Online NHS Trust Board Agenda

Date of meeting: 28th July 2026

Venue: Room 4.4, Wellington House, 133-155 Waterloo Road, SE1 8UG

Meeting to be held in public

Time	Agenda item	Paper	Purpose	Lead
09.00 – 09.05	1. Introductions, apologies and declarations of interest	Verbal	For noting	Chair
09.05 – 09.20	2. Proposed Trust Committee structure	A	For approval	Katy Cox
09.20 – 09.35	3. Stakeholder engagement	Bi, Bii	For approval	Mia Ayres
09.35 – 09.45	4. NHS staff standards	C	For noting	Demelza Turner
09.45 – 09.55	5. Any other business	Verbal		Chair

Online NHS Trust Board

Proposed Trust Committee Structure

Date of meeting	28 July 2026
Paper reference	A
Author	Tania Openshaw, Organisational Build Workstream
To be presented by	Katy Cox, Organisational Build Workstream Lead
Summary	This paper sets out options and a recommendation for the proposed Trust committee structure for the Trust

Recommendations	The Board is asked to:
	• Note the proposed two committee structure options (outlined in the paper in and table 3.2) for overseeing Trust quality, performance and finance matters, alongside the arguments for and against each option; and
	• Approve the establishment of the following committees:
	  ○ Digital Committee
	  ○ Clinical Transformation Committee
	  ○ Workforce Committee
	  ○ Quality, Performance and Finance Committee
	alongside the Audit and Risk and the Nominations and Recruitment Committees.
	
	Subject to approval of the recommendation above, Terms of Reference for each of the committees will be drafted for approval at the next Trust Board meeting

1. Executive Summary

1.1. As an NHS provider trust, the Online NHS Trust Board is responsible for the strategies and actions of the organisation and is accountable to the public and, ultimately, to Parliament (via NHS England and DHSC).

1.2. The Code of Governance for NHS provider trusts (CoG) requires the Board to establish an Audit Committee and a Remuneration Committee that reports to it. At

the inaugural Trust Board meeting on 1 June 2026, the Board approved the establishment and terms of reference of both committees (named Audit and Risk and Nominations and Remuneration).

1.3. Whilst the CoG does not prescribe any other committees, it does expect trusts to establish a committee structure that ensures effective governance and that is "fit for purpose". The Trust Board's committee structure will need to be established prior to the launch of clinical services, and it needs to provide assurance in these key areas; finance, quality, performance, workforce and digital.

1.4. This paper gives an overview of each area of, options for how the committee structure should be established, and a recommended option for the Trust.

2. Overview of each area of committee assurance

2.1. The Trust is required to have appropriate assurance over finance, quality, performance, workforce and digital matters. It should have an appropriate committee structure to support effective governance and provide suitable challenge in all these areas.

The table below provides an overview of each of these assurance areas:

Area of assurance	**Purpose of relevant Board Committee**
Quality	• To provide assurance that high-quality, safe, effective and patient-centred care is being delivered by the Trust, including patient experience and clinical outcomes. • To oversee quality risks, regulatory compliance and improvement actions to ensure services are continuously improving.
Finance and performance	• To provide assurance over the stewardship of the Trust's financial resources and performance. • To monitor financial performance, productivity, sustainability, operational performance, procurement and delivery of improvement programmes and strategic objectives.
Digital	• To provide the Board with assurance regarding the effective implementation of the organisation's digital, data and technology strategies, which will underpin everything the new Trust does as a 'digital-first' organisation. • To provide assurance on information governance, data quality and cyber security.
Workforce	• To provide assurance to the Board on workforce strategy, culture, leadership and organisational development,

Area of assurance	Purpose of relevant Board Committee
	particularly important given the Trust's innovative workforce model. • To oversee workforce risks and performance, including recruitment, retention, wellbeing, equality, staff engagement and workforce planning.
Clinical Transformation	• To oversee onboarding of new clinical specialties and pathways (as the scope of the clinical services provided by the Trust increases over time) and to provide the Board with assurance that new clinical pathways can 'go-live'. Note: The functions of this Committee may transfer to an executive-led group in the future, however, in the first instance, it is proposed that there is NED oversight of onboarding of new pathways.

