Salisbury NHS Foundation Trust

Electronic application for 2027/28
CAPITAL fundingMedical Equipment Projects only

One bid per device or multiples of same device.

All sections to be completed.

SECTION A: GENERAL	
Name of Medical Device	
Ward/department	
Directorate	
Name of person submitting	
Approved and submitted by Divisional Manager or Clinical Director	
Financial approval by Directorate Finance Manager	
Date of application	
SECTION B: PROJECT CATEGORY AND PRIORITY	
Department priority of bid	
Division priority of bid	
SECTION C: PROPOSED SCHEME	
Detailed description (including type and number of medical devices, this is essentially the case of need for the device. Please identify if there are financial or non financial benefits. Please factor any associated accessories (ie instrumentation, light cables, scopes) which may need replacing at the same time If no evidence is provided the bid will not proceed.	
Where is the location of the equipment?	
Is this a replacement or development?	REPLACEMENT DEVELOPMENT
If Development has this been approved by DMT	YES NO
SECTION D: 5+5+5 RISK SCORE & DATIX LOG NUMBER	
A completed Departmental Risk Assessment & DATIX log number must accompany **ALL** bids for Capital funding, if not, the bid will not proceed.	
Risk Score	
DATIX Log Number	

SECTION E: COSTS	
Medical equipment cost (**incl. VAT**, delivery and installation) If multiple devices please give individual cost (each item must be over £250 and collectively more than £5000 **incl VAT**)	**£** **£**
Does this item have any associated revenue costs ie consumables, service or maintenance contract? (These will be charged to your department budget)	Consumables ; Yes No Service/Maintenance; Yes No Comments:

SECTION F: INFORMATICS		
Will any equipment store digital patient identifiable data?	**YES**	**NO**
Will any equipment be connected to the Trust's data network?	**YES**	**NO**

SECTION G: ENABLING WORK		
Does this equipment require work to be completed before installation, i.e. shelving, power, plumbing?	**YES**	**NO**

SECTION H: MEDICAL EQUIPMENT		
Name(s) of manufacturers or suppliers Please provide up to 3 separate suppliers and submit quotes if available.	**Supplier**	**Contact details**

SECTION I: MEDICAL EQUIPMENT STATUS		
FOR REPLACEMENT EQUIPMENT Please identify name and asset number of the item of equipment being replaced.	Name: Make: Model:	Medical Electronics Asset ID: Unit Serial Number:
What is the age of the equipment being replaced?		Years
Why is it being replaced?		

SECTION J: MEDICAL EQUIPMENT USAGE	
How many times is the equipment going to be used on average per month?	**Please indicate** **1 – 10 11 - 20 21 – 30 31 or more**
How many patients per month?	
Please note: If funding is agreed and the purchase made, all replaced equipment must be returned to Medical Device Management Services .	

Capital Bids must be sent via Divisional Management teams who will submit to sft.mdms@nhs.net