Evidence of mindsets that enable or block the implementation of decent, agile working in the NHS

A research report with recommendations

Dr Emma Russell, *MSc, PhD, CPsychol, AFBPsyS, FHEA*
Chartered and Registered Occupational Psychologist
Reader in Occupational & Organisational Psychology

Dr Gail Hebson, *PhD*
Independent Research Consultant

University of Sussex Business School

8th December, 2025

Acknowledgements

Dr Emma Russell
Founder and Director of agiLab,
8th December 2025.

Note
This report was produced in a draft version in May 2025, and updated in December 2025. We updated the report to reflect the development of thinking around the presentation of our themes, following a process of academic peer review, and stakeholder consultation. We are very grateful to, and acknowledge the assistance of, Marc Fullman in the consultation phase of this project.

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.

The findings have been tested, explored and developed with a wide range of NHS stakeholders including senior workforce leaders, staff experience leads, trade union members and NHS England colleagues. This important phase has led to the formulation of practical and reliable recommendations that mean that all of our people will benefit from agile working practices.

Daniel Mortimer
Chief Executive Officer, NHS Employers
8th December 2025

Suggested citation for this report:

Russell, E. & Hebson, G. (2025). *Evidence of mindsets that enable or block the implementation of decent, agile working in the NHS: A research report with recommendations.* agiLab Research Report, University of Sussex, Sussex.

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 emphasising preventative healthcare. An accompanying report from Lord Darzi (2024), identified 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 agiLab, a 4-year knowledge-exchange initiative. agiLab supports and critically examines best-practice in delivering the NHS People Promise, *"we work flexibly"* but goes further to identify how decent[1], agile working, as a specific way of designing work, can help meet the needs of a changing NHS. Our research shows that decent, agile working practices, developed in consultation with employees, can **enhance staff experience, attract and support a broader and more diverse workforce, drive innovation, and, most importantly, improve services for patients.**

This report draws on **four years of evidence** to identify key mindset enablers and blockers to implementing decent, agile working. It **challenges misconceptions** about who benefits from flexible approaches to work, and extends what we (should) mean by flexibility. Our research illustrates how more agile mindsets and approaches can **mutually serve key strategic, organisational, and individual needs.** Our recommendations aim to help workforce leaders to harness the benefits of decent, agile working across the NHS. To that end, findings will inform the development of actionable resources for stakeholders across the coming months.

The Difference Between Agile and Flexible Working in the NHS

With the publication of the NHS People Promise in 2020, flexible work practices were identified as both highly attractive to NHS workers and an effective way of addressing ever-changing service needs and challenges. However, there have been stark differences between occupational groups in being able to access genuinely flexible and inclusive work arrangements, potentially because the scope of true flexibility has not always been realised or understood. 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. Ironically, flexible working is often delivered as a rigid, finite set of flexible options that are incorporated into people's work contracts as a 'one-off' adjustment that usually focuses on time or location. The agile working approach goes beyond this, encouraging 'true' flexibility that involves ongoing adaptations and customisation of working time, place, and role to address, and pre-empt, changes to both 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 decent, agile working practices in the NHS**.

> ### What is Decent, Agile Working?
>
> Agile working involves adapting work patterns as needs change, enabled by **digital tools and innovative practices**. It offers genuinely decent[1], **customised** and **responsive** options to liberate workers and organisations from rigid, traditional job constraints. It encompasses both formal and informal arrangements and supports organisational and worker needs regarding **when**, **where** and **how** people work.

---

[1] Inclusive, dignified, safe and valued.

The Research Project

Our research project wanted to understand: *How decent, effective, agile working is implemented across the NHS.* To address this, we examined data 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 highlighted new ideas around **enabling mindsets and mindset blockers** to adopting decent, agile working practices in the NHS. These mindsets were largely observed amongst managers and represented cognitive attitudes, beliefs and thought processes that are used to rationalise action, decision-making and outlook. Mindset blockers are based on misconceptions, poor definitions of flexibility, and distorted ideas/evidence, and act as a barrier to effective implementation. In contrast, enabling mindsets reflect an openness to learning, and a research-led and customised approach, which can foster the implementation of innovative, evidenced, and decent, agile working practices. We drew on Conservation of Resources (COR) theory to identify **resources** that can help support mindset enablers when present, or perpetuate mindset blockers when absent.

Key Findings

Agile working mindsets

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 innovations 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 by starting small, and refining approaches incrementally, based on feedback, was found to promote innovative agile working practices. This mindset encourages people to try things out, acknowledging that 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.
- ***'One Size Doesn't Fit All' Mindset***: Recognising that agile arrangements will be different for different workers, and that this may mean people need to be given customised solutions, is key to decent, 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. 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 decent, agile working, and that true equality does not mean treating everyone the same regardless of need.
- ***'The Optics Test' Mindset***: Perceived appropriateness of an initiative, in the eyes of key stakeholders (usually external), 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 socioeconomic climate.

Agile working resources

Important **knowledge and relational resources** were found to support enabling mindsets or engender mindset blockers when lacking. Knowledge resources included the availability and access to (i) clear and consistent policy and practice **guidance in the NHS**, (ii) **research evidence** from academia and practice, (iii) **employee voice** and feedback, (iv) **digital tools** and technologies. Relational resources involved **open, trusting and supportive relationships** between managers and workers. None of these resources could be made available or accessed by managers if there was a lack of staff capacity and time.

The Consultation Phase

Having identified these key mindsets and resources, we **engaged with stakeholders to undertake sense-checks** of our research findings in a consultation phase. In this phase we also solicited feedback on how best to reach NHS managers and communicate our research findings. We found that our stakeholders **confirmed our main research findings**, but we refined the presentation of our themes to be more streamlined, following both the consultation discussions and academic peer review. We also identified communication needs at the consultation phase for **engaging stakeholders with our research findings**. These included a need for communications to (i) provide clear and consistent terms and conceptualisations of agile working in the NHS; (ii) tailor findings to the priorities of different stakeholder groups; (iii) include evidence of decent, agile working success stories; (iv) address the challenge of time and capacity limitations for managers. We now aim to trial and amend communications resources to address these needs in our ongoing work at agiLab.

Recommendations for the Implementation of Decent, Agile Working

NHS leaders and line managers

Based on our research findings, we identify four key priorities for leaders, line-managers and teams, to support the implementation of decent, agile working to help facilitate NHS reform, policy and practice. In particular, when considering a new and agile innovation to the ways, places and times that work can be done, managers are encouraged to consult at a team level and aim to:

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.

NHS Trusts, senior leaders and stakeholders

Our findings also highlight some key priorities for NHS Trust leaders, stakeholders and organisations to attend to.

These priorities include:

1. Reviewing and reframing NHS communications and materials, to incorporate clear definitions of decent, agile working across the service
2. Supporting managers to develop ongoing and compassionate 'flex conversations'
3. Embedding understanding of agile working into management/leadership training
4. Appointing agile working champions at Trust level to help support leaders and managers.

Undertaking this longitudinal and collaborative research-practice initiative, to support the NHS towards building a decent, agile workforce, has been a privilege. At agiLab, we now look forward to continuing to work with the NHS to promote a decent, agile working approach that is fit to meet the complex and evolving demands of a reformed service, in line with the forthcoming (2026) 10-Year Workforce Plan.

Contents

Introduction

Flexible Working and the NHS

The UK's National Health Service (NHS) was established in 1948 to offer universal healthcare to the nation, free at the point of delivery. It is now one of the largest organisations in the world (NHS Confederation, 2024) and employs over 1.7 million people (Nuffield Trust, 2024). In recent years, the NHS has faced a series of significant challenges that led Lord Darzi, in his 2024 report, to conclude that it is now in a 'critical condition' (Lord Darzi, 2024).

In response, the UK's Prime Minister called for the "biggest reimagining of our NHS since its birth" (Gov.UK, 2024), and identified three key areas for reform: shifting care from hospitals to communities, transitioning to digital systems, and emphasising preventative healthcare (UK Government, 2025). Central to delivering this reform, Lord Darzi (2024) identified the importance of 're-engaging staff' as a main priority (ibid, p.15), noting high levels of sickness absence and a marked reduction in discretionary effort across all staff groups in the NHS since the Covid-19 pandemic. Indeed, the NHS has experienced substantive issues in recruiting and retaining an engaged and energised workforce in recent years, with demanding workload, and a lack of flexibility cited as significant drivers of staff turnover (Barnes, 2024; Ford, 2024; UK Government, 2025).

An important way in which the NHS has tried to address these staffing issues is by focusing on improving the attractiveness and experience of working in the service. The People Promise of 'we work flexibly' pledges this fundamental commitment:

> *"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".*

NHS definitions of flexibility involve adaptations to how, when and where people work (NHS England 2024), and this accommodates remote or hybrid work arrangements, whereby at least some job responsibilities can be undertaken away from the central site (e.g. at home or other off-site locations) for at least some of the working week (Allen et al., 2015; Kossek et al., 2023; Gajendran et al. 2024). Remote or hybrid work tends to focus centrally on changing where people work, although, in keeping with the NHS's 'we work flexibly' promise, these arrangements can also encompass adaptations in when and how people work. For example, by working across multiple sites, workers may change how they work by using mobile, digital tools and devices to connect with work systems, which in turn allows them to access work outside of traditional working times. As such, remote and hybrid working can represent a range of flexible work options that go beyond simply considering a change to work location.