3. Options for Board-level committee structure

3.1. The Online NHS Trust is a digital-first organisation that will implement a new workforce model to provide clinical care for a range of specialties, that will be added to, over time. Therefore, it is proposed that the committee structure includes the following individual committees (to sit alongside the already established Audit and Risk Committee and Nominations and Remuneration Committee):

- Digital Committee
- Clinical Transformation Committee
- Workforce Committee

3.2. In terms of effective governance and ensuring a clear oversight of finance, quality and performance, two options have been considered for the remaining committee/s:

Table 3.2

Options for additional committee/s	Reasons for/against the option
Option 1: Quality, performance and finance committee (as a *single committee*)	• An integrated approach to quality, performance and finance will allow a single committee to oversee the interdependencies between these areas. • Combining assurances into one committee would suit a Trust at the early maturity phase, allowing a comprehensive understanding of organisational

Options for additional committee/s	Reasons for/against the option
	performance while minimising governance complexity. • A holistic oversight means less duplication and avoids creating silos. • Fewer committees mean less administrative burden. • Integrating quality and performance aligns with the Medical Director's responsibilities.
Option 2: Quality and Performance committee *and* Finance committee; or Finance and Performance committee *and* Quality committee (*two separate committees*)	• Separating out assurance areas provides a clear separation of responsibilities and allows detailed scrutiny of each area. • Separate committees mirror common NHS provider governance structures but may also create silos/potentially disconnected discussions. • Creates a higher number of substantial committees, which generates significant administrative burden, particularly for a new, smaller organisation.

3.3. The two options above have been considered with the intention of proposing the most appropriate arrangement for the Trust in terms of its size, growth plans, risk profile and strategic priorities.

3.4. Based on the arguments presented in table 3.2, **it is recommended that the Trust implements Option 1:** Quality, Performance and Finance committee (as a *single, integrated committee*). This is the most suitable approach for the Online NHS Trust, particularly during its early maturity phase and it provides a proportionate structure, with less administrative burden. A single committee will enable a holistic oversight of organisational performance (in terms of quality and finance), whilst also allowing separate focus on digital, workforce and clinical transformation matters through dedicated committees.

3.5. Each committee will need Terms of Reference that set out the scope of the committee and are clear that the focus of committees is to provide assurance to the Board. Following Board approval of the committee structure, the Terms of Reference for each committee will be drafted for approval at the next Board

meeting. The annex sets out the proposed frequency of meetings and membership of each committee.

3.6. As the Trust grows in size and complexity, it is recommended that, in 12 months' time, the Board conducts a review of the committee structure to assess its effectiveness and to review suitability of the membership, frequency of meetings, remit and responsibilities.

4. Recommendations and next steps

4.1. The Board is asked to:

- Note the proposed two committee structure options for overseeing Trust quality, performance and finance matters, outlined in Table 3.2, alongside the arguments for and against each option; and
- Approve the establishment of the following committees:
  - Digital Committee
  - Clinical Transformation Committee
  - Workforce Committee
  - Quality, Performance and Finance Committee

alongside the Audit and Risk and the Nominations and Recruitment Committees.

4.2. Subject to approval of the recommendation above, Terms of Reference for each of the committees will be drafted for approval at the next Trust Board meeting.

Annex: Proposed committees and proposed meeting frequency

Committee	Frequency	Proposed membership
Quality, Performance and Finance	Bi-monthly	NED Chair plus two NEDs, CFO, MD, CPO
Digital	Bi-monthly	NED Chair plus two NEDs, CEO, CDIO, CFO, MD
Clinical Transformation	As required to onboard new pathways	NED Chair plus two NEDs, CDIO, MD, ND, CPO
Workforce	Three times a year	NED Chair plus two NEDs, CPO, MD, ND

Note that the above excludes the Audit and Risk Committee and the Nominations and Remuneration Committee, as these have already been established.

