STATE DEVELOPMENT, NATURAL RESOURCES AND AGRICULTURAL INDUSTRY DEVELOPMENT COMMITTEE

Members present:

Mr CG Whiting MP (Chair)
Mr PT Weir MP (via videoconference)
Mr DJ Batt MP (via videoconference)
Mr JE Madden MP
Mr BA Mickelberg MP
Ms JC Pugh MP (via videoconference)

Staff present:

Dr J Dewar (Committee Secretary)
Ms R Duncan (Assistant Committee Secretary)

PUBLIC HEARING—CONSIDERATION OF AUDITOR-GENERAL REPORT NO. 9 OF 2019-20—*ADDRESSING MINE DUST LUNG DISEASE*

TRANSCRIPT OF PROCEEDINGS

MONDAY, 11 MAY 2020

Brisbane

MONDAY, 11 MAY 2020

The committee met at 11.52 am.

CHAIR: Good morning. I declare open this public hearing for the committee's consideration of the Auditor-General's report No. 9 of 2019-20, *Addressing mine dust lung disease*. Most members and witnesses are participating via videoconference, so I ask for your understanding if any technical issues arise during the hearing.

My name is Chris Whiting MP. I am the member for Bancroft and the committee chair. The other committee members are Mr Pat Weir, the deputy chair and member for Condamine; Mr David Batt, the member for Bundaberg; Mr Jim Madden, the member for Ipswich West; Mr Brent Mickelberg, the member for Buderim; and Ms Jess Pugh, the member for Mount Ommaney. The hearing is a proceeding of the Queensland parliament and is subject to the standing rules and orders of the parliament. It is being recorded by Hansard and broadcast live on the parliament's website. I ask everyone to turn mobile phones off or to switch them to silent and to please place microphones on mute unless you are speaking.

Before we hear from the witnesses, I express the committee's concern for the workers injured in the mining accident in Central Queensland last week. A number of weeks ago we drove by Grosvenor Mine on the way to Broadmeadow Mine, where we went underground. Our thoughts and wishes are with the families of the miners and the miners themselves. We wish the miners a comprehensive and speedy journey back to better health.

Mr WEIR: Hear, hear!

CHAIR: I now welcome officers from the Office of Industrial Relations.

ALLEN, Mr Craig, Deputy Director-General, Office of Industrial Relations, Department of Education (via teleconference)

DEAKES, Ms Jodie, Executive Director, Work Health and Safety Engagement and Policy Services, Office of Industrial Relations, Department of Education (via teleconference)

HILLHOUSE, Ms Janene, Executive Director, Workers' Compensation Policy and Services, Office of Industrial Relations, Department of Education (via teleconference)

CHAIR: As today's hearing is being broadcast via videoconference, please identify yourself each time you speak. The committee members will also identify themselves to minimise any confusion for witnesses and members of the public watching the broadcast and also to assist Hansard in completing the transcript of the proceedings. I invite you to make an opening statement, after which committee members will have some questions for you.

Mr Allen: Thank you, Chair, for the opportunity to appear before the committee and to respond to questions in relation to the Queensland Audit Office's report *Addressing mine dust lung disease*. I would like to make a short statement, but before I do I respectfully acknowledge the traditional owners of the land on which this event is taking place, elders both past and present.

My name is Craig Allen. I am the Deputy Director-General of the Office of Industrial Relations. As you would be aware, the Office of Industrial Relations is responsible for regulating work health and safety, electrical safety, industrial relations and workers compensation matters in Queensland. I am joined by two of my colleagues: Jodie Deakes, Executive Director of Work Health and Safety Engagement and Policy Services; and Janene Hillhouse, Executive Director of Workers' Compensation Policy and Services.

The Office of Industrial Relations understands the devastating impact that coal workers' pneumoconiosis, CWP, and other mine dust lung diseases can have on workers and their families. We welcome the audit report and its findings on the government's implementation of recommendations from a number of reviews, including the 2017 select committee inquiries into CWP

in Queensland and other occupational respirable dust issues. Of the 89 recommendations under review by the Queensland Audit Office, there were seven recommendations from the CWP Select Committee reports that fell directly within the OIR's responsibility or broadly related to the OIR. We acknowledge and accept the Queensland Audit Office findings with respect to the recommendations within our responsibility and look forward to the committee's consideration of those matters.

We note that the Queensland Audit Office made a finding that it expected there to be better central coordination of the monitoring and reporting of the status of work undertaken by all responsible entities. This is an important learning from their findings and the OIR is comfortable being involved in any whole-of-government coordination moving forward. At the time of the inquiries, the Office of Industrial Relations had significant ongoing interaction with the CWP Select Committee, until it ceased when I understand the Legislative Assembly was dissolved on 29 October 2017. During that time, the OIR appeared before the committee at least four times and reported on progress of our initiatives in both oral and written evidence provided to the committee.

