

Ref. No: 184130721
From: Commercial
Date: 13/07/21
Subject: X-ray Systems

REQUEST

Please can you answer the following questions regarding the Imaging equipment used within the Trust?

Excel spreadsheet attached

1. Please can you provide the following information for each **Mobile X-ray Systems within the Trust or associated sites?** (Please complete the attached spreadsheet)

- a. Manufacturer
- b. Model
- c. Location – Hospital Name or Site Name
- d. Department equipment is primarily used in
- e. Method of Finance at Procurement - Trust/Lease/MES/Charity/PFI
- f. Initial cost of Equipment
- g. Annual Maintenance cost
- h. Acquisition Date
- i. Planned Replacement Date

2. Please can you provide the following information for each **Fixed X-ray Rooms within the Trust or associated sites?** (Please complete the attached spreadsheet)

- a. Manufacturer
- b. Model
- c. Digital / Analogue
- d. Location – Hospital Name or Site Name
- e. Department equipment is primarily used in
- f. Method of Finance at Procurement - Trust/Lease/MES/Charity/PFI
- g. Initial cost of Equipment
- h. Annual Maintenance cost
- i. Acquisition Date
- j. Planned Replacement Date

3. Please can you provide the following information for each **Mammography system within the Trust or associated sites?** (Please complete the attached spreadsheet)
- a. Manufacturer
 - b. Model
 - c. Screening / Symptomatic
 - d. Location – Hospital Name or Site Name
 - e. Mobile / Static
 - f. Department equipment is primarily used in (eg Radiology, Surgery, A&E)
 - g. Method of Finance at Procurement - Trust/Lease/MES/Charity/PFI
 - h. Initial cost of Equipment
 - i. Annual Maintenance cost
 - j. Acquisition Date
 - k. Planned Replacement Date

FOI Imaging Equipment Request

4. Please can you provide the following information for each **Dental / OPG X-ray equipment within the Trust or associated sites?** (Please complete the attached spreadsheet)
- a. Manufacturer
 - b. Model
 - c. Digital / Analogue
 - d. Location – Hospital Name or Site Name
 - e. Department equipment is primarily used in
 - f. Method of Finance at Procurement - Trust/Lease/MES/Charity/PFI
 - g. Initial cost of Equipment
 - h. Annual Maintenance cost
 - i. Acquisition Date
 - j. Planned Replacement Date

5. Please can you provide the following information for each **Cone Beam CT X-ray equipment within the Trust or associated sites?** (Please complete the attached spreadsheet)
- a. Manufacturer
 - b. Model
 - c. Digital / Analogue
 - d. Location – Hospital Name or Site Name
 - e. Department equipment is primarily used in
 - f. Method of Finance at Procurement - Trust/Lease/MES/Charity/PFI
 - g. Initial cost of Equipment
 - h. Annual Maintenance cost
 - i. Acquisition Date
 - j. Planned Replacement Date

RESPONSE

Please see attached

The Trust considers your request to be exempt from disclosure in accordance with section 43.2 of the Freedom of Information Act as to release this information would, or would be likely to, prejudice the commercial interests of the Trust