

**Audit of Food Hygiene Service Delivery
Focusing on Service Organisation,
Management and Internal Monitoring
Arrangements**

South Hams District Council and West
Devon Borough Council Shared Service
24th May 2017



Table of Contents

1.0	Introduction	3
2.0	Scope of the Audit	4
3.0	Background	4
4.0	Executive Summary	5
5.0	Audit Findings	6
5.1	Service Organisation & Management	6
5.2	Service Planning	8
5.3	Service Delivery	9
5.4	Database	11
5.6	Documented Policies and Procedures	15
5.7	Ensuring an Effective and Consistent Service	16
	ANNEX A - Action Plan for South Hams & West Devon Shared Service	19
	ANNEX B - Audit Approach/Methodology	23
	ANNEX C - Glossary	26

1.0 Introduction

- 1.1 This is a report on the outcomes of the Food Standards Agency's (FSAs) audit of Food Hygiene Service Delivery, focussing on Service Organisation, Management and Internal Monitoring Arrangements, conducted at **South Hams District Council and West Devon Borough Council** on the **24th May 2017**. The audit was carried out as part of a programme of audits on local authorities (LA) in England. The report has been made available on the Agency's website at:

www.food.gov.uk/enforcement/auditandmonitoring/auditreports

Hard copies are available from the FSA by emailing the FSA at LAAudit@foodstandards.gsi.gov.uk or telephoning 01904 232116.

- 1.2 The power to set standards, monitor and audit local authority feed and food law enforcement services was conferred on the Food Standards Agency by the Food Standards Act 1999 and the Official Feed and Food Controls (England) Regulations 2009. This audit was undertaken under section 12(4) of the Act as part of the Food Standards Agency's annual audit programme.
- 1.3 Regulation (EC) No. 882/2004 on official controls performed to ensure the verification of compliance with feed and food law, includes a requirement for competent authorities to carry out internal audits or to have external audits carried out. The purpose of these audits is to verify whether official controls relating to feed and food law are effectively implemented. To fulfil this requirement, the Food Standards Agency, as the central competent authority for feed and food law in the UK has established external audit arrangements. In developing these, the Agency has taken account of the European Commission guidance on how such audits should be conducted.^[1]
- 1.4 The Shared Service ("the Service") was included in the Food Standards Agency's programme of audits of local authority food law enforcement services because of the relatively low percentage of planned interventions achieved based on data submitted by the Service to the FSA via the Local Authority Enforcement Monitoring System (LAEMS).
- 1.5 For assistance, a glossary of technical terms used within the audit report can be found at Annex C.

^[1] Commission Decision of 29 September 2006 setting out the guidelines laying down criteria for the conduct of audits under Regulation (EC) No. 882/2004 of the European Parliament and of the Council on official controls to verify compliance with feed and food law, animal health and animal welfare rules (2006/677/EC)

2.0 Scope of the Audit

- 2.1 The audit examined arrangements for organisation, management, and internal monitoring arrangements with regard to food hygiene law enforcement. Assurance was sought that key Service food hygiene systems and arrangements were in place and effective, including suitable arrangements for the internal monitoring of official controls delivered by the Service. The on-site element of the audit took place at South Hams District Council offices, Follaton House, Plymouth Road, Totnes, Devon, TQ9 5NE.

3.0 Background

- 3.1 South Hams District Council covers some 906 sq km of South Devon and is predominantly rural in nature, situated between the unitary authorities of Plymouth and Torbay. It encompasses some 50 miles of coastline to the south and 19% of the Dartmoor National Park to the north. There is a resident population of greater than 88,000 which increases considerably during the summer months as a result of tourism. The centres of population are within the four main towns of Totnes, Ivybridge, Dartmouth and Kingsbridge. The operational base is Follaton House, Totnes.
- 3.2 West Devon Borough Council is very rural in nature and covers some 1160 sq km of which 45% is situated within Dartmoor National Park. The Borough borders Torridge and North Devon to the north and Cornwall to the west. There is a resident population in excess of 53,500. The main centres are the towns of Tavistock and Okehampton. The operational base is Kilworthy Park, Tavistock.
- 3.3 South Hams District Council and West Devon Borough Council has grown as a shared Environmental Health Service since 2007. Both local authorities are politically separate and both councils have Portfolio Holders with specific responsibility for food safety. However, the Service shares the same organisational structure and personnel from the Head of Paid Service to the frontline staff.

