

## Case Study

# International Bank X (IBX)\*

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### Introduction

This global banking group is one of the world's largest financial institutions providing individuals and corporates with a full range of financial and risk management products and services. The group has grown rapidly through a number of strategic acquisitions which have enabled it to broaden even further its personal and investment banking offer and extend its global reach.

The bank divides its global operations into regions. This case study focusses specifically on health and wellbeing investment activity within the UK and Ireland, which are part of the European region, employing over 10,000 people. Responsibility for employee health and wellbeing for UK employees falls within the remit of Jane Doe\*, one of the Benefits Managers for that region.

### The evolution of the health and wellbeing strategy

IBX has recently completed a major review and re-launch of its entire employee benefits strategy and programme including its provision for employee health and wellbeing, prompted by a number of factors.

Quite recently, IBX acquired another financial services provider which brought an influx of new employees into the bank and created various challenges of cultural integration. Employee expectations around benefits in general and health and wellbeing benefits specifically, were one of the areas where cultural differences surfaced. New arrivals in the company seemed to exhibit a stronger sense of 'entitlement' and expectation that things would be provided for them on a plate by a paternalistic employer than those with a longer history in IBX. For the Benefits team, taking action to level expectations and create a clear and common contract with all employees was an important feature of the wider cultural integration process. Part of this entailed a full review of all employee benefits and policies and this in turn led to a review of the health and wellbeing services.

The general economic context and the financial services employment market had also changed considerably and were expected to remain volatile and uncertain well into the future. Until this point a major imperative for investing in wellbeing had been the need to provide a very attractive benefits package (which included health and wellbeing benefits and services) simply to remain competitive in the financial services employment market; a substantial wellbeing package including comprehensive health assurance benefits was expected as a 'given' not an additional perk. With the downturn in financial services

employment, attracting and retaining talent was no longer such a pressing challenge and the imperative to provide wellbeing benefits simply to retain the brightest and best was nowhere near as critical as it had been.

This did not mean that providing for employee wellbeing was expected to be any less of a priority; in fact the reverse was true!

However, the underlying rationale was shifting away from investing in wellbeing in order to attract and retain talent toward enabling employees to develop the levels of personal health and resilience they needed to continue to perform in conventionally challenging sector that had now become even more challenging because of the added uncertainties created by the difficult economic climate. In effect the imperative was shifting from being one of commercial competitiveness toward recognition that the bank had an important social responsibility as an employer to look after its people even better during this difficult time.

Further, during the review, Jane and her colleagues became more aware that employers were increasingly being seen as, and encouraged to be significant players in promoting the health of the nation. It was difficult to attribute this to any particular development in public policy or specific initiative; more a growing sense that there was a critical opportunity through employers to reach large numbers of people and effect a positive impact on their attitudes and behaviours around their health and wellbeing.

With these different external influences coming together, Jane wanted to take the opportunity to think through in depth what the implications might be and how the bank should respond as it went about refining its benefits policy and programme.

In 2011 Jane and her colleagues began the task of reviewing and recasting the health and wellbeing strategy for the period 2012-2014. They recognised the value of external perspectives and input and drew on the resources and creativity of their colleagues and those of their wellbeing suppliers. As Jane describes, they were keen to obtain the best ideas from wherever they could and leveraging the knowledge of the suppliers who brought both expertise and experience from outside made every sense. They also drew on data from employee surveys which provided a clear and detailed story of the employee experience, the perceived value of the wellbeing offer and where improvements could be made.

Part of the challenge in developing the new strategy was not to throw the baby out with the bathwater; there was much in the existing portfolio of wellbeing services that was relevant for the future and highly valued by employees. However, there was a clear need to revisit the underlying rationale for investing in employee wellbeing and to re-examine the benefits on offer in the light of that.

\*The identity of the bank and personnel are concealed for reasons of commercial confidentiality

Two highly important and related conclusions arose from the review, leading to significant changes in the wellbeing strategy. **Firstly, the bank identified a need to re-define its role in relation to employee wellbeing and, in turn, the responsibilities and entitlements of employees. Secondly, it saw a need to shift the emphasis of the wellbeing strategy away from reactively responding to illness towards proactively promoting health.**

The bank agreed a new strategy to 2014 at the heart of which was a **new focus on empowering employees to take personal responsibility for proactively managing their own health and wellbeing.** The bank would continue to offer services but as a partner in health rather than as a paternalistic provider; from now on the encouragement would be for the employee to be in the driving seat.

This significant shift in policy is captured in a new high level health and wellbeing strategy and more specifically, in a branded programme entitled **My Wellbeing**. This is an extract from the strategy that describes the underlying shift in philosophy;

*'Within today's organisations, health and wellbeing is an increasingly important issue with growing recognition and emphasis to enhance traditional reactive, curative medicine with more proactive and integrated approaches.*

*IBX are 'keen to lead a more positive and holistic focus to facilitate a positive and healthy organisational climate and culture where employees are empowered to look after their own, personal health and wellbeing.*

*'.....creating the culture cannot come from medicine alone. It has to come from greater collaboration and integration and by uniting key stakeholders to go beyond their traditional roles to advance everyone's health and wellbeing.'*

## The launch of 'My WellBeing'

Traditionally IBX's programme had focussed to a large extent on offering health risk-related benefits: gyms, health assessments, medical insurance etc. Many of those products and services are of proven value to employees and will continue to feature in the wellbeing portfolio going forward but with the key difference that the emphasis from now on is on stimulating employees to be agents of their own health and wellbeing rather than passive recipients of health related benefits.

