



# Health and Safety Executive for Northern Ireland

## Proposals for the Health and Safety (First- Aid) (Amendment) Regulations (Northern Ireland) 2016

### Consultative Document

March 2016

# **Proposals for the Health and Safety (First-Aid) (Amendment) Regulations (Northern Ireland) 2016**

<b>Contents</b>	<b>Page</b>	
INTRODUCTION	4	
BACKGROUND	4	
RATIONALE FOR INTERVENTION	5	
PROPOSED OPTIONS	6	
PREFERRED OPTION	7	
GREAT BRITAIN POSITION	9	
COSTS AND BENEFITS	9	
EQUALITY IMPACT	9	
INVITATION TO COMMENT	10	
<b>Annexes</b>		
Annex 1	Draft Health and Safety (First-Aid) (Amendment) Regulations (Northern Ireland) 2016	11
Annex 2	Assessment of costs and benefits	13
Annex 3	Equality impact screening document	24
Annex 4	List of consultees	38

**This Consultative Document is based on the Consultative Document “Proposals to revise the Health and Safety (First-Aid) Regulations 1981 (as amended)” issued by the Health and Safety Executive in Great Britain, whose assistance is gratefully acknowledged.**

**If you are reading this document on a computer screen and would prefer a printed version, it can be obtained on request. Furthermore, if you require a more accessible format an Executive Summary is available in Braille, large print, on disc or audiocassette, or in Irish, Ulster Scots and other languages of the minority ethnic communities in Northern Ireland. To obtain a summary in**

**one of these formats, please contact David Beck at the address shown at paragraph 37.**

## Introduction

1. This Consultative Document (CD) sets out proposals from the Health and Safety Executive for Northern Ireland (HSENI) to introduce a new set of Regulations, entitled 'The Health and Safety (First-Aid) (Amendment) Regulations (Northern Ireland) 2016'. The proposed Regulations will remove the requirement for HSENI to approve first-aid training and qualifications. This consultation also invites comments on the proposal to withdraw the existing Approved Code of Practice (ACOP) and to replace this with guidance on the Regulations published by the Health and Safety Executive in Great Britain (HSE).

## Background

2. The EU Framework Directive (1989) <sup>1</sup> contains requirements relating to first-aid at work. At the time of its introduction, the existing domestic legislation – namely, in GB, the Health and Safety (First-Aid) Regulations 1981 (SI 1981/917) and their equivalents in Northern Ireland, the Health and Safety (First Aid) Regulations (Northern Ireland) 1982 (S.R. 1982/429) (“the 1982 Regulations”) were deemed sufficient to implement the Directive’s provisions in the UK.
3. The 1982 Regulations place a requirement on employers in Northern Ireland to make arrangements to ensure that their employees receive attention if they are injured or taken ill at work. The Regulations address first-aid equipment and facilities, numbers of first aiders and training of first aiders. Regulation 3 provides for the duty on employers to make provision for first-aid, and also requires an employer to ensure that, as appropriate, they provide a suitable number of first-aiders who hold adequate training and qualifications approved by HSENI. In practice, this has been effected through HSENI’s direct approval of training providers and, more latterly, also through endorsement of the Office of Qualifications and Examinations Regulation (Ofqual) recognised Awarding Organisations (AOs).
4. The 1982 Regulations are supplemented by an HSENI ACOP and guidance that aims to help employers understand and comply with the Regulations by setting out the aspects of first-aid that employers need to address and providing practical advice on what they need to do. The publication contains the 1982 Regulations (in *italics*); the ACOP and supporting guidance. An ACOP has a special legal status. If you are prosecuted for breach of health and safety law, and it is proved that you did not follow the relevant provisions of the Code, you will need to show that you have complied with the law in some other way or a Court will find you at fault.
5. A 2003 HSE research report in GB examined many aspects of first-aid provision in the workplace. One key finding was that the existing four day training courses might not meet the first-aid needs of all businesses, due to workplace changes.

---

<sup>1</sup> <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:31989L0391>

6. Consequently, in 2009, the structure of the training regime in GB was changed to a 3-day First-Aid at Work (FAW) course and 1 day Emergency First-Aid at Work (EFAW) course. This reflected changes in the business landscape and a move from manufacturing to lower risk service industries; and from employers with large workforces to many employers with less than ten employees.
7. HSE worked with the Office of Qualifications and Examinations Regulation (Ofqual) and the Scottish Qualifications Authority (SQA) to make EFAW a nationally accredited qualification that could be delivered by training centres registered with Ofqual/SQA recognised AOs. This was aimed at training organisations who did not want HSE approval, or to deliver the full 3 day FAW course. From 2013 onwards, both HSE training providers and Ofqual have been able to deliver the FAW and EFAW courses.
8. HSENI has traditionally followed HSE in relation to the structure and syllabus of first-aid training provision. Since 2013, HSENI has also approved FAW and EFAW qualifications for delivery in Northern Ireland through endorsement of a declaration by an Ofqual recognised AO that it will comply with the current HSENI training standard. This is in addition to HSENI's direct approval of training providers.
9. In Northern Ireland, Ofqual regulates vocational qualifications. It ensures that all qualifications and assessment meet high quality standards by monitoring AOs, assessments and examinations and takes the necessary action to ensure that the qualifications meet the needs of learners, higher education institutions and employers.

### **Rationale for intervention**

10. Directive 89/391 requires employers to make provision for first-aid, but HSENI's approval of training and qualifications goes beyond the requirements of the Directive and, given developments in Great Britain (see para 30), has little justification or added value. It is anticipated that removal of HSENI's approval role will benefit businesses by allowing them greater flexibility to decide on the most appropriate training to suit their specific workplace needs and may bring greater opportunity for innovation and adaptation to be made to courses to suit particular workplaces.
11. HSENI's statutory approval role for first-aid training is inconsistent with its approach in other areas of health & safety legislation which involves standard-setting, provision of advice and enforcement, with the onus being on employers to ensure standards are met. There are several sets of health and safety regulations where training is referred to, but there is no legislative requirement for HSENI to approve the training or qualifications. For example, the COSHH regulations require employers to ensure that certain employees are provided with "suitable and sufficient information, instruction and training", going on to say that these should be "provided in a manner appropriate to the level, type and duration of exposure identified by the risk assessment". However, HSENI does not have a role in approving, nor in monitoring the delivery of, this training.

12. Regulated first-aid qualifications, which were designed to include excellent teaching and assessment standards and the appropriate syllabus, have been developed and are now available in Northern Ireland. By virtue of the Apprenticeships, Skills, Children and Learning Act 2011, Ofqual is the regulator for such qualifications where they are awarded or authenticated in Northern Ireland. HSENI needs to ensure that it does not duplicate, or obstruct, Ofqual's role.
13. There has already been significant 'market penetration' in Northern Ireland by those who provide regulated qualifications. This has led to a two tier system, since HSENI does not monitor Ofqual AOs or their training centres (except those HSENI-approved training organisations which are also accepted by AOs as their training centres).
14. Reduced budgets (year-on-year) and reductions in staff numbers and expertise require HSENI to strategically review the delivery of its functions, including this statutory approval role.
15. Following the loss of HSENI's nurse in mid 2015, HSENI has been unable to accept any new application forms for the approval of first-aid at work training. This has had no significant impact in the sector and there has been no significant adverse response to the change. In theory, HSENI's services continue to be provided free of charge but, in practice, this is not sustainable in the current economic climate of reduced budgets and reductions in staff numbers.
16. The 1982 Regulations are supplemented by an HSENI ACOP and guidance<sup>2</sup> that aims to help employers understand and comply with the Regulations. The publication is 32 pages long but the ACOP material consists of only 12 sentences which provides limited guidance in relation to regulation 3.