4.0 Executive Summary

- 4.1 This audit of South Hams & West Devon shared food safety service (the "Service") sought to gain assurance that key Service food hygiene law enforcement systems and arrangements were effective in supporting business compliance, and that local enforcement was managed and delivered effectively. The audit focused on the Service's service organisation, management and internal monitoring arrangements.
- 4.2 The two local authorities of South Hams and West Devon had merged a number of services over several of years, including Environmental Health and Food Safety. At the time of audit the shared service arrangements for Environmental Health were complete and a stable relationship was evident, databases having been merged in 2015. This had necessitated a period of database cleansing which had been accompanied by both planned and unplanned losses in staff resource.
- 4.3 Service planning had been carried out but some details on targets, resources and performance review were absent. A significant number of unrated, C, D and E risk rated food businesses were overdue a food hygiene intervention. The visibility of ongoing performance against nationally set intervention targets could be improved for Members and internal monitoring arrangements were in place but not complete.

Strengths:

- 4.4 The Service had a number of specific aspirations in progress or at the planning stage and intended to make efficiency gains in service delivery.
- 4.5 Auditors were advised that the Service made use of "locality officers" in other service areas to provide intelligence on food businesses.
- 4.6 The Service had been active in third party audit and peer review activities, engaging in an internal audit, national FSA audit and regional peer review exercise since 2015.

Key areas for improvement;

- 4.7 The Service Plan for 2016/17 did not provide a detailed estimate of the resources required to run the Service compared to the resources available to form a basis for its business planning to meet Food Law Code of Practice (FLCoP) requirements.

- 4.8 The Service had a significant number of medium and lower risk food premises that were overdue an intervention, some by up to nine years. This posed a potential increased risk to consumer protection and the reputation of both local authorities due to possible changes in the type and nature of business operations and food safety management controls at businesses left without an intervention for long periods. Following a recent corporate transformation process and loss of staff resource, the Service was developing measures with the objective of making efficiency gains. It was too early to determine whether these measures would mitigate these risks and reduce the backlog of interventions.
- 4.9 Performance reports to elected members did not compare performance against the national intervention frequency standards set out by the FLCoP. As a result Service performance and the associated risks to consumer safety were not as transparent as they could be.
- 4.10 Officers had not yet been authorised for the Trade in Animal and Related Products Regulations, limiting the Service's ability to respond quickly in the event of an incident involving illegally imported foods. Only one officer had been authorised to close food premises or prohibit a process in an emergency, potentially limiting business continuity in these circumstances.

5.0 Audit Findings

5.1 Service Organisation & Management

- 5.1.1 The Senior Specialist Environmental Health Officer (who was the technical lead for the food safety team and Lead Food Officer) was accountable to the Specialist Manager and the Community of Practice Lead (Environmental Health & Licensing). The Specialist Manager and Community of Practice Lead were directly accountable to the Executive Director, Strategy and Commissioning and Head of Paid Service.
- 5.1.2 The Senior Specialist managed a team of officers carrying out food hygiene, health and safety, infectious disease investigations and other non-food related duties for the Service.
- 5.1.3 Following a corporate review, the Service had lost a number of experienced staff to voluntary redundancy since 2015, resulting in a reduction in Food Safety Team full time equivalent (FTE) staff from 5.8 (4.3 professional and 1.5 administrative) in March 2015 to 4.7 (3.2 professional and 1.5 administrative) in March 2016, according to LAEMS figures reported by both local authorities. In addition, during 2016 the Team had lost a further 1.04 FTE to long term absence and the diversion of 0.4 FTE to a corporate health and safety project. Auditors were advised that this resource was anticipated to return to

the team in 2017/18. At the time of the audit the Service indicated that its Food Safety Team resource was 3.5 FTE (2.5 FTE professional and 1 FTE administrative).

5.1.4 Following the corporate review, some additional funding was provided to the Service in 2016 in the form of 'transitional resource' to mitigate the loss of administrative staff and support changes to processes. It was reported that little of this funding now remained.

5.1.5 At the time of the audit the Food Safety Team was in the process of planning / implementing the following measures aiming to make efficiency gains:

- The use of online business forms for food registrations, Food Hygiene Rating Scheme (FHRS) appeals and food complaints.
- "Scripting", or the use of "case managers" to release specialist officer time to be used more efficiently.
- Mobile technology to allow inspections to be recorded in the field, automatically uploaded and forms to be pre-populated, saving specialist officer and administrative time.

