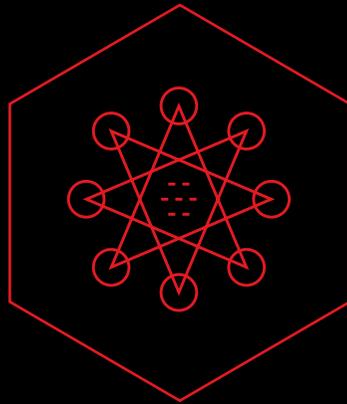


Working Towards the New Better: **Every Firm is now a Healthcare Organisation**

London Work, Travel, Convene Coalition

January 2021



COVID-19 is not a linear event that progresses in a straight line to a conclusion. It is an event driven by known and unknown factors and hidden interconnectivities that combine to create an impact that is so much more than anyone could have anticipated. London's response to the future world of work is still unknown, along with the consequent impact on organisations. Firms have made decisions at record speed and changed age-old practices overnight, but our journey is far from over.

What follows in this special report is a collection of insights, including expert comment, case studies and a collective view from a group of London's biggest employers. While this future is yet to unfold, one unmistakable trend has already emerged: workforce health is now a strategic imperative for firms.

COVID-19: a relatively predictable system to model compared to conventional insurance and reinsurance claims

“The processes that drive many insurance and reinsurance claims – such as natural peril events, and man-made accidents – are uncertain, spontaneous and impossible to ‘predict’. The impact COVID-19 would have on humanity was, in some way, conceived in its genetic code when it infected the first human. Thereafter, the spread of the virus has followed mathematical principles. Although it may not be immediately clear how to parameterise the model, using the broadest worldview allows us to learn from other countries as to what our immediate future may hold.”

James Robinson, PhD, COVID-19 Pandemic Modelling Analyst

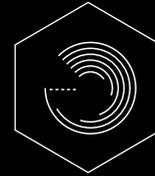
Contents

Introduction					2
Reports					10
		Preparedness: COVID-19 and Pandemic Modelling			Vaccines: Pathway to Immunity is Littered with Obstacles
		10			23
		All Change: Transport & Commuting			Health: a Strategic Priority
		37			49
Case studies					66
Conclusion					73



2024

Hopefully **by 2024**, we will have a good rollout of COVID-19 vaccines globally



24%

Only **24%** of organisations are actively reshaping their future right now. Everyone else needs to make a start (Aon Human Capital Solutions Pulse Survey)



1 in 5

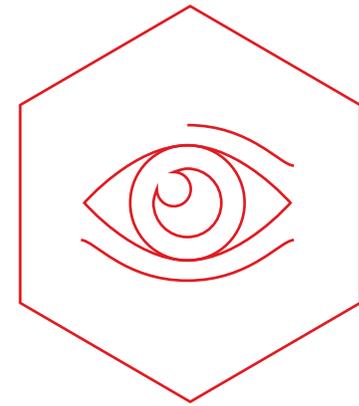
The number of adults suffering from depression has doubled, increasing from **1 in 10** to **1 in 5** since March 2020 (Office of National Statistics)



2030

Even before COVID-19, the WHO predicted that depression would become the leading cause of the global burden of disease **by 2030**

COVID-19 has changed the working world beyond recognition, and the impact of the pandemic is still being realised.



The interconnectivity of the risks COVID-19 presents is something that few were prepared for. Every organisation is working through the crisis, making decisions for their business and supporting their workforces. As the pandemic unfolded, Aon decided to look forward to a 'New Better' and define this in collaboration with our clients.

That is the reason Aon brought together some of London's largest organisations to form a coalition – to join forces, share expertise, learn from each other and focus on the here and now: how do we tackle this crisis and shape the future world? And so the London Work, Travel, Convene Coalition was launched.

Our coalition insights to date include some of the best minds from pandemic modelling, mental health and leadership, and vaccine development. Whilst these areas of expertise feel poles apart in terms of subject matter, there is a key theme throughout – **every firm is now a healthcare organisation.**



All Paths Lead to Workforce Health in 2021

Foreword by Julie Page

When offices shut their doors in March 2020, it was a situation unlike any we had encountered before; there was a presumption that many, if not all of us, would have returned to the office by the end of 2020. This was not to be and the landscape shifted once again, when the government announced restrictions for people, including many in organisations like Aon, to work from home if they could until March 2021. As we start 2021 and are buffeted by what we hope are the residual winds of COVID-19, the reality is that the UK is nowhere near as close to recovery as was widely anticipated.

We are still unlikely to return to the workplace in any significant capacity in London, and the wider UK, until the second half of 2021. News of the vaccine approval had been the hope that the UK was waiting for, but as Dr Rodriguez-Fernandez tells us – a rollout that enables what we have previously understood to be a ‘normal’ environment will probably take until 2024 globally, so we must make provisions to adjust to a new workplace culture when we do return.

In the longer term, there is every chance that the office, as we previously knew it, will change significantly. This possibility has huge commercial ramifications and forces us to truly think about the office of the future and our work lives reimagined. The objective of the London Work Travel Convene Coalition is to help facilitate those conversations and utilise expert insight to help guide our decision-making regarding a safe return to the workplace.

Thinking now and for the future

As we continue to learn more about the path of the pandemic and the implications for organisations, we are engaging with experts responsive to the ever-changing picture. To date, we have had authorities from the world of pandemic risk modelling, mental health, and vaccines, providing invaluable insight. What we have learnt in the London coalition applies across most towns and cities in the UK. Our journey is far from over, and our ongoing collaboration is crucial to shaping how London responds to the future world of work. Whilst we are unable to manage the virus directly, we can manage how we build resilience in our organisations and physically and mentally support and protect our colleagues.

Every organisation is now a healthcare organisation

The future may be far from clear, but one definitive trend has emerged from the coalition sessions. While the speakers derive their expertise from different sources, at the centre of a Venn diagram the same words can be found: workforce health is a strategic imperative for firms.

This insight report aims to showcase the coalition’s work so far, underpinned by Aon’s data and analytics, and considers what may influence the trajectory of the UK’s recovery over the coming months. While no-one has all the answers, we share our own experience, alongside coalition members, to help shine a light on the future world of work and the ways in which we can build resilience in by design. This marks the beginning of the coalition’s collaboration, rather than the end.

Julie Page

CEO, Aon UK Ltd & London Work,
Travel, Convene Coalition Chair

What is the London Work, Travel, Convene Coalition?

The appetite to return has not wavered

“There is still a genuine appetite from employers in the City and Canary Wharf to get people back to the workplace, recognising that they are part of a greater ecosystem that’s critical for the overall health of the economy. Making decisions as part of the coalition will help accelerate that return with three key areas of focus: the first is around planning; the second looks at issues that businesses can’t consider without some form of external validation; while the third explores how businesses will ‘reshape’ to thrive and prosper in a post COVID-19 world.”

Richard Waterer, Managing Director EMEA,
Global Risk Consulting, Aon

The London Work, Travel, Convene Coalition launched in September 2020. It brings together large employers in the City and Canary Wharf to share key learnings and insights related to planning and operations, to assess impact and measurement of efforts and to evaluate the latest technologies. The coalition’s aim is to develop a set of guidelines to help navigate the challenges businesses face as society re-opens throughout the recovery phase of the COVID-19 pandemic.

Founding members of the coalition include, Accenture, Ashurst, Aviva, Clyde & Co, JLL, Legal & General and others. Member roles range from Chief Operating Officer, Director of People Services, Director of Employee Experience, and Future Workplace Director.

London as an interconnected ecosystem

“While all parts of London face challenges in acclimatising to the ‘new better’ following the government-mandated restrictions, the City and Canary Wharf face specific challenges in getting people back to the workplace, such as high-rise buildings, the density of buildings and people, and dependence on public transport.

These parts of London also form an interconnected ecosystem, and decisions made by the large employers that inhabit them will be a determinant in London's ability to move toward societal and economic recovery.”

Julie Page, CEO, Aon UK Ltd



London Work, Travel, Convene Coalition

Preparedness: COVID-19 and Pandemic Modelling

January 2021

“It is important to bear in mind that the virus is exceptionally difficult to suppress and will continue to spread unless the restrictions on social mixing and other countermeasures such as contact tracing are adequate. The virus is blind to what time a pub closes and whether patrons are served a substantial meal or not. The virus is indifferent to such considerations and does not bend to the will of the people. When we came out of lockdown in the summer, it was always going to come back, and the experience of the Southern Hemisphere demonstrated how challenging our autumn and winter would be.”

James Robinson, PhD, COVID-19 Pandemic Modelling Analyst



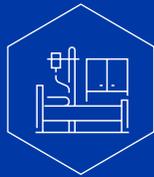
Important metrics obscured

Important metrics, such as the proportion of infected people requiring hospitalisation, have been obscured by incomplete data, confusing our perception of the current and future threat of COVID-19



People requiring hospitalisation

The number of people requiring hospitalisation remains the principal risk posed by COVID-19



2-3%

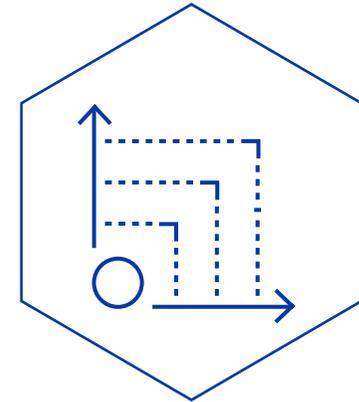
The hospitalisation rate of the estimated infections has not changed dramatically through time, with around **2-3%** of infected individuals requiring hospital treatment



Warming climate will reduce the R value

The impact of a warming climate will reduce the R value for any given set of social mixing restrictions and other precautions in place

How does modelling help us better understand the consequences of COVID-19?



Public perception of COVID-19's unfolding events is primarily based upon what is reported by the media, which is founded upon an incomplete picture of transmission since the detection rates of infections have been both low and variable through time. Many important metrics, such as the proportion of infected people who require hospitalisation, or unfortunately die, have become obscured by the incomplete data, confusing the current and future threat of COVID-19. Modelling COVID-19 provides a forensic analysis of past events, improving our understanding of the present and our ability to predict the future.

How important is a worldview when constructing a model?

Although each country's experience of COVID-19 is unique, there are both many similarities and important differences, which can be used to help us build a robust model. Indeed, a near-complete model for the number of infections, hospitalisation and deaths arising from COVID-19 was constructed in February 2020, based upon the emerging outbreak in Asian countries.

A comparison across countries allowed us to identify key characteristics of COVID-19 as early as the end of February 2020:

- **In the absence of containment policies, the R value was similar across territories (in similar climatic settings)**
- **The principal impact of COVID-19, which would drive government policy, was the proportion of infected people who would require hospital treatment**
- **Major outbreaks were underway in Europe and would require lockdowns to bring them under control.**

By quantifying the progression in each country – for example, the R value that is achieved at any point in time – and matching it to containment policies, we were able to form an initial view of the threat of COVID-19 and the magnitude of effort required to suppress its spread.

Daily confirmed cases (rest of Mainland China)

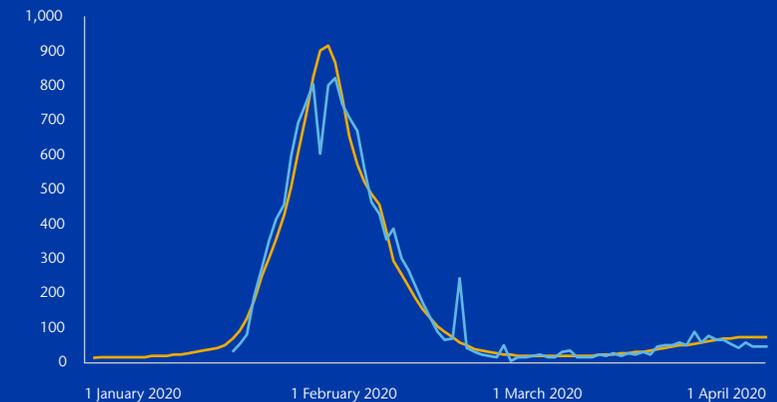


Figure 1: Reported daily confirmed cases (blue) versus model (orange) for mainland China excluding Hubei province. The fitting of the model to the reported cases in China was the basis of the model used in other countries as the virus spread worldwide.

Concurrent serious cases (Hubei)

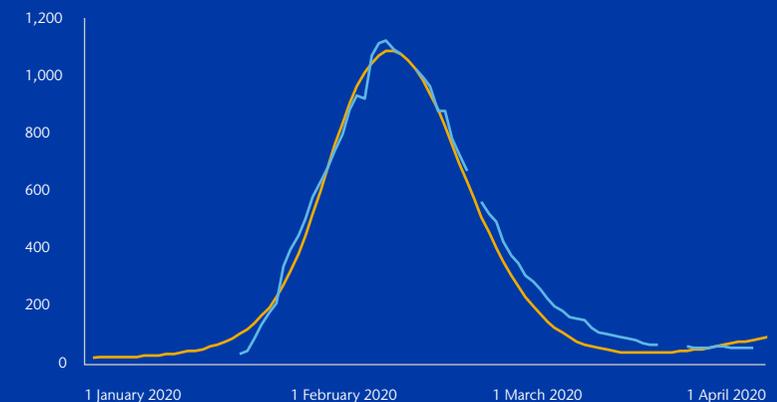


Figure 2: Reported number of inpatients in a serious condition (blue) versus model (orange) for mainland China excluding Hubei province. The large proportion of cases, which progressed to severe disease was an early demonstration of the threat the virus would pose to healthcare systems worldwide.

How can we better understand the impact of climate on COVID-19?

Quantifying the impact of climate on communicable diseases is known to be extremely complex. For example, we know that climate impacts seasonal influenza. Yet, it is still not clear how much each of the possible factors – such as temperature, humidity, UV, human behaviour – contribute to the effect. However, from early on in the COVID-19 pandemic, there were clear indications of the impact of climate such as:



A difference in the northern and southern US states



Lower transmission rates in equatorial countries



Outbreak clusters occurring in climate-controlled environments such as food processing plants

Melbourne provided a clear warning for the UK

With the first wave of COVID-19 occurring in the Northern Hemisphere spring, it was the Southern Hemisphere where we anticipated first observing COVID-19 in a winter setting, which would serve as a precursor to understanding what challenges the UK would face in its winter. However, with only 10% of the world's population living in the Southern Hemisphere, and most of that population living in tropical or sub-tropical latitudes, there were limited opportunities to make credible observations in populations that experience a cold winter. The most important observation was Melbourne, which experienced a second wave in winter (Jun-Sep) 2020, which was far more challenging to contain than its first wave earlier in the year.

