Chief Executive's Report To The Board

FSA 25-09-03 - Report by Katie Pettifer

Food-borne disease thresholds

1. The FSA monitors levels of foodborne disease and has agreed with the Board thresholds for action for the key pathogens (Campylobacter, Salmonella, Listeria monocytogenes and STEC O157). We recently updated our thresholds, following agreement at the March 2025 Board. The latest data has confirmed suspected threshold breaches for Salmonella and Campylobacter and investigations to identify contributing causes are currently underway. The revised thresholds and reporting data will be published in the next FSA Annual Report and Accounts (ARA). The outcomes of the investigations will be brought to the Board for discussion in March 2026. Further detail on this item can be found in Annex A.

Botulism in cattle

2. FSA is working closely with Government and local authority partners in response to an outbreak of botulism in cattle linked to animal feed. There is currently no indication of any risk to human health. We have taken action to safeguard the food and animal feed supply chain and took precautionary action to protect both public and animal health and welfare. An animal feed product was withdrawn from the market on a precautionary basis.

Algal bloom in Lough Neagh

3. Following the onset of a significant algal bloom in Lough Neagh in Northern Ireland during summer 2023, we commenced a sampling programme and have continued to monitor the levels of cyanotoxins in fish in Lough Neagh to inform risk management advice. During 2024/25 we tested various species of fish from the lough, to determine the levels and types of toxins that may be present in fish as a result of blue-green algae.

4. The latest results show that cyanotoxins have been detected in the viscera of the fish and, for the first time, in the flesh of some fish. These results, compared to the Tolerable Daily Intake levels established by the World Health Organisation, are not considered a health concern. FSA toxicologists have confirmed that fish – like bream, trout, perch, pollan and eel – remain safe to eat. As with previous findings, levels of toxins were higher in the gut and liver than in the flesh of fish exposed to the algal bloom.

5. There has been no amendment to the FSA's existing advice that recreational anglers should ensure that they only eat edible flesh of fish which have been properly gutted, and that the fillets are rinsed with clean water to remove any contamination from the gutting process. Commercial fisheries should also follow good processing procedures such as proper evisceration to remove intestines, liver and gills where cyanotoxins can accumulate.

6. A news story in relation to the findings has been published confirming the latest testing results. As part of this, Professor Robin May undertook several media interviews to reassure the

public and reinforce advice to recreational anglers.

7. We are continuing to sample fish from Lough Neagh during 2025/26 for cyanotoxins to determine whether there are any long-term trends and whether there is any need for further updates of the risk management advice.

Glycerol in slush ice drinks

8. Following the Board's June meeting, we launched a public awareness campaign on 17 July to highlight the risks of glycerol in slush ice drinks. New guidance advises that these drinks are unsuitable for children under seven, and that those aged seven to ten should have no more than one 350ml serving per day. This message is being amplified through social media, both through FSA channels and those used by the UK Health Security Agency (UKHSA) and Department for Education. This will ensure wider coverage than traditional FSA routes alone, better targeting parents and caregivers.

9. We are working with industry and local authorities to support implementation and have published a toolkit, including posters, on our website to aid consistency in messaging. Major retailers have agreed to display warning signs, and we are encouraging wider uptake.

10. Surveillance is underway to assess glycerol levels in products and monitor compliance with voluntary labelling and health warnings. We plan to evaluate the impact of the guidance over the coming months.

Mechanically separated meat

11. Due to legal cases brought by Newby Foods, court judgements clarified how the definition of mechanically separated meat (MSM) should be interpreted and applied. Following agreement from DEFRA Ministers, the FSA developed new MSM guidance in line with the court's rulings, which was published on 3 July.

12. The guidance is designed to support food business operators in determining whether a product qualifies as MSM, in accordance with the clarified definition established by court judgments. Primarily intended for establishments in England, Wales, and Northern Ireland, the guidance may also be used by enforcement officers to support official controls and promote consistency in regulatory practices.

13. Enforcement is being carried out using a risk-based and proportionate approach. Following publication, businesses found to be non-compliant will be expected to evidence a clear pathway to compliance, to be achieved in the shortest reasonable timeframe. Engagement events and communications were held with industry stakeholders, local authorities and DEFRA to support the publication and implementation of the new guidance.

