

14 September 2021

## **X-Ray Imaging Systems**

### **Questions:**

**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,

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- 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

**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

**Answers:**

See attached excel document.