



# **Report on the Food Law Enforcement Services**

Pembrokeshire County Council  
11<sup>th</sup> – 15<sup>th</sup> July 2016

## 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 businesses, food sampling, internal management, control and investigation of outbreaks and food related infectious disease, advice to business, enforcement, food 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](http://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](http://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](http://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 at Pembrokeshire 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](http://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 Pembrokeshire 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 Agency has taken account of the European Commission guidance on how such audits should be conducted.<sup>1</sup>
- 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 Pembrokeshire County Council's arrangements for the delivery of food hygiene and food standards enforcement services.

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<sup>1</sup> 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).

The on-site element of the audit took place at the authority's offices at Public Protection Division, 1 Cherry Grove, Haverfordwest on 11<sup>th</sup> – 15<sup>th</sup> July 2016, 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 21<sup>st</sup> 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](http://www.food.gov.uk/enforcement/enforcework/frameagree)
- 1.8 The audit also reviewed the action taken by the authority in relation to two FSA focused audits undertaken in 2013 - 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.

### ***Background***

- 1.9 Pembrokeshire County Council is a unitary authority in south-west Wales, which covers an area of 1,600 square kilometers and is the fifth largest local authority in Wales. It borders only two other local authority areas – Ceredigion to the north-east and Carmarthenshire to the east.
- 1.9 With 420km of coastline, Pembrokeshire covers an area which runs from the Teifi estuary in the north, along Cardigan Bay, St Bride's Bay south past the Daugleddau estuary and along the south coast towards Carmarthen Bay, just past Amroth. It takes in Ynys Dewi, Skomer, Skokholm and Caldey Islands and the river valleys of the Western Cleddau, Cleddau Ddu, Cresswell and Carew and includes the Preseli mountains and Gwaun Valley in the north of the county.

- 1.10 Pembrokeshire is mostly a rural county and the towns of Haverfordwest, Tenby, Milford Haven, Pembroke, Fishguard and St David's are the main administrative and commercial areas with many other towns and villages situated amongst areas of natural beauty; including the coastal attractions of Tenby and Saundersfoot.
- 1.11 According to the 2011 Census, Pembrokeshire had a population of 122,400 with the second highest growth since 2001 of Welsh local authority areas. The population density was the fourth lowest in Wales. Approximately 93% of the population was White, whilst the number of Welsh speakers was approximately the same as the Wales average; 19.2% of the population speaks Welsh, mainly in the north of the County.
- 1.12 The economy relies heavily on tourism, agriculture and food, with an emphasis on small businesses and local supply chains. However, it is broad based with manufacturing, wholesale, retail and health and social activities featuring strongly. The population increases by approximately 100,000 due to tourism in the summer months and the main tourist centres tend to be within the south of the County, and the Pembrokeshire Coast National Park elsewhere. Tenby and Saundersfoot have the greatest concentration of tourist accommodation. Milford Haven is associated with the shipping industry, and includes fish landings in the port. The ports of Fishguard and Pembroke Dock are parts of the main traffic routes to Ireland.
- 1.13 Pembrokeshire contains indicators of deprivation below 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, probably due to the rural nature of much of the area.
- 1.14 Food hygiene and food standards law enforcement was being carried out by officers in the authority's Food Safety and Standards team within the Public Protection Division.
- 1.15 Officers and support staff responsible for food hygiene and food standards were based at Public Protection Division, 1 Cherry Grove, Haverfordwest.

- 1.16 The authority reported that it had a guaranteed 24 hour emergency out-of-hours service. The out-of-hours service was not tested as part of the audit.
- 1.17 At the beginning of 2015/16 there were 2326 food establishments in Pembrokeshire, of which 30 were approved food establishments.
- 1.18 The authority had 11.45 full time equivalent (FTE) officers involved in the delivery of food hygiene and food standards with contractors occasionally being used to cover absences.
- 1.19 The authority provided officers with opportunities for continuous professional development in their field of work. A training budget was available and this was being maintained year on year.
- 1.20 The annual budget for food law enforcement and associated activities was £472,000 in 2016/17. This represented a real terms decrease on previous years allocation.
- 1.21 The authority had been participating in the National Food Hygiene Rating Scheme which was launched in Wales in October 2010. At the time of the audit, the food hygiene ratings of 2006 food establishments in Pembrokeshire County were available to the public on the National Food Hygiene Rating Scheme website.



## 2 Executive Summary

- 2.1 The audit examined Pembrokeshire 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 Public Protection Manager had overall responsibility for the delivery of food hygiene and food standards services within Public Protection Services. Day to day management was the responsibility of the Food, Safety & Port Health Manager.
- 2.3 The authority had well established service planning arrangements in place together with systems for on-going monitoring, reviewing and reporting performance. Service planning documents contained some but not all the information set out in the Service Planning Guidance in the Framework Agreement including the requirement to estimate the resources required to deliver the services.
- 2.4 The provision of access to several portals of information for food officers was identified as an area of good practice.
- 2.5 The authority had arrangements in place to ensure effective service delivery by appropriately authorised officers which require amendment to ensure food standards officers are authorised under all required legislation. Officers had generally been authorised in accordance with their qualifications, training and experience.
- 2.6 A documented work procedure had been developed to ensure the accuracy of the authority's food establishments' database. Audit checks confirmed that overall, the food hygiene and food standards database was accurate and the authority had been able to provide electronic Local Authority Enforcement Monitoring System (LAEMS) returns. The authority had been leading a collaboration project to procure new Public Protection software for adoption by local authorities across Wales to

improve consistency and value for money. Implementation of this system was in progress.

- 2.7 Record and database checks confirmed that the food hygiene service had prioritised inspections of higher-risk businesses and approved establishments whilst some establishments, mostly lower risk, were not being inspected at the frequencies required by the Food Law Code of Practice and centrally issued guidance. Food standards inspections in high risk establishments had been delivered in accordance with the Food Law Code of Practice and centrally issued guidance whilst a small number of medium and lower risk establishments were overdue a food standards intervention.
- 2.8 Inspection records showed that a thorough assessment of business compliance had taken place during most food standards inspections and for most aspects of food hygiene. Interventions at low-risk establishments had not always been undertaken in accordance with the Food Law Code of Practice. In general, risk rating, revisits and follow up action was being carried out as required for both food hygiene and food standards interventions; with occasional exceptions.
- 2.9 In general, food hygiene inspection records and reports were being adequately maintained by the authority. However, not all the information required was available on approved establishment files. Food standards reports were being maintained and contained all of the information required by the Food Law Code of Practice.
- 2.10 Food and food establishment complaints, food sampling interventions, notifications of food related infectious disease and food incident interventions had generally taken place in accordance with the Food Law Code of Practice. However, not all food standards complaints had been appropriately investigated or appropriate records 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 The authority had used some of the available enforcement tools to secure improved business compliance with food legislation. Where enforcement action had been taken it was appropriate, however, not all cases had been processed or escalated in accordance with the Enforcement Policy, Food law Code of Practice and official guidance.
- 2.13 There was evidence of effective internal monitoring of both food hygiene and food standards matters. The scope and detail of the internal monitoring activity ensured comprehensive review of both the quantity and quality of all work being delivered.
- 2.14 Significant progress had been made in implementing requirements following two focused audits from 2013 - 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. The outstanding requirements have been absorbed into the recommendations of this report.

## **2.15 The Authority's Strengths**

### **Food Standards Interventions / Inspections Reports**

The capture of information in high and medium risk establishments demonstrated that thorough assessments of business compliance with requirements had consistently taken place, whilst reports provided to food business operators where available on establishment files and contained all the information required by the Food Law Code of Practice.

### **Advice to Business & Promotion**

The authority had been proactive and was able to demonstrate that it works with businesses to help them comply with the law. It had delivered a number of initiatives with the aim of promoting food hygiene and standards.

### **Food Hygiene Sampling**

The authority was able 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 demonstrated that appropriate investigations had consistently been carried out.

### **Liaison**

The authority had robust arrangements in place to liaise with neighbouring local authorities and other appropriate bodies to facilitate consistent enforcement. Its collaboration arrangements to procure a new Public Protection software system for Wales was positive in ensuring consistent service delivery.

### **Internal Monitoring**

The authority had robust arrangements in place for monitoring the quantity and quality of all aspects of service delivery in comprehensive detail.

## **2.16 The Authority's Key Areas for Improvement**

### **Officer authorisations**

The authority's authorisation procedures require updating to ensure authorisation of officers under all relevant legislation under which authorisation is required.

### **Food Hygiene and Food Standards Intervention Frequencies**

The authority had not carried out food hygiene and medium and low risk food standards interventions 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.

### **Enforcement**

Enforcement action had not always been taken in accordance with the Enforcement Policy, Food Law Code of Practice and centrally issued guidance.

