Implementing agile working in the NHS
Evidence of enabling mindsets and resources: initial learnings and recommendations

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Acknowledgements

A note about agiLab

agiLab is the co-creation of academics at the University of Sussex and the NHS. agiLab aims to promote and facilitate an evidence-based approach to best practice and research in agile working through academic and practitioner collaboration and knowledge-exchange. A key strategic aim of the NHS is to develop more flexible and pioneering ways of meeting the diverse needs of workers, patients, and society. agiLab aims to be at the forefront of leading the agenda to support and optimise this, via state-of-the-art academic research. www.agilab.org.uk

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Foreword

I'm really pleased to introduce this research report on behalf of NHS Employers, trade union colleagues and senior workforce leaders from across the NHS. This report brings together and celebrates learning from four years of valuable collaboration between the NHS and academia as part of agiLab NHS.

Given the ambitions the UK government has set out for the transformation of health and the NHS, we were clear that the outputs should go beyond the wealth of existing guidance, policy and support already available. By drawing on four years of experiential learning from within the service, thought leadership and academic research, Dr Emma Russell and her team have been able to identify key enablers and blockers to successful agile working mindsets and suggest approaches that can deliver mutual benefits. I am hugely grateful for the hard work and dedication of Emma and her team to complete such a large and complex thematic analysis within tight timescales so as to inform the development of key approaches for the future of the NHS.

Work such as this is ultimately about improving the experience of our people, not as an end in itself, but in service of our patients. The debate about flexibility and agility is, in particular, about shifting mindsets and implementing real and sustained improvement.

We look forward then to working with our colleagues at the University of Sussex to test, explore and develop these initial findings so that they can be further distilled into practical and realisable recommendations that mean that all of our people will benefit from agile working practices.

Daniel Mortimer
Chief Executive Officer, NHS Employers
22nd May, 2025

Executive Summary

In 2024, the Prime Minister [called](#) for the "*biggest reimagining of our NHS since its birth*", identifying three key areas for reform: shifting care from hospitals to communities, transitioning to digital systems, and emphasizing preventative healthcare. The accompanying report from Lord Darzi (2024), identifies the importance of 're-engaging staff' as a key priority for facilitating this NHS reform.

Along with re-engaging existing NHS staff, the NHS has also faced challenges in recent years in attracting and retaining a motivated and effective workforce. **To drive change, the NHS will need an energised, empowered and *agile* workforce, able to innovate and adapt**. This report presents findings from a 4-year knowledge-exchange initiative – agiLab - which supports and critically examines best-practice in delivering the NHS People Promise, *"we work flexibly"*. **Our research shows that flexible, agile working practices, developed in consultation with employees, can enhance staff experience, attract and support a broader and more diverse workforce, drive innovation, and - essentially - improve services for patients.**

The report draws on **four years of evidence** to identify key enablers and blockers to implementing good, flexible, agile working. It **challenges misconceptions** about who benefits from flexible working to illustrate how more agile mindsets and approaches can **mutually serve organisational and individual needs.** Our recommendations aim to help workforce leaders to harness the benefits of agile working across the NHS. To that end, findings will inform the development of actionable resources for stakeholders across the coming months.

Flexible Working in the NHS

The NHS has led the way in flexible working. Following the publication of the NHS People Promise in 2020, flexible, agile working practices were identified as both highly attractive to NHS workers and an effective way of addressing ever-changing service needs and challenges. However, there are stark differences between occupational groups in being able to access genuinely flexible, inclusive, and 'good' work arrangements. In this context, the NHS engaged with agiLab to explore the evidence-base and best practices of **adopting a more agile approach to flexible working.** The agile working approach offers an inclusive and compassionate approach to delivering the NHS people promise 'we work flexibly'. Agile working goes beyond offering a finite set of flexible options that are incorporated into people's work contracts (ironically, a rigid, 'one-off' approach to flexibility that usually focuses on time or location), encouraging 'true' flexibility that involves ongoing adaptations and customisation of working time, place and role to address and pre-empt changes to service and individual needs. After 12 agiLab knowledge-sharing conferences, four applied NHS research projects, and ongoing sense-checks and discussions, this report summarises what we know about the **blockers and enablers of flexible, agile working practices in the NHS**.

> ### What is flexible, agile working?
>
> Agile working is a form of flexible working that involves adapting work patterns as needs change, enabled by **digital tools and innovative practices**. It offers genuinely **customised** and **responsive** options to liberate workers and organisations from rigid, traditional constraints. It encompasses both formal and informal arrangements and supports organisational and worker needs regarding **when**, **where** and **how** people work.

The Research Project

Our research identifies the **mindsets** and **resources** that act as enablers and blockers to adopting good, flexible agile working practices in the NHS. Mindsets are the cognitive attitudes, beliefs and thought processes that are used to rationalise action and outlook. Resources are the assets that help an individual or organisation to achieve its goals.

The study had two central research questions:
1. How can uptake and implementation of good, flexible agile working be facilitated across the NHS?
2. How can uptake and implementation of good, flexible agile working be consistently applied to promote inclusive access in the NHS?

Data was taken from agiLab conferences (with academic thought leaders, NHS Best Practice Exemplars (BPEs), future-focused discussions, research reviews, and insights from agiLab delegates) and co-designed agiLab applied research studies. Thematic analysis on this data drew on Conservation of Resources (COR) theory to identify *resource enablers and blockers*; these are key resources that can help support implementation when present, or scupper implementation when absent. Analysis also highlighted new ideas around *enabling mindsets and mindset blockers*. When based on misconceptions, poor definitions and distorted ideas/evidence, these mindsets are a barrier to better ways of working. In contrast, mindsets that reflect openness to learning, and a research-led and customised approach, can foster the introduction and implementation of good, flexible agile working practices.

Key Findings

Enablers of Agile Working

1. Enabling Mindsets:

- ***Mutual Needs, Mutual Gains, 'Do No Harm' Mindset****:* Framing agile working as beneficial to both employees and services was a key starting point for the successful implementation of agile working. As well as indicating that mutual needs could be met or mutual gains could be acquired, there also needed to be reassurance that change would not lead to harm either to the worker or the organisation. Significantly this mindset also shows an awareness of the *harm that can be done by inactivity.* This provides a new way of framing rationales for agile working and supports the NHS Flexible Working Toolkit for Line Managers where there is an emphasis on **saying yes** and finding a solution because no action may be deleterious.
- ***Experimental, 'Learn as you go' Mindset****:* A willingness to trial new working methods, and refine these based on feedback, was found to promote innovative agile working practices. The mindset encourages people to try things out, acknowledging that the trials may not always work. There is a view here that any outcome (positive and negative) is an opportunity for learning to take place and inform the next iteration of change.
- ***'Start Small' Mindset****:* Those who recognise that agile working shifts can 'start small' and involve making incremental changes, are far more likely to implement effective and sustainable agile working practices.
- ***'One Size Doesn't Fit All' Mindset****:* Recognising that flexibility will be different for different workers, and that this may mean people need to be given customised solutions, is key to effective agile working implementation. Pre-defined notions of flexible working (e.g. a one-off contractual change to accommodate one of the Government's pre-determined 9-types of flexible work) may not be agile enough to capture the 'true' flexibility and adaptability that some workers and some services need.

2. Enabling Resources:

- ***Types of Knowledge****:* Effective use of NHS policies, academic research, and knowledge of employee voice was used to inform decisions around implementation. Such knowledge ensured change was implemented with both service and employee needs at the forefront of new initiatives.
- ***Interpersonal Relationships****:* Trust and open communication between and within managers and teams is more important than ever in agile working contexts where face-to-face contact is not always possible. This allows for more responsive arrangements that meet the individual's needs but not at the expense of the wider team and service.
- ***Digital Tools****:* Digital tools provided new ways for workers in marginalised groups to experience the benefits of, and access to 'good work'. There was also evidence that digital tools can upskill employees and empower patients.

Blockers to Agile Working

1. Mindset Blockers:

- *'The Ideal Agile Worker' Mindset:* There were assumptions that only certain staff could or should be able to work flexibly, a major barrier to inclusive and compassionate agile working that especially extends to frontline roles. New ideas around remote working being harmful for the organisation also reveal arbitrary rigidities around offering different working patterns.
- *'Special Treatment' Mindset:* The perception of unfairness, and of some people getting a better deal than others, was a key mindset blocker that could weaken the mutual gains that can come from agile working. Teams need to know that everyone has a right to good, flexible agile working, and that true equality does not mean treating everyone the same.
- *'The Optics Test' Mindset:* Perceived appropriateness of an initiative, in the eyes of key stakeholders such as colleagues, teams, Trusts, the general public and government, can deter the adoption of agile working even when benefits are clear. Passing the optics test is a blocker that is particularly felt in the NHS in the current turbulent socioeconomic climate.

2. Resource Blockers:

- *Staff Capacity:* Recruitment and retention difficulties in the NHS means there is a perceived lack of capacity to embark on some agile working practices. However, the irony remains that by adopting agile practices, more capacity may be generated.
- *(Lack of) Humanity in Agile Connections*: The context of agile working can dilute the humanity of interactions. To assess whether employee and organisational needs are being met, managers need to be supported to foster regular, humane connections. Without this, agile approaches may be misapplied and both staff and service will suffer.
- *The Autonomy Paradox*: New ways of organising working time in agile working practices can both reduce and increase autonomy, with both outcomes potentially reducing job quality through work intensification.
- *Disempowerment:* NHS workers from marginalised or disempowered groups may not have the resources to negotiate agile arrangements, request predictability in their working patterns (if the agility is employer-led), and are less likely to have the digital skills and access to make use of the new digital tools for agile working. This means that certain groups are at risk of being excluded from agile work.

Implications for NHS Leaders

Our research identifies four key priorities to support the implementation of agile working that can succeed in supporting NHS reforms, policy and practice:

1. Adopt a 'Mutual Needs, Mutual Gains, No Harm' mindset
2. Challenge 'The Ideal Agile Worker' mindset
3. Be research-led (experimental and evidence-based)
4. Develop digital resources around access, skills and capabilities

Our findings show that clear definitions around good, flexible, agile working need to be incorporated into NHS resources and materials, and communicated across the service. By reframing flexible, agile work as involving more than static or rigid flexible-working (and predominantly remote) options, key mindset blockers can be challenged. We provide some initial tools and recommendations to support NHS leaders and managers in making these changes as an immediate priority. However, we emphasise here, in alignment with the agiLab ethos, that we will continue to engage with stakeholders to collaborate and co-design a range of materials and guidance. We aim to trial and amend such resources until the NHS can confidently demonstrate that it has successfully built a flexible, agile workforce, fit and supported to meet the complex and evolving demands of a reformed service.

Contents

Introduction

Flexible Working and the NHS

The Government has set out three shifts underpinning its 10-year plan for NHS reform: moving from hospital to community, from analogue to digital, and from treatment-focus to prioritising prevention. Engaged NHS managers and employees will be central to delivering this new agenda. However, the recently published Darzi report (2024) highlights that NHS staff are disengaged in the post-pandemic context, and may lack the will or capacity to attend to the proposed changes. The Darzi report notes high levels of sickness absence and a marked reduction in discretionary effort across all staff groups. Re-engaging and re-energising staff has therefore been identified as a central priority for facilitating NHS reform.

One of the most important ways that the NHS has tried to improve the engagement of staff is by focusing on improving the experience of working in the NHS. The People Promise of 'we work flexibly' pledges this fundamental commitment as:

> *"We can work flexibly, doing whatever work pattern fits our needs, regardless of the type of role we're in. As a modern and model employer, flexible and less than full-time working isn't a barrier to progress in the NHS – it is commonplace".*

The NHS has led the way as a forward-thinking flexible working UK employer. In 2022, new rights to flexible working were revised in Section 33 of the NHS Terms and Conditions. This gave employees the right to request flexible working from day one of employment, the opportunity to request this regardless of reason, and a new stage which facilitates a request to be escalated to another team if it has been rejected. Government legislation has now caught up. Amendments to the Employment Relations (Flexible Working) Act 2023 came into effect on 6 April 2024, which gives all employees the right to request 9-types of flexible working as part of their contract of employment from day 1.

This report outlines the key learnings from four years' of agiLab and its endeavour to help the NHS to deliver on the People Promise, *'we work flexibly'*. It is intended to support NHS leaders to update policies, training and resources to support effective development of flexible, agile working practices across the NHS.

Is flexible working 'working' in the NHS?

Despite the positive changing-policy context outlined above, current versions of flexibility are often restricted to a finite list of flexible working types based on government guidance and rigidly applied as part of a limited change to the employment contract. Such approaches can ironically curtail 'true' flexibility as flexible options are offered as a one-off, rather than regularly revisited and adapted as needs change (Schmidtner et al., 2021). These approaches may also fail to tackle growing divisions within the workforce between those in frontline roles, who often cannot access these types of flexible work options, and those who can. Flexible working arrangements have predominantly been enjoyed by more privileged knowledge workers. These workers are often able to use digital tools and technologies to access their work, wherever and whenever they are working. This has been described as the 'flexibility privilege' (Chung, 2024; Kelliher, 2023) which can create a two-tier workforce. Those working in frontline roles (that are often site-based and shift-based), are in operational contexts that make it difficult to vary start and finish times and undertake roles remotely (Timewise, 2025)[1]. For those who do work flexibly, there is evidence of a 'flexibility paradox' where boundaries between work and non-work become blurred and where the benefits of increased autonomy may be accompanied by the downsides of more intensive working (Cañibano, agiLab 8, 2023).

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[1] Although, Timewise emphasises that, despite these difficulties, "it is possible to offer far greater choice and control over working patterns for those in site-based and shift-based roles, and that this does not involve trade-offs in long-term profitability or performance for employers" p. 5

The most recent NHS staff survey (2025) shows divisions and uneven satisfaction amongst staff in relation to the balance between work and home life. Nationally, satisfaction with opportunities for flexible working patterns is at five-year high, with 57.65% of staff "satisfied or "very satisfied" with these opportunities. There are other positive trends: 71.29% said they can approach their immediate manager to talk openly about flexible working which has improved year-on-year from 66.94% in 2021.

However only just over half of staff (50.34%) think the NHS is committed to helping them balance their work and home life and there are stark differences between occupational groups. Those in administrative and clerical roles report the most satisfaction with opportunities for flexible working patterns (57.5%) compared to just 36% of ambulance workers, although this has improved for a second consecutive year. Other frontline occupational groups are somewhat more satisfied, for example nearly 50% of medical and dental employees are satisfied, rising four points to return to pre-Covid levels.

Can agile working offer a truly flexible option in the NHS?