This fits with the NHS intentions, as they aim to "[support] an individual to have greater choice in when, where and how they work. This may include changes to their working pattern, hours and role, and/or the location in which their work takes place" (NHS England, 2022, p.2) In offering a bundle of flexible working practices (Chen & Fulmer, 2018; Kossek et al., 2023), the NHS has led the way as a forward-thinking 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 if it has been rejected. UK Government legislation has now caught up. Amendments to the Employment Relations (Flexible Working) Act 2023 came into effect on 6 April 2024, which gave all employees the immediate right to request 9-types of flexible working, differently focused around how, when and where people work (see Appendix 1) as part of their contract of employment (Gov.UK, 2022).

Is flexible working 'working' in the NHS?

Such institutional and national policies are considered to be highly important in promoting positive views towards flexible working and reducing inequities in access (Kossek & Lee, 2020; Chung & Seo, 2024). Yet, despite such broad reaching options, the implementation of flexible working in the NHS has been highly variable. Indeed, rollout has potentially been limited by explicit UK policy, as adoption is often restricted to the finite list of the Government's flexible working types, rigidly applied as part of a change to the employment contract, with an over-emphasis on the times and places that people work (UK Government, 2025).

Such approaches can ironically curtail 'true' flexibility, as pre-established 'where' and 'when' options are offered as a one-off, rather than regularly revisited and adapted as needs change (Schmidtner et al. 2021). As such, the provision of concrete policy to promote flexibility might unintentionally perpetrate growing divisions and rigidity within the workforce. This 'two-tier' workforce has been observed in the NHS context, whereby those working in frontline roles (that are often site-based and shift-based) are often denied flexibility requests as they are in operational contexts that make it difficult to vary start and finish times and undertake roles remotely (Kossek & Lautsch, 2018; Kossek & Lee, 2020; Gajendran et al., 2024; Timewise, 2025). This reveals distorted conceptions about what true flexibility can involve.

Indeed, the most recent NHS staff survey (NHS Staff Survey, 2025) reveals these disparities. Five years since the inception of the 'we work flexibly' People Promise, only 57.65% of staff are "satisfied or "very satisfied" with the options available. Only half of staff (50.34%) think the NHS is committed to helping them balance their work and home life, with stark differences between frontline and other (e.g. admin-based) occupational groups.

Therefore, despite a supportive policy context and a definitive institutional missive to promote a broad, flexible working agenda, the NHS faces significant challenges in implementing true and comprehensive flexibility across its workforce. This report aims to understand the factors that are preventing the mass rollout of truly flexible working to all groups of workers in the NHS, but also to understand what factors have played a part in examples of successful operationalisation. This may help to elucidate reasons for the NHS's policy paradox; i.e. even when organisational and national policy is in place to support flexible working, this does not mean that effective implementation will follow (Galinsky et al., 1996; Allen et al., 2013; Kossek et al. 2023), and could even restrict options.

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, evidence from agiLab was included in NHS Employers submission to the House of Lords "Home-based working" committee[2]. In 2025, agiLab was also awarded the international AACSB's 'Innovations that Inspire' prise 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 (see Appendix 1). 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. This needs to be done fairly and carefully. In agiLab, decent, 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 organisational goals (de Menezes & Kelliher, 2011; de Menezes & Kelliher, 2017; Russell & Grant, 2020). The focus is on thinking creatively and offering innovative, customised and responsive working solutions to meet changing service needs, evolving individual circumstances and to improve access to decent work (see Box 1). In this context, **decent work is referred to as inclusive, dignified, safe and valued** (ILO, 2024).

Box 1: agiLab Definition of Decent, Agile Working

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.

Understanding the Risks and Rewards in Applying an Agile Working Approach

The agiLab definition of 'agile working' does not always reflect how agile working is conceived in the NHS. In policy and practice guidance and documentation, it has been used interchangeably with terms such as 'smart-', 'blended-', 'hybrid-' or 'flexible-' working and, in the NHS Terms and Conditions, is focused around work locations (notably the home), mainly for tax and contractual reasons (Leicestershire Partnership NHS Trust, 2022; NHS England, 2022; NHS Staff Council, 2022). These mixed definitions, and especially the focus on time and location, means that the true scope of flexible, agile working may be misunderstood within the service. For example, agile working can be dismissed as unsuitable for groups of workers if they cannot easily change when and where they work (Timewise, 2025; UK Government, 2025). To implement truly flexible working for all employees, senior leaders have been keen to promote a new conceptualisation of 'agile', using the agiLab collaboration as a platform (NHS Employers, 2025).

In so doing, this creates both opportunities and risks for the NHS. Changing the language of flexibility can be beneficial, considering the stigmas that have been associated with flexible working in the past (e.g. family-focused, enjoyed by less serious, less career-oriented workers: Chung & Seo, 2024).

---

[2] See: https://www.parliamentlive.tv/Event/Index/19c0c350-b10c-49b4-b7ed-b2fa52b51547 (timings: 14.33, 14.35, 14.40 and 14.48)

Flexibility stigma especially impacts marginalised groups and has been found to both reduce requests for flexible working and lead to negative consequences for flexible workers, even when positive policies are present (Williams et al., 2013; Bloom et al., 2015; Chung & Seo 2024). Further, as mentioned above, in the NHS, flexible working is now largely conceptualised around the Government's 9 types, offered as a one-off contractual change predominantly based around time and location concerns[3], which can curtail a truly flexible, ongoing and adaptive approach (UK Government, 2025; NHS Staff Council, 2022). Thus, in this new era of NHS reform, using language around 'agility' can provide an important reset. Indeed, in the latest 10-year health plan, the Government has pledged its commitment to modernising the NHS with a focus on taking **"a more agile approach"** (UK Government, 2025, p. 105).

However, bringing in the language of agility needs to be carefully (re)defined and presented to avoid being seen as equally limited, one-sided or exclusionary. For example, references to agile working in the NHS Terms and Conditions could compound misconceptions, as it could be seen as untenable for those on the frontline, because of the reference to location, and home-based working[4]. To counter this, through the agiLab forum, agile working is continually conceptualised as a bundle of inclusive and decent flexible options to meet the needs of both the organisation and the individual, and to go beyond a limited focus on where work is done (Gajendran et al., 2024; Bloom et al., 2024). Because agiLab creatively presents alternative ways in which work is done, and at different times and places, discourse can be opened up - even for frontline NHS employees – to allow more agility around their duties and tasks. 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.

Examining the language of agility and flexibility in the NHS indicates how influential this can be in shaping perceptions, attitudes and biases. We refer to the perceptions, attitudes and biases that influence outlook and actions as 'mindsets'. Research has shown how important mindsets are in influencing implementation of policy and practice. For example, when positive managerial attitudes and a person-centred cultural ethos is promoted, greater uptake of flexible working arrangements is observed, amongst a wider range of worker groups (Carlson et al., 2011; Sikora et al., 2015; Kossek & Lee, 2020; Gajendran et al., 2024; Bloom et al., 2024; Chung & Seo 2024). When 'ideal worker' stereotypes and flexibility stigmas roam free, workers are less likely to request flexible working arrangements and may be implicitly penalised or sanctioned for doing so (Acker, 1990; Gajendran & Harrison, 2007; Lautsch et al., 2009; Kossek & Lee, 2020).

In this report, we investigate how different mindsets differently impact the successful adoption of decent, agile, flexible working arrangements in the NHS. This is important because decent, agile flexible working arrangements offer important health and economic benefits to workers, institutions and societies (Bloom et al., 2024; UK Government, 2025). Mindsets that prevent the effective and inclusive rollout of these arrangements can contribute to a situation whereby large swathes of workers may fail to benefit from truly flexible working arrangements, even when policies and legislation are supportive (Kossek & Lautsch, 2018; Kossek & Lee, 2020; Kossek et al., 2023). In an NHS context, this is especially concerning, given the central role the NHS plays in the health and well-being of the UK nation. By identifying and addressing key mindset blockers and enablers, this research can

---

[3] The Government's flexible working policy around the 9-types only suggests 'job-share' and 'phased retirement' that might fit into the category about how we can change the way we work. However, arguably, job share focuses on splitting up the times in which job sharers work across the week (i.e. is more about 'when') and phased retirement focuses on reducing hours (alongside tasks and roles) as people reach the end of their careers (again, more of a 'when' concern). The how aspects of the flexible work legislation are therefore very restricted at present.

[4] According to Birmingham and Solihull Mental Health NHS Foundation Trust "Some jobs are intrinsically not suitable (e.g., ward-based employees or some other clinical roles)" for agile working (p.3, 2023). This can be compared with guidance from South-West Yorkshire Partnership NHS Foundation Trust, which states "Agile Working is about bringing people, processes, connectivity and technology, time and place together to find the most appropriate and effective way of working to carry out a particular task. It is working within guidelines (of the task) but without boundaries (of how you achieve it). The where and when should not be the only considerations when adopting Agile Working, but how we do what we do, and whether it is being done in the most effective way" (2016, p.3).

provide the impetus to challenge the language, perceptions, attitudes and biases that serve as barriers to effective flexible work policy and practice implementation in the remote/hybrid work era.

It is important to note here that we do not approach this research by seeing a more 'agile'-promoting mindset as a panacea to the problem of rolling out effective, true flexibility. We are mindful that agile approaches involve high levels of customisation and an ongoing commitment to adapt and shift work patterns as needs change. Research has shown that encouraging non-standardised approaches can create perceptions of unfairness between staff, teams and even Trusts, which can lead to resentment that some staff are getting a better deal than others (Rousseau et al., 2006; Kossek & Lautsch, 2018; Kossek & Kelliher, 2023). This can also pave the way for more variable and irregular 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, personalising flexibility across a wide range of job roles and services in the NHS, is likely to require capacity building activity in the form of extensive and additional resources (such as time, knowledge, energy, skills, social support), from a workforce that has been overwhelmed with change, staffing challenges, and increased workload in recent years (Lord Darzi, 2024; Wallbank, 2025; UK Government, 2025). We use Conservation of Resources (COR) theory to define resources as social, material and personal factors that help an individual or organisation to achieve its goals (Hobfoll, 2011; Hobfoll et al., 2018).