### **Proposed options**

17. A number of options were considered, including the possibility of contracting out HSENI's approval and monitoring role. This was rejected after considering the resource requirement and the experience of our counterpart organisations in GB (HSE) and in Ireland (HSA). Further options, of HSENI approving only qualifications and training done through the Ofqual AOs' training centres and/or the Voluntary Aid Societies (VAS) were rejected on the basis that they would make it impossible for other independent training providers to continue to operate in their current format.
18. The 'do nothing' option was rejected, since HSENI can no longer ignore the expectations of full cost recovery (as stated in 'Managing Public Money in

---

<sup>2</sup> <https://www.hseni.gov.uk/publications/first-aid-work-ni-acop>

Northern Ireland') by providing the current approval, monitoring and renewal services free of charge.

19. The main alternative option was therefore for HSENI to retain its statutory approval role, but to bring in fees for approvals, renewals of approvals and monitoring site visits, which would cover additional resources that would be required for administration of fees. Fees would need to be set that are appropriate to 2016 costs.
20. Based on current approval and monitoring practices, the minimum five year costs of this option for a newly-approved training provider would be £2386. If additional visits were required, this amount could be considerably more. This option was rejected on the basis of:
  - Lack of attractiveness to training providers because of higher costs (over the preferred option) and an expectation that were these higher costs to materialise, they would be passed on to duty-holders;
  - inconsistency of approach, with fees only payable by those providers directly approved by HSENI (and the barrier this could create to new entrants); and
  - the risk that HSENI may not retain or be able to recruit staff qualified (medically) to continue to carry out the approval and monitoring role.
21. This left the preferred option, which is for HSENI to withdraw from its approval role, withdraw approval of the NI ACOP, and adopt HSE's guidance on the regulations and on selection of a training provider. This will offer employers a range of options through which they may fulfil their duties regarding first-aid provision while maintaining health and safety standards. These range from Ofqual-regulated qualifications to training provided by VAS and independent training providers.

### **Preferred option**

22. HSENI proposes to introduce new Regulations entitled the Health and Safety (First-Aid) (Amendment) Regulations (Northern Ireland) 2016. The proposed Regulations would amend regulation 3(2) of the 1982 Regulations to remove the requirement for HSENI to approve the training and qualifications of appointed first-aid personnel. FAW, EFAW and the role of the 'appointed person' would still provide a framework on which first-aid training would continue to be based. Employers would still need to provide, or ensure provision is made for, equipment and facilities to render first-aid to their employees if they became injured or ill at work.
23. It is also proposed to withdraw the NI ACOP and to replace it with revised HSE guidance. The NI ACOP is 32 pages long, but of this, the ACOP material consists of only twelve sentences. This is very short and whilst the guidance is right and is useful, the ACOP adds little that would justify its current special legal status.

- 24 The Regulations have a higher legal status than the ACOP and risk assessment is provided for in the Management of Health and Safety at Work Regulations (Northern Ireland) 2000. In the circumstances the ACOP's limited content does not warrant its special legal status.
- 25 New guidance introduced by HSE<sup>3</sup> provides information for employers on how to select a competent training provider and includes a checklist for evaluating first-aid training organisations, covering trainer competence, quality assurance systems and syllabus content. The new guidance explains that employers may use non FAW/EFAW qualified first-aiders in the workplace provided they can demonstrate that the training their first-aiders have had is in line with the employer's needs assessment, is up to standard, and complies with currently accepted practice.
- 26 HSENI is confident that the proposed legislative change would improve the choice of training provider and flexibility in implementation, whilst maintaining existing health and safety standards. HSENI would retain a strategic role and function in standard setting for first-aid training. Removing HSENI's role in approvals would not see external verification disappear. It would remain an option for training providers.
- 27 The changes would remove the requirement for employers to use only training providers and training that have been approved by HSENI. This would allow businesses more flexibility to decide on first-aid provision which is appropriate to the requirements of their workplace. As indicated above, businesses are already accessing EFAW and FAW through a recognised AO of OFQUAL
- 28 For those who provide first-aid training, the change would remove the burden of applying for and maintaining HSENI approval to enable them to carry out first-aid training. It would also avoid the possibility of HSENI having to introduce charges for this work as was the case in GB. Paragraphs 17 to 19 of the Assessment of Costs and Benefits at Annex 2 provide further detail.
- 29 Withdrawal from the approval and monitoring role would release HSENI resources for other work, including higher risk-based, occupational health work.

---

<sup>3</sup> <http://www.hse.gov.uk/pubns/priced/l74.pdf>

<http://www.hse.gov.uk/pubns/geis3.pdf>

<http://www.hse.gov.uk/pubns/casestudy9.pdf>

## Great Britain position

- 30 The proposal to amend regulation 3 of the 1982 Regulations mirrors a measure already implemented in GB in respect of the corresponding First – Aid Regulations. GB required an additional amendment to revoke a provision in relation to fees for applications for approvals under the Health and Safety (First-Aid) Regulations 1981. An equivalent measure would not be necessary in NI as, although a proposal to introduce comparable fees in Northern Ireland was consulted upon in 2011, in light of HSE’s subsequent decision to withdraw from its role in approving first aid training, this was not implemented. Revised guidance to supplement the Health and Safety (First-Aid) Regulations 1981 was published by HSE in 2013.

## Costs and benefits

- 31 HSENI has carried out an assessment of costs and benefits which indicates that the proposals will impose negligible costs on existing training providers. As a result, a regulatory impact assessment is not considered necessary. It is assumed that 85-90% of the 45 fully independent training providers (i.e. the 62 approved providers minus the 2 VAS and those 15 already approved by Ofqual AOs) may seek approval by an Ofqual AO. This equates to 38 to 40 training providers and, using the GB estimated cost range, suggests that five year costs to those providers could total between £8,740 and £38,800. However, the proposed changes do not require training providers to seek to become approved by Ofqual AOs. The cost to those training providers who choose to take this option would not change under the proposed amendment to the legislation and, as such, costs cannot be directly attributable to the proposal. One off familiarisation with the new arrangements is estimated to be a total cost to business of approx £1,340 across 128 training centres. There would be no additional familiarisation costs for new entrants to the market.
- 32 There may be some savings to training providers as the requirement to have two independent assessors would be removed.
- 33 A benefit would also be derived from the revised guidance which would ensure that employers established a level of first-aid provision that was adequate and appropriate for their business needs and was not disproportionate.
- 34 Further information on costs and benefits can be found at Annex 2.

## Equality impact

- 35 The proposals have been screened for any possible impact on equality of opportunity affecting the groups listed in section 75 of the Northern Ireland Act 1998 and no adverse or differential aspects were identified. A copy of the screening document is at Annex 3.

## Invitation to comment

- 36 HSENI would welcome your comments on the proposals in this CD. Comments are particularly welcome on the assumptions relating to costs and benefits relevant to Northern Ireland, and the conclusion that the proposals would have no adverse effect on any section 75 groups.
- 37 Comments, in whatever format you choose to use, should be sent to: -

Mr David Beck  
Health and Safety Executive for Northern Ireland  
83 Ladas Drive  
Belfast BT6 9FR  
(Tel: 028 9054 6871; Fax: 028 9054 5383:  
Textphone: 028 9054 6896  
E-mail: david.beck@hse.gov.uk)

*so as to arrive not later than **noon on 14 June 2016***

- 38 HSENI tries to make its consultation procedures as thorough and open as possible. Responses to this consultation will be kept at the office of HSENI at the above address after the close of this consultation period, where they can be inspected by members of the public or be copied to them. HSENI can only refuse to disclose information in exceptional circumstances. Before you submit your response, please read the paragraphs below on the confidentiality given by you in response to this consultation.
- 39 The Environmental Information Regulations 2004 and the Freedom of Information Act 2000 give the public rights of access to information held by a public authority, namely, HSENI in this case. These rights of access to information include information provided in response to a consultation. HSENI cannot automatically consider as confidential, information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or be treated as confidential.
- 40 This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances.

