



INFORMATION REPORT

TO:	Chair & Members Audit, Finance & Administration Committee
COMMITTEE DATE:	April 24, 2017
SUBJECT/REPORT NO:	Employee Attendance Report 2016 (HUR17006) (City Wide)
WARD(S) AFFECTED:	City Wide
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SIGNATURE:	

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 2016 with comparison to 2013 through 2015.

Information:

This report includes the 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 2016

- 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).

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Trends for STD – Group 1 - Income Protection Plans

- Overall, lost sick days per eligible employee increased slightly to 11.9 days (83.0 hours) in 2016 from 11.6 (81.3 hours) in 2015.
- Average Incidental sick absences remained at 3.9 days (27.2 hours) per employee.
- Thirty-two percent (32%) of employees had no incidental sick absences in 2016.
- Average Significant sick absences decreased slightly in 2016 to 6.5 days (45.7 hours) from 6.6 days (45.9 hours) in 2015.
- Eighty-four percent (84%) of employees had no significant sick absences in 2016 (same as 2015).
- Average modified sick time per employee increased in 2016 to 4.3 hours from 3.6. The number of employees involved in return to work programs decreased to 264 from 272.

STD –Sick Leave Plan Fire Services

- Overall, average hours lost for sick absences per eligible employee increased to 118.9 hours in 2016 from 103.5 hours in 2015.
- Average **Incidental** paid sick absences increased to 54.8 hours per employee in 2016 from 45.1 hours in 2015.
- Average **Significant** sick absences increased to 64.0 hours in 2016 from 58.3 hours in 2015.

Long-term Disabilities (LTD)

- New LTD claims dropped in 2016 to 70 from 77 received in 2015.
- Active cases at year end, total days lost to LTD claims and the total costs all increased in 2016 compared to the previous year.
- When compared to changes in the overall size of the eligible workforce, the rate of LTD claims per 1,000 employees dropped in 2016 to 15.11 from 17.10 in 2015.

Return to Work Services Performance Measures (see Appendix B)

- The team closed 633 cases for employees needing assistance in returning to work after an injury or illness in 2016 up from 578 in 2015. This includes both occupational and non-occupational cases.
- Return to Work Services (RTWS) assisted in returning 532 employees to their full-time hours in 2016.
- The number of employees waiting for permanent, suitable accommodated work remained low in 2016 (N=13), slight fewer than the previous 3 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.

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 in 2015.
- 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.

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

Table 1: Employee Short-term Sick Absences 2013 to 2016 –Breakdown for Employees with Income Protection Plans

	Significant Sick Absence	Modified Sick Absence	Incidental Sick Absence	Chronic Sick Absence	Total (All categories)
2016					
Headcount	4,632	4,632	4,632	4,632	4,632
Lost Sick Days Per Eligible Employee	6.5	0.6	3.9	0.8	11.9
Lost Sick Hours Per Eligible Employee	45.7	4.3	27.2	5.8	83.0
% Of Staff That Take Zero Sick Time	84.2 %	94.3 %	31.9 %	96.8 %	26.1 %
Paid Sick Days Per Eligible Employees	6.4	0.6	3.5	0.7	11.2
Paid Sick Hours Per Eligible Employee	45.1	4.3	24.3	5.1	78.7
Total Cost Paid	\$6,306,882	\$532,092	\$3,899,908	\$648,913	\$11,387,794
2015					
Headcount	4,502	4,502	4,502	4,502	4,502
Lost Sick Days Per Eligible Employee	6.6	0.5	3.9	0.6	11.6
Lost Sick Hours Per Eligible Employee	45.9	3.6	27.3	4.4	81.3
% Of Staff That Take Zero Sick Time	83.8 %	94.3 %	33.1 %	97.8 %	27.2 %
Paid Sick Days Per Eligible Employees	6.5	0.5	3.5	0.5	11.0
Paid Sick Hours Per Eligible Employee	45.4	3.6	24.4	3.8	77.3
Total Cost Paid	\$6,054,938	\$466,994	\$3,774,909	\$447,146	\$10,743,987
2014					
Headcount	4,400	4,400	4,400	4,400	4,400
Lost Sick Days Per Eligible Employee	6.6	0.5	3.8	0.1	10.9
Lost Sick Hours Per Eligible Employee	46.0	3.6	26.3	0.5	76.5

