

Ref no: 059011019
From: Public
Date: 01/10/19
Subject: Theatres

REQUEST & RESPONSE

For the following hospitals Whiston Hospital

1. Number of theatres. **21**
2. Vital Signs System supplier name **Draegar**
3. Date of Installation. **March 2010**
4. Preferred purchase route ie Direct. **No preference**
5. Theatre System supplier name ie Mindray, GE, Philips. **Opera**
6. Date of installation. **2016**
7. Planned replacement date. **No plans**
8. ICU System supplier name. **Draeger**
9. Date of installation. **March 2010**
10. Preferred purchase route ie Direct : **No preference**
11. Defibrillation Supplier name **Nihon Kodan**
12. Date of installation **June 2019**
13. Planned replacement date **2029**
14. Number of manual defib devices. **51**
15. Number of Automatic AED defib devices. **54**
16. Spo2 Pulse Oximetry technology supplier name **Masimo**