**2016 No.000****HEALTH AND SAFETY****The Health and Safety (First-Aid) (Amendment) Regulations  
(Northern Ireland) 2016**

*Made* - - - - - xx xxxxxx 2016  
*Coming into operation* - - - - - xx xxxxxx 2016

The Department of Enterprise, Trade and Investment<sup>(4)</sup>, being the Department concerned<sup>(5)</sup>, makes the following Regulations in exercise of the powers conferred by Articles 17(1) to (5) and paragraphs 9 and 13 of Schedule 3 to the Health and Safety at Work (Northern Ireland) Order 1978<sup>(6)</sup> (“the 1978 Order”).

The Regulations give effect without modifications to proposals submitted to it by the Health and Safety Executive for Northern Ireland under Article 13(1A)<sup>(7)</sup> of the 1978 Order after the Executive had carried out consultations in accordance with Article 46(3)<sup>(8)</sup>.

**Citation and commencement**

1. These Regulations may be cited as the Health and Safety (First-Aid) (Amendment) Regulations (Northern Ireland) 2016 and shall come into operation on x xxxxx 2016.

**Amendment to the Health and Safety (First-Aid) Regulations (Northern Ireland) 1982**

2. For regulation 3(2) of the Health and Safety (First-Aid) Regulations (Northern Ireland) 1982<sup>(9)</sup> (duty of employer to make provision for first-aid), substitute—

“(2) Subject to paragraphs (3) and (4), an employer shall provide, or ensure that there is provided, such number of suitable persons as is adequate and appropriate in the circumstances for rendering first-aid to his employees if they are injured or become ill at work; and for this purpose a person shall not be suitable unless he has undergone such training and has such qualifications as may be appropriate in the circumstances of that case.”.

---

<sup>(4)</sup> Formerly the Department of Economic Development; see S.I. 1999/283 (N.I. 1), Article 3(5); that Department was formerly the Department of Manpower Services; see S.I. 1982/846 (N.I. 11), Article 3.

<sup>(5)</sup> See Article 2(2) of S.I. 1978/1039 (N.I. 9)

<sup>(6)</sup> S.I. 1978/1039 (N.I. 9)

<sup>(7)</sup> Article 13(1) was substituted by S.I. 1998/2795 (N.I. 18), Article 4

<sup>(8)</sup> Article 46(3) was amended by S.I. 1998/2795 (N.I. 18), Article 6(1) and Schedule 1, paragraphs 8 and 18

<sup>(9)</sup> S.R. 1982 No. 429



*J. Kerr*  
A senior officer of the  
Department of Enterprise, Trade and Investment

**EXPLANATORY NOTE**

*(This note is not part of the Regulations)*

These Regulations amend the Health and Safety (First-Aid) Regulations (Northern Ireland) 1982 (“the 1982 Regulations”).

Regulation 2 amends regulation 3(2) of the 1982 Regulations to remove the requirement for the Health and Safety Executive for Northern Ireland to approve the training and qualification of appointed first-aid personnel.

A regulatory impact assessment has not been completed in respect of these Regulations as the costs and benefits associated with the proposals have been assessed as negligible.

**ASSESSMENT OF COSTS AND BENEFITS IN RESPECT OF PROPOSALS TO AMEND THE HEALTH AND SAFETY (FIRST-AID) REGULATIONS (NORTHERN IRELAND) 1982**

***Background information***

1. The EU Framework Directive (1989) contains requirements relating to first-aid at work. The existing Health and Safety (First-Aid) Regulations (Northern Ireland) 1982 (the 1982 Regulations), along with equivalent regulations in GB were deemed sufficient to implement these provisions in the UK. These regulations are supported by an Approved Code of Practice (ACoP) and guidance.
2. The 1982 Regulations require an employer to ensure provision of an adequate and appropriate number of suitable persons for rendering first-aid to employees. Suitability is dependent on having undergone training and qualifications approved by HSENI. In practice, this has been effected through HSENI's approval of training providers.
3. HSENI has traditionally followed its counterpart in GB (HSE) in relation to the structure and syllabus of training provision and, since 2011, training has taken the form of a three day First-Aid at Work (FAW) course and a one day Emergency First-Aid at Work (EFAW) course.
4. HSE worked with the Office of Qualifications and Examinations Regulation (Ofqual) and the Scottish Qualifications Authority (SQA) to make first EFAW, and then FAW, into nationally accredited qualifications that could be delivered by training centres registered with Ofqual/SQA recognised Awarding Organisations. Since 1 January 2013, HSENI has also approved these qualifications for delivery in Northern Ireland through endorsement of a declaration by an Ofqual recognised Awarding Organisation (AO) that it will comply with the current HSENI training standard. This approval is in addition to HSENI's direct approval of training providers.
5. Following recommendations from Professor Ragnar Lofstedt's review of Health and Safety Legislation in GB (the Lofstedt review), HSE amended its equivalent (1981) regulations. With effect from 1 October 2013, HSE no longer has a statutory approval role in relation to first-aid training and qualifications, with the GB regulations now requiring a suitable person to have undergone training and have qualifications that are appropriate in the circumstances.
6. HSE also withdrew its equivalent ACoP and replaced it with guidance on the Regulations, while also providing a separate guide for employers on selecting a first-aid training provider. While the primary mandate for change was the UK Government's acceptance of the Lofstedt recommendations, HSE's stated intention was to provide flexibility for employers to choose who should deliver their first-aid training based on the needs of their business.
7. HSE had introduced fees for its approval, monitoring and renewal activities. In December 2011, HSENI consulted on the introduction of equivalent fees in

Northern Ireland. However, before these were introduced, HSENI became aware of HSE's intention to withdraw from its approval role, and the then Minister agreed not to proceed with fees in Northern Ireland, given the likelihood of HSENI following suit. HSENI's services therefore continue to be provided to training providers free of charge.

### ***Rationale for intervention***

8. Given that Health and Safety is a devolved matter, the Lofstedt review did not automatically apply to Northern Ireland. However he reflected on the fact that the European Framework Directive 89/391 required employers to make provision for first-aid, but that the need for HSE's approval of training and qualifications went beyond the requirements of the Directive and had little justification. This applies equally to HSENI's current approval requirement in the 1982 Regulations.
9. It has been HSENI policy to maintain legislative and policy parity with GB in this matter, and there is a heavy reliance on HSE regarding the provision of guidance. At the present time, there are significant differences between the two jurisdictions.
10. HSENI's statutory approval role for first-aid training seems inconsistent with other areas of Health & Safety legislation, and with its usual practice of standard-setting, provision of advice and enforcement, with the onus being on employers to ensure standards are met. There are several sets of regulations where training is referred to, but where there is no legislative requirement for HSENI to approve the training or qualifications. For example the COSHH regulations require employers to ensure that certain employees are provided with "suitable and sufficient information, instruction and training", going on to say that these should be "provided in a manner appropriate to the level, type and duration of exposure identified by the risk assessment". But HSENI does not have a role in approving, nor in monitoring the delivery of, this training.
11. Regulated first-aid qualifications, which were designed to include excellent teaching and assessment standards and the appropriate syllabus, have been developed and are now available in Northern Ireland. By virtue of the Apprenticeships, Skills, Children and Learning Act 2011 (ASCAL), Ofqual is the regulator for such qualifications where they are awarded or authenticated in Northern Ireland. HSENI needs to ensure that it does not duplicate, or obstruct, Ofqual's role.
12. There has already been significant 'market penetration' in Northern Ireland by those who provide regulated qualifications. This has led to a two tier system, since HSENI does not monitor Ofqual AOs or their training centres (except those HSENI-approved TOs which are also accepted by AOs as their training centres).
13. Reduced budgets (year-on-year) and potential reductions in staff numbers requires HSENI to strategically review the delivery of its functions, including this statutory approval role.

