

**Audit of Food Hygiene Service Delivery
Focusing on Service Organisation,
Management and Internal Monitoring
Arrangements**

Torbay Council
28 February 2017



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1.0 Introduction

1.1 This is a report on the outcomes of the Food Standards Agency's (FSA's) audit of Food Hygiene Service Delivery, focussing on Service Organisation, Management and Internal Monitoring Arrangements, conducted at Torbay Council on the 28th of February 2017. The audit was carried out as part of a programme of audits on local authorities (LA) in England. The report has been made available on the Agency's website at:

www.food.gov.uk/enforcement/auditandmonitoring/auditreports

Hard copies are available from the FSA by emailing the FSA at LAAudit@foodstandards.gsi.gov.uk or telephoning 01904 232116.

- 1.2 The power to set standards, monitor and audit local authority feed and food law enforcement services was conferred on the Food Standards Agency by the Food Standards Act 1999 and the Official Feed and Food Controls (England) Regulations 2009. This audit was undertaken under section 12(4) of the Act as part of the Food Standards Agency's annual audit programme.
- 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 Food Standards Agency, 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.^[1]
- 1.4 The Authority was included in the Food Standards Agency's programme of audits of local authority food law enforcement services because of the relatively low percentage of planned interventions achieved on lower risk premises based on data submitted by the Authority to the FSA via the Local Authority Enforcement Monitoring System (LAEMS).
- 1.5 For assistance, a glossary of technical terms used within the audit report can be found at Annex C.

^[1] Commission Decision of 29 September 2006 setting out the guidelines laying down criteria for the conduct of audits under Regulation (EC) No. 882/2004 of the European Parliament and of the Council on official controls to verify compliance with feed and food law, animal health and animal welfare rules (2006/677/EC)

2.0 Scope of the Audit

- 2.1 The audit examined arrangements for organisation, management, and internal monitoring arrangements with regard to food hygiene law enforcement. Assurance was sought that key authority food hygiene systems and arrangements were in place and effective, including suitable arrangements for the internal monitoring of official controls delivered by the Service. The on-site element of the audit took place at Torbay Council, Town Hall, Castle Circus, Torquay TQ1 3DR.

3.0 Background

- 3.1 Torbay Council is situated in the County of Devon in the south west of England and covers some 62.87 km². The main centres of population are Torquay, Paignton and Brixham.
- 3.2 Torbay's population is approximately 131,000 according to 2011 Census data. The population is predominantly white with other ethnic groups making up 2.5% of the population compared with the national average (6%).
- 3.3 The Council is a Unitary Authority operated through a Mayoral model. The mayoral model was explored through a referendum in 2016 and will be abolished from 2019 onwards.

4.0 Executive Summary

4.1 This audit of Torbay Council sought to gain assurance that key local authority food hygiene law enforcement systems and arrangements were effective in supporting business compliance, and that local enforcement was managed and delivered effectively. The audit focused on the Authority's service organisation, management and internal monitoring arrangements.

4.2 The Authority had recently faced challenging circumstances in terms of staff resources. There had been a recent reduction of 1.5 full time equivalents (FTE) and two members of staff had been on long term maternity leave. The Authority had compensated for this by concentrating its resources on the higher risk premises. This had resulted in a substantial number of overdue inspections in the lower risk categories and a high number of unrated establishments. The Authority acknowledged it needed to address the shortfall in resources and bring the intervention programme in line with the Food Law Code of Practice (FLCoP).

Strengths

4.3 The Authority was committed to providing a good quality service, as demonstrated by its participation in inter authority audit, peer review, regional consistency exercises and regional sampling programmes.

4.4 Generally the Authority's database was accurate and up to date. The Authority was committed to a strong monitoring regime to maintain database accuracy and was keen to explore new methods of database analysis to further enhance their quality systems.

4.5 The Authority had implemented an effective system to ensure officers were authorised commensurate with their qualifications training and experience. A competency matrix linked to authorisation procedures had also been developed and maintained.

Good Practice

4.6 The Authority participated in a regional scheme to monitor mobile food traders across borders to ensure food safety standards are maintained and that there is consistency in enforcement.