Melbourne's experience provided a clear warning of what was in store for the UK in late 2020, with the modelling predicting a significant second wave. Indeed the transmission of COVID-19 increased across Northern Hemisphere countries as soon as temperatures began to cool at the end of summer. Unfortunately, this adverse impact is highly likely to persist whilst temperatures continue to cool in early 2021, and we may not see a significant shift until the climate becomes milder later in the spring.

Daily deaths (Australia)

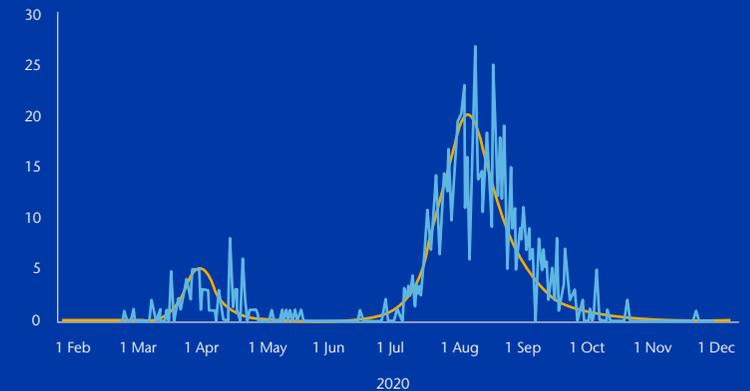


Figure 3: Reported daily deaths (blue) versus model (orange) for Australia showing the challenge of keeping the most vulnerable in society shielded, especially during winter.

Daily confirmed cases (Australia)

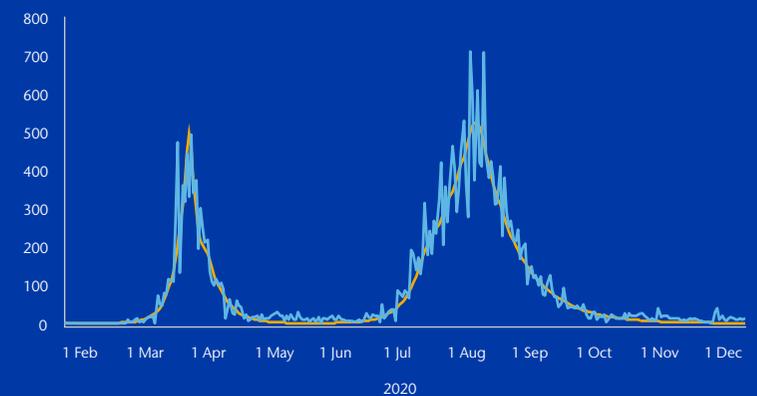


Figure 4: Reported daily confirmed cases (blue) versus model (orange) for Australia showing the second wave, in the Australian winter, was harder to contain than the first wave.

How should we interpret changing hospitalisation and mortality rates?



One of the biggest challenges in understanding the risk that COVID-19 poses to individuals is correctly assessing the proportion of infected people who are hospitalised, and the number who unfortunately die. These proportions in many countries, including the UK, were initially very high, but only by virtue of very low detection rates. Through the summer, as detection improved, these rates decreased rapidly. When combined with a change in the demographics of the infected towards younger ages, this produced decreasing hospitalisation and mortality rates, suggesting that COVID-19 was becoming less of an ‘issue’. However, such optimism was misplaced since a deeper analysis of the demographic data showed that the rapid increase in the infection rates of younger demographics was predominantly a result of their detection rates at the start of the outbreak being particularly low.

Once the hospitalisation rate of confirmed cases is adjusted for the detection rate, the hospitalisation rate of *infections* has remained stable at around 2-3% cases since the first wave in March.

14-Day rolling CFR (England)

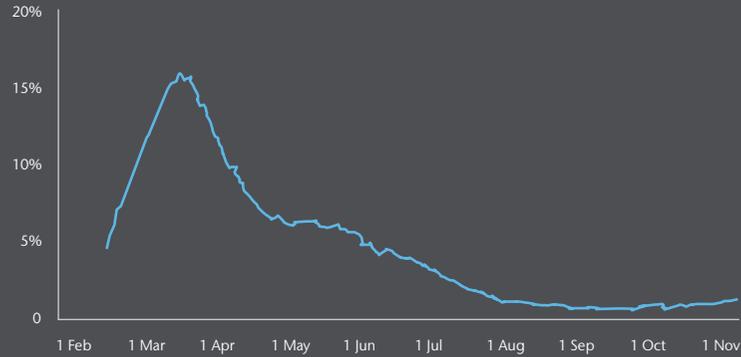


Figure 5: 14-day rolling average case fatality ratio (CFR) showing the significant reduction in the CFR in England through the summer.

Hospitalisation rates by age (England)

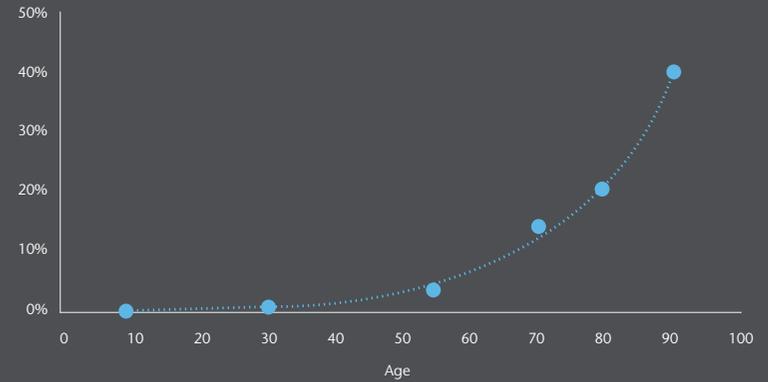


Figure 7: The estimated proportion of infections in England, which leads to hospitalisation by age. Older age groups are far more likely to be hospitalised.

Detection rate by age

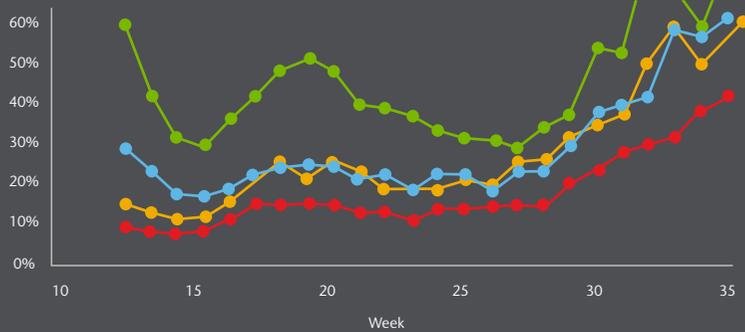


Figure 6: Estimated detection rate in England based upon hospitalisations, which shows the low detection rate at the beginning of the epidemic in England, especially for the younger age groups.

Hospitalisation rates (England)

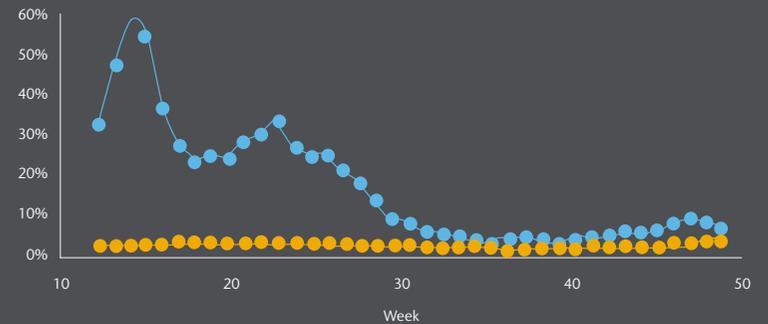


Figure 8: Comparison of the hospitalisation rates in England as measured by the percentage of confirmed cases (blue) and estimated infections (orange). The latter has remained fairly consistent through the year, with only slight fluctuations reflecting modest changes in the average age of the infected.

How does the risk posed by COVID-19 compare to the first wave and why are the restrictions necessary?

The number of people requiring hospitalisation remains the principal risk posed by COVID-19. As shown in figure 8 overleaf, the hospitalisation rate of estimated infections has not changed dramatically over time. The level of infections in the UK remains very high, and in early January is at similar levels to the peak of the first wave (over 100,000 infections per day).

Generally, in both the UK and other countries experiencing major outbreaks, the restrictions on social mixing are necessarily increased as hospitals reach capacity. Without the current restrictions (as of January 2021) in the UK, hospitals would rapidly become overwhelmed, with the most severe restrictions (such as recent tiering systems and national lockdown) taking time to impact the number of admissions. As a result of the lag time between infection and the severe form of COVID-19 disease, the numbers of admissions continue to increase even after a lockdown is initiated.

How does the risk posed by COVID-19 compare to the first wave, and are the current restrictions necessary?

New variants, such as VUI 202012/01, serve to remind us that the virus continually mutates and that the new variants may possess different characteristics in terms of their threat, such as an increased transmissibility.

It is important to bear in mind that the virus is exceptionally difficult to suppress and will continue to spread unless the restrictions on social mixing and other countermeasures such as contact tracing are adequate. The virus is blind to what time a pub closes and whether patrons are served a substantial meal or not. The virus is indifferent to such considerations and does not bend to the will of the people. When we came out of lockdown in the summer, it was always going to come back, and the experience of the Southern Hemisphere demonstrated how challenging our autumn and winter would be.

Daily infections (England)

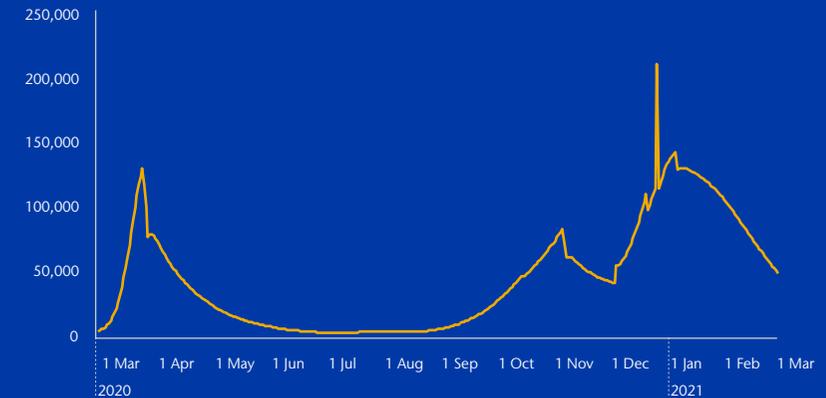


Figure 9: Model number of daily infections in England, which shows the numbers in the current wave are comparable to the peak of the first wave at the end of March 2020.

Daily hospital admissions (England)

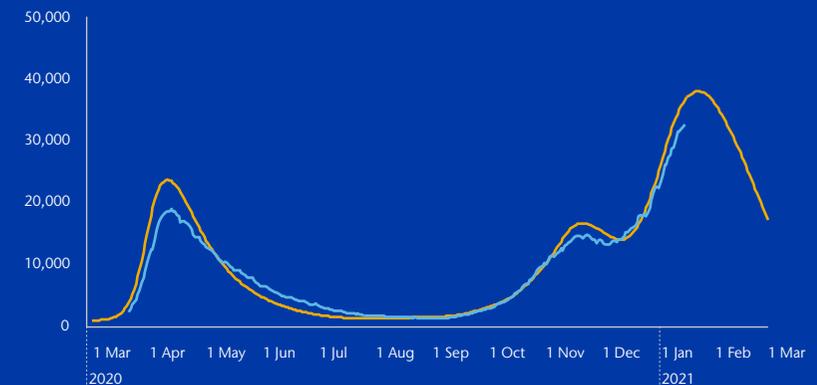


Figure 10: Reported number of hospital inpatients (blue) versus model (orange) in England showing the demand on the health system is greater in the current wave and that demand will likely stay high into March 2021.

% of confirmed cases VOC 202012/01 (England)

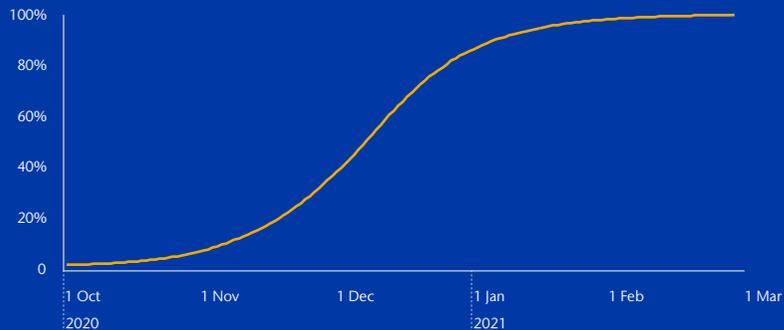


Figure 11: Modelled emergence of the UK variant VOC 202012/01, which went from being rare in mid-October to being dominant only 2 months later.

Number of infections by variant (England)

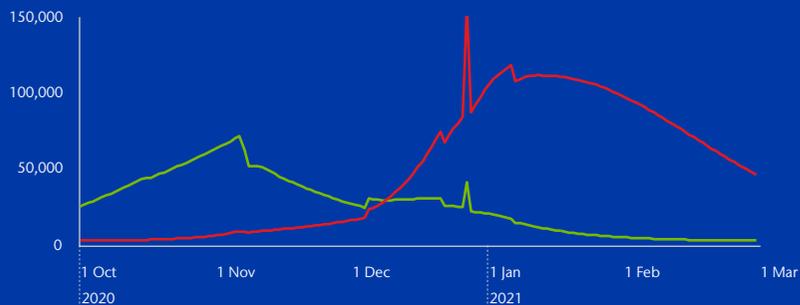


Figure 12: Modelled progression of the **new (VOC 202012/01)** and **old variants** in England, which shows how the tier system following the second national lockdown was sufficient to contain the old variants but could not contain the new variant.

What are the risks posed by new variants?

New variants, such as the 'UK variant' (VOC 202012/01), which are transmitted more easily, pose a particular danger in that we can no longer rely on previous containment regimes to suppress the virus adequately. Our modelling of the emergence of the new variant, which has quickly become the dominant variant in the UK in a matter of weeks, demonstrates that while the tier system in place after the end of the second lockdown in England was sufficient to keep the old variants contained, it was not sufficient to contain VOC 202012/01.

Thus, ultimately, a more restricted third lockdown, which included the closure of schools, was required. However, even this more restrictive lockdown, in the absence of vaccinations, would only be able to stabilise the infection rates and the number of hospital admissions, but not necessarily reduce them, at least not initially. Although the UK was unfortunate to see the emergence of such an easily transmitted variant, it is very fortunate that the emergence occurred at the same time as the mass availability of vaccines. Without this, the period we would have to remain in lockdown would likely be significantly longer.