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 understand how to implement decent, agile working practices in the NHS**. Our specific objective was to draw out the mindsets that are either (i) conducive to or (ii) a hindrance to the adoption of decent, agile working in the NHS, and to understand the resources that might underpin these mindsets. By identifying mindset 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 question to meet our study aim and objectives (see previous page).

"How is decent, effective, agile working implemented across the NHS?"

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

Research Setting

Between July 2021 and March 2025, twelve 3-hour knowledge-sharing online agiLab conferences (see Appendix 2 for details) were 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 decent, agile working and what are the key blockers to this.

Data Collection cross 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 decent, 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 – see Appendix 2) or a member of the agiLab steering committee (see Acknowledgements). All quotes from agiLab research reports are anonymised following research ethics protocols.

Data Analysis

Following a reflexive thematic analysis approach (Braun & 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 underpin mindsets related to 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 decent, agile working practices (Hobfoll, 2011). BPEs were particularly useful in highlighting how specific resources could support mindset 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. A consultation phase was also introduced (see page 32), which allowed for deeper triangulation and sense-checks.

Findings

Mindsets as Enablers and Blockers to Agile Working and the Resources that Underpin These

The agiLab data highlighted the importance of particular mindsets in helping or hindering the implementation of decent, agile working arrangements for workers across the NHS.

Mindsets that enabled a more customised, experimental and mutually beneficial approach to decent, agile working drew effectively on knowledge and relational resources and harnessed these to inform action and outlook. Enabling mindsets also drove investment in knowledge and relational resources. However, mindsets that involved resistance towards the premise of agile working, or were focused around a very rigid definition or commitment to flexibility, revealed a failure to utilise knowledge and relational resources and tended to disempower or dehumanise workers (thus negatively impacting future resources).

Knowledge and relational resources were therefore identified as important mechanisms in the fostering or failing of mindsets to promote decent, agile working. Key knowledge resources included being well-versed in (i) NHS policy and guidance around flexibility, (ii) academic and research-based evidence around how to make decent, agile working work, (iii) the needs and requirements of their workers, i.e., 'employee voice', (iv) the digital tools that could be utilised to enable agile working. Key relational resources involved developing trusting, open communications between managers and teams, whereby effort was made to understand and meet each other's mutual needs without overstepping boundaries. Interpersonal relationships were seen as important in delivering decent, agile working because this requires knowledge and understanding of people's circumstances. However, there was also a recognition that maintaining strong relational resources could be challenging in agile working contexts, where workers and managers are temporally and spatially dispersed.
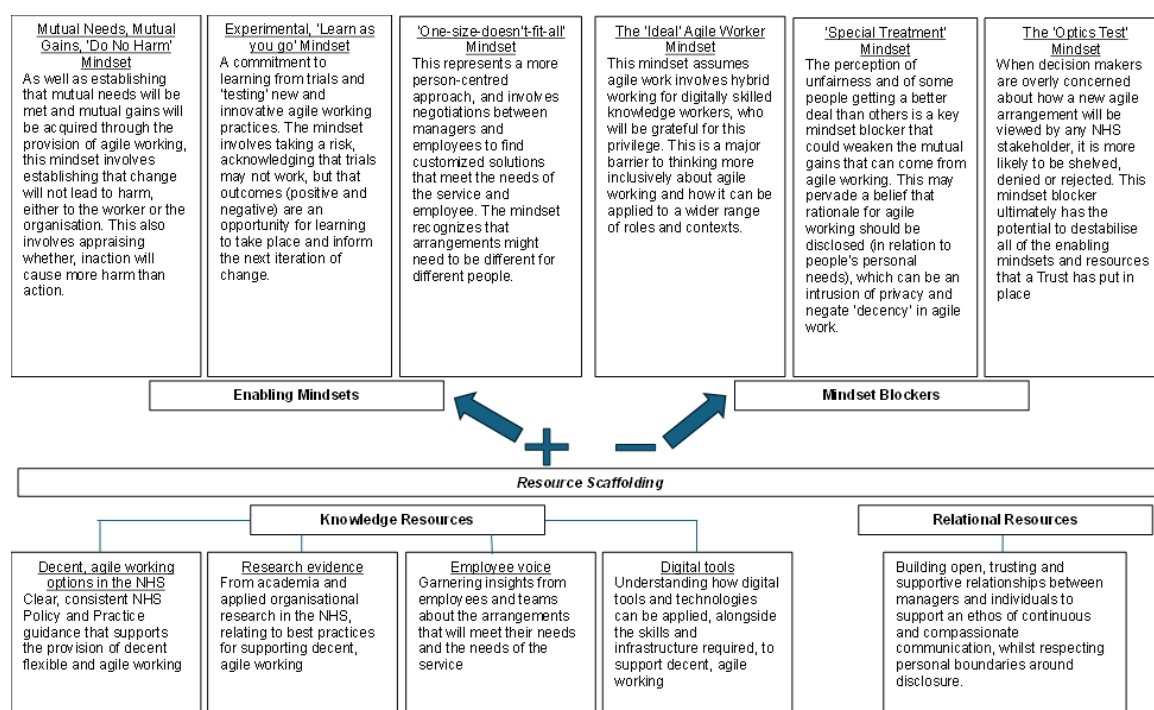
Figure 1. Knowledge and relational resources as scaffolding to support enabling mindsets, but which can result in mindset blockers when lacking.

In the sections below we outline the mindsets enablers and blockers to decent, agile working, and indicate how knowledge and relational resources might affect, and be affected by these (see also Figure 1). In all cases, mindsets are identified in those who have the power to make decisions about whether to authorise agile working. As such, the mindset is usually held by line managers but could also be held by other senior managers or HR professionals. Whilst these mindsets are present in managers in the NHS, we are mindful that mindsets are inevitably shaped by societal conditions, cultural norms and organisational policies (Goffman, 1990; Chung & Seo, 2024). A manager's mindset may thus reflect wider language, perceptions, attitudes and biases, and may also filter down to impact the mindsets of non-managerial workers.

It is also important to note here that contributors to agiLab sometimes refer to agile working and sometimes to flexible working (and indeed other associated terms, such as remote or hybrid working). This reflects different discourses apparent in the NHS over the period of agiLab. Therefore, we include all forms of language as spoken by the contributors When the authors refer to agile working, we refer to the agiLab definition of decent, agile working, as outlined in the Introduction.

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.

Three enabling mindsets were identified:

- Mutual needs, mutual gains and 'no harm' mindset
- Experimental, 'learn as you go' 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 recognised [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:
   o our people
   o and organisations?
 	
 • What are the practical considerations at:
   o organisational level
   o team level
   o employee level?
	• What are the positives for:
	   o our people
	   o our organisations?
	
	 • What are the risks for:
	   o our people
	   o our organisations?

One other example of this mindset in action was presented in the BPE of automating HR processes and trialling 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', 'learn as you go' 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 and making incremental changes that can be built on via a test and learn approach. Within this mindset, it is recognised that new innovations may not always work, but Trusts and leaders are open to evaluating the impact of any intervention and to further adapt. Within this mindset, agile working is not seen as a 'one off' provision to be rolled out at a point in time, never to be revisited. Rather, there was an emphasis on the need to continuously learn from the implementation of new initiatives and to make adjustments as needs and contexts changed:

> *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 experimental, 'learn 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 the importance of learning as you go when introducing video-based psychotherapy, because they lacked 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 benefited the therapeutic relationship. This also reveals how agile approaches enable changes that can involve rejecting remote options if these do not meet the needs of the service. However, from trialling this initiative, the clinical psychologists could be creative about retaining a more flexible offering 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)

The significance of offering incremental steps to test and achieve buy-in for decent, agile working initiatives, rather than attempting to roll out big cultural changes from the outset was considered to be important to achieving success. This was articulated by academic thought leader, Professor Clare Kelliher (agiLab 7, 2023) and also by various conference delegates and contributors:

…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)

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)

Starting change with small, experimental initiatives meant that managers could work with Human Resource Departments to set up trials without necessitating formal change management processes, 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.

The role of resources in relation to the facilitation of this mindset is interesting. As seen in various BPE examples, a lack of knowledge resources, underpinned the willingness on the part of the manager to have a go and try a new initiative. In so doing, the experimental mindset then led to outputs to feed into future knowledge resources (also noted by the BPE contributor for conference 6 above), especially when trials were properly evaluated and the employee voice (feedback from the

clinical psychologists, re BPE, conference 2) was heard. In other cases, this mindset utilised, and was supported by, existing knowledge resources. For example, the BPE (conference 9) contributor referred to academic literature on shift patterns. They noted how longer (e.g. 12 hour) shift patterns could reduce effectiveness and so trialled a 9.5 hour shift pattern on this basis. Adopting a consultative approach and building on solutions over time served to preserve trust and openness in communication, facilitating long-term relational resources between managers and their teams.

Box 3: An Experimental 'learn as you go' Mindset:

A commitment to starting small and learning from trials, to test new and innovative agile working practices. The mindset moves the emphasis away from creating full cultural change from the outset, and 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, but should be undertaken in consultation with HR teams, and recorded, to ensure transparency.

'One size doesn't fit all' mindset

The language of 'one size doesn't fit all' was used by many academic thought leaders and BPE contributors, to capture the more personalised and customised approaches of agile working, to accommodate people's circumstances beyond existing and narrow flexible working options. This mindset encouraged more inclusive and creative ways of thinking about when, how and where work could be done.