Implementation of the first measure was anticipated during 2017/18, the second measure was already operational and the third had no target for implementation in place and was still in a trial period. The Service was unable to provide specific figures to quantify the expected efficiency gains, or precise targets for implementation.

5.1.6 In relation to opportunities to charge for services, Members had made a corporate decision not to pursue a Local Authority Controlled Company (LACC). Members had since been approached with a draft business case for charging for services within the food safety team. No decision had been made at the time of this audit.

5.1.7 Auditors discussed how the corporate and public health risks arising from the backlog of overdue food hygiene inspections was communicated to Members. The Service reported its performance to the Scrutiny Committees of each council quarterly through one Key Performance Indicator (KPI). The KPI was the "number of due A, B and C risk rated interventions carried out for each Service. However, the KPI was not set against the prescribed intervention frequencies required by the FLCoP. The Service acknowledged that this did not provide a clear indication to members of performance against legal requirements.

5.1.8 Members were not involved in the service planning or review process. The Authority maintained a corporate risk register. Auditors were advised that there were no food safety service risks identified in that register.

5.1.9 Auditors observed that service performance and the risks to public health of failure could be made more transparent to elected members, in part by communicating intervention targets and performance against the national benchmarks prescribed by the FLCoP.

5.1.10 Auditors were advised that no further budget cuts or Service re-structures were anticipated at present.

5.2 Service Planning

5.2.1 The Service had put in place a Food Safety Service Plan for 2016/17, which had been drafted by the Senior Specialist in consultation with the Community of Practice Lead (Environmental Health & Licensing). The latter was responsible for approving and reviewing the Service Plan.

5.2.2 The Plan generally identified all the statutory demands placed on it by the FLCoP, the Standard in the Framework Agreement and centrally issued guidance. However it did not clearly identify (or aim to meet) the requirement to complete all due food interventions as specified by the FLCoP and did not specify the corresponding number of interventions due. The Plan would benefit from explicitly stating the number of interventions due for the year for each risk rating category including any backlog and unrated business in accordance with the FLCoP.

5.2.3 In the determination of its work plan for the year (particularly intervention targets), the Plan did not include:

- An assessment of the resources required to deliver each part of the Service to the standard required by the Framework Agreement and FLCoP (particularly interventions and internal monitoring)
- A comparison of the resources required and the resources available for each part of the Service
- Details of the impact on the Service resulting from any shortfall in resource / FTE.

5.2.4 The Plan did include some FTE figures, but the Service acknowledged that they were not limited to food hygiene duties only. Auditors were advised that a more accurate figure had been provided in the LAEMS return based on an informal assessment.

5.2.5 The Service had approached work and work planning in a risk based manner. Interventions had been generally prioritised by risk category and the sampling programme incorporated a consideration of regional and local sampling priorities.

5.2.6 No review of performance against the previous year's service plan had been documented at the time of the audit.

Recommendation 1 - Service Planning

[The Standard 3.1]

Draw up, document and implement the 2017/18 Service Plan in accordance with the Service Planning Guidance in Chapter 1 of "The Framework Agreement on official Feed & Food Controls by Local Authorities" ("The Framework Agreement"). The Plan shall include:

- (i) The number of all due food interventions in each risk rating category as specified by the FLCoP, together with an estimate of the number of unrated premises due in year (including any existing backlog).
- (ii) A comparison of the resources required to deliver each part of the Plan with the resources available and any resulting shortfall in resources.

[The Standard 3.2 & 3.3]

- (iii) Submit a documented 2016/17 service plan performance review for approval to either the relevant member forum or, where approval and management of service plans has been delegated to senior officers, to the relevant senior officer.
- (iv) Address any variance in meeting the Service Delivery Plan in the subsequent 2017/18 service plan.

5.3 Service Delivery

Interventions

5.3.1 The Service was responsible for enforcement at 2061 food business establishments at the time of the audit. The Service's performance, as seen in table 1 below (data taken from LAEMS 2014/5 and 2015/16), from April 2014 to March 2016 shows that despite a significant decrease in the number of interventions carried out the number of interventions overdue also fell significantly. Auditors were informed that errors in the migration of data from one database provider to another during the change to a new database platform in 2015 had led to this anomaly. The Service advised auditors that they were confident that these errors had now been resolved and the accompanying data cleansing exercise completed. Auditors noted that the total number of food businesses registered with the Service had dropped by approximately 600 from 2014/15 to 2015/16 but had remained relatively stable since March 2016.