## ***Policy Objectives***

14. Policy objectives are as follows:

- a. To ensure that HSENI's role in the area of first-aid training provision is appropriate, and deliverable in the context of shrinking human and financial resources.
- b. To continue to support employers in their duty to make provision for first-aid by ensuring that the requirements and standards for the training of first-aiders are adequate and clearly set out; and
- c. To ensure that protection in relation to first-aid continues to be afforded to employees as required under EU legislation, but also that the regulations should not go beyond these requirements ('gold-plating').

## ***Description of options considered***

15. A number of options were considered, including the possibility of contracting out HSENI's approval and monitoring role. This was rejected after considering the resource requirement and the experience of our counterpart organisations in GB (HSE) and in Ireland (HSA). Further options, of HSENI approving only qualifications and training done through the Ofqual Awarding Organisations' training centres and/or the Voluntary Aid Societies (VAS) were rejected on the basis that they would make it impossible for other independent training providers to continue to operate in their current format.
16. The 'do nothing' option was rejected, since HSENI can no longer ignore the expectations of full cost recovery (as stated in 'Managing Public Money in Northern Ireland') by providing the current approval, monitoring and renewal services free of charge.
17. The main alternative option was therefore for HSENI to retain its statutory approval role, but to bring in fees for approvals, renewals of approvals and monitoring site visits, which would cover additional resources that would be required for administration of fees. Fees would need to be set that are appropriate to 2016 costs, but would certainly be no lower than those proposed in our consultation in December 2011 on the introduction of fees.
18. At that time fees were proposed as follows:
- £1693 for an original approval (which would include a site visit)
  - £576 for a post-approval site visit (normally 2 ½ years after approval)
  - £117 for renewal of the certificate of approval
  - £576 was proposed as the fee both for a site visit to investigate a complaint, and for a cancelled site visit. Where an additional site visit was necessary following either the original approval or post-approval monitoring visits, a fee of £565 was proposed.
19. Based on current approval and monitoring practices, the minimum five year costs of this option for a newly-approved training provider would be £2386. If

additional visits were required, this amount could be considerably more. This option was rejected on the basis of:

- Lack of attractiveness to training providers because of higher costs (over the preferred option) and an expectation that were these higher costs to materialise, they would be passed on to duty-holders;
- inconsistency of approach, with fees only payable by those providers directly approved by HSENI (and the barrier this could create to new entrants); and
- the risk that HSENI may not retain or be able to recruit staff qualified (medically) to continue to carry out the approval and monitoring role.

20. This left the preferred option, which is for HSENI to withdraw from its approval role, withdraw approval of the current ACoP, and adopt HSE's guidance on the regulations and on selection of a training provider. This will offer employers a range of options through which they may fulfil their duties regarding first-aid provision, ranging from Ofqual-regulated qualifications to training provided by Voluntary Aid Societies and independent training providers.

### ***Evidence base***

21. HSENI has considered the final GB Impact Assessment (i.e. as amended to take account of the results of HSE's consultation on an identical proposal) and has utilised some of the cost calculations and assumptions where these were felt to be appropriate and relevant to the Northern Ireland position. The GB assessment can be accessed via the following link.

<http://www.legislation.gov.uk/ukxi/2013/1512/impacts>

22. Relevant costs were also identified through sampling of local FAW training providers' websites (done on 21 May 2015) and Ofqual AOs' websites (January 2015).

23. Another internal data source is HSENI's Employment Medical Advisory Service (EMAS) which currently administers the approval and monitoring of training providers.

24. Figures on the numbers of Northern Ireland businesses (VAT and PAYE registered) were obtained from 'Facts and Figures from the Inter-departmental Business Register (IDBR) Edition 17 (updated)'.

25. A 'baseline' position, which explains the current structure around approval of First-Aid at Work training in Northern Ireland, is provided in Annex 1 to this assessment.

### ***Monetised costs and benefits***

#### *Training providers*

26. The GB Impact Assessment looked at a sample of prices charged by Ofqual-recognised AOs in approving training providers to deliver FAW qualifications. It concluded that prices varied from £75 (a 2 hour process) to £1000 (a 15

- day process). Monitoring and certificate costs also varied widely. These figures are consistent with HSENI's small sample which noted approval and/or registration fees of £250-400 (+VAT) and charges of £250-300 (+VAT) for quality assurance visits. We are therefore content to accept the GB estimate that the total cost to a training provider over a five year period for the approval and monitoring process was between £230 and £970.
27. It is important to understand that the preferred option does not require training providers to seek to become approved by Ofqual AOs. However the estimated five year cost of doing so informed our rejection of the 'continue to approve but charge fees' option which had an estimated minimum five year cost of £2386.
  28. It is assumed that 85-90% of the 45 fully independent training providers (i.e. the 62 HSENI-approved providers minus the 2 Voluntary Aid Societies and those 15 already approved by Ofqual AOs) may seek approval by an Ofqual AO. This equates to 38-40 training providers and, using the GB estimated cost range, suggests that five year costs to those providers could total somewhere between £8,740 and £38,800.
  29. But it is already possible for training providers in Northern Ireland to seek to become approved by Ofqual AOs to deliver FAW qualifications. The cost to those training providers who choose to take this option will not change under the proposed amendment to the legislation, and any such costs cannot therefore be directly attributed to the proposal.
  30. There will be familiarisation costs to existing training providers. Given HSENI's intention to communicate the changes by letter, HSENI is content to adopt the GB estimated one-off cost per training provider to be approximately £10.50 (assuming 15-30 minutes would be needed to read and discuss). Including all those who are currently HSENI-approved and those attached to Ofqual AOs (128 in all), the total cost to business of around £1340 is not considered significant. No additional familiarisation costs are assumed for new entrants to the market, since this is a one-off change and new entrants will simply have to become familiar with the arrangements which are current at the time.
  31. Training providers are likely to benefit from the fact that under the proposal there will no longer be a requirement to have two independent assessors (provided that staff who deliver training are also competent to assess). The current requirement was estimated in the GB Impact Assessment to cost £160 per FAW course (3 hours at £27 per hour for each assessor).
  32. However, for those providers who are accepted by an Ofqual AO, these savings will be offset by having to purchase certificates from the AO, rather than printing their own, as they are currently able to do. The GB assessment found that the unit cost ranged from £6 to £17 per certificate. For the (normal size) course of 12 people, the certificate costs to providers could range from £72 to £204.
  33. Where providers seek an alternative form of approval or accreditation, there may be similar obligations and costs which offset the assessor savings.

### *Duty holders*

34. The proposal could affect the prices charged to duty-holders. From a sample of providers' websites, a 3 day FAW course run by HSENI-approved training providers costs between £115 and £243 (both +VAT). Where a cost comparison is possible between training from an independent provider and a qualification from one approved by an Ofqual AO, the latter is generally a higher price. One provider offers both (what it describes as) HSENI and Ofqual training, with the former costing £115 + VAT and the latter £150 + VAT.
35. However, the prices charged are clearly subject to market forces. As noted above, there has already been 'market penetration' by Ofqual AOs - Ofqual AO's centres now accounting for over half of the training centres available in Northern Ireland. Evidence shows that this qualification can be more expensive than independents' training courses. But the most expensive training found in our sample (£243 + VAT) was not from a provider that is approved through the Ofqual route. It is therefore impossible to say with any certainty that costs to duty-holders will increase as a result of the proposal.
36. Duty-holders already incur a cost in seeking a training provider. At the moment, they can currently find a list of approved training providers on the HSENI website. Based on their similar system, the GB assessment estimated that the average cost of this was £100 per duty-holder, suggesting that current annual costs to duty-holders are around £600,000 across 6000 businesses (see 'assumptions' section). Once HSENI withdraws from its approval role, no such list will be available. This might suggest that duty-holders will need to spend more time searching for suitable training providers. This issue was considered in the GB Impact Assessment. However, even with the results of an on-line survey (with almost 600 responses) and the full consultation process, it was not possible for the GB assessment to quantify any change in search costs for duty-holders, and, accordingly, neither can this assessment.
37. Separate to these search costs, there will be familiarisation costs to duty-holders, though it is assumed that these will not be incurred until the point of seeking or changing training provider. The GB assessment estimated this to be a one-off cost of between £1 and £2 per duty-holder, based on an anticipated 2-4 minute requirement for familiarisation, with duty-holders being assisted by information on the HSE website. HSENI proposes to have similar information posted on its website.

