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

Monmouthshire County Council

20-22 February and 4-5 March 2013

## 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 the responsibility of unitary authorities in Wales. 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 Service. The assessment includes consideration of the systems and procedures in place for inspections of food businesses, food sampling, internal management, control and investigation of outbreaks and food related infectious disease, advice to business, enforcement and 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 authority's conformance against the Food Law Enforcement Standard "(The Standard)", which was published by the Agency as part of the Framework Agreement on Local authority Food Law Enforcement and 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 provide 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 premises 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 Monmouthshire 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 law enforcement service at Monmouthshire 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 Monmouthshire's arrangements for the delivery of food hygiene and food standards law enforcement services. The on-site element of the audit took place at the authority's offices at Magor and Abergavenny 20 - 22 February and 4 - 5 March 2013, and included

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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).

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 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 authority was one of two in Wales that had volunteered to pilot the development of a local authority audit rating scheme following completion of the audit.
- 1.9 It should be noted that the authority's animal feed law enforcement service was not included within the scope of the audit. The potential for delivering this service collaboratively in Wales was being considered at the time of the audit. Consequently, in relation to the two Authorities piloting the local authority audit rating scheme, it had been agreed that feedingstuffs would be audited later in the audit cycle.

### ***Background***

- 1.10 Monmouthshire County Council is a Unitary Authority in the south-east corner of Wales. Covering 850 square kilometers, and sharing its eastern border with England, Monmouthshire is located in a region known historically as the Welsh Marches.
- 1.11 Nearly half of Monmouthshire's 91,300 residents live in the main towns of Abergavenny, Monmouth, Usk, Chepstow and Caldicot.
- 1.12 Monmouthshire is a rural county with a strong tradition of farming and local food production. Its towns are characterised by county markets, shows and traditional crafts.

- 1.13 The Wye Valley Area of Outstanding Natural Beauty and other valuable natural assets - including the Brecon Beacons National Park - makes Monmouthshire a very popular leisure destination, which has resulted in the county having a highly-developed tourist industry.
- 1.14 Some two million visitors are attracted to the Monmouthshire area annually. Tourist expenditure was estimated in 2010 to be £149.8 million supporting 2,461 jobs directly and 546 indirectly.
- 1.15 Other important sectors in the region's economy include manufacturing, distribution, food production and agriculture, reflecting its largely rural nature.
- 1.16 The Welsh Index of Multiple Deprivation 2011 ranks specific small areas in Wales in terms of deprivation: none of Monmouthshire's areas fall in the 10% most deprived areas in Wales.
- 1.17 The authority's Public Protection Department within the Regeneration and Culture Directorate had responsibility for food and feed law enforcement, and for the investigation and control of cases and outbreaks of food poisoning and communicable disease.
- 1.18 Within the Public Protection Department, food law enforcement and the investigation and control of communicable diseases was the responsibility of the Environmental Health Commercial Team. In addition to food law enforcement, officers were also responsible for enforcing Health and Safety and Smoke Free Premises legislation. The team also dealt with other reactive work e.g. drainage problems in commercial premises.
- 1.19 The service had previously occupied accommodation at County Hall in Cwmbran. However a decision had been made by the Council to vacate the building.
- 1.20 The authority had developed an 'agile working' policy which had been identified as a corporate priority. This meant that, where applicable, staff had their own laptops enabling the council to operate a policy of one desk to two people and allowing staff to work whenever and wherever suited them best. The working ethos across the council was that "work is something you do, not somewhere you go".

- 1.21 At the time of the audit the Environmental Health Department operated a decentralised service with the majority of the Commercial Team working from home. Officers had access to a number of 'agile' work centres across the county and had been provided with laptops and mobile communications.
- 1.22 To reflect the new way of working the service had moved away from hard copy records to electronic record keeping and, as far as possible, the service operated paperless systems.
- 1.23 Officers were supported by a small team of administrators. Services were available to the public from 08.45 to 17.00 Monday to Thursday and 08.45 to 16.30 on Friday.
- 1.24 Standby arrangements were in place to deal with emergencies out of office hours. Call centre staff based in Cardiff had been provided with the contact details of managers and lead officers together with back-up telephone numbers. Whilst the out of hours response was provided on a voluntary, goodwill basis by officers, the Head of Service advised auditors that the service was guaranteed. The out of hours response was not tested as part of the audit process but no evidence was found of instances where the authority had failed to respond to out of hours notifications.
- 1.25 The authority reported the profile of Monmouthshire Council's food businesses as of 31<sup>st</sup> March 2012 in its Food Law Enforcement Service Plan as follows:

<b>Type of food premises</b>	<b>Number</b>
Primary Producers	28
Manufacturers/Packers	53
Importers/Exporters	1
Distributors/Transporters	13
Retailer - smaller	270
Caterers/food premises	1000
<b>Total number of food premises</b>	<b>1,365*</b>

\*includes premises registered by the authority and non-registered premises e.g. market traders registered elsewhere



- 1.26 The Food Law Enforcement Service Plan 2012/13 stated that the authority had 7.3 full time equivalent (FTE) officers (including the Principal Officer) delivering food hygiene and standards enforcement, promotional work, communicable disease control, and health and safety at work. This did not include senior management (Public Protection Manager), administrative and sampling support.
- 1.27 The total annual revenue expenditure on food safety and food standards had been estimated at £363,000 by the authority in the Food Law Enforcement Service Plan 2012/13.
- 1.28 The authority had been participating in the National Food Hygiene Rating Scheme which was launched by all local authorities in Wales in October 2010. The food hygiene ratings of 693 food establishments were available on the National Food Hygiene Rating Scheme website.

## 2 Executive Summary

- 2.1 The authority was delivering a food law enforcement service that worked closely with businesses to assist them in complying with food hygiene and food standards legislation. The authority had accessed FSA funding to provide coaching visits and seminars for local businesses to assist them in developing their food safety management systems.
- 2.2 In 2011/12, 99.8% of programmed food hygiene interventions that were due to be carried out were carried out. 100% of high risk food hygiene interventions were achieved and 82.65% of food establishments were broadly compliant with food hygiene legislation. 100% of new businesses which registered during the year had been subject to a food hygiene inspection. 100% of food standards interventions that were due were achieved. At the time of the audit there were a small number of overdue interventions, however the Head of Service advised auditors that these would be addressed by year end.
- 2.3 The authority had embraced the Primary Authority Scheme and had formal, signed Primary Authority Agreements with a number of businesses.
- 2.4 The audit identified shortcomings in the consistency and quality of information captured during food law interventions. Although the authority's premises database appeared robust and capable of performing effectively, the shortcomings in capturing and recording information on the database in a timely manner meant that it was not consistently accurate. The management of an effective food law enforcement service is dependent on the availability of accurate and up to date information.
- 2.5 At the time of the audit, auditors were informed that the authority was in a state of 'transition' moving from hard copy information towards a paperless office. Problems with the retrievability of key information impacted upon most aspects of the audit. The authority acknowledged this and is working to achieve improvements.

## **2.6 The Authority's Strengths**

### **Quantitative Internal Monitoring**

Quantitative internal monitoring of the food hygiene intervention programme had been facilitated by the development of a colour coded spreadsheet of the annual inspection programme. This was a 'live' database accessed by all officers and managers to identify those premises due for inspection. Risk ratings were tracked and the facility for officers to input details of their actions to secure compliance was available. This had assisted the authority in improving its performance in inspecting premises when they were due. This was identified as an area of good practice.

### **Advice to Business**

The authority was actively working with businesses to assist them in complying with food hygiene and food standards legislation. This included providing advice in its capacity as Primary Authority to a number of businesses, and the provision of information on the authority's website. Officers were also proactive in providing advice during food interventions.

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

### **Food Interventions and Inspections**

Whilst interventions were generally being carried out in accordance with the programme, it was not possible, in some cases, to confirm or assess that appropriate inspections were being carried out. This was due to the lack of sufficiently detailed records maintained by officers on inspection forms, in their notebooks or on the database. The absence of detailed records reduces confidence in the quality of interventions.

A number of anomalies were identified in the food standards risk ratings of businesses. Further, as food standards inspections were being driven by food hygiene inspection frequencies, premises with a food standards risk rating which required more frequent interventions than the food hygiene risk rating required, were not always subject to food standards interventions within the prescribed minimum interval. It was noted that this applied to a small number of cases.

### **Records and Interventions/Inspections Reports**

The content and detail captured in records of food establishments and intervention activities was variable. It was not always possible to establish the scope of interventions and the accuracy of risk scores as insufficient information was captured. Inspection forms were not always available. Detailed records are fundamental as they assist in informing a historical perspective of business compliance and, where appropriate, a graduated approach to enforcement.

