Written evidence submitted by Lavenham and Sudbury Hotels (CLL0120)

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About Us

In early March 2020, The Sudbury & Lavenham Hotels Forum was formed to address issues surrounding the Coronavirus pandemic – Covid 19.

The pandemic represented a massive healthcare crisis for the nation. But it was also kicking off a huge financial crisis. This was especially evident in the hotel sector in Suffolk where tourism remains the region's largest non-government business sector, generating over £2bio annually and employing more than 30,000 people.

The forum was started by Frank Lawrenson. Frank had up until recently been a cabinet member on the district council. With a wide array of contacts across local government, Frank saw a way in which the hotel industry could combine forces with the NHS to the benefit of both.

In essence… Save Lives & Save the Tourism industry.

The basis of the proposal was simple. Hospitals needed bed spaces. Hotels had lots of bed spaces going begging.

Surely there was a way in which the two could work together?

The Plan

In the middle of March, a process began to evaluate how this might work in practice. The process happened less by design and more by evolution, driven by a series of rapidly changing events, an increase in people getting sick, food shortages in supermarkets due to stock piling and a looming lockdown…

Stage one was a massive scramble to secure the initial consent of hotels across the region before they closed and became unreachable. Twenty hotels were identified around Sudbury and Lavenham, with a total of 356 bed spaces. With hotels being inundated by guests looking to change or cancel their bookings, the challenge became trying to get through to the General Manager of each hotel. Then once the kernel of the idea had been discussed, securing some degree of consent from the owners.

Stage two required setting up a communications network so that all the members could keep in touch, share ideas, be kept in the loop and reach a consensus for a

way forward. The initial plan was to hold one long meeting where we could all thrash out our ideas. However, as fear grew and lock-down loomed, the meeting was shelved in favour of electronic communication. Unfortunately, this also resulted in a number of hotels "dropping out" as they became unreachable, presumably under instructions from their investors who had ordered their immediate closure and staff furlough.

Stage three was opening up communications with the NHS. The biggest challenge being finding the right person, the decision maker, with whom the forum could discuss practicalities and logistics (more later).

Considerable pressure was exerted on our local politicians to support the scheme which we are proud to say, they did.

Our MP made some supportive noises, and once he did, things moved pretty quickly. Suddenly it wasn't just us reaching out to hotels, it was the weight of Babergh District Council extending the scheme across Suffolk.

Plus, through Suffolk County Council, the NHS now got in touch with us with a range of practical questions and issues which stopped us trying to second guess their requirements.

Stage four - preliminaries would have been to formally agree processes, logistics and discuss how this would work in practice.

Stage five would have been Implementation

Stage six would have been a process of what is and isn't working for both parties and how could we do better.

In the event, the forum only got as far as "Stage four". Sadly, a decision was taken by the authorities on the 30th March 2020 to use "care, residential and nursing homes" instead. A decision that at the time was quite shocking and resulted in the loss of thousands of lives.

However, it is our intention to still complete "Stage four" so that should this situation ever be repeated, the industry will be ready to meet the challenge head on and without delay.

A short timeline:

First week of March

- We start engagement with our MP (James Cartlidge) offering to take in patients from hospitals
- Creation of The Lavenham Forum

Second Week of March

- Initial engagement with Mathew Hicks, the Leader of Suffolk County Council (SCC) offering to take in patients from hospitals and offering up to 300 beds initially. This is passed to the "Cabinet Member for Adult Social Care" which raises some eyebrows.
- We engage again with our MP to ask if the forum members can join a list of hotels, rumoured to be the process of being created, that will take in patients. All engagement with our MP from now on is via his assistant.
- Meeting of the Forum is called to ascertain where members might help – Recovery patients, aftercare, medical staff isolating etc.

19th March 2020 – Stage Two begins

20th March 2020 – Babergh District Council assigns a lead officer, Gavin Fisk to create a team that will expand our program and track down many more hotels across the whole of Suffolk. Fantastic.

21st March – Cllr Beccy Hopfensperger at SCC passes on our request to the "Executive Director for People's services" (whatever that is) who liaises with health colleagues

22nd March 2020 – Stage Two 90% complete

22nd March – Email to community leaders and MP confirming that the forum has committed to just over 200 bed spaces for mixed uses for the NHS and that Babergh are working on a lot more bed spaces across Suffolk.

