

<b>Meeting</b>	<b>Mine Safety Advisory Council</b>		
<b>Meeting No.</b>	1 of 2016	<b>Date</b>	Tuesday 8 March 2016
<b>Location</b>	Parklands Resort & Conference Centre, Mudgee (Orana Room)	<b>Time</b>	14:00 – 17:00
<b>Members</b>	Mr Carl Scully (Chair), Mr Ian Cribb (NSWMC), Mr Tony McPaul (NSWMC), Mr Andy Honeysett (CFMEU), Mr Glenn Seton (AWU), Ms Barbara McPhee (Independent), Dr Graeme Peel (Independent), Ms Lee Shearer representing Mr Douglas Revette (Department), Ms Monique Andrew representing Mr Scott Tipping (CCAA), Mr Keith Shaw representing Mr Peter Jordan (CFMEU)		
<b>Secretariat</b>	Mr John Flint (Department), Ms Anna Kneath (Department), Ms Darlene Vincent (Department)		
<b>Observers</b>	Mr Todd Hacking (CCAA), Mr Greg Sullivan (NSWMC), Mr Gary Parker (Department), Mr Tony Forster (Department), Ms Jenny Nash (Department), Ms Heather Jackson (Department), Ms Simone Guirguis (Department), Ms Virginia McKay (Department), Mr Matt U'Brien (Department)		
<b>Apologies</b>	Mr Douglas Revette (Department), Mr Scott Tipping (CCAA), Mr Peter Jordan (CFMEU)		

## MINUTES

Item	Issue
<b>1</b>	<b>INTRODUCTION</b>
1.1	<p><b>Welcome and Apologies</b></p> <ul style="list-style-type: none"> <li>The Chair opened the meeting at 14:00 hours and thanked everyone for their attendance.</li> <li>The Chair thanked Mr Cribb for facilitating the mine visit for MSAC members.</li> <li>The Chair introduced the following Department attendees: Ms Guirguis, Mr Forster, Mr U'Brien and Ms Vincent.</li> <li>Apologies from Mr Revette, Mr Tipping and Mr Jordan were noted.</li> </ul>
1.2	<p><b>Declaration of Conflict of Interest</b></p> <ul style="list-style-type: none"> <li>The Chair requested members declare any conflicts of interest.</li> <li>No conflicts of interest were declared.</li> </ul>

Item	Issue
1.3	<p><b>Acceptance of Previous Minutes</b></p> <ul style="list-style-type: none"> <li>• No changes were requested to the previous minutes.</li> <li>• Members accepted the minutes from the last meeting on 3 December 2015, as a true and accurate record.</li> </ul>
1.4	<p><b>Correspondence</b></p> <ul style="list-style-type: none"> <li>• The Chair brought to member's attention the exchange of letters between MSAC and the Chair of the WA Mining Industry Advisory Committee, Mr Ridge.</li> <li>• Members noted the incoming and outgoing correspondence.</li> </ul>
<b>2</b>	<b>PRESENTATION</b>
2.1	<p><b>Emergency Management</b></p> <ul style="list-style-type: none"> <li>• Mr U'Brien, Senior Mine Safety Officer, Department of Industry presented to MSAC on his trip to New Zealand and participation in the NZ mine emergency management exercises.</li> <li>• Key points from Mr U'Brien's presentation were: <ul style="list-style-type: none"> <li>– The establishment of a relationship with WorkSafe NZ would have been extremely beneficial when the NSW Mine Sub Plan was being developed.</li> <li>– The main purpose of the trip to NZ was to view their mine exercises and see how the exercises were coordinated.</li> <li>– A crawl, walk, run process was adopted for the exercises. Level one involved coordinated incident management system (CIMS) training, level two tested the arrangements and level three involved a full site exercise. The exercises were developed and delivered jointly by Worksafe NZ and NZ Mines Rescue.</li> <li>– There are a number of significant differences between NZ and NSW operations.</li> <li>– The exercise planning and coordination team involved a number of mining agencies and emergency service organisations. Agency integration was a significant component in all the exercises. In NSW, emergency services are invited to attended exercises but are not necessarily involved with the design, planning and coordination even though the NSW Police Force is the responsible agency. There is subsequently little engagement during the exercises.</li> <li>– NZ uses a standard method for the development of exercises and management of incidents resulting in them having a similar look and feel. NSW exercises are coordinated separately and use different terminology and documentation.</li> <li>– NZ uses CIMS, a coordinated incident management system. The CIMS manual is integrated as part of their national emergency management arrangements. CIMS is owned by the Government and is a free tool. An Australasian Inter-Service Incident Management System (AIIMS) is available in Australia however it is privately owned, must be purchased and cannot be reproduced. It not adopted by all states or all emergency services within any state. It does however provide a general basis for incident management structures.</li> <li>– In NZ, situation reports and action plans for exercises are developed by jointly by the Police and mines if a standardised document is not available in CIMS.</li> <li>– Mr U'Brien raised a number of considerations for NSW moving forward:</li> </ul> </li> </ul>