This mindset was apparent when agiLab steering group member, Aliya Rehman, highlighted at conference the innovative approach the NHS had adopted by encouraging staff to request flexible working 'for any reason'. 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 are 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 has been integrated into the latest UK Government guidance, confirming its status as a legitimate approach. This reminds staff and managers that flexible working arrangements can be designed to satisfy preferences beyond caregiving. 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 manages expectations as it recognises that customised approaches can lead to accusations that some workers are getting better deals than others. It also links this to the idea that customised arrangements should not be granted at the expense of either service or employee needs. This is a key debate in the academic literature and Academic thought leader, Professor Clare Kelliher (conference 7) highlighted the effectiveness of 'Idiosyncratic Deals' (I-deals), where employees negotiate more personalised arrangements to move beyond rigid flexible working options. Whilst this is encouraged, some of the agiLab data reminded that the ability to negotiate a customised deal is often the preserve of higher status workers. An agiLab research report (D'Mello et al., 2022) noted how low socioeconomic status (SES) workers often lacked these negotiation skills and found the

22

prospect of 'haggling' their arrangement "very daunting" (p. 31). To overcome this, relational resources are key, to encourage conversation with all workers and build knowledge resources relating to employee voice.

The NHS flexible working [toolkit](#) for line managers is a knowledge resource that encourages these more customised solutions through individual negotiations to find a mutually beneficial flexible solution. 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?

Box 4: '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 and solicit the employee voice, 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.

Mindset Blockers

Mindset blockers reflected the outlook and attitudes used to rationalise why more agile ways of working could not or should not be adopted in the NHS. These mindsets indicated a level of risk aversion that was often based on misinformation, outdated ideas about flexibility, and concerns about receiving negative judgments and opprobrium from others who might disapprove of agile working as a concept. These mindsets often arose when knowledge resources were lacking. Staff who were (i) not well versed on the latest national and organisational policy and guidance, (ii) had little knowledge of academic evidence, (iii) unaware of what employees actually wanted and why, and (iv) resistant to learning about or rolling out new digital solutions, were particularly susceptible to this mindset. The mindset also seemed to reduce capacity for building relational resources. By closing off agile working options for employees, open and trusting communications were often lacking. This could result in staff feeling disempowered (not consulted, refused autonomy) or dehumanised (individual needs overlooked).

Three mindset blockers were identified and are set out in the sections below:

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

- 'The Optics Test' mindset

The 'ideal' agile worker mindset

Research has shown that historical notions of an 'Ideal Worker' (Acker, 2006) have perpetuated a 'flexibility stigma' (Williams et al., 2013; Bloom et al., 2015). 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 (Chung & Seo, 2024). 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 in the NHS. The mindset assumes that:

- Agile working cannot 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.

<u>Agile working is unable to be accommodated in frontline delivery roles</u>

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[5]:

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

---

[5] 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, a recent paper by Gomes et al (2025) reflects on how this can be an important agile solution for fixing staffing issues in the NHS. Sussex, Cambridge and 4-day week project pages provide more information on the premise of the 4DW.

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)

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)

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)

In the AC presentations, it was acknowledged that, although a 4-day week can incur additional staffing/salary costs at set-up, it can also 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: Gomes et al., 2025; Rae & Russell, 2025).

Professor Burchell (conference 3, 2022) responded to scepticism by saying:

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.

Whilst not all roles would benefit from such an arrangement, several clinical services had been working out ways in which a 4-day week could be achieved on the frontline (BPE, conference 9). Indeed, a number of delegate discussions reflected on how some NHS workers had, in recent times, chosen to abandon the safety and security of an NHS contract to join agencies, as this provided more choice around work time and place. This further confirms the catch-22 situation: whilst agile working is difficult to arrange in the context of staff shortages, a lack of flexibility contributes to the very shortages that are challenging health service delivery, and increases costs spent on agency staff to fill such gaps. Knowledge resources, and evidence about agile working in frontline roles, are needed to firmly challenge the notion that agile working is not possible and cannot work in the NHS (Kossek & Lautsch, 2018; Kossek & Lee, 2020).

<u>Agile workers work remotely, but not 100% of the time</u>
While agile working practices were often (wrongly) considered to be synonymous with remote or home-based working, there was also an arbitrary assumption that NHS staff should not work remotely 100% of the time. Some agile working policies stipulated this condition, without providing a rationale. Delegates suggested that hybrid working (interpreted as some days on site, some days at home) was 'ideal' without articulating why:

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 rhetoric was seen to be especially problematic for marginalised groups, such as women (Nicks, 2021) and people with specific health conditions such

as some disabled people (Grant, agiLab 5, 2022). Academic thought leader Dr Christine Grant refers to this in the agiLab conference 5:

> *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*

Encouraging the NHS to engage with academic evidence may go some way to challenging the idea that decent, agile working is only about remote working, and that 100% remote working is bad for the service. Much of the negative evidence relating to remote working was gathered either before the mass rollout of such initiatives, or sampled during pandemic lockdowns when reports of social isolation may have been confounded by the particular societal circumstances of being cut-off from friends, colleagues and wider family (Gajendran et al., 2024). Building a reliable knowledge resource around what decent, agile working entails in relation to remote working, including for marginalised groups, and especially in the NHS, is needed to challenge this mindset.

Engaging in open, trusting communications (building relational resources) can ensure that people's needs for different types of working are heard, which should also help to inform, and potentially alter, the mindset that no NHS job should be 100% remote. However, there was some concern expressed by managers that, when their staff are temporally and spatially dispersed it can be very difficult to build effective interpersonal relationships with them, and to have appropriate oversight of their work (Russell et al., 2022). Indeed, the BPE contributors (conference 8) outlined how managers struggle to find time to connect with their remote working staff, but may also lack the skills to build good relational resources with staff in online contexts:

> *…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 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).*

> *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).*

These quotes highlight that, whilst there may be misinformation and a lack of knowledge resource that perpetuates this mindset blocker, some managers may also be resistant to 100% remote working because they see it as threatening to relational resources. This mindset therefore potentially also exposes leadership vulnerability about being capable of effectively managing and supporting a disparate workforce. Challenging the mindset may therefore need to highlight the importance of developing management strategies to facilitate open, trusting relationships with staff, even when working at different times and places (Russell et al., 2022).

<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. Whilst 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.

A particularly compelling contribution was made by a delegate in the sixth agiLab conference, who reported that some low SES staff were finding it difficult to use smartphones to access pay slips:

> *I'm women's officer for [a union] 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 conference 10, Professor Valizade presented research showing that the UK has significantly underinvested in digital skills training, meaning that even when people have access to technology they often don't know how to use it. The AC thought leader in conference 2 (Professor Petros Chamkiotis) suggested that a lack of digital skills incurs productivity costs in the form of using extra time and effort resources trying to keep up with technological changes and new demands. An agiLab research report (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 Dr 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. (agiLab 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:

> *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, sense check, March 2025)*

This statement confirms the existence of damaging mindsets that most workers ('everyone') will be digitally capable, even though agiLab evidence suggests a different reality. 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 need to use digital tools to work in agile ways.

<u>Agile work is a privilege that workers should be grateful for</u>
Other assumptions were that the 'ideal' agile worker was someone who could be trusted (often because they were more senior) and 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 5: The 'ideal' agile worker Mindset

When this 'ideal agile worker' mindset is dominant and both managers and staff hold it, it will be challenging 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 was the perception that such arrangements were unfair and that agile workers were getting 'special treatment'. This was well exemplified by an agiLab delegate, who discussed how their own personalised arrangements had caused tension in the team, resulting in a senior manager declining the agile request:

…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)

Sajjad Iqbal (agiLab 4, 2022) argued that the emphasis should be on 'treating people equally well' rather than treating people the same and a delegate at a later conference (conference 8) 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), had introduced Flex Conversations – regular, open communications with staff - to try and overcome this mindset 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 other group's 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)

The above quotes indicate how managers may try and overcome tensions that arise between groups with different agile arrangements and how building relational resources (having open, trusting communication) can help to challenge the mindset. However, there were warnings that open communication, when operationalised at team level, needs careful management. Academic contributors at conferences 4 and 5, reminded that no worker should be pressured to disclose information about their personal circumstances or condition (as might be implied by the delegate represented in the quote above). Rather, managers were urged to communicate to teams that different arrangements may sometimes be given to team members because of specific individual needs and that equity does not necessarily involve equal treatment (as per Sajjad Iqbal's presentation in agiLab 8). A mindset that denies requests on grounds of 'everyone should have the same' or forces disclosure of personal circumstances, can disempower and dehumanise workers and is likely to be a salient blocker of agile working success.

Box 6: '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. 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.

'The Optics Test' mindset

This mindset permeated all of the mindset blockers and could even derail the mindset enablers when present. Overall, it was found that if new agile working practices 'passed' the optics test, i.e. were likely to be 'on brand' with how the 'customer' (of patients, governance and society) currently believes that the NHS should be operating, then these practices were more likely to be trialled and implemented. However, if any agile working initiative was viewed as having the potential to do reputational damage to the NHS, or the Trust that promoted it, it was likely to be discarded, regardless of evidence of efficacy. The optics test was usually considered in reference to the views of external teams and stakeholders.

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.

