



Strategic Plan for Occupational Health and Safety 2014 - 2020



OHSA - Malta

2015

Table of Contents

INTRODUCTION..... 3

AIM OF THIS DOCUMENT..... 4

DOCUMENTATION REVIEWED..... 6

VISION OF THE OHSA 7

MISSION STATEMENT 7

MISSION ANALYSIS 7

THE PRESENT SITUATION 8

Figure 1: Workplace injury rates and fatalities, 2003-2014/5..... 8

Figure 2: Trends in sectoral injury rates, 2009-2013..... 10

Table 1: Fatalities in the construction sector, 2002-2014..... 10

THE STRATEGY 12

OBJECTIVE 1: LEGISLATION, COMPLIANCE AND ENFORCEMENT 12

Desired Outcomes..... 13

Realisation..... 13

OBJECTIVE 2: CAPACITY BUILDING..... 16

Desired situation..... 16

Realisation..... 17

OBJECTIVE 3: COMMUNICATING THE BENEFITS OF OHS 18

Desired situation..... 19

Realisation..... 20

OBJECTIVE 4: TAKING APPROPRIATE ACTION AGAINST EXISTING & EMERGING RISKS 21

Desired Situation 22

Realisation..... 22

OBJECTIVE 5: EVALUATING EFFECTIVENESS OF ACTIONS TAKEN 23

Introduction

OHSA is presenting this strategic plan in order to publicly state its long term plans to continue improving the prevailing standards of occupational health and safety in Malta – the plan includes provisions addressing the many stakeholders and duty holders who have a role in achieving adequate standards, including employers, workers and their representative bodies, the self-employed, professional bodies, and others. The prevailing standards can only improve if occupational health and safety is supported by all and becomes an integral part of workplace culture, rather than an afterthought or an add-on component.

Risk prevention and the promotion of healthier and safer working conditions are key to improving job quality, working conditions, competitiveness and the sustainability of operations. They also contribute to the sustainability of health care and social security systems.

The OHS Authority Act was fully brought into force in January 2002; since then a number of important and significant events have taken place. These events have notably included the establishment of the OHSA itself and the successful completion of a number of projects assisting the Authority to meet the current challenges in the field of occupational health and safety. The initial years have also witnessed an intensive drive to update local legislation as well as build up the capacity of the OHSA through sustained recruitment and training.

Aim of this Document

Improving working conditions through adequate risk prevention and the promotion of safer and healthier conditions in the workplace are central to economic competitiveness. Research shows that ensuring adequate levels of occupational health and safety has a direct and measurable positive impact on productivity, while contributing to the sustainability of the national social security and health care systems. It has been shown repeatedly that adequate levels of occupational health and safety bring about a reduction in work-related absenteeism; conversely, poor standards at enterprise level affect economic growth and the competitiveness of the businesses concerned.

Preventing workers from suffering serious accidents or occupational diseases and promoting workers' health throughout their working life, allows them to work longer. This therefore contributes to addressing the long-term effects of demographic ageing, in line with the Europe 2020 strategy's objectives for smart, sustainable and inclusive growth.

The National Strategy for Occupational Health and Safety: Consolidating achievements and engaging further commitment, 2007 – 2012, provided focus and gave a national context to the EU strategy for the same period. It also gave direction by identifying a number of key priority areas. A major objective within both the local and the European strategies was a reduction of 25% in the incidence rate of accidents at work. This was achieved mostly through initiatives taken by OHSa-Malta, which included the organisation of a wide range of awareness-raising activities promoting a culture of risk prevention.

This document, which aims to continue building on what has been achieved so far, represents the strategic plan for the Occupational Health & Safety Authority (OHSa) of Malta, until 2020. It is intended to present the intention and direction of OHSa during this period.

The plan starts with the vision and mission of OHSa, translated into a set of strategic objectives that will be addressed during this period. In order to meet these objectives, the plan also proposes a non-exhaustive list of specific initiatives that OHSa intends to take.

This strategic plan for OHSa aims to ensure that it fulfils its responsibilities in the field of occupational health and safety while continuing to instil a sense of responsibility and commitment from stakeholders and duty holders.

Together, action will be taken to continue reducing the risk of accidents and illness in the work place, especially in those sectors, which pose greatest risk. With the involvement of all, the required improvements can be achieved, thus also contributing to economic competitiveness and sustainability.