### **Officer Authorisations**

The authority had authorised officers under the Food Safety Act 1990 who did not have the appropriate qualifications, specifically in relation to food standards interventions. Further, officers had not been properly authorised to enforce imported food legislation.

### **Food Sampling**

The audit identified shortcomings in the processing and recording of action taken in response to unsatisfactory food samples.

### **Internal Monitoring**

Whilst there were limited records of qualitative internal monitoring for food hygiene, qualitative internal monitoring of food standards had not been carried out. The authority had yet to fully implement the recently developed internal monitoring procedure.

## **Audit Findings**

### **3 Organisation and Management**

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

- 3.1 The authority operated a Cabinet style of local government with a Constitution that set out the authority's decision making arrangements. Under the Constitution, decisions on certain specific matters had been delegated to officers.
- 3.2 The authority had developed a Food Safety Service Plan for 2012/13 which was generally in line with the Service Planning Guidance contained in the Framework Agreement. The Plan had been approved by the relevant Cabinet member in August 2012 and was available on the authority's website.
- 3.3 The aims of the Food Safety Service as set out in the Service Plan were to strive to ensure that all food and drink intended for human consumption which is produced, stored, distributed, handled, sold, intended for sale, or consumed within the county is of genuine quality and is without risk to the health and safety of the consumer. In addition, to encourage suitable food businesses to establish and develop within the boundaries of the authority to promote economic development.
- 3.4 A number of objectives had been identified in order to achieve the aims. These were:-
- To promote consistent and safe food production and sale from all food premises within the county;
  - To seek to ensure that foods manufactured and sold within the county are correctly described;
  - To provide an investigation service for all complaints of substandard or contaminated food products, food safety related complaints, such as poor hygiene standards, etc and to do so in a professional and prompt manner;

- To investigate suspected or confirmed case of food related illness and implement effective evidence-based controls;
- To work as a partner to the FSA in responding to food alerts;
- To work with commerce to encourage and provide advice on the achievement of high standards of hygiene and food quality and labelling;
- To work in partnership with other stakeholders to promote good enforcement practice e.g. the food liaison group which promotes consistency throughout the South East Wales area;
- To participate in local and national surveys (e.g. Local Government Regulation (LGR) food surveys) and health promoting initiatives where appropriate.

3.5 The strategic aims of the authority were set out in the Community Strategy. The contribution made by the food service to the following strategic aims was acknowledged in the Food Safety Service Plan;

- Health and wellbeing
- A better environment
- Stronger and safer communities
- Local economic development
- Lifelong learning and experience

3.6 The risk profiles of food businesses in Monmouthshire for food hygiene and food standards and the interventions due in 2012/13 were detailed in the authority's Food Safety Service Plan 2012/13:

**Food hygiene risk ratings:**

<b>Premises risk category</b>	<b>Number of premises</b>	<b>Interventions due 2012/13</b>
A	9	9
B	100	100
C	495	300
D	120	66
E	287	56 (official control) 28 (alternative enforcement strategy)
<b>Total</b>	<b>1,011</b>	<b>559</b>

**Food standards risk ratings:**

<b>Premises risk category</b>	<b>Number of premises</b>	<b>Interventions due 2012/13</b>
High	0	0
Medium	628	355
Low	384	176
<b>Total</b>	<b>1,012</b>	<b>531</b>

- 3.7 Category A food establishments are those posing the highest risk and should be subject to interventions every six months. The number of category A interventions due in 2012/13 was therefore 18.
- 3.8 In addition to the interventions detailed above, the authority acknowledged in its Food Safety Service Plan that a number of new businesses registered that year would be inspected.
- 3.9 It was the policy of the authority to deliver food standards inspections at the same time as food hygiene inspections. The Service Plan did not address how the authority would ensure minimum inspection frequencies for food standards would be met at those food businesses with high or medium food standards risk ratings and low food hygiene risk ratings.
- 3.10 The authority's annual sampling programme for food hygiene and food standards was detailed in the Food Safety Service Plan. This included participation in the All Wales Shopping Basket Survey.

- 3.11 Arrangements for internal monitoring were set out in the Food Law Enforcement Service Plan and included arrangements for ensuring consistency in service delivery.
- 3.12 The Service Plan provided details of the staff resources available in the Commercial Team (7.3 FTE). However, in light of duties other than food law enforcement being carried out by the team, it was not clear what proportion of this resource was available to deliver food hygiene and food standards work. Further, an estimate of the resources required to deliver all aspects of the service delivery plan was not provided.
- 3.13 The cost of providing food safety and food standards for 2012/13 was estimated to be £353,000. However, it was not stated whether this was a net increase or decrease on 2011/12 costs.
- 3.14 The Service Plan identified areas for service improvement such as improving performance in delivering planned interventions within 28 days of their due date.
- 3.15 The Head of Public Protection had included a review of food hygiene and food standards service delivery in the Public Protection Review of Outcomes Achieved in 2011/12.

***Recommendation***

- 3.16 The authority should:
- (i) Ensure that future Food Law Enforcement Service Plans are developed in full accordance with the Service Planning Guidance in the Framework Agreement. In particular, an analysis of the resources required against those available should be included. [The Standard – 3.1]



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

- 4.1 The authority had a range of documented policies and procedures in connection with food law enforcement. Several of these had been based on templates produced collaboratively by the Wales Heads of Environmental Health Food Safety Technical Panel, others were specific to Monmouthshire.
- 4.2 Policies and procedures relating to food law enforcement were available on the authority's intranet site 'The Point', and on a web based application, Regulatory Information and Management System (RIAMS). RIAMS also provided officers with access to important reference documents such as codes of practice and legislation.
- 4.3 To assist officers in their formal enforcement work the authority had subscribed to the on-line Enforcement and Legal Process Manual. This 'good practice' manual had been developed by Trading Standards services in South West England to provide officers and managers with a guide to the procedures, records and forms associated with investigations and prosecutions.
- 4.4 The Principal Officer was responsible for developing and reviewing documented policies and procedures and ensuring superseded documents were removed from use.
- 4.5 There was evidence that several procedures had not been subject to regular review. Further, they had not been sufficiently adapted to reflect current practices in Monmouthshire.
- 4.6 Primary authority considerations had not been consistently referenced in work procedures. For example, enforcement procedures did not include the requirement to consult primary authorities prior to issuing notices.

***Recommendation***

4.7 The authority should:

- (i) Review all documented work procedures at regular intervals to ensure they accurately reflect how the food law enforcement service is delivered in practice, including the primary authority considerations.  
[The Standard – 4.1]

## **5 Authorised Officers**

- 5.1 The authority had a Register of Delegations setting out the functions delegated to officers. Auditors noted that the delegations in place were not sufficient to cover the detention of imported food.
- 5.2 A documented procedure for the authorisation of officers based on their qualifications, experience and competence had been developed and implemented. The procedure had been developed in conjunction with the Wales Heads of Environmental Health Food Safety Technical Panel.
- 5.3 Following a documented assessment of competence by the Principal Officer, officer authorisations were signed by the Chief Officer, Regeneration and Culture and the Public Protection Manager.
- 5.4 Generally, in respect of food hygiene, officers were able to demonstrate that they had received the training and were competent to deliver the tasks for which they were authorised. Auditors noted that a Student Environmental Health Officer who had not been authorised had carried out verification visits to lower risk food businesses.
- 5.5 In respect of food standards, Commercial Services Officers had been authorised, but the authority was not able to demonstrate that they had achieved the relevant qualification. Auditors were informed that these officers had been provided with the relevant training but had not yet undertaken the necessary examinations or assessments. Further relevant training was planned for May 2013.
- 5.6 Auditors noted that food samples were being obtained by a sampling officer who had not been authorised by the authority. Auditors were advised by the Head of Service that the officer's duties were restricted to purchasing food samples as part of the Welsh Shopping Basket Survey, and that follow up work on unsatisfactory samples and formal sampling was undertaken by appropriately authorised officers.
- 5.7 All, with the exception of one officer in the Commercial Team had been authorised by the FSA under the Food and Environment Protection Act 1985. Due to an oversight on the part of the authority, documentation held by the authority incorrectly indicated that this officer had been authorised.