## Audit Findings

### 3 Organisation and Management

#### *Strategic Framework, Policy and Service Planning*

- 3.1 Food law enforcement was overseen by the Cabinet Member for Environmental and Regulatory Services and the Welsh Language. The authority's Constitution set out its decision making arrangements. Under the Constitution, decisions on most operational matters had been delegated to the Director of Development.
- 3.2 A 'Food Law Enforcement Service Plan 2016-2017' ('the Service Plan') had been developed by the authority. There was evidence that the Service Plan had been approved by the Cabinet Member. However, it had not yet been updated on the authority's website.
- 3.3 The Service Plan contained most of the information set out in the Service Planning Guidance in the Framework Agreement, including a profile of the authority, the organisational structure and the scope of the service. The times of operation, service delivery points and aims and objectives of the service were clearly set out.
- 3.4 The Service Plan indicated that there were 2326 food establishments in Pembrokeshire and a breakdown was provided by type of establishment.
- 3.5 The risk profile of establishments was provided for both food hygiene and food standards together with the number of interventions due. The following information was provided in the Service Plan:

#### **Combined inspection programme for food hygiene and food standards for 2016-17**

		A*	B	C	D	E	Hygiene inspection not due	Total
<b>Food Premises to be Inspected by Food Standards Risk Category</b>	<b>A</b>	0	2	7	2	0	3	14
	<b>B</b>	2*	6	70	35	14	40	167
	<b>C</b>	0	0	34	14	7 (AES)	62	117
	<b>Standards inspection not due</b>	1*	46	281	128	226 (AES)		683
	<b>Total</b>	3	54	392	179	247	876	981

\* premises to be inspected twice for food hygiene purposes.

- 3.6 The targets and priorities for both food hygiene and food standards had been identified in the Service Plan and a commitment was provided to deliver all inspections / interventions of higher risk establishments in accordance with the Food Law Code of Practice.
- 3.7 In respect of broadly compliant category C food hygiene establishments, the Service Plan stated that they would receive either an inspection or would be subject to alternate official control; both in accordance with the Food Law Code of Practice.
- 3.8 In respect of lower-risk establishments, the Service Plan stated that they would receive either an inspection or would be subject to alternative enforcement activity; both in accordance with the Food Law Code of Practice.
- 3.9 The authority's priorities and intervention-targets as set out in the Service Plan, were risk based.
- 3.10 The resources available to deliver food law enforcement services were detailed in the Service Plan as 11.45 full time equivalent officers (FTEs) for food hygiene food standards and 1.6 FTE for administrative support staff. A breakdown was provided of the different levels of officers available.
- 3.11 The authority had not indicated the likely demand for each aspect of food service delivery, or made a comparison of the resources required to deliver the full range of food official controls against those available.
- 3.12 The Service Plan included information on the authority's Enforcement Policy and its approach to staff development. The need to undertake many programmed inspections out-of-hours had been emphasised.
- 3.13 The authority supported businesses through its commitment to the Primary Authority Scheme and the Home Authority Principle. This statement would benefit from an amendment to reflect the impact on the authority of being an originating authority to each of its manufacturing establishments. The Service Plan also highlighted other approaches it would use to ensure businesses were well informed of their legal obligations.

- 3.14 Arrangements for internal monitoring or *'quality assessment'* were set-out in the Service Plan and included monitoring the number and quality of inspections, inspection reports and enforcement actions.
- 3.15 The overall cost of providing food law enforcement services had been provided in the Service Plan. The need to include a breakdown of the non-fixed costs such as staffing, travel and subsistence, equipment (including investment in IT) and a reference to the departmental financial provision for legal action was highlighted by auditors. The trend analysis of service costs indicated that whilst resources were reducing in real terms, the cost of the public protection contributions to central costs was increasing.
- 3.16 The Service Plan set-out how the authority's performance in delivering food official controls would be reviewed against the previous year's plan and the latest review included in the Service Plan. However, the review against the 2015/16 service plan did not include the timeliness of infectious disease notification investigations.
- 3.17 Some variations in achieving the targets set-out in the previous Service Plan were identified in the 2016/17 Service Plan. The statements on variations would benefit from being incorporated in a separate and distinct section in order to be clear.
- 3.18 The authority had incorporated a number of areas for improvement in its 2016/17 Service Plan, based on its review against the previous year's plan. However, the timeliness of new business interventions, which had been identified as a variance, was not on the list of required improvements as required by the Service Planning Guidance.

***Recommendations***

3.19 The authority should:

- (i) Ensure future Service Plans for food hygiene and food standards are developed in accordance with the Service Planning Guidance in the Framework Agreement. In particular, an estimate of the resources required to deliver the services against those available should be provided. Also, ensure the review includes the timeliness of infectious disease notification investigations and the improvements include actions to address the variance in achieving the target for new food businesses.  
[The Standard – 3.1]



#### **4 Review and Updating of Documented Policies and Procedures**

- 4.1 A document control procedure was in place for the food hygiene and food standards services. The procedure included control over the production, approval, review, updating and storage of policies, procedures and associated documents.
- 4.2 Documents were stored electronically and were protected from unauthorised access
- 4.3 The service manager and senior officers were responsible for developing, reviewing and approving documents. Permissions to make changes to the list of documents or individual documents had been restricted to nominated individuals. Nominated individuals were also responsible for ensuring the removal of superseded documents.
- 4.4 Auditors were able to verify that officers had access to policies and procedures, legislation and centrally issued guidance either electronically or in hard copy.

#### **Good Practice – Availability of technical advice**

Food enforcement officers were provided with access to an information portal. This included up-to-date information on legislation and enforcement.

- 4.5 Documents had been subject to review in line with the procedures, however, many of the authority's procedures were in need of updating to reflect the recent change in the authority's database.

## **5 Authorised Officers**

- 5.1 The authority's Scheme of Delegation to Officers, contained within the Constitution, provided the Director of Development with delegated powers to execute all duties relating to the food hygiene and food standards services. This included powers to authorise other officers and to authorise legal proceedings.
- 5.2 A documented procedure had been developed for the authorisation of officers, based on their competencies for food hygiene, infectious disease control and food standards. The process of assessing competency had been documented and this formed part of the authorisation records.
- 5.3 Lead officers for food hygiene, food standards and communicable disease had been appointed, all of whom had the requisite qualifications and training and were able to demonstrate appropriate knowledge.
- 5.4 The authority had systems in place to identify officer training needs including performance reviews, internal monitoring activities and discussions within team meetings. A documented training priorities document was available for all the current year and covered all officers. A combination of in-house and externally provided training was provided for officers and good use had been made of the opportunities afforded by the FSA local authority training programme. All officers were required to achieve 10 hours continuing professional development (CPD) in accordance with the Food Law Code of Practice. A training budget was available to support officer development.
- 5.5 An examination of the qualification and training records of ten officers involved in the delivery of official food controls was undertaken. Where records were available, they were being maintained by the authority on both hardcopy files and electronically.
- 5.6 Food enforcement officers had been authorised under some of the required legislation and their powers restricted where appropriate. However, a number of statutes that require specific authorisation had been omitted. The authority had arranged for the FSA to authorise a suitable number of officers under the Food and Environment Protection Act 1995. A trainee officer had not been authorised to undertake the low risk alternative enforcement strategy visits that they had undertaken.

- 5.7 The authority provided evidence of officer authorisations consistent with their qualifications in all relevant cases.
- 5.8 All but one officer had received the minimum 10 hours of CPD required by the Food Law Code of Practice and the authority's own policies. Further, those officers had received the necessary training to deliver the technical aspects of the work in which they were involved. Auditors noted, however, that the authority had not maintained full records of training for one of the externally contracted officers.

### **Recommendations**

- 5.9 The authority should:
- (i) Ensure food enforcement officers are authorised under all appropriate legislation and in accordance with the Food Law Code of Practice. [The Standard – 5.1]
  - (ii) Maintain records of relevant academic or other qualifications of all authorised food standards officers in accordance with the Food Law Code of Practice. [The Standard – 5.5]

## **6 Facilities and Equipment**

- 6.1 The authority had all of the necessary facilities and equipment required for the effective delivery of 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 by the service. The procedure included calibration and detailed the arrangements for ensuring that equipment, such as thermometers were properly identified, assessed for accuracy and withdrawn from use when found to be faulty. The procedure made reference to testing including in use checks, together with action to be taken where tolerances were exceeded.
- 6.3 Officers had been supplied with thermometers, which were being calibrated using an accredited laboratory, at least annually. In use checks were being conducted against a calibrated reference thermometer on a quarterly basis. Records relating to calibration and in use checks were being maintained by the authority.
- 6.4 An examination of records relating to the latest calibration and in use checks for five items of equipment confirmed that the equipment was within acceptable tolerances. Whilst all probe thermometers were within calibration, two had not been subject to in use checks in accordance with the procedure.
- 6.5 Temperature checks were being undertaken on chilled food storage equipment and the results recorded electronically.
- 6.6 The authority's food establishment databases were capable of providing the information required by the FSA.
- 6.7 The food establishment databases, together with other electronic documents used in connection with food law enforcement services were subject to regular back-up to prevent the loss of data.
- 6.8 The authority had systems in place to ensure business continuity and minimise damage by preventing or reducing the impact of security incidents. In respect of food law enforcement services, officers had been provided with individual passwords and access for entering and deleting data had been restricted on an individual basis. Data input protocols

were also in place and any issues were discussed during team meetings in order to achieve consistency.

- 6.9 The authority had agreed to lead on the implementation of a new database, intended to be adopted by local authorities across Wales to improve consistency in data management for Public Protection services whilst providing better value for money.