The key strategic objectives concern primarily the following areas:

1. **Legislation, compliance and enforcement:** The continuous development of an effective legislative framework, achieved through the meaningful consultation of all stake holders; the development of a consistent and transparent enforcement process model that ensures compliance with health and safety legislation; the support of duty holders, especially SMEs to help them achieve compliance, including by the dissemination of adequate information and guidance, and the provision of advice to all who require it; soliciting action and initiatives by all duty holders to decrease reliance on OHS services, while ensuring the competence of services provided by 'external competent persons'.
2. **Capacity building:** The development of the Authority's human resources through recruitment and training, and the availability of information and tools to assist OHS Officers and other employees of the Authority.
3. **Communicating the benefits of ohs:** seeking partnerships with all stakeholders so as to develop a preventive culture that encourages holistic approaches towards healthy lifestyles; increasing the level of awareness regarding the benefits of adequate health and safety levels; disseminating information on the evaluation of risks and their control; promoting and carrying out training.
4. **Taking appropriate action against existing and emerging risks:** Fostering and promoting action against both traditional risks and emerging ones, based on appropriate research; improving the quality of service provided by occupational health service providers, and improving the effectiveness of health surveillance.
5. **Evaluating effectiveness of actions taken:** Actions will be assessed against KPIs determined or adopted by the Authority, whilst ensuring the efficiency of all services provided.

Documentation Reviewed

The development of this document involved the review and consideration of a number of documents, namely:-

1. Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on an EU Strategic Framework on Health and Safety at Work 2014-2020 (COM(2014) 332 final).
2. Occupational Health and Safety: Consolidating achievements and engaging further commitment, Strategic Plan: 2007 – 2012.
3. Occupational Health and Safety in Malta – A Snapshot of Prevailing Standards, 2011 (Report of research partly financed by the European Union under Operational Programme II – Cohesion Policy 2007-2013 (European Social Fund (ESF)).
4. Communication from the Commission: Europe 2020: A strategy for smart, sustainable and inclusive growth (COM (2010) 2020 final).
5. Proposal for an OHS Certification and Accreditation System (2011). (Report financed by the European Union under Operational Programme II – Cohesion Policy 2007-2013 (European Social Fund (ESF)).

Vision of the OHSA

The development of a culture, which goes beyond the workplace, which adopts a holistic view of health and that values risk prevention.

The Maltese workplace will be an environment where health and safety are not considered as afterthoughts but are integrated throughout all work systems and processes.

Appropriate preventative measures will be in place in all workplaces in Malta to minimise the possibility and severity of occupational incidents and illness. The ultimate goal is zero preventable incidents that can affect health and safety.

Employers and employees will be aware of the importance of preventative health and safety measures, and will have the knowledge, expertise and commitment to apply these measures to their workplace.

The OHSA will be a partner to organisations, working together to improve health and safety at every opportunity.

Within the context of the European Union, Malta will participate effectively in discussions regarding the continuous development of occupational health and safety levels.

Mission Statement

Working with others to ensure healthier and safer workplaces in Malta.

Mission Analysis

The OHSA mission is succinct and direct: 'Working with others' means that the OHSA intends to involve and to collaborate with others (e.g. persons, employers, workers, constituted bodies, other countries) in order to gather feedback on policies, generate commitment and obtain consensus – the OHSA does not want to be seen strictly as a controlling body. In this sense therefore, it is a prerequisite for employers, employees and other stakeholders and duty-holders to adopt a critical and pro-active approach in recognising and controlling risks if further improvements are to be achieved.

There is a greater chance of success that health and safety levels in the workplace improve if the process is self-regulating i.e. the employers themselves recognise that it is in their best interests to provide their workforce with a healthy and safe environment.

The Present Situation

It is only possible to start planning for the future when one has an accurate and detailed appreciation of the current situation. One must also try and understand the underlying causes that are hindering the development of safer workplaces.

Currently available statistics on workplace accidents are obtained through claims for an injury benefit payable under the Social Security Act. Data for fatal accidents at work are collated by the OHSA. Whereas efforts should remain being made so that injuries at work continue to decrease, at the same time, it is also very important that the severity of accidents is reduced, as the greater the severities of the accident, the more devastating the consequences.