22nd March – Mathew Hicks confirms that "Richard Watson of the Ipswich and East Suffolk CCG" will be "deciding what happens with regard to bed spaces".

23rd March 2020 – Lockdown begins

23rd March 2020 – Stage Three begins with an email to the forum from the NHS, thanks to Suffolk County Council backing the project. A lead from the NHS is appointed which means the circle is now complete between the NHS, District Council, County Council and the Hotel community in Suffolk. It's a good day!

23rd March – Suffolk authorities led by Babergh and Mid Suffolk begin sourcing other hotel accommodation

23rd March The NHS reaches out to us to engage on bed spaces for the NHS, thanks to Mathew Hicks.

23rd March – We send the NHS a list of questions on which they need to engage on. i.e. Insurance for the hotels, food menus, food sourcing, access to PPE, allocation of medical staff to support us etc.

24th March 2020 – Babergh elevates its game further and follows up again on tracking down hotels with an email questionnaire

24th March – Email from the NHS… "I am hoping by the end of the week we are in an agreement (Health side) which beds we want to sign contracts on as the hospitals are starting to feel the pressure already… But I'll keep you fully in the loop. I then need to sort equipment, transport, medicine and staff." I reply "No problem. Just happy it's been worth it for you guys!" It's looking positive again.

24th March – Email to our MP updating him on where we have got to and confirming that the NHS would like to start moving people immediately if possible. But bureaucracy needs to be completed.

24th March – Hotels that have not committed to our project are now unreachable. These are the bigger chains like Surya and Greene King. Greene King is answered centrally by a girl working from home. She's scared and starts crying. It's very sad and disturbing. Will we all be like this soon?

25th March – I get this email from the NHS. "At the moment nearly all my attention is going into buying beds at nursing, care and residential homes as these beds pose the smallest risk to patients (infection control, hospital beds, nursing staff etc..). However I have completed a full options appraisal which is going to Board on Monday which details all the other possible options, costs, patient flows, logistics, Workforce etc.. Your very useful list of hotels is featured so hopefully a clear decision by Tuesday morning." I can't believe they're serious – Care Homes? I ask where we stand in that list in terms of preferred options. I get this reply: "None of the provision has been 'ranked' as such. It is presented in groups (Care homes, Nursing homes, Small Hotels (less than 10 rooms), Medium Hotels (11-30 rooms), Large Hotels (31+), conference centres, boarding schools etc..) The Board will be asked to make a decision on how many of each group they want to progress with." We must be near the top of the list. Nobody would be dumb enough to house potentially infectious people with the most vulnerable. We must try harder.

27th March – Govt announces all rough sleepers to be housed within 24 hours

29th March – West Suffolk hospital reaches out to us about accommodating NHS staff that have to isolate from families. We hear a decision on patients will be forthcoming in the next couple of days.

30th March 2020 – Health board meetings are held to discuss the situation further and evaluate options for more bed spaces, including those proposals put forward by our Hotels Forum.

30th March - Govt appoint Calder's Conferencing to source and book hotel rooms en mass. This must be promising for us.

31st March – The bomb drops. Our leaders have gone officially mad. An email from the NHS reads. "We have now been given a clear 'steer' from central government regarding additional bed capacity for patients that need to be discharged from a hospital setting. The bed space which we are able to purchase for our population should be in a care, residential or nursing homes, community hospitals or in patients own homes with support from carers. NHS England will be providing explicit guidance over the next coming days regarding any additional bed capacity in Suffolk outside of care homes or community hospitals, namely Nightgale hospitals such as what is being set up in London, Manchester and Newcastle. This does mean NHS Suffolk are no longer looking to purchase bed space in hotels for patients at this moment in time. However should this change over the next few weeks (or months) I will make contact with you directly. I have provided your details to West Suffolk

Hospital as they are continuing to look for accommodation for their staff. I would like to express my sincere thanks for all of your proactive support and kindness. Take care and many, many thanks". It feels like a "good-bye" and of course it is. That last sentence feels like regret. Does she also fear how badly this will go?

I am of course on the phone to our MP. I ask him to reach out to Boris. This is going to go so badly. Many will die. Are they mad?

9th March – After a week trying to get the decision reversed, it is clear there is nothing "I" can do. I break the bad news to our forum .

