



Report on the Food Law Enforcement Services

Ceredigion County Council
19th – 23rd October 2015

Foreword

Audits of local authority food and feed law enforcement services are part of the Food Standards Agency's (FSA) arrangements to improve consumer protection and confidence in relation to food and feed. These arrangements recognise that the enforcement of UK food and feed law relating to food safety, hygiene, composition, labelling, imported food and feedingstuffs is largely the responsibility of local authorities. These local authority regulatory functions are principally delivered through their Environmental Health and Trading Standards Services.

The attached audit report examines the local authority's Food Law Enforcement Services. The assessment includes consideration of the systems and procedures in place for interventions at food and feed businesses, food and feed sampling, internal management, control and investigation of outbreaks and food related infectious disease, advice to business, enforcement, food and feed safety promotion. It should be acknowledged that there may be considerable diversity in the way and manner in which authorities provide their food enforcement services reflecting local needs and priorities.

Agency audits assess local authorities' conformance against the Feed and Food Law Enforcement Standard. "The Standard", which was published by the Agency as part of the Framework Agreement on Official Feed and Food Controls by Local Authorities (amended April 2010) is available on the Agency's website at: www.food.gov.uk/enforcement/enforcework/frameagree

The main aim of the audit scheme is to maintain and improve consumer protection and confidence by ensuring that authorities are providing effective food and feed law enforcement services. The scheme also provides the opportunity to identify and disseminate good practice, and provides information to inform Agency policy on food safety, standards and feedingstuffs and can be found at: www.food.gov.uk/enforcement/auditandmonitoring

The report contains some statistical data, for example on the number of food establishment inspections carried out. The Agency's website contains enforcement activity data for all UK local authorities and can be found at: www.food.gov.uk/enforcement/auditandmonitoring

The report also contains an action plan, prepared by the authority, to address the audit findings.

For assistance, a glossary of technical terms used within the audit report can be found at Annex C.

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1 Introduction

- 1.1 This report records the results of an audit of food hygiene and food standards services at Ceredigion County Council under the headings of the FSA Feed and Food Law Enforcement Standard. It has been made publicly available on the Agency's website at www.food.gov.uk/enforcement/auditandmonitoring/auditreports

Reason for the Audit

- 1.2 The power to set standards, monitor and audit local authority food and feed law enforcement services was conferred on the FSA by the Food Standards Act 1999 and the Official Feed and Food Controls (Wales) Regulations 2009. The audit of the food services at Ceredigion County Council was undertaken under section 12(4) of the Act and Regulation 7 of the Regulations.
- 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 FSA, as the central competent authority for feed and food law in the UK has established external audit arrangements. In developing these, the FSA has taken account of the European Commission guidance on how such audits should be conducted.¹
- 1.4 The authority was audited as part of a three year programme (2013 – 2016) of full audits of the 22 local authorities in Wales.

Scope of the Audit

- 1.5 The audit covered Ceredigion County Council's arrangements for the delivery of food hygiene and food standards enforcement services. The on-site element of the audit took place at the authority's offices at

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).

Neuadd Cyngor Ceredigion, Penmorfa, Aberaeron on 19th – 23rd October 2015, and included verification visits at food businesses to assess the effectiveness of official controls implemented by the authority, and more specifically, the checks carried out by the authority's officers, to verify food business operator (FBO) compliance with legislative requirements.

- 1.6 The audit also afforded the opportunity for discussion with officers involved in food law enforcement with the aim of exploring key issues and gaining opinions to inform Agency policy.
- 1.7 The audit assessed the authority's conformance against "The Standard". The Standard was adopted by the FSA Board on 21st September 2000 (and was subject to its fifth amendment in April 2010), and forms part of the Agency's Framework Agreement with local authorities. The Framework Agreement can be found on the Agency's website at www.food.gov.uk/enforcement/enforcework/frameagree

Background

- 1.8 Ceredigion County Council is a unitary authority in west Wales, which covers an area of 1795 km². It borders four other local authority areas, comprising Carmarthenshire to the south, Pembrokeshire to the south-west, Gwynedd to the north, and Powys to the east.
- 1.9 With 80km of coastline, Ceredigion covers an area which runs from the Dyfi estuary in the north, along Cardigan Bay towards the Teifi estuary in the south. As well as these rivers, it takes many other river valleys including the rivers Rheidol, Ystwyth and Aeron and includes a significant part of the Cambrian mountains within the east of the county.
- 1.10 Ceredigion is mostly a rural county without a large commercial centre. The towns of Aberystwyth, Aberteifi and Aberaeron are the main administrative and commercial areas.
- 1.11 According to the 2011 Census, Ceredigion has a population of 75,900 with 93.2% of the population being White English / Welsh / Scottish / Northern Irish / British. The population density is the second lowest in Wales. Approximately 52% of the population speaks, reads, writes or understands Welsh; the third highest proportion of Welsh language skills in the country.

- 1.12 The economy relies heavily on tourism and agriculture, chiefly hill farming. In addition, two universities, Aberystwyth University and the Lampeter campus of the University of Wales, Trinity Saint David are within the county boundaries: The National Library of Wales is situated in Aberystwyth.
- 1.13 Ceredigion contains indicators of deprivation mainly under the Wales average as determined by the 2014 Welsh Index of Multiple Deprivation. However, the county is, rated lower than average with regards to access to services and housing, probably due to the rural nature of much of the area.
- 1.14 Food law enforcement was being carried out by officers in the authority's Commercial Services Team within the Lifestyle Services Department. The Commercial Services Team was responsible for delivery of both food hygiene and food standards services.
- 1.15 Officers and support staff were predominantly based at Neuadd Cyngor Ceredigion, Penmorfa, Aberaeron, SA46 0PA. Officers also worked from offices at Aberystwyth and Aberteifi.
- 1.16 The authority reported that it had an emergency out-of-hours service that was operated on a good-will basis. The out-of-hours service was not tested as part of the audit.
- 1.17 At the beginning of 2015/16 there were 1,171 food establishments in Ceredigion. In addition, it was reported that there were 14 approved food establishments.
- 1.18 The authority had 3.3 full time equivalent (FTE) officers involved in the delivery of food hygiene. In respect of food standards, the authority reported that it had 1.0 FTE officers. The time spent by the Commercial Services Manager in managing both services was reported as 0.35 FTE. The commercial services team was also carrying vacancies of 3.0 FTE staff and some of this was resource was being used for the employment of contractors.
- 1.19 The authority hosts the FSA funded Welsh Food Fraud Co-ordination Unit. The unit comprises of two officers who provide advice and

assistance to local authorities across Wales carrying out food fraud work. The work of the unit was not included within the scope of the audit.

- 1.20 Officers delivering food law enforcement services had been provided with opportunities for continuing professional development (CPD) and a departmental training budget was available.
- 1.21 The authority had been participating in the Food Hygiene Rating Scheme which was launched in Wales in October 2010. At the time of the audit, the food hygiene ratings of 1,100 food establishments in Ceredigion were available to the public on the FSA's Food Hygiene Rating Scheme website.

2 Executive Summary

- 2.1 The audit examined Ceredigion County Council's arrangements for the delivery of official food controls. This included reality checks at food establishments 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 law enforcement activities.
- 2.2 The Head of Lifestyle Services had overall responsibility for the delivery of food hygiene and food standards services within the Lifestyle Services Department. Day to day management was the responsibility of the Commercial Services Manager.
- 2.3 The authority had well established service planning arrangements in place together with systems for on-going monitoring and reporting performance. Service planning documents contained some but not all the information set out in the Service Planning Guidance in the Framework Agreement.
- 2.4 The authority had reviewed its performance against the previous years' performance and a number of variations in achieving performance targets had been identified. Competing priorities and officer capacity had been reported as reasons for this.
- 2.5 Arrangements were in place to ensure effective service delivery by appropriately authorised, competent officers. Officers had been authorised in accordance with their qualifications, training and experience. The need to review authorisations to ensure officers are authorised under all required legislation was identified.
- 2.6 A work procedure had been developed to ensure the accuracy of the authority's food establishment database. Audit checks confirmed that, overall, the food establishment database was accurate and the authority had been able to provide Local Authority Enforcement Monitoring System (LAEMS) returns to the FSA. At the time of the audit the authority was embarking on a project to implement a new information

management system as part of a programme to modernise the way Public Protection Services are delivered in Wales.

- 2.7 The authority had adopted a risk-based approach to delivering food hygiene interventions with interventions at higher-risk and approved food establishments being prioritised. Some lower risk and unrated establishments had not been inspected in accordance with the Food Law Code of Practice and centrally issued guidance. A risk-based approach to food standards interventions had also been adopted with high-risk establishments being prioritised for inspection. However, a significant number of medium and low risk establishments were overdue an intervention together with a significant number of unrated establishments.
- 2.8 Food hygiene inspection records and reports were being adequately maintained by the authority. However, the need to improve approved establishment records was identified. Food standards reports contained most but not all the information required by the Food Law Code of Practice. The need to better distinguish legal requirements from recommendations of good practice, and include timescales for compliance on correspondence was discussed.
- 2.9 Food establishment records did not always demonstrate that thorough assessments of business compliance had taken place during interventions. However, where contraventions had been identified, follow-up action had generally been carried out in accordance with the Food Law Code of Practice;
- 2.10 Investigations in response to food standards complaints and the authority's response to food incidents had generally been in accordance with the Food Law Code of Practice. However, food hygiene complaints, unsatisfactory food samples and notifications of food related infectious disease had not consistently been investigated or followed-up or appropriate records had not always been maintained.
- 2.11 The authority had been proactive in providing advice and guidance to food businesses. Initiatives had also taken place to promote food hygiene and food standards.