Online NHS Trust Board

Stakeholder engagement

Date of meeting	28 July 2026
Paper reference	Bi
Author	Mia Ayres
To be presented by	Mia Ayres
Summary	This paper provides an overview of stakeholder engagement undertaken to date and sets out the planned next phase as NHS Online moves from trust establishment towards launch of clinical services.
Recommendations	The Board is asked to note the engagement undertaken to date and the planned next phase; support the proposed insight-to-action approach; and agree a targeted role for Board members in strengthening stakeholder confidence.

1. Executive Summary

1.1 At its last meeting, the Board asked for an overview of stakeholder engagement undertaken to date and the planned next phase; with particular focus on patients, referrers, ICBs and Trusts. This paper provides that overview and is supported by a summary annex setting out key activities and insights from these audiences. More detailed operational plans exist and are continually developed alongside this summary, covering the wider stakeholder landscape.

2. Stakeholder engagement

2.1 Since NHS Online was first announced at the end of September 2025, communications and stakeholder engagement have been embedded as core delivery and assurance activities across programme workstreams.

2.2 The strategic approach to stakeholder engagement has been to build awareness, understanding and advocacy; identify risks early; and ensure the developing model is informed by the people and organisations most affected by it. This has been delivered

through targeted stakeholder engagement linked to our public announcements, alongside wider stakeholder mapping and engagement to identify priority audiences, issues and opportunities for discussion.

2.3 As the organisation moves from trust establishment towards launch of clinical services, engagement will be deepened from narrative-setting into structured insight gathering to inform referrer, workforce and patient facing campaigns. This next phase will move this into an insight-to-action model, with clear links between stakeholder feedback, design decisions, implementation planning and board assurance, where appropriate.

3. Engagement undertaken

3.1 Our key audiences for stakeholder engagement are patients, clinical workforce and referrers; as well as targeted programme engagement with the system, ICBs and individual trusts. A summary of engagement to date and planned engagement can be found in the attached annex.

4. What we have heard

4.1 We have gathered detailed, audience specific feedback from engagement meetings, as well as social media, which is fed back to the relevant teams for awareness and action. There are, however, consistent themes that emerge across all stakeholder groups:

- **Cautious support:** Stakeholders welcome the potential to increase capacity, reduce waiting lists and improve access, if delivery is safe and practical.
- **Safety, data and interoperability:** Clinical safety, governance, data privacy and systems interoperability must be clear from the outset.
- **Inclusion and patient experience:** The model must avoid widening digital inequalities while improving access for patients and carers currently physically excluded.
- **Clarity on how it will work in practice:** More detail is needed on how NHS Online will work in practice, including diagnostics, prescribing, escalation and follow-up care.
- **System and workforce impact:** Stakeholders want clarity on funding, waiting lists and referral management; and the impact on referrers and clinical workforce.

5. Implications for delivery

5.1 The central implication is that stakeholder confidence will be built through visible evidence that feedback is being acted on. The next phase of engagement will therefore continue to gather insight and strengthen the line of sight between what stakeholders

tell us and how this shapes our communications and campaigns as well as service design, governance, communications, implementation and evaluation, where appropriate.

5.2 Patient insight will be further developed through our recently appointed patient engagement partners and planned patient roadshows. The communications and engagement team is working with programme colleagues and board members to develop an awareness and advocacy approach with referrers and clinicians, while more detailed technical engagement will be led through the clinical reference groups, owned by product teams. The team will also continue to engage the wider system through national channels and forums, with the organisational build team leading more detailed engagement with Trusts and ICBs. Feedback from these activities will be brought together and fed into the development of plans.

6. Board support

6.1 We are keen to harness board members' support around specific stakeholder groups where members' insight, networks and senior sponsorship can add most value. This could include helping to identify and develop advocates and champions for the work, providing strategic steer on stakeholder risks and opportunities, and presenting at selected engagements or events. Board involvement will be coordinated through the communications and engagement team so that members' time is focused on the areas where their contribution will have greatest strategic impact.