New variants may also pose an additional risk in that the existing vaccines may offer less protection. However, quantification of that risk will take considerably more time and research than the more straightforward quantification of the impact on transmissibility.

How quickly may the situation improve in 2021?

Two major drivers will contribute to a rapidly improving situation in the UK in 2021:

- **Impact of a warming climate, which will reduce the R value for any given set of social mixing restrictions and other precautions in place**
- **Impact of the vaccination roll out programme, which will first reduce the impact of COVID-19 disease, such as the number of hospitalisations, and later a material impact on the level of transmission (i.e. a reducing R value). However, the potential for asymptomatic transmission is an important consideration and this will impact the return to 'normality'.**

The climatic effect may not be observable in countries with colder winters until temperatures start to rise from March onwards, with the full effect being observed later in the summer. The vaccine impact will

be dependent on how quickly vaccines are rolled-out across a significant proportion of the population, the timing of which remains uncertain. However, as all current COVID-19 vaccines are non-sterilising, when a vaccinated person encounters COVID-19, they could still contract and transmit the virus, but will be asymptomatic. This has important and perhaps under-discussed consequences: mask wearing and social distancing will still be needed.

The vaccine is just one of our lines of defence against the virus, and no vaccine is expected to provide enough protection to stop COVID-19 from spreading between people altogether. Whilst the vaccine's rapid development and distribution is good news - we must recognise that no single intervention will stop the spread. A gradual return to normality therefore may not begin until well into 2021, and some restrictions are likely to remain in place for most of the year.



London Work, Travel, Convene Coalition

Vaccines: Pathway to Immunity is Littered with Obstacles

By Dr Rodrigo Rodriguez-Fernandez, Global Medical Director, International SOS

January 2021

"Responding to COVID-19 is like conducting a train while laying the tracks. Every day we learn new things about the virus, the vaccines, and how they interact with the human body. But there is also a lot that we know and that we have learnt so far."

Dr Rodrigo Rodriguez-Fernandez, Global Medical Director, International SOS



1

Rapid testing



2024

The vaccine is just **one of our lines of defence** against the virus – and no single intervention is perfect at preventing virus spread

Rapid testing will be the next major development to aid a return to normality

Hopefully **by 2024**, we will have a good rollout of COVID-19 vaccines globally



357_m



2021



Decrease transmission



0.96%

As per January 2021, the UK Government had purchased **357 million vaccines**, and the first was administered on 8/12/2020

Herd immunity is unlikely to be achieved in **2021** in most parts of the world

All known current vaccines are non-sterilising, so **the virus can still be potentially contracted and transmitted post-vaccination**. We are still understanding how transmission will decrease with vaccination

0.96% of the global population tested positive for COVID-19 globally in 2020

Even a best-in-class healthcare system that functions as a well-oiled machine will take a long time to vaccinate an entire population

Vaccine pipeline

Announced clinical-trial timelines for COVID19-vaccine candidates

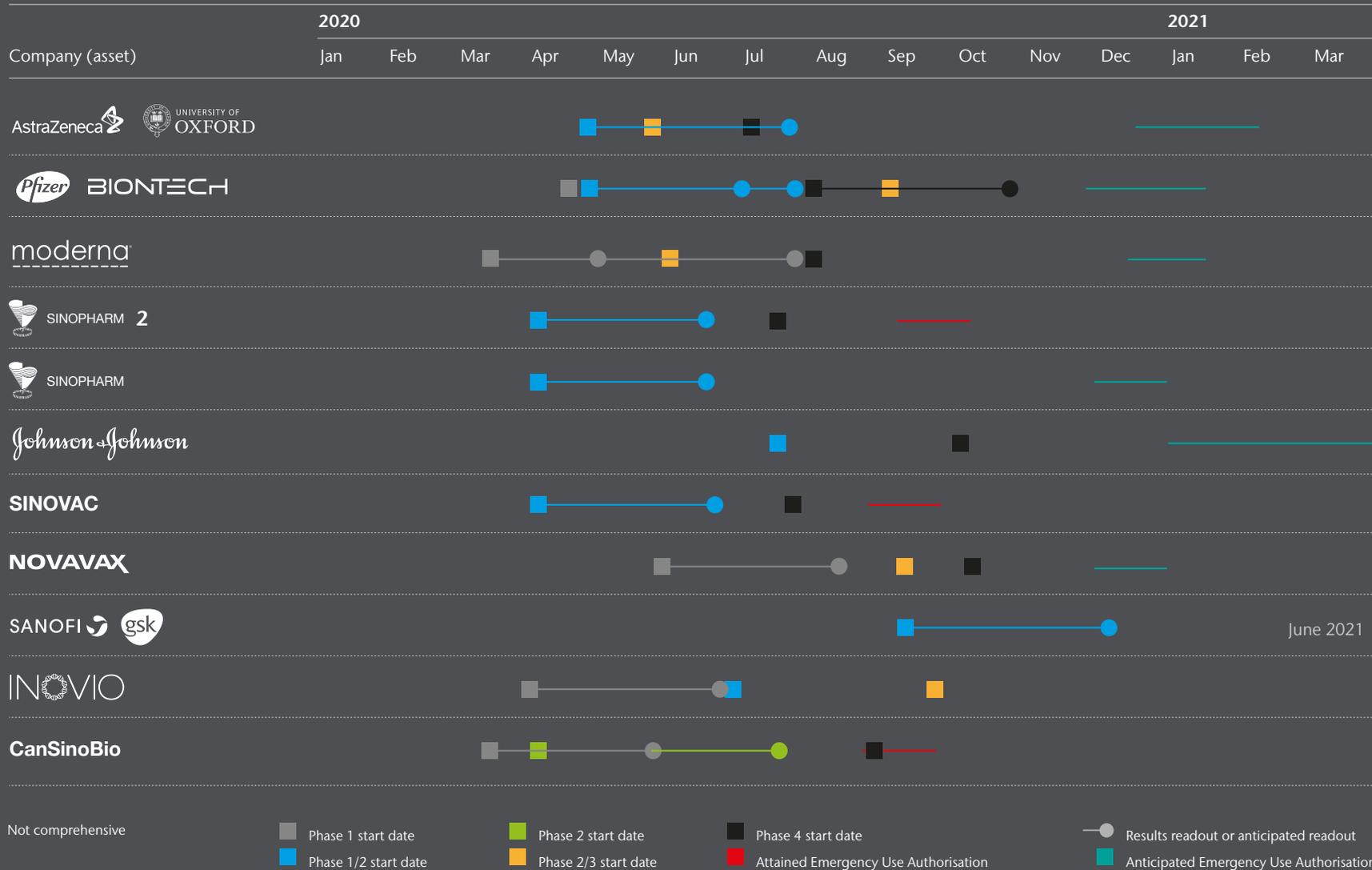


Figure 1. Source: International SOS

Vaccine pipeline

At the time of writing, the UK Government had purchased 357 million vaccines; 800,000 had been shipped, and the vaccine roll out programme started in December. Other vaccines are in development, with imminent emergency use authorisation.

The UK was proud to be the first to approve the vaccine. However, this initial step doesn't reflect the rollout to the general population. While the UK might have launched its vaccine in December, the number of people vaccinated is still low.

So how quickly will it take to roll out the vaccine in each country? The German government has predicted it will take well into 2022 to get everyone vaccinated.

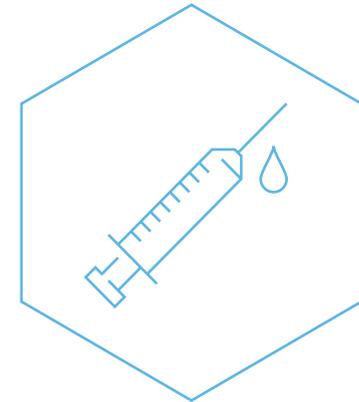
Even a well-oiled machine takes a long time to vaccinate an entire population, and there are significant logistical hurdles in production, transportation and the need to administer booster doses for most leading candidates.

There are too many variables to give a realistic date on a vaccination end-game. Factors that come into play include public willingness and the number of healthcare workers and centres performing vaccinations.

A large supply of the same or several vaccines will not necessarily equate to a faster roll out if the manpower and supply chain logistics are not there. Certain groups will be prioritised, and each country decides this. In the UK, we have high-risk vulnerabilities like those being treated for HIV and cancer, then nursing homes, NHS, essential workers and the general public.



How do the vaccines compare?



Different vaccines, with varying levels of effectiveness, will become available at different times.

When comparing the COVID-19 vaccines, there is a huge variance in cost and storage requirements, and it is anticipated that countries and hospitals will struggle with supply chain logistics.

What is similar across the different vaccines is the dosing regimen and the vaccines' effectiveness. While the key vaccines in development are around 95% effective, the Oxford-Astra-Zeneca vaccine currently has an outlier 62-90% result, depending on the dosing scheme. This is because of an accidental finding where an unintended half dose was administered. When affected participants had no complaints or side effects, like pain in the arm, doctors realised the error. What the mistake revealed was that giving the half dose produced better results than the original protocol. The reasoning is this mimics a real infection, but whether this plays out in reality remains to be seen. There are those that say that the lower dose was intentional, however, it is not clear.

Is the speed of vaccine development a safety concern?

Vaccine development usually occurs at a glacial pace; process development and preclinical toxicology studies last two to four years, followed by three phases of clinical trial, each lasting between one and three years. Regulatory review then requires a couple of years before large scale production and distribution.

The COVID-19 vaccine development has necessitated a huge overlap in different parts of this process. The three clinical trial phases were conducted simultaneously. This is not too uncommon in epidemiology; there are statistical models for other interventions that overlap, but it had never been seen in the vaccine R&D world at this scale.

Another shortcut was the red tape bureaucracy. The UK decided to look at different studies and approve on a rolling basis throughout the year. Much of the technology already existed from an infrastructure perspective, and from a scientific perspective, COVID-19 is part of the wider coronavirus family. It is very different to HIV, for example, which is unlike any other virus.

Corporate organisations have a role to play

Our attitude to the vaccine will have a significant role to play in its distribution and efficacy. It is expected that the role of pro- and anti-vaccine groups will have a major influence on vaccination rollout. Whilst initial data shows mild side effects of the vaccine – pain in the arm, slight headache – there is a risk that individuals do not return for their second dose if they had a minor adverse effect to their first dose. This is an important consideration for messaging and positioning of the vaccine – and something where there is a key role for corporate employers. From a business perspective, we can influence this messaging in our internal communications and company approach. In the UK, whilst the vaccines are currently under lock and key and for government-procured and arranged distribution – companies should consider providing vaccinations as soon as the vaccine is available to the private sector.

Vaccines: who has bought what, and who will be left out?

There is already competition between countries to acquire adequate vaccines through pre-purchase contracts with manufacturers, limiting the availability of the vaccine in low-middle income countries. Additionally, we will see a lot of geopolitical practice in play with vaccine distribution. Figure 2 illustrates the huge disparity in terms of who has bought what. The commitments that vaccine manufacturers have made to certain governments have been on the basis of future agreements for purchasing. It is a very complex negotiation process. However, the lower and middle-income countries don't have that bargaining power, and they haven't secured the doses.

Perhaps unsurprisingly, higher-income countries will enjoy clear access to vaccines, while it might take two or three years to distribute these to certain parts of Africa and Asia.

This is something that China and the UN are trying to change independently. The UN has put together the initiative – Covax, to secure procurement for countries that can't afford vaccines. China, through soft power, is trying to give the vaccine for free in countries in Africa where it has current or future interests.

The world will go from a pandemic where every country in the world has the virus to an endemic where we have pockets of the virus circulating. Similar to Malaria – there is no sign of it in the UK, but go to Africa, Central America or Indonesia, and it is still circulating there.

The vaccines are destined for a handful of countries, but whilst it also would appear India (fig 3) is well stocked – the number per capita radically changes the positions of many countries.

In figure 4, India's position has shifted because of its population of over 1.35 billion people, whereas other countries like Canada and the US have procured a far larger number of doses per capita.

At this point in time, representation will constantly change, and there will be many soft power political moves in play. But this is why the timeline for global herd immunity is so difficult to predict.

Total confirmed vaccine doses procured by country income level

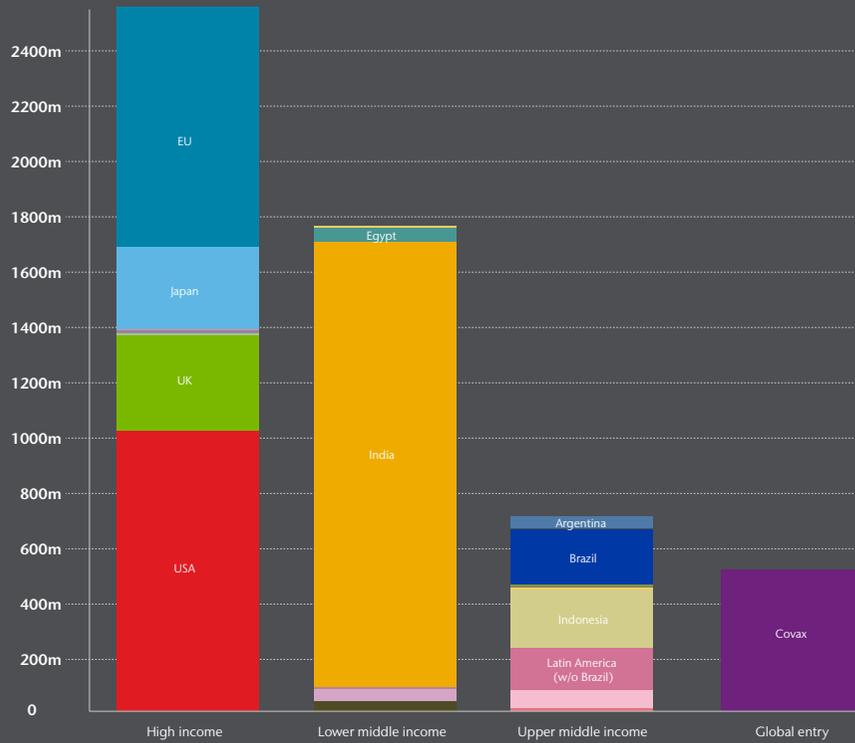
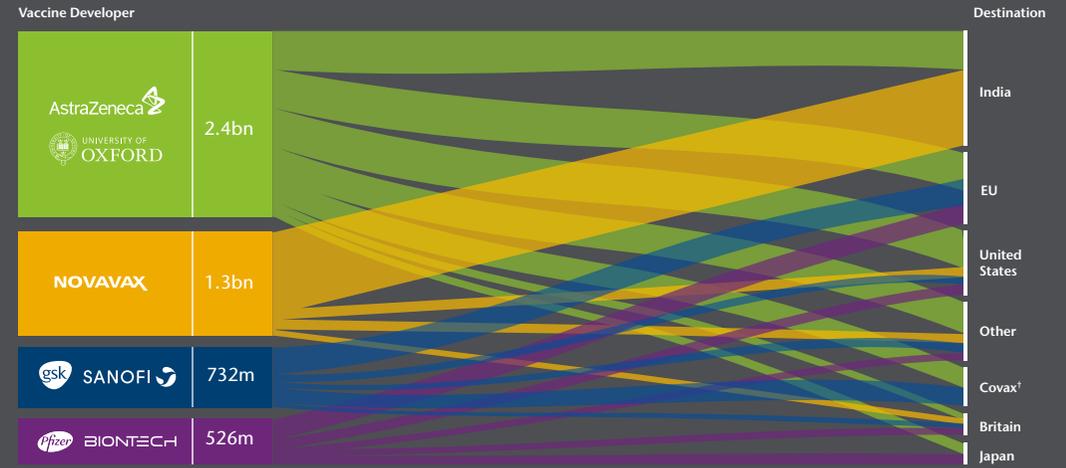