We understand the committee's concerns regarding the coordination of the monitoring and reporting of the status of work undertaken by all responsible entities. At the same time, our work on the recommendations has been undertaken through extensive engagement and collaboration with key stakeholders using transparent processes and delivered tangible health and safety outcomes and enhanced compensation and rehabilitation support.

Since the select committee's final report, the OIR and the Department of Natural Resources, Mines and Energy have achieved significant reforms to ensure that coal workers are afforded appropriate and consistent health protections and health monitoring and that coal and other workers who have been diagnosed with or suspect they may have CWP have quick and fair access to workers compensation for income support, medical treatment, rehabilitation and return-to-work services. I can assure the committee that the journey in achieving these reforms has been one that our organisations have undertaken, together with our key stakeholders, through genuine consultation and collaboration, with all parties being acutely aware of the actions taken to date in response to these important reports.

In response to the recommendations within the OIR's responsibility, in 2017 amendments were made to the Workers' Compensation and Rehabilitation Act 2003 to address concerns about former or retired coal workers not undergoing medical tests for CWP due to the high costs involved by providing access to health screening. Amendments were also made to introduce an additional lump sum compensation for workers with CWP and the ability to reopen a workers compensation claim and access further compensation where a worker's condition had deteriorated.

The development and implementation of these workers compensation changes has occurred in close collaboration with key stakeholders, including the Ai Group; the Australian Workers Union; the Construction, Forestry, Maritime, Mining and Energy Union, Queensland division; the Queensland Council of Unions; the Queensland Resources Council; the Queensland Law Society; WorkCover Queensland; the Association of Self-Insurers Queensland; and the Department of Natural Resources, Mines and Energy. We also drew on the expertise and support of a number of medical experts, including Dr Robert Cohen from the University of Illinois and Dr Katrina Newbigin from the Wesley Dust Disease Research Centre.

At the time of these amendments, the Office of Industrial Relations also funded certain members of the medical assessment tribunals within the workers compensation scheme to undertake the required B-reader training to appropriately read and understand chest X-rays taken for the purpose of diagnosing CWP. This was to ensure the scheme was ready for any matters such as these that could be referred to the tribunal for decision.

We monitored insurer return-to-work outcomes and have established a tripartite stakeholder mining working group with the Department of Natural Resources, Mines and Energy and scheme insurers, including [WorkCover Queensland, to overcome barriers for workers with mine dust lung disease returning to work in a supported and safe manner. As part of this work, we engaged an expert medical panel. The guidance is expected to be finalised in late 2020. This will provide an important tool for industry and workers and finalise the implementation of one of the select committee's recommendations.

Separately we introduced specific codes of practice under the Work Health and Safety Act 2011 for coal-fired power station and stevedoring workers. These codes of practice ensure that risks from coal dust to workers, no matter what industry they work in, are managed appropriately and provide consistent safety protections for any worker in Queensland working with coal. This work was also undertaken through a stakeholder reference group that led a close collaboration with key stakeholders, including unions, employers, government agencies and the Department of Natural

Resources, Mines and Energy. In recognition of the importance of this work, we have ongoing work in this area and for lung diseases beyond the scope of the recommendations made by the select committee in 2017.

The Office of Industrial Relations has committed extensive resources to provide support to workers diagnosed with mine dust lung disease. This includes working with the Department of Natural Resources, Mines and Energy to develop targeted, consistent information for workers; engaging with key stakeholders, including the Mine Dust Victims Group, to provide information and assistance for current and former coalmine workers and workers concerned about mine dust lung disease; holding forums in Moranbah, Rockhampton and Mackay in May 2019 to disseminate resources for affected workers and families; distributing information about navigating the workers compensation scheme through medical colleges such as the Australian College of Rural and Remote Medicine; and monitoring the performance of all workers compensation insurers.

We also understand the importance of ensuring a seamless journey between our schemes. That is why on 2 March this year a new Mine Dust Health Support Service was launched. This service is a joint initiative between the Office of Industrial Relations, the Department of Natural Resources, Mines and Energy and WorkCover Queensland to provide a single point of contact to access information and support regarding mine dust lung disease. This one-stop shop provides expert advice and support on navigating the system, from pre-health screening to accessing post workers compensation claim support services. With the new coal mining safety authority scheduled to commence on 1 July 2020, we are working closely with the Department of Natural Resources, Mines and Energy to define new working relationships, information sharing and updating governance arrangements such as MOUs to ensure we continue to work seamlessly together on matters of joint investment.

More recently, OIR has also responded to the emergence of silicosis in the stone benchtop industry. Queensland has led the charge across Australia in responding to this issue. As part of this work we undertook an industry-wide audit campaign of all known stone benchtop fabrication businesses in Queensland and developed a specific code of practice for managing silica dust exposure in the industry that commenced in October last year. WorkCover Queensland funded free initial health screenings for current or former workers who had been exposed to dust from engineered stone in their workplace. As at 30 April 2020, WorkCover has completed the health screening of 1,042 stonemasons exposed to respirable crystalline silica from engineered stone. Workers who have been diagnosed with silicosis or other respiratory conditions are being assisted with their recovery and rehabilitation and provided compensation for their loss of wages. This is an important ongoing body of work for our office.