The cornerstone of the strategy for 2012-2014 is a new branded programme entitled **MyWellbeing** designed to encourage personal responsibility for health and wellbeing. The programme is underpinned by four areas:

- **Nutrition:** services which support employees to make better nutrition and healthier lifestyle choices
- **Activity:** helping employees to incorporate physical activity within work as well as encouraging exercise and fitness in general
- **Health:** encouraging employees to proactively manage their own health rather than waiting for a problem to arise
- **Resilience:** supporting employees to recover from adversity and illness and develop greater capability to manage work related stress.

## Distinctive features of the wellbeing approach

- Distinctive features of the wellbeing approach
- A new wellbeing strategy which focuses on employee responsibility for their own health and wellbeing in partnership with the employer
- Branded My Wellbeing campaign to encourage employees to proactively manage their own wellbeing
- Wide programme of benefits, easily accessed through online applications
- Balanced scorecard approach to evaluation

## Implementing the new strategy: the challenge of changing behaviour

Jane is clear that the success or failure of **MyWellbeing** and of the wider health and wellbeing strategy rests on a single critical success factor; namely whether employees can be successfully encouraged to change their behaviour around their own health and wellbeing?

This is precisely the challenge that the NHS has been wrestling with in its own efforts to promote the nation's wellbeing and reduce the national burden of disease. It has been well known for a long time that progress in tackling the major illnesses of heart disease, cancer and chronic conditions depends much less on clinical advance than it does on persuading large numbers of the population to change unhealthy behaviours such as smoking, alcohol consumption, poor nutrition and lack of exercise. Writing the strategy is the easy part of this hugely important challenge; making it a reality is a much more difficult proposition.

Knowing that they would be embarking on that same challenge, Jane and her colleagues turned their attention to understanding health research and change psychology to try to identify the actions they can take as the employer in order to influence employee behaviour in ways that would lead them to take greater responsibility for their own health and wellbeing. They looked to a wide variety of research and health initiatives to understand what learning already exists that could help to shape their own approach.

Guided by the research they developed a structured implementation plan for **MyWellbeing** that is designed to help employees progress through stages of change from **enhanced awareness of the need for and benefits of change, through action, to consolidating and celebrating success.**

With that progression in mind, Jane and colleagues have developed a detailed three-year implementation programme.

- In year one the balance of emphasis is on **awareness-raising** through the launch of the new branded *My Wellbeing* campaign; on setting core health themes and identifying risk groups using management information data. The approach will be incremental, promoting one of the four themes each quarter. The intention is to encourage change that is sustainable rather than encouraging overly ambitious plans which then fall by the wayside
- In year two the emphasis shifts to **action to effect behaviour change** by helping employees to make informed decisions, providing bespoke behaviour change programmes, increasing local access to services and driving utilisation

- In year three the focus moves to **sharing success and consolidation** with the aim of demonstrating the impact of the previous two years' activities through improved employee engagement and performance, reduced healthcare costs and the Health and Wellbeing programme being viewed as one of the top employee benefits.

## The wider health and wellbeing programme

In addition to the new MyWellbeing campaign, IBX continues to provide a comprehensive programme of health and wellbeing services. These services are made up of two groups of activity:

- Reactive services that are largely designed to respond to health or wellbeing incidents
- Proactive services which are designed to promote health and wellbeing and /or prevent illness.

### Pro-active

- Health Screening for all as a core benefit
- Lifestyle Account 50% Employer paid contribution
- Dental and Eye care insurance
- Online Lifestyle discount programme
- Subsidised on and off site gym membership
- Fitness and relaxation classes
- Ergonomist and Physio Services
- Bicycle scheme
- Vacation
- Supportive policies e.g. Sabbaticals, Maternity, Adoption, Volunteering, Flexible Working
- Health & Wellbeing Intranet page
- Health & Safety training
- MyWellbeing programme:
  - Nutrition advice and support e.g. Weight loss plans
  - Stress management support
  - Advice and support on giving up smoking
  - Measurers to encourage healthy behaviours e.g. Running, walking, cycling, volunteering in work time.

### Support Partners

- Emergency childcare
- Emergency homecare
- Childcare vouchers
- Subsidised Restaurants and healthier alternatives
- Diversity & Inclusion Council and associated Affinity Groups e.g. Parents and Carers
- H&W Committee and Champions
- Corporate Social Responsibility and Volunteering

### Re-active

- Occupational Health
- GP / Nurse service
- Group Income Protection
- Private Healthcare
- Critical illness Insurance
- Personal Accident insurance
- Employee Assistance Programme

## Measuring the impact: the developing approach to evaluation

Many organisations are wrestling with the challenge of measuring the impact of and return on their investment in employee wellbeing. IBX seems to be very much a leader in this regard. Over time, the bank had been gradually introducing evaluation mechanism, such as KPIs, to understand whether particular aspects of its programme are fulfilling their objective.

With the launch of the new strategy and the critical emphasis on effecting personal behaviour change, the IBX wanted to go further and develop a comprehensive evaluation framework that could provide it with robust data on both activity and impact.

The bank chose to use a balanced scorecard approach to generate three levels of data:

- Programme indicators (touch points) that measure employee activity in areas such as turn ups to events and online hits
- Return on Investment indicators, such as time to return to work after sickness, PMI costs
- Trends data such as top-presenting health conditions.

This data is presented to the My Wellbeing champions and committee, health provider forum and key stakeholder leadership team.

## In conclusion

Jane and her colleagues are well aware that they are still in the early days of an exciting and important journey that will require on-going energy and above all, learning at every stage. But, if they can really engage with employees as partners in their own health and wellbeing they will have achieved huge benefits for their own organisation and important lessons that many other employers will be able to learn from.