- 5.8 Verification checks confirmed that officers with lead responsibility for food hygiene and food standards had the specialist knowledge, competencies and training to perform their roles.
- 5.9 Auditors noted that three officers had received training on the inspection of premises for approval under regulation (EC) 853/2004.
- 5.10 The authority had a system of annual performance reviews in place. The process included a discussion and identification of officers' training needs.
- 5.11 Training records were not being maintained centrally by the authority which made it difficult to monitor whether officers were receiving the required levels of training. However, officers were maintaining their own training records and were able to produce these before the on-site element of the audit was completed.
- 5.12 A review of officer qualifications and training found that all officers had received the minimum 10 hours continuing professional development (CPD) training per year as required by the Code of Practice.
- 5.13 All officers had received training in HACCP principles and practice and Annex 5 consistency training.
- 5.14 All officers were able to demonstrate that they had received formal enforcement training.
- 5.15 As the authority had not estimated the number of authorised officers required to carry out the work set out in the service delivery plan, auditors were not able to establish whether the number of staff allocated to food hygiene and food standards activities was sufficient having regard to both quantitative and qualitative aspects of the service.

***Recommendations***

5.16 The authority should:

- (i) Review the Scheme of Delegation to include the power to detain imported foods. [The Standard – 5.1]
- (ii) Review and update officer authorisations as necessary to ensure all officers are appropriately authorised under current legislation in accordance with their qualifications, training and competencies. [The Standard - 5.1 and 5.3]
- (iii) Maintain records of relevant academic or other qualifications, training and experience of each authorised officer and appropriate support staff in accordance with the Food Law Code of Practice. [The Standard – 5.5]

## **6 Facilities and Equipment**

- 6.1 The authority had made available the necessary facilities and equipment for the effective delivery of the service.
- 6.2 A procedure for the calibration of thermometers had been developed to ensure equipment was properly maintained and calibrated, and removed from service when found to be defective. Tolerances were specified together with the action to be taken if tolerances were exceeded.
- 6.3 The Commercial Services Officer was responsible for maintaining calibration records, ensuring equipment was calibrated and marked with its calibration status, faults recorded and faulty equipment labelled and removed from use.
- 6.4 All temperature monitoring equipment used for enforcement purposes had valid calibration certificates and appropriate records had been kept.
- 6.5 Officers had been issued with infra-red and probe thermometers. A reference thermometer was also available which was being used appropriately.
- 6.6 The authority had a computer system that was used to maintain a food premises database and record information required by the Food Standards Agency. A number of checks were carried out during the audit which confirmed that the database was operated in such a way to enable accurate reports to be generated.
- 6.7 In the 2011/12 Local Authority Enforcement Monitoring (LAEMS) return submitted to the FSA, the authority had reported that 7.3 FTE officers were available to deliver food hygiene, and 7.3 FTE officers were available to deliver food standards. As these were the same staff (who were also reported to undertake health and safety), this anomaly should be rectified in future returns.
- 6.8 Auditors recognised that historically the authority had experienced problems verifying the accuracy of the monitoring returns made to the Agency on LAEMS. The Principal Officer had been proactive, working with the software provider and the Agency in an attempt to resolve these issues.

- 6.9 A Business Support Officer provided regular management and performance reports from the database and vital support in the provision of data for the authority's LAEMS return.
- 6.10 The authority had adequate security controls in place to prevent access to the system by unauthorised persons.
- 6.11 Backup systems were in place to minimise the risk of loss of information from the database and electronic files used for the storage of key information.

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

### ***Food Hygiene***

- 7.1 The authority's Food Law Enforcement Service Plan for 2012/13 stated that 1,365 food businesses in its area were subject to food hygiene interventions. This included premises registered by the authority and non-registered premises e.g. market traders registered elsewhere.
- 7.2 In 2011/12 the authority had reported through LAEMS that 99.80% of category A-E food businesses due to be inspected had been inspected, and 82.65% of food businesses were 'broadly compliant' with food hygiene law (excluding unrated businesses and those outside the scope of the risk rating scheme).
- 7.3 The authority had a documented Premises Interventions and Revisits Procedure which sought to establish a uniform approach to food hygiene interventions. However, the process of adapting it from a generic procedure to a bespoke one for the authority had not been completed.
- 7.4 The procedure did not include the use of Alternative Enforcement Strategies for category E establishments.
- 7.5 The authority was proactively managing its planned interventions programme. Prior to the audit the authority had reported that there were 25 food businesses on its database which were awaiting a primary inspection.
- 7.6 The authority had developed a general inspection record form, a partial inspection form and an inspection report summary sheet. A Butcher's Shop Inspection Form had also been developed. At the time of the audit the inspection forms used were being reviewed by the authority against centrally issued guidance.
- 7.7 An examination of records relating to seven food premises was carried out. Their inspection histories confirmed that in recent years five out of seven had been inspected at the inspection frequencies required by the Code of Practice. Two had not been inspected at the required frequencies. The premises which had not been inspected at the required frequencies were C and D rated premises. The D rated premises was inspected more than three months after the due date. Whilst the C rated



premises was inspected more than a month after the due date, auditors were advised, but not able to verify, that a visit had taken place within 28 days of the due date. The officer had been unable to gain access to the business at this time. The Code of Practice requires interventions to take place within 28 days of their due dates.

- 7.8 The compliance of those premises where intervention records were available had generally been assessed to the legally prescribed standards. However, in two cases businesses had not been adequately assessed against centrally issued guidance.
- 7.9 The risk ratings applied to the premises were consistent with the inspection findings in six out of the seven cases. In one case, on the basis of the information available an incorrect risk rating had been applied. Where an incorrect risk rating had been applied, there were no public health implications as more rather than less frequent interventions would have been due.
- 7.10 Where available to auditors, inspection notes and other inspection information that had been recorded by officers at the time of inspection were legible.
- 7.11 Officers' contemporaneous records of interventions and other key information were not consistently retrievable. In respect of the seven hygiene files examined, examples of information not available included premises inspection histories, inspection reports and revisit records. Auditors noted that the authority was moving away from keeping hard copy files to electronic document management. However, a fully electronic system had not been fully implemented. Auditors were advised that hard copy information had been archived following a recent structural reorganisation. However, these were not catalogued in a way which facilitated easy access.
- 7.12 The authority had developed a separate documented procedure for the approval and inspection of establishments subject to product-specific food hygiene regulations.
- 7.13 The authority had indicated prior to audit that there were nine approved establishments in its area. Four approved establishment files were examined. Auditors noted that the information available for each establishment varied but none of the four files contained all of the

information required by the Food Law Code of Practice and centrally issued guidance.

- 7.14 Some product specific inspection forms were available to assist officers in conducting comprehensive inspections of approved premises. Auditors noted that the dairy specific inspection form had not been consistently used and the most recent information relating to an inspection conducted three months prior to the audit, was not stored in such a way as to be retrievable.
- 7.15 Generally, the information captured on approved premises inspection forms was not sufficiently detailed. The authority would benefit from ensuring the use of appropriate, product specific inspection forms, to assist officers in ensuring all aspects of official controls are considered and recorded in appropriate detail.
- 7.16 It was not generally possible to confirm or assess the scope of interventions in approved establishments, or that appropriate interventions were being carried out in all cases due to the lack of detail on inspection forms, in officer notebooks and/or on the database.
- 7.17 Whilst approvals had generally been granted in a timely manner, auditors noted an establishment which had initially been granted approval the day before the application for approval had been made. In another case, conditional approval had been granted but this had been extended after three months without any evidence of an inspection being carried out, as required by the Food Law Code of Practice. The establishment was subsequently granted full approval following a further inspection.
- 7.18 The Intervention and Revisit Procedure stated that revisits should be carried out at food businesses which had failed to comply with significant statutory requirements. In the eight cases audited, revisits were not required in three cases. In two cases revisits had been carried out, in one case it was not possible to determine, on the basis of the evidence available that a Hygiene Improvement Notice had been complied with, and in the remaining two cases evidence of revisits which were required was not available. Ten further food establishments achieving a food hygiene rating of 0, 1, or 2 were selected from the national food hygiene rating database. Evidence of revisits was available in seven cases.

- 7.19 Appropriate action, in accordance with the authority's Enforcement Policy had generally been taken by officers where non-compliance had been identified. However, in one case a Hygiene Improvement Notice had been served in relation to high risk food displayed for sale in contravention of temperature control requirements. The authority had not recorded whether any other action had been taken at the time of the inspection in relation to this food.
- 7.20 The authority had developed a programme of alternative enforcement strategies for category E food businesses. However, this was not reflected in the interventions procedure. The alternative inspection strategy involved completion of a questionnaire either during a visit, or over the telephone. The questionnaire was found to be sufficiently comprehensive to capture the information required by the AES.
- 7.21 Records relating to eight premises which had been reported as subject to alternative enforcement strategies were examined. In most cases the alternative enforcement strategy had been delivered on time, but one of the telephone questionnaires had been completed four months after the intervention was due. One of the premises was found to have been inspected. However, the inspection took place more than four months after it was due.
- 7.22 Scanned images of the questionnaire were available on the premises files in six cases making them easily retrievable. One of the questionnaires was not available in a scanned format but the hard copy was subsequently found. There was no evidence that the seven completed questionnaires which had been administered by staff not authorised under food safety legislation had been reviewed by a suitably qualified and authorised officer. In one case, a change in activities at the premises indicated that follow up action was required but there was no evidence that this had taken place.