### *Withdrawal of ACoP*

38. There are no monetary costs associated with the withdrawal of the current ACoP and its replacement by guidance.

## ***Non-Monetised costs and benefits***

### *Training providers*

39. Those 10-15% of providers who we estimate may remain fully independent (5-7 of the 45 those currently fully independent – see ‘Risks and Assumptions’ below) may find it harder to retain and develop business. There is some anecdotal evidence of this happening in GB following HSE’s withdrawal from its approval role. However, HSENI will, through provision of guidance and maintenance of relationships with HSE and Ofqual, still set the standard/syllabus for training, and independent providers may be able to find creative ways of demonstrating to the market that their product meets this standard.

### *Maintenance of standards*

40. The key change around the proposal is to put the onus on employers to ensure that their choice of training provider is “appropriate and adequate”. HSE has put significant effort (along with others, including Ofqual) into the creation of a regulated qualification in FAW and EFAW, but HSE stresses that it does not advocate, promote or support that option for employers over other options that they have. In fact, increased flexibility for employers was one of HSE’s stated aims of the change.
41. In order to ensure that employers are informed in making their choice, HSE still identifies the standards (including qualifications) of training, assessment and quality assurance that are acceptable, and specifies the content of FAW and EFAW courses. Employers are expected to conduct “due diligence” to ensure that training provision to their employees complies with these.
42. Those standards, and an appropriate syllabus, were ‘designed in’ to the accredited (regulated) qualification through the joint efforts of HSE, Ofqual, SQA and Skills for Health. While not advocating the regulated qualifications, HSE’s guidance does advise employers that the ‘due diligence’ that is otherwise expected is not necessary in the case of regulated qualifications.
43. HSENI has made a comparison of the standards it currently applies against those within HSE’s new system. This considered: syllabus content; trainer and assessor qualifications; monitoring and quality assurance systems; teaching being in accordance with appropriate and current guidance and practice; numbers of trainers and contact hours; certification requirements; examinations/assessment of competence; and standards of administration. We concluded that standards remain at least as high, and that they are more clearly articulated, under the HSE’s new system.

### *Duty-holders*

44. Duty-holders will be able to benefit from clearer, improved guidance. Greater understanding of the risk-based nature of the requirement for first-aid

provision may even lead to a reduction in provision in small, low-risk workplaces, but this is not quantifiable.

45. Duty-holders who require more advanced first-aid content than the normal FAW course for their employees should find it easier to agree tailored training from providers.

#### *HSENI (and Health and Safety Impacts)*

46. The current arrangements take a considerable amount of administration effort within HSENI (including that attached to the notification of around 1500 courses). Withdrawal from the approval and monitoring role would allow resource to be deployed elsewhere, including to other, higher-risk-based, occupational health work, and thus could have a positive effect on Health and Safety outcomes (though this is not quantifiable).
47. The GB Impact Assessment quoted a 2003 Casella Winton report as having concluded that a large majority of employers considered first-aid provision to be important and beneficial to their workplace and that compliance rates were high. There is no reason to believe that this would change under the proposal, since a clear duty remains on the employer to ensure provision of suitable persons to render first-aid, and to ensure that the training and qualifications of these persons is appropriate. The overall Health and Safety impact is therefore likely to be negligible.

#### *Withdrawal of the current ACoP*

48. HSE's grounds for removal of its equivalent ACoP were that the ACoP text accounted for 12 sentences of the (then) 32 page ACoP and guidance document. The points raised as ACoP text provided limited guidance in relation to Regulation 3 which had a higher legal status than the ACoP and they provided little by way of additional information to the employer. A fuller, more user-friendly interpretation of the requirement under the Regulations was given in the guidance. As such, the ACoP's limited content did not warrant its special legal status.
49. The current NI ACoP has exactly the same structure as that which was in place in GB, and the same grounds for removal therefore apply. In HSENI's experience, first-aid provision is unlikely to become an enforcement issue, and even less likely to result in a prosecution. In any case, such a prosecution would be brought under the Regulations and no changes are proposed to regulation 3. HSENI does not see any likelihood of the ACoP's withdrawal causing any problems in this regard.
50. HSENI proposes to adopt (with HSE's agreement) the HSE guide for employers and its guidance on regulations, with references to the GB legislation to be read as references to the NI regulations (since these are almost identical). HSE's resources also include a collection of first-aid at work case studies or scenarios, which HSENI would also propose to adopt. Such adoption would have significant administrative advantages over the

development and maintenance of NI only guidance and case studies, but will only be possible if the current ACoP is withdrawn, as it was in GB.

***Rationale and evidence that justify the level of analysis used in the assessment of costs and benefits (Proportionality Approach)***

51. The level of analysis in this assessment reflects the fact that the actual change that is being proposed does not affect the requirements on duty-holders to ensure provision of first-aid.
52. It draws from the GB Impact analysis which, in turn, based its main assumptions around conclusions drawn from an on-line survey to which HSE received almost 600 responses. Reference to the GB assessment reflects the reality that HSENI does not have the resources to conduct its own appraisals.
53. There are some matters within this appraisal which cannot be quantified. However, given the relatively small size of the training sector that is directly affected by the proposed changes, and the difficulty in predicting how the market will react to them, it is not proportionate to try to quantify these impacts further.

***Key Risks and Assumptions***

54. Risks identified include:
  - Lack of capacity within HSENI to effect the necessary legislative change quickly (may be mitigated through re-prioritisation of other legislative work); and
  - Lack of control over the continuation of Ofqual's role in Northern Ireland (although this risk is thought to be low, in that it is unlikely that this role would change unless a suitable alternative regulator was in place).
55. While some of Northern Ireland's FAW training providers have already aligned themselves to Ofqual AOs, it is assumed that training providers are unlikely to seek to obtain full recognition as an Ofqual AO themselves. While it costs nothing to apply to become recognised, the GB Impact assessment referred to the recognition procedure being complex and very lengthy and stated that it would typically cost the prospective Organisation £100k in management resource time. Costs attached to this option are not, therefore, considered in detail in this assessment.
56. It is assumed that the Voluntary Aid Societies will continue to operate independently after the change is made, that 10-15% of other HSENI-approved independent training providers will continue as fully independent, and that the remainder will seek to become training centres for Ofqual-recognised AOs (or seek alternative validation).
57. Assumptions were made in the GB assessment that between 20% and 30% of businesses with fewer than 10 employees would actually need to train first-aiders, and that there would be compliance with requirements by businesses with more than 10 employees of between 80% and 90%. From survey

results, HSE calculated that, on average, businesses would repeat their search every 3.6 years. Application of these assumptions to the 67,710 businesses in Northern Ireland (in March 2014, of which 88% have fewer than 10 employees) gives a range of 18,400 to 25,200, with a best estimate of 21,800 duty-holders that will seek to train first-aiders, and that approximately 6,000 of these businesses will do so in any given year. This might seem inconsistent with the three year average 'delegates trained' figure of almost 17,000, until it is acknowledged that if more than one person in each business is likely to be trained, it is also possible that there currently is over-compliance by small businesses here.