Before I close, I would like to update the committee in relation to the review of certain workplace exposure standards by SafeWork Australia following comments made at the public hearing on 27 April. I am pleased to inform the committee that workplace health and safety ministers have agreed to reduce the workplace exposure standards for both respirable coal dust and respirable crystalline silica. In particular, both exposure standards have been halved, with respirable coal dust reduced to a time-weighted average of 1.5 milligrams per metre cubed and respirable crystalline silica reduced to a time-weighted average of 0.05 milligrams. Workplace health and safety ministers further agreed that the revised workplace exposure standards for respirable coal dust will apply from 1 October 2022, allowing for a transitional period. For respirable crystalline silica, workplace health and safety ministers agreed that the revised WES be implemented as soon as practicable, and in Queensland that new level will commence on 1 July 2020. I am happy to answer any questions the committee may have.

CHAIR: Thank you very much for that, Mr Allen. A matter that stood out to us in the QAO report was on page 42, where the QAO mentions that the decision to not proceed with some recommendations was made at a senior executive or departmental level. It has mentioned that the decision to not proceed or not implement should have been made at another level of government. That is quite an unusual matter to read in an audit report. Can you respond to that particular part of the auditor's report?

Mr Allen: My understanding of what happened there is: there were a number of times that OIR reported back to the select committee around recommendations that were in the initial report and had advised that some of the recommendations fell outside of the scope of the work that was to be undertaken. The committee ceased operation in September 2017; however, any decisions about not proceeding with recommendations would have been internally briefed within the organisation. When reports are written, I do not think recommendations are provided to government. In some cases government decides not to continue with those recommendations. None of us in this room were here

at that time, but, from reading the reports and information, there was some work looked at being done for workers who were not in the coalmining operation. The evidence that was provided suggested that exposure rates in other coalmining activities were negligible and in fact there had been no workers compensation claims associated with that. Can any of my colleagues add any information?

Ms Hillhouse: I will add a little bit more information. The recommendations that were attributed to us in the audit report that were not implemented by the QAO's assessment were relating to recommendations 38, 65 and 66. Those related to expanding the Coal Mine Workers' Health Scheme to other coal workers—or introducing a separate scheme would have been the alternative option. The government, in its response, provided in-principle support for the intention of expanding the scheme, health assessments and occupational exposure limits to non-coalmine workers. However, the government, in its response, also acknowledged that 'this approach creates administrative complexities that require further assessment of the regulatory and portfolio responsibilities across industry and relevant agencies'. The response also noted that 'these recommendations would be better informed following the release of the select committee's response to their extended terms of reference'.

Based on the evidence provided on the extended terms of reference, it was evident that the risk profile of other coal workers is different to underground and above-ground coalmine workers. This was supported, as Mr Allen said, by no reported workers compensation claims for CWP for coal port, rail or power station workers. My understanding from the work that was done across Work Health and Safety Queensland at the time is that, for example, as the coal-fired power station code of practice was being developed, all power stations provided personal air monitoring data in the preceding six- to 12-month period that was undertaken by an independent third party. The majority of the air monitoring results showed that they were below 50 per cent of the current, at that time, exposure standards.

My understanding is that the minister's office was briefed, so the decision was not made by senior executives of the Office of Industrial Relations in isolation. That briefing note was provided to the Queensland Audit Office. That summarised the outcomes of those reports in terms of why the status remained as 'not implemented', in a sense that there were sufficient protections already in place for the workers, given the risk that they were seen to be under at that particular time following the investigations that occurred as part of the extended terms of reference.

Mr WEIR: I am pleased to hear that there is finally a figure on the dust level. That did concern me last time. There were also comments in the audit report about the need for a specialist physician. There was a proposal that there be established a medical advisory committee. The committee was not anticipated to be in place until 2020 and would not replace the need for an occupation physician. Do you have any comment or thoughts about that?

Mr Allen: I do not think the establishment of a particular position—we are happy to take it on notice—was part of what we were required to do in terms of the recommendation.

Mr WEIR: It is in DNR. Do you think that would be a positive step? Do you support that recommendation?

Mr Allen: Again, I will take it on notice. That is not within our frame of reference. I do not think I could answer that question.

CHAIR: Member for Condamine, you are probably asking for an opinion. I hesitate to press for an answer on that.

Ms PUGH: In your opening statement you talked about the mine dust health service, which is that single point of entry for workers to quickly and easily access health services to (inaudible)—

CHAIR: Member for Mount Ommaney, you are breaking up there. We cannot hear you. We might come back to you in a moment. Try putting on your headphones and microphone. We will go to the member for Buderim and then come back to you.

Mr MICKELBERG: I think it was Ms Hillhouse who was commenting earlier in relation to the chair's question. I would like some clarity. You said that the department provided a briefing note to the minister and you provided that to the QAO. Clearly the QAO arrived at a different conclusion in terms of who made the decision, given that it has made comment that executives made the decision as opposed to the minister. Is it the department's view that the minister made that decision or was it your department that made the decision instead?

