographer assigned
HIGH	62/100	CT · starts in 3 hours — 1 radiographer notified
MEDIUM	38/100	PET-CT · starts tomorrow morning — notification pending
LOW	12/100	MRI · planned session in 5 days — pool notified

What each severity band means operationally

BAND	SCORE RANGE	WHAT HAPPENS ON THE PLATFORM
CRITICAL	80–100	Notification phase 3 active. All qualified radiographers in the pool receive the request. Escalation logged for governance.
HIGH	55–79	Top 3 fit-matched radiographers notified. Automatic promotion to Critical if unfilled within threshold.
MEDIUM	25–54	Best-fit radiographer notified. Session visible in the forward queue. No escalation yet.
LOW	0–24	Posted to the pool for voluntary pickup. Severity will rise automatically as the session ages or time-to-start decreases.

SCORING ENGINE VS TRADITIONAL STAFFING

Objective, auditable data replaces subjective urgency calls

The scoring engine replaces subjective urgency judgements with objective, auditable data. Every escalation decision is recorded — who was notified, when, and at what score threshold.

	TRADITIONAL PROCESS	REMOTE-I SEVERITY ENGINE
Urgency ranking	First-in, first-out or manager intuition	Live 10-factor score, recalculated every 5 min
Escalation trigger	Phone call when someone notices a problem	Automatic at score thresholds — audit-logged
Notification	Broadcast to all available contacts	Phased — top 3 fit matches first, then expand
Evidence	No record of who was contacted or when	Full timestamped notification and response log
Cost	Full day rate regardless of scanner uptime	Session-based — cost tied to actual scanning time

"The severity score is not a guess. It's a running calculation over ten clinical and operational signals — the kind of structured judgement a good imaging manager already makes, encoded as data that survives into the audit trail."

THE HOSPITAL DASHBOARD

A complete operational view for imaging managers

The Hospital Dashboard is the primary interface for HR Managers, Lead Radiographers, and Auditors. It brings together live session management, staff governance, rota planning, analytics, and regulatory reporting into a single screen. No switching between systems. No manual data compilation.

Dashboard navigation structure

SECTION	NAVIGATION ITEM	WHAT IT DOES
OPERATIONS	New Requests	Live queue of open sessions, severity-ranked. Critical at top, auto-refreshes.
	Active Jobs	Sessions currently in progress — radiographer assigned, scanning underway.
	Rota Calendar	180-day calendar view of all sessions colour-coded by modality.
	Forward Schedule	Planned sessions with lead-time notifications and auto-cancel deadlines.
	Job History	Completed and cancelled sessions with full timeline.
	Staff Roster	All approved radiographers. Filter, rate, book directly.
	Add Radiographers	Browse the Remote-I network. Filter by modality and registration body.
	Bank / Pool	Internal bank management. CSV import. White-label config.
	SOPs & Protocols	Upload department SOPs. Track radiographer signatures.
	Audit Log	Every action: user, role, entity, IP, timestamp. Inspection-ready.
	Reports	Operational report with date-range selector and modality breakdown.
	CQC Export	One-click Well-Led evidence pack. Print to PDF for inspection.
ANALYTICS	Analytics	Fill rate trends, TTF histograms, radiographer ratings, cost comparison.

The CQC Export row (highlighted) is accessible from both the sidebar and the top action bar on every screen.

DASHBOARD FEATURES · OPERATIONS

Live session management and scheduling

The operations toolkit covers everything needed to post, match, and fill radiology sessions — from the live severity queue at the top of the dashboard to the 180-day forward calendar and direct roster booking.

LIVE

Live Severity Queue

All open sessions ranked by live severity score with colour-coded badges — Critical, High, Medium, Low. Recalculates every 5 minutes via automated cron. The most urgent gap is always at the top.

LIVE

Rota Calendar

FullCalendar integration showing all sessions colour-coded by modality across a 180-day forward window. Click any slot to view session details. Gives a complete weekly and monthly picture at a glance.

LIVE

Forward Scheduling

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

LIVE

Staff Roster

Every radiographer who has worked a session with your hospital, or who you have approved into your pool. Filter by modality, compliance status, rating. One-click direct booking for approved staff.

LIVE

Bank / Pool Management

White-label internal bank management. Your own employees and bank workers classified as internal (invisible to other hospitals, matched first). External Remote-I network is the escalation path, not the default.

LIVE

Radiographer Discovery

Browse the full Remote-I radiographer pool filtered by modality, registration body (HCPC, SRK, CORU and others), and availability. Compliance dates colour-coded green / amber / red. Approve any radiographer into your pool.

DASHBOARD FEATURES · GOVERNANCE & REPORTING

Reporting, audit, and security

Every action on the platform produces an audit-log entry. Governance and reporting tools turn that continuous trail into regulator-ready documents, operational insight, and role-based access control — all generated automatically from live session data.

LIVE

Operational Report

Date-range selectable governance report: fill rate, mean time to fill, severity at acceptance, modality breakdown, weekly trend chart. Print or save as PDF for board reporting.

LIVE

Regulatory Export

One-click evidence pack for CQC Well-Led, DNV, or Joint Commission inspections. Radiographer compliance table with registration and insurance expiry dates frozen at time of session, audit trail, and sign-off block.

LIVE

Full Audit Trail

Every action logged: user ID, role, entity, action, IP address, timestamp. Tamper-evident. Exportable as CSV. Retention policy enforced automatically.

LIVE

SOPs & Protocols

Upload department SOPs and require radiographers to sign before their first session. Signature status tracked per radiographer per document. Full version history.

LIVE

Analytics

Fill rate trends, modality breakdown, time-to-fill histograms, radiographer performance ratings, and agency vs platform cost comparison. Data-driven staffing decisions.

LIVE

Role-Based Access

Five roles: HR Manager, Lead Radiographer, Viewer, Auditor, Owner. Each with precise permission boundaries. MFA enforced for all accounts. Full session security hardening.

GOVERNANCE REPORTING

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.

What the Governance Evidence Pack contains

ELEMENT	CONTENTS
Provider details	Organisation name, regulatory ID (CQC / DNV / Joint Commission), report period, prepared by, role.
Executive summary	Written in 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: registration number and expiry, background check status, insurance status — all 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 and timestamp.
Sign-off block	Prepared By, Role, Date, Regulatory ID with physical signature lines.

"Right now your governance evidence is in a spreadsheet and an email inbox. After one session on Remote-I, it's in a timestamped audit trail with the radiographer's registration expiry date frozen at the moment they accepted the session."

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 pilot agreement gives your department full platform access with direct support from the Remote-I team.

What a pilot looks like

**WEEK 1
ONBOARDING****Platform set-up and data import**

Hospital profile created. HR Manager and team given platform access. Existing bank radiographers imported via CSV. SOPs uploaded.

**WEEKS 1–4
LIVE SESSIONS****Real sessions, real audit trail**

3–5 sessions posted through Remote-I. Severity engine active. Radiographers matched and notified. Full audit trail generated.

**WEEK 4
GOVERNANCE
REPORT****Evidence pack review**

Regulatory Well-Led evidence pack generated from pilot session data. Operational report produced. Pilot review meeting with Remote-I team.

**POST-PILOT
DECISION****Continue or conclude — no lock-in**

Continue with a full deployment agreement, or conclude the pilot. No minimum commitment, no lock-in during pilot phase.

Ready to see it live?

We'll walk you through the platform on a 20-minute screen share — severity scoring engine, regulatory export, and your department's data from day one.

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