




Flex Evelina Toolkit

A practical guide to implementing equitable flexible working in clinical settings and beyond

FlexEvelina

Flexible working putting patients first

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Foreword

Flexible working is not a policy add-on. It is a workforce strategy.

Across health and care we face ongoing workforce pressures, rising expectations and persistent inequality. If we are serious about retention, wellbeing and high-quality care, flexibility must be part of the answer. Done well, it strengthens engagement, supports productivity and helps us attract and keep talented people at every level, because our staff have lives beyond work.

Flexibility is also an equity issue. Access cannot depend on role, grade, confidence or the discretion of individual managers. Without visible leadership and oversight, it can unintentionally reinforce disadvantage. With clarity, intent and capability, it becomes a powerful lever for fairness, inclusion and progression.

This thinking informed the development of the Flex Evelina culture change programme – a deliberate shift from ad hoc arrangements to a clear, branded and values-led approach. It was designed to move flexibility from individual negotiation to organisational commitment, backed by leadership, capability and data.

This toolkit sets out the practical ingredients to embed flexibility as culture, not concession: credible leadership, a clear and trusted identity, confident and compassionate managers, transparent processes, and meaningful data to challenge inequity. It is designed for use within organisations and across systems, supporting a strategic, system-wide approach.

Flexibility should say what it is on the tin. It should be understood, consistent and corporately owned. When that happens, staff believe in it – and patients and services feel the benefit.

This is the Flex Evelina approach: clarity, equity and accountability, making flexibility part of how we work, not a favour that has to be asked for.



Cheryl Samuels
People & Culture Director
Evelina London
Flex Evelina Founder

Message from Cheryl



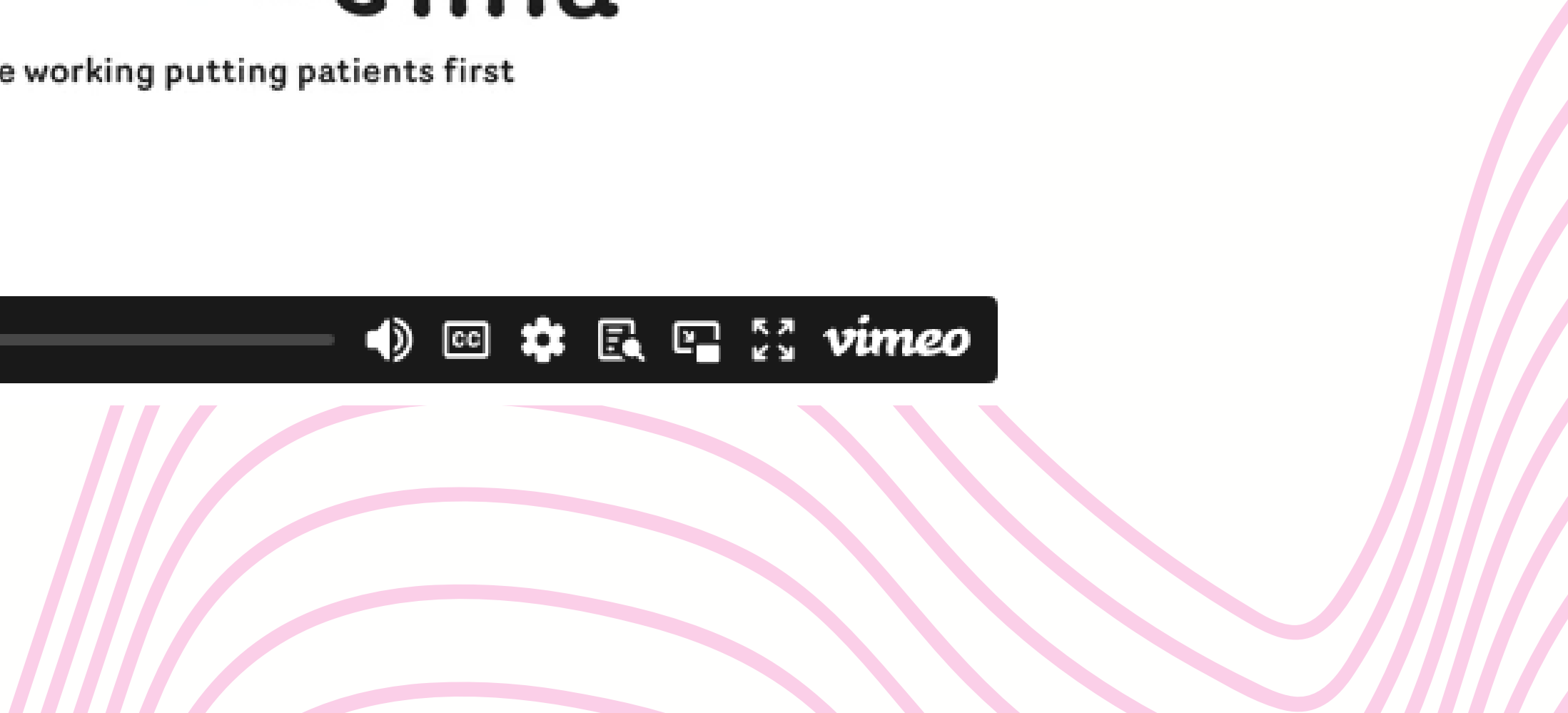
Flex Evelina - Cheryl

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National and Local Context



The NHS is the fifth largest employer in the world, and organisations such as Evelina London Women’s and Children’s Clinical Group, part of Guy’s and St Thomas’ NHS Foundation Trust, operate in highly complex, people-dependent environments where attraction, retention and wellbeing are critical to long-term sustainability. Across the NHS and beyond, employers must remain competitive, inclusive and resilient. Embedding flexible working into organisational culture is now a strategic necessity, not a discretionary benefit.

The NHS People Plan set out a clear vision for a modern, flexible workforce. Local staff survey evidence at Evelina London mirrored a wider national and cross-sector picture, showing a deterioration in experiences of flexible working and reinforcing priorities around Equality, Diversity and Inclusion, Health and Wellbeing, and making staff feel valued.

It was clear that employers needed to help realise the ambition ‘We Work Flexibly’ as detailed in the NHS People Promise. This commitment meant employees have greater choice over their working patterns, achieving a better work life balance and the NHS becoming an employer of choice.

