



**THE HEALTH AND SAFETY (FIRST-AID) (AMENDMENT) REGULATIONS
(NORTHERN IRELAND) 2017
(S.R. 2017 No. 156)**

Impact Assessment

An Impact Assessment (IA) is a tool, which informs policy decisions. All NI Government Departments must comply with the impact assessment process when considering any new, or amendments to, existing policy proposals. Where regulations or alternative measures are introduced an IA should be used to make informed decisions. The IA is an assessment of the impact of policy options in terms of the costs, benefits and risks of the proposal. New regulations should only be introduced when other alternatives have been considered and rejected and where the benefits justify the costs.

The IA process is not specific to the Home Civil Service or the NI Civil Service – many countries use a similar analysis to assess their proposed regulations and large organisations appraise their investment decisions in similar ways too.

Please find enclosed a final IA in respect of The Health and Safety (First-Aid) (Amendment) Regulations (Northern Ireland) 2017.

Contact: Julie Gillespie
HSENI Legislation Unit
83 Ladas Drive
Belfast BT6 9FR

E-mail: Julie.gillespie@hсени.gov.uk

**THE HEALTH AND SAFETY (FIRST AID) (AMENDMENT) REGULATIONS
(NORTHERN IRELAND) 2017**

NOTE ON NORTHERN IRELAND COSTS AND BENEFITS

1. I declare that: -

(a) the purpose of the Health and Safety (First Aid) (Amendment) Regulations (Northern Ireland) 2017 (“the Northern Ireland Regulations”) is to replicate for Northern Ireland, regulation 3(2) of the Great Britain Health and Safety (Miscellaneous Revocations and Amendments) Regulations 2013 (S.I. 2013/1512). This is to remove the requirement for HSENI to approve the training and qualifications of appointed first-aid personnel; and

(b) HSENI has carried out an assessment of costs and benefits which indicates that the proposals will impose negligible costs on existing training providers. In the circumstances, I am satisfied that a regulatory impact assessment is not considered necessary.

2. A copy of the Northern Ireland costs analysis relating to the Northern Ireland Regulations is attached.

Chris Stewart

Department for the Economy
15 August 2017

NORTHERN IRELAND COSTS ANALYSIS

The Health and Safety (First Aid) (Amendment) Regulations (Northern Ireland) (2017)

The Proposal

The Health and Safety (First Aid) Regulations (Northern Ireland) 2017 Regulations amend regulation 3(2) of the Health and Safety (First-Aid) Regulations (Northern Ireland) 1982 to remove the requirement for HSENI to approve the training and qualifications of appointed first-aid personnel. The Approved Code of Practice “First Aid at Work” will be withdrawn and replaced with revised Health and Safety Executive for Great Britain (HSE) guidance.

Background

Council Directive 89/391/EEC¹ contains requirements relating to first-aid at work. Pre-existing domestic legislation was deemed sufficient for the implementation of the Directive in the United Kingdom – namely, in GB, the Health and Safety (First – Aid) Regulations 1981 and their equivalents in Northern Ireland, the Health and Safety (First – Aid) Regulations (Northern Ireland) 1982 (‘the 1982 Regulations’).

The 1982 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). Responsibility for the quality assurance of vocational qualifications that are offered in Northern Ireland has now passed from Ofqual to CCEA Regulation.

Rationale for the proposal

The requirement for HSENI approval goes beyond Article 8 of the Directive as regards first-aid provision. HSENI’s statutory approval role for first-aid training is also inconsistent with its approach in other areas of health & safety legislation which involves standard-setting, provision of advice and enforcement, with the onus on employers to ensure standards are met.

The removal of HSENI’s approval role affords duty holders greater flexibility in deciding on the most appropriate training to suit their specific workplace needs. This allows greater opportunity for innovation and adaptation to be made to courses to suit particular workplaces.

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

Financial implications

HSENI has carried out an assessment of costs and benefits based on relevant data drawn from a range of sources including the Impact Assessment completed by the Health and Safety Executive for Great Britain (HSE) in respect of the equivalent GB proposals. It is assumed that 85-90% of the 45 fully independent training providers (i.e. the 62 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 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.

There may be some savings to training providers as the requirement to have two independent assessors would be removed.

A benefit would also be derived from 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.

Position in Great Britain

The Health and Safety (Miscellaneous Revocations and Amendments) Regulations 2013 remove the requirement for HSE to approve the training and qualifications of appointed first-aid personnel. They also revoke provisions, in the Health and Safety (Fees) Regulations 2012, relating to fees for these applications and approvals. The provisions came into force on 1 October 2013. The supporting ACOP was also withdrawn and replaced with new guidance.

An Impact Assessment prepared in relation to the proposal concluded that it was deregulatory with an Equivalent Annual Net Cost to Business of -£0.38m.

Further details can be found at

<http://www.legislation.gov.uk/ukxi/2013/1512/regulation/2/made>.

Conclusion

The GB Impact Assessment is not directly comparable to Northern Ireland as it takes account of HSE's charging regime which does not apply in Northern Ireland.

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. A copy of the assessment of costs and benefits can be found at the Annex.

HSENI

August 2017

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 unjustified differential impacts 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.

Annex 1 – First-Aid at Work training in Northern Ireland – delivery structures and statistics (current May 2015)

HSENI approved training providers/centres (End March 15):	62
Ofqual-recognised Awarding Organisations (AOs) which have made a declaration to HSENI (i.e. with training centres offering FAW and EFAW qualifications in NI) (Jan 14-Dec 14)	15
Number of Training centres affiliated with the 15 Recognised AOs	81
AOs' Training Centres which are also HSENI approved centres:	15
Total number of training centres available to duty-holders (62 HSENI-approved + 66 AOs' centres which are not also HSENI-dually approved)	128
Courses run by HSENI approved centres:	1508
(of which) St John Ambulance:	391
British Red Cross:	52
Voluntary Aid Societies (VAS) total:	443
Delegates (in courses run by HSENI-approved centres) 12/13:	16778
13/14	17746
14/15	16047
Three year average	16857
Certificates awarded by AOs' Training Centres in 2014 (calendar year) (Course numbers are not gathered through AOs' annual returns)	3269

Under current procedures, approval by HSENI of a new applicant entails:

- Consideration of an application pack (involves checking trainers/assessors, syllabus, schemes of work, quality assurance plan and template for award certificate);
- A pre-approval interview;
- A visit during the first year of delivering courses;
- A monitoring visit after 2 ½ years; and
- A 5 year re-approval visit.

None of these apply to training centres which deliver qualifications under the approval of an Ofqual-recognised AO.