Table 1: Recent performance data – interventions (source: LAEMS)

Premises Risk Rating	Interventions Carried out 2014/15	Interventions Carried out 2015/16	Interventions overdue 2014/15	Interventions overdue 2015/16
A	12	25	16	1
B	84	67	40	10
C	576	190	152	55
D	212	232	130	150
E	358	80	868	74
Unrated	2	113	153	94
Total	1244	707	1333	384

5.3.2 The Service Plan for 2016/17 included the planned intervention targets in table 2 (below). Also included in the table are figures indicating the progress the Service reported against these targets at the time of the audit.

Table 2: Planned targets 2016/17 and reported progress at time of audit – interventions

Intervention categories	Percentage of Due Interventions Planned 2016/17	No. overdue inspections at time of audit (to 28 days before audit)
Category A	80%	1
Category B	80%	4
Category C	80%	57
Category D	60%	178
Category E	80%	87
Unrated 'High Risk'	No target. Those deemed 'high risk' are allocated to a food officer and programmed for a visit.	133
Unrated 'Low Risk' / Childminders	No target. Those deemed 'low-risk' are being listed for alternative intervention – intelligence gathering.	
Total Overdue Interventions		450

- 5.3.3 An analysis of the food premises database by auditors prior to the audit indicated that approximately 222 D and 66 E risk-rated businesses were overdue an inspection by up to three years (nine years in the case of three E rated establishments). Some unrated ('new') businesses were overdue by up to two years. This posed a potential increased risk to consumer protection and the reputation of the Authority due to possible changes in the type and nature of business operation and the food safety management controls in place.
- 5.3.4 The Service acknowledged that despite implementing its own risk-based approach to prioritising overdue interventions, it was not proactively exploiting all the flexibilities in the FLCoP to carry out alternative interventions at certain C and D rated food businesses. However, officers indicated that they were willing to consider reviewing the potential of alternative interventions in the future.
- 5.3.5 Auditors acknowledged the Service's temporary loss of 1.4 FTE staff resource during 2016 and its apparent correlation with the increase in overdue food interventions from 384 in March 2016 to 450 in May 2017. However it was clear that the Service had not completed all its due interventions for 2016/17, contrary to the FLCoP.

Recommendation 2 – Food Establishment interventions – Frequency

[The Standard 7.1]

Carry out interventions at all food hygiene establishments in the area, at a frequency which is not less than that determined under the intervention rating scheme set out in the FLCoP.

- 5.3.6 New businesses (unrated establishments) were segmented into 'high risk' and 'low risk' using the experience of food officers according to factors such as the type of food business and food operations carried out. 'High risk' unrated food businesses were allocated to a food officer for an on-site intervention whilst 'low risk' were listed to be sent a questionnaire to gather more information about the business. There was no clear policy or target in place to set out the criteria for action and action to be taken in the event of failure to return a questionnaire or a questionnaire indicating the need for an intervention.

5.4 Database

- 5.4.1 The Service had set up and was implementing a database of the food establishments in its area. The Service had changed database providers in June 2015 and had been carrying out a database cleansing exercise since then. This work was now complete.

5.4.2 The Lead Food Officer and database “super-user” were jointly responsible for monitoring the accuracy and reliability of food business data, however there was no corresponding documented procedure in place. Auditors were advised that database accuracy monitoring checks included:

- The identification and removal of duplicate businesses
- Identification and rectification of missing codes

5.4.3 Database checks carried out by auditors prior to the audit confirmed that whilst the database was generally accurate and reliable in most respects, new food business premises details were being added to old businesses (rather than closing the old business down). This risked creating inaccuracies in the food business register. Auditors discussed alternatives with the Service which would allow closed food businesses to be accurately reflected as such on the database without resulting in the removal of historical data.

5.4.4 The remaining database anomalies found by auditors affected a relatively small proportion of database entries and included:

- Blank fields
- Incorrect intervention intervals (in some cases the result of data input errors)
- Potential duplicate premises
- Potential contradictions between the ‘type of food’ and ‘significant risk’ risk rating scores

Recommendation 3 - Database procedure

[The Standard 11.2]

Set up, maintain and implement a documented procedure to ensure that the food database is accurate, reliable and up to date. Ensure the procedure incorporates monitoring and resolution of any anomalies, in particular the closure of old food premises where the business owner has changed and data input errors.

5.4.5 The database was capable of reporting information reasonably requested to the FSA and auditors were advised that the Service was maintaining appropriate backup systems and security measures.