2.12 There was some evidence of internal monitoring of food hygiene and food standards services. Full implementation of the authority's internal monitoring procedures will assist in securing the necessary improvements.

2.13 **The Authority's Strengths**

Food Hygiene Interventions / Inspections Reports

Intervention / inspection reports provided to food business operators contained all the information required by the Food Law Code of Practice.

Advice to businesses

The authority had been proactive and was able to demonstrate that it works with businesses to help them comply with the law.

Food Establishments' Database

The authority had maintained the accuracy of its food establishment database and was able to provide accurate information on food hygiene activities to the FSA.

Enforcement

The authority had been involved in several complex criminal investigations and had demonstrated a commitment to taking a range of appropriate enforcement actions to secure improved compliance with food law.

Liaison

The authority had arrangements in place to liaise with other bodies to facilitate efficient, effective and consistent enforcement. Further, its arrangements with other regulators for investigating complex cases contributed towards tackling food crime nationwide.

2.14 **The Authority's Key Areas for Improvement**

Officer authorisations

The authority's authorisation procedure and the scope of officer authorisations required updating to ensure officers are properly authorised under all relevant legislation.

Food Hygiene and Food Standards Intervention Frequencies

Food hygiene and food standards interventions had not been carried out at the minimum frequencies required by the Food Law Code of Practice. Interventions carried out at the minimum frequency ensure that risks associated with food businesses are identified and followed up in a timely manner.

Food Standards Interventions/Intervention Reports

Information captured by officers during food standards interventions was not always sufficiently detailed to demonstrate that thorough assessments of business compliance had been undertaken. Further, food standards intervention / inspection reports provided to food business operators did not contain all the information required by the Food Law Code of Practice

Food Hygiene Sampling

The authority was unable to evidence that it had consistently taken appropriate action in response to unsatisfactory food samples.

Control and Investigation of Food Related Infectious Disease

Records of food related infectious disease did not always demonstrate that appropriate investigations had been carried out.

Audit Findings

3 Organisation and Management

Strategic Framework, Policy and Service Planning

3.1 The delivery of food hygiene and food standards services was overseen by the authority's portfolio holder for Lifestyle Services and Waste. The authority's Constitution set out its decision making arrangements. Decisions on most operational matters within the Lifestyle Services Department had been delegated to the Head of Lifestyle Services who had overall responsibility. Day to day management of food hygiene and food standards services was the responsibility of the Commercial Services Manager

3.2 The authority's long term vision set-out in its Corporate Strategy 2013-2017 stated that:

"Ceredigion Council delivers value for money, sustainable bilingual public services that support a strong economy and healthy environment while promoting wellbeing in our people and our communities."

3.3 The Corporate Strategy contained the authority's priorities and aspirations, as well as how it plans to meet its five main strategic objectives, which are:

- The Council is an organisation fit-for-purpose to deliver improving services to meet the needs of our citizens;
- Conditions and opportunities in Ceredigion allow the economy and local business to develop and prosper;
- Aberystwyth will be developed as a recognised regional and national centre;
- The Council achieves the best learning outcomes and provides excellent education and training tailored to meet the needs of those seeking career opportunities in the County;
- The Council will provide services that contribute to a healthy environment, healthier lives and protect those who are vulnerable in the County.

- 3.4 The authority had corporate performance management arrangements in place and its performance against National Strategic Indicators (NSIs) and Public Accountability Measures (PAMs) published in September 2015 indicated that it was in the top five performing authorities in Wales.
- 3.5 The authority's annual Improvement Plan demonstrated its arrangements for securing improvements across the range of its functions. Ensuring its improvement objectives remain relevant, that the best arrangements are in place for delivering them and that they are able to demonstrate the impact on the outcome for citizens had been identified as a priority.
- 3.6 'Improving the local economy' had been identified as an Improvement Objective and the authority had worked to attract events into the County including several which had a strong food focus:
- The Cardigan Bay Seafood Festival in Aberaeron;
 - Cardigan River and Food Festival;
 - Aberystwyth Sea2Shore Food Festival.
- 3.7 The authority's corporate performance management arrangements required the adoption of consistent business and service plans across all services, performance monitoring and regular self-evaluation.
- 3.8 A strategic Business Plan for Lifestyle Services had been developed by the authority. Further, an operational plan, The Commercial Services - Service Plan had been put in place. There were clear links from the Business Plan to the Service Plan through to staff individual targets, which were monitored at one-to-ones and team meetings.
- 3.9 Progress in meeting performance targets set-out in Service Plans was reported quarterly on corporate performance monitoring software. The Head of Lifestyle Services met quarterly with the portfolio holder for the service to discuss progress in achieving performance targets.
- 3.10 Performance reports and service activity were subject to review by the authority's Healthier Communities Overview and Scrutiny Committee.
- 3.11 The Lifestyle Services Business Plan and Commercial Services Team Service Plan contained some of the information required in the Service

Planning Guidance in the Framework Agreement. However, most of the information required had not been incorporated in these plans, including:

- Profile of the authority; Organisational structure; The full range of demands on the services; Service delivery points and times the service is available; Profile of food establishments by type and risk-rating, and the number of interventions programmed, including an estimate of the number of revisits due; Statements on the authority's policy in relation to Home Authority and Primary Authority, advice to business, food sampling, control and investigation of outbreaks and food related infectious disease, food safety incidents, promotional work, financial allocation, staff development, quality assessments and internal monitoring.

3.12 Aims, objectives, targets and priorities had been identified in the Service Plans and the following key performance indicators identified:

- % high-risk businesses that were liable to a programmed inspection that were inspected for food hygiene;
- % new businesses identified that were subject to a risk assessment visit or returned a self-assessment questionnaire during the year for food hygiene;
- % food establishments broadly compliant with food hygiene standards

3.13 A commitment was contained in the plans to deliver 100% of food hygiene inspections/interventions due at higher-risk (category A–C rated) establishments, and for food standards, 100% of inspections due at category A rated and 50% of those due at category B rated establishments. In addition, it was stated that 100% of unrated establishments would be inspected.

3.14 In respect of lower-risk establishments, it was stated that those rated as category D for food hygiene would receive an inspection, whilst category E rated establishments would be subject to alternative enforcement activity. Alternative enforcement activity was also planned at establishments rated Category C for food standards.

3.15 Taking action to improve conditions at food establishments not meeting the required standards was identified as a priority. A target to revisit 100% of those found not to be broadly compliant was in place.

- 3.16 A review of the previous years' performance had been reported in the Service Plans, which included:
- Achievement in reducing the backlog of inspections of new businesses, with 156 new businesses being inspected and rated under the Food Hygiene Rating Scheme (FHRS);
 - The total number of food establishments which had been rated under the FHRS, the % achieving a food hygiene rating of at least 3, and assurance that those achieving a 0, 1 or 2 rating had been followed-up;
 - Increases in enforcement action by the food safety team to secure compliance and the outcome of a successful food hygiene prosecution;
 - The involvement of officers in a complex multi-agency food fraud case focusing on illegal slaughter and the supply of unfit meat for human consumption;
 - The need to use a risk-based approach to proactive inspection programmes where there are resource limitations.
- 3.17 It had been highlighted in the Service Plan for Commercial Services that a number of service priorities had not been progressed in the previous year due to competing work priorities. These priorities had been carried forward in the plan for 2015/16.
- 3.18 The Commercial Services Risk Register identified 'failure to comply with all of the requirements of the Framework Agreement on Official Feed and Food Controls' as a risk and identified the need to review the resources required to fulfil statutory responsibilities.

Recommendation

3.19 The authority should:

- (i) Ensure future Service Plans include all the information set-out in the Service Planning Guidance in the Framework Agreement, and complete its review of the resources required for delivering the food hygiene and food standards services against those available. [The Standard – 3.1]

4 Review and Updating of Documented Policies and Procedures

- 4.1 The authority had arrangements in place to ensure the control of its documented policies and procedures, and had subscribed to regulatory information management software to support this process.
- 4.2 Documents were stored on a web-portal and protected from unauthorised access. Managers were responsible for ensuring work procedures on the system were maintained and subject to regular review. Permission to make changes to the documents was restricted to nominated individuals, who were also responsible for the removal of superseded documents.
- 4.3 Some procedural documents relating to food standards, and other Trading Standards documents, were available to officers electronically on a collaboration and document management platform. Arrangements were also in place to control access and amendment to these documents.
- 4.4 Audit checks confirmed that officers involved in delivering the food hygiene and food standards services, had access to up to date legislation, the Food Law Code of Practice and centrally issued guidance.
- 4.5 Auditors noted that a number of documents that were not in use were available to officers on the web-portal.

