

Audit of allergen controls and relevant open audit actions

Denbighshire County Council, 30th September - 2nd October 2025

Foreword

The Food Standards Agency (FSA) is the Competent Authority (CA) responsible for feed and food safety and standards legislation and for ensuring risk-based official controls are carried out at feed and food business establishments in Wales, England, and Northern Ireland.

Feed and food official controls aimed at verifying food business compliance are fundamental to safeguarding public health and contribute to the FSA's strategic outcome that 'food is safe and what it says it is'.

Day-to-day monitoring and enforcement of feed and food business compliance is the responsibility of local authorities (LAs).

In Wales, the power to set standards and monitor LA feed and food law enforcement services was conferred on the FSA under Section 12 of the Food Standards Act 1999 and Regulation 7 of the Official Feed and Food Controls (Wales) Regulations 2009. The FSA is required to monitor and audit local authority feed and food law enforcement services under this legislation and the assimilated Official Controls Regulation (EU) 2017/625. In developing its audit arrangements, the FSA has taken account of the European Commission guidance on how such audits should be conducted.

In addition to assessing the delivery of official controls against legal requirements and statutory guidance, the audit process also provides the opportunity to identify and disseminate good practice and to provide information to inform FSA policy on the execution and enforcement of feed and food law.

FSA audit programmes assess local authorities' conformance against the requirements of the assimilated [Official Controls Regulation \(EU\) 2017/625](#) and the Feed and Food Law Enforcement Standard within the [Framework Agreement on Official Feed and Food Controls by Local Authorities](#) (Framework Agreement). Assessments were also made against the [Food Law Code of Practice \(Wales\) 2021](#) (FLCoP) along with related centrally issued guidance including the [Food Law Practice Guidance \(Wales\) 2021](#) (FLPG).

This report is available in hard copy from the FSA's Regulatory Audit and Assurance Team, Asiantaeth Safonau Bwyd yng Nghymru / Food Standards Agency in Wales, Llawr 4 / 4th Floor, Adeilad Llywodraeth Cymru / Welsh Government Building, Parc Cathays Park, Caerdydd / Cardiff, CF10 3NQ, and electronically on the [FSA's website](#).

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1.0 Introduction

Background

1.1 Audits of LA feed and food law enforcement services are part of the FSA arrangements to improve consumer protection and confidence in relation to feed and food. Implementing official controls in food businesses at appropriate frequencies based on risk is essential to protect public health and ensure the safety of food for consumers.

1.2 Following the Covid pandemic, from 1 April 2023, LAs should be planning to:

- Carry out due interventions for establishments that are back in the routine programme of interventions in accordance with the frequencies set out in the FLCoP.
- Work towards realigning with the provisions set out in the FLCoP from 1 April 2023, using the full range of flexibilities already offered by the FLCoP. These flexibilities including exemptions can be found in Chapter 4 of the FLCoP and Chapter 4 of the FLPG.
- Continue to exercise a risk-based approach to the requirements set out in the FLCoP based on available resource.

1.3 A key part of the FSA's remit in its role as a CA is to provide assurance for stakeholders and the public that food authorities, such as LAs, are correctly delivering and implementing any legislation, advice and guidance issued in relation to the services they provide. This audit programme, in tandem with the bi-annual performance surveys, provides a key element of the FSA's overall assurance framework.

1.4 In Wales, the power to set standards and monitor LA feed and food law enforcement services was conferred on the FSA under section 12 of the Food Standards Act 1999 and regulation 7 of the Official Feed and Food Controls (Wales) Regulations 2009.

1.5 The Framework Agreement on Local Authority Food Law Enforcement sets out the arrangements through which the FSA monitors and audits LA enforcement activities to help ensure that LAs are providing an effective service to protect public health.

Scope of Audit Programme

1.6 This programme consists of a series of audits across Wales to assess compliance with legislation relating to the provision of allergen information to consumers and the risk posed to

hypersensitive consumers, as well as reviewing any relevant open audit actions following previous audits. The audits assess whether LAs are undertaking interventions involving allergen assessments based on a programme of interventions that is in accordance with the FLCoP.

1.7 The audit assessment considered:

- Food standards service planning, delivery and review,
- Resources available to the service and the risk-based prioritisation of activities, including the assessment of new food businesses.
- Authorisation and competence of officers
- Interventions (programmed and reactive) and Enforcement
- Sampling Policy, procedures and programme
- Internal monitoring
- Any other matters relating to allergen controls
- Open audit actions – review of any relevant open actions from previous audits and associated update of the LA audit action plan.

1.10 As part of the development of the audit programme the FSA engaged with relevant stakeholders and produced an audit plan. This is attached in Annex A.

2.0 Executive Summary

2.1 The audit examined Denbighshire County Council's arrangements for the delivery of allergen related official food controls, a major part of the authority's food standards function. This included a reality check at a food establishment to assess the effectiveness of official controls and more specifically, the checks carried out by the authority's officers, to verify food business operator (FBO) compliance with legislative requirements. The scope of the audit also included an assessment of the authority's overall organisation and management, and the internal monitoring of food standards activities.