5.5 Staff Training and Authorisation

5.5.1 Both local authorities operated to a joint Constitution which set out the delegated powers for the Service. The Community of Practice Lead

Officer (Environmental Health & Licensing) had been delegated responsibility to authorise officers within the Food Safety Team. There was an authorisation procedure in place which prescribed the authorisation of officers based on the competency requirements of the FLCoP. The procedure also made reference to the qualification and revision training requirements set out in the FLCoP.

- 5.5.2 Officers used the recognised RDNA competency assessment tool and auditors were shown competency assessment records, which included a record of training needs, together with correctly signed authorisations.
- 5.5.3 The Service subscribed to a corporate annual appraisal scheme which formed part of the training needs assessment led by the Lead Food Officer. Staff training requests were recommended to the Service training budget holder for consideration.
- 5.5.4 The Service had appointed a Lead Food Officer with the necessary specialist knowledge to carry out the role and meet the competency requirements of the FLCoP.
- 5.5.5 Auditors checked officer authorisations, competency assessments and training records. Generally officers had been authorised in accordance with their qualifications, competency and training. However:
 - No officers were authorised under the Trade in animal and Related Products (TARP) Regulations 2011, limiting the Service's powers to remove inland illegally imported food from the market in an emergency
 - The authorisation status of some officers for certain powers written on their authorisation document was unclear. Officers should be authorised, or not, in accordance with their level of competency.
 - Only one officer was authorised to serve Hygiene Emergency Prohibition Notices (HEPNs). In the absence of that officer, this could leave the Service unable to close a food premises posing an imminent risk to public health.

Recommendation 4 – Officer Authorisation

[The Standard 5.3]

- (i) Ensure all officers are appropriately authorised in accordance with their qualifications and the individual regulations of the Food Safety & Hygiene (England) Regulations 2013, with respect to their individual duties
- (ii) Ensure the Service has a sufficient number of officers authorised under TARP 2011 to respond to food incidents involving illegally imported food and to carry out the work set out in the Service Plan.
- (iii) Ensure the Service has access to a sufficient number of officers authorised to serve HEPNs to carry out the work set out in the Service Plan.
- (iv) Ensure that it is clear within authorisation documents whether or not officers are authorised under particular powers.

5.5.6 Auditors observed that some competency assessments would benefit from the inclusion of more evidence to justify the associated competency and subsequent authorisation. Auditors noted that one officer had been authorised to undertake interventions at approved premises producing a variety of products of animal origin, however the competency assessment did not detail any evidence to demonstrate that the officer was competent in this area of work.

5.5.7 The training records of officers were checked. Most of the officers had received the necessary 20 hours continuous professional development (CPD) training in accordance with the FLCoP. The officer who did not had received 10 hours of core food training. The Service was reminded to ensure that all officers could demonstrate the required amount of CPD in accordance with the FLCoP.

5.5.8 Although registered with EHORB, one officer had not received any HACCP formal training (although it had been included in their professional qualification). In addition, the officer's competency assessment provided insufficient evidence to demonstrate that they had a comprehensive understanding and knowledge of HACCP-based procedures in approved establishments for which they were authorised. Auditors discussed the benefits of reviewing the competency assessment of that officer and, if necessary, prioritising additional HACCP training.

- 5.5.9 Training undertaken by officers included key topics such as HACCP, imported food, specialist processes, E. coli cross contamination controls and formal enforcement training.
- 5.5.10 Generally, records of qualifications, training and experience of officers and support staff had been maintained by the Service. Qualification evidence for two officers could not be located by the Service during the audit but were located very shortly afterwards.

5.6 Documented Policies and Procedures

- 5.6.1 The Service had set up and implemented suitable documented procedures for most of the activities it carried out. This included an enforcement policy, approved establishments procedure, complaints procedure, authorisation procedure, sampling policy, programme and procedure and food incidents and alerts procedure. The latter prescribed the prioritisation of resource where necessary and arrangements for a competent response outside of office hours.
- 5.6.2 The “Procedure for Food Hygiene Inspections” was generally appropriate and included a revisit policy and reference to the flexibilities around intervention types prescribed in the FLCoP. However, it contained advice to officers that “large premises may be sub-divided” for the purposes of inspection, contrary to the FLCoP.

Recommendation 5 – Food Establishment Interventions Procedure

[The Standard 7.4]

- (i) Set up, maintain and implement a documented procedure or review and amend the existing interventions procedure to include the interventions policy and procedure for new unrated businesses.
- (ii) Review and amend the “Procedure for Food Hygiene Inspections” to ensure that it provides appropriate guidance for officers on the sub division of businesses for interventions in line with the FLCoP and associated centrally issued guidance.

