

**Inside the London A&E operating under 'siege conditions'
Insiders describe staff trapped in faulty lifts, as corridors fill with
makeshift beds and those at risk of self-harm are left unsupervised**

A frantic scene greeted Cait Donnelly when she arrived at the Whipps Cross A&E, in east London, three weeks ago. A senior officer for the Royal College of Nursing, she visits a lot of local hospitals to talk with members, and has seen a lot on those visits, but she says the situation in Whipps was “extreme”.

Beds were stuffed into the corridors leading out of the emergency unit; families were crammed on chairs beside those makeshift beds, trying to eat sandwiches or talk to their loved ones in spaces not wide enough for two trolleys side-by-side. A nurse was stationed at the end of one of those corridors redirecting ambulance crews down a different passage away from the line of patient beds. Another was in charge of managing triage — sifting through the cases of as many as 90 patients per shift, trying to create a list of which patients are in most desperate need of treatment and which can afford the risk of waiting.

What shocked Donnelly most wasn't so much the conditions, the care being delivered under “very, very extreme pressure,” or the number of patients she saw that she knew needed to be admitted urgently. More than anything else, what stuck with her was a remark made by one of the nurses: that it wasn't even a “busy day”. “I'm experienced at walking through A&E departments,” she told me, “I know what a busy day looks like. They're telling me this isn't a busy day, and it absolutely is.”

Barts Health Trust, which runs Whipps Cross and four other London hospitals, says that more than 510,000 people were treated in the various emergency rooms it runs last year, the highest number of any NHS Trust, not just in the capital but the entire country. That pressure has pushed this hospital bordering Leytonstone and Walthamstow, to the brink. With news that a much-needed hospital upgrade is being delayed, things may soon topple over the edge.

“I've got to say, it is really hard to see,” Donnelly says, pausing slightly. “We used to call this winter pressure, but one of the nurses told me that this started in late August, and it just hasn't stopped.”

The way staff tell it, that flood began as just a few droplets. At first, beds started to replace nurses stations and waiting areas. As the years went by, and those spaces disappeared, they would move patients into the corridors leading out of the unit, but only on the worst days. As those ‘bad days’ became more frequent, and the emergency unit was dealing with as many as three times more people than they have normal capacity for, those corridors regularly started to fill up “bumper to bumper”. Sinks were fitted and machines moved in — an unspoken yet unavoidable surrender to the fact that this kind

of care is becoming an unwelcome everyday reality at the hospital.

If you visit the trust's website, you'll see a plea for patients not to come to A&E, and instead to find the "best route to care" elsewhere. It's not difficult to understand why. The unit has just 28 permanent beds for patients and a small handful of temporary spaces for those awaiting admission, despite the seemingly never ending influx of patients. Often it's too full to admit new patients from ambulances. On multiple days this winter, as many as 1 in 12 ambulance handovers were delayed by more than an hour at the trust. In that same period, an astonishing 5,855 handovers took more than 30 minutes.

One former senior NHS manager who recently visited the A&E described the situation at the hospital as permanent "siege conditions". Others said the atmosphere was "more akin to a factory". The pressure has almost become unbearable for 73 medical staff and 176 nursing staff that work there. In 2022, the hospital launched a 'Same Day Emergency Care' (SDEC) unit to try to ease the burden on the A&E by handling less urgent issues that patients wanted to address right away (like new prescriptions or non-acute medical issues) but aren't as serious as the rest of the A&E caseload.

By 2024, senior staff were admitting in emails that the "dire" conditions in A&E may force the SDEC to reassign its staff back to the A&E to prevent it being overrun (A spokesperson stressed that these "escalation plans" were only enacted occasionally to "provide additional capacity" when "demand exceeds usual levels").

There are pressures throughout the hospital — too few beds, not enough staff, lacking community healthcare and social care, a shortage of GP appointments — in short, not enough capacity to meet demand. A biomedical scientist at Whipps described how phone calls from doctors asking for tests had become so frequent it effectively prevented her from getting any other work done. "Either you answer the phone or you can run samples," she explained. "It's just crazy."

But as the ever-open gateway to the hospital for most patients — from those who couldn't get a GP appointment to renew a prescription to those brought in by an ambulance after a heart attack — the A&E ends up bearing the brunt of the dysfunction elsewhere in the local healthcare system. Many of those that turn up in A&E then clog the unit up as other parts of the hospital are unable to admit them. As one nurse explained it: "The front door is always open, but the back door is intermittent."

As you exit the emergency unit at Whipps, the first thing you notice is the sheer size of it, spread out across 48 acres (the size of over 35 football fields). The hospital's MC Escher-esque layout is the result of years of slow expansion that has left it a patched-together amalgamation of an Edwardian-era hospital with dozens of new annexes, units and prefab buildings added piecemeal in the decades since.