Figure 2: Source International SOS



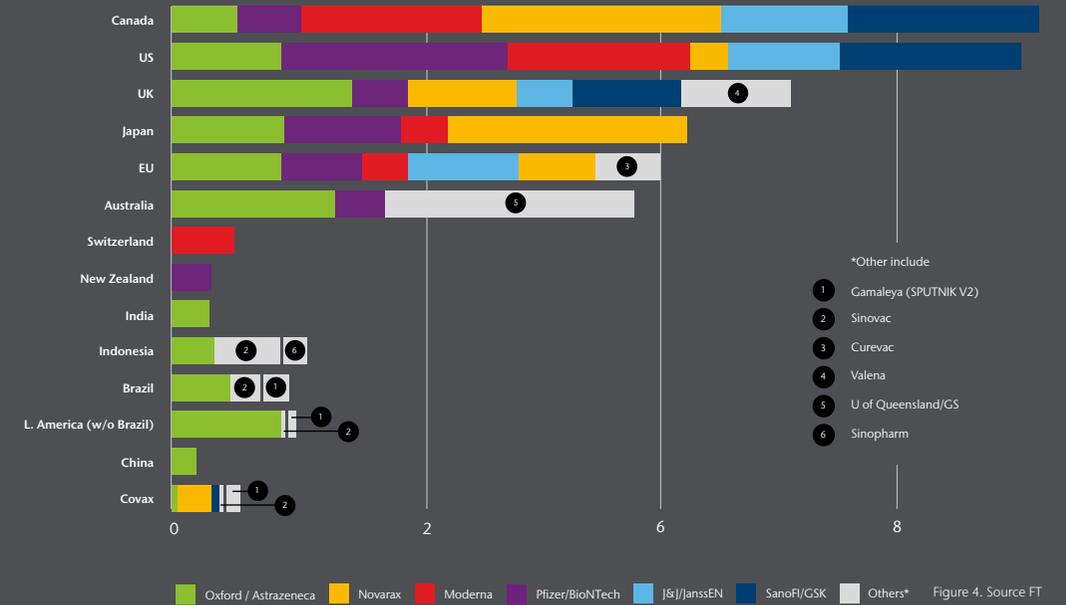
Five billion vaccine orders



Sources: Duke Global Health Innovation Centre: press reports
 * There may be gaps due to the speed of developments and lack of public knowledge
 † An organisation working for equitable access to vaccines

Figure 3: Source Duke Global Health Innovation Centre

Which countries have built the biggest vaccine portfolios?



*Other include
 1 Gamaleya (SPUTNIK V2)
 2 Sinovac
 3 Curevac
 4 Valena
 5 U of Queensland/GS
 6 Sinopharm

Figure 4: Source FT

Herd immunity can be a misleading term

No vaccine is expected to provide enough protection to stop COVID-19 from spreading between people completely, and herd immunity is unlikely to be achieved in 2021.

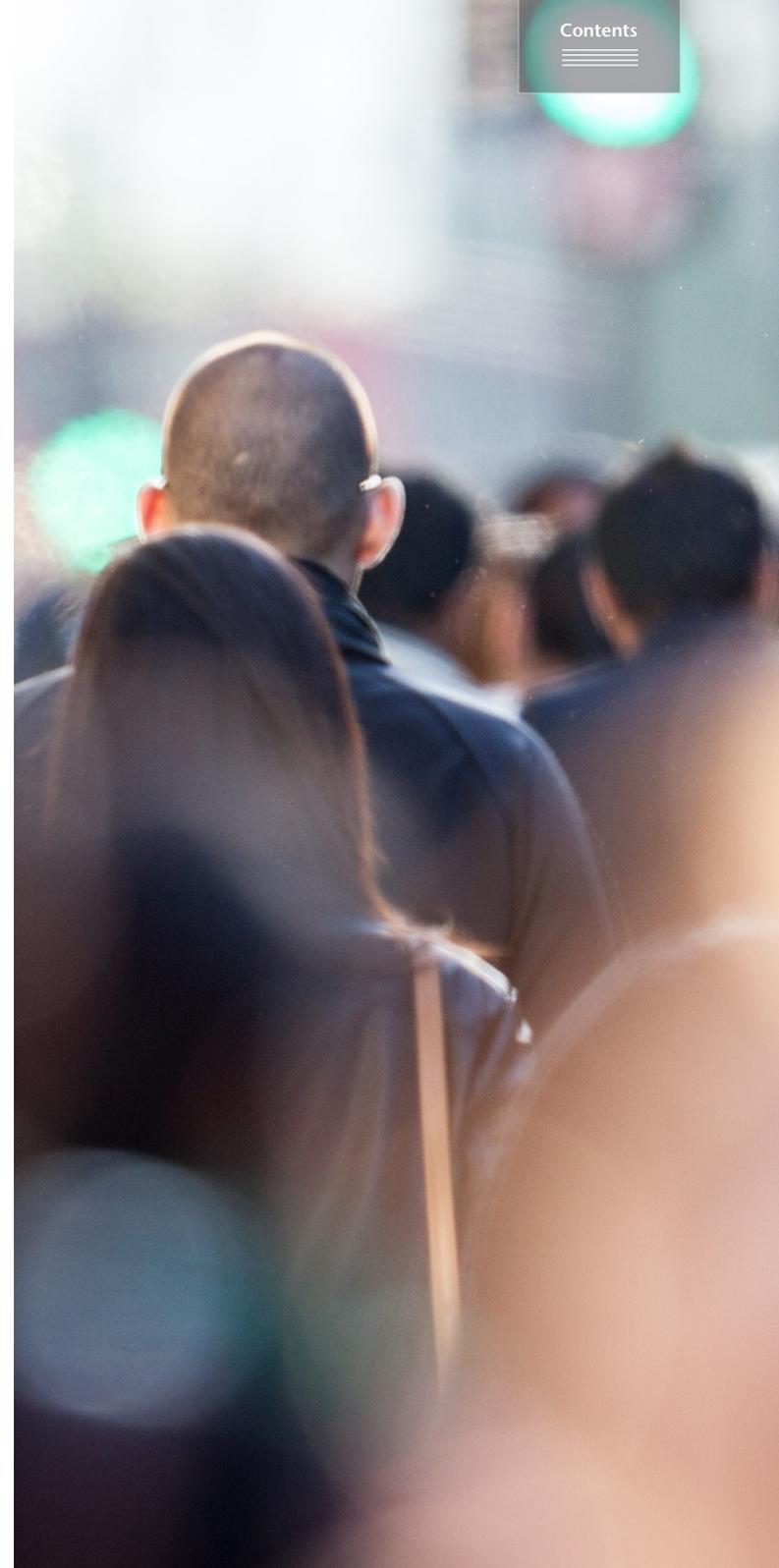
So what do we have to do to return to normal, and are 'herd immunity' and the vaccine the best routes to get there? There are different ways to achieve immunity. The world is currently looking towards the vaccine; however, we don't know how long immunity will last.

There are two types of immunity: conferred immunity from the COVID-19 vaccine or previous vaccinations and natural immunity from COVID-19 infection or other coronavirus infections.

International SOS is currently researching antibody duration, and its initial studies indicate antibodies last around three or four months. However, the firm has recently learnt that the vaccines activate

something called T-cell immunity. While T-cells can't be measured through antibodies, they seem to last significantly longer. Currently, the most data available is for a year, and after 12 months, patients with natural immunity and acquired immunity still seem to have circulating levels of protective antibodies.

Herd immunity is a term widely used, but it can be misleading because this state is rarely achieved. The last time a virus was eradicated was smallpox. Thanks to the success of vaccination, the last natural outbreak of smallpox in the United States occurred in 1949. In 1980, the World Health Assembly declared smallpox eliminated, and no cases of naturally occurring smallpox have happened since. This took years to complete and the door-to-door vaccination of around 500 million houses in India. It was a completely different scenario from what we see here.



The pathway to immunity

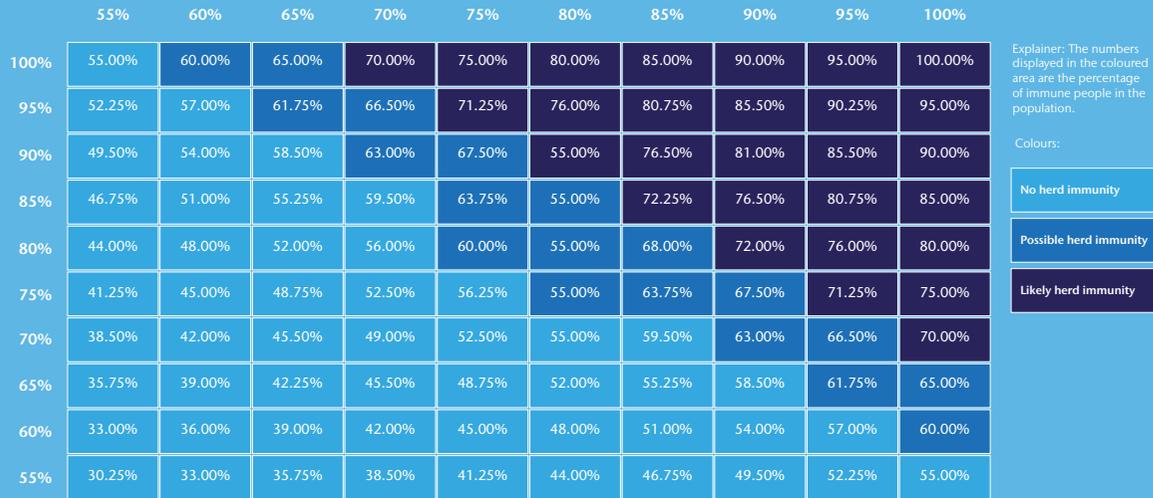
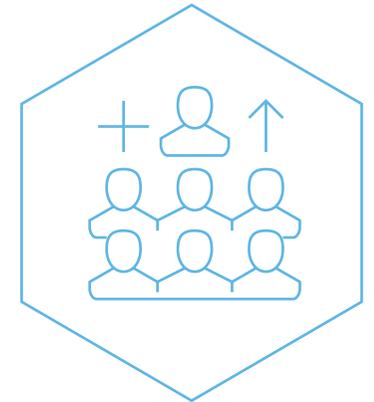


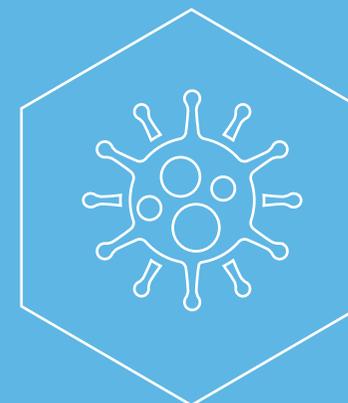
Figure 5: Source International SOS



The pathway to immunity

The pathway to immunity (fig 5) is possible but will be littered with obstacles. Consider other vaccines: the world has tried for years to eradicate certain diseases with little success. Polio is a good example. The vaccine has been around since 1955, and some regions still can't eradicate it. Uptake in certain countries per year is pretty low for a number of reasons. For example, Pakistan is still in the 90s (%). So even when vaccines are really cheap and readily available, we still can't get past low to mid 90s (%).

Receiving the vaccine is not the silver bullet to normality



It's important to make the distinction between sterilising and non-sterilising vaccines. With a sterilising vaccine – the patient has a jab, and they are immune, they won't develop the disease. However, all 'current' COVID-19 vaccines are non-sterilising. This means when someone has the recommended dose of the vaccine, they develop antibodies and activate T-cells, and when they encounter COVID-19, they may still become infected but will be asymptomatic.

The salient point is that this person might still have the virus in their nose and oropharynx replicating. If they sneeze, then they can still potentially transmit the virus. This has essential and perhaps under-discussed consequences: they still have to wear a mask.

They still have to socially distance. We hope that the vaccines elicit such a response that the replication of the virus is so small that asymptomatic transmission goes from what it is typically, to zero and won't be enough to transmit. This is what we have seen with HIV. Patients on regular medication have low circulating levels of the virus, and therefore transmission is less likely.

When it comes to self-isolation, a factor that is limiting many people from working, the government is waiting on two things to see if self-isolation time can reduce. Firstly, how much viral shedding occurs after someone has been vaccinated, and secondly, how quickly it can make mass testing widely available.

Conclusion

From a company and societal perspective, it is very unlikely we will return to normal even when the vaccine is rolled out entirely in the UK. As it is such a central hub for the rest of the world, there will be a constant threat of people entering into the UK and reintroducing community transmission of the virus. We have to manage expectations that being vaccinated does not mean anyone can take their mask off. Relaxing these measures will take a lot more than that.

Essentially two parameters need to reach a certain point before the global population can feel more comfortable. One is vaccine efficacy, which at 95% is higher than originally expected and not the issue at play. The other, coverage, is more challenging but no less crucial. Achieving over 60% coverage in the UK, let alone across the world, will be extremely difficult for a number of reasons: procurement, logistics and whether people actually want to get vaccinated.