Mr Allen: From my understanding, there were recommendations made about which of the recommendations would be able to be pursued based on the information that had been gathered and that that information was forwarded to the minister in a briefing note providing the minister with that information. As Ms Hillhouse said, that document was provided to QAO. QAO obviously had a view about that document. I cannot comment on their view of that.

Mr MICKELBERG: Is it that the briefing note that was provided has not been responded to or acted on? I am trying to get clarification as to the reason QAO has arrived at this observation.

Mr Allen: I am probably not able to comment on why the QAO arrived at that observation. I do know that the briefing note was noted, so it was completed in terms of the actions here.

Mr MICKELBERG: Just so I am clear, it was noted by the minister's office; is that correct?

CHAIR: No, the QAO I think.

Mr Allen: I am going to have to take that on notice because, as I said, I was not here at the time. I am just going to make sure that I can actually lay eyes on that document. Can I take that on notice please?

Mr MICKELBERG: Yes.

CHAIR: Yes, you can take that on notice.

Ms PUGH: My question is with regard to the mine dust health service. As you have said, it is a one-stop shop which allows workers to quickly and easily access the services that they need. Obviously in theory that is fantastic, but how does that happen in real life? Are they referred in their workplace? Is it publicised through their workplace? Is it that they are referred by their union? Is it word of mouth? I am interested to find out how we are funnelling those workers into that service.

Ms Hillhouse: We are funnelling workers into that service through all of those different ways. We have also advertised that service, and those former workers and current workers that we are aware of have also been notified that the service exists. We have definitely taken a very broad approach in terms of making sure that as many people as possible are aware of the service and are being contacted by the service, and those former workers that we are aware of are being contacted by the service so that they understand what supports are available through it for them. To date close to 100 people, most of whom are former workers, have had contact with the service regarding questions. Last month alone the service had 266 interactions with different workers in relation to their questions in relation to this area. The service is undertaking some good work at the moment in terms of supporting workers as they take their journey through from health screening to compensation.

Mr BATT: In your opening statement you mentioned that out of the 89 recommendations seven were through OIR. I would like to confirm about the implementation of those. Can someone explain where those seven are on that list? Can you comment on whether they are fully implemented, partially implemented or not implemented?

Ms Deakes: In relation to recommendation 5 in report No. 4, the first and second recommendations in relation to the introduction of the new codes of practice in relation to coal power stations and stevedoring have been completed and are in place. In terms of recommendation 5, it was recommended that the government consider commissioning research into the impacts of environmental dust exposure on occupational dust exposure tolerance thresholds. At that point in time the government response was that, due to there being quite a lot of research undertaken already, rather than commissioning additional research on environmental dust exposure the Queensland government proposes that we would focus on compliance and ensure duty holders were complying with the requirements to ensure workers are not exposed above the relevant work exposure standards and that exposure is kept as low as reasonably practicable and ensuring businesses keep the concentrations of airborne pollutants below the environmental air quality standards and encouraging improvements in technology and plant.

Since then, the Office of Industrial Relations has rolled out a number of types of activities relating to ensuring compliance and also reforms (inaudible) both non-coal workers who are exposed to coaldust and silica and also in relation to (inaudible) stone benchtop fabrication. We have given life to the government's response and have been delivering that.

CHAIR: Thank you very much. The time for this session has expired. There is a question on notice. The question was: were the briefing notes referred to acknowledged or actioned by the minister? The member for Buderim wants to find out the outcome of that. There is some discussion about that question at the moment, but the question will be emailed to you once we clarify that—that is, was the briefing note acknowledged or actioned by the minister's office and what was the outcome? We will get back to you on that question. We would appreciate answers to the question on notice being provided by 5 pm on Wednesday, 20 May. I thank everyone from the OIR for being a part of the hearing.

Mr Allen: Thank you.

DJUKIC, Mr Robert, Chief Operating Officer, Department of Natural Resources, Mines and Energy (via videoconference)

MELKERSSON, Ms Kerri, Acting Executive Director, Occupational Health and Hygiene, Department of Natural Resources, Mines and Energy (via videoconference)

STONE, Mr Mark, Executive Director, Resources Safety and Health, Department of Natural Resources, Mines and Energy (via videoconference)

CHAIR: Good afternoon. I invite you to make an opening statement, after which committee members will have some questions.

Mr Stone: Good afternoon, Chair and committee members. Thank you for the opportunity to appear before you and respond to your questions in relation to the Queensland Audit Office's report *Addressing mine dust lung disease*. I respectfully acknowledge the traditional owners of the land where we gather today and pay my respects to elders past, present and emerging. I also acknowledge and thank the Queensland Audit Office for its work in undertaking the performance audit. The Department of Natural Resources, Mines and Energy has invested considerable effort in assisting the Audit Office through its audit process over most of 2019, and it is pleasing to receive acknowledgement of the reforms that government has progressed over the past three years. Those reforms have resulted in a respiratory health scheme that is now described as world leading, as evidenced by increased detection of early-stage disease.