Key here is that the optics test will change, depending on the government priorities at the time and the prevailing socio-economic climate. For example, in the fourth agiLab conference, academic thought leader Professor Chidiebere Ogbonnaya noted how NHS leaders have to uniquely navigate the political tensions that concern its funder (i.e., the Government), alongside issues that affect staff morale and performance on the ground. Significantly, optics around specific agile working arrangements, whether employer-led or employee-led, need to be managed in relation to multiple external stakeholders including teams outside of the target team, the Trust, and wider society (patients, media, government and the general public). This was reflected in concerns from one agiLab delegate:

> *The NHS is being used as a political football because obviously there is a drive towards making it cost efficient…*
> *(agiLab delegate, conference 4, 2022)*

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. 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 delegate had engaged with the academics and researchers, who were trialling the arrangement in other organisations, to build knowledge resources and evidence. The delegate 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, the decision was delegated to a deputy HR Lead who deemed it 'not the right time' to go ahead with the agile working initiative.

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 in a climate of cost savings and budget cuts could do reputational damage. 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, as noted by delegates in conference 4 and Professor Brendan Burchell, academic thought leader (agiLab conference 3).

The optics test may be a mindset blocker to the implementation of agile working that other organisations (e.g. private sector, less complex, subject to less media scrutiny) may not have to consider. To overcome this mindset, Professor Ogbonnaya, speaking at agiLab 4, indicated that strong relational resources were essential. Having open communication about the external pressures that NHS managers face, could enable more transparent discussions around decisions related to the implementation of agile working.

Box 7: The 'Optics Test' Mindset

When decision makers are overly concerned about how a new agile arrangement will be viewed by NHS stakeholders (usually external to the target team), 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.

Summary

Our data revealed a range of mindsets that can either enable or block the implementation of decent, agile working. Enabling mindsets involved (i) focusing on the benefits that decent, agile working can fulfil for both individual workers and an evolving national health service, (ii) being prepared to trial options in an experimental, incremental manner, and, (iii) accepting that customisation of fair and inclusive offerings is necessary to truly address service and worker needs. Mindsets that appeared to block access and implementation involved (i) a belief that only some types of staff in some types of roles could/should be in receipt of agile working arrangements, (ii) believing that offering different arrangements would result in accusations of 'special treatment' and so should be avoided, and, (iii) being over-concerned with the optics of offering agile arrangements in the current socio-economic and political context.

Enabling mindsets were often underpinned by the presence of key knowledge and relational resources that managers had spent time and energy sourcing and developing. By harnessing such resources, open, experimental mindsets that prioritised customisation to benefit patients, the organisation and employees were apparent. Such mindsets, in turn appeared to support the development of more resources (more time and capacity for staff) to support effective agile working and service delivery. This was seen to improve NHS recruitment and retention, and lead to a more efficient and adaptable service. However, where key knowledge and relational resources were not made available, accessed or harnessed, mindset blockers were more apparent, and these were more or less salient in different Trusts and cultures. Such mindsets led to assumptions and prejudices that especially undermined open, inclusive roll-out and buy-in of innovations in agile working practice, owing to bias and fear of criticism.

Having undertaken this research it is clear that, although there are ample policies and guidance in place to support delivery of the NHS People Promise, the definition and understanding of what it means to offer decent, flexible agile work is highly variable across the NHS and often based on serious misconceptions. In the next section, we discuss our consultation process with stakeholders and practitioners across the NHS and then move on to present priorities and recommendations, in light of our research findings.

The Consultation Phase

Introduction, Aims and Objectives

Following the research phase, we undertook a consultation (between July to December, 2025) to sense-check the findings of our research with stakeholders and practitioners across the NHS and its associated bodies. Our aim was to understand if the research findings resonated with key personnel, and, if necessary, to refine the conceptual framing based on feedback. We also wanted to understand whether recommendations could be improved, to offer suggestions for next steps that are ethically robust, inclusive, and practically viable.

In addition, we wanted to:
- explore any local challenges and opportunities that might affect implementation
- identify how best to share findings with managers to improve working practices
- understand how co-developed resources could help managers to foster enabling mindsets for implementing agile working.

What We Did

Consultation 1

The first stakeholder consultation comprised a Working Group Meeting (WGM) involving a strategically assembled group of NHS stakeholders (N=10). Participants represented a cross-section of the system, including national bodies (n=6), professional associations (n=1), Trust-level workforce leads (n=2), and trade union representation (n=1). This deliberate diversity ensured that the research findings were reviewed from policy, operational, and workforce perspectives, and scrutinised regarding their applicability across varied organisational contexts.

Prior to the WGM, from July 2025, participants were asked to view a short briefing video (summarising the research findings and themes developed at the time), given access to the draft research report, and asked to complete an online survey. The survey was designed to enable evaluation of the response to the draft research findings, to check understanding, identify omissions or areas requiring refinement, and to gather examples of successful practice or relevant lessons from previous NHS change initiatives[6].

The WGM was held using Microsoft Teams in September 2025 and opened with a concise recap of the research findings, and was followed by a presentation by an expert in complex change management. Attendees were then asked to engage with a set of structured questions (e.g., *Can you give any examples of resources that have successfully enabled you to communicate key messages for change)* which were designed to elicit targeted feedback about the research findings and how best to communicate and disseminate the findings to decision makers and workers in the NHS. See Appendix 4.

The meeting was recorded with informed consent and transcribed to support accurate analysis. Comments made by attendees in the Chat section of Microsoft Teams were also captured for analysis.

Consultation 2

The second consultation was conducted as part of a specifically designed agiLab online conference (conference 13) using Microsoft Teams, and attended by 153 representatives from a range of NHS Trusts in September 2025. As with the WGM, the session began with a summary of the research

---

[6] Despite a number of communications, only 2 respondents completed the survey. Whilst their responses were important and useful, we decided to incorporate much of the survey into the WGM presentation, to solicit 'in-the-moment' feedback as part of the discussions. The full set of survey questions are available from the authors on request. The questions raised in the WGM (and agiLab meeting) are included in the Appendix 4.

findings from the draft report, before moving to a series of targeted questions designed to elicit focused feedback (e.g., *What mindset blockers have you overcome to date – what did and didn't work and why?*). See Appendix 4. Mentimeter (https://www.mentimeter.com) was used to capture attendees' answers to these questions to provide anonymity and allow as many people as possible to contribute their feedback. Attendees could also add their answers to the Microsoft Teams chat or raise their virtual hand to request to speak and give their answer verbally.

The conference was recorded with informed consent and subsequently transcribed to support detailed analysis. Any comments made by attendees in the Chat section of Microsoft Teams were also captured for analysis.

A reflexive thematic analysis approach (Braun & Clarke, 2021) was used to analyse the feedback from both consultations.

What We Found

Overall, consultees expressed broad agreement with the research findings, and neither disputed the mindsets or resources identified, nor suggested additional categories. However, some mindsets and resources from our draft thematic analysis appeared to resonate more than others, and we decided to merge two, previously separate mindset enablers (Experimental, 'learn as you go' and 'Starting small') into one mindset as our thinking around this developed. We also decided to streamline the presentation of resources into two key types (relational or knowledge resources), to make these easier to access and understand.

Confirmation of research themes

There was broad endorsement of the enabling mindset 'Experimental, 'learn as you go'' enabling mindset (which was merged as a result of this phase with the 'Starting small' mindset), particularly in relation to trialling agile working arrangements in a controlled and iterative manner.

> *Learn as we go - use this with my team, not only in terms of flexibility but also to encourage innovation throughout workflow processes. I find it helps to enhance confidence in bringing new ideas (agiLab delegate, agiLab 13, 2025 via Mentimeter)*

Similarly, attendees strongly supported the 'One size doesn't fit all' enabling mindset, noting that equity is achieved not through uniformity but through tailoring arrangements to individual and team needs.

> *I agree that many managers have adopted a one size fits all approach and this does not create true equity or the flexible approach that might make the difference to retaining staff or attracting staff (agiLab delegate, agiLab 13, 2025, via Mentimeter)*

The need for strong relational resources emerged as a recurrent theme in the consultation. Consultees advocated for regular one-to-one conversations to ensure that workers and managers are aware of the possibilities that agile working affords, particularly as many do not recognise it as relevant or available to them. Further, several consultees identified a lack of trust, both between managers and teams and among team members themselves, as a potential barrier to successful implementation. Such dynamics were seen as contributing to mindset blockers about 'Special treatment' perceptions, which may inhibit open discussions about agile working possibilities.

> *Relational resources feel key to this - if the blockers are about perception and trust, then trust is also the key to success here. And you can't just insist on trust, it has to be built. (agiLab delegate, agiLab 13, 2025, via Mentimeter)*

Feedback around managers' capacity also reiterated the importance of managers investing time in relationship-building activities that can, in turn, support the relational resources needed to consider individualised arrangements. Consultees suggested that time and capacity issues not only impede managers' ability to consider agile working proposals, particularly when faced with multiple requests,

but may also undermine the development of trusting relational resources between managers, staff, and wider teams.

Communication needs for engaging stakeholders with our research findings

Having confirmed the relevance of the research findings, consultees focused primarily on the practical challenges of disseminating these findings to managers so that they would read and engage with the research, to improve the agile working offering 'on the ground'. There was also discussion around the most appropriate formats for capturing managers' attention, the importance of tailoring resources and engagement to the priorities of managers tasked with different levels and types of objectives, and the capacity of staff and organisations to engage with the outputs. There was very little feedback provided about existing NHS resources that had proven to be useful for changing the mindsets of managers or to encourage better engagement with flexible approaches to work. This highlighted how a lack of access to knowledge resources in the NHS could be undermining implementation opportunities. From the consultation, we therefore synthesised the following communication needs for engaging stakeholders and managers with an agile working agenda.