It was also evident from our Staff Survey results that flexible working was a priority for staff, and we saw:



 Only 51% of staff felt satisfied with the opportunities for flexible working

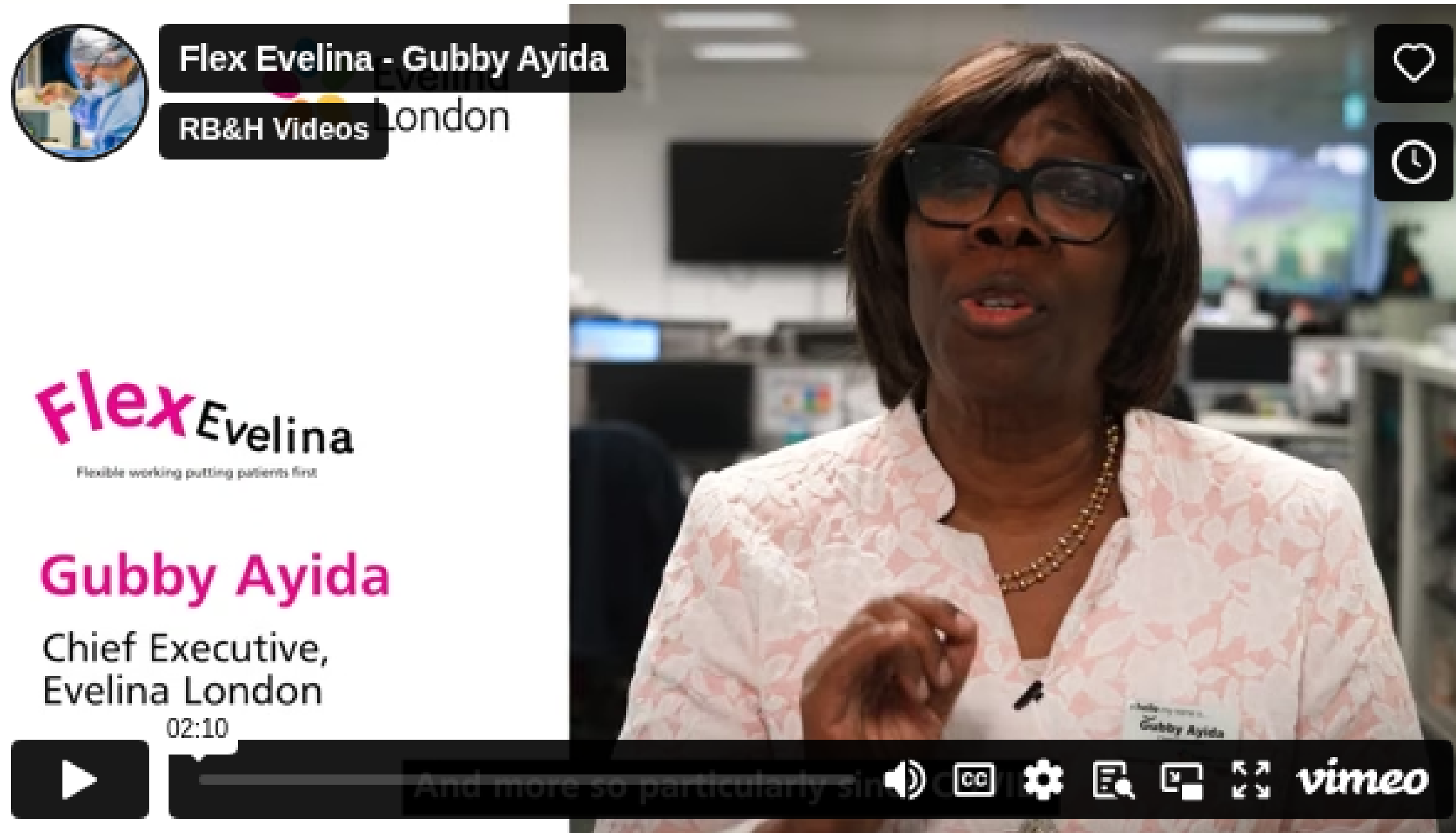
 34% of staff felt they could speak openly with their manager about flexible working

Nationally, the NHS has led the way in making flexibility the default for its staff through initiatives such as Flex NHS, changes to national terms and conditions, and the Flexible Working (Amendment) Regulations 2023, which give employees the right to request flexible working from day one, before it was passed as legislation.

While policy and legislation now provide a strong foundation, evidence shows that culture and everyday practice must keep pace. This toolkit is designed to support NHS organisations and external employers alike to translate policy into consistent, open and constructive flexible working conversations that improve inclusion, engagement and performance.

Executive Buy In

A key success factor was strong executive sponsorship. Below, Evelina London's Chief Executive, Gubby Ayida, sets out her support for the programme and the tangible benefits it has delivered for the Clinical Group.



The video player interface includes a circular profile picture of Gubby Ayida, a title bar with the text "Flex Evelina - Gubby Ayida" and "RB&H Videos London", and a video frame showing Gubby Ayida speaking. The video frame has a heart icon and a clock icon in the top right corner. The video player controls at the bottom include a play button, a progress bar, a volume icon, a CC icon, a settings gear icon, a chat icon, a share icon, and the Vimeo logo.

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Gubby Ayida
Chief Executive,
Evelina London