7. Recommendations and next steps

7.1 The Board is asked to note the stakeholder engagement undertaken to date and the planned next phase, including continued insight gathering with patients, referrers, clinicians, ICBs, Trusts and wider system partners. The Board is also asked to support the approach of linking stakeholder feedback to communications planning, as well and elements of service design and implementation, where appropriate and proportionate.

7.2 The Board is asked to support a targeted role for members in strengthening stakeholder confidence, advocacy and senior relationships, where this will add strategic value to the next phase of engagement.

Stakeholder Engagement

Annex 1

Online NHS Trust Board
28 July 2026

Bii.

Stakeholder engagement summary

Patients and referrers

Stakeholder	What we've done	What we've heard
Patients	• Healthwatch consultation on Trust establishment – open to >150 organisations, webinar with >60 individual representatives • VCSE and lived-experience engagement >65 organisations • Specific engagement with VCSE organisations focused on health inequalities on EHIA recommendations • Webinar with >175 patients facilitated by the Patients Association • User research (led by Kainos user research), webinars, surveys and social listening embedded into design	• Clinical safety and quality – patients concerned serious conditions can be missed without physical examination • Access and inclusion must be designed from the outset – involving patients in pathway development • Patients are concerned about the added administrative burden – vocalising a preference for a flexible experience that includes choice • Data, privacy and safeguarding concerns requiring reassurance.
Referrers	• GP leaders, RCGP and primary care networks engaged • Referrers recruited into research, pathway design and communications planning	• Faster specialist access is welcomed • Avoid extra GP workload or parallel systems; clarify choice, handovers and continuity • Clarity on how patient choice will operate during referral conversations. • Support for nationally standardised pathways where these reduce variation and create a more consistent referral experience for both clinicians and patients

Stakeholder engagement summary

Clinical workforce, ICBs and trusts

Stakeholder	What we've done	What we've heard
Clinical workforce	• Briefings with clinicians, Royal Colleges, staff representatives and professional networks • Workforce surveys and focus groups, pathway reference groups and user research • Used digital communications channels to raise awareness, test key messages and gather feedback from clinicians. • Meetings with different staff groups including Chief Nursing Officers	• Almost two thirds of consultant level clinicians would be keen to work for NHS Online • Support depends on clear clinical safety, governance and leadership • Clarify workforce model and interfaces for diagnostics, prescribing, escalation and follow-up • Support for expanding specialities further. Opportunities in mental health and prevention.
ICBs and Trusts	• National events (including session at NHS ConfedExpo), ICB forums, podcasts and thought leadership • Meetings with ICBs and trusts on commissioning, payment, activity and provider interfaces.	• Ambition is supported; further details on how it will work needs clarity • Clarity needed on commissioning, contracting and payment model: lead ICB, procurement route, tariffs, incentives, activity assumptions and whether activity is additional or substitutional.

Stakeholder engagement roadmap

Planned activity across key stakeholder groups | 2026–27

Stakeholder	Summer 2026	Q3/4 2026/27	Ongoing through 2026/27
Patients	• Commence quarterly public polling • Convert feedback into design and readiness actions to build a 'you said, we did' exercise for patients where possible	• Begin series of regional roadshows (~500 patients) • Run DHSC patient deliberation panels (~2,000 patients) • Continue to meet patients through established forums / VCSE organisations	• Move from insight to action – "you said, we did", where appropriate • Use insights to develop patient and public facing campaigns
Referrers	• Consolidate primary care feedback • Shape pathways and referral processes • Develop communications materials for testing	• Explain referrals, choice and integration • Continue leader and network engagement including NHS England Primary Care forum	• Work with board members to build advocacy and early adopters • Use insights to develop referrer facing campaigns
Clinical workforce	• Support focus group activity with the wider workforce • Explore research findings with colleges and specialty groups • Develop communications materials for testing	• Publish workforce report and promote using NHSE, DHSC and external stakeholder channels • Publish new information on how NHS Online will work and governance materials • Prepare for recruitment campaign in Feb	• Use events and digital channels • Maintain service-design input • Use insights to develop clinical workforce facing campaigns
ICBs and Trusts	• Create communication materials to be used at system briefings and events • Explain the NHS Online operating model at ICB meetings	• Engagement opportunities developed at HETT show (Sept); Transforming the NHS Conference (Oct); HSJ Summit	• Showcase delivery examples • Build champions; meet one ICB per region