- 5.6.3 Although the Service had in place generic (non-bespoke) enforcement procedures, officers acknowledged that these had not yet been adapted to reflect procedures specific to the Service.

Recommendation 6 – Enforcement Procedures

[The Standard 15.2]

Set up, maintain and implement documented enforcement procedures to provide specific guidance for officers on the enforcement activities carried out by the Service

5.6.4 The Service had carried out statutory shellfish sampling and a variety of other sampling activities in 2016/17 and had a documented sampling programme for 2017/18. The programme incorporated a consideration of regional (Public Health England) programmes, approved establishments and other locally prioritised risks but would benefit from making it explicit that national sampling priorities had been considered.

5.6.5 The Service had a suitable intervention visit aide-memoire in place, and was using FSA aide-memoire for approved establishment interventions. There was a supplementary form in place for written correspondence following an intervention.

5.7 Ensuring an Effective and Consistent Service

Internal Monitoring

5.7.1 The Food Safety Service Plan for 2016/17 included a section on “Quality Assessment and Internal Monitoring”. This stated that the Service implemented the corporate appraisal scheme, audited quality against the Service Plan, carried out peer review, signed off food complaints and legal notices.

5.7.2 The Service had also put in place a procedure prescribing “Internal Monitoring of the Food Safety Service”. The procedure limited qualitative internal monitoring to accompanied inspections twice a year / 5% of visits per month, desktop peer review of risk ratings (coordinated by Devon and Cornwall Food Liaison Group, DCFLG), desktop checks of officer risk ratings and data entry consistency. Discussion with officers during the audit indicated that the internal monitoring system was not risk-based as a whole, although auditors were advised it had been informally reviewed in the past where a particular quality issue had been identified. Auditors encouraged the application of a risk-based approach to the Service’s internal monitoring arrangements.

5.7.3 Quantitative monitoring of officer workload (interventions) was carried out monthly. In addition, a formal evaluation of progress against Service Plan targets was carried out on a quarterly basis.

5.7.4 The Service had in place an accompanied inspection record form (“Quality Monitoring of Electronic Records”) which it intended to use going forward and included reference to the officer’s inclusion of an

evaluation of the businesses' approach to HACCP requirements. Auditors observed that the form would benefit from a prompt to record the follow up taken by the monitoring officer, to aid completion of the quality assurance process.

- 5.7.5 Auditors were provided with evidence of risk rating consistency discussions exercises at both team meetings and meetings of the DCFLG. It was clear that consistency was routinely discussed during food team meetings. Auditors were also advised that issues of consistency and policy were discussed routinely and informally on an ongoing basis as part of the daily interaction between team members and the Lead Food Officer. The Service had participated in both FSA national FHRS consistency exercises carried out in the two years prior to the audit.
- 5.7.6 The Service was unable to provide records of internal monitoring of accompanied inspections, qualitative desktop premises file monitoring checks, the execution and follow up of complaints and sampling. The Service acknowledged that the internal monitoring of enforcement notices and prosecution files, the handling of infectious disease notifications and officer authorisations was not yet in place. However, the Service indicated that it was planning to introduce an annual review of officer competency assessments.

Recommendation 7 – Internal Monitoring – Scope and Verification, Record Keeping

[The Standard 19.2, 19.3]

- (i) Verify the conformance of the Service with all aspects of The Standard, relevant legislation, the FLCoP and relevant centrally issued guidance.
- (ii) Make a record of all internal monitoring and keep it for at least 2 years.

- 5.7.7 The Service's arrangements for quantitative database monitoring for integrity and accuracy are outlined under section 5.4 of this report.
- 5.7.8 Enforcement letters from the FSA were received both by the Service's team e-mail inbox and by the Lead Food Officer directly through their e-mail address. Team meeting minutes indicated that the Team were aware of the recent advice from the FSA on less than thoroughly cooked burgers, and the need to return certain information on associated food businesses to the Agency.

Third Party or Peer Review

5.7.9 The Service had taken part in the following external or internal reviews of food hygiene in the two years prior to the audit:

- FSA Food Hygiene Rating Scheme (FHRS) Inter-Authority Audit (IAA), January 2016
- Peer Review of FLCoP Risk Rating by the DCFLG
- West Devon Council Internal Audit of “Commercial Enforcement”, 2015.