It is in the context of an uneven picture of how staff experience flexibility in the NHS, as well as a wider uneven picture of the impacts of flexibility, that the NHS engaged with agiLab to explore the evidence-base and best practices of ***adopting a more agile approach to flexible working.*** agiLab was established as a knowledge-exchange collaboration between academia and the NHS in 2021. Since then, three online conferences per annum have offered a forum to facilitate understanding around academic research into flexible working, and how this plays out in practice. This has been achieved in agiLab conferences via the insights of academic thought leaders, discussions around future concerns related to flexibility, a round-up of the latest research, and an analysis of best practice exemplars in NHS settings. It has also been examined in NHS-led agiLab research projects, examining topics around how to lead an agile NHS workforce, how marginalised groups in the NHS may experience agile working, and projects looking at tensions that emerge when people experience different agile working arrangements. Through agiLab, the intention has been to develop an inclusive and compassionate approach to delivering the NHS People Promise 'we work flexibly', whereby a wide range of workers can benefit from 'true' flexibility in their roles.

agiLab has enjoyed great reach and impact through offering this national forum for discussion around these issues. It has been uniquely placed to engage with NHS practitioners who have been trialling and evaluating different approaches to flexible, agile, digital work 'in the field', often at local levels, who then share insights about successes and failures more widely. With the benefit of academic contributors applying scholarly knowledge to proceedings, agiLab has been at the forefront of collating and imparting understanding of what works to generate decent, agile and flexible work. This was recognised in 2024, when the DHSC invited agiLab to submit evidence for their briefing to the newly appointed Secretary of State for Health, the Rt Hon MP Wes Streeting. In 2025, agiLab was awarded the international AACSB's 'Innovations that Inspire' prize for collaborative knowledge-exchange.

agiLab has been at pains to highlight the notion of 'true' flexibility. Current government guidance is narrowly focused on a static set of 9 possible flexible options (largely based around when and where people work) and often applied as a 'one-off' option for workers. However, agiLab takes a more agile approach to flexible working as an ongoing and shifting concern. This agile approach can enable businesses, organisations and individuals to adapt where, when and how work is arranged, in anticipation of, and in response to, ongoing and changing societal and service needs. In agiLab, agile working is defined as liberating people from traditional time, place and role boundaries, using innovative practices and digital tools to better meet personal and organizational goals (Russell & Grant, 2020). The focus is on thinking creatively and offering innovative, customised and responsive working to meet changing service needs, evolving individual circumstances and to improve access to good work (see Box 1).

Box 1: agiLab definition of agile working; an agile approach to flexibility[2]

The agile working approach offers an inclusive and compassionate approach to delivering the NHS people promise 'we work flexibly'. Agile working is a form of flexible working that involves adapting work patterns as needs change, enabled by **digital tools and innovative practices**. It offers genuinely **customised** and **responsive** options to liberate workers and organisations from rigid, traditional constraints. It encompasses both formal and informal arrangements and supports organisational and worker needs regarding **when**, **where** and **how** people work.

In the Box 1 definition, flexible work is a feature of agile working and agile working can encompass all of the examples of flexible working in the Employment Relations Act. In addition, it can encompass more customised approaches that fit the ever-changing needs of the individual and the organisation. For example, working 9-5 one week on-site and working at home the next; utilising digital platforms to support low-risk patients, but using face-to-face consultations for higher-risk appointments. Agile working seeks to embed creative ways of thinking about flexibility that encompass changing how work is done and not just narrow definitions about changing the timing and place of work. This means that, even for NHS employees who are constrained in terms of where and when they can work, there could be opportunities to make their working arrangement more agile around their duties and tasks (see Appendix 1 for a table contrasting agile working and flexible working).

Understanding the Risks and Rewards in Applying an Agile Working Approach

This agiLab agile working approach to flexible working creates both opportunities and risks for the NHS. A more tailored and customised approach to individual needs and circumstances could be more inclusive, providing autonomy and opportunities for good quality work to a wider range of workers. It can also meet the needs of the service with a more motivated, engaged and satisfied workforce, who may be easier to recruit and more willing to stay. Further, it could encourage an embedded flexibility (in the true sense of the word) within job roles and services, going beyond the individual requesting from a fixed list of flexible working options that are bound by legislation.

However, this more customised 'agile' approach can also have its drawbacks. It may create perceptions of unfairness between staff, teams and even Trusts, which leads to resentment that some staff are getting a better deal than others (Kossek & Kelliher, 2023, Russell et al., 2023; Russell et al., 2025). It may also pave the way for more variable and unpredictable work, undermining the commitment to predictable work, which is regarded as a central pillar of good job quality and decent work (Rubery et al., 2018).

Further, to embed agile working within the NHS, effort is required from an engaged workforce. Managers need to encourage true flexibility and deliver this in a way that is deemed fair and appropriate. Staff need to be willing to make changes that fit in, not only with their personal needs, but with the needs of an evolving national health service. This is likely to require capacity building activity in the form of additional resources (such as time, energy, skills, managerial support) and potentially a change in mindset from a staff that has been overwhelmed with change and increased workload in recent years.

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[2] It is important to note that the agiLab definition of agile working does not always align with very mixed definitions of agile working in the NHS. For example, the NHS Terms and Conditions (Section 35) use 'agile working' and 'hybrid working' interchangeably and focus on the narrower concept of place of work and remote working. This is reflected in the NHS Flexible Working National People Policy Framework (p.11), which provides a similarly limited definition of agile working as, "where your role is completed across more than one location, which may include at home, and your contractual base is at one of the work locations."

The Current Research

The issues above have been discussed and debated within the agiLab forum over the past four-years. In this project, we therefore draw on the data collected from agiLab to better understand what is now required to deliver on the People Promise 'we work flexibly' and to capitalise on the vast knowledge and insight that has emerged from this significant academia-practice collaboration. We particularly utilise NHS Best Practice Exemplars, research-based evidence from leading academics in the field of agile and flexible work, and agiLab research carried out with NHS staff. Using this data, **our aim is to summarise the enablers and blockers to adopting good, flexible agile working practices in the NHS**. We consider 'good' work (also referred to as decent work) to be inclusive, dignified, safe and valued. Our specific objective was to draw out which resources and mindsets are either (i) conducive to or (ii) a hindrance to the facilitation of good, flexible agile working in the NHS. By identifying these blockers and enablers, we can uncover the mechanisms that can help facilitate change towards a flexible, digital, innovative and *agile* way of working that can contribute to the delivery of the three reforms now needed in our national health service.

Method

In this project, we developed the following research questions to meet our study aim and objectives (see previous page).

1. RQ1: How can uptake and implementation of good, flexible agile working be facilitated across the NHS?
2. RQ2: How can uptake and implementation of good, flexible agile working be consistently applied to promote inclusive access in the NHS?

To address these research questions, we utilised data developed from the agiLab collaboration and outline our methods for collating and analysing this below.

Research Setting

Over the past four-years, 12 knowledge-sharing online agiLab conferences have been held with NHS Workforce Leaders, Chief People Officers (and their deputies), Social Partnership Forum representatives, members of the Royal Colleges, and other NHS stakeholders (over 200 NHS trusts and organisations have been represented at agiLab to date). Expert academics have spoken about their latest research findings related to agile working, NHS trusts have presented best practice exemplars of effective agile working, and University of Sussex agiLab researchers have undertaken four research projects with NHS workers. This has promoted and facilitated an evidence-based approach to best practice and research in agile working with a focus on what enables the successful implementation of agile working and what are the key blockers to this.

Data Collection Across agiLab Sessions

The report draws on and triangulates the following data sources:

- NHS Best Practice Exemplars (BPEs)
- Evidence presented by academic thought leaders on agile and flexible work
- Evidence presented by academic thought leaders on wider societal issues relating to marginalised groups
- Teams chat and breakout room notes (anonymised)
- Discussions in the meetings between agiLab delegates (anonymised)
- Presentation slides from key contributors
- Wider NHS materials on flexible working

The data from Best Practice Exemplar (BPE) cases may not be typical but they act as 'critical cases', highlighting a range of very different yet conducive conditions for agile working practices to be introduced and successfully implemented in inclusive ways. Therefore, they were used as data, not for their typicality, but for the scope they provided to learn from others and share best practice to a wider audience. Significantly, the co-production space of agiLab and its encouragement of feedback from delegates, facilitated many exchanges of ideas, views and personal experiences of NHS colleagues who are navigating agile and flexible working 'on the ground'. These exchanges, verbally, in Teams chats and breakout rooms were all triangulated to ensure a mix of stakeholders' views were included in the analysis. When reporting on contributions from agiLab delegates, all identifiers (names, hospitals or trust) were anonymised, unless listed as contributors to the agiLab session (e.g. an academic thought leader or BPE presenter) or a member of the agiLab steering committee (see Acknowledgements). All quotes from agiLab research reports are anonymised following research ethics protocols (see Appendix 2 for list of agiLab session contributors).

Data Analysis

Following a reflexive thematic analysis approach (Braun and Clarke, 2021) the data was organised around themes of enablers and blockers of agile working. Themes were sense checked with agiLab Steering Group members and delegates from the NHS (N=6) as these evolved (see Appendix 3). This was to ensure that the data was being analysed in ways that reflected the experiences of NHS colleagues and was also related to wider NHS agendas.

Theories around the Conservation of Resources (COR) (Hobfoll et al., 2018) and how resources might enable and block agile working were abductively applied in this research. COR theory enabled us to identify resources as they were uncovered in the data and helped us to organise our themes. COR principles also helped to identify groups or combinations of resources that exist in the NHS around good, flexible agile working practices (Hobfoll, 2011). BPEs were particularly useful in highlighting how specific resources could be enablers when introducing agile working in more inclusive and compassionate ways.

Data organised around themes of mindsets was more novel and came from an inductive analysis of the data. This data was particularly illuminating in terms of the mindset enablers and blockers to agile working as well as the ways that shared experiences can change mindsets and facilitate new ways of thinking about the working patterns of others. The co-production space of agiLab was particularly important in illuminating mindset blockers that can be more difficult to uncover in more formal settings. agiLab research with workers from lower socioeconomic status groups, along with leaders, were also triangulated with data generated in agiLab to cross-check the contexts in which enablers and blockers emerge. This gave confidence in the findings, with this type of qualitative research sampling allowing more depth and representativeness, to explore the mechanisms underpinning blockers and enablers to agile working.

Findings

Mindsets and Resources as Enablers and Blockers to Agile Working

The agiLab data highlighted the importance of particular attitudes and outlooks in helping or hindering the introduction and implementation of agile working practices. We refer to these as *'mindsets'* and define a mindset as cognitive attitudes, beliefs and thought processes that are used to rationalise action and outlook. Some mindsets were enabling and others were blockers to agile working. Drawing on evidence presented in agiLab, particular mindsets were identified that enabled a more customised approach to flexible working and which aligned with the definition of agile working (see Box 1). However, other mindsets were blockers to the implementation of agile working as they indicated a resistance or tension towards the premise of agile working, or were focused around a very rigid definition or commitment to flexibility, failing to encompass true agility in working arrangements and activities.

The definition of '*resources'* used in this study, is drawn from (COR) theory. Resources are essentially any asset that helps an individual or organisation to achieve its goals and build other resources (Hobfoll et al., 2018). Resources can be objects or tools (e.g. laptops), personal characteristics (e.g. self-esteem), conditions (e.g. supportive work relationships, job status) and transient entities (e.g. energies, time, money) (Hobfoll, 2011). We identified a number of resources that served to support individual and organisational goals for implementing agile working and enjoying 'good' flexible work (i.e. inclusive, dignified, safe and valued). We also noted a paucity of resources that could scupper the effective implementation of flexible, agile work. A lack of resources is known to be a major source of psychological strain and the prospect of resource loss motivates people's activity (i.e. they can become self-defensive) as they seek to protect and retain the scarce resources that are important to them (Hobfoll et al., 2018). We noted this in our agiLab data, in which a lack of resources acted as blockers, both to the development of effective mindsets and to the ability to implement good agile working practices.

In the sections below we consider the enabling mindsets and resources that have been found to foster good agile working, and then move on to consider the mindsets and lack of resources that can block this process. At the end of each section we provide a summary box to outline the key characteristics of the mindset or resource and how/why it is an enabler or blocker.

Enablers

Enabling mindsets

Drawing on evidence presented in agiLab, particular mindsets were identified that facilitated the introduction and implementation of agile working. These mindsets facilitated changes in how, when and where people worked in ways that went beyond individual requests for flexible work from a pre-established and fixed list of flexible working options. Rather, changes were often service-led and responded both to the personal needs of employees and the changing needs of the service.

Four enabling mindsets were identified:

- Mutual needs, mutual gains and 'no harm' mindset
- Experimental, 'learn as you go' mindset
- 'Start small' mindset
- 'One size doesn't fit all' mindset

Mutual needs, mutual gains and 'no harm' mindset

The first enabling mindset involves focusing on the mutual needs and mutual gains for both the service and employees when adopting more agile ways of working. It also involves assessing whether action or inaction is more likely to cause harm. Academic thought leaders, Professor Clare Kelliher (agiLab 7, 2023) and Professor Almudena Cañibano (agiLab 8, 2023) recognised that flexibility for employers and flexibility for employees are presented at opposite ends of a continuum; flexible work instigated by employees (employee-led flexibility) is seen as beneficial for employees' work-life balance while flexible work instigated by employers (employer-led flexibility) have been associated with cost savings and creating more precarious work for employees (Fleetwood, 2007).

Framing agile working as satisfying the mutual needs of employers and employees, with mutual gain for both, is key to challenging the dichotomy above, and provided a powerful rationale for implementing agile working practices. This mindset was expressed by NHS Trusts who introduced agile working practices in ways that highlighted the mutual gains to be made. For example, a Best Practice Exemplar (BPE) that introduced changes to the delivery of a Community Nursing compressed hours 4-day week, rationalised this by specifically focusing on mutual needs. The needs of community nurses, who wanted more flexibility were acknowledged alongside the service need to accommodate changes in timed medications. Not responding to this could have caused harm both to staff satisfaction and sustainability, and delivery for patients.

Hannah Copeland of a Midlands NHS Trust described the impetus behind the mutual needs, mutual gains and 'no harm' mindset in implementing the change to a 4-day compressed week in Community Nursing:

> *We recognized [that] to support retention and recruitment we needed to do something different. We had had some really experienced nurses leaving our services to go and work in other services purely so they could work their hours over less days of the week. And we had recruited some amazing staff who subsequently didn't start in post because quite late into the recruitment process, they decided they couldn't give up their days off to work 9 to 5 shifts. We also saw…a real increase in timed medication demand. So lots of patients requiring insulin typically that needed to be given before breakfast or with tea and we just could not meet that demand with staff working 9 to 5. We just couldn't accommodate the number of visits that were being requested of us. So these things together made us consider making a change. (Hannah Copeland, BPE, agiLab 9, 2024)*

In agiLab 7, Anna Bickerton described a wider programme embedding 'we work flexibly' at Mid-Cheshire NHS Trust, using the mutual needs, mutual gains and no harm mindset. The rationale of the Trust's 'The Future is Flexible' Campaign engaged a virtuous cycle where meeting the needs of employees would lead to NHS strategic goals of innovation, and the recruitment and retention of staff.

> *We know flexible working has been a core component of the NHS People Plan and the NHS People Promise. And as an organisation, we're committed to delivering these national workforce strategies. We can also obviously see it featuring really heavily in the recently released NHS Long Term Workforce Plan. We don't see flexible working as being a one isolated piece of the puzzle. Instead, we see it as a golden thread, which is absolutely integral to supporting all of these other key deliverables. So, for example, we know that if we want to recruit and retain the best people to keep them well and give them the best experience at work, we need to prioritise their work-life balance. We also know it will help our people to be the best that they can be at work and to generate the change in innovation that we need to drive our own Trust strategy. We see flexible working as an opportunity for both us and for our people. (Anna Bickerton, BPE, agiLab 7, 2023)*

In another BPE, when introducing Trust guidance for agile working at an NHS Trust in Devon, employees were engaged in discussion groups to give their views on the benefits and risks of agile working for the organisation and employees. Framing the discussion in this way allowed a mutual needs and mutual gains mindset to flourish, by encouraging employees' assessments of change (see Table 1). Significantly, on the basis of these discussions, a set of high-level principles were established to form the basis of discussions of agile work which not only focused on mutual needs and gains but also stressed these could not be outweighed by different types of harm. For example one principle developed from these discussions with employees was, 'nobody should be financially disadvantaged by agile working'. There was also a principle focusing on being flexible to those needing more support;

identifying the needs of new starters and those returning from long term absence, showed an awareness of possible 'harms' that could be overcome if agile working practices were adopted.