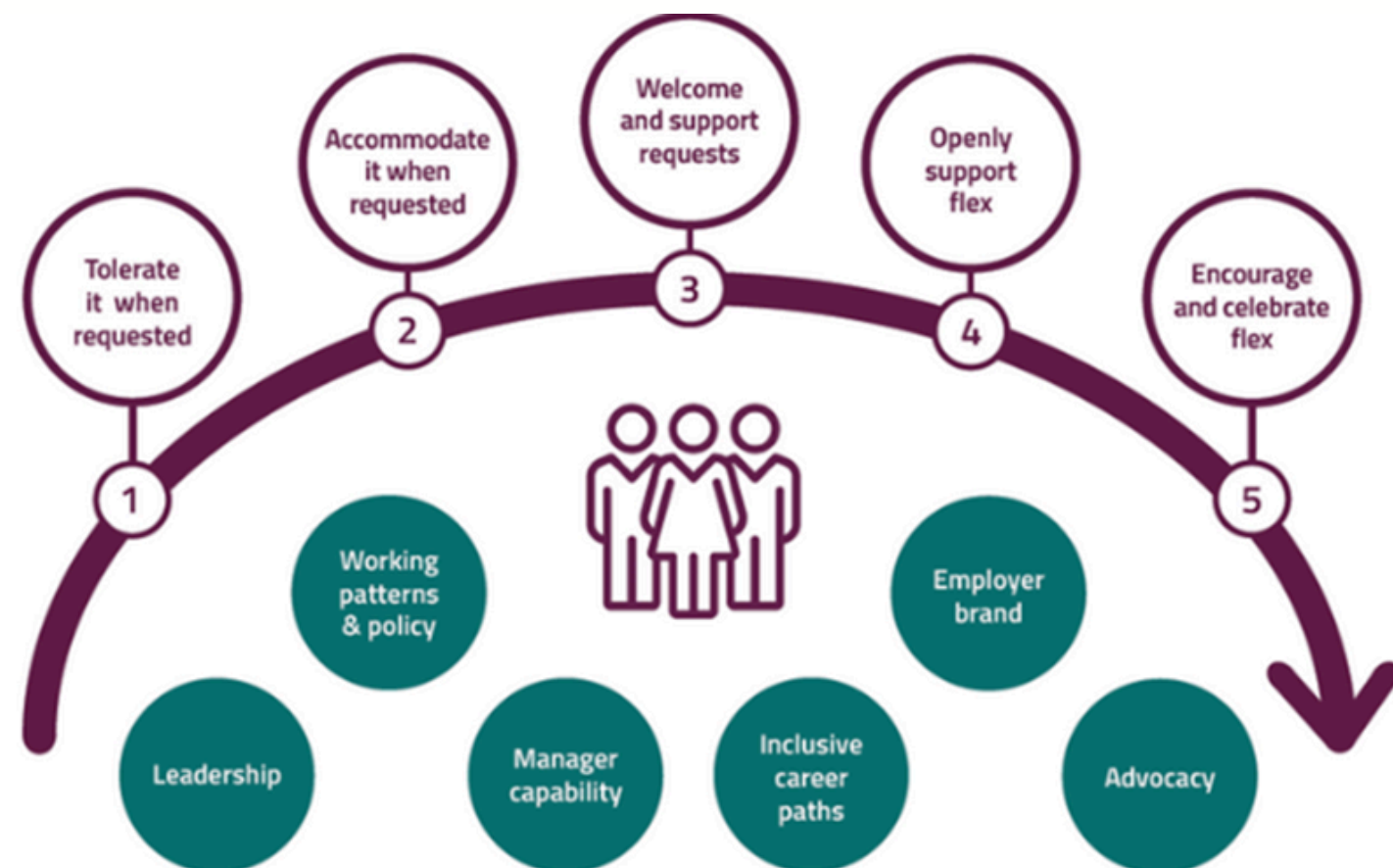
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And more so particularly since...
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Why Flexible Working?

Flexible working needed focused action because experiences across the organisation were inequitable and inconsistent, with variable understanding of what flexibility meant in practice. Staff feedback showed that access to flexible working often depended on role, team or manager, creating frustration, disengagement and a lack of confidence in having open conversations.

The strategic case for change is strong. Flexible working supports retention, morale and equality, diversity and inclusion, while enabling better workforce planning and rostering. It reflects wider societal and workforce shifts, including an ageing and multigenerational workforce, post-pandemic expectations, advances in technology such as routine use of MS Teams, and a political and legal landscape where flexible working is now enshrined in UK legislation. The economic case has also strengthened, with growing evidence from initiatives such as four-day week pilots demonstrating productivity and wellbeing benefits.



The need for action was evidenced through multiple data sources, including staff survey themes, qualitative feedback and exit interview data, all pointing to flexible working as a priority and a driver of retention and engagement.

To understand organisational readiness, the Timewise flexible working maturity curve was used as a diagnostic tool, applied informally to gauge staff perceptions of where Evelina London sat on the maturity arc. This assessment informed the programme's focus and conclusions, clearly identifying where progress was needed to move towards a more consistent, embedded and inclusive flexible working culture.

Why Flexible Working in the Evelina London?

Informal flexible working has hidden inequalities

This work started with a clear and evidence-based problem statement: flexible working was not being applied consistently or equitably across the Clinical Group. While policies existed and many requests were approved, staff experience and outcomes suggested uneven access, variable confidence in applying, and differing impacts across staff groups.

From the outset, the programme was grounded in clear principles: transparency, equity, and evidence-led decision-making. We set out to understand not just whether flexible working was happening, but who it was working for, where it was breaking down, and why.



What we did - Taking a robust, whole-system approach

“We need to put the human back into flexible working”

We used all available data sources to build a complete picture. This included formal data from the HR Portal, our local system for recording and requesting HR Transactions, ESR and e-rostering, alongside workforce demographics, survey responses and qualitative insight. Data analysis was undertaken with an equality lens, led by Equality, Diversity and Inclusion (EDI) colleagues, to test for patterns and disproportionality across protected characteristics.



Key stakeholders were identified and engaged at the outset, including EDI, Organisational Development (OD), Resourcing, Health and Wellbeing, Racial Equity and Workforce Strategy and Intelligence. This ensured the work was aligned, credible and embedded within existing workforce priorities rather than operating in isolation.

What we did - Staff voice

“What if flexibility lived in our people, and not just in the hours people work?”

Cheryl Samuels

Staff side and staff networks were actively engaged and supportive of the approach, providing both challenge and assurance that the work reflected lived experience. This was critical in building trust and encouraging honest participation.