As outlined in the Queensland Audit Office report, DNRME was the responsible department for 76 of the 89 aggregate recommendations made by the Monash and parliamentary select committee reviews. The department maintains that all 18 of the Monash University recommendations have been implemented and that the outstanding activities noted by QAO pertaining to Monash are now business as usual for the department and the subject of programs to either sustain or continuously improve the recommendations. The outstanding activities from the QAO report pertaining to the select committee and the establishment of an independent Mine Safety and Health Authority are also being progressed following passage of the Resources Safety and Health Queensland Bill on 17 March this year. The RSHQ statutory body is anticipated to commence on 1 July 2020 and, in doing so, will action several of the recommendations of the select committee.

I want to acknowledge the differing interpretation that QAO has applied to certain recommendations in concluding whether or not a recommendation has been fully or partially implemented, and I also want to acknowledge that it has used different terms for the status of recommendations than those used by our department and by others. Substantial reforms have been delivered to improve miners' health. I would like to list just a few of them. There are mandatory chest X-rays and lung function tests and free lung checks for retired and former miners, with over 150 applications approved in the past year. We now have compulsory reporting to the regulator of confirmed cases of disease and dust monitoring results, both of which are published on the department's website frequently. We have a register of qualified and experienced doctors, spirometry practices, X-ray imaging clinics and chest X-ray B-readers that are all now approved by the department. We also have a clinical pathway guideline to promote consistency in the referral and diagnosis of disease. Doctors are now trained under a new program to undertake health assessments and to ensure that they understand the occupational health context of those health assessments they are undertaking. We have specialised B-reader training for radiologists in Australia and we have now transitioned to an Australian-first chest X-ray dual-read program. Over 75,000 chest X-rays have been dual read to the international standard since July 2016, and from this number of chest X-ray screenings 29 cases of disease have been detected, thankfully the vast majority being in the very early stages of disease development.

We have an electronic information portal to request and submit coalmine worker health assessments which was delivered in December 2017. As at April this year, I can report that 88 per cent of health assessments were received via this electronic portal. We have implemented audit programs, including clinical audit, to ensure that the recommendations have longevity and are sustainable across the years. These audit programs ensure, in brief, that doctors act appropriately to investigate abnormal results.

Since the tabling of the Queensland Audit Office report on 5 December 2019, we continue to embed and sustain and enhance reforms. We are proposing regulation amendment to provide mineral mine and quarry workers with the same level of health surveillance for respiratory hazards. We have engaged the Cancer Council Queensland to undertake a prevalence study of coalmine dust lung

disease. We have supported the global Cut the Dust conference with our industry and union stakeholders to share information and best practice with international workers, governments and medical professionals. As my colleagues in the Office of Industrial Relations have already summarised the Mine Dust Health Support Service, I do not propose to do so here. My final point of reform is that we have recently engaged Heart of Australia to deliver a mobile health service to current and former coal, mineral mine and quarry workers throughout regional Queensland. Construction will begin in the coming months and we expect this service to hit the road before the end of the year.

In closing, with all of this work there is and will always be more to do in eradicating mine dust lung disease from our mine and quarry workers. This has been and will continue to be our objective. In conclusion, I would like to quote renowned mine dust lung disease specialist Dr Robert Cohen, who commented on the reformed scheme earlier this year. He said—

Coal miners and their families should feel comforted that miners' health will be protected through a high quality medical surveillance system, that ensures disease is detected early and the risk of disease progressing to a severe and debilitating stage is thereby significantly reduced.

While there is always work to be done to ensure the system continues to deliver its improved performance, Queensland's health surveillance of coalminers is now the envy of the world and other jurisdictions, including the US. Those jurisdictions should strongly consider adopting the changes that Queensland has led.

Chair, I thank you and the committee for the opportunity to appear before you today and I welcome your questions.

CHAIR: Thank you very much, Mr Stone. My question relates to something that has been the subject of toing and froing between your department and the Audit Office—that is, those differing definitions and differing views. Can you explain to me the background of why you have these differing definitions? Is that historic? I am not sure, but we are looking for some clarification as to why we have those differing definitions and differing views.

Mr Stone: Certainly. I can give some context and then I may ask my colleagues if they would like to contribute. Part of the issue probably stems from the fact that we initially had the Monash review, which was commissioned by the government. That took place in 2016 and delivered its recommendations, 18 of them. The minister accepted all 18 and we worked to probably an internal set of definitions around fully complete, partially complete, in progress. We were then participating in the parliamentary select committee's inquiry which handed down many recommendations, 64 of which came to my department, and again used the same, essentially, fully complete, partially complete, and a number of recommendations which were not accepted following a PMO process and briefings to cabinet. I would be happy to talk about some of those recommendations, because there are many of them which were considered but not accepted.