4.7 The Authority produced a bi-annual Food Safety Bulletin issued to food traders by e-mail that contained topical advice related to food safety issues.

4.8 The Authority had proactively developed guidance documents for traders including Guidance for Catering at Outdoor Events, Markets and Mobile Food Traders and Guidance on Sous Vide Cooking.

Key areas for improvement

- 4.9 Service Planning: The Authority needed to document its service planning arrangements to demonstrate that senior delegated officers and appropriate council member forums are fully aware of any shortfalls in resources and the full demands on the Service. A full annual performance review based on the Service Plan, including any variances and improvements identified also needed to be included.
- 4.10 The Authority should carry out a review to ensure that it had enough FTE to complete the work specified in the annual Service Plan, including outstanding interventions in accordance with the FLCoP.
- 4.11 Food Premises Interventions: The Authority had a significant number of overdue lower risk food hygiene interventions and unrated premises outstanding. The Authority needed to review the overdue interventions including unrated premises and implement a risk based intervention programme to ensure all food premises receive an intervention at the frequency required in accordance with the Framework Agreement and the FLCoP.
- 4.12 Food Sampling: The Authority should develop and implement a food sampling policy and compile and fully document the annual sampling programme.
- 4.13 Internal Monitoring: The Authority should ensure that internal monitoring is fully documented and covers all areas of food law enforcement on a risk basis.

5.0 Audit Findings

5.1 Service Organisation & Management

5.1.1 The Food and Safety Team sits within the Commercial Team of the Community Safety Business Unit. The service is delivered under the direction of the Principal Environmental Health Officer (PEHO) – Lead Food Officer (LFO) for Food and Safety, reporting directly to the Environmental Health Manager (Commercial). The Environmental Health Manager (Commercial) reported to the Assistant Director (Community Safety and Customer Services) who had responsibility for approving the annual Food Safety Service Plan.

5.2 Service Planning

5.2.1 The Authority had put in place a Food Service Plan for 2016/17 which was not completely in accordance with Service Planning Guidance in the Framework Agreement. The Service Plan had been approved by the Assistant Director (Community Services and Customer Services) as the appropriate senior delegated officer.

5.2.2 The Service Plan contained a documented annual intervention programme for premises risk rated A-C. However, a programme for premises risk rated D and E, where the majority of overdue inspections lay, had not been documented in the Service Plan. The Authority had documented an intervention programme for D rated premises in officer's annual appraisal form. In practice the Authority did not aim to complete all due D and E premise interventions contrary to the FLCoP but this had not been documented in the Service Plan.

5.2.3 Additionally, auditors were informed that the Authority was not fully complying with the Brand Standard in regard to the implementation of the Food Hygiene Rating Scheme (FHRS). The reason stated was because they are not giving wet pubs an FHRS rating and this has been documented in the Food Hygiene Rating Scheme procedure.

5.2.4 A review of the Service Plan was carried out annually. As D and E premises were not included in the Service Plan they were also not included in the review. In addition, a shortfall in FTE (detailed in section 5.5 below) had not been identified in the Service Plan. Auditors were informed that the senior delegated officer had been made aware of the shortfalls and this had been brought to the attention of members by the documented annual Priority and Resources review.

5.2.5 Auditors discussed improving the Service Plan to ensure that certain essential information was communicated to the senior delegated officer to highlight the full picture of the demands on the Service, any variances from the delivery of the plan, any actual or potential resource deficiencies and any shortfall in the delivery of statutory duties in

regard to the delivery of food safety. Auditors also discussed whether it would be beneficial for any potential risks to consumer safety due to the overdue interventions to be identified on the corporate risk register.

5.2.6 As part of the audit, auditors discussed the resilience of present finances and their likely impact on resources. Over recent years the Authority has had to implement significant reductions in resources and as a consequence food safety officers have been subject to formal consultation with the threat of redundancy in the past three years. However this has only resulted in the reduction of 0.5 FTE during this period. In addition, two officers (1.4FTE) had been on maternity leave during the past 18 month period. Auditors were informed this had impacted on the manager's ability to implement an effective annual programme of work.

