Northern Health and Social Care Trust Board Meeting in Public - Cover Sheet

Subject:	Upgrade of GE MRI Scanner Antrim Area Hospital	**Date of Meeting: 22 October 2026**	
Prepared By:	Matt Mallon		
Approved By:	Lynne McCartney, Director, SWHDS		
Presented By:	Lynne McCartney, Director, SWHDS		
Purpose			
To provide a summary of the Capital Business Case for the upgrade of GE MRI scanner on the Antrim site, for Trust Board Approval		**Approval**	✓
		Assurance	
		Update	
		Noting	

Strategic Objectives				
Build Northern Partnerships and Integrate Care	***Continue to improve Outcomes & Experience***	***Deliver value by optimising Resources***	***Nurture our People, Enable our Talent & Build Our Teams***	***Improve population Health & address health & social care inequalities***
	✓			✓

Risk – please note if links to any principal, corporate or divisional risk	

Committees/groups where this item has been presented before

Acronyms

MRI -magnetic resonance imaging

Executive Summary

This proposal aims to upgrade the GE MRI Scanner Antrim Area Hospital, which was installed in 2016 and is 10 years old. The life cycle of an MRI scanner 10 to 12 years and should ideally be replaced every 10 years due to older machines not being able to take new updates and certain hardware may fall outside even a comprehensive service contract.

This proposal will deliver the following benefits:

- Increase image quality and decrease scan times
- Provides reliable contingency for all outpatient appointments in the event of equipment failure on an acute site.

Business case options:

- Option 1 is 'status quo' – no capital investment – scanner will fail, and capacity will be lost.
- Option 2 is Install GE SIGNA™ Artist 1.5T LIFT Upgrade this option requires £634,188 capital investment.
- Option 3 Replacement of GE MRI Scanner this option requires £1.2 million (breakdown: £350,000 for RF cage and £850,000 for MRI scanner)

The preferred option is option 2 as it fully meets the objectives of the proposal within the constraints of the funding available.
Risks:
High capital cost – this risk is considered as low risk – capital funding has been approved by the Department of Health.

Procurement of scanners and completion of project must take place within financial year associated with each allocation. This risk will be mitigated through the timely allocation of funding and effective procurement processes, and is considered as low risk.

Total capital funding required is £634,188. This is being provided in full by DoH through the Regional Medical Imaging Board.

This briefing paper seeks Trust Board approval to proceed with Option 2 upon receipt of capital allocation.