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COAL WORKERS' PNEUMOCONIOSIS SELECT COMMITTEE

Members present:

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

Member in attendance:

Mr J Pearce MP

Counsel assisting:

Mr B McMillan (Barrister at Law)

Staff present:

Dr J Dewar (Research Director)
Mr S Finnimore (Principal Legal Advisor)
Ms K Moule (Principal Research Officer)

PUBLIC HEARING—INQUIRY INTO COAL WORKERS' PNEUMOCONIOSIS

TRANSCRIPT OF PROCEEDINGS

WEDNESDAY, 1 MARCH 2017

Brisbane

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Committee met at 9.58 am

CHAIR: Good morning. I declare open this public hearing of the coal workers' pneumoconiosis inquiry. Thank you for your attendance here today. My name is Jo-Ann Miller. I am the member for Bundamba and I am the chair of the Coal Workers' Pneumoconiosis Select Committee. The other committee members here with me are: Mr Lawrence Springborg MP, member for Southern Downs and the deputy chair; Mr Jason Costigan MP, member for Whitsunday; and Mr Craig Crawford MP, member for Barron River. Mr Shane Knuth MP, member for Dalrymple, and Mr Joe Kelly MP, member for Greenslopes, may be joining us later but please understand that they have other parliamentary committees to attend.

The hearing is being transcribed by Hansard. Those here today should note that the hearing is being broadcast and media may be present, so you may be filmed or photographed. Before we commence, I ask that all mobile phones be switched off or put on silent mode. These proceedings are similar to proceedings in the parliament and are subject to the Legislative Assembly's standing rules and orders. The guide for appearing as a witness before a committee has been provided to those appearing today. The committee will also observe schedule 3 of the standing orders.

AH WONG, Ms Kylie, General Manager, Health, Safety and Training, Glencore Coal Assets Australia

CRIBB, Mr Ian, Chief Operating Officer, Glencore Coal Assets Australia

NICHOLLS, Mr Darren, Director of Underground Operations Queensland, Glencore Coal Assets Australia

WYNN, Mr Damien, Site Senior Executive and Operations Manager, Oaky North Mine, Glencore Coal Assets Australia

CHAIR: Between 10 and 1 pm we have representatives here from Glencore Coal Assets Australia. We have Mr Damien Wynn, Site Senior Executive and Operations Manager of Oaky North Mine; Mr Darren Nicholls, Director of Underground Operations Queensland; Ms Kylie Ah Wong, General Manager of Health, Safety and Training; and Mr Ian Cribb, Chief Operating Officer. I would like to welcome you here to this committee hearing. For the benefit of Hansard, I ask all witnesses to speak clearly into the microphone and please state your name and position when you first speak. I would like you to make an opening statement, after which committee members may have some questions for you. However, counsel assisting the committee, Mr Ben McMillan, will open with some questions. If you would like to make an opening statement, we are happy for each of you to make an opening statement.

Mr Cribb: I would like to make an opening statement on behalf of all of us. My name is Ian Cribb. I am the Chief Operating Officer of Glencore Coal here in Australia. I started in the coalmining industry 42 years ago as an apprentice fitter and turner at the Newvale No. 1 underground mine in New South Wales. I have been involved in the Queensland coalmining industry since 2003. I have been a member of the Coal Mining Safety and Health Advisory Committee from 2004 to 2009 and again from 2013 to the present.

Alongside me is Kylie Ah Wong, our General Manager of Health, Safety and Training. Kylie has almost 20 years in the industry including in the capacity of operations manager and site senior executive. However, perhaps more importantly she can provide insights she has gained over the past year from working with our employees to manage and support their needs following their pneumoconiosis diagnosis. Also with me today is our Director of Queensland Underground Operations, Mr Darren Nicholls, with 35 years experience working across New South Wales, Queensland and internationally; and Mr Damien Wynn, who is the Operations Manager and Site Senior Site Executive at our Oaky North underground operation. He also brings with him extensive experience in the Queensland coal industry.

On behalf of Glencore Australia coal operations, thank you for the opportunity to contribute to the select committee's inquiry into coal workers' pneumoconiosis. We were disappointed and deeply concerned by the identification in late 2015 of an industrial illness that we all thought had been eradicated many years ago. We were surprised and concerned to learn that during 2016 three of our employees were among those diagnosed with pneumoconiosis. Upon learning of the diagnosis each employee was immediately removed from the underground environment and provided with alternative duties until a longer term plan could be established. During this time, all were receiving the same wages they were being paid in their underground duties.

In line with specialist medical advice, our insurer subsequently accepted all three compensation claims. We are presently continuing to work with all three in the view of achieving sustainable return-to-work outcomes whether this be within or external to the industry. This process promotes active involvement of the individuals and their families as we work with them to secure their future.

Glencore takes this matter and the welfare of our employees very seriously. Our company values place priority on protecting the health and wellbeing of our people and to achieving continuous improvement in the prevention of occupational disease and injury. We believe this is reflected in our response after the first industry cases of CWP were confirmed in 2015. Our submission to this inquiry outlined the actions we have taken in some detail, but there were three focus areas. First, we communicated with our workforce, as well as consulting with the New South Wales Coal Services, the government, our peers and the Queensland Resources Council to ensure that our employees are educated on CWP and kept updated of our approach to the issue, and this communication is ongoing.

Secondly, we provided all of our underground employees with the opportunity to have new chest X-rays taken at accredited clinics or alternatively have existing X-rays reread. We have initiated a process to contact all retired employees since 2003 and to make X-rays available to those people. We have ensured X-rays were undertaken at a specialist radiology clinic. When requested, we have facilitated the review of existing X-rays by B readers in the United States. We have met with all of our major underground contractors to discuss issues associated with pneumoconiosis, and I am pleased to report that all of them have followed Glencore's actions and approach. Now we have initiated discussions with smaller contractors.

Thirdly, and finally, we have undertaken a number of additional underground engineering initiatives including a comprehensive campaign of respirable dust sampling and analysis to better determine airborne concentrations of dust generated across a range of underground activities, as well as a variety of changes to the underground operations—all designed to minimise dust. When the first diagnosis of an open-cut worker was confirmed, we provided the same information and options to all of our current open-cut employees and labour hire contractors. Monitoring results of our open-cut and surface operations have remained well below the OEL adjusted threshold limits for both respirable coal dust and crystalline silica.

If we look at the testimony provided at these hearings to date, the outcome of the Senate inquiry in April last year, the Monash review of the Coal Mine Workers' Health Scheme and the broader discussions over the past 12 months, it is clear that a combination of factors have contributed to our industry's drift towards failure on the issue of pneumoconiosis. It is the absence of identified cases of CWP from 1984 to 2015 that reinforces this belief that the system from legislation through to health surveillance was controlling the risk. Each period of success created an overconfidence in the previous results, and this led to a collective complacency within all stakeholders.

This inquiry has attracted a broad spectrum of stakeholders that have come forward to provide comment. From my assessment of the commentary already provided, it is possible to see the differing views from key stakeholder groups on what needs to be addressed. The Queensland coal industry believes that the health surveillance system had failed. The radiologists' view is that without the employee work history it is not possible to properly screen X-rays or diagnose accurately. The Thoracic Society believe that if there is no dust in the workplace there is no disease. Regulators held the view that the safety management system was a responsibility of the sites. The union described a lack of enforcement and the pitfalls of self-regulation. Safety and health specialists are advocating to establish meaningful monitoring programs preferably using real-time monitoring. It has shown that the issue we are now facing is not a result of a failure of one part of our health system, rather that there have been multiple failures over an extended period of time.

Glencore has made a number of recommendations for further action and, again, these are detailed in our submission. To summarise, we support the changes recommended by the Sim review and the legislative changes recommended by the Coal Mining Safety and Health Advisory Committee. We support the provision of adequate and timely access to assistance and compensation for all

workers and retired workers with pneumoconiosis. We support the introduction of a standing dust committee to provide a further level of governance. We support the establishment of an industry task force to review and recommend any necessary amendments to the workers compensation scheme.

Our aim is to bring about stronger regulation and stronger governance that will enable a high-hazard industry such as ours to operate at an acceptable level of risk. The reintroduction of CWP in our industry and the views provided by the retired mineworkers, by union officials and by my own industry experience strongly suggest that we have lost the link between dust and disease. The work history of some of those confirmed diagnoses also challenges the validity of the industry's long-held belief that CWP was an issue for underground mines primarily at the face locations and a disease that resulted from prolonged exposure to dust.

As a member of the Queensland Coal Mining Safety and Health Advisory Committee, I have found the period between mid-2015 and through 2016 has been a period of reframing stakeholder beliefs. Glencore intends to play an active role in implementing change that can deliver solutions to the issues we are now facing. We feel we can offer significant value in this process, particularly as we hold a position as an operator of underground mines in both Queensland and New South Wales.

In closing, we would like to offer the committee any information or assistance you feel you may need as you work towards your conclusions. We thank you again for the opportunity to be part of the discussions. It is critical for the future of our industry, an industry that is of major importance to the economy of Queensland. We are happy to take your questions.

CHAIR: Thank you. I will go to counsel assisting first and then I will come to the deputy chair.

Mr McMILLAN: Thank you all for attending today. I am going to address my questions generally to the panel unless I specifically address them to one of you in particular. I am happy for whoever feels most able to answer the question to do so. If at any stage any of the rest of you think you might be able to contribute something of use, please feel free to do so. Can I ask you first of all, Mr Cribb, to go into a little bit more detail to explain the extent of Glencore's coalmining operations in Queensland? Your submission includes reference to five coalmine 'complexes' in Queensland. Can you explain what that means please?

Mr Cribb: Yes. We have the Rolleston mine, which is one complex. Another one is Oaky Creek, which consists of Oaky North and Oaky No. 1. We have Clermont. We have Newlands, which up until last year was Newlands open-cut and underground. We have Collinsville.

Mr McMILLAN: How many of those mines are underground mines?

Mr Cribb: Two of them—Oaky No. 1 and Oaky North.

CHAIR: Are they both longwall?

Mr Cribb: Yes, they are.

Mr McMILLAN: You have made reference in your submission to automation. Are either of those longwall operations fully automated at this stage?

Mr Cribb: Yes, they are.

Mr McMILLAN: Can you explain that for us?

Mr Cribb: The automation system we have in place is basically where the positioning of the shearer as it cuts across the face will initiate the advancement of the roof supports at a particular time. It allows for the removal of the operator out of that area where the roof support is advancing.

Mr McMILLAN: Which mine is automated at this stage?

Mr Cribb: They are both automated—No. 1 and North. North is advanced further in that we have been able to remove the shearer operator further away and be on the clear air side of the shearer while ever it is cutting.

Mr McMILLAN: Does that mean that there are any coalmine workers essentially in the area of the shearer on the longwall while it is producing?

Mr Cribb: No. In fact, they have been moved away. When we are cutting towards the main gate on the clear side, they are on the main gate side, on the intake side. When we are cutting towards the tailgate, they still remain on the clear air side of the shearer.

Mr McMILLAN: Your submission notes that Glencore commenced in the coal industry in Queensland in 2003 with the purchase of Mount Isa Mines. Of course that entity had a long history of mining in Queensland. I have noted that the Oaky Creek coal operation initially commenced cutting coal in the open-cut environment in 1982. Is that right?

Mr Cribb: I am not certain of that. I believe it is around that time.

Mr COSTIGAN: That sounds about right, with my local knowledge, Mr McMillan.

Mr McMILLAN: In terms of the institutional knowledge that has been acquired by Glencore, there is a long history, essentially, of coalmining in Queensland.

Mr Cribb: Yes.

Mr McMILLAN: Your submission makes an opening comment—and, Mr Cribb, I notice that you made it as well in the course of your evidence—that essentially the view was that coal workers’ pneumoconiosis had been banished to the annals of coalmining history. You made reference to believing that it had been obliterated or ameliorated many years ago. The collective wisdom of the four of you at the table comes from many decades in the mining industry. Can you tell us, please, what was the basis of the belief that coal workers’ pneumoconiosis had been eradicated in Queensland?

Mr Cribb: It was not just Queensland. I started in the industry in 1974. I remember when I started in the industry there was the usual introduction to coal dust. I saw photos of black lung as part of that education. My understanding is that the last confirmed case in New South Wales was in 1971, so in my time in New South Wales I had never ever heard of a diagnosis of pneumoconiosis. I came to Queensland in 2003. Again, up until probably December 2015, I had never heard of the Rathus report until that was brought up at the advisory council. I was not aware of any cases ever being diagnosed in Queensland, as well.

Mr McMILLAN: Can I stop you there, Mr Cribb, and clarify when your involvement in Queensland mining started?

Mr Cribb: In 2003.

Mr McMILLAN: Thank you. Please continue.

Mr Cribb: I guess, during my time, I had never heard of a diagnosis of pneumoconiosis in Australia. I had travelled overseas. I thought it was a disease that was really in England and America. In my time up, until 2015, I was not aware of any diagnosis of it in Australia.

Mr McMILLAN: Why did you think that it as a disease that was in England and America, but not in Australia?

Mr Cribb: I would say mainly because I heard about it over there. There were no confirmed cases here. There was no discussion about pneumoconiosis. In fact, as I said, I believe in my own experience there was a loss of the link between dust and disease. The focus we had on dust was more associated with the major hazard of explosion and things such as that.

Mr McMILLAN: Does Glencore have any coalmining operations outside of Australia?

Mr Cribb: Yes, we do. We have some open-cut operations in Columbia, and we have some undergrounds and open-cuts in South Africa.

Mr McMILLAN: Are you aware of any coalmine dust lung disease incidents in those workforces?

Mr Cribb: I contacted the people in South Africa and asked them. The response I got was the cases in South Africa currently are legacy cases. They are not managing any new cases of recent years, but they are managing legacy cases.

Mr McMILLAN: When you contacted your counterparts in those countries, first of all when was that?

Mr Cribb: Last year.

Mr McMILLAN: Prior to last year or prior to the re-identification of cases of CWP in Queensland, had you ever had any discussions with international counterparts about the incidence of lung disease in the coalmining workforces?

Mr Cribb: No, I had not.

Mr McMILLAN: I ask you, Ms Ah Wong, that same question, about your interaction with international counterparts around the health of the Glencore workforce?