Item	Issue
	<ul style="list-style-type: none"> <li>▪ individuals running incidents need to have competency and skills in AIIMS or equivalent standard, however no such requirement currently exists in the NSW mining industry</li> <li>▪ options needs to be considered regarding specialist training for key NSW Police Force personnel</li> <li>▪ clarification of the Department's role.</li> </ul> <ul style="list-style-type: none"> <li>• Mr Forster advised that the Pike River mine disaster was coordinated by the Police Force who did not have experience in or a credible voice of authority in the mining industry. There was a significant amount of indecision and time delays as a result of seeking information from QLD. This was subsequently perceived as disorganisation. The Royal Commission identified a need for a more efficient process and recommended that mining personnel be put in charge of key decision making. The Chief Inspector is now responsible for nominating a mine incident controller. In support of this, a number of pre authorised personnel from a range of sectors in the industry have been trained to fulfil the role. The mine incident controller is then supported by the emergency services.</li> <li>• The Chair raised concerns over a similar situation in NSW with a lack of mining experience within the NSW Police Force.</li> <li>• Ms Shearer advised that the NSW Police Force has statutory obligations under the <i>NSW State Emergency and Rescue Management Act 1989</i>. It is critical to ensure that if a mine emergency is to occur in NSW, that a mining technical expert is part of the command team.</li> </ul>
<b>3</b>	<b>FOR DISCUSSION AND/OR DECISION</b>
3.1	<p><b>Dual Investigation Model</b></p> <ul style="list-style-type: none"> <li>• The Chair sought feedback on the four options analysed by the Secretariat as per the paper. <ul style="list-style-type: none"> <li>– Mr Cribb indicated his preference for either option one or two noting there is no benefit in adopting the third or fourth option. Mr Cribb indicated his strong preference for a dual investigation model but advised that he needs to seek further input from industry.</li> <li>– Mr McPaul agreed that options one or two are preferred. There have been improvements in recent years but whether they achieve the desired outcomes is debatable. Mr McPaul questioned whether the Department has mining expertise.</li> <li>– Mr Seton indicated his preference for option three. Option three provides the independence required; options one and four do not.</li> <li>– Mr Sullivan advised that a paper will be going to industry in one month seeking feedback.</li> <li>– Mr Shaw indicated his preference for option one or two.</li> <li>– Mr Hacking also indicated his preference for option one or two, or a hybrid of both. He reinforced the need for separation.</li> <li>– Dr Peel advised that this is a similar model to the one adopted by the Air Force. There are two separate teams that conduct investigations, supported by internal legislation. This method was chosen as the Air Force was not big enough to warrant a completely separate unit.</li> </ul> </li> <li>• It was noted that legislative change would be required if a dual investigation model was introduced in the mining industry.</li> <li>• Ms Shearer raised concerns over access to highly technical experts if there are a number of areas drawing on a very scarce resource.</li> <li>• Ms Shearer advised that if MSAC agreed to progress a dual investigation model then it would need to be funded as it could not come from current resources. A clear scope would need to be identified before any work progressed.</li> <li>• The Chair commented that a consensus is needed on this matter. It is hoped that this could be achieved within the next couple of meetings.</li> <li>• Ms Shearer proposed a meeting be held in early May to discuss the dual investigation model proposals in greater detail.</li> </ul>

