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COAL WORKERS' PNEUMOCONIOSIS SELECT COMMITTEE

Members present:

Mrs JR Miller MP (Chair)
Mr JN Costigan MP
Mr CD Crawford MP
Mr JP Kelly MP
Mr S Knuth MP
Hon. LJ Springborg MP

Counsel assisting:

Mr B McMillan (Barrister at Law)

Staff present:

Dr J Dewar (Research Director)
Ms L Manderson (Acting Inquiry Secretary)
Ms K Moule (Principal Research Director)

PUBLIC HEARING—INQUIRY INTO COAL WORKERS' PNEUMOCONIOSIS

TRANSCRIPT OF PROCEEDINGS

THURSDAY, 2 FEBRUARY 2017

Brisbane

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Committee met at 9.00 am

CHAIR: Good morning. I declare open the public hearing of the coal workers' pneumoconiosis inquiry. Thank you for your attendance here today. I am Jo-Ann Miller, member for Bundamba, and I am the chair of this select committee. The other committee members here with me today are: the Hon. Lawrence Springborg MP, member for Southern Downs and deputy chair; Mr Jason Costigan MP, member for Whitsunday; Mr Joe Kelly MP, member for Greenslopes; Mr Shane Knuth MP, member Dalrymple; and Mr Craig Crawford, member for Barron River.

Those here today should note that the hearing is being broadcast live and is being transcribed by Hansard and that media may be present, so you may be filmed or photographed. In fact, you will be photographed this morning. Before we commence, I ask that all mobile devices be switched off or put on silent mode.

For the benefit of Hansard, I ask that the witnesses please state your names and position when you first speak and speak clearly into the microphone. These proceedings are similar to the Queensland parliament and are subject to the Legislative Assembly's standing rules and orders. The guide for appearing as a witness before the committee has been provided to those who are appearing today. The committee will also observe schedules 3 and 8 of the standing orders.

However, before evidence is taken this morning I would like to remind ministers and directors-general and public servants generally that this committee is a select committee of the Queensland parliament and this committee decides which officers come before it to give evidence and provide assistance. No minister, no director-general, nor any public servant decides this, nor negotiates with the committee or its secretariat staff as to who is appropriate to appear and what level of officer is appropriate to appear, nor attempt to interfere with the committee's proceedings by directing the days or times that officers may 'consider' attending. Indeed, if this lack of respect for the institution of parliament and this select committee continues, then summonses will be issued for the attendance of those public servants to attend forthwith.

I will be ensuring that the Public Service Commissioner is aware of my comments as chair of this select committee. Our job as members of this select committee and my job as chair is to get to the truth, and today I assure the people of Queensland that we intend doing so no matter what. Are there any questions from the public servants here before us today? No? Good.

FARRY, Mr Jack, Senior Inspector of Mines (Occupational Hygiene); Acting Manager, Health Surveillance Unit, Department of Natural Resources and Mines

JANCZUK, Ms Lisa, Acting Senior Project Officer, Health Surveillance Unit, Department of Natural Resources and Mines

KENNEDY, Dr Gareth, Director, Mine Safety Technology and Research Centre, Simtars

ROBERTSON, Ms Natasha, Senior Project Officer, Health Surveillance Unit, Department of Natural Resources and Mines

STONE, Mr Mark, Executive Director, Mine Safety and Health, Department of Natural Resources and Mines

CHAIR: This morning we have before us Mark Stone, Executive Director, Mine Safety and Health; Jack Farry, Senior Inspector of Mines (Occupational Hygiene) and current manager of HSU; Gareth Kennedy, Director, Mining Research and Development Centre, Simtars, and former HSU manager; Lisa Janczuk, Acting Senior Project Officer, HSU; and Natasha Robertson, Senior Project Officer, HSU.

I would like you to go one by one and please tell this committee your names and your official positions so that we get it on the record. I also want to know the Public Service level of which you have been appointed. If you are in an acting position, I want to know your substantive position and the level that you would normally be working in the Public Service. Mark, please, if you could start?

Mr Stone: Good morning, Chair. Good morning, committee. My name is Mark Stone. I am the appointed Executive Director of Mine Safety and Health. I am appointed at an SES level 4.

CHAIR: High or low?

Mr Stone: High.

Mr Farry: My name is Jack Farry. I am a Senior Inspector of Mines (Occupational Hygiene), working in the southern region. In that role I am an MI4 level in the Mines Inspectorate. I am currently acting as the health surveillance manager. I started in that role in November last year. I am still receiving the same remuneration as an MI4 inspector.

CHAIR: Jack, what is the equivalent ASO position in the HSU, please?

Mr Farry: I am unsure.

CHAIR: Can you take that on notice and tell us by the end of today?

Mr Farry: I can, yes.

Ms Janczuk: My name is Lisa Janczuk. I am the Acting Senior Project Officer of the HSU, the Health Surveillance Unit. That is an AO6 position. My substantive position is at Simtars as a finance manager, and that is an AO5. I have been acting in this role since September 2014.

Ms Robertson: I am Natasha Robertson. I am currently the Senior Project Officer within the Health Surveillance Unit. I am an AO6.

Dr Kennedy: My name is Gareth Kennedy. I am the Director of the Mine Safety Technology and Research Centre. That is my substantive role. I was formerly the manager of the HSU. My position is SO.

CHAIR: SO what—1 or 2?

Dr Kennedy: SO3.

CHAIR: Can you please give me an organisational chart of the HSU?

Mr Stone: We do not have an organisational chart to hand but we will provide one to you within—

CHAIR: Can you explain it? I do not want you to tell me. Jack, can you explain to me the organisational make-up of the HSU—what branches are there, if there are any branches or any organisational units within the HSU?

Mr Farry: My role—the manager of the HSU—reports to Mark's position as the Executive Director of Mine Safety and Health. Below me on the organisational chart would be Lisa and Natasha as the senior project officers. Currently, Natasha is overseeing the work of the records management project

CHAIR: I did not ask that. I want to know the organisational chart.

Mr Farry: I was just trying to split it out for you.

CHAIR: I just want to know how many officers report to Natasha and how many report to Lisa and their levels.

Mr Farry: Lisa has four admin officer roles at AO3 that report to her position. I also have the occupational physician role that reports to me. Natasha has an AO3 officer that reports to her. That role has three AO2 positions and a number of casual staff, which is currently four, reporting to Amanda, who is in that AO3 position I mentioned. Plus there are also a number of agency staff that are assisting. There are currently five of those.

CHAIR: How many temporary staff do you have including agency staff?

Mr Farry: We currently have seven agency staff and we currently have three temporary staff reporting.

CHAIR: Can you get us that organisational chart please by this afternoon?

Mr Farry: Sure.

CHAIR: I would now like to go to Counsel Assisting.

Mr McMILLAN: Can I take up the questions that the chair has just asked about the organisational structure? I have been helpfully provided by the committee secretariat with an extract of the positions supporting the activities of the Queensland Mines Inspectorate from the annual report for 2014-15. As I understand your background, Mr Farry, you assumed the role of acting manager of the HSU in November last year?

Mr Farry: Correct.

Mr McMILLAN: Clearly you did not have any prior role in the HSU. You were a mines inspector?

Mr Farry: Prior to that I was working as a Senior Inspector of Mines (Occupational Hygiene) in the southern region office.

Mr McMILLAN: Mr Kennedy, when were you the manager of the Health Surveillance Unit?

Dr Kennedy: I assumed the role in October 2015.

Mr McMILLAN: Until when?

Dr Kennedy: Until November 2016.

Mr McMILLAN: And you were replaced by Mr Farry.

Dr Kennedy: Yes.

Mr McMILLAN: When you were in that role, what was your Public Service classification?

Dr Kennedy: I was acting at SO1 level.

CHAIR: What was your substantive position before that?

Dr Kennedy: My substantive position was principal engineer as a PO6.

Mr McMILLAN: I appreciate that the figures from the annual report of 2014-15 also predate your tenure. I will offer the question to anyone who might be able to assist. That organisational structure—and it is not in the form of a chart but more a list of staff—includes the following staff for the financial year 2014-15: director of health surveillance, senior statistician, senior project officer—all full-time—occupational physician part-time, an administrative officer and three further administrative officers designated medical records officers. That is seven full-time staff and one part-time staff member in the 2014-15 year. The additional staff, Mr Farry, that are presently engaged by the organisation to work in the HSU are essentially staff to deal with the backlog of medical records processing. Is that right?

Mr Farry: Yes. Some of the staff that I have mentioned are to deal with that backlog.

Mr McMILLAN: Are there other temporary staff that have been engaged for another purpose in recent times?

Mr Farry: Yes—to assist with the two-reader X-ray process.

Mr McMILLAN: Which officers are they?

Mr Farry: They are two temporary agency staff that are assisting with that process.

Mr McMILLAN: They are not at a particular AO classification. They are agency staff. Is that right?

Mr Farry: Correct.

CHAIR: No. There would be an equivalent AO classification. Can you tell us what that is?

Mr Farry: AO3.

Mr McMILLAN: Can I take that a little further and ask for some additional clarification of question on notice No. 8 and answers that were provided by the Department of Natural Resources and Mines in responses to questions by Mr Crawford, the member for Barron River, on 30 November 2016. I expect, Mr Stone, you will be across this. Mr Crawford asked for a list essentially of the resourcing of the unit. A table has been provided to the committee secretariat setting out the resourcing of the unit. The table provides for years 2002 to 2016. I note that in that table there were no figures provided for the year 2002. Why was that?

Mr Stone: I believe that the reason for that is that our HR records go back seven years. We are required to hold them for that. We had all of the figures for that. I think for those years we did not have a record and that is why we could not complete the table for that year. I am looking at the table now, so I am familiar with what you are referring to.

Mr McMILLAN: Similarly, there are no figures for 2004.

Mr Stone: Same reason.

Mr McMILLAN: I note that in 2005 there was only one staff member allocated to the Health Surveillance Unit.

Mr Stone: That is correct.

Mr McMILLAN: Can you tell me what level of officer that was?

Mr Stone: I am afraid I cannot, but I will take that on notice.

Mr McMILLAN: I note the note at the bottom of that table that indicates that the staff in the HSU over this period have been employed at AO2 or AO3 level. Does that suggest that those figures do or do not include the person who was responsible for managing that unit at the relevant time?

Mr Stone: It suggests to me that it does not include that role.

Mr McMILLAN: Should we take those figures as being the staff of the HSU not including whoever was responsible for managing it?

Mr Stone: Yes. I believe that the table—and perhaps it is not clear enough. Just above the table it says, therefore, 'The department's understanding of staffing for processing coalmine worker health surveillance records.' That is what is referred to in the table.

Mr McMILLAN: Dr David Smith, as you are aware, gave evidence on 30 November to this committee. He indicated in his evidence that throughout the time that he had worked in the unit, which was for the life of the unit, there had been a person—although different people—serving as the manager of that unit. Are you able to tell us what the substantive classification of that position has been over the course of the life of the unit?

Mr Stone: I am not. I will ask if any of my colleagues might be able to answer. Otherwise, we will take it on notice.

Ms Janczuk: I think you need to take it on notice; I could not confirm.

Mr McMILLAN: Mr Stone, are you able to assist us to understand what the equivalent AO position for Mr Farry's current remuneration would be?

Mr Stone: Mr Farry currently holds a Mines Inspectorate contract. It is a section 122 contract. It is a special scheme for mines inspectors.

Mr McMILLAN: The equivalent in the Public Service structure would be SO level or higher for a 122 contract, would it not?

Mr Stone: I believe it would be SO level or higher.

CHAIR: We need that confirmed.

Mr Stone: Absolutely.

Mr McMILLAN: I think it is Dr Kennedy, is it not?

Dr Kennedy: That is correct.

Mr McMILLAN: Dr Kennedy has already indicated to us that when he was engaged as the manager of the unit it was at SO level. At least for the past two years that position has been effectively remunerated at an SO level or thereabouts?

Mr Stone: I would agree.

Mr McMILLAN: Is it usual across the department to have an SO level officer supported by one, 1.8 or fewer than five staff?

Mr Stone: I could not answer that question accurately, but if I look at the organisation that reports in to me typically an SO level would have more than a few staff, probably at a mix of two, three, four, five and all the way through to AO8.

CHAIR: We are not talking about technical people here; we are talking about an administrative role. Maybe you can take that on notice and get back to us as well.

Mr Stone: Absolutely, I will do.