Ms Ah Wong: I touch base with the leads of health and safety in both Columbia and South Africa at regular intervals, but particularly in relation to coalmine workers’ pneumoconiosis there was not any direct dialogue. We do discuss more broadly health risks and the way in which we approach the management of those risks, but we did not speak specifically about pneumoconiosis.

Mr McMILLAN: Do you have any particular qualifications in health and safety?

Ms Ah Wong: Yes, I do. Previous to entering into the mining industry, I worked at a private training organisation. I started with training and management qualifications and, after joining the mining industry, I had the opportunity to get into the health and safety arena. I had postgraduate qualifications in health and safety, and also risk management.

Mr McMILLAN: Did that education include any component of education about occupational lung diseases?

Ms Ah Wong: Yes, it did. I did have to reflect on this: it did, but again it does not specifically talk about pneumoconiosis, as such. It talks more broadly about our role as health and safety generalists having a system that is effective in relation to identifying any health risks and then the monitoring regime to support that, and the importance of that. However, that would be the extent.

Mr McMILLAN: When you came into the mining industry, having previously worked in other occupational health and safety areas, did you have any awareness at that stage of what coal workers' pneumoconiosis was and how it might affect the workforce that you were coming into contact with?

Ms Ah Wong: I would have to agree with Mr Cribb, actually. It is one of those things that certainly I had heard about, but it was more my presumption, I guess, that it was something that stemmed from the United States and from the United Kingdom, versus a problem that was relevant and prevalent in Australia.

Mr McMILLAN: Mr Nicholls, can I ask you essentially the same questions about your background and your knowledge of coal workers' pneumoconiosis prior to 2015?

Mr Nicholls: As Mr Cribb said, I started as an apprentice as well, back in the day. I can remember my first Coal Board Medical before I started in the industry, where they had a set of lungs in bottles. This was the joint coal board, I think, at that stage in Newcastle. That was the first exposure that I had to it and, up until the recent events, it had not been something that we had been involved in.

Mr McMILLAN: Mr Wynn?

Mr Wynn: I started in the industry in 2003 as a graduate mining engineer. Just on reflection on the question that you have asked, I cannot recall, even at university, ever being exposed or given information through until December 2015, when we started to hear about a couple of retired coalmine workers.

Mr McMILLAN: Mr Wynn, were you aware that thousands of workers in the United States are diagnosed with pneumoconiosis every year? Prior to 2015, I am interested in your awareness at that stage?

Mr Wynn: I would have to say no.

Mr McMILLAN: Was there any discussion amongst your professional peers in the coalmining industry in Queensland about the prevalence of pneumoconiosis in the United States and the United Kingdom, and why it was that that was not occurring in Queensland or appeared not to be occurring in Queensland?

Mr Wynn: No, I cannot recall any conversations pre-December 2015.

Mr McMILLAN: You are currently the site's senior executive for the Oaky North coalmine. How long have you been a site senior executive or general manager?

Mr Wynn: January 2015.

Mr McMILLAN: And prior to that, what was your position?

Mr Wynn: I came down from the Newlands underground operations, down to Okay North as the mine manager, prior to that.

Mr McMILLAN: You have worked in the management of Queensland coalmines for a number of years. How many years, would you say?

Mr Wynn: I started in the industry in 2003 as a graduate and then progressed my way through into technical roles with MIM, in those days, and then Xstrata and then I went to Anglo Coal for a period of years and then came back to Glencore.

Mr McMILLAN: Over that time of a decade or more, your evidence is that you were not aware of any discussion around the industry about why it was that there was no CWP in Queensland yet it seemed to be prevalent elsewhere?

Mr Wynn: That is correct.

Mr McMILLAN: Mr Nicholls, is that your experience, as well?

Mr Nicholls: Yes, it is my experience.

Mr McMILLAN: I want to ask some questions about dust monitoring. They are general questions about Glencore's approach to dust monitoring across its operations initially. I have some specific questions about Oaky North that I will address to you, Mr Wynn, a little later on. For the benefit of Hansard and the committee, I am going to refer to aspects of the Glencore submission dated 25 November 2016. I should clarify, first of all: have any of you sitting at the table, apart from Mr Cribb, made contributions to the submission?

Ms Ah Wong: Yes.

Mr Nicholls: Yes.

Mr McMILLAN: Ms Ah Wong and Mr Nicholls, both of you have contributed to the submission?

Ms Ah Wong: Yes.

Mr Nicholls: Yes.

Mr McMILLAN: Mr Cribb, I will go back: what process did you adopt to gather together the information that you sought to include in this submission?

Mr Cribb: It really was a combination of what we knew at that particular time that we prepared the submission. We had carried out our own literature surveys, looking around the world for information on CWP and coming across some different literature that pointed us very much in the direction of the New South Wales Coal Services. I was a member of the coalmine safety advisory committee, so I was aware of all of the activities that had gone on up until that stage in 2016. We sat together and we had a discussion around what our position was. We had also done work where we had looked at the performance of our New South Wales operations and our Queensland operations, to try to get an understanding of what was different, if there was a difference.

Mr McMILLAN: I will come back in a moment to what was different. At the time that you prepared your submission, you obviously were aware of the submission that was to be submitted to the committee by the Queensland Resources Council?

Mr Cribb: Yes, I was.

Mr McMILLAN: Had you contributed to that submission as a member of its board?

Mr Cribb: I had reviewed the submission prior to it going in.

Mr McMILLAN: Thank you. Going to the submission now, on page 3 under the heading 'Respirable dust monitoring', you go into some detail about the efforts that Glencore makes in relation to respirable dust monitoring. There is an expression that I wanted to ask you about. Under the section on confirmed cases of CWP, the Glencore submission says this—

Routine monitoring of occupational health includes pre-employment and periodic medical assessments, monitoring regimes (air quality, dust, noise, etc.), and inspections and audits. Monitoring is conducted at frequencies appropriate to their risks and performance to appropriate levels, standards and legislative requirements.

What does the second sentence mean: 'Monitoring is conducted at frequencies appropriate to their risks'?

Mr Cribb: In 2010 in Queensland, we engaged a company called GCG. Over a period of two years, they went through a process of identifying and assessing, I guess, the health hazard burden of the sites. They went through that process. They then went down and collected a baseline set of data and then determined a risk profile for that health hazard at each site, and then from that they put together a schedule of monitoring associated to that risk.

Mr McMILLAN: GCG is a firm of occupational hygienists, essentially.

Mr Cribb: That is right.

Mr McMILLAN: You engaged them to review the risks across air quality, dust and noise at each of your sites; is that right? Then they made some recommendations to you based on that review, about how frequently you should monitor each of those risks; have I correctly understood that?

Mr Cribb: That is right.

Mr McMILLAN: Ms Ah Wong, were you about to add something to that evidence?

Ms Ah Wong: No, I was just agreeing.

Mr McMILLAN: Prior to the re-identification of CWP cases in 2015, was respirable coalmine dust considered a serious risk to workers' health by Glencore?

Mr Cribb: Yes, it was.

Mr McMILLAN: Was that one of the observations or recommendations made by GCG in its review conducted in 2010?

Mr Cribb: Yes, it was.

Mr McMILLAN: As a result of that review and otherwise prior to 2015, were all workers in Glencore operations considered to be exposed to risk by respirable dust or only underground workers?

Ms Ah Wong: If I can answer that, one of the components to that project that we did was identify similar exposure groups. With regard to the similar exposure groups when they did the baseline monitoring, they looked at the health hazards that that exposure group was exposed to, so not every similar exposure group had the high level risk of respirable dust exposure. That would typically be people on the surface. However, all underground employees had that as a health hazard relevant to them.

Mr McMILLAN: Just to understand that a little further, as a result of that review you determined that the health of all workers in the underground environment was at risk from respirable coalmine dust?

Ms Ah Wong: It was one of the risks identified, yes, and therefore as a result of that that monitoring was relevant for that particular similar exposure group.

Mr McMILLAN: And that monitoring should be conducted across all of the occupational tasks, not just, for example, shearer operators?

Ms Ah Wong: That is right.

Mr McMILLAN: What about the open-cut environment? Could you explain that a little bit further to me?

Ms Ah Wong: Yes. That same process applied to the open-cut environment, so that project that commenced in 2010 was not limited to undergrounds only. It went across all of our Queensland operations, so the same process applied to open cut where the similar exposure groups were identified, the health hazards relevant to those similar exposure groups were identified, and monitoring was driven as a result of that.

Mr McMILLAN: Can you summarise for us essentially what occupational or similar exposure groups in the open-cutting environment were considered to be at risk from respirable dust, if any?

Ms Ah Wong: I would have to take that on notice. I could not tell you off the top of my head. There are groups that were identified, but I would have to take that on notice and come back.

Mr McMILLAN: All right. Are you able to produce for us a copy of the report that was prepared by GCG as a result of that review?

Ms Ah Wong: Yes.

Mr McMILLAN: That would be most helpful; thank you. I noticed in the material that Glencore produced under summons issued by the committee two other reports that were commissioned, it seems, in 2015—one in April 2015 by GCG and another by the University of Wollongong in June 2015. Both are reports about dust mitigation and management in Glencore’s coalmining operations. What prompted the commissioning of those reports?

Ms Ah Wong: I would have to defer to Mr Nicholls.

Mr Nicholls: Thanks for that, Kylie. You will see that as part of the Oaky North dust management group they decided to get the University of Wollongong involved to assist in identification of dust sources and assist with mitigation strategies.

Mr McMILLAN: And the GCG report in April?

Mr Nicholls: I would have to take that on notice.

Mr McMILLAN: All right; thank you. Since the reidentification of CWP in 2015, has respirable dust sampling across Glencore operations increased in frequency?

Mr Cribb: Yes, it has, Mr McMillan.

Mr McMILLAN: Is that as a result of an increased awareness and understanding of the risk that respirable dust poses to workers’ health?

Mr Cribb: Yes, it is and also as a result of the reidentification we wanted to get a new baseline, so we increased the frequency and we also made changes where we engaged New South Wales Coal Services to come up and carry out that sampling because we were of the belief that their methodology gave us greater data, particularly operational data, and we wanted to get a new baseline.

Mr McMILLAN: I was going to take that up later, but I will do it now given you raised it, Mr Cribb. What was it that prompted Glencore and at what level of the Glencore business was it decided to engage Coal Mines Technical Services in New South Wales to conduct that review?

Mr Cribb: I had engaged with Coal Services in New South Wales, but it was Oaky North that contacted Coal Services and engaged them to do the work.

Mr McMILLAN: Was the review restricted to Oaky North or did it encompass consideration of other sites?

Mr Nicholls: I am happy to answer that. The work that Coal Services initiated for us at Oaky Creek went to Oaky No. 1 as well.

Mr McMILLAN: Your submission refers at page 5 to the fact that CMTS—Coal Mines Technical Services—was engaged to undertake quite a comprehensive campaign of respirable dust sampling and analysis, so that was at Oaky North and at Oaky No. 1?

Mr Nicholls: Yes.

Mr McMILLAN: Why did you choose Coal Mines Technical Services to do that work?

Mr Wynn: I could answer that question if you like. One of the employees at the time, Mr Bell, had come up from New South Wales and he spoke to me with regard to Coal Mines Technical Services and a gentleman by the name of Mark Shepherd, so at the time I engaged Mark Shepherd to come up and do some awareness and training with the crews and at the same time we got an appreciation of what they were doing in New South Wales and we engaged Coal Mines Technical Services for the course of that year to be involved in some of the personal monitoring.

Mr McMILLAN: I think that engagement commenced in or about December of 2015; is that right?

Mr Wynn: Yes, that is correct.

Mr McMILLAN: It was a year-long contract?

Mr Wynn: Yes, it was and it would have continued. However, Coal Mines Technical Services had their commitments in New South Wales and unfortunately Mark was unable to continue providing that service in Queensland. We tried to offer Coal Mines Technical Services houses in Tieri so they could set up laboratories, but at the time, as you can appreciate, their resources were limited and they could not continue it on further than the 12 months.

Mr McMILLAN: As at December 2015 GCG were engaged to provide your routine and compliance dust monitoring, weren't they?

Mr Wynn: That is correct. We had both of them.

Mr McMILLAN: So the CMTS engagement was in addition to that routine and compliance monitoring being undertaken by GCG?

Mr Wynn: That is correct.

Mr McMILLAN: What did the contract with CMTS actually involve in terms of what were they actually asked to do, how many technicians were engaged, what was their sampling regime and so on?

Mr Wynn: As Mr Cribb stated, we went to increase the sampling so we could increase the baseline. Their focus was predominantly on the longwall operations on a weekly basis and we allowed GCG to continue on with the other SEG groups.

Mr McMILLAN: Just to break that down if I can, CMTS were asked to do weekly sampling of the longwall operation?

Mr Wynn: That is correct.

Mr McMILLAN: Were the technicians expected to actually go underground with the workers?

Mr Wynn: Yes, that is correct.

Mr McMILLAN: And observe them while they were doing their jobs so as to correlate the results with the actual activity that they saw?

Mr Wynn: That is correct.

Mr McMILLAN: How many technicians were engaged by CMTS?

Mr Wynn: From memory, I think there were three that covered Oaky North.

Mr McMILLAN: Over what period of time?

Mr Wynn: Over the 12-month period.

Mr McMILLAN: On a weekly basis?

Mr Wynn: Yes. You would only have one there each week, but there was a couple of them that rotated.

Mr McMILLAN: Did they sample all relevant shifts or the same shift each week?

Mr Wynn: No, it was different.

Mr McMILLAN: Did they propose a schedule for sampling to ensure that they got an accurate cross-section of workers?

Mr Wynn: Yes. Very much like the GCG occupational hygienist did a review, Coal Mines Technical Services did the same review.

Mr McMILLAN: What is the outcome of that engagement? Have they made a final report with recommendations to Glencore?

Mr Wynn: Their reports were based on every time we got a monthly report given on the results which also gave information on operators' activities at the time and conditions, so we have received several reports through the course of the year.

Mr McMILLAN: With regard to the reports that CMTS produced for you, were they essentially the same sorts of reports as you routinely received from GCG about what the result of the sampling was and what factors contributed to that result?

Mr Wynn: Essentially yes but with the addition that Coal Mines Technical Services had the technicians go underground with them and since that we have actually engaged with GCG to continue on with that same process.

