Occupational Health and Safety:
Consolidating achievements and engaging further commitment

Strategic Plan: 2007 – 2012

OHSA MALTA
BACKGROUND

Aim of this document

This document is the strategic plan for the Occupational Health & Safety Authority (OHSA) of Malta, from 2007 to 2012. As such, this document presents the intention and direction of the OHSA during this period.

This plan starts from the vision and mission of the OHSA, and translates them down into a set of strategic objectives that are going to be addressed during this six year period. In order to meet these objectives, the plan also proposes a non-exhaustive list of specific initiatives that the OHSA intends to embark upon.

As with all government funded organisations, financial consideration is very important and OHSA is duty bound to ensure that tax-payers’ money is well spent. The OHSA has a relatively small budget and a lot of ground to cover, which means that the objectives will need to be prioritised according to urgency and importance.

Documentation reviewed

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

2. OHSA Strategic Plan 2004 – 2007 (Author: A. Wells).

Executive Summary

The strategy for the OHSA between 2007 and 2012 aims to ensure that the OHSA fulfils its responsibilities in the field of occupational health and safety while continuing to instil a sense of responsibility and commitment from its social partners. Together, action will be taken to reduce the risk of accidents and illness in the work place, especially in those sectors which pose greatest risk. With the involvement of all stake holders and duty holders, the required improvements can be achieved, thus also contributing to economic competitiveness and sustainability.

The key strategic objectives for this period build on what has been achieved to date, and are the following:

1. Legislation & 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; soliciting action and initiatives by all duty holders to decrease reliance on OHSA services, while ensuring the adequacy 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. **Seeking partnerships to change the prevailing culture and attitudes towards 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.

**Preamble**

The OHSA is presenting this six year strategy in order to publicly announce its long term plans to improve occupational health and safety on the Maltese Islands. The OHS Authority Act was effectively 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 funded by the European Union in order to assist the Authority in developing its priorities to meet the current challenges in the field of occupational health and safety. The initial years have also witnessed an intensive drive to modernise and update local legislation as well as build up the capacity of the OHSA through sustained recruitment and training.

**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.

The only way by which health and safety in the workplace will improve is 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.

Continuing improvements will only be achieved if several conditions are met:

1. Employers, employees and other stakeholders and duty-holders adopt a critical and pro-active approach in recognising and controlling risks;
2. Reliable and detailed statistics are available for the evaluation of the effectiveness of the strategies adopted by the OHSA;
3. Adequate funding is made available to the Authority.

**Current situation**

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

Three years after Malta’s entry into the EU, the state of play as regards ohs standards still has scope for improvement – even though there is in general a downward trend in occupational accidents in Malta and having one of the lowest fatality rates in the EU-27, the figures are still disturbing. The Lisbon strategy calls for improvements in the quality and productivity of work by all Member States, as an important factor in promoting economic growth and employment.

Clearly, adequate levels of OHS bring about a reduction in work-related absenteeism; conversely, poor OHS standards at enterprise level affect economic growth and the competitiveness of the businesses concerned. At a national level, one can also aim for a reduction in the high costs associated with injury benefits that the State pays to affected workers, as well as a reduction in hospitalisation and rehabilitation costs.

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.
Figure 1: Injury rates

Figure 1 shows available injury rates (number of injuries per 100,000 employees) collated over a 25-year period. It is also very important that the severity of accidents is reduced, as these are the ones that have more devastating consequences. Figure 2 shows the fatality rates for the same period. The table shows an increased rate after 1995, but this is due to the fact that prior to that year, official statistics did not include fatal accidents for which no claim for any applicable benefit under the Social Security Act had been made. However, a downward trend in fatality rates is once again apparent after 2001.

