



INFORMATION REPORT

TO:	Chair and Members Audit, Finance and Administration Committee
COMMITTEE DATE:	June 20, 2016
SUBJECT/REPORT NO:	Employee Attendance Report 2015 (HUR16012) (City Wide)
WARD(S) AFFECTED:	City Wide
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Council Direction:

Human Resources staff reports employee attendance performance measures to Audit Finance and Administration Committee on an annual and semi-annual basis. This report presents sick absence data covering from January to December 2015 with comparison to 2013 and 2014.

Information:

This report includes the 2015 short term disability (STD), Work Accommodation and long term disability (LTD) data for the entire City excluding Police and Library. The report also provides an update on the steps taken to support employees in improving their attendance.

Executive Summary

This report provides an overall summary of the City's employee attendance performance measures and program.

Short-term Disabilities (STD) 2013 to 2015

- Short term Disabilities are broken down for the purposes of this report into two categories; 1) those governed by Income Protection Plans (most of the organization) and, 2) those governed by a Sick Bank Plan (Fire).

Trends for STD – Group 1 - Income Protection Plans

- Average **Incidental** paid sick absences increased from 3.4 days per employee to 3.5 days in 2015
- Thirty-three percent (33%) of employees had no **incidental** sick absences in 2015
- Average **Significant** sick absences remained at 6.5 days, the same as in 2014
- Eighty-four percent (84%) of employees had no **significant** sick absences in 2015.
- Total modified sick time per employee did not change in 2015. However, the number of employees involved in return to work programs increased from 228 to 272. The fact that the organization had more employees participating in modified work programs while at the same time having the same total hours reflects shorter time spent on modified duties and a quicker return to full duties.
- Average Sick Days (both incidental and significant) is 9.9 days in 2014 and 10.0 in 2015.

STD – Group 2 - Sick Leave Plan (Fire Services)

- Average **Incidental** paid sick absences increased slightly from 6.3 days per employee in 2014 to 6.4 days in 2015
- Average **Significant** sick absences dropped in 2015 from 8.0 to 7.8 days compared to 2014

Long-term Disabilities (LTD)

- The number of new LTD claims and active claims both increased in 2015 from 63 to 77.
- Mental health and musculoskeletal conditions account for more 50% of all claims received in 2015
- The number of claims resolved was up from 46 in 2014 to 65 in 2015. There has been no litigation initiated in the past two years

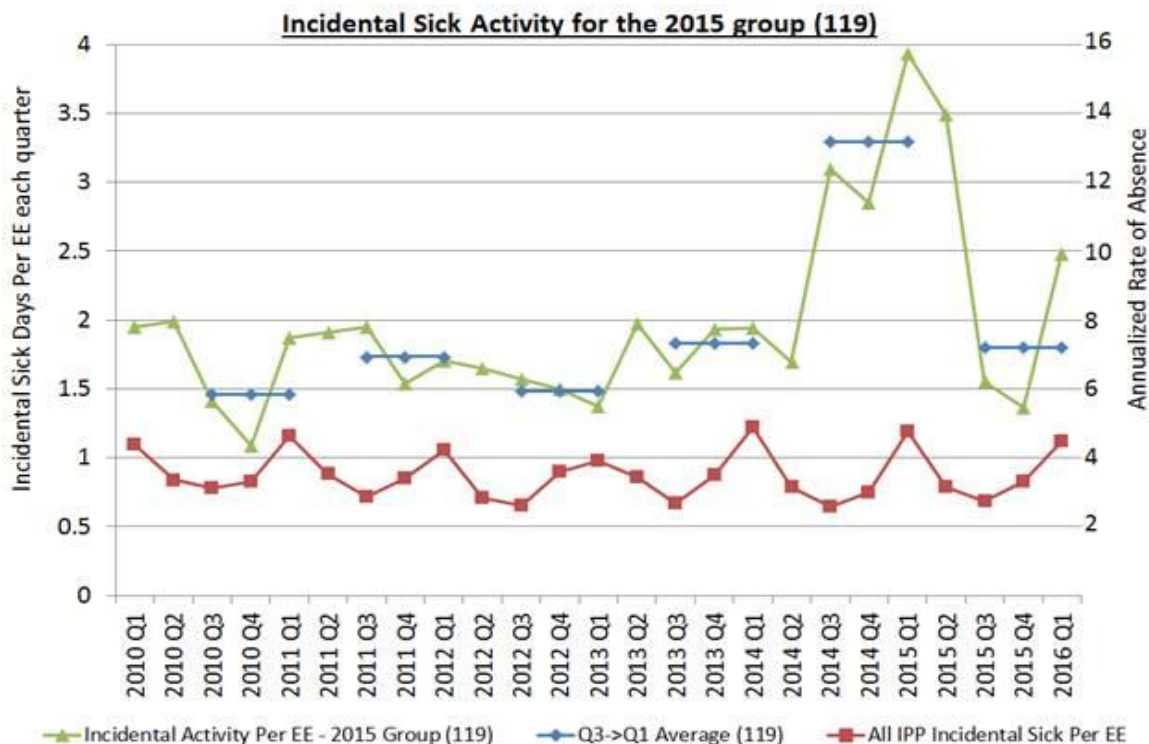
Return to Work Services Performance Measures

