

TASMANIAN INDUSTRIAL COMMISSION

Industrial Relations Act 1974

s29(1) application for hearing of an industrial dispute

Health Services Union, Tasmania Branch
(T14734 of 2020)

and

Minister administering the State Service Act 2000 – Tasmanian Health Service

PRESIDENT BARCLAY

LAUNCESTON, 29 APRIL 2021

Industrial dispute – Classification – Health and Human Services (Tasmanian State Service) Award - Hospital Aides – whether HSO 3 or HSO 4

DECISION

[1] This Application relates to a dispute regarding the appropriate classification of Hospital Aides employed at the Launceston General Hospital (LGH). The Applicant asserts that the Hospital Aides should be classified at level 4. They are presently classified at level 3. The Respondent maintains that the classification at level 3 is correct.

[2] The distinguishing factor between level 3 and level 4 is that level 4 requires duties which are high level operational practices. In essence the Applicant submits that the tasks carried out by the employees currently classified at level 3 are high level operational duties and that they should be classified at level 4.

Background

[3] The Statement of Duties (SOD) for the Hospital Aides was finalised after consideration by a Hospital Aide Working Party in October 2019. Thereafter the SOD was forwarded to Organisational Design for assessment of the SOD and subsequent classification under the Health and Human Services (Tasmanian State Service) Award (HAHSA). The position, applying the SOD, was determined to be Health Services Officer level 3 (HSO 3).

The Evidence

[4] The Applicant relied on the statements of and evidence from Donna Richards and Jason Beck.

[5] The focus of Ms Richards's evidence was in respect to "terminal cleans". The Applicant submits that undertaking terminal cleans is a task which properly falls within the classification for HSO 4. Ms Richards's oral evidence was also mainly concerned with terminal cleans.

[6] Put simply there are three types of cleans which are undertaken in respect to rooms: They are a Discharge Clean, a Spring Clean and the Terminal Clean. A document entitled "Discharge/Transfer Clean requirements THS – North"¹ was put to Ms Richards. She agreed

¹ Annexure A to R3 – Statement of Fiona De Sousa

that the tasks listed in that document were the tasks which were required to be carried out in respect to each of the three types of cleans.²

[7] The document is significant because of the emphasis put by the Applicant on the terminal clean task in support of the proposition that the employees should be classified at level 4. Indeed in his evidence Mr Beck said the following when cross examined by Mr Johnston:

"MR JOHNSTON: (Resuming) You say at four in the final sentence:

As I do these general tasks in my cleaner position -

The HSO3 position:

- to mean it can only mean that the only duty that is performed by infection control team that differs from a normal cleaner is the one where a terminal clean is performed.

Can you explain what that means?.....Yeah, yeah. So, what I am saying to you, when you go and work for infection control you have the discharge cleans, terminal cleans that you'll have to go and do. But there - obviously there's a lot of downtime in that department, so they'll have a checklist of jobs that you would do, like and including, and this is the standard, wiping the benches, the nurses station benches, or wiping the chairs in the Holman Clinic or filling the Aqium containers up with Aqium gel. And I am suggesting in this statement that none of them require any level of high duties a very basic clean (indistinct word) because I wipe the benches and I wipe the - the chairs as cleaners, and I - those other jobs, I do those jobs now, replace the - the gels in the things as a cleaner at level two.

Yep?.....So the only other job they do is terminal clean. So by process of elimination the only reason you get paid level four would be for the terminal cleans, that's my interpretation."

[8] It is apparent from the evidence that the mainstay of the Applicants argument is that because the Hospital Aides do terminal cleans the proper classification is HSO 4.

[9] The level 3 SOD identifies 10 duties. They are:

"Duties:

1. Maintain the cleanliness of the environment, including the cleaning of beds/trolleys in preparation for new patients, patient equipment and cupboards on a standard discharge, preparation for and participation in terminal cleans, frequent touch points and general cleaning (including equipment) as per local cleaning schedules, in line with organisational policies and procedures.
2. Undertake ordering of stock (including linen) and non-stock items in accordance with existing procedures.
3. Maintain stock levels in the preparation, treatment, and utility rooms, equipment trolleys, and the Stores and Imprest system in accordance with the management/rotation of sterile and non-sterile stock procedures.
4. Collect and dispose of general and clinical waste as per organisational policies and procedures.