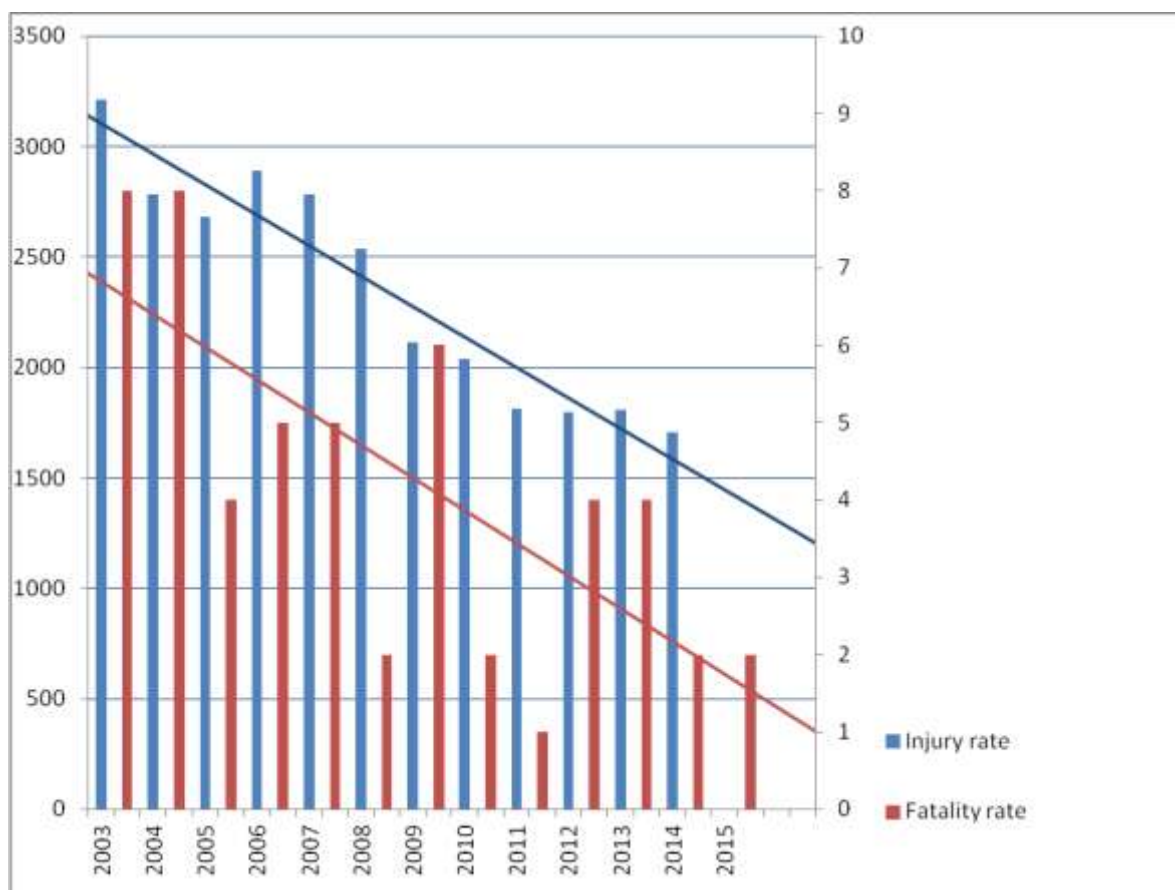


Figure 1: Workplace injury rates and fatalities, 2003-2014/5.

Figure 1 shows available injury and fatality rates (number of occurrences per 100,000 employees) since 2003. The injury rates include injuries, which result in a worker or self-employed person claiming one day and over of sick leave. Injury and fatal accident data include incidents, which are regulated by other Acts, and not by the OHS Act, including incidents involving vehicular use, incidents on construction sites happening because of structural failures and maritime accidents.

Whereas statistics on injuries and fatal accidents at work are more or less reliable (the latter much more so), currently available data on occupational ill-health and morbidity remains lacking. A number of reasons account for this state of affairs – the association with work is often missed, there is a reluctance by medical practitioners to notify the relevant authorities since this is seen as an administrative burden, there is employee reluctance to inform the employer for fear of losing a job, reluctance of employers to notify OHS for fear of enforcement action. Yet at the same time, this lack of reliable statistics belies the huge economic impact of occupational ill health – it also represents a substantial financial factor that is not included when calculating the cost of poor ohs standards to the nation.

Poor standards of ohs, industrial injuries, fatalities and occupational diseases place a large burden on the national economy, through the payment of social benefits, hospitalisation costs, retraining and replacement of workers and lost productivity. Improving overall standards will in the long term result in financial savings, especially in the construction and manufacturing sectors which are responsible for around 45% of the total number of injuries (over the period 2009-2013, the manufacturing sector recorded a consistent drop in injury rates, which has not been replicated within the construction sector). On the other hand, a consistent increase in rate was recorded in the Accommodation and Food Services sector. Following a reduction in the injury rate recorded in both the Transport & Storage sector, and in the Wholesale, Retail, Repair sector over the past years, a slight increase was recorded for 2013. In the last four years under review, the Construction Sector was associated with the highest injury rates.

