

Extreme Heat in the NHS

DAUK heatwave survey: written summary and supplementary evidence

Updated analysis based on 1,111 responses from healthcare workers, with selected free-text evidence from the supplementary evidence files.

Data snapshot: 30 June 2026. Percentages are rounded to one decimal place in tables and to whole numbers in headline text.

96% said their workplace was uncomfortably warm, very hot or dangerously hot	94% had no air conditioning or only partial air conditioning
68% said patient safety was affected	87% said they or colleagues felt unwell because of the heat
90% support a legal maximum safe working temperature	33°C median reported indoor temperature among usable temperature entries

This survey depicts extreme heat as a patient safety, workforce health and infrastructure resilience issue. Respondents described unsafe indoor temperatures, lack of cooling, impaired concentration, cancelled clinical activity, heat-related staff sickness and patients becoming more unwell in already overheated environments.

Executive summary

Doctors' Association UK analysed 1,111 survey responses from doctors and other healthcare workers during the June 2026 heatwave. The responses show that extreme heat is not being experienced as a minor comfort issue. Respondents repeatedly described a direct effect on patient care, clinical decision-making, medicines storage, equipment reliability and staff wellbeing.

The quantitative findings are stark: 95.6% of respondents said their workplace was at least uncomfortably warm and 83.3% described it as very hot or dangerously hot. 94.1% reported no air conditioning or only partial air conditioning. 68.3% said patient safety had been affected, while 86.9% said they or colleagues had felt unwell because of the heat. 89.8% supported a legal maximum safe working temperature.

The free-text evidence provides the detail behind these numbers. Respondents described patients self-discharging because of heat, frail and febrile patients left in hot wards and corridors, operating theatres and recovery areas becoming unsafe, staff fainting or vomiting at work, and inadequate access to cold drinking water. Many also described estates failures, including heating left on, poor ventilation, malfunctioning air conditioning and clinical equipment affected by heat and humidity.

Headline findings

Finding	Result	Interpretation
Survey responses	1,111	Healthcare workers across the UK
Very hot or dangerously hot	925 (83.3%)	Respondents describing their workplace as very hot or dangerously hot
At least uncomfortably warm	1,062 (95.6%)	Includes uncomfortably warm, very hot and dangerously hot
No air conditioning	678 (61.0%)	Reported no air conditioning
No or partial air conditioning	1,046 (94.1%)	Reported no air conditioning or only partial coverage
Patient safety affected	759 (68.3%)	Responded yes
Patient safety affected or unsure	1,009 (90.8%)	Responded yes or not sure
Staff illness	965 (86.9%)	Said they or colleagues felt unwell
Support legal maximum temperature	998 (89.8%)	Responded yes

How to read this report

This document is a briefing-style summary of self-reported survey data and selected free-text responses. It should be read as evidence of staff experience and perceived safety impact rather than a statistically representative workforce survey. The consistency of responses across roles, regions and settings is nevertheless important: the same themes recur across emergency care, wards, theatres, maternity, primary care, community services and outpatient departments.

Temperature entries were self-reported. Several numerical entries appeared to be ranges entered without punctuation, such as 3235 or 2530, so the temperature analysis excludes values above 50°C. On that basis, 367 usable temperature entries remained. The median reported indoor temperature was 33°C and the highest plausible reported temperature in the numeric field was 45°C.