Whilst the vaccine's rapid development and distribution is good news for the world - the vaccine is just one of our lines of defence against the virus, and we must recognise that no single intervention will stop the spread. The next major development step to normality is rapid testing – and this will be a crucial focus for 2021 and beyond. Until then, we have to manage expectations that there is still some way to go.

Q&A

Considerations for corporate organisations and office workers

“If the UK achieves ‘herd immunity,’ will we still need to have social distancing and mask-wearing in offices?”

Yes. From an infection control perspective, even if someone has the vaccine, there is still the risk of transmitting COVID-19. However, rapid testing could lead to opening an office with no masks or social distancing. It will be a combination of how many people are immune, updated studies on seroprevalence*, and our ability to carry out mass testing – these will all determine the government’s confidence level.

“If I am vaccinated, how will I know if I am carrying COVID-19 and will I be tested?”

If you are vaccinated and are possibly a carrier, it is very likely you will not know you’re infected. Carrier status is something we are looking at but still have a lot to learn. What is certain is that you won’t know you are shedding the virus as the vaccine will likely stop you from developing any signs of symptoms. The only way to know if you have been infected is via testing.

We will see infrastructure develop around airports and office spaces where there is rapid testing regardless of whether you have been vaccinated. What we will do with those individuals depends on how we see immunity progressing. If we see that carriers are still shedding x amount of particles, we will say everyone still needs to wear a mask. If we see that only three particles shed, then this is not enough to infect. This is still relatively unknown, and rapid testing will be the velvet rope at the gate of the door that allows people in and out.

“When private vaccines become available, should organisations play a role in ensuring their staff are vaccinated and introduce vaccination programmes themselves?”

Large organisations have an enormous power in creating the right messaging for employees that they should get vaccinated, and have an ability and duty of care to provide certain health services such as vaccinations if and when available.

In October 2020, we saw companies take up flu jabs, and there is an expectation for organisations to do this with COVID-19. It is beneficial to us for our employees to be vaccinated – healthy, well, and working. Companies should consider providing vaccinations as soon as the government releases the availability to the private sector.

* Seroprevalence: the level of a pathogen in a population, as measured in blood serum.



London Work, Travel, Convene Coalition

All Change: Transport & Commuting

January 2021

“Aon's benchmarking for people working in our London office shows that 90 minutes is the average commute time, which suggests most are taking the train, tube or bus. Even prior to COVID-19, London would see congestion pinch points where tube stations were forced to close for safety. The need for social distancing means that footfall for the tube must be much lower. A viable solution to the transport problem demands a more collaborative approach between businesses and organisations like Transport for London, and will likely include shift work and more cycling and walking.”

Nathan Shanaghy, Chief Operating Officer, Aon UK



80%

TfL obtained **80%** of its funding from fare revenue before the pandemic



3% & 13%

Passenger numbers in the capital hit an all-time low in April 2020, with just **3%** using the tube and **13%** riding the bus



2023

TfL plans to operate without government subsidy **by 2023**



27_k

27,000 people work for TfL

Lowest passenger point

(April 2020)



Tube: 3% of normal riders



Buses: 13% of normal riders

“We played our full part in telling people to remain at home and protect the NHS.”

**Vernon Everitt, TfL Managing Director,
Customers, Communication and Technology**

Transport for London: “When the time is right, we want you back”

How prepared was TfL to tackle a Black Swan event pre-pandemic?

From an operational perspective, in terms of keeping buses, tubes and trains going, TfL was well prepared. Its line of business requires well-rehearsed resilience for all eventualities.

“Unfortunately, in the past, we had to respond to terrorist attacks,” says Vernon Everitt, TfL Managing Director, Customers, Communication and Technology, “and lesser examples like the Olympic Games, where we have had to really prepare our operational services to build in resilience.”

However, when it came to financial resilience, the pandemic has demonstrated TfL’s reliance on funding from fare revenue.

“About 80% of our revenue is predominately fare revenue, with 20% advertising revenue, and that dried up immediately upon government instruction to lockdown and avoid public transport,” says Everitt. “We had to turn our business model on its head because we are used to attracting more people to public transport. From the very beginning of the pandemic in March, we had to flip that and ask people not to use us.”

TfL's COVID-19 response

TfL has resilient structures that it stands up for particular events including NYE, Notting Hill Carnival and major sporting events like the Olympic Games. Its gold command structure brings together people from its operating businesses with leaders in comms, technology, and HR.

Upon emerging from the first lockdown, TfL worked to rebuild its ridership. In the early days, it closed some stations and reduced service levels due to demand and staff isolating, but by mid-July 2020 it was running a full service and has been ever since. In the summer, passenger levels climbed to 40% on the tube, and the bus network rose to nearly 60%. The second lockdown has seen numbers fall to 25% on the tube and just under 50% on the buses.

There are 27,000 people who work for TfL, plus thousands more working for the bus networks, and its resilient strategy enabled it to communicate very clear messages relatively quickly.

"We had to make some quite tricky decisions, like furloughing staff, but we were able to make them much faster than we would if we weren't in a crisis.

I don't think there was any lack of communication with the various agencies," Everitt says. "There was a well-rehearsed chain of command and set of relationships between the emergency services, us and City Hall."

As a key part of London's infrastructure, TfL is a member of the London Resilience Group, where all of the capital's agencies come together – the fire brigade, City Hall, the NHS – and TfL represents the transport picture as part of the overall London-wide recovery.

TfL has been working closely with major cities around the world and in the UK; it has been a collaborative effort of transport authorities around the world. "We have all faced exactly the same issues; we might have faced them at different times, but pretty much anything that has happened elsewhere has happened here. We have learnt an enormous amount by comparing notes with our colleagues," Everitt says.

Working closely with the Department of Transport has ensured its messaging is aligned with the national messaging on transport, and it has been in a good position to amplify government messages.

"We have an executive committee, and we created a subset of this to help manage the response," says Everitt. "We were meeting every morning and evening to discuss everything we needed to do to keep operational. We broke off a number of us from the executive team to concentrate solely on our response.

"They made decisions ranging from service levels to HR issues like furloughing and supporting vulnerable employees. A major issue for us was ensuring we had adequate staff numbers to keep the stations open and to drive trains and buses. We also decided we would need a clear restart and recovery plan and we set about centrally pulling together every part of what we do into a plan that we have just kept rolling."

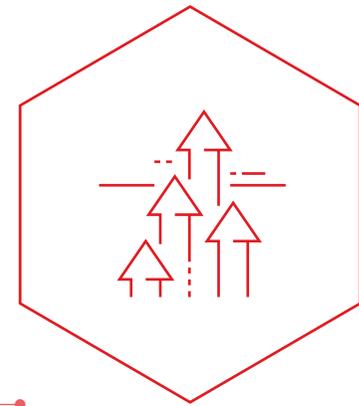
What were TfL's top priorities?

Footfall: The earliest priority was to get people to stop using public transport, so TfL dedicated its efforts to communicate this message. It then focused on providing as much service as possible to ensure people who did need to travel could do so while maintaining social distancing. The next milestone was the start of the school year in September, and that involved reconfiguring the bus service to include school-only services, to keep children separate from commuters.

Cleanliness: The cleaning regime was a massive priority. TfL introduced additional hospital-grade cleaning substances and a new antiviral disinfectant providing long-lasting protection. Key interchanges were cleaned multiple times daily, along with regular touchpoints, poles and doors. TfL distributed 1,000 hand sanitiser stations, which Dettol sponsored, and it is using ultraviolet light around the network to clean the handrails of escalators.

“Cleanliness was a massive priority for TfL, both to protect our staff and our customers,” Everitt says. “We also needed to ensure people wore their face coverings when they became mandatory. So that was a huge communication effort with the British Transport Police to ensure that people were abiding by this.”

Protection: The other high priority was the protection of TfL's staff, including bus drivers. Everitt explains, “They are out there all the time, and tragically 47 of our colleagues from across the organisation have died of COVID-19. There were a lot of steps we took to protect bus drivers. We instituted middle door boarding, tapping in was suspended for a period, and we sealed up the driver's compartment and reconfigured all the buses, so the drivers were closed in. The protection of our staff was absolutely vital.”



Funding: TfL's appeal for financial help from the government led to a deal where the government gave the transport body a grant to help in the first half of 2020. TfL has concluded another arrangement with the government that secures enough money to maintain operations to the end of March 2021. In the meantime, both parties will discuss the longer-term support TfL needs.

How is TfL supporting its workforce?

In addition to the frontline operational staff, one of the biggest challenges TfL faced was transitioning 12,000 office-based colleagues to work effectively at home. “Some operational staff have been going into work in our control rooms, but everyone else has been working from home, so we have been using Microsoft teams to help communicate as well as organising all the software and the hardware to enable people to work remotely. We had to move quickly, and it wasn’t without challenge, but it has worked well,” Everitt says.

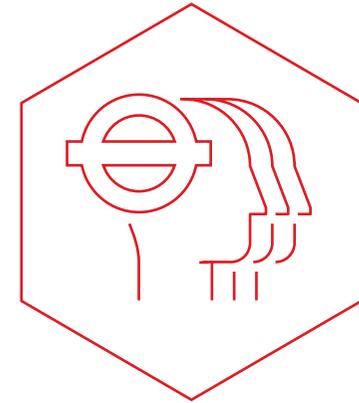
Mental health and wellbeing have been top of mind, and TfL has stepped up the support it offers. Not only are line managers required to keep in touch with their people, but TfL has also bolstered its helplines for people who are feeling isolated. “We were able to get people who were struggling to work from home into offices. And generally to provide all the tools necessary for people to self-care – tips on mindfulness, taking a break,” says Everitt. “We took the view that we should do the right thing by our

staff; many people were at home with their children when the schools shut, so we were being very flexible about people’s times of working. We have also been very clear that we expect people to take their leave and not just keep working and have some time to recharge batteries.”

There have been particular challenges as well; there is evidence of disproportionate mortality and morbidity amongst Black, Asian and minority ethnic (BAME) people who have contracted COVID-19. In response to this, TfL has put specific risk assessments in place for its BAME colleagues who have been affected by the pandemic. Everitt continued, “There has been a particular focus on helping people and making sure everyone is receiving the right level of care. If they are in a more vulnerable group, it doesn’t just have to be in relation to people of colour; it could be people who have a disability or a particular medical condition. We have made sure we have bespoke arrangements to make sure they are safe.”



What about passengers?



When the time is right, TfL wants them back. “We know that people have really appreciated the way we have communicated with them,” Everitt says. “Customers who have used the public network have generally felt that it is fine. The trepidation is generally on the part of customers who have not yet travelled. We have been using all channels at our disposal to communicate with passengers. We have 4.5 million customers on our database and send them regular messages, as well as radio and TV advertising.”

It is a bit early to reach any firm conclusions about what COVID-19 will mean for travel patterns in the long term. While Everitt does not expect ridership to return to pre-COVID levels any time soon, he continues, “When the time is right, and government suggests we are emerging from the other side of this crisis, we will do everything we can to ensure people can return to using public transport. For a city of 10 million people, you need an effective public transport network. It won’t be sustainable if everyone gets back in their car.”

What is TfL's prime concern for the next six to 12 months?

Getting its finances on a stable long-term footing is crucial. Train and transport operating companies around the world have had their governments step in to support them, and TfL is no different. But, in order to plan ahead and land contracts for transport services over a number of years, the capital's transport network needs to have certainty of funding, and the government has asked TfL to prepare a plan to explain how it can operate without government subsidy by 2023.

Everitt says the team is working hard on this plan, but TfL will need help to make sure that the long-term outlook is stable so "we can return to making sure London is the economic powerhouse of the country".



Are firms responsible for employees' health and safety while commuting?

While government guidance states the UK should work from home throughout winter, some of the public cannot do so. Clyde & Co Partner and Head of UK Safety, Health & Environment (SHE) Chris Morrison outlines the potential responsibilities businesses have for these employees, particularly when commuting.

These responsibilities relate to three separate areas of law: criminal health and safety, personal injury and employment law.

While Health and Safety legislation only relates to the actual workplace, Employers' Liability is not as clear cut. Employers have a duty to take reasonable care for the health and safety of their employees and can be found liable for negligence if they are in breach of this duty. They will only be in breach if an employee suffers harm caused directly or materially by the employer's actions or omissions; and the harm was reasonably foreseeable; and it is fair, just and reasonable to impose liability on the employer.

However, as the statute doesn't impose liability on the employer for travel, it would be perverse for a common law duty to do something that statute does not expressly permit.

While we are yet to see any claims, we can't rule them out. However, Chris Morrison said the prospect of those claims succeeding is unlikely. There is a host of issues to suggest otherwise: causation primarily, and also TfL and other transport companies have a duty under Section 3 of the Health & Safety at Work etc Act 1974 to ensure that persons not in their employment, e.g. passengers, are not exposed to a risk to their health and safety. Nevertheless, firms can't afford to be dismissive. Best practice involves observing and documenting how government guidance was followed; this not only relates to risk assessment but also its implementation.

Employment law is where any action is likely to be:

Protection against detriment or dismissal where an employee believes they are in serious and imminent danger. s.44(1)(d) of the Employment Rights Act 1996:

There is an absence of the phrase "within the workplace", which suggests employers' duties extend to commuting. Could using public transport amid COVID-19 be construed as serious and imminent danger? This is largely untested by the courts. Employees do not need to demonstrate that the danger existed, only that they had a reasonable belief that they were in danger. This underlines the importance of effective communication with employees to minimise risk.

The implied term of mutual trust and confidence:

This term obliges an employer to not, without reasonable and proper cause, conduct itself in a manner likely to destroy or seriously damage the relationship of trust and confidence between employer and employee. Employees could rely upon the breach of this implied term to resign and claim constructive dismissal. Care should be taken by employers to listen to employees' concerns, refer to government guidance and make adjustments to their working day.