Mr McMILLAN: I note, arising from the evidence that Dr Smith gave on 30 November, that a review of the coal workers health scheme was conducted at the instigation of the department in 2002. A copy of that review report has been provided to the committee by the department, and we thank you for that. One of the recommendations of that review was to establish a Health Surveillance Unit—and there are a number of recommendations associated with that—to better support the functions of the coal workers health scheme. Is it the case that the Health Surveillance Unit has existed since that report was provided and was created as a response to that recommendation?

Mr Stone: I am very sorry; could you repeat the last part of your question?

Mr McMILLAN: Was the Health Surveillance Unit created as a response to that recommendation arising from the review in 2002?

Mr Stone: No, my understanding is that the Health Surveillance Unit existed prior to that report and that the report centred on the functioning of the Health Surveillance Unit and the identification of deficiencies and recommendations to improve it.

CHAIR: Can you please get back to us as to when the Health Surveillance Unit was established in the department, the staffing structure of the Health Surveillance Unit when it began, and the numbers and classifications of the associated Public Service officers?

Mr Stone: Yes, Madam Chair.

CHAIR: Thank you.

Mr McMILLAN: I will go to the recommendations in a little more detail in a moment, but the first recommendation of that report—and the report, as I have already indicated, has been provided to the committee by the department—is this:

That the current Coal Mine Workers' Health Scheme be replaced and included in a new Health Surveillance Unit (HSU) that will be established to meet the needs of the coalmining, metalliferous mining and quarrying industries in Queensland.

Have you read that report, Mr Stone?

Mr Stone: I have not read the full report but I have read parts of the report.

Mr McMILLAN: Did you not think it would be important before coming before this committee, knowing that you would be asked questions about the Health Surveillance Unit, to familiarise yourself with a seminal report on the establishment and resourcing of that unit?

Mr Stone: In preparation for prior inquiry hearings, I have made myself familiar with parts of the report. My understanding, given the request to speak with specific officers from within the unit today, is that the focus of the discussion and inquiry would be on the operation of the HSU and its tasks.

Mr McMILLAN: You were at the hearing on 30 November 2016 when the committee asked to be provided with a copy of that report. Were you provided with a copy of it by whatever officer located it and delivered it to the committee?

Mr Stone: Yes, I have a copy of the report.

Mr McMILLAN: Why did you not read it when you were provided with it?

Mr Stone: As I said, as part of my role—and this is not disrespectful at all to the committee—I am required to read a lot of material across the full inspectorate. I did not read every page of the full report but I made myself familiar with elements of it.

Mr McMILLAN: The recommendations, Mr Stone, run to I think seven pages, and that is the first of the recommendations. Were you familiar with that recommendation before I read it out to you a few minutes ago?

Mr Stone: I was familiar with the recommendation in the context of the 2013 consultation RIS which made recommendations for change and refocusing of the unit on health surveillance.

Mr McMILLAN: I also wanted to ask you some questions about the response to questions on notice taken by the department on 25 November 2016. It was particularly a question from the deputy chair about the health assessment records for surface workers.

Mr Stone: Yes.

Mr McMILLAN: I am not sure whether you have access to the response to questions on notice in front of you, but for the benefit of the committee, which I suspect does not, I will identify the relevant parts of it that I am interested in. The question from Mr Springborg, as I have indicated, was about health assessment records for surface workers. The answer provided by the department relevantly was this:

For the period from 2006 until 5 December 2016, there are 91,825 health assessment records which relate to **surface workers**.

The total number of chest x-rays which relate to surface workers for this period is 7,218.

Of these 7,218 x-rays, 4,075 formed part of the workers' initial health assessment. 365 of those 4,075 relate to workers who have also worked in underground operations since their first assessment.

There is then a breakdown of those figures. If my calculations are correct—and I am perfectly willing to accept that they may not be—4,075 of those X-rays that represent the initial assessments upon a worker's entry into the industry represents about 12 per cent of the total number of chest X-rays—I am sorry, I have written this down incorrectly.

The question I am interested to ask you is this, Mr Stone: if I have calculated correctly, I think about one or less than one per cent of the total number of health assessment records relate to workers who have had more than one chest X-ray. I think that is 729, if you look at the table, of people who have had more than one chest X-ray. A minuscule proportion of the total number of health records held for surface workers are subsequent X-rays to an initial assessment; that is right, is it not?

Mr Stone: I am struggling to follow.

Mr McMILLAN: I am sorry about that.

Mr Stone: No, I appreciate that there are a lot of numbers there. Are you referencing the Monash report?

Mr McMILLAN: No, the questions on notice you provided to us give a breakdown of the health assessment records that the department holds in relation to surface workers. The committee has heard a lot of anecdotal evidence from surface workers who have essentially told us that either they have never had a chest X-ray or they had a chest x-ray initially upon entry into the coal industry and have never had a subsequent one. Only 7,218 chest X-rays have been performed on surface workers out of 91,000-odd health assessments according to your figures. That is a small percentage.

Mr Stone: Eight-ish per cent.

Mr McMILLAN: I am glad you are on top of the figures, Mr Stone. Of those 7,218, 4,075 were an initial assessment.

Mr Stone: Right.

Mr McMILLAN: That leaves about half or slightly less who have had subsequent chest X-rays. Are you following my reasoning so far?

Mr Stone: I am.

Mr McMILLAN: There is a breakdown of those figures which shows that the number of surface workers who have had two X-rays are 540; 123 have had three; and 66 have had four or more.

Mr Stone: Okay.

Mr McMILLAN: That amounts to 729 people who have had more than one chest X-ray and are designated as surface workers for the purposes of your health surveillance monitoring. That is less than one per cent of the total number of records that you hold for surface workers.

Mr Stone: Yes.

Mr McMILLAN: Given what we now know about coal workers' pneumoconiosis, particularly the recommendations of Professor Sim and his team in the Monash report, that is a concerningly low proportion, is it not?

Mr Stone: On face value I think it would be. Two things come to mind when you talk about the numbers. Under the regulations prior to 1 January, surface workers would have been subject to a 10-yearly—none at all?

Mr Farry: There was no specific frequency dictated by the legislation. The employer was required to indicate if the worker had significant dust exposure—for a surface worker.

Mr Stone: I think also the regulations talk about a coalmine health assessment for all workers but a chest X-ray for those who are working in an at-risk role. For surface workers—there are a lot more surface workers; 25,000 currently compared to 5,000 underground workers—there would be fewer at-risk roles given the inherent differences between surface work and underground work. There are still obviously at-risk roles in both above-ground and underground mines, but an important thing to consider when looking at those numbers is that there would be far fewer surface workers who would require a chest X-ray given the roles they conduct. I think that is an important qualifier to the very small number that you do get to.

Mr McMILLAN: What I am trying to establish, perhaps in a somewhat clumsy way, Mr Stone, is this: the numbers that the department has provided in response to this question on notice tend to suggest that the anecdotal evidence the committee has received from surface workers that very rarely are they asked to have a chest X-ray is probably accurate.

Mr Stone: Yes, I would agree.

Mr McMILLAN: Data tends to support the anecdotal evidence we have already heard.

Mr Stone: That is right. Very rarely that is a function of the type of work that they do. Certainly when we had our first confirmed case of a worker who had only worked in above-ground mining that was a catalyst to change the regulations to require a frequency schedule for surface workers.

Mr McMILLAN: There is currently, and has historically been, no requirement for workers in coal ports to have health assessments at all, has there?

Mr Stone: I believe you are correct.

Mr McMILLAN: Given that there is no requirement for them to have any form of health assessment, there is no requirement for them to have any kind of periodic chest X-ray.

Mr Stone: I am not familiar with the legislation covering them. I believe that would be the Workplace Health and Safety Queensland legislation, but I believe you are correct that no scheme exists.

Mr McMILLAN: Workers who work exclusively in coal ports and who are not otherwise part of the surface or underground coalmining industry are not covered by the coalminers health scheme, are they?

Mr Stone: No, they are not.

Mr McMILLAN: I wanted to ask some specific questions, if I could please, about the recommendations in the review.

Mr Stone: Is this the Monash review?

Mr McMILLAN: No, in the review of the Health Surveillance Unit in 2003. Has anyone at the table read that review?

Mr Farry: I have.

Mr McMILLAN: Mr Farry, I will direct my questions to you in that case. To the extent that you can answer, please do so. If you cannot, I suspect the chair will invite you to take the question on notice. I will clarify: have you read that report in total?

Mr Farry: No.

Mr McMILLAN: What parts of it have you read?

Mr Farry: I read the introductory sections of that report, the conclusions and the recommendations.

Mr McMILLAN: While you will have an awareness of the recommendations sections, you have not read the parts of the report that underpin those recommendations?

Mr Farry: Except for the explanatory notes that are under the recommendations.

Mr McMILLAN: All right. Those are the sections that I want to take you to specifically.

Mr Farry: It is some time since I have read it, so I might need to—

Mr McMILLAN: Did you read it upon assuming your role as manager of the unit?

Mr Farry: Yes.

Mr McMILLAN: So in November last year?

Mr Farry: Prior to that, yes.

Mr McMILLAN: In preparation for taking up that role?

Mr Farry: Yes.

Mr McMILLAN: It is not intended to be a memory test, Mr Farry, so if you do not remember something—

CHAIR: Counsel Assisting, before we get to your questions, I would like to ask Mr Farry a question. How did you get to be the acting person in charge? What was the process there?

Mr Farry: I was asked by Mark Stone.

CHAIR: So there was no expression of interest put out?

Mr Farry: I might defer to Mark.

Mr Stone: There was not. When we received the recommendations from the Monash review, I felt that somebody with Mr Farry's occupational hygiene background would be a very good add to the Health Surveillance Unit to give it a bit more depth on advice and understanding of those recommendations.

CHAIR: That is your opinion, but you have gone against Public Service process, haven't you? Who approved your view that no expression of interest would go out in relation to the temporary filling of this position?

Mr Stone: I made the decision to offer Mr Farry the acting role, and it is my understanding that it did not contravene any Public Service Commission—

CHAIR: Have you since then decided to put the position out to an expression of interest?

Mr Stone: I have not.

CHAIR: Why not?

Mr Stone: For the reason that as the CWP project team works through the recommendations from Monash—chest X-ray, spiro, NMAs—that will inform the future of the surveillance unit. When that is better developed and we understand the functions of the role going forward, I fully intend for there to be an open recruitment process to find the best candidate for the role.

CHAIR: But there does not have to be an open recruitment process, does there? You should have put it out to an expression of interest because there could have been other qualified people across not only mines who could have filled the position. It was your decision alone, was it?

Mr Stone: Yes, it was.

CHAIR: I find that amazing. The director-general was not involved? The deputy director-general?

Mr Stone: As Executive Director for Mine Safety and Health, I make day-to-day resource allocation choices. They are very much informed by the knowledge of the skills and ability of those individuals. I do report to a deputy director-general—

CHAIR: Did you report to the deputy director-general that it was your view that Mr Farry should be in this role?

Mr Stone: I did.

CHAIR: And what was the outcome of any discussions or any reporting on that?

Mr Stone: There was support for my decision.

CHAIR: And the director-general?

Mr Stone: I do not believe that the director-general was involved in that discussion, as it was—

CHAIR: So how do we know, as a committee, that Mr Farry in this position is the best person possible, except that you are telling us that he is?

Mr Stone: Well—

CHAIR: We don't, do we?

Mr Stone: No, you do not. It is my judgement and my knowledge of Mr Farry's skills and experience.

CHAIR: Thank you. I call counsel assisting.

Mr McMILLAN: Thank you, Madam Chair. Mr Stone, can I just clarify your evidence earlier. Did you say that you were aware of the 2002 review of the Health Surveillance Unit prior to your evidence on 30 November but had not read it? Is that correct?

Mr Stone: Yes.

Mr McMILLAN: And following your evidence, someone in the department provided it to you?

Mr Stone: Yes.

Mr McMILLAN: And you familiarised yourself with it by reading the recommendations section of that report but you have not yet got to the stage of reading the report in its entirety?

Mr Stone: That is correct. May I just add that, with the recommendations from the Monash review, I felt that a number of the recommendations from the HSU report are superseded. There are many which are, disappointingly, the same recommendation to refocus on longitudinal health surveillance.

Mr McMILLAN: That is precisely what I want to take you to, Mr Stone. The department has given evidence before this committee by its officers, including through its submission, indicating that it accepts and has taken responsibility for implementing the recommendations of the Sim review in their entirety?

Mr Stone: Yes.

Mr McMILLAN: I want to take up the evidence that you have just given that that review contains a significant number of recommendations that are essentially the same as recommendations that were made to the department some 14 years previously in 2002, and I want to take you through them. We have already dealt with recommendation No. 1—that the health scheme be replaced and included in a new Health Surveillance Unit. That recommendation referred to the need for that unit to meet the needs of both the coalmining and metalliferous mining and quarrying industries in Queensland. Was it intended prior to the Sim review that the Health Surveillance Unit should support the mining and quarrying industries of Queensland outside of coal?