Figure 2: Fatality rates

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Fatal Accidents</th>
<th>Fatal Accidents - Construction</th>
<th>FA - Construction - Foreign Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>81 - 85</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>86 - 90</td>
<td>5</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>91 - 95</td>
<td>4</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>96 - 00</td>
<td>6</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>01 - 05</td>
<td>6</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>06</td>
<td>5</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>
Table 1: Number of fatalities in the construction sector

<table>
<thead>
<tr>
<th>Year</th>
<th>Fatalities</th>
<th>Injuries</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>2003</td>
<td>12</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>2004</td>
<td>12</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>2005</td>
<td>6</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>2006</td>
<td>7</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>2007</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>27 (61%)</td>
<td>7 (26%)</td>
</tr>
</tbody>
</table>

Table 1 shows the number of fatalities in Malta – the highest risk sector remains the construction sector with more than 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). More than a quarter of these deaths occurred to foreign workers - this is an important phenomenon which needs to be factored in during the development of strategies.

Further analysis of the relevant NSO statistics shows that a large proportion of accidents occur to unskilled workers within the 20-29 years age category.

Although traditionally the focus of attention has been the prevention of accidents, the economic impact and the other negative effects of occupational ill-health cannot be ignored. The state of a person’s health has a great influence on work performance, and occupational health programmes no longer aim solely “at the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations” (Joint ILO/WHO Committee on Occupational Health), but also as an important means of achieving higher productivity.

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 is very much 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 fearing of losing a job, reluctance of employers to notify OHSA 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. Financial savings will be most prevalent in the manufacturing sector since this sector is responsible for near on 50% of the total accidents.
The Strategy: Achieving the OHSA vision

**Objective 1: Legislation and enforcement**

**Current situation**

Although there is a well-developed legal framework (composed of just under forty subsidiary sets of regulations), some regulations still need to be amended to take account of modern day situations and realities. Concurrently, the OHSA has adopted a set of processes and conditions by which it operates in its pursuance of regulation and enforcement of the OHS legislation (the OHSA enforcement policy).

In its quest to exercise its regulatory role in a transparent, equitable and proportionate manner, the OHSA has issued 28 new and amended regulations since 2001 (two more sets will be issued in 2007). The work is by no means complete, and there is a need to gather feedback on the effectiveness of the new legislation.

**Desired situation**

1. To have legislation and policies in place that is coherent, simple and effective, and fully aligned with EU directives and with the reality of work in Malta.

2. Organisations feel compelled to be compliant without direct intervention from the OHSA (self regulation).

3. To have a clearly defined structure and system of penalties in place (judicial and others) which have an adequate deterrent effect and can be imposed transparently, equitably and with the least administrative burden possible on the OHSA.

4. To positively recognise and promote those organisations that make a real effort to improve OHS in their workplaces, whilst naming and shaming those who operate with the greatest risks or who repeatedly break the law.

With around 10,000 workplaces existing on the Maltese Islands every year in the construction sector alone, the OHSA will strive to increase the number of workplace visits over the coming years. What is more important than the number of visits, is the quality of the choice of work places to visit. Whilst it is obvious that the OHSA needs to respond to reports of non-compliance by the public, the OHSA needs a bed of reliable statistical information in order to better target organisations for random OHS visits.

**Realisation**

During the coming years, the OHSA will perform a policy and legislative review - some areas where policy/legislation amendments should improve OHS are listed below. This list represents examples of new and amended policy.

1. Autonomous administrative penalty and legal action process - a well-defined, transparent and unambiguous process for the issuing of administrative penalties for non-compliance and instigation of legal action for cases of gross negligence and repeated or prolonged non-compliance needs to be implemented. Administrative penalties will be an effective deterrent to the non-compliant organisation, as all organisations strive to be as profitable as possible.
2. Define an OHS risk rating for workplaces. This is a way of actually quantifying the degree of compliance a workplace is demonstrating during a workplace visit. This would be set during the first OHSA workplace visit, and would be revised on every subsequent visit. The rating would be based on 4 key dimensions of OHS compliance: carrying out an adequate risk assessment, designation of competent person/s, participation of employees on matters affecting their occupational health and safety, control of risks at source. OHSA Officers would assess the degree of compliance in these key dimensions during the workplace visit, based on objective criteria. The benefits of this recommendation, is that the degree of compliance becomes transparent to all, and changes in the level of compliance for an organisation can be realised over time. The ratings can then be consolidated for statistical purposes.

3. Implement a public communication policy that promotes high-achievers and ‘names and shames’ low-achievers. Bad press will be a stimulus for an organisation to improve.

