

## **Trains Council**

### **HEALTH ISSUES.**

At the first meeting of this joint working party, staff-side raised the issue of female Train Operators having items counted against them on the A.A.W. procedure that are related to menstrual problems such as severe period pains. We have always felt this to be unfair and discriminatory. When we have raised this in other meetings, we have always met with the same response, which is that this would be abused by female Operators. This is not only an assumption based on no actual evidence but it is also ignoring the fact that this is a very real and sensitive issue for our members.

In the past the trades unions have argued for these items to be automatically discounted because they believe it is unfair to penalise women for a natural occurrence that most women will experience problems with at sometime in their life. The emphasis being on experiencing problems rather than normal menstruation.

They also believe that most managers feel uneasy about how to apply discretion when dealing with menstrual problems because of their lack of knowledge and understanding of the issue. This has led to some managers not taking these problems seriously and to large inconsistencies in dealing with these issues.

The management view has always been that discounting the items would send out the wrong message. They prefer to treat it just like any other form of recurring illness.

They believe a common sense approach, which allows managers to exercise discretion, is the way forward.

We believe that it is in everyone's interest to try a more positive approach, taking onboard the concerns of both sides to produce a progressive, balanced procedure. This would mean taking in to account the business needs of the company and the well being of the employees.

Urinal or other similar problems endured by any member of staff, should also be considered under these new guidelines.

### **Proposed New Guidelines**

- Employees should advise an appropriate manager, or their personnel manager, if they are suffering from menstrual related problems, which they believe could restrict them from carrying out their normal duties due to recurring problems.
- The employee should discuss the problem with the appropriate manager, or their personnel manager, to ascertain whether a small adjustment might be made to assist the employee to continue their normal duties.

- Where it is unlikely that the employee could continue their normal duties due to physical discomfort or medication etc, the possibility of suitable alternative duties could be considered, subject to licencing requirements. (i.e. a train operator on medication could do customer care assistant duties where they are medically restricted etc).
- Where an employee is unlikely to be fit to attend work at all, LUOH could be consulted regarding extra help or advice, to minimise the absence.
- Where an employee has no previous history of these types of problems and the problem first occurs, then the item should normally be discounted. The manager should advise the employee of the procedure.

This procedure should be carried out in a supportive, friendly way at all times.

We believe that this procedure will benefit both the employees and the company, in that it will help to show the female employees, that the company takes their health & welfare issues seriously. Small changes in the company's approach to their employees such as these, are the keys to increasing the morale of staff.

We do not envisage that this trial would have any adverse affect on employee attendance. A review should take place at the end of the trial period to assess the effects on morale and attendance.

## **JWP – EQUALITY – HEALTH ISSUES**

A series of “case studies” were worked through to explore the operational impacts of the health issue proposals. (The case studies are attached).

In principle it was agreed that the proposed guidelines are workable and that the following steps should be taken:-

### **1. An operator needs frequent toilet breaks**

- a. Make operator “spare”, within the parameters of their duty – use a spare to cover the duties.
- b. Use the operator to cover train work which is achievable with respect to needs.
- c. On “long-lines” or where there is not spare turn available contact other depots to arrange suitable relief at other depots.
- d. If options (a-c) are not viable DMT to arrange appropriate short tripping at locations with facilities.
- e. Send an operator forward to a relief point to assist. (Least preferred option).

It is believed by staff and managers that (d and e) are very unlikely scenarios.

### **2. An operator is fit for duty but many have a recurring problem**

If they can resume to normal duties – all OK.

Generally it is perceived under this scenario that the DMT/TOM and the operator would:-

- a. exchange information
- b. discuss the matter fully
- c. if necessary make a referral to LUOH for advice.
- d. initial item of sickness to be de-starred – if the member of staff has followed the correct procedure

Thorough notes would have to be taken at all times.

### **3. An operator is unavailable for normal duties**

TOM/DMT to arrange for alternative duties where possible “on shift” of the duty duty that was to be worked by the operator. If an off-shift move is required this should be done with mutual consent. Operators will be relieved from duty (RFD) and placed at a location away from their home depot to work under instruction of a GSM or other centurion manager.

If this situation is ongoing for more than three consecutive months a full review of the situation is required and the problem will be treated as any other medical conditions, which adversely affects someone's ability to meet their contractual obligations.

**4. As for case study number 1 plus for a longer term problem consider:-**

- a. using syndicate leaders to give people more flexible turns with shorter driving trips
- b. arrange for the operator to voluntarily step out of the roster for a limited period (to be reviewed) and for someone to shadow the roster position. This option needs to be clearly explained to all parties, but allows for the operator with the problem to be given duties which suit the need of the medical condition.

5.

<u>Line</u>	<u>Strengths</u>	<u>Weakness</u>
Jubilee	Short trips WPK – Stanmore	Long run/deep level Stratford – WPK
Northern	Kennington toilets Short trips	Some long runs to Morden
Piccadilly	Limited – Uxbridge	East of Acton problematic
Bakerloo	Short runs	
Central	Lots of turn options	
East London Line	No problems	
District	Short trips Mansion House toilets	
H&C	No problems	
Met	Shorter trips Step back at Aldgate	South of Wembley

Other issues that were discussed included providing train side staff and managers with a comprehensive list of platform level toilets and the provision of sanitary products in easily accessible places.

## Case Studies

1. A female train operator books on duty at, Edgware Road at 05.13 – she tells the DMT on the desk that she is experiencing a very heavy period; because of this she states that she might have to use a toilet every couple of hours.

What options are available?

2. A female Train Operator at GoldersGreen has been off-sick with menstrual problems (there are no other records of such problems)– when she resumes to duty she tells the DMT, at her return to work interview, that this problem may re-occur.

What action should the DMT take? What options are available?

3. At Wembley Park a female operator has been advised by her GP to take co-deine when suffering from menstrual pains. This means that for up to 4 shifts a months the driver is restricted by LUOH “no track work or train driving duties”.

What options are available to the TOM?

4. An operator on the Piccadilly line is experiencing problems which require more frequent toilet breaks – he is booked on to work early turns which all have “long driving turns”.

What are the options for this driver in the short term?

If this problem cannot be resolved what could be the option in the long term?

5. Which lines/depots best support the more frequent use of toilets – with minimal impact to the service, our customers and other operators?

What tasks could train operators carry out if unable to drive or carry out track duties?