Recommendations

- 4.6 The authority should:
- (i) Ensure that all documented policies and procedures not in use are removed from the web-portal system or restricted from use. [The Standard – 4.1]

5 Authorised Officers

- 5.1 The authority's Constitution provided the Head of Lifestyle Services with delegated powers to enforce food law, authorise other officers and authorise legal action. A list of legislation had been included, which required review to ensure officers were authorised under the full range of legislation necessary for them to perform their duties.
- 5.2 A documented procedure had been developed for the authorisation of officers based on competency. However, the process for assessing competency had not been detailed in the procedure.
- 5.3 Lead officers for food hygiene, food standards and communicable disease had been appointed by the authority. During the audit these officers were able to demonstrate that they had the requisite knowledge to perform their duties and the required qualifications and training.
- 5.4 The authority had systems in place to identify officer training needs, including annual performance reviews and discussions within team meetings. Records were available to confirm that officers had undertaken a combination of in-house and externally provided technical and professional training.
- 5.5 An examination of the qualification and training records of six officers involved in delivering the food hygiene service and four officers involved in delivering the food standards service was undertaken. Qualification and training records were being maintained by the authority in hardcopy. Auditors were able to verify that officer authorisations were consistent with their qualifications, training and experience. In addition, officers had received the minimum 10 hours of continuous professional development (CPD) as required by the Food Law Code of Practice.
- 5.6 Officers had been authorised under some legislation, but a number of statutes that require specific authorisation had been omitted from authorisation documents. The authority had authorised officers under the Food and Environment Protection Act 1985 for which the FSA is responsible for issuing authorisations.
- 5.7 Officer capacity issues and competing priorities had been identified as a reason for not meeting all performance targets in the authority's most recent service review.

Recommendations

5.8 The authority should:

- (i) Review and amend its scheme of delegation and authorisations to ensure officers are appropriately authorised under all relevant legislation; and amend its procedure for the authorisation of officers to include details of the process for assessing officer competency, and ensure these assessments are documented. [The Standard – 5.1]
- (ii) Ensure an appropriate number of authorised officers are allocated to the delivery of food official controls. [The Standard – 5.3]

6 Facilities and Equipment

- 6.1 The authority had all of the necessary facilities and equipment required for the effective delivery of the food hygiene and food standards services, which were appropriately stored and accessible to relevant officers.
- 6.2 A procedure for the calibration and maintenance of equipment had been developed. This procedure detailed the arrangements for ensuring that equipment, such as thermometers was properly identified for replacement, as necessary. However, the procedure did not set-out arrangements for routinely checking and calibrating thermometers to ensure that they remain accurate when in use. The authority advised of its decision to replace thermometers annually, as this was more cost effective than external calibration by an appropriately accredited laboratory.
- 6.3 The temperature of chilled food storage equipment was being continuously monitored using a temperature logger.
- 6.4 The authority's food establishment database was capable of providing the information required by the FSA. A number of checks were carried out during the audit which confirmed that the database was operated in such a way to enable accurate reports to be generated.
- 6.5 The database, together with other electronic records and documents used in connection with the food hygiene and food standards service were subject to regular back-up to prevent the loss of data.
- 6.6 The authority had systems in place to ensure business continuity and minimise damage by preventing or reducing the impact of security incidents. Officers had been provided with individual passwords, and permissions for entering and deleting data had been restricted. Data entry protocols were also in place and issues arising in connection with the database were discussed at team meetings.
- 6.7 At the time of the audit, the authority was embarking on a project to implement a new information management system. This was part of a programme for modernising the way Public Protection Services are delivered in Wales.

Recommendations

- 6.8 The authority should:
- (i) Amend and implement its procedure for the calibration and maintenance of equipment to ensure thermometers remain properly calibrated. Evidence the results of these checks. [The Standard - 6.2]

7 Food Establishments Interventions and Inspections

Food Hygiene

- 7.1 In 2014/2015 the authority reported through LAEMS that of the 1,171 food businesses within its area 77.29% of category A-E rated food establishments due to be inspected had been inspected. Furthermore, 90.35% of food businesses were 'broadly compliant' with food hygiene law (excluding unrated businesses and those outside the scope of the risk rating scheme. This represented an improvement in broad compliance of approximately 8% from 82.22% of businesses reported as 'broadly compliant' in the previous year.
- 7.2 The authority had developed documented procedures aimed at establishing a uniform approach to carrying out food hygiene interventions and revisits. Procedures were also in place for interventions at approved establishments. An examination of these procedures confirmed that all made reference to relevant legislation, had been subject to recent review, and were in accordance with the requirements of the Food Law Code of Practice and relevant centrally issued guidance. The authority had also adopted guidance produced by FSA Wales in collaboration with WHOEH Food Safety Expert Panel relating to red flagging establishments of concern.
- 7.3 Information provided prior to the audit indicated that the authority had adopted a risk-based approach to managing its food hygiene interventions programme. The authority reported that there were 375 food establishments overdue an intervention by more than 28 days, of which 6% were category A-C rated. These establishments were from three weeks to five months overdue.
- 7.4 The remainder of the establishments that had been identified as overdue were category D-E rated, comprising 98 category D rated establishments and 256 category E rated establishments. There were also 46 unrated establishments.
- 7.5 A food hygiene inspection aide-memoire had been developed by the authority to assist officers with inspecting food businesses. The aide-memoire was automatically populated with business information, non-compliances identified at previous inspections and high-risk activities or process when exported from the database.

- 7.6 The authority's approach to managing interventions at unrated establishments involved undertaking a desk-top risk-assessment based on the information provided on food business registration forms to prioritise visits.
- 7.7 During the audit, an examination of records relating to 10 food establishments was undertaken. In recent years, auditors confirmed that six of these establishments had been inspected at the frequencies required by the Food Law Code of Practice. However, four establishments had not been inspected at the required frequencies, of which three were higher-risk, i.e. two category A rated and one category B rated, the other was lower-risk, i.e. category D rated. The higher-risk establishments had been inspected between 21 days and four months after their due dates. The lower-risk establishment was overdue for inspection by five months. The Food Law Code of Practice requires that interventions take place within 28 days of their due date.
- 7.8 Inspection records were available and legible for the 10 food establishments audited and sufficient information had been captured to enable auditors to verify that officers had considered the size, scale and scope of the business operations. Supplier information was also available, and with the exception of one case, customer details had been recorded as appropriate.
- 7.9 In eight cases the level of detail recorded on aide-memoires was appropriate to verify that thorough assessments of business compliance with requirements relating to Hazard Analysis Critical Control Point (HACCP) had taken place. In the remaining two cases the information recorded by officers on inspection aide-memoires was not sufficient to demonstrate that a thorough assessment of business compliance had been undertaken.
- 7.10 Auditors were able to confirm that overall, an adequate assessment of training and discussions with food handlers other than the food business operator had taken place, where appropriate. There was evidence available in six cases to demonstrate that consideration had been given to imported foods, but auditors were unable to confirm that traceability had been considered.
- 7.11 In nine of the 10 cases, the food activities involved handling both raw and ready to eat foods. Inspection records confirmed that, in seven

cases, officers had undertaken an appropriate assessment of the effectiveness of cross contamination controls. In the remaining two cases, there was insufficient information to demonstrate that officers had fully considered business compliance in protecting food against cross contamination.

- 7.12 The risk ratings applied to establishments were overall consistent with the inspection findings. In respect of one case, auditors discussed the need to ensure that confidence in management scores did not conflict with the other compliance scores. In another case, the consumers at risk score did not correspond with the business' customer base.
- 7.13 Auditors noted that where a risk rating had been reduced following an inspection, the reason for revising the rating had not been recorded and signed off by a senior manager contrary to the authority's procedure.
- 7.14 Where revisits had been required, records confirmed that these had taken place within the timescales specified in the authority's revisit procedure.
- 7.15 The authority informed the FSA prior to the audit that there were 12 approved establishments in its area, of which the records relating to six were examined. In all cases, approved establishment files contained a synopsis, HACCP documentation and establishment layout plans. However, the remainder of the information required in Annex 10 of the Food Law Practice Guidance was not consistently available.
- 7.16 Information captured on aide-memoires during the most recent inspections of approved establishments was sufficient to confirm that full scope inspections had taken place, and that officers had undertaken thorough assessments of business compliance with food hygiene requirements.
- 7.17 In four cases, auditors were able to confirm that officers had assessed the use of health marks by the businesses. In the remaining cases, auditors were unable to verify from the officers observations whether these checks had taken place. In all cases auditors were unable to verify that I.D / health marks of raw materials had been assessed.

7.18 The risk ratings that had been applied to approved establishments were generally consistent with the inspection findings. However, in one case, auditors noted that the hygiene score did not appear to correspond with the officers findings. Nonetheless, the officer was able to provide a satisfactory explanation for applying an alternative score for this element of the risk rating assessment and auditors were able to verify that appropriate follow up action had been taken in this case. The authority would benefit from documenting such explanations on food establishment files in the future.

7.19 An Alternative Enforcement Strategy (AES) had not been introduced for maintaining surveillance of category E rated establishments. However, the authority advised that it was in the process of considering options for undertaking AES before deciding its approach.

Recommendations

7.20 The authority should:

- (i) Ensure that food hygiene interventions/inspections are carried out at the minimum frequency specified by the Food Law Code of Practice. [The Standard -7.1]
- (ii) Carry out food hygiene interventions/inspections in accordance with the Food Law Code of Practice, centrally issued guidance, and its procedures. [The Standard – 7.2]
- (iii) Fully assess the compliance of establishments in its area to the legally prescribed standards. [The Standard -7.3]
- (iv) Ensure that observations made and data obtained in the course of a food hygiene inspection are recorded in a timely manner to prevent loss of relevant information. [The Standard – 7.5]

Verification Visits to Food Establishments

- 7.21 During the audit, verification visits were made to two food establishments with authorised officers of the authority who had carried out the last food hygiene inspections. The main objective of the visits was to consider the effectiveness of the authority's assessment of food business compliance with food law requirements.
- 7.22 The officers were knowledgeable about the businesses and demonstrated an appropriate understanding of the food safety risks associated with the activities at each establishment. The officers demonstrated that they had carried out a detailed inspection and had appropriately assessed compliance with legal requirements and centrally issued guidance, and were offering helpful advice to the food business operators.