***Recommendations***

- 6.10 The authority should:
- (i) Fully implement its procedure for the calibration and maintenance of equipment to ensure all thermometers remain properly calibrated.  
[The Standard - 6.2]

## **7 Food Establishments Interventions and Inspections**

7.1 The authority had developed a comprehensive food hygiene and standards inspection documented procedure aimed at establishing a uniform approach to carrying out food hygiene and food standards interventions and revisits. Procedures were also in place for interventions at approved establishments including specific aide memoirs and template documents for issuing of approvals. An examination of these procedures confirmed that all made reference to relevant legislation, had been subject to recent review, and were largely in accordance with the requirements of the Food Law Code of Practice and relevant centrally issued guidance. The procedure required updating to reflect the authority's recent adoption of its new database and would benefit from setting-out timescales for undertaking revisits to check compliance on food standards matters.

### ***Food Hygiene***

7.2 In 2014/2015 the authority reported through LAEMS that of the 1,705 food businesses within its area 87% of category A-E rated food establishments due to be inspected had been inspected. Furthermore, 96% 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 2% from 94% of businesses reported as 'broadly compliant' in the previous year.

7.3 Information provided during the audit indicated that the authority had adopted a risk-based approach to managing its food hygiene interventions programme. The authority reported in its service plan that 96.8% of establishments within category A-C and 86.1% of lower risk categories had received an intervention within 28 days of being due, in accordance with the Food Law Code of Practice.

7.4 There were 232 establishments that had been identified as overdue an intervention at the time of the audit. These comprised of three category B rated establishments, 41 category C, 37 category D and 151 category E rated establishments. The authority also reported 52 unrated establishments and 30 establishments that had been identified as outside of the programme.

- 7.5 A combination of two food hygiene inspection aides-memoire had been developed by the authority to assist officers with inspecting food businesses; one "Generic Food Inspection Form" and a Verification Inspection form" comprising of two parts to be used as an alternative to an inspection in C rated establishments that had received a Food Hygiene Rating of 5.
- 7.6 An examination of food hygiene intervention records relating to 10 food establishments was undertaken. Auditors confirmed that, in recent years, all but two establishments had been inspected at the frequencies required by the Food Law Code of Practice. In the remaining two cases, a C rated establishment and a D rated establishment had been overdue an intervention by 5 months and 2 months respectively. The Food Law Code of Practice requires that interventions take place within 28 days of their due date.
- 7.7 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. Where appropriate, supplier and customer information in relation to traceability was also recorded in all cases.
- 7.8 In all but two cases, the level of detail recorded on aides-memoire 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 cases, the information recorded by officers on the inspection aide-memoire, relating to one Critical Control Point, was not sufficient to demonstrate that a thorough assessment of business compliance had been undertaken.
- 7.9 Auditors were able to confirm that in all cases 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 eight cases to demonstrate that consideration had been given to imported foods, however, in general, auditors were unable to confirm officers had undertaken checks on health / I.D. marks.
- 7.10 In eight of the 10 cases, inspection records confirmed that officers had undertaken an appropriate assessment of the effectiveness of cross contamination controls in accordance with current guidance. In the

remaining cases, there was insufficient information to demonstrate that officers had fully considered business compliance in protecting food against cross contamination.

- 7.11 In general, the risk ratings applied to establishments were consistent with the inspection findings. In one case, the food hygiene compliance score awarded to the business did not reflect the officer's findings on application of food hygiene and safety procedures.
- 7.12 Where revisits had been required, records confirmed that these had taken place within the timescales specified in the authority's revisit procedure.
- 7.13 The authority informed the FSA prior to the audit that there were 30 approved establishments in its area, of which the records relating to seven were examined.
- 7.14 In all cases examined, auditors were able to confirm that the authority had followed the appropriate process for issuing approvals to establishments.
- 7.15 Auditors were able to confirm that the most recent inspections at approved establishments had been undertaken by properly authorised officers. However, an intervention at the frequencies required by the Food Law Code of Practice had taken place in five cases; where this was possible. In the remaining two cases, the intervention had been overdue between one and two months. The Food Law Code of Practice requires that interventions take place within 28 days of their due date.
- 7.16 In general, 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. However, in one case insufficient information regarding the assessment of a critical control point had been documented by the officer.
- 7.17 Auditors were able to confirm that officers had adequately assessed the use of health marks by businesses and the I.D / health marks of raw materials as applicable.



- 7.18 In all cases the risk ratings that had been applied to approved establishments were consistent with the inspection findings.
- 7.19 Auditors identified that appropriate follow up action had been undertaken by the authority in light of the information recorded in all but one case. In the remaining case, the provenance and accuracy of a potable water test was unclear and the authority has committed to follow this up with the food business operator.
- 7.20 The authority had a documented Alternative Enforcement Strategy (AES) procedure for food hygiene and food standards. The procedure stated when an AES could be used for lower risk premises and included example self-assessment questionnaires as appendices.
- 7.21 Prior to the audit the authority provided a list of AES activity that had been undertaken. A total of 10 files were selected for examination.
- 7.22 In all cases evidence was available to show that an initial primary inspection to conduct a risk rating assessment had been undertaken by an appropriately qualified officer. All selected premises had been rated as category E and were eligible for AES.
- 7.23 Postal questionnaires were used as an AES for all 10 premises and all interventions were recorded as AES on the database. Five AES interventions appeared to have been conducted outside of the prescribed frequency; with a range of 4½ - 7 years between interventions. The procedure stated that schedule dates and records of telephone calls for reminders would be recorded, however, there was no evidence of this on the files checked.
- 7.24 In all cases evidence was available to demonstrate that an appropriately authorised officer had reviewed the AES questionnaire and there were no significant changes in business activity requiring further action.

### ***Recommendations***

- 7.25 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) Ensure that, where applicable, interventions are undertaken in accordance with the Food Law Code of Practice, centrally issued guidance, and local procedures. [The Standard – 7.2]
  - (iii) Fully assess the compliance of establishments in its area to the legally prescribed standards and ensure that observations made and / or data obtained in the course of a food hygiene intervention / inspection are recorded in a timely manner to prevent the loss of relevant information.. [The Standard -7.3 & 7.5]

### ***Verification Visits to Food Establishments***

- 7.26 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.
- 7.27 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.

### ***Port Health***

- 7.28 The authority had port health responsibilities at the ports of Milford Haven, Pembroke Dock and Fishguard. Specialist officers were employed within the Port health team, who were responsible for official

controls, the inspection of vessels docking at the ports and the issue of ship sanitation certificates or exemptions. The ports accommodated arrivals from EU and third countries together with passenger vessels.

- 7.29 The authority had put in place a documented procedure governing ship sanitation inspections, which included food hygiene interventions. The procedure was in accordance with the Food Law Code of Practice and the International Health Regulations 2005. The procedure included a risk-based vessel inspection system which it used to categorise and select priority vessels for inspection. The authority had also produced its' own aide-memoire inspection form taking into consideration WHO Guidance.
- 7.30 Auditors examined 6 ship intervention records. The authority was carrying out ship inspections in accordance with recognised Association of Port Health Authority (APHA) Practices and the International Health Regulations. There was evidence that the reports had been communicated to the Master, owner or shipping company/operator and that action had been taken, in the form of evidence report forms (ERFs) where issues were identified.

### ***Food Standards***

- 7.31 In 2015/16 the authority had reported through LAEMS that 94.72% of A-C rated food businesses due to be inspected had been inspected. This represented an increase of 3.11% from 97.83% in the year 2014/15.
- 7.32 There were 2323 food businesses on the authority's food standards establishment database at the time of the audit. A total of around 43 food establishments were overdue a food standards intervention at the time of the audit, of which, 23 were medium-risk (category B rated) and less than 20 were low-risk (category C rated). No high risk (category A rated) establishments were overdue an intervention at the time of the audit.
- 7.33 The authority had developed a generic food hygiene inspection form which covered both food hygiene and food standards. Auditors identified that that the aide memoir contained sufficient information to allow officers to undertake full scope inspections.

- 7.34 During the audit an examination was carried out of records held on the authority's database, for eight food establishments reported to have been subject to food standards inspections.
- 7.35 In all cases, the most recent inspections had been undertaken at the required frequencies and information captured on the latest aide-memoire was sufficient to demonstrate that officers had considered the size, scale and scope of the business' activities. Further, the records confirmed that full scope inspections had taken place.
- 7.36 Auditors were able to confirm that inspections had been unannounced in all cases.
- 7.37 Auditors were provided with the most recent inspection aide memoir for food establishments in all cases. In five cases auditors were able to verify that officers had undertaken thorough assessments of compliance with food standards requirements. In the remaining three cases, relating to C rated establishments; the records were not sufficiently detailed to ascertain the extent of assessment of compliance with presentation and labelling requirements.
- 7.38 In all cases, previous inspection observations were available and auditors were able to establish that in three cases where previous issues had been identified, the establishment had been subject to the appropriate escalation of enforcement.
- 7.39 The authority was using the intervention rating scheme within the Food Law Code of Practice for determining intervention frequencies. In all cases, risk ratings were consistent with the information that was available on inspection records.
- 7.40 In one case, where a revisit was required to check compliance, this had taken place five months beyond the scheduled date of six weeks, whilst a previous visit had been made no evidence to suggest that food standards contraventions had been reviewed was recorded.
- 7.41 The authority had a documented Alternative Enforcement Strategy (AES) procedure for food hygiene and food standards. The procedure stated when an AES could be used for lower risk premises and included example self-assessment questionnaires as appendices.