- The team closed 578 cases for employees needing assistance in returning to work after an injury or illness in 2015 up slightly from 570 in 2014. This includes both occupational and non-occupational cases.
- Return to Work Services (RTWS) assisted in returning 476 employees to their full-time hours in 2015. The productivity gain for those employees with non-occupational illnesses or injuries who had modified work in 2015 was \$465,739.
- The number of employees waiting for permanent, suitable accommodated work remained low in 2015 (N=14), the same as the previous 2 years. This success in finding permanent work is the result of the efforts of the RTWS team and others in Human Resources in working with all parties (management and unions) to find suitable employment for these employees with significant permanent injuries or illnesses.

2015 Initiatives to Address Employee Absenteeism

- Additional sessions of the chronic pain management for staff were completed for employees across the organization. Employees are identified for the program through their interactions with Return to Work Services or from discussions at Attendance Support Program meetings. Fifteen (15) employees attended the weekly three hour workshop in 2015 provided by the Occupational Health Nurse and Healthy Workplace Specialist. The impact of this program on improving the ability of employees to remain at work will be monitored going forward, along with follow-up assessment of participants’ ability to apply the skills and make positive change.
- Mental Health @ Work Leadership Certificate Program mental health training was introduced as part of the Leadership Development Pathway for people leaders. In 2015, 42 employees completed the three-module program. Classes will continue annually.
- Human Resources identified employees with consistent sick absence occasions over four quarters and provided lists to General Managers so they could follow up directly with the employees involved to mitigate future absences. Initial results from this group indicate some improvement in attendance but follow up needs to be done to see if more improvement can be made. The performance of this group will be tracked in 2016.

Graph 1: Incidental Sick Activity for the 2015 Group



- Human Resources, with support from SMT, continued to provide resources to increase healthy active living amongst all employees and to create workplaces that enhance mental and physical health. Employees are supported through training, online resources, Employee and Family Assistance Program, occupational health, and healthy workplace policies and procedures.

Background

The City of Hamilton proactively manages occupational illnesses and injuries through programs and policies that: control employee absences; identify employees whose attendance needs improving; support employees in improving attendance; and prevent illness and injury amongst our employees.

Definitions:

Short-term Disabilities (STD) include absences of less than 1 day up to 130 days. STD has been further categorized into either Incidental or Significant sick absences. The majority of full-time employees are covered by an Income Protection Plan that provides benefits during a sick absence.