Mr Stone: I cannot answer that question I am afraid. I was not—

Mr McMILLAN: Dr Kennedy, when you were the manager of that unit, did the Health Surveillance Unit support the mining and quarrying industries outside of coal?

Dr Kennedy: No.

Mr McMILLAN: The second recommendation was that the regulator resource and structure the HSU to be an individual part of the Mines Inspectorate and be located in Brisbane. That seems to have been the case since those recommendations were made?

Mr Stone: Yes.

Mr McMILLAN: Your evidence earlier I think was that the HSU already existed as far as you were aware and was located in Brisbane prior to that recommendation. Is that right?

Mr Stone: The HSU is currently actually located in a number of places because those are the locations where records are kept. When Mr Farry talked about the officers currently within the organisation, they are variously involved in data record entry and retrieval at four different locations. Mr Farry spends some of his time in the Brisbane office and some time at Redbank.

Mr McMILLAN: In the 2002 report, recommendation No. 3 reads as follows: ‘It is recommended that the role and function of the HSU is to collect and analyse all reports of adverse medical assessments from mines and quarries and other data related to mines and quarry worker health and report findings to stakeholders.’ I appreciate that I am labouring the point, but there has been no analysis of health records conducted by the HSU or any part of the department since this report was provided in 2002, has there?

Mr Stone: I cannot specifically answer that there is none because I was not there at the time and I am not across all of the workings, but I think it is fair and reasonable to say that it did not fulfil that task. That was clearly identified in the Monash review that surveillance was not being done.

Mr McMILLAN: The notes underneath that recommendation say, ‘The minimum staff level for an effective health surveillance program capable of covering the Queensland mining and quarrying industries was determined as being two persons.’ I do not expect that you can speak to the rationale for that recommendation or its implementation, but it would seem that the base level of staffing over the HSU for a number of years following that was about that.

Mr Stone: It was. I am looking at the table provided in question on notice No. 8 and you are right. I would say that the average staffing FTEs across the last several years has ranged between two and four.

Mr McMILLAN: The next recommendation was that the staff level of two full-time positions was one manager and one data supervisor. I think we have already dealt with the manager issue, and you have undertaken to take that question on notice so I will move to the next section. Recommendation No. 5 was in relation to the HSU providing additional services to industry on a fee-for-service basis. As I understand it, that has not been part of the HSU’s functions certainly in recent years. Dr Kennedy, during the time that you were there a couple of years ago, that was not something that the HSU did, was it?

Dr Kennedy: No. We collected records for coal.

Mr McMILLAN: Mr Farry, in your time, that has not occurred?

Mr Farry: That has not occurred.

Mr McMILLAN: Recommendation No. 8 again reiterates the need for adequate provisions to be made in both the coalmining and the mining and quarrying legislation for the proper functioning of the health surveillance process across the entire Queensland mining and resources sector. Recommendation No. 14 provides for the transfer of medical records from what was proposed to be appointed medical officers—which I think became nominated medical advisers—and for adverse records to be submitted to the HSU as defined by the regulator. That seems to have occurred but for the change in definition from ‘appointed medical officer’ to ‘nominated medical adviser’.

Mr Stone: That is correct.

Mr McMILLAN: Are any of you able to speak to the reasoning for the change from ‘appointed medical officer’ to ‘nominated medical adviser’?

Mr Farry: I cannot speculate on that.

Mr McMILLAN: Mr Stone, could you please take on notice this question? What was the policy reasoning for the rejection of recommendation No. 15 and the establishment in lieu thereof of 'nominated medical advisers'?

Mr Stone: I will.

Mr McMILLAN: Thank you. Recommendation No. 17 recommended that a medical advisory panel be appointed consisting of up to four medical practitioners who are experienced in mining and/or quarrying industries and including at least two persons holding specialist registration in occupational medicine. Recommendation No. 18 is the recommendation to establish a part-time occupational physician within the unit. Those two recommendations read together, it seems to me, suggest that the part-time occupational physician was to oversee the establishment and proper resourcing of the unit, give some expert clinical guidance as to how it should function, but that the unit should be essentially supported by this medical advisory panel consisting of four expert clinicians. That medical advisory panel was never established, was it?

Mr Stone: I do not believe it was, but I will verify that.

Mr McMILLAN: Can you take on notice that the committee would like to know why not?

Mr Stone: I will.

Mr McMILLAN: Madam Chair, I think that concludes the questions I have in the open public hearing at this stage. I will revert back to you for questions from members.

CHAIR: Thank you. We will now go to the deputy chair, Lawrence Springborg.

Mr SPRINGBORG: My question relates specifically to the processes which are followed when records are received by the HSU in more recent times but particularly in previous times. I appreciate not everyone who is here today may have been there previously, but this is really a very important question for this committee to understand the re-identification of CWP. Can you please step us through the process which is followed when a record is received by the HSU as in where does it go, how is it processed and what are the flags that are actually looked for with regards to processing that record?

Ms Janczuk: What happens is we collect the mail every day. The mail comes in, it is designated by an officer; they come and pick it up. That person then goes through the mail received. They count the mail and they record which doctor it came from—which nominated medical adviser. They then go through that mail to see if it would be missing any particulars such as spirometry, if it needed an X-ray, if we did not have the X-ray in the report. If it is missing something, it gets recorded—this is current information—and is attached to the database and returned to the nominated medical adviser so they can rectify the issue. If it is fine, if we have all the things we need, the medical assessment is scanned and entered into the database with all the information from it. Then it is filed in that operator's box and is subsequently sent to recall after it is quality checked and it is filed for retrieving if we should ever need the original document again.

Mr SPRINGBORG: What are you really looking for? Making sure that all the right boxes are ticked or what?

Ms Janczuk: Yes, to make sure that the proper documents are attached.

Mr SPRINGBORG: Do you now look at those records to see if there are any red flags with regards to health concerns around that worker as in suspected or probable coal workers' pneumoconiosis, or is it still not the role of the HSU?

Ms Janczuk: At the moment if one of the operators did happen to see something they would flag it, but it has not been their role in the past to look for such information.

Mr SPRINGBORG: How many documents do you receive when the mail is collected each day?

Ms Janczuk: We normally receive around 350 a week—between, say, 280 and 350 a week. Some doctors save up their information and send it by bulk.

Mr SPRINGBORG: How many follow-ups would you do on average each week because the information is incomplete?

Ms Janczuk: Returns—I would have to take that on notice. I could not tell you off the top of my head how many returns.

Mr SPRINGBORG: That would be very good. Sorry, Lisa, how long have you worked with the HSU?

Ms Janczuk: Two years.

Mr SPRINGBORG: You worked in the Health Surveillance Unit prior to the reidentification of coal workers' pneumoconiosis as well?

Ms Janczuk: Just prior, yes.

Mr SPRINGBORG: You worked there just prior. At that time just prior was the term 'black lung' or coal workers' pneumoconiosis' a term that the HSU was familiar with or that you were familiar with?

Ms Janczuk: I was not familiar with that term. I come from a financial background as an administrator. It was not until I was brought on board to complete the annual report and manage the HSU for a little while when Natasha was on maternity leave, so I was not familiar with that term.

Mr SPRINGBORG: Would that have generally been the situation for people who were responsible for processing the records, that it was a term that they would not have been generally familiar with?

Ms Janczuk: I cannot answer for them—for the processors. My assumption would be that they should know the term.

Mr SPRINGBORG: Sure. When you started there how many other people worked there? That is probably an unfair question because you may not necessarily be able to answer all that, but in that processing role of records—receiving and filing?

Ms Janczuk: Including the occupational physician and the statistician there would be five.

Mr SPRINGBORG: You may not be able to answer this question but somebody may be able to. How many unprocessed records are outstanding that have been received by the HSU at the moment?

Dr Kennedy: Can I clarify the question? Do you refer to the backlog?

Mr SPRINGBORG: Backlog, yes.

Dr Kennedy: Rather than what is current—

Mr SPRINGBORG: If you have the information with regards to the backlog I would be very happy to receive that information. I imagine you might have some information on that at hand.

Mr Farry: We will take that on notice. We process around 3½ thousand records a week at the moment of that backlog. That is a continuous process. That started under Dr Kennedy's management in about May last year.

Mr SPRINGBORG: I would take it then that the new documents that are received—and Lisa has just indicated around 300 a week—would be mostly processed in real time pending the information being all there. That is a separate real-time process versus the backlog processing, which is happening in parallel?

Mr Farry: That is correct. As of May all of the records that were in the backlog as we have described it were sent to the Stafford facility. That was approximately—I believe our estimate was 170,000 records. Then from that time onwards the new records that Lisa has described coming into the unit are being processed by the Redbank group.

Mr SPRINGBORG: If you have 170,000 records that were there for processing and that was May last year and—

Mr Farry: There are roughly 80,000 records that we have processed. We have the number here.

Mr Stone: We are looking at a chart that we will provide.

Mr SPRINGBORG: There are possibly 80,000 to 90,000 outstanding?

Mr Farry: Yes.

Mr Stone: Yes.

Mr SPRINGBORG: You are confident that you have identified all of the outstanding records that need to be done?

Mr Stone: Yes, we are.

Mr Farry: Yes, we have found them all as I understand.

Mr SPRINGBORG: Dr Smith told our committee some time ago—I thought that he was figurative speaking, but he was more or less literal—that they were stuck in broom cupboards. Have we found all the broom cupboards?

Mr Stone: I feel very confident that we have located all medical records and that we know where they are. They are all indexed. The process that we are going through now is to clear the backlog of entering data onto the database. We have a project plan to complete those 170,000 records. In January this year we were at 85,000.

Mr SPRINGBORG: What is the oldest of those records that you have processed?

Dr Kennedy: I would probably have to give you the exact date on notice, but around 2006 would be my—

Mr SPRINGBORG: Around about 2006. When you have been through processing those, given the focus that has been on black lung or CWP in recent times, have you actually found any circumstances where there was suspected or confirmed CWP as a part of those records that you have entered?

Dr Kennedy: No. The processing has not alerted us to any cases. We prioritised the underground entries and all of those were entered by July last year. In terms of any cases that were confirmed, we pulled those out immediately. The additional work that we have done to process the records has not identified any new cases in itself.

Mr SPRINGBORG: Let me understand this and sorry if I have this wrong. What you are basically saying is that when the first case of CWP was reidentified then you went through specifically and looked at records for circumstances where CWP was suspected?

Dr Kennedy: As you know, our records exist in four different places. We knew where records were, but they were in a different format. Some were hard copy only; some were electronic in a database. If we needed to retrieve records we would search all of those locations and pull those records out. If there was a particular individual on which we needed to gather the records, we would go through as a sweep. Obviously that is quite hard with a big backlog, but as that backlog is getting smaller it is a much more efficient exercise.

Mr SPRINGBORG: There has been no person who has suspected or confirmed CWP that has been identified as a consequence of processing those records? It is all people who have been picked up by a more recent visit to the nominated medical officer and so you have aligned the records to that recent diagnosis?

Dr Kennedy: Correct. The NMA would be the first point of contact to notify of the disease.

Mr SPRINGBORG: There is nothing historically in those records—those 70,000 or 80,000 processed—that red flags anyone else?

Dr Kennedy: To the best of our knowledge.

Mr SPRINGBORG: What about other records that have been held by the Health Surveillance Unit? Are you doing a health check on those as well, if I can use that term, to see if there can be anything that is identified with regards to suspected or confirmed cases of CWP?

Dr Kennedy: May I ask what you mean by 'other records'?

Mr SPRINGBORG: What I am trying to say is you are looking at stuff that goes back to—stuff that has already been filed away or recorded prior to CWP being reidentified in February of last year. I am looking for circumstances of where you may have had records that have been filed where a miner clearly had CWP or their specialist or their nominated medical officer had suspected it.

Dr Kennedy: We are not going back through the records to 1983.

Mr SPRINGBORG: Is it possible to go back through those records?

Dr Kennedy: The records exist in different formats. Some information is accessible but it is in different formats.

Mr SPRINGBORG: What about where a nominated medical officer—whomever it may be—has written in there, 'Suspect CWP. Require further follow-up' or something? Is that easily accessible?

Dr Kennedy: They can retrieve the records and we can supply the practitioner with the records that we hold for them to review.

Mr SPRINGBORG: That is only if they ask; it is not something that is intended to be done by the HSU in order to try to seek out people who may be living with CWP?

