

Reference Number: FOI/2019/314
From: Private Individual
Date: 02 August 2019
Subject: Medical equipment

Q1 For the each of the below types of equipment in your Trust, please outline:

- a. Location- Hospital Name or Site Name
- b. Department equipment is primarily used in
- c. Date of acquisition
- d. Planned Replacement Date
- e. Initial cost of Equipment
- f. Annual Maintenance Cost

- X-ray machines
- MRI scanner
- CT scanner
- PET scanner
- SPECT scanner
- Ultrasound scanner
- Linac radiotherapy machines
- Holter Monitor
- Dialysis machine

A1 [See attached – FOI2019314](#)

FOI2019314

Equipment Name	Location-Hospital Name/Site Name	Department equipment is primarily used in	Acquisition Date	Planned Replacement Date	Initial Cost of Equipment	Annual Maintenance Cost
X-Ray machines	LHCH	Radiology	13/3/2006	01/04/2020	Lease	£3,985
			13/3/2006	01/04/2020	Lease	£3,985
			13/3/2006	01/04/2020	Lease	£3,985
			13/3/2006	01/04/2020	Lease	£3,985
			13/3/2006	01/04/2020	Lease	£3,985
			01/05/2018	N/A	Lease	N/A
MRI Scanners	LHCH	Radiology	01/04/2012	01/04/2021	£1,043,820	£69,739
CT Scanners	LHCH	Radiology	01/04/2012	01/04/2021	£211,200	£84,683
PET scanner	Information not held not applicable					
SPECT scanner	Information not held not applicable					
Ultrasound scanners	LHCH	Radiology	13/3/2006	01/04/2021	£39,240	£2,542
	LHCH	See attached	See attached	Part of capital management replacement process, continual review and replaced when needed.		See attached
Linac radiotherapy machines	Information not held not applicable					
Holter Monitor	LHCH	Cardiac Diagnostics (ECG)	See attached HOLTERLIST	Part of capital management replacement process, continual review and	See attached	See attached

				replaced when needed.		
Dialysis machine	Information not held not applicable					