- **Incidental** sick absences are those that are less than 6 days in the Income Protection Plan and are managed primarily by an employee's supervisor. These absences are primarily due to common ailments like colds, infections, respiratory illnesses, gastrointestinal illnesses, viruses, or minor injuries, and do not require a sick claim form. These sick absences continued as the primary focus for front-line management.
- **Significant** sick absences are those that are 6 days up to 130 days in the Income Protection Plan, require a medical claim form(s) and are additionally managed by Return to Work Services staff in Human Resources. These absences are caused by more serious medical conditions, including cancers, fractures, traumatic injuries, mental illness, cardiovascular conditions, nervous disorders, as well as surgeries.
- **Modified** sick absences are for those employees who are involved in graduated return to work programs and are paid for partial sick days. An increase in modified sick time reflects greater participation in return to work and therefore less unproductive costs.
- **Chronic Sick Absence:** Either a chronic condition (disease) of long duration and generally slow progression or a long term condition which has fluctuating periods of poor health and deterioration or relapse while the person generally maintains a level of functionality. These are self-identified by employees and tracked as part of the Attendance Support Program.

Since 2012, maternity-related sick absences have been tracked in our attendance system. These absences are not included in the data used for this report as they are primarily taken post-delivery and are not included in our formal attendance support program as there is no opportunity for management to reduce these absences.

Table 1a, 1b & 1c shows the breakdown of sick absences for employees covered by an Income Protection Plan (IPP).

Table 1a: Employee Short-term Sick Absences 2013 – Breakdown for Employees with Income Protection Plans

2013	IPP Sick Activity – Sick Absence			
	Chronic	Modified	Incidentals	Significant
Headcount	4,345	4,345	4,345	4,345
Paid Sick Days Per Eligible Employees	0.0	0.4	3.4	6.6
Paid and Unpaid Sick Days Per Eligible Employees	0.0	0.4	3.7	6.7
% Of Staff That Took Zero Sick Time	100%	95.2%	34.2%	84.2%
Sick Cost As % Of Gross Pay	0.0%	0.1%	1.2%	2.0%
Total Sick Cost Paid	\$0	\$363,911	\$3,387,838	\$5,724,730

Table 1b: Employee Short-term Sick Absences 2014 – Breakdown for Employees with Income Protection Plans

2014	IPP Sick Activity – Sick Absence			
	Chronic	Modified	Incidentals	Significant
Headcount	4,400	4,400	4,400	4,400
Paid Sick Days Per Eligible Employees	0.1	0.5	3.4	6.5
Paid and Unpaid Sick Days Per Eligible Employees	0.1	0.5	3.8	6.6
% Of Staff That Took Zero Sick Time	99.4%	95.1%	32.5%	85.0%
Sick Cost As % Of Gross Pay	0.0%	0.1%	1.1%	1.9%
Total Sick Cost Paid	\$41,269	\$414,558	\$3,535,817	\$5,767,745

Table 1c: Employee Short-term Sick Absences 2015 – Breakdown for Employees with Income Protection Plans

2015	IPP Sick Activity – Sick Absence			
	Chronic	Modified	Incidentals	Significant
Headcount	4,501	4,501	4,501	4,501
Paid Sick Days Per Eligible Employees	0.5	0.5	3.5	6.5
Paid and Unpaid Sick Days Per Eligible Employees	0.6	0.5	3.9	6.5
% Of Staff That Took Zero Sick Time	97.8%	94.3%	33.1%	83.8%
Sick Cost As % Of Gross Pay	0.1%	0.1%	1.2%	1.8%
Total Sick Cost Paid	\$444,116	\$465,739	\$3,761,981	\$6,020,098

For the above tables: * represents a standard calculated 7 hour day. **Incidental** sick absences are single absences of less than 6 days. **Significant** sick absences are single absences of 6 to 130 days

The tables above indicate:

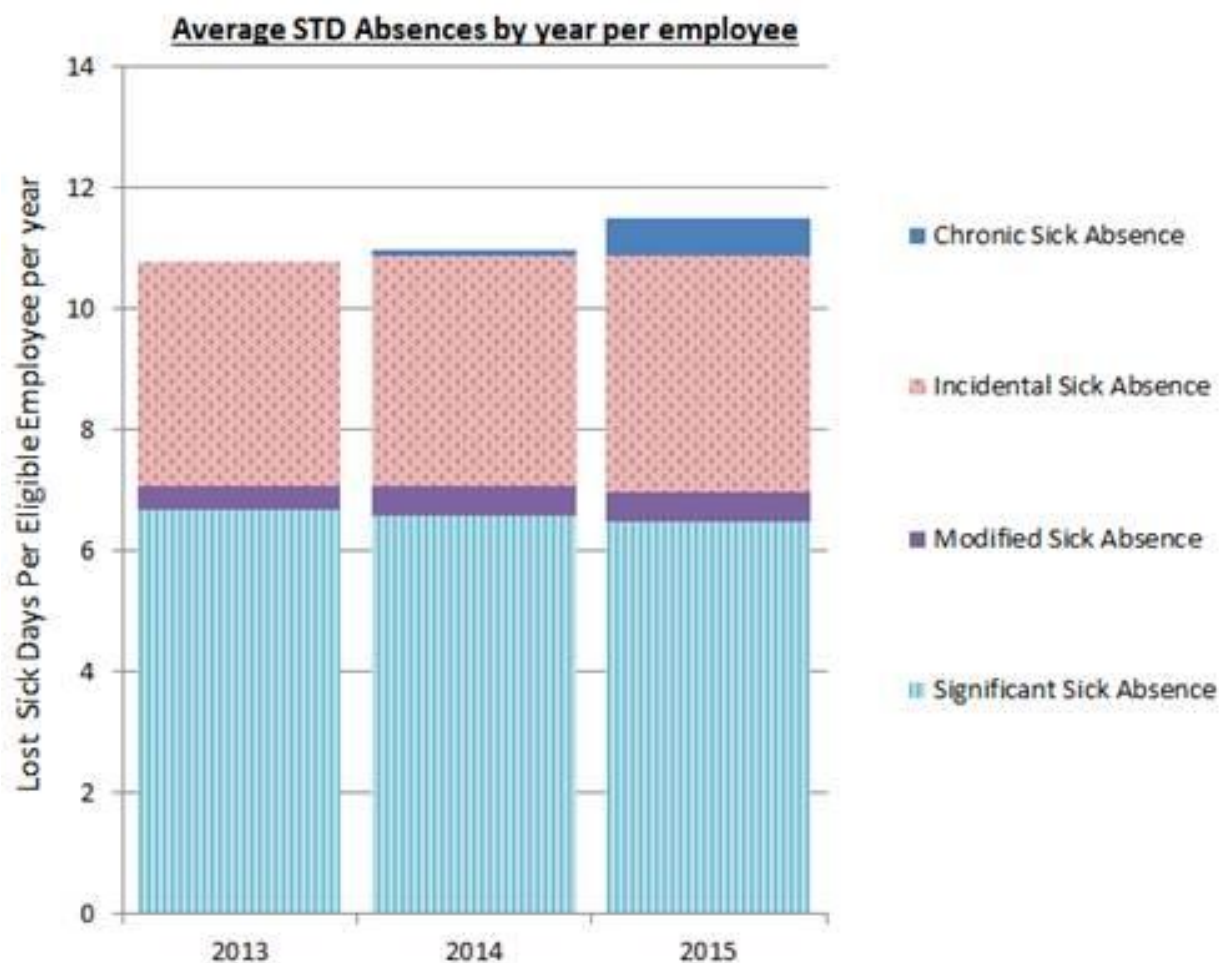
- Average **Incidental** paid sick absences increased from 3.5 days per employee to 3.6 days in 2015 compared to 2014
- Average **Incidental** paid and unpaid sick absences increased from 3.8 days per employee to 3.9 days in 2015 compared to 2014
- Thirty-three percent (33%) of employees had no **incidental** sick absences in 2015, up slightly from 2014
- Average **Significant** sick paid absences remained at 6.5 days, the same as in 2014
- Average **Significant** sick paid and unpaid absences dropped slightly from at 6.6 in 2014 to 6.5 in 2014
- Eighty-four percent (84%) of employees had no **significant** sick absences in 2015, down slightly from 2014.