The last piece I would talk to is the present day. Through 2019 the Audit Office engaged with us and communicated its categorisation of recommendations. It is fair to say there was some back and forth for us to try and describe where recommendations were and what their history was and for them to understand where it would fit in the QAO category. I would say there were multiple reports with multiple recommendations over a long time frame and it is quite complex. To their credit, QAO worked very hard to understand the provenance of those recommendations. I might ask my colleagues if they would like to add anything.

Mr Djukic: I do not have too much to add to that response. As Mr Stone said, we had a number of recommendations in a relatively short period of time whilst we were already actioning reform. The select committee's second report was handed down and the government tabled its response. The government, of course, also supported in-principle all of the recommendations, but they said it was necessary to determine the best pathway to implementation and so it committed to a number of actions. Initially, our tracking of our activity was based on those actions we had committed to rather than specifically the recommendations. The Audit Office, understandably, conducted its audit about the recommendations, not our actions, so there was a legacy there from the way we tracked that from the beginning. I think Mr Stone's response otherwise covers it.

Mr WEIR: The Audit Office report refers to a recommendation from the Coalmining Safety and Health Advisory Committee, which voted unanimously to amend the standard to allow the use of real-time monitors for compliance. It goes on to say—

At the time of reporting, DNRME did not have confirmed advice from the minister to implement the advisory committee's decision.

Is that the case? If so, why has it not been implemented?

Mr Stone: The real-time monitors are in use today. We understand they are in use in surface coalmines. The issue is using them in an environment where there is the potential for explosions, so essentially using them in the underground environment. The real-time monitoring device which

industry seeks to use is pending international certification to demonstrate that it is intrinsically safe in a methane environment. Should the device be certified and proven that it is safe to use, then there is really one other fairly basic question over the device—that is, its accuracy and precision in measuring respirable dust and respirable crystalline silica, which historically the device could not make a direct measurement of. But technology is advancing. I think the Coal Mining Safety and Health Advisory Committee's advice and subsequent conversations have been around what is required to be demonstrated from this device in order for it to be used in the underground environment and to be used for compliance. There is unanimous support, I can say, for the benefits that a real-time device brings, absolutely, but there is a really critical step that it must go through to ensure it is essentially safe.

Mr MICKELBERG: The QAO report notes the distinction between that issue as it relates to open cut and underground, and you have spoken about why it is not currently certified from an underground perspective. Why is the decision not made to introduce real-time monitoring in open cut, given that that issue is the same, to some extent, in an open-cut environment?

Mr Stone: As I briefly mentioned in my response to the member, the device cannot currently measure respirable crystalline silica. There is an inherent drawback with the current compliance monitoring device, which has been in place for decades—that is, there is a lag time associated with it. It makes a measurement, the measurement needs to go off to a lab, the results come back, and then you understand the exposure. The flip side of that is that you quantitatively understand the exposure to both respirable coaldust and respirable crystalline silica. The PDM device, the current real-time device which is sought to be used, cannot make that measurement. Until such time as it can, it would not be appropriate to use it as a compliance device.

Mr MICKELBERG: Is silica an issue in open-cut coalmines, though?

Mr Stone: It is, yes.

Mr MICKELBERG: Comment was made in the QAO report with respect to the fact there was no lead agency in relation to the oversight of the implementation of CWP related issues. Has the department considered who should be the lead agency, given that the majority of these recommendations sit within DNRME?

Mr Stone: Yes, there has. It is something we certainly discussed with the QAO at the time of the audit and with other agencies since. I think I would in brief start with what has been done. There has been no lack of reporting to the minister within the department. There has been no lack of reporting to the Department of the Premier and Cabinet and Treasury on tracking spend activities underway. Cabinet decisions are obviously recorded. There has been a lot of visibility and communication across other agencies and centrally on progress.

We now look back on an activity which we are coming to the conclusion of in delivering the final recommendations. I think I would acknowledge that, with the benefit of hindsight, starting off the process with some better structures around reporting probably would have helped. I think what competed for time in doing that was the importance of delivering reforms and ensuring protections to workers were delivered. The system was so badly broken, to paraphrase the select committee, that it really demanded our attention to fix it as quickly and as accurately as possible. I acknowledge the QAO's recommendation, and I think it is certainly something that I would carry forward to any future exercise if indeed I ever participate in something of this scale.

Mr MADDEN: Mr Stone, in your opening address you mentioned the extensive X-rays that have been undertaken with regard to miners. I think you said there have been 175,000 X-rays done, which is wonderful news for the industry. I would like to focus on current miners—the miners who are working right now, not former miners. Is the testing for them free? Is it frequent? Is it voluntary?

Mr Stone: I will just say a few words of clarification and then I will pass to my colleague Ms Melkersson. Since July 2016, 75,000 chest X-rays have been performed. For context, that is reflected in a population of coalmine workers of around 35,000 to 40,000. Included in that mix, as you quite rightly note, are both current and former workers, but the vast majority will be current workers. The reason for this is that Queensland's respiratory health scheme is mandatory. It demands 100 per cent participation, so it really is focused on current workers.