Table 1. A Devon NHS Trust: assessment of mutual needs and gains

Group exercises organised with employees to develop an agile working policy. Discussions organised around the following points:	
• What are the drivers for us now? • What will make us do this in a way that works for: 　○ our people 　○ and organisations? • What are the practical considerations at: 　○ organisational level 　○ team level 　○ employee level?	• What are the positives for: 　○ our people 　○ our organisations? • What are the risks for: 　○ our people 　○ our organisations?

One other example of this mindset in action was presented in the BPE of automating HR processes and trialing AI pilots in a Kent NHS Trust (agiLab 11, 2024). There is an assumption that automation and AI can lead to job loss. In line with the COR Theory, it will be difficult to instigate changes if employees feel changes will harm their financial resources and job security. To counter this, from the very beginning of the process, employees were involved in deciding which tasks were to be automated. The HR director then ensured automation related only to the tasks employees would rather not do, releasing staff to do more interesting work. Having received the staff input, it would have been more harmful *not* to make the change following consultation. By acting on staff feedback, proposed changes were seen by all parties as mutually benefitting employees and the organisation.

This 'needs, gains, harm' analysis can also be seen in examples where there are extreme staff shortages. Managers assess whether it would be more harmful not to agree to requests for flexible working when staff are in short supply. For example, despite staff requests being perceived as somewhat intransigent, managers with a 'mutual needs, mutual gains, no harm' mindset will think of potential harm to the service if staff requests are not met:

> *Staff would come and say, 'I want to work a Monday evening, Wednesday morning and Friday' – that's not flexible. Flexible working has got to work for the team requirements, but to be honest, we would give them this because we needed all the staff we could get. (agiLab Stakeholder, sense-check, April, 2025)*

The assessment of needs, gains and harms, and which outweigh the other, is a mindset that those instigating and requesting agile working changes need to start with.

Box 2: Mutual Needs, Mutual Gains, 'No Harm' Mindset

This mindset was integrated throughout the BPE cases presented in agiLab. To implement the agile initiative, as well as indicating that mutual needs could be met or mutual gains could be acquired, there also needed to be reassurance that change would not lead to harm either to the worker or the organisation. Furthermore, this mindset involved appraising whether, by not making the change, harm would be incurred. This is a new way of framing rationales for agile working and supports the NHS flexible working toolkit for manager, where there is an emphasis on saying 'yes' and finding a solution, because inaction regarding implementation may actually cause more harm.

An experimental, 'learn as you go' mindset

An 'experimental' mindset was adopted by those who were willing to experiment with new ways of applying flexibility that went beyond the individual requesting a formal flexible working option. The emphasis here is on being experimental, in the sense of testing and trialling innovative ways of working and embracing a 'learning as you go' approach. With this mindset it is recognised that trials may not work, but Trusts and leaders are open to evaluate the impact of any interventions and to further customise new flexible solutions. Agile working was not seen as a 'one off' solution. Rather, those trying out new agile ways of working emphasised the need to continuously learn from trials.

> *The aim of working with those eight teams was to test out different change ideas, which we then review and evaluate before rolling out the successful ideas wider across the organisation. (Anna Bickerton, BPE, agiLab 7, 2023)*

Trialling new ways of working often followed experimental protocols where some 'variables' were controlled so it could be clear that any successes or failures were related to the agile working practices introduced in the trial rather than other factors. This was done very effectively in the Community Nursing BPE, where they carried out an 8-week trial of moving from a nine-to-five, 5-day week service to a compressed hours 4-day working week. This was adopted to address employee needs for more flexibility and increased medication demands which required earlier starts and later finishes (7am-5pm or 8am-6pm). Hannah Copeland explained how experimental protocols of 'controlling' variables gave more confidence in the results of the trial. Specifically, the trial was introduced in two teams with contrasting stability in their staffing:

> *We decided to pilot this within two community nursing teams within North Staffordshire. We chose a team that had got really stable staffing so we could look at the impact on them. And we chose a team with really high levels of sickness and really unstable staffing. We needed some assurance from the pilot that this would work long term and not just when it was good within a team because as we all know staffing changes it's a very variable picture. (Hannah Copeland, BPE, agiLab 9, 2024)*

This 'learning as you go' mindset was something that was cultivated in the pandemic where new ways of working had to be quickly adopted. Liz Goodearl, (agiLab 2, 2021) discussed offering video psychotherapy and the importance of 'learning as you go' because of a lack of previous experience and evidence of using this innovative approach. After the pandemic, clinical psychologists expressed a preference to return to face-to-face delivery, which they felt benefitted the therapeutic relationship. However, they also felt it important to accommodate a more flexible offering in the service, with virtual therapy remaining an option for some patients:

> *Our evaluation was really necessary to bridge this gap in the literature, not just changing our practice, but also looking at capturing this process of quick adaptation that we all had to adhere to and thinking about how this could inform future delivery of services going beyond the pandemic too…this highlighted that we could be a bit more flexible as a service, and there was opportunities to make the service more accessible to people who would not have been able to engage prior to the first lockdown. (Elizabeth Goodearl, BPE, agiLab 2, 2021)*

> **Box 3: An Experimental 'learn as you go' Mindset:**
>
> A commitment to learning from trials and 'testing' new and innovative agile working practices. The mindset encourages people to take a risk, acknowledging that the trials may not work. There is a view that any outcomes (positive and negative) are an opportunity for learning to take place and inform the next iteration of change. Offering trials is a first step of a more continuous ongoing agile adoption process.

'Starting small' mindset

This mindset of 'starting small' reflected a new approach that aligned with the more customised approaches associated with agile working. Academic thought leader, Professor Clare Kelliher (agiLab 7, 2023) discussed a growing evidence base that emphasises the need to engage in making small

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changes only for a set period of time, rather than changing everything at once. This focus on 'starting small' is also consistent with the innovative work of the NHS Employers Retention Programme team who have developed tools and graphics that recognise how more rigid ways of introducing flexible working could be a barrier to its ultimate success.

These discussions of agile and flexible work are aligned with agiLab definitions of agile working (Box 1) and newer research evidence that suggests how more rigid ways of introducing flexible working could be a barrier. As such, the 'starting small' mindset imports the significance of offering incremental steps to test and achieve buy-in for agile working, rather than attempting to roll out big cultural changes from the outset. Various agiLab delegates and contributors have expressed the functionality of this mindset:

> *Some of our solutions are starting small and starting informally, we know that creates a bigger impact instead of having things formalised in contracts through the NHS and the permission to be able to do that is really important. (Jess Done, agiLab 7, 2023)*

> *…don't try and change the culture overnight. You know, this is a massive journey. You know, we all know how difficult it is to build flexible working into the shift patterns, especially in those clinical areas…. So, you know, my advice is take small and consistent steps, you know, be patient, don't be discouraged if it takes time to embed, but just keep going and then continue on your journey. (Anna Bickerton, BPE, agiLab 7, 2023)*

> *I would suggest rolling out self-rostering [be] done gradually. Start in an area where the management are keen to move forward with it so they can then be the advocate… going forward and use it as a knowledge base and encouragement for others. It is easier to manage problems in a limited area rather than trying to cope with all the change across the whole Trust. (Louise McKenzie, BPE, agiLab 6, 2023)*

A practical way of 'starting small' was for managers to work with Human Resource Departments to explore ways to start small enough to not involve the need for a full change management process. For example, moving the Community Nursing team to a 4-day service did not involve going through any formal change management processes initially which made the whole process easier:

> *I really honestly did think it would be really difficult and I don't know why because we've got a brilliant really engaged HR and people team, but I thought, 'oh, it's going to be really hard. There's going to be so many processes to jump through but you're not taking anything away so there was no [change management] processes to go through (Hannah Copeland, BPE, agiLab 9, 2024)*

However this does not mean that change should not be recorded. Jennifer Gardner, Assistant Director, NHS Employers, stressed that informal arrangements still need to be recorded by managers so that any changes are transparent. This protects both managers and employees by making it clear what has been agreed and also enables an evaluation to take place of what has and has not worked.

Box 4: 'Start Small' Mindset

Starting small is an important enabling mindset which moves the emphasis away from creating full cultural change. Whilst this is often discussed as core to NHS reform, it is hard to operationalise in practice, especially in relation to delivering specific timely, agile working goals. Working with the Trust HR team, to examine if there are ways to start small that do not involve engaging in a change management process, was highlighted as an important first step. It was also stressed that informal arrangements need to be recorded by managers so that changes made are transparent and evaluation can take place.

'One size doesn't fit all' mindset

This language of 'one size doesn't fit all' was used by many academic thought leaders and agiLab BPE presenters to capture the more personalised and customised approaches of agile working, which may be able to accommodate people's circumstances beyond existing options of flexible working. It

was a mindset that encouraged more inclusive and creative ways of thinking about when, how and where work could be done differently.

This mindset manifested in a number of ways. In an obvious way, it broke the association between flexible working and 'family friendly' working. agiLab steering group member Aliya Rehman highlighted the innovative approach the NHS had adopted by stating that any reason for flexible working was valid. This mindset was embedded in the BPEs, where managers stressed no reason was more valid than another, if the employee was feeling a benefit from it:

> *And I think, you know, flex is individual flex means different things to different people. So for one person, it may be having the flexibility to work with their contracted hours, how they need to over the week. It might be having a Wednesday off, it might be being able to go to the gym, you know, 9-day fortnight agile working. There's so many options for flexible working and a one sized approach doesn't, isn't, it's not going to fit all. (Anna Bickerton, BPE, agiLab 7).*

The right to request flexible working without giving a reason is now integrated in Government guidance, confirming its status as a legitimate approach. It also reminds staff and Trusts that flexible working arrangements do not need to be designed only with work-life balance reasons in mind. To further encourage staff to consider flexible options for any reason, Flex Conversation approaches have been adopted in some Trusts.

One practical example of adopting this 'one size doesn't fit all' mindset was introduced in Mid-Cheshire Trust in their pilot of one-on-one 'Flex Conversations' (see Table 2), instigated by managers to move beyond pre-defined options of flexible working:

> *We've taken a really person-centred approach. And I think that really is the only way to get it right to make sure that, you know, for us, when we're measuring success, it's about individual satisfaction with flexible working. So, you know, we could have 100 flexible working requests and they may all be approved. But actually, if it's not quite right for that person, they're still not going to feel satisfied. (Anna Bickerton, BPE, agiLab, 7)*

Table 2. Examples of questions/topics used in Flex Conversations

- What does flexible working mean to you?
- Would you welcome any more flexibility within your role?
- If so, what would that look like for you?
- When do you want the flexible option to start and end?

In a Devon NHS Trust BPE, the basic principle of their Agile Working Guidance starts with the 'one size doesn't fit all' mindset. Their guidance states:

> *Equality does not always mean treating people the same, it is about a level playing field. One size will not fit all – agile working needs to be flexible to service and personal needs (Sajjad Iqbal, BPE, agiLab 4, 2022)*

This starting point immediately manages expectations as it recognises these more customised approaches can lead to accusations that some are getting better deals than others. However, it also links this to the idea that customised arrangements should not be granted at the expense of the needs of the service or employees. This is a key debate in the academic literature (see next paragraph).

Academic thought leader, Professor Clare Kelliher (agiLab 7, 2023) highlighted the effectiveness of 'Idiosyncratic Deals' (I-deals), where individual employees negotiate more personalised arrangements that move beyond the flexible working options given in legislation. These more customised versions of flexibility are negotiated between managers and individuals to meet organisational and personal needs and align with agiLab definitions of agile working. The NHS flexible working [toolkit](#) for line managers encourages these more customised solutions through individual negotiations to find a mutually beneficial flexible solution. However, Kelliher highlights how these must

be made transparent to avoid creating perceptions of unfairness and that individual negotiations may create new vulnerabilities for those will less influence and power to negotiate.

Box 5: 'One size doesn't fit all' Mindset

This mindset represents a more person-centred approach, which does not rely on the flexible requests instigated by individual employees but rather involved negotiations between managers and employees to find customised solutions that meet the needs of the service and employee. Managers are encouraged to instigate flexible working discussions in a 'Flex Conversations' approach, to develop this mindset. A more agile approach to flexible working recognises that arrangements might be different for different people, and that pre-defined notions of flexible working may not be agile enough to capture the flexibility some people and some services need.

Enabling resources

The agiLab data highlighted three sets of enabling resources that facilitated the successful introduction and implementation of agile working. These resources, when applied, helped to build other resources in relation to agile work, fostering a cycle of mutual gains for the NHS and its employees.

These enabling resources clustered around the following themes:

- Types of knowledge
- Interpersonal relationships
- Digital tools

These resources were often combined and complimented by the enabling mindsets, which themselves could be seen to be resources that helped with the implementation of agile working practices.

Types of knowledge

Knowledge resources comprise the acquired knowledge obtained through active and ongoing learning and research associated with agile working and the utilisation of evidence to inform decisions. Three types of knowledge were applied in successful examples of agile working implementation:

- NHS knowledge around flexible working
- Academic/research-based evidence
- Knowledge of employee voice

NHS knowledge around flexible working

NHS agendas, policies and practices were mobilised very successfully by practitioners who embraced customised approaches to agile working practices. agiLab BPEs referred to Flexible Working toolkits and materials that had been put in place to support the People Promise 'we work flexibly'. The Timewise 'Flex for the Future Programme' and Flexible Working Toolkits all informed more innovative ways to think about flexible working which aligned with agiLab definitions of agile working (Box 1). In particular, these sources emphasised how to accommodate flexible requests and to think creatively about solutions if requests could not be immediately accommodated. For example, in one BPE, '10 Principles of Flexible Working' were developed and focused on finding customised solutions (agiLab 8, 2023). Other NHS materials encouraged a 'yes' approach to flexible requests. This was central to the line managers flexible working toolkit and helped to break down barriers when initial requests could not be readily met.

We joined the first cohort of the Flex for the Future programme with Timewise early last year. It feels like forever ago now. And this really gave us the tools and the energy that we needed to get started. (Anna Bickerton, agiLab 7, 2023).

The most important [principle] of all, is that managers say 'yes' to a flexible working request where they can, thinking creatively and trialling different options. (Annie Broadbent, BPE, agiLab 8, 2023)

We changed a lot of our policies to encourage this 'yes' approach so it's a default yes and you've got to have a really good reason to say no, and that applies to our medical colleagues. But we need to do more in terms of getting under the surface of that… it's what our project was about, having the 'say yes' approach and that's where we started from. We added the escalation process, so it meant that a manager shouldn't be able to say no without it being be looked at by someone else, so it took away from that one person saying no. (Rachel Heath, BPE, Mid Cheshire, sense-check, 2025).