Online NHS Trust Board

NHS Staff Standards: required actions and Board accountabilities

Date of meeting	28 July 2026
Paper reference	C
Author	Demelza Turner
To be presented by	Demelza Turner
Summary	This paper informs the Board of the new NHS staff standards for employers, published by the Department of Health and Social Care on 6 July 2026 and applicable in England. It sets out the actions the Trust must take to comply, and the actions and accountabilities that rest specifically with the Board. The paper provides assurance that actions are being considered in work and recommends that Board roles and overall standard action owners are decided once the Trust Executives have been appointed, with a further paper being bought to the November Board meeting.
Recommendation	The Board is asked to: • note the new compulsory standards, the actions required of the Trust, and the associated Board accountabilities.

1. Executive Summary

1.1. This paper informs the Board of the new NHS Staff Standards for employers, published by the Department of Health and Social Care on 6 July 2026. The standards set compulsory minimum expectations for NHS employers across six areas: line management, health and wellbeing, violence prevention and reduction, sexual safety, tackling racism and flexible working. Delivery will be measured through the NHS Oversight Framework and relevant NHS Staff Survey indicators, meaning the Trust will need to demonstrate progress as part of wider organisational oversight and assurance.

1.2. The standards create specific Board-level accountabilities, including appointing named leads or champions for the different standard areas.

1.3. The Board is asked to note the new compulsory standards, the associated Board responsibilities and the organisational actions required to prepare for implementation and future measurement.

1.4. The paper is presented for awareness at this stage and an implementation update will be brought back to Board once the Executive Directors are in post.

2. Background

2.1. The NHS Staff Standards set out the minimum expected standards in the below areas:

- line management
- health and wellbeing
- violence prevention and reduction
- sexual safety
- tackling racism
- flexible working

2.2. Unlike previous initiatives, implementation of the staff standards will be compulsory and how well each provider meets the six standards will be measured. If an employer does not do well, this will be considered when looking at how that organisation is performing overall. This will be done through a new score for the standards in the NHS Oversight Framework (NOF). This is the national system used to check how organisations are performing against important priorities, including the staff standards.

2.3. Currently, each standard will be measured through named NHS Staff Survey questions that feed the 2026/27 NHS Oversight Framework score.

2.4. The Trust is awaiting confirmation from NHS England of how and when the NOF will apply to the Trust. The Trust will be required to participate in the NHS Staff Survey from October 2027 for all substantive employees and the NHS Staff Survey for Bank workers at the point over 200 bank (clinical flexible workers) are engaged on the Trust's bank.

3. Board specific actions and accountabilities

3.1. The standards require the following specific actions / accountabilities from the Board.

Board action / accountability	Standard
Appoint a health and wellbeing guardian at board level, with oversight of workforce health data	Health & wellbeing

Board action / accountability	Standard
Provide board-level oversight of the health and wellbeing strategy (built on the NHS Health and Wellbeing Framework)	Health & wellbeing
Appoint a named senior responsible officer for violence prevention and reduction; approve the annual VPR improvement plan	Violence prevention & reduction
Ensure board-level ownership and accountability for the Sexual Safety Charter and assurance framework *(started with paper on assurance approach due for October Board)*	Sexual safety
Appoint the Chief Executive as senior responsible officer for tackling racism	Tackling racism
Ensure every board member (including NEDs) holds a published SMART objective on tackling racism	Tackling racism
Appoint a board-level flexible working champion	Flexible working
Own the flexible working action plan (built on workforce data)	Flexible working
Provide board-level oversight of how line managers are enabled and routinely gather and act on line-manager feedback	Line management

4. Recommendations and next steps

4.1. A full gap-analysis has been undertaken for the 35 approved Trust policies against the new standards, with suggested updates noted for policy owners to review and update.

4.2. As the Trust is in the process of appointing Executive Directors, a further paper will be brought to Board in November, proposing nominations for the required Board-level roles and for leads for the wider Trust actions for each standard (see **Appendix**), and to provide an update to progress completed on the wider actions to date.