Food Standards

- 7.23 In 2014/15 the authority had reported through LAEMS that 41.92% of A-C rated food businesses due to be inspected had been inspected.
- 7.24 There were 2,013 food businesses on the authority's food standards establishment database at the time of the audit. Six had been coded as outside the scope of the inspection programme and 59 establishments were unrated. Those establishments outside scope previously operated as food businesses, but were no longer supplying food. The need to close these establishments on the database was discussed.
- 7.25 There were a total of 458 food establishments overdue a food standards intervention at the time of the audit, of which two were high-risk, i.e. category A rated, 278 were medium-risk, i.e. category B rated and 113 were low-risk, i.e. category C rated.
- 7.26 The authority had developed a food standards inspection procedure, which was in accordance with the Food Law Code of Practice. Arrangements for following up significant breaches identified at establishments were also in place. Auditors discussed the benefits of including guidance for officers on contraventions that constitute a significant breach and a policy for undertaking revisits in its procedure.

- 7.27 A Food Standards Inspection Report form, which also served as a report of visit had been developed. However, the form did not contain sufficient fields to facilitate the necessary capture of observations made and/or data obtained in the course of a food standards inspection. The development of an appropriate aide-memoire would assist officers in demonstrating that thorough assessments of business compliance have taken place.
- 7.28 During the audit an examination was carried out of records held on the authority's database and in hardcopy for 10 food establishments reported to have been subject to food standards inspections.
- 7.29 The file histories for six establishments confirmed that in recent years, these had been inspected at the frequencies required by the Food Law Code of Practice. However, four establishments had not been inspected at the required frequencies, of which one was high-risk, two were medium-risk and the remainder was low-risk. Inspections at these establishments had been carried some 12 to 23 months after their due dates. The Food Law Code of Practice requires that interventions take place within 28 days of their due date.
- 7.30 Reports relating to the latest inspection were all legible, retrievable and indicated that visits had been unannounced. In one case, inspection observations had also been recorded on a Primary Authority Feedback form.
- 7.31 Where the inspection had been carried out using the feedback form, auditors were able to verify that the officer had considered the type of food activity, and undertaken an assessment of the business' quality management system, and compliance with food labelling requirements.
- 7.32 In the remaining cases, information on inspection forms was limited to contraventions identified and areas for improvement. Therefore, auditors were unable to confirm that officers had considered the size and scale of food operations, or that a thorough assessment of food standards requirements had taken place.
- 7.33 In five cases, where information relating to contraventions identified at previous inspections was available, records confirmed that these had been followed up. In the remaining cases, records of previous

inspections were not available. In respect of the most recent inspections, where records indicated that follow-up action was required, this had taken place.

7.34 The authority was using the intervention rating scheme in annex 5 of the Food Law Code of Practice for determining food standards intervention frequencies. In eight cases, risk ratings were consistent with the information that was available on inspection records. In the remaining two cases, the compliance scores did not reflect the nature of the contraventions identified.

7.35 The authority had not introduced an AES for low-risk establishments, but had recently developed a postal questionnaire to be used in the future.

Recommendations

7.36 The authority should:

- (i) Ensure that food standards interventions/inspections are carried out at the minimum frequency specified by the Food Law Code of Practice. [The Standard -7.1]
- (ii) Carry out food standards interventions/inspections in accordance with the Food Law Code of Practice and centrally issued guidance. [The Standard - 7.2]
- (iii) Assess the compliance of establishments in its area to the legally prescribed standards. [The Standard – 7.3]
- (iv) Ensure that observations made and/or data obtained in the course of a food standards intervention/inspection are recorded in a timely manner to prevent the loss of relevant information. [The Standard – 7.5]

Verification Visit to Food Establishment

- 7.37 A verification visit was made to a food establishment with an 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.
- 7.38 Despite the absence of sufficiently detailed records of the intervention, the officer was able to demonstrate their knowledge of the business and provide auditors with an assurance that assessments of food standards controls had taken place as part of the inspection. During the visit, issues relating to the provision of compositional requirements were noted by the officer for further follow-up with the food business operator.

8 Food and Food Establishments Complaints

- 8.1 The authority had developed a food complaints procedure based on a template produced by the WHoEH Food Safety Expert Panel. Auditors noted that the scope of the procedure did not cover complaints relating to the hygiene of food establishments. A separate food complaint procedure had also been developed, which set-out the authority's arrangements for dealing with food standards complaints. The authority's policy for dealing with food complaints was contained within these procedures.
- 8.2 Target response times for food hygiene and food standards complaints had not been included in the procedures. Auditors were advised that response times were determined on a case by case basis by investigating officers based on the potential risk associated with the complaint. The need to 'review service response times and prepare and implement a response time framework' had been identified as a high level action in the Business Plan for Lifestyle Services.

Food Hygiene

- 8.3 An examination of the records relating to 10 food hygiene complaints received by the authority in the two years prior to the audit was undertaken. With the exception of one case, complaints had been investigated in accordance with the authority's procedure. This case relating to a foreign body food complaint, where an officer had decided that the matter would be investigated at the next planned inspection. However, there was no evidence that this investigation had subsequently taken place.
- 8.4 In seven out of 10 complaints, records confirmed that complainants had been informed of the outcome of investigations.

Food Standards

- 8.5 Records relating to nine food standards complaints confirmed that all had been investigated in accordance with the authority's procedure and centrally issued guidance.
- 8.6 In eight cases, where the complainant's details had been provided to the authority, they had been informed of the outcome of investigations.

Recommendations

- 8.7 The authority should:
- (i) Amend its food hygiene complaints procedure to include information on its approach to dealing with complaints relating to the hygiene conditions of food establishments. [The Standard - 8.1]
 - (ii) Ensure the outcome of food hygiene complaint investigations is communicated to complainants in accordance with its procedure and centrally issued guidance. [The Standard – 8.2]

9 Primary Authority Scheme and Home Authority Principle

- 9.1 The authority's commitment to the Primary Authority Scheme and Home Authority Principle was set-out in its Enforcement Policy.
- 9.2 Auditors were advised that officers involved in delivering food hygiene and food standards services had been provided with passwords to enable them to access the Primary Authority website.
- 9.3 Home authority considerations had been included in some work procedures, for example food sampling procedures.
- 9.4 Whilst the authority had no Primary Authority agreements in place, auditors were able to verify that, in its capacity as an enforcing authority, it had regard to Primary Authority guidance and followed up matters of concern with Primary Authorities, as appropriate.
- 9.5 The authority had no formal Home Authority Agreements in place, but records examined during the audit demonstrated that accurate and timely advice had been provided to businesses, and that it had responded appropriately to requests for information from other local authorities.

10 Advice to Business

10.1 The authority had been proactive in providing food hygiene and food standards advice to businesses. There was evidence that advice had been provided during interventions, as well as on request, both verbally and in writing. Over 500 requests for information and advice had been logged on the authority's database in the two years prior to the audit.

10.2 A range of information was available on the authority's website to assist local businesses, included advice on:

- Setting-up a new food businesses;
- Food hygiene legislation and inspections;
- The Food Hygiene Rating Scheme (FHRS)
- Food Safety Management, including Hazard Analysis Critical Control Points (HACCP);
- Food alerts;
- Food complaints;
- Food poisoning;
- Safe production of ice;
- Food safety training;
- Food waste;
- Allergens.

11 Food Establishments Database

- 11.1 The authority had a documented procedure for the maintenance of its food establishment database. Information to ensure the accuracy of the database was obtained from planning and building control applications, interventions, database reviews, mail returns and officers' local knowledge.
- 11.2 The authority's internal monitoring procedure included database checks to verify the information on the system. Checks were also being undertaken prior to submission of the authority's LAEMS return to the FSA.
- 11.3 Auditors randomly selected 10 food establishments located in the authority's area from the Internet. All had been included on the authority's database and in the food hygiene and food standards intervention programme.

12 Food Inspection and Sampling

- 12.1 The authority's Service Plan contained aims and objectives that made specific reference to the monitoring and sampling of food to verify compliance with statutory requirements. A policy relating to food standards sampling activities had also been developed, but the authority had not documented its policy in relation to microbiological sampling.
- 12.2 Programmes for the microbiological examination and chemical analyses of food that had regard to national and regional priorities had been developed and implemented. In addition to funding its own sampling programme, the authority had benefited from FSA grant funding for food standards samples.
- 12.3 Procedures had been developed for the microbiological sampling of foods, which were generally in accordance with the Food Law Code of Practice and official guidance. However, information relating to the authority's arrangements for the procurement, recording and, processing of food samples had not been detailed in these procedures. A procedure for food standards sampling had not been developed.
- 12.4 The authority had appointed a Public Analyst for carrying out analyses of food and had a formal agreement in place with Public Health Wales for the microbiological analysis of food. The laboratories were both on the recognised list of UK designated Official Laboratories.

Food Hygiene

- 12.5 Audit checks of records relating to 10 samples submitted for microbiological examination were undertaken, of which eight related to unsatisfactory results. All samples had been procured by an appropriately trained and authorised officer and results were available on food establishment files.
- 12.6 In six out of eight applicable cases, businesses had been informed of unsatisfactory results, but evidence of appropriate follow-up action was only available in one case.

Food Standards

- 12.7 An examination of the records relating to 10 food standards samples was undertaken, of which five were re-samples submitted following previously unsatisfactory results. All samples had been appropriately procured by trained and authorised officers and sample results were available on food establishment files and the FSA's food surveillance database.
- 12.8 In five cases relating to unsatisfactory results, appropriate follow-up action had been taken in four cases, including liaison with Primary or Home Authorities, as required. In the remaining case, there was insufficient evidence to enable auditors to confirm that follow-up action had taken place. Businesses had been informed in writing of the unsatisfactory results in two cases.