Need for clear and consistent terms and conceptualisations of agile working

Comments from consultees suggested that there is confusion across the NHS about the meaning of *decent, agile working* and how it is distinct from flexible, hybrid or other working arrangements. The need to resolve these linguistic and conceptual inconsistencies was noted in the Phase 1 research report and emphasised across the consultation phase, as an important prerequisite for effective engagement and implementation.

> *Lots of curiosities for me around… I mean some of the things just to put it out there, I'm really curious around is flexible working the right definition? Language essentially - how does that resonate with people on the shop floor? Agile working - that's interesting isn't it? So I think there's things from language - philosophical points all the way down to practical elements… (WGM attendee, 2025)*

The longstanding distinction between clinical and non-clinical roles surfaced as a potential barrier to engaging with our research findings. Several consultees noted that clinically-based staff may conflate agile with flexible working and consider it to be irrelevant to their roles. As such, consultees worried that clinical workers would be less inclined to engage with our research and its associated communications or implementation materials.

> *… but certainly if you say flexible working to a midwife she's going to think well that doesn't apply to me (WGM attendee, 2025)*

This exemplifies mindset blockers (e.g. the 'Ideal agile worker') that we identified in our research and highlights that such stereotyping could prevent people from even reading about agile working if it doesn't appear to fit with their understanding.

Need to tailor findings to the priorities of different stakeholder groups

Consultees stressed the importance of tailoring communications about agile working to the differing priorities of stakeholder groups. At the policy or board level, interest is likely to centre on productivity, cost-effectiveness, and return on investment, whereas line managers are more focused on operational feasibility and the implications for day-to-day staff workload and performance. Consultees also emphasised the need to situate agile working within existing NHS initiatives, such as the People Promise commitment to "we work flexibly", to demonstrate its connection to strategic missives.

> *However, if you framed it in a way that what does the board need to know? Or policymakers, the government? That senior leadership buy in, which is essentially, probably, "there's a whole productivity and amount of cost saving - as well as a byproduct [of] making your people happier" here. Here's the evidence, you really should do this. Manager level is probably a slimmed down, easy-to-access version of that. (WGM attendee, 2025)*

For example, recruitment issues were discussed as a potential lever for communicating and embedding the bottom-line solutions that agile working can provide. Consultees noted that staff shortages could be seen as a pivot point for a recruiting team to attract candidates with an agile offering, and to discuss mutual needs and gains of agile working during the recruitment process. This was felt to be a way of embedding agile arrangements into roles from the outset and could be used in communications with managers seeking to reduce vacancy rates.

> … from the starting position of when we raise an advert, we should ensure that we should tell the people who are applying for the role that we are a flexible organisation. (agiLab delegate, agiLab 13, 2025)

> This person has asked during the application point itself, they need some flexibility here. So, we need to ensure that it has been… embedded within the system so that that conversation is already started? So, the recruiting manager as well as the HR is aware of the situation and follows that. (agiLab delegate, agiLab 13, 2025)

Need to evidence agile success stories

A further theme concerned the need for clear, evidence-based illustrations of successful agile working in practice. Consultees highlighted that stakeholders at all levels would require concrete examples demonstrating how agile approaches have delivered measurable benefits, particularly with reference to current organisational challenges such as recruitment and retention.

> [We need to say] Here's the evidence base and by the way, senior folk, this is how much money it's going to save and how much it's going to increase the happiness and engagement of your staff. (WGM attendee, 2025)

Consultees felt that such examples would help bolster managers' confidence when considering agile arrangements and assessing their viability. In keeping with the 'Mutual needs, mutual gains, do no harm' enabling mindset, consultees also agreed that to support the adoption of agile working, the costs of *not* embracing agile approaches, through examples, needed articulation.

There was some concern about the willingness of some teams to share their examples of successful agile roll-outs. Consultees suggested that managers and workers may be reluctant to share evidence of success for fear of being perceived as having preferential conditions (revealing a 'competitive victimhood' mentality in the NHS, that was also revealed in other agiLab research: Russell et al., 2025). Being viewed as enjoying preferential or privileged conditions (that agile working can offer) concerned workers who were worried about failing the 'optics test'. Along with potentially scuppering engagement with agile working initiatives, this mindset blocking also therefore risks blocking the dissemination of exemplars that could help inform and inspire other managers and teams to enhance their workers experiences.

> You can still feel that little bit of tension, little bit of guilt… I don't think it necessarily holds us back as a team, but what I think it does sometimes hold back is our ability to possibly share our experiences wider (agiLab delegate, agiLab 13, 2025)

Need to address time and capacity limitations for managers

Consultees raised concerns regarding the limited time and capacity available to line managers to develop a meaningful understanding of agile working and the potential solutions it can offer. This concern is also a resource limitation identified in the main report that can hinder managers' implementation capability.

> Excess workload, low capacity and excessive demand can have a big influence on managers ability to think creatively (agiLab delegate, agiLab 13, 2025, via Mentimeter)

Consultees also expressed serious concerns about leaving decisions about rolling out decent, agile working arrangements to line managers. There was commentary around differences in the motivation or capacity of line managers, which could lead to variable and inequitable provision. This supported our suggestion to develop roles for agile champions within Trusts, who can act as a conduit for

workers and managers to negotiate and check that agile working opportunities are being fairly and considerately actioned.

Conclusion

The staff and stakeholder feedback and commentary from this consultation phase has been used to inform revisions to the presentation of themes in the main report. It confirmed that our research resonated with NHS staff and leaders, and highlighted the challenges in rolling out decent, agile working through the provision of new materials and resources. These issues are now discussed in the next section.

Implications and Recommendations for the NHS

Putting in place decent, 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.

Having undertaken this research project, one thing is very clear; the definition and understanding of what it means to offer decent, 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 may not have been 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 enablers and blockers from our agiLab data, NHS managers, Trusts, senior leaders and stakeholders can now focus on how to improve the essential delivery of decent, agile working, and will understand the key relational and knowledge resources required to support this. 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.

We suggest the following key priorities for (i) NHS leaders and line managers and (ii) NHS Trusts, senior leaders and stakeholders, in the NHS to attend to.

Recommendations for NHS leaders and line managers

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

Decent, agile work 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 organisation, 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 organisation and the type of role they occupy. All groups therefore need to be guided to learn and utilise negotiation skills, with lower SES workers potentially receiving additional support (e.g. from social partnership forums) to ensure their voices are heard. Appendix 5 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 decent, 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 inclusive and 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' or 'one size does not fit all' mindsets) can help to overcome this

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 mobilisation of '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 organisation needs. This will also help to facilitate relational 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 ('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.

Recommendations for NHS Trusts, Senior Leaders and Stakeholders

NHS managers, Trusts, senior leaders and stakeholders can now utilise our research findings to focus on how to improve the essential delivery of decent, flexible and agile working in the next iteration of the NHS. 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 (Lord Darzi, 2024; Barnes, 2024; Ford, 2024; UK Government, 2025). Against a backdrop of limited time and significant socioeconomic and political challenges, we suggest that the NHS should now focus on building key knowledge and relational resources. Investing in and building resources when time and energy resources are lacking is challenging (Hobfoll, 2002), but vitally important to developing enabling mindsets and encouraging successful implementation of decent, agile working policies and practices.

We suggest the following key priorities for Trust leaders and NHS organisations to attend to.

Review and reframe existing NHS communications and materials

We suggest that the most significant issue to address in relation to knowledge resources is the disparate and inconsistent conceptualisation of decent, agile working across NHS documentation. We urge for an immediate review and reframing of existing NHS communications and materials –

including in the Terms and Conditions - to address uneven and inaccurate definitions and presentations. We suggest that language around flexibility should clearly distinguish contractual and legislative 'types' of flexibility, from flexibility that encompasses decent, agile working as a creative, adaptable, customizable approach involving both formal and informal why, when and how arrangements, see Appendix 1. Resources for national and Trust-level dissemination should be checked to ensure language is consistent and does not reference or reinforce unhelpful mindsets, which are often grounded in previous linguistic parlance, stigmas and biases.

Support managers to develop ongoing and compassionate 'Flex Conversations'

Salient here is the need to build good relational resources and access employee voice. Managers need to develop skills for initiating individual and team level conversations (without overstepping boundaries regarding an employee's right to privacy). They also need to develop capability for showing compassion and humanity when considering both individual and service needs. It is especially important that conversations be ongoing, with managers encouraged to 'say yes' to small, experimental and customised roll-out of inclusive and agile delivery. In encouraging requests, all workers should be given support – potentially from trained negotiators (e.g. union reps) – to articulate their needs.

Leaders will need to normalise the idea of customisation in the NHS and emphasise that inclusivity does not mean treating everyone the same or revealing rationales for person-specific offerings. Our data suggests that this will involve regular one-to-one conversations with all workers that include discussions around accepting that different deals may be offered to different people within the team, without the team necessarily being told why. Developing strong relational resources with staff is likely to be absolutely fundamental to ensuring that 'special treatment' mindsets are challenged, and 'one-size-doesn't fit-all' mindsets are encouraged.

Embed understanding of agile working in management training

Educating leaders and their staff about enabling mindsets and helping them to understand what mindsets can block successful roll out of decent, agile work should also be provided as part of leadership training initiatives. We repeatedly heard about managers who hold the 'ideal agile worker' mindset, who had seldom discussed with their staff what arrangements they needed and wanted, and were referencing outdated or constrained concepts around flexible or agile working involving limited and untenable options. This failure to acknowledge employee voice, or to discuss with workers what their needs were, revealed the necessity of knowledge and relational resources to support decent, agile working. We found that when managers took care to build trusting and open relationships with staff, enabling and supportive mindsets were apparent, and implementation was more effective. This supports previous academic research around the necessity of having high quality relationships with supervisors to overcome linguistic misconceptions and ensure that good, flexible deals can be negotiated (Anand et al., 2022; Kossek et al., 2023). We strongly recommend that managers are given the time and capacity to develop understanding and skills so that they can begin to implement agile solutions.