Academic/research-based evidence

BPEs also used research-based evidence to inform the nature of their agile working initiatives. Evidence on specific areas of healthcare delivery and the needs of specific groups of health workers were crucial to developing agile working practices that met the needs of the service and the employees. Significantly, this gave those implementing changes the confidence to experiment and learn from continuous evaluation of outcomes. This resource stemmed from and also helped to build an experimental mindset (see Box 3). For example, in the Community Nursing BPE, a literature search was carried out that found that 12-hour shifts led to both burnout and medical errors, but there was no evidence to suggest this was the case for 10-hour shifts. The service set the daily limit of 9.5-hour shifts in line with this evidence:

We conducted a literature search around longer shifts and that gave us somewhere to start. So we found 12 hour and longer shifts were linked with increased medication and workplace errors and there was additional risks associated with that. Also risks associated with staff wellbeing and lots of fatigue and burnout being reported. But we couldn't find any evidence that 10 hour shifts carried those same risks. So we decided to start looking at that. We linked in with our HR and health rostering colleagues to look at how we could do this. (Hannah Copeland, BPE, agiLab 9, 2024)

In agiLab 7, we heard that research-based evidence was used to develop customised agile working approaches to improve retention for three different career-stage groups of midwives. Research on 'bundling' interventions had informed these changes, with onboarding practices, increasing flexible offerings, and legacy mentoring being utilised differently, depending on midwife career stages and needs:

A lot of our priorities are informed by evidence. …We know that we have three key risk points related to job satisfaction when we're thinking of nursing and midwifery retention, which are early career, experience at work and late career. …We also know that single interventions have limited efficacy, which is why, as a retention programme, we've taken this bundle approach in terms of how we're supporting the workforce. (Winnie George, agiLab 7, 2023)

Knowledge of employee voice

BPEs all highlighted the importance of listening to and acting on employee voice for the successful implementation of agile working. There were a number of examples of how this could be done, both informally and formally. In a Devon NHS Trust, discussion forums were established to consider the agile working guidance before it was drawn up. Sarah Hayden (agiLab 11, 2024) described the importance of employee voice for the success of automating HR processes in Kent Community Health NHS Foundation Trust. In this example, the implementation team listened and acted upon employees' concerns that automation could lead to job loss. Staff were involved at the start of the process and shaped which tasks would be automated by giving their views in an away-day. This helped to reassure staff that agile working practices would not lead to a reduction in resources for employees (a major source of stress: Hobfoll et al., 2018):

We had a directorate away-day whereby we did some sort of group exercises around coming up with ideas of things that could be automated and we very much picked on the ones that people held as 'this is the most mind-numbing boring piece of work that I have to do every day or every week, etc., it would be amazing if we could automate that'.

So to try and really promote the benefit of automation we picked a handful of processes that were the most boring pieces of people's jobs and as soon as we were able to automate that effectively and take that away from them it was, 'we've been listened to, it's a relief and I don't have to do that boring piece of work anymore.' So yeah, we did approach it from that perspective. (Sarah Hayden, BPE, agiLab 11, 2024)

In agiLab 6, team-based rostering trials at Ashford and St Peter's Hospitals NHS Trust were discussed. The trials were established to give more flexibility to workers to arrange their own shifts. This was described as a direct response to health care assistant feedback about how they wanted to access and arrange their work, showing how knowledge of employee voice complemented an experimental mindset:

I think you can't overdo the engagement and the conversation before you start something like this. But one example for me was that we were finding it really difficult to keep our healthcare support workers. And in particular, that they were being offered the opportunity to go and work in the service and retail sector, where they felt that they had more choice around when they work and how they work…we were responding to what we were seeing, which was kind of quite a bad attrition of those workers going into different sectors, where they were telling us there was more flexibility in the offer. (Louise McKenzie, BPE, agiLab 6, 2023)

In all of the Best Practice Exemplars, listening and acting on employee voice whether informally or formally was used as a key knowledge resource to shape action to ensure any changes were more likely to meet the needs of the service and the employee.

Box 6: Types of Knowledge Resources

Three types of knowledge resources were key enablers for agile working. NHS England and NHS Employers resources gave the energy, impetus, know-how and confidence to get started and be creative about new ways to customise work in agile ways. Research-based literature also ensured service needs were met alongside employee needs, using academic evidence to rationalise and inform changes. Significantly, listening to employees about the type of flexibility they wanted and/or needed was a key knowledge enabler for successful agile working practices to ensure any changes were meeting employee needs.

Interpersonal relationships

Many of the agiLab academic thought leaders emphasised the importance of relationships between managers and employees, and between co-workers, as a significant resource in the successful implementation of agile working. There was a particular focus on how these interpersonal relationships were important in delivering agile working because customised arrangements require knowledge and understanding of people's circumstances. However, there was also a recognition that maintaining strong interpersonal relationships could be difficult to achieve in agile working contexts, as temporal and spatial dispersion of workers may mean less visibility and less face-to-face contact between managers and employees and between co-workers.

Many agiLab academic thought leaders emphasised the increased importance of these relationships in agile environments. They suggested that managers should prioritise getting to know about employees' needs, and checking whether both managers and employees have the resources to enact and maintain boundaries between the work and non-work spheres. Academic thought leader Professor Alexandra Beauregard (agiLab 1, 2021) and Professor Petros Chamakiotis (agiLab 2, 2021) emphasised the importance of interpersonal relationships in successful leadership in hybrid working contexts. Chamakiotis highlighted that personal circumstance conversations have been foregrounded since the move to more virtual working, and was now an important part of the 'to do' list of a manager. Beauregard (agiLab 1, 2021) noted that this type of leadership was more important than mastering the technology, and that remote working managers needed to be proactive in arranging these conversations and engaging in regular wellbeing and needs checks:

Successful homeworking is more a function of leadership than of technology. (Beauregard, agiLab 1, 2021)

It's not being hands off. It's being hands on. It's seeing when people are expressing negative emotions, indifferent emotions and recognizing that that's a time where they might need to intervene. (Russell, et al., agiLab 8, 2023)

Concentrating on the task itself...is the perfect way to ruin teamwork and to be less creative, because you miss the relationship aspect. (Chamakiotis, agiLab 2, 2021)

Continuous and ongoing conversations about working arrangements between managers and employees were essential for successful agile working to work. One agiLab delegate highlighted how ongoing fluid conversations were the key to the success of the agile working policy in her Trust where it was continuously assessed by the manager and the employee:

Our agile working policy is about looking at where and when a job is carried out and a role is carried out…So I guess …our agile working policy, is that it's fluid and it's based around conversations with the line manager and the individual about what works for them and what works for the service. And I know that might sound absolutely fantastic and it's all singing and dancing, but it does actually work (agiLab delegate, agiLab 8, 2024)

'Professional intimacy' was uncovered in the first agiLab research report (Russell et al., 2022) as an important interpersonal resource to help foster effective relationships amongst leaders of NHS agile workers. Professional Intimacy involves connectedness and voluntary self-disclosure in professional work relationships that establishes and reflects feelings of safety, mutual trust, empathy and support, and respects personal or private circumstances and boundaries (Russell et al., 2022, p.15). Developing Professional Intimacy allows colleagues to notice and support each other when engaged in agile working, addressing problems as they arise as part of a trusted relationship. agiLab research emphasises that when agile working is no longer effectively meeting a person's needs, it should be changed to prevent burnout (Russell et al., 2022; Russell et al., 2025). This relies on continuous conversations to promote openness and understanding between colleagues about the advantages and disadvantages of different types of arrangements, and continuous assessments about whether agile working practices are still benefitting both the individual and the service.

The agiLab data also highlighted the importance of work relationships between co-workers in supporting agile working practices, to reduce the likelihood of tensions arising. A disabled worker with a flexible working arrangement explained why openness with colleagues was so important and something she was trying to promote:

Being somebody who leads quite a lot on disability… we do encourage people to share their lived experience because setting an example, whether it doesn't matter what level you're at, you could have a disability where you may have flexible working. And actually showing people that you're willing to share your story often encourages other people to share. So, if you're in a team and you have flexible working and you're able to share the bits that you want to share or you're comfortable sharing, that often helps the team understand why you do have flexible working. You don't necessarily have to go into great detail, but being transparent actually helps other people to understand why that flexible working has been put in place for you. (agiLab delegate, agiLab 8, 2024)

In Ashford and St Peter's NHS Trust, openness and negotiations amongst team members was key to successful implementation of team rostering. The manager identified how this shared approach gave the team ownership and control over their shift patterns. As long as the ward was covered, the team could organise this in any way and it meant that the premium shifts could be distributed across the team more equally, rather than the same people always reaping the benefits of these because of their individual request for flexible work:

So that bit around empowering people, giving people greater control, having more equity in terms of allocation of shift patterns…so that it's not always the same people that get in the premium shifts, etc…. and are not seeing that within the bigger picture, whereas something like team-based self-rostering gives people the ability to be able to, as a team, look at the whole rather than just looking at individuals' needs. And that is something that then ends up being a win-win for all, rather than just for one (Louise McKenzie, agiLab 6, 2023)

In another example, team rostering was not officially implemented, but the manager of the Sterile Services department who was struggling to recruit and retain staff, initiated conversations with team members about their flexibility needs. The team organised shifts amongst themselves to suit each others' needs in ways that ensured the service was still delivered:

> *They've become flexible with each other. So they do need to be in at certain times to get ready for theatre, so the manager had a conversation with the entire team and said someone struggles to get in for nine and other people said 'well I prefer to be in at 8', so between them they made sure theatre was covered. One colleague had a disabled son and she had to help him get on his bus in the morning but it meant she would be late for work so she could never do it, so they flexed the whole thing. It wasn't the case 'if I give it to her I can't give it to him'. In fact, if they know about the person's circumstances they would understand, and because they did it openly the others said 'of course you get your child on the bus come whenever, it's fine'. (Rachel Heath, BPE, Mid Cheshire, sense check)*

Developing trusted and open relationships with colleagues also arose through micro digital communities which allowed workers to connect with others across different Trusts. In agiLab 6, James Jackson of South, Central and West (SCW) NHS Trust reported on the BPE of the 'Time to Talk' Series. This was an online forum for people to establish support networks and connections beyond the event itself. Topics included: Preventing Burnout, Financial Wellbeing, and Intersectional Disability. These digital communities facilitated a sense of belonging and shared experiences, which are accentuated as even more necessary in the context of agile working (e.g. where informal conversations on-site are no longer so likely).

Box 7: Interpersonal Relationship Resources

Interpersonal relationships that promote openness and understanding become even more important in the context of agile working. This resource was needed for individuals and managers to be able to continuously assess if agile working is being applied effectively. It is also vital to help managers notice if employees are facing difficulties, which may be less visible when arrangements are customised. Significantly, good relationships within teams and between co-workers were also important. Transparency and openness and negotiations within teams allowed for more responsive arrangements that meet individual needs but not at the expense of the wider team and service. However, workers should not feel compelled to disclose personal details in order to foster team bonds, as disclosure for transactional purposes can reinforce interactions that lack of humanity (Box 13) and the mindset that customised arrangements are special treatment (see Box 10)

Digital tools

Digital tools are an important resource in the implementation of agile working practices, facilitating changes in when, where and how people work to meet organisational and personal goals. agiLab data revealed that digital tools can be an enabling resource for agile working, promoting 'good work' for groups that may not have had the 'flexibility privilege' in the past. Digital tools also allow disabled workers and neurodivergent workers to work in ways that suit their needs. agiLab research shows how digital tools can be particularly effective at helping workers feel autonomous and competent and can lead to processes of upskilling when services are digitalised to empower both workers and patients. Two benefits of digital tool resources for implementing good agile working are outlined in more detail below, focusing on:

- Digital tools for inclusivity
- Digital tools for upskilling

Digital tools for inclusivity

The agiLab definition of agile working is premised on being an inclusive and compassionate approach to the People Promise of 'we work flexibly'. Digital tools, and in particular being able to work remotely, was an important way that agile working could promote inclusive flexibility.

In agiLab 5, academic thought leader Dr Christine Grant reported on her Digit research (which included agiLab stakeholders), supporting disabled and/or neurodivergent agile workers. Her research showed that the need for customisation of working arrangements for these workers was necessary and involved utilising innovative, digital agile practices. Her research found that whilst some preferred the structure of the office, others could manage their conditions better by working remotely using digital tools. Combining digital tools with the mindset of 'not one size fits all' (Box 5) couched within strong interpersonal relationships with managers (Box 7) is particularly powerful for enabling disabled and neurodivergent workers through agile working.

Dr Francesca Sobande (agiLab, 3) discussed her own experience of being a neurodivergent worker and challenged ideas around digital etiquette (e.g. whether cameras should be on when speaking) and risk of over-work due to hyperfocus. All of this could be managed when she had the option to connect remotely to work, to change her work patterns in a way that suited her condition at that time.

Further, workers with lower socioeconomic status (e.g. earning less than £25,000 a year) found that digital tools had enabled access to remote working in the NHS, which had previously been the privilege of higher-paid knowledge workers. Whilst this facilitated increased autonomy and choice, Dr Ruth Patrick (agiLab 5, 2022) highlighted important financial benefits of working at home for many lower paid workers who were struggling with the rising cost of living. However it is also important to note that some costs can also increase for remote workers if they are working from home, in terms of electricity, heating, wi-fi, etc. Additionally, as academic thought leader Dr Becky Faith (agiLab 6, March 2023) articulated, low socioeconomic status (SES) NHS workers need to be skilled and equipped to use digital tools effectively.

Digital tools for upskilling

Digital tools were also a resource in developing new digital and professional skills amongst staff. For example, the shift to virtual physiotherapy (agiLab 1, 2021) led to new competencies around assessing patients without using touch. These included new skills around improved questioning and listening techniques, improving virtual clinical reasoning skills and building rapport in virtual clinics to understand patients' needs. In this BPE, presenters explained that the service also became a virtual educator for a range of universities, to support student skills for working virtually.

In agiLab 11's BPE, automation in HR led to administrative and mundane tasks being automated and staff being upgraded a band to 'recruitment consultants'. The upgrade involved working more effectively with clinicians on wards to identify gaps, and using digital recruitment methods to attract the best people for specific wards and roles (agiLab 11, BPE, 2024)

Digital tools also created new ways for patients to engage in the service in empowering ways while creating efficiencies for employees. BPEs from a Devon NHS Trust (agiLab 4, 2022) gave examples of Instant Patient Messaging in the Rheumatology service where patients with long term conditions could directly message physiotherapists and ask specific questions, allowing for tailored care and reductions in appointments. New apps were also introduced that allowed patients to initiate follow up appointments only when needed; the MyCarePortal allowed information to be captured at pre-appointment, enabling staff to use their time with patients more efficiently, and leading to reduced waiting lists.

Summary of enablers

In line with the COR Theory, we found that the combination of enabling resources and mindsets leads to mutual gains for the organisation and employees, which in turn lead to an increase in resources to support effective agile working. Enabling resources and mindsets can secure the implementation of agile working and improve feelings of autonomy and belonging, morale and job satisfaction. At a service level, these enablers mean agile working – as an offering – can improve NHS recruitment and retention, and lead to a more efficient and adaptable service.

Blockers

Mindset blockers

'Mindset Blockers' were the outlooks and ways of thinking expressed by NHS managers and employees that were used to rationalise why more agile ways of working could or should not be adopted in the NHS.