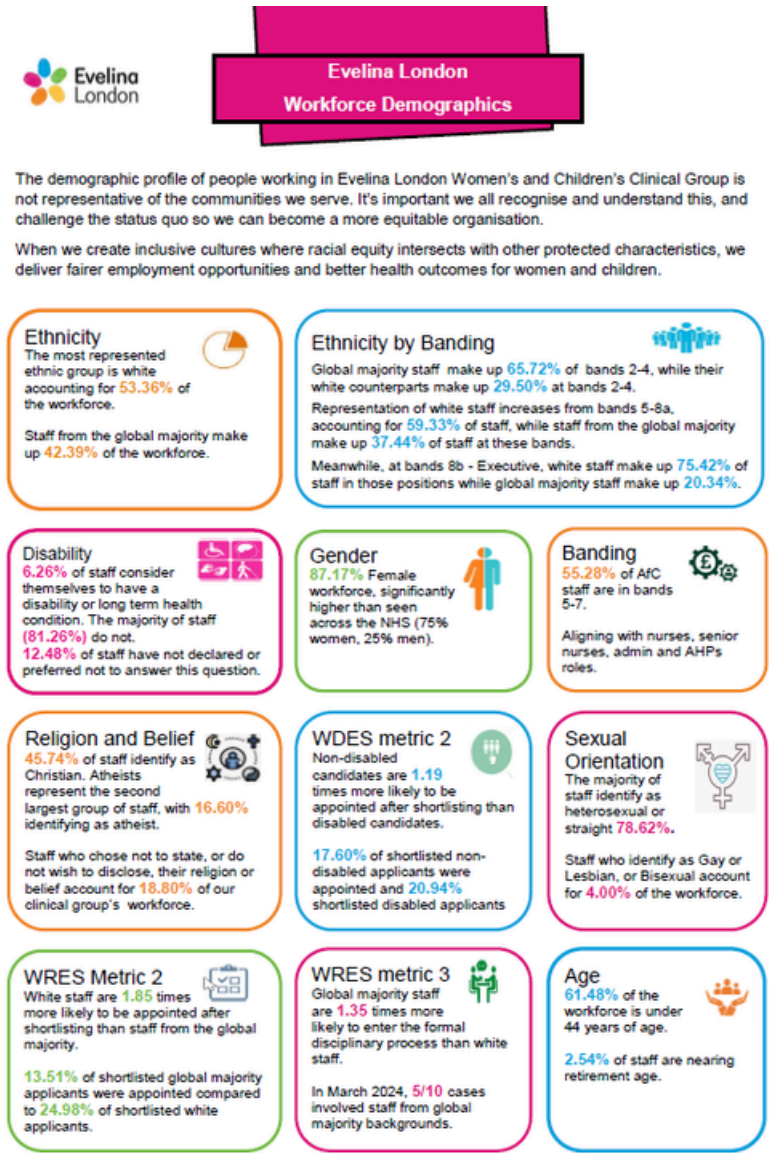


We complemented the survey with structured focus groups for both staff and managers, recognising that quantitative data alone could not explain behaviours, confidence levels or cultural barriers.

In parallel, the Flex Evelina Working Group was established to critique emerging findings, sense-check conclusions and ensure recommendations were grounded in operational reality. In order to strengthen this further, we ensured that a representative cross section of our workforce (across clinical and non clinical roles and from diverse backgrounds) were members and had meaningful opportunities to engage.

What we did - Moving from insights to practical outcomes

We used this analysis, to develop our Flex Evelina offer. This included a flexible working dashboard that highlights trends and outcomes by protected characteristic, enabling transparency and ongoing scrutiny, while recognising current limitations around informal arrangements.



The work also established a clear demographic profile of the Clinical Group to contextualise findings and avoid one-size-fits-all solutions. It required leaders to hold a mirror to their own potential biases and start to address these.

Importantly, the scope went beyond approval rates to cover predictability, self-rostering, fairness, wellbeing, fatigue and sustainability, ensuring flexible working is understood as a workforce system issue, not an individual adjustment.

Flexible working is for everyone

Cheryl Samuels



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Step 1: Analyse available data

The first step in this work was to look at the data. Flexible working was examined through an equity lens, recognising that access, outcomes and confidence vary across staff groups and that a level playing field could not be assumed.

Workforce demographic profiles, including protected characteristics, roles and contractual patterns, were used to understand who our workforce is and to interpret flexible working data in context.

This approach drew on available data, including:

- Annual Staff Survey results;
- CIPD metrics; and
- Available internal flexible working metrics.

Importantly, the analysis acknowledged that inequity is not always visible in policy or approval rates alone.

Cultural norms, role assumptions and informal practices can reinforce unequal access to flexibility, meaning that progress depends on visible leadership, robust data, staff voice and a clear recognition that flexible working is a cultural change, not an individual adjustment.



**“Be curious, be
courageous, be
intentional”**



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Step 2: Executive Buy-in and Engagement

Executive and Leadership buy-in was essential. Visible sponsorship signalled that flexible working was a strategic priority, not a local or discretionary issue. Senior leaders set the tone by reinforcing that fairness, consistency and inclusion mattered, and that challenging conversations were expected and supported.

A clear purpose/mission statement anchored the work. This defined why flexible working mattered, who it was for, and what good looked like. It helped align stakeholders, provided a reference point when tensions emerged, and reinforced that the aim was to improve outcomes for both staff and the organisation.

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Step 3: Key Stakeholder Engagement