² Transcript p 13 line 32 - p 14 line 6

5. Deliver patient meals in accordance with dietary requirements and Food Safety Standards, where applicable.
6. Collect and deliver prescriptions, blood and blood products, pathology specimens and other items as required, in accordance with appropriate standards.
7. Provide orientation and assist in training of new and/or casual Hospital Aides as required.
8. Report equipment failures, hazards and or other reportable events to the NUM/ANUM and act as instructed. This may include reporting in Safety and Reporting Learning Systems (SRLS), reporting repairs or maintenance through PULSE, and or Hazard tagging.
9. Actively participate in and contribute to the organisation's Quality & Safety and Work Health & Safety processes, including the development and implementation of safety systems, improvement initiatives and related training, ensuring that quality and safety improvement processes are in place and acted upon.
10. The incumbent can expect to be allocated duties, not specifically mentioned in this document, that are within the capacity, qualifications and experience normally expected from persons occupying positions at this classification level."

[10] The Applicant, in addition to terminal cleans, also sought to rely on high level operational duties which were said to attract HSO 4. They were handling bodily fluids and products, stocking and ordering of medications including nasal gastric feeds, transporting blood products for cancer patients and being required to participate in medical emergencies.³ Additionally cleaning a machine was relied on together with an alleged requirement to establish rapport with patients. Further the Applicant relies on the orientation of and assisting in training of new, casual hospital aides and reporting equipment failures, hazards and other reportable events.

[11] It can be seen that it is asserted that the following duties in the SOD in fact are the high level operational duties set out in the previous paragraph:

- Duty 2 – stock ordering
- Duty 4 – collect and dispose of general and clinical waste
- Duty 6 – collect and deliver blood products
- Duty 7 – provide orientation and assist in training of new or casual hospital aides
- Duty 8 - Report failures or hazards

[12] I was unable to identify precisely what the machine which was cleaned was, but it appeared that the cleaning did not require any particular knowledge of the machine and the cleaning was an external clean of the machine.

[13] In respect to handling bodily fluids and products Mr Beck gave evidence that the bodily fluids were in fact soiled sheets. Whilst he volunteered that the Hospital Aides also dealt with other bodily fluids he was not asked to expand on that assertion. I am only prepared to find that the Hospital Aides are required to deal with soiled sheets.

[14] I should indicate that I do not think soiled sheets are the same as dealing with bodily fluids. In my opinion bodily fluids are intended to be blood and other fluids emanating from a patient.

³ A1 Statement of Gloria Richards paragraph 8; A2 Statement of Jason Beck paragraphs 10 - 11

[15] There is no evidence that Hospital Aides are required to deal with such fluids that are not first appropriately contained by a nurse.

[16] In respect to stock ordering, Mr Beck gave evidence that stock ordering was done by level 3 Hospital Aides. He did not assert that the task was indicative of a level 4 employee. I find that the stock ordering is done in accordance with an established practice. When items were noted to be low a system is in place to complete relevant forms or alternatively to use a scanning gun. It may be seen that the task does not require any decisions to be made as to the stock other than the level of stock has fallen below the appropriate level. No decisions are made as to the appropriateness of the particular item of stock and nor are the Hospital Aides deciding for themselves what the appropriate level of stock is. I do not find that this task is a high level operational task.

[17] As regards the transportation of blood products the evidence is that these products are placed in a cool box such as an Esky and the Hospital Aide transports the cool box from one place to another. It is obvious that this task is not a high level operational task. It seems that the Hospital Aides, when carrying out his function are acting as couriers and are not applying any particular knowledge, experience or expertise to the task.

[18] The Applicant also relies on an asserted requirement that the Hospital Aides are required to develop a rapport with patients, health professionals and co-workers. The Respondent submits that the Hospital Aides are only required to be polite and courteous and that there is no requirement for a Hospital Aide to have a direct patient role.

[19] I accept the evidence of the Respondent. Under cross-examination Ms Rogers said the following:⁴

“Thank you, Ms Rogers. Um, I just want to take you to par18 of your statement, Ms Rogers. You say there that the occupant will need to “Possess a well-developed communication and in person – inter- personal skills”?.....Yes.