One hospital porter — the "links in the chain" tasked with moving patients,

supplies and equipment around a hospital — said the building’s creaking lifts frequently break down with patients inside, forcing staff to await rescue or force open the doors with their bare hands. “It’s not a pleasant experience, especially if you’re with a patient.” He says another porter was stuck in a broken lift for an hour. One day last year he recalls the number of broken lifts forced porters to run their patients through a basement warren — an area that is usually out of bounds for members of the public — as it was the only way to get across the huge hospital complex.

“When I came to Whipps Cross and saw [the facilities], it was a bit of a shock,” the biomedical scientist at the hospital told *The Londoner*. “I was thinking: ‘Oh my god, what have I gotten myself into’. I thought I had made a big mistake.” They explain that everything from lightbulbs to testing machines break regularly. Several years ago, a fridge used to store samples stopped working and has since gone unfixed, she says. Now, whenever they want to store or collect a patient sample, they have to run down corridors to find a roaming sample fridge that moves around the hospital.

For years, staff have been banking on the promise of Whipps Cross Hospital being totally rebuilt, an idea first floated as part of the 2019 election pledge to build or rebuild 40 English hospitals. (This pledge was made just weeks after the father of an infant who nearly died at the hospital confronted Prime Minister Boris Johnson at Whipps Cross, claiming his party had “destroyed” the NHS through austerity cuts.)

The possibility was like a lifeline, with the hospital’s medical director at the time admitting that they were pinning their hopes on the possibility of a rebuild to make the hospital fit for the 21st century. If done properly, it had the potential to give the hospital the capacity to deal with the kind of record demand they were seeing. But in the years that followed, the project was repeatedly pushed back as the government failed to provide funding to back up its ‘commitment’ to rebuilding the hospital. Then a new government arrived. And with it, another delay. Now the new hospital, first planned to be finished by 2026, won’t start construction until 2032 at the earliest.

“They wouldn’t be bidding for a new hospital if the one they had was fit for purpose,” says Donnelly. “It’s not.” And the cost of those delays falls onto the doctors, nurses, porters, and by extension, the patients.

“It’s almost hard to describe the feeling — you will go home thinking about that person you couldn’t care for. You live with every single one of those patients,” Donnelly tells me. One nurse at the hospital told her they spend their nights mentally flicking through each of the sometimes-90 patients they saw that day, trying to remember, or predict, if they got proper care. Increasingly staff and experts are using the term ‘moral injury’ to describe the sense of guilt that can arise when circumstances force people to deliver care they know isn’t good enough; to not be able to fulfill the very purpose that drove them to work in healthcare in the first place.

When government inspectors from the Care Quality Commission visited the

hospital in December, they issued a warning notice to its A&E. Patients, their report declared, were stuck in the emergency department “for significant periods of time due to lack of beds across the trust”. “Privacy and dignity within the ED, especially within the areas where care was provided in the corridor, was not always protected”, and “patients at high risk of self-harm were left unsupervised”.

The Waltham Forest Echo previously reported that Barts Trust has paid out more in legal settlements related to claims of brain damage or cerebral palsy in newborns being caused by medical failings than any other NHS Trust in London — £73.8m in the last five years. Patients The Londoner spoke to across the last few weeks described crammed waits in A&E corridors and overburdened staff struggling to identify problems like debilitating infections that had left them bedbound.

But despite their often bad experiences, most people I spoke to asked what kind of article I was writing before they agreed to be interviewed, adamant that their stories shouldn't be used to denigrate Whipps Cross or the NHS in general. Many described moments of extraordinary care from doctors and nurses, who after enduring hours in the trenches would have had every right not to extend the kind of kindness they did. Others described being referred by their GPs to local private hospitals because of the queues at Whipps, only to be sent back when those hospitals didn't want to take on the risk associated with their “complex” cases.

It's easy, I think, when writing stories about the current problems in the NHS to accidentally convey a general sense of malaise; a feeling that there's something existentially “broken” about the system. Stories about pensioners dying in corridors or ambulances queuing outside A&E departments tend to crowd out policy reports about how we got here. Despite being shielded from the spending cuts that hit many other public services, between 2010 and 2020 the NHS saw historically low increases in funding for the health service, even as an ageing population meant demand was growing: funding grew an average of 1.4% after accounting for inflation, the lowest annual average figure over a decade since the NHS was founded, according to the King's Fund think tank.

That left the NHS with just a tenth of the CT and MRI scanners per person compared to Japan and the UK with nearly half as many hospital beds as it had in 1987-88, even as the population and its health needs have grown. But, as complicated as it might be, digging out of that hole and ending the “siege” for hospitals like Whipps Cross has never been more urgent.

"Like many hospitals across London, we have faced rising demand for emergency and hospital care," a spokesperson for Barts Health NHS Trust told The Londoner. "While pressures remain, we've seen recent improvements as demand has eased, and we will continue working with staff and partners to provide quality care for all our patients while keeping our estate and facilities safe as we await the much-needed redevelopment."

They added that given the new delay in the arrival of a new hospital they “are working urgently to fully establish both the backlog maintenance and the critical investment that is needed in the medium term to bridge the gap to the new hospital — a minimum of 10 years from now”.