

**Reference Number:** FOI202324//018  
**From:** Private Individual  
**Date:** 11 April 2023  
**Subject:** Details of the Trust's virtual wards

**Q1** Do you have a Virtual Ward? 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)?

**A1** Yes

- a. Respiratory and Covid-19
- b. 60
- c. No
- d. Virtual ward is procured by a partner organisation – MerseyCare.

**Q2** 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?

**A2** Not applicable as per A1