Consider appointing agile working champions in each Trust

Building and accessing resources is, in itself, a resource intensive process that requires careful leadership. Managers need to ensure that their decisions about offering customisation can be trusted, but may need to be kept private (Vidyarthi et al., 2016). Because managers are gatekeepers to the authorisation of agile arrangements, it may be necessary for the NHS to develop agile working champions within each Trust. It is possible that this could be put under the remit of the People Promise leads, or it may be deemed necessary to create specific roles for the promotion of decent, agile working as a central part of ongoing reforms. Either way, we envisage that an agile working champion could be tasked to:

- Ensure consistency in knowledge resources provided by the NHS, re the definitions and articulation of decent, agile working and what it can offer.

- Assist all workers in negotiating a 'mutually' beneficial agile arrangement, that supports patients' needs but also focuses on inclusivity, to ensure that it is not just more privileged workers or skilled negotiators who will benefit (Kossek & Kelliher 2023).
- Check line manager decisions, to reduce the likelihood of favouritism, malpractice, or mindset blockers preventing decent, agile roll-out.
- Work with trainers to offer agile-specific management training to develop awareness and skills.

We believe that these recommendations will assist in the building of key resources. Managers will then be in a better, more informed position to develop mindsets that facilitate and sustain a culture of effective, decent, agile and flexible working in the NHS. Shifting mindsets can take time, but educating managers around the mindset blockers that cause harm, and why, and informing them of mindset enablers that can promote a more effective and patient-centred offering, should go some way to beginning this shift. As such, in Figure 2 we suggest some important trigger questions that managers and agile working champions can ask to help build recognition of mindset blockers, with suggestions about how to challenge these.

Figure 2. Recognising and challenging mindset blockers to enable decent, agile working provision

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 key resources	Step 4 — Replace or revise the blocker with enabling mindsets
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 and to identify mutual needs/mutual gains and no harm from agile working practices Developing relational resources in the team/between managers and employees to continuously assess what works and what doesn't Try out digital tools/training in digital skills in contexts where they have not been used 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
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 <u>manager initiated</u> 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 relational resources 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 <u>means</u> the optics don't have to be perfect from the outset, and the risks are not too high.

Conclusions

agiLab began in 2021, as a knowledge exchange forum for sharing research and best practice into decent, 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 mindset blockers and enablers to decent, 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. Provision of 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 relational resources with their staff and team to enable ongoing, compassionate Flex Conversations, and to be proactive in agreeing customised flexible arrangements. Alongside this, mindset blockers need to be challenged. The notion that decent, 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 *truly* flexible, decent, agile working 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.

The latest national policy guidance states:

> *"Modernising the NHS as an employer means offering staff more flexibility and freedom to choose where, when and how they work. As patients increasingly seek more responsive care, at a time and in a place convenient for them, a more agile approach to staff deployment has the potential to help us meet changing patient priorities and population health needs." (UK Government, 2025, p.105).*

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

References

Acker, J. (1990). Hierarchies, jobs, bodies: A theory of gendered organizations. *Gender & Society, 4(2), 139–158.* https://doi.org/10.1177/089124390004002002

Acker, J. (2006). Inequality regimes: Gender, class, and race in organizations. *Gender & Society, 20(4),* 441-464.

Allen, T. D., Golden, T. D., & Shockley, K. M. (2015). How effective is telecommuting? Assessing the status of our scientific findings. *Psychological Science in the Public Interest, 16(2),* 40–68. https://doi.org/10.1177/1529100615593273

Allen, T. D., Johnson, R. C., Kiburz, K. M., & Shockley, K. M. (2013). Work–family conflict and flexible work arrangements: Deconstructing flexibility. *Personnel Psychology, 66(2),* 345–376. https://doi.org/10.1111/peps.12012

Anand, S., Meuser, J. D., Vidyarthi, P. R., Liden, R. C., Rousseau, D. M., & Ekkirala, S. (2022). A multi-level model of i-deals in workgroups: employee and coworker perceptions of leader fairness, i-deals and group performance. *Journal of Management Studies, 59(2),* 489–517. https://doi.org/10.1111/joms.12750

Barnes, A. (2024, April 10). Let more NHS staff work flexibly to help solve staffing crisis | News, Press release | News. UNISON National. https://www.unison.org.uk/news/2024/04/let-more-nhs-staff-work-flexibly-to-help-solve-staffing-crisis/

Birmingham & Solihull Mental Health Foundation Trust (2023). *Agile working policy.* [Accessed at: https://www.bsmhft.nhs.uk/wp-content/uploads/2025/03/FOI-0353_2024-Policy.pdf#:~:text=It%20is%20accepted%20that%20not%20all%20jobs,and%20other%20requirements%20can%20be%20appropriately%20met.]

Bloom, N., Han, R., & Liang, J. (2024). Hybrid working from home improves retention without damaging performance. *Nature, 630(8018*), 920–925. https://doi.org/10.1038/s41586-024-07500-2

Braun, V., & Clarke, V. (2021). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and Psychotherapy Research*, *21*(1), 37–47.

Carlson, D. S., Ferguson, M., Kacmar, K. M., Grzywacz, J. G., & Whitten, D. (2011). Pay it forward: The positive crossover effects of supervisor work—family enrichment. *Journal of Management, 37(3),* 770–789. https://doi.org/10.1177/0149206310363613

Chen, Y., & Fulmer, I. S. (2018). Fine-tuning what we know about employees' experience with flexible work arrangements and their job attitudes. *Human Resource Management, 57(1),* 381–395. https://doi.org/10.1002/hrm.21849

Chung, H., & Seo, H. (2024). Flexibility stigma across Europe: How national contexts can shift the extent to which flexible workers are stigmatised. *Social Indicators Research, 174(3),* 945–965. https://doi.org/10.1007/s11205-024-03420-w

Darzi, A. (2024). *Independent investigation of the national health service in England*. Department of Health and Social Care.

D'mello, D., Tibbutt, H., & Russell, E. (2022). *Feeling seen, being heard, taking action: Appreciation in addressing the agile working needs of workers with lower socioeconomic status*. agiLab Research Report, University of Sussex.

Fleetwood, S. (2007). Why work–life balance now? *The International Journal of Human Resource Management*, *18*(3), 387–400.

Ford, M. (2024, April 11). Work-life balance a growing factor in nursing exodus, NHS figures show. *Nursing in Practice*. https://www.nursinginpractice.com/latest-news/work-life-balance-a-growing-factor-in-nursing-exodus-nhs-figures-show/

Gajendran, R. S., & Harrison, D. A. (2007). The good, the bad, and the unknown about telecommuting: Meta-analysis of psychological mediators and individual consequences. *Journal of Applied Psychology, 92(6),* 1524–1541. https://doi.org/10.1037/0021-9010.92.6.1524

Gajendran, R. S., Ponnapalli, A. R., Wang, C., & Javalagi, A. A. (2024). A dual pathway model of remote work intensity: A meta-analysis of its simultaneous positive and negative effects. *Personnel Psychology, 77(4),* 1351–1386. https://doi.org/10.1111/peps.12641

Galinsky, E., Bond, J. T., & Friedman, D. E. (1996). The Role of Employers in Addressing the Needs of Employed Parents. *Journal of Social Issues, 52(3),* 111–136.

Goffman, E. (1990). *Stigma.* Penguin Books.

Gomes, P., Fontinha, R., Burchell, B., Morin, A., Skordis, J., Pita Barros, P., & Vandoros, S. (2025) Is the NHS ready for a four-day week? *British Medical Journal, 391*. doi: 10.1136/bmj-2025-085261 [Available at: https://centaur.reading.ac.uk/124009/]

Gov.uk. (2024). *PM: 'Major surgery, not sticking plaster solutions' needed to rebuild NHS.* GOV.UK. https://www.gov.uk/government/news/pm-major-surgery-not-sticking-plaster-solutions-needed-to-rebuild-nhs

Grant, C., & Russell, E. (Eds.). (2020). *Agile Working and Well-Being in the Digital Age*. Springer International Publishing.

Grant, C. Charalampous, M. & Tramantano, C. (2022). *Disability, neurodivergence and remote working: what employers need to know.* Digit Blog [https://digit-research.org/blog_article/disability-neurodivergence-and-remote-working-what-employers-need-to-know/]

Guide to making flexible working requests. (2024). NHS England. https://www.nhsemployers.org/system/files/2024-04/1237.STAFF%20COUNCIL_Flexible_Flowchart_Updated%20April%202024.pdf

Hobfoll, S. E. (2002). Social and psychological resources and adaptation. *Review of General Psychology, 6(4),* 307–324. https://doi.org/10.1037/1089-2680.6.4.307

Hobfoll, S. E. (2011). Conservation of resource caravans and engaged settings: Conservation of resource caravans. *Journal of Occupational and Organisational Psychology*, *84*(1), 116–122.

Hobfoll, S. E., Halbesleben, J., Neveu, J.-P., & Westman, M. (2018). Conservation of Resources in the Organizational Context: The Reality of Resources and Their Consequences. *Annual Review of Organizational Psychology and Organizational Behaviour*, *5*(1), 103–128.

ILO. (2024, January 28). *Decent work* | International Labour Organisation. https://www.ilo.org/topics-and-sectors/decent-work

Kelliher, C. & Anderson, D. (2010). Doing more with less? Flexible working practices and the intensification of work. *Human Relations, 63(1),* 83-106.