4. The OHSA also needs to foster a better working relationship and agreement between it and the courts. As stated in the policy/legislation review proposal, there needs to be a legal provision that ensures that an OHSA representative is always included in the court proceedings against 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 the organisation would have paid to the OHSA as requested. This alignment, will involve the judiciary system and the OHSA working together to ensure penalties and fines are proportionate.

5. Work more closely with commercial insurance companies with a view to sharing information that is in the public domain and to work in the development of a system that effectively equates insurance premia with risks and which also rewards risk controllers.

6. A number of government organisations have responsibilities that overlap to some degree with the OHSA, or, their operational procedures could be of value to help regulate OHS. Although the 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.

7. 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. The 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. This is not to say that the law will not be applied in the case of SMEs! The OHSA will facilitate and promote better compliance through encouragement. This will also be achieved 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 be considered prior to the implementation of such measures.
8. The law assigns onerous duties and functions to the OHSA. Although the common perception is that the Authority is the “one all – do all”, the law also assigns distinct responsibilities to other duty holders, including employers, employees, workers’ health and safety representatives and persons appointed by an employer to provide advice on the preventive and protective measures required to be taken. Whereas the OHSA should promote a greater degree of engagement by these duty holders, 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 accreditation scheme for providers of services.

Looking ahead beyond 2007, it is assumed that the OHSA policy and legislation review will be completed, and that the mechanism to continually review and update policy is in place. The focus beyond 2012 will be more on enforcement of the policies and legislation, and furthering the change to a preventative culture.

**Constraints**

Funding is the main constraint, and it is impossible to predict the level of funding that the OHSA will be allocated beyond 2007, and therefore the strategic change planned over the coming 6 years is highly dependent upon the funds available.

The review and drawing up of legislation and policy is an effort intensive task. It is imperative that the OHSA has the necessary manpower, otherwise this activity will constrain the management team from addressing other strategic issues and normal operation.

**Objective 2: Capacity Building**

Capacity building represents the degree to which the OHSA is resourced and trained in order to best carry out its duties. Resourcing incorporates both employees and the availability of systems, information and tools.

**Current situation**

Since the setting up of the OHSA in 2001, the team has grown to 22 employees, organised as follows - Office of the CEO, Communications and PR, Corporate Services and Technical Operations. Several services, including legal ones are contracted out.

All employees have undergone training in their areas of responsibility, and can be considered capable for their job at hand. OHS Officers have received specialist training in their chosen discipline, but also, training so that they are proficient as general OHS Officers in all aspects of OHS. The OHSA support staff also receive on-going training.

With the exception of visits carried out during the periodic inspection campaigns, most other visits by OHS Officers are triggered off by a request originating from a variety of sources (reactive visits). This has rendered the OHSA into a reactive entity.

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 all achieved manually (albeit with the assistance of spreadsheets and word processing).
Desired situation

In order for the OHSA to be able to regulate and enforce OHS adequately, OHS Officers need to be involved in proactive workplace visits and accident investigation. Currently, only fatalities and some very serious accidents are investigated. This can only be achieved if the OHS Authority operates at full complement and all its employees are trained to a high degree of competence and proficiency.

Realisation

1. The 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. One major area which will benefit from the MIS, is the administration of hazardous equipment requiring periodic certification. The MIS will totally automate this process, which is currently done semi-manually, and is the predominant activity of the MEPI section. Moreover, more quality statistical information will become available to enable the Officer to pick those organisations that may be a high OHS risk.

2. The OHSA needs to recruit and train 30 officers over the next three years. The OHSA has an urgent need for qualified architects, occupational psychologists and engineers to join as officers.

3. With the introduction of the MIS, an abundance of statistical information will build up over time, regarding workplace visits, organisational compliance ratings, accident investigation reports, etc. In addition, the ESAW phase III accident reporting requirements introduced at the DSS, provides a higher level of detail on the cause of occupational accidents. It must however be ensured that this information is shared with the OHSA, and it is anticipated that the OHSA can optionally procure business intelligence tools to be able to analyse this information effectively. 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.

