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# **Audit Manual**

**Auditing Local Authority Official Feed and  
Food Control Delivery in Wales**

**February 2024**

## Document Control

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1.1	11.05.2022	To update and amend references to organisational structure.	C Sewell
1.2	15.01.2024	Review manual across three countries to aid consistency. Adding more detail on audit planning	S Maddox

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# 1. Introduction

## 1.1 Background

- 1.1.1 The primary purpose of Food Standards Agency (FSA) audits<sup>1</sup> of local authorities (LAs) is to provide assurance that the delivery of official controls for feed and food are compliant with legal requirements and official guidance.
- 1.1.2 These regulatory audits are also designed to verify the effective implementation of planned arrangements and to assess whether the planned arrangements are suitable to achieve the objectives of the relevant legal requirements and guidance.
- 1.1.3 The FSA in Wales regulatory audit system is operated by an audit team which comprises of a Head of Regulatory Audit and Assurance, audit manager and two auditors.

## 1.2 Purpose

- 1.2.1 The FSA recognises that the LAs it audits are committed to providing a quality service to the public and feed and food business operators (FeBOs and FBO's). The purpose of this audit manual is to demonstrate that the FSA shares this commitment and that it endeavours to continually improve how the audit function in Wales delivers consistently high levels of quality in the context of changing regulatory requirements and the official control delivery landscape and expectations.
- 1.2.2 This audit manual, along with the FSA's Regulatory Audit Charter, documents the principles and processes used in the FSA in Wales audit system<sup>2</sup> to plan, carry out, report and follow up on the delivery system for feed and food official controls in Wales. A flow chart summarising the Wales audit system can be found in Annex A.

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<sup>1</sup> 'audit' means a systematic and independent examination to determine whether activities and the related results of such activities comply with planned arrangements and whether these arrangements are applied effectively and are suitable to achieve the objectives.

<sup>2</sup> References to the audit system and the audit team in this manual refer specifically to the system and team in Wales.

1.2.3 This manual also provides principles and policy information on:

- Independence
- Auditor ethics and competency
- Risk based planning
- Independent scrutiny
- Customer satisfaction
- Continuous improvement and lean auditing
- Audit system management review

### 1.3 Scope

1.3.1 This audit manual, the charter, policies, processes and procedures referenced in it, are applicable to FSA in Wales audits of the delivery of feed and food official controls by LAs in Wales.

### 1.4 References to regulations, codes and guidance

1.4.1 In Wales, the power to set standards and monitor Enforcement Authorities' food law enforcement services was conferred on the FSA under section 12 of the Food Standards Act 1999<sup>3</sup> and Regulation 7 of the Official Feed and Food Controls (Wales) Regulations 2009<sup>4</sup>.

1.4.2 Audits are carried out against a range of criteria:

- Wales feed and food regulations
- Retained EU feed and food regulations
- Statutory codes of practice and centrally issued guidance
- LA policies and procedures

1.4.3 The overarching aims of the FSA LA audit scheme is to:

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<sup>3</sup> [Food Standards Act 1999 c.28](#)

<sup>4</sup> [The Official Feed and Food Controls \(Wales\) Regulations 2009 \(as amended\)](#)

- Help to protect public health by promoting effective local enforcement of feed and food law
- Maintain and improve consumer confidence
- Assist in the identification and dissemination of good practice to aid consistency
- Provide information to aid the formulation of FSA policy
- Promote conformance with relevant central guidance or Codes of Practice
- Provide a means to identify underperformance in LA feed and food law enforcement
- Promote self-regulation and peer review
- Identify continuous improvement

1.4.4 A statutory Code of Practice is also in place which give instructions that LAs in Wales must consider when enforcing feed or food law. The Code relates to Wales only. There are also similar Codes of Practice in England and Northern Ireland.

1.4.5 The Food Law Code of Practice (Wales)<sup>5</sup> is issued under section 40 of The Food Safety Act 1990, Regulation 24 of The Food Hygiene (Wales) Regulations 2006<sup>6</sup>, and Regulation 6 of The Official Feed and Food Controls (Wales) Regulations 2009<sup>7</sup>, which empower Welsh Government Ministers to issue codes of practice concerning the execution and enforcement of that legislation by LAs.

1.4.6 The Feed Law Code of Practice is issued under Regulation 6 of The Official Feed and Food Controls (Wales) Regulations 2009.

## **EU Guidance**

1.4.7 The EU published revised guidance on the implementation of the provisions for the conduct of audits under Article 6 of Retained Regulation (EU) 2017/625 in February 2021. This guidance seeks to describe the principles stemming

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<sup>5</sup> [Food Law Code of Practice \(Wales\)](#)

<sup>6</sup> Food Hygiene (Wales) Regulations 2006

<sup>7</sup> The Official Feed and Food Controls (Wales) Regulations 2009

<sup>8</sup> <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:C:2021:066:FULL&from=EN>

from Retained Regulation (EU) 2017/625 about establishing national audit systems. It provides guidance on the nature and the implementation of audit systems by competent authorities. The FSA in Wales uses this guidance to inform its audit system.

## 2. Managing the Audit Function

### 2.1 Document control

- 2.1.1 All documents<sup>9</sup> drafted for use in the FSA in Wales audit system are identified with a unique reference and recorded in the FSA in Wales list of controlled documents in Annex A of the Document Control Procedure.
- 2.1.2 Each time a document is changed, the change is recorded in the FSA in Wales' List of Controlled Documents and Procedures, found in Annex A of the Document Control Procedure. Changes to FSA in Wales audit system documents can only be made by the Head of Regulatory Audit and Assurance, Senior Audit Manager or auditors.
- 2.1.3 All documents listed in Annex A of the Document Control Procedure are stored on SharePoint in the Controlled Audit Documents and Procedures folder.

### 2.2 Independence and independent scrutiny

- 2.2.1 The principles for independence and the principles and process for independent scrutiny are based on the National Audit Systems (NAS) Network<sup>10</sup> reference document – Independence and independent Scrutiny<sup>11</sup>.