Food Innovation

14. We are making excellent progress with our regulatory sandbox for cell-cultivated products (CCPs). On 24 June we launched a Business Support Service to enable CCP companies to seek bespoke advice on their regulatory applications. We also launched new public-facing and business-facing pages on our website to keep the public and wider industry up to date with the work of the sandbox. This includes how the workshops with participants are progressing, where we have already conducted in-depth discussions on hygiene, toxicology, labelling and production. The additional expertise and capacity provided by the sandbox has also enabled the FSA to validate two CCP applications which are the first of their kind in GB. Passing the validation stage means these applications are ready to enter our risk assessment process, where we robustly assess the safety of these products.

15. On 1 July, we published updated guidance to businesses to allow the reformulation and relabelling of CBD products on the public list, bringing them into compliance with the FSA's safety guidelines. We have had positive engagement with industry and expect to see businesses make the necessary changes to their products over the next few months. Our message to industry is that reformulation and relabelling is strongly encouraged.

16. Following this, on 28 August, we published our first public consultation on CBD products as novel foods. This consultation represents a significant step towards our goal of a compliant CBD industry. It not only covers individual CBD applications but also seeks views on wider aspects of CBD policy. This includes protections for under 18s, interactions with drugs legislation, and categorisation of CBD food products as food supplements. We welcome input from stakeholders on the recommendations contained within the consultation, which closes on 20 November.

17. Finally, since my last update, the FSA has now stood up its new Innovation Research Programme, supported by a £1.4m investment in our Innovation Hub. Working closely with applicants and the wider industry, this programme will address key scientific and regulatory questions raised by new technologies such as precision fermentation. This includes identifying food safety hazards specific to these products, supporting applicants in providing the right information for regulatory approval, and ensuring the public has the information they need to make informed choices about consuming them. On 22 September we will be launching two key initiatives within this programme:
the expansion of our Business Support Service pilot to encompass precision fermentation products, and a dedicated innovation guidance hub on the FSA website to create a one-stop-shop for businesses looking to place innovative products on the market.

Trade

India

18. On 24 July, the UK signed a free trade agreement with India. The FSA had previously advised on the food safety elements of the Sanitary and Phytosanitary (SPS) chapter, which was agreed in March 2022. As required under Section 42 of the Agriculture Act 2020, the FSA and Food Standards Scotland have now been asked to assess whether the deal maintains UK statutory protection for human health, including food safety and nutrition. We have three months to provide joint advice by 24 October, supported by a public call for evidence launched on 1 August. This advice will feed into the government Section 42 report for Parliament to inform scrutiny of the trade deal.

Border Target Operating Model (BTOM) pause

19. On 18 August, DEFRA announced that it is suspending the introduction of extra border checks on live animal imports from the EU, and on specific animal and plant goods from Ireland, ahead of its new SPS deal with the EU.

20. The BTOM was introduced in January 2024 and has followed a phased implementation of controls on goods coming into GB from the EU and the rest of the world. During the development of the BTOM, the FSA has worked closely with the devolved nations. Our role has been to provide input to DEFRA, as the policy holders, to help manage food and feed safety risks at the border.

21. The BTOM has contributed to our ability to manage these risks, and the current controls will remain in place on imported products from the EU and third countries until a SPS agreement with the EU is agreed and implemented.

22. While the SPS agreement is being negotiated, we continue to monitor changes to the food and feed safety risks posed by imported products. We are working across government to develop a strategic approach to the Goods Border and continue to work with DEFRA and all our partners to protect consumers.

Illegal imports

23. On 8th September 2025, the Environment, Food and Rural Affairs Committee released their report "Biosecurity at the border: Britain's illegal meat crisis". The report acknowledges the role of the FSA and their NFCU in the UK's response to illegal meat, and the work done by the NFCU to understand the scale and nature of illegal imports. Our joint Strategic Assessment with FSS is referenced multiple times throughout the report.