Three mindset blockers were identified:

- 'The ideal agile worker' mindset
- 'Special treatment' mindset
- 'The Optics Test' mindset

'There is an ideal agile worker' mindset

Research has shown that historical notions of an 'Ideal Worker' (Acker, 2006) have perpetuated a 'flexibility stigma'. An ideal worker is someone who shows their commitment and productivity to their organisation by working full-time, long hours and continuously, a pattern of working which is more in line with traditional (men's) working lives. The ideal worker stereotype, held up by many managers, disadvantages groups who do not fit this pattern, for example, mothers, disabled workers, and those who have breaks in employment. The agiLab data revealed that another version of the 'ideal worker' has evolved in the NHS, a stereotype of whom constitutes an 'Ideal Agile Worker'. This stereotype is underpinned by a number of assumptions about who ideally can/should work in agile ways. This mindset is based on a number of assumptions about agile working in NHS contexts, including:

- Agile working is unable to be accommodated in frontline delivery roles
- Agile workers work remotely, but not 100% of the time
- Agile workers have the skills to use digital tools
- Agile work is a privilege that workers should be grateful for.

When work or workers do not fit with this 'ideal agile worker' profile then their agile working needs are overlooked and requests for flexibility are more likely to be denied or ignored. This was expressed in the queries and questions from agiLab delegates. They would often use their own experiences of working in the NHS to find fault with and problematise the ideas and suggestions presented in the BPEs and from academic thought leaders, as well as findings drawn from the agiLab research.

Agile working is unable to be accommodated in frontline delivery roles

agiLab research (D'mello, et al 2022) found that employers strongly focused on working from home arrangements as representative of agile work, as they referred to this in the absence of reference to other types of agile working arrangement. As a result, they could be dismissive of agile working, because they didn't understand what other practices (especially relating to time, role, and non-home places) could be facilitated. In agiLab discussions, there was a strong feeling expressed by some delegates that many agile working practices cannot be applied to frontline service delivery. This is not surprising, as extant research on agile and flexible working is dominated by research on highly skilled, office-based knowledge workers. Many academic thought leaders in agiLab presented academic research on flexible working (Beauregard, agiLab 1, 2021; Kelliher, agiLab 7 2023; Cañibano, agiLab 8, 2024; Chung, agiLab 9, 2024), the 4-day working week (Burchell, agiLab 3, 2022; Rae, agiLab 10, 2024), mutual benefits (Ogbonnaya, agiLab 4, 2022) and virtual teams (Chamakiotis, agiLab2, 2021). However, there was recognition that much of the research reported on was not based in a NHS context, and was often based on research with office-based professionals.

In discussions of ideas around agile working, for example the national trial of the 4-day working week presented by academic thought leader, Professor Brendan Burchell in agiLab 3, delegates questioned how applicable such agile working practices were to clinical, frontline staff[3]:

> *We are a 24/7 face-to-face service – is this something we can do in the NHS? (audience delegate, agiLab 3, 2022)*

> *But someone has to do the work if the nurse isn't there. So if nurses' working week was reduced to 80% more people would have to be employed to pick up the other 20%. (agiLab delegate, agiLab 3, 2022)*

> *This debate assumes that people can afford to reduce their hours of work to 4 days or alternatively that employers can afford to pay the same for 4 days. Certainly in the NHS in the [region], our staff can't afford to take a pay cut and the NHS can't afford to pay the same for a 4-day week. (agiLab delegate, agiLab 3, 2022)*

> *One of the biggest challenges, my background is as a mental health nurse working in inpatient settings, is how do we implement flexible working safely within those kind of inpatient environments? Because, that is the biggest challenge, where you have to have a certain number of staff on the wards at certain times. You need to do handovers, etc, to maintain safety. Yet we do still want to support people with that flexible working. (agiLab delegate, agiLab, 9)*

Agile workers work remotely, but not 100% of the time

While agile working practices were often considered to be synonymous with remote working, there was also an assumption that NHS staff should not be working remotely 100% of the time. Some agile working policies stipulated that staff should not work remotely 100% of the time, without a particular rationale for such thinking. This also applies to NHS staff who work in hybrid ways.

> *I also work for an ICB and we are currently reviewing the agile working policy as it is not being applied consistently across the different places, and we have said that we don't want anyone working from home 100% of the time. (agiLab delegate, agiLab 4, 2022)*

This assumption, that after the pandemic there is a need for people to return to the office, mirrors a feeling more generally in the business world that it is bad for the organisation if people are working remotely. Academic thought leader, Professor Heejung Chung highlighted this growing discourse in the private sector and the high profile cases of CEOs making public calls for people to 'get back to the office' (Chung, agiLab 9, 2024). However, this idea of 'forcing' people back to on-site working may be a blocker for good quality work for some disabled people where remote working allows them to work continuously and manage their condition (Grant, agiLab 5, 2022). Other evidence suggests women can be particularly disadvantaged if they are forced back to work (Nicks et al., 2021).

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[3] Note the academic research that acknowledges that whilst the 4-day week can incur additional staffing/salary costs at set-up, it can substantively reduce costs as staff are more motivated, better rested and more efficient in the longer term (with reduced sickness and absenteeism, and increased productivity and staff retention, in many cases). Whilst, not all roles will benefit from this arrangement, Sussex, Cambridge and 4-day week project pages can provide more information.

A systematic review of the evidence so far is that the main downside of increasing remote working (working more at home) is higher levels of perceived isolation. However, these detrimental effects are mitigated by the simultaneous experience of increased autonomy (Gajendran et al., 2024), and can also be ameliorated by good management practices for building effective interpersonal relationship resources, including via professional intimacy (Russell et al., 2022). Encouraging the NHS to engage with the academic evidence may go some way to challenging the idea that agile working is only about remote working, and that 100% remote working is bad for the service. Otherwise, the ideal agile worker mindset will remain a key blocker to the effective and inclusive implementation of agile working.

<u>Agile workers have the skills to use digital tools</u>

There is an assumption in the 'ideal agile worker' stereotype that employees have the skills to use digital tools. While there are some excellent initiatives to tackle the digital literacy of patients (see for example The Digital Inclusion Guide for Health and Social Care, 2019) it was unclear how well developed this was in reality for staff. Academic thought leader, Dr Becky Faith (agiLab 6, 2023) highlighted inequalities around digital literacy of lower SES groups, and academic thought leader, Professor Danat Valizade (agiLab 10, 2024), highlighted gaps in digital skills more generally across the population.

Research after the pandemic (D'mello et al 2022) illustrated the importance of ensuring those in lower paid roles had the adequate resources, in particular in digital tools and infrastructure, to be able to work comfortably and effectively. However, this was often overlooked by managers and stakeholders, and Faith (agiLab 6, 2023) suggested many employers assume their employees have the digital skills and tools needed to work in agile ways, which is not borne out by the evidence:

> *When it comes to digital exclusion, it isn't based on people wilfully trying to exclude people. It's just based on a wrong assumption that everybody's online. (Dr Becky Faith, agiLab 6, 2023)*

An agiLab delegate who was on maternity leave during the Covid pandemic reflected on the assumptions made about her digital skills when she returned to work;

> *I just wanted to explain as well that I was on maternity leave on, from, I had my baby in July 2020. So, when I came back, everyone was almost a year ahead with the whole teams, Zoom, whichever you, you know, and like, even like, lift the things like sharing your screen. I'm dyspraxic and I still find it really hard….It's really, it's really difficult and particularly depending on what job you're doing, you know, there's an assumption that you'll have a certain skill set and I think I still feel really self conscious about it. (Delegate, agiLab 6, 2023)*

When we sense checked whether this was a wider issue, one stakeholder argued it should not be assumed that certain groups, particularly lower paid groups, do not have the digital skills needed to work in agile ways. This confirms expectations that most workers ('everyone') will be digitally capable:

> *I find it insulting when people say, 'well we have to think about those who are not digitally savvy'. We know everyone has emails online and is banking online' (agiLab stakeholder, sensecheck, March 2025)*

However, even for those who are digitally skilled and connected, issues of digital housekeeping, for example how to manage emails and zoom meetings (Chamakiotis, agiLab 2, 2021) and problems of constant connectivity (Chung, agiLab 9, 2024, Russell, agiLab 9, 2024) relate to all groups who work virtually. The lack of discussion of these issues suggests there are assumptions that everyone has the skills they need to use digital tools to work in agile ways, which thought leader evidence suggests is not the case.

<u>Agile work is a privilege that workers should be grateful for</u>

Other assumptions were that the 'ideal agile worker' was a more senior member of staff who could be trusted and, furthermore, that they should be grateful for the 'perk' of remote working:

But I think we embrace [agile working] more readily for those people that aren't in the lower paid roles. Because once you get into sort of more senior management roles, there is a lot more of inherent trust and expectation to get on and do what you're qualified and skilled to do. With more junior roles, I don't think we're quite there. And we may not get there. But I just think we need that a little bit more flexibility in our thinking. (Participant, D'mello et al., 2022)

In agiLab research into tensions arising from different agile work arrangements (Russell et al., 2025), NHS staff expressed hostility and were less likely to help colleagues who did not appear to be showing care and gratitude about their agile working arrangement. In breakout room discussions (agiLab 12, 2025) delegates reflected on the extent to which a lack of gratitude could scupper acceptance of different arrangements in the NHS:

Some people thought there was an expectation that one should be grateful for agile working arrangements, but others thought there was no such expectation (Breakout room feedback, agiLab 12).

Given the statement above, it will be worth monitoring the extent to which the expectation of gratitude appears to be a barrier to the implementation of agile working in the NHS, not least because this is an academic research finding in other applied settings (Kelliher & Anderson, 2010).

Box 9: 'There is an ideal agile worker' Mindset

When this 'ideal agile worker' mindset is dominant and both managers and staff hold it, it will be hard to take a more inclusive approach to agile working. This mindset is a blocker to thinking more inclusively about agile working and how it can be applied to a wider range of roles and contexts. In particular, it could be a major barrier to thinking about how agile working practices can be extended to frontline roles by thinking more creatively about how job roles are organised.

'Special treatment' mindset

A common barrier to more customised arrangements of agile work practices found in the agiLab data was the perception by others in the team that such arrangements were unfair and that agile workers were getting 'special treatment'.

Sajjad Iqbal (agiLab 4, 2022) argued that the emphasis should be on 'treating people equally well' rather than treating people the same and an agiLab delegate discussed the need for more awareness around nuanced definitions of equality:

So I think some of the things that you're drawing out will be great in terms of sort of an education piece… understanding fairness in a context and equity and the difference. So, to get people thinking that, you know, fairness isn't that everybody gets the same thing. It's about everybody has the maximum opportunities to be flexible in the context of their role. (agiLab delegate, agiLab 8, 2024)

Anna Bickerton (agiLab 7, 2023), in her BPE discussion of implementing flexible working and encouraging more trial and error, accepted that different arrangements for different groups would inevitably lead to some people feeling it was unfair. In response, she introduced Flex Conversations to try and overcome this blocker:

I think that's always been there, 'it's not fair you know, that that person's getting some support and I'm not'. And I think what we've tried to do to manage that is the one-to-one flex conversations where it's not just part of an appraisal, it's somebody sitting down and saying 'what does flexible working mean to you, how can we support you?' Ignore everybody else on the ward or department: 'what does it mean to you?' And how can we take that person-centred approach? (Anna Bickerton, BPE, agiLab 7, 2023)

One agiLab delegate discussed how different arrangements created tensions between staff in clinical and non-clinical roles as there was a lack of understanding and judgement about the others working conditions:

I work in OD in a large acute mental health and community services trust. And part of our role is working with teams where relationships are broken down, where there's friction, where performance may be not where it is. Psychological safety is low. And we are finding that this flexible working is coming up as a theme with those teams that include clinical and non-clinical members in the team. …We [are] really kind of encouraging people to share their experiences to get to a point where people aren't judging and making assumptions of what it's like to work either way. (agiLab delegate, agiLab 8, 2024)

In one situation, an agiLab delegate discussed how her own personalised arrangements had caused tension in the team and that the manager above her line manager had tried to decline the request *because* of tensions it was creating in the team:

…the manager then came back to me and said, 'other members of staff are asking, why have I got these reasonable adjustments or flexible working?' And, instead of him addressing the individual that actually approached him, he put it back on me and said, 'well, actually, because this member of staff is asking, well, we don't see why we should give it to you', which to me was completely wrong. (agiLab delegate, agiLab 8, 2024)

Managers are encouraged to communicate to teams that different arrangements may sometimes be given to team members because of specific individual needs that no worker should be pressured to disclose. This fits with the idea of equity not necessarily involving equal treatment (as per Sajjad Iqbal's presentation in agiLab 8). Although openness in teams can be a way of fostering good interpersonal relationships (an enabling resource, see Box 7), this should not involve feeling compelled to provide confidential or sensitive information to justify agile arrangements. A mindset that denies requests on grounds of 'everyone should have the same' or forces disclosure of personal circumstances is thus a salient blocker of agile working success.

> **Box 10: 'Special Treatment' Mindset**
>
> The perception of unfairness and of some people getting a better deal than others is a key mindset blocker that could weaken the mutual gains that can come from agile working. Transparency around different deals is an important enabler but this should not lead to forced disclosure (even given the discussion re 'Interpersonal relationships' as an enabling resource, see Box 7). Teams need to be aware that they will not always know why different people have different arrangements, but that everyone has a right to these. Communications should promote the notion that agile working will manifest in different ways for different people with different needs. Kossek and Kelliher's (2023) research shows that agile work works best when people can arrange it at the team level so that these issues of unfairness can be overcome.

'The Optics Test' mindset

This mindset permeates all of the mindset blockers and resource blockers. This was a unique finding that emerged from the evidence relating to how NHS practitioners and delegates discussed successful and unsuccessful examples of agile working practices. Overall, if new agile working practices 'passed' the optics test, i.e. were seen to mutually benefit the employee and the organisation, were seen to coincide with values of compassion and the People Promise of Flexibility, and were also 'on brand' with how the 'customer' of patients, governance and society view the NHS, they were more likely to be trialled and implemented.

Most successful BPEs overcame the 'optics test'. Significantly, however, the 'optics test' will change. For example, new government priorities of moving to digital delivery, to community-based services and to proactive prevention, may create new opportunities for some types of agile working practices to become more 'on brand'. As such, they are more likely to pass the 'optics test', even if such practices might have been misaligned with the NHS mission in the past.

Significantly, optics around specific agile working arrangements, whether employer-led or employee-led, need to be managed in relation to multiple stakeholders including the target team, other teams, the Trust, and stakeholders in wider society including patients, media, government and the general public.

For example, one delegate talked about the problem of flexible working being seen as 'reward'. When offered to 'underperformers', managers had to manage the optics of appearing to 'reward' those who might not work as effectively as others. Other agiLab delegates discussed their own stories of how offering new types of agile working in teams could create tensions in other teams. Managing the 'optics' of how agile working looked to other teams could lead to some managers being worried about implementing it, often in relation to perceptions of unfairness (a key mindset blocker, see Box 10). This can be seen in the personal examples below given by agiLab delegates:

> *We had a situation recently where a manager wanted to do something very unique, and that was set up a 100 percent remote working for within the [therapy] group. And it was great that they could redesign the role in order to do that because they've got really bad vacancy rates in that group. And the challenge they then have was how that was going to be perceived by others. The fact that [others could say], 'oh, hang on a minute, I didn't know that was a possibility. Why haven't I been given that opportunity?' And so forth. And then, you know, how should the manager deal with that scenario?... They were almost at the point of saying no because of the fear of what others would say. (agiLab delegate, agiLab 8, 2023)*

> *I've had pressure from other areas because their staff then go back and say on that ward, they do flexible working and they'll do short shifts, they'll do long shifts. And yet other areas are not able to accommodate for a variety of reasons…It's really difficult because you try to do the right thing by your own staff, but then that creates wider problems elsewhere within the trust. (agiLab delegate, agiLab 8, 2023)*

Another pertinent case was raised by an agiLab delegate exploring the idea of a 4-day working week to overcome long standing vacancies in her department. The optics of how this would look to other Trusts and wider stakeholders was perceived as a key blocker. This associate had engaged with the academics and researchers (including those in agiLab) who were trialling the arrangement in other organisations. The associate had also had meetings with the Trust's Head of Human Resources who was initially very supportive and even met with a representative from the British Medical Association to discuss the contractual implications. After all this work, this was later delegated to a deputy HR Lead and eventually not deemed the right time for the decision, with limited explanation as to why.