### ***Wider impacts***

#### *Equality*

58. The Statutory Rule has been screened for any possible impact on equality of opportunity affecting the groups listed in section 75 of the Northern Ireland Act 1998 and no adverse or differential aspects were identified.

#### *Small and Micro Businesses*

59. Given the prevalence of micro businesses in NI, the proposal will arguably affect micro businesses to a greater extent. However, the requirement to ensure first-aid provision (which is unchanged) is based on the duty-holder's assessment of risk. That assessment will consider aspects of the particular workplace including size, work activity and other factors.
60. It is possible that the proposal will have a negative impact on small training providers if the absence of HSENI's approval means that those providers can no longer signal their quality to the market. If that happens, duty-holders may choose well known providers, including the Voluntary Aid Societies, and some small providers may go out of business. However, training providers may find another way to signal their quality to the market, e.g. via the Ofqual AO approval route.

### ***Conclusion***

61. In light of its assessment, HSENI intends to implement the preferred option through making proposals to DETI for amendment regulations and withdrawal of the current ACoP.



## DETI EQUALITY SCREENING FORM

### Part 1. Policy scoping

The first stage of the screening process involves scoping the policy under consideration. The purpose of policy scoping is to help prepare the background and context and set out the aims and objectives for the policy, being screened. At this stage, scoping the policy will help identify potential constraints as well as opportunities and will help the policy maker work through the screening process on a step by step basis.

Public authorities should remember that the Section 75 statutory duties apply to internal policies (relating to people who work for the authority), as well as external policies (relating to those who are, or could be, served by the authority).

### Information about the policy

Name of the policy

Consultation on proposals to amend the Health and Safety (First-Aid) Regulations (Northern Ireland) 1982.

---

Is this an existing, revised or a new policy?

Revised

---

What is it trying to achieve? (intended aims/outcomes)

The main proposed changes are to remove the requirement in the 1982 Regulations for the Health and Safety Executive for Northern Ireland (HSENI) to approve the training and qualifications of appointed first-aid personnel and to replace the existing Approved Code of Practice (ACOP) with guidance published by the Health and Safety Executive in Great Britain (HSE).

---

Are there any Section 75 categories which might be expected to benefit from the intended policy?

If so, explain how.

No. The policy will apply equally to all Section 75 groups

---

Who initiated or wrote the policy?

---

The proposals are to be submitted to DETI for the making of Health and Safety Regulations under the Health and Safety at Work (Northern Ireland) Order 1978. HSENI is responsible for devising and delivering the proposals to DETI. If DETI accepts the proposals, it is responsible for enacting the legislation.

---

Who owns and who implements the policy?

HSENI owns and implements the policy.

---

### **Implementation factors**

Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision? .

If yes, are they

- financial
- legislative
- other, please specify \_\_\_\_\_

### **Main stakeholders affected**

Who are the internal and external stakeholders (actual or potential) that the policy will impact upon?

- staff
- service users
- other public sector organisations
- voluntary/community/trade unions
- other, please specify – employers, training providers

### **Other policies with a bearing on this policy**

- what are they?

The Löfstedt review of health and safety legislation ‘Reclaiming health and safety for all’. A UK Government independent review to make proposals for simplifying health and safety law.

- who owns them?

Department of Work and Pensions

## Available evidence

Evidence to help inform the screening process may take many forms. Public authorities should ensure that their screening decision is informed by relevant data.

What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

<b>Section 75 category</b>	<b>Details of evidence/information</b>
Religious belief	Although there is no available data the policy changes apply equally beneficially to all Section 75 categories .
Political opinion	As above.
Racial group	As above.
Age	As above.
Marital status	As above.
Sexual orientation	As above.
Men and women generally	As above.
Disability	As above.
Dependants	As above.

## Needs, experiences and priorities

Taking into account the information referred to above, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision? Specify details for each of the Section 75 categories

<b>Section 75 category</b>	<b>Details of needs/experiences/priorities</b>
----------------------------	--

Religious belief	Although there is no available data the policy changes apply equally beneficially to all Section 75 categories .
Political opinion	As above.
Racial group	As above.
Age	As above.
Marital status	As above.
Sexual orientation	As above.
Men and women generally	As above.
Disability	As above.
Dependants	As above.

## Part 2. Screening questions

### Introduction

In making a decision as to whether or not there is a need to carry out an equality impact assessment, the public authority should consider its answers to the questions 1-4 detailed below.

If the public authority's conclusion is **none** in respect of all of the Section 75 equality of opportunity and/or good relations categories, then the public authority may decide to screen the policy out. If a policy is 'screened out' as having no relevance to equality of opportunity or good relations, a public authority should give details of the reasons for the decision taken.

If the public authority's conclusion is **major** in respect of one or more of the Section 75 equality of opportunity and/or good relations categories, then consideration should be given to subjecting the policy to the equality impact assessment procedure.

If the public authority's conclusion is **minor** in respect of one or more of the Section 75 equality categories and/or good relations categories, then consideration should still be given to proceeding with an equality impact assessment, or to:

- measures to mitigate the adverse impact; or
- the introduction of an alternative policy to better promote equality of opportunity and/or good relations.

### In favour of a 'major' impact

- a) The policy is significant in terms of its strategic importance;
- b) Potential equality impacts are unknown, because, for example, there is insufficient data upon which to make an assessment or because they are complex, and it would be appropriate to conduct an equality impact assessment in order to better assess them;
- c) Potential equality and/or good relations impacts are likely to be adverse or are likely to be experienced disproportionately by groups of people including those who are marginalised or disadvantaged;
- d) Further assessment offers a valuable way to examine the evidence and develop recommendations in respect of a policy about which there are concerns amongst affected individuals and representative groups, for example in respect of multiple identities;
- e) The policy is likely to be challenged by way of judicial review;

f) The policy is significant in terms of expenditure.

**In favour of 'minor' impact**

- a) The policy is not unlawfully discriminatory and any residual potential impacts on people are judged to be negligible;
- b) The policy, or certain proposals within it, are potentially unlawfully discriminatory, but this possibility can readily and easily be eliminated by making appropriate changes to the policy or by adopting appropriate mitigating measures;
- c) Any asymmetrical equality impacts caused by the policy are intentional because they are specifically designed to promote equality of opportunity for particular groups of disadvantaged people;
- d) By amending the policy there are better opportunities to better promote equality of opportunity and/or good relations.

**In favour of none**

- a) The policy has no relevance to equality of opportunity or good relations.
- b) The policy is purely technical in nature and will have no bearing in terms of its likely impact on equality of opportunity or good relations for people within the equality and good relations categories.

Taking into account the evidence presented above, consider and comment on the likely impact on equality of opportunity and good relations for those affected by this policy, in any way, for each of the equality and good relations categories, by applying the screening questions detailed below and indicate the level of impact on the group i.e. minor, major or none.

## Screening questions

1 What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? minor/major/none		
Section 75 category	Details of policy impact	Level of impact? minor/major/none
Religious belief	The intended impact is to provide flexibility for employers to choose who should deliver first-aid training based on the needs of their business whilst maintaining existing standards	None. The policy has no relevance to equality of opportunity
Political opinion	As above.	None
Racial group	As above.	None
Age	As above.	None
Marital status	As above.	None
Sexual orientation	As above.	None
Men and women generally	As above.	None
Disability	As above.	None
Dependants	As above.	None

2 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories?		
Section 75 category	If <b>Yes</b> , provide details	If <b>No</b> , provide reasons
Religious belief		The policy applies equally to all Section 75 groups and has no relevance to the promotion of equality of opportunity.
Political opinion		As above.
Racial group		As above.
Age		As above.
Marital status		As above.
Sexual orientation		As above.
Men and women generally		As above.
Disability		As above.
Dependants		As above.