Mr McMILLAN: Has there been any overarching analysis of the CMTS project and what you have learned from it?

Mr Wynn: Certainly. I think the biggest learnings from Coal Mines Technical Services's time on site was the educational program that they put in place with the workers around people positioning and activities that they were conducting on a shift basis.

Mr McMILLAN: Thank you. I note that the safety and health management system, at least for Oaky North and Oaky No. 1, now contains dust management plans as part of those systems. The current version of the Oaky North plan, which has been produced to the committee by Glencore, indicates that it was issued on 30 December 2015. Prior to that date, did the safety and health management system for Oaky North contain a documented dust management plan?

Mr Wynn: It contained what we call a standard operating procedure for dust management, yes.

Mr McMILLAN: Do I take it from what you have said that it was not formalised as a dust management plan but contained information relevant to the mitigation of coal dust?

Mr Wynn: It was a standard operating procedure on the safety and health management system that referred to the requirements of dust monitoring and dust controls.

Mr McMILLAN: Can I ask you perhaps more directly: what changed from the SOP to the dust management plan that we can see now as part of the SHMS?

Mr Wynn: Part of one of the strategies around dust control that we put in place was a dust committee. It originally started in about September 2014. One of the agendas of the dust committee was to look at industry best practice and to look at and review the dust monitoring results. What we realised was that we had a lot of dust controls, engineering controls and administrative controls in place already, but they were not captured in one document and they certainly were not captured in the standard operating procedure. We endeavoured to start to develop a hazard management document which encaptured the whole operation and all the dust controls that we currently put in place and it became the one document then.

Mr McMILLAN: When did that process of trying to consolidate those documents start?

Mr Wynn: From memory, probably in very early January 2015.

Mr McMILLAN: All right. Oaky North was issued with a directive by the Department of Natural Resources and Mines on 23 December 2015 requiring the establishment of a dust management plan. Can you explain how that directive fits into that time frame that you have described to me?

Mr Wynn: Yes. We already had the dust hazard management plan in place. The directive was issued, as you stated, in December over some single exceedances and the directive was for us to focus purely on the longwall, because that is where the single exceedances were. We did the investigations also on those single exceedances and all those operators were wearing PPE and have

subsequently had their X-rays completed and read by B readers. That directive was to issue a specific mitigation strategy around the longwall. There were two directives. The second directive was to supply all the dust monitoring results for the longwall for three months which we did and at that date the directive was lifted because we could demonstrate that we had those single exceedances removed.

Mr McMILLAN: So a directive is issued on 23 December, and I am obviously aware of the date, and 30 December is the date that appears on the dust hazard management plan. I take it that in those few days, including Christmas, all of that work did not occur so that, as you have already indicated, that plan must have been well underway at that stage?

Mr Wynn: Yes, it was. It may have gone under a review at the time.

Mr McMILLAN: I am trying to appreciate the process that is engaged in by the department with coalmine operators and this seems to be an example of an inspector coming in and issuing you a directive to do something you are already doing. Is that a fair statement?

Mr Wynn: I think the directive was in line to say, 'The current systems and practices you have in place need improvement.' The directive was to identify what those improvements could be, put them in place and then supply the department with the results to demonstrate that those additional things we have put in place are having an effect.

CHAIR: Did they advise you what improvements the inspectors wanted and when?

Mr Wynn: There was certainly a date for the expectation of when that had to be completed. They did make some recommendations. Some of them were recommendations that we were already doing. The others were more broad in respect of putting into place a longwall mitigation plan to improve results.

CHAIR: Can you tell me what PPE the miners were wearing at the time?

Mr Wynn: The PPE the miners were wearing at the time were P2 PPEs which are for dust and diesel particulate matter.

Mr McMILLAN: The hazard management plan that was implemented on 30 December includes a number of annexures and one of them is a dust exceedance interview template. As I understand it—and please confirm or correct my understanding—the process that is adopted at Oaky North and I think across the Glencore operations is that when a dust sampling records an exceedance an investigation is undertaken into that exceedance and how it might have occurred; is that correct?

Mr Wynn: That is correct.

Mr McMILLAN: That investigation includes an interview with the operator who was wearing the sampling device at the time? I need you to answer orally so that it can be recorded, if you do not mind.

Mr Wynn: That is correct.

Mr McMILLAN: When did that process of formally investigating dust exceedances start?

Mr Wynn: From memory it started around that period of time, about December 2015.

Mr McMILLAN: Mr Nicholls, could I ask you to confirm: does that process occur across Glencore's coalmining operations?

Mr Nicholls: It certainly happens at Oaky No. 1. That is the extent of Queensland so that is the extent of what I have knowledge of—

Mr McMILLAN: Of the underground operations?

Mr Nicholls: Yes.

Mr McMILLAN: Is there any process for investigating exceedances in the open-cut environment?

Ms Ah Wong: From my perspective, with Glencore Coal Assets Australia we have a suite of standards that oversight all of our operations. One of the substandards is incident reporting and one of the others is the health and hygiene standard. It is a requirement as part of our health and hygiene standard that all exceedances are reported and investigated.

Mr McMILLAN: When did that standard come into effect?

Ms Ah Wong: That standard would now be two years old. I can take that on notice to get you the exact date, but it has been in for at least two years.

Mr McMILLAN: All right. So it preceded the re-emergence or reidentification of CWP in Queensland?

Ms Ah Wong: Yes.

CHAIR: For the benefit of Hansard, Mr Jim Pearce, the member for Mirani, has just joined us. He has leave to attend any committee hearings that he wishes to participate in.

Mr McMILLAN: Prior to the implementation of the current dust management plan in December 2015, were respirable dust sampling results routinely provided to workers?

Mr Wynn: Yes, they were. That was the process.

Mr McMILLAN: Is that the case for results that were not exceedences or only for exceedences?

Mr Wynn: No, for both.

Mr McMILLAN: Ms Ah Wong, did that occur outside of the underground environment as well?

Ms Ah Wong: That is a requirement of the standard as well; that the results are communicated.

Mr McMILLAN: What about respiratory protective equipment? I note that there are requirements in the dust management plan for Oaky North about particular forms of RPE that is required now and from December 2015. Was any RPE required for any worker prior to that date?

Mr Wynn: Yes, it was.

Mr McMILLAN: What were the requirements?

Mr Wynn: The requirement is to wear personal protective equipment in production areas or depending on the activities—for example, seal construction is another activity that has elevated dust so there is a requirement to wear them then.

Mr McMILLAN: I want to be clear about that. You are saying that prior to 30 December 2015 it was mandatory for workers in underground operations at Oaky North to wear RPE?

Mr Wynn: In those areas that generated dust, yes.

Mr McMILLAN: Was that particular occupational groups, for example? How was that defined? When you say 'in areas that generated dust' what does that mean?

Mr Wynn: In production areas where we cut coal and also in those activities which I just mentioned—for example, seal construction. That is a dusty task as well.

Mr McMILLAN: Prior to December 2015 those workers were required under the safety and health management system to wear RPE?

Mr Wynn: Yes, essentially they were.

Mr McMILLAN: You seem to be hesitating, Mr Wynn. If you want to explain more, please do so. I am not sure I am following why there is hesitation.

Mr Wynn: No, certainly not. Those particular areas such as production areas and those activities, as I stated, are required to wear PPE. They certainly are.

Mr McMILLAN: And they were before December 2015?

Mr Wynn: Yes.

Mr McMILLAN: The submission that has been provided by Glencore makes reference to real-time dust monitoring. I note at the recommendation section of the commission that Glencore endorses the introduction of real-time monitoring. On page 5 of the submission you have made reference to the use by CMTS of the Hund gravimetric real-time monitors. Were those devices in use by Glencore prior to the CMTS project commencing in December 2015?

Mr Wynn: No, they were not.

Mr McMILLAN: So the monitoring that was being conducted by GCG and previously by Simtars was the traditional gravimetric monitoring that has been used in coalmining for 40-odd years or more?

Mr Nicholls: Yes, that is correct.

Mr McMILLAN: Was it CMTS's recommendation to utilise the Hund gravimetric monitoring as part of the task that you had engaged them to do?

Mr Nicholls: I am happy to answer that because I was involved in looking at the units when they came in. They were very supportive of the introduction of the units as part of the strategy to be able to do real-time monitoring down on the face. In the rest of the submission the PDM has also been discussed within these discussions—

Mr McMILLAN: I will come to that in a minute.

Mr Nicholls: The Hund was available so we put it into part of the strategy across Oaky North and Oaky No. 1.

Mr McMILLAN: Prior to the CMTS being engaged for their review and analysis project, Glencore did not own any of these Hund gravimetric monitors?

Mr Nicholls: No, not to my knowledge.

Mr McMILLAN: Have you since purchased any?

Mr Nicholls: Yes.

Mr McMILLAN: Are they now being used routinely for real-time monitoring at Oaky North or Oaky No. 1?

Mr Nicholls: Yes.

Mr McMILLAN: How many have been purchased?

Mr Nicholls: We have a couple at Oaky No. 1. I can give you a definitive number. I think there are four at Oaky North.

Mr McMILLAN: Bearing in mind that I am going to ask you about the PDM in a minute, why did you choose to purchase those particular units at that time?

Mr Nicholls: Firstly, they were in use and we could see them in use with Coal Mines Technical Services. We had some operational kudos right away with them. I was thinking back over time, and without going to the PDM3700, there was a precursor unit to that called the PDM3600.

Mr McMILLAN: Yes.

Mr Nicholls: It never to my knowledge really came into Australia, but I can recall back at Newlands in 2001 I bought one for monitoring of intake roadways because we were working fairly close to an open-cut operation in terms of the underground and, frankly, it was not a raging success. The Hund units appear to be much more robust.

Mr SPRINGBORG: Why was it not a raging success?

Mr Nicholls: Battery life was an issue and the unit did not have a particularly long run time.

Mr McMILLAN: Just to clarify, that was the unit where the battery was attached to the cap lamp?

Mr Nicholls: No, this was a stand-alone unit that used to hang around your waist. We used to put it out in the mains.

Mr SPRINGBORG: The 3600 did have the cap lamp, though, did it not?

CHAIR: Yes, it did.

Mr McMILLAN: The committee understands that the previous generation of the PDM3700 was a unit where the battery was attached to and drove a cap lamp as well. The intake device was attached to the cap lamp. That is not the device you are talking about?

Mr Nicholls: No, this was very similar to a methane monitoring unit and we placed it out in the main roadways.

Mr McMILLAN: When was it that you purchased that?

Mr Nicholls: About 2001 to 2003. I can remember I had an American longwall superintendent who went home on a holiday and brought one back.

Mr McMILLAN: So it may have been an earlier generation of some form of real-time monitoring?

Mr Nicholls: It could have been, but at that stage it was certainly not something we had seen in Australia.

Mr McMILLAN: I take it that you essentially formed the view that it was not practical for widespread implementation in Australian coalmining?

Mr Nicholls: Not at that stage.

Mr McMILLAN: In relation to the Hund gravimetric unit, a number of Glencore employees, as you are no doubt aware, have already given evidence to the committee. I want to put to you some evidence that they gave about that. The first was evidence on 14 December 2016 by a worker in Tieri who said essentially that the Hund units have only been available in the last six months. That is consistent with what you have just told us; that it was only fairly recently that you have implemented the use of those units in underground operations.

Mr Wynn: That is correct. It was some time after we engaged Coal Mines Technical Services that we took on the Hund units.

Mr McMILLAN: Workers who gave evidence to the committee on 15 December in Emerald explained that in their experience those monitors were only allowed to be used by the undermanager and had to be taken underground by that person. Is that correct?

Mr Wynn: Currently the process we have in place is that the undermanager takes the unit underground on a shiftly basis and records the results and shows the workers.

Mr McMILLAN: Why have you chosen to adopt the process that only that particular person is able to use that unit?

Mr Wynn: It is just the current process we have adopted that the undermanager gets a shiftly work order which is part of the process. It outlines the locations that the person is required to go and monitor. He goes down, takes those monitors, confirms and shows the operators to the controller underground, and then he captures that on the document and we record it.

Mr McMILLAN: Why have you chosen to limit it to the undermanager?

Mr Wynn: I guess it was just a practical way for the undermanager who gets around all of the operations in the course of his shift to get across to the different areas and take those Hund readings.

Mr McMILLAN: Mr Wynn, you have been provided with a copy of the transcript of that hearing on 15 December. Have you read it?

Mr Wynn: Yes, I have.

Mr McMILLAN: Do you recall the evidence—without me going to it in detail—that those workers gave that, despite repeated requests for that unit to be utilised, it is rare for the undermanager to have time to go about that monitoring task? First of all, to be fair to you, do you know the evidence I am talking about?

Mr Wynn: Yes, I do.

Mr McMILLAN: Can you respond to that?

Mr Wynn: Certainly. Those individuals in the transcript in Emerald are on the maintenance crews, so it would not be uncommon for them not to see an undermanager because the intent of the Hund reading is to get across to the production crews and see what the dust results are in those areas. I cannot be specific on whether they have seen the undermanager or not. That is an opinion they have formed.

Mr McMILLAN: Have you made inquiries either since reading that evidence or before about the frequency with which the undermanager has in fact utilised that device?

Mr Wynn: Certainly. I did that after the Tieri hearing as well.

Mr McMILLAN: What is the frequency?

Mr Wynn: It is on a shiftly basis. We did an audit of the previous month and it was about 95 per cent compliant. Some of the times the undermanager did not record the results were during maintenance day activities when there was no production.

Mr McMILLAN: So just to break it down for me into simpler language, does that mean that for 95 per cent of the shifts in that previous month that you audited during a shift at some stage, the under manager used that device to undertake dust sampling?

Mr Wynn: That is correct, and the other five per cent were a combination of maintenance day activities where there was no production so it did not require taking any Hund readings.

Mr McMILLAN: What has been learned from that sampling?

Mr Wynn: The biggest thing that has been learnt about the Hund—and coalmine technical services also utilise them when they go down with the operators—is that we look at people's personal positioning. It is an education process to show that if an operator was standing here the results would be this, but if an operator was standing there the results could be better. If they obviously could operate safely then those practices were adopted. The additional thing with the Hund is that because we take it in the same locations we can build up a baseline. If we see on a shift basis that the dust results may be increasing then we can investigate what the cause of that may be and put controls in place.