#### Independence

- 2.2.2 The FSA in Wales' audit system demonstrates independence on four levels:
- Organisational – a clear mandate to conduct its audits
  - Functional – provision of adequately resourced, suitably qualified staff
  - Process – free from influence at all levels of the audit system

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<sup>9</sup> Examples of documents include - manuals, procedures, processes, checklists, forms.

<sup>10</sup> The NAS network is a network of officials (auditors) from national competent authorities, responsible for the performance of audits of official control systems as provided for by Article 6 of Regulation (EC) No 2017/625. The networks meet regularly, under the chairmanship of, and facilitated by, SANTE F of the EC, to exchange experiences in implementing national audit systems on official control activities. During these exchanges, discussions, workshops etc. good principles and practices are identified and agreed by the network.

<sup>11</sup> NAS Reference Document - Independence and Independent Scrutiny



- Auditor - behave objectively, impartially, and declare a conflict of interest when appropriate

2.2.3 It is through the independent scrutiny process that the independence of the audit system is challenged and confirmed.

### **Independent scrutiny**

2.2.4 The process for independent scrutiny is documented in Annex B.

## **2.3 Audit programme planning**

2.3.1 The FSA in Wales will establish regulatory audit programmes that ensures adequate coverage of all relevant areas of activity and all relevant CAs at an appropriate risk-based frequency over a period not exceeding five years.

2.3.2 The FSA in Wales regulatory audit planning process is based on a risk prioritisation of an audit universe containing official controls, related control activities and other relevant areas. The principles and process for risk-based audit programme planning is based on the NAS Network reference document – Risk Based Planning for Audits of Official Controls. FSA in Wales's process for carrying out the annual audit planning can be found in Annex C.

2.3.3 Subjects to be audited will be determined by conducting a planning exercise involving policy and delivery colleagues from relevant teams in FSA in Wales. The subjects selected will be the result of a risk assessment, based on discussions with colleagues to identify significant areas of risk and uncertainty, and other intelligence available at the time. This planning process will be conducted annually. If there are any new emerging risks the audit programme will be reviewed to ensure audit topics remain valid.

2.3.4 Once a regulatory audit programme has been identified the number of LAs to be included in the programme is calculated. The number calculated is designed to be representative of the system being audited. The number of LAs included in each audit programme takes into account the requirement to cover all CAs over a five year period

2.3.5 For each audit programme LAs will, be selected by considering the appropriate risk-based frequency for individual LAs, as well as other intelligence available,

balanced against the need to effectively analyse and make best use of audit findings to ensure effective use of resources.

2.3.6 The factors taken into consideration will be:

- a cross section of different LA sizes
- a geographic balance
- specific FBO activities in a LAs jurisdiction in relation to the scope of the audit programme
- available performance data (including LAs subject to intervention by the FSA)
- time since last audit
- The number of LAs included in each audit programme is determined based on the requirement to cover all LAs over a five year period

## 2.4 Auditor ethics and competency

2.4.1 All members of the audit team are civil servants and as such will uphold the Civil Service Code<sup>12</sup>.

### Auditor ethics

2.4.2 Table 2 describes the ethics<sup>13</sup> and behaviours which specifically apply to FSA in Wales auditors:

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<sup>12</sup> <https://www.gov.uk/government/publications/civil-service-code/the-civil-service-code>

<sup>13</sup> Section 6: Code of Ethics of the [Public Sector Internal Audit Standards](#)

**Table 1 – Auditor ethics and behaviours**

## Ethics and behaviours

**Integrity** - auditors shall perform their work with honesty, diligence and responsibility. They shall not knowingly be party to any illegal activity or engage in acts that are discreditable to the FSA.

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**Independence** - auditors should be independent of the activities audited, wherever practicable and should in all cases act in a manner that is free from bias and conflict of interest.

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**Objectivity** - auditors shall not participate in any activity or relationship that may impair or be presumed to impair their unbiased assessment. They shall not accept anything that may impair or be presumed to impair their professional judgment.

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**Confidentiality** - auditors shall be prudent in the use and protection of information acquired in the course of their duties. They shall not use information for any personal gain or in any manner that would be contrary to the law or detrimental to the legitimate and ethical objectives of the FSA.

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### **Competency: Training and experience**

- 2.4.3 As qualified and experienced environmental health or trading standards personnel, each auditor employed by the FSA in Wales has a working knowledge of the local authority feed and food regulatory framework in the UK. They must also have specific advanced auditor training which gives them an understanding of auditing management systems and systems auditing e.g. attended an ISO 9000 lead assessor training course.
- 2.4.4 Auditors demonstrate the generic knowledge and skills needed as an auditor, including, audit principles, procedures and techniques, management / organisational skills. This is achieved by being a member of an audit team under the supervision of the Senior Audit Manager.

2.4.5 Development of auditors is assessed during 6 weekly check-ins. Additionally, as required bespoke meeting sessions are held to discuss:

- Planning and progress of audit programmes,
- New audit guidance / working papers,
- Changes in legislation, codes of practice and statutory guidance,
- Reviews of audit system management.

### **Technical expertise**

2.4.6 The FSA in Wales audit team comprises of a full-time Head of Regulatory Audit and Assurance, Senior Audit Manager and two auditors. The team reports to the Head of Policy (Standards) and Consumer Protection. The Head of Regulatory Audit and Assurance, Senior Audit Manager and the auditors are audit trained, with technical expertise in one or more areas of feed and food policy. This ensures that the audit team contains auditors with the relevant technical experience applicable to the audit scope and criteria for each audit programme / engagement.

2.4.7 New auditors are currently developed by the Senior Audit Manager. This involves supervising the work of auditors until they have been assessed as being competent to work without supervision in accordance with the team's auditor competency procedure.

2.4.8 From time to time developing auditors or observers are selected from elsewhere within the FSA or externally to participate in an audit programme / engagement. Any work undertaken by developing auditors will be supervised by the Senior Audit Manager or by a full time FSA in Wales auditor. Observers may provide advice and opinions based on their expertise but are not considered auditors and do not perform the functions of an auditor during an audit programme / engagement.

