



**Staffordshire and
Stoke-on-Trent**
Integrated Care System

Virtual wards FAQs

[Service delivery](#) and [workforce](#)

If you'd like to find out more about virtual wards please email:
virtualwardenquiries@mpft.nhs.uk



Questions about service delivery

1) What Consultant time will be needed for the clinical governance of the virtual ward?

We already have Consultants that provide the clinical governance for the Community Rapid Intervention Service. This will be extended to include an additional two Consultants, who have been recruited to support the General Acute and Frailty Virtual Ward. However, just like on a General Acute or Frailty Ward in the hospital there will be the need to gain specialist Consultant advice, guidance, and support on occasion, for example for Respiratory or Heart Failure concerns. There will be an expectation that the duty Registrar, along with the Consultant in Charge, will support these patients just the same with guidance, advice, and support.

2) Will there be a need for Acute Hospital Consultants to be contacted whilst on-call?

Yes. This can be from one of the identified Consultants supporting the General Acute and Frailty Virtual Ward or from other senior members of the team such as the Virtual Ward Matron or Advanced Clinical Practitioner.

Questions about service delivery

3) Are there opportunities for patients from post-surgery to be stepped down into the General Acute and Frailty Virtual Ward to support patient recovery?

Yes. The referral criteria for accepting a patient onto this Virtual Ward is one or a combination of the following:

- Patient is 18 years old and over
- Is stable but needs continued treatment (IV or oral) that can be delivered at home and not in a hospital bed
- Needs continued vital signs monitoring and bloods, which can be managed on a virtual ward remotely or face to face
- Patients improving clinically but requiring further monitoring
- Has improving infection/inflammatory markers that need monitoring
- Has acute chronic conditions but improving trend
- Patients requiring optimisation of their treatment, e.g. medications titration or other decisions linked to defined change in clinical condition.

Questions about service delivery

4) Will there be any engagement with Allied Health Professionals and other Community-based roles/Services to support patients on a Virtual ward?

Yes. It is essential that colleagues that provide Occupational Therapy, Physiotherapist, Speech and Language etc., amongst other professions, are involved in shaping those virtual ward pathways. Steps have already been taken to engage with those managers to understand what we can achieve together.

5) For Community Matrons and District Nurses does this mean additional work?

No, not necessarily. We will be recruiting some core nursing staff from Band 8as to Band 3s to provide the acute treatment, medication and monitoring that patients will need. However, in the best interest of the patient, we will need to work in partnership for discharge planning from the virtual ward if the patient is already known to these professionals.

Questions about service delivery

6) Is this about North Staffordshire or whole of the county?

This is about a whole system approach. We will be looking to create virtual beds in North Staffordshire, Stoke-on-Trent, Stafford and Surrounds, Cannock Rugeley, Seisdon, Tamworth, East Staffordshire (inc Burton) and Lichfield District area.

7) What's the difference between Home First and Virtual Ward?

Care at home could cover a multitude of provisions e.g. domiciliary / social care, nursing care, reablement and rehabilitation. Whereas virtual ward relates specifically to care that would have otherwise been received in an acute hospital and is provided with clinical oversight of an acute care physical / secondary care doctor.

8) How do we make sure patients don't decondition at home?

Patients will be closely monitored with an active medical management plan / care plan and reviewed regularly to ensure home remains the best environment for them.

Questions about workforce

1) Will I be working from home?

There will be the ability to work in an agile way, either from home or from another Trust location. There will be hot desks available so you can join meetings remotely, update patient records and do necessary admin.

2) What is the chance of development within the service?

As part of the annual appraisal, we encourage and support all staff to complete their statutory and mandatory training and help to create individual professional development plans.

3) When will I get paid?

If you are recruited by University Hospital of North Midlands then it is the 25th of every month and if you are recruited by Midlands Partnership Foundation Trust it is the 28th of every month. For December payroll, the arrangements for both Trusts vary from year to year and will be communicated to all staff as early as possible.

Questions about workforce

4) How much annual leave am I entitled to?

Annual leave is calculated in accordance with NHS terms and conditions as follows:

- On appointment: 27 days annual leave + 8 days general public holidays
- After five years' service: 29 days annual leave + 8 days general public holidays
- After ten years' service: 33 days annual leave + 8 days general public holidays

Annual leave and public holiday entitlement is per annum, pro rata, depending on contractual hours and employment start/end dates during the annual leave year.