4. The OHSA needs to be able to monitor and action their performance transparently and effectively. The MIS will provide performance related information at an officer level, relating to workflow and throughput, which can be used to gauge officer level 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. The MIS will incorporate compliance ratings, enabling changes in compliance levels to be monitored numerically.

5. 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, both in increased automation and the resulting richness of statistical and analytical data.

6. As already stated, as long as funding is forthcoming, the MIS will be completed in 2007. This will automate all OHSA core processes. Beyond 2007, the OHSA will be concentrating on regulation and
enforcement, and will be building up a rich profile on OHS at the workplace, which will be captured by the MIS through process integration, and access to common DSS data. More abundant and reliable statistics from the MIS will enable the OHSA to fine-tune the targeting of potential hazardous workplaces for future visits.

Constraints

There will be a workload constraint, until the MIS is fully operational to automate these activities that fall within the scope of the MIS.

A key dependency on the available of abundant and reliable statistics, is the ‘plugging in’ of the OHSA MIS into the common data held by the DSS. Up-to-date information on persons, addresses, injury applications and employment details will be required to investigate potential OHS non compliant workplaces adequately.

The OHSA needs to recruit and train more Officers – it requires a minimum of 30 OHS Officers including specialised, technical experts to be able to function adequately and effectively.

Objective 3: Seeking partnerships to change the prevailing culture and attitudes towards ohs

The awareness of OHS in the workplace, as well as the role of the OHSA in promoting OHS is yet to be fully appreciated by employers, employees and other social partners. If Malta is to improve its OHS standing, this will only happen if and when the workplace recognises and appreciates the importance of OHS. There is resistance to this – it is most definitely a cultural change, as it is clear that, up to the setting up of the OHSA, employers had the general opinion that, as long as employees wore protective clothing for certain hazardous activities, then OHS preventative measures were in place. The situation is improving, but the resistance is still there, and is strong. It is worth noting that this lack of awareness lies not just amongst employers, but also amongst the social partners.

To move towards real improvements in OHS in Malta and Gozo, employers will need to genuinely appreciate the need for good preventative OHS measures in the workplace, and recognise themselves as the responsible party for effecting this.

The 2003 Declaration of Rome clearly outlines the importance of educating children and young persons in a manner that prepares them for the challenges of the world of work. It also calls for action to improve the involvement of educational and training systems to foster OHS. It is indeed a proven fact that to achieve optimum changes in the mentality and culture of a society, one has to embark on community education programmes, tackling the specific target groups as early in life as possible, so that OHS is 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 (encouraging a holistic approach to health), public procurement and employment issues.
Current situation

The OHSA has already embarked upon numerous awareness building exercises over the recent years, and it is definite that awareness is improving. Some examples of campaigns embarked upon by the OHSA are listed:

1. School seminars on OHS – as today’s schoolchildren will later go into the workplace, it is imperative that their awareness of OHS is instilled as early as possible. OHSA employees have conducted sessions on OHS at a number of schools, and will continue to follow up on this initiative. In addition, the OHSA is working to ensure that OHS is part of the school curriculum (mainstreaming of ohs in education), so that teachers will pass the messages on to school children as a matter of course.

2. The OHSA also utilises NAPO, a character that is owned by a European consortium to organise school visits and distribute promotional material, including an activity book targeting school children to make them aware of work and that work, although beneficial, can also be associated with a number of hazards and risks.

3. Media promotions: Several video clips have been developed and aired, as well as numerous newspaper and magazine articles written. OHSA Officers are often asked to contribute on radio and television programmes. Several press releases have been issued by the Authority targeting specific OHS hazards.

4. The OHSA is actively participating in the annual European weeks for Safety and Health which each year focuses on a specific OHS topic. During this week, the OHSA organises seminars, conferences, lectures and distributes brochures on the current topic.

5. Since 2002, the OHSA has organised OHS Good Practice Awards, aimed at those entities and individuals who have been recognised as making a valid contribution to OHS. While commending such entities & people, the event itself raises awareness on OHS good practice.

Several employers in Malta and Gozo are still not prepared to go to the effort, or to make the necessary financial investments, to ensure a safe working environment for their employees. There is a general opinion that it is the responsibility of others (Government, the OHSA, the employees) to do this. There is also a common misconception that personal protective equipment (PPE) is all an employer needs to provide an employee who works in a hazardous environment; the reduction of risk in the workplace itself is not deemed so important.