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	<ul style="list-style-type: none"> <li>• The Chair noted that this was one of the key issues identified by the Minister. The Chair supported an initial meeting in May to discuss the options and proposed that a follow up meeting be held six weeks later to finalise.</li> <li>• Members agreed to hold a one day meeting in May. It was requested that Mr Flint prepare and send to members a proposal for the meetings.</li> <li>• It was questioned which compliance policy is current. It was confirmed that the 1999 Prosecutions Policy is still applies. The Department follows the Director of Public Prosecutions (DPP) Guidelines.</li> </ul> <p><b>ACTIONS:</b></p> <ul style="list-style-type: none"> <li><i>a. Secretariat to arrange a one day meeting to discuss the dual investigation model for Thursday 12 May 2016.</i></li> <li><i>b. Mr Flint to circulate a proposal for the meetings prior to 25 March 2016.</i></li> </ul>
	<p><b>Incident Prevention Strategy</b></p> <ul style="list-style-type: none"> <li>• It was noted that the timelines for the projects are ambitious however it is not critical if they are amended.</li> <li>• Members agreed to establish the two working groups under MSAC per the terms of reference. It was agreed that Mr Parker would select the technical expertise required as it would depend on the focus of the group.</li> <li>• Mr Sullivan advised that the industry previously raised three concerns; critical controls, ambitious timeframes and consultation mechanism. These matters have now been addressed.</li> <li>• Mr Flint commented that it might be useful to have Mr Sullivan or Ms Andrew as members of the working group.</li> </ul> <p><b>ACTIONS:</b></p> <ul style="list-style-type: none"> <li><i>c. Secretariat to establish the two working groups of MSAC as per the agreed Terms of Reference.</i></li> </ul>
3.3	<p><b>Fatigue Management</b></p> <ul style="list-style-type: none"> <li>• The Chair advised that HMAc held a workshop in February to discuss Mr Mabbott’s report on fatigue management. The workshop did not proceed as per the agenda as discussions arose and proceeded on the physiology behind fatigue. HMAc agreed that further work needs to be undertaken in relation to communicating to workers the importance of sleep.</li> <li>• Ms McPhee stated that there are a few key messages including: <ul style="list-style-type: none"> <li>– you need one hour sleep for every two hours awake</li> <li>– dementia could be linked to inadequate sleep.</li> </ul> </li> <li>• Dr Peel stated that there are two key elements to this project: <ul style="list-style-type: none"> <li>– communicating the message of why lack of sleep is a problem and how to resolve it (this should be lead by MSAC)</li> <li>– continue to work on and enhance the fatigue management documentation (lead by HMAc).</li> </ul> </li> <li>• The Chair advised that this needs to be given further consideration during tomorrows strategic planning session.</li> </ul> <p><b>ACTIONS:</b></p> <ul style="list-style-type: none"> <li><i>d. HMAc to consider Dr Mabbott’s recommendations and provide recommendations for MSAC’s consideration at the next meeting.</i></li> </ul>