Mr McMILLAN: The committee has been provided by Anglo coal with a position paper dated 28 September 2016. That appears to be a joint position paper between Anglo and Glencore essentially supporting the certification and use of the PDM3700 real-time dust monitor. I am happy

for any and all of you to contribute to this answer if you can. Why is it that Glencore supports the use of that particular monitor and what advantages or disadvantage does it have over the Hund gravimetric monitor that you are already using?

Mr Nicholls: I will be happy to take the first part of that question. We are supportive of the 3700. I suppose in front of the committee you have had a guy from Anglo called Jordan Taylor. He is pretty red hot on the technical aspects of the PDM3700. We can certainly see the usefulness of the device in the time weighted average component. We think that is great. The Hund is instantaneous. We also know the Hund can suffer from atmospheric contaminants such as large amounts of water and other things so it is indicative only. It is not absolute. The PDM would appear to be a far more inherently accurate unit.

Mr COSTIGAN: Sorry to interrupt. Mr Wynn, did you work with Mr Taylor in your days at Anglo?

Mr Wynn: No, I did not.

Mr McMILLAN: Does the Hund unit provide cumulative exposure over the course of a shift in the way that the 3700 does?

Mr Nicholls: No, it does not.

Mr McMILLAN: It is a continuous instantaneous reading?

Mr Nicholls: Yes. As I take an operational view of the PDM, as I sit here I say to myself, 'If I can have something that gives me a TWA, it is going to indicate when I am going to exceed and that allows me the opportunity to pull back and be relocated in another role.' I have always taken the position on the PDM3700, if it is used correctly we should not have exceedences.

Mr McMILLAN: You are aware, I take it, Mr Nicholls that Anglo coal have purchased a number of those units and are in fact using them underground, albeit with certain limitations, at Grasree and their other underground operations?

Mr Nicholls: Yes, I am.

Mr McMILLAN: Has Glencore purchased any of those units?

Mr Nicholls: No, we have not.

Mr McMILLAN: Why not?

Mr Nicholls: We are heading up the path of certainly working as part of this joint group. We think that there is a definite upside there for us to be able to get these units for general use in the underground coalmines. We are still pursuing the certification path at this stage and the hood units are proving effective for us at the moment.

Mr McMILLAN: Are you aware of the evidence that Simtars gave to this committee essentially saying that they had no intention of certifying the 3700 unit?

Mr Nicholls: No, I am not at this stage. I can tell you that the last briefing that I had on the PDM was that we had received testing data out of the US and it had been sent to Simtars and they were in the process of conducting a gap analysis to the Australian standard with the testing work that had been done in the US on the PDM.

Mr McMILLAN: You have not had the opportunity as yet to read the transcript of evidence that was given by Simtars?

Mr Nicholls: No, I have not.

Mr McMILLAN: I encourage you to do so and to pursue that with them. As an organisation do you see any limitation or impediment to the use of that unit to better understand the exposure of your workers to coalmine dust in the underground environment?

Mr Cribb: No, in fact we see it as an advantage because when there are periods of not normal situations on a longwall—where you may have roof trouble or something like that—and you cannot operate in the automatic mode then it would give us an additional tool for monitoring people's exposure to dust when, for instance, you are operating in the manual mode and moving supports forward over the broken roof. We can ensure that we rotate people on the right frequencies.

Mr McMILLAN: Mr Nicholls or anyone else, have you had the opportunity to review the evidence that Mr Taylor from Anglo gave to the committee some weeks ago?

Mr Nicholls: No, I have not, but I did participate with Mr Taylor when we presented this particular instrument to the Queensland mining industry health and safety advisory committee.

Mr McMILLAN: I was simply going to ask whether you had anything further you wished to add to his evidence about the 3700 for the committee's consideration, but you have not read it. Is there anything else you wish to let the committee know about the 3700 or Glencore's approach to it?

Mr Nicholls: I will speak in general terms about how I see it with the PDM, if that suits.

Mr McMILLAN: Thank you.

Mr Nicholls: It is a good technical step forward for us, but we know that there are issues that need to be overcome if we are able to implement it and use it above half a per cent methane. I think it is a goal worth pursuing.

Mr McMILLAN: You have of course recognised in your submission that dust-monitoring devices are essentially not the solution, but the reduction and mitigation of dust is the solution. Could you explain to us in a little more detail the role that automation can play in that regard and the work that Glencore has already done and is continuing to do in that regard?

Mr Nicholls: We will give a joint answer. Damien can speak on that more directly. Automation offers the opportunity to remove the operator away from the source. With the amount of gas drainage and other matters that are conducted underground our coal is getting inherently drier. The ability to remove the operator out of the work area offers great opportunity in terms of ensuring that we are not sitting here in 10 years time talking about the same issue. I think automation is part of natural progression. It is another weapon in the tool kit against CWP.

Mr McMILLAN: Does anyone else want to add to that evidence?

Mr Wynn: I would have to say that I support Mr Nicholls's and Mr Cribb's comments. We have had a great deal of success with optimisation and automation on the longwall which again removes the individual from the dust source.

Mr McMILLAN: I note from your submission at page 8 that between 2000 and 2010 the bulk of your dust monitoring was undertaken by Simtars and thereafter you implemented a Queensland-wide contractual arrangement with the Green Consulting Group. Why did you change from Simtars?

Ms Ah Wong: I will take that question. I cannot answer it directly. I was not involved in the transition from Simtars to CGC. However, having worked with the CGC, I would like to assume that some of the decision was based around the expertise within the organisation. Typically, our processes internally require us to go through quite a regimented process in view of selecting a contractor or a consultant. I would assume that a similar process was followed. At that point in time, I was not directly involved in the transition to CGC.

Mr McMILLAN: Are any of you able to speak to the differences in experience in dealing with and the service that was provided by Simtars as opposed to CGC?

Ms Ah Wong: No, I cannot.

Mr Wynn: No.

Mr Nicholls: No.

Mr McMILLAN: I wanted to ask you some questions about Glencore's response to the reidentification of CWP in 2015. Your submission refers to—and I think Mr Cribb you made reference to this earlier in your opening remarks to the committee—that from December 2015 the entire underground workforce was offered new chest X-rays?

Mr Cribb: Yes, that is correct.

Mr McMILLAN: First of all, how did Glencore come to the view that that was an appropriate step to take—that is, to offer its entire underground workforce the opportunity for a new chest X-ray?

Mr Cribb: Probably because of the level of uncertainty at the time. Even at the advisory council level we had discussions that then led to the notice that was put out to the industry by Sir Harrison on 10 December about where we had to go to get X-rays completed. It was trying to allay the fears or the uncertainty that existed at the time because of the positive reading results from screening in America, to be honest. I understand the concern that was in Australia at the time. That was part of the decision-making.

Mr McMILLAN: How was that offer communicated to the workforce?

Mr Cribb: I would have to ask Darren to answer that.

Mr Nicholls: Damien at Oaky North put a written communication out offering X-rays and the same occurred at Oaky No. 1.

Mr McMILLAN: Was any offer made to former employees or employees who were not currently working in the underground environment at Glencore?

Mr Cribb: Not until late 2016 when we followed a process of trying to establish contact details for our retired mine workers or those who left through ill health from our records from 2003 forward. We made that offer in late 2016 and we have had 26 responses that people wanted to pursue that.

Mr McMILLAN: When you say you made that offer, how did you make that offer?

Mr Cribb: We looked at their previous details and addresses and sent them a letter of invitation and asked them to contact Glencore. We had made arrangements with different clinics to be able to provide that service.

CHAIR: Did you work with the union in relation to this process? They would be more likely to have current address.

Mr Cribb: No, we just worked through our HR departments.

CHAIR: You did not contact the union to assist you?

Mr Cribb: No, it was something I did not give consideration to, that is all.

Mr McMILLAN: Could you please provide the committee with a de-identified version of that letter? I assume it was a template letter that was sent to all those whom you had contact details for?

Mr Cribb: Yes.

Mr McMILLAN: Could you provide a copy of that letter to committee please?

Mr Cribb: Yes, we will.

Mr COSTIGAN: I would like Mr Cribb to tell us how many of those letters did not actually find the recipients?

Mr Cribb: I cannot answer that today, but I will. I will take that on notice and do that. We are tracking them all.

Mr COSTIGAN: Thank you.

Mr McMILLAN: Perhaps while you are dealing with that question on notice if I can ask you to take this on this notice as well. How many letters were in fact sent—to how many workers?

Mr Cribb: There were 76.

Mr McMILLAN: Only 76 letters?

Mr Cribb: Yes.

Mr McMILLAN: Why so few?

Mr Cribb: That is the people who retired in that time. We have had resignations that is where people have left and sought other employment. We have done it on a priority basis. That is the number.

Mr McMILLAN: I want to understand that a little more. Oaky North has been mining coal in Queensland since 1983. There would be many thousands of workers who have retired since 1983. What are the 76 names that you have referred to?

Mr Cribb: From our data these are our employees who have retired or left due to ill health.

Mr McMILLAN: Since when?

Mr Cribb: Since 2003. I will provide that.

Mr McMILLAN: Thank you.

CHAIR: Did you use the electoral rolls to find your previous employees?

Mr Cribb: No, my understanding is that we used our own HR system—our own records.

CHAIR: So it is half-hearted, in other words?

Mr Cribb: I do not see it as being half-hearted. We used the records that we had. If we turn out to be deficient then we will address that. There was no attempt to be half-hearted.

Mr COSTIGAN: Mr Cribb, the number of former employees, 70-odd, is during the time that Glencore owned the mine, obviously, as opposed to the previous 20 years going back to the early days of Oaky Creek, which was not under your company's watch.

Mr Cribb: That is correct.

CHAIR: Did you have the records going back to 1983?

Mr Cribb: I cannot answer that, to be honest, but I will take that on notice and find out.

Mr McMILLAN: You have made reference in your submission as part of the offer that was made commencing in December 2015 to employees being offered the chest X-ray to be undertaken at a specialist radiologist clinic. A dot point in your submission says—

Chest x-rays undertaken at a specialist radiology clinic, qualified to screen chest x-rays in accordance with International Labour Organisation ('ILO') Classification.

How did you determine that the clinics you referred your workers to had radiologists who were qualified to do that?

Mr Cribb: Again I will take that on notice. My understanding was that we worked off a register of people in the first instance to do the screening, and then secondly for those who elected to have had them sent overseas, we facilitated that.

Mr Wynn: I can probably add a comment to that. The general manager at the time, Mr John Snape, contacted the Royal Australian and New Zealand College of Radiologists and got a list of the ones that they recommended to us.

Mr McMILLAN: When you say a list of the ones they recommended to you, Glencore has put in its submission that those people were 'qualified to screen chest X-rays in accordance with the International Labour Organisation Classification.' Did the college of radiologists tell you that the people they were identifying were qualified to screen in accordance with the ILO classification?

Mr Wynn: Yes, they did. From memory, they did.

Mr McMILLAN: Are you aware that the National Institute for Occupational Safety and Health in the United States has a training course and accreditation program for persons—not just radiologists—to become qualified and accredited to classify chest radiographs in accordance with the ILO standard?

Mr Wynn: I am now, yes.

Mr McMILLAN: Are you also aware that there is not a single person in Australia even to this date who is so qualified and accredited by NIOSH?

Mr Nicholls: No, I am not aware of that.

Mr McMILLAN: Subsequent to that initial approach have you sought any assurances from the college of radiologists that the people you are referring your workers to are in fact capable of screening your workers for CWP to the ILO standard?

Mr Nicholls: No, not to my knowledge.

Mr McMILLAN: Were workers in your open cut coalmines offered the opportunity for new chest X-rays as well?

Mr Cribb: Yes, they were.

Mr McMILLAN: When was that offer made?

Mr Cribb: After the announcement of the first diagnosis of an open cut worker.

Mr McMILLAN: In, I think, mid-2016?

Mr Cribb: I would have to get the exact date, but it was after the announcement.

Mr McMILLAN: How was that offer communicated?

Mr Cribb: In the same manner that it was done with the underground workers.

Mr McMILLAN: Is it your intention to extend that offer to retired open cut workers as well?

Mr Cribb: We can do that. To be honest, I had not thought of that at this stage, but we definitely can make that available.

Mr McMILLAN: Why had you not thought of that at this stage?

Mr Cribb: My focus was heavily on the underground workers.

Mr McMILLAN: Does Glencore now accept that workers in your open cut coalmines face significant risk to their health from the respiration of coalmine dust?

Ms Wong: Going back to that work in 2010, we did recognise that respirable dust was just as applicable to open cut as what it is to underground. I guess to summarise, it was always a health hazard that we were aware of for both open cut and underground.

Mr McMILLAN: The committee has heard evidence from a significant number of coalmine workers, including a significant number of open cut workers, and I think I can fairly summarise the evidence in this way: a tiny fraction, if any, of the workers who have given evidence before this committee who have only ever worked in the open cut environment have had a chest X-ray or have had one since their initial coal workers health assessment when coming into the industry. That suggests, at least on the evidence before this committee, that a very significant proportion of the open cut workforce has no real knowledge about their CWP status, if I can put it that way. Do you accept that an offer and encouragement to those workers to investigate their status is indicated?

Mr Cribb: Yes, we can follow up on the approaches that we have already made. At this stage, with the change in the legislation anyone new entering the open cut has a chest X-ray, and of our current open cut employees about 10 per cent to date have asked for those new X-rays.

Mr McMILLAN: Thank you for reminding me. I do not think I actually asked you about the take-up of the new chest X-rays in the underground workforce.

Mr Nicholls: The take-up of new chest X-rays has been in the very high 90s for Oaky No. 1 and Oaky North.

Mr McMILLAN: Mr Nicholls, I note from the submission that in December 2015 and January 2016 you also met with the contract labour providers to encourage them to offer chest X-rays to their staff.

Mr Nicholls: Yes.

Mr McMILLAN: Is there any mechanism by which Glencore could have compelled those who provide contract labour to your mines to do that?

Mr Nicholls: It is a good question and we talked about it at the time, however, I did not need to because their take-up was fine. They were certainly motivated to follow what we had done and they had no issue with it, so we never got to the point of discussing any contractual changes or any of those matters. There would be mechanisms available, but we have not had to do that. They were quite prepared—the four major contractors I met with—to take the ball up themselves.