- 7.42 Prior to the audit the authority provided a list of AES activity that had been undertaken. A total of 10 files were selected for examination.
- 7.43 In all cases evidence was available to show that an initial primary inspection to conduct a risk rating assessment had been undertaken by an appropriately qualified officer. All selected premises had been rated as category C and all but one were eligible for AES. In the remaining case, the initial risk rating was considered to be inappropriately risk rated due to the manufacture of food subject to compositional standards.
- 7.44 Postal questionnaires were used as an AES for all 10 premises and all interventions were recorded as AES on the database. The procedure stated that schedule dates and records of telephone calls for reminders would be recorded, however, there was no evidence of this on the files checked.
- 7.45 In all cases evidence was available to demonstrate that an appropriately authorised officer had reviewed the AES questionnaire and there were no significant changes in business activity requiring further action.

***Recommendations***

- 7.46 The authority should:
- (i) Ensure that food standards establishment interventions are carried out at a frequency which is not less than that determined by the Food Law Code of Practice. [The Standard - 7.1]
  - (ii) Carry out revisit interventions / inspections and AES, in accordance with relevant legislation, 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 and ensure observations made and / or data obtained in the course of an inspection / intervention are recorded in a timely manner to prevent loss of relevant information. [The Standard – 7.3 & 7.5]

### *Verification Visit to Food Establishment*

- 7.48 Verification visits were made to two food establishments with an authorised officer of the authority who had carried out the most recent food standards inspection. The main objective of the visits 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.
- 7.49 In both cases the officers were 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.

## **8 Food and Food Establishments Complaints**

8.1 The authority had developed documented procedures for dealing with food complaints and service requests. Additionally, the service had laid out its commitments in relation to responding to complaints in its Service Plan. The content of the procedures was in accordance with the Food Law Code of Practice and official guidance.

8.2 Target response times for responding to food hygiene and food standards complaints and service requests had been included in the procedures based on three categories of complaint risk: High, Medium and Low.

### ***Food Hygiene***

8.3 An examination was undertaken of the records relating to 10 food hygiene complaints received by the authority in the two years prior to the audit. All complaints had been responded to within the target response times set out in the food complaints database in accordance with the authority's procedure.

8.4 All complaints had been investigated in accordance with the authority's procedures and evidence was available to demonstrate that appropriate investigations had been carried out. Where applicable, complainants had been notified of the outcome of investigations.

### ***Food Standards***

8.5 An examination was undertaken of the records relating to eight food standards complaints received by the authority in the two years prior to the audit.

8.6 In all cases complaints had been investigated in accordance with the authority's procedure and relevant centrally issued guidance. However in two cases, auditors were unable to verify that appropriate action had been taken in light of investigation findings.

8.7 In all complaints where the complainant's details had been provided to the authority, there was evidence that they had been informed of the outcome of investigations.

***Recommendations***

- 8.8 The authority should:
- (i) Ensure that Food Standards complaints received are investigated in accordance with the relevant Code of Practices, centrally issued guidance and the authority's policies and procedures. [The Standard - 8.2]
  - (ii) Take appropriate action on complaints received in accordance with its Enforcement Policy. [The Standard 8.3]



## **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 Service Plan and Enforcement Policy as well as the Primary Authority protocol.
- 9.2 Food law enforcement officers had been provided with passwords to enable them to access the Primary Authority website.
- 9.3 Primary and Home Authority considerations had been included in some other work procedures, for example food complaints, food incidents and sampling procedures.
- 9.4 The authority had one Primary Authority agreement in place and auditors were also 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 arrangements in place however; it remained responsible for manufacturers based within its area as an originating authority. Records examined during the audit demonstrated that they had been provided with accurate and timely advice and the authority 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 and coaching visits and on request, both in writing and over the telephone. A new scheme of charging for advisory visits had been introduced with safeguards in place to prevent conflicts of interest. 358 requests for information and advice were received in the previous year along with 75 requests for visits estimated for the food hygiene service in the Service Plan.

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

- Setting-up a new food business;
- Approvals and registrations;
- The Food Hygiene Rating Scheme (FHRS);
- Food Safety Management, including Hazard Analysis Critical Control Points (HACCP);
- Food complaints;
- Food poisoning;
- Food safety training,
- Enquiries and requests for advice,
- Food alerts,
- Food sampling,
- Food safety advice on flooding,
- Education and promotion of food safety,
- Healthy Options Award.

## **11 Food Establishments Database**

- 11.1 The authority had a documented procedure for the maintenance of its food establishment database. Information to update the database is gathered from interventions, food business operators, licensing and planning applications, e-mail notifications from other Public Protection teams or external agencies. The authority would benefit from updating the procedure to include other sources of information such as online business directories, media / advertisements and other council departments.
- 11.2 The authority's internal monitoring processes included checks on establishment record integrity.
- 11.3 Auditors randomly selected 10 food establishments located in the authority's area from the Internet. All of the food establishments that remained trading had been included on the authority's database and in the food inspection programmes.

## **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.
- 12.2 Separate policies relating to food standards and food hygiene sampling activities had also been developed.
- 12.3 Programmes for the microbiological examination and chemical analysis of food that had regard to national and regional priorities had been developed and implemented and all samples are being entered on a national system (UKFSS). In addition to funding its own sampling programme, the authority had previously benefited from FSA grant funding for food standards samples.
- 12.4 Separate procedures had been developed for the microbiological sampling and chemical analysis of food which were in accordance with the Food Law Code of Practice and official guidance. In respect of Food Hygiene, auditors discussed the benefit of providing further details in respect of out of hours sampling. Both procedures would benefit from further development with respect to timescales for following up of unsatisfactory results.
- 12.5 The authority had appointed a Public Analyst for carrying out analyses of food and had a formal service level 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***

- 12.6 Audit checks of records relating to six samples submitted for microbiological examination were undertaken, three of which related to unsatisfactory results. All samples had been procured by an appropriately trained and authorised officer and results were available on food establishment files.
- 12.7 In all cases businesses had been informed of unsatisfactory results and appropriate action had been taken by officers where applicable. This

included sampling results that were associated with an incident being correctly notified to the FSA.

***Food Standards***

- 12.8 An examination of the records relating to seven food standards samples was undertaken, of which four related to unsatisfactory results. All samples had been appropriately procured by trained and authorised officers and sample results were available on food establishment files.
- 12.9 Auditors were able to confirm that sampling had been appropriately undertaken in accordance with the Food Law Code of Practice. In all cases confirmation of unsatisfactory results had been provided and appropriate action had been taken by officers in all cases. This included liaising with all relevant food businesses and Primary, Home and Originating Authorities as appropriate.

***Recommendations***

- 12.10 The authority should:
- (i) Amend its documented procedure for food hygiene to include arrangements for sampling outside of normal office hours. [The Standard – 12.5]

### **13 Control and Investigation of Outbreaks and Food Related Infectious Disease**

- 13.1 The authority had identified a lead officer for communicable disease to lead in investigation and assessment of notifications received by the authority.
- 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.
- 13.3 A procedure for investigating sporadic cases of food related infectious disease notifications had been produced by the authority, which was supplemented by a range of pathogen specific advisory leaflets and investigation questionnaires.
- 13.4 The authority had formal arrangements in place to respond to notifications of food related infectious diseases received outside normal working hours involving contact with an appropriately qualified officer. The arrangements were not tested as part of the audit.
- 13.5 Notifications relating to seven sporadic cases of food related infectious diseases were selected for audit. Completed questionnaires were available in all cases, which confirmed that officers had interviewed infected persons and that thorough and timely investigations had been carried out in accordance with the authority's procedures and target response times.
- 13.6 The authority reported two outbreaks in the two years prior to the audit. Detailed evidence was available in both cases to demonstrate that a thorough investigation had been undertaken in line with the local procedure and centrally issued guidance in relation to control of outbreaks.
- 13.7 Records relating to the control and investigation of food related infectious disease were being retained by the authority for at least six years.

## **14 Food Safety Incidents**

- 14.1 The authority had developed a procedure for dealing with incidents and food alerts which also included food alerts arising in its area.
- 14.2 Auditors were able to verify that a sample of five recent food alerts for action notified to the authority by the FSA had been received and actioned as appropriate in accordance with the instructions issued.
- 14.3 Auditors were able to verify that the authority was aware of the requirement to notify the FSA of any serious localised and non-localised food hazards arising in its area and had done so when this had been required.
- 14.4 Action taken by the authority had been documented in all cases and correspondence, including officer e-mails relating to food alerts, had been maintained.

## **15 Enforcement**

- 15.1 The authority had developed a Food Safety and Standards Enforcement Policy which had been approved by the Director of Development and Cabinet Member for Environmental and Regulatory Services and the Welsh Language. The Policy was available to the public and businesses on the authority's website.
- 15.2 The policy advocated a graduated approach to enforcement and was in accordance with Food Law Code of Practice and other official guidance. The policy included criteria for taking informal action, and for the service of statutory notices, other formal actions, Simple Cautions and prosecutions. Reference to Primary and Home Authority schemes were also contained in the policy.
- 15.3 The taking of action in council operated establishments was also addressed in the policy, and detailed arrangements had also been included in intervention procedures.
- 15.4 Procedures for the withdrawal or suspension of approvals had been documented in the procedure for interventions in approved establishments. A separate enforcement procedure had been developed for imported food. These were in accordance with the Food Law Code of Practice.
- 15.5 The authority had a Food Safety and Standards Enforcement Procedure which was generally in accordance with the Food Law Code of Practice, centrally issued guidance and applicable legislation. However, the section for the seizure, detention, certification of unsafe food would benefit from review to reconsider the advice to sample after it has been accepted that food has failed the food safety requirements. Further, the section relating to the service of Emergency Prohibition Notices and voluntary closures would benefit from providing a local process for instigation of court proceedings in relation to Emergency Prohibition Notices.