But, there is no requirement to – “To develop a rapport – a rapport with patients, health professionals and/or other members of the health care team and support staff.” Can you tell us the difference between what “Well developed communication and inter-personal skills” are and “Developing a rapport.”?..... Well developed communication and interpersonal skills are you have the ability to be polite to people and interact with them in a manner that’s appropriate. Developing that rapport would be – and I’m sorry – that – I’m actually a bit stuck as to why you need – the statement of duties that I assessed, identified to me that they needed these skills. I have identified that that is appropriate at that level. They are not required to interact with the patients in terms of finding out their needs to provide them with something that they require. They are not required to interact with the patient to identify that there could be an issue that they then need to report to the registered nurse. They are in the room with the patient, undertaking tasks and are, as I say, required to be able to communicate with their other workers, with their supervisors, to understand instructions that they’re given and to identify when they’ve done their tasks.

I – I thank you for that answer Ms Rogers, but ultimately you’ve made a statement that says:

The occupant will need to possess well developed communication and interpersonal skills.

⁴ Transcript p 80 line 16 to p 81 line 9

I'm asking you, what is the difference between possessing well developed communication and interpersonal skills and developing a rapport? What is the difference?.....Um I'm sorry, I - I thought I answered that, just then. Well-developed you are required to communicate effectively with - with your co-workers with your supervisors with anyone else that you come into contact with. Developing that rapport, is going to the next level and being able to communicate with them to identify requirements. Identify if the patient has - has needs that - or there are issues with the patient."

[20] I accept this evidence. The evidence in this regard from the Applicant was scant. The Applicant did not lead evidence of instances where a rapport with patients, co-workers or health professionals was established, nor did it lead satisfactory evidence of the need for such rapport to be built.

[21] In respect to training, the evidence was that the Hospital Aides provided training. However that training is not structured. What seems to occur is that new employees shadow a Hospital Aide and are shown the tasks and how to complete them. The Hospital Aides do not have any formal practical training qualifications as I understand it. They are not required to follow any particular training programme. Indeed one might think that the "on the job" training provided is the best form of training for these particular employees.

[22] In my opinion the training provided is "on the job" training. The training does not equate with the provision of a high level operational task. Certainly the Hospital Aides are not applying any training skills which they have acquired which might amount to a high level operational task.

[23] The same may be said for reporting of incidents. Making a report of a matter such as equipment failure in my opinion is also not a high level operational task. What is required is that the Hospital Aide tell someone of the matter at hand. It cannot be said that this task is equivalent to a high level operational task.

[24] I find that the tasks that the Applicant asserts are equivalent to high level operational practices are not.

[25] I should say however that the case run by the Applicant was not ideal. As I said during the hearing, normally evidence would be led as to the precise tasks that the Hospital Aide carries out on a day to day basis. The decision maker would then be armed with the name of the task and the duties required to carry out that task. The decision maker would then be able to identify the exact nature of the task in fact carried out (as opposed to a description is a SOD) and can then apply that evidence to the classification structure in the award.

[26] In this case the Applicant chose not to do that, certainly not in respect to the tasks additional to the terminal clean. That is explicable on the basis that the Applicants case centres around terminal cleans. Consistent with what I have said about the nature of the case, the Applicants best evidence is that terminal cleans justify the classification at level 4. As noted this was the effect of Mr Beck's evidence. It should be said that the gravamen of Ms Richards's evidence was the same.

The Test

[27] The parties are in agreement as to the test I should apply. I set out the Applicants submission in this regard:

"24. In T13954 HSU, Tasmania No. 1 Branch and MASSA (T13954) DP Wells, at 153 found when assessing applicable classification descriptors under the HAUSA:

The pivotal document must, in fact, be the award and more particularly the classification descriptors contained within it. The award has legal standing and is the document that underpins workplace entitlements and the classification and remuneration framework of employees. Nowhere in the decision of T13411 does it say that the SOD has primacy over the award.

25. We agree with the finding that the Award is the pivotal document.

26 The Award describes best fit at Part III section1(a) (ii):

"Best Fit": The job components have equal weight or effect and no description within a component has more importance than another. Some descriptors, however, are more relevant in describing different types of work than others, and therefore will have more influence in classifying that work. Naturally, not each and every descriptor applies to any individual job. These descriptors are appropriately used when particular job components and the overall theme or "feel" of a particular band provides the "best fit" to an employee's duties. In using the descriptors it is important to consider particular organisational arrangements, such as the reporting relationships above and below specifically assigned duties.