1. Quantitative findings

Survey profile

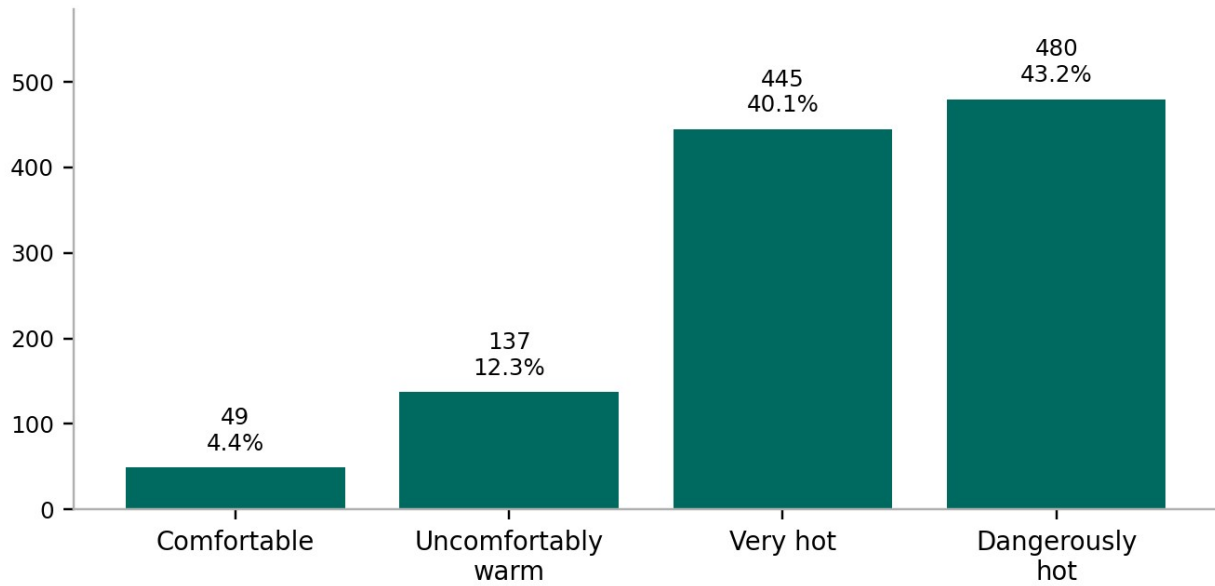
Role	Count	Share of responses
Resident doctor (CT/ST/SpR)	244	22.0%
Consultant	236	21.2%
GP	117	10.5%
SAS doctor (specialty / specialist / associate specialist)	70	6.3%
Registered nurse	65	5.9%
Foundation doctor (FY1–FY2)	61	5.5%
Healthcare assistant / support worker	55	5.0%
Occupational therapist	49	4.4%
Physiotherapist	39	3.5%
Administrative / clerical	28	2.5%

Doctors accounted for 728 responses (65.5%) when consultants, resident doctors, foundation doctors, SAS doctors and GPs are grouped together. The remaining responses came from nurses, allied health professionals, healthcare assistants, administrative staff, managers and other healthcare workers.

Heat exposure and cooling provision

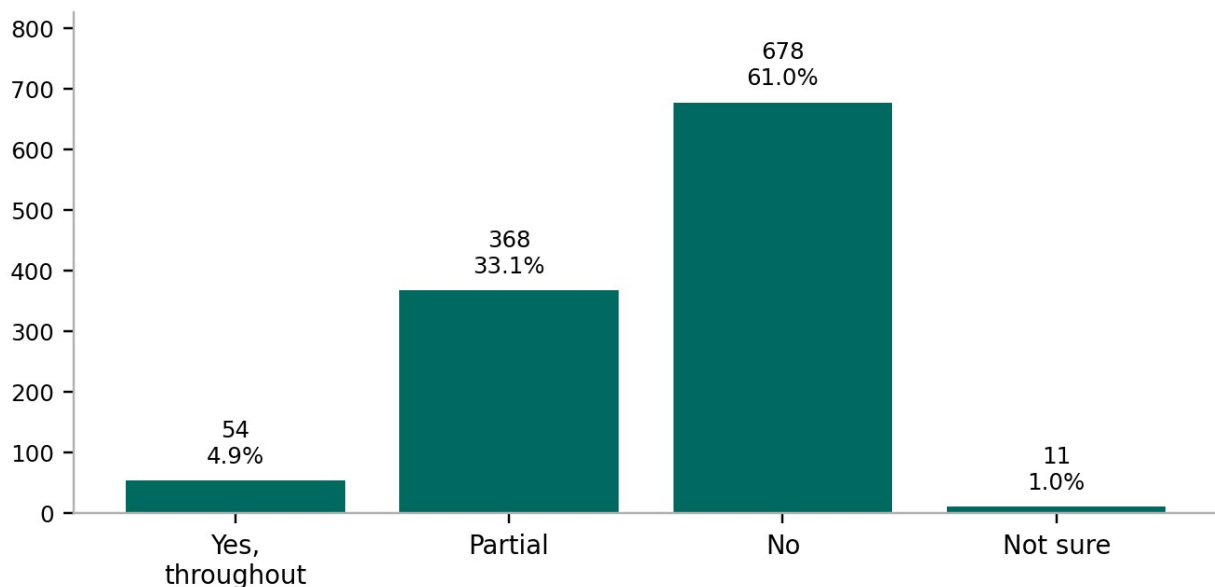
The largest single category was 'dangerously hot', selected by 480 respondents (43.2%). A further 445 (40.1%) selected 'very hot'. Only 49 respondents (4.4%) described their workplace as comfortable.