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3.4	<p><b>Strategic Planning Session</b></p> <ul style="list-style-type: none"> <li>The Chair noted that it is important to draw out the key issues for MSAC at the strategic planning session.</li> </ul>
<b>4</b>	<b>BUSINESS FOR NOTING</b>
4.1	<p><b>Associated Non-Technical Skills (ANTS)</b></p> <ul style="list-style-type: none"> <li>Members noted the update report on the ANTS project.</li> </ul>
4.2	<p><b>WHS Culture Benchmarking</b></p> <ul style="list-style-type: none"> <li>Members noted the update report on WHS culture benchmarking.</li> </ul>
4.3	<p><b>Musculoskeletal Disorders and Participative Ergonomics</b></p> <ul style="list-style-type: none"> <li>Members noted the update report on musculoskeletal disorders and participative ergonomics.</li> </ul>
4.4	<p><b>Safe Design</b></p> <ul style="list-style-type: none"> <li>Members noted the current progress and actions being taken in relation to safe design.</li> </ul>
4.5	<p><b>Mining Competence Board (MCB) Strategic Plan</b></p> <ul style="list-style-type: none"> <li>Members noted the endorsed version of the MCB Strategic Plan.</li> </ul>
4.6	<p><b>Changes to the <i>Work Health and Safety (Mines and Petroleum) Legislation Amendment (Harmonisation) Act 2015</i></b></p> <ul style="list-style-type: none"> <li>Members noted the papers on the changes to the legislation.</li> </ul>
<b>5</b>	<b>PRESENTATION</b>
5.1	<p><b>High Risk Tasks and Critical Controls</b></p> <ul style="list-style-type: none"> <li>Mr McPaul (NSWMC) presented to MSAC members on high risks tasks and critical controls.</li> <li>Key points from the presentation were: <ul style="list-style-type: none"> <li>Newcrest has embarked on a journey to deal with high risk tasks and critical controls.</li> <li>In just over two years Newcrest had five fatalities which was deemed unacceptable. This brought on a need for change and a review of their current safety practices.</li> <li>After the last fatality, the mine site was shut down and all workers were involved in a process of identifying major hazards and the critical controls. This was completed at every site.</li> <li>It was agreed that if a critical control that is in place fails, it can result in a fatality.</li> <li>The two major causes of incidents were vehicular and gravitational energy.</li> <li>The major hazards identified were 1. Driving to and from work; 2. Vehicle interaction on site and; 3. Falling objects.</li> <li>They have adopted use of the Forwood system.</li> <li>73% of SPI are a result of a critical control failure. The remainder were attributed to individual failures.</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>- They have adopted a safety vision – build a strong culture + critical controls + robust systems.</li> <li>- There is a need to focus on incidents that can lead to fatalities.</li> <li>- There are three levels of checking that controls are in place and working: 1. system verification (two a month by each manager); 2. field critical control checks (once a week) and; 3. operator critical control checks (each time a task is undertaken).</li> </ul>
<b>6</b>	<b>OTHER BUSINESS</b>
	<ul style="list-style-type: none"> <li>• The Chair re-iterated that the Dual Investigation Model meeting will be held on Thursday 12 May 2016.</li> <li>• To allow for more time between the above meeting and the next MSAC meeting, the Chair proposed that MSAC meeting number two be pushed back one week to Thursday 16 June 2016.</li> <li>• Members agreed to the change of date for the next MSAC meeting.</li> </ul> <p><b>ACTIONS:</b></p> <ul style="list-style-type: none"> <li>e. <i>Secretariat to arrange the next MSAC meeting for Thursday 8 June 2016. (Minute amendment: at the meeting it was agreed to change the meeting to 16 June. Following the meeting, it was reverted to the original date of 8 June).</i></li> </ul>
<b>7</b>	<b>CLOSE</b>
	<ul style="list-style-type: none"> <li>• The Chair thanked members and observers for their attendance and thanked the presenters.</li> <li>• The Chair closed the meeting at 17:20 hours.</li> </ul>

### Summary of actions:

- a. Secretariat to arrange a one day meeting to discuss the dual investigation model for Thursday 12 May 2016.
- b. Mr Flint to circulate a proposal for the meetings prior to 25 March 2016.
- c. Secretariat to establish the two working groups of MSAC as per the agreed Terms of Reference.
- d. HMAC to consider Dr Mabbott's recommendations and provide recommendations for MSAC's consideration at the next meeting.
- e. Secretariat to arrange the next MSAC meeting for Thursday 8 June 2016.