- Sick cost as a percentage of total payroll increased for incidental sick absences but declined for significant sick absences
- The number of employees classified as having a chronic or episodic condition increased in 2015 more employees have identified that an underlying condition is affecting their ability to attend work

The breakdown of departmental short-term disability absences across the corporation appears in Appendix A to Report HUR16012.

The graph below shows the breakdown of all short-term disability activity over the past three years.

Graph 2: Average STD Absences per Employee by Type



The graph below shows the seasonal trend of incidental sick absences over the calendar year for the past three years. The pattern is fairly consistent year over year.

Graph 3: Average Incidental Paid Sick Absences by Month 2013- 2015

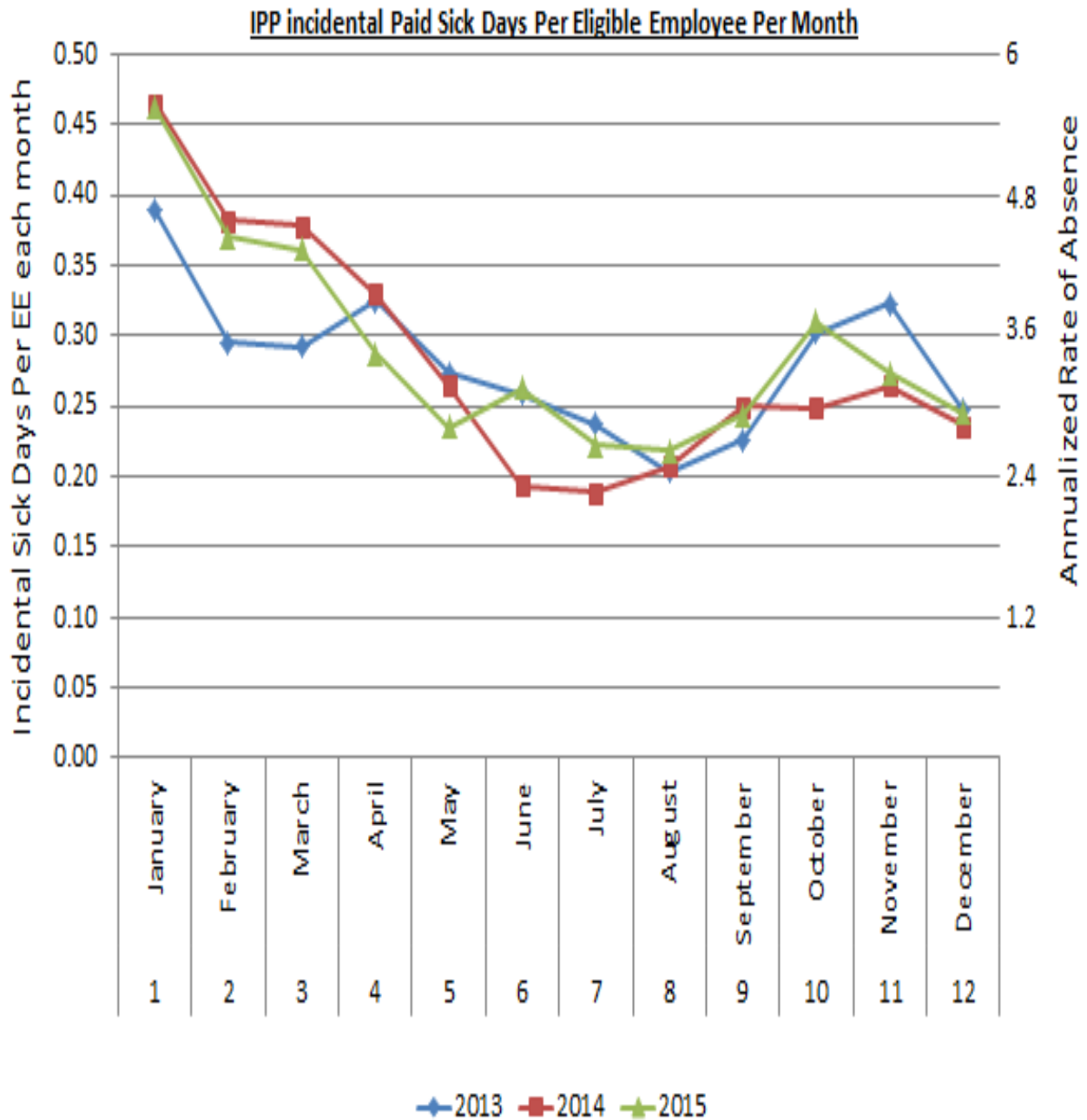


Table 2a: Employee Sick Absences, 2013 – STD Breakdown for Employees with Sick Bank – (Fire Services)

2013	Sick Activity – Sick Absence		
	Incidentals *	Modified	Significant
Headcount	542	542	542
Lost Sick Calculated Days Per Eligible Employees	6.4	0.1	8.4
Paid Sick Calculated Days Per Eligible Employees	6.3	0.0	8.0
% Of Staff That Took Zero Sick Time	24.1%	99.6%	68.0%
Sick Cost As % Of Gross Pay	2.0%	0.0%	2.6%
Total Sick Cost Paid	\$1,012,193	\$9,567	\$1,340,706

Table 2b: Employee Sick Absences, 2014 – STD Breakdown for Employees with Sick Bank – (Fire Services)

2014	Sick Activity – Sick Absence		
	Incidentals	Modified	Significant
Headcount	546	546	546
Lost Sick Calculated Days Per Eligible Employees	6.3	0.0	8.6
Paid Sick Calculated Days Per Eligible Employees	6.3	0.0	8.0
% Of Staff That Took Zero Sick Time	23.6%	99.8%	66.4%
Sick Cost As % Of Gross Pay	2.0%	0.0%	2.6%