2.2 The Head of Planning, Public Protection and Countryside Services had overall responsibility for the delivery of food standards services within the Public Protection Department. Day to day management was the responsibility of the Public Protection Business Manager and the, part-time, Lead Officer (Food).

2.3 The authority had service planning arrangements in place together with systems for reviewing performance. Service planning documents contained some, but not all of the information set out in the Service Planning Guidance including the requirement to review all elements of the previous year's work and address all delivery shortfalls in the next plan.

2.4 Arrangements were in place to ensure effective service delivery by appropriately authorised, competent officers who had been authorised in accordance with their qualifications, training and experience. There was, however, no appointed lead food standards officer and a shortage of 3.5 full time equivalent officers, meaning that the authority only had 59% of the officer resources required to deliver the authority's full obligations in relation to food control. There was no plan in place to appoint a food standards lead officer or address the 41% shortage in officer resources, preventing the authority from meeting its obligations.

2.5 Database checks confirmed that whilst high risk interventions were being undertaken, there was a significant backlog of medium and low risk establishments overdue a food standards intervention, amounting to 24% of its risk-rated establishments. A large proportion of the overdue medium (75%) and low risk premises (72%) were likely to carry allergen risks and many of the low-risk premises belong in a higher risk band. There was no plan to address the backlog of overdue interventions, with the backlog expected to rise, increasing the likelihood of an impact on public health.

2.6 Intervention records showed that assessments of business allergen control compliance during food standards interventions were generally of good quality, with some examples of good practice identified. Insufficient information was available in some cases to demonstrate that a thorough assessment had been undertaken by officers. Risk rating was variable with some evidence of the need to more accurately reflect allergen risks. Follow up action was not always being carried out because revisits to check compliance were not always being undertaken as required.

2.7 In general, food standards intervention reports were mostly comprehensive, however, the authority would benefit from ensuring this was consistently the case.

2.8 Food and food establishment complaints had generally been investigated in accordance with the FLCoP and food standard sampling had generally been undertaken as required.

2.9 The authority had mainly used informal and occasionally, formal enforcement tools to secure improved business compliance with allergen control legislation. Where enforcement action had been taken it was, generally, appropriate, however, where revisits to check compliance were not taking place, the need for enforcement was not being identified.

2.10 There was evidence of some internal monitoring of food standards matters, including allergen controls. The amount of qualitative internal monitoring activity would benefit from being expanded to include more frequent activity, larger sample sizes and additional database checks.

3.0 Audit Methodology

3.1 The LA received a pre-audit letter including a pre-visit questionnaire along with details of documents required to assess completion of previously outstanding recommendations.

3.2 The LA was also provided with a copy of any relevant audit reports /action plans and asked to provide evidence of their progress on outstanding actions.

3.3 This was followed by a structured on-site audit involving a reality visit to a local business and meetings with the Head of Service, LA lead officer and other relevant staff about current and future service delivery arrangements as well as an examination of a selection of food official controls records.

3.4 The audit took place from the 30th September – 2nd October 2025. The on-site element of the audit took 2½ working days.

3.5 The LA received this written audit report and an updated audit action plan, which will be published on the FSA website.

4.0 Audit Findings

4.1 Organisation and Management

4.1.1 Food law enforcement was overseen by the Lead Member for Local Development and Planning. The authority's Constitution set out its decision-making arrangements. Under the Constitution, decisions on food-related operational matters had been delegated to the Head of Planning, Public Protection and Countryside Services.

4.1.2 A 'Food Service plan' for 2025/2026 ('the Service Plan') had been developed by the authority. The Service Plan had been approved by the Lead Member and the Head of service.

4.1.3 The Service Plan contained most of the information set out in the Service Planning Guidance, including a profile of the authority, the scope of the service and organisational structure

chart for the Public Protection department. The times of operation, service delivery points and aims and objectives of the service were clearly set out.

4.1.4 The service plan indicated that there were approximately 1177 food establishments in Denbighshire. The profile of businesses was provided by establishment type. The number of planned interventions due, by risk rating, had also been provided including those that were overdue.

4.1.5 The targets and priorities for food standards included a commitment to deliver all inspections / interventions due at high-risk establishments but did not include medium and low risk establishments as required by the FLCoP.

4.1.6 The expected number of revisits during the year, forms a required part of the intervention programme but this was limited to those in Category A & B for food hygiene. There was no commitment to revisit establishments for food standards in accordance with the requirements of the FLCoP.

4.1.7 The authority's priorities and intervention-targets as set out in the Service Plan, were based primarily on food hygiene risk. In some cases, where the food standards risk was higher, auditors were informed that food standards risk would be prioritised.