5.7.10 The IAA was carried out against the FSA FHRS Brand Standard. Findings from this audit indicated that although some of the actions from the former audit had completed, others (including carrying out interventions at the correct frequency and putting a database procedure in place) had not. These two actions have been carried forward as recommendations in this report.

5.7.11 Similarly, the internal audit held a number of both complete and incomplete actions.

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<p>(iv) Address any variance in meeting the Service Delivery Plan in the subsequent 2017/18 service plan.</p>		<p>This will be based upon revised service plan</p>	
<p>Recommendation 2 – Food Establishment interventions – Frequency [The Standard 7.1]</p> <p>Carry out interventions at all food hygiene establishments in the area, at a frequency which is not less than that determined under the intervention rating scheme set out in the FLCoP.</p>	<p>1/04/18</p>	<p>To remove backlog of unrated premises and complete inspection programme for 2017/18</p>	<p>Agreement to utilise financial resource to reduce backlog of unrated premises to zero . Reprioritised intervention work with the team to increase inspection rate. Use salary underspend from vacant post to add capacity to carry out remaining scheduled inspections.</p>
<p>Recommendation 3 - Database procedure [The Standard 11.2]</p> <p>Set up, maintain and implement a documented procedure to ensure that the food database is accurate, reliable and up to date. Ensure the procedure incorporates monitoring and resolution of any anomalies, in particular the closure of old food premises where the business owner has changed and data input errors.</p>	<p>25/11/17</p>	<p>Review and amend existing internal monitoring procedure</p>	
<p>Recommendation 4 – Officer Authorisation [The Standard 5.3]</p> <p>(i) Ensure all officers are appropriately authorised in accordance with their qualifications and the individual regulations of the Food Safety & Hygiene (England) Regulations 2013, with respect to their individual duties</p>	<p>25/8/17</p>		<p>Authorisations updated</p>

<p>(ii) Ensure the Service has a sufficient number of officers authorised under TARP 2011 to respond to food incidents involving illegally imported food and to carry out the work set out in the Service Plan.</p> <p>(iii) Ensure the Service has access to a sufficient number of officers authorised to serve HEPNs to carry out the work set out in the Service Plan.</p> <p>(iv) Ensure that it is clear within authorisation documents whether or not officers are authorised under particular powers.</p>	<p>15/09/17</p> <p>25/8/17</p> <p>25/8/17</p>	<p>Authorisations to be updated with TARP</p>	<p>Authorisations updated</p> <p>Authorisations updated</p> <p>Authorisations updated</p>
<p>Recommendation 5 – Food Establishment Interventions Procedure [The Standard 7.4]</p> <p>(i) Set up, maintain and implement a documented procedure or review and amend the existing interventions procedure to include the interventions policy and procedure for new unrated businesses.</p> <p>(ii) Review and amend the “Procedure for Food Hygiene Inspections” to ensure that it provides appropriate guidance for officers on the sub division of businesses for interventions in line with the FLCoP and associated centrally issued guidance.</p>	<p>25/10/17</p> <p>25/11/17</p>	<p>Will review and amend existing</p> <p>Review and amend procedure</p>	

<p>Recommendation 6 – Enforcement Procedures [The Standard 15.2]</p> <p>Set up, maintain and implement documented enforcement procedures to provide specific guidance for officers on the enforcement activities carried out by the Service</p>	25/10/17	We will introduce these procedural documents	
<p>Recommendation 7 – Internal Monitoring – Scope and Verification, Record Keeping [The Standard 19.2, 19.3]</p> <p>(i) Verify the conformance of the Service with all aspects of The Standard, relevant legislation, the FLCoP and relevant centrally issued guidance.</p> <p>(ii) Make a record of all internal monitoring and keep it for at least 2 years.</p>	25/11/17	Will review and amend internal monitoring procedure and records	Scheduled in visits with the Team. Database monitoring form created and will be completed.

ANNEX B - Audit Approach/Methodology

The audit was conducted using a variety of approaches and methodologies as follows:

(1) Examination of LA plans, policies and procedures.