24. The recommendations that are relevant to the FSA include:

- DEFRA should work with the Food Standards Agency and Food Standards Scotland to design a strategy to reduce demand for illegally imported products.
- By January 2026, DEFRA should create a strategy for products of animal origin smuggling in collaboration with the National Food Crime Unit (FSA), the Scottish Food Crime and Incidents Unit (FSS), port health authorities, inland local authorities and Border Force.
- A taskforce for illegal imports of animal products should be established by November 2025, led by the Minister for Biosecurity, to provide oversight of the strategy's design and implementation and to drive improvements. The taskforce should at least include the Chief Veterinary Officer; representatives from the Animal and Plant Health Agency, the Food Standards Agency and Food Standards Scotland including the National Food Crime Unit and Scottish Food Crime and Incidents Unit, and Border Force; and local government representation.
- The FSA is already collaborating with partners on a coordinated response to illegal imports of products of animal origin. We are working closely with DEFRA and the Devolved Governments, and Border Force colleagues, who are responsible for detecting illegal imports of food and feed at the border. We are also working closely with port health authorities, who operate at ports of entry and border control posts and with inland local authorities in their response to non-compliant products detected inland. We will consider with DEFRA how the specific recommendations made by the Committee could be addressed.

INFOSAN

25. Board members will be aware of the risk posed to the ongoing functioning of the World Health Organization's (WHO) INFOSAN network. INFOSAN and other WHO functions have faced significant resourcing challenges over the past year.

26. INFOSAN, a WHO and Food and Agriculture Organisation (FAO)-led global network, enables cross-border communication of food safety risks. Its secretariat also coordinates multi-country responses to food safety emergencies. It plays a vital role in the global food safety system and any disruption to its functioning could impact the FSA's ability to effectively manage food safety incidents and outbreaks.

27. The FSA has been working with partners internationally and across government to address the ongoing risks to the functioning of INFOSAN and promote the need for sustainable resourcing. We now understand that INFOSAN's remaining resources are likely to be protected until the end of 2027. While this provides some reassurance, it still represents low resourcing of the secretariat. We will therefore continue to closely monitor the situation and develop mitigation measures.

Government announcements

Healthy Food Standards and the Food Strategy

28. In July the UK Government published the 10-Year Health Plan for England, alongside an accompanying Written Ministerial Statement on Health Prevention. This plan included the introduction of new Healthy Food Standards (HFS), which will require all large food businesses to:

- report on the healthiness of their sales; and
- meet targets set by government to improve the healthiness of sales.

29. The Government committed to working with its Food Strategy Advisory Board on the sequencing and implementation of the scheme. It expressed intent to collaborate with the devolved nations to ensure regulatory alignment and deliver maximum benefits across the UK. The FSA's strategy sets out our vision for food that is healthier and more sustainable, and we will seek to support the government, drawing on our experience as a regulator and our consumer research.

30. Separately, DEFRA published the Good Food Cycle, setting out a food strategy for England on 15 July. We issued a statement as part of the press release, confirming our support for the ambitions set out in the Good Food Cycle and the outcomes it aims to achieve. We continue to work closely with other departments to support the delivery of this strategy.

Supporting economic growth

31. The FSA has made good progress towards delivering the four commitments we made in the Chancellor's Regulation Action Plan in March 2025, with all four commitments on track to be fully delivered by the end of the year:

· We have introduced the new Food Standards Delivery Model. We also concluded our public consultation on the Food Hygiene Delivery Model and published the responses. If ministers agree, we hope to lay the revised Food law Code of Practice in Parliament later this year, which will allow local authorities to better target resources at high-risk premises.

- We aim to begin first audits under official controls of UK plastic recycling sites at the end of November.
- We are on track to support six inward audits in 2025 to facilitate trade in food and drink.
- We have made significant steps in establishing our regulatory sandbox for CCP, described above. We have committed to publishing the first wave of guidance this year, and this will be made up of three pieces of guidance. One piece of guidance (novel foods tasting) will be published in October and two pieces on classification and allergenicity/nutrition are due for publication in December.

32. We are also continuing to support delivery of cross-cutting government commitments under the Regulation Action Plan. We are working with the cross-government analytical community to understand how we can measure and meet the government's target of reducing the administrative burdens to business from regulation by 25% by the end of Parliament.

