

NHS industrial action: the impact on patients, staff and performance

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate. NHS Providers has all trusts in England in voluntary membership, collectively accounting for £104bn of annual expenditure and employing 1.4 million staff.

This briefing sets out the impact industrial action is having on patients, staff and NHS performance, including the NHS' financial sustainability, productivity, and ability to tackle care backlogs.

Industrial action within the NHS to date

Since December 2022, the NHS has faced the most widespread strike action in its history. To date, nurses, ambulance workers and allied health professionals have taken rolling strike action across dates in December 2022, January, February, April and May 2023. Junior doctors took part in a 72-hour national walk out 13-15 March 2023, and 96-hour walk outs 11-15 April and 14-17 June. On 13 July a five-day junior doctor strike began, and a consultants strike is planned for 20 and 21 July. This strike action has taken place against a backdrop of unprecedented operational pressures on the NHS, exacerbated by ongoing workforce shortages, care backlogs and growing demand.

While the NHS Staff Council has accepted a revised pay offer for Agenda for Change (AfC) staff, this was not accepted by all the relevant unions, with some AfC staff groups continuing strike action (including radiographers striking for the first time at the end of July).

On 13 July, the government announced that it was accepting the pay recommendations by the Pay Review Bodies in full. In his statement, the Prime Minister also announced that there would be no more talks on pay, and no negotiation on this year's settlement ([PM statement on public sector pay review, 13 July 2023](#)). The BMA has recently said that it remains willing to talk but in the absence of

talks, junior doctors and consultants are likely to continue to take industrial action ([BMA press release, 13 July 2023](#)).

The impact of industrial action on the NHS

NHS trusts have performed admirably in managing strike action to date, doing what they can to limit disruption and keep patients safe. However, eight consecutive months of industrial action have meant that leadership and management time and capacity are being diverted from the critical work needed to improve patient outcomes, cut waiting lists and meet financial targets. With industrial action unresolved and with the potential to continue over the coming months, the risks to NHS care are increasing.

Patients

Short staffing during industrial action means rescheduling significant numbers of elective procedures and appointments. Since industrial action began in December, more than 651,000 routine procedures and appointments have been rescheduled across acute, mental health and community health services, with tens of thousands more appointments likely to be impacted and pushed back as trusts seek to 'recover' services after industrial action. While this is necessary to protect patient safety in the immediate term, it not only means disruption for many thousands of patients, but there is concern about the impact it has on people who are left waiting longer – delays to treatment could result in conditions worsening before people are able to access treatment.

Industrial action also has an impact on the wider health and care system. The need to maintain emergency and elective care can lead to the de-prioritisation of community services including some mental health services, with some community-based staff asked to support acute services and/or a stepping up of urgent community response services. This can contribute to growing backlogs of care in the community. In addition, the cancellation of routine hospital procedures means that more patients are likely to require support in the community while they wait for other treatment.

There is also an increased risk to quality of care during industrial action due to further constrained resources to respond on any given day. Despite trusts planning for industrial action and taking steps to mitigate the risk – such as cancelling study and professional leave, hiring agency staff, stepping up activity before and after industrial action – some find themselves significantly short staffed in clinical areas.

Lack of staff can also exacerbate the issues caused by a lack of capacity in urgent and emergency care (UEC) settings. Over winter 2022/23, approximately 13,000 people per day experienced a delayed discharge ([Providers Deliver: Patient Flow, May 2023](#)). This in turn means admissions are delayed and UEC pathways become overstretched, creating a pressurised working environment for staff and significant delays for patients. Ambulance handover delays at hospital emergency departments can increase the risk of serious harm coming to patients. This is not just a consequence of industrial action, but it adds to the pressure already facing overstretched teams.