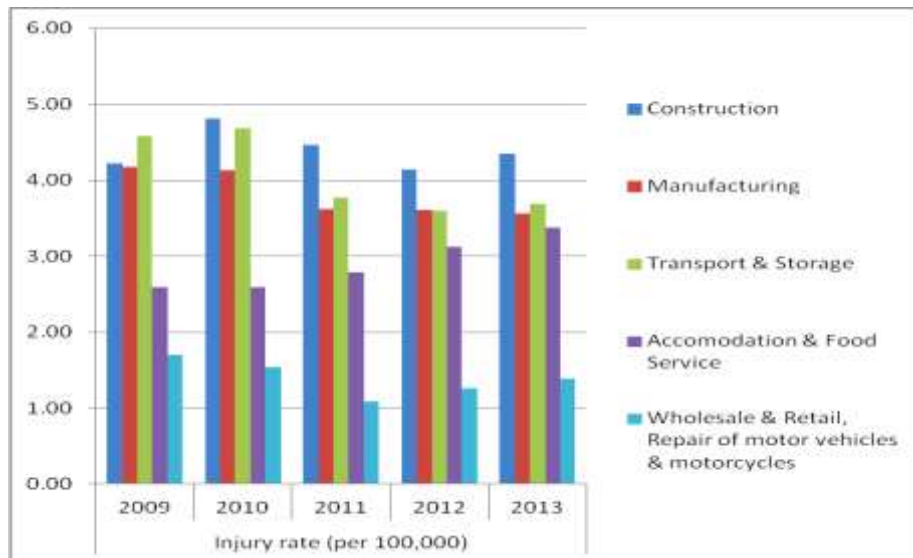


Figure 2: Trends in sectoral injury rates, 2009-2013.

Year	Number of fatal accidents	Fatal accidents (construction)	FA – construction (foreign workers)
2002	4	3	2
2003	12	7	1
2004	12	9	2
2005	6	3	0
2006	7	3	1
2007	7	5	2
2008	3	2	1
2009	9	2	0
2010	4	3	1
2011	1	0	0
2012	6	5	1
2013	4	2	0
2014	4	3	2
Total	79	47 (60%)	13 (28% of construction accidents) (17% of all accidents)

Table 1: Fatalities in the construction sector, 2002-2014

Table 1 shows the number of fatalities in Malta – the highest risk sector remains the construction sector with 60% of all fatalities occurring during construction and building activities (this figure excludes fatalities to third parties, which are excluded from the

relevant ohs statistics). 28% of these deaths involved foreign workers - this is an important phenomenon, which needs to be given attention.

Despite the significant reduction in accidents and better prevention, health and safety at work standards can be improved further. The economic and social benefits of public policy on health and safety at work are well documented in terms of positive impact on growth and higher productivity, reduction of accidents, and lower incidence of serious illnesses. However, when taking action, OHSA is aware of the need to take due account of the costs to companies, especially to microenterprises, self-employed persons and SMEs.

The Strategy

Objective 1: Legislation, compliance and enforcement

The current well-developed legislative framework needs to be constantly reviewed to ensure that the legislation remains relevant and updated to take into consideration all technological advances and emerging risks. OHSA has already adopted a set of operational processes and conditions in its pursuance of regulation and enforcement of the OHS legislation, including an enforcement policy, which has been made public, and which includes a range of enforcement actions proportionate to the risk

This notwithstanding, OHSA recognizes the fact that several economic sectors, employment groups and sectors of activity, face difficulties in complying with the regulatory requirements in this area. This requires a two-pronged approach – facilitating compliance by ensuring that statutory obligations remain simple, easily understood, and free from unnecessary bureaucratic or unnecessary burdens, while at the same time, recognising that compliance can be better achieved through the availability of information and practical guidance - improving the quality of information and providing practical tools to facilitate compliance with OSH legislation are therefore essential, taking into account the needs of micro and small enterprises and self employed persons. This is an ongoing process, and OHSA will continue its efforts in this regard, with the involvement of relevant stakeholders.

On the other hand, there needs to be adequate deterrents in place so that all duty holders that non-compliance does not pay understand it. Consequently, the benefits of achieving adequate levels of occupational health and safety need to be highlighted so that duty holders need not act only when compelled to do so by OHSA, but engage in a process of self-regulation. It is also realised that legislation needs to be simple, easy to understand, and devoid of unnecessary bureaucratic or administrative burdens to facilitate compliance. Without in any way reducing the level of prevention and protection currently provided by existing legislation, OHSA needs to continue with the process, started several years ago, of simplifying, and where appropriate, consolidating the current legislation, whilst ensuring that all new legislative initiatives are fit-for-purpose and not associated with, or give rise to any unnecessary burdens.