## 2.5 Co-ordination with other audit systems

2.5.1 The audit team recognises there are other competent authorities (CAs) within the UK. The audit team is represented at collaborative working meetings with these CAs. These include:

- Department of Agriculture, Environment and Rural Affairs (DAERA)
- Food Standards Scotland (FSS)
- Department of Environment, Food & Rural Affairs (DEFRA)
- Animal and Plant Health Agency (APHA)
- Veterinary Medicines Directorate (VMD)
- Welsh Government
- Scottish Government

## 2.6 Complaints process

2.6.1 There is a process in place for resolving complaints by LAs arising from feed and food service audits undertaken by the FSA in Wales. The lead auditor is required to explain the complaints process to the LA at both the opening and closing meetings of the audit engagement. The complaints process, which includes escalation of the complaint, is also described in the audit plan for each audit programme.

2.6.2 LAs are advised to raise any concerns with the lead auditor during the on-site audit with the aim of resolving any issue at the time.

2.6.3 If the issue cannot be resolved with the lead auditor, the LA is advised to contact the Head of Regulatory Audit and Assurance, FSA in Wales. If the Head of Regulatory Audit and Assurance is also the lead auditor the LA will be advised to contact the Head of Policy (Standards) and Consumer Protection.

2.6.4 If there is disagreement with the content of the draft report that cannot be resolved with the audit team, the LA is advised to contact the Head of Regulatory Audit and Assurance or in circumstances where the Head of

Regulatory Audit and Assurance was the lead auditor, the LA is advised to contact the Head of Policy (Standards) and Consumer Protection.

- 2.6.5 If the Head of Audit and Assurance cannot resolve the issue to the satisfaction of the LA, the LA is advised to contact the Head of Policy (Standards) and Consumer Protection. If the issue remains unresolved to the satisfaction of the LA, the LA is advised to contact the FSA Director of Wales. The Director of UK and International Affairs should be contacted if the Director of FSA in Wales has been unable to resolve the issue to the satisfaction of the LA. If the Director of UK and International Affairs cannot resolve the issue to the satisfaction of the LA, the LA is advised to contact the Chief Executive of the FSA, who is the final arbiter for resolving complaints raised by LAs.

## **2.7 Complaints satisfaction**

- 2.7.1 A key component of the FSA in Wales audit system is feedback from LAs. The process describes how LAs can provide feedback to FSA in Wales on both the audit system and the conduct of the audit team.
- 2.7.2 At the opening and closing meeting of every on-site element of an audit, auditees are given the opportunity to provide feedback to the audit team either specifically about the conduct of the audit or the FSA's activities in general.
- 2.7.3 A customer satisfaction / feedback questionnaire is provided, along with the final report, to the auditee. The auditee is asked to complete the questionnaire and return it.
- 2.7.4 Results from customer satisfaction questionnaires are compiled and considered as part of the audit system management review and independent scrutiny processes.

## **2.8 Continuous improvement and lean auditing**

- 2.8.1 The audit team are committed to improving current processes within the audit system and to seeking innovative ways to make the audit system more effective. It is also important to demonstrate that the audit system can add

value to both the LAs' official control delivery systems and to FSA policies and guidance.

2.8.2 The audit team considers continuous improvement and lean principles, tools and techniques to help achieve this. Continuous improvement techniques are used throughout the audit process, but more particularly at each of the following stages:-

- Risk based audit planning
- Customer satisfaction / feedback
- Audit system management review
- Independent scrutiny

### **Lean Auditing**

2.8.3 The audit team seeks to apply lean<sup>14</sup> principles, tools, and techniques to all processes in the audit system, for example:

#### **Table 2 – Lean principles applied to auditing**

##### The application of lean principles

Audit teams that are appropriately resourced – Use of trained auditors with the technical competency applicable to the audit scope and criteria, when available. This ensures targeted, effective, and efficient use of auditor and technical resource.

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Communication must be clear and within agreed timescales – Communication, both written and verbal, with auditees before during and after audit engagements should be clear. It should be delivered in a format that avoids confusion and misinterpretation. It should also fulfil wider stakeholder expectations.

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<sup>14</sup> <https://www.lean.org/WhatsLean/>

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The audit team should be open and transparent - The audit team should clearly communicate to the auditee and relevant stakeholders the following information before the commencement of an audit engagement:

- the reasons for an audit programme
- the scope and objectives of audit programme
- reasons for auditee selection
- the audit engagement process including reporting and follow-up

This also includes providing the auditee with the audit documentation (e.g. audit plan, checklist, aide memoir) used by the audit team during and audit engagement.

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Audit outputs clearly linked to audit objectives - The audit team must be able to demonstrate added value and deliver auditee / customer expectations for each audit programme. To do this the auditee / wider stakeholders must be able to consider the audit outputs (findings, conclusions, reports, recommendations, good practice, wider dissemination of issues) and judge the audit to have been valuable and carried out to their satisfaction. Measured through the customer satisfaction and independent scrutiny processes.

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Selecting the most appropriate audit method – The audit team must be critical in their selection of the audit methods to use during an audit engagement. Using the same methods for all audit programmes is not an effective or efficient use of resource for both the audit team and the auditee.

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Audit findings, reports and general communication are useful - Audit findings must be efficient, insightful and recognise the wider context of the challenges facing LAs. As well as confirming compliance with feed and food law auditors should add value to the auditee through recommendations which improve suitability and effectiveness as well as highlighting efficiencies to the CAs about their control systems.



**Table 3 – Practical examples of lean****Practical examples of the application of lean tools and techniques**

Audit programme planning based on risk prioritisation not risk management – selection of OC or OC activities to be audited must be based solely on the impact element of a risk assessment<sup>15</sup>. Auditors are not responsible for risk management therefore it is wasteful for the auditors to consider likelihood. Likelihood is considered later, during the audit, because to assess likelihood you must include the current level of controls in place to management a risk. It also encourages less complex scoring processes which can also reduce the level of resource in the audit planning process.