Kossek, E. E., & Kelliher, C. (2023). Making flexibility more i-deal: advancing work-life equality collectively. *Group & Organization Management*, *48*(1), 317–349. https://doi.org/10.1177/10596011221098823

Kossek, E. E., & Lautsch, B. A. (2018). Work–life flexibility for whom? Occupational status and work–life inequality in upper, middle, and lower level jobs. *Academy of Management Annals, 12(1),* 5–36. https://doi.org/10.5465/annals.2016.0059

Kossek, E. E., & Lee, K.-H. (2020). The coronavirus & work-life inequality: Three evidence-based initiatives to update U.S. work-life employment policies. *Behavioral Science & Policy, 6(2),* 77–85. https://doi.org/10.1177/237946152000600210

Kossek, E. E., Perrigino, M. B., & Lautsch, B. A. (2023). Work-Life flexibility policies from a boundary control and implementation perspective: A review and research framework. *Journal of Management, 49(6),* 2062–2108. https://doi.org/10.1177/01492063221140354

Lautsch, B. A., Kossek, E. E., & Eaton, S. C. (2009). Supervisory approaches and paradoxes in managing telecommuting implementation. Human Relations, 62(6), 795–827. https://doi.org/10.1177/0018726709104543

Leicestershire Partnership NHS Trust. (2022). *Agile Working Policy and Procedure*.

Lord Darzi. (2024). *Summary letter from Lord Darzi to the Secretary of State for Health and Social Care*. GOV.UK. https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england/summary-letter-from-lord-darzi-to-the-secretary-of-state-for-health-and-social-care

de Menezes, L. M. de, & Kelliher, C. (2011). Flexible working and performance: A systematic review of the evidence for a business case. *International Journal of Management Reviews, 13(4),* 452–474. https://doi.org/10.1111/j.1468-2370.2011.00301.x

de Menezes, L. M. D., & Kelliher, C. (2017). Flexible working, individual performance, and employee attitudes: Comparing *Formal and Informal Arrangements*. *Human Resource Management, 56(6),* 1051–1070. https://doi.org/10.1002/hrm.21822

NHS Confederation. (2024). *Key statistics on the NHS* | NHS Confederation. https://www.nhsconfed.org/articles/key-statistics-nhs

NHS Digital (2019). *Digital inclusion guide for health and social care*. [Available at: https://digital.nhs.uk/binaries/content/assets/website-assets/corporate-information/inclusion-guide-documents/downloadable-digital-inclusion-guide.pdf]

NHS Employers. (2025). NHS Employers – *Written evidence (HBW0093) for House of Lords Home-based working committee.* https://committees.parliament.uk/writtenevidence/141050/pdf/

NHS England. (2019). *Digital inclusion for health and social care*. NHS England Digital. https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/digital-inclusion

NHS England (2021). *The NHS Promise*. https://www.england.nhs.uk/our-nhs-people/online-version/lfaop/our-nhs-people-promise/the-promise/

NHS England. (2022, February 3). NHS England » *Flexible working: Raising the standards for the NHS.* https://www.england.nhs.uk/publication/flexible-working-raising-the-standards-for-the-nhs/

NHS England (2022). *Supporting your team to work flexibly: A line manager's guide*. https://www.england.nhs.uk/wp-content/uploads/2022/06/flexible-working-toolkit-for-line-managers-v1.2.pdf

NHS England (2024). *National flexible working people policy framework*. https://www.england.nhs.uk/long-read/national-flexible-working-people-policy-framework/

NHS Staff Council. (n.d.). *NHS Terms and Conditions of Service Handbook | NHS Employers*. Retrieved 14 July 2025, from https://www.nhsemployers.org/publications/tchandbook

NHS Staff Council. (2023). *Introduction of Section 35—Homeworking and agile/hybrid working*. [Available at: https://www.nhsemployers.org/system/files/2023-08/Joint%20Statement%20-%20Homeworking%20framework_Final.pdf]

NHS Staff Survey. (2025). *National results across the NHS in England | NHS Staff Survey*. https://www.nhsstaffsurveys.com/results/national-results/

Nicks, L., Gesiarzv, Filip, Hardy, Tim, & Burd, Hannah. (2021). *How many days should we work from home? What works to improve gender equality*. Government Equalities Office. https://www.bi.team/wp-content/uploads/2021/05/DES-report.pdf

Nuffield Trust. (2024). *The NHS workforce in numbers*. Nuffield Trust. https://www.nuffieldtrust.org.uk/resource/the-nhs-workforce-in-numbers

Rae, C. L., & Russell, E. (2025). How can a 4-day working week increase wellbeing at no cost to performance? Trends in Cognitive Sciences, 29(1), 5–7. https://doi.org/10.1016/j.tics.2024.10.014

Rousseau, D. M., Ho, V. T., & Greenberg, J. (2006). I-Deals: Idiosyncratic Terms in Employment Relationships. *The Academy of Management Review, 31(4),* 977–994.

Rubery, J., Grimshaw, D., Keiser, A., & Johnson, M. (2018). Challenges and Contradictions in the 'Normalizing' of Precarious Work. *Work, Employment and Society*, *32*(3), 509–527. https://doi.org/10.1177/0950017017751790

Russell, E., Cohen-Chen, S., & McCloskey, J. (2023). *Understanding and reducing tensions between clinical and non-clinical staff in the NHS, in relation to agile working*. agiLab Research Report, University of Sussex.

Russell, E., & Grant, C. (2020). Introduction to agile working and well-being in the digital age. In *Agile Working and Well-Being in the Digital Age* (pp. 3–17). Palgrave Macmillan. https://doi.org/10.1007/978-3-030-60283-3_1

Russell, E., Jaser, Z., & McCloskey, J. (2022). *Leading an agile workforce in the NHS: Professional Intimacy as a key resource for leaders to support effectiveness and well-being in agile working*. agiLab Research Report. University of Sussex.

Russell, E., Cohen-Chen, S., & D'mello, D. (2025). *Work indifference: A sign of burnout for agile workers that reduces staff support and empathy*. agiLab Research Report, University of Sussex.

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist, 55(1),* 68.

Schmidtner M, Doering C and Timinger H (2021) Agile working during COVID-19 pandemic. *IEEE Engineering Management Review* 49(2): 18-32.

Sikora, D. M., Ferris, G. R., & Van Iddekinge, C. H. (2015). Line manager implementation perceptions as a mediator of relations between high-performance work practices and employee outcomes. *Journal of Applied Psychology, 100(6),* 1908–1918. https://doi.org/10.1037/apl0000024

South West Yorkshire Partnership NHS Foundation Trust (2016). *Agile working policy*. [Available at: https://southwestyorkshire.nhs.uk/wp-content/uploads/2018/09/Agile-working-policy-PDF.pdf]

Timewise. (2025). *Ending the two-tier workforce*. Timewise. https://timewise.co.uk/article/ending-the-two-tier-workforce/

UK Government. (2025). *Fit for the future: 10 Year Health Plan for England*. https://assets.publishing.service.gov.uk/media/6866387fe6557c544c74db7a/fit-for-the-future-10-year-health-plan-for-england.pdf

Vidyarthi, P. R., Singh, S., Erdogan, B., Chaudhry, A., Posthuma, R., & Anand, S. (2016). Individual deals within teams: Investigating the role of relative i-deals for employee performance. *Journal of Applied Psychology, 101(11),* 1536–1552. https://doi.org/10.1037/apl0000145

Wallbank, S. (2025). The health and wellbeing of NHS staff in a community setting. *British Journal of Healthcare Management.* https://doi.org/10.12968/bjhc.2024.0076

Williams, J. C., Blair-Loy, M., & Berdahl, J. L. (2013). Cultural schemas, social class, and the flexibility stigma. *Journal of Social Issues, 69(2),* 209–234. https://doi.org/10.1111/josi.12012

Appendix

Appendix 1. agiLab definitions of flexible and agile working

	Shifting from flexible to agile	
	Traditional 'flexible' working	**Decent, agile working**
Focus	Based on pre-established set of 9 legally-based options: https://www.gov.uk/flexible-working/types-of-flexible-working	Responsive and customised to organisational and individual needs
Rules	Formal process (HR, contractual, legal)	Formal and informal solutions (often innovative and digital and negotiated with managers, individuals and teams)
Flex	Contractual and fixed	Ongoing adaptation (but predictable)
Work patterns		
How (tasks and duties flexibility):		e.g. online clinics, consultations and meetings; GenAI support; meeting-free days per week; digital processes, digital training and onboarding; in-person early-career sessions; virtual coffee mornings.
Where (location flexibility):	i. Remote working ii. Hybrid working	e.g. co-working spaces; full-time remote with occasional anchor days; f2f delivery in the community; open-plan/hot-desking.
When (time flexibility):	iii. Job share iv. Phased retirement v. Part-time vi. Compressed hours vii. Flexitime viii. Annualised hours ix. Staggered hours	e.g. 4DW; shift-working; self-rostering; extra shifts 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. Consultation phase questions

1. What is the key message(s) that we need to present from this research to really encourage change amongst practitioners tasked with delivering an agile working agenda?

2. What have you heard today that might/would help you deliver change?

3. What mindset blockers have you overcome to date – what did and didn't work and why?

4. What mindset enablers have you seen – what has and hasn't worked and why?

5. What have you done to supply and promote the key resources identified? Any tips?

6. Can you give any examples of resources that have successfully enabled you to communicate key messages for change?

7. Any reflections on when it has been hard to make changes, and why?

8. Any other comments, thoughts or suggestions?

Appendix 5. 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[7]	**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 organisation 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 organisation 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 of any approach?

---

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