Total Sick Cost Paid	\$1,024,851	\$2,140	\$1,337,869

Table 2c: Employee Sick Absences, 2015 – STD Breakdown for Employees with Sick Bank – (Fire Services)

2015	IPP Sick Activity – Sick Absence		
	Incidentals	Modified	Significant
Headcount	539	539	539
Lost Sick Calculated Days Per Eligible Employees	6.4	0.0	8.3
Paid Sick Calculated Days Per Eligible Employees	6.4	0.0	7.8
% Of Staff That Took Zero Sick Time	22.3%	99.6%	65.9%
Sick Cost As % Of Gross Pay	1.8%	0.0%	2.3%
Total Sick Cost Paid	\$1,029,420	\$2,416	\$1,285,592

**Incidental* sick absences are single absences of 24 hours or less, i.e. one shift or less.

**Significant* sick absences are single absences of more than 24 hours, i.e. more than one shift

The above tables indicate for employees with sick bank:

- Average **Incidental** paid sick absences increased slightly from 6.3 days per employee in 2014 to 6.4 days in 2015
- Average **Significant** paid sick absences dropped in 2015 from 8.0 to 7.8 days compared to 2014
- Average **Significant** paid and unpaid sick absences dropped in 2015 from 8.6 to 8.3 days compared to 2014
- Sick cost as a percentage of total payroll declined for both incidental and significant absences

Modified Sick Absences

Modified sick time is a separate measure used to gauge a particular category of paid sick time where **increases** demonstrate improved performance:

- **modified sick time** (paid sick hours for those employees actively at work on reduced hours as part of a graduated return to work program)

Approved Modified Sick Time represents those employees who are being returned to work with work accommodations to help re-integrate them back into the workplace as quickly and safely as possible. This is an important function of the Return to Work Services Team.