### ***Recommendations***

- 7.23 The authority should:
- (i) Ensure that food premises interventions/inspections are carried out at the minimum frequency specified by the Food Law Code of Practice. [The Standard -7.1]
  - (ii) Carry out interventions / inspections, and approve establishments in accordance with the relevant legislation, the Food Law Code of Practice and centrally issued guidance. [The Standard -7.2]
  - (iii) Take appropriate action on any non-compliance found, in accordance with the authority's Enforcement Policy. [The Standard -7.3]
  - (iv) Set up, maintain and implement documented procedures for the range of interventions/inspections it carries out. [The Standard – 7.4]
  - (v) Store contemporaneous records of interventions in such a way that they are retrievable. [The Standard – 7.5]

### *Verification Visits to Food Premises*

- 7.24 During the audit, two hygiene verification visits were made to 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 assess the effectiveness of the authority's assessment of food business compliance with food law requirements.
- 7.25 The officers were knowledgeable about the premises and demonstrated an appropriate understanding of the food safety risks associated with the activities at the premises. Generally, the officers had carried out a thorough inspection and had appropriately assessed compliance with legal requirements although issues were identified with the application of centrally issued guidance during the most recent inspection.

- 7.26 On one of the visits the auditor noted that the food business proprietor was making slow progress towards meeting the requirements of centrally issued guidance, specifically in relation to the layout of the premises and workflows. The authority accepted that consideration of wider enforcement options may be appropriate to secure the necessary improvements.

### ***Food Standards***

- 7.27 The authority's Food Safety Service Plan for 2012/13 stated that there were a total of 1,012 food businesses in its area subject to food standards interventions. Whilst 531 were due an intervention in 2012/13, it was reported that food premises in Monmouthshire would receive a food standards intervention at each food hygiene visit. The authority had reported through LAEMS that 569 food standards interventions had been carried out in 2011/12 which represented 100% of due food standards interventions.
- 7.28 The authority had developed a procedure for food standards interventions but did not have a policy or procedure on the use of alternative enforcement strategies.
- 7.29 File checks on 10 premises which had been subject to intervention were carried out. One medium risk premises had been subject to an alternative enforcement strategy despite being due for inspection, partial inspection or audit. As food standards interventions were being driven by the food hygiene intervention frequencies, there is potential for this situation to recur in any low risk food hygiene premises with a higher food standards risk rating. To ensure an appropriate intervention takes place, the authority would benefit from identifying such premises at the start of each year. In another case, the inspection had not taken place at the correct frequency and information relating to the inspection was not stored in such a way as to be retrievable.
- 7.30 A range of inspection forms were in use, including a general form, a butchers form and a partial inspection form used for temporary premises, such as market stalls. The butchers form did not include reference to food standards. The information captured on the food standards sections of the general and market stall inspection forms was not consistent and generally not sufficiently detailed to assist in informing:

- Subsequent inspections
- A graduated and consistent approach to enforcement
- Effective internal monitoring

- 7.31 It was not generally possible to confirm or assess the scope of interventions or that appropriate inspections and interventions had been carried out in all cases due to lack of sufficiently detailed records maintained by officers on the inspection forms, in their notebooks and / or on the database.
- 7.32 In general, food standards risk ratings had not been consistently applied. In three out of the 10 premises files audited, the premises had been incorrectly risk rated. Two of these resulted in the premises having lower risk ratings than they should have. In the third, aspects of the risk rating were not appropriate considering the activities that took place, but the overall risk category was correct. There was no evidence that internal monitoring of risk ratings was taking place.
- 7.33 Food business operators had been provided with hand written reports following inspections with carbon copies of the reports being maintained on file. These generally listed contraventions and the measures needed to secure compliance, but did not always indicate the scope of the inspection or make a clear distinction between legal requirements and recommendations of good practice. Further, food businesses were not provided with an indication of timescales for achieving compliance. On two files, some parts of the hand written carbon copy forms were illegible.
- 7.34 The authority's policy on food standards revisits was identified in the procedure for Food Standards Interventions. Significant contraventions had been identified on two of the files but there was no evidence that revisits had taken place.
- 7.35 Premises with low food standards risk ratings were subject to a mixture of visits and telephone based enquiries. The alternative enforcement strategy interventions programme for all food premises was led by the food hygiene risk rating.

### ***Recommendations***

- 7.36 The authority should:
- (i) Ensure that food premises interventions and inspections are carried out at the frequency specified by the Food Law Code of Practice. [The Standard -7.1]
  - (ii) Carry out inspections/interventions at food establishments in accordance with relevant legislation, the Food Law Code of Practice and Practice Guidance, including the use of appropriate inspection forms. [The Standard -7.2]
  - (iii) Set up, maintain and implement documented procedures for the range of interventions/inspections it carries out. [The Standard -7.4]
  - (iv) Record observations and data obtained from interventions in a timely manner to prevent its loss and ensure contemporaneous records are legible and retrievable. [The Standard – 7.5]

### *Verification Visits to Food Premises*

- 7.37 During the audit, a verification visit was made to a food business with an authorised officer of the authority, who had carried out the last food standards inspection of the premises. The main objective of the visit was to assess the effectiveness of the authority's assessment of food business compliance with food law requirements.
- 7.38 The officer was able to demonstrate sufficient knowledge about the premises and the operations carried out. It was clear that the officer was competent to carry out a thorough food standards inspection. The records of the inspection were insufficiently detailed to demonstrate that a sufficiently comprehensive food standards inspection had been carried out.

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

- 8.1 The authority had adopted the Food / Feedingstuffs Complaints Policy and Food / Feedingstuffs Complaints Procedure developed by the Wales Heads of Environmental Health Food Safety Technical Panel. A separate procedure had recently been developed to cover complaints about food business establishments.
- 8.2 A leaflet highlighting some common food complaints, together with a short explanation of the best course of action was available together with the facility to submit complaints electronically on the authority's website.
- 8.3 The target response time for responding to complaints was not specified in the complaints policy or procedures. However, auditors were informed verbally that the target response time was three working days.
- 8.4 The records of 10 food hygiene and 10 food standards complaints were examined.

### ***Food Hygiene***

- 8.5 Nine complaints had been responded to within the target response time of 3 working days, one had been responded to within seven working days. Appropriate investigations had been carried out in all cases, and appropriate action, including a voluntary closure, had been taken.
- 8.6 Comprehensive, easy retrievable records of complaints were being maintained on the food premises database.
- 8.7 In all cases complainants had been informed of the outcome of investigations.

### ***Food Standards***

- 8.8 All complaints had been responded to within the target response time.



- 8.9 One complaint related to a potential misleading claim that a product had been homemade. This was considered by the investigating officer and a decision made not to investigate on the basis that the matter would be dealt with on the next inspection which had been scheduled to take place 17 months later. On the basis of the evidence available, auditors were not satisfied that this constituted an appropriate investigation. Further, the authority's policy and procedure on complaints did not allow this flexibility.
- 8.10 Two of the complaints related to matters which could have had wider food safety implications. Whilst action had been taken at a local level, on the basis of the evidence available, auditors were not satisfied that sufficient follow up action had been taken to establish the wider implications of the complaints.

***Recommendations***

- 8.11 The authority should:
- (i) Review and update the documented policy and procedure to include guidance for officers on target response times. [The Standard – 8.1]
  - ii) Investigate complaints received in accordance with the Food Law Code of Practice, centrally issued guidance and its own policy and procedures. [The Standard – 8.2]

## **9 Primary Authority Scheme and Home Authority Principle**

- 9.1 The authority demonstrated a strong commitment to the Primary Authority Scheme. The 2012/13 Food Safety Service Plan stated that 'Monmouthshire County Council is actively seeking to establish Primary Authority Partnerships with appropriate businesses'.
- 9.2 The number of businesses with which the authority had agreed to act as Primary Authority had increased from four at the time the Service Plan was approved to five at the time of the audit.
- 9.3 Whilst Primary Authority Agreements had been signed by the authority and businesses, Inspection Plans had not been developed.
- 9.4 Records examined during the audit demonstrated that the authority implemented the Primary Authority Scheme /Home Authority Principle, responding appropriately to requests for information from businesses and other authorities.
- 9.5 Officers had access to the Primary Authority website and LACORS Home Authority database and could therefore identify Primary and Home Authorities and local authority contacts.

