

Reference Number: FOIAH2324/012
From: Private Individual
Date: 11 April 2023
Subject: Implementation of Virtual Wards

Q1 Do you have a Virtual Ward?

A1 Yes

Q2 If yes,
a. For what specialities and care pathway have you implemented Virtual Wards?
b. How many Virtual Ward beds do you have?
c. Do you know how many Virtual Ward beds you need? If so, how many?
d. Who is your Virtual ward provider(s)?

A2 a. The Integrated Children's Community Nursing team host a Virtual Ward. The Virtual Ward is for children and young people who have an acute short term health need.
b. We have 20 virtual ward beds
c. We need 20 beds based on current need and staffing resource.
d. Alder Hey Children's' Hospital NHS Foundation Trust

Q3 If no,
a. Do you intend to implement a Virtual Ward?
b. If yes, have you identified and engaged a Virtual Ward provider?
c. Do you know how many Virtual Ward beds you need? If so, how many?
d. Do you have an internal Virtual Ward lead?

A3 Not applicable, as per A1 above