3 To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group?		
Section 75 category	Details of policy impact	Level of impact minor/major/none
Religious belief	The intended impact is to provide flexibility for employers to choose who should deliver first-aid training based on the needs of their business whilst maintaining existing standards.	None. The policy has no bearing on good relations between the relevant people/groups.
Political opinion	As above.	None
Racial group	As above.	None

4 Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?		
Good relations category	If <b>Yes</b> , provide details	If <b>No</b> , provide reasons
		The proposals are intended to provide flexibility for employers to choose who should deliver first-aid training based on the needs of their business. The changes will not contribute to or detract from the promotion of good relations between the relevant groups.
Religious belief		As above.
Political opinion		As above.
Racial group		As above.

## **Additional considerations**

### **Multiple identity**

Generally speaking, people can fall into more than one Section 75 category. Taking this into consideration, are there any potential impacts of the policy/decision on people with multiple identities?

*(For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people).*

Provide details of data on the impact of the policy on people with multiple identities. Specify relevant Section 75 categories concerned.

The policy has been designed to provide flexibility for employers to choose who should deliver first-aid training based on the needs of their business and will apply equally to all of the Section 75 Groups. There is no evidence to suggest that people with multiple identities will be affected.

### Part 3. Screening decision

If the decision is not to conduct an equality impact assessment, please provide details of the reasons.

The proposals will provide flexibility for employers to choose who should deliver first-aid training based on the needs of their business. The provisions will apply universally and would be expected to benefit rather than adversely impact all of the Section 75 groups equally.

If the decision is not to conduct an equality impact assessment the public authority should consider if the policy should be mitigated or an alternative policy be introduced.

The provisions will apply universally and would be expected to benefit all of the Section 75 groups equally. There are therefore no grounds for mitigation or alternative policies.

If the decision is to subject the policy to an equality impact assessment, please provide details of the reasons.

All public authorities' equality schemes must state the authority's arrangements for assessing and consulting on the likely impact of policies adopted or proposed to be adopted by the authority on the promotion of equality of opportunity. The Commission recommends screening and equality impact assessment as the tools to be utilised for such assessments. Further advice on equality impact assessment may be found in a separate Commission publication: Practical Guidance on Equality Impact Assessment.

## Mitigation

When the public authority concludes that the likely impact is 'minor' and an equality impact assessment is not to be conducted, the public authority may consider mitigation to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

Can the policy/decision be amended or changed or an alternative policy introduced to better promote equality of opportunity and/or good relations?

If so, give the **reasons** to support your decision, together with the proposed changes/amendments or alternative policy.



## Timetabling and prioritising

Factors to be considered in timetabling and prioritising policies for equality impact assessment.

If the policy has been '**screened in**' for equality impact assessment, then please answer the following questions to determine its priority for timetabling the equality impact assessment.

On a scale of 1-3, with 1 being the lowest priority and 3 being the highest, assess the policy in terms of its priority for equality impact assessment.

<b>Priority criterion</b>	<b>Rating (1-3)</b>
Effect on equality of opportunity and good relations	
Social need	
Effect on people's daily lives	
Relevance to a public authority's functions	

Note: The Total Rating Score should be used to prioritise the policy in rank order with other policies screened in for equality impact assessment. This list of priorities will assist the public authority in timetabling. Details of the Public Authority's Equality Impact Assessment Timetable should be included in the quarterly Screening Report.

Is the policy affected by timetables established by other relevant public authorities?

If yes, please provide details

## Part 4. Monitoring

Public authorities should consider the guidance contained in the Commission's Monitoring Guidance for Use by Public Authorities (July 2007).

The Commission recommends that where the policy has been amended or an alternative policy introduced, the public authority should monitor more broadly than for adverse impact (See Benefits, P.9-10, paras 2.13 – 2.20 of the Monitoring Guidance).

Effective monitoring will help the public authority identify any future adverse impact arising from the policy which may lead the public authority to conduct an equality impact assessment, as well as help with future planning and policy development.

## Part 5. Disability Duties

Under the Disability Discrimination Act 1995 (as amended by the Disability Discrimination (Northern Ireland) Order 2006), public authorities, when exercising their functions, are required to have due regard to the need:

- **to promote positive attitudes towards disabled people; and**
- **to encourage participation by disabled people in public life.**

5. Does this policy/legislation have any potential to contribute towards promoting positive attitudes towards disabled people or towards encouraging participation by disabled people in public life? If yes, please give brief details.

---

---

---

---

---

**Name of Consultees**

3fivetwo Training Academy  
360 Active Training Solutions  
Abertay Nationwide Training Ltd  
Action on Hearing Loss  
Active IQ  
Advice NI  
AES  
Age NI  
Age Sector Platform  
Agency for the Legal Deposit Libraries  
Alliance Party  
Allpipe Engineering Ltd.  
AML Skills Ltd  
An Munia Tober  
AoFA Qualifications  
Archbishop of Armagh and Primate of all Ireland  
Ards Business Centre Ltd.  
Argyle Business Centre Ltd.  
Armagh Business Centre Ltd.  
Aspergers Network  
Attorney General (NI)  
Autism Northern Ireland  
AVX Ltd  
Ballymena Business Centre Ltd.  
Banbridge Enterprise Centre  
Bar Council  
Belfast Centre for the Unemployed  
Belfast City Centre Management  
Belfast Harbour Commissioners  
Belfast Health and Social Care Trust  
Belfast Hebrew Congregation  
Belfast International Airport  
Belfast Islamic Centre  
Belfast Metropolitan College  
Belfast Solicitors Association  
Bishop of Down and Connor  
Bisp Training & Consultancy  
Bluelight Medical Training  
Board of Deputies of British Jews  
BOC  
Bombardier  
British Deaf Association  
British Library – Legal Deposit Office  
British Red Cross  
Bryson House  
BSC and Electric Ireland  
Buildhealth NI  
Business in the Community

Calor Gas (NI) Ltd.  
Cancer Focus Northern Ireland  
Cara-Friend  
Carers NI  
Carrickfergus Enterprise Agency Ltd.  
Catholic Bishops of Northern Ireland  
Causeway Enterprise Agency Ltd.  
Cedar Foundation  
Central Services Agency  
Chartered Institute of Environmental Health NI  
Chemical Business Association  
Chief Constable Police Service of Northern Ireland  
Children in Northern Ireland  
Children's Law Centre  
Chinese Chamber of Commerce  
Chinese Welfare Association  
CIEH  
City of Derry Airport  
Civil Law Reform Division  
Civil Service Occupational Health Service  
CM Training Services  
Commission for Victims and Survivors  
Commissioner for Older People Northern Ireland  
Committee on the Administration of Justice  
Communication Access  
Community Foundation for Northern Ireland  
Community Relations Council  
Construction Employers' Federation  
Construction Industry Training Board NI  
Cookstown Enterprise Centre Ltd.  
Co-Operation Ireland  
Council for Catholic Maintained Schools  
Countryside Services Ltd.  
Courts and Tribunal Service  
CPNI Training Solutions Ltd  
Creggan Enterprises Ltd.  
Democratic Unionist Party  
Derry City and Strabane District Council  
Diageo  
Diamond Training  
Disability Action  
District Councils  
Driver and Vehicle Testing Agency  
Du Pont (UK) Industrial Ltd.  
Dungannon Enterprise Centre Ltd.  
Dungannon Leisure Centre  
East Belfast Community Development Agency  
East Belfast Enterprise Park Ltd.  
East Belfast Partnership Board  
Eastern Group Environmental Health Committee