Mr McMILLAN: Do you know what the take-up amongst the actual contract workforce was?

Mr Nicholls: Yes, it has been variable from contractor to contractor. One contractor is at 100 per cent, so the entire workforce has taken up the option of another X-ray and been through. Another workforce has 56 per cent take-up and they have nearly everybody through, so it sits somewhere in that range.

Mr McMILLAN: Can you provide us with a general proportion or breakdown across the two underground mines of the permanent as opposed to contract workforce so we can understand what those numbers really mean?

Mr Nicholls: You can work on about a third contractors within our workforces. Oaky North, if you work on at the moment I think 436, about a third of them are contractors and Oaky No. 1 is similar. Lower numbers, but still running on that third basis.

Mr McMILLAN: Can I ask each of you whether you have read the respiratory component of the Monash review of the coal workers' health scheme?

Mr Cribb: Yes.

Mr Nicholls: Yes, I have.

Ms Wong: Yes.

Mr Nicholls: Recommendations.

Mr Wynn: As well: recommendations.

Mr McMILLAN: Even from a review of the recommendations you will each no doubt now be aware of the criticisms made in that report of the nominated medical adviser program under the coal workers' health scheme and the significant growth in the number of nominated medical advisors and a number of the other criticisms that are made of the current arrangements for those officers. Has Glencore given any consideration to, or taken any step to, review the appointment of its nominated medical advisors and/or rationalise the number of them?

Mr Wong: We are having a review of nominated medical advisors across all of our operations in Queensland. Typically—

Mr McMILLAN: Sorry, you are having it or you have had it?

Ms Wong: I had a review of the nominated medical advisors. Typically across each of the operations there are approximately two nominated. With the location of our operations, they are often associated with the town in which that operation resides, so there is a relationship there with that nominated medical adviser. At one of our operations the number of nominated medical advisors had become excessive. They had appointed seven and they have been required to undertake a review of that number.

Mr McMILLAN: What operation was that?

Ms Wong: That was Rolleston. As a mechanism to bring that number down to something that is more realistic with regard to the fact that it is recognised that there should be a relationship with that doctor which has been relevant and prevalent in the other operations reviewed.

Mr McMILLAN: Is that review now complete?

Ms Wong: Yes.

Mr McMILLAN: Where necessary you have given directions to the particular operators about what they need to do?

Ms Wong: That is right.

Mr McMILLAN: Is it only the one operation where you have directed them to review and rationalise the number of NMAs?

Mr Wong: Yes. The number of NMAs, yes.

Mr McMILLAN: When did that review take place?

Ms Wong: Probably about six months ago.

Mr McMILLAN: Did you conduct the review yourself or was it done elsewhere?

Ms Wong: I specifically looked at it myself.

Mr McMILLAN: Did you give consideration to what criteria or expectations are in place for the appointment of an NMA in terms of what are you looking for in a nominated medical adviser?

Ms Wong: Like I said, a lot of the operations were associated with the town, so typically the doctor in that town has been appointed as a nominated medical adviser. In some cases Dr David Parker overlooks some of those NMAs from a coaching perspective, so if we have a new doctor come into the town he certainly is able to provide—on a medical basis at least—the requirements of a nominated medical adviser. He used to be actively involved in the NMA sessions that they used to have, I understand some years ago, which sort of dropped off over the years, so he is well aware of those requirements and has a lot of history. That was something that was considered as part of that review.

Mr McMILLAN: Are you satisfied that, apart from the Rolleston NMAs, the NMAs who continue to be appointed for your other coalmining operations have an adequate knowledge of the coalmining industry in Queensland?

Ms Wong: I cannot say definitely that entering into the nominated medical adviser position they do have that knowledge, and I think that is a shared responsibility in ensuring that they gain that understanding of the coalmine and environment through visits to coalmines and understanding our health risks that we have that are relevant to the organisations which they are servicing. I think that is a very important step. I certainly support the findings within the Monash review in relation to the nominated medical adviser and see that it is a component of this review that does need attention.

CHAIR: Have any of your nominated medical advisors been underground or visited the open cuts?

Ms Wong: Yes, they have.

CHAIR: How many?

Ms Wong: I have to get back to you with a number. I will take that on notice, if that is okay.

Mr McMILLAN: Is it a requirement to maintain appointment as a nominated medical adviser with Glencore that you have visited the mine that you are appointed to?

Ms Wong: It is not a formal requirement within our system; however, as I understand, it is something that does occur. But it is not a formal driver in the system.

Mr McMILLAN: Mr Wynn, first of all to clarify for the purposes of the transcript: nominated medical advisors are in fact appointed by the site senior executive for that particular mine; is that right?

Mr Wynn: They are appointed by the coalmine operator. Mr John Snape was the general manager at the time.

Mr McMILLAN: As the site senior executive—the SSE—do you make a recommendation to Mr Snape as to who you want appointed for your mine?

Mr Wynn: I have not. As Kylie said, in the township of Tieri where I work, and Oaky North is a part of, the doctors are the local doctors in town. The two doctors who I have been aware of since I have been at Oaky North are Dr Parker, who is the NMO, and another doctor, Dr Sandals, I think.

Mr McMILLAN: Had both of them been appointed prior to you taking up the role of SSE?

Mr Wynn: That is right.

Mr McMILLAN: What are the terms of their appointment? They are limited terms in terms of the number of years of the contract, or at any stage do they have to reapply for appointment as a nominated medical adviser?

Ms Ah Wong: Not under our current system. Under our current system, we have an appointment process that largely replicates the requirements within the legislation.

Mr McMILLAN: That helps me understand, Mr Wynn. Since you have been the SSE, you have not been called upon to essentially consider the appropriateness or otherwise of the current appointments?

Mr Wynn: That is correct.

Mr McMILLAN: As part of the review that you undertook, Ms Ah Wong, were you satisfied that the two doctors who were appointed for Oaky North were suitably experienced to perform the duties that they have to perform under the NMA regulations?

Ms Ah Wong: I did not look at qualifications and the like. I defer to Dr Parker to assist in making sure that the relevant NMAs have the correct qualifications to undertake the role of the nominated medical adviser.

Mr McMILLAN: Who is Dr Parker?

Ms Ah Wong: Dr David Parker is a nominated medical adviser for a number of our sites and also operates the doctor's surgeries in both Glenden and Tieri. We have had a longstanding relationship with Dr Parker over many years. Whilst I was at Oaky Creek, he would get involved in our health risk assessments. He has been involved in some of our fitness for work risk assessments. We have had a longstanding relationship with him and we are confident that he knows our operations and has been actively involved in them over the years.

Mr McMILLAN: Dr McPhee is a nominated medical adviser but also a former president of the Rural Doctors Association of Australia. He gave evidence to the committee in Emerald. In his evidence he expressed some views that, as a minimum, doctors who are appointed as nominated medical advisers should have an understanding of the different roles and occupational tasks that are undertaken by coalminers, that they should have attended a coalmine and, if appointed to an underground mine, have been underground. Would you endorse those comments as a minimum expectation for doctors appointed as NMOs to your mines?

Mr Cribb: Yes.

Ms Ah Wong: Yes, and again, we would certainly support the recommendation coming from the Monash review—that there are additional things that need to be done and they need to have a knowledge of our operations.

Mr McMILLAN: You have referred in your submission to the scenario database that coordinates worker health assessments across the Queensland operations. Is that a database is that owned by Glencore?

Ms Ah Wong: Yes, it is.

Mr McMILLAN: Is that database then provided to the doctors who are appointed as NMAs to record information?

Ms Ah Wong: No. What will happen is the nominated medical adviser will issue the form advising us that a medical has been undertaken and the person is either fit to conduct their work or they require a review. That information is input at our end—at the operational end. Evidence of that is scanned in through that form that we receive from the nominated medical adviser. They do not have access to the database. We do not expect that they input that information. We just want them to be able to do the medical and we will take care of the administrative side.

Mr McMILLAN: Does that also mean, though, that they do not have access to the previous health assessments undertaken for the worker whom they are currently assessing?

Ms Ah Wong: We do not have records of the medical as such undertaken. We only have evidence that they have undertaken a medical assessment. We do not hold their medical records. The scenario database simply identifies that the person has a valid medical. That helps us to ensure that that is current and maintained as current. It is linked to a swipe-on swipe-off system. As people enter into the site, they are required to swipe on. If they do not have a current Coal Board medical, then we are alerted. That helps us to maintain a current medical for all people, including contractors and employees across our operations. That is the function of it and that is the purpose of it.

Mr McMILLAN: If a coalmine worker comes to Glencore from another coalmine operator, are they required to undertake a fresh coal workers health assessment, or do you accept the current assessment that they have for their previous employer?

Ms Ah Wong: We will check two things on the existing medical. We will check that the position that was listed is relevant to the position that they are working at with us. For example, if they had come from an open-cut environment and they are coming to an underground environment, then we would require them to do another medical. That is our primary focus. However, if that is in line with the position that they are working with for us, then we accept that medical.

Mr McMILLAN: A worker who is going from one mine as a shearer operator to a Glencore mine as a shearer operator should not need to undertake another medical and certainly not another chest X-ray?

Ms Ah Wong: Just to quantify that, that is for contractors. For our employees, we would go through a pre-employment medical with them.

Mr McMILLAN: I am particularly interested in the chest X-ray. Just to clarify, that medical would include a chest X-ray for an underground worker?

Ms Ah Wong: Yes, it would.

Mr McMILLAN: If they are coming into your business as a permanent employee from a business where they were previously a permanent employee and, presumably, had a medical, including a chest X-ray, why do you require them to have another chest X-ray?

Ms Ah Wong: I think it has just been part of our process over the period. You do not often get people come in who potentially have had a medical only six months ago, or 12 months ago; it is usually some time ago. It has just been part of our processes. There has always been a requirement to do so.

Mr McMILLAN: The committee has heard evidence from coalmine workers. Among the raft of evidence that the committee has heard about the failures of the health assessment scheme, one of the concerns is that workers are required to undertake chest X-rays when moving from one operator to another, exposing them to radiation associated with those X-rays. Do you see that there is the potential for some reduction in that exposure by accepting, presuming that the system is working correctly, universally our current health assessment across the industry?

Ms Ah Wong: From my perspective I do not see that there is an issue with that. I believe that it needs to come back to the role that the person is playing. That needs to be one of the primary drivers to the process that is followed thereafter. Like I said, it has been one of those things that has been part of our system. As an employee, you do a pre-employment medical. However, I do not see that it is something that cannot be considered as part of the review.

Mr McMILLAN: One of the coalmine workers who gave evidence to the committee in Mackay gave evidence that he had, I think, six chest X-rays in seven years when moving between operators. I should indicate to you that at least one of those employers was Glencore. He worked for a time at Oaky North. Surely, you would accept that that level of exposure to radiation is excessive and unnecessary?

Ms Ah Wong: I would have to agree.

Mr McMILLAN: And that any efforts that can be made to streamline that process while ensuring that workers are being properly screened and monitored should be pursued?

Ms Ah Wong: That is right. I do not know the situation with that particular individual, but I would have to agree with that comment.

Mr McMILLAN: I wanted to ask you specifically about the cases of coal workers' pneumoconiosis that have emerged from your workforce. I note in your submission at page 3—and, Mr Cribb, you acknowledged in your opening remarks—that at this stage three workers from your current workforce have been confirmed with early stage pneumoconiosis. Are you aware collectively of any other current or former Glencore mineworkers who have been diagnosed with CWP, or another coalmine dust lung disease?

Mr Cribb: Yes, we are.

Mr McMILLAN: How many?

Mr Cribb: One.

Mr McMILLAN: One other?

Mr Cribb: We were recently notified—via, I think it is, a common law action—that we were nominated as one of five or six sites that a contractor had been employed at as a contractor.

Mr McMILLAN: Was that an underground site, or an open-cut site?

Mr Cribb: He had spent time at Oaky No. 1 and I believe a short term at Oaky North, I think, during a longwall move.

Mr McMILLAN: Both of those are underground?

Mr Nicholls: Yes, they are.

Mr McMILLAN: You have noted in your submission that each of the three workers referred to in that submission had chest X-rays upon commencement of their employment with Glencore but that CWP was not identified on any of those initial commencement chest X-rays. As a business, have you conducted a review of the health assessments undertaken for those workers in the time that they were in Glencore's employ?

Ms Ah Wong: We have had a specialist review each of them. The majority of the specialists have looked at their previous X-rays that they had had as part of that consultation through the identification of pneumoconiosis. I believe there was one that was not picked up via X-ray and there were two that were picked up via X-ray. However, they were believed to be a different issue.

Mr McMILLAN: Two of those miners—and I respect your efforts to maintain their confidentiality in the course of your evidence—have given evidence in public hearings before this committee on 14 December 2016 in Tieri. They were Mr Brad Rogers and Mr Gavin Anastasi. Mr Rogers told the committee—and I am referring to page 14 of the transcript—that he started mining at Mount Isa in 1985 and then at Oaky North in 2002. He said that he had had medicals every five years as required, including chest X-rays, and then he was ultimately diagnosed with CWP in 2015. Of particular significance, I would suggest, in his evidence was that when Dr Edwards reviewed his case—he was able to locate the chest X-ray that was taken in 2009—in Dr Edwards' opinion, as relayed by Mr Rogers in his evidence, CWP was clearly apparent in the 2009 X-ray. It would seem that that was not identified by the radiologist who read that X-ray, or by the nominated medical adviser who undertook the health assessment in 2009.

Ms Ah Wong: I do not have all the information due to confidentiality. With that particular case, there was certainly an issue identified on the X-ray, as I understand it. However, it was not diagnosed as CWP; it was picked up as a different health issue and, as a result, did not progress past there.

Mr McMILLAN: Do I take it that, given that Mr Rogers continued to work in the underground environment, in 2009 he was certified, or assessed as being fit to work in that environment?

Ms Ah Wong: Yes, that is right. At that particular time, as I understand, there was further follow-up that was required, because the nominated medical adviser at the time did identify something on the X-rays. However, it was not diagnosed as CWP, which was why he was given an ability to return to the underground environment.