Dr Kennedy: I do not know about the current—

Mr Stone: No, that has not been the focus. The focus since the first case in May of 2015 has been—since the Monash recommendations the focus has been dual reading and focusing on the underground records. The advice from the Monash review was that with analogue X-rays, which was in our recent past, image quality was not reliable. Absolutely, it is possible to go back and go through every individual record and look for a hand comment from a physician at the time, but in terms of X-rays and verifying that in follow-up with a limited resource our focus has been the current coalmine workers and putting in place the protections for the future.

Mr SPRINGBORG: Given that you have processed a backlog of 80,000 with roughly a similar number to go over the next eight to 10 months or whatever the case may be—

Mr Stone: Six months.

Mr SPRINGBORG:—six months, sorry—and that we are up to—is it around 19 confirmed cases of CWP—

Mr COSTIGAN: That is right.

Mr Stone: Eighteen.

Mr SPRINGBORG:—eighteen confirmed cases. Of those 18 confirmed cases, in the process of processing the backlog records or accessing the records around those 18 people, for how many of those 18 people were the circumstances evident on their records that there was a concern about suspected CWP going back a number of years in what had been received by HSU?

Mr Farry: I am only aware of one case.

Mr SPRINGBORG: Only aware of one where it was actually—

Mr Farry:—where it was actually recorded as CWP was possible and it needed to be investigated.

Mr SPRINGBORG: How far back was that?

Mr Farry: That was 2006. When we retrieved the records for the individual when the case was notified to us, that is what we found.

Mr SPRINGBORG: I have no further questions.

Mr KNUTH: Lisa, I want to clarify something, and the member for Southern Downs probably put this question to you, but I want to clarify it. You mentioned that the process has changed. What was the process for processing records prior to the reidentification of black lung?

Ms Janczuk: We have done a few updates to the database to allow the database that we have to have more information on it. Previously the person who was operating could not attach other documents like a notification of CWP because we had not had one before. We have done updates to the database to allow the retrieval of more documents—just updates to the database.

Mr KELLY: Thank you all for appearing today. Ms Robertson, how long have you worked in the HSU?

Ms Robertson: I have worked with the HSU since April 2014.

Mr KELLY: Mr Stone, how long have you been the line manager for the HSU?

Mr Stone: Since July or August of last year. I was appointed as Executive Director, Mine Safety and Health, around that time.

Mr KELLY: Anyone can answer this question: is there anyone in the HSU who has been continuously employed for more than two years?

Dr Kennedy: Yes, there are AO2 staff who have been employed for longer than two years.

Mr KELLY: How many of those would there be?

Dr Kennedy: Three or four.

Ms Janczuk: They are AO3 staff, I think.

Dr Kennedy: Yes, AO3 staff.

Mr KELLY: I ask because I am interested in the culture and corporate knowledge of the area. With all due respect to the people who are here today, most of you have had short interactions with that except for Ms Janczuk and Ms Robertson, who have had over two years' experience. As a group you certainly do not have the capacity to look any further back than the last two years, but I will ask some questions about culture. Ms Robertson, what do you see as your role in the HSU?

Ms Robertson: I currently oversee the Stafford project, so I supervise the staff with processing of the backlog and I also oversee the two reader process that is currently happening.

Mr KELLY: This is the backlog of, shall we say, recent samples rather than historical stamps that have not been processed due to a lack of staffing in recent times; is that correct?

Ms Robertson: Yes.

Mr KELLY: Your staff are effectively doing the same as Ms Janczuk's staff in that they are taking a piece of data, entering the data, ensuring that it is complete and doing some sort of basic analysis on that data; is that correct?

Ms Janczuk: I would not say they do an analysis. They scan the records and then they enter it within the database. They link the records on the database.

CHAIR: Do they read the records? They scan them, but do they actually read them?

Dr Kennedy: They are checking information. There is key information that has to be entered into the database, so they are reading the elements there but they are not medical professionals so they are not—

CHAIR: I am aware of that, but do they read them to see whether there is any information in relation to CWP or asthma or emphysema or whatever? Do they read them and flag that type of issue?

Dr Kennedy: It would be hard to interpret the information that is—

CHAIR: I do not want them to interpret it. My question is do they read them and flag—

Ms Robertson: No, they do not.

CHAIR: They do not; thank you.

Mr KELLY: Thank you, that is where I was going. Beyond that, Ms Janczuk, you mentioned the term 'red flag' and that there would be a red flag that you would identify. Ms Robertson and Ms Janczuk, do the staff that you supervise have any training in the area of medical terminology or health sciences that would provide them with any capacity to read clinical information and form any opinion about whether further action should be taken in relation to the person who that record pertains to and their health?

Ms Robertson: The Stafford staff do not, no.

Ms Janczuk: The Redbank staff have no training for that. They know how to input data into the database.

Mr KELLY: You mentioned a red flag. What happens when a red flag is identified?

Ms Janczuk: Up until now I have not seen a red flag. Moving forward, I am sure that if we were inputting data and something did come up, with the focus on black lung and pneumoconiosis they would definitely take that record probably immediately to the occupational physician. But I have not seen that happen yet.

Mr KELLY: Presumably when these records come into your possession for data entry a highly qualified medical officer—possibly a radiographer and a radiologist—have had input into those records?

Ms Janczuk: Yes, they have provided them; that is right.

Mr KELLY: Would you see it as the role of you or your staff to be analysing that data and looking for triggers that should trigger further action in relation to the individual's health that the record pertains to?

Ms Janczuk: The nominated medical adviser signs the medical as to the miner being fit. I would have thought that was their role.

Mr KELLY: Mr Farry, I see from the history that we have been provided that you were trained as a registered nurse; is that correct?

Mr Farry: That is correct.

Mr KELLY: How recently have you practised as a registered nurse?

Mr Farry: The last time I worked as a registered nurse was March 1995.

Mr KELLY: I can tell you that a lot of things have changed but not everything has changed. I am just interested in your perspective given that background and your training in occupational hygiene. Would you be comfortable answering questions in relation to what you would perceive to be the role of the medical records department of a healthcare facility or a hospital? Are you still registered or have you let that lapse?

Mr Farry: No, I never maintained my registration.

Mr KELLY: That is fine. As a former registered nurse would you expect that, in a medical records department in a hospital after doctors and nurses, radiographers, physiotherapists, scientists and pathologists had recorded notes in a chart, the clerical staff who were effectively managing the storage of that record would have been responsible for identifying issues that may have been missed and alerting medical staff and nursing staff to that?

Mr Farry: Not in my experience.

Mr KELLY: Mr Stone, I would ask you to comment on this as the direct line manager: is the current role of the HSU simply a data management and storage unit, or is it actually playing a surveillance unit role in managing the health of miners in Queensland?

Mr Stone: It certainly has been just a data storage unit. I think there has always been a focus on content checking so, as my colleague described, when the document comes in looking to see if it has been appropriately completed. If they say that an X-ray has been taken, is it attached? Are the spirometry results there? Are the boxes checked? It has never been the role of those individual colleagues to do another level of check.

Going forward with electronic data management, taking the manual data entry step out so that the information comes in and forms a check for completeness. The advice that we have from Monash and other stakeholders is that the system we have is certainly in the last century and we need to go towards electronic modern data management with scrutiny of data, rejection of forms. To be fair to my colleagues, it has not been part of their role. We are very conscious of the current situation. It is still not part of their role, but there is best a endeavours check if anything is untoward on a form. We have not seen that yet.

Mr KELLY: If we were to go back through those records all the way back to 1980, to pick a year, it would seem to me that, given the testimony we have received here from Ms Janczuk and Ms Robertson, the staff would not be capable of assessing that information and determining whether or not CWP or any other respiratory related disease or mining related disease had been missed; is that a fair statement?

Mr Stone: I agree, yes.

Mr KELLY: In terms of the current number of records that are received, are the officers processing those in a timely manner?

Ms Janczuk: Yes.

Mr KELLY: There is no ongoing contribution to the backlog; the backlog is not growing?

Ms Janczuk: No, the backlog is not growing.

Mr KELLY: Again this is a question of culture and it may be somewhat subjective, but I am particularly interested in those people who have worked there for a long period of time. Lisa and Natasha, do you feel as though you are fulfilling your roles and duties as directed by the policy of the unit and the policy of the government? That is the first part of the question. The second part of the question is do you feel there is a culture in your organisation where people are genuinely concerned for the welfare of the miners and that you are playing a part in protecting their health?

Ms Janczuk: I will answer the first part of the question: absolutely. We are working really hard to deliver as we see fit for the miners. In relation to the second part of the question, the team are really committed to miners' health. We get a lot of inquiries over the phone. We are very sensitive to the information. We try to give them information about black lung. We try to give them their records when requested. We have a really good customer service record. The team are really committed to the miners and trying to deliver for them.

Mr KELLY: Do you have anything to add to that?

Ms Robertson: No. I think that the whole of the Health Surveillance Unit, including the staff at Stafford, are very committed to getting the backlog done and entering it into the database for easy access. I agree with everything that Lisa has to say.

Mr KELLY: Mr Stone, I think I have prosecuted what the Health Surveillance Unit has been and still is effectively. In your view, what should the Health Surveillance Unit be? It would seem to me that we do not run medical records departments to diagnose and treat patients: we run them to store information. If we had an AO3 identifying a serious health condition three months after it had occurred, that would be a very poor way to run a health system. What is your vision or the vision of the department of where the Health Surveillance Unit should be going? What should their role be in monitoring health and keeping miners safe?

Mr Stone: The Monash review basically said that we do not do any surveillance, so the question in the department very quickly became what is best practice health surveillance? We have spoken again with Professor Sim around work that his department, the occupational and environmental medicine group, do. Underpinning all of this is a modern, contemporary database. It is not the system that we have; it is not manual forms. We need to move into the 21st century. We have spoken with Queensland eHealth about the systems they have. The principle would be that each miner has a unique identifier so we can track people whether they come into the industry, leave the

industry or work in other jurisdictions. It would incorporate the Coal Mine Workers' Health Scheme data and any future version of that and their fitness for work data. It would marry up their dust exposure.

We have established a respirable dust exposure database which again should be able to link back to the miner, a mine, an exposure group, what is their exposure history. Monash have advised us that when we start to bring that data together we can do quite powerful longitudinal studies of individuals and locations over time, and that can tell us whether, for example, our regulated limits on dust exposure are effective. It can tell us if there are changes in the industry or the workforce. The vision is for an electronic database underpinned system that can talk to other medical databases out there. I see us bringing in an academic department or a specialist consultancy to independently come in every year or 18 months to do an analysis and issue it as a public report of how we are doing.

Mr KELLY: Mr Farry and Dr Kennedy, given that you have both had some involvement in Simtars and the Mines Inspectorate, would a Health Surveillance Unit that is functioning in the way that Mr Stone has indicated there create the capacity for the Mines Inspectorate particularly to take faster action where there are issues identified through surveillance; that is, we spotted six miners who have some sort of respiratory issue and they all come from the one spot. Would that assist the Mines Inspectorate to identify areas that need urgent attention?

Mr Farry: Yes.

Mr KELLY: My final question is for Mr Stone. Do you believe that the appointment process that you engaged in for Mr Farry followed all Public Service guidelines and protocols?

Mr Stone: I do believe that.

Mr KELLY: I am pleased to have your belief, but I would rather you take the question on notice and come back and confirm that for the committee.

Mr Stone: Yes.

Mr COSTIGAN: Good morning, everybody. I have a few questions. Mr Stone and your colleagues, thanks again for joining us here today. Do you accept that the HSU, the 'health storage unit' as I like to call it, has lost the confidence of the general public, in particular coal workers?

Mr Stone: I do not know that it has lost the confidence of coal workers or the general public because I have not had that specific feedback in any part. I do know that it does not have the confidence of the independent Monash review that fundamentally believed it was not performing surveillance.

Mr COSTIGAN: Given what Dr Smith said about the broom cupboards, do you find that embarrassing, Mr Stone?

Mr Stone: I find embarrassing the maintenance of medical records in any other place than an appropriate storage facility, so I would say yes.

Mr COSTIGAN: Right now, given all that has been said and written about CWP and about more people coming forward and being diagnosed, do you believe that the HSU is adequately resourced right now?

Mr Stone: I do believe it is, yes.

Mr COSTIGAN: Mr Farry, do you concur?

Mr Farry: I do.

Mr COSTIGAN: Ms Janczuk?

Ms Janczuk: I do.

Mr COSTIGAN: Ms Robertson?

Ms Robertson: I do.

Mr COSTIGAN: Dr Kennedy?

Dr Kennedy: Yes, I do.

Mr COSTIGAN: No further questions, Madam Chair.