Engagements

33. Since the last Board meeting, I have continued my regular engagement with counterparts across government. This has included meetings with senior government officials including at the Department of Health and Social Care, the Department of Environment, Food and Rural Affairs and the Department of Business and Trade. I have also met with counterparts from other UK regulators the Health and Safety Executive, the Animal and Plant Health Agency, the Medicines and Healthcare products Regulatory Agency, and the Environment Agency.

34. In Cardiff I had an introductory meeting with Lisa James, Welsh Government Director for Local Government and Planning. I continue to work very closely with the CEO of Food Standards Scotland. Beyond the UK, I have also met with officials from the Food Safety Authority of Ireland and Health Canada. Susan Jebb and I also represented the FSA at the annual reception hosted by the US Ambassador to celebrate the independence of the United States of America.

35. I have also continued regular engagement with industry representatives. This has included meetings with representatives from the National Farmers Union (NFU), the Food and Drink Federation (FDF), the Institute of Grocery Distribution (IGD), the British Retail Consortium (BRC) and Greenbank Investments.

36. As usual, I attended the regular DEFRA-led meeting, chaired by Minister Daniel Zeichner, with FDF, NFU, BRC and UK Hospitality, as well as attending a Parliamentary reception hosted by the FDF. Junior Johnson, Director of Operations, and I also chaired our regular quarterly call with the meat industry, attended by a broad range of sector representatives.

37. Since June, I have visited three more food businesses as part of my regular visits programme. In July, I joined our wine inspection team at Denbies Wine Estate alongside Rachel Cooper, Co-Director of Strategy and Regulatory Compliance. In early August, with Sandbox and Innovation staff, I visited Extracellular, a contract development and manufacturing organisation that focuses on the cell-based product industry. More recently, in the last week of August, I visited Humphries, a medium-sized red meat abattoir in Chelmsford.

38. I have also met with a range of third sector representatives. This included meetings with the Executive Director of the Food Foundation, the Head of Consumer Rights and Food Policy at Which? and the Chief Executives at FareShare and WRAP.

Annex A – Further information on breaches of FBD thresholds

Introduction

As part of our work to monitor foodborne disease (FBD) in the UK, the FSA sets thresholds for action on four key pathogens. In March this year, the Board agreed a new approach to setting these thresholds. This followed a review triggered primarily by advancements in sampling. Since March, the thresholds for these four key pathogens (footnote 1)(Salmonella, Campylobacter, Listeria monocytogenes, and STEC O157 (footnote 2)) have been updated using the latest data provided by public health agencies (footnote 3). The updated thresholds are based on laboratory confirmed reports from faecal and non-faecal samples while the previous thresholds were based on laboratory confirmed reports from faecal only samples.

To note, the STEC threshold currently represents strain O157 only; FSA and UK public health bodies are collating the necessary data to recalculate the STEC threshold to include additional STEC strains as agreed by the FSA Board in March.

Threshold Breaches

There has been an upward trend in case numbers for certain pathogens in recent years, and we have already started to gather evidence and commission research to investigate the increases.

The 2024 rates of UK laboratory confirmed cases (footnote 4) of Campylobacter and Salmonella have exceeded the new thresholds (para 8, figure 1 and 2). This indicates that the trend was not just a result of sampling and reporting changes. We are working with the UK public health agencies to investigate possible reasons for the increases to determine whether further

actions/interventions are required

Rates for Listeria monocytogenes were below the threshold and consistent with previous years and rates for STEC O157 were also below the threshold. Separately, we are collating the data to recalculate the STEC threshold to include additional strains as agreed by the Board in March 2025.

The graphs below show trends in UK laboratory confirmed cases per 100,000 population of the four major GI pathogens provided by UK public health agencies (footnote 5), alongside the new thresholds. This includes all laboratory confirmed reports, in some cases infection may have been acquired by routes other than foodborne transmission.

Fig.1: Campylobacter

Fig.2: Non-typhoidal Salmonella

Fig.3: Listeria monocytogenes

Fig.4: Shiga toxin-producing E.coli (STEC) O157

UKHSA has also recently published data on increases in Salmonella, Campylobacter and STEC (England only) and together with Public Health Wales (PHW) combined 2024 data for Listeria in England and Wales.