27. Relevantly, the Award also states (at Part III Cl. 1 (iii)):

Similarity of Descriptors:

The descriptors of some job components at different bands are similar because of shared requirements which mean the key differences in different work value levels lie in other features of the work.

28. In T13954 DP Wells found regarding the 'best fit' test:

[183] The term 'major and substantial' is an industrial test to determine the scope of award coverage. I find that 'best fit' cannot have a similar meaning to 'major and substantial'. Clearly one deals with the application of a relevant award and the other deals with the assessment of a role within classification descriptors.

[184] Having dealt with what 'best fit' is not, I now have to address the meaning of 'best fit'. A previous decision of Abey P (then Abey DP) accepted the argument advanced by Mr R Hitchcock representing MASSA (DHHS) as to the meaning of 'best fit':

"Quantitative and temporal factors expressed as percentages or otherwise are relevant but not necessarily its sole determinant and picture. I think it's also worthwhile noting that the level of importance of the regularity of the task can be just as significant in terms of defining what a job is, as how often it is performed.

I agree that this is the correct approach."

[185] I also agree with Abey DP in that approach. The classification of a role cannot come down to a simplistic mathematical percentage; it must consider the importance of and regularity of a task performed by the incumbent.

[186] An example of this would be the fit of a dress. If a dress fits across the neck and shoulders, chest and waist but is too tight in the important hip

area – it could not be described as the best fit. Although the dress would 'substantially' fit the wearer, it could not be described as the best fit, as the fit in the hip area would render it unwearable due to comfort and risk of damage to the fabric.

[187] 'Best fit' must consider the importance of all tasks and the regularity with which they are performed as a requirement of the role.

[188] In the terms of the approach above, 'best fit' can only mean the classification band must encapsulate descriptors which take account of the importance of all tasks or duties and not merely the regularity of performance of some of them. 'Best fit' cannot simply propose that as only a small proportion of the role operates at a high level (i.e. expertise) that the role cannot be classified at a high level. It must also take account of the importance of that part of the role. (underline emphasis)

29 DP Wells decision in T13954 was appealed. On appeal the Full Bench of the TIC (T14056) found:

[108] The notion of 'best fit' is critical to the application of the award descriptors to any designated role. The majority in T13644 adopted the principle of 'major and substantial' without the benefit of argument from the parties. In the circumstances we consider that it was open for the Deputy President to consider the authorities relating to this principle.

[109] The Deputy President's analysis of the authorities was thorough and we agree with the conclusion in para 183 that the term is an industrial test to determine the scope of award coverage. We also agree that the expression should not be extended to 'best fit' as it applies in the award.

[110] Had the parties to the award intended that the concept of 'majority' or 'most' was to apply, then they would have presumably adopted such an expression. Instead the parties chose the expression "overall theme or 'feel' ..."

[111] We agree with the Deputy President's conclusions found at paras 185, 187 and 188."

[28] The Respondent notes in its submissions that the case turns on the appraisal of the SOD and the performance of the duties in their reality⁵ as against a comparison of the classification standards.

[29] Helpfully the Respondent has provided a table containing a comparison of the classification components for levels 3 and 4 and a summary of the differences. I agree with the summary. I set out the table:

⁵ I have already noted that because of the lack of evidence about duties in reality this comparison is difficult.

	HSO 3	HSO 4	Summary Differences
Focus	Work requiring the application of specified practices, methods and standards in undertaking routine tasks which may span no more than three operational areas. And/or work requiring the application of a diverse range of skills and tasks in one operational area.	Work requiring the application of high level operational practices, methods and standards in the delivery of patient/client services.	HSO3 describes applying specified approaches to routine tasks and/or diverse skills to one operational area. HSO4 describes applying high level approaches to patient/client services
Context and Framework	General instructions on methods, priorities and timeframes are provided and tasks are undertaken to achieve the required outcomes or objectives. Discretion and choice in selecting the most appropriate method for completing the allocated tasks is expected and encouraged.	General instructions on techniques, methods, priorities and timeframes are provided and tasks are undertaken to achieve the required outcomes or objectives. Discretion and choice in selecting the most appropriate techniques, method for completing the allocated tasks is expected and encouraged. Work at this level may be undertaken independently with access to general supervision	Both HSO3 and HSO4 descriptors encompass the provision of general instruction and employee discretion and choice in the best way to complete assigned tasks. Independent work with access to general supervision is countenanced at HSO4 .
Expertise	Knowledge and skill is consistent with performing multiple standard tasks in accordance with established guidelines which may include the operation of equipment.	Knowledge and skill is consistent with experience and/or formal training in order to perform high level operational work in the delivery of patient/client services, this may include operating vehicles, equipment and machinery.	HSO3 describes knowledge and skill to perform multiple standard tasks in accordance with guidelines. HSO4 describes knowledge and skill consistent with formal training and/or experience to perform high level work for patients/clients.