Recommendations

- 12.9 The authority should:
- (i) Set-up, maintain and implement a documented sampling policy for the microbiological examination of food, which accords with the Food Law Code of Practice and centrally issued guidance. [The Standard – 12.4]
 - (ii) Set-up, maintain and implemented a documented procedure for food standards sampling; and, amend and implement its procedures for the microbiological sampling of foods to include information relating to the arrangements for the procurement or purchase, continuity of evidence and the prevention of deterioration or damage to samples, which accords with the Food Law Code of Practice and centrally issued guidance. [The Standard – 12.5]
 - (iii) Take appropriate action in accordance with its Enforcement Policy where sample results are not considered to be satisfactory. [The Standard – 12.7]

13 Control and Investigation of Outbreaks and Food Related Infectious Disease

- 13.1 The authority had identified a lead officer for communicable disease control who had attended some of the events organised for local authority lead officers as part of the Wales Lead Officer training programme.
- 13.2 The Wales Outbreak Plan, containing information on the management of communicable disease outbreaks in Wales, had been approved for adoption by a senior officer of the authority. The plan had been produced by a multi-agency group, including Public Health Wales and Welsh Government. Auditors noted that the plan had not been localised to include the contact details for neighbouring local authorities and other agencies that have a role in the control of outbreaks.
- 13.3 A procedure for investigating sporadic cases of food related infectious disease notifications had been produced by the authority. The procedure was supplemented with questionnaires to assist officers in investigating cases and a range of advisory leaflets. Whilst the procedure detailed arrangements for investigating notifications, there was no information to indicate the action that should be taken in respect of implicated food establishments.
- 13.4 The authority had informal arrangements in place to respond to notifications of food related infectious diseases received outside normal working hours. The benefits of including these arrangements in the Outbreak Control Plan and work procedures were discussed with officers. At the time of the audit the authority's out-of-hours arrangements were under review.
- 13.5 Notifications relating to nine sporadic cases of food related infectious disease were selected for audit. Completed questionnaires were available in five cases, which confirmed that officers had interviewed infected persons. However, in respect of one of these cases, relating to a high-risk organism, there was no evidence that enquiries had been made about the occupations/risk group of immediate contacts.
- 13.6 In the remaining four cases, auditors were able to verify from the records available that contact had been made with infected persons. Postal questionnaires had been issued to three of these cases involving high-

risk organisms contrary to the authority's procedure. The remaining case advised officers that the infection had been acquired abroad and was not willing to be interviewed.

- 13.7 All investigations carried out had been timely, and with the exception of the one case comprehensive. Details of a food establishment in a neighbouring authority with a potential link to one of the cases had been appropriately referred.
- 13.8 There had been no reported outbreaks of food related infectious disease in the two years prior to the audit.
- 13.9 Records relating to the control and investigation of food related infectious disease were being retained by the authority for at least six years.

Recommendations

- 13.10 The authority should:
- (i) Amend the Outbreak Plan adopted by the authority to include local contacts and details of neighbouring authorities and other agencies that have a role in the control of outbreaks. [The Standard -13.1]
- (ii) Amend the procedure for investigation of sporadic cases of food related infectious disease to include:
- information relating to the action that should be taken by officers in respect of implicated food establishments; and,
 - details of the arrangements for responding to notifications out-of-office hours.
- Ensure that the procedure is fully implemented. [The Standard -13.2]

14 Food Safety Incidents

- 14.1 The need to respond to significant incidents of food poisoning outbreaks, food alerts and significant complaints about commercial establishments had been identified as a business continuity priority in the authority's Lifestyle Services Business Plan.
- 14.2 A procedure had been developed for responding to food incidents and alerts, which also included reference to arrangement for reporting foods incidents to the FSA.
- 14.3 Auditors selected five food alerts that had been issued in the two years prior to the audit and were able to confirm that all had been received by authorised officers and actioned, as appropriate.
- 14.4 The authority had taken action to inform the FSA of non-localised food hazards in accordance with the Food Law Code of Practice.

15 Enforcement

- 15.1 The authority had developed an Environmental Services and Housing Department Enforcement Policy that covered regulatory functions exercised by the food hygiene and food standards services. The policy had been approved by Council in October 2011 and was available to members of the public and businesses on request. At the time of the audit the policy was under review.
- 15.2 The Enforcement Policy stated that the Enforcement Concordat's principles of good enforcement were at its foundation, and sought to establish a graduated and consistent approach to enforcement. The policy was largely in accordance with the Food Law Code of Practice and official guidance. Reference was made within the policy to statutes that define legal processes for undertaking criminal investigations and to the authority's approach to enforcement at businesses that have a Primary and Home Authority. However, it did not detail arrangements for ensuring compliance with food law in establishments where the authority is itself the food business operator or the criteria for the use of all the enforcement options that are available.
- 15.3 The authority had developed a Food Law Enforcement Procedure, supplemented with a number of other separate procedures which contained information setting out the process for carrying out specific enforcement sanctions. These separate procedures were in accordance with the Food Law Code of Practice and official guidance.
- 15.4 Officers involved in delivering food hygiene and food standards official controls had access to a range of template documents to assist in the preparation of case files for recommending prosecution or Simple Caution. The authority had also adopted a procedure relating to the administration of Simple Cautions. Auditors discussed the need to clearly document its process for instigating prosecution proceedings.
- 15.5 The authority reported that in the two years prior to the audit it had used the full range of enforcement tools available to secure business compliance with food hygiene legislation. It had also undertaken a large scale and complex investigation that led to a successful prosecution in respect of food standards offences. Further, the authority had taken the

lead in a multi-agency investigation relating to food fraud. Auditors noted the significant impact of these investigations on officer resource.

- 15.6 The authority reported that it had taken the following formal enforcement action in the two years prior to the audit:
- 17 Fixed Penalty Notices for non-display of food hygiene ratings;
 - 65 Hygiene Improvement Notices (HINs);
 - 15 Remedial Action Notices (RANs);
 - 2 Hygiene Emergency Prohibition Notices (HEPNs) / Hygiene Emergency Prohibition Orders (HEPOs);
 - 2 Detentions, certifications and seizures of food;
 - 1 voluntary surrender of food;
 - 8 Simple Cautions;
 - 4 Prosecutions.
- 15.7 Nine HINs were selected for audit, one of which had not been served as the contravention had been promptly rectified by the business. Auditors noted that this notice had not been cancelled on the database. Where HINs had been served, this had been an appropriate course of action, the details of the contraventions identified and measures to be taken to achieve compliance had been specified. In all cases there had been timely checks following expiration of HINs, which confirm that compliance had been achieved. Food business operators had been notified in writing that compliance had been achieved.
- 15.8 Audit checks were undertaken of 10 RANs and associated records, which confirmed that the action taken had been appropriate and all relevant information had been provided. In one case, a true copy of the notice was available which confirmed that it had been signed by an appropriately authorised officer who witnessed the contravention.
- 15.9 There was evidence that timely checks on compliance had been carried out in eight of the 10 cases. In the remaining two cases, records indicated that the notices had been withdrawn some 10 and 15 days following service. However, there were no records of any checks in the interim period.
- 15.10 In seven of the nine applicable cases, auditors were able to verify that RANs had been properly withdrawn. In the remaining cases, there was

no evidence that action to withdraw the RANs had been communicated in writing to the businesses.

- 15.11 The records relating to two HEPNs confirmed that this had been an appropriate course of action in both cases and the notices had been issued in accordance with the Food Law Code of Practice. The authority had been successful in its application for Hygiene Emergency Prohibition Orders (HEPO).
- 15.12 Where HINs and RANs had been served, proof of service was not consistently available and true copies of the originals had not always been maintained. During the audit, the authority amended its documented procedures to reflect this requirement.
- 15.13 In the two cases where food had been subject to Detention, certified as failing to comply with the food hygiene regulations, and subsequently condemned by a Justice of the Peace, the action taken had been appropriate and in accordance with the Food Law Code of Practice.
- 15.14 The authority had administered three Simple Cautions and successfully prosecuted three businesses for food hygiene offences in the two years prior to the audit. Further, five Simple Cautions had been administered for food standards offences in the same period. In all cases, Simple Cautions and Prosecutions had been an appropriate course of action in the circumstances. Auditors discussed the need to consistently document justifications, including consideration of its Enforcement Policy and relevant official guidance in support of its enforcement decisions, and to ensure that all evidence is retained on case files.