Desired situation

1. To have OHS representation in all workplaces in Malta and Gozo – each workplace should have at least one individual who has a good appreciation of OHS matters, is approachable by other workers in their workplace, and is committed to improving OHS in their workplace.

2. 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.

3. Employers and employees feel proud of a positive contribution to OHS. In addition, the constituted bodies recognise conscientious entities and people regarding OHS, and to show this recognition in a public way.
4. Employers recognise their responsibility in effecting a safe environment for their workers

5. Employers and the constituted bodies appreciate the importance and priority of OHS preventative measures

6. Employers demonstrate their willingness and commitment in making their workplaces safe

7. Employees value their own health and safety

8. Trade unions distance themselves from attempts to use ohs as a bargaining chip and understand fully the benefits of ohs.

**Realisation**

1. To continue the awareness building that has been embarked upon over the recent years, and establish arrangements with the media and constituted bodies to ensure that OHS issues are kept high-profile.

2. To build on the Workers’ representatives scheme, as this can be measured as a successful initiative, and to ensure that such representatives are kept interested and committed to OHS in their workplace.

3. To develop the OHS Best Practice Awards as an achievement that the recipients can feel really proud of, and the relevant employers can use to positively promote themselves. The prestigious nature of the award will be achieved through the following measures:-
   a. Keeping the number of Awards limited – they must not be seen as ‘easy’.
   b. Award recipients are chosen based on strict, clearly demonstrable criteria
   c. Awards are accompanied with promotional activities by the OHSA and other constituted bodies, such as, specific naming of achievers at OHS events and seminars.

4. Define an OHSA promotional policy, which focuses on the positive promotion of OHSA effectiveness. Unfortunately, the OHSA is usually linked with bad press – accidents, deaths and health hazards. Many employers see the OHSA as an intrusive organisation that only gets in the way of their business. The basis of this promotional policy, is to identify positive outcomes that can be linked to OHS, and to ensure that this is communicated back to organisations and the general public. The OHSA web-site, press and TV slots are all appropriate platforms to do this.

5. 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.

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. it is hoped and expected that signs of a changing attitude towards an OHS committed country are apparent. Early signs of a positive change in attitude will be measured through the following forms:-

- Increase in overall compliance ratings
- Decrease in the average number of non-compliances per workplace visit
- Decrease in number or administrative penalties issued (once these are being issued at capacity level)
• Decrease in the number of legal charges against non-compliance

Introducing administrative fees/subsequent legal action, quantifying compliance through the compliance rating, linking insurance premiums to OHS compliance: Initially, these policies will not change the current attitude. In the short term, they will probably instil a degree of hostility from employers against the OHSA. In the longer term (say, 12 months after formalising this policy), the benefits that the employer will have, due to being forced to become OHS compliant (i.e. increased OHS awareness, less accidents & sickness, public recognition, employee recognition, lower insurance premiums) will be the factors that will change their attitude towards OHS. It will also help, that other organisations will be treated in exactly the same way, and therefore OHS becomes a competitive arena where an organisation can prove themselves worthy and compassionate. An OHS compliant workplace is also a more productive and attractive place to work, which will result in increased staff retention and attraction.

During the 5 year period beyond 2007, the changes to cultural complacency should become more apparent. This will happen due to the fact that the employers themselves will be in a position to appreciate the benefits that will have resulted from the increased pressures to become compliant during the previous period.

Constraints

Conferences, trade fair stands, media promotions etc. cost money, and funds are limiting. Whilst every effort will be made to raise the profile of OHS, funds will probably limit the types of awareness building tactics that can be adopted.

Cultural complacency amongst employers will not change until the consensus to change is already demonstrated through Government, constituted bodies and the public at large. If employers are supported in their inhibition to change, they will use this as a 'way out'.

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.