Action being taken

A breach of the agreed thresholds triggers an agreed process of investigation and action, which is now underway. (set out in Annex 1 in the March 2025 Board paper)

An extraordinary EFIG (Epidemiology of Foodborne Infections Group meeting was held on 5 August 2025 to explore potential causes behind the increases in Campylobacter and Salmonella. EFIG is a multi-agency group of scientific experts. By mid-October 2025 the Group will circulate recommendations for further research and to indicate potential targets for policy action.

Several other pieces of research are underway which will contribute to our understanding of these increases in foodborne disease levels, and the action that may be taken. In 2023, research was commissioned via the FSA's risk analysis process to investigate why Campylobacter levels remain high despite industry efforts to reduce contamination. This is focussed upon understanding the effectiveness of known interventions. An expert elicitation was published in December 2024. It discussed possible reasons as to why the reduction in highly contaminated chicken carcasses available at retail did not correspond to decreased levels of human disease. Other findings from this work are expected to be completed in Spring 2026.

In June 2025, FSA Analytics Team were commissioned to analyse hospital admission data (England only) to determine whether ethnicity or economic deprivation were associated with hospitalisation rates due to foodborne illness and food hypersensitivity (food allergy, coeliac disease or food intolerance). Results of this analysis may inform intervention development and communications and will be delivered by the end of the year. Analysts are working closely with counterparts at UKHSA, who are looking at similar data, to share findings.

The Science Council are undertaking a piece of work to look at why levels of foodborne disease remain elevated in the general population. The Council are collaborating with The Advisory Committee on the Microbiological Safety of Food (ACMSF) and relevant teams in the FSA to develop the Terms of Reference which are expected to be agreed in October 2025.

Alongside the evidence gathering, we continue to take steps to strengthen controls to tackle FBD. For example, we are updating FSA listeria guidance for hospital settings for vulnerable consumers, to be completed by early next year. We continue consumer campaigns promoting safe food preparation and storage including re-issuing heatwave guidance and BBQ advice over the summer and issuing targeted advice for new university students. We have commissioned analysis to help target communication interventions to vulnerable consumers.

We are also undertaking a review of current STEC policy control measures in food for STEC pathogenic serotypes known to cause severe disease. This work is in its initial stages but aims to reflect on recent food safety outbreaks and evolving scientific understanding. It will help to ensure the implementation of effective strategies to minimise public health risks. FSA/FSS teams

have been shaping the scope of the STEC review, developing delivery and stakeholder engagement plans and collaborating with key partners. SERD are also updating their research knowledge base on STEC. Although the current STEC threshold has not been breached, as noted above the threshold is still being recalibrated, and we have seen significant outbreaks in recent years.

To better support control in the future, we are also working to improve foodborne disease surveillance methods. For example, under the PATH-SAFE programme, a genomic data platform was developed to allow for better sharing of whole genome data for Salmonella, Listeria and E. coli. By doing so, it is possible to more quickly link human, animal and food data, and achieve more rapid identification of the source of infections and thus better target control interventions. The work to further develop this platform and deploy it with government partners is ongoing in 25/26, funded by the Integrated Security Funds (ISF).

Conclusions and next steps

We will return to the Board with our analysis of the causes of the increase and any further recommendations on action to be taken in March 2026.

1. These four key pathogens are part of routine surveillance, most cases of illness associated with these pathogens are food related, and they are either responsible for a high number of cases of illness or are likely to cause more severe symptoms.

2. STEC stands for Shiga Toxin-producing Escherichia coli, a pathogenic strain of E. coli that produces Shiga toxins and is known to cause severe foodborne illness.

3. UK Health Security Agency (UKHSA), Public Health Wales (PHW), Public Health Agency Northern Ireland (PHANI) and Public Health Scotland (PHS)

4. These are annual figures for population level trends; specific outbreaks are dealt with through incident management

5. Data are provisional and may change and are derived from multiple live reporting systems developed and maintained by the UK public health agencies (UK Health Security Agency, Public Health Wales, Public Health Scotland and Public Health Agency NI). Rates per 100,000 population are calculated using ONS mid-year population estimates. Trends should be interpreted with caution, particularly over the COVID-19 period (2020 to early 2022) due to multiple factors which impacted pathogen reporting during that time.