- 15.6 The authority had used a range of the available enforcement tools to secure improved business compliance with food legislation.
- 15.7 The following formal enforcement actions had been reported by the authority, in its pre-audit documentation, as having been undertaken in the two years prior to the audit:
- 17 Hygiene Improvement Notices (HINs);
  - 2 Improvement Notices;
  - 1 Voluntary Closure;
  - 4 Simple Cautions;
  - 6 prosecution decisions
- 15.8 An examination of database records, indicated there were no establishments in the authority's area that had received a food hygiene rating of '0'. Further, there were no establishments identified as having fulfilled the health risk conditions requiring closure. Auditors noted from recent team meeting records, that seven establishments had been considered for escalation to formal action. Four had received or were in the process of receiving enforcement action in accordance with the Enforcement Policy. In the other three cases, the Enforcement Policy indicated that formal action was the primary option. However, this action had not taken place. Further, in two of those cases, the matters concerned significant food hygiene contraventions, which required action to cease certain food production activity. In one of these cases, the business had entered into an informal agreement with the authority to cease production of certain food which was not in accordance with the Food Law Code of Practice. Whilst there was some delay within the business to secure full compliance, the cessation of production was checked in a timely manner by the officer and ultimately secured. Also, in respect of the same case, records indicated that consideration should have been given to instigation of prosecution proceedings but the matter was not escalated for a formal decision by the Prosecuting Officer. Infringement meeting records did not specifically reference the Enforcement Policy criteria, but officers advised that the infringement process duly considered those criteria. Where serious hygiene contraventions are identified, auditors advised of the need to document reasons for decisions in accordance with the criteria set out in its Enforcement Policy.

- 15.9 Six Hygiene Improvement Notices (HINs) and two Improvement Notices (INs) served for contraventions of Food Standards legislation, with associated records, were selected for audit. In all cases, the service of HINs and INs had been the appropriate course of action. However, auditors noted that in one case the notice was served 12 days after the officer discovering that the Food Business Operator was non-compliant with food hygiene regulations.
- 15.10 In all cases, auditors were able to confirm that the details of the contraventions identified and the measures to be taken to achieve compliance had been specified along with relevant appeal information. In five cases, auditors were able to confirm that the notice contained the full name of the Food Business Operator. In three cases auditors were able to verify that the officer who witnessed the contravention had signed the notice. In the remaining cases, true copies of the notices served were not available on the file. Further, in four cases, auditors were able to verify that the notices had been properly served.
- 15.11 In eight cases, auditors were able to verify that a timely check on compliance had been undertaken on expiry of the notice. Where compliance had been achieved, this had been confirmed in writing to the food business operators in all but two cases.
- 15.12 One voluntary closure had been reported by the authority in the two years prior to the audit, however, the activity did not involve the closure of a business that fulfilled the health risk condition in accordance with the FLCoP and this file was not audited.
- 15.13 In the two years prior to the audit, the authority had issued four simple cautions; three with respect to food hygiene and one relating to food standards offences. Six prosecutions had been taken relating to food hygiene offences only. Auditors examined three prosecution files and all four simple cautions.
- 15.14 Auditors were able to confirm that the prosecutions had been an appropriate course of action. However, auditors were unable to verify that the authority had documented decisions with regards to its Enforcement Policy in all of the cases examined, contrary to the authority's procedure and other official guidance. In one case, auditors were able to confirm that the prosecuting officer had considered all

elements of the Code of Crown Prosecutors. In the remaining two cases auditors were unable to verify that consideration of the public interest test had been adequately documented. Auditors were advised that any cases sent to the prosecuting officer were referred to the authority's legal department specifically for advice on whether the 'evidential' and 'public interest' tests contained in the Code for Crown Prosecutors had been fulfilled. The specific recommendations of the legal department in these cases were available. However, the Prosecuting Officer's records did not refer to these recommendations.

- 15.15 Auditors discussed the need to ensure that designated roles in accordance with the Criminal Procedure and Investigations Act 1996 are clearly documented on prosecution files. In all cases, no disclosure officers were identified and it was unclear whether unused information had been included in the case files. Auditors were therefore unable to verify whether a disclosure officer was required.
- 15.16 With respect to the Simple Cautions administered by the authority, auditors were able to confirm that all had been an appropriate course of action. However, in two cases, auditors were unable to verify that the authority had documented decisions with regards to its Enforcement policy or public interest test.

### ***Recommendations***

15.17 The authority should:

- (i) Review and amend its documented enforcement procedures to reconsider the advice to sample in the procedure for the seizure, detention, certification of unsafe food and to include further detail on the local arrangements for application to Court to determine Hygiene Emergency Prohibition Notices. [The Standard - 15.2]
- (ii) Ensure that food law enforcement is carried out in accordance with its procedures, the Food Law Code of Practice, official guidance and centrally issued guidance. [The Standard – 15.2 & 15.3]
- (iii) Ensure its Enforcement Policy is implemented and all decisions on enforcement action are documented and are made following consideration of the enforcement policy. Document the reasons for any departure from the criteria set-out in the Enforcement Policy. [The Standard – 15.1 & 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 databases. 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. In all but one case, information relating to the last three inspections, where relevant was available and records were being retained for six years.
- 16.2 In all but one case establishment files contained an up to date copy of the food registration form for the current food business operator. Where food registration forms were available, auditors noted that three had been date stamped on receipt. The procedure for processing registration forms had been altered to improve date stamping and this was confirmed in the one case that has been received by the authority following implementation of the procedure.
- 16.3 In all cases, approved establishment files contained a synopsis, HACCP documentation, notification documents and establishment layout plans. However, the remainder of the information required in Annex 10 of the Food Law Practice Guidance was not consistently available in all cases. Establishment files for approved premises would benefit from a significant review against the documents required by Annex 10 to ensure that these are available and up to date in all cases.
- 16.4 Post-inspection letters contained all the information required to be provided to food business operators under Annex 6 of the Food Law Code of Practice.
- 16.5 In nine of the cases examined, the latest inspection letters had been sent to businesses within 14 days of the visit, as required by the authority's procedures and Food Hygiene Rating legislation.

### ***Recommendations***

- 16.6 The authority should:
- (i) Maintain up to date accurate records of all food establishments in its area in accordance with the Food Law Code of Practice and centrally issued guidance. These records shall include reports of all interventions / inspections (including copies of food inspection reports), the determination of compliance with legal requirements made by the authorised officer, details of action taken where non-compliance was identified, details of any enforcement action taken, results of any sampling and registration and approval information. [The Standard – 16.1]

### ***Food Standards***

- 16.7 The outcome of inspections was being reported to businesses using food standards inspection report forms and inspection letters. Report forms were being maintained electronically on the database. Records of interventions were being maintained on the authority's database, including the date, type of intervention and risk rating for the establishment.
- 16.8 In all cases, establishments selected for audit had been provided with report forms at the conclusion of the most recent inspection which had been followed up with an inspection letter sent to the relevant address which was consistent with the information on the registration forms held by the authority. Auditors were able to verify that registration forms were available on file in all cases, all of which had been date stamped in accordance with the local procedure.
- 16.9 Report forms contained all of the information required by Annex 6 of the Food Law Code of Practice and the authority was able to demonstrate that food standards records were being consistently maintained for at least six years.

## **17 Complaints about the Service**

- 17.1 The authority had developed a Compliments and Complaints Procedure which was available to the public and food businesses on its website.
- 17.2 Complaints were dealt with under a two stage procedure, initially by the relevant officer and then, if the customer was not satisfied, formally by an appropriate manager.
- 17.3 Six complaints about food hygiene matters had been received in the two years prior to the audit. These had been investigated in accordance with the authority's procedure and none were upheld.
- 17.4 Auditors noted that the details of a senior officer was provided on correspondence should businesses wish to complain following an inspection or other intervention.

## **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:

- West Wales Food and Agriculture Standards Liaison Group;
- South West Wales Food Safety Task Group;
- South West Wales Communicable Disease Task Group;
- Communicable Disease Expert Panel;
- All Wales Food Safety Expert Panel;
- Port Health Expert Panel;
- Welsh Food Microbiological Forum;
- Lead Officers Food Hygiene Rating Steering Group;

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

- WHoTS Food Standards and Labelling Enforcement Group;
- Wales Heads of Environmental Health Group;
- Food Standards Agency;
- Welsh Food Fraud Coordination Unit;
- Consultant in Communicable Disease Control Proper Officer (CCDC) and Consultants in Health Protection, other colleagues at the local Health Protection Team and microbiology staff at the Public Health Wales Laboratory;
- Public Analyst;
- Animal and Plant Health Agency;
- Care and Social Service Inspectorate for Wales
- Chartered Institute of Environmental Health;
- Trading Standards Institute;
- Better Regulation Delivery Office;
- DEFRA Egg Marketing Inspectorate;

18.3 Auditors were also able to verify that liaison arrangements were in place with Council's Catering Division and that liaison had taken place with licensing and planning colleagues on food safety related matters. The



authority's enforcement policy and intervention procedure set out how food hygiene interventions were reported to other council departments.

- 18.4 The authority had worked collaboratively with other local authorities to identify a suitable Public Protection software system for adoption across Wales.