Table 3: Modified Sick Absence 2013 to 2015

	2013	2014	2015
Average Eligible Employee Headcount	4,345	4,400	4,501
Paid Calculated Sick Days (7 Hour Day) Per Eligible Employee	0.4	0.5	0.5
Number of Employees Involved	219	228	272
Sick Cost	\$371,384	\$414,558	\$465,739

The productivity gains associated with Modified Sick Time remained at 2014 levels in 2015 which were up from 2013. Since a modified return to work plan eventually returns an employee back to full duties and full hours, there is paid productive time at least equal to the modified sick time. In 2015, that amounted to \$465,739. The number of employees involved in modified work increased by 44 employees in 2015. It is encouraging that more employees are able to get back to work by modifying their work duties.

Long-term Disability (LTD)

These are sick absences that extend beyond 130 days and are managed by a third party.

Table 4: Long-term Disability (LTD) Claims 2013 to 2015

	2013	2014	2015
LTD new claims	55	63	77
LTD Days for employees	18,411	21,805	23,902
LTD Active Cases at end of year	124	123	148
Costs	\$3,242,228	\$3,154,668	\$3,686,325

The number of new LTD claims and active claims both increased again in 2015.

Mental health and musculoskeletal conditions account for more 50% of all claims received in 2015. These are followed by cancer claims at 15%. Cancer claimed doubled in 2015 to 12 from 6 claims in 2014. There was a 12.6% increase in musculoskeletal claims in 2015. These mostly related to back ailments. Mental health claims grew by 6.1%.

Average age of claimants over the past three years was 50.8 which is close to the industry average of 52.

While there has been a rise in claims, we've also been able to double the number of claims resolved in 2015. Nearly 47% of claims are resolved within 6 month and the overall duration for claims over the past 3 years is 24.8 months compared to the industry average of 40 months. There has been no litigation initiated in the past two years.

Occupational Health Nurse and Program

The Occupational Health Nurse (OHN) is responsible for developing and maintaining a comprehensive occupational health program including employee health surveillance protocols, coordinating access to disability and rehabilitative services, and providing health consultation on Long Term Disability (LTD), Short Term Disability (STD) and occupational illnesses and injuries (WSIB absences).

Coordination of Critical Incident Peer Support (CIPS) Program

The OHN coordinates deployment of the City's Critical Incident Peer Support Team. In 2015, there were 11 team activations for group support and 41 activations for peer support.

In addition to providing support to colleagues and peers, the team has had opportunities to attend a variety of training to benefit both their City positions and the CIPS team including the following:

- 8 members trained in Group Crisis Intervention
- 2 members trained in Non-Violent Crisis Intervention
- 5 members trained in ASIST (Applied Suicide Intervention Skills Training)
- 11 members attended Conflict Resolution session provided by the EFAP
- 14 members attended a Motivational Interviewing workshop
- 6 members attended the Emergency Management – Boston Bombing Presentation
- 7 members attended the Joint Health and Safety Committee Recognition Event

The CIPS team continued to create more awareness of our services by:

- Providing presentations at 2 DMTs and 2 division meetings

- Attending the annual Joint Health & Safety Committee Recognition and Learning event with an information booth

Employee Wellness Screening

Wellness screening is an onsite test that provides immediate results to employees. These results can assist in detecting life threatening illness and provides employees with the information to seek treatment or change to healthier behaviour(s). In 2015, 132 wellness screening tests were provided to staff.

Non-violence Crisis Intervention

The OHN coordinated the delivery of the training to 131 frontline employees.

Employee Immunization

The City of Hamilton provides employee influenza immunization. The OHN coordinates and delivers the annual workplace influenza clinics for City of Hamilton employees. In 2015, there were 1,111 vaccinations delivered through 29 clinics.

Additional Activities

40 employees were trained on infection control, 20 employees were trained on peer monitoring for impairment and 25 employees were trained on rabies hazards.

Appendices

Appendix A to Report HUR16012 Departmental Short-term Disability Absences
Appendix B to Report HUR16012 Workplace Accommodation Activity