## **10 Advice to Businesses**

- 10.1 The authority had been proactive in providing advice and assistance to business. It demonstrated its commitment to assisting local businesses to comply with the law in delivering a number of initiatives which included:
- Advice and coaching on HACCP ;
  - ‘Safer Food Better Business’ workshops
- 10.2 In 2012 the authority, in collaboration with the BRDO, had facilitated a Food Business Survey to better understand business’ perceptions of the service provided. Overall the feedback was positive with 77% of businesses reporting that EHO’s got the balance right between encouragement, enforcement and education.
- 10.3 Technical advice was being provided to businesses in respect of which it acted as Primary Authority.
- 10.4 Business advice was provided on the authority’s website including information on:
- Food labelling
  - Temperature control
  - Approved premises
  - Food sampling
  - Food premises registration
  - Food hygiene and inspections
  - Contact details of local providers of food hygiene training
- 10.5 There was evidence that advice was provided to businesses during inspections as well as on request.

## **11 Food Establishments Database**

- 11.1 The authority had an electronic database of premises that were subject to food law enforcement in its area.
- 11.2 The Systems Administrator had responsibility for creating database user accounts and passwords and, in conjunction with the Principal Officer, controlled the level of access given to officers. Security levels had been set by the Systems Administrator in accordance with guidance from the software provider.
- 11.3 A procedure had been documented and implemented with the aim of maintaining the accuracy and completeness of the database. The procedure included checks by officers conducting visits to ensure information was up to date and interrogation of the system on a regular basis by the systems administrator and support staff to identify anomalies, missing codes, duplicate premises etc. Records were also updated following the receipt of intelligence such as complaints, returned mail and information received from other sections of the authority.
- 11.4 The procedure provided guidance on data inputting, closing premises, and entering new premises.
- 11.5 The procedure stated that the database is backed up daily by the authority's IT section to prevent the loss of data.
- 11.6 Auditors randomly selected 12 food businesses located in the authority's area from the Internet. All 12 businesses had been recorded on the database and included in the authority's planned food hygiene and food standards interventions programmes.

## **12 Food Inspection and Sampling**

- 12.1 The authority had a food sampling budget and had developed a food sampling policy and procedure which provided guidance on formal and informal food sampling.
- 12.2 The sampling programme for 2012/13 was included in the Food Safety Service Plan 2012/13. It detailed when samples would be taken together with the nature and number of samples. The programme included both food hygiene and food standards sampling.
- 12.3 The annual food hygiene sampling programme included participation in the Welsh Shopping Basket Survey.
- 12.4 Auditors noted that the sampling programme did not include the FSA's National Sampling Priorities.
- 12.5 The authority has received FSA grant funding to assist with the development of the UKFSS system and was taking a lead role across Wales in its implementation.
- 12.6 The Council had approved the appointment of its Public Analyst in 2012.
- 12.7 The laboratories used by the authority for the examination of food samples had been properly accredited and were on the list of Official Laboratories that the UK Government had notified to the European Commission.
- 12.8 Audit checks of 10 samples taken for microbiological examination were carried out. Sampling results were available on file in all cases. It had not been possible for one of the samples to be examined due to insufficient volume of sample obtained by the authority.
- 12.9 Auditors noted that seven of the samples had been obtained by a sampling officer who had not been authorised by the authority. Auditors were assured by the Head of Service that that the samples had been purchased and that authorisation was therefore not necessary. There was no evidence that appropriate follow up action had not been taken in respect of one unsatisfactory sample.

- 12.10 In respect of food standards, audit checks of seven samples reported on UKFSS were carried out. Investigation found anomalies with all seven samples in relation to the processing of sampling information which led to invalid conclusions by the analyst. Information to explain these anomalies was not recorded by the authority.
- 12.11 At the time of audit the level of sampling activity undertaken was in accordance with the programme.

***Recommendations***

- 12.12 The authority should:
- (i) Ensure its documented sampling programme includes reference to national sampling priorities. [The Standard - 12.4]
  - (ii) Maintain up to date, accurate sampling records in a retrievable form. [The Standard - 16.1]
  - (iii) Ensure appropriate action is taken on unsatisfactory food sampling results. [The Standard - 12.7]

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

- 13.1 The authority had identified a Lead Officer for Communicable Disease who had attended events as part of the Wales Lead Officer Training programme.
- 13.2 The authority had an Outbreak Control Plan that had been developed in consultation with relevant stakeholders. The plan was based on a template that had been produced by a multi-agency group including Public Health Wales and Welsh Government. Auditors noted that some of the contact details in the Outbreak Control Plan were out of date and contact details for the FSA had not been provided.
- 13.3 The authority had also developed a comprehensive procedure for the investigation of confirmed and suspected cases of food poisoning and food borne infection. The procedure was supported by a range of guidance documents and questionnaires. The procedure did not make reference to the inspection of implicated food premises or the identification of possible links between sporadic cases. Whilst the authority had identified that arrangements were in place to respond to notifications out of office hours, these were not referred to in the procedure. The Head of Service assured auditors that the out of hours response was guaranteed but this was not tested as part of the audit.
- 13.4 Notifications relating to six sporadic cases of food related infectious diseases were examined. Records were comprehensive and easily retrievable. All investigations had been carried out thoroughly and in accordance with the authority's procedures. Where the authority had identified apparent links between sporadic cases these were followed up with other local authorities. Appropriate interventions had been made at implicated food business establishments.
- 13.5 There had been no declared outbreaks of food related infection in the authority's area in the two years prior to the audit.

***Recommendation***

**13.6 The authority should:**

- (i) Ensure the procedure for dealing with sporadic cases of food-related infections out of office hours is properly documented and that the procedure accounts for the inspection of implicated food premises. [The Standard – 13.2]



## **14 Food Safety Incidents**

- 14.1 The authority had a documented Food Alerts and Incidents Procedure. The procedure documented how the authority responded to Food Incidents, Food Alerts for Action, Product Withdrawal Information Notices and Product Recall Information Notices including those received outside normal office hours.
- 14.2 The Principal Officer had primary responsibility for the effective operation of the procedure.
- 14.3 The procedure included the authority's arrangements for alerting the FSA where an actual or potential food hazard was identified locally.
- 14.4 The authority had a computer system that was capable of receiving notifications and had arranged with the FSA to have them e-mailed directly to nominated officers. The procedure included a requirement for notifications and action taken to be recorded on the authority's database for possible follow up action and audit purposes.
- 14.5 Auditors examined records in respect of five food alerts issued during the previous two years. All had been promptly received and appropriately actioned in accordance with Food Standards Agency advice.
- 14.6 There had been no serious localised incidents in the two years prior to the audit.

## **15 Enforcement**

- 15.1 The authority had developed an Enforcement Policy which had been endorsed by the Cabinet in June 2010. This was supplemented with a Food Law Enforcement Policy. Separate guidance had been produced for officers where contraventions were identified in premises where Monmouthshire County Council was the food business operator. Auditors noted that this did not extend to leisure establishments.
- 15.2 Work procedures covering the range of enforcement options available to officers had been developed and officers had access to the Enforcement and Legal Process Manual produced by the South West Regulators Partnership.
- 15.3 Reference to the Primary Authority Scheme had not been included in the authority's Enforcement Policies or in work procedures. Further, the Food Law Enforcement Policy had not been updated to reflect the fact that the use of Remedial Action Notices had been extended to all food establishments in May 2012.
- 15.4 A number of guidance documents were available to officers to assist them in preparing prosecutions; however no documented procedure for undertaking a prosecution had been set up, maintained and implemented.
- 15.5 The authority had reported in pre-audit documentation that it had taken the following formal enforcement action in the two years prior to the audit.
- 57 Hygiene Improvement Notices;
  - 1 Voluntary Closure;
  - 3 Prosecutions;
  - 2 Simple Cautions
- 15.6 Records of four Hygiene Improvement Notices, one Voluntary Closure, two Simple Cautions and three Prosecutions were examined. They were checked against official guidance, the authority's documented procedures and Enforcement Policy.