## **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 A sole performance indicator had been identified relating to broad compliance with food hygiene standards. Quantitative internal monitoring arrangements were in place to monitor performance against the indicator and targets which had been set-out in the Service Plan. Performance records were being maintained and reported on quarterly.
- 19.3 A documented internal monitoring procedure had been developed for both food hygiene and food standards activities.
- 19.4 The service manager, Senior officers and Team Leaders were responsible for internal monitoring of food enforcement at an operational level.
- 19.5 Auditors were able to verify that qualitative internal monitoring had been undertaken across the service including database checks, accompanied inspections and record checks. Records maintained, in accordance with the procedure, were able to confirm the nature and extent of the monitoring activity. Auditors were able to confirm that all aspects of service delivery were captured by the procedure.

### **Good Practice – qualitative monitoring of inspections**

The authority had undertaken detailed internal monitoring covering all aspects of the inspection of food establishments. Comprehensive records were being maintained and thorough feedback was provided to officers to ensure the quality of inspections was being maintained and improved.

- 19.6 The authority was able to demonstrate that officer progress in meeting performance targets, training and qualitative aspects of their work had been discussed in regular team meetings and during individual supervision meetings.

- 19.7 Officers had attended training to ensure the consistent application of food hygiene risk ratings, in accordance with Annex 5 of the Food Law Code of Practice. It had also recently participated in a national consistency exercise co-ordinated by the FSA.
- 19.8 Internal monitoring records were being maintained by managers for at least three years.

## **20 Third Party or Peer Review**

- 20.1 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](http://www.food.gov.uk/enforcement/auditandmonitoring)
- 20.2 The actions arising out of the focussed audits were addressed during this audit and all remaining recommendations from the audit on the 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 were able to be completed. Similarly a risk based approach to managing interventions in new businesses had now been implemented. Where matters remained outstanding from both audits, they were absorbed into the recommendations within this report.
- 20.3 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.
- 20.4 The authority's Environmental Health functions, which included the food 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 standards. Activities included:

- participation in Food Safety Week by issuing press release and posting information and promotional material on Pembrokeshire County Council's website, Twitter feed and Facebook pages.
- Hosted the FSA's Crucial crew to teach Pembrokeshire schoolchildren about food safety
- worked with the Hywel Dda University Health Board (HDdUHB) to promote and administer the Healthy Options Award Scheme.

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 Pembrokeshire County Council****Audit Date: 11th – 15th July 2016**

<b>TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)</b>	<b>BY (DATE)</b>	<b>PLANNED IMPROVEMENTS</b>	<b>ACTION TAKEN TO DATE</b>
<p>3.19 (i) Ensure future Service Plans for food hygiene and food standards are developed in accordance with the Service Planning Guidance in the Framework Agreement. In particular, an estimate of the resources required to deliver the services against those available should be provided. Also, ensure the review includes the timeliness of infectious disease notification investigations and the improvements include actions to address the variance in achieving the target for new food businesses. [The Standard – 3.1]</p>	30/10/2017	<p>While the Authority accepts the basis for the recommendation, it should be noted that the suggested improvements were not made during previous audits of the Authority's Service Plan for Food Law Enforcement. Future service plans will be drafted in accordance with the Service Planning Guidance.</p> <p>Greater clarification will be provided in the 2017-18 Plan as to how the level of resources available for food safety and standards enforcement compares to the anticipated demands on the Service. In addition, information on the timeliness of infectious disease investigations will be included, along with any actions proposed to address any variance for achieving the 28 day inspection target for new businesses.</p>	

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
5.9 (i) Ensure food enforcement officers are authorised under all appropriate legislation and in accordance with the Food Law Code of Practice. [The Standard – 5.1]	Achieved	i) Review list of list of enactments specified in officer authorisation documents. ii) The trainee officer undertaking low risk 'alternative enforcement strategy' (AES) visits had been authorised, though it had not been possible to locate the document at the time of the audit. This document was subsequently located.	i) The list of enactments specified in officer authorisation documents has been reviewed having regard to the latest version of the Code of Practice and steer provided during and following the audit. All authorisation documents have subsequently been revised in line with this steer. ii) Internal arrangements reviewed, to ensure that the documents for students that may in future be engaged in undertaking low risk AES visits, be stored in the appropriate location.
5.9 (ii) Maintain records of relevant academic or other qualifications of all authorised food standards officers in accordance with the Food Law Code of Practice. [The Standard – 5.5]	01/10/2017	While full training records were available for all permanent officers employed by the LA, the Authority accepts that records of continuing professional development were not available on file for one previously appointed, external contractor. i) If and when externally contracted officers are engaged in the future, the Authority will ensure that full training records are obtained from such officers before commencement of duties and placed on file. ii) Training Procedure to be updated to	

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		reiterate the expectation that contractors' CPD records will be checked on each occasion they are engaged to undertake work for the Department.	
6.10 (i) Fully implement its procedure for the calibration and maintenance of equipment to ensure all thermometers remain properly calibrated. [The Standard - 6.2]	Achieved (01/08/2016)	While all thermometers were within calibration and those in current use had been subject to the relevant 'between calibration' checks, the Authority accepts that one spare thermometer and one not subject to regular use had not benefited from these checks. Action will therefore be taken to ensure that all thermometers that 'might' be used are subject to the appropriate checks.	Key staff involved in the "in use" checks and officers who work in remote locations, have been briefed to ensure that all thermometers, including spares, are subject to the regular "in use" checks.
7.25 (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]	31/03/2018	<p>i) The Authority acknowledges that 81 inspections were overdue, i.e. had not taken place within 28 days of the due date at the time of the audit.</p> <p>The Authority remains committed to inspecting all premises due for inspection during the year, and in doing so is guided by the actual target date for each visit.</p> <p>However, it will always be the case that there will be occasional spikes in demand or dips in capacity e.g. due to planned or unplanned staff absences. At these times, resources will be prioritised towards achieving the highest risk inspections ahead of lower risk inspections in accordance with the Food Law</p>	i) The new database is now efficient at generating the due dates of inspections and the approach to allocation of inspections has changed, to allocate inspections on a three monthly basis to officers, based on priority of risk. More effort has been placed on ensuring that seasonal premises are allocated in time for the period of the year that they will be open, additional steps have been adopted to identify them at the time of allocation, and officers advised that these seasonal premises



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		<p>Code of Practice, albeit that the target date for the lower risk inspections might be sooner.</p> <p>Furthermore, seasonal premises may be targeted in preference to non-seasonal premises towards the end of the season, so that the inspection of these premises is not missed in the annual programme.</p> <p>In addition, there will be occasions where isolated inspections become due in more remote areas of the County. Where these inspections are of a lower risk the inspection may be delayed beyond the target 28 days, to allow for visits to be clustered. The Authority considers this to be a sensible approach to managing our programme of work, which takes account of the need to minimise travelling time and costs, while having due regard to risk.</p> <p>The Authority could not commit to changing this pragmatic and proportionate approach, which invariably results in a very high achievement against the planned inspection programme by the year end.</p> <p>Significantly the audit coincided with the implementation of a new database, which</p>	<p>shall be prioritised accordingly. Approved premises allocated to officers in April each year, so that interventions can be timed appropriately.</p>

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	01/04/2018	<p>inter alia is used for managing the food premises inspection programme, and which had some impacted on management oversight of the programme during this period.</p> <p>ii) The Authority acknowledges that 151 alternative interventions (self-assessment questionnaires) had not been issued to qualifying low risk businesses at the time of the audit, exceeding the planned intervention date by more than 28 days in each case. This was due to the practice of issuing the self-assessment questionnaires as a batch to qualifying premises in the latter part of each year.</p> <p>In future, self-assessment questionnaires will be issued early each year so that target dates for these low risk interventions are not exceeded.</p>	
7.25 (ii) Ensure that, where applicable, interventions are undertaken in accordance with the Food Law Code of Practice, centrally	01/08/2017	While in general the risk ratings applied to establishments were held to be consistent with the inspection findings, we note that in one case the score awarded by the officer for hygiene practices and procedures was challenged.	In practice, both before and subsequent to the audit, regular discussions take place with officers about the importance of compliance scores being based on what they have witnessed, and

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issued guidance, and local procedures. [The Standard – 7.2]		While recognising that the criteria on which risk scores are awarded is somewhat subjective and the difference between two adjacent scores comes down to fine interpretation and judgement the Authority will continue to monitor the application of these scores to ensure, as far as possible, that they remain consistent with the Food Law Code of Practice, Statutory Guidance on Food Hygiene Ratings, and that decisions are adequately recorded.	being consistent with the legislative and guidance available. This is checked on internal monitoring, and reinforced through individual and team participation in FSA national FHS consistency exercises, attendance at Wales wide and regional consistency training. The team have received training on the recent 2017 Food Safety Expert Panel Steers issued to aid consistency in scoring, with discussions on different scenarios experienced across the team at food team meetings.
7.25 (iii) Fully assess the compliance of establishments in its area to the legally prescribed standards and ensure that observations made and / or data obtained in the course of a food hygiene intervention / inspection are recorded in a timely manner to prevent the	01/01/2018	While in all but two cases, the level of detail recorded on aides-memoire was appropriate to verify that thorough assessments of business compliance with requirements relating to Hazard Analysis Critical Control Point (HACCP), the Authority accepts that in two cases insufficient detail had been recorded on the aide memoire in relation to a single CCP in each case. The same point was accepted for one of the approved premises inspections where further information relating to the control of a single	The importance of recording all findings in relation to HACCP assessments and cross contamination controls is a key theme communicated to all officers and is embedded in the internal monitoring activities that take place.