4.1.8 Whilst the plan included an estimate of the likely demand for the food interventions programme, it would benefit from additional clarity on the likely demand, based on previous years, for the reactive work required to be undertaken.

4.1.9 Information was provided on the food standards sampling programme and included a budget allocated to undertake this work.

4.1.10 The resources available to deliver food law enforcement services were detailed in the Service Plan as 4.9 full time equivalent (FTE) officers for both food hygiene and food standards. A figure of 8.5 FTE was estimated as being required to deliver the service, indicating the need for a significant amount of additional resources to fully deliver against requirements. Information on the levels of service available to be delivered with differing amounts of additional resources was clear in relation to the minimum obligations on the authority.

4.1.11 The Service Plan included general information on the authority's Enforcement Policy and its approach to staff development.

4.1.12 Arrangements for internal monitoring or 'quality assessment' of the food standards service through quantitative reporting arrangements was referenced within the plan. However, the plan would also benefit from the inclusion of a brief description of the qualitative internal monitoring arrangements for the food standards service.

4.1.13 The Service Plan contained some information following a review of delivering food official controls against the previous year's plan. However, it was noted that the review did not cover all targets. The review should include food standards interventions delivered in food standards Category B & C, the number of food standards revisits, timeliness of responses to service requests and the number of samples taken against the food standards sampling programme.

4.1.14 Variations in achieving the targets set-out in the previous Service Plan were limited in detail. Variances for the medium (category B) and low-risk food standards (category C) interventions, new businesses and programmed samples had not been quantified as required by the service planning guidance. Where variations were identified, a lack of resources was given as the reason.

4.1.15 The authority had incorporated a number of areas for improvement in its Service Plan, including interventions in new businesses and sampling in approved establishments or

manufacturers. However, not all areas where variances had occurred had been addressed i.e. interventions in food standards category B & C interventions.

Recommendations

4.1.16 The authority should:

- (i) Ensure future Service Plans for food standards are developed in accordance with the Service Planning Guidance. In particular, a commitment to deliver due and overdue Category B & C interventions, an estimation of the number of food standards revisits based on the requirements of the FLCoP and an estimate of the amount of reactive work should be provided.
- (ii) Ensure the annual performance review includes all information on the previous year's performance against the food service plan and any specified performance targets, standards and outcomes.
- (iii) Ensure all variances in meeting the food service plan is addressed in its subsequent plan and areas for improvement include a plan to resolve all those variances. [Articles 5(1)(a) & (e) of assimilated Regulation (EU) 2017/625; para 2.3.3 FLCoP]

4.2 Authorised Officers

4.2.1 The authority's Scheme of Delegation of Powers to Officers, contained within the authority's Constitution, provided the Head of Planning, Public Protection and Countryside Services with delegated powers to execute all duties relating to food services. This includes the delegated authority to authorise other officers and the power to instigate prosecutions.

4.2.2 A documented procedure had been developed for the authorisation of food standards officers based on their qualifications and experience. The procedure was comprehensive and accurate and included provision for assessments of competence to be undertaken prior to authorisation.

4.2.3 Whilst the authority had a part-time lead officer for food hygiene, no lead officer for food standards had been appointed, contrary to the requirements of the FLCoP.

4.2.4 The authority had identified, within its Service Plan, that the level of resources required to deliver food services was significantly higher than those available, a deficit of 3.6 FTE officers. The authority was unable to deliver its obligations of conducting its intervention programmes, undertaking revisits, carrying out a full programme of food sampling or responding to all service requests as they arose, with the available resources. The authority was carrying a significant backlog of food standards interventions and was not currently planning to re-align with the FLCoP due to an absence of sufficient resources. The authority should, therefore, ensure that it increases its food service resources to ensure there are sufficient resources available going forward to fully deliver its obligations in law and under the FLCoP.

4.2.5 Provision of officer training was dependent on a formal training needs assessment. The authority was providing a combination of in-house and externally provided training and making good use of the opportunities afforded by the FSA's local authority training opportunities. All officers were required to achieve 10 hours of continual professional development (CPD) on core food matters in accordance with the FLCoP. The authority was able to fund training where a need had been demonstrated.

4.2.6 An examination of the qualification and training records of five officers involved in the delivery of official food standards controls was undertaken. Records were generally being maintained by the authority for officers in the Council's computer file & folder system. The authority would benefit from ensuring that this record system included similar information for external contractors who may be employed from time to time.

4.2.7 All officers had been authorised in accordance with evidence of their qualifications, training and experience. Authorisations had been signed by an officer with the delegated authority and included all of the key legislation required for the delivery of the range of official controls required for allergens.

4.2.8 Academic and other relevant qualifications were available for all officers and all had received the minimum 10 hours of CPD on core food matters required by the FLCoP and the authority's own policies, in keeping with their duties. Further, all officers had received the necessary training to deliver the technical aspects of the work for which they are involved.