Education Authority  
Elite Medical Training Services  
Emergency Care NI  
Emergency First Response  
Emergency Medical Care  
Emergency Medical Supplies  
Employers For Disability NI  
Engineering Employers' Federation NI (EEF)  
Equality Coalition  
Equality Commission  
Europrime Consulting and Associates Ltd  
Executive Council of the Inn of Court of NI  
Falls Community Council  
Federation of Small Businesses  
Fermanagh Enterprise Ltd.  
Fire Brigades Union  
First Aid International Ltd  
First Aid Awards Ltd  
Food Standards Agency Northern Ireland  
Forensic Science Agency of Northern Ireland  
Foyle Women's Information Network  
Freight Transport Association  
Future Awards & Qualifications Ltd  
General Consumer Council for Northern Ireland  
George Best Belfast City Airport  
Gingerbread Northern Ireland  
Global Horizon Skills Ltd  
GMB  
Goody Training Solutions  
Gray & Adams (Ireland) Ltd  
Greater Shankill Partnership  
Green Party  
Harberry Training  
Harland and Wolff Heavy Industries Ltd.  
Health and Safety Executive  
Health and Social Care Board HQ  
Health Matters (Health & Safety) Ltd  
Heron Brothers Ltd.  
Highfield (HABC)  
HM Council of County Court Judges  
HM Revenue and Customs  
Home Retail Group  
ITC First Aid Ltd  
Incident & Risk Management Solutions  
Inclusive Mobility and Transport Advisory Committee (IMTAC)  
INCORE Conflict Resolutions Ltd.  
Independent Political Parties  
Indian Community Centre  
Industry Training Services  
Information Commissioner's Office

Institute of Directors  
Institute of Directors (NI Division)  
Invest NI  
Irish National Teachers' Organisation (INTO)  
JCM Training Services  
JDP Consulting  
JMD Training  
Judge G Conner  
Justice for Asbestos Victims  
Kesh Development Association Charitable Trust  
Kinnego Marina  
Labour Party  
Labour Relations Agency  
Lantra Awards  
Larne Development Forum  
Law Centre (NI)  
Law Society of Northern Ireland  
Lonmin (NI) Ltd  
Lord Chief Justice Office  
Mallusk Enterprise Park  
Maritime and Coastguard Agency  
McAlorum Construction Ltd.  
McClay Library, QUB  
MCP Safety and Health Promotion  
MENCAP  
Methodist Church in Ireland  
Mindwise  
Ministry of Defence  
MPs & MEPs (NI)  
Mr Sam McKane  
Musicians Union  
Mutual Energy Ltd.  
National Collection of NI Publications  
National Library of Ireland  
Newry and Mourne Enterprise Agency  
NI21  
NI Security Guard Service  
NI Water  
North Belfast Partnership  
North City Business Centre Ltd.  
North Down Development Organisation Ltd.  
North Down First Aid Training (NDFA)  
North / South Ministerial Council  
North West Community Network  
North West Regional College  
Northern Group  
Northern Health and Social Care Trust  
Northern Ireland Ambulance Service  
Northern Ireland Assembly Library  
Northern Ireland Assembly Members

Northern Ireland Assembly – The Speaker  
Northern Ireland Association for Mental Health  
Northern Ireland Association for the Care and Resettlement of Offenders  
Northern Ireland Audit Office  
Northern Ireland Authority for Utility Regulation  
Northern Ireland Association of Citizens Advice Bureaux  
Northern Ireland Centre for Competitiveness  
Northern Ireland Chamber of Commerce  
Northern Ireland Chamber of Trade  
Northern Ireland Commissioner for Children and Young People  
Northern Ireland Committee/Irish Congress of Trade Unions  
Northern Ireland Conservative Association  
Northern Ireland Council for Ethnic Minorities  
Northern Ireland Council for Voluntary Action  
Northern Ireland Court Service  
Northern Ireland Electricity  
Northern Ireland Environment Link  
Northern Ireland Fire and Rescue Service  
Northern Ireland Gay Rights Association  
Northern Ireland Housing Executive  
Northern Ireland Human Rights Commission  
Northern Ireland Judicial Appointments Commission  
Northern Ireland Law Commission  
Northern Ireland Local Government Association (NILGA)  
Northern Ireland Prison Service  
Northern Ireland Public Service Alliance (NIPSA)  
Northern Ireland Public Services Ombudsperson's Office (NIPSO)  
Northern Ireland Regional Training Centre  
Northern Ireland Safety Group (NISG)  
Northern Ireland Statistics and Research Agency (NISRA)  
Northern Ireland Tourist Board  
Northern Ireland Women's European Platform  
NSPCC, Northern Ireland Regional Office  
NUS/USI  
NW Community Network  
Occupational Health Service  
Office of Industrial Tribunals  
Ofqual  
Omagh Enterprise Co. Ltd.  
Ormeau Enterprises Ltd.  
Participation the Practice of Rights Project  
Paul Berry First Aid Training  
Pearson  
PFI Healthcare Training & Consultancy  
Pharmaceutical Society of Northern Ireland  
POBAL  
Police Federation for Northern Ireland  
Police Service of Northern Ireland  
Presbyterian Church in Ireland  
Prestige Employment Solutions Ltd

Prince's Trust  
Pro Paramedics Ltd  
Progressive Unionist Party  
Prospect  
Qualifications Network  
Qualsafe Awards  
Quarry Products Association NI  
Queen's University  
Redrock Training Consultancy  
Rescue Emergency Care  
Revive Healthcare Training Limited  
Roads Service  
Roman Catholic Church  
Roy Coulter Consulting Ltd.  
Royal College of Midwives  
Royal Institution of Chartered Surveyors (RICS)  
Royal National Institute for the Blind (NI)  
Rural Community Network  
Rural Development Council  
St. John Ambulance NI  
Safe2Care Training Services  
Safety Training Awards  
SCTNI  
Scotia Gas Networks (SGN)  
SDLP  
Seagate Technology (Ireland)  
Sense NI  
Services Industrial Professional Technical Union (SIPTU)  
Sinn Fein  
Social Security Agency  
Society of Local Authority Chief Executives  
South Belfast Partnership Board  
South Eastern Health and Social Care Trust  
South Eastern Regional College  
South West Fermanagh Development Organisation Ltd.  
Southern Group Environmental Health Committee  
Southern Health and Social Care Trust  
SR Training NI  
SSE Airtricity Energy Supply (NI) Ltd  
Stewart First Aid  
Strabane Industrial Properties Ltd.  
Survival Linx Solutions  
Sustain First Aid  
Target Training Solutions  
Tennants Textile Colours Ltd.  
Townsend Enterprise Park Ltd.  
Traditional Unionist Voice  
Training for Women Network Ltd.  
Training Qualifications UK (TQUK)  
Translink

Transport Salaried Staff Association  
UK Independence Party  
UK National Committee of UN Women  
Ulster Farmers' Union  
Ulster Scots Community Network  
Ulster Teachers' Union  
Ulster Unionist Party  
Union of Construction, Allied Trades and Technicians (UCATT)  
Union of Shop, Distributive and Allied Workers (USDAW)  
UNISON (Northern Ireland)  
Unite the Union  
University of Ulster  
Volunteer Centre  
Volunteer Now  
Visual Access NI (Braille, Audio and DAISY)  
VTCT  
Water Service  
Wellworkers  
West Belfast Development Trust Ltd.  
West Belfast Partnership Board  
Western Emergency Skills Training  
Western Group Environmental Service  
Western Health and Social Care Trust  
Westlink Enterprise Ltd.  
William Keown Trust  
Women's Forum NI  
Women's Information NI  
Women's Resource and Development Agency  
Women's Support Network  
Women's Training, Enterprise and Childcare  
Workers' Party  
Workspace  
YMCA