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<p>loss of relevant information. [The Standard -7.3 &amp; 7.5</p>		<p>CCP was required.</p> <p>The Authority further acknowledges that two examples were identified where records were not sufficiently thorough to demonstrate that officers had fully considered business compliance in protecting food against cross contamination.</p> <p>In addition the Authority acknowledges the expectation that a thorough record be included on aide memoires with respect to any assessment made on traceability and imported foods (i.e. confirming what was checked and the conclusion of that check), with it being deemed insufficient to restrict the record to whether relevant checks had been carried out and to add additional information in response to exceptions only.</p> <p>Further guidance will be provided to officers in response to these observations and the Authority will continue to monitor and promote thorough record keeping as part of its internal monitoring processes.</p> <p>In addition the inspection aide memoire will be amended to prompt officers to include more information on checks on traceability and imported foods.</p>	

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
7.46 (i) Ensure that food standards establishment interventions are carried out at a frequency which is not less than that determined by the Food Law Code of Practice. [The Standard - 7.1]	31/03/2018	<p>The Authority operates a fully integrated food premises inspection programme covering both food hygiene and standards.</p> <p>The Authority acknowledges that 43 interventions were overdue, i.e. had not yet taken place within 28 days of the due date at the time of the audit, with these premises being the same as, not in addition to, those referred to for hygiene purposes above. The Authority is committed to inspecting all premises due for inspection during the year, and in doing so is guided by the actual target date for each visit. Where a premises is due to be inspected for food hygiene and food standards purposes during the programme year, the target date for food hygiene is used for planning/scheduling purposes. This can on occasion mean that the food standards inspection can exceed its due date (within the year). An exception is however made for high risk Cat A food standards inspections, which the Authority aim to inspect within 28 days of the target date.</p> <p>Aside from this the comments against 7.25 (i) and (ii) above remain relevant.</p>	<p>The new database is now efficient at generating the due dates of inspections and the approach to allocation of inspections has changed, to allocate inspections on a three monthly basis to officers, based on priority of risk. More effort has been placed on ensuring that seasonal premises are allocated in time for the period of the year that they will be open, additional steps have been adopted to identify them at the time of allocation, and officers advised that these seasonal premises shall be prioritised accordingly.</p>

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7.46 (ii) Carry out interventions / inspections including AES, in accordance with relevant legislation, the Food Law Code of Practice and centrally issued guidance. [The Standard - 7.2]	01/04/2018	See comments against 7.25 (ii).	
7.46 (iii) Assess the compliance of establishments in its area to the legally prescribed standards and ensure observations made and / or data obtained in the course of an inspection / intervention are recorded in a timely manner to prevent loss of relevant information. [The Standard – 7.3 & 7.5]	01/04/2018	<p>The Authority accepts that there is some scope for more detailed food standards records to be made in the case of certain 'low risk' premises.</p> <p>Further guidance will be provided to officers in response to these observations and the Authority will continue to monitor and promote thorough record keeping as part of its internal monitoring processes.</p> <p>With regard to the revisit referred to at 7.40 in the report, the premises were inspected on 22/5/16, and a revisit due 14/7/15. An assessment of compliance with labelling requirements was made by the officer at a different retail shop on 20/7/15. (In addition, a follow up call was made to assess progress and at the FBO's request the revisit put back to October. As full compliance was not</p>	

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		<p>achieved at this time a second revisit was made in November. Experience shows that a “reality check” on the labelling of product sent out to retailers can often be a better way of assessing compliance than observing labelling held in stock on site, but in view of the Agency’s insistence on this point, further guidance will be provided to officers, and the procedure will be amended to emphasise that labelling check revisits may only be carried out through a visit to the site. This will be monitored through internal performance and quality monitoring.</p>	
<p>8.8 (i) Ensure that Food Standards complaints received are investigated in accordance with the relevant Code of Practices, centrally issued guidance and the Authority’s policies and procedures. [The Standard - 8.2]</p>	<p>01/04/2018</p>	<p>This recommendation, which relates to para. 8.6 of the report, concerns two cases where auditors felt unable to ‘verify’ that appropriate actions had been taken with respect to the investigation of two food standards breaches. The Authority will continue to assess the investigation of food standards complaints in accordance with internal monitoring procedures, offering guidance to officers where appropriate, with respect to follow-up action and record keeping.</p>	
<p>8.8 (ii) Take appropriate action on complaints received in accordance with its Enforcement Policy. [The Standard 8.3]</p>	<p>01/04/2018</p>	<p>See comments against 8.8 (i).</p>	

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12.10 (i) Amend its documented procedure for food hygiene to include arrangements for sampling outside of normal office hours. [The Standard – 12.5]	01/10/2017	The Authority notes that 12.5 of the Standard requires the Authority to set up, maintain and implement documented procedures for the procurement or purchase of samples, continuity of evidence and the prevention of deterioration or damage to samples whilst under its control in accordance with the relevant Codes of Practice and centrally issued guidance. The Standard does not stipulate that the procedure makes specific reference to how such arrangements would also operate out of hours, while suitable arrangements will need to be in place. The Authority does not therefore view this as a non-compliance with the Standard although can accept the recommendation that the procedure might benefit from these arrangements being set out. The documented Food Sampling Procedure will therefore be amended to make clear the arrangements in place.	
15.17 (i) Review and amend its documented enforcement procedures to reconsider the advice to sample in the procedure for the seizure, detention, certification of unsafe food and to	01/08/2017	The Authority notes that 15.2 of the Standard provides a general requirement that Authorities set up, maintain and implement documented procedures for follow up and enforcement actions in accordance with the relevant Codes of Practice and official guidance, but without any prescription beyond this as to the extent to which arrangements should be detailed.	Procedure updated.



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include further detail on the local arrangements for application to Court to determine Hygiene Emergency Prohibition Notices. [The Standard - 15.2]		However, the Authority accepts the recommendations and the relevant Enforcement Procedures will be amended to include information to officers on the practical arrangements for applying to the Court for a hearing for a HEPN and to clarify that sampling is not necessary where it is accepted that food has failed to meet food safety requirements by certifying food under Regulation 27 of the Food Hygiene (Wales) Regulations 2006.	
15.17 (ii) Ensure that food law enforcement is carried out in accordance with its procedures, the Food Law Code of Practice, official guidance and centrally issued guidance. [The Standard – 15.2 & 15.3]	01/10/2018	<p>With regard to the timeliness in serving one of the Hygiene Improvement Notices, significantly a revisit was made to the premises the following day to check compliance with pressing matters, with notices served some 12 days later for HACCP and training, where the compliance timeframe was longer (circa 6 weeks).</p> <p>While auditors suggested that part time officers' work should be covered by others to ensure that notices are served speedily, this is not considered a practical suggestion. However, the Authority can accept that the notices should have gone out within 10 working days which is the timescale for reports and this will be reinforced in team meetings and through monitoring.</p>	

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	01/04/2018	<p>The Authority will review its administrative arrangements with respect to statutory notices to ensure that:</p> <ul style="list-style-type: none"> <li>- The <u>full</u> name of the FBO is always stated.</li> <li>- True copies of <u>all</u> notices bearing the signature of the issuing officer will be retained i.e. not merely 'unsigned' electronic copies.</li> <li>- Clear proof of service is maintained on file <u>in every case</u>.</li> <li>- Compliance with notices is confirmed clearly in writing <u>in all cases</u>.</li> </ul> <p>The approach to designating roles relating to the disclosure of prosecution material will be considered in discussion with the Council's Legal Service, having regard to the Criminal Procedure and Investigations Act 1996, with this being clearly documented on prosecution files.</p>	
15.17 (iii) Ensure its Enforcement Policy is implemented and all decisions on enforcement action are documented and are made following consideration of the enforcement policy.	01/10/2018	The Authority's Enforcement Policy sets out a list of criteria that are relevant to considering whether informal action might be appropriate, that requires a balanced judgement having regard to the significance of each of these criteria. For example situations can be identified where a significant risk is highlighted, but where confidence in the management of the business and track	

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<p>Document the reasons for any departure from the criteria set-out in the Enforcement Policy. [The Standard – 15.1 &amp; 15.4]</p>	<p>01/04/2018</p>	<p>record of compliance are such that timely/immediate compliance can be effected without the need to rely on other formal enforcement tools. To adopt a narrower approach would be too restrictive and in most cases unnecessary.</p> <p>The Authority notes the comments that in 3 cases the auditor felt that formal action was indicated by the Enforcement Policy and that in 2 cases, where steps were needed to cease certain food production taking place, did not take place in a formal or timely manner.</p> <p>The Authority is aware of the need to consider whether formal action is required to protect public health and considers that in the cases mentioned, the undertaking of formal action (service of notice) would not have resulted in an appreciable improvement in public health protection, and that the enforcement revisits planned and undertaken were timed appropriately to check whether the business had undertaken the necessary action.</p> <p>The Authority commits to continuing to ensure that where action is needed to ensure that public health is protected, the most</p>	