Appendix: Organisational actions required, by standard

Line management

- Embed the NHS Leadership and Management Framework across communications, policies, training, appraisal and recruitment.
- Ensure all managers complete the Framework self-assessment tool and undertake development (development and 360 tools launch autumn 2026).
- Offer comprehensive line-management training with a focus on first-time managers; monitor manager performance.
- Ensure managers have supervision, mentorship and accessible line-management policies.
- Ensure job plans allocate sufficient time for line-management duties and that all roles have accurate job descriptions, operating the NHS Job Evaluation Scheme (Annex 31).
- Ensure high-quality appraisals with clear objectives, and active support for development and career progression.

Health and wellbeing

- Produce a localised health and wellbeing strategy using the NHS Health and Wellbeing Framework (7 core elements), co-produced with staff and trade unions.
- Enable rest, refuel and rehydrate: safe non-clinical rest space; rostering that supports restorative rest; reliable 24/7 access to nutritious food and drink and to drinking water (Workplace Regs 1992, reg. 22 and 25).
- Ensure managers complete mandated safety and wellbeing competencies and embed wellbeing conversations into 1:1s and appraisals.
- Train managers to discuss reasonable adjustments and to support disclosures of disability.
- Ensure provision for pregnant and breastfeeding staff and for those experiencing perimenopause and menopause.
- Ensure access to occupational health, and that OH recommendations are acted upon; review data in partnership with unions.

Violence prevention and reduction

- Implement and embed the NHS VPR Standard (mandated in the 2026/27 Standard Contract), with a named SRO, an annual improvement plan and VPR risk-assessment tools.
- Ensure reporting systems are in place and actively promoted; record accurate, timely data feeding national VPR collections.
- Provide high-quality post-incident psychological and welfare support; ensure managers know how to signpost.
- Maintain HR policies that support staff after incidents and during investigations.

- Provide role-appropriate training, including conflict resolution, and accredited local security management leads.
- Engage the health and safety committee in VPR planning; work in partnership with unions and staff networks.

Championing sexual safety

- Fully implement the Sexual Safety in Healthcare organisational charter and assess progress using the assurance framework (Paper to be presented to Board later this year on approach to progressing framework actions)
- Ensure all staff complete the 'Understanding sexual misconduct in the workplace' e-learning.
- Ensure investigators of sexual misconduct allegations receive specialist training.
- Maintain robust policies so staff suffer no detriment for reporting; share concerns about employees with future employers and host organisations.
- Ensure staff are familiar with the National Sexual Misconduct People Policy Framework.
- Work in partnership with unions and staff networks.

Tackling racism

- Set clear consequential outcomes for misconduct (including from patients, relatives and the public); review misconduct policies and state penalties up to dismissal, including the potential for refusal of care in non-emergency situations.
- Implement and monitor the 6 high-impact actions in the NHS EDI Improvement Plan and track the 9 Workforce Race Equality Standard (WRES) indicators.
- Implement inclusive recruitment and talent management, with a career-progression plan ensuring equity of opportunity.
- Ensure reporting systems capture individual experiences of racism to enable trend monitoring and local improvement.
- Update grievance, disciplinary and investigative processes so they are responsive to racism and free of biased application.
- Adopt the IHRA working definition of antisemitism and the anti-Muslim hostility definition, and update EDI/EDHR training.

Promoting flexible working

- Implement a flexible working action plan built on workforce data.
- Following an equality impact assessment, implement preference-based team e-rostering for frontline staff where operationally appropriate.
- Collect data on all requests (formal and informal), approvals and rejections, broken down by protected characteristic, staff group, band and department; publish it for staff and make it available to the CQC.

- Include flexible working as an option in all job adverts, interviews, pre-retirement conversations and appraisals/1:1s.
- Review informal flexible working arrangements at least every 12 months, recording the discussion.
- Train managers, leaders and staff to lead flexible teams, with digital-skills support; follow and reference the National Flexible Working People Policy Framework.