- 15.7 The four Hygiene Improvement Notices had been served by officers who were correctly authorised and had witnessed the contraventions. Notices were clear and easy to understand and time limits for compliance were identified. There was no evidence that the notices had been properly served or that the right of appeal and the name and address of the relevant court had been provided. Further, timely checks on compliance had not been carried out and a letter confirming that the notice had been complied with was only available in one case. The recipient of one of the notices did not correspond with the details on the food registration form.
- 15.8 Records of one food premises that had agreed to close voluntarily were examined. Auditors were able to confirm that this had been an appropriate course of action. However, there was no evidence to confirm that the closure had been effected in accordance with the Food Law Code of Practice.
- 15.9 The procedure for Simple Cautions referred to 'a realistic chance of conviction'. The authority was unable to demonstrate that all the evidence had been considered and that a Full Code Test had been applied prior to the administration of the Simple Cautions. Further, one case had not been appropriately authorised in accordance with the authority's procedure. Auditors were able to verify that Simple Cautions had been administered without undue delay.
- 15.10 Prosecutions had been properly authorised and were an appropriate course of action. There was evidence that the authority's enforcement policy had been considered. Records showed that the requirements of PACE, had been considered and documented. However, records were insufficient to demonstrate that the requirements of CPIA had been considered in all cases. Further, across all prosecution and simple caution files examined, two different prosecution decision checklists had been used indicating some inconsistency in the procedures being followed.

***Recommendations***

15.11 The authority should:

- (i) Ensure its Enforcement Policy is suitably maintained. [The Standard-15.1]
- (ii) Set up, maintain and implement documented procedures for follow up and enforcement actions in accordance with the Food Law Code of Practice and official guidance. [The Standard- 15.2]
- (iii) Ensure that food law enforcement is carried out in accordance with the Food Law Code of Practice, centrally issued guidance and the authority's own documented procedures and Enforcement Policy. [The Standard -15.2, 15.3 and 15.4]

## **16 Records and Interventions/Inspections Reports**

### ***Food Hygiene***

- 16.1 Food business records and details of interventions associated with those businesses were maintained on the Public Protection Department's electronic premises database, in named shared folders and in archived hard copy. Auditors noted that the authority was moving away from hard copy files to electronic file management. Auditors were advised that due to resource constraints associated with recent accommodation changes, a significant amount of hard copy information had been archived without being catalogued or indexed and not all information relating to activities during the last six years was available electronically.
- 16.2 Officers were using a combination of letters and contemporaneous visit reports to communicate contraventions to food businesses.
- 16.3 In general, officers' records of interventions were not consistently retrievable. Examples of unavailable information included correspondence following inspections (including Food Hygiene Rating Scheme rating and information letters), food sample certificates and food business registration forms.
- 16.4 Those records that were available were generally accurate. However, in one case, a report marked 'revisit', containing little information on the evaluation of food business compliance, was left at a high risk premises despite the visit being coded as a full inspection on the database. In another, the Food Business Operator named on an inspection report was not consistent with the registered Food Business Operator on the database.
- 16.5 Where available, records of inspections included details of the Food Business Operator, inspection dates, type of business, the actions to be taken by the food authority and, generally, assessments of compliance with legal requirements.
- 16.6 In five out of seven inspection records audited, key information was absent such as customer and supplier information, and evidence of any consideration of imported food.

- 16.7 The time of inspection, areas inspected and timescales for remedial works were not consistently recorded. Further, it was not always possible to determine from the records whether an assessment of the appropriateness of the businesses procedures had been considered.

***Food Standards***

- 16.8 The records of a further 10 food businesses which had been subject to inspection were examined. Six of the 10 premises were registered, the remainder were approved establishments. Registration documents were available in respect of all six premises. However, two of the registration documents had not been marked with the date of receipt as required by the Food Law Code of Practice.
- 16.9 There were no inspection records for one of the premises. Inspection records showed variation in content with some reports having illegible or missing information. This information included the name and address of the food business, the Food Business Operator, the person interviewed, the type of business, the areas inspected, records examined, and the time of the inspection. In general, records were insufficiently detailed to confirm that effective assessments of compliance with legislative requirements had been made. It would therefore be very difficult for another officer to establish the full compliance history of the business and inform a graduated approach to enforcement.
- 16.10 In general, inspections had resulted in the issue of hand written carbon copy report forms. One had been followed up with a letter. One of the carbon copy reports was not retrievable in a timely manner. Two of the carbon copy reports referred to legal requirements but no clear distinction had been made between contraventions and recommendations. Neither the carbon copy report forms nor the letter contained timescales for compliance.

***Recommendations***

16.11 The authority should:

- (i) Maintain up to date, accurate records in a retrievable form on all relevant food establishments and imported food in accordance with the Food Law Code of Practice and centrally issued guidance. These records should include reports of all interventions/inspections, the determination of compliance with legal requirements made by the officer and details of action taken. [The Standard – 16.1]
- (ii) Ensure records and interventions/inspection reports are kept for at least 6 years. [The Standard - 16.2]

**17 Complaints About the Service**

- 17.1 The authority had set up, implemented and published a Whole Authority Complaints and Compliments Policy and Procedure. It was available on the authority's website.
- 17.2 Auditors were informed that the Public Protection Department had not received any formal complaints about the food enforcement service in the two years prior to the audit. Complaints received prior to the formal investigation stage were not being routinely recorded.

***Recommendation***

- 17.3 The authority should:
  - (i) Ensure a record is made of all complaints received and of all actions taken in response to those complaints. [The Standard –17.3]



## **18 Liaison with Other Organisations**

18.1 The authority had liaison arrangements in place with neighbouring authorities and other appropriate bodies aimed at facilitating consistent enforcement. They included active participation in the following:

- Directors of Public Protection Wales
- Wales Heads of Environmental Health
- Wales Heads of Trading Standards
- All Wales Food Safety Technical Panel
- South East Wales Food Safety Task Group;
- South East Wales Communicable Disease Task Group;
- Welsh Food Microbiological Forum;
- Wales Food Hygiene Rating Scheme Steering Group
- Greater Gwent Food Group

18.2 Minutes of liaison group meetings were available and confirmed regular attendance by appropriate service representatives.

18.3 The authority also had active liaison arrangements with:

- Food Standards Agency;
- The Better Regulation Delivery Office (BRDO)
- Public Health Wales;
- Chartered Institute of Environmental Health;
- Other departments within the authority.

18.4 Auditors were advised that the authority was working with neighbouring authorities in Gwent to explore opportunities for collaborative working in relation to the delivery of Trading Standards services. The Head of Service was playing a key role in these negotiations.

## **19 Internal Monitoring**

- 19.1 The authority had developed an internal monitoring procedure which covered both quantitative and qualitative aspects of the service. It had been recently reviewed and revised to cover all aspects of the Framework Agreement.
- 19.2 The Principal Officer was responsible for approving the procedure and for its effective operation. Other officers in the team were also involved in undertaking internal monitoring activities.
- 19.3 The internal monitoring procedure applied to interventions, complaints, statutory notifications, infectious disease, Food Alerts, sampling and service requests. It covered;
- Accompanied inspections
  - Team meetings
  - Consistency exercises
  - Officer work reviews
  - Peer audits of interventions
  - Formal reviews of enforcement decisions
  - Case reviews
- 19.4 The authority had developed a spreadsheet for the purpose of quantitative internal monitoring of the annual food hygiene interventions programme. This was held electronically in a shared folder and was used to ensure interventions were being carried out within 28 days of the date they were due. This was a live working document which was accessed by staff and the Head of Public Protection. Officers were required to input the outcome of their interventions on the spreadsheet. A colour coding system identified interventions that were due to be carried out, and those food businesses requiring further follow up action. This was identified by auditors as an area of good practice.
- 19.5 Quantitative monitoring reports were generated by the Systems Administrator on a weekly and monthly basis on various aspects of the service, including response times to complaints and completeness of data entries.

19.6 A log of qualitative internal monitoring in respect of food hygiene was being maintained by the Principal Officer on a database. This did not provide sufficient details about what was being monitored, the findings or actions resulting from internal monitoring. Limited records of qualitative internal monitoring were available e.g. checks on prosecution files, risk rating consistency exercises and database checks. Linking internal monitoring records to the internal monitoring log would provide evidence that qualitative internal monitoring is taking place.

19.7 No evidence of qualitative internal monitoring of food standards interventions was available.

***Recommendations***

19.8 The authority should:

- (i) Fully implement the internal monitoring procedure across all food hygiene and food standards activities. [The Standard – 19.1]
- (ii) Ensure records of all internal monitoring activities are made and kept for at least two years. [The Standard - 19.3]

**Good Practice – Quantitative Internal Monitoring of Food Hygiene Interventions programme**

The annual food hygiene inspection programme had been downloaded onto an excel spreadsheet. It was available on a shared drive and accessed by officers and managers. The spreadsheet was colour coded and alerted officers to establishments that were due for inspection and overdue. Risk ratings were tracked and the facility for officers to input actions to secure improved compliance was available. The spreadsheet had assisted the authority in delivering more timely inspections and was regularly accessed by the Head of Service who monitored progress.