Mr McMILLAN: I think, Madam Chair, the committee had proposed to receive private evidence from Mr Farry.

CHAIR: We now will go into private session. No-one else is required in here except the Crown law adviser. Please vacate the room and our research director will tell you where you can wait.

Evidence was then taken in camera but later resumed in public—

In camera evidence concluded at 12.06 pm

Evidence was then taken in public—

ALBURY, Mr Russell, Chief Inspector of Coal Mines, Mines Inspectorate, Department of Natural Resources and Mines

DWYER, Mr Peter, Deputy Crown Solicitor

STONE, Mr Mark, Executive Director, Mine Safety and Health, Department of Natural Resources and Mines

TURNER, Mr David, Director, Engineering, Testing and Certification Centre, Simtars

CHAIR: I now welcome David Turner from Simtars, Russell Albury and Mark Stone, and also their counsel from crown law. We will go to counsel assisting for questions.

Mr McMILLAN: I thank you for coming before us again and I thank Mr Turner for attending today. Can I ask some general questions about Simtars first of all, and I am happy to have whoever is in a position to answer to do so. I understand from other evidence that the committee has already received that the mining inspectorate, at least in recent years, has presented de-identified dust monitoring data at the annual mining health and safety conference?

Mr Stone: De-identified dust data was presented at the health and safety conference in August of last year, correct.

Mr McMILLAN: Is that the first time that that kind of widespread de-identified data was published at a conference?

Mr Stone: Yes, I believe that is correct.

Mr McMILLAN: Mr Albury, you are indicating that it is in your experience?

Mr Albury: In my experience, yes.

Mr McMILLAN: And you have been no doubt attending these conferences for a long time?

Mr Albury: I have attended a few, yes.

Mr McMILLAN: Prior to last year, was there any mechanism by which the department, first of all, obtained routinely dust monitoring data from across the coal industry in Queensland? When I say 'the department', I specifically mean the mining inspectorate and you as the chief inspector of coal?

Mr Albury: As we have discussed in earlier visits, there is no mechanism for companies to send us the data, and we did not routinely request it, if that is what you are asking, no.

Mr McMILLAN: What enabled the presentation at the conference last year was the request that was sent by you I think to all coalmines to provide the inspectorate with historical dust data.

Mr Albury: That is correct.

Mr McMILLAN: You then went through a process of analysing that, de-identifying it and using it for education of the industry.

Mr Albury: Yes.

Mr McMILLAN: Since the establishment of Simtars as I think it is described in the DNRM submission as a significant provider of occupational hygiene services in the coal industry, is there any information sharing in terms of trends in dust exposures between Simtars and the inspectorate?

Mr Albury: No.

Mr McMILLAN: Is there any cross-pollination, if I can use that expression, of staff between Simtars and the Mines Inspectorate?

Mr Albury: What do you mean by cross-pollination?

Mr McMILLAN: I apologise for that; it was unfortunate. Simtars staff and mining inspectors come from similar occupational backgrounds frequently, do they not?

Mr Albury: Yes.

Mr McMILLAN: Is it the case that people who work for Simtars sometimes come and work for the inspectorate and the other way around?

Mr Albury: I will try to answer that. We interact over issues. I have a mines inspector who has an office out at Simtars. He does some training around stone dust and stone dust sampling, which is what he specialises in for Simtars. Those sorts of things happen.

Mr McMILLAN: I am recalling from memory, but I think Mr Fritz Djukic, who has given evidence before the committee in Mackay, said that he has an occupational history as an occupational hygienist; is that right?

Mr Albury: Yes, he has.

Mr McMILLAN: He has conducted dust monitoring for Simtars prior to his role as an inspector at—

Mr Albury: Yes, he has. He worked for Simtars in the past.

Mr McMILLAN: As the Chief Inspector of Coal Mines, do you consider that sort of professional experience valuable as a resource within the inspectorate?

Mr Albury: Yes, I do.

Mr McMILLAN: How are you able, if you are able, to harness that professional experience to understand, for example, trends in dust exposures across the coal industry?

Mr Albury: I personally rely pretty heavily on Fritz to conduct that analysis and present the information for me.

Mr McMILLAN: Is he the only person in the inspectorate that has that sort of occupational background that you can rely on?

Mr Albury: Jack Farry has that sort of background.

Mr McMILLAN: He is not presently within the inspectorate?

Mr Albury: No. Correct. Fritz is probably the one in the inspectorate as far as coal goes, yes.

Mr McMILLAN: To perhaps Mr Turner or indeed Mr Stone—or anyone at the table—is anyone able to assist me with understanding the general proportion or percentage of dust monitoring activities across the Queensland coal industry that Simtars does as a provider? Mr Turner, you are indicating that you do not know.

Mr Turner: No. It is not my area of expertise within Simtars at all.

Mr Stone: I do not know either the proportion.

Mr McMILLAN: We might take that up in writing with Simtars directly. Now we come to the real body of why particularly, Mr Turner, you were invited to come before the committee today. Have you had the opportunity to peruse the submissions that have been provided to this committee by a range of entities in relation to real-time dust monitoring?

Mr Turner: I certainly have perused some and particularly that of Anglo Coal, yes.

Mr McMILLAN: You are aware of course that Anglo Coal strongly advocates the use of real-time dust monitoring generally and the PDM3700 unit specifically for dust monitoring in Queensland coalmines?

Mr Turner: I believe so, yes.

Mr McMILLAN: Have you read their submission in that regard in relation to dust monitoring?

Mr Turner: I read the transcript from Tuesday's session in relation to dust monitoring. Yes, I have read that.

Mr McMILLAN: You have not read the submission that has been published on the committee's website where they deal with that issue as well?

Mr Turner: No.

Mr McMILLAN: Were you part of the cohort of Simtars staff to whom Mr Jordan Thompson of Anglo and representatives—

Mr COSTIGAN: Jordan Taylor.

Mr McMILLAN:—I am sorry, Mr Jordan Taylor—thank you—and representatives from Glencore presented in I think October last year a position paper in relation to the PDM3700 monitor?

Mr Turner: I do not believe I was. I was at a presentation session where representatives from Thermo Fisher presented how the actual PDM3700 worked, which I think was around the same time.

Mr McMILLAN: Have you seen, Mr Turner, the position paper that was created by Anglo and Glencore in relation to the PDM3700 and provided to Simtars?

Mr Turner: I am not sure that I have. Was it a PowerPoint presentation?

Mr McMILLAN: It was a PowerPoint presentation and a written paper.

Mr Turner: I have seen the PowerPoint presentation. My involvement within this process is not about the mechanisms of how well the PDM3700 may or may not measure or monitor dust. My total involvement has been whether the use of the PDM3700 will actually cause an explosion or is likely to cause an explosion.

Mr McMILLAN: In fairness to you—and I apologise; I should have started my questions by asking, first of all, how it was that you came to be approached to appear today. Did someone from the department approach you?

Mr Turner: I was asked by somebody from the department, yes; I was requested to come.

Mr McMILLAN: What were you told that you would be asked to give evidence about?

Mr Turner: I believed that it would be in relation to the certification of the PDM3700.

Mr McMILLAN: What is your expertise to give that evidence today? Why are you the person that they have identified?

Mr Turner: I am responsible for the testing and certification of equipment that is used in hazardous areas such as underground coalmines. Simtars or my group is accredited by firstly JAS-ANZ as a certifying body. That is under the national ANZEx scheme. We are accredited by IECEx under the international certification scheme. I am a registered professional engineer in Queensland and have all the relevant qualifications from an engineering point of view. That is my level of expertise in that area.

CHAIR: Mr Turner, when were you asked to be available for this committee?

Mr Turner: I believe it was Monday.

Mr McMILLAN: Mr Turner, are you one of the people who have been dealing with Jordan Taylor from Anglo about their interest in having the PDM3700 monitor accredited for intrinsic safety in Queensland?

Mr Turner: I have had very little contact with Jordan Taylor himself. Most of my contact has been through Lear Siegler Australasia Pty Ltd, who I will refer to as Lear Siegler. They originally approached me in terms of endeavouring to get the PDM3700 certified.

Mr McMILLAN: Are they the distributor of that unit in—

Mr Turner: They are the Australian distributor of the unit, yes.

Mr McMILLAN: When were you first approached by them in relation to this unit?

Mr Turner: November 2015.

Mr McMILLAN: Can you please summarise for us the efforts that have been made to progress this issue since it first came to your attention in November 2015?

Mr Turner: Firstly, it was with a visit from Peter Phaedonos of Lear Siegler. We discussed that he was trying to get the unit certified in Australia. He indicated that it was already MSHA approved in the states. At the time I outlined the process of what were his options in terms of getting it certified. The first option was for Simtars to actually do all the testing and the assessment and issue the certificate. The second was that, seeing as it was assessed in the states and there were IECEx accrediting bodies in the states, it may well be easier to get the testing done in the states and IECEx—a formal accredited test report produced and then we could do the assessment of that report. Also bearing in mind that the IECEx certification required in Australia is what is known as a surveillance scheme, so not only is the product type tested, but the manufacturing processes have to be initially and routinely audited. The MSHA scheme as I understand it is only a type test type of scheme; there is no ongoing surveillance of the manufacturers. There was what would have to be arranged to actually get their manufacturing premises audited. I provided the three options in terms of testing done in the states, auditing by us and the certificate produced by ourselves. The second option was we did the lot. The third was one where they did the testing and the auditing and we would simply review those reports and issue the certificate in Australia.

Mr McMILLAN: We have heard some evidence that that particular unit was tested in New South Wales last year; is that right?

Mr Turner: I have heard that, but that is only hearsay. I am not aware of the actual testing that was done.

Mr McMILLAN: Have you made inquiries to ascertain the results or status of that testing?

Mr Turner: No. At the time that we were originally approached and we put forward those options and I gave him estimates of how much it would cost for Simtars to do that work, we also advised verbally that it was unlikely in our opinion that the product would pass or be able to be certified under the IECEx scheme.

Mr McMILLAN: Was that your opinion?

Mr Turner: Yes.

Mr McMILLAN: Why is that your opinion?

Mr Turner: From experience, because the standards in the states are different to the standards that are used under the IECEx scheme, it has quite often been our experience that products are required to be redesigned before they will actually meet the requirements of the IECEx.

Mr McMILLAN: Why is that?

Mr Turner: The requirements are just different in terms of the materials to be used. Basically, the material compositions, the types and ratings of the components that can be used, the various safety factors that are required to be applied during the testing or assessment processes—also when you are testing for intrinsic safety it is not only the equipment in its normal operating condition but under various fault conditions; it has to be seen to be safe as well or demonstrated to be safe. The actual number and the types of faults that can be applied can be different in the standards.

Mr McMILLAN: The committee has received a significant number of submissions from a range of interested parties in terms of the committee's terms of reference. In particular, in their submissions the following entities have included support for some form of real-time dust monitoring to be implemented in Queensland: Caledon Coal, the CFMEU, the Association of Professional Engineers, Scientists and Managers, Australia (APESMA) and Anglo American. We have heard evidence in the last couple of days that the PDM3700 monitor is, and has been, actively in use in the United States and South Africa for at least 12 months and its predecessor for a significant period longer than that. What is the impediment to the use of this device for dust monitoring in Queensland?

Mr Turner: In Queensland the regulations require that the product be certified. At the present time that product does not meet the requirements to enable it to be certified under either the Australian scheme or the international scheme.

Mr McMILLAN: Why not?

Mr Turner: Because it just does not meet the requirements.

Mr McMILLAN: In what respect? Is your evidence essentially that it is not intrinsically safe?

Mr Turner: That is correct. Under the IECEx standard, correct.

Mr McMILLAN: Have you formed a view about what can or could be done to make it intrinsically safe?

Mr Turner: No, that is specifically not the role of the certifying body. We can provide some general direction, but we are not allowed to state what things need to be done to make it comply.

Mr McMILLAN: Can you offer any assistance to this committee as to how it should deal with the problem that is presented here? Numerous entities have come forward saying that they are already using this device or they think it should be used. There are a whole range of reasons why it is useful to them. They say that it cannot be certified by Simtars and it does not meet the standards. What needs to happen? Recognising that this committee has significant powers to make recommendations for legislative change and other things, what can be done? And if you do not think it should be done, please tell us why.

Mr Turner: Let me put it this way: right at the moment Simtars was requested by Lear Siegler to do what might be called a gap analysis in terms of reviewing the test reports on which the MSHA certificate or MSHA approval was based. We have done that and produced a report which Jordan Taylor referenced in his submissions. It was tabled last Wednesday when we completed that. We were only commissioned to do that in December 2016.

Mr McMILLAN: What do you mean by that was 'tabled' last Wednesday?