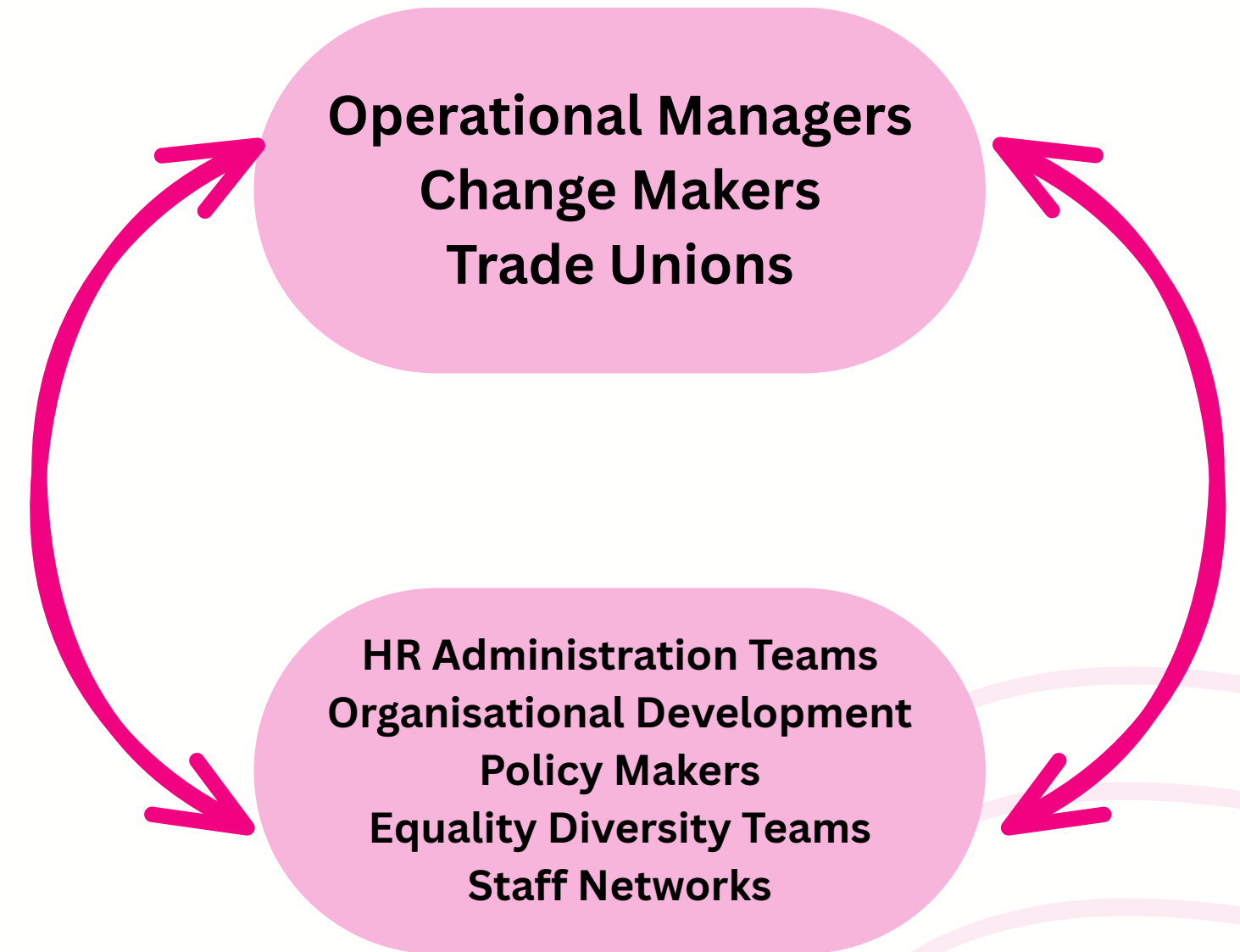
Once we obtained Executive buy-in, the next step was to extend this to all leaders across the Clinical Group, including central HR colleagues - all of whom were integral to the success of the work.

Their input was integral to the reach and overall success of the programme and each individual brought weight to the overall success to take staff on the journey of the Flex Evelina programme.

By obtaining this support, we aimed to integrate the programme into every level of the Clinical Group in order for flexible working, it's principles and conversations around flexible working to become a cultural norm and part of the fabric of the Clinical Group.

Operational Managers
Change Makers
Trade Unions

HR Administration Teams
Organisational Development
Policy Makers
Equality Diversity Teams
Staff Networks



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Step 4: Staff Voice

A core principle of the work was being prepared to listen to uncomfortable truths and lean into discomfort - particularly where issues of race, bias and power emerged. Staff feedback and focus groups surfaced experiences that challenged assumptions about fairness and consistency.

This required recognising systemic barriers to flexible working and understanding how they presented and impacted different staff groups. For some, barriers were structural; for others, they were cultural or



relational, linked to confidence, trust or fear of negative consequences. Creating space for these conversations, and responding to them with seriousness rather than defensiveness, was fundamental to credibility and progress.

This was achieved by utilising online surveys and staff focus groups, providing valuable qualitative and quantitative data.

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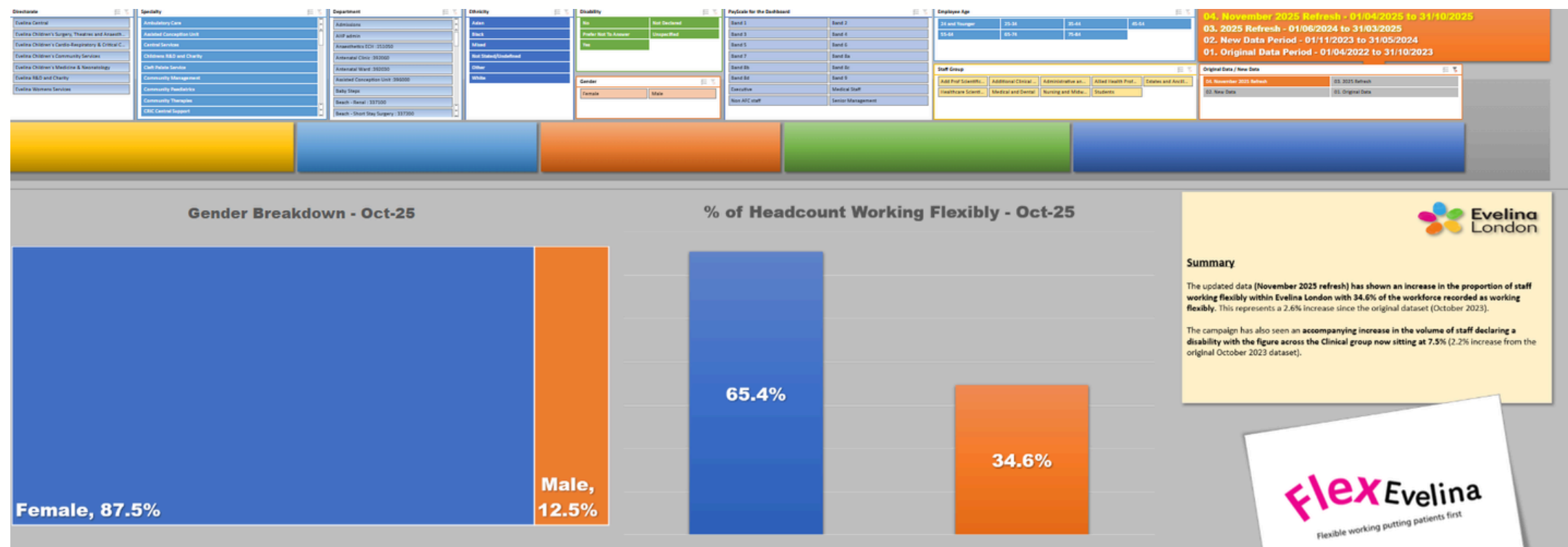
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Step 5: Using data to inform, not defend

We were explicit about using all available data to understand the system, not to justify the status quo. Workforce Strategy and Intelligence (WSI) input was critical in bringing together staff survey results, HR portal data, e-rostering insights and workforce demographics, as well as national Workforce Race Equality and Disability Standard (WRES and WDES) data.