Mr McMILLAN: You have, I take it, then conducted essentially a review to make sure that the work that was done by the nominated medical adviser was not negligent in that you continued to use that person?

Ms Ah Wong: That nominated medical adviser who did that review in 2009 is not with us any longer. However, in each of these we have done a full review to understand the different steps and mechanisms and to understand how, if a diagnosis was there and available, it was not picked up.

Mr McMILLAN: Mr Anastasi told the committee that he started work at Xstrata in 2010 or 2011. He was diagnosed in 2015. He did not know whether his medical records and the chest X-ray that was taken in 2010 or 2011 was still available or, in fact, whether it had been subsequently reviewed. Have you undertaken any process to assist him with that or to ascertain whether those records are available?

Ms Ah Wong: Yes, I did read that transcript. I was really fortunate with Mr Anastasi to be able to attend an appointment with him with Dr Edwards. I was very grateful for that because it allowed me to—I am always actively involved in what we refer to as our high-risk cases. I was fortunate enough to be able to attend. I realise at that point in time the information coming from Dr Edwards was quite overwhelming for Mr Anastasi. However, it was actually as part of that appointment that Dr Edwards did review that X-ray, and there was nothing that he could identify on the X-ray itself. I

do appreciate Mr Anastasi’s comments and I can understand why that was not something that he would remember as part of that consultation. I was there. Dr Edwards did review that X-ray and there was nothing that he could see on the X-ray itself.

Mr McMILLAN: Was that X-ray able to be sourced through Glencore or was it sourced by Dr Edwards through the doctor who initially read it?

Ms Ah Wong: To be honest, I cannot answer that. I do not know how it was sourced.

Mr McMILLAN: Both Mr Rogers and Mr Anastasi gave evidence—and I think, Mr Cribb, you referred to this earlier—that they have been moved from underground to surface jobs in low-dust environments. They both said that Glencore had been supportive of them and that they had not lost any income as a result of those moves. How secure are those arrangements? What arrangements are being put in place, for example, in relation to standard bonus payments and so on that underground coalminers would ordinarily expect as part of their remuneration?

Ms Ah Wong: It is a good question. I would like to go back to what I referred to earlier with the fact that these are high-risk cases. Within Glencore Coal Assets Australia we run an employer based injury management model. As part of that model, one of the things that we do is that from the minute somebody either is diagnosed or has an injury we risk rank, if you like, the particular case in view of their inability to return to their pre-injury duties. With each of these three cases, they progress—I have been in the injury management role, if you like, over the last 20 years. I started as a rehab and return-to-work coordinator. I have had a lot of exposure to workplace injury and occupational illness, if you like, from the perspective of what these three gentlemen are going through.

Right from the time that their diagnosis took place, they escalated directly to a high-risk case because of their inability to return to their pre-injury duties. In my 20 years experience I do not think I have ever seen that occur. That is a big step for them, to understand and comprehend overnight that they are not able to return to their pre-injury duties. In the same sense, we then needed to make sure that we put the plans in place to assist them with what we call a sustainable return-to-work outcome. This is something that I have certainly never dealt with in all of my time in injury management. I have never dealt with somebody with a dust disease. There was no book that indicated, ‘This is what you do,’ or ‘These are the steps that you take.’

With each of the three people affected, our very first priority was their safety, so we did remove them from underground and we put them in surface positions. We are now working with them to understand what they would like to do. The major point to our rehabilitation process is to work directly with them to redeploy them to a role and to an industry potentially where they see themselves. There is no point in just putting them into a vacant position and saying, ‘There you go. There is your new job.’ It has to be something that they want to do. They wanted to work underground. That is why they were there. We now need to assist them to redeploy into a new role.

For one of the individuals mining is later in his career and he has decided that mining is not the future for him. We are presently working with him now to identify where he wants to be. That is the same as Mr Rogers and Mr Anastasi. Like I said, our first priority is their safety. We have them in surface roles doing meaningful duties, whilst we work with them to understand what the next step is for them and where does their future lie. With each of them I must say I encourage the active involvement of families as well in recognising that this has an impact upon the whole family, not just on them as individuals. That is an important component to the rehabilitation process as well.

Moving forward, we have a long way to go with each of them in understanding where they want to be. Like I said, typically this process that they are undertaking in such a short amount of time would happen over months in any other situation. They are frustrated. They are looking for answers. It is about trying to provide them assurity. We will work with them to establish their future and to get them into a role of their choosing.

Mr McMILLAN: For how long?

Ms Ah Wong: For as long as it takes. We have done that with previous cases as well. Like I said, we are early on in this journey with them, to be fair. This is normally something that goes over a number of months. It is not something that occurs overnight and they have to deal with that outcome.

CHAIR: If they were underground and they were getting a bonus underground and now you have them on the surface, do you still pay them the bonus?

Ms Ah Wong: Their income has been unaffected.

Mr McMILLAN: That is inclusive of base income as well as bonuses?

Ms Ah Wong: Yes, unaffected. They are being paid the same as what they were prior to their diagnosis coming through.

Mr McMILLAN: Are those efforts that are being made—and, if I can say, they are admirable—being pursued by Glencore or by your own insurer or a combination of both?

Ms Ah Wong: No. At the end of the day we have an employer based injury management model. We are self-insured. One of the benefits to that is that as an employer you are actively involved in every component of it. The insurers certainly provide a support function, and they always do, but at the end of the day we lead the charge in assisting them to find sustainable work outcomes.

Mr McMILLAN: Under the Workers' Compensation and Rehabilitation Act, a statutory claim is time limited, isn't it?

Ms Ah Wong: That is right.

Mr McMILLAN: Under that claim, the insurer can cease paying benefits by offering a lump sum after a certain period of time.

Ms Ah Wong: That is right.

Mr McMILLAN: Is it the intention of Glencore or its insurer to essentially make lump sum payments and terminate those employees at any time in the future?

Ms Ah Wong: No. That is not our intention. As I said, our goal is to assist them with sustainable work outcomes into whatever role they choose to redeploy to.

CHAIR: If they choose a role outside the industry, how are you going to maintain their income?

Ms Ah Wong: That is something that under the existing workers compensation arrangements would be acknowledged by the common law process. It is certainly something that is known to the individuals, that there will come a point in time when that transition needs to occur and that the future economic loss is considered then in the common law area under the current regime.

CHAIR: So you would expect them to go to court and fight it out?

Ms Ah Wong: I am only talking about what the current regime is. That is typically how it works. We have redeployed people outside of the mining industry to assist them to go to a job of their choosing and the additional common law process that follows has been undertaken and the future economic loss component considered at that time.

Mr McMILLAN: What is the name of the insurance entity that insures Glencore?

Ms Ah Wong: Xtracare.

Mr McMILLAN: Is Xtracare involved in I think it is described as a working group that has been established by the Workers' Compensation Regulator to review the current workers compensation arrangements for coalmine workers?

Ms Ah Wong: Yes, it is.

Mr McMILLAN: Are you directly involved in that yourself?

Ms Ah Wong: Not in the working group, no. If you do not mind, I just want to go back to the comment about court. It is not something that is our preference and it is not something that we have often entered into in the past. We would certainly choose a mediation approach. Very rarely—not that I have been involved in every case, but certainly in my time I have never seen one go through to court, recognising the fact that there is no benefit to any party in that where it can be avoided it is avoided and we settle through mediation.

Mr McMILLAN: Are you able to shed any light as to the progress of that working group and where its recommendations are at?

Ms Ah Wong: No, I cannot give you any information.

Mr McMILLAN: Just to close the discussion about the CWP cases, Mr Rogers in his evidence essentially described his concern about his future in the industry. I want to read to you his evidence and give you the opportunity to respond given that that evidence was given in a public hearing. He was asked about his current arrangements. The deputy chair, the Hon. Lawrence Springborg, asked—

You have been comfortable that they have been empathetic enough, considerate enough and supported you enough?

He replied—

Yes, and no. You ask questions; you do not get any answers. I have asked the mine manager, the production manager, the head of the safety department, 'What are you guys going to do with me?' and they just shrug their shoulders. The mine manager the other day, he was in the comms room and I said to him, 'Have you had meetings?', because I had heard that they had had meetings with some of the higher people in Glencore. I asked, 'What are the outcomes? What is going to happen?' He just looked at me and he said, 'We don't make jobs for people' and he walked out. That was his response.

Do you wish to respond to that evidence?

Ms Ah Wong: I do. I was not involved in that particular situation, so I cannot talk about what transpired. However, it is disappointing that that was communicated in that way. However, I completely understand where Mr Rogers is at. That is one of the things I mentioned previously—the fact that this has happened very quickly. In some cases people are looking for answers from others who do not have the answers. In this particular situation to talk to a supervisor or a manager about, 'Where am I going? What am I doing?' they may not necessarily have the answers for them at that point in time. That is why I can understand their frustration and I need to be clear on this. It would be frustrating and it would be concerning.

We are trying to work with them to allay some of that frustration and concern by putting in the rehabilitation plans, but it is a big step to go from being able to work underground one day to not the next. You want everything laid out in front of you, but the rehabilitation process requires the active involvement of both individuals to direct where that rehabilitation goes. Sometimes it can take some time to understand what they want to do into the future. Mr Rogers is operating in a position at the moment of his choosing. We now just need to put the plan in place to ensure that that is where he wants to go in relation to a sustainable work outcome.

The other thing I would like to pick up in regard to some of those comments is that we do not create jobs for people. Potentially that is the way in which it was described at the time. It is true in one sense that there is no point in creating a job, as I said before, or putting them in a job and saying, 'There you go. You have a job. That is what you are doing from now until you retire.' A sustainable work outcome really needs for them to be in a position of their choosing, a position that is available, and that is what we are working with them on. The fact is that, no, we do not just create a position so we can all feel good about ourselves and somebody is sitting there not doing what they want to do. We all need to have some passion or enjoyment about our future. That is what we are working with in that situation. I understand his frustration. We are certainly working with him to provide him with that plan going forward.

Mr McMILLAN: What mine does Mr Rogers work at?

Ms Ah Wong: At Oaky North.

Mr SPRINGBORG: What you are saying there is that, whilst you do not make jobs for somebody, you will endeavour to fit them into the workforce profile where there is some place that they can make a contribution without being disadvantaged and that considers the implications or the realities of the CWP that they are suffering from. Is that it?

Ms Ah Wong: Yes, that is right.

Mr SPRINGBORG: There is no dismissal from you that this information was conveyed in the way that it was told to us at the hearing?

Ms Ah Wong: Sorry, can you repeat that?

Mr SPRINGBORG: I am just saying that obviously Mr Rogers was concerned about the way that this stuff was communicated to him. You are saying that it was quite offhanded and there was no job available to him. You are not repudiating that that statement by him is actually accurate?

Ms Ah Wong: No. Sorry, just to clarify, what I am saying is that if that occurred that would be really disappointing, if that is the way in which that was communicated. However, I can understand if somebody said, 'Well, I don't know' or 'We don't make jobs available'—if it was communicated in that way, that is disappointing. However, I would understand if a supervisor or a manager would not know what the next steps were, if that makes sense.

Mr SPRINGBORG: Have you taken any steps based on what you would have probably read in our transcript, in the evidence, to actually ensure that for those who are working with your workers who are suffering from CWP and are concerned about it, they need to be respected and communicated with in a better way?

Ms Ah Wong: Most definitely. I am actively involved in all of the cases. Most definitely. That is why, with all of the high-risk cases, I am actively involved in all of them.

CHAIR: An apology would be nice.

Ms Ah Wong: Yes and like I side said we recognise and certainly recognise—and I take your point—where the individuals are. This is a difficult time for them and it is a difficult time for their family. Sometimes in our search for answers, we are not necessarily going to the right people in that search for answers.

CHAIR: They believe that they are being punished because they have been diagnosed with CWP. It is the view of this committee that those who have been diagnosed with CWP do not deserve to be treated in such a manner. I would like Glencore to consider apologising to these workers, because we believe their evidence that was given before the committee.

Ms Ah Wong: I guess just to reiterate, I am not disputing what they have said.

CHAIR: But are you prepared to apologise to these workers?

Mr Cribb: If you would not mind, I would like to speak. These are our employees. We are extremely—

CHAIR: And they deserve dignity and respect.

Mr Cribb: We are extremely sorry that they are in the situation that they are in and the situation that their families are in. All of us were of the view that this industrial illness was a thing of the past. We do not want to see anyone in our organisation suffer from an industrial illness. Yes, we are extremely sorry for the situation that they are in.

CHAIR: Will you advise us now that your workers who are now patients who have been diagnosed with CWP will be guaranteed dignity and respect in this process, because that is what they want and that is what they deserve?

Ms Ah Wong: I agree.

Mr Cribb: They are entitled to respect.

CHAIR: Thank you.

Mr McMILLAN: Mr Wynn, you are the general manager of the Oaky North mine. Are you the person Mr Rogers is referring to in that extract?

Mr Wynn: I have spoken to Mr Rogers before.

Mr McMILLAN: Did you say to him, 'We don't make jobs for people' and then walk out of the cons. room?

Mr Wynn: Mr Rogers is currently working in the control room. He has indicated, through his rehabilitation return-to-work coordinator, that he wishes to pursue a career in the control room.

CHAIR: Mr Wynn, we want a yes or no answer to the question of counsel assisting.

Mr McMILLAN: Were you the person who said that to him?

Mr Wynn: I told Mr Rogers at the time we did not have a control room officer role; yes, I did.

Mr McMILLAN: Will you apologise to him for the obvious distress that he feels after being dealt with in that way?

Mr Wynn: I see Mr Rogers on nearly a daily basis and if Mr Rogers feels that way I certainly will apologise to Mr Rogers.

Mr McMILLAN: Mr Wynn, he felt so compelled by it that he gave evidence about it in a public hearing. I do not know if you observed that hearing by the live feed, but certainly those of us who were present observed how difficult it was for those men to give evidence about their personal medical circumstances and the effective end of their careers as underground coalminers. I will leave it at that.