Mr Turner: I provided it back to Lear Siegler and Lear Siegler has forwarded it to other industry representatives. In terms of highlighting the areas of noncompliance, if I can put it that way, the next step from that process from my perspective and understanding was that the industry, in conjunction with ourselves, would begin to look at what things might be possible to be done in order to mitigate the risk.

Mr McMILLAN: Is that the explosion risk that you are referring to?

Mr Turner: Correct. There is agreement by MASC, which was the certifying body in South Africa, by MSHA themselves and by the industry that the product in its present form does not meet IEC requirements. Nobody is disputing that fact. The industry approach now, as I understand it, is to look at it on a risk-based approach in terms of these are the gaps where it does not meet the requirements. What additional risk does that add to the possible cause of an explosion?

Mr McMILLAN: To be clear, is it essentially the case that the requirements for the intrinsic safety of devices for use underground in the United States and South Africa are lower than Australia? Is that what you talk about when you say 'the gap'?

Mr Turner: It is probably better to appraise it in terms of they are prepared to accept slightly greater risks of explosion than the IEC.

Mr McMILLAN: I think you said that you have read the transcript of Mr Taylor's evidence. The submission that has been prepared by the Department of Natural Resources and Mines and produced to the committee deals with real-time dust monitoring at pages 20 and 21. Did you have any input into that submission at all?

Mr Turner: No.

Mr McMILLAN: It describes two different types of dust monitoring devices: one is laser photometry and the other is a tapered element oscillating microbalance type device. There is a paragraph which says—

Neither laser photometry nor TEOM determine mass gravimetrically in accordance with AS2985. Therefore, measurements from these devices cannot be used to assess compliance with exposure limits and are indicative only.

From reading Mr Taylor's evidence you will recall he says that is not accurate, that the PDM3700 is in fact the only device that is properly described as a TEOM device and that it does in fact measure mass gravimetrically. First of all, please correct my summary of his evidence if it is not as you understood it. Can you please respond?

Mr Turner: I believe that you have accurately stated the transcript in that sense. Yes, I am happy with that. I am not an expert at all with regard to the mechanism by which the PDM3700 works versus the optical scattering instrument. I have somewhat of a general understanding, if I can put it that way. As I understand it, it is gravimetric in that it actually measures mass on a filter by way of the varying frequencies of the oscillating element of the TEOM, so in that sense it is gravimetric. Whether or not it complies with the requirements of AS2985 I cannot say; I do not know.

Mr McMILLAN: So it does determine mass gravimetrically?

Mr Turner: In that it uses a measure of the frequency to convert that as a proportion to a mass on the device; it is gravimetric in that sense, yes.

Mr McMILLAN: You are not able to speak to whether or not that is in accordance with the relevant standard?

Mr Turner: No.

Mr McMILLAN: Mr Stone, can you please tell us how this technical information found its way into the DNRM submission?

Mr Stone: Yes, the DNRM submission was the contribution of a number of officers with different areas of skill around the business. I am also not an expert in the measurement physics, but I believe I understand it sufficiently to give you an answer.

The laser photometry is the one I think we all agree with. The way that works is it sends a laser light out and it gets a signal back. If you had two particles of the same size same and diameter—let's say one of them is a table tennis ball and the other is a snooker ball—it would say they are the same particle. Clearly one has a much different mass than the other, so everybody agrees, so everyone agrees that laser photometry does not measure mass gravimetrically in accordance. We all agree that the PDM3700 has proprietary technology in this tapered oscillation. It is a mass measurement, but the point is—and I think this is the reason why in the transcript Mr Taylor said that it is part truth and part false—that AS2985 is an Australian Standard specifically called up in the current mining regulations in Queensland and New South Wales that talks about the current technology of a gravimetric device. That is not the PDM; it is the one we have had for decades, if you like.

It is factual to say that the measurements from the TEOM PDM3700 could not be used to assess compliance currently. We would need to make a regulation change. That is not a significant thing to do. We could change the regulations to allow that technology and allow the gravimetric to be used for occupational exposure.

Mr McMILLAN: Mr Albury, I am making a gross assumption that you have significant experience in coalmining, and I think you have already given evidence about that so it is not an assumption. We have heard anecdotal information that essentially the technology in relation to gravimetric dust monitoring which is currently accredited as intrinsically safe is pretty much the same as it has been for 30 years or more. Is that in accordance with your experience?

Mr Albury: Yes.

Mr McMILLAN: As the chief inspector of coal, from your perspective what is stopping us from moving to the next level of technology that might provide more immediate information to workers who are working underground particularly?

Mr Albury: As long as the technology was approved to use underground, nothing that I see.

Mr McMILLAN: Do I take it, then, that really the barrier is this question of whether or not it is going to blow up and kill people?

Mr Albury: To put it in its basic form.

Mr McMILLAN: Very crudely.

Mr Albury: Yes.

Mr McMILLAN: Until we are 100 per cent satisfied that that risk has been mitigated as far as it possibly can be, it should not be widely used?

Mr Albury: That is correct.

Mr McMILLAN: Thank you, those are my questions.

Mr SPRINGBORG: I wish to pursue or expand on some of the issues raised by council assisting, gentlemen, relating to the PDM3700. As has been indicated, we have found a fair bit of industry enthusiasm for the adoption of this monitor because they believe that it is probably the most effective mechanism to be able to monitor in real time risks to their workers and also to be able to take remedial steps if necessary. As has also been indicated, the PDM3700 and its predecessor has been in operation for a significant period of time. Do you have any evidence from anywhere around the world that this has blown up coalmines?

Mr Albury: No.

Mr SPRINGBORG: We do not have any evidence that it blows up coalmines anywhere?

Mr Turner: If I could comment on that please, with intrinsic safety it is not just the equipment in use in its normal manner of operation; it is also associated with whether or not there are any faults that might occur within the equipment. In fact, with the level of protection—intrinsic safety protection—that is required where they want to use this equipment, it is at that level of protection which we call IA where you make provision for two faults to actually occur in the equipment before it will cause an explosion. We want to be absolutely certain that even under two fault conditions it does not cause an explosion, so the fact that it has never caused an explosion at this point of time does not mean to say that it necessarily will not cause an explosion under the circumstances.

Mr SPRINGBORG: Surely that is the adoption of the precautionary principle to the ridiculous.

Mr Turner: They are the current rules that are universally accepted or the international acceptance of best practice.

Mr SPRINGBORG: That is a bit like saying that until we are actually convinced that seatbelts save everyone's life we will not adopt them because there is a body of evidence that says in some cases somebody might be disadvantaged by wearing them but in the majority of cases it is going to save someone's life. Even though we have no evidence around the world anywhere that PDM3700 has caused a negative outcome, we are going to apply what is an antiquated regulation that is now standing in the way to adopt something which has now been adopted by countries such as the US which are displaying world's best practice. Certainly we are turning to them as the Queensland government and as the department for their advice, yet we are not prepared to adopt something which they see as critically important to keep their miners safe and to be able to give real-time information. Is that the situation?

Mr Albury: The question is not whether we as the department are not keen for the real-time monitoring to be reintroduced. We are. We see the potential benefits of this technology as much as anyone, but the question comes down to do you change the safety standards where the risk of it going wrong are, in my view, too catastrophic to even contemplate which is—

Mr SPRINGBORG: Even though there is no evidence it has actually happened anywhere else in the world?

Mr Albury: I am sure if I went through records of disasters around the world I would find plenty of evidence of electronic equipment causing explosions. It may not be this gear in particular, but the element of it we are talking about is the electrical part of it.

Mr SPRINGBORG: To counter that, we have heard plenty of evidence about existing monitoring which is giving false positives and not proper readings with regard to being able to tell us what is happening in mine environments with regard to respirable dust.

Mr Albury: The question is do you change one standard to bring the other in? Which is the more hazardous or the more risky situation? Further to that I would add that there are other ways of protecting or more ways of protecting people from dust other than the real-time dust monitor. We presently monitor with the equipment that we have in the system now and really the essential cure or control for the problem is to keep the people out of the dust. I agree that the technology is encouraging and would be good to have, but if you were to ask me as chief inspector whether I would change the gas levels that the present equipment can be used in to bring it into the industry my answer to you would be no.

Mr SPRINGBORG: So it would not be and you are saying using other mechanisms, but we have heard evidence throughout our inquiry that if it was about mitigation and keeping people safe the department itself has not necessarily acted to ensure that in all circumstances. They have allowed things to continue where you have had ongoing breaches and obvious environmental circumstances where dust levels as we know it are high, so surely the mitigation has not been working very well either. If yours is about dealing with it another way, you have not done that very well either.

Mr Albury: Presently our data shows that all mines now—underground mines I am talking about—in Queensland are more than compliant with their dust.

Mr SPRINGBORG: None of them continue to be under breach orders or in contravention of orders that have been made?

Mr Albury: There is one still under directive, but the evidence presently is that they are compliant and will shortly be out of directive if they continue the way they are.

Mr SPRINGBORG: If I can summarise, you indicated before the risk is far too great virtually of blowing up a mine because of things you do not know about potential explosion risks, even though it has not happened, so we cannot do that so we are going to continue to use the process which until recent times has not worked all that very well and you are saying that that is the best way to deal with it. The extension to that is how do we know that we are doing it as well when we do not have effective real-time monitoring as is possibly going to be provided to us by the PDM3700?

Mr Albury: By using the system that we are using presently.

Mr SPRINGBORG: You are saying it is a superior system that gives far better—

Mr Albury: No. What I am saying is we have a system in place at the moment that we are monitoring mines to and have been, as was pointed out, for some years. The issue about the PDM3700 is, as you rightly point out, the compliance to the IECEx compliance. The way our regulation is structured is that if it is certified it can be used on the face in an underground coalmine.

Mr SPRINGBORG: Is it possible that our regulation is not contemporary and the regulation or the accreditation process that has been used by places such as the United States is superior to ours?

Mr Albury: David can help me out here, but the subtle difference is the US is an approval process; ours is accreditation to an IECEx standard. Without knowing the US in detail, I will make the assumption, as David suggested before to Mr McMillan, that they have assumed more risk than we are willing to assume.

Mr SPRINGBORG: On balance, by saying that you want to take a completely no-risk approach to this you may in fact be denying an opportunity for our coal workers in high-risk situations to have a monitor that can provide them with real-time readings and peace of mind about the dust that they are being exposed to and any potential breaches of the regulated dust levels that are recommended?

Mr Albury: I would say to you it is not up to me as chief inspector to make that decision. Our regulation tells us how we go about it.

Mr SPRINGBORG: But the point I am trying to get at is this: is the regulation right?

Mr Albury: I would think it is, yes.

Mr SPRINGBORG: We do not need any change to the regulation? Our regulation says no because it could potentially blow up—I could be hit on the head by a meteorite tomorrow I suppose, but it is unlikely—so the adoption of the precautionary principle to the nth degree is superior and not disadvantaging our miners vis-à-vis the United States where theirs is an approval process? So there is no intention whatsoever to move?

Mr Albury: Not from me, no.

CHAIR: Before I go to Joe Kelly, the member for Greenslopes, I do not think it is the intention of anybody, least of all the coalminers, to work down a mine that could blow up and it is the same for the coalmining companies as well. Who is responsible for altering this PDM3700 to try and make it compliant?

Mr Albury: The manufacturer.

Mr Turner: The manufacturer, which is Thermo Fisher. They have indicated that the next model they will make will be IECEx compliant, but at the time they said that it would be a three-year time horizon for the redesign of the actual product. I guess that is perhaps 2½ years now since they made that sort of statement. The original attitude that appeared to be coming from them was that Australia was a very small market, they sell enough in the States and they have it approved there and they are not in a hurry to redesign. That is only hearsay, but that is kind of the attitude that seemed to be prevalent.

CHAIR: Simtars is the Safety in Mines Testing and Research Station as well.

Mr Turner: Correct.

CHAIR: It is located in my electorate, so I know that you are very good at the research side of mines as well, and I thank you for that. Has anyone actually pulled apart this machine and tried to make it work for our regulation? Have you ever thought of that?

Mr Turner: I have not been provided with one of the instruments to enable that or even tested one. I have not been asked to test it or been given a model that I could actually pull apart or test so, from my point of view, no.

CHAIR: If one of the coal companies or even the manufacturer were to give you one of these to pull apart, test and whatever you had to do, would you be willing to do that to be proactive?

Mr Turner: I alluded to it before. The difficulty is that it is usually quite difficult to do that because printed circuit boards associated with the equipment have to be redesigned and remanufactured. The components on those quite often have to be changed either because of their ratings or for other reasons, so to actually make it safe in the sense of complying with a standard to which a product has not been designed to meet is usually quite a lengthy task, so I could understand why it would take Thermo Fisher quite some period of time to actually do that.