Obtaining information in a timely manner - Each audit assignment includes the use of a pre-visit questionnaire (PVQ) requesting information on policies, processes, procedures, and specific OC activity data. The PVQ is completed and returned for analysis by the audit team before the on-site element of the audit. The audit team gain a greater understanding of the auditees resources, control systems, including allowing the selection of specific areas to target while on-site. Using this method also allows the auditor to ‘hit the ground running’ and avoids wasting time learning about the auditees controls systems at the start of the on-site element of the audit.

Defining timelines and communication channels – It is important to agree and define how long an audit will take and who will be involved. It sets expectation levels and responsibilities focusing on delivering the audit on time and defining auditor and auditee responsibilities. For example, the timing of audits is defined in the annual list of audit programmes and in the audit plan for each audit programme. Timetables are used to show how long the on-site element will take. The roles of the auditors are set

<sup>15</sup> As part of the risk management process risks are normally scored using the following formula. Risk = Impact x Likelihood. Auditors are not responsible for risk management.

out in the opening meeting and an audit liaison officer<sup>16</sup> is identified by the auditee.

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Direct access to information / data – the most efficient way to obtain and examine information / data is through direct access. This eliminates the need for the auditor to issue requests constantly and frees up the auditee to perform other duties. An indicator of a well performed audit is the level of impact / disruption caused to the auditee. A good example of this is auditors having direct access to CAs' data management systems.

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The use of Gemba<sup>17</sup> - In the context of auditing official control delivery systems, this is referred to as a **reality check visit**. These are carried out at the feed/food business operators' premises. They are used to verify documented information recorded by the CA, allow officers delivering OCs to demonstrate their knowledge of FBO activities and confirm the comprehensiveness of OC delivery.

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Root cause analysis (RCA) - Basic root cause analysis is practiced by the audit team when preparing recommendations. Auditees are also encouraged to use RCA when preparing actions to address recommendations.

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## 2.9 Audit system management review

2.9.1 The objective of management review is to confirm the audit system remains suitable, adequate and effective. Review activities should:

- Consider if the audit system is functioning as planned
- Identify opportunities to improve

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<sup>16</sup> The audit liaison officer is the person nominated by the auditee / CA to act as the main contact for the audit team to clarify information provided in the PVQ, request information through and provide regular feedback to during the on-site element of the audit.

<sup>17</sup> Gemba is the Japanese word for the real place (e.g. the place where a news event takes place). The lean technique is to 'Go Look See' what is really going on. In the context of auditing official control delivery systems, it is carried out at the food/feed business operators' premises, as this is where OCs are delivered.

- Identify non-conformities and monitor corrective and preventive actions.

2.9.2 Audit system management review is carried out continuously but occurs in particular, following each audit and audit programme. It is carried out by the audit team and may include the activities listed in Annex D.

2.9.3 A record of each set of review minutes is stored on SharePoint<sup>18</sup>.

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<sup>18</sup> FSA's document storage system.

## 3. The Audit Engagement Process

### 3.1 Audit engagement planning

#### **Audit plan: scope, objectives, and criteria**

3.1.1 An audit plan must be produced for each audit programme. It should contain the following headings:

- Introduction (including reasons for the audit programme)
- Scope, objective(s), and criteria
- Notification arrangements
- Documents used
- Audit engagement process (including reporting & follow-up)
- Feedback
- Publication of reports
- Complaints & disputes

3.1.2 The audit plan must be agreed and distributed to auditee(s) before the commencement of the audit programme.

#### **Terms of reference : scope, objectives and criteria**

3.1.3 A terms of reference must be produced for each audit programme. It should contain the scope, objective(s), and criteria.

3.1.4 The auditee(s) must be consulted on the terms of reference before the commencement of the audit programme.

#### **Audit team**

3.1.5 The lead auditor is responsible for selecting each audit team. The selection of auditors will be primarily based on the availability of auditors and whether auditors from other Countries (England, NI and Scotland) have requested to attend to enhance their auditing experience or to aid their development.

## **Types of audits**

3.1.6 Selecting which type of audit to use during an audit engagement is an important decision as it will determine the amount of audit resources required. It can lead to wasted resource both in terms of the audit team and the LA. The types of audits used by the FSA in Wales include:

- Full audits – covering the full range of official control (OC) activities of an LA
- Focused audits – can be based on Regulations, feed or food law codes of practice or practice guidelines.

## **Audit methods**

3.1.7 This is another important decision to make at the planning stage. Selecting which method or combination of methods to use during an audit can have a major influence on the level of added value to the LA and the usefulness of evidence is collected. The range of methods used by FSA in Wales include:

- Desktop assessment – e.g Pre-Visit Questionnaire (PVQ) information, FSA data (Temperature Check Surveys, UKFSS, FHRs,), published data (LA service plans and enforcement policies)
- Documentation checks – e.g. records of interventions (audits, inspections, sampling, follow-ups, complaint investigations), formal enforcement notices, management records (training and competency evaluation, internal monitoring, delegated authority, authorisations, service delivery monitoring records)
- Interviews – e.g. managers, officers, FeBOs, FBO's, policy leads
- Reality check visits – i.e. visits to FeBOs or FBO establishments

## **Audit Evidence**

3.1.8 The principles, definitions and methods used in the FSA in Wales audit system relating to audit evidence is based on the NAS Network reference document – Audit Evidence<sup>19</sup>.

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<sup>19</sup> NAS Network reference document – Audit Evidence

- 3.1.9 Consideration about what evidence should be collected and how it is to be collected must start at the planning stage of an audit programme and may be documented in an audit protocol, checklists or similar. It is important to focus resources on gathering evidence which supports findings associated to the audit scope and objectives.
- 3.1.10 There will also be occasions when evidence is found identifying issues which are outside the audit scope and objectives. The lead auditor should use this evidence to investigate issues further, as appropriate, but not as part of the audit engagement where the evidence was found.