Perceived heat level in healthcare workplaces



Cooling provision was limited. 678 respondents (61.0%) reported no air conditioning and 368 (33.1%) reported only partial air conditioning. Only 54 respondents (4.9%) reported air conditioning throughout their workplace.

Reported air conditioning provision

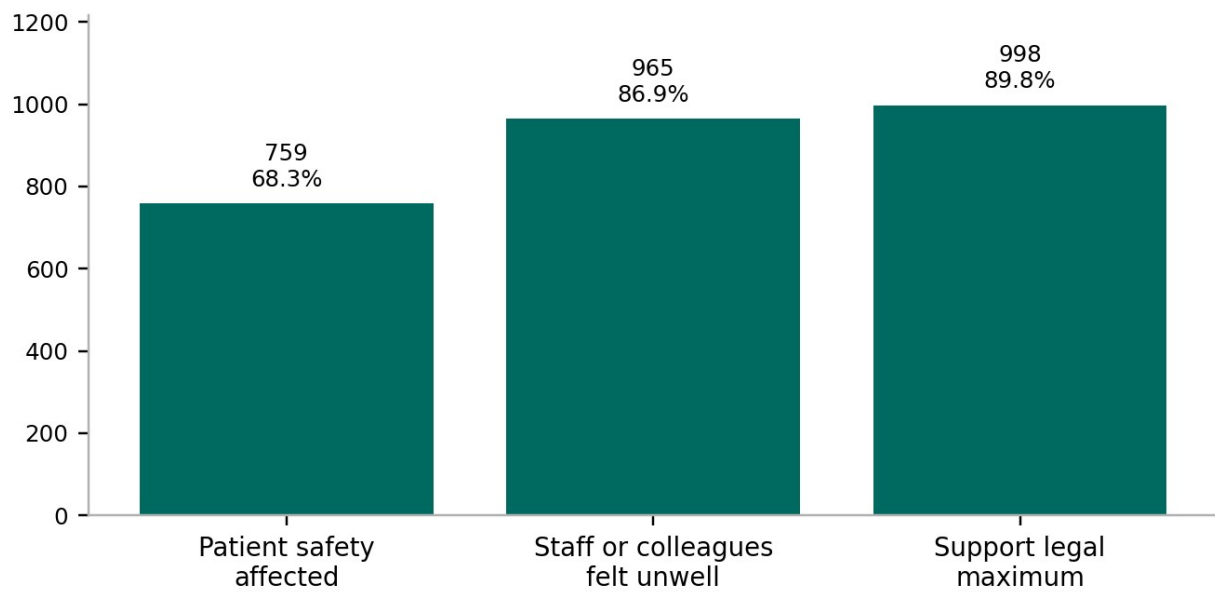


Patient safety and staff wellbeing

759 respondents (68.3%) said patient safety was affected by the heat. A further 250 (22.5%) were unsure, meaning 1,009 respondents (90.8%) either identified an impact or could not exclude one. Among respondents who described their workplace as dangerously hot, 408 of 480 (85.0%) said patient safety was affected.

Staff health was also affected. 965 respondents (86.9%) said they or colleagues felt unwell. This included 721 (64.9%) who said they personally felt unwell and 731 (65.8%) who reported colleagues feeling unwell.

Headline impacts and support for legal protection



GP responses

GP finding	Result	Interpretation
GP responses	117	Subset of total responses
Very hot or dangerously hot	95 (81.2%)	GP workplaces
No or partial air conditioning	112 (95.7%)	GP workplaces
Patient safety affected	58 (49.6%)	Responded yes
Patient safety affected or unsure	95 (81.2%)	Responded yes or not sure
Staff illness	88 (75.2%)	Self or colleagues
Support legal maximum temperature	99 (84.6%)	Responded yes

The GP subset is particularly relevant to primary care premises. Free-text responses from GP settings described consulting rooms without cooling, concern about vulnerable patients not seeking care during heat, and medication or sample storage being compromised in rural or poorly cooled practices.

2. Qualitative evidence from free-text responses

The free-text responses were reviewed thematically. The strongest recurring themes were patient safety risk, impaired clinical performance, staff illness, unsuitable buildings, inadequate organisational response, equipment or medicines problems and the need for climate-resilient healthcare infrastructure.