Recommendations

15.15 The authority should:

- (i) Ensure its Enforcement Policy is amended to include details of its arrangements for ensuring compliance with food hygiene and food standards requirements in establishments where it is the food business operator and the criteria for the use of all enforcement options available. [The Standard – 15.1]
- (ii) Document, maintain and implement its process for instigating Prosecution proceedings. [The Standard -15.2]
- (iii) Ensure that food hygiene enforcement is carried out in accordance with the Food Law Code of Practice and centrally issued guidance. [The Standard - 15.3]
- (iv) Ensure all decisions on enforcement action are made following consideration of its Enforcement Policy. [The Standard - 15.4]

16 Records and Interventions/Inspections Reports

Food Hygiene

- 16.1 Food business records, including registration forms, inspection aide-memoires, post inspection visit report forms and correspondence were being stored by the authority on its electronic food establishment database. Details of the date and types of intervention undertaken at food establishments, as well as the risk profiles and food hygiene ratings, were also maintained on the system.
- 16.2 Information relating to the food establishments selected for audit was easily accessible and documents associated with interventions were retrievable in most cases. Where relevant, information relating to the last three interventions was available and records were being retained for six years.
- 16.3 In six out of the 10 cases selected for audit, food business registration forms were available on the authority's database. Auditors were advised that a process of scanning hardcopy forms and subsequently linking them to the database was underway.
- 16.4 Information relating to interventions undertaken by the authority was communicated to businesses using a summary report form which was left on site at the conclusion of the visit. In addition, inspection report letters were being sent which clearly differentiated between legal requirements and recommendations for good practice. These letters also detailed action required to address contraventions as well as the timescales for achieving compliance. An indication of further follow-up action intended by the authority was also provided.
- 16.5 Inspection summary report forms and inspection report letters contained all the information required to be provided to food business operators under Annex 6 of the Food Law Code of Practice.
- 16.6 With the exception of one case, records confirmed that report letters relating to the most recent inspection were available and had been sent to food businesses. Where applicable, food hygiene ratings had also been notified in writing. However, in one case notification of the rating had not been provided within the required 14 days.

Recommendation

- 16.7 The authority should:
- (i) Ensure that up to date food business registration forms are maintained and retrievable. [The Standard – 16.1]

Food Standards

- 16.8 The outcome of inspections was being reported to businesses using food standards inspection report forms and in some instances inspection letters were being sent. Report forms were being maintained electronically on the database and in hardcopy. Information relating to intervention activity, including the date, type of intervention undertaking and risk rating for the establishment was also recorded on the database.
- 16.9 All business operators of the establishments selected for audit had been provided with report forms at the conclusion of the most recent inspection. Report forms contained some of the information required by Annex 6 of the Food Law Code of Practice. However, key information not consistently provided included a distinction between legal requirements and recommendations of good practice, timescales for achieving compliance and the action to be taken by the authority. Further, the contact details of both the inspecting officer and a senior officer were not provided.
- 16.10 The authority was not able to demonstrate that food standards records were being consistently maintained for at least six years.

Recommendations

16.11 The authority should:

- (i) Ensure that food standards inspection report forms provided to businesses following interventions/inspections contain all of the information required by Annex 6 of the Food Law Code of Practice. [The Standard – 16.1]
- (ii) Ensure that records are kept for at least 6 years. [The Standard – 16.2]

17 Complaints about the Service

- 17.1 The authority had developed a corporate complaints policy and procedure which was available to the public and food businesses on its website.
- 17.2 Complaints were dealt with under a two stage process, initially by the relevant service manager and then, if the customer was not satisfied by the department's complaints officer.
- 17.3 The authority advised that no complaints relating to the food hygiene or food standards services had been received in the two years prior to the audit.
- 17.4 Auditors noted that in respect of food hygiene, the contact details of a senior officer in case of dispute were available to food business operators on correspondence following interventions. However, this was not the case for food standards.

18 Liaison with Other Organisations

18.1 The authority had liaison arrangements in place with a number of external groups aimed at ensuring efficient, effective and consistent enforcement. Auditors were able to confirm that the authority had been represented on the following forums for local authority regulatory services:

- Regional and national Food and Agriculture Panel;
- Regional Food Safety Task Group and Wales Food Safety Expert Panel;
- Regional Communicable Disease Task Group and Wales Communicable Disease Expert Panel;
- Wales Food Hygiene Rating Scheme Steering Group;
- The Welsh Food Microbiological Forum;
- Wales Heads of Environmental Health Group;
- Wales Heads of Trading Standards Group.

18.2 The authority also provided evidence of effective liaison arrangements with the following external organisations:

- Food Standards Agency in Wales;
- The Wales Food Fraud Co-ordination Unit;
- Animal and Plant Health Agency;
- Rural Payments Agency;
- Welsh Water;
- Public Health Wales Consultant in Communicable Disease Control (CCDC);
- Care and Social Services Inspectorate for Wales (CSSIW).

18.3 Auditors were able to verify that mechanisms were in place for effectively liaising with internal departments, including Planning and Building Control Services, Licensing, Education and Social Services.

18.4 The authority had been proactive, collaborating with other local authorities to procure a new information management system as part of a programme to modernise the way Public Protection Services are delivered in Wales. At the time of the audit, work to implement the new system was ongoing.

19 Internal Monitoring

- 19.1 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.
- 19.2 The Commercial Services Manager was responsible for internal monitoring of food hygiene and food standards activities.
- 19.3 A number of key performance indicators had been identified and arrangements were in place to monitor performance against the targets set-out in the Service Plan. Performance against key indicators was reported quarterly on the authority's corporate performance monitoring database. Information held on the database was accessible to senior officers and elected members.
- 19.4 The authority had a documented internal monitoring procedure that was based on a template produced by the WHOEH Food Safety Expert Panel, which included reference to accompanied inspections and file checks for assessing the quality of interventions carried out by officers.
- 19.5 Auditors were able to verify that some qualitative internal monitoring had been carried out across the service, which included database checks, documentary checks and validation inspections. Records confirmed the nature and extent of the monitoring activity. The need to extend internal monitoring to include the full range of food hygiene and food standards activities was discussed with officers.
- 19.6 Regular one to one meetings between officers and managers had taken place at which progress in meeting targets and training were assessed. Feedback was being provided on the outcome of the qualitative internal monitoring of officers' work.
- 19.7 The minutes of team meetings were available, which enabled auditors to verify that officers had discussed and were sharing information on technical issues, matters of consistency, the team's priorities and its overall performance.

- 19.8 Officers had attended training to ensure the consistent application of food hygiene risk ratings. The team had also participated in a national web-based consistency exercise co-ordinated by the FSA.
- 19.9 The authority had conducted customer satisfaction surveys to obtain feedback on the quality of service delivery.
- 19.10 Internal monitoring records were being maintained by the authority for two years.

Recommendations

- 19.11 The authority should:
- (i) Fully implement the documented internal monitoring procedures in order to reflect the full range of official controls. [The Standard – 19.1]
 - (ii) Verify its conformance with the Standard, relevant legislation, the Food Law Codes of Practice, centrally issued guidance and the authority's documented policies and procedures. [The Standard – 19.2]

20 Third Party or Peer Review

- 20.1 The authority's food hygiene service had been the subject of a focused FSA audit of Local Authority Official Controls and Food Business Operator Controls in Approved Establishments in November 2009. Thirteen recommendations were made of which 11 had been completed in the period to October 2015.
- 20.2 Auditors were able to verify during the audit that action had been taken in response to the remaining two recommendations. These related to the authorisation of officers and the management of the authority's food establishments database.
- 20.3 In January 2014 the authority, in common with the other 21 local authorities in Wales had submitted information in respect of two FSA focused audits - Response of Local Government in Wales to the Recommendations of the Public Inquiry into the September 2005 Outbreak of *E. coli* O157 in South Wales and Local Authority Management of Interventions in Newly Registered Food Businesses. These focused audit reports are available at:
www.food.gov.uk/enforcement/auditandmonitoring
- 20.4 The authority's arrangements for responding to emergencies out-of-office hours were tested by the FSA in March 2014. An appropriate response was received.
- 20.5 The authority's Environmental Health functions, which included the food hygiene service and the investigation of food related infectious disease, had been subject to a review by the Wales Audit Office in 2013/14.

21 Food Safety and Standards Promotion

21.1 The authority had delivered a number of initiatives with the aim of promoting food hygiene and food standards. Activities included:

- talks to businesses and elected members on allergens and FHRS;
- provision of information on prudent public health principles during contacts with businesses
- promotion of the food hygiene rating scheme in local media;
- promotion of the FSA's Food Safety Week campaigns including the Acting on Campylobacter Together campaign;
- use of a local newsletter for food businesses.

21.2 Information on food hygiene and food standards services was available for consumers and businesses on the authority's website.

21.3 Records of promotional activities were being maintained by the lead officers.

Auditors:

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Action Plan for Ceredigion County Council**Audit Date: 19th - 23rd October 2015**