The above case illustrates how, even when the knowledge resources are there, the enabling mindsets may not be. The agiLab delegate was unsure exactly why enthusiasm for the idea had waned but reflected that it could have related to the wider societal and political landscape of the time: the cost of living crisis and junior doctor strike action. In this context such a radical change to working arrangements would not pass the 'Optics Test'; paying people the same for working fewer hours could appear to clash with the 'optics' of cost savings and budget cuts. The savings that may have come from filling vacancies (from reduced agency staff for example, less overtime and more motivated and engaged staff) are less easy to measure and communicate in the short term. This is a blocker that many other organisations trialling the 4-day week do not have to consider.

Table 3. The Optics Test: the optics blockers across a range of stakeholders

Stakeholders; managing 'the optics' test	The Optics Test is a Blocker when it is perceived as;
With employees	• Special treatment that feels unfair • Leading to more work/effort • Blurred boundaries • Fixed types of flexible working

With the team	• Requiring a formal process that is time consuming • Requiring energy/capacity that can be in short supply • Perceived special treatment for some in the team • Perceived negative impact on service needs
With other teams	• Creates tensions with members of other teams who may want the same agile working opportunity • Creates pressure on other teams and managers to do the same when it may not be possible
With Other Trusts	• Creates tensions with other Trusts who may not have the support to trial agile working
External stakeholders: Society / Government / Patients / Media	• Innovations perceived as waste of money and time if NHS always seen as 'in crisis' • Innovations that disempower certain groups • Wasteful • Message of face-to-face contact perceived as superior (especially re patients) • Inefficient use of resources

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Box 11: The 'Optics Test' Mindset

When decision makers are overly concerned about how a new agile arrangement will be viewed by any NHS stakeholder, it is more likely to be shelved, denied or rejected. This seriously undermines the need to examine innovative agile arrangements on evidence-based merit and to apply an ethos of trial and learn. Left unchallenged, this mindset blocker ultimately has the potential to destabilise all of the enabling mindsets and resources that a Trust has put in place.

Resource blockers

As with any organisation, access to key resources is fundamental to enable both survival, and ultimately, success. Resource unavailability, and/or failure to galvanise accessible resources appropriately, is therefore a significant concern to organisational stability and sustainability. The NHS has been through a particularly turbulent time in recent years, facing a number of resource cuts and health challenges, not least during the outbreak of the Covid-19 pandemic. Whilst flexible, agile, digital working has been identified as potentially a means for both building and securing resources, with an end-goal of greater efficiency, agiLab data reveals that a lack of access to certain key resources has been especially problematic for some groups. The key resources found to especially negate the effective implementation of good, flexible agile working include:

- (Lack of) Staff capacity
- (Lack of) Humanity in agile connections
- Autonomy (paradoxically, its absence and presence can be undermining)
- Disempowerment (i.e. lack of power resources)

(Lack of) Staff capacity
One of the most salient blockers to agile work is the current workforce and productivity challenges in the NHS which makes it very difficult for managers to implement agile working even when they want to. Managers described the contexts they were working in where competing priorities meant it was difficult to introduce some of the initiatives presented in BPEs. One agiLab delegate described the

changing context of his Trust as it tried to tackle its recruitment and retention challenges. In this context he sought advice as to how to introduce self-rostering in teams:

> *We're planning on introducing this. We may even have started some preliminary work on it. We've got vast amounts of change going on at our hospital, all sorts of things being implemented, and a very unstable workforce, in fact, that we're recruiting like mad, bringing in an awful lot of overseas nurses to support, especially in theatres, but across the entire hospital. So the circumstances that we now find ourselves in, and we have a lot of change in other places as well within the hospital but also where we have a high turnover of staff, my question is whether anybody's introduced this self-rostering under those circumstances, and whether it's been successful, challenging, or a complete disaster? Because I can see some problems in it, when you've got all those other things going on at the same time. There's nothing in isolation, is it, when you're in a hospital, is that it? (agiLab delegate, agiLab 6, 2023).*

Others discussed the difficulties in managing flexible working in clinical areas:

> *I mean, historically, I've been a ward manager and supported people with flexible working requests. And at times it's been really difficult and really challenging, you know, with people coming in late starts and finishing early and then you're having to beg, borrow and steal stuff from different wards to support with that (agiLab delegate, agiLab 9, 2024)*

In this context, agiLab delegates found some agile working practices particularly difficult to envisage. This was especially notable in agiLab 3 and agiLab 10 where Professor Brendan Burchell and Dr Charlotte Rae respectively presented on the trials of the 4-day working week. Delegates emphasised how difficult this would be to implement, in the context of NHS recruitment difficulties:

> *And are we going to therefore need to recruit more staff to pick up the workload that people cannot do if they're moving to shorter working weeks? If that is the case, which I think is what you're suggesting in your conclusion that we probably do need to recruit more staff, what does that mean for the NHS who already have difficulties recruiting enough clinical staff to meet the demands? (agiLab delegate, agiLab 3, 2022)*

This is an important blocker and one that must be tackled if agile working is to be implemented. Thought leader Burchell pointed to the catch-22 situation the NHS may be finding itself:

> *We might be, there might be a sort of catch-22 thing going on here that part of the reason that we can't recruit is there are a lot of people who would work in some jobs but can't work full-time….maybe we'll get people back into employment that are out of the labour market at the moment, which will be doing them a favour and would deal with those staff shortage problems….So, yeah, it is a problem, but I think realistically, reducing hours without recruiting in many situations is going to lead to misery. (Burchell, agiLab 3, 2022).*

Indeed, a number of agiLab delegate discussions reflected on how some NHS workers had, in recent times, chosen to abandon the safety and security of an NHS contract to go and work as agency workers. Agency work was seen to provide more choice and flexibility about when and where a person could work. This further confirms the catch-22 situation: whilst flexibility might seem hard to arrange because of staff shortages, not arranging it could itself lead to the very shortages that are challenging health service delivery (indicating a failure to engage the Mutual Needs, Mutual Gains, 'Do no harm' Mindset, see Box 2), and increased costs spent on agency staff to fill such gaps.

Box 12: (Lack of) Staff Capacity

A shortage of human resource capacity (evidenced by current recruitment and retention challenges) could ironically both hinder the implementation of agile working, and be addressed by more attractive agile offerings, such as the 4-day week. Whilst a lack of capacity meant that Trusts and managers felt that greater flexibility would lead to problematic staffing gaps, in the longer-term, offering a more flexible and agile service may well serve to attract, recruit and retain a more engaged workforce.

(Lack of) humanity in agile connections

As discussed, interpersonal relationships between managers and employees and between co-workers were significant enabling resources in the successful implementation of agile working. In counterpoint, in this context, a key blocker to agile working were conditions that prohibited quality interpersonal relationships from being fostered.

In particular, data revealed that in agile working, where teams may be dispersed across times, places and roles, a lack of humanity in the connections made to keep in touch and get tasks done could cause problems. agiLab research (Russell et al., 2022) showed how the formality of meetings on zoom lacked a personal touch or informal content that – as per face-to-face meetings - provide a more human element.

> *That's kind of, humans have just the general chit chat, which again sounds quite, and it almost sounds a bit insignificant. And that's, that's my worry I guess that …it's not insignificant and it may be… kind of, I don't know, like humanises [meetings] in a way, and also helps, helps the relationship… (Participant, Russell et al., 2022)*

This research showed the importance of injecting humanity into the relationships between managers and employees and also highlighted the need for regular, informal conversations. However a key blocker to this happening was that managers were time poor and this theme was referred to throughout the agiLab conferences. There was often an emphasis placed on the importance of managers making changes to how they engaged their staff, but it was also recognised that they may not have the time, skills and energy resources needed to do this effectively. Indeed, poor relationships and a lack of trust between managers and employees was noted in a Devon NHS Trust BPE, as a barrier to more flexible ways of working, but it was also recognised managers had little time to remedy this:

> *…managers are time poor. Whether you're operational, whether you're clinical, whether you're technical, whether you're specialists, managers are time poor…And if you're time poor and you've been told that the focus is on the operational, then the time invested in one-to-one and in team meetings is seen as sacrificeable. It's seen as something that's important and nice, but not essential. So, we need to ask a question about what's the fundamental role of leaders and managers and how is that reflected in their job descriptions. (Annie Broadbent, BPE agiLab 8, 2023)*

Such statements demonstrate the need to apply humanity to the needs of managers too – to show understanding when they lack the resources to develop relationships in a beneficial way in agile environments. This sensitivity to the needs of managers, especially when they have to discuss difficult information, was foregrounded by Sajjad Iqbal (agiLab 8, 2023):

> *Just making sure that our managers, leaders and managers are absolutely empowered and have the skills to have these conversations in the right way. A lot of other managers are saying that they are scared to have those conversations because they don't feel they've got the knowledge and how to have them. (Sajjad Iqbal, BPE, agiLab 8, 2023)*

Failing to attend to managers' needs and continuing to request that they provide high levels of social support to their staff can potentially lead to negative repercussions (e.g. burnout or relationship failure) further down the line:

> *I'm doing funny, happy, energizing [things] for everybody. Yay. Saying great things, I'm, I'm almost overdoing it, to make sure everybody is OK and that leaves me feeling pretty knackered. (Participant, Russell et al., 2022)*

> *So, [my boss's support] waned over the course of the pandemic. At the beginning of the pandemic it was stronger and then slowly, slowly with the workload increasing, it became less and less, and so I would say it probably wasn't as good as it could have been at the beginning of that the three months, but after the three months it's, it's been a lot less. (Participant, Russell et al., 2022)*

The autonomy paradox

We noted an autonomy paradox in agile working, whereby whilst autonomy can give people control over their boundaries and schedules, autonomy can also lead to intensification and blurred boundaries. This was discussed by various agiLab academic thought leaders (Beauregard, agiLab1, 2021; Kelliher, agiLab 7, 2023; Cañibano, agiLab 8, 2024; Chung, agiLab 9, 2024). The thought leaders identified three autonomy-related mechanisms to look out for that can lead to work intensification and undermine the benefits of agile working:

- Enforced intensification - (absence of autonomy)
- Enabled intensification - (autonomy is present)
- Voluntary intensification - (autonomy is present).

These forms of intensification emerge both when people lack autonomy (enforced intensification), but also when they have greater autonomy (enabled and voluntary intensification). Therefore it is not just a lack of the autonomy resource that can create problems with effective implementation of agile work. It is also true that autonomy itself can act as a blocker to effectiveness, if people use it to work harder and longer without appreciating the longer-term repercussions this can have on wellbeing. This paradox is explored below.

Enforced work intensification

Enforced work intensification in the context of agile working practices was related to the invisible work of 'digital housekeeping' that academic thought leader, Professor Petros Chamakiotis (agiLab 2, 2021), identified. The time taken on tasks such as clearing and responding to emails, doing zoom presentations and learning new online systems, are all unaccounted for in job descriptions. This invisible work can prevent the completion of tangible or workloaded tasks in the time allocated to them. This was also reported in agiLab research:

> It's that anxiety around worrying about, oh, God, you know, I'm not being monitored here. Am I actually doing enough? And you have to really think about it and say, well, there's only this amount of hours in the day and this is the amount of hours that [I'm] being paid for …and then you start worrying about, you know, your bosses scrutinising going, well, why aren't you on top of this. (Participant, D'mello, et al 2022).

Further, a lack of 'psychological commute' between meetings could also lead to feelings of intensity. One agiLab delegate described this as a disadvantage of working virtually:

> One of the things with wholly virtual working over the last couple of years has been the lack of processing time between meetings - going from one Teams meeting to the next without time to think things through that would previously have taken place during the journey to the meeting. (agiLab delegate, agiLab 3, 2022).

Enforced intensification was considered to be a problem when autonomy was lacking and when the agile arrangement creates *more* work to do.

Enabled intensification

Enabled intensification was found in the research when workers reported that work and non-work boundaries are easily blurred when working from home due to the accessibility of work and not having colleagues around them to reinforce these boundaries:

> *But then there's also something we did know, within the team is that maybe some people were working too much. So, being able to work from home, and people will be working into the evening, and they won't be switching off at five. [Although the shift is 9 to 5] you see colleagues sending emails at seven, eight o'clock at night. It's trying to manage that. So, and it's starting to sort of click. Just because we <u>can</u> log on and do the work doesn't mean we <u>should</u>. (Participant, D'mello et al 2022).*

Enabled intensification involves workers applying their autonomy by working longer hours and doing more, especially when working remotely, because of the time saved by not travelling/commuting/not being interrupted.

Voluntary intensification

Voluntary intensification can undermine the benefits of the autonomy of agile working through a process akin to 'self-exploitation' (Chung, agiLab 9, 2024). This is based on a theory of social exchange when people voluntarily work more intensely because they are grateful for the opportunity to work flexibly and would like to reciprocate by showing the organisation that the arrangement is effective. In Russell et al.'s (2025, p.21) research on tensions between clinical and non-clinical staff, it was found that:

> *…when people express indifference about their agile working arrangement, this can lead to heightened perceptions of unfairness from agile working colleagues. This may well be because NHS workers believe that being given an agile working arrangement is a concession that the organisation makes to help an individual, and that individuals need to show gratitude for this. When the individual seems not to care, it can be seen as unappreciative, which can rile colleagues (Kelliher & Anderson, 2010).*

In the long term, voluntary intensification can undermine job quality and trigger what thought leader, Professor Almudena Cañibano (agiLab 8, 2023), describes as crossing the 'wellbeing awareness line.' This is where employees become conscious that their wellbeing is being compromised and that they need to renegotiate a new working pattern. In agile working, where people may not be working in the same place as their managers and co-workers, wellbeing awareness from others may be compromised (Chamakiotis, agiLab 2, 2021).

When people voluntarily work more intensely (i.e. apply their autonomy) because they are grateful for the opportunity to work flexibly and would like to reciprocate by working harder, this appears to fit into the 'ideal agile worker' mindset blocker that agile working is seen as a privilege (See Box 9).

Box 14: The Autonomy Paradox

New ways of organising working time in agile working practices can potentially reduce job quality through work intensification. The autonomy associated with agile working has been shown to be an important way of fulfilling employee needs through new ways of organising when, where and how work is done. However, both a lack of autonomy and the presence of autonomy can create different forms of work intensification.

Disempowerment

This final resource blocker relates to new vulnerabilities for marginalised or disempowered groups that can arise in the context of more customised flexible working patterns. This lack of power was seen as a key blocker to the inclusive approach 'we work flexibly' and could negatively impact workers'

ability to negotiate and secure agile working deals. Three themes in the data revealed how disempowerment can block the implementation of inclusive agile working via:

- Failure to negotiate customised arrangements
- Increased unpredictability rather than agility
- Digital poverty and exclusion

Failure to negotiate customised arrangements

In agiLab 7, academic thought leader, Professor Clare Kelliher, identified that although customised arrangements and informal arrangements were more effective, the negotiation process in customising agile deals could lead to a 'flexibility privilege'. This highlights the possibility that those who are highly skilled and/or have rare skills are able to negotiate with their employer in ways that less skilled or disempowered employees are not.