CHAIR: But we have coal companies using this equipment underground now, haven't we?

Mr Turner: They are, based on the fact that they can only use it when their methane monitoring suggests that it is less than 0.5 of a per cent.

CHAIR: How does that work? You are telling us on the one hand that it is not safe to be underground and then on the other hand you are saying that, yes, it is safe providing the methane is less than 0.5.

Mr Turner: Yes, correct. That is quite a safe level. Methane at those levels of concentrations is not explosive. It is below what we call the lower explosive limit quite substantially, so that is why if it does start to extend and the gas level concentrations increase then the requirement under the current legislation or the regulations is that they then have to withdraw that piece of equipment from there. They do use it when they have evidence to say that it is safe to use it and then when the evidence says that it is not safe to use it they withdraw it from use.

Mr KELLY: Who is responsible for these regulations? I know, Mr Albury, you said you do not support them being changed, but is it state government or is it federal government?

Mr Albury: State.

Mr KELLY: When was the last electrical equipment gas explosion or gas related explosion? When did the last one occur here in Queensland?

Mr Albury: The last explosion in Queensland was in '94.

Mr KELLY: What is the situation in the United States, if you are familiar with that? When would their last explosion have been?

Mr Albury: Their last explosion was at Upper Big Branch in 2010.

Mr SPRINGBORG: What caused that explosion?

Mr Albury: Igniting methane in the tailgate of a longwall.

Mr SPRINGBORG: What ignited that?

Mr Albury: The shearer, the cutting machine on the longwall face.

Mr KELLY: I have tried to understand this. The PDM3700 is monitoring and in this instance has been advocated for use on the person, and there are other systems that monitor the environment. I seem to get different answers depending on who I ask. What is the superior way for us to go? Should we favour individual worker monitoring, should we favour generalised environmental monitoring, should there be a combination of both, or is the science not settled in this particular respect?

Mr Stone: For clarity, the monitoring that we have today, widespread throughout Queensland and NSW, is a device where the sampler is within the breathing zone of the worker, and then there is a pumping unit. That monitors the individual coal mine worker. The PDM3700 monitors the individual coal mine worker and is worn as a portable device. The difference between them is that, under the current system, when the coal mine worker finishes their shift the sample needs to go off to a laboratory and be measured. The turnaround time is two weeks-plus. The huge benefit with a PDM is that real-time component and, critically, acting on that real-time information.

Mr Albury: I would answer your question by saying a combination of both.

Mr COSTIGAN: I was just looking at the image of the plaque in memory of the victims of the Moura mine disaster. I think you referred to that in an answer to a question in terms of 1994 being the last explosion?

Mr Albury: Yes.

Mr COSTIGAN: I know the families of a couple of those names there and I remember that day well; in fact, I was in Moura only a few weeks ago. Are you saying that if you get it wrong here we could see a catastrophic explosion and have Moura or worse all over again?

Mr Albury: Certainly.

Mr COSTIGAN: Who personally does the certifying? Who looks at it and says, 'I am not going to certify that because of this?'

Mr Turner: I have a certification manager who reviews the test reports and the quality assessment reports. If that person believes everything has been done correctly, they will produce the certificate. I can do that. There are times I have done it when my certification manager is on leave, but that is currently the process.

Mr COSTIGAN: Your certification manager says it is a green light or a red light in relation to this PDM3700 device? Your certification manager at the moment says, 'We are not going to run with that?'

Mr Turner: If you cannot produce a report which meets all the requirements of the standard, therefore on that basis he is not prepared to issue a certificate.

Mr COSTIGAN: In layman's terms, unless he gets the tick it will not be put into this jurisdiction in Queensland?

Mr Turner: Correct.

Mr COSTIGAN: Is that person in Redbank in the electorate represented by the Chair, or in my home town of Mackay?

Mr Turner: Redbank.

Mr COSTIGAN: In layman's terms, has there been robust discussion in relation to whether there is merit in providing a green light? Have the pros and cons been kicked around, discussed and debated?

Mr Turner: Not from my perspective. In that sense, that is not my role. Whether there is merit in some sort of a change in the regulations to allow somebody, maybe the inspectorate, to go back to an approvals process—bearing in mind that Queensland moved away from an approvals process rather than an independent third party certification process quite some time ago and that most of the legislative world is moving in that direction—I do not think so.

Mr COSTIGAN: At the end of the day, Mr Albury, there is a consensus with you and your colleagues that the risk is too great. That is what you are telling the committee today?

Mr Albury: Yes.

Mr Turner: I think it is more a matter of who wants to take responsibility for accepting that risk.

Mr COSTIGAN: The Americans and other jurisdictions are running with it, but just because they are doing does not mean that we need to do it.

Mr Albury: That is correct.

Mr Stone: We do not have an approval process where intrinsic safety is empirically based, that is right. If the notion is how many hours of run-time do how many units need to take place in the US before somehow it meets our requirements, that is not the system we have. The system is an independent certification system on its intrinsic safety.

Mr COSTIGAN: Mr Albury, would you be not at all surprised if there are issues going forward in those other jurisdictions in relation to PDM3700?

Mr Albury: It is a possibility, yes.

Mr Turner: The certificate issued in South Africa was not an IECEx certificate: it was just a local certificate, if I could put it that way, by the certifying body there. It was certified only at the level of protection IB, and I think that was referenced in Jordan Taylor's submission. That level of protection allows for only one internal fault within the equipment. Whether or not they allow EXIB in terms of at the coalface of the equipment, I do not know their regulations to that extent. But even if we took the certification from South Africa, it would not be allowable at the coalface under most legislation, as I understand it, and certainly not in Queensland.

Mr CRAWFORD: The last sentence leads me into my question. What happens in other states in Australia? How do we compare particularly with NSW in relation to when we hear the words 'standards' and 'regulations' used interchangeably? Where does everyone sit?

Mr Turner: NSW has kind of a hybrid system, if I could call it that. They require equipment to be certified but also to be registered or approved. I am not sure that that makes it any different. It just means that in NSW the equipment that is certified for use underground has to be registered with the inspectorate. In Queensland, as I understand it, the onus is on the mine operators to keep a dossier of the equipment that they use to demonstrate that what they use in underground coal mines is certified.

Mr CRAWFORD: Different processes but same outcome basically?

Mr Turner: Correct.

CHAIR: Thank you very much.

Proceedings suspended from 1.09 pm to 1.43 pm

BELL, Mr Stewart Lynn, Former Commissioner, Mine Safety and Health

CHAIR: I now welcome Mr Stewart Bell, former commissioner, Mine Safety and Health. Mr Bell, if you could please state your name and the capacity in which you appear before the committee and I invite you to make an opening statement.

Mr Bell: Thank you, Madam Chair. My name is Stewart Lynn Bell. My reason for being here is I was previously the commissioner of Mine Safety and Health and the deputy director-general Mine Safety and Health. Prior to that I was a director at Simtars. With your permission, I would like to read a prepared statement for about five minutes.

CHAIR: Would you like to table it too?

Mr Bell: There are some alterations.

CHAIR: That is all right.

Mr Bell: Thank you for the opportunity to assist this inquiry to achieve the best possible outcome going forward for the health of our coalmine workers. At the outset it saddens me that we are even here talking about people who have illnesses for which there is no simple way out. I wish to provide some background as to my knowledge of issues which may assist, and seek to have tabled copies of my CV to members of the committee, if that is okay.

CHAIR: Leave is granted.

Mr Bell: I have been involved in Mine Safety and Health in a variety of roles in the Queensland government and particularly I specialise in the detection and prevention of coalmine fires and explosions. As I mentioned, from a director at Simtars I progressed to executive director, Mine Safety and Health, commissioner for Mine Safety and Health and deputy director-general, Mine Safety and Health. In 2010 I was appointed one of three royal commissioners to investigate the Pyke River mine disaster which occurred in New Zealand in 2010. I partially retired in 2013 and I finally retired in 2014.

During my tenure I instigated the appointment of two occupational health coal inspectors in Central Queensland and one metalliferous occupational hygienist in North Queensland. Prior to these appointments the department had not employed health professionals in the Mines Inspectorate. One of the duties of these officers was to investigate dust levels in underground coalmines. I have read many of the submissions that are on the web and I acknowledge the work that was done by Mr Fritz Djukic and also the comments by Dr David Cliff, and the committee has already had a look at those I am sure.

I also established the health improvement and awareness committee in 2008 to look at health issues facing the mining industry. These areas included dust, noise, chemical exposure, legionnaire's disease and fatigue and is outlined in the 2012-13 commissioner's report, which I am assuming the committee has already looked at. This committee is tripartite and it is currently chaired by a mining industry representative. It has been chaired in the past by a CFMEU rep.

Dust levels in underground coalmines have been investigated as part of the activities of this group. Respirable dust monitoring is carried out on a regular basis by the inspectorate, as you heard before lunch, or by mining companies themselves and this has been common practice for many years. The results of these exercises should be made available to all employees concerned. I am not saying they are always made available, I am saying they should be made available. Any results that are in excess of the standard will be discussed in mine management. I am not a great fan of dust monitoring for dust monitoring's sake, just to go and do dust monitoring over and over again. I am not quite sure what that achieves. An explosion occurred, as was mentioned this morning, in Upper Big Branch in 2010. 29 miners lost their lives. The same number, coincidentally, as Pyke River. When I looked at the report, many of the bodies of miners that were autopsied had coal workers' pneumoconiosis. I commented on this in a commissioner's report and also talked at various industry meetings that we need to be vigilant. I also spoke to the department's occupational physician, Dr David Smith, and asked him if he was aware of any cases in Queensland. He responded that he was not.

During the period 2000 to 2010 there was generally a steady state of control and I am sort of taking this from what Fritz Djukic did. I read his papers and I was there when he was doing some of the work. There is definitely a failing in the system. The medical fraternity did not review the X-rays properly, didn't pick up the early signs of dust disease. Regardless of whether the exposure occurred in Queensland, New South Wales or anywhere else, we should have picked it up. I can't say any more than that.

We also recognise we have problems with the health surveillance scheme. I am aware that this morning you talked to some health surveillance people. We wanted to separate fitness for work from health monitoring and place more emphasis on health monitoring. This was part of the RIS that was worked up some years ago, but it did not go ahead because it wasn't supported by one of the key stakeholders.

There is another issue that I want to mention, because it puts me in the situation that I am in. When I was the commissioner, nobody liked me much. The unions did not like me, because I never agreed with them all the time. Some of the time I did. The companies did not like me for one very simple reason: before I started, for a period of 18 years no prosecutions were launched against coalmining companies in Queensland; not one prosecution. I started the prosecution exercise when I took over. We do not do large numbers of prosecutions, because I regard prosecutions as we failed a bit, as well. We should have stopped them earlier on, rather than waiting until we bang them on the head in court. However, there are times when we have to do it. If somebody has been killed or badly injured, it is incumbent upon us to do the right thing by the families. They want to see something going on here and not just somebody getting away with it all the time. As I say, I had disagreements with the unions and the companies on a very regular basis.

Madam Chair, I have some recommendations, but maybe we can talk about those as we go forward and maybe the committee can ask me some questions along the lines, rather than talking about it at the moment?

CHAIR: If that is your wish, we will go to counsel assisting first. That is fine.

Mr McMILLAN: Madam Chair, if Mr Bell has recommendations that he wishes to place on the public record at this stage of the hearing, it might be an opportune time to do that, recognising that, in recognition of his status as a very senior former public servant, the committee has agreed to hear some evidence from him privately, as well, but that evidence will not be released on the public record.

CHAIR: Mr Bell, would you like your recommendations to be on the public record?

Mr Bell: Yes, that would be fine.

CHAIR: Will you please proceed.

Mr Bell: Thank you, Madam Chair. The first one I have is talking about direct reading devices such as TEOMs. I am really of the opinion that the approval of these devices should be expedited. I heard the discussion this morning. They can be used now, so long as you put a gas monitor beside them. To me, you use them anyway so you might as well just keep using them. Just put plenty of gas monitors around and you have the result that you want. They can be approved and they should be approved as fast as possible. I know it is not a simple thing, but they should be done.