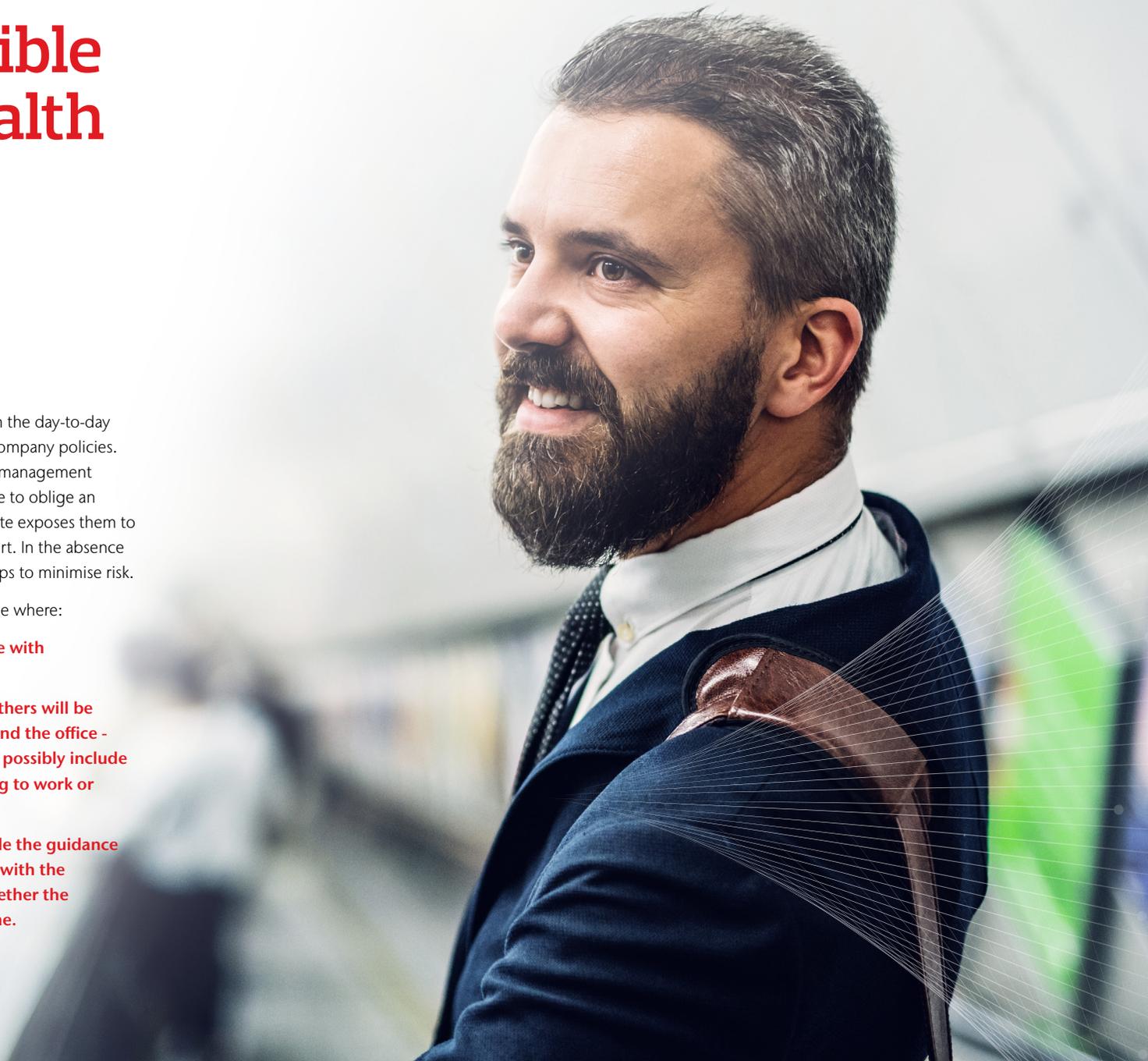
Are firms responsible for employees' health and safety while commuting?

The implied duty to obey reasonable and lawful management instructions of the employer

This forms the bedrock of the managerial prerogative in the day-to-day running of the business and provides a legal basis for company policies. The question that arises is what constitutes reasonable management instructions in the context of COVID-19? Is it reasonable to oblige an employee to come to work if they believe their commute exposes them to contracting COVID-19? This has not been tested in court. In the absence of judicial guidelines, employers must take practical steps to minimise risk.

Employees can lawfully refuse to return to the workplace where:

- **they are sick or need to self-isolate in accordance with government guidance**
- **they reasonably and genuinely believe they or others will be at serious or imminent risk of danger if they attend the office - this will depend on the circumstances but could possibly include situations where they are at serious risk travelling to work or because they live with a vulnerable person**
- **they can work effectively at home - but only while the guidance remains 'work at home if you can'. Consultation with the employee may yet reveal disagreement as to whether the employee can, in fact, work effectively from home.**



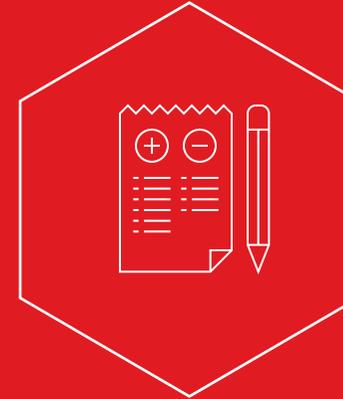
Practical steps for supporting employees who are worried about their commute:



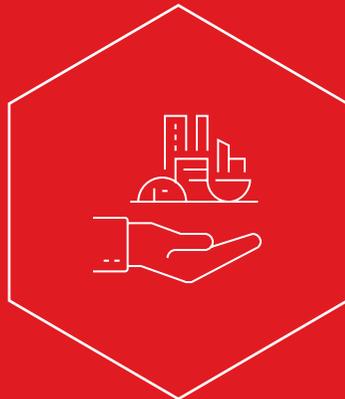
Communication is key – it's vital to consider employees' individual concerns



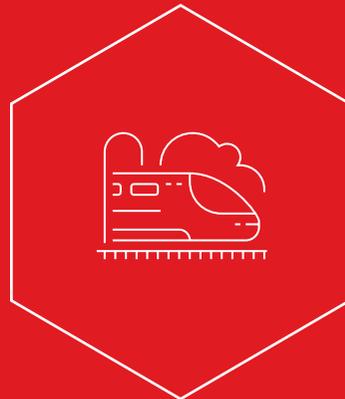
Treat requests consistently



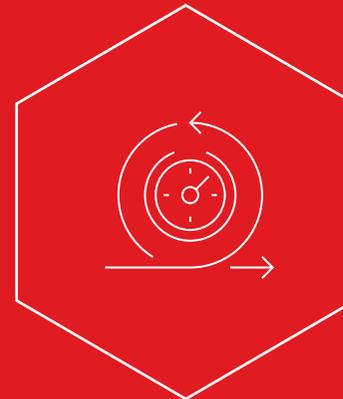
Employee surveys are a good way to identify problems and address them in advance



Reassure employees about risk – how the workplace has been made COVID-19-safe



Remind them about government travel guidance and any risks that can be addressed



Flexible working requests – avoid busy periods



Consider alternatives to working from home – other offices closer to location

London Work, Travel, Convene Coalition

Health: a Strategic Priority

January 2021

"Witnessing the impact of the global COVID-19 pandemic on people, businesses and entire countries, it's hard to believe we won't come out the other side looking at the world differently. At its core, COVID-19 is an issue of people, health and risk – and from a business perspective, the impact of health has never been in sharper focus. Through COVID-19, business leaders are seeing first-hand how health impacts work. I expect this will create far greater awareness amongst business leaders to be better prepared and take action on preventable ill-health."

Charles Alberts, Head of Health Management, Aon



1 in 5

The number of adults suffering from depression has doubled, increasing from **1 in 10** to **1 in 5** since March 2020 (Office of National Statistics)



200%

200% increase in the number of potential suicide risk assessed cases during the lockdown period, according to occupational health data (Duradimond)



40%

40% increase in working days lost (17.9 million) due to work-related stress in 2019/20 (Health & Safety Executive)



111%

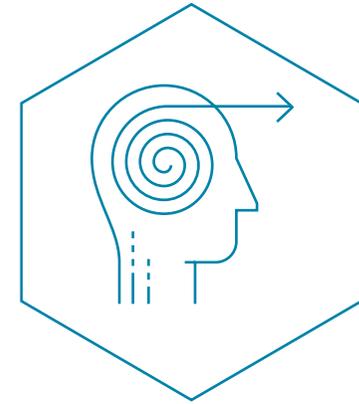
111% increase in mental health spending under PMI in the first six months of lockdown and claims under PMI trend upwards year on year (Aon Portfolio Data - around 250 large corporates)



2030

Even before COVID-19, the WHO predicted that depression would become the leading cause of the global burden of disease by **2030**

Accelerated change



The pandemic has accelerated employers' recognition of the importance of employee health and wellbeing to the success and resilience of their businesses.

In recent years, the concept of employee health and wellbeing seemed to be gaining traction with UK employers who acknowledged a fit and healthy workforce equalled a more profitable organisation. Then came the pandemic which, if anything, accelerated the promotion of employee wellbeing and pushed organisations' strategy and planning to another level. But it also has complicated issues given the need to deliver a 'reshaped' organisation quickly but in an environment that few businesses could have anticipated.

Mental health at work: A challenge for the modern age

The determinants of mental health



Figure 1. Source: Mental Health Foundation

Moving beyond cost

Pre-pandemic, recent societal changes had facilitated employee health and wellbeing's climb up the corporate agenda to the point where organisations were looking for more than merely a way to control costs. Awareness of issues like mental health and physical inactivity meant that companies started to feel not just an obligation but a desire to do more than the minimum. They were slowly recognising factors that impact their business outside of cost and profitability. Organisations were grasping the intrinsic knowledge: if your people are fitter and healthier, then you will get more engagement, loyalty, and better customer care, which will ultimately deliver increased profitability. There has been a clear move from return on investment to return on value.

"My challenge to leaders in workplaces today is, what are you doing to create an environment where people know they have a chance to have a conversation which might lead to some form of recovery? Or are you leading organisations in a way that is so psychologically unsafe that people can't put their hands up and ask for some help?"

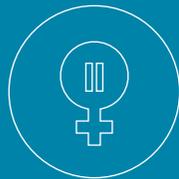
Geoff McDonald,
former Unilever Global VP
of Human Resources



Divorce & Separation



Domestic Abuse



The Menopause



Trauma & Suicide



Drug & Alcohol



Loneliness



Gender Dysphoria

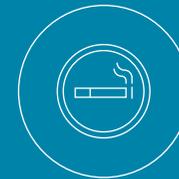


Working Carers

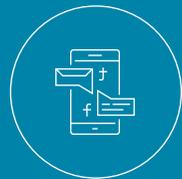
Contemporary drivers of mental health



Lone Worker



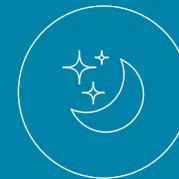
Addictions



Social Media



Work



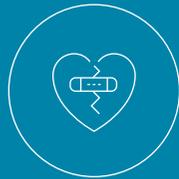
Sleep



Sexuality



Harrassment & Bullying



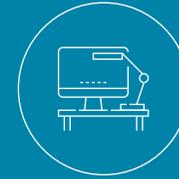
Bereavement



Money & Debt



Race



Home Working



24/7 Culture

Figure 2. Source: Aon

How can we manage the psychological impact of COVID-19?

Aon engaged Geoff McDonald, former Unilever Global VP of Human Resources and globally recognised mental health campaigner. McDonald says COVID-19 was likely to impact colleagues' mental health in the short term, and leaders should prepare for this.

“COVID-19 has democratised this (mental health) around the world. It has done more to generate this conversation than I have in the past 6 or 7 years.” Geoff McDonald

Considering followers' expectations of leadership, a recent Gallup poll found employees want trust, stability, hope and compassion. So what is the leadership play in the short-term? According to McDonald, all leaders, including line managers, need to:

- **Overcommunicate, keep employees up-to-date to minimise uncertainty; reassure employees that everyone has the same access to senior management**
- **Be inclusive, encourage participation and use check-ins to ask how people are feeling and share vulnerability**
- **Think about their questions. Asking employees how they are sleeping, rather than just the standard 'are you okay?', may elicit more meaningful responses from colleagues.**

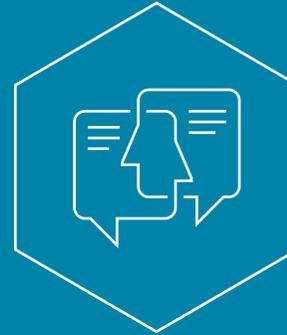
“The cohort we are most concerned about is junior leaders and the expectations and demands on them as we know that you can’t pour from an empty cup. We are finding ways to support and invest in those leaders so they are then able to help all their teams. It’s challenging to both look after yourself and be able to lead others in a very different dynamic – we need to ensure they have the support.” Darren Cornish, People Services Director, Aviva

A supportive conversation must be genuine; listening should be active, without judgement and reflected back, leaders should be consistent and predictable in their interactions and must resist the urge to cure.

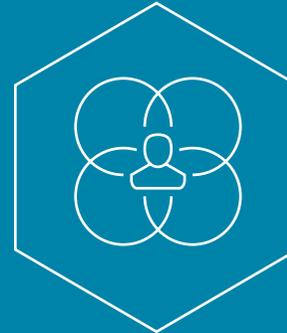
“We can’t always be happy. We can’t always be content. But we can always appreciate someone who listens to us.” Geoff McDonald

Self-care first. McDonald has a clear line on this: leaders must model self-care and give employees permission to self-care. Leaders need to be alert to the symptoms of mental ill-health and emphasise that they have a compassionate and empathetic relationship with mental ill-health.

“If you can’t care for your own health, I promise you that you can’t care for anyone else’s health.” Geoff McDonald



Overcommunicate



Be inclusive



Ask the right questions

C

Connect:

10 mins with friends,
family, community
or nature

A

Active:

40 mins exercise

N

Nice:

try to be nice
to someone

D

Discover:

15 mins learning
something new

O

Observe:

take a 5 min break every
2 hours to go outside/be
in the present/do nothing

CANDO

anacronym: to maintain wellbeing

"There was a book recently written called, "The 10 Most Enjoyable Walks in the World". When the researchers asked the ordinary man in the street, what is one of your most enjoyable walks in the world, do you know what the response was? Leaving the office on a Friday afternoon and walking to the car park, home or to the station. Why have we created workplaces where we suck the most important driver of individual and team performance from people, their energy?"

Geoff McDonald

Performance = Knowledge + Skill + Behaviour + Experience x Health

Geoff McDonald

Health is a multiplier for performance

When organisations are recruiting, they look for competence, knowledge, and experience, but also attitude, passion and energy, which come from being healthy. However, if health is zero, then performance is zero (and success is zero).

Despite this recognition, wellbeing programmes in many organisations are still not hitting the mark. McDonald argues they tend to focus on one week of the year, with few superficial changes such as fruit bowls in meetings, while continuing in the same vein for the other 51.

He proposes four further reasons:

- **Health & Wellbeing is not a strategic priority in most businesses**
- **There is no organisational accountability to keep people healthy in the same way as there is to keep them safe**
- **There is no individual accountability to maintain health. People understand their responsibility to stay safe**
- **There is no change programme behind it.**

How do you prioritise workforce health?