## 3.2 Audit engagement planning

- 3.2.1 The FSA in Wales' Head of Regulatory Audit and Assurance oversees all audit engagements and appoints a lead auditor for each one. The lead auditor is responsible for:
- Preparing the working documents for each audit engagement
  - Chairing the opening and closing meetings
  - Drafting the audit report (including recommendations)
  - Performing the follow-up to gather evidence to address recommendations
- 3.2.2 The roles of each member of the audit team are agreed during the development of the audit programme.

### Notification of engagements

- 3.2.3 Official contact with LAs to arrange audit engagements are made in the form of a letter which is drafted and sent by e-mail to the Chief Executive. The Lead Auditor will contact the Head of Service and or Lead Feed / Food Officers before any letter is sent. Following notification, LAs are given at least 4 weeks to return PVQ's or submit specified information. Auditors usually allow for two weeks from the return of pre-audit information before the date of the audit visit. This typically means that 6 weeks' notice of an audit visit is provided to the auditee.

## **Working documents**

3.2.4 The audit team will prepare and use a number of documents during the audit engagement to gather information from the auditee, record evidence and to provide information to the auditee.

3.2.5 The following documents will generally be used:

- Pre-visit questionnaire (PVQ)
- Request for specific officer and file lists / establishment records
- On-site audit timetable
- Opening meeting lead auditor notes
- Closing meeting lead auditor notes
- Checklist / Protocol forms

## **Opening and closing meetings**

3.2.6 Clear communication and understanding between the auditors and auditee is important to ensure the audit is conducted to auditee's satisfaction. It aids auditee's understanding of the audit findings, leading to better implementation of actions to address recommendations.

3.2.7 Two formal meetings are always planned for each audit, an opening meeting and closing meeting:

- Opening meeting – used to formally affirm the details of the audit plan (audit scope, objectives, criteria), practical process for the on-site element of the audit, updates to the timetable, complaints, reporting and follow-up procedure.
- Closing meeting – used to present the audit findings, explain the process required after the on-site element has finished, re-affirm the complaints, reporting and follow-up processes.

## Checklists and Protocol Forms

- 3.2.8 Both checklist(s) and/or protocol forms(s) can be used during audits to list specific questions and/or areas to cover during the audit. They are also one of the methods used to record evidence.
- 3.2.9 It is at the discretion of the Head of Regulator Audit and Assurance, in conjunction with the lead auditor during the audit planning stage, to decide the content of any checklist(s) and/or protocol forms used, and any changes will be in line with the Document Control Procedure. A library of previous checklist(s) and/or protocol forms can be found on SharePoint in the Controlled Documents Archive folder.

## Auditor notes

- 3.2.10 Checklists and protocol forms can be supplemented by notes taken by the auditors. These are valid methods for recording evidence, providing feedback to the auditee, forming the basis of audit findings, and conclusions.

## Audit findings

- 3.2.11 Audit findings are based on evidence collected during the audit. Checklist(s), aide-mémoire(s) and auditors' notes are used to record evidence. Both checklist(s) and/or protocol forms can be used during audits to list specific questions / areas to cover during the audit. They are also one of the methods used to record evidence.

## 3.3 Audit reporting

- 3.3.1 The audit terms of reference will describe how the audit programme will be reported. The reporting for an audit programme can range from one audit report to multiple audit reports and an overarching summary report.
- 3.3.2 The most common way to report an audit programme is to have an audit report for each LA in the audit programme. When auditing regional services, there is an expectation that auditee's share such reports with their other partners in their region. If more than one LA is included in an audit programme, then a summary report is usually produced once all the individual audit reports have been issued.



3.3.3 The timing for drafting and issuing reports is set out in table 3 below.

**Table 4 – Timing for reporting on an audit**

<b>Report Phase</b>	<b>Time (full audit)</b>	<b>Time (focussed audit)</b>
<b>Draft report</b>	Issued within 12 weeks of the audit closing meeting	Issued within 20 working days of the audit closing meeting
<b>Auditee comments on draft report</b>	Within 25 working days of receiving the draft report	Within 20 working days of receiving the draft report
<b>Issue of report</b>	Within 20 working days of receiving finalised (and if required, translated) report	Within 15 working days of receiving finalised (and if required, translated) report

### **Individual reports**

3.3.4 When an individual audit report is produced it will usually have content under the following headings:

- Introduction
- Background
- Reason for audit
- Terms of reference including scope, and objectives and audit criteria of the audit programme
- Executive summary
- Audit findings
- Audit opinion
- Action plan (including recommendations)
- Glossary

3.3.5 There is an expectation that LA audit reports will be placed in the public domain. Audit reports will be issued to LAs with the expectation that the reports will be presented to elected members within the appropriate local public forum. Copies of final individual LA audit reports, summary reports or both will be placed on the Food Standards Agency website depending on the nature of the audit programme.

### **Summary reports**

3.3.6 A summary report is produced after each audit programme of two or more CAs. A draft summary report should be issued no later than 3 months after the last audit report in the audit programmed was issued.

3.3.7 Summary reports are used to:

- Provide an overview of how the audit programme was carried out
- Summarise the findings from all the audits
- Present good practice found during audits
- Identify and record recommendations for FSA policy

3.3.8 Summary reports will usually have content under the same headings as individual reports and may also include the following headings:

- Conclusions
- Summary of recommendations
- Recommendations for FSA

### **Audit opinions and recommendations**

3.3.9 Each audit report will contain an overall opinion from the auditors about the LAs system for delivering official controls and official control activities covered by the scope of the audit. The opinion will be taken from one of the four categories as shown in Annex E.

3.3.10 The auditors make recommendations to aid improvements to the system or to record issues which require action. When recommendations are made, they are recorded in an action plan.

3.3.11 Action plans are used by the auditee to record actions / changes in policy, procedures, etc, to address recommendations. Action plans also include forecasted dates of when the auditee thinks the actions will be completed. These dates are agreed with the lead auditor.