CHAIR: Counsel Assisting, for the benefit of Glencore and any other mining companies listening in, and I assume there are many, can I just say to each of you that this affects not only the miners but also their families. When we are in Tieri, a little girl came up to me and asked me whether her daddy was dying. That is the level of concern, not only of the miners but also of their families. I want you to take that on board. If you have children, imagine if they came up to a parliamentary committee member and said that. No-one should be in this circumstance, where they go to work and they end up with an industrial disease. I know, Mr Cribb, that you are very well aware of that. The issue is that it is not just about the miner, although the miner becomes a patient; it is about the families, as well. Thank you, Counsel Assisting.

Mr McMILLAN: Thank you, Madam Chair. I appreciate that I am now over time, but I do not expect to be much longer. Mr Wynn, I wanted to ask you a couple of questions specifically, if I can, about Oaky North and the documents that have been produced by Glencore in relation to Oaky North and by the department. It seems that from December 2015 there was a period of some upheaval, if I can describe it that way, amongst the workforce at Oaky North and concern about dust levels and the reliability of the health assessment process that had been meant to protect them. Would you generally accept that as an observation?

Mr Wynn: I think the question you are asking me is in relation to the events that unfolded on 2nd December, in relation to the concerns of coalmine workers in Queensland over the X-ray process, yes.

Mr McMILLAN: And that concern was expressed by a number of workers withdrawing their labour in at least two shifts at the start of December?

Mr Wynn: That is correct.

Mr McMILLAN: I will ask you about that in a little more detail in a moment, but I wanted to walk through, I suppose, a time frame of events that followed that and ask you, essentially, whether they were in relation to it. On 11 December 2015, you wrote a letter, it seems, to the Chief Inspector of Coal Mines, Mr Russell Albury, essentially asking him whether the workers were entitled to withdraw their labour, based on the concerns that they had expressed; is that right?

Mr Wynn: That is correct, yes.

Mr McMILLAN: Why did you do that?

Mr Wynn: At the time of 2nd December, the workforce issued me a collective letter in regards to 274 of the Queensland coal act, which talks about the belief of immediate personal danger. Their concerns were that the X-rays were not being read to a correct, as we know now, B reader qualification. At the time, the intent of immediate personal danger, in my view, was about the underground mine and what I could put in place and what I could control. I sought advice early, through the department, on his interpretation on how 274 is applied. He corresponded and returned to me a letter, as well as another letter to the industry.

Mr McMILLAN: When you wrote to Mr Albury on 11th December, how long had workers essentially been declining to go underground, at that stage?

Mr Wynn: On 2nd December, when I was given the letter by the workers—that period. By 3rd December, we had come up with a list of agreed actions, which included X-rays for all our employees, an educational program that we would roll out and a commitment that we would continue with looking at industry best practice through the dust committee.

Mr McMILLAN: So a week or more?

Mr Wynn: At that stage, on 3rd December the majority of the workforce went back, all bar three individuals on day shift who still had concerns that they wanted to wait until their X-ray results came back. Over the course of a couple of weeks, due to roster rotations there was a further additional 15 people.

Mr McMILLAN: So there were two shifts, essentially, were there? There was a day shift and a night shift?

Mr Wynn: Three shifts: there was a day shift, an afternoon shift and a night shift.

Mr McMILLAN: Were workers from each of those shifts engaged in the action to withdraw their labour?

Mr Wynn: That is correct.

Mr McMILLAN: That commenced on 2nd December?

Mr Wynn: That is correct.

Mr McMILLAN: I am trying to summarise: if you could just agree or disagree with me as I go through that, it would be helpful. Over the course of a week or more, you sought to work through those issues with those workers?

Mr Wynn: Within the first 24 hours. By the 3rd, we had put together the agreed actions that we were going to do and the majority of workers returned back to work.

Mr McMILLAN: When you wrote to Mr Albury on 11th December, was that essentially because you had formed the view that you had exhausted your options to get those workers back to work?

Mr Wynn: No, it was just seeking clarification. Those workers were going to return back to work as soon as they got the results of their X-rays, so we respected that.

Mr McMILLAN: You then spoke to Mr Albury by telephone on 14th December. Ultimately, he wrote back to you and, as you have indicated, to all SSEs in underground coalmining operations on 22nd December. Was there any relationship between that sequence of correspondence and the fact that workers at Oaky North had withdrawn their labour, and the issuing of the directive by the department on 15th December, or are they two entirely separate events that happened to coalesce in time?

Mr Wynn: My apologies: can you repeat the question?

Mr McMILLAN: I am sorry; that is my fault. I will go back a step. I asked you earlier in the course of your evidence about a directive that was given to you as the site senior executive for Oaky North by the Department of Natural Resources and Mines Inspectorate on 15th December in relation to the establishment of a dust hazard management plan. You also indicated that there was another directive about supplying the department with dust results.

Mr Wynn: That is correct.

Mr McMILLAN: It is apparent from the text of that directive—and I can give it to you, if you wish—that the inspectorate had attended upon the mine and there is a mine record entry that coincides with that. Did that activity by the inspectorate in attending the mine have anything to do with the fact that mine workers were out or was it otherwise unrelated?

Mr Wynn: I believe it was unrelated. From memory, they did not attend the mine. It was a teleconference over some of the results that we had received.

Mr McMILLAN: One of the other activities that seems to line up with that time frame that I wanted to ask you about is a memo that you sent to all longwall personnel and ERZ controllers on 16th December 2015; are you familiar with the memo that I am talking about?

Mr Wynn: Yes. That came as a result of a directive from the department.

Mr McMILLAN: So the directive was issued on the 15th and then on the 16th you issued a memo. I note in it that your opening remark is this—

'I understand the issues associated with dust generation and the potential health effects of dust. In recent times we have recorded respirable results exceeding the allowable limits. These results were from longwall operators.

Then you go on to impose a number of immediately implementable controls, including a requirement that 'all personnel working on or entering the longwall during production shall wear suitable respiratory protective equipment (P2 minimum)'. You told me earlier that all workers in the production area were required to wear PPE prior to the implementation of the dust hazard management plan in December 2015. If that was already the case, why did you need to issue a directive that was framed in this way: 'In the interim, the following controls will be implemented immediately'?

Mr Wynn: As I stated previously to madam chair, some of the things that they placed in the directive we were already doing, so that was one of the things that we already had in place. What we did not have is probably a verification process to say, 'How can we verify that the individuals are wearing PPE?' Therefore, included in that memo should be a statement around the ERZ controllers, verifying and putting it on to their stat reports.

Mr McMILLAN: If that requirement was in place prior to 16th December, one might think that you would, in this memo, have reminded the workforce that they were already required to be wearing that PPE?

Mr Wynn: I cannot answer that. All I can answer is the context of the letter that I wrote and it was a requirement from the directive to ensure that all coalmine workers in the longwall were in PPE. As I stated, some of those things were already in place, so it was just reinforcing that.

Mr McMILLAN: Would you accept that the tone of this memo that says, 'In the interim the following controls will be implemented immediately' and then refers to the requirement to wear PPE suggests that this is the first time you are saying to them, 'You have to wear PPE when you are in normal production'?

Mr Wynn: I have never spoken to them about wearing PPE before because they would wear it in normal production areas.

Mr McMILLAN: Do you accept that that is a bit confusing?

Mr Wynn: Not at all. As I stated, some of those things in the directive were already being completed. I guess it is a question for the department to have an understanding of why they wanted to reinforce those.

Mr McMILLAN: But this is your memo to your staff.

Mr Wynn: That is correct.

Mr McMILLAN: Those are staff who are already working in longwall, because it suggests to longwall operators and ERZ controllers.

Mr Wynn: Yes.

Mr McMILLAN: What are ERZ controllers?

Mr Wynn: They are the deputies or statutory officials.

Mr McMILLAN: Presumably they would have been well aware of this requirement that was already in place under the standard operating procedure for them to be wearing PPE.

Mr Wynn: That is right.

Mr McMILLAN: You do not think that saying to them, ‘In the interim this control will be required immediately,’ is confusing?

Mr Wynn: I think that the words that I chose there were a direct correlation to what came out of the MRE.

Mr McMILLAN: The next one, ‘Controls are to be implemented immediately’, refers to the recording of the compliance with that. Then you have said, ‘If there is no record of the statutory report I will consider this to be noncompliant with this directive.’ Was it your intention essentially to threaten the workforce by the use of that language?

Mr Wynn: Not at all. The concern of the mines department was how do you verify that people are wearing PPE? At the time we did not have a process that could answer that question, so I said that we would get the deputies to write them on a stat report and if the deputies or the ERZ controllers did not write them in the stat report, then that would require investigation and questions to be asked.

Mr McMILLAN: How did this memo get distributed to longwall personnel and controllers?

Mr Wynn: It got distributed through the normal process through the toolbox talks.

Mr McMILLAN: Was it also displayed on the notice board?

Mr Wynn: I would have to take that on notice. I cannot recall.

Mr McMILLAN: Someone subsequently provided a copy of that memo to the Department of Natural Resources and Mines, did they not?

Mr Wynn: Yes, I would have as part of closing the directive off.

Mr McMILLAN: It strikes me, based on the evidence that you have just given and the tone of the memo, that the memo was essentially and predominantly written for the audience of the inspectorate rather than the workforce.

Mr Wynn: Sorry, could you just repeat the question?

Mr McMILLAN: It strikes me from the evidence that you have just given and the tone of the language in this memo that it was predominantly produced for the benefit of the inspectorate rather than the workforce.

Mr Wynn: No, it was for the benefit of the workforce. That was the audience of the memo. I think it also states in there the requirement of a location or a point of the longwall that PPE must be worn.

Mr McMILLAN: On 22 December 2015 the Chief Inspector of Coal Mines Mr Albury wrote to you directly in response to your letter of 11 December. In that letter he said—

On careful review of the material, however, I have determined that it is the coalmine worker claiming a belief of immediate personal danger from exposure to dust in the mine that founds their right to remove themselves to a position of safety and to refuse to undertake certain tasks.

Did you accept that as a statement of some authority from the inspectorate that the workers, who had by that stage removed themselves for more than two weeks, had acted in accordance with their rights under the legislation?

Mr Wynn: When they gave me the letter under section 274, we respected that. We understood that it was the employees’ right. They had a belief they were in immediate personal danger in relation to their X-rays. My role then became what I need to fix to ensure that these coalmine workers’ belief that they are in immediate personal danger due to their X-rays not being read could be alleviated.

Mr McMILLAN: Putting that aside for a moment—and it is certainly not something for you to comment upon whether Mr Albury in fact had a lawful basis to give you that advice—why did you seek advice of that nature from the Chief Inspector of Coal Mines?

Mr Wynn: It was just a natural response to refer to the chief inspector. At the time we were seeking advice through medical practitioners, through the Royal Australian College of Radiologists and the chief inspectorate. Even the CFMEU was bringing us advice and communications which at the time were conflicting with some of the information that was coming out of the department and from Paul Harrison.

Mr McMILLAN: The committee has previously received evidence about a directive that was issued by Mr Jason Hill, an industry safety and health representative, to a number of SSEs and subsequent correspondence again from Mr Albury essentially seeking to set aside that directive. You are familiar with the directive that I am describing?

Mr Wynn: I do recall.

Mr McMILLAN: Is there a practice that you are aware of of SSEs seeking guidance from Mr Albury about legal matters to do with the administration of the Coal Mining Safety and Health Act?

Mr Wynn: I cannot speak on behalf of all SSEs.

Mr McMILLAN: You did it on 11 December.

Mr Wynn: Myself, certainly I have a good relationship with the inspectorate as I do with Mr Hill as well.

Mr McMILLAN: What makes you think that Mr Albury is competent or capable of giving that advice?

Mr Wynn: I am sure that if Mr Albury was incapable he would inform me.

Mr McMILLAN: Why are you sure of that?

Mr Wynn: Perhaps I cannot speak on behalf of Mr Albury, but I would like to think if he could not give that advice he would point me in the right direction.

Mr McMILLAN: I am not seeking to be critical of you, Mr Wynn, but I want to understand why it is that a person in your position, who has a statutory responsibility to apply the act and ensure that the workers that work for you are safe in accordance with its requirements, would be seeking advice essentially of a legal nature from the Chief Inspector of Coal Mines.

Mr Wynn: Again the intent of that was just to seek advice from the Chief Inspector of Coal Mines. Like I stated before, at the time we sought advice from numerous sources. The chief inspector is a logical person to go to for part of that advice.

Mr McMILLAN: Finally, Mr Wynn, I wanted to ask a question about the process of investigating dust exceedances. The dust hazard management plan for Oaky North includes that template that I referred to earlier. A number of coalminers—not exclusively from Glencore—who have given evidence before the committee have expressed concern that this process of investigating dust exceedances focuses upon what they did wrong rather than systemic or operational issues that might have resulted in them being exposed to something that may well have caused a risk to their health. First of all, can I ask you generally whether you think the process of investigation that has been adopted at Oaky North strikes the right balance in focusing upon those systemic issues as opposed to the operator's personal conduct?

Mr Wynn: First of all, the investigation that takes place looks at the processes and systems we have in place to ensure we understand whether there are any failings or opportunities for improvement. The interviewing of the individual is only part of the investigation process. We also have a report that comes back from the occupational hygienist that gives us an indication of what activities were occurring at the time. Because the personal monitoring is conducted and the results take a period of time to come back, we look at all that information to try to determine what potentially may have failed and what opportunities for improvement we can put in place.

Mr McMILLAN: Do you think the balance is right?

Mr Wynn: I believe it is, yes.

Mr McMILLAN: Amongst the documents that have been produced by Glencore in relation to Oaky North are some exceedance interview forms that record your interview with particular workers, and I will not name the workers in the public hearing. There is no need to. The document that I am looking at is a dust exceedance interview—and I will hand it to you so that you can look at it as well in a moment—from February 2016 with a named worker, and it identifies you as the interviewer. It is in relation to a dust exceedance result of 3.29 that occurred a week earlier than the interview. I am concerned particularly about a handwritten comment that appears at the bottom of that document that says—the worker's first name—'has been informed that further exceedances will result in the potential removal of himself from the longwall.'

That strikes me as, if not an overt threat to that worker's work, but it may well be perceived by that worker as a threat to their work arising from their conduct. I will show you the document so you are not taken by surprise. Without identifying the worker named in it, can you explain to me how you would expect a worker not to think that was targeting them personally?