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		<p>appropriate action is undertaken, whether it be formal or informal action.</p> <p>The Authority will ensure that if there is a deviation from the wording of the Enforcement Policy, that the reasons for the deviation are recorded, as well as the justification for any deviation. In all cases the Authority will ensure that where follow up is required to ensure that risks are removed, that they are done as soon as possible having regard to the risk posed.</p> <p>With regard to the observation that auditors were 'unable to verify that the consideration of the public interest test had been adequately documented' it is routine for every case referred to the Director for consideration for prosecution/simple caution to be first referred to the Council's Legal Section specifically for assessment against the 'evidential' and 'public interest' tests contained in the Code for Crown prosecutors. It is acknowledged that no record of this was made on any of the Decision to Prosecute forms where indicated, however legal opinions relevant to these matters are provided by e-mail (in varying style, format and content) and added to the file for consideration by the Director.</p>	

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		<p>The Authority will however review the approach taken to documenting considerations and opinions relevant to these tests, in discussion with the Legal Section, with the aim of ensuring this is clear in every case.</p> <p>The approach to designating roles relating to the disclosure of prosecution material will be considered in discussion with the Council's Legal Service, having regard to the Criminal Procedure and Investigations Act 1996, with this being clearly documented on prosecution files.</p>	
<p>16.6 (i) Maintain up to date accurate records of all food establishments in its area in accordance with the Food Law Code of Practice and centrally issued guidance. These records shall include reports of all interventions / inspections (including copies of food inspection reports), the determination of</p>	<p>31/03/2018</p>	<p>The Authority will review approval files against the list of documents required in Annex 10 of the Food Law Code of Practice, to ensure that all relevant documents are available.</p>	

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<p>compliance with legal requirements made by the authorised officer, details of action taken where non-compliance was identified, details of any enforcement action taken, results of any sampling and registration and approval information. [The Standard – 16.1]</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:

- Pembrokeshire County Council – Corporate Complaints Procedure – February 2012
- Updated Communicable Disease Outbreak Plan For Wales – 26 November 2012
- The Communicable Disease Outbreak Plan For Wales ('The Wales Outbreak Plan') – September 2012
- Public Protection Division - Statement of Witness
- Decision for Consideration of Formal Action Form
- Food Standards Agency (Pennington Report) Follow Up – Final Report
- Investigation and Control of Risks to Human Health from Infectious Diseases and Contamination Procedure – Ref FHP10
- Health Protection Protocol for Dealing with Suspected Cases of Ebola – Version 6 – 20<sup>th</sup> November 2014
- Gastrointestinal Illness: Exposure Investigation Form
- Food Premises Registration, New Businesses and Business Closures Procedure – Ref OAP05
- Mid and West Outbreak reporting template
- Food Standards: Sampling Procedures – Ref FSP06
- South West Wales Region – Environmental Health Public Health Wales Chemical Incidents
- IBID Export User Guide
- All Wales Communicable Disease Expert Panel – Good Practice Statement – Campylobacter Surveillance and Investigation
- Guidance for the interpretation of PCR assays for gastrointestinal pathogens
- Campylobacter Postal Questionnaire
- Pembrokeshire County Council – Sampling Plan 2015/16 & 2016/17
- Pembrokeshire County Council – Training Priorities 2015 – 16 & 2016 – 17
- Food Safety: Procedure for Dealing with Notifications of Loss of Officially Tuberculosis Free Status in Cattle – Ref FHP17
- Pembrokeshire County Council – Food, Safety and Port Health – Step by Step Guide for Tascomi – April 2016)
- Food Incidents and Food Alerts Procedure – Ref FHP15

- Wales and Mid Wales Plan – National Food Sampling Priorities for Wales 2016 – 17
- Food Safety and Standards: Enforcement Policy – Ref FHP01
- Port Health Plan for Milford Haven Port – Guidance for Authorised Officers and Medical Officers – November 2012
- Pembrokeshire County Council – Improvement Plan 2016 – 2017
- Public Protection – Service Improvement Plan 2016 – 2017
- Pembrokeshire County Council – Advice to Business
- Pembrokeshire County Council – The Constitution – January 2014
- Food Hygiene and Standards : Programmed Inspections Procedure – Ref FHP02
- Generic Food Inspection Form – Regulation (EC) No 852/2004
- Guidance for Officers on the completion of the Food Inspection Form
- Advice on the Use and Saving of Electronic Inspection Form (including Verification Forms) and Flare Input Forms
- Visit/Inspection Report Form
- Food Hygiene Risk Assessment Form
- Food Standards Risk Assessment Form
- Guidance for Lower Risk Food Businesses on Implementing a Food Safety Management System Based on HACCP Principles
- Information for Food Business Operators on Verification Visits
- Guidance for Officers Considering and Undertaking Verification Visits to Eligible Broadly Compliant Category C and D premises
- Food Hygiene: Procedure for Approval of, and Enforcement in, Food Business Establishments subject to Approval Under Regulation EC No. 853/2004 – Ref FHP04
- Checklist for applications for approval of premises under 853/2004
- Pembrokeshire County Council – Guidance on Raw milk requirements
- Pembrokeshire County Council – Cheesemaking Form
- Food Safety and Standards Enforcement Procedures – Ref FHP05
- Proof of Service of Summons / Notice / Order
- Hygiene Improvement Notice
- Hygiene Emergency Prohibition Notice
- Notice of Intention to Apply for Hygiene Emergency Prohibition Order
- Hygiene Emergency Prohibition Order
- Notice of Determination that the Health Risk Condition Remains in Existence
- Application for Condemnation of Food Order
- Food Condemnation Warning Notice
- Guidance to Officers on the Service of Remedial Action Notices following the Extension of the Power to Serve in all Food Business in the Food Hygiene
- Food Safety and Standards: Complaints – Policy and Procedure – Ref FHP06



- Guidance for Officers on Determining the Priority of Complaints and the Urgency of Response Required
- Food Safety And Standards: Advisory Service Procedure – Ref FHP07
- Public Protection Division – Business Advice (Food Safety and Standards – Legal Compliance
- Food Safety and Standards Advice Service Terms and Conditions
- Food Safety and Standards Advice Service Schedule of Services required
- Note for Officers on Completion of Schedule of Services Required and the Food Safety and Standards Advice Service Agreement
- Food Safety: Food Microbiological Sampling Policy – Ref FHP08
- Food Microbiological Sampling Programme 2015/16 & 2016/17
- Agreement for Provision of Microbiological Services between Public Health Wales and Pembrokeshire County Council 2016/2017
- Food Hygiene Sampling Procedure – Ref FHP09
- LACORS Guidance on Food Sampling for Microbiological Examination
- Food Incident Action Diary & Assessment
- Food Incidents and Alerts Procedure – Ref FHP15
- Implementation of the Statutory Food Hygiene Rating Scheme Procedure – Ref – FHP21
- Policy Guidelines on issuing Fixed Penalty Notices
- Food Safety: Imported Food Control Procedure – Ref FHP25
- Food Standards: Sampling Policy and Programme Procedure – Ref FSP05
- Document Control Procedure – Ref OAP01
- Authorisation of Officers Procedures – Ref OAP02
- Training System Procedure – Ref OAP03
- Equipment Maintenance and Calibration Procedure – Ref OAP04
- Application for Registration of a Food Business Establishment
- Data Management and Reporting Procedure – Ref OAP06
- FLARE - Food Inspections details sheet
- Internal Monitoring Procedure – Ref OAP10
- Primary Authority Protocol Procedure – Ref OAP13
- Vessel Inspections Procedure – Ref PHP01
- Ship Sanitation Control (Exemption) Certificates Procedure – Ref PHP04
- Shellfish Monitoring Procedure – Ref PHP06
- Toxic Algae Monitoring Procedure – Ref PHP07
- Potable Water Sampling Procedure – Ref PHP08
- Public Protection Division Prosecution Protocol – August 2005

## **(2) File and records reviews**

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

- 2011 -12 Public Analyst Appointments
- Cabinet Report 2016-01-11 Charging for advisory services
- Cabinet report 2016-01-11 Charging for food export certificates
- Cabinet report 2016-04-25 Increasing PH charges for weekend work
- Cabinet minutes 2016-01-15 Charging for advisory services and export certificates
- Cabinet minutes 2016-04-25 Increasing PH charges for weekend work
- 2015-16 Training Priorities
- 2016-17 Training Priorities
- Officer authorisations and training records
- Calibration records
- General food establishment records
- Approved establishment files
- Food and food establishment complaint records
- Advisory and promotional materials provided to businesses and consumers
- Food sampling records
- Records of food related infectious disease notifications
- Food Incident records
- Informal and formal enforcement records
- Minutes of internal meetings and external liaison meetings
- Internal monitoring records

## **(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 establishments database.
- Assess the capability of the system to generate food law enforcement activity reports and the monitoring information required by the Food Standards Agency.

## **(4) Officer interviews**

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:

Food, Health & Safety and Port Health Manager  
Senior Environmental Health Officers  
Senior Trading Standards Officer  
Environmental Health Officers  
Area Food Safety Officers

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

**(5) *On-site verification checks:***

Verification visits were made with officers to four 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"> <li>• Food Law Enforcement Standard</li> <li>• Service Planning Guidance</li> <li>• Monitoring Scheme</li> <li>• Audit Scheme</li> </ul> <p>The <b>Standard</b> and the <b>Service Planning Guidance</b> set out the Agency's expectations on the planning and delivery of food law enforcement.</p> <p>The <b>Monitoring Scheme</b> 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 <b>Audit Scheme</b> 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.