**20 Third Party or Peer Review**

- 20.1 The Food Law Enforcement Service had not participated in any peer reviews or been subject to any third party audits during the two years prior to the audit.
- 20.2 An audit of local authority official controls and Food Business Operator controls in approved establishments had taken place in 2010.

## 21 Food Safety and Standards Promotion

21.1 The authority had demonstrated a commitment to food hygiene and standards promotion and had initiated or participated in a number of promotional activities. Activities included:

- Promoting the National Food Hygiene Rating Scheme;
- National Food Safety Week;
- Food hygiene training;
- Healthy lunchboxes

21.2 Providing evidence of involvement in these activities presented challenges for the authority as records of promotional work were not sufficiently comprehensive.

21.3 A DVD had been produced by the authority for use in primary schools to highlight the importance of hand washing. There was evidence that the authority had undertaken proactive initiatives in primary and early years facilities to promote the DVD. The Food Safety Service Plan 2012/13 provided an on-going commitment to these activities.

### ***Recommendation***

21.4 The authority should:

- (i) Maintain records of its food safety and standards promotions. [The Standard – 21.2]

Auditors:

**Lead Auditor: Kate Thompson**

Auditors: Alun Barnes  
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**ANNEX A**

**Action Plan for Monmouthshire County Council  
Audit Date: 20-22 February and 4-5 March 2013**

<b>TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)</b>	<b>BY (DATE)</b>	<b>PLANNED IMPROVEMENTS</b>	<b>ACTION TAKEN TO DATE</b>
<p>3.16(i) Ensure that future Food Law Enforcement Service Plans are developed in full accordance with the Service Planning Guidance in the Framework Agreement. In particular, an analysis of the resources required against those available should be included. [The Standard – 3.1]</p>	<p>In 14-15 service plan</p>	<p>Future service plans (from 2014-15) will include:</p> <ul style="list-style-type: none"> <li>• A description of the Authority’s approach to ensuring that Food Standards interventions are undertaken at least at minimum frequencies required by their risk ratings.</li> <li>• An estimate of the resources required to deliver all aspects of the service set out in the plan.</li> <li>• We will consult other authorities through DPPW and WWhoEHG and Food safety technical panel and liaise with FSAW in an effort to identify good practice methodology and promote consistency in approach in estimating the resources required.</li> </ul>	

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
4.7(i) Review all documented work procedures at regular intervals to ensure they accurately reflect how the food law enforcement service is delivered in practice, including the primary authority considerations. [The Standard – 4.1]	By Mar 2014 On target	Any procedures that have not been reviewed within the past 12 months will be reviewed.  Relevant Primary Authority considerations will be added to appropriate procedures.	
5.16(i) Review the Scheme of Delegation to include the power to detain imported foods. [The Standard – 5.1]	NFA until authority-wide review of scheme	Auditors advise that the authority's scheme of delegation should be updated to cover the detention of imported foods. However, The Chief Officer R&C has delegated authority "to exercise the Council's functions under legislation relating to food and drugs, food hygiene,...". Specific references can be updated when the council scheme is next revised. Food Law Enforcement Officers are authorised under Official Feed and Food Controls (Wales) Regulations 2009.	
5.16(ii) Review and update officer authorisations as necessary to ensure all officers are appropriately authorised under current legislation in accordance with their qualifications, training and competencies. [The Standard - 5.1 and 5.3]	Completed  Completed	The one officer not authorised under FEPA has now been authorised.  Since the audit was completed, our three Commercial Services Officers have been awarded the Food Standards Module of the Higher Certificate in Food premises	

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
	NFA	<p>Inspection from the University of Birmingham.</p> <p>The officer involved in routine (proactive) sampling will continue to be restricted to situations where no formal action would be taken following sampling.</p>	
5.16(iii) Maintain records of relevant academic or other qualifications, training and experience of each authorised officer and appropriate support staff in accordance with the Food Law Code of Practice. [The Standard – 5.5]	Jan 14 and annual thereafter Completed	The service’s central training records and records of qualifications have already been updated and all officer competencies will continue to be assessed on an annual basis and that assessment recorded.	
<u>Food Hygiene</u> 7.23(i) Ensure that food premises interventions/inspections are carried out at the minimum frequency specified by the Food Law Code of Practice. [The Standard -7.1]	On-going	<p>We have undertaken extensive work to ensure that food hygiene interventions are undertaken at the frequencies required by the COP.</p> <p>We employ management tools to ensure that happens and for some time have had targets (monitored fortnightly and reported quarterly) to ensure inspections take place within 28 days of their scheduled date (98% achieved in 2012-13). We will</p>	



TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
		continue to aim for these high standards of service delivery. (We identify additional actions in relation to Standards inspections elsewhere.)	
7.23(ii) Carry out interventions / inspections, and approve establishments in accordance with the relevant legislation, the Food Law Code of Practice and centrally issued guidance. [The Standard -7.2]	On-going  Review by end Feb 2014  Review by Mar 14 on target	We will continue to seek to meet the requirements of the COP in relation to inspections, interventions, enforcement and recording of information: in particular to strengthen this we will: <ul style="list-style-type: none"> <li>• Undertake a review of files via a random sample and utilise the findings of the audit to identify and implement any necessary improvements to current delivery.</li> </ul> We will review files for all approved establishments against the COP.	
7.23(iii) Take appropriate action on any non-compliance found, in accordance with the authority's Enforcement Policy. [The Standard -7.3]	By end Nov 13 Completed	Bring the findings of the audit and this action plan to the attention of all staff.	
7.23(iv) Set up, maintain and implement documented procedures for	In part by Nov 13 complete	We will review, with officers, our policies and procedures with a view	

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
the range of interventions/inspections it carries out. [The Standard – 7.4]	by end of Mar 14. Completed	to ensuring compliance with the Standard in relation to matters such as capturing information during inspections, undertaking revisits, taking action in relation to non-compliances.	
7.23(v) Store contemporaneous records of interventions in such a way that they are retrievable. [The Standard – 7.5]	Bring audit findings to attention of all staff by Nov 2013 and review storage and retrieval procedures by end Jan 14	As part of our on-going transition to a totally paperless recording system, we will utilise the findings of the audit to inform our recording and retrieval arrangements, including updating procedures and staff guidance where appropriate.	
<u>Food Standards</u> 7.36(i) Ensure that food premises interventions and inspections are carried out at the frequency specified by the Food Law Code of Practice. [The Standard -7.1]	Immediate but also for next year's programme	We will review our approach to ensure that Food Standards interventions are undertaken at least at minimum frequencies required by their risk ratings (not only food hygiene intervals)	
7.36(ii) Carry out inspections / interventions at food establishments in	By Mar 2014 On target	We will review our application of food standards risk ratings to	

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
accordance with relevant legislation, the Food Law Code of Practice and Practice Guidance, including the use of appropriate inspection forms. [The Standard -7.2]	By Dec 13 Completed	include benchmarking and peer review with the Greater Gwent Food Group.  We will establish documented monitoring arrangements for food standards risk ratings.	
7.36(iii) Set up, maintain and implement documented procedures for the range of interventions/inspections it carries out. [The Standard -7.4]	By end Feb 14	We will develop a procedure for food standards alternative enforcement.	
7.36(iv) Record observations and data obtained from interventions in a timely manner to prevent its loss and ensure contemporaneous records are legible and retrievable. [The Standard – 7.5]	By Dec 2013 Completed          By Mar 14 On target	We will review procedures and issue further guidance for staff on the recording and storage of details required by the Standard along with advice on enforcement and revisit approaches and the use of aide memoirs and product specific inspection forms.  We will review all policies and procedures not reviewed within the past 12 months	
<u>Food and food establishments complaints</u>	By Nov 13 Completed	We have corporate policies in relation to standard response times.	