At this point our project effectively ended

13th Apr – We find out that Babergh did a fabulous job and in fact found 1,500 bed spaces available throughout Suffolk at hotels. What a waste.

June 2021

“Stage Four – Preliminaries”

1. The client

Who was our client going to be? It seemed obvious at the time that we would not be taking in patients who were in immediate danger or at risk. We are after all hotels and B&B’s not hospitals. However, there is clearly a range of different types of clients available, all dependent on the strategy of the NHS, the depth and breadth of the crisis and how that strategy would evolve to cope with it.

As hotels are not experts in clinical care, an example of a typical guest might be hospital patients who are “out of danger” but recovering, unable to return home but clearly “at risk” simply by being in a building with the virus – This would have an immediate effect on freeing beds in hospitals.

Alternatively, the authorities could decide to move people along a “chain”. i.e. move the elderly out of care homes into the hotels and then take over the care homes as emergency hospital space (care homes being better equipped for this than hospitals).

The latter, on the face of it, would appear to be a safer option as it would avoid risks of cross contamination. But it would be more disruptive for those care home residents who have to be moved.

Other groups also emerged during our findings such as housing medical staff who are isolating from their families. However, housing the two in the same buildings did NOT seem like a sensible course of action as it would potentially be open to fatal errors.

2. “Free of Infection”

Taking in patients from hospitals clearly presents some risks of bringing infection into the hotel. It therefore follows that as far as is possible, guests should be certified “free of infection” prior to arrival so as not to introduce a deadly illness into an already very vulnerable group.

In addition, it would avoid introducing risks to staff who are not trained as nurses and who might understandably prefer to be furloughed than risk bringing home the virus to their families. Despite that, we thought it would be sensible to treat those guests “as if they were infectious” and have an isolation period within the hotel, followed by a follow up blood test, prior to easing their living constraints.

Ideally, we would want to restrict access only to staff and clinical care, all with PPE. Better still if some staff could reside on site after isolating themselves.

3. Medical Care

Hotels are NOT hospitals. Whatever we might be able to achieve in providing food and bed spaces, we are not clinicians. Consequently, we would require some degree of medical support depending on the condition of the patient. What form would this take? A doctor and nurse assigned to us at the end of a phone would, in our opinion, be a minimum. But perhaps a weekly inspection would be better and safer for everyone concerned.

If the general situation worsened significantly, further assistance from medical staff might be needed. However, that could either be assessed as it happens or preparations put in place in advance. Questions that might arise include:

a. If the occupancy had to be increased in a hurry, what is the safe distancing of beds? How many people could we take at a push?
b. Can bathrooms be shared?
c. Would we turn dining rooms into dormitories?

4. Infection in the hotel

What should we do if a guest was diagnosed with Covid19 or the virus took hold in one of the hotels?

5. Food

Hotels are already very familiar with cooking different meals for different tastes and coping with allergies etc. However, the diet of a patient is probably going to be very different to that of a guest. We would either need guidelines or sample menu plans.

At the time, some supermarkets were completely empty, so if finding food became an issue, does the NHS have preferred status with certain suppliers and would we be able to access it?

6. **PPE**

Personal protection is clearly an issue for anyone working in the health sector. Whilst hotels are experts at food and lodging, they are not trained in how to deal with potential infection.

a. Does the NHS have published guidelines and practices in which we could train our staff to keep them safe. Videos, manuals, short courses etc?
b. Would the NHS be able to supply us with PPE equipment to be used during the guest's isolation period and for key visitors (medics)?
c. Does the NHS have policies for cleaning rooms etc?

7. Communications

Procedures needed to be put in place to isolate the hotels from outside visitors. Therefore, communication lines need to be agreed for the guests to be able to communicate with their family. How should this be managed and how should we deal with the family and loved ones of our guests if the guest

is unable to communicate or a member of the family arrives at the door?

8. Money

The objective of this exercise was to save lives and save the tourism business. The objective was not to make a profit or save a solitary hotel. With that objective in mind, the Forum worked out, independently at first, how much they would need to be paid per guest (room) for lodging and how much for food. The latter being based on menus we managed to track down from care homes and friends who had worked in hospital kitchens. This amount was targeted purely at a "survival rate" for the hotel. It would also remove the need for government hand-outs and grants.