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	Significant Sick Absence	Modified Sick Absence	Incidental Sick Absence	Chronic Sick Absence	Total (All categories)
% Of Staff That Take Zero Sick Time	85.0 %	95.1 %	32.5 %	99.4 %	28.1 %
Paid Sick Days Per Eligible Employees	6.5	0.5	3.4	0.1	10.5
Paid Sick Hours Per Eligible Employee	45.5	3.6	23.9	0.4	73.4
Total Cost Paid	\$5,782,616	\$415,880	\$3,542,576	\$41,269	\$9,782,341
2013					
Headcount	4,345	4,345	4,345	4,345	4,345
Lost Sick Days Per Eligible Employee	6.7	0.4	3.7		10.9
Lost Sick Hours Per Eligible Employee	47.0	3.1	25.9		76.1
% Of Staff That Take Zero Sick Time	84.2 %	95.2 %	34.2 %	100.0 %	28.9 %
Paid Sick Days Per Eligible Employees	6.6	0.4	3.4		10.4
Paid Sick Hours Per Eligible Employee	46.4	3.1	23.7		73.1
Total Cost Paid	\$5,727,165	\$364,382	\$3,389,901		\$9,481,448

For the above table: * 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 table above indicates:

- Overall, lost sick days per eligible employee increased slightly to 11.8 days (83.0 hours) in 2016 from 11.6 (81.3 hours) in 2015.
- Average Incidental sick absences remained at 3.9 days (27.2 hours) per employee.
- Thirty-two percent (32%) of employees had no incidental sick absences in 2016.
- Average Significant sick absences decreased slightly in 2016 to 6.5 days (45.7 hours) from 6.6 days (45.9 hours) in 2015.
- Eighty-four percent (84%) of employees had no significant sick absences in 2016 (same as 2015).
- Average modified sick time per employee increased in 2016 to 4.3 hours from 3.6. The number of employees involved in return to work programs decreased to 264 from 272.

Initiatives to Assist Employees to Improve Attendance

- In 2016, one of the main focuses city-wide was workplace mental health. In addition to having a workplace mental health strategy and policy endorsed by Council, the following programs were also initiated:
 - Road 2 Mental Readiness training for all paramedics
 - Internal staff trained to deliver The Working Mind program to non-first responders
 - Partnered with Homewood Health to focus our Employee and Family Assistance Program and employee mental health and wellbeing
- Human resources continued to deliver mandatory training to people leaders on managing sick and occupational illness and injury absences.

Plans for 2017

- Roll out The Working Mind training program
- Finalize revised Attendance Management Program (Strategy)
- Complete gap analysis against the national Psychological Safety Standard under the auspices of the multi-stakeholder Workplace Mental Health Action Committee
- Refine communication strategy to ensure employees are aware of and are accessing supportive programs
- Continue offering chronic pain management workshops to staff

Table 2: Employee Sick Absences, 2013 to 2016 – STD Breakdown for Employees with Sick Bank in Fire Services

	Significant Sick Absence	Modified Sick Absence	Incidental Sick Absence	Total (All categories)
2016				
Headcount	547	547	547	547
Lost Sick Hours Per Eligible Employee	64.0	0.1	54.8	118.9
% Of Staff That Take Zero Sick Time	62.4 %	99.6 %	17.1 %	12.2 %
Paid Sick Hours Per Eligible Employee	60.7	0.1	54.5	115.3
Total Cost Paid	\$1,489,637	\$3,604	\$1,261,270	\$2,754,511
2015				
Headcount	539	539	539	539

	Significant Sick Absence	Modified Sick Absence	Incidental Sick Absence	Total (All categories)
Lost Sick Hours Per Eligible Employee	58.3	0.1	45.1	103.5
% Of Staff That Take Zero Sick Time	65.9 %	99.6 %	22.3 %	16.7 %
Paid Sick Hours Per Eligible Employee	54.5	0.1	44.9	99.5
Total Cost Paid	\$1,289,381	\$2,416	\$1,030,418	\$2,322,215
2014				
Headcount	546	546	546	546
Lost Sick Hours Per Eligible Employee	60.1	0.1	44.3	104.5
% Of Staff That Take Zero Sick Time	66.4 %	99.8 %	23.6 %	18.8 %
Paid Sick Hours Per Eligible Employee	55.7	0.1	44.0	99.7
Total Cost Paid	\$1,338,009	\$2,140	\$1,024,935	\$2,365,085
2013				
Headcount	542	542	542	542
Lost Sick Hours Per Eligible Employee	58.8	0.4	44.9	104.0
% Of Staff That Take Zero Sick Time	68.0 %	99.6 %	24.1 %	18.1 %
Paid Sick Hours Per Eligible Employee	55.8	0.3	44.0	100.0
Total Cost Paid	\$1,341,015	\$9,567	\$1,012,264	\$2,362,846