Data was used to identify patterns, inconsistencies and areas of concern, all through an inequality lens – and to ask better questions. Where gaps existed, these were acknowledged openly, particularly around informal flexible arrangements that are harder to capture but have real equity implications. Quantitative data was complemented by qualitative insight to ensure lived experience was not lost behind metrics.



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Step 5: Using data to inform, not defend

Combined, this data allowed us to produce the Flex Evelina Report, bringing together all of our findings and giving tangible actions and recommendations.

The report was made available to staff across the Clinical Group and Trust, and provided a springboard to provide full transparency about existing pressures and the steps taken to tackle them meaningfully.



Data Sources

- Staff Survey Results
- Focus Groups & Staff Feedback
- Formal Request Data
- Workforce Demographics

Analysis & Interpretations

- Equality and Inclusion-led analysis
- TimeWise flexible working maturity curve
- Trends in qualitative and quantitative real data
- Intersection of results with protected characteristics

Outputs & Action

- Flex Evelina Dashboard
- Identified Priority Areas
- Flex Evelina Toolkit
- Cultural & Process Improvements

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Step 6: Establishing an Implementation Group

An implementation group was set up to bring the Flex Evelina Report actions and recommendations to life and to closely monitor progress.



Meeting regularly, this group contained a cross section of the Clinical Group who were clinical and non-clinical change makers who helped influence decisions around flexible working in their areas.

Those that volunteered were provided with clear Terms of Reference that outlined their expected roles and responsibilities, empowering them to enact meaningful change in their respective areas, and to bring updates on their progress back to the monthly meetings.

This was achieved by ensuring there were clear actions each meeting to ensure momentum did not falter, and that these were reported back on each meeting. Respective leads were assigned to each sub-group i.e. Rostering and Workforce Systems leads for the self-rostering and dashboard streams, respectively.

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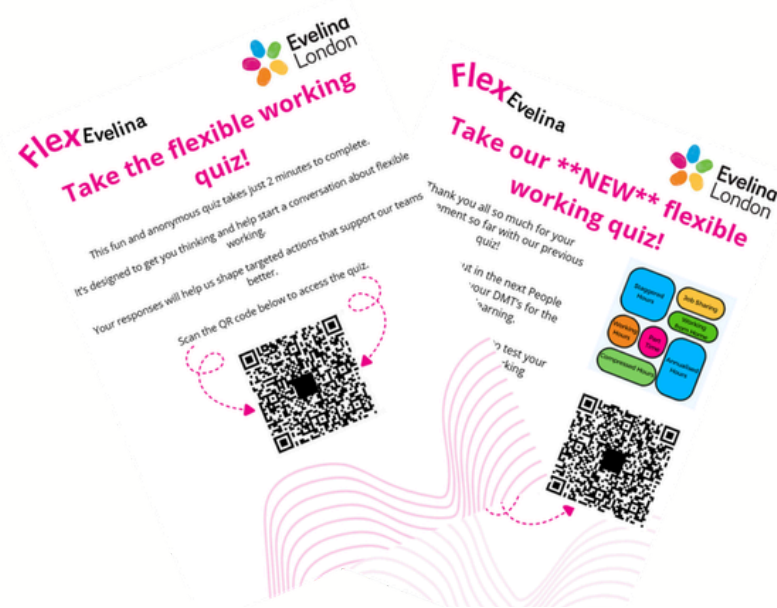
Step 6: Establishing an Implementation Group

The group provided an opportunity to suggest measures to facilitate the outcomes of the report, keep track of these, and report back on progress, learning and evaluations.

Members of the group were vital in ensuring the success of these measures, ensuring they were promoted within their respective directorates and departments, acting as the conduit for any feedback.

Measures included:

- A detailed and thorough report that summarised the work done, actions taken and was made available to staff to read;
- Short fun quizzes, designed to test knowledge and provide insights into staff knowledge;
- An active self rostering group that focuses on implementing a key outcome from the report - for clinical areas to implement e-rota's with available shifts open for all staff to book into to fit around their commitments;
- Clear branding, including Microsoft Teams Backgrounds, Email Signatures and more;
- Promotion of internal e-learning modules that champion flexible working and is tailored to managers in supporting their knowledge and learning



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We work
flexibly

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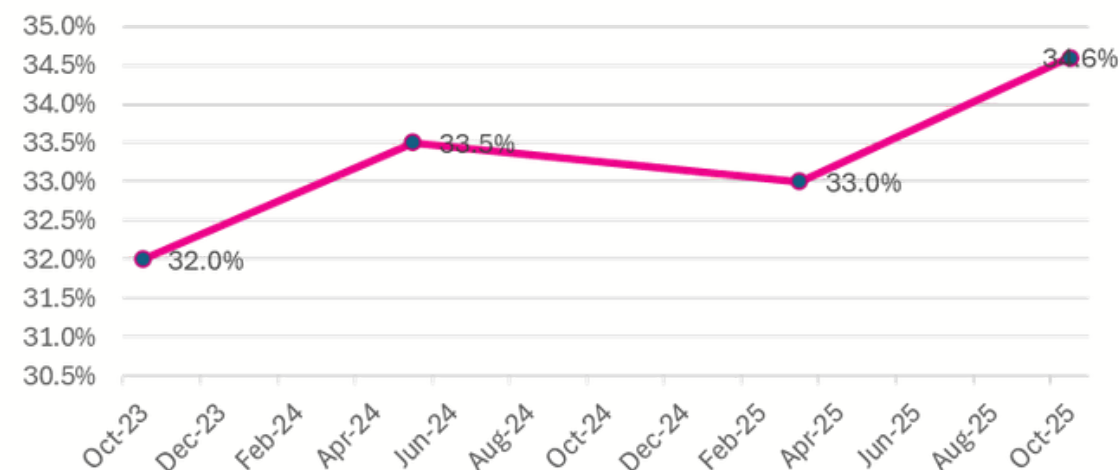
Step 7: Evaluation and Feedback

We have used a number of success measures, many of which were included in the Flex Evelina Dashboard. They show the impact that Flex Evelina has had since it began in 2022.