McDonald's framework (figure 3) illustrates what health as a strategic priority might look like/entail, to enhance organisational accountability and facilitate the question: what have we done to improve people's physical, emotional and mental health? Have we created that sense of purpose at an organisational level?

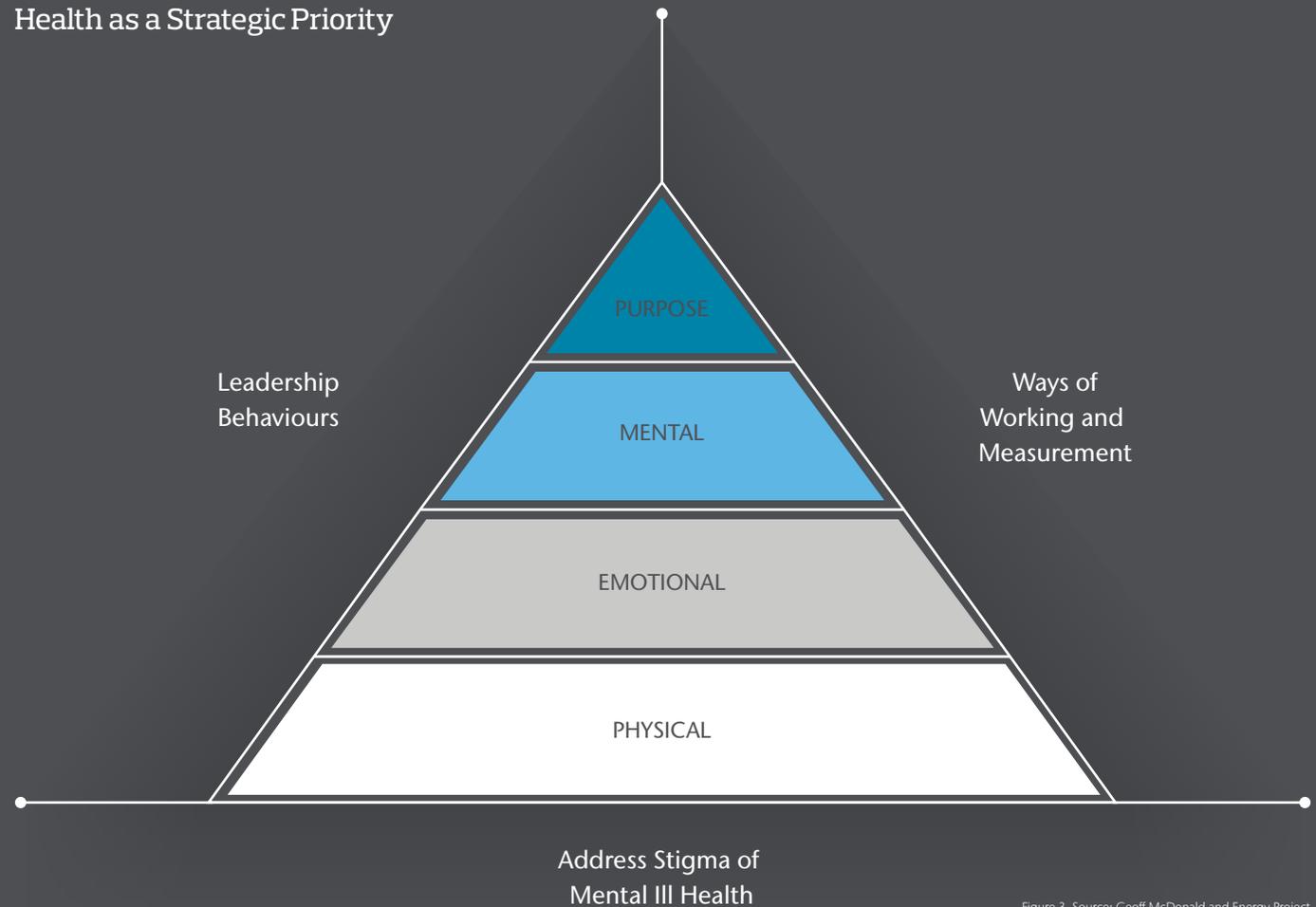


Figure 3. Source: Geoff McDonald and Energy Project

How do you prioritise workforce health?

“If we look to Occupational Safety, where great strides have been made reducing work-related injuries, progress was achieved by more than just training and awareness. Dangerous machinery was guarded to prevent people losing limbs; tasks are designed to prevent people getting hurt; people are given protective equipment. Awareness and training are vitally important in any workplace mental health strategy, but organisations will need to challenge themselves on how work can be designed to reduce the mental ill-health risks.” Chris Dark, QHSE Director EMEA – Growth & Emerging Markets, CBRE



For organisations,
McDonald advises:

- Carrying out audits to discover pain points, which could lead to changes in policies, processes and procedures
- Including a behaviour around self-care or compassion in the leadership competency model
- All organisations have to address the stigma of mental ill-health.



When considering
individual accountability,
McDonald advocates:

- Individual development plans that don't only relate to knowledge, skill, behaviour and experience, but also enhance energy
- Training for employees of all levels, ensuring everyone has a collective understanding of mental health, regardless of role level.



What are the future health challenges relating to COVID-19?

International SOS expects to see additional health challenges in the next two to three years —split into four waves (see Figure 4).

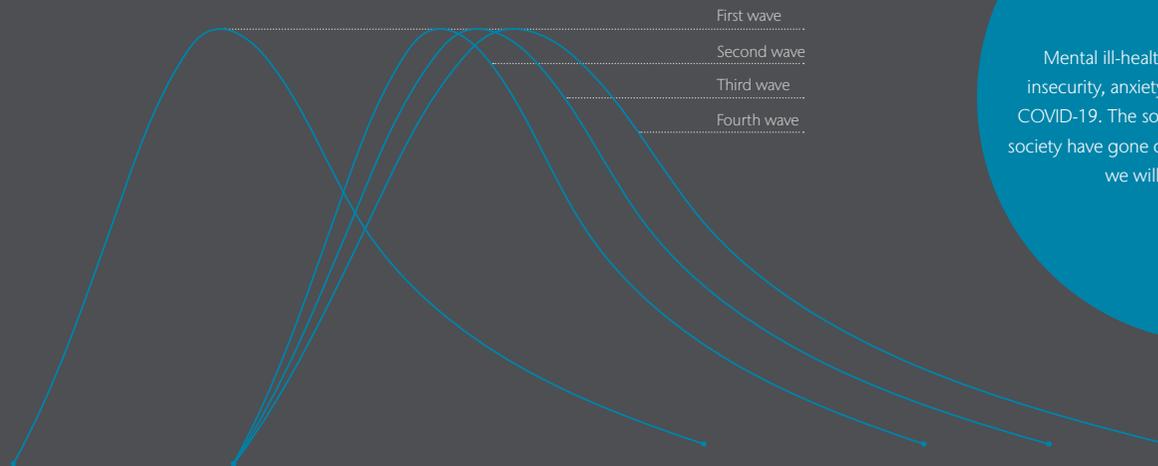


Figure 4. Source International SOS

1

FIRST WAVE:

COVID-19 – and the spike for the Christmas season during winter in the northern hemisphere.

2

SECOND WAVE:

Chronic diseases, and the umbrella, non-communicable disease – everything from cancer, diabetes and the risk factors that lead to those. Why is there an anticipated tsunami of these cases in the next couple of years? Firstly, healthcare systems have been put on pause, so individuals have not had regular check-ups. Add working from home to that – and it has completely changed the dynamic of our lives – we’re more sedentary and even our relationship with food has changed.

3

THIRD WAVE:

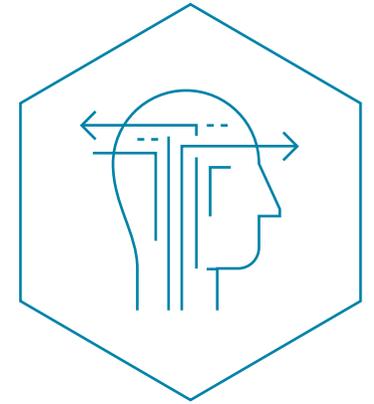
Mental ill-health – this is rising because of job insecurity, anxiety and depression associated with COVID-19. The social norms of how we operate as a society have gone out the window in the last year, and we will see the impact of this.

4

FOURTH WAVE:

The consequent socio-economic disparity, which will have lasting implications for mental health. The Institute of Fiscal Studies says the specific nature of the economic shock associated with COVID-19 has interacted with many old and deep inequalities. About 30% of low-income households pre-crisis said that they could not manage a month if they were to lose their main source of household income.

Taking stock of where we are



Remote working challenges

Many organisations in office-based businesses that complement home working and reduced movement - such as tech and media companies – have survived and even thrived during COVID-19 as demand for their services has grown, but those services are being delivered by employees who are primarily working from home.

Many employees don't want to go back to the office like they used to, but they still want to collaborate and innovate with their teams in a face-to-face environment, which could mean providing access to office space for a day or two per week, which becomes a challenge. What about other issues like the mental health problems of being out of the office, or the potential musculoskeletal risks of working from home at poorly equipped workstations?

Take the talent agenda as another issue – how you hire, train, develop and reward people becomes a greater challenge for a remote workforce. Do you give everyone a homeworking allowance for example? What happens to pay variances across the UK – e.g. London weighting? If you're operating in different countries, do you give the same allowance across different regions?

Know where you stand

Employers like – and need – to have some comfort around benchmarking in these areas. Are they doing the same thing as other businesses? What are others doing to support and develop their employees? It's in areas like these where the London Work, Travel, Convene Coalition can bring valuable insight. It is clear leading employers have plans and actions in place, even while dealing with the shifting dynamic of COVID-19, and sharing and helping others to access those learnings is important.

Supporting employees through this process is critical, although ironically, many organisations may not be aware that their existing health benefits may offer services that can help people get through this change but aren't currently being exploited. Services like digital GP services, employee assistance programmes, access to occupational health, cognitive behavioural therapy, and physiotherapy are often built into traditional benefits programmes. Businesses must make sure they are using what they have got before they go looking anywhere else. And if a business does need to buy something, there might be other areas where it can cut back, or get a better premium; helping to deliver an effective programme in a cost-neutral way.



The power of purpose



COVID-19 presents employers with an opportunity to enhance employees' wellbeing and provide purpose at a time when our lives are in sore need of fulfilment. Whilst the vaccine news provides hope that many await, the return to the workplace as we knew it is many months, if not years away. Organisational investment is shifting and offers an unparalleled opportunity to invest in people.

As businesses strive to align their benefits to the 'new better', communication should be the first port of call in terms of spending. The disconnect shown in figure 5 illustrates that few businesses allocate enough resource

to communicating with their employees when it comes to the health and wellbeing benefits they can access. Still, now, with many operating a disparate workforce, it's essential to ramp up the resources spent on developing an effective communications plan and executing it well.

Most importantly, businesses should have a strategy in place; know the start, middle and endpoints, and have data sets that can be measured to prove its health and wellbeing approach is making a difference as they reshape for a challenging and resilient future.

Crossed wires: there is a communication gap between organisations and employees when it comes to the current availability of health and wellbeing initiatives.

Statement	Employees who agree – UK	Employers who agree – UK
No initiatives focused on healthy living	43%	17%
No initiatives focused on emotional wellbeing	42%	20%
No initiatives focused on flexible work or skill development	39%	13%

Figure 5. Source: Aon Rising Resilient core data set UK, 2020

"Mental health awareness has been accelerated by the pandemic. After negotiating the react, respond, and recover phases of the crisis, businesses will arrive at the reshape phase and want to take advantage of the opportunity to create change that is long-lasting for their employees – a way of working that we describe at Aon as part of creating the 'new better'."

Colin Barnes, Aon

Case Studies



CASE STUDY

Wellbeing Top of Mind as We Continue Learning

How prepared were we as a business for COVID-19?

This is a tricky question, according to Aon Programme and Change Manager Ted Winterbottom. “Were we prepared for disaster recovery?” he continues, “Yes, we were very well prepared. Some protocols had been tested to a degree. In terms of working from home, the technology supported us well. We had been encouraging people to work agilely within parameters. However, no-one anticipated a business continuity event as dramatic as it was.”

Aon’s initial response focused on globally connecting to support the 120+ countries we trade in and was coordinated through our specialist Global Security Services team. Our hub and spoke model enabled us to make decisions rapidly both globally and locally, which was critical to proactively and reactively managing changes in situation and legislation at country level.

As the pandemic unfolded in China, where we have offices, we reacted locally while preparing for the broader impact. We prioritised keeping colleagues, our clients and business partners that we interact with safe.

People first

The top priority is the safety and wellbeing of colleagues, and it always has been. We initiated our remote working programme quickly as most colleagues across the world work in an agile manner.

“Yes businesses have to run, but we have proven that we could run ours successfully remotely,” Winterbottom says, “We were surprised by how easy it was; there were challenges, but it was a real eye-opener for certain colleagues who thought it would be a lot harder than it was. Our message was to stay at home; we needed to protect our people. As we start to open locations, we are still very much focused on wellbeing.”

During the early days of the pandemic, we were supported by insight from our reinsurance team, who modelled the spread of the pandemic, predicting with great accuracy the likely spread of the virus. We continue to use this insight today to support our decisions on when hospitalisation rates will drive government decision-making. We expect it will be necessary to change our risk posture.

What lessons have we learnt?

Rather than lessons learnt, we prefer to say lessons learning. The main one being that our people are more resilient than we thought they could be. The second is how we need to adapt to meet needs of the future world of work. We used to class employees as office workers or home workers with very little in the middle.

“This mindset needs to change as everyone is an Aon worker, wherever they are as the effort and skills are the same. But this shift needs careful managing as people must feel part of the organisation and this is difficult if people never come into the office. How can we make sure everyone feels included and is treated the same? This is still something we are working on,” Winterbottom says.

At the start of last year, many thought lockdown would last three months, and firms would return to the office. The second lockdown was harder and took an emotional toll on everyone. Aon has had to hone its skills in managing wellbeing and helping people who don't put their hands up. We need to pre-empt and identify concerns. We are working hard to understand this better.

Cyber resilience

With more laptops being issued and more colleagues working from home, there was greater potential for cyber-breaches. We utilised the experience of our cyber practice, including workshops, advice, best practice, support and communications around the threats and mitigations. Hardware and software was reviewed and, where necessary, upgraded. Aon's planned introduction of new security/login platforms last year was accelerated by the pandemic.