Desired Outcomes

1. Legislation and policies, which are relevant, coherent, simple, effective, and fully aligned with EU directives and with the reality of today's work in Malta. Unnecessary burdensome and bureaucratic provisions will be removed.
2. Compliant duty holders who understand the value and benefits of adequate health and safety levels, and who proactively act without the need of direct intervention from the OHSA through a process of self regulation.
3. A clearly defined structure and system of penalties (judicial and others) which serves as an adequate deterrent and which is applied transparently, equitably and with the least administrative burden possible on the OHSA.
4. A system which positively recognises and promotes organisations which make a real effort to improve OHS in their workplaces, whilst naming and shaming those who operate with the greatest uncontrolled risks or who repeatedly break the law.

Realisation

1. During the coming years, OHSA will continue with its policy and legislative review so that Malta has a system, which is regularly updated and relevant to current needs, as well as being free of unnecessary bureaucratic and administrative burdens. Concurrently, there also need to be 'horizon scanning systems' in place which identify emerging risks, so that they can be brought under adequate regulatory control as early as possible.
2. OHSA will continue developing and, where appropriate strengthen, all its enforcement systems and tools, so that they remain well-defined, transparent, equitable and unambiguous, and serve as an actual deterrent. This holds true especially for cases of gross negligence and repeated or prolonged non-compliance. Towards this end, OHSA also needs to ensure a range of enforcement actions that it can bank on within a transparent, equitable system of enforcement actions. For this reason, OHSA will review and update its current Enforcement Policy so that it becomes fully aligned with all legislative amendments and reflects current needs. The system needs to encourage rapid compliance while penalizing detractors, especially repeat offenders. Adequate safeguards should exist for the protection of enforcers and other relevant key players in the field, including OHSA's Officers,

construction project supervisors, designated health and safety officers or other competent persons appointed by the employer and workers' health and safety representatives.

3. OHSa also needs to foster a better working relationship between it and the courts, and in particular, there needs to be a legal provision that ensures that an OHSa representative is always included in the court proceedings involving OHS charges. In addition, it must be ensured that the penalty associated with a guilty verdict is always of a magnitude higher than the administrative penalties imposed by OHSa. This alignment, will involve the judiciary system and the OHSa working together to ensure penalties and fines are proportionate.
4. A number of government organisations have responsibilities that overlap to some degree with OHSa, or, their operational procedures could be of value to help regulate ohs. Although OHSa has no direct influencing power over other government organisations, the Authority has to proactively make collaborative approaches with these entities with the view of either delineating roles and responsibilities so as to avoid duplication of action and to decrease unnecessary bureaucratic procedures, or to solicit their cooperation in furthering the goal of high levels of occupational health and safety.
5. SMEs generally have fewer resources to implement necessary preventive and protective measures; conversely, the negative impact of ohs problems can have a disproportionate effect on their operations. OHSa therefore has the challenge of achieving a balance between obtaining SME compliance in controlling risk, without on the other hand posing any additional bureaucratic or administrative burdens. OHSa will facilitate and promote better compliance by making available and distributing compliance-aiding tools (such as RA checklists), information and guidance that can easily be put into practice. Furthermore, the impact of any administrative, bureaucratic or legal measure on vulnerable groups, including SMEs will continue being considered prior to the implementation of such measures.
6. The law assigns onerous duties and functions to OHSa. Although the common perception remains that the Authority is the "one all, be all, do all", the law also assigns distinct responsibilities to other duty holders, including employers and employees, workers' health and safety representatives and the designated

competent persons appointed by an employer to provide advice on the preventive and protective measures required to be taken. Whereas OHSA should promote a greater degree of engagement by these duty holders (which from a legal point of view, includes construction project clients and project supervisors), it has to remain vigilant to ensure that services or advice are only given by competent, impartial and recognised persons. This will be achieved through the development of a transparent, traceable and effective certification and accreditation system for third party providers of OHS services including advice to duty holders and the provision of OHS training.