We found evidence of workers with lower socioeconomic status (SES) describing instances of failed attempts to negotiate customised arrangements. In particular, the reliance on email in negotiations, meant that low SES worker requests could be easily ignored or put at the bottom of the pile. Such communications were characterised by long waits for a response:

> At the moment, I'm going through an organisational change, so I'll have to be moving to a different site to do my job. …Communication wise, it was a lot of back and forth, like what do you want, and then it was a long wait and then they will come back with an offer. If it was more like a conversation, you could quickly iron out what isn't acceptable [..] rather than having to kind of like, haggle and negotiate each time back and forth. It's very daunting" (Participant, D'mello, et al., 2022)

Another lower socioeconomic status worker [an emergency care assistant] was told he would have to move location and take on another shift pattern to take part in a new paramedic apprenticeship scheme that he had recently been accepted onto. His current arrangement of 'four days on and four days off' fitted with both his family obligations and the apprenticeship commitment so he emailed his manager to ask if he could stay on his current shift. He listed the benefits of doing so and also considered the business case. His request was not even acknowledged:

> I've actually emailed the county commander, so the top guy in [location]. I've emailed him reasons, the rationale as to why I should stay on my station. …So, I put forward a plan to say look I will, I'm happy to stay at [location] and I gave the reasons as to how it's going to benefit the trust, but I've not even had a reply back. [..] I've just requested to stay on my line. So, I requested to sort of stay with what I'm doing now. But it hasn't even been acknowledged. So, the chances are I'm going to have to come off it and as I say I'm not happy about it, I'm not looking forward to it, but it's kind of got to be done" (Participant, D'Mello et al, 2022).

The lack of voice and power amongst lower SES workers, who did not have the skills or confidence to push negotiations for customised deals, is a key resource blocker for rolling out more inclusive and agile opportunities for all.

Increased unpredictability rather than agility

It is also crucial that agile working is not used to introduce unpredictable work patterns. Agile working can only be defined as such if it has mutual benefit to worker and organisation (see Box 2), and has been negotiated by the worker and the organisation. Providing good quality work is central to the agiLab definition of agile working (see Box 1) and also central to the 'we work flexibly' People Promise.

When managers, Trusts or organisations *impose* flexible work on employees, this can have a detrimental impact. Research conducted in agiLab with lower SES workers showed how those unable to secure their shift patterns within a reasonable timeframe, could not plan their life outside of work:

> [I'm on] a two-week rolling rota. ...I wouldn't know what I was doing on a Monday, the previous Friday evening. …You couldn't plan anything. So, if my car needed an MOT next Tuesday, but I didn't know I was working next Tuesday, so I couldn't book it in. You've got to book things in advance, like dentist appointments. So, I would book a dentist

appointment in hoping I wasn't working. And then of course, sods law, I would be working. Just things like family, I have two young lads in the army and if we could sort out when they're home, and their girlfriends, we could all get together, but I could never work out when I'd be off. (Participant, D'mello, et al., 2022)

Uncertain working time, where shifts are cancelled, also leads to uncertain income which had repercussions (lost income, welfare benefits) for the financial circumstances of lower paid employees. An agiLab stakeholder recognised this:

So, we know that that kind of insecure and unpredictable income [shifts scheduled or cancelled at the last minute], can have really significant knock-on effects on people working on low incomes. [Unpredictable shifts and income can make it difficult] to understand how your work income might be interacting with your benefits income …You might also find yourself losing money, if you're getting shifts cancelled at short notice, because you might have already put out for childcare or if you're already covered your transport costs, and then you're kind of taking. (agiLab stakeholder, D'mello, et al., 2022)

All agiLab stakeholders recognised that employer-led so-called flexibility that led to unpredictable work did not lead to mutual gains of agile working. It was understood that agile working must offer mutual flexibility gains if it is to work effectively and offer good quality work:

So …changing your employees shift at the last minute in a way that benefits your business, that's not necessarily providing people with the kind of security either of incomes or the security in their day-to-day life… Whereas the business is potentially benefiting [from unpredictable shifts]. So …where jobs are flexible, they [should be] mutually flexible in a way that benefits the employer and the employee and that that's not really one sided. (agiLab stakeholder, D'mello et al., 2022)

Digital poverty and exclusion

agiLab data revealed digital tools are an important enabler of agile working (see Box 8), creating spaces for more autonomous and inclusive work, boundary management and services that empower patients. Digitalisation is a key part of the new government agenda for the NHS. However, the agiLab data highlighted some important blockers to the use of digital tools as facilitators to agile working and more innovative services. These blockers were more often found to impact disempowered or low SES groups.

Academic thought leader, Dr Becky Faith (agiLab 6, 2023), especially highlighted issues of digital poverty and digital exclusion that could create new barriers for some NHS workers. This links to the mindset blocker of an 'ideal agile worker' (see Box 9) who is able to use technology and interact with it effectively without any training or additional resources. Faith pointed out that 31% of those from lower SES groups only have access to the internet via smartphones. Access to good broadband, required for the effective use of apps and software such as Teams, is becoming less affordable for many NHS workers, as costs rise above inflation (agiLab 6, 2023).

The agiLab conferences found evidence that confirmed digital poverty and exclusion could be a blocker for some groups working for the NHS who were expected to use digital tools. For example, e-rostering (for groups who were used to planning rosters on a whiteboard) was highlighted as problematic for some (Louise McKenzie, agiLab 6, 2023). A cleaner who was also a trade union representative reported that some low SES staff (e.g. cleaners) were finding it difficult to use smartphones to access pay slips:

I'm women's officer for unison and the amount of people that have come to me CRYING because they can't get their payslip or find out if they've got the right pay, because they are not, they can't do it on their phone, they can't… and it's becoming really, really more aware that there's this gap developing between them that can and them that can't. (agiLab delegate, agiLab 6, 2023)

In agiLab 11, academic thought leader, Professor Danat Valizade's research on digital skills in the UK, showed that the UK has significantly underinvested in digital skills training, meaning that even when people have access to technology they often don't know what to do. This can also be linked to Professor Petros Chamakiotis (agiLab, 2021)'s observation that digital housekeeping is creating

difficulties, as people try to gain command over new digital tools. In agiLab 11, Sarah Hayden, of a Kent NHS Trust, explained how people need to be trained about AI and how it can be useful if people feel empowered to take control of it and use it to innovate in their jobs. In her BPE discussion of automation in HR it is clear that her own HR employees were empowered and motivated to use this technology in ways that were enabling agile working. However, from Valizade's, wider national survey research, the skills to harness technology in this way is atypical across the UK.

Box 15: Disempowerment

NHS workers from marginalised or disempowered groups may not have the resources to negotiate agile arrangements, request predictability in their working patterns (i.e. the agility is employer-led), and are less likely to have the digital skills and access to make use of the new digital tools for agile working. This means that certain groups are at risk of being excluded from agile work. To ensure an inclusive approach to agile working is implemented, lower paid and marginalised groups should be empowered with negotiation skills and be supported to access work via non-digital or paid-for digital means. Indeed, where any worker is lacking in digital skills and training, this needs to be addressed to prevent disempowerment. True agile working involves mutual benefits and inclusion for all.

Summary of blockers

Our data revealed a range of mindsets and resource poverty that can block the implementation of good, flexible and inclusive agile working. Both staff and managers can be affected by these blockers which may be more or less salient in different Trusts and cultures. Assumptions and prejudices about what acceptable agile arrangements should involve and a lack of key resources (staff, quality relationships, power and control) can especially undermine open, inclusive roll-out and buy-in of innovations in agile working practice. Challenging such mindsets and developing resources is now necessary to overcome this.

Implications for the NHS

In this report, our aim was to summarise the enablers and blockers to adopting good, flexible agile working practices in the NHS. Putting in place good, flexible agile working practices is considered to be an innovative and progressive way of addressing key challenges faced by the NHS as it undergoes essential reform and attempts to more comprehensively deliver on the People Promise, 'we work flexibly'.

Having undertaken this research project, one thing is very clear; the definition and understanding of what it means to offer good, flexible agile work is highly varied across the NHS and often based on serious misconceptions. Some Trusts have predominantly (and ironically, rigidly) focused on the legislative and contractual issues around the nine Government types of flexible working. Some managers inaccurately believe that agile working is a synonym for 'remote' or 'hybrid' working and therefore dismiss it as impossible to apply across a significant number of service roles. A lack of consistent understanding about what good, agile and flexible work is, serves as the most dominant and overriding blocker to the widespread implementation of the People Promise and has scuppered the ability of the NHS to offer 'true' and inclusive flexibility. This lack of understanding has created mindsets that serve to block agile initiatives, and has meant that necessary resources have been neither galvanised nor created. It is clear that the NHS has done a significant amount of work over the past 5-years to develop toolkits and guidance to support the roll-out of flexible and/or agile working. However, great disparity remains in the consistency and accuracy of how flexible and agile work is represented within these materials, and the extent to which Trusts and managers have engaged with the resources.

We believe that by synthesising the key mindset and resource blockers and enablers from our agiLab data, NHS managers, Trusts, senior leaders and stakeholders can now focus on how to improve the essential delivery of good flexible and agile working. In so doing, a range of workforce challenges can be addressed, as the NHS enters a phase of renewal and reform that requires an adaptable, digital, knowledgeable staff who are equipped and informed to help improve the complex healthcare needs of the nation.

Top priorities for the implementation of good, flexible agile work

Adopt a 'Mutual Needs, Mutual Gains, No Harm' mindset

Flexible, agile work is good work (inclusive, dignified, safe and valued) and has benefits for both the individual and the organisation. To understand these benefits, managers and leaders are encouraged to communicate humanely and openly with each other, their teams and individual workers, to generate flexible and agile opportunities that facilitate meeting mutual needs. In addition to considering how a new practice or approach can create gains for the individual, the team and the organization, these discussions should also focus on what harm could be done to any party both through action and inaction. In other words, by doing nothing, or retaining existing practices, will more harm be done? These conversations and considerations should be available to all workers, regardless of their status in the organization and the type of role they occupy. All groups therefore need to be guided to learn and utilise negotiation skills, with lower socioeconomic status workers potentially receiving additional support (e.g. from social partnership forums) to ensure their voices are heard. Appendix 4 offers some suggestions for assessing mutual needs and gains.

Challenge 'The Ideal Agile Worker' mindset

'The Ideal Agile Worker' mindset blocker must be challenged as it restricts understanding about how flexible, agile working can and should be offered to staff across different roles and groups, including for frontline staff. Agile working does not just focus on the places and times that people work. To be truly flexible, individuals and organisations need to consider other, innovative solutions to service

delivery. These can be focused on changing role requirements and even redesigning jobs and services to the benefit of both. Whilst this may seem daunting or untenable, key mindset enablers (experimental, 'learn as you go'; 'start small'; 'one size does not fit all') can help to overcome this mindset blocker. Trusts should be clear that workers and leaders have permission to trial and learn new approaches. Essential to adopting 'trial and learn' agile approaches is the galvanisation of enabling 'knowledge resources'. The most successful agile implementations were based on research evidence and knowledge around how 'true' flexible work can work in practice. Managers need to be given the time to develop this knowledge, and develop the skills to have ongoing conversations with staff about what customised arrangements the team could develop, to address both individual and organization needs. This will also help to facilitate enabling 'interpersonal relationship' resources.

Be research-led (experimental and evidence-based)

Leaders are encouraged to design new ways of working that utilise evidence from both academia and practice (enabling 'knowledge resources'). By drawing on the wealth of knowledge about how agile working can work well in practice, arbitrary, anecdotal or agenda-focused influences can be minimised. A leader who can act as a 'researcher in practice' through experimentation, small trials, and a genuine concern to receive feedback about what does and doesn't work, is most likely to achieve ongoing success in redesigning work arrangements. Continued evaluation as needs change, also services this research-led approach. When success is enjoyed, sharing and disseminating learnings across the service will ensure an ethos of continuous improvement.

Develop digital resources around access, skills and capabilities

Many services can be delivered differently and more effectively through the utilisation of digital resources. Indeed, individuals previously excluded from the workforce may be attracted to working for the NHS because digital tools will allow them to work much more flexibly, to support their own personal circumstances and needs. Digital resources can include tools, such as enabled laptops and smartphones, along with infrastructure, such as new HR systems, patient-facing platforms, and generative artificial intelligence. However, access to digital resources is not uniform across all occupational groups and can be costly (in terms of time, financial implications and confidence) to implement both for workers and the organisation. To ensure the longer-term stability and success of the service however, there is little doubt that the NHS needs to foster a workforce that is digitally skilled and capable and is not excluded on the basis of their status, pay, educational background, role, etc. We strongly encourage a concerted effort (akin to that applied for upskilling and offering digital access to NHS service-users) to providing digital skills, access and support to NHS staff in all occupational groups and at all levels.

An ongoing agile agenda

Following this report, our aim is to engage with the NHS workforce and key stakeholders to develop resources and materials to help facilitate flexible, agile working as a core practice to help meet the needs of workers and improve services in the NHS. To be aware of current and forthcoming changes, and to develop a workforce that is agile, innovative and adaptable in addressing such changes is of paramount importance if the NHS is to rise to the challenge of new Government reforms and build a healthy and sustainable workforce.

To initiate this process, our initial recommendations are set out below.

- Review and reframe existing NHS communications and materials to address inconsistent and inaccurate definitions of agile working. Resources for national and Trust-level dissemination must be checked to ensure they do not reference or reinforce unhelpful mindsets. NHS materials and guidance on delivering the 'we work flexibly' missive needs to support enabling mindsets and contest mindset blockers.
- Support managers with knowledge and time resources to develop skills for holding 'Flex Conversations'. These conversations should be initiated by the manager, be held at both

individual and team level, and should encourage humane, supportive consideration of different needs. All conversations should be ongoing, and managers are encouraged to 'say yes' to small, experimental and customised roll-out of flexible delivery, at least in the first instance.

- Leadership and management training should focus on developing good quality interpersonal relationships with staff, to really listen to their teams and to be motivated to find solutions that help teams and the organization. Educating leaders and their staff about enabling mindsets and helping them to understand what mindsets can block successful roll out of good, flexible, agile work should also be provided as part of leadership training initiatives.
- All workers, but especially low socioeconomic status workers, should be supported with access to digital resources and skills. They should also be given support with making flexible, agile requests – potentially from trained negotiators (e.g. union reps).

For managers and teams looking to address the blockers and harness the enablers identified in this report, the following tool could be a useful starting point.