<b>TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)</b>	<b>BY (DATE)</b>	<b>PLANNED IMPROVEMENTS</b>	<b>ACTION TAKEN TO DATE</b>
8.11(i) Review and update the documented policy and procedure to include guidance for officers on target response times. [The Standard – 8.1]		In relation to communicable disease control matters, officers follow the national guidance issued under Notification Guidance for Laboratories Health Protection (Notification) (Wales) Regulations 2010 (formerly expert Rules). In other cases we expect officers to use professional judgement in determining the urgency of any particular matter that comes to their attention. We will review guidance.	
8.11(ii) Investigate complaints received in accordance with the Food Law Code of Practice, centrally issued guidance and its own policy and procedures. [The Standard – 8.2]	By Nov 13 Completed	We will review our policies and procedures in relation to complaints to check that guidance is clear on matters having wider food safety considerations.	
12.12(i) Ensure the documented sampling programme includes reference to national sampling priorities. [The Standard - 12.4]	Next service plan 14-15	Future service plans will make specific reference to the FSA's national priorities with regards sampling.	
12.2(ii) Maintain up to date, accurate sampling records in a retrievable form. [The Standard – 16.1]	By end of Nov 13 Completed	We note the observations of FSA auditors on this point and will remind all officers of the requirements of the Standard.	
12.2(iii) Ensure appropriate action is taken on unsatisfactory food sampling	By end of Nov 13	We note the observations of FSA auditors on this point and will remind	

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
results. [The Standard - 12.7]	Completed	all officers of the requirements of the Standard.	
13.6(i) Ensure the procedure for dealing with sporadic cases of food-related infections out of office hours is properly documented and that the procedure accounts for the inspection of implicated food premises. [The Standard – 13.2]	Dec 13 Completed	The authority has one procedure – the same out of hours as in hours which we will clarify.  We will review our procedures and guidelines covering these matters including updating contact details and the inspection of implicated premises.	
15.11(i) The authority should ensure its Enforcement Policy is suitably maintained. [The Standard- 15.1]	By May 14	The Authority's Food Law Enforcement Policy will be amended to take account of new powers in relation to Remedial Action Notices and to reflect Primary Authority matters.	
15.11(ii) Set up, maintain and implement documented procedures for follow up and enforcement actions in accordance with the Food Law Code of Practice and official guidance. [The Standard- 15.2]	By Mar 14	All procedures are being reviewed on an ongoing basis, as described elsewhere, and will be amended as appropriate to reflect Primary Authority considerations.	
15.11(iii) Ensure that food law enforcement is carried out in	By Dec 13 Nov 13	We will review our prosecution procedure to ensure greater clarity	

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
accordance with the Food Law Code of Practice, centrally issued guidance and the authority's own documented procedures and Enforcement Policy. [The Standard -15.2, 15.3 and 15.4]		and document the approach.  We will bring the findings of the audit to the attention of all officers to ensure that we are able to learn any appropriate lessons emerging from the audit. We will continue to undertake regular internal monitoring;	
16.11(i) Maintain up to date, accurate records in a retrievable form on all relevant food establishments and imported food in accordance with the Food Law Code of Practice and centrally issued guidance. These records should include reports of all interventions/inspections, the determination of compliance with legal requirements made by the officer and details of action taken. [The Standard – 16.1]	By Nov 13 Completed.  As per timetable for guidance & procedure reviews.	The detailed findings of the audit will be brought to the attention of all officers.  As stated elsewhere we will review guidance on recording and storage of information.	

<b>TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)</b>	<b>BY (DATE)</b>	<b>PLANNED IMPROVEMENTS</b>	<b>ACTION TAKEN TO DATE</b>
17.3(i) Ensure a record is made of all complaints received and of all actions taken in response to those complaints. [The Standard – 17.3]	By end of March 14	We will review the Authority’s approach to actioning and recording complaints, to include clarity on the distinction between “service requests” and “complaints”.	
19.8(i) Fully implement the internal monitoring procedure across all food hygiene and food standards activities. [The Standard – 19.1]	By Dec 2013	We will review (and revise as appropriate) our monitoring of food standards activities in light of the findings of the audit.	
19.8(ii) Ensure records of all internal monitoring activities are made and kept for at least two years. [The Standard - 19.3]	Immediate	We note the comments of the auditors in relation to our monitoring of food hygiene activities. We also note that auditors suggest that increased details be kept of the qualitative monitoring already undertaken.	
21.4(i) Maintain records of its food safety and standards promotions. [The Standard – 21.2]	Immediate	Records are kept and we will maintain more comprehensive records in future, stored at a central point, electronically.	

### **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 LA policies, procedures and linked documents were received in advance of the audit:

- Monmouthshire County Council Food Safety Service Plan 2012/13 and associated Cabinet minutes of approval
- Public Protection Review of Outcomes Achieved During 2011
- Council Minutes February 2009 – Environmental Health Legislation: The Delegation of Powers to Officers
- Work Procedure: Authorisation of Officers
- Schedule of Officer Delegations
- Work Procedure for the Calibration of Thermometers
- Premises Interventions and Revisits Procedure including Inspection forms
- Guidance for officers: The Choice of Official Controls and other Interventions at BC C rated Premises
- Wales Heads of Environmental Health All Wales Food Safety Technical Panel Food Hygiene Interventions Procedure
- Inspection Aides Memoire / Checklist – Implementation of FSA Guidance on Controlling Cross Contamination by *E.coli* O157
- Monmouthshire County Council Procedure for Food Standards Interventions
- Monmouthshire County Council Procedure for Premises Requiring Approval Under 853/2004
- Procedures for Inspection of Schools, Nurseries and Early Years Settings, and Social Care Settings
- Wales Heads of Environmental Health All Wales Food Safety Technical Panel Food / Feedingstuff Complaints Policy and Procedure
- Monmouthshire County Council – RER FLARE Guidance Recording Primary Authority Activity for MCC Partnerships
- Primary Authority Agreements
- Wales Heads of Environmental Health All Wales Food Safety Technical Panel Database Accuracy Procedure
- Monmouthshire County Council Food Sampling Policy and Procedure
- Food Standards Sampling Programme
- Monmouthshire County Council Communicable Disease Outbreak Plan
- Monmouthshire County Council Procedure for Investigation of Confirmed and Suspected Cases of Food Poisoning and Foodborne Infection
- Wales Heads of Environmental Health All Wales Food Safety Technical Panel Food Alerts and Incidents Procedure
- Monmouthshire County Council Food Law Enforcement Policy
- Monmouthshire County Council Corporate Enforcement Policy and Cabinet Minute of approval
- Monmouthshire County Council Procedure for the Detention of Food



- Monmouthshire County Council Procedure for Emergency Prohibition Food Hygiene (Wales) Regulations 2006
- Monmouthshire County Council Procedure for Service of Hygiene Improvement Notices under Food Hygiene (Wales) Regulations 2006 and Food Safety Act 1990
- Monmouthshire County Council Remedial Action Notice Procedure
- Monmouthshire County Council Procedure for the Issue of Simple Cautions
- Monmouthshire County Council Whole Authority Complaints and Compliments Policy
- Minutes of various external liaison meetings
- Wales Heads of Environmental Health All Wales Food Safety Technical Panel Internal Monitoring Procedure
- Team meeting minutes

## **(2) File Reviews**

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

- General food premises inspection records
- Approved establishment files
- Food and food premises complaint records
- Formal enforcement records.
- Officer authorisation and training records
- Internal monitoring records
- Calibration records
- Food Incident 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 hygiene inspections, food and food premises 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 premises 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/feed control arrangements. The following officers were interviewed:

Head of Public Protection  
 Principal Officer Commercial Team  
 Environmental Health Practitioners, including lead officers for food standards and infectious disease control  
 Commercial Services Officer

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 three local food businesses. The purpose of the visits was to verify the outcome of the last inspections carried out by the LA and to assess the extent to which enforcement activities and decisions met the requirements of relevant legislation, the Food Law Code of Practice and official guidance.

## Glossary

Approved premises	Food manufacturing premises 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.
Environmental Health Professional (EHP)	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 hygiene	The legal requirements covering the safety and wholesomeness of food.
Food standards	The legal requirements covering the quality, composition, labelling, presentation and advertising of food, and materials in contact with food.
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>

The **Monitoring Scheme** requires local authorities to submit quarterly returns to the Agency on their food enforcement activities i.e. numbers of inspections, samples and prosecutions.

Under the **Audit Scheme** the Food Standards Agency will be conducting audits of the food law enforcement services of local authorities against the criteria set out in the Standard.

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	A notice served by an Authorised Officer of the local authority under Section 10 of the Food Safety Act 1990, requiring the proprietor of a food business to carry out suitable works to ensure that the business complies with the requirements of food hygiene or food processing legislation.
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.
OCD returns	Returns on local food law enforcement activities required to be made to the European Union under the Official Control of Foodstuffs Directive.

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.
Risk rating	A system that rates food premises according to risk and determines how frequently those premises should be inspected. For example, high risk hygiene premises 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.