7. Whereas judicial sanctions and administrative fines should remain, and whilst ensuring that they serve as an adequate deterrent, there also needs to be systems in place that encourage compliance, which should be seen by duty holders as a desired objective, rather than an imposition by OHSA. Duty holders also need to be incentivated to be able to do this and OHSA needs to look out for opportunities by which this can be achieved, as happened with MicroInvest, a Malta Enterprise initiative through which investments for safeguarding ohs became eligible for tax rebates and other financial incentives. OHSA will also implement a public communication policy that promotes high-achievers, but which also 'names and shames' low-achievers - bad press will be a stimulus for an organisation to improve.
8. OHSA recognizes the fact that a number of economic and industrial sectors require assistance to achieve compliance, not least because they lack the necessary human resources, which would allow them to keep track of all the relevant legal obligations and technological changes in the world of work. For this reason, OHSA will continue producing and making available free, easily understood information, technical documentation, guidance documents and tools that facilitate compliance. It will also publicize and disseminate all such relevant material appropriately to duty holders. In particular, OHSA will continue to publicize the benefits of using the Online Interactive Risk Assessment (OIRA) tool developed by the European Agency for Safety and Health at Work (EU-OSHA) and will develop the same tool for different economic sectors or sectors of activity.

Objective 2: Capacity Building

Capacity building represents the degree to which OHSA is resourced and its employees trained to the best standards achievable. Resourcing incorporates both employees and the availability of systems, information and tools.

Capacity development at OHSA should focus on understanding the obstacles that inhibit OHSA's employees from realizing their development goals while enhancing the abilities and tools that enable them to achieve measurable and sustainable results.

Since its setting up in 2001, the number of employees at OHSA has remained more or less stable despite increases in the number of responsibilities assigned to OHSA. This frequently means that employees are given different roles and functions to fulfil, and tasks that are not necessarily related to their individual area of expertise. This notwithstanding, it is to the great merit of OHSA employees that such roles and tasks are invariably carried out competently.

All employees undergo training in their areas of responsibility, and can be considered adequately capable and competent. However, it is essential that all employees continue to receive training which reflects changing circumstances, especially in the world of work, and in particular, emerging risks.

From a systems perspective, all employees have access to computers to allow documenting, printing, email access and internet access and are networked with the Government system. All aspects of analysis, progress monitoring, management reporting and statistics are carried out manually (albeit with the assistance of spreadsheets and word processing).

Desired situation

All employees are fully competent for the tasks assigned to them, including new and additional tasks arising as a result of EU Membership, legislative changes and changes in the world of work.

In order for OHSA to be able to regulate and enforce OHS adequately, the OHS Authority needs to operate at full complement with all its employees being trained to a high degree of competence and proficiency.

Realisation

1. OHSA will continue to identify training needs of all its members of staff, particularly with regards to their additional and, or changing roles. This needs to be done as an ongoing process. For this purpose, OHSA will conduct a map of the resources needed and identify their training needs. OHSA shall also evaluate its capacity to carry out its main duties on enforcing OSH legislation, in line with the requirements of the European Commission's Senior Labour Inspectors Committee (SLIC). Additionally, OHSA needs to review its communications needs so as to ensure a timely, effective response when indicated as well as to ensure an adequate output of information to all who may require it.
2. OHSA will continue tapping various sources of funding for specialised training and in particular will continue applying for relevant EU funding, as they are made available. It will also continue to participate in Inspector Training Exchange initiatives taken at an EU level, as part of SLIC's exchange of labour inspectors programme.
3. It is recognised that members of staff will be able to carry out their tasks more effectively and efficiently if they have adequate tools at their disposal. OHSA's Management Information System (MIS) is intended to minimise the involvement of the OHS Officer in administrative tasks. This is achieved through a high level of automation and a well defined workflow. OHSA will work towards achieving greater automation in its database systems, including those relating to equipment requiring periodic certification. Moreover, more quality statistical information will become available to enable the Officer to pick those organisations that may be a high OHS risk.
4. Through its MIS, an abundance of statistical information will build up over time, regarding work place visits, organisational compliance ratings, accident investigation reports, etc. Equipped with this source of OHS data, OHS Officers can focus and prioritise their time much more productively, while management could closely monitor the performance of all internal OHSA activities so that progress towards achieving this strategic objective can be measured.
5. OHSA needs to be able to monitor the performance of its members of staff transparently and effectively. The MIS can be used to provide performance related information relating to workflow and throughput, which can be used to gauge the employee's level of productivity. This information will also be the stimulus for future resourcing and

delegation of work. A key area of performance will be the Authority's effectiveness in raising OHS compliance and awareness. Part of the development of the MIS will incorporate compliance ratings, enabling changes in compliance levels to be monitored numerically.