I am an occupational hygienist by profession and I believe in the hierarchy of control. To me, elimination is the best way to go for any problem. We can muck about with dust sampling and we can put PPE on people, but the best way to stop people being exposed to dust is to take them out of the dust. The best way to do that, in my opinion, is to automate as much as possible, particularly long-wall mining equipment. Automate the equipment so that it does not need people standing right beside it. I have seen it working in various places. The Chinese have long walls that are fairly automated. There are automated systems in the US. We have systems here that are very highly automated. From time to time, people might need to go in there and do things to the equipment, but they would be turned off so they would not be generating dust. To my way of thinking, rather than longwinded dust monitoring programs, I am more in favour of saying we automate where we can and, where we cannot automate, people wear proper PPE. They wear dust masks and they are clean shaven when they wear them, so that they get a good face fit and they are not exposed. Those two things, from my particular point of view, would straightaway take a lot of the exposure out of the system—not all of it, because some things cannot be automated underground and I accept that. There is still a role for coalminers there, but I do not think they need to be standing right at the front where the dust is being generated. You can improve ventilation systems as well, but the problem with ventilation systems is that you crank them up, they pick up dust when they are coming in and they just add more to the dust, but they do not do much for it. It is another one of these placatory thing.

The final one I want to quickly mention is bonuses. If you pay somebody a lot of money as a bonus to produce a lot of coal, that is what they will do. It does not matter how dusty it is; they will produce coal. If you look at the size of the bonuses that have been paid in the Bowen Basin in the past few years, they are quite significant. I am not talking about small amounts of money. I am basing this on the experience we had at Pike River where, 49 times before that mine blew up, 49 times there was a gas alarm and they kept mining, because there was a \$10,000 bonus and they wanted to get

it. I know miners are intelligent people, but they commit themselves to all sorts of debts with all the money they earn. If they are in a situation where their bonus is going to be shortened by slowing the long wall down, not spending time fixing up the ventilation and not using more dust control, they will not do. It is human nature, unfortunately. That is where people like the regulator needs to come in and say, 'This is the way it has to be'. Maybe the bonus could be linked to safety outcomes and to a whole raft of safety issues. If the mining companies are paying the bonus now anyway, if they are producing coal pay them whatever the bonus is, but do not link it, otherwise they will just keep cutting coal in dusty environments. That is me, thank you, Madam Chair.

CHAIR: Thank you very much, Mr Bell. We now go to counsel assisting.

Mr McMILLAN: Thank you, Madam Chair. Mr Bell, you were the first commissioner of mine safety and health appointed under the amended legislation in 2009?

Mr Bell: That is correct.

Mr McMILLAN: You served in that role, recognising that you had some time away doing other things, from July 2009 to January 2013?

Mr Bell: Yes, that is correct.

Mr McMILLAN: Thereafter, you were made deputy director-general of the department?

Mr Bell: I was deputy director-general before that time. After 2013, I retired for about three months, came back and then I was just the commissioner, not the deputy DG.

Mr McMILLAN: Prior to your appointment as commissioner for mine safety and health in July 2009, did you have a role within the department?

Mr Bell: Yes, I was the executive director for safety and health, so I was in charge of the Mines Inspectorate.

Mr McMILLAN: Is that essentially the equivalent position to the position Mr Stone holds now?

Mr Bell: That is correct.

Mr McMILLAN: How long did you hold that role for?

Mr Bell: Three years—I am not exactly sure precisely, but that sort of time line.

Mr McMILLAN: You are an applied chemist by profession and an occupational hygienist?

Mr Bell: That is correct.

Mr McMILLAN: You have in excess of 30 years in the mining industry?

Mr Bell: That is correct.

Mr McMILLAN: In my preparatory reading for this hearing, I noted that you were part of the initial task force or group that recommended the establishment of Simtars in 1986; is that right?

Mr Bell: No, not quite right. A guy called Peter Gollodge was the main man who started that off. I was the first chemist appointed out there, to set up the gas monitoring systems.

Mr McMILLAN: I want to ask you particularly about a review of the Health Surveillance Unit undertaken in 2002. Did you have any responsibility for the Health Surveillance Unit at about that time?

Mr Bell: No.

Mr McMILLAN: When you became executive director of mine safety and health in about 2006, did the Health Surveillance Unit sit under your direct line of management at that stage?

Mr Bell: It did, yes, sir.

Mr McMILLAN: When you assumed that job or at any time thereafter, did you become aware of the very significant report that was produced in 2003 as a result of the review of the Health Surveillance Unit?

Mr Bell: I do not remember, to be honest, on that one. Can you tell me a little about the report and maybe that will jog my memory?

Mr McMILLAN: Of course. I am sorry, I should have made that clear. The report was called *A review of the Health Surveillance Unit*. It was undertaken by, I understand, a tripartite committee and was ultimately signed by a number of people, including you it seems. In the document, at the end of the executive summary there is space for signatures for Peter Dent, the executive of mine safety and health at that stage—

Mr Bell: I remember it now.

Mr McMILLAN:—Peter Minahan, the chief inspector of mines and you, as the director of Simtars. Do you remember that process?

Mr Bell: Yes, I do.

Mr McMILLAN: That report resulted in some 18 recommendations about the Health Surveillance Unit or about the coal workers' health scheme. Do you recall it?

Mr Bell: I do. I have a presentation that I found, which was done by Brian Lyne at the time, about health surveillance.

Mr McMILLAN: Mr Lyne was the chief inspector of mines at the time.

Mr Bell: Yes.

Mr McMILLAN: That recommendation covered a number of things about what was proposed to be a new health surveillance unit and included particularly a recommendation that the newly formed health surveillance unit should collect and analyse all adverse medical assessments from coalmine workers, as provided by what was envisaged to be a position called an appointed medical officer. Do you recall that recommendation?

Mr Bell: Yes, I do. I am looking at the recommendations in the report that was done by Brian Lyne.

Mr McMILLAN: Good, alright. I recognise that you were a part of that initial review team.

Mr Bell: I am sorry: it was a steering committee formed of three people, Peter Dent, myself and it may have been Peter Minahan, but I thought it was someone else. Below that there was like a working party, which was a bigger group of six or eight people. They did all the work. I sat on the steering committee, but I was based at Redbank at the time. I was not even in the city.

Mr McMILLAN: However, three years later you were appointed as the executive director of mine safety and health and suddenly you are at least somewhere up the chain and responsible for the Health Surveillance Unit?

Mr Bell: Correct.

Mr McMILLAN: At that stage, did you make inquiries about the progress of any recommendations that had been made by that report three years earlier?

Mr Bell: I do not recollect doing that. Having said that, some of the recommendations had been sorted by that time; not all of them, but some of them had been sorted.

Mr McMILLAN: I realise that you are now in retirement after a long career in public service. In your spare time in the past 12 months, have you had the opportunity to read the Monash review of the coal workers' health scheme respiratory component conducted by Professor Malcolm Sim and others?

Mr Bell: No. I have seen it. I had a skim of it the other day, but I have not read it in detail, though.

Mr McMILLAN: You might recall from your skimming of it that a number of the criticisms of the Health Surveillance Unit, in particular, made by Professor Sim and his colleagues essentially give voice to the same concerns that are raised by the recommendations of this review in 2003. Did that occur to you when you were skimming it or not?

Mr Bell: No, I am sorry, it did not.

Mr McMILLAN: Among the particular issues that I wanted to raise with you is the fact that essentially the Health Surveillance Unit does not do any analysis of adverse health records, but rather just collects data. Secondly—I will break them up if I can. That criticism seems to be something that has survived from that initial review right through until very recently. Was that something that was of a concern to you during the period that you were responsible for that unit?

Mr Bell: We started doing some more dust monitoring. We brought people like Fritz Djukic on board. My understanding was that some of that was going to be linked into looking at data from the health surveillance system. The problem we had with that was that it was not well organised. I am the first person to admit that. There were huge amounts of data coming into it. In one year alone 100,000 medical records turned up to go into the system.

Mr McMILLAN: How many staff, do you recall, were designated to deal with that?

Mr Bell: I think there may have been four or five. David Smith was there. He was not directly involved in the handling of the paperwork. There may have been four or five people. The point I make there is that when these 100,000 people had medicals that information had to go into the system. The entire population of the mining industry in Queensland at time was 60,000. We had all of these people

ambitiously looking for a job in the mining industry and running out and getting a medical and flooding the department with medicals—in one year 100,000 medicals. It is not an excuse. We were snowed under by a huge number of medical records.

We did try to sort it out in a variety of ways. One was digitising the information as it came in. There were issues to do with software. We tried to get the medical practitioners to directly enter the medicals into the system from their computers. There were software issues there. There was incompatibility of various types of software so that did not work either. We tried a few things, but I must admit we did not get any great way down that track.

Mr McMILLAN: The only other aspect that I wanted to take up with you is that I understand that the position of commissioner for mine safety and health was established by amendment to the legislation following a review of the entire mining inspectorate by the Queensland Ombudsman in 2008?

Mr Bell: Yes.

Mr McMILLAN: You no doubt had a significant contribution to make to that review process at the time as the executive director?

Mr Bell: Yes.

Mr McMILLAN: Ultimately following that legislative amendment process you were appointed to the position of commissioner for mine safety and health?

Mr Bell: That is correct.

Mr McMILLAN: The recommendation that the Ombudsman made in relation to the establishment of that position is not explicit, but the tone of it strikes me as strongly supportive of the notion that the commissioner should be independent from the department. Do you recall that discussion occurring at the time of the review?

Mr Bell: Yes, I do.

Mr McMILLAN: Can you give us your views, recognising that when you took up the position you were not independent from the department and in fact held other appointments under the Public Service Act at the time—

Mr Bell: Correct.

Mr McMILLAN: What was your view at the time about whether or not it should be independent and indeed once you assumed that role given it was not independent?

Mr Bell: When I took up the position it was a Labor government and Geoff Wilson was the minister. It changed as time went on. Andrew Cripps was the minister at one stage as well. I can say with total clarity that I was never squeezed or made to do anything by a minister or anyone else. As far as I was concerned I was independent.

We did things that sometimes the minister did not like—and in a particular case Andrew Cripps did not like; did not like it all, but we still did it. As far as I was concerned I was independent. I accept what you are saying that the Ombudsman would have been happier if there had been a bifurcation of me and a small group off to the side of the department. That may be the way they are going to go now; I am not sure. That might be the way to do it. We had some pretty robust discussions about things that people did not like, but I never backed off.

Mr McMILLAN: Among the other recommendations that the Ombudsman made was that the responsibility for instituting prosecutions be moved from then the director-general of the department of natural resources and mines to the newly recommended position of commissioner for mine safety and health?

Mr Bell: Correct.

Mr McMILLAN: And in the interim to the position of executive director for mine safety and health. What underpinned of that recommendation to reduce the responsibility for prosecutions down to essentially what was your job at the time?

Mr Bell: I think the director-general had enough on his plate anyway to be doing what he was normally doing. As I was closer to the action in terms of what was going on within the department, I probably had a better feeling about whether a prosecution was viable or not. The way it worked was that the inspectorate would investigate an accident and decide on a prosecution. Most of the time it was not a prosecution; it was some sort of other enforcement activity. It could be a meeting with the senior executives of the company. It could be a directive. It could be anything. It could be a discussion at the mine site.

If it was a prosecution the inspector would put together a case for a prosecution, which would then be examined by our lawyers in the department and Crown Law, and then they would come and see me and say, 'These are what the options are.' Sometimes I did not agree with them and we did not prosecute. Most of the time we did. That is the way it worked. I had an understanding of the actual accident and how it fit into a mining environment. I could see whether or not there was a reason to prosecute.

Mr McMILLAN: In terms of the independence of the person that ultimately takes the decision to institute a prosecution or not—and I note the evidence you have given that you considered yourself to be independent, but recognising that the next person who holds that job and the person after that may not have the personal temperament you have or may be faced with different political pressures, either by the director-general of the department or the minister of the day—looking back on it now do you support the notion of the commissioner being a truly independent statutory officer?

Mr Bell: I think so. I am Scottish by birth. I came from Glasgow; not the world's most charming environment. I do not tend to back off. We had arguments with Campbell Newman. Campbell Newman was giving me a bashing over one particular thing and we said, 'We will not do it. I am not doing it. If you want to do it, you do it and I will go and retire.' That is what we got to with some of them.

Mr McMILLAN: In the time that you were the commissioner can you tell us whether a prosecution was ever instituted in relation to a coalmine failing to comply with a directive in relation to a health and safety matter?

Mr Bell: Not that I can remember.

Mr McMILLAN: Was a prosecution ever instituted in relation to a dust exposure or exceedance in the time that you were the commissioner?

Mr Bell: Not that I can remember.

Mr McMILLAN: Thank you, Mr Bell. Thank you, Madam Chair. Those are my questions for the public hearing.

CHAIR: Thank you very much. We will now go into private session so will the gallery please clear. You will be able to go into the other room.

Evidence was then taken in camera—

Committee adjourned at 2.59 pm