Figure 1. Starting to challenge mindset blockers to good, agile, flexible working

Step 1 Identify your/your team's Mindset Blocker to agile working:	Step 2 Reframe and review the blocker by engaging with employees	Step 3 Reduce the blocker by activating enabling resources	Step 4 Replace or revise the blocker with enabling mindsets and resources
Mindset Blocker: **Ideal Agile Worker Mindset** • *Do you/your team think agile working is just for those who can work remotely?* • *Do you/your team think that 100% remote work is not tenable?* • *Do you/your team think that frontline staff should not be given agility in when, where and how they work?* • *Should people only be given agile work if they are digitally skilled?* • *Should people only be given agile work because they have proved their worth?* • *Should people be grateful for being given an agile arrangement?*	Actively encourage employees to engage with agiLab definitions of good, flexible and agile working. Ask yourselves: • *How could more flexibility be embedded in roles that are on site as well as off-site?* • *Could digital tools be used to make roles more agile for those in frontline service delivery?* • *Can your/your team's roles be done in more agile ways that do not involve changing when and where you work?*	Use the knowledge resource to challenge narrow concepts of agile working Use knowledge resources to identify mutual needs/mutual gains and no harm from agile working practices Using resources from agiLab to see how, when and where work can be arranged differently to benefit all workers.	Starting small and experimental mindsets to try out more innovative agile working practices Using a mutual needs/mutual gains / harm mindset to frame trialling new ways of working Developing interpersonal relationships in the team/between managers and employees to continuously assess what works and what doesn't Trying out digital tools/training in digital skills in contexts where they have not been used

Mindset Blocker: **Special Treatment Mindset** • *Do you and your team think it is unfair if someone has got a working arrangement/pattern that others do not have?* • *Do you think all workers in a team should have the same flexibility in their working patterns?* • *Do you want to know why some people or teams have more flexibility than others?*	Have manager initiated conversations with all employees and actively encourage all employees to think about what flexibility means for them. Think why pre-defined notions of flexible working may not be agile enough to capture the flexibility needed in the service both now and ongoing.	Use the resource of interpersonal relationships/professional intimacy to encourage open and transparent discussions (without forcing any sensitive disclosures). Encourage team based agile solutions where possible, to overcome perceptions of unfairness. Reiterate the central principle that equity and equality is not about giving everyone the same thing.	Replace with mindset enabler of 'one size doesn't fit all' to encourage inclusive and compassionate approaches to people's agile working. 'Mutual needs, mutual gains, no harm' mindset needs developing to encourage team to think of bigger picture.
Mindset Blocker: **The 'Optics Test'** • *Are there certain working arrangements that you won't implement in your service because of how other stakeholders would perceive them?* • *Managers: Do you worry about being judged as being soft, having favourites, being wasteful etc if you were to adopt a new agile initiative for your staff?*	Ask workers, how would you present an agile working arrangement to help it pass 'The Optics Test'? Start with 'mutual needs, mutual gains, no harm mindset' to establish whether <u>no activity</u> would lead to harm.	Use knowledge resources of case studies/best practice/co-production to share experiences and knowledge across Trusts to learn from each other. Use academic evidence as a knowledge resource to challenge mindsets that might unfairly judge an innovative approach. Use a 'mutual needs, mutual gains, no harm' analysis and link to wider NHS reforms and strategies	'Start small' and 'experimental' mindsets are crucial, so nothing is lost if optics test not passed (*we are just trialling it for now…*messaging) Make changes first and then think about 'The Optics Test'. Continuous improvements and evaluations means the optics don't have to be perfect from the outset, and the risks are not too high.

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Conclusions

agiLab began in 2021, as a knowledge exchange forum for sharing research and best practice into good, flexible, agile working in the NHS. Across its lifespan, there has been no doubting the resourcefulness and commitment of our NHS agiLab delegates in wanting to find new ways of delivering a health service to be proud of. Beset by unprecedented challenges, our delegates report that NHS staff have continued to work with care, energy and determination.

Our agiLab delegates have told us about the many initiatives being trialled in the NHS and have contributed a wealth of knowledge and insight to the agiLab endeavour. It has only been through the engagement of our agiLab delegates and contributors that this research project has been made possible. The richness of the data we have accumulated is in no small part due to the acuity with which managers, workers and stakeholders have reflected on how to deliver 'we work flexibly'. We have observed some truly novel and innovative approaches being rolled-out across the service, and have learned so much from each others' successes and failures. The academic thought leaders and colleagues who have attended each agiLab have added scholarly insights and deep thinking to help make sense of practitioners' experiences. Their applied research has added weight and credence to the decision making and trials of the NHS workers, offering staff confidence and reassurance to keep experimenting. Further, every thought leader has commented on how much they were also able to learn about the great work being done in the NHS and the issues that staff on the ground have been facing. This collaborative and partnership approach to working and developing knowledge has been a privilege to be part of.

From our agiLab data, we have identified the blockers and enablers to good, flexible agile working. We hope that this report will serve as a catalyst for change, to give the NHS workforce the permission to adapt, be creative, trial and learn, to become a truly flexible operation. This, of course, requires resources, and the NHS is working hard to provide these, but more can be done. Knowledge resources must be consistent, clear and comprehensive. Digital resources need to be accompanied with skills training, access evaluations and in-house support. Managers must be given the time, training and support to develop strong interpersonal relationships with their staff and team to enable ongoing, compassionate Flex Conversations, and to be proactive in agreeing customised flexible arrangements. Along with these resources, mindsets also need to change. The notion that flexible, agile working can only be made available to some workers, and often with rigid and arbitrary conditions, must be reframed. This starts with ensuring that definitions of genuinely flexible, agile work permeate the whole service. This should be accompanied by messaging that creates will amongst the workforce to adopt an agile approach as the default mode for all workers. Stagnation should not be entertained, inactivity should be evaluated for the harm it can do, and any work arrangement that mutually benefits the individual, team and organisation should always be facilitated where possible, regularly reviewed and updated as necessary.

In synthesising four-years of data from agiLab, this research offers compelling evidence that, when managed and resourced appropriately, good, flexible, agile working can foster an adaptable, engaged and capable workforce that can rise to the challenge of delivering a reformed NHS that is fit for the future.

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Appendix

Appendix 1. agiLab definitions of flexible and agile working

agiLab definitions	
Flexible working	**Agile working**
Refers to Employment Rights Act amendment 2024 and the employee's right to request 9-types of flexible working as part of their contract of employment (from Day 1)	Using digital tools and innovative practices to change how, when and where people work in response to societal, organisational and individual needs
Formal	Informal
Based on pre-established set of 9 options: https://www.gov.uk/flexible-working/types-of-flexible-working	Customised to suit changing needs
Change only when contracts are agreed and will last until a new arrangement has been contractually agreed	Change is often ad-hoc and ongoing, duration can be short or long-term
Negotiated as part of a HR and legal practice	Requires negotiation between individual, team and manager
How (work pattern flexibility): • Job share • Phased retirement	How: wide range of options can be discussed and agreed, using traditional or innovative practices, or digital tools. Key is that it fits with current needs of society, organisation and individual: e.g. online consultations and meetings; GenAI support; f2f delivery in the community; meeting-free days per week; self-rostering; digital training and onboarding; in-person early-career sessions; virtual coffee mornings.
Where (location flexibility): • Remote working, working from home • Hybrid working	Where: wide range of options can be discussed and agreed, using traditional or innovative practices, or digital tools. Key is that it fits with current needs of society, organisation and individual: e.g. co-working spaces; full-time remote with occasional anchor days; open-plan/hot-desking.
When (time flexibility): • Part-time; compressed hours • Flexitime • Annualised hours • Staggered hours	When: wide range of options can be discussed and agreed, using traditional or innovative practices, or digital tools. Key is that it fits with current needs of society, organisation and individual: e.g. 4DW; shift-working; weekend/evening working under times of pressure with time off in lieu later.

Appendix 2. agiLab conferences: Summary of contributors

Online Conference	Thought Leader	Best Practice Case	Future Focus
Online Conference 1 Untitled May 2021	Professor Alexandra Beauregard Birkbeck, London *Managing the work-life interface: Insights from the pandemic and implications for flexible working*	Louise McKenzie *Innovative delivery models to meet changing needs and goals in the NHS*	Nicky Green Legal Director, Capsticks
Online Conference 2 Untitled September 2021	Dr Petros Chamakiotis ESCP Business School, Madrid *Managing the transition into (sustainable) hybrid team working*	Jennie Cogger, Tara Dunleavy and Elizabeth Goodearl Kent and Medway NHS Partnership Trust (KMPT) and Kent University. *The implementation of virtual consultations for patients accessing NHS secondary care psychological interventions*	Dr Ally Memon (Northumbria University) Elaine Pope (Buckinghamshire Healthcare NHS Trust) Paul Mitchell (MD of Le Bureau co-working spaces) *Do local hubs offer a viable option for Agile Working in the NHS?*
Online Conference 3 Untitled April 2022	Professor Brendan Burchell, University of Cambridge *Work Intensification, Working Time Reduction and Well-being*	NA	Dr Francesca Sobande, Cardiff University Panel Discussion *Feeling at Home at Work? Inequalities and 'Inclusiveness' in Changing Work Environments*
Online Conference 4 Untitled July 2022	Professor Chidiebere Ogbonnaya Professor of HR Management Head of the Department of Leadership & Management, Kent Business School, University of Kent *What's more important: Bottom-line results or NHS staff morale?*	Sajjad Iqbal Royal Devon University Healthcare NHS Foundation Trust *System level agile working principles* *Provision of remote clinical / outpatient services at Royal Devon*	Breakout Discussions on the topic: *Is there a clinical-non-clinical divide in agile workers across the NHS?* (Chairs: Emma Russell, Deepali D'mello, Jay McCloskey, Liz Gambrell, Lee Balch, Ali Jennings, Mike Cracknell, Louise McKenzie, Janine Prever, Danielle Wood)

Online Conference 5 Managing Agile Work Inclusively November 2022	Dr Christine Grant, Associate Professor, Centre for Healthcare Research, Coventry University Bronwyn Francis, HR Graduate, VodABILITY Comms & Events Lead, Vodafone Group *Remote4All: Supporting disabled and/or neurodivergent agile workers (DNW)*	Nicky Green Legal Director, Capstick *What are the latest contractual issues to consider re agile working in the NHS?*	Dr Ruth Patrick, Senior Lecturer in Social Policy University of York *Winter working in the NHS. Changing realities*
Online Conference 6 Feeling seen, being heard, taking action March 2023	Dr Becky Faith, Institute of Development Studies, University of Sussex *Shouldering the burden of digital delivery in the NHS: Digital skills & digital poverty*	James Jackson Internal People EDI & Wellbeing Programme Manager, NHS *SCW EDI & Wellbeing Strategy - Building a Culture of Belonging*	Louise McKenzie Director of Workforce Transformation, Ashford and St Peter's Hospitals NHS Trust *A discussion on self-rostering: What works and how*
Online Conference 7 Should I stay or should I go? July 2023	Professor Clare Kelliher Professor of Work and Organisation, Cranfield School of Management, Cranfield University *Flexible working and the power of choice*	Anna Bickerton Head of HR: Mid Cheshire Hospitals NHS Foundation Trust *The future is flexible*	Stephanie Crow, Head of Culture Transformation Winnie George, Laura Flatman, Michelle Lee, Jess Done People Promise Exemplar Programme (Retention) NHS England *The Retention Focus: The People Promise as the Gateway to Sustainable Retention*
Online Conference 8 Can we be both fair and flexible in agile work? November 2023	Professor Almudena Cañibano ESCP Business School, Madrid/Paris *The paradoxical tensions of flexible working and its impact on well-being*	Sajjad Iqbal, Associate Director Well-being, Inclusion and Employee Experience, Royal Devon UH NHS Trust and Annie Broadbent, Retention Lead, One Devon System Devon Integrated Care Board *A Fair and flexible NHS?*	Dr Emma Russell and Dr Smadar Cohen-Chen University of Sussex *Understanding and reducing tensions between clinical and non-clinical staff in the NHS, in relation to agile working: What next?*

Online Conference 9 Taking ownership of agile working: How do we (re-) establish the foundations for where, when, and how we work? March 2024	Professor Heejung Chung Professor of Work and Employment, Kings College, London *The flexibility paradox- why flexible working leads to more work and what we should do about it.*	Hannah Copeland Operational Lead – District Nursing, Midlands Partnership University NHS Foundation Trust *Flexible working – Extended Shifts*	Nicola Morar and Aliya Rehman, Programme Leads, NHS Employers *Flexing for our future NHS workforce*
Online Conference 10 Bridging the skills gap for an agile NHS workforce July 2024	Professor Danat Valizade, University of Leeds *The scale and challenges of employer adoption of AI-enabled digital technology*	Sam Jonas, NHS Employers *T Level Industry Placements: Supporting the early-career skills gap in the NHS* Dr Petros Chamakiotis, ESCP Business School, Madrid *Managing MedicineAfrica: digital clinical training and its unexpected professional benefits*	Emma Morley, Work Psychology Group, UK *New medical schools: learnings for widening access and building skills in the NHS*
Online Conference 11 Agile working in a digital space: humanity and online work November 2024	Dr Iain Coyne Reader, Loughborough University *Cyberbullying at work: Addressing new forms of counterproductive behaviours in digital work*	Sarah Hayden Director of People Operations, Kent Community Health NHS FT) *Automation within People Services*	Dr Francesca Sobande Reader, Cardiff University *(In)visible experiences and places of work*
Online Conference 12 Research special: Indifference in agile workers as a 'red flag' for burnout March 2025	Dr Emma Russell and Dr Smadar Cohen-Chen, University of Sussex *Work indifference: a sign of burnout for agile workers that reduces staff support and empathy*	Jennifer Gardner, Assistant Director: Development and Education Directorate, NHS Employers *NHS Practice Special "Flexible working in the NHS* David Llewellyn, People Promise Manager at North Bristol NHS Trust *Flexible working to reduce burnout at North Bristol NHS Trust*	

Appendix 3. Data analysis sense-checks

NHS	Ideas checked
Sam Owen	General direction/new idea of Mindsets
Jen Gardner	General Direction/Mindsets/ Formal v Informal distinction in new guidelines
Anna Bickerton	Perceptions of fairness/Flex Conversations details
Rachel Heath	Co-worker teams and ownership of flexible working
Louise McKenzie	Barriers/Resistance to agile working from managers and staff
agiLab delegate	4-day working week – barriers and challenges – sense-checked Optics Mindset

Appendix 4. An 'ABC' approach to assessing mutual needs and gains

Workers and managers might find it helpful to consider this ABC approach to assessing whether any proposed agile initiative meets both individual and organisational needs. The comparison is made with the existing arrangement or any alternatives also being considered. Where a need does not appear to be met, consider how the arrangement can be adapted to better meet that need. For any work arrangement (current or proposed), consider how it could potentially cause harm in any of these areas by failing to meet needs.

	Individual[4]	Organisation
A	**Autonomy:** does the arrangement give an individual more control over when, where and how they do their work? Does it enable them to develop and use more skills?	**Adaptability:** Does the arrangement allow the worker/team to adapt to the changing needs of the service, both responsively and proactively, in anticipation of changes ahead? Does the initiative involve adopting new practices, innovations and digital tools to facilitate an adaptable and responsive service?
B	**Belonging:** does the arrangement facilitate opportunities for the individual to feel a sense of belonging to the organization and their colleagues, to develop good interpersonal and working relationships, to be part of a team, and to feel cared for by (and to show care to) others?	**Building capacity:** Does the initiative help to address recruitment, retention and productivity challenges, to build an organization that is skilled, better resourced and sustainable, for meeting current and future service needs?
C	**Competence:** does the arrangement allow the individual to produce good quality work, make a contribution and demonstrate their capabilities? Does the arrangement help with the delivery of the worker's task more effectively?	**Care provision:** Does the arrangement ultimately enable the better provision of care, by ensuring that patient-focus is at the heart to any approach?

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[4] Based on Self-determination theory and the fundamental psychological needs that must be met through work (Deci & Ryan, 2000).