6. One focus of the OHSA is to increase the level of injury and ill-health reporting. Whilst the employer & employee may decide not to submit an injury benefit claim, many injuries will require clinical treatment. It is proposed that clinical staff (doctors and nurses) are approached and asked to inform the OHSA if they suspect an occupational injury has gone unreported. As part of the MIS development, internet/email access would be available to the clinical personnel to submit such reports, anonymously if necessary. Implementation of the MIS is the key strategic project that will facilitate the huge benefits, in both increased automation and the resulting richness of statistical and analytical data.

Objective 3: Communicating the Benefits of OHS

Sustained, lasting improvements in the prevailing levels of occupational health and safety can only be accomplished if all stakeholders and dutyholders recognise and appreciate the need to achieve adequate standards. Protective and preventive measures should not be seen as a cost or a burden, but as an investment in the workforce, the organisation and the nation.

Real improvements in OHS will only be registered once all employers, as the primary dutyholders, genuinely appreciate the need for good preventative OHS measures in the workplace, and recognise themselves as the responsible party for affecting this.

To achieve changes in the mentality and culture of a society, one has to embark on wide-reaching education programmes that tackle specific target groups. At the same time, OHS needs to be mainstreamed in all aspects of education.

The prevailing culture can also be changed by achieving synergy with and mainstreaming ohs in other policy areas such as public health, public procurement and employment issues.

Over the years, OHSA has taken numerous awareness building initiatives, promoted education and training, and disseminated information regarding key occupational health and safety issues and the methods required to prevent occupational injury, ill health or

death. In fulfilling these statutory functions, OHSA notes that these initiatives are bearing fruit as evidenced by various indicators used to gauge improvements or otherwise. However, it is recognised that such initiatives should continue, and where necessary improved upon, so as to sustain the positive momentum achieved.

At the same time, the general opinion persists that it is the responsibility of others (Government, OHSA, employees) to ensure adequate levels of ohs; other misconceptions concerning OHSA's statutory roles and functions, as well as legal obligations, remain common. In particular, OHSA also notes that despite its efforts, a number of dutyholders remain unwilling to make the necessary financial investments by which to ensure a safe working environment for their employees.

Cultural complacency is a big challenge to try to change. A transformation in attitudes can only be achieved over time, with continual effort and focus. The initiatives planned to promote, regulate and enforce OHS are the drivers to achieving this change in attitude, many of which are subject to both available finances and a willingness from the social partners to participate and enable the process.

Desired situation

1. Employers and employees recognise their responsibility in achieving a safe environment for their workers, and feel proud of a positive contribution to OHS. Employers and the constituted bodies appreciate the importance and priority of OHS preventative measures.
2. Trade unions distance themselves from attempts to use ohs as a bargaining chip and understand fully the benefits of ohs.
3. To have OHS representation in all workplaces in Malta and Gozo so as to ensure the meaningful participation by all workers on matters that can affect their health and safety.
4. To have established communication channels to workers, to be able to easily and efficiently build OHS awareness, as well as communicate changes in legislation and new developments in OHS.

Realisation

1. To continue the awareness building that has been embarked upon over the recent years; to strengthen arrangements with the media and constituted bodies to ensure that OHS issues are kept high-profile.
2. To build on the system concerning the appointment of Workers' representatives, and to ensure that such representatives are kept interested and committed to OHS in their workplace.
3. Develop a promotional policy, which focuses on the positive promotion of OHSA and its effectiveness. Unfortunately, OHSA is usually linked with bad press – accidents, deaths and health hazards. Employers still tend to perceive OHSA as an intrusive organisation that only gets in the way of their business. The basis of this promotional policy should be to identify positive outcomes that can be linked to OHS, and to ensure that this is communicated back to organisations and the general public. OHSA's web site and media slots are all appropriate platforms to do this.
4. Awareness building will continue throughout the 6 year period – as the youth enter the workplace and there is turnaround in employer management positions, it is imperative that OHS awareness is constantly pushed. Furthermore, OHSA will continue promoting the exchange of good practice as a means of supporting SMEs. Such campaigns will not only include EU wide initiatives, but will also identify specific themes of local interest. Where possible, external funding for these initiatives will be sought, including from the EU OSH Agency and SLIC. Where appropriate, OHSA will continue partnering other lead organisations to assist them in the successful realisation of their projects having similar or complimentary scopes as those pertaining to occupational health and safety.
5. Public policy in other areas can contribute to an improved working environment. Potential synergies with other policies concerning education, research, and public health, the protection of the environment, industrial policy and public procurement will be more actively explored to ensure coherence.