#### Audit Action plans

3.3.12 When a recommendation(s) is made it is recorded in the audit report and in an action plan. The action plan details:

- The recommendation
- Actions to address the recommendation
- Specific dates (month & year) for completing individual actions

3.3.13 The LA is responsible for providing the lead auditor with updates on progress with actions plans when requested. The lead auditor is responsible for assessing new evidence, for amending the action plan with updated information and for indicating on the action plan when actions to address recommendations are completed.

### 3.4 Audit follow up

#### Timing of follow-up

3.4.1 If there are no recommendations made, the process for drafting the audit report is followed and no follow-up is required.

3.4.2 If there is an action plan, as a rule the lead auditor contacts the CA for an update on progress six months from the date the audit report was issued.

3.4.3 At the discretion of the lead auditor and with the agreement of the CA, follow-up can take place as and when individual action due dates occur.

#### Evidence of implementation of actions

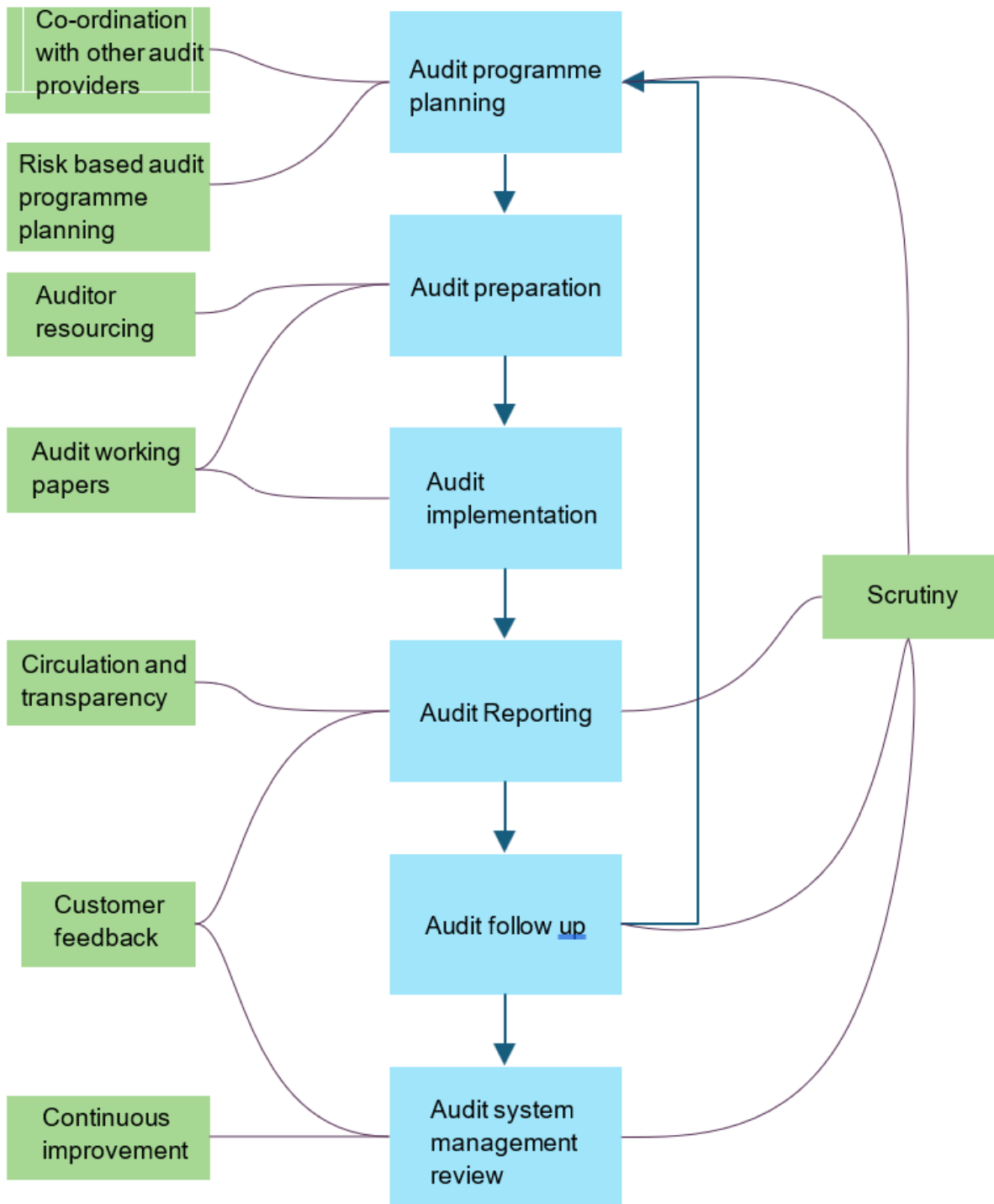
3.4.4 A LA must provide evidence of actions to address recommendations. The type and detail required must be confirmed and agreed with the lead auditor.

Examples of the type of evidence accepted can include:

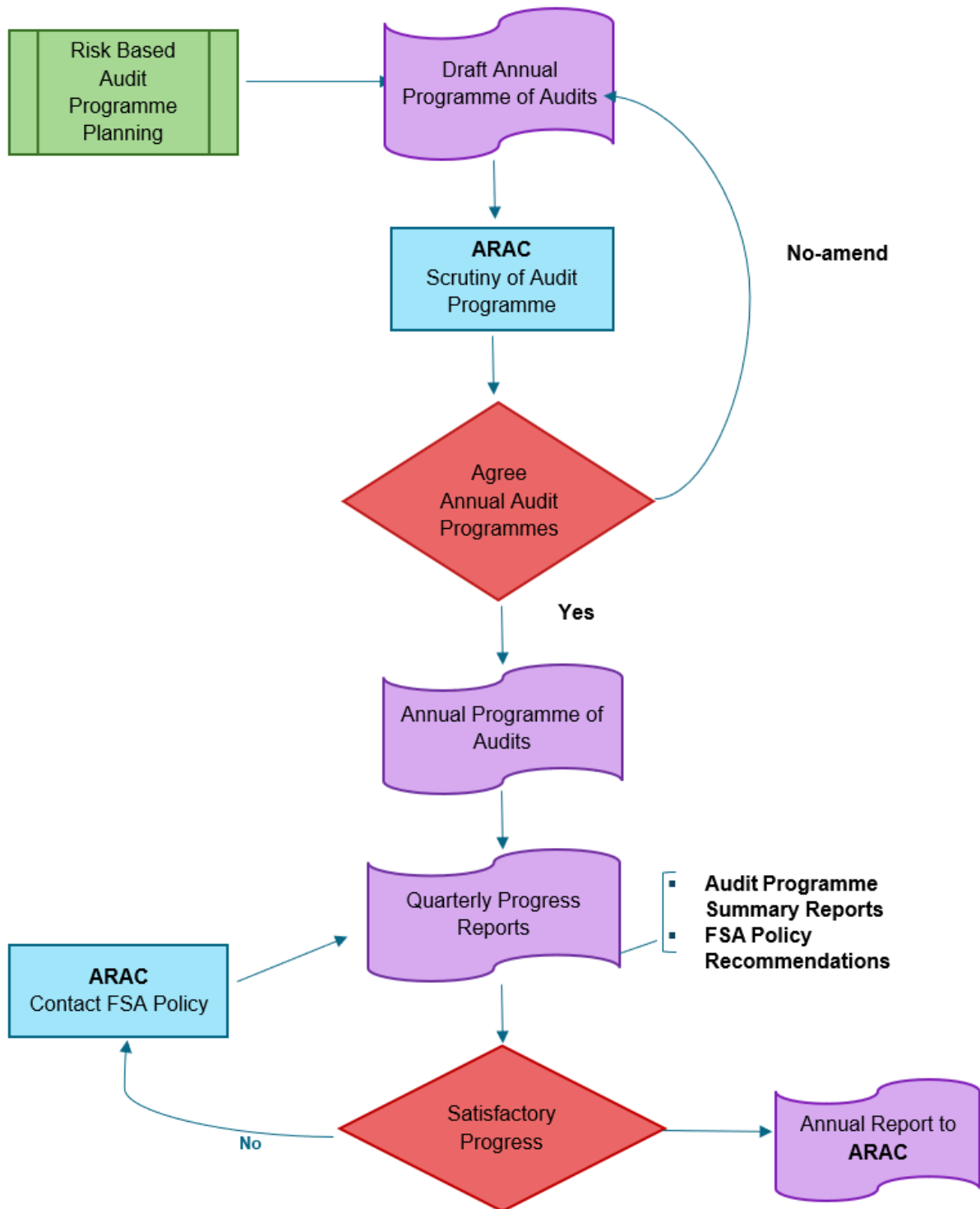
- Re-drafted scheme of delegation

- Authorisation
- Qualification / Training records
- Amendments to procedures / policies
- Intervention reports
- Samples results
- Meeting minutes

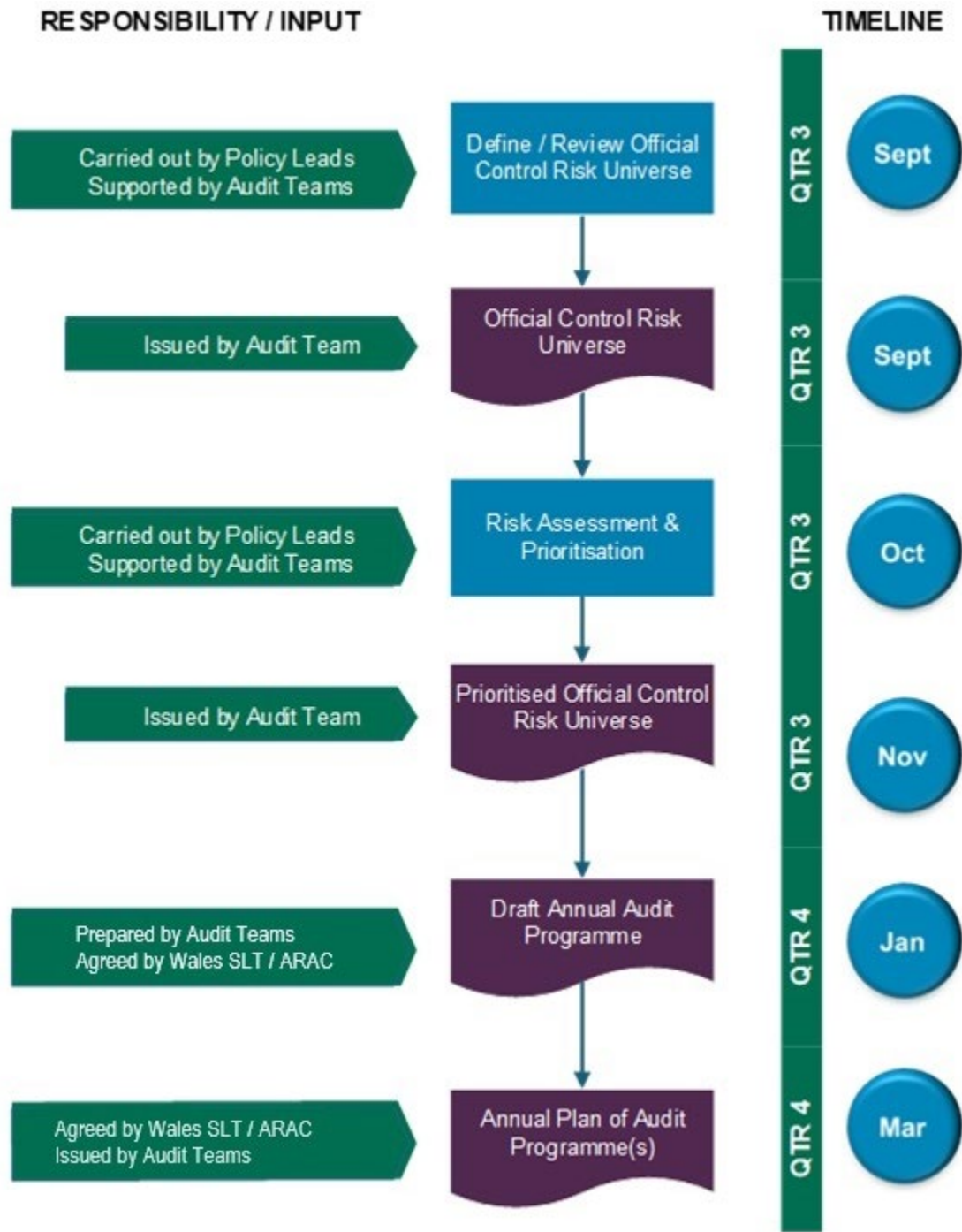
## Annex A – FSA in Wales Audit System Process