Objective 4: Taking appropriate action against existing and emerging risks

Current situation

Targeted actions, including priority setting to date have relied on anecdotal evidence and the personal experience of professionals working in the field of ohs, and were not always based on research-based evidence. Although this may have sufficed in the OHSA’s initial years of operations, such an approach risked missing emerging risks, and may have been targeting the wrong priorities - even the most basic research may be used to identify causes and effects, so that the most suitable preventive actions could be developed. A case in point concerns the recent data collated by the Authority concerning the high incidence of fatal accidents involving foreign workers – these have accounted for 26% of all fatal accidents occurring in the construction industry. The Authority recognises that Malta faces a problem involving irregular workers who have migrated from other countries, and in respect of whom there may be an inequitable access to health and safety prevention and protection. Realising that one of the problems involved is one of communication,
the Authority has already published select information material that is pictorially oriented, so that even illiterate people (and not just foreign workers) can understand the most basic of concepts.

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.

Occupational health issues are frequently given less attention than safety issues because the former are generally more difficult to recognize, since the link between work and ill-health is often missed. However, when health is addressed, so is safety, because a healthy workplace is by definition also a safe workplace. The converse, though, may not be true - a so-called safe workplace is not necessarily a healthy workplace. The important point is that issues of both health and safety must be addressed in every workplace. Thus the greatest challenge for the OHSA remains in the area of occupational health, both with regards to ‘traditional’ exposures (chemicals, physical agents) but also with regards to ‘emerging’ risks (manual handling and postures, stress, vibration).

An important step forward was the development of criteria for, and the subsequent registration of medical professionals working in the field of occupational medicine by the Medical Council of Malta. However there is still scope for further training at both undergraduate and postgraduate levels, so that medical practitioners become more aware of their responsibilities at law, and become more proficient in recognising any possible association between work and ill health. At the same time, the OHSA understands the need of working closer with the Department for Social Security and the Health Division for the better collection of reliable statistics, and the sharing of information as would allow adequate investigation of notifications and, or claims made.

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. Although the range of research capabilities in Malta will remain limited, the OHSA has submitted an ambitious proposal for a project under the European Social Fund (Malta 2007-2013) (Cohesion Policy, Operational Programme II) that has as its principal aim the carrying out of research to determine the prevailing levels of ohs in general, as well as according to sector and risk – the project also aims to establish the degree of compliance with management systems and the degree, nature and scope of the
preventive and protective measures in place – the results from this project can also be used to determine future national OHS policies.

2. The OHSA will discuss with the University of Malta the launch of a postgraduate course for medical practitioners.

3. 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.

4. The OHSA will review the current legislative framework regarding mandatory notifications of occupational injuries and ill-health, especially the different duties placed upon different legal persons with the aim of simplifying the procedures if necessary.

5. 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.

Constraints

Were OHSA’s proposal for a project under the European Social Fund (2007 – 2013) not to be carried out for whatever reason, the OHSA’s ability to carry out research will be jeopardised.

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. A framework of Key Performance Indicators (KPIs) needs to be defined that will reflect 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.

With a defined KPI framework, the data that populates these KPIs needs to be captured. 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, that will be done in conjunction with the annual budgeting process. All targets will be agreed with the KPI ‘owners’.

The OHSA CEO will personally allocate and agree ownership of each KPI with the relevant section managers, as well as put in place the procedures for ensuring the KPI data is captured in the required format on a monthly basis. Initially, KPI ownership will ‘drill-down’ to the team level (i.e. OHSA sections), with the section manager taking overall responsibility for performance of allocated KPIs.

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 expected.

Timelines:

- Clarify and fine-tune the KPI model: April/May 2008
- Build the KPI framework: June/July 2008
- Initiate the capturing of actual data for all KPIs: July 2008
- Define targets for all KPIs: October 2008

Some KPIs require the capturing of data that is not currently captured (for example, employee/stakeholder satisfaction). The process for capturing such information will be initiated mid 2008.

**CONCLUSIONS**

There should not be any doubts that occupational health and safety play a vital role in increasing the competitiveness and productivity of enterprises. Adequate levels of ohs also contribute to the sustainability of the national social and health care services through less payments of applicable ‘industrial’ benefits and less treatment and hospitalisation costs.

Thus a well-resourced and effective Occupational Health and Safety Authority, that proactively takes meaningful initiatives with the full participation of the social partners, will prove that ohs is firmly set on the national agenda.