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.19 (i) Ensure future Service Plans include all the information set-out in the Service Planning Guidance in the Framework Agreement, and complete its review of the resources required for delivering the food hygiene and food standards services against those available. [The Standard – 3.1]	31/3/17	Future service plans will include the information required and will be produced in accordance with Service Planning Guidance as set out in the Framework Agreement.	A review of the content of the Commercial Services Team Service Plan is underway. The service plan for 2017/18 will be in the format required by the Service Planning Guidance.
4.6 (i) Ensure that all documented policies and procedures not in use are removed from the web-portal system or restricted from use. [The Standard – 4.1]	31/12/15	All redundant policies and procedures to be removed.	All redundant policies and procedures have been removed and only those currently used remain.
5.8 (i) Review and amend its scheme of delegation and authorisations to ensure officers are appropriately authorised under all relevant legislation; and amend its procedure for the authorisation of officers to include details of the process for assessing officer competency, and ensure these assessments are documented. [The Standard – 5.1]	1/4/16 31/12/16	To review and amend the scheme delegation and authorisations of officers. To amend its procedure for the authorisation of officers to include details of the process for assessing officer competency and ensure that these assessments are documented.	A review has been undertaken and the scheme of delegation and authorisations have been updated. The procedure for assessing officer competency is currently being developed.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
5.8 (ii) Ensure an appropriate number of authorised officers are allocated to the delivery of food official controls. [The Standard – 5.3]	2016/17	Capacity issues within the service have been formally raised with the Councils Audit Committee and as a consequence the issue has been formally registered on the Corporate Risk Register. Business transformation is being undertaken across all Council services and addressing capacity within the Commercial services section will be included in this.	Capacity issue within Commercial Services is registered on Corporate Risk Register. Business transformation is in the process of being undertaken and addressing capacity within the Commercial services section will be included in this.
6.8 (i) Amend and implement its procedure for the calibration and maintenance of equipment to ensure thermometers remain properly calibrated. Evidence the results of these checks. [The Standard - 6.2]	31/3/16	To amend and implement the procedure for the calibration and maintenance of equipment.	Procedure updated and implemented.
7.20 (i) Ensure that food hygiene interventions/inspections are carried out at the minimum frequency specified by the Food Law Code of Practice. [The Standard -7.1]	2016/17	To provide sufficient resource to ensure that food hygiene interventions/inspections are carried out at the minimum frequency specified by the Food Law Code of Practice i.e. within 28 days of their due date. 2 further members of staff are required within the team to fulfil this recommendation. Resource assessment will be included in service plan for 2017/18 to clearly reflect the shortfall in staff required to undertake duties.	Capacity issues within the service have been formally raised with the Councils Audit Committee and as a consequence the issue has been formally registered on the Corporate Risk Register. Business transformation is being undertaken across all Council services and addressing capacity within the Commercial services section will be included in this.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>7.20 (ii) Carry out food hygiene interventions/inspections in accordance with the Food Law Code of Practice, centrally issued guidance, and its procedures. [The Standard – 7.2]</p> <p>(iii) Fully assess the compliance of establishments in its area to the legally prescribed standards. [The Standard -7.3]</p>	<p>31/3/16</p> <p>31/3/16</p>	<p>To carry out food hygiene interventions/inspections in accordance with the Food Law Code of Practice, centrally issued guidance, and its procedures.</p> <p>To fully assess the compliance of establishments in its area to the legally prescribed standards.</p>	<p>Procedures reviewed and updated.</p> <p>Procedures reviewed and updated.</p>
<p>7.20 (iv) Ensure that observations made and data obtained in the course of a food hygiene inspection are recorded in a timely manner to prevent loss of relevant information. [The Standard – 7.5]</p>	<p>31/3/16</p>	<p>To ensure that observations made and data obtained in the course of a food hygiene inspection are recorded in a timely manner to prevent loss of relevant information. Further resource (referred to in 7.20(i) above) is required to enable this matter to consistently addressed.</p>	<p>Capacity issue within Commercial Services is registered on Corporate Risk Register. Business transformation is in the process of being undertaken and addressing capacity within the Commercial services section will be included in this.</p>
<p>7.36 (i) Ensure that food standards interventions/inspections are carried out at the minimum frequency specified by the Food Law Code of Practice. [The Standard -7.1]</p>	<p>2016/17</p>	<p>To provide sufficient resource to ensure that food standards interventions/inspections are carried out at the minimum frequency specified by the Food Law Code of Practice i.e. within 28 days of their due date. 2 further members of staff are required within the team to fulfil this recommendation. Resource assessment will be included in service plan for 2017/18 to clearly reflect the shortfall in staff required to undertake duties.</p>	<p>Capacity issues within the service have been formally raised with the Councils Audit Committee and as a consequence the issue has been formally registered on the Corporate Risk Register. Business transformation is being undertaken across all Council services and addressing capacity within the Commercial services section will be included in this.</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
7.36 (ii) Carry out food standards interventions/inspections in accordance with the Food Law Code of Practice and centrally issued guidance. [The Standard - 7.2]	31/3/16	To carry out food standards interventions/inspections in accordance with the Food Law Code of Practice, centrally issued guidance, and its procedures.	Procedures reviewed and updated.
(iii) Assess the compliance of establishments in its area to the legally prescribed standards. [The Standard – 7.3]	31/3/16	To fully assess the compliance of establishments in its area to the legally prescribed standards.	Procedures reviewed and updated.
7.36 (iv) Ensure that observations made and/or data obtained in the course of a food standards intervention/inspection are recorded in a timely manner to prevent the loss of relevant information. [The Standard – 7.5]	31/3/16	To ensure that observations made and data obtained in the course of a food standards inspection are recorded in a timely manner to prevent loss of relevant information. Further resource (referred to in 7.20(i) above) is required to enable this matter to consistently addressed. Resource assessment will be included in service plan for 2017/18 to clearly reflect the shortfall in staff required to undertake duties.	Capacity issues within the service have been formally raised with the Councils Audit Committee and as a consequence the issue has been formally registered on the Corporate Risk Register. Business transformation is being undertaken across all Council services and addressing capacity within the Commercial services section will be included in this.
8.7 (i) Amend its food hygiene complaints procedure to include information on its approach to dealing with complaints relating to the hygiene conditions of food establishments. [The Standard - 8.1] (ii) Ensure the outcome of food hygiene complaint investigations is communicated to complainants in accordance with its procedure and centrally issued guidance. [The Standard – 8.2]	31/3/16	To amend food hygiene complaints procedure to include information on its approach to dealing with complaints relating to the hygiene conditions of food establishments.	Procedure amended and implemented.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
12.9 (i) Set-up, maintain and implement a documented sampling policy for the microbiological examination of food, which accords with the Food Law Code of Practice and centrally issued guidance. [The Standard – 12.4]	31/3/17	To set- up, maintain and implement a documented sampling policy for the microbiological examination of food, which accords with the Food Law Code of Practice and centrally issued guidance.	A review of the sampling policy is underway.
12.9 (ii) Set-up, maintain and implemented a documented procedure for food standards sampling; and, amend and implement its procedures for the microbiological sampling of foods to include information relating to the arrangements for the procurement or purchase, continuity of evidence and the prevention of deterioration or damage to samples, which accords with the Food Law Code of Practice and centrally issued guidance. [The Standard – 12.5]	31/3/16	To set-up, maintain and implemented a documented procedure for food standards sampling; and, amend and implement its procedures for the microbiological sampling of foods to include information relating to the arrangements for the procurement or purchase, continuity of evidence and the prevention of deterioration or damage to samples, which accords with the Food Law Code of Practice and centrally issued guidance.	Procedures reviewed and updated.
(iii) Take appropriate action in accordance with its Enforcement Policy where sample results are not considered to be satisfactory. [The Standard – 12.7]	31/3/16	To ensure that appropriate action in accordance with its Enforcement Policy is undertaken where sample results are not considered satisfactory.	Procedures reviewed, updated and implemented.
13.10 (i) Amend the Outbreak Plan adopted by the authority to include local contacts and details of neighbouring authorities and other agencies that have a role in the control of outbreaks. [The Standard -13.1]	31/3/16	To amend the Outbreak Plan adopted by the authority to include local contacts and details of neighbouring authorities and other agencies that have a role in the control of outbreaks.	Outbreak Plan amended to include relevant details.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>13.10 (ii) Amend the procedure for investigation of sporadic cases of food related infectious disease to include:</p> <ul style="list-style-type: none"> • information relating to the action that should be taken by officers in respect of implicated food establishments; and, • details of the arrangements for responding to notifications out-of-office hours. <p>Ensure that the procedure is fully implemented. [The Standard -13.2]</p>	31/3/16	To amend the procedure for investigation of sporadic cases of food related infectious disease.	Procedure amended and implemented.
<p>15.15 (i) Ensure its Enforcement Policy is amended to include details of its arrangements for ensuring compliance with food hygiene and food standards requirements in establishments where it is the food business operator and the criteria for the use of all enforcement options available. [The Standard – 15.1]</p> <p>(ii) Document, maintain and implement its process for instigating Prosecution proceedings. [The Standard -15.2]</p> <p>(iii) Ensure that food hygiene enforcement is carried out in accordance with the Food Law Code of Practice and centrally issued guidance. [The Standard - 15.3]</p>	<p>31/12/16</p> <p>31/3/16</p> <p>31/3/16</p>	<p>To ensure its Enforcement Policy is amended to include details of its arrangements for ensuring compliance with food hygiene and food standards requirements in establishments where it is the food business operator and to include the criteria for the use of all enforcement options available.</p> <p>To document, maintain and implement its process for instigating Prosecution proceedings.</p> <p>To ensure that food hygiene enforcement is carried out in accordance with the Food Law Code of Practice and centrally issued guidance.</p>	<p>Review of policy is underway and will be fully implemented in 2017.</p> <p>A procedure has been developed and implemented.</p> <p>Procedures reviewed and updated.</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
15.15 (iv) Ensure all decisions on enforcement action are made following consideration of its Enforcement Policy. [The Standard - 15.4]	31/3/16	To ensure all decisions on enforcement action are made following consideration of its Enforcement Policy.	Procedures reviewed and updated.
<p>16.7 (i) Ensure that up to date food business registration forms are maintained and retrievable. [The Standard – 16.1]</p> <p>16.11 (i) Ensure that food standards inspection report forms provided to businesses following interventions/inspections contain all of the information required by Annex 6 of the Food Law Code of Practice. [The Standard – 16.1]</p> <p>(ii) Ensure that records are kept for at least 6 years. [The Standard – 16.2]</p>	<p>1/4/16</p> <p>31/3/16</p> <p>31/3/16</p>	<p>To ensure that up to date food business registration forms are maintained and retrievable.</p> <p>To ensure that food standards inspection report forms provided to businesses following interventions/inspections contain all of the information required by the Food Law Code of Practice.</p> <p>To ensure that records are kept for at least 6 years.</p>	<p>New registration forms are issued to businesses where necessary. A new software system has been introduced to improve on data retrieval.</p> <p>Inspection report forms reviewed and updated.</p> <p>Records will be retrievable for at least 6 years. A new software system has been introduced which has improved on the quality of the data held on the premises database.</p>
<p>19.11 (i) Fully implement the documented internal monitoring procedures in order to reflect the full range of official controls. [The Standard – 19.1]</p> <p>(ii) Verify its conformance with the Standard, relevant legislation, the Food Law Codes of Practice, centrally issued guidance and the authority’s documented policies and procedures. [The Standard – 19.2]</p>	<p>31/12/16</p> <p>31/12/16</p>	<p>To fully implement the documented internal monitoring procedures in order to reflect the full range of official controls.</p> <p>To verify its conformance with the Standard, relevant legislation, the Food Law Codes of Practice, centrally issued guidance and the authority’s documented policies and procedures.</p>	<p>Review of the internal monitoring procedures is underway.</p> <p>Verification of all areas is underway.</p>