## Annex B – FSA in Wales Scrutiny Process



# Annex C – Annual Risk Based Audit Programme Planning



## Annex D – Audit system management review

- 1.1 An agenda for each management review should be produced by the Head of Regulatory Audit and Assurance, to include the topic areas listed below.
- 1.2 Minutes of each review should be recorded and stored on SharePoint. The minutes should also include a summary of the discussions on each topic area below.
- 1.3 The evidence listed in table 9 should be prepared and presented by the audit manager at each review.

**Table 1 - Topics / areas to be discussed during each management review**

Topic / area:
1. Adequacy of audit system documentation (e.g. policies, processes and procedures)
2. Discussion on the status of any issues or outstanding actions from the previous meeting
3. External and internal issues affecting the audit system
4. Review of available resources and their adequacy
5. Review of previous actions taken to improve the audit system identified
6. Identification of further opportunities for improvement

**Table 2 – Evidence required for each audit system management review**

Evidence for an audit system management review:
7. Minutes of previous management review meeting
8. Audit system documentation.
9. Wales and other relevant audit reports.
10. Customer satisfaction questionnaires.



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11. Complaints since the last review.

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12. Corrective and preventive actions including follow-up and close-out of Management Information Reports.

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## Annex E – Categories of Audit Opinion

### Audit Opinion – Assessment of Assurance

Assurance	Definition
Substantial (Green)	The system for delivering official controls demonstrate effective implementation of planned arrangements suitable to achieve the objectives of legal requirements and guidance.
Moderate (Yellow)	The system for delivering official controls requires some improvement to fully demonstrate effective implementation of planned arrangements suitable to achieve the objectives of legal requirements and guidance.
Limited (Orange)	The system for delivering official controls requires significant improvement to fully demonstrate effective implementation of planned arrangements suitable to achieve the objectives of legal requirements and guidance.
Unsatisfactory (Red)	The system for delivering official controls requires substantial improvement to fully demonstrate effective implementation of planned arrangements suitable to achieve the objectives of legal requirements and guidance.

## Annex F – Glossary

<b>Term(s)</b>	<b>Definition</b>
Audit	Audit means a systematic and independent examination to determine whether activities and related results comply with planned arrangements and whether these arrangements are implemented effectively and are suitable to achieve objectives.
Authorised Officer	A suitably qualified, competent and experienced officer who is authorised by the Local Authority to act on its behalf in, for example, the enforcement of legislation.
Environmental Health Officer (EHO)	Officer employed by the local authority to enforce food safety and in some area's food standards legislation.
Feed Business Operator (FeBO)	This refers to the natural or legal persons responsible for ensuring that the requirements of feed law are met within the feed business under their control.
Feed Law Code of Practice (Wales) October 2014	This code is issued as guidance to LAs on the enforcement of feed legislation. It relates to Wales only.
Feed Law Practice Guidance (Wales) December 2016	The Food Standards Agency (FSA) issue this Practice Guidance to assist LAs with the discharge of their statutory duty to enforce relevant feed law. It is non-statutory, complements the statutory Code of Practice, and provides general advice on approach to enforcement of the law where its intention might be unclear.
Food Business Operator (FBO)	This refers to the natural or legal persons responsible for ensuring that the requirements of food law are met within the food business under their control.

Feed hygiene	The measures and conditions necessary to control hazards and to ensure fitness for animal consumption of a feed, considering its intended use.
Food hygiene	The legal requirements covering the safety and wholesomeness of food.
Food Law Code of Practice (Wales) July 2021 (FLCoP)	This code is issued as guidance to LAs on the enforcement of food legislation. It relates to Wales only.
Food Law Practice Guidance (Wales) July 2021	The Agency issues this Practice Guidance to assist LAs with the discharge of their statutory duty to enforce relevant food law. It is non-statutory, complements the statutory code of practice, and provides general advice on approach to enforcement of the law where its intention might be unclear.
Food Standards	The legal requirements covering the labelling, composition and traceability of food.
Food Standards Agency (FSA)	The Food Standards Agency is an independent Government department set up by an Act of Parliament in 2000 to protect the public's health and consumer interests in relation to food. We define the protection of consumers interests as ensuring that food is safe and what it says it is, and we have access to an affordable diet, and can make informed choices about what we eat, now and in the future.
Local Authority (LA)	an organisation that is officially responsible for all the public services and facilities in a particular area.
National Audit System Network (NAS)	The National Audit System network is a network of officials (auditors) from national competent authorities, responsible for the performance of audits of official

	control systems as provided for by Article 6 of Regulation (EC) No 2017/625. The networks meet regularly, under the chairmanship of, and facilitated by, SANTE F of the EC, to exchange experiences in implementing national audit systems on official control activities. During these exchanges, discussions, workshops etc. good principles and practices are identified and agreed by the network.
Pre-visit Questionnaire (PVQ)	Used by FSA auditors to request information prior to an audit visit, to maximise the effectiveness of the time spent with a local authority.
Service Plan	A document produced by a Local Authority setting out their plans on providing and delivering a food and feed service to the local community.
Trading Standards Officer (TSO)	Officer employed by the local authority to enforce food standards and feed legislation.