Recommendations

4.2.9 The authority should:

- (i) Ensure it has a sufficient number of suitably qualified and experienced staff so that official controls and other official activities can be performed efficiently and effectively.
- (ii) Appoint one or more suitably qualified and competent lead food officer(s) for food standards.

[Articles 5(1)(e) of assimilated Regulation (EU) 2017/625; para 3.3.4 FLCoP]

4.3 Food Premises Inspections, Records and Reports

4.3.1 The authority provided data prior to the audit which confirmed there were 1015 rated food businesses on the authority's food standards establishment database. There were a total of 240 food establishments overdue a food standards intervention, of which, none were high risk, 52 were medium-risk and 188 were low-risk. Whilst the intervention programme was driven by the food hygiene risk, interventions were being undertaken in premises rated as a high food standards risk, as required. Analysis of the medium and low risk establishments indicated that a large proportion of the medium (75%) and low risk premises (72%) were likely to carry allergen risks and evidence from file checks and premises type data indicated that many of the low-risk premises were likely to belong in a higher risk band. Without plans to address this backlog of overdue interventions, the number of uninspected premises carrying allergen risks is likely to rise, increasing the likelihood of public health impacts emerging.

4.3.2 Food interventions procedures had been developed which were in accordance with requirements. Food standards interventions were being undertaken as a combined intervention alongside food hygiene interventions in most cases, using joint inspection aide-memoire forms.

4.3.3 Five food standards interventions carried out in the two years prior to the audit were examined. It was noted that all files contained relevant food registration details, had ratings documented and all visits had been unannounced. However, visits had been undertaken at the incorrect frequency in three out of five cases.

4.3.4 In one case, categorised a C, it was identified that the scoring of the premises did not comply with the food standards scoring system within the FLCoP or align with previous scores. Information on the file relating to the enforcement of allergens contradicted the rating and suggests that this premises should have been rated as a B and visited with greater frequency.

4.3.5 Auditors were able to establish the type of food premises in all cases, although in one case the officer had not captured the size, scale and scope of the business.

4.3.6 In all cases, where appropriate, withdrawal and recall procedures had been investigated and in all cases the information was retrievable and all observations legible

4.3.7 In four out of five files evidence was available to demonstrate that officers had made an assessment of food safety management systems in relation to food standards. Assessments of compliance with traceability requirements and assessments of composition, presentation, and labelling requirements had also been detailed in those four out of five cases. In one case, an allergen assessment had concluded that the business was compliant but the basis for this conclusion had not been recorded.

4.3.8 Information captured on the four files including the use of photographs was very detailed. In two cases, the officers' observations had not been documented on the Food Standards Inspection Aide Memoire, however, in one of these cases contemporaneous notes were made in a PACE notebook and photographs taken.

Best practice

Auditors noted that the use of digital inspection forms provided comprehensive information on findings during inspections. Photographs captured relevant and detailed information of observations made by officers

4.3.9 In three cases, there was limited information on whether a revisit or follow up action had been appropriately undertaken. Two cases had triggered a mandatory revisit due to a score of 40 in compliance, however the revisit had not been correctly captured on the database. Analysis of the bulk database and discussions with officers indicated that Food Standards revisits are not routinely triggered or undertaken as required by the Code.

4.3.10 In three cases, reports of visit had been sent in an appropriate timeframe, whilst one report had been delayed by two months. All reports had been addressed to the correct trading name and address of the business. However, in one case, there was no evidence of a follow up report relating to food standards being issued.

4.3.11 In general, where an inspection report had been issued it contained most of the required information. However, in the one delayed case listed above, the report did not include information on the person interviewed during the inspection or the timescale for compliance.

4.3.12 Food business records, including registration forms, inspection aide-memoires, post inspection visit report forms and correspondence were available electronically. Details of the date and types of intervention undertaken at food establishments, as well as the risk profiles and food standards ratings, were stored on an electronic food establishments database. Food registration information was available either in hardcopy or electronically.

4.3.13 The authority reported that it was not currently using an alternative enforcement strategy for lower risk establishments, however there was a procedure covering this activity.

Recommendations

4.3.14 The authority should:

- (i) Ensure that food standards interventions/inspections are carried out at the minimum frequency specified by the FLCoP and that revisits are undertaken as required. [Articles 9(1) & (2) of assimilated Regulation (EU) 2017/625; 4.2, 4.3, 4.4.2 & 6.5.2 FLCoP]
- (ii) Ensure that observations made and/or data obtained in the course of a food standards intervention/inspection includes the size and scope of the business and complete information for assessments of food standards management systems, composition and labelling. Ensure premises are rated correctly in relation to allergen matters. [Articles 5(1)(a) & (b), 9(1), 12, 13 & 14 of assimilated Regulation (EU) 2017/625; 4.2.2, 4.2.3, 4.3.1, 4.5 FLCoP & 2.13.3, 4.2.2, 4.3.3.3 FLPG]

- (iii) Ensure that intervention report letters are sent promptly to the business and contain all of the required information. [Article 13 of assimilated Regulation (EU) 2017/625; 4.2.3 FLCoP, 4.3.4 FLPG]

Verification Visit to Food Establishment

4.3.15 A verification visit was undertaken at a food establishment with the authorised officer of the authority who had carried out the most recent food standards inspection. The main objective of the visit was to consider the effectiveness of the authority's assessment of the systems within the business for ensuring that food meets the requirements of food standards law in relation to allergen controls.