Objective 4: Taking appropriate action against Existing & Emerging risks

Working life is in a state of constant change, often brought about by a shift towards intensive production consequent to the newly emerging structures in world economics. In effect, this means that, apart from the traditional problems of industry, there are now newly emerging problems, which include:

- the introduction of new technologies and the ever-growing importance of information and communication technology;
- growth in the services sector, resulting in increases in ergonomic and psychosocial risks;
- new employment trends including increases in part time and temporary jobs, self-employment and outsourcing;
- demographic changes, including the ageing of the working population and increasing participation of women in the workforce; and
- increasing work intensity and work load.

These so-called new and emerging risks either did not previously exist and are caused by new processes, new technologies, new types of workplace, or social or organisational change; or, are long-standing issues which start being considered as risks due to a change in social or public perception (e.g. stress, bullying). There are also new risks which are being identified as a result of new scientific knowledge or evidence.

It is recognised that emerging risk identification is a highly complex task, requiring a high level of expertise due to major data gaps and uncertainties in the evaluation process. However, even limited data can serve to identify new risks if properly analysed – a case in point concerns the ongoing data collated by the Authority concerning the high incidence of fatal accidents involving foreign workers – these have accounted for 28% of all fatal accidents occurring in the construction industry. The Authority recognises that Malta faces a problem involving irregular workers, and in respect of whom there may be an inequitable access to health and safety prevention and protection. There exist other groups of workers who may themselves be vulnerable by virtue of some other factor – the presence of a disability, the extremes of age and the gender of the worker – such factors necessitate different or higher levels of protection. This and other situations require the collection of data which is relevant, correct and up to date if any analyses are to be made and any

meaningful conclusions reached, especially with regards to emerging risks. It is important that evidence-based policies can rely on reliable, timely and comparable statistical data on work-related accidents and diseases, occupational exposures, work-related ill-health.

Desired Situation

1. To have in place a system for the collection of comprehensive and accurate data on occupational accidents, injuries, ill-health, morbidity and fatal accidents, with the full participation of medical practitioners, employers and other Government entities that have a role to play.
2. To have medical practitioners who are fully knowledgeable of their legal responsibilities, the association between ill-health and work conditions, and who are sensitised to the different health needs of different sectors of the worker population.
3. To have accurate detailed information about the state of play with regards to ohs in Malta and its effect on the economy.
4. To ensure the full and equitable access to ohs preventive and protective services, which takes into account both individual and collective needs.

Realisation

1. OHSa will continue to seek various funding options as would allow it either to carry out or to commission meaningful research in the area. Such research will be used to determine the prevailing levels of occupational health and safety and, in particular, to identify problem areas; such research will be useful in determining future national OHS policies.
2. OHSa will continue its discussions with the Department of Social Security, the Health Division and other stakeholders so that all data concerning the true incidence and prevalence of occupational injury, disease, morbidity and fatality can be collated. In particular, the OHSa will actively start discussing with other stakeholders, including insurance agencies, for the adequate sharing of information.
3. Cognizant of the fact that previous attempts to introduce postgraduate courses for medical practitioners have not been successful, OHSa will be exploring other avenues by which such an important group of stakeholders can be provided with information as would allow them to appreciate better the association between work and ill-health and to report cases of occupational diseases which come to their attention.

4. OHSA will continue with its initiatives targeting people with whom it is inherently difficult to communicate by virtue of their being foreign, and will initiate information and educational campaigns together with the various stakeholders.
5. OHSA will strengthen its existing networks and establish new ones which bring together various professionals in the field so as to improve the exchange of information between it and the various stakeholders. Practitioners in this field will also have a forum whereby examples of good practice can be rapidly disseminated and shared.

Objective 5: Evaluating Effectiveness of Actions taken

It is critical that the OHSA monitors its performance in its drive towards improved OHS on the Maltese Islands. Its current framework of Key Performance Indicators (KPIs) needs to be revisited so that it reflects performance levels regarding the achievement of the strategic objectives defined here. The KPIs are a mix between 'leading' indicators that relate more to the progress of OHSA actions and productivity as well as the 'lagging' indicators that relate to the effect the OHSA actions are having in the workplace.

Most KPI information is already available, through statistics and OHSA activity tracking. Target setting is also a critical KPI requirement – as this is the performance benchmark that each KPI is expected to achieve. Target setting is an annual process, where all targets will be agreed with the KPI 'owners'.

The KPI framework will be used as the main strategic reporting tool during management meetings, and will form the basis of transparent communication to all stakeholders.

The KPI framework is not intended to be fixed in stone, or to encompass all areas of management reporting. It is a strategic tool, and must therefore adapt with the changing strategic focuses of the OHSA. Amendments to the KPI framework are not only possible, but also expected.