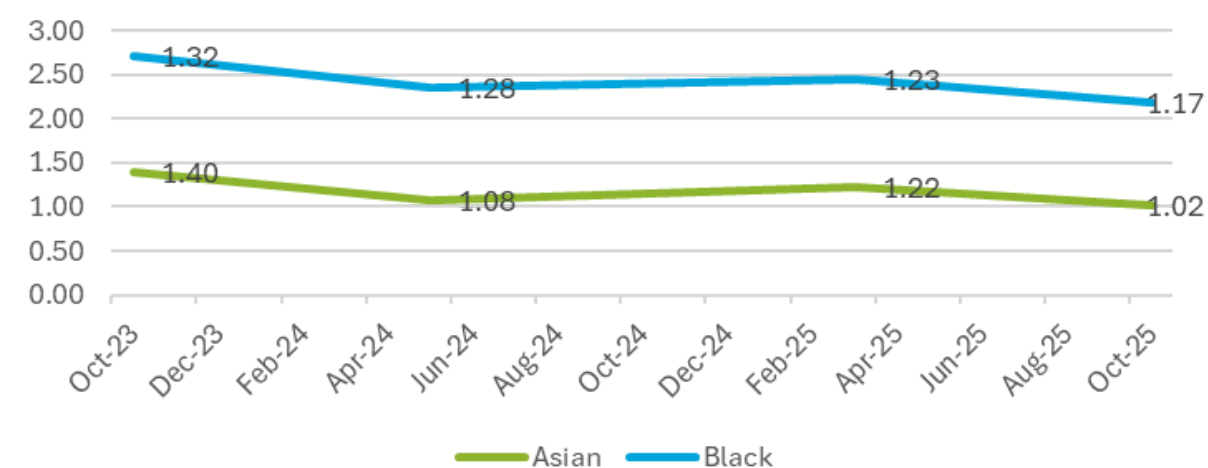
These include:

- Uptake of flexible working across the clinical group; **as below, we see a steady increase in staff accessing flexible working during the programme**
- Disparities in likelihood of staff from global majorities' flexible working requests being approved or rejected; **as below, the closer to 1 means the closer we are to total equity**
- Percentages of flexible working approvals and rejections per ethnic group;
- Disability declaration data; **an unexpected success of the work was an improvement in the number of staff that disclosed a disability (as below)**
- An improvement in our annual Staff Survey data; **latest data for 2025 results show a positive direction of travel for this metric**

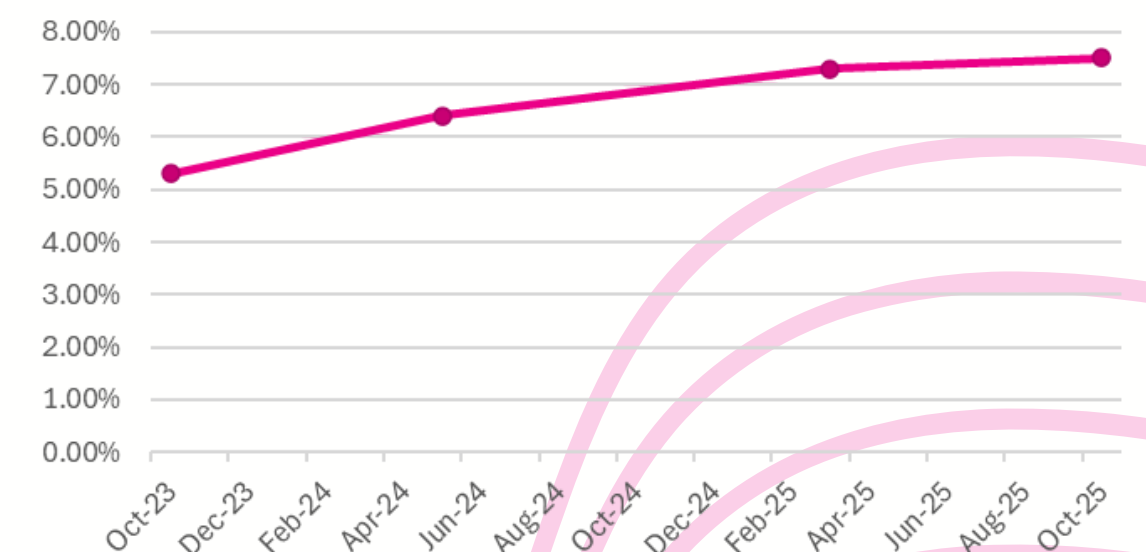
Percentage of Staff Working Flexibly at Evelina London (October 2023 - October 2025)



Relative Likelihood of Approval of Formal Flexible Working Requests



Disability Declaration across Evelina London





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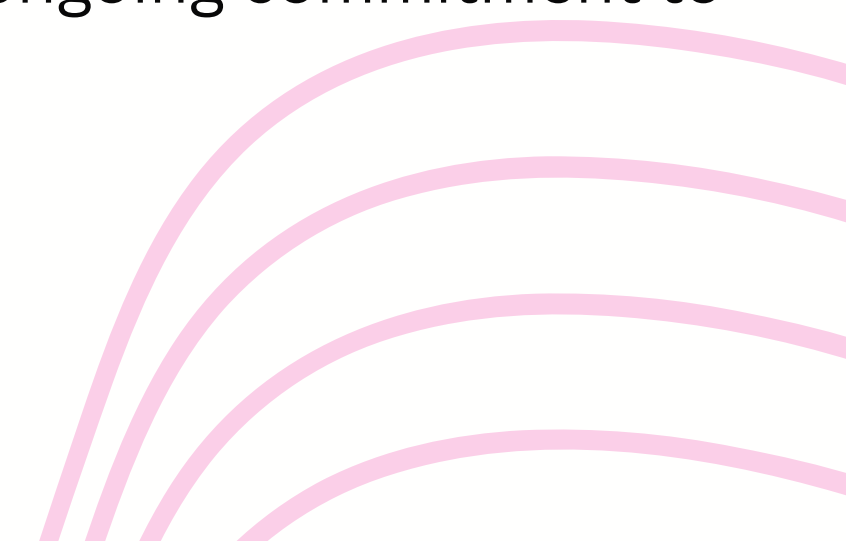
Step 8: Continual Improvement, Measurable Impact and Sustainability

Above all, this work was approached as a cultural change programme, not a project.

Policies, dashboards and tools are enablers, but change happens through everyday behaviours: how managers respond to requests, how teams plan work, and how openly flexibility is discussed.