Theme 1: patient safety risk

Respondents described patients becoming dehydrated, fainting, self-discharging or being unable to participate in treatment because clinical areas were too hot. The risk was especially acute for older patients, febrile patients, postoperative patients, babies, pregnant patients, psychiatric patients in secure environments and those receiving end-of-life care.

Patient self-discharge: *"Some patients have self discharged because of [the heat] which I would have done too."*

Corridor care: *"I can no longer care for patients safely. Septic patients are left in corridors with ambient temperatures of 33 degrees. 2 members of staff went home sick today."*

Heat-related illness: *"We have patients brought in due to severe heat stroke who are not able to be treated appropriately because there is nowhere cool to put them."*

Theme 2: impaired clinical decision-making and reduced care capacity

Many respondents did not frame the problem as discomfort alone. They described slower thinking, impaired concentration, rushed tasks, reduced therapy input, cancelled clinics or theatre lists, and increased risk of errors. This has direct operational consequences: fewer patients seen, discharge delays, delayed assessment and missed training opportunities.

Cognitive load: *"I have a constant headache. Finding it very difficult to make critical decisions and deal with very decision dense work in this heat. This clearly creates an unsafe clinical environment for staff and patients."*

Delayed discharge: *"Patients are too hot to engage with therapy so no progress is made towards discharge and patients are staying in hospital longer."*

Cancelled activity: *"I am an anaesthetics trainee. This week, multiple cases have been cancelled because of unsafe temperatures in theatre. This has meant cancelled operations for patients and missed training opportunities for me."*

Theme 3: staff health and occupational risk

Reports included dizziness, fainting, vomiting, headaches, heat exhaustion, dehydration, inability to sleep between shifts and sickness absence after hot shifts. Pregnant staff and staff with health conditions described additional vulnerability. Several respondents also described having to improvise with ice packs, fans bought personally or makeshift cooling measures.

Primary care: *"The only part of our surgery that has air conditioning is Dispensary. Today I closed my consulting room blinds, opened my window and used a fan which had no effect. I consulted with my feet resting on an ice pack. Despite this, as the morning progressed I felt increasingly unwell. I vomited in staff toilets and informed management that I was going home."*

Staff collapse: *"I fainted in work due to the heat and my manager's response was that 'everyone else was suffering'."*

Physical workload: *"Nurses and HCAs are on their feet, lifting and turning patients, cleaning up incontinent patients while wearing gloves and aprons with cubicle curtains drawn. Porters and domestics are walking miles and doing heavy manual labour."*

Theme 4: estates, ventilation and building design

Respondents repeatedly linked unsafe heat to building design and maintenance. Examples included windows that open only a few centimetres, broken blinds, heat trapped by glass, radiators left on, poor through-ventilation, clinical rooms without windows and management offices with cooling while clinical areas lacked it.

Estates failure: *"There has been no air conditioning on and heating was on in some rooms."*

Repeated escalation: *"Every year we go through this. We report it and Datix it. Nothing ever changes except the excuses."*

Inequity of cooling: *"Management offices however have air cons. I don't really understand that. How can they have air cons whilst clinical staff and patients don't even have fans?"*

Theme 5: equipment, medicines and service disruption

The responses include concerns about medicines or samples being stored above recommended temperatures, cold-chain fridges alarming, blood bottles being destroyed, radiology equipment failure, theatre humidity and incubator malfunction. These accounts suggest that heat resilience is not only a comfort or staffing issue: it affects the technical reliability of care delivery.

Medicines storage: *"Medicines stored at temperatures above recommended which means we do not know their efficacy now exposed to heatwaves. Fridge storing cold chain items are alarming and malfunctioning every heat wave."*

Diagnostic capacity: *"At one point we had no CT or MRI capacity for several hours. Staff off sick from heat stroke and the hospital is busier than ever."*

Primary care samples: *"We are a rural practice with limited public transport, due to the temperatures we have had to destroy all our blood bottles."*

Theme 6: organisational response and accountability

A recurring frustration was that respondents felt expected to continue full clinical activity without proportionate mitigation. Some described limited responses such as ice lollies, permission to wear scrubs or advice to take breaks without changes to workload. Others described infection-control restrictions on fans, or management responses that treated heat stress as an individual resilience issue rather than a system safety problem.

Leadership: *"Absolutely awful, no contact from departmental management about it until Friday. They suggested we take regular breaks but didn't offer to support us cancelling clinic appointments in order to facilitate breaks."*

False trade-off: *"When a senior nurse escalated the concerns of clinicians about unsafe working conditions, and to provide with cooling gadgets, she was told that patients were the priority and not clinicians."*

Organisational response: *"Awful! Too hot to function, trust almost didn't mention it and expected us to get on."*

3. Interpretation

The combined quantitative and qualitative evidence supports three conclusions.