*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 table indicates for employees with sick bank:

- Overall, average hours lost for sick absences per eligible employee increased to 118.9 hours in 2016 from 103.5 hours in 2015
- Average Incidental paid sick absences increased to 54.8 hours per employee in 2016 from 45.1 hours in 2015
- Average Significant sick absences increased to 64.0 hours in 2016 from 58.3 hours in 2015
- It should be noted that given the 24 hour shift schedule there are times that staff may become ill while at work, resulting in a sick absence being recorded as a

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partial shift in hours. The majority of the time when staff incur a sick absence it is for a minimum one shift or 24 hour period.

Human Resources and the Hamilton Fire Leadership teams have noted this upward trend and will be introducing an action plan to address matter going forward (i.e. in camera presentation).

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 2016

	2013	2014	2015	2016
LTD new claims	55	63	77	70
LTD Days for employees	18,411	21,805	23,902	29,699
LTD Active Cases at end of year	124	123	148	169
Incident rate for new claims per 1000 employees	12.65	14.31	17.10	15.11
Costs	\$3,242,228	\$3,154,668	\$3,686,325	\$4,339,386

The above table indicates that the number of new LTD claims dropped in 2016 but active claims at year-end increased. The incident rate, based on eligible employee population, declined in 2016 over 2015. The total days lost increased and the corresponding costs also increased.

Over the last three years, top diagnosis categories for new LTD claims were:

- Mental health issues (31% of all claims)
- Musculoskeletal disorders (30%)
- Cancers (11%)
- Cardiovascular disorders (7%)

In 2016, mental health claims increased to 39% of all new claims from 30% in 2015. Musculoskeletal claims decreased from 38% to 28% of new claims in that same time.

Average age of claimants over the past three years was 50.4 years; average age with mental health disorders was 48.0 years; and at the lower end, the average age for cardiovascular disorders was 53.1 years.

Given the rise in mental health claims and the lower age of claimants, it is important that the City continue its focus on supporting overall good mental health and well-being for all of its employees.

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 2016, there were 14 team activations for group support and 20 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:

- 1 member trained in Group Crisis Intervention
- 5 members attended the Care 4 You conference
- 1 member trained in ASIST (Applied Suicide Intervention Skills Training)
- 10 members attended the Building Resilience session provided by the EFAP
- 8 members attended the Joint Health and Safety Committee Recognition Event
- 3 members completed IMS 100
- 8 members trained as trainers for The Working Mind

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

- Attending the JHSC Recognition event with an information booth
- Connecting with the police services Critical Incident Response Team

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

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provides employees with the information to seek treatment or change to healthier behaviour(s). In 2016, 46 wellness screening tests were provided to staff.

Non-violence Crisis Intervention

- The OHN coordinated the delivery of the training to 132 frontline employees at 8 sessions.

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 2016, 1,108 vaccinations were delivered through 28 clinics
- Coordinated immunization testing for 136 employees in areas where there is a higher risk for exposure to blood borne pathogens.
- Arranged rabies vaccination program for Animal Control employees

Additional Activities

- 12 employees were trained on infection control
- Coordinated training of 24 employee-trainers in The Working Mind program through the Mental Health Commission of Canada
- 8 employees were trained on rabies hazards
- 38 employees were trained on sharps handling and needle-stick response
- 19 employees completed an in-house chronic pain management program
- 6 employees completed a CBT-type in-house program
- Completed sun safety project with Public Works, Cancer Care Ontario and Ryerson University

Appendices and Schedules Attached

Appendix A to Report HUR17006 - Departmental Short-term Disability Absences

Appendix B to Report HUR17006 - Workplace Accommodation Activity