

**Freedom of Information Act Disclosure log
- Reply Extract**

File reference	W21FOI193
Key words	Fixed X-Rays, Mobile X-Rays, Mammography System, Cone Beam CT
Date of release	23/09/2021
Attachments	Yes

You asked

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

- 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 (e.g. 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
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

Our reply

We are sorry your request is so late and for this we apologise. Please find the attachment containing the information we hold.

Attachments included: Yes



**University Hospitals
Plymouth**
NHS Trust