- First, unsafe heat is already affecting the delivery of NHS care. Respondents describe direct patient effects, altered clinical decisions, cancelled activity and reduced capacity.
- Second, the issue is structural. The dominant pattern is not individual failure to hydrate or cope, but inadequate cooling, ventilation, insulation, estates maintenance and heatwave planning.
- Third, current arrangements appear inconsistent. Some areas, often management or equipment-dependent areas, have cooling while patient-facing clinical areas do not. Staff describe escalation without action, implying a gap in accountability and enforceable standards.

Recommended DAUK position

	Ask	Operational meaning
1	Legal maximum safe working temperature	Introduce an enforceable legal maximum safe working temperature for hospitals and GP surgeries, with clear operational duties when thresholds are breached.
2	Cooling and ventilation	Urgent investment in air conditioning, passive cooling, ventilation and safe temporary measures during heatwaves.
3	Building resilience	Improve insulation and energy efficiency so healthcare buildings remain clinically safe across seasons.
4	Heatwave safe staffing and breaks	Require local plans for cold drinking water, protected rest and cooling breaks, workload adjustment and escalation routes.
5	Climate mitigation and adaptation	Treat climate change as a major public health threat, with accelerated decarbonisation, greener estates and more green space.

Suggested summary wording for external use

Briefing line: "DAUK's updated heatwave survey, based on 1,111 responses from healthcare workers, shows that NHS staff and patients are being exposed to unsafe working temperatures. More than four in five respondents described their workplace as very hot or dangerously hot, 94.1% reported no or only partial air conditioning, and 68.3% said patient safety had been affected. The free-text responses describe patients self-discharging because of heat, staff fainting or vomiting at work, theatre lists being stood down, equipment failures and medicines or samples being stored in unsafe conditions. DAUK is calling for a legal maximum safe working temperature in hospitals and GP surgeries, alongside urgent investment in cooling, ventilation, insulation and climate-resilient NHS infrastructure."

Appendix A: detailed tables

Heat level

Response	Count	Percentage
Comfortable	49	4.4%
Uncomfortably warm	137	12.3%
Very hot	445	40.1%
Dangerously hot	480	43.2%

Air conditioning

Response	Count	Percentage
Yes, throughout	54	4.9%
Partial — some areas only	368	33.1%
No	678	61.0%
Not sure	11	1.0%

Safety, wellbeing and legal maximum

Question	Response	Count	Percentage
Patient safety affected	Yes	759	68.3%
Patient safety affected	Not sure	250	22.5%
Patient safety affected	No	102	9.2%
Felt unwell	Both self and colleagues	487	43.8%
Felt unwell	Self only	234	21.1%
Felt unwell	Colleagues only	244	22.0%
Felt unwell	No	146	13.1%
Supports legal max	Yes	998	89.8%
Supports legal max	Not sure	94	8.5%
Supports legal max	No	19	1.7%

Temperature entries

Metric	Result	Note
Usable temperature entries	367	Entries <=50°C
Median	33°C	Self-reported
Mean	32.9°C	Self-reported
Highest plausible numeric entry	45°C	Excluding implausible range-like entries above 50°C
30°C or above	319 (86.9%)	Among usable entries
32°C or above	250 (68.1%)	Among usable entries
35°C or above	118 (32.2%)	Among usable entries

Metric	Result	Note
40°C or above	16 (4.4%)	Among usable entries

Appendix B: source handling and limitations

Source material: updated DAUK heat survey CSV dated 30 June 2026, DAUK Heat Supplementary Evidence Report, and DAUK Key Free Text Responses. The free-text material was used to identify recurring themes and select illustrative responses. Respondent contact emails were not used and are not reproduced.

Limitations: the survey was voluntary and self-selected, so it should not be treated as a representative prevalence estimate for the entire NHS workforce. Temperature entries were self-reported and some appeared to contain ranges or typographical errors. Free-text responses are subjective accounts and have not been independently verified. However, the volume, consistency and specificity of responses provide credible qualitative evidence of the types of harm and operational risk experienced during extreme heat.

Suggested publication caution: direct quotes should be used as anonymised respondent testimony and, where possible, checked against the original raw responses before publication if a specific temperature, site, trust or incident is to be highlighted.