In effect this would be the minimum we would need to "stay open to the NHS", be able to pay staff, pay utilities, pay rates and look after our new guests. We also had to work out a minimum occupancy level. The occupancy level is the minimum amount of rooms that need to be occupied, at that rate, for the operation to be viable and self-sustaining. The information was collated, an average taken and that figure agreed by the forum. The reason for this was so that our members would not be competing with each other and everyone would be working uniformly towards the same goal.

Whilst the actual figure we agreed is confidential, it was substantially below care home rates. We also agreed to ask if all the hotels participating could be filled to their minimum occupancy levels first, rather than filling one completely then another. This was again to ensure co-operation from the group and fulfil the dual objectives of saving lives and saving the industry (not just saving only one or two places).

We also felt that spreading guests across a range of places would be beneficial to the NHS as it would reduce the risk of a mass infection.

9. Insurance

Hotels have insurance policies against a number of potential threats. However, they are not insured as hospitals. We might therefore not only be in breach of our existing insurance policies, but at the potential risk of other claims. We therefore needed a waiver from the NHS. Not against things such as gross negligence. But anything that our existing policies might not cover or which we would breach by becoming carers.

Alternatively, we would expect the NHS to make up any shortfall if our existing insurers agreed to the "change of use".

10. **Record Keeping / Admittance / Discharge**

It is important to know if there are any processes or records that the NHS or carers need us to keep. Some may be relatively trivial, such as a cleaning records. Others might be critical, such as admittance and discharge procedures/records. So a selection of simple checklists might be needed.

Examples of check-in records might include:

a. Personal details
b. Food and liquid requirements
c. Allergies
d. Contact information for carers and families
e. Specific care protocols including do's and don'ts
f. Medical condition and Emergency contact details
g. What happens if the guest gets up and says "I'm off" – Can they go?

11. **Conversion Costs 'Or/And' Re-instatement Costs**

It "might" be the case that in a few instances some additional expenditure would be necessary to ensure that a hotel is "fit for purpose". This could be agreed as the result of a simple pre-launch inspection.

It might equally be the case that there are damages incurred as a direct result of the "change in use". Are those costs recoverable and how should it be documented OR is the hotelier responsible and therefore should an adjustment be made to the daily rate to cover this eventuality.

We felt the latter would be less complicated in the long run as no burden of proof would be required and there would be no issues around payment.

12. **Staff**

In the hotel business, staff are like family. We all work very closely together, sometimes living together. We serve others, often at unsociable hours and often at a time when everyone else is on holiday, like Christmas or Easter. It would be entirely wrong if we tried to force our staff to work in an environment where they feel they might be at risk, especially when this isn't the profession they signed up for. As such, staff cannot be "compelled" to work.

There is therefore an enormous burden on management to ensure that the working conditions are as safe as possible. Management must be able to refuse "guests" if they are not "certified" Covid19 free.

Equally, staff would probably have to sign a disclosure to say that all members of their family group are isolating themselves and that they have no symptoms. Temperature checks would probably have to be taken at entry into the buildings.

Staff who were above a certain age or vulnerable would not be permitted to work.

Other:

Whilst this list is certainly not exhaustive and would be certain to "evolve", it gives an indication of some of the challenges that would face hoteliers as they try to adjust to a shift in focus and re-purpose themselves as care homes.

Neither does this list include concerns, questions and requirements that the NHS itself might raise and which would in turn need answering by us as hoteliers.

That said, the good news is that most of these issues, from a hotelier's perspective, whilst numerous are not especially complex and therefore can be solved relatively simply. The entire operation would be a learning curve for everybody, hence the need for a "Stage six" evaluation. However, menus can be suggested, videos can be taken to record condition, folders of procedures can be complied and a blanket insurance waiver can be provided by government. At the end of the day, whilst hotels are not hospitals, we are experts in looking after guests and learning how best we can serve their needs!

However, whilst this situation is fresh in everyone's mind, we believe that completing "stage four" would be a worthwhile endeavour for the future.

Despite our efforts, it is an incredibly sad testament to people in care homes all over the country, who ended up losing their lives, that the plan to re-purpose hotels for hospitals was never adopted, either here or elsewhere.

I hope that those lives were not lost in vain and that "stage four" can still be completed and the country is therefore better prepared should this ever happen again.