The frequency of chest X-rays was addressed early on in the piece. The time between respiratory health assessments was made shorter. That was a recommendation from the collaborative medical group—a group of doctors who formed as a recommendation of Monash and also the select committee. We have a system now that has a maximum frequency of five years, and if the doctor has any concerns over the respiratory health exam they can order a chest X-ray or spirometry to be taken at a much higher frequency.

Ms Melkersson: As Mark was saying, as at last month 75,000 X-rays have been reviewed and undertaken under that dual read since July 2016. The vast majority of those are current workers. In fact, 150 former workers have gone through that dual-read process, so the vast majority of the 75,000 are current workers. As Mark pointed out, health assessments are mandatory under our scheme for a minimum of five years for both open-cut and underground workers. For those who have abnormalities detected in either chest X-ray or spirometry, the appointed medical adviser can set a shorter period of time between those health assessments to ensure that that longitudinal view of an individual's respiratory health is closely monitored.

Mr MADDEN: That is great news. Thank you very much.

Mr BATT: Earlier in the piece you may have discussed the recommendations and the issues around whether you are calling them implemented, partially, fully et cetera. The QAO report states—

> Since the government's public response in 2017, responsible agencies and the government have made subsequent decisions not to accept 27 recommendations ...
>
> These decisions, and information about the rationale for the decisions, have not been reported publicly.

It goes on to say that departmental staff have made these decisions rather than ministers. I know the chair mentioned that to the last group who were here. I want to get the point of view from your department about that as well. Do you agree with the QAO about that? If not, why not?

CHAIR: The member for Bundaberg is looking for an account of their acts and is obviously not looking for an opinion on who might not have done something else there. I will leave that with the officers. They know about how to respond to a request for an opinion. I will allow that question and they can answer that how they will.

Mr Djukic: Please pick me up if I have missed some part of the question. A large number of the recommendations that were given to the department and ultimately were not implemented in the way that the select committee stated in its recommendations were recommendations that were considered by the Project Management Office that the department established. As I think I mentioned earlier, the government in its response recognised that in order to achieve the intent of some of the select committee's recommendations we considered more work needed to be done to ensure the best pathway to implementation. That is why we established the Project Management Office.

The Project Management Office consulted extensively with stakeholders, unions, companies, the QRC and across government. It ultimately compiled a report with advice to government. That report was published and does set out the bases on which it did not support recommendations ultimately that were not supported such as, for example, the recommendation that the regulator be funded out of royalties. That is just one example. Those reasons were documented in the PMO's report.

Something I can pick up on from the hearing with the Office of Industrial Relations is that the audit report mentioned some decisions not being made at a cabinet level that they expected would be made at a cabinet level. One of those was around the expansion of the Coal Mine Workers' Health Scheme to other workers in the coal production chain. That was one of the issues that was looked at by the Project Management Office, the PMO, and they consulted with OIR on that. That was supported. The position that OIR came to was supported by the PMO and put to cabinet and cabinet endorsed that report. Those reasons were articulated in the PMO's report and that report went to the cabinet. That summarises the department's position on that. I think that answers your question.

Mr BATT: Yes, I think it does. There are two varying opinions as to what has happened there, but Mr Djukic has explained that, so thank you.

Ms PUGH: I asked the previous witnesses about the health services that are now offered. We have heard about the scans that are offered, especially to detect coal workers' pneumoconiosis and earlier variations. How does that also pick up on any silicosis or early damage from silica? We have heard about how Queensland has been a first mover in this space. I am keen to understand if the same scans pick up silica damage. Are they different scans? How do coal workers get exposed to silicosis or silica damage?

Ms Melkersson: In short, the chest X-rays that are read to ILO standards are capable of detecting pneumoconiosis. Pneumoconiosis is the umbrella term that covers off a variety of diseases including CWP, silicosis and mixed dust pneumoconiosis. In conjunction with that, there is the spirometry that is undertaken. Following the clinical pathway, if abnormality is detected in either chest X-ray or spirometry, those individuals, whether or not it is detecting something that is looking like silicosis or CWP, will progress through that pathway. That pathway then includes referral to a respiratory physician who can also order a high-resolution CT scan and other more complex lung

function testing. In short, the screening that is performed under the Coal Mine Workers' Health Scheme will detect any forms of pneumoconiosis and other mine dust lung disease including COPD, diffuse fibrosis et cetera. That is an answer to the first question.

The second question was with regard to whether or not workers are exposed to silica in the mining environment. Silica is contained within hard rock. As you can imagine, when you are working in a coal seam, either underground or above ground, there are occasions—certainly in the underground environment, the roof bolting and in development work where there is exposure to hard rock. Obviously in an open-cut environment you are cutting through hard rock in order to expose the coal. Yes, there are risks associated with it. We are certainly seeing cases of silicosis in that mining environment that are being reported to the department.

Mr WEIR: I am seeking a bit of clarity about how long it takes to get a test back. X-rays used to go to the US. Now they are in Australia. The Audit Office stated—

In September 2019, DNRME received its first quality control report for an accredited spirometry provider, and it was found that this provider was non-compliant.