4.3.16 The officer was able to demonstrate their knowledge of the business and provide auditors with an assurance that assessments of allergen controls had taken place as part of the inspection including the appropriate use of powers to remove unsafe food from sale. It was clear that the scale and complexity of the business involved too much work to be covered during a single intervention. The premises and those like it, would benefit from a dedicated, risk-based food standards intervention, separate to the food hygiene intervention, to allow officers to focus on high-risk products and activities, ensuring that food from this premises to remain safe for consumers.

4.4 Food Inspection and Sampling

4.4.1 The authority's Service Plan contained information on food standards sampling indicating participation in projects or surveys, routine inspection-based sampling based on risk and sampling in response to matters arising. Auditors were provided with a sampling plan for this current financial year, that considered food standards sampling, including that for allergens.

4.4.2 A combined policy relating to food standards and food hygiene sampling activities had been developed by the authority. The authority had appointed a Public Analyst for carrying out analyses of food. The laboratory was on the recognised list of UK designated Official Laboratories.

4.4.3 The procedure outlined how to take samples as well as steps to take following receipt of results.

4.4.4 Five food standards samples carried out in the two years prior to the audit were examined. All samples had been taken by appropriately trained and authorised officers and sample results were available on file.

4.4.5 In all cases, appropriate action was documented on files. However, in four out of five records there was no evidence that the food business operator had been notified of the results.

Recommendations

4.4.6 The authority should:

- (i) Ensure that businesses are informed of results of sampling [Articles 5(1)(a) & 5(1)(b) of assimilated Regulation (EU) 2017/625, 4.5 FLCoP & 4.6.9 & 4.6.19 FLPG]

4.5 Food and Food Premises Complaints

4.5.1 The authority has developed a procedure for undertaking food related complaints which outlined the criteria for investigations.

4.5.2 An examination of records relating to two complaints or service requests received by the authority were undertaken. Auditors were able to confirm that complaints had been investigated within a timely manner and were found to have undergone a thorough investigation.

4.5.3 Where appropriate, all complainants had been notified of the results of the investigation and appropriate action had been taken based on the findings of the investigations.

4.6 Enforcement

4.6.1 The authority had developed a Corporate Enforcement Policy which was supplemented by the Food Safety Enforcement Policy. The policies were available to the public and businesses upon request.

4.6.2 These documents advocated a graduated approach to enforcement and taken together, were generally in accordance with the FLCoP and other official guidance. They provided criteria for the taking of informal action, the service of various statutory notices, other formal actions, issuing simple cautions and taking prosecutions and made reference to the Primary Authority scheme.

4.6.3 The taking of action in establishments where the Council itself has an interest were addressed in the policies, such as schools, leisure centres and care homes.

4.6.4 The authority had developed an enforcement procedure which detailed the authority's expectations with regards to certain enforcement actions; including Food Information Regulation Improvement Notices (FIRINs), Remedial Action Notices (RANs), Voluntary Closure, Prohibition Notices and Orders, seizure, detention, certification and voluntary surrenders, simple cautions & prosecutions.

4.6.5 The procedures for notices and voluntary actions in its enforcement procedure were satisfactory. No FIRINs, RANs, Prohibitions or voluntary closures had been undertaken within the scope of the audit and therefore compliance checks were not undertaken as part of the audit.

4.6.6 Auditors examined two case files for detention of food and one case file for its voluntary surrender during the course of the audit.

4.6.7 Auditors were able to determine that detention was appropriate in both cases. The notices were on the prescribed form, clearly specifying details of the food to be detained and max time limit of 21 days. Both had been served by appropriately authorised officers and included all the information relating to detention, storage and details on withdrawal or seizure.

4.6.8 Auditors were able to determine that voluntary surrender was appropriate in this one case. The record of surrender was signed by the officer and counter signed by the person surrendering the food. However, there was no receipt on record detailing the time and method of destruction of the surrendered food.

4.6.9 The authority had provided documented procedures & template documents for the commencement of prosecutions and undertaking simple cautions. These considered the relevant aspects of this work, including detail on how to compile a case file, including local arrangements for the progression of a case, having regard to Criminal Procedures Investigation Act 1996 roles and responsibilities. No cases relating to these actions had been undertaken within the scope of this audit.