Mr Wynn: Sure. Through the investigation process we identified that the position of the individual contributed to the dust exceedances. This was the second time this individual had been spoken to and had a dust exceedance due to poor personal positioning. First of all, we obviously take the safety of employees very seriously, and that is the utmost priority. Part of the investigation into what systems or processes or people positioning was involved in this exceedance is that we look at this and we give the individual an opportunity to respond.

In this case of this individual, as I stated, the exceedance results were because of poor personal positioning, so we gave the individual a warning to say, ‘If you cannot improve your personal positioning,’ because we have operators that can demonstrate that they can operate in an area that does not get exceedances, ‘then we will be considering removing you from the longwall.’ Because we take safety very seriously, and I cannot have an individual who has twice failed due to poor personal positioning in the longwall, so we would probably remove him from the longwall and put him in another area of the mine.

Mr McMILLAN: Did I understand what you have just said to me that the first time that that person received an exceedance you gave them a warning?

Mr Wynn: Part of the interview process is we discuss the failings of the exceedances. This was the second time the individual had failed an exceedance due to poor personal positioning.

Mr McMILLAN: The first time you give them a warning; the second time you overtly tell them that if it happens again they would be removed from the longwall?

Mr Wynn: No, he was spoken to on the second occurrence as a warning—because we take safety seriously—that if you have another exceedance you will be considered to be removed from the longwall.

Mr McMILLAN: Surely you can appreciate how that worker and other workers who may have found out about that might take the view that the way you deal with exceedances essentially is to blame the workers.

Mr Wynn: As I stated previously, we look at a range of things. We first of all look at the processes and the systems. In this particular case it was the individual’s poor personal positioning. Mr—sorry, I will not say the individual’s name—currently still works in the longwall.

Mr McMILLAN: Is not the system failing at some level if a worker is allowed to be exposed to a dust exceedance?

Mr Wynn: Looking at the date now, it is back on 16 February. That was when we just started rolling out coalmining technical services training and awareness programs. A big part of that was getting the operators to understand personal positioning and the impact that can have.

Mr McMILLAN: That has been referred to in your submission, no doubt by your company, with a view to establishing its credentials in being pro-active to educate its workforce doing the right thing to try and proactively deal with the dust hazard, but the reality of the situation appears to be that at that very same time, at least in this case, your approach was to blame that individual worker rather than look at a systems-wide approach and say, ‘What are we doing wrong here that has allowed this to happen?’

Mr Wynn: As I stated, the first thing we do is look at the processes and the systems in place to make sure that there is nothing that failed in that respect. The interview process is just part of the investigation process. Again we use the report that we get from the occupational hygienist as well as the interview, and the interview is really the last phase of that because again it is trying to understand from the individual whether they have any recommendations or any ideas on why they believe that the exceedances occurred and also understand things around personal positioning.

Mr McMILLAN: Thank you very much, Mr Wynn. Thank you, Madam Chair.

CHAIR: Thank you very much, council assisting. We will stand down the public session for 10 minutes so that you can have a break. We will now go into private session with the Department of Natural Resources and Mines, so we will call you back in in about 10 minutes’ time.

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

Proceedings suspended from 12.30 pm to 12.43 pm

CHAIR: We have questions now from the deputy chair of the committee.

Mr SPRINGBORG: I have just a couple of questions. Depending upon the answers, there may be some more. It particularly relates to your candid opening statement, Mr Cribb—and I thank you very much for that. You at least empathise with the general failings that we have seen that have led

to the circumstance of CWP and its reidentification. If I understood rightly, in your opening statement you indicated what appeared to be a view that maybe we should have more of a regulatory approach to dealing with these issues. I think you said there seemed to be a failure of regulation. Would you mind expanding on that?

Mr Cribb: Yes—

Mr SPRINGBORG: If you do not agree with the basis of my question, that is fine.

Mr Cribb: I do agree. It comes from the work that we did when we looked at, I guess, the comparison between the New South Wales legislation and the Queensland legislation. It also comes back to the discussions we have had at the advisory council. For me, what I see as the most significant difference between what was in place in Queensland and what is in place in New South Wales is the focus—

Mr SPRINGBORG: Sorry, is that pre 2001, when there was change?

Mr Cribb: No. This is comparing Queensland legislation as it was in 2015 and New South Wales legislation as it was in 2015 and 2016. The area where I see the greatest difference was that New South Wales is extremely focused on single exceedances as opposed to SEGs. They build their data collection, of their monitoring underground, based on the individuals and the individuals' results. That focus on the individual, as opposed to the SEG as being an average, to me is more targeted.

The other area is the area of reporting. I believe the reporting in New South Wales is more transparent in that the reporting goes to the industry health and safety reps, it goes to the regulator, it goes to the operator, and finally there is the overview that is down there of the standing dust committee—the governance that provides. These are all recommendations—other than the standing dust committee, sorry—that are in place in Queensland. To me, they were the significant differences.

Mr SPRINGBORG: As I understand it, the current framework that we operate under, the risk based framework, came into being in around 2001. We have heard evidence throughout the course of our travels that we should be more prescriptive in what we require from the industry itself. If we moved towards that model and away from a risk based model or to some hybridisation of it, do you believe that would be acceptable in your circumstance at Glencore or more broadly in industry?

Mr Cribb: Firstly, I believe we have extremely good legislation here in Queensland. I know that the CFMEU is of a similar view and has made those comments publicly, that we have industry-leading legislation. I believe we have been deficient in this instance in the area of reporting. We went back through to the previous legislation—I think it is the 1925 act—and the subsequent general rules. I was not able to find the requirements to report as strongly as it is in New South Wales. I think we have extremely—in fact, when I am down there I am told that I am parochial for the way I support the Queensland legislation, but I do believe it is good legislation. I think we need to go back and have a look at the level of governance in some areas and make sure we have the right level of reporting.

Mr SPRINGBORG: To do what you are saying would require regulatory intervention to ensure that, with regard to reporting?

Mr Cribb: I am not sure whether we need that or whether it is something that can be picked up at the advisory council.

Mr SPRINGBORG: Do you or any of your colleagues or your company have a view with regard to the current respirable dust recommendations—three milligrams per cubic metre vis-à-vis 2½ in New South Wales vis-à-vis 1½ which has been adopted as the US standard at the moment? Would there be any implication, from your perspective, if that was to be reduced? Do you think that would lead to the faster adoption of better practice?

Mr Cribb: I did an inquiry in South Africa. They measure to two milligrams. In New South Wales it is 2½. We made a decision to report against 2½ across Queensland so that, when we are doing comparisons, New South Wales and Queensland are being compared at the same level. We also support the work that is being done now to reassess the occupational exposure limit. I think Worksafe is carrying out that work now. We do support that.

Mr SPRINGBORG: My next question relates to the issue of dust suppression. If you are going to mine, you are going to create some dust. I do not think there is any argument around that. Good detection is critical. Good suppression is critical. I see from your submission that you are obviously doing some research in this area yourself around the adoption of particular dust suppression technologies. Is there any cross-pollination or adoption of best practice from Glencore based on information that is provided to it about things that have been achieved in other places around the country or around the world?

Mr Cribb: In relation to the suppression, I know Oaky North in particular visited our New South Wales sites at Tahmoor to see what they were doing. They visited Grasstree and Oaky No. 1 to see what they were doing. I am aware that Darren and Damian participated in the industry forum that was held where the operators got together to present to each other on the initiatives that have been put forward.

Mr SPRINGBORG: As the committee has moved around we have found that there seems to be a keenness from the workforce and their representatives and mining companies to do things about dust suppression. There seems to be a lot of similar work going on, basically reinventing the wheel in many cases, because of this failure to share information and cross-pollinate. Have you been advised at all—or guided by, let us say—by Simtars in the latest findings from around the world with regard to dust suppression? Has anything useful come out of there?

Mr Cribb: I have not had any contact with Simtars, no.

Mr SPRINGBORG: No-one else has had anything in that area?

Mr Wynn: No.

Mr SPRINGBORG: Are you at all aware—this information is often internationally published—of the excellent work they do at NIOSH in Pittsburgh with regard to their research facility and dust suppression involving scrubbers, sprays and all those sorts of things? Is that information readily available or communicated to you in any way by industry discovery or regulatory agencies?

Mr Cribb: Well, it is not communicated to us in any particular form. I imagine that if we wanted to look for something that literature would be available. When we did go looking for literature on pneumoconiosis we found the paper of NIOSH on the assessment of what is happening here in Australia. I think that was around 2010 or 2011. They were looking to Australia to try to get an understanding of why the performance in Australia was so good compared to the American performance. I imagine the ability to find that information is there. We buy equipment from America—our miners and things like that—that potentially would have the latest suppression on. It is what we do ourselves in Australia, but we can go looking.

Mr SPRINGBORG: Thank you. That is all I have at this stage.

Mr COSTIGAN: Thank you. Good afternoon Mr Cribb, Ms Ah Wong, Mr Nicholls and Mr Wynn. I have been past plenty of your sites—from Tahmoor to Tieri over the years—so I thank you for being with us today. Can I ask Mr Cribb, in relation to Simtars, has Glencore lost confidence in Simtars?

Mr Cribb: I cannot make statement, because, as a reflection of me, I have not been there to understand what they do. I have had very little exposure to them, so I must apologise. I was taken aback earlier on when you made that statement that Simtars said in the public hearing that they were not going to be approving the continuous monitor.

Mr COSTIGAN: You were quite shocked by that, Mr Cribb?

Mr Cribb: I was unaware of it. I thought that we were progressing it.

CHAIR: So were we.

Mr COSTIGAN: Would anyone else like to pass comment on Simtars and whether you have confidence in Simtars?

Mr Nicholls: Mr Costigan, I would rather say not lost confidence, more lost contact. They have not been a visible resource that we have used. I am really pleased to see that they are actively out there now as per recognised standard 14, which is for the monitoring of respirable dust. They are doing the training for it. I am really pleased to see that they are, if you like, re-engaging.

Mr COSTIGAN: Up until that what? Have they been in a coma from your perspective?

CHAIR: When was the last time that Simtars has been out and visited your mines? Can you remember?

Mr Nicholls: As I cannot remember, we would have to say that it has been some time.

CHAIR: Mr Cribb, you have been around mining here in Queensland for a long time.

Mr Cribb: It is unfair that my visits to the site are not to the level of Darren's and others to see Simtars at all. I just would not be able to—

Mr SPEAKER: Okay. Mr Wynn?

Mr Wynn: I believe that Simtars still has a very good presence around the gas chromatographs and the gas monitoring. They still are present within our operation, certainly, and we have contact with them in regard to that.

CHAIR: But not about health and dust?

Mr Wynn: No, not since the occupational hygienist monitors in the early days.

Mr COSTIGAN: Mr Wynn, have you been to the Simtars facility at Redbank, or in Mackay? Would your colleagues like to join in this response to that question?

Mr Wynn: I have, actually. I have been to the Redbank facilities.

Mr COSTIGAN: Mr Nicholls?

Mr Nicholls: Yes.

Mr COSTIGAN: At both locations?

Mr Nicholls: No, only for Redbank, Mr Costigan—and it was quite some time ago.

Mr SPRINGBORG: Mr Wynn, you said ‘not since some earlier stage when they had their occupational hygienist,’ or some involvement in that area. Could you explore that a bit with us a bit, please?

Mr Wynn: Yes, certainly. I started at Oaky North mine as a graduate back in 2003 with MIM. I recall Simtars being present on site doing the personal monitoring and also, obviously, part of the gas chromatograph and the gas monitoring and training of control room operators in that respect.

Mr SPRINGBORG: But that was more about gas, or explosion risk than what it was about dust and health?

Mr Wynn: The only time I saw Simtars on site in regard to health was I recall them doing the personal monitoring of coalmine workers in the early days—2003 when I started as a graduate.

Mr SPRINGBORG: Nothing since then?

Mr Wynn: Not that I recall, know.

CHAIR: Which mine was that?

Mr Wynn: That was at Oaky North.

Mr COSTIGAN: I have just one final question. Your brand is well known in my backyard, as I call it. It is on the rescue helicopter—the CQ Rescue—and I see your advertisement in today’s *Daily Mercury* regarding sports scholarships. I take the committee to when we started our regional hearings in Collinsville in November last year. We had a number of retired miners, as I recall. I do not have the transcript with me here today, but they were under no illusions. They believed that some of their old mates are in the cemetery today in Collinsville because of black lung. Would any of you like to provide a response to that, given that Glencore, obviously, does operate in Collinsville?

Mr Cribb: That is a belief they have. I do not know that there is anything that I could add to that.

CHAIR: I would now like to go to counsel assisting?

Mr McMILLAN: I have just one follow-up question on the line of questioning about Simtars. Simtars—and the chair will correct me, I think—is the safety and mining, training and research station—

CHAIR: Testing

Mr McMILLAN: Testing and research station. Thank you. It obviously has a commercial function to provide occupational hygiene monitoring for coalmine operators and it did so for Glencore for in excess of a decade, I think. I just wanted to ask specifically, taking aside those commercial services that Simtars has provided to Glencore, has Simtars had any other contribution to Glencore’s operations in terms of that research in safety and health in mining in the last decade, say?

Ms Ah Wong: Not that I am aware.

Mr Cribb: I have only been back involved in Queensland since 2013, so I am not aware, no.

Mr McMILLAN: Mr Nicholls, how long have you been director at underground operations?

Mr Nicholls: Since 2012.

Mr McMILLAN: In the last three years, one would expect that any emergent research in safety and health in underground mining would come to your attention somehow, would it not?

Mr Nicholls: In all probability, yes.

Mr McMILLAN: If Simtars wanted to engage with Glencore and let them know about some breakthrough in research, you are the person who they would contact, are you not?

Mr Nicholls I would like to think so. I am on some other non-related groups with which Simtars have participation.

Mr McMILLAN: Outside of their commercial services, for which they are paid by coalmine operators, have you had any contact with Simtars in the last three years while you have been the director of underground operations for Glencore?

Mr Nicholls Not that I can recall, Mr McMillan.

Mr McMILLAN: Thank you, madam chair.

CHAIR: Thank you very much. There being no further questions, I would like to thank you for being here today. The public session is now over. In relation to the questions on notice, we need those to be sent to us, please, by 5 pm on Monday, 13 March. We will be going into private session this afternoon between 4.30 pm and 6.30 pm this evening. Thank you

Committee adjourned at 1.07 pm