Could you explain that to me, please? How long does it take to get a chest result back?

Ms Melkersson: The first question, if I heard it correctly, was the time frame for the return of chest X-ray results?

Mr WEIR: Yes.

Ms Melkersson: Since the implementation of Lungscreen Australia being the Australian provider for the reads of chest X-rays, we are receiving the majority of those X-rays back in approximately five business days. Urgent reads are able to be returned within 48 hours.

Mr WEIR: What was the comment about the accredited provider being found noncompliant?

Ms Melkersson: I am trying to understand the page you are referring to.

Mr WEIR: It is on page 10 of the Audit Office report. It states—

In September 2019, DNRME received its first quality control report for an accredited spirometry provider, and it was found that this provider was non-compliant. This demonstrates the value of compliance audits and the need to continue auditing all spirometry providers.

Ms Melkersson: Certainly that outlines the requirement that once you initiate new reform in which you set particular guidelines about how (inaudible) programs are working. For example, the department has initiated audits for spirometry, so the Thoracic Society of Australia and New Zealand (inaudible) spirometry under the program. There is also an audit program occurring (inaudible) and later in the year there will be a chest X-ray audit as well. The department certainly supports that audit program in that it is necessary to be able to trust (inaudible).

CHAIR: You keep breaking up. There were some patches where we could not hear you. Could you very briefly touch on the answer to that question?

Ms Melkersson: There are currently audits underway from the Thoracic Society regarding the spirometry undertaken under the scheme. There is an audit being completed presently on CT scans that have been undertaken (inaudible) and there will be future audits throughout the year for X-ray.

CHAIR: Member for Condamine, you had a specific question about that issue on page 10. Do you want that taken on notice?

Mr WEIR: If I could, please.

CHAIR: To make it easier we will place that on notice. That is a response to that comment in the audit report on page 10 about—

Mr WEIR: A compliance issue.

CHAIR:—the quality control report for a spirometry provider who was noncompliant. That will be a question on notice.

Mr BATT: To let you know, every time those papers move when you flick through, it cuts out who is speaking.

CHAIR: We are trying to be very quiet.

Mr BATT: When we talked about real-time dust monitoring someone said that they are in place now in open-cut mines but they can only be used for coaldust and not silica dust; is that correct?

Mr Stone: The device can be used in an environment where intrinsic safety is not an issue, so it can be used in an open-cut mine. It could be used in a non-mining industry. You could use it in a sugarmill, for example. The technology of the device measures a total quantity of particulate. It has a

cyclone and then it has a microbalance, and it does not differentiate whether that dust is coaldust or anything else. That is its limitation for use as a compliance sampling device to work out the worker's exposure to both crystalline silica, which we know is a carcinogen, and respirable dust, which we know also promotes disease. The device can be used. It cannot be used for compliance against the legislation and it cannot be used in the underground environment until it meets that certification.

Mr BATT: In terms of the compliance side of it you still have to go and do that test that takes 14 days or whatever to get back, rather than using it for that at this point in time?

Mr Stone: Sorry, you broke up in the earlier piece of your question.

Mr BATT: In terms the compliance side—you said that you cannot use it for compliance—you still have to go and do compliance where it takes that 14 days or whatever to get those results back, rather than using it for that purpose at this point?

Mr Stone: In an open-cut environment there are multiple devices. Some measure dust quantitatively; others tell you whether you are in a high dust environment or a low dust environment. There is a range of devices out there being used by operations to try to ensure that the risk to workers is low, is acceptable. Certainly for this PDM device which industry is keen to use—and the regulator is keen to see a quantitative real-time device in place. In fact, the government has sponsored through Advance Queensland a program to try to encourage more manufacturers of these devices to come to the fold.

I have a very quick point on the exposure. As I am sure you are aware, mine dust lung diseases are long latency diseases which are the result of several years—many years—of high exposure. As part of the risk based schema, if there are periodic tests of workers in certain parts of the mine which are showing that the exposure is below the limits that are acceptable, then it is less important how long it takes for those results to come back. In a perfect world, you would know exactly what the worker is getting as they are getting it and they could apply the hierarchy of controls and remove themselves. They could be administratively cycled out of, say, the longwall. I just wanted to make the point that any exposure above the limits is not wanted, but it is a long latency disease.

CHAIR: We have well and truly run over time, but I think we have dealt with this most comprehensively. The time for questions has now expired so we will close the session. The committee would appreciate if the answer to our question on notice could be provided by 5 pm on Wednesday, 20 May. That was a question asking the department to detail a response to the quality control report for an accredited spirometry provider being noncompliant. That was on page 10 of the auditor's report. We will email that specific question to you.

Thank you very much to all the officers who have been here today for being a part of this. We appreciate your patience as the time has stretched out a bit. This concludes the hearing. On behalf of the committee, I would like to thank our secretariat and Hansard. A transcript of these proceedings will be available on the committee's parliamentary webpage in due course. I declare this public hearing closed.

The committee adjourned at 1.01 pm.