Recommendations

4.6.10 The authority should:

- Ensure that, in cases of voluntary surrender and destruction of unsafe food, a record of the time, place and method of destruction is maintained to ensure that unsafe food was appropriately and permanently removed from the market. [Article 138(1)(b) of assimilated Regulation (EU) 2017/625, FLCoP 6.4.2 & FLPG 6.13.3]

4.7 Internal Monitoring

4.7.1 Internal monitoring is important to ensure performance targets are met, services are being delivered in accordance with legislative requirements, centrally issued guidance and the authority's procedures. It also ensures consistency in service delivery.

4.7.2 Key performance targets have been identified in line with the FLCoP and the authority has arrangements in place for both quarterly and annual quantitative internal monitoring across the food services. Performance was reported through the corporate performance monitoring system. Further monitoring of the progress of intervention programmes is monitored regularly by the lead officer.

4.7.3 A documented internal monitoring procedure had been developed for the food services including accompanied visits and a sample of file checks across most official control activities. The procedure would benefit from improvement to specify a wider range of bulk database checks.

4.7.4 The Business Manager and lead officers were responsible for internal monitoring of the food enforcement services at an operational level.

4.7.5 Auditors were able to verify that some qualitative internal monitoring had been undertaken across the service including record checks.

4.7.6 Records maintained, in accordance with the procedure, were able to confirm the nature and extent of the monitoring activity. Auditors were able to verify that the qualitative monitoring that had been undertaken across both services including accompanied inspections, intervention file record checks, and service requests.

4.7.7 The amount and extent of internal monitoring taking place in practice was restricted by limited lead officer capacity and would benefit from expansion to include more frequent activity, larger sample sizes, a wider range of database checks and checks on the upload of information to the database.

4.7.8 The records relating to internal monitoring that were available, were being maintained by managers for at least two years.

Recommendation

4.7.9 The authority should:

- (i) Revise its documented internal monitoring procedures to ensure all relevant activities are subject to proportionate monitoring. This should specify a wider range of bulk database checks. The amount and extent of internal monitoring taking place in practice should be expanded to include more frequent activity, larger sample sizes, a wider range of database checks and checks on the upload of information to the database. [OCR Arts 5(1a&b) & 12, FLCoP 2.3 & FLPG 2.3.4]

4.8 Relevant Open Audit Actions

4.8.1 Relevant open audit actions from previous audit programmes were followed up. This includes those from the full audit programme of 2013 - 2017 and the Food Hygiene Rating

Scheme focussed audit of 2017.

Best practice

The authority developed online MS Forms for the investigation of lower risk infectious disease cases with forms being sent in conjunction with the .gov notify system, allowing for a streamlined process of follow up. Cases were no longer required to post questionnaires back and were able to complete the form instantly, leading to an increase in response rates. This approach has now been adopted by Public Health Wales and is being rolled out in the updated Tarian system.

4.8.2 An [updated action plan](#) has been published on the FSA website.

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Annex A: Audit Plan

Food Standards Agency in Wales

Local authority audit plan – Wales

April 2025 – March 2026

Programme Brief

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Background

1. In Wales, the power to set standards and monitor local authority (LA) food and food law enforcement services was conferred on the Food Standards Agency (FSA) under section 12 of

the Food Standards Act 1999 (the Act) and regulation 7 of the Official Feed and Food Controls (Wales) Regulations 2009 (OFFC).

2. The Act provides the FSA with statutory powers to strengthen its influence over enforcement activity and to ensure national priorities and objectives will be delivered at a local level. It gives the FSA powers to carry out the following duties:

- set standards of performance in relation to enforcement of feed and food law
- monitor the performance of feed and food law enforcement authorities
- require information from LAs relating to food law enforcement and to inspect any records
- enter LA premises, to inspect records and take samples
- publish information on the performance of LAs
- make reports to individual LAs, including guidance on improving performance

3. Assimilated Regulation (EU) 2017/625 on official controls and other official activities performed to ensure the verification of compliance with feed or food law includes a requirement, under Article 6, for competent authorities to carry out internal audits or to have external audits carried out.

4. To fulfil this requirement the FSA provides assurance for stakeholders and the public that competent authorities (CAs) such as LAs, are correctly delivering and implementing any legislation, advice and guidance issued in relation to the services they provide. This audit programme, in tandem with the bi-annual performance surveys, provides a key element of the FSA's overall assurance framework.

5. The audits in this audit programme will be a systematic and independent examination of the delivery of official controls by LAs in relation to food law in Wales.

Programme Objectives

6. The audit programme will look at official controls and official activities carried out from 01 April 2023. Management activities relating to the implementation of the legislation in the criteria before this date will also be included in the audit programme.

7. The audits will demonstrate whether the implementation of official food controls relating to allergens in Wales has been effective. Failure to secure compliance with food law which could detrimentally affect the health and welfare of people in Wales could result in reputational damage to LAs and the FSA, as well as loss of confidence in the food industry.