Shifting culture takes time, consistency and reinforcement. It requires shared understanding, psychological safety and permission to do things differently.

This toolkit is designed to support that journey, not as a one-off intervention, but as part of an ongoing commitment to fair, inclusive and sustainable flexible working.



Case Studies

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Digital Self Rostering: NICU Case Study

In 2025, the Neonatal Intensive Care Unit (NICU) introduced flexible digital self-rostering as part of the Flex Evelina cultural change programme. The unit was selected as a pilot site and the work was led by Matron Justien Duncan and Ward Manager Lauren Rawlinson, in collaboration with Workforce and e-Roster colleagues. As a large neonatal service, with around 180 nurses working across Intensive Care, High Dependency and Special Care, the core aim was to offer staff greater flexibility and an improved work life balance while maintaining safe staffing and high-quality neonatal care.

Preparation for this change began in 2024, with a focus on ensuring that the Health Roster system was ready to support self-rostering. This included work to move from Employee Online (EOL) to LOOP and developing robust rules around minimum staffing numbers and skill mix. From the outset, the team framed self-rostering not as a purely technical change, but as a cultural shift in how staff engage with their working patterns and how the unit balances individual preferences with service needs.

Staff engagement was central to the approach. Initial conversations took place with Band 7 and Band 6 leaders. This helped secure early senior nursing support and generated feedback that shaped how the project was framed to the wider team. Building on this, a small mixed banding team led by the Matron and Ward Manager delivered ongoing information sessions during study days, creating space for staff to hear about the changes, ask questions, and share concerns in person.

To ensure staff views directly influenced the model, the team created a poll which was used to gather preferences and priorities, for example around shift patterns and expectations of fairness. An anonymous survey allowed colleagues to comment on the existing rostering system, highlight frustrations, and suggest improvements. Transparency was a recurring theme: the leadership team were open about the challenges of rostering a large, specialist service, and clear that while preferences would be taken seriously, it would not be possible to agree every requested shift.

The unit held an Awareness Week focused on flexible digital working. During this week, survey feedback was shared back with staff, and there were drop-in opportunities for open discussion, troubleshooting and hands on support with the new LOOP app. By the end of the initial implementation period (prior to going live), over 90% of staff had access to, and felt confident using LOOP to input and manage their roster information.

Over the past year, the team has continued to listen to staff, acknowledge challenges and refine the rota template. This has enabled the delivery of flexible rosters that support staff to achieve work-life balance without feeling they must apply for a formal flexible working agreement. A robust introduction to the system is now embedded for all new starters, and staff returning from maternity leave to maximise the benefits of flexible working.

A full evaluation, including a staff satisfaction audit, will take place at the end of the first year. Early indications are positive. The overarching aim has been to improve morale, reduce stress and support staff wellbeing, without compromising the delivery of safe, high-quality neonatal care. This experience demonstrates that, with strong engagement, clear principles and transparent communication, self-rostering can work in a complex, high-acuity environment.



Team Based Flexible Working

The Successful implementation of flexible working at Wolf Clinical Research Facility at Evelina London

“As Matron of the Wolf Clinical Research Facility, I recognise that flexible working can be significant in supporting the wellbeing of my team. I have therefore overseen a trial of a flexible working model in the service, that supports the whole team while also continuing to provide a high quality of care.



The team said:

“Working on the development of a flexible working proposal for our department has been a fantastic opportunity to strengthen communication and openness within the team, while also helping us to grow our leadership skills and consider new aspects of staffing and patient safety. The proposal has already brought a lot of positivity to our department, supporting a healthier work life balance and boosting morale.”

As part of the trial, the team, led by Roisin Casserley (Band 6 Research Nurse) presented a proposal to introduce compressed hours, offering staff the choice between working four 10-hour days or five 8-hour days. The team worked collaboratively to design a rota that balanced personal preferences with the operational needs of the unit.

The results were immediate and encouraging. Staff reported feeling more energised, more in control of their time, and better able to manage life outside of work. From my perspective, I saw fewer instances of burnout, improved morale, and a noticeable drop in short-term sickness. The unit ran smoothly, with safe staffing levels maintained every day. We ensured a minimum of three registered nurses and one clinical research practitioner on site, with extra support on our busiest days.

WOLF Clinical Research Team Case study: Successful implementation of flexible working at Wolf Clinical Research Facility 11 Staff appreciated having time to prepare before patients arrived, and the later finish gave us breathing room for extended visits and logistics.

We had to be proactive in managing annual leave, study days, and unexpected absences. But with clear protocols and a flexible mindset, we adapted quickly. I made sure senior oversight was always available to support fair and safe decisions.

The trial proved that flexible working can thrive in a clinical research setting when it’s built on trust, transparency, and teamwork. I’m proud of what we as a team have achieved - and even prouder of the culture we’re building. As a result of the trial, we anticipate implementing this flexible working model on an ongoing basis.”

The next phase of Flex Evelina

This work provides a replicable foundation for organisations looking to move flexible working from policy to practice. The next phase focuses on embedding flexibility into everyday ways of working, so it is applied consistently, fairly and transparently across roles, services and teams.

Ongoing use of workforce data and staff insight will be central to monitoring impact and identifying where inequity or inconsistency may persist. Tools such as dashboards and demographic profiling will continue to evolve, supporting evidence-led decision-making and enabling organisations to understand who flexible working is working for, and where further action is needed.



Sustained change depends on culture, not just process. Continued focus on leadership sponsorship, manager capability and meaningful staff engagement will ensure flexible working becomes a trusted, normalised part of working life. For other organisations, the key lesson is clear: flexible working succeeds when it is treated as a long-term cultural change programme, grounded in data, equity and lived experience.

Appendices

Appendix 1.1 - Flex Evelina Quiz Posters

Appendix 1.2 - Flexible Working Quiz

Appendix 1.3 - Flexible Working Patterns Quiz

Appendix 2.1 - Flex Evelina Branding - Logo and Strapline

Appendix 2.2 - Flex Evelina Branding - Microsoft Teams Background

Appendix 2.3 - Flex Evelina Branding - Email Signature

Appendix 3 - NHS England Flexible working infographic

- More National Resources can be found by clicking [here](#).

Appendix 4 - TimeWise Maturity Curve

- For more information on TimeWise's work in the NHS, click [here](#).