Staff

For many staff, industrial action is not just about pay, but also their working conditions, with an unprecedented number of vacancies ([112,498 – up 6.3% on last year, NHS Vacancy Statistics England, April 2015 - March 2023](#)) and mounting workloads having a detrimental impact on staff wellbeing and morale. Across the NHS, staff are reporting burnout and low morale. The 2022 NHS staff survey shows that all measures relating to burnout remain high. For example, 34% of staff feel burnt out because of their work ([2022 NHS staff survey, 2023](#)). Almost half of ambulance staff reported feeling burnt out due to their work (49%) and anxiety, stress, depression or other psychiatric illnesses were the most reported reason for sickness, accounting for 24.6% of all sickness absence in February 2023. We also saw an 11.8% level of turnover in 2022-23, 8% compared to 10.5% before the pandemic ([NHS Workforce Statistics - March 2023](#)). While trust leaders recognise their responsibilities, as employers, for improving local working conditions, the data reflects a range of systemic challenges. The recently published NHS long term workforce plan will help to address some of these but is unlikely to provide immediate relief for hard pressed NHS staff.

Industrial action is also having an impact on relationships between trust leaders and staff. Trusts find themselves in the difficult position of managing the impacts of industrial action without access to any of the levers (on pay) to resolve it. Employers having to ask staff to take on additional work to cover for colleagues or to deduct strike pay from salaries during a cost-of-living crisis results in inevitable friction between staff and their employer, and further undermines goodwill.

Financial impact

Prolonged strike action is having significant financial impact on NHS budgets already under pressure. The loss of elective income for acute trusts, additional reliance on agency spend, and the increasing use of [BMA rate card](#) payments for strike cover are all resulting in additional costs. We have heard estimates from some large NHS trusts that a three-day strike can cost them £2.5-3 million in direct costs. We must add to this the opportunity costs of managing the industrial action and taking time away from other priorities including care backlog recovery. Trust leaders welcome moves by NHS

England to lessen their financial risk and compensate for the impact of strike action, but ultimately a resolution to the disputes by government and unions is needed.

Furthermore, we welcome the government's acknowledgement that doctors and dentists deserve a pay rise, but trust leaders will also need reassurances about how these pay increases will be funded. Government funding is currently available to cover 3.5% pay rises for NHS doctors and dentists. Pay awards above this would require cash which may have to be found within existing NHS budgets – an estimated £900million at least for every percentage point above 3.5%. Equally, if this has to be found instead from the Department of Health and Social Care's budget, already overstretched social care services as well as vital prevention and public health services could be affected too.

Care delivery and backlog recovery

Preparation for industrial reaction, both in the lead up to and managing the days of action itself, has been extremely time consuming and has heavily impacted management resource, impacting on the delivery of other operational priorities.

National data shows good early progress towards achieving the interim recovery targets for urgent and emergency care, while in elective services trusts have successfully reduced the number of long waits. However, substantial care backlogs still exist across mental health, community, and children and young people's services. Industrial action has had an impact on progress in addressing these, as recognised in the reduction of the elective activity target set for the NHS for 2023-24 from 107% of pre-pandemic levels to 105%. NHS England has also acknowledged that if industrial action continues, it will be difficult to achieve the Prime Minister's pledge to reduce waiting lists ([The Guardian, 13 July 2023](#)).

What is needed

The government has stated that it will not negotiate again on this year's settlements. However, it is important to recognise that while the government has accepted the pay review bodies' recommendations, the pay review bodies can't resolve the disputes. Strike action is ongoing, but the impact of this is unsustainable and further work is required to mitigate the impact on patients and staff, and the NHS' ability to continue managing the severe operational pressures it faces.

We know many of you have close relationships with your local MPs and will have spoken to them about the impacts of industrial action. With strike action by some groups set to continue despite government's recent offer on pay, we would encourage you to consider getting in touch with your

local MPs to highlight the sustained and cumulative impact industrial action is having on patient services and staff. You will of course be best placed to judge if this would be appropriate and helpful. If you are in regular contact with your MPs, you may wish to share your mitigation plans with local MPs and the impact of industrial action on care backlog recovery and service improvement.