The following relevant LA policies, procedures and linked documents were examined before and during the audit:

- Food Safety Service Plan 2016-2017
- Authorisation Food Safety Procedure FS001
- Table of Competencies
- Officer Authorisation: Knowledge & Experience
- Part 2 Officer Authorisation: Competency Assessment
- Part 3 Officer Authorisation
- Policy For Dealing With Food Complaints, April 2017
- Food Complaints Procedure, FS007
- Food Safety Intervention Strategy
- Procedure for Food Hygiene Inspections
- Food Safety Self-Assessment Questionnaire
- Inputting Food Inspections
- Food Premises Inspection Report
- Formal Inspection Report To Food Business Operator
- Food Safety Assessment Form
- The Administration of Approved Premises Under Regulation (EC) No. 853/2004, FS010
- Food Alert Procedure, FS002
- Food Safety Sampling Policy, April 2017

- Food Sampling Procedure, FS009
- Out of Hours Notification Affecting Shellfisheries, Dec 2016
- Suppliers Of Sterile Sampling Equipment
- Formal Sample Check List For Local Authorities
- Interpreting Microbiological Results
- Formal Sample Information Pack For Local Authorities, Public Health England (PHE)
- Transport Of Samples to The Porton FW&E Laboratory – Use Of Data Loggers And Cool Boxes, PHE
- Food Safety Enforcement Policy, JANUARY 2006 (Reviewed June 2015)
- Devon and Cornwall Food Liaison Group Minutes:
 - 8/2/16
 - 27/4/16 (with FSA Briefing)
 - 19/10/16 (with FSA Briefing)
- Internal Monitoring of the Food Safety Service, FS006
- Quality Monitoring of Electronic Records
- SHWD Food Team Meeting Minutes:
 - 21/6/16
 - 2/11/16
 - 18/4/17
- Local Authority Operation Of The Food Hygiene Rating Scheme (FHRS), Completed Protocols And Checklists, January 2016
- Internal Audit Report, Commercial Enforcement (WD) 2015/16, Corporate Services, South Hams and West Devon, November 2015
- Results of Tapas Scenario Consistency Exercise, November 2016
- Quick FHRS Chinese Takeaway Peer Review 2016

- Dean Court Farm Shop Food team Consistency Exercise: Results Spreadsheet.
- Officer 1:1 appraisal review: electronic example

(2) A range of LA file records were reviewed – the following LA file records were reviewed during the audit:

- Qualification and training records
- Authorisations

(3) Review of Database records:

- To assess the completeness and accuracy of the food premises database
- To assess the capability of the system to generate food law enforcement activity reports and the monitoring information required by the Food Standards Agency.

(4) Officer interviews – the following officers were interviewed:

- Executive Director, Strategy and Commissioning and Head of Paid Service
- Specialist Manager
- Community of Practice Lead (Environmental Health & Licensing)
- Senior Specialist – Environmental Health

ANNEX C - Glossary

Authorised officer	A suitably qualified officer who is authorised by the local authority to act on its behalf in, for example, the enforcement of legislation.
Brand Standard	This Guidance represents the 'Brand Standard' for the Food Hygiene Rating Scheme (FHRS). Local authorities in England and Northern Ireland operating the FHRS are expected to follow it in full.
Codes of Practice	Government Codes of Practice issued under Section 40 of the Food Safety Act 1990 as guidance to local authorities on the enforcement of food legislation.
County Council	A local authority whose geographical area corresponds to the county and whose responsibilities include food standards and feeding stuffs enforcement.
District Council	A local authority of a smaller geographical area and situated within a County Council whose responsibilities include food hygiene enforcement.
Environmental Health Officer (EHO)	Officer employed by the local authority to enforce food safety legislation.
Food Safety Management System	A written permanent procedure, or procedures, based on HACCP principles. It is structured so that this requirement can be applied flexibly and proportionately according to the size and nature of the food business.
Feeding stuffs	Term used in legislation on feed mixes for farm animals and pet food.
Food hygiene	The legal requirements covering the safety and wholesomeness of food.
Full Time Equivalents (FTE)	A figure which represents that part of an individual officer's time available to a particular role or set of duties. It reflects the fact that individuals may work part-time, or may have other responsibilities within the organisation not related to food and feed

enforcement.

HACCP	Hazard Analysis and Critical Control Point – a food safety management system used within food businesses to identify points in the production process where it is critical for food safety that the control measure is carried out correctly, thereby eliminating or reducing the hazard to a safe level.
LAEMS	Local Authority Enforcement Monitoring System is an electronic system used by local authorities to report their food law enforcement activities to the Food Standards Agency.
Service Plan	A document produced by a local authority setting out their plans on providing and delivering a food service to the local community.
Unitary Authority	A local authority in which the County and District Council functions are combined, examples being Metropolitan District/Borough Councils, and London Boroughs. A Unitary Authority's responsibilities will include food hygiene, food standards and feeding stuffs enforcement.