Interpersonal Skills	Receive instructions, advice and feedback relevant to applying skills and completing tasks. Exercise communication skills appropriate to interaction with clients and the public in the service delivery setting.	Exercises communication skills consistent with developing a rapport with patients, health professionals and/or other members of the health care team and support staff. Work at this level may include oral and written reporting on the progress of tasks undertaken and client observations.	HSO3 descriptors outline elements of receiving information concerning skills and tasks. They also describe the need to appropriately communicate in the workplace. HSO4 describes developing rapport with others and the countenances oral and written reporting on tasks and client observations.
Judgement	Judgement and/or initiative is expected in selecting the most appropriate means of completing the task and prioritising work. Most situations are covered by guidelines. Unusual or complex situations are referred to a supervisor.	Problem solving may be required, especially when working away from supervision. Discretion over techniques, methods and priorities for routine tasks within established guidelines and practices. More complex and unusual situations would be referred to the manager or supervisor for further instruction.	HSO3 describes the exercise of judgement and initiative in completing tasks and priority setting. It provides that most situations are covered by guidelines. HSO4 countenances problem solving skills and discretion when working without supervision.
Influence of Outcomes	The influence of this work is limited to undertaking specific tasks across up to three operational areas and/or a diverse range of skills that provide routine support and assistance in service delivery.	The influence of this work is to undertake high level operational duties in the delivery of patient/client services.	HSO3 describes influence limited to undertaking specific tasks while HSO4 describes high level operational duties relating to patient/client service delivery.
Responsibility for Outcomes	Responsible for the satisfactory completion of allocated tasks to a prescribed standard.	Responsible for the satisfactory completion of high level operational duties to a prescribed standard. Responsible for the effective operation of vehicles, equipment and machinery.	The HSO3 descriptors address satisfactory completion of assigned tasks to standard. The HSO4 standard describes completion of high level operational duties and the operation of vehicles, equipment and machinery.

An analysis of terminal cleans

[30] The Applicant did not lead evidence of what precisely was required to carry out a terminal clean. That is no evidence was led from a Hospital aide as to what was specifically required for a hospital clean. No one explained who did what and how.

[31] However the Discharge/Transfer Clean requirements THS – North document is important. It is the only description of the duties carried out for a terminal clean which is in evidence. As referred to above, Ms Richards agreed with the document and importantly that the blocked out tasks in the document accurately reflected the differences in the three cleans. I attach a copy of the document to these reasons.

[32] It can be seen that terminal clean has 8 additional tasks to a discharge clean. Of those 8 tasks 4 are not carried out during a spring clean. There is one task which requires more cleaning for a terminal clean in comparison to the others, namely the tall patient's belongings cupboard.

[33] Noting that the terminal clean is the deepest of cleans, the order of work to complete the tasks (from least to most) is Discharge Clean, Spring Clean and Terminal Clean.

[34] It can be seen that the same cleaner is used for each clean (Oxivir TB). The additional tasks required of the terminal clean are:

- Remove curtains
- High ceilings
- Ceiling and vent spot cleaned
- Vertical wall above console/medical services panel to 50 cm
- Remove Yankeur sucker and suction tubing
- Bed frame – mattress plates
- Bed power cord
- Remove shower curtains

[35] While the evidence did not disclose what these additional tasks involve, it may be seen that the tasks appear to be limited to removing two curtains, cleaning additional areas (ceiling and upper sections of the walls), cleaning additional parts of the beds (the mattress plates and power cord) and removing a sucker and tube.

[36] It seems to me that the additional tasks are cleaning tasks. They do not require any additional skills from the discharge clean or the spring clean. It is true that there is additional work to do, but the additional work does not amount to high level operational duties.

Applying the Evidence to the Classification

[37] Notwithstanding that I have not found that the tasks claimed to amount to high level operational practices I am still required to assess the SOD and the evidence against the classification structure.