Audit Approach/Methodology

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

(1) Examination of local authority policies and procedures

The following policies, procedures and linked documents were examined:

- Commercial Services Service Plan 2015/16
- Lifestyle Services Level 1 Business Plan 2015/16
- Ceredigion Improvement Plan Objectives 2015-2016
- Presentation to Licensing Committee regarding food service and the FHRS
- Presentation to scrutiny regarding resources
- Report to Scrutiny Committee on horse meat sampling
- Document control procedure
- The authority's Scheme of Delegation
- Authorisation procedure
- Maintenance & Calibration of Equipment Food Control Procedure
- TS Testing Schedule 2015
- FS Procedure Database Management
- APP Management policy
- Master Food Standards Enforcement Procedure 2015
- Food Hygiene Interventions procedures
- Food Service Requests/ Complaints procedures
- TS sampling programme 2014/15
- TS Sampling Programme 2015/16
- Food safety sampling programme 2014/2015
- Food safety sampling programme 2015/2016
- Food sampling for examination procedure
- Food sampling for analysis procedure
- Environmental hygiene sampling procedure
- All Wales Food Safety Technical Panel Sampling Procedure (formal samples only)
- Communicable Disease Outbreak Plan for Wales
- Infectious disease Investigation Procedure for sporadic cases
- Specimen collection for infectious disease sampling procedure
- Norovirus Outbreak Procedure
- Food Incidents Procedures
- Enforcement Policy 7-10-2011
- Minutes of Adoption of Enforcement Policy 7-10-2011
- Hygiene Improvement notices procedures

- Improvement Notices procedures
- Hygiene Emergency Prohibition notices procedures
- Prohibition notices procedures
- Remedial Action notices procedures
- Seizure/Detention/Surrender of food procedures
- Certification of Food (Reg.27) procedures
- Prosecution procedures
- Simple Caution procedures
- Withdrawal/Revocation/Suspension of Approval procedures
- Imported food procedures
- Corporate Complaints Policy and webpages
- Food Safety Technical Panel Internal Monitoring Procedure Ceredigion August 2011
- Corporate Performance Management panel Quarter 1 report 2015/16

(2) File and records reviews

A number of local authority records were reviewed during the audit, including:

- General food establishment records
- Approved establishment files
- Food and food establishment complaint records
- Food sampling records
- Informal and formal enforcement records
- Officer authorisations and training records
- Internal monitoring records
- Calibration records
- Records of food related infectious disease notifications
- Food Incident records
- Minutes of internal meetings and external liaison meetings
- Advisory and promotional materials provided to businesses and consumers

(3) Review of Database records:

A selection of database records were considered during the audit in order to:

- Review and assess the completeness of database records of food inspections, food and food establishment complaint investigations, samples taken by the authority, formal enforcement and other activities and to verify consistency with file records.
- Assess the completeness and accuracy of the food establishment database.
- Assess the capability of the system to generate food/feed law enforcement activity reports and the monitoring information required by the Food Standards Agency.

(4) Officer interviews

Officer interviews were carried out with the purpose of gaining further insight into the practical implementation and operation of the authority's food control arrangements. The following officers were interviewed:

Head of Lifestyle Services
Council's Solicitor
Commercial Services Manager
Senior Commercial Services Officers
Commercial Services Officers
Food Fraud Investigation Officer

Discussions also took place with:

The Leader of the Council
Portfolio Holder – Performance Management
Portfolio Holder – Lifestyle Services

Opinions and views raised during officer interviews and discussions remain confidential and are not referred to directly within the report.

(5) On-site verification checks:

Verification visits were made with officers to three local food establishments. The purpose of these visits was to consider the effectiveness of the authority's assessment of food business compliance with relevant requirements.

Glossary

Approved establishments	Food manufacturing establishment that has been approved by the local authority, within the context of specific legislation, and issued a unique identification code relevant in national and/or international trade.
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.
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.
CPIA	The Criminal Procedures and Investigations Act 1996 – governs procedures for undertaking criminal investigations and proceedings.
Critical Control Point (CCP)	A stage in the operations of a food business at which control is essential to prevent or eliminate a food hazard or to reduce it to acceptable levels.
Directors of Public Protection Wales (DPPW)	An organisation of officer heading up public protection services within Welsh local authorities.
Environmental Health Professional/Officer (EHP/EHO)	Officer employed by the local authority to enforce food safety legislation.
Food Examiner	A person holding the prescribed qualifications who undertakes microbiological analysis on behalf of the local authority.
Food Hazard Warnings/ Food Alerts	This is a system operated by the Food Standards Agency to alert the public and local authorities to national or regional problems concerning the safety of food.

Food/feed hygiene	The legal requirements covering the safety and wholesomeness of food/feed.
Food Hygiene Rating Scheme (FHRS)	A scheme of rating food businesses to provide consumers with information on their hygiene standards.
Food standards	The legal requirements covering the quality, composition, labelling, presentation and advertising of food, and materials in contact with food.
Food Standards Agency (FSA)	The UK regulator for food safety, food standards and animal feed.
Framework Agreement	<p>The Framework Agreement consists of:</p> <ul style="list-style-type: none"> • Food Law Enforcement Standard • Service Planning Guidance • Monitoring Scheme • Audit Scheme <p>The Standard and the Service Planning Guidance set out the Agency's expectations on the planning and delivery of food law enforcement.</p> <p>The Monitoring Scheme requires local authorities to submit quarterly returns to the Agency on their food enforcement activities i.e. numbers of inspections, samples and prosecutions.</p> <p>Under the Audit Scheme the Food Standards Agency will be conducting audits of the food law enforcement services of local authorities against the criteria set out in the Standard.</p>
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 enforcement.
HACCP	Hazard Analysis 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.

Home authority	An authority where the relevant decision making base of an enterprise is located and which has taken on the responsibility of advising that business on food safety/food standards issues. Acts as the central contact point for other enforcing authorities' enquiries with regard to that company's food related policies and procedures.
Hygiene Improvement Notice (HIN)	A notice served by an Authorised Officer of the local authority under Regulation 6 of the Food Hygiene (Wales) Regulations 2006, requiring the proprietor of a food business to carry out suitable works to ensure that the business complies with hygiene regulations.
Inspection	The examination of a food or feed establishment in order to verify compliance with food and feed law.
Intervention	A methods or technique used by an authority for verifying or supporting business compliance with food or feed law.
Inter authority Auditing	A system whereby local authorities might audit each others' food law enforcement services against an agreed quality standard.
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.
Member forum	A local authority forum at which Council Members discuss and make decisions on food law enforcement services.
National Trading Standards Board (NTSB)	An association of chief trading standards officers.
OCD returns	Returns on local food law enforcement activities required to be made to the European Union under the Official Control of Foodstuffs Directive.
Official Controls (OC)	Any form of control for the verification of compliance with food and feed law.

Originating authority	An authority in whose area a business produces or packages goods or services and for which the authority acts as a central contact point for other enforcing authorities' enquiries in relation to the those products.
PACE	The Police and Criminal Evidence Act 1984 – governs procedures for gathering evidence in criminal investigations.
Primary authority	A local authority which has developed a partnership with a business which trades across local authority boundaries and provides advice to that business.
Public Analyst	An officer, holding the prescribed qualifications, who is formally appointed by the local authority to carry out chemical analysis of food samples.
Registration	A legal process requiring all food business operators to notify the appropriate food authority when setting-up a food business.
Remedial Action Notices (RAN)	A notice served by an Authorised Officer of the local authority under Regulation 9 of the Food Hygiene (Wales) Regulations 2006 (as amended) on a food business operator to impose restrictions on an establishment, equipment or process until specified works have been carried out to comply with food hygiene requirements.
Risk rating	A system that rates food establishments according to risk and determines how frequently those establishments should be inspected. For example, high risk hygiene establishments should be inspected at least every 6 months.
Service Plan	A document produced by a local authority setting out their plans on providing and delivering a food service to the local community.
Trading Standards	The service within a local authority which carries out, amongst other responsibilities, the enforcement of food standards and feedingstuffs legislation.

Trading Standards Officer (TSO)	Officer employed by the local authority who, amongst other responsibilities, may enforce food standards and feedingstuffs legislation.
Unitary authority	A local authority in which all the functions are combined, examples being Welsh Authorities and London Boroughs. A Unitary authority's responsibilities will include food hygiene, food standards and feedingstuffs enforcement.
Unrated business	A food business identified by an authority that has not been subject to a regulatory risk rating assessment.
Wales Heads of Environmental Health (WHeEH)	A group of professional representatives that support and promote environmental and public health in Wales.