The Aon outlook

As we examine how the future workplace might feel and fit, we are focused on how we capitalise upon what we have learnt this year.

“How do we want to use the space? How will people work best, and what do they need?” Winterbottom questions, “The vaccine threshold will be a tipping point for people to start feeling comfortable with coming back to work in the office. This will be different for everyone. As vaccine numbers increase, we will be able to reopen more locations and support more people, but we also must suppress the desire to race ahead. We need to prioritise capacity planning and balance demand with safety.”

Over the coming months, we will need to adapt our position on remote working, travel and meeting with clients and partners. We plan to do this through two key workstreams:

Preparing for the vaccine – As the vaccine is distributed, we will need to adapt our travel plans and look to understand how we can best use the physical space available. We will leverage our Aon Risk Consulting teams to support us in developing and prioritising use cases and capacity planning while maximising our agility and response to client and colleague needs. We will also look to increase international travel, where it is safe to do so. All of this needs to be considered in lock-step with our clients, their needs and appetite to meet physically.

Future of work – Over the next couple of months, we will be working with our Human Capital Solutions teams to understand the agility of colleagues' roles, individual colleague's preferred way of working and home working environment (physical and situational). This will provide us with the data to develop detailed policy, procedural, HR, training, technology and real estate changes to support colleagues and our business. This activity will be underpinned by a change management programme and two studies into trust and habits, led by teams of colleagues undertaking an Aon supported MSc.



CASE STUDY

Resilience, the Right Leadership and Rethinking the Office's Purpose as a Workspace

Legal & General is based all over the UK, with eight locations, ranging from major cities to smaller hubs.

The business was prepared for a black swan event, and operational resilience had been a significant theme for L&G, with the increased focus from the government.

From a business continuity side, it had incident management plans in place for an event of this type, but COVID-19 was its first opportunity to test and live through a full-scale lockdown.

“When we got to the point where we had to react, what we did differed to what we had in our plan,” says Andy Young, Head of Group Real Estate Planning & Programmes.

“COVID-19 was unprecedented, and the response was being driven by whatever the government guidance dictated on a given day. Our response was reactive as we didn't know what the rules were until the government laid them out. Being ready for this type of event, we had the structures and governance in place, but we didn't know the rules of the game until the guidance was issued.”

Having to react to this was challenging, but, as an organisation, L&G responded well because it had the right senior leaders mobilised within its incident management governance.

Technology first

The pandemic took over everything operationally – every area of the business was affected. Technology became a priority for L&G; it had to get all of its operational and back-office teams up and running remotely as quickly as possible, with only a few teams supporting critical business services in its offices.

“Previously, we would have considered invoking an external work area recovery site when a significant event occurred, but this wasn't any help to us in this instance as we needed to protect people and keep them away from the office,” says Young. “Moving them from one site to another wasn't going to serve any purpose.”

What this event did for L&G was to accelerate the operational resilience plans it already had in place – for example, moving operational teams from desktops to laptops so employees could work effectively from home. It took a significant collaborative effort across the organisation, but L&G achieved this comfortably and at pace.

A coordinated response

L&G mobilised a major incident team early. One of the successes for the business was the proactive action it undertook in early 2020 - PPE approaches, getting equipment ordered, thinking about thermal scanning in offices on entry.

When it got to March, L&G's offices were ready for anyone who needed to be in for business-critical purposes. When it locked the sites down, the organisation already had the right measures in place, such as one-way systems, thermal scanning and sanitisation stations.

“It was only when we spoke to other organisations, we realised how L&G had been able to get ahead of the curve in providing COVID-19 safe office environments. And that was because we had placed orders early, almost as a precaution that things might get worse, and when they did, we were ready,” Young says. “A key lesson is when you start to see events escalate, it is worth taking some no-regrets decisions to prepare rather than waiting for the point when you have no choice but to react.”

Top priorities

Operational resilience has been L&G’s top priority during the pandemic. Alongside the COVID-19 response, it has a programme of work focused on this, and lessons learnt have fed into this strategy. The business understood the importance of senior operational managers – making sure they are present and mobile when managing their issues and operational performance. Beyond this, managers have a team reporting to them that operates efficiently and acts as a communication mechanism, and brings specific issues to the fore quickly. Having strong senior support and being able to make decisions very quickly worked well for L&G, and it confirmed why the business needs to have the right people in those senior positions. Any decisions affecting the treatment of employees needed immediate discussion and decision-making, and it had proactive and robust governance around this.

New ways to support workforce

L&G had strong comms early on, which made everyone feel still part of the organisation even though they were remote; it made them realise the firm was doing its best for them.

“We have made sure that we have kept up this momentum, helping people understand that we are still one organisation,” Young says. “We are now taking extra steps to look after employees’ mental wellbeing and workspace environments at home. We have 10% of people in the office performing our critical services; the other 90% of people have been at home for months working, so that shift has been acknowledged and is a focus for us.”

Thinking for the future

L&G is now starting to think about what the blend of office vs remote working will be in the future. The organisation acknowledges that work-life balance is a significant challenge, the situation is different from employee to employee, so the needs are different. Providing an operating model that supports this is critical.

From a group real estate perspective, Young says, “We are trying to understand the future office’s purpose as a workplace. It is not about someone having a desk or saying they are going to go into the office two days a week. It is now about questioning why you need to be in the office, what is the purpose of the visit, and how will it add value from a personal perspective and for the organisation.

“You might say: I plan to go into the office one day a week, but in reality, there may be limited value if the visit doesn’t coincide with other people’s plans, and you end up doing exactly what you would have done at home. However, that might still be what you want to do for a period of time from a wellbeing perspective.”

L&G wants people to think about why they need the office. They might want to go in for some quiet, to collaborate, or to meet clients – this is what will drive its use case and demand for space going forward. Everyone has to adjust and find the right way of working in the future workplace, with the blend of home and office work environments. L&G has space for 30% of employees in its current COVID-safe offices given social distancing, but it has not filled these desks as it continues to reinforce the “stay at home if you can work from home” message.

“There has never been any drive to force people back; our strategy is focused on ensuring we maintain our critical services and make employees that need to be in the office feel comfortable,” Young says. “For example, we also filmed videos of each of the sites, so people could see what health and safety changes had been introduced before they returned – these were met with real positivity.”



CASE STUDY

Safety, Strategic Planning and Integrated Decision-Making Are at the Top of the Agenda

With offices in more than 120 countries, Accenture leadership first saw the pandemic unfold in China at the start of 2020 and started to prepare for COVID-19's spread across the world.

The company's leaders prioritised keeping people safe and healthy — employees, clients, vendors, and everyone coming through their offices — and at the same time prioritising the stability and continuity of their client services. Accenture also mobilised to set everyone up to work from home. The base infrastructure was there, with services in the cloud, but the CIO group quickly expanded the company's networks and ensured access to laptops and internet across the world — enabling people to go remote in an extremely short period of time.

Establishing a strategy was critical to Accenture's COVID-19 response. "From my perspective, doing the strategic planning on the front end was invaluable, and we benefitted from being able to build off a pandemic plan that had previously been prepared — most of our changes involved scaling up to deal with the sheer volume this pandemic created," says David Sawyer, Managing Director, Facilities & Services, UK & Ireland, at Accenture. "That strategy and planning helped us be as well prepared as we could be and iterate as needed both for business continuity and rapid response purposes."

A large white hexagon containing the text "87.2%" in a bold, white, sans-serif font.

87.2%

87.2% of companies* have defined protocols with their key vendors to support the management process and coordination of return to work and medical status updates

*Data collected by Aon's proprietary Readiness Assessment from over 50 Work Travel Convene Coalition participants from the US, Europe, and Asia. Respondents span over 15 industries and represent multinational organisations with a global footprint

Continuously adapting, adjusting and improving frameworks

Unlike preparedness plans for large-scale disasters such as hurricanes, the pandemic's global impact was far more complex. Laura Schlicting, Accenture's North America Geographic Services Lead, recalls the lessons learnt from teams in China – the country first imposing lockdowns due to COVID-19: “We were able to learn from the approach that China took – how our teams were able to get ready and respond.” As the pandemic's scope and scale grew, Accenture's teams were able to build from the approach that was taken in China and continuously iterate and improve, all the while taking into account local variances – from government regulations in specific countries or in the case of the United States, a patchwork of local laws.

Making the best decisions during rapidly evolving situations

A structure that supported integrated decision-making helped Accenture put strategic action plans in place. Leadership set strategic direction while various subgroups – procurement, HR, employee relations, technology – brought their own targeted solutions.

Across our most senior leadership, there was a group that met routinely, regularly, daily, as they set the strategic direction,” Schlicting says, and that “all-in” approach was replicated throughout geographies.

“We pulled together a configuration of people who wouldn't typically work together, at least in such a collective way,” says Sawyer. “That constant communication helped all of our teams prepare for rapid shifts in direction. Everybody had a 360° view on the totality of the situation on an ongoing daily basis. We were able to continuously manage the situation because of really close coordination and collaboration.”

Conclusion

Conclusion

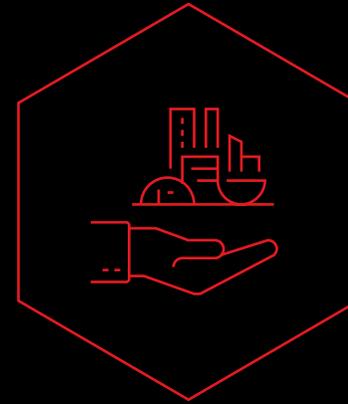
What Can We Currently Surmise About the Future World of Work?

It's not news that COVID-19 has been and continues to be an accelerator for the future world of work. No one expects a return to how many businesses – particularly white-collar operations – worked before the pandemic. But that doesn't mean there is an easy, off the shelf solution for organisations to follow as they restructure and reshape for the challenges ahead. A concept of a one size fits all approach should not be the way we view the future world of work. If the pandemic has taught us anything, it is that different people thrive in different environments, requiring different structures and levels of flexibility.

How, then, should businesses respond? How do large multinational organisations make decisions relative to their peers? Who wants to be an outlier in terms of 'COVID' working conditions and working locations as we transition back to the office? How can leaders protect the health of their workforce in the 'new normal'?

Let's not forget our corporate decision-making also has a societal and economic impact on the businesses that support the City and Canary Wharf, and the wider London economy – the pubs, entertainment spaces, theatres and other businesses that rely on commuters.

Finding answers to the challenges laid down by COVID-19 is the key motivation behind the London Work, Travel, Convene Coalition.



Guiding principles for a 'new better'

It's easy to point to a future, to have a vision for the workplace panacea, but actually making it happen is a challenge unlike one we've ever faced. How do we practically go about making it a reality?

The coalition has the capacity to create guiding principles that we can apply to what our new better as an organisation might look like. It could be very different for organisations in practice, but we can start by asking the right questions – whether it's for mental health, virtual working, or the role of the office in the future.

COVID-19 has impaired employee health and wellbeing and every single coalition session has charted a course towards the same conclusion: workforce health must be a strategic priority for businesses going forward. But how do we measure the effectiveness of our wellbeing strategy? What kind of training can we implement to enhance understanding? How can we fund this? How do we help people who don't put their hands up?

As offices start to reopen as 2021 progresses, should companies take on responsibility for routine COVID-19 testing and provision of suitable masks, and how will this vary across countries and territories, particularly for those countries with a diverse geographic footprint? If organisations have the option to buy and implement the vaccine – should we? Would this help by covering a percentage of the population who work for large organisations – at our expense, or would it take a potentially limited supply away from the NHS and other less developed countries who can't afford it? Would we be accused of queue jumping?

Take the office reimagined: does it become simply a place of collaboration? But we know the office is more than that – it's the place where you can drive your organisational culture. Do we expect something different from our leaders? They are now managing remote workforces, so do they have the right skills to do that correctly? In the past, they were used to walking to someone's desk, having a chat, and building relationships that way. How do they do that now? How do they go through the process of goal setting and performance management virtually, where face-to-face interaction has fallen away?

Resilience matched with agility

Of course, guiding principles can only point organisations in the direction of travel. A recent Aon Global COVID-19 HR Pulse Survey found 98% of employers rated workforce agility – the ability to move employees quickly to support changing business needs – as important to the future success of their organisation.

Therefore, it's clear that businesses will need to match these principles with the agility required to successfully adapt to changing circumstances and look forward to a successful and sustainable future.

What is the London Work, Travel, Convene Coalition?

The London Work, Travel, Convene Coalition launched in September 2020. It brings together large employers in the City and Canary Wharf to share key learnings and insights related to planning and operations, to assess impact and measurement of efforts and to evaluate the latest technologies. The coalition's aim is to develop a set of guidelines to help navigate the challenges businesses face as society re-opens throughout the recovery phase of the COVID-19 pandemic.

Founding members of the coalition include, Accenture, Ashurst, Aviva, Clyde & Co, JLL, Legal & General and others. Member roles range from Chief Operating Officer, Director of People Services, Director of Employee Experience, and Future Workplace Director.

Other coalitions worldwide include Chicago and New York, Dublin, and Singapore.

If you would like to find out more about the coalition, please contact The London Work, Travel & Convene Coalition Team [LondonWTC@aon.co.uk]

About Aon

Aon plc (NYSE:AON) is a leading global professional services firm providing a broad range of risk, retirement and health solutions. Our 50,000 colleagues in 120 countries empower results for clients by using proprietary data and analytics to deliver insights that reduce volatility and improve performance.

© Aon plc 2021. All rights reserved.

Aon UK Limited is authorised and regulated by the Financial Conduct Authority.

Aon UK Limited, The Aon Centre, The Leadenhall Building, 122 Leadenhall Street, London, EC3V 4AN

This document has been provided as an informational resource for Aon clients and business partners. It is intended to provide general information on potential exposures and is not intended to provide medical advice or address medical concerns or specific risk circumstances. Information given in this document is of a general nature, and Aon cannot be held liable for such information. We strongly encourage readers to seek additional safety, medical and epidemiological information from credible sources such as the World Health Organization. As regards insurance coverage questions, whether coverage applies, or whether a policy will respond to any risk or circumstance is subject to the specific terms and conditions of the relevant insurance policies and contracts at issue and the relevant underwriter determinations.

Whilst care has been taken in the production of this document and the information contained within it has been obtained from sources that Aon believes to be reliable, Aon does not warrant, represent or guarantee the accuracy, adequacy, completeness or fitness for any purpose of the report or any part of it and can accept no liability for any loss incurred in any way by any person who may rely on it. Any recipient shall be responsible for the use to which it puts this document. This document has been compiled using information available to us up to its date of publication in January 2021