Focus

[38] The distinction between the levels in the award classification is that level 4 requires the application of high level operational practices. I have already found that the duties said to be high level operational duties are not. I find that the focus is on the application of specified practices, methods and standards in undertaking routine tasks.

[39] The SOD notes that the Focus is in maintaining a safe and clean environment and adequate stock supply under general supervision. The main duties of the Hospital Aides is to ensure the work environment is clean and safe. They are in the main cleaners who work to a routine using specified practices, methods and standards. The evidence did not disclose high level operational practices.

Context and Framework

[40] Both level 3 and 4 encompass the provision of general instructions to carry out the work. The distinction is that level 4 employees may work independently with access to general supervision.

[41] The evidence in regard to supervision was somewhat scant. It is not clear from the evidence what precisely is meant by general supervision. What is clear is that the hospital Aides did not appear to work independently, rather they worked closely with ward clerks, nursing and other staff in prioritising the day to day workload.⁶

[42] Mr Beck was asked a question about this evidence. He gave a somewhat confusing answer but he seems to agree that the work is done in circumstances where they are "supported and supervised" the supervision being of a general nature.⁷

[43] I find that the Hospital Aides work under general instruction or supervision. I do not find that they work independently. The evidence does not establish that.

[44] Given the nature of the work carried out and the fact that there is general supervision I find that the context and framework within which the Hospital Aides work is that of classification level 3.

Expertise

[45] The distinction between level 3 and 4 is that level 3 employees complete multiple standard tasks in accordance with guidelines whereas level 4 countenances high level work.

[46] I have covered this above in my findings that the work carried out by the Hospital Aides did not amount to high level operations duties. My clear impression from the evidence is that the task of the Hospital Aides is that of experienced cleaners who additionally assist with the transport and removal of certain items, assist in stock ordering and provide assistance with the training of new workers by having the new worker follow them around and see how tasks are completed. None of the tasks, as best I could assess from the evidence amount to high level operational work.

[47] There was no evidence that the Hospital Aides used technical equipment or carried out technical tasks which would justify a description of high level operations.

[48] The expertise of the Hospital Aides falls within classification level 3.

Interpersonal Skills

[49] The appropriate classification of the Hospital Aides is level 3. I have dealt with the issues of rapport above. The expectation of these employees is that they will be courteous in their interactions with others, however they are not required to form any sort of rapport with patients and those who they work with.

⁶ R5 Statement of Robyn Hayes paragraph 11

⁷ Transcript p 21 line 21 ff

Judgement

[50] Level 3 workers exercise judgment or initiative in respect to the most appropriate means to carry out a task. Level 4 includes problem solving and the exercise of discretion except in respect to more complex or unusual situations.

[51] There is no evidence to suggest that the Hospital Aides were required (or did) use discretion in respect to techniques and methods of completing a task. The work was done pursuant to guidelines. Additional tasks such as transporting items) seems to be carried out under direct instruction.

[52] The judgement exercised by the Hospital Aides requires a classification at level 3.

Influence of Outcomes

[53] The influence of the Hospital Aides is that of undertaking and completing their tasks. Level 4 workers undertake high level operational duties in the delivery of patient/client services.

[54] My findings above make it clear that I do not regard the tasks as being high level. It also appears that the classification requires duties in respect to patient/client service delivery. That suggests duties directly relating to the patient/client. There is no evidence that the Hospital Aides carried out duties on a regular basis directly for patients or clients.⁸

[55] I conclude the appropriate classification is that of level 3.

Responsibility of Outcomes

[56] This classification at level 3 requires responsibility for completing the allocated tasks. Level 4 requires the duties to relate to high level operational duties. For the reasons I have set out above I regard the appropriate classification as level 3.

Conclusion

[57] For the reasons set out above the appropriate classification for the Hospital Aides carrying out the duties covered in the SOD and in accordance with the evidence led at the hearing is level 3. As I have pointed out at paragraphs [25] and [26] (and for the reasons set out there) the evidence has not disclosed any tasks carried out which justify a finding of a high level operational task.



Appearances:

Mr Digney for the Applicant
Mr Johnston for the Respondent

Date and place of hearing:

2020
6 and 7 August, LAUNCESTON

⁸ There was some evidence of assisting with meals but the nature and extent of that assistance was unclear. It certainly did not appear to be a regular requirement of the duties of the Hospital Aide