8. The focused audit programme will include an examination of the official controls, official activities and related results that are used by LAs to achieve the objectives of the Legislation below:

- The Food Safety Act 1990
- Assimilated Regulation (EU) No 1169/2011 on the provision of Food Information to Consumers
- The Food Information (Wales) Regulations 2014

9. The specific aims of this audit programme are to:

- provide assurance that the delivery of allergen labelling legislation that has been in operation since 2014 in Wales, has been effectively implemented by LAs; in that official controls are being delivered in accordance with the Food Law Code of Practice (Wales) (the Code), Food Law Practice Guidance (Wales), Framework Agreement and other centrally issued, official guidance and legislation.*
- evaluate LA activities in relation to food businesses providing products Pre-Packed for Direct Sale (PPDS) to consumers which came into force in October 2021.

- identify and disseminate any areas of good practice and innovation to other LAs to improve the effectiveness and efficiency of controls being delivered
- provide a means to identify under performance in the LAs food law enforcement systems
- provide information to aid the development of FSA policy.
- review LA progress in implementing any relevant outstanding recommendations from previous audits

* The Code used will be relevant to the timing of the delivery of the relevant controls.

Scope of the Audit Programme

10. This programme will consist of a series of audits across Wales to assess the compliance with legislation relating to the provision of allergen information to consumers and the risk posed to hypersensitive consumers, as well as reviewing any relevant open audit actions following previous audits. The audits will assess whether LAs are undertaking interventions involving allergen assessments based on a programme of interventions that is in accordance with the Code.

11. The audit programme will focus on the risks associated with the following areas of official control: -

- Food standards service planning, delivery and review,
- Resources available to the service and the risk-based prioritisation of activities, including the assessment of new food businesses.
- Authorisation and competence of officers
- Interventions (programmed and reactive) and Enforcement
- Sampling Policy, procedures and programme
- Internal monitoring
- Any other matters relating to allergen controls

12. Open audit actions – review of any relevant open actions from previous audits and associated update of the LA audit action plan.

Assessment Approach

13. The audits will involve:

- a pre-audit questionnaire requesting copies of the LA service plans, planned/completed interventions and associated documentation
- the LA will also be provided with a copy of previous audit action plans and will be asked to provide evidence of their progress on any outstanding actions
- this will be followed by a structured on-site audit involving meetings with the Head of Service, LA lead officers and other relevant staff about current and future service delivery arrangements, a reality check visit and case file reviews.

Notification

14. Prior notification of 4 weeks for the submission of pre-audit material and at least 6 weeks of an audit visit, will be given for each audit carried out under this audit plan. This will aid transparency and facilitate the effectiveness of the audit process by allowing plenty of time for each LA to collate documents and ensure appropriate staff and facilities are available.

Timing

15. The audits will take place between May 2025 and February 2026. The on-site element of the audit, for each LA, should take 2 working days for assessment work followed by a closing meeting on a third day.

Assessment Report and Follow Up

16. All LAs in the programme will receive an individual report and an updated audit action plan, both of which will be published on the FSA website. An assessment of overall assurance for allergen controls will also be sent to each local authority but will not be published.

17. At the end of the programme an anonymised summary report will be produced which will contain findings from the audit programme. The summary report will include recommendations for LAs and the FSA to improve the delivery of official controls. The summary report will also highlight any common themes and emerging issues as well as any areas of good practice identified during the programme.

Planned Outcomes

Immediate Outcomes

- Provide assurance regarding the arrangements in place for the delivery of LA official controls in managing the food safety risk relating to hypersensitive individuals posed by exposure to Allergens
- Improvements and actions taken by LAs contribute to more effective local food law enforcement
- Wider dissemination of identified good practice will contribute to improvements in quality and effectiveness of LA delivery of official food controls
- Findings and recommendations will be fed back to relevant FSA teams to inform policy making
- The audits will ensure that the FSA is fulfilling its' statutory function.

Strategic Outcomes

- The audits will raise the profile of the food service within LAs and help them maintain/enhance their resource allocation
- Robust assurance on the LA implementation of Official Feed and Food Control (OFFC) requirements
- Improved business compliance with food hygiene and standards contributes to improved public health and reduces the likelihood of foodborne illness, food incidents and food fraud
- Contribute towards FSA strategic risk management and compliance with UK obligations under OFFC requirements & the Food Standards Act 1999

Annex B: Allergen controls audit action plan

Action Plan for Denbighshire County Council
Audit Date: 30th September - 2nd October 2025

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
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<p>4.1.16 The authority should:</p> <p>(i) Ensure future Service Plans for food standards are developed in accordance with the Service Planning Guidance. In particular, a commitment to deliver due and overdue Category B & C interventions, an estimation of the number of food standards revisits based on the requirements of the FLCoP and an estimate of the amount of reactive work should be provided.</p>	<p>1st May 2026</p>	<p>Unable to commit to delivery without additional resources. A report will be presented to the Chief Executive Team on 2nd December 2025, outlining the findings of the recent audit and including a request for additional resources to strengthen the Food Service function.</p> <p>Furthermore, all external audit reports are presented to the Governance and Audit Committee for scrutiny, this report will be presented early in the new year.</p> <p>Estimation of number of FS revisits and reactive work will be included in the 26/27 Service plan.</p>	
<p>4.1.16 (ii) Ensure the annual performance review includes all information on the previous year's performance against the food service plan and any specified performance targets, standards and outcomes.</p>	<p>1st May 2026</p>	<p>The 26/27 Service plan will include all targets and review of all previous year performance for FS. (to include Number of FS intervention completed, FS revisits, SR response and number of samples taken for FS.</p>	<p>Template for recording performance updated ready for 26/27 service plan.</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
4.1.16 (iii) Ensure all variances in meeting the food service plan is addressed in its subsequent plan and areas for improvement include a plan to resolve all those variances.	1st May 2026	<p>Unable to resource variance unless further resources are provided. A report will be presented to the Chief Executive Team on 2nd December 2025, outlining the findings of the recent audit and including a request for additional resources to strengthen the Food Service function.</p> <p>Furthermore, all external audit reports are presented to the Governance and Audit Committee for scrutiny, this report will be presented early in the new year.</p>	

<p>4.2.9 The authority should</p> <p>(i) Ensure it has a sufficient number of suitably qualified and experienced staff so that official controls and other official activities can be performed efficiently and effectively.</p>	<p>1st May 2026</p>	<p>Unable to commit to additional staff without additional resources</p> <p>A report will be presented to the Chief Executive Team on 2nd December 2025, outlining the findings of the recent audit and including a request for additional resources to strengthen the Food Service function.</p> <p>Furthermore, all external audit reports are presented to the Governance and Audit Committee for scrutiny, this report will be presented early in the new year.</p>	
<p>TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)</p>	<p>BY (DATE)</p>	<p>PLANNED IMPROVEMENTS</p>	<p>ACTION TAKEN TO DATE</p>

<p>4.2.9 (ii) Appoint one or more suitably qualified and competent lead food officer(s) for food standards.</p>	<p>1st May 2026.</p>	<p>Unable to commit to additional staff without additional resources</p> <p>A report will be presented to the Chief Executive Team on 2nd December 2025, outlining the findings of the recent audit and including a request for additional resources to strengthen the Food Service function.</p> <p>Furthermore, all external audit reports are presented to the Governance and Audit Committee for scrutiny, this report will be presented early in the new year.</p>	
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4.3.14 (i) Ensure that food standards interventions/inspections are carried out at the minimum frequency specified by the FLCoP and that revisits are undertaken as required.	31 st March 2027	<p>Unable to commit to delivery intervention at minimum frequency without additional resources</p> <p>A report will be presented to the Chief Executive Team on 2nd December 2025, outlining the findings of the recent audit and including a request for additional resources to strengthen the Food Service function.</p> <p>Furthermore, all external audit reports are presented to the Governance and Audit Committee for scrutiny, this report will be presented early in the new year.</p>	
TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE

<p>4.3.14 (ii) Ensure that observations made and/or data obtained in the course of a food standards intervention/inspection includes the size and scope of the business and complete information for assessments of food standards management systems, composition and labelling.</p> <p>Ensure premises are rated correctly in relation to allergen matters.</p>	31 st March 2026	<p>Additional training will be provided and internal monitoring will be used to check future practice.</p> <p>Consistency exercise will be undertaken to ensure allergen matters are correctly assessed.</p>	
<p>4.3.14 (iii) Ensure that intervention report letters are sent promptly to the business and contain all of the required information.</p>	31 st December 2025	<p>Interventions will be sent promptly to businesses and internal monitoring will be used to check this.</p>	
<p>4.4.6 (i) Ensure that businesses are informed of results of sampling.</p>	31 st March 2026	<p>Additional training will be provided and internal monitoring will be used to check future practice.</p>	

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
4.6.10 (i) Ensure that, in cases of voluntary surrender and destruction of unsafe food, a record of the time, place and method of destruction is maintained to ensure that unsafe food was appropriately and permanently removed from the market.	31 st December 2025	Internal procedures to be updated with information regarding LA disposal through Environmental Services Team. All external disposal was correctly recorded.	Template for the disposal of food with relevant information completed for completion by Waste management team. Staff training and update to procedures undertaken.

<p>4.7.9 (i) Revise its documented internal monitoring procedures to ensure all relevant activities are subject to proportionate monitoring. This should specify a wider range of bulk database checks. The amount and extent of internal monitoring taking place in practice should be expanded to include more frequent activity, larger sample sizes, a wider range of database checks and checks on the upload of information to the database.</p>	<p>31st March 2026</p>	<p>Internal monitoring procedures will ensure proportionate monitoring and a wider range of database checks and will be fully implemented.</p>	
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