5.2.7 The Authority's Key Performance Indicator (KPI) for premises risk rated A, B and C was 100% and this was reported quarterly to the management team and annually in the Service Plan.

Recommendation 1 - Service Planning

[The Standard 3.1, 3.2 & 3.3]

The Authority should ensure that future Service Plans include the following information:

- i. A comparison of the full time equivalents (FTE) required to ensure the delivery of food safety activities in accordance with the Food Law Code of Practice against those available to the Service. Any shortfall should be reported to the senior delegated manager and/or the appropriate Member forum.
- ii. All the demands placed upon the Service including the full intervention programme across all premises risk ratings in accordance with Service Planning Guidance.
- iii. An annual review of the Service Plan including an assessment of the full intervention programme with the identification of any variances from the programme including any unrated or overdue premises that needs to be carried over to next year's intervention programme.

5.3 Service Delivery

Interventions

5.3.1 The Authority was responsible for enforcement at 1863 food business establishments at the time of the audit. Due to an increasing focus on prioritising the completion of high risk interventions before lower risk the Authority had recently built up a backlog of inspections in the D and E risk categories as seen in Table 1 below (data taken from LAEMS 2014/5 and 2015/16).

5.3.2 **Table 1: Recent performance data – interventions (source: LAEMS)**

Premises Risk Rating	Interventions Carried out 2014/15	Interventions Carried out 2015/16	Interventions overdue 2014/15	Interventions overdue 2015/16
A	39	27	0	0
B	106	105	7	0
C	291	273	36	11
D	404	286	153	335
E	181	49	455	381
Unrated	59	223	1	112
Total	1080	963	652	839

5.3.3 The 2016/17 Service Plan included the planned intervention targets of 100% for premises risk rated A-C. As reported above there were no planned intervention targets for premises risk rated D and E, apart from those documented in the appraisal process. Table 2 below shows the overdue status of each category based on an analysis of the Authority's database.

Table 2: Planned targets 2016/17 and overdue premises at time of audit – interventions

Intervention categories	Planned 2016/17	Overdue at the time of the audit
Category A	100%	2 outstanding
Category B	100%	5 outstanding
Category C	100%	39 outstanding
Category D	Not specified	264 outstanding
Category E	Not specified	595 outstanding

Total Overdue Interventions	N/A	905 outstanding
Unrated	100%	254 outstanding

- 5.3.4 The Authority had fallen behind its in-year intervention targets for 2016/17. The recent long term absence of two staff members for 13 months for maternity leave and resource reductions (detailed above) were cited by the Authority as the principal causative factors.
- 5.3.5 Auditors discussed current and future capacity within the Authority in the context of long term absences, reduced resources and the number of overdue interventions at the time of audit. The Authority reported that the return of staff members from long term absence and the transfer of food standards to Devon County Council would help the Authority deal with the current backlog of inspections. In addition the Authority planned to recruit an intern EHO who would be able to assist with the lower risk premises. However, the Authority was doubtful that these measures alone would be able to ensure full compliance with the FLCoP.
- 5.3.6 Auditors noted that the vast majority of overdue interventions were lower risk D and E risk rated establishments. However, a substantial number of the premises were several years overdue, and some of the premises types, such as restaurants and caterers, had the potential to have become high risk since the last visit by the Authority. This presented a risk to consumer safety and to the reputation of the Authority. The Authority had implement some of the flexibilities available in the FLCoP and auditors discussed the implementation of alternative enforcement strategies and further FLCoP flexibilities to aid the intervention programme, including the use of verification visits (e.g. revisit) and intelligence gathering using questionnaires.

Recommendation 2 – Overdue interventions and unrated premises

[The Standard 7.1]

The Authority should carry out interventions at all food hygiene establishments in their area, at a frequency which is not less than that determined under the intervention rating schemes set out in the relevant legislation, Code of Practice or other centrally issued guidance.

Sampling

- 5.3.7 The Authority had not developed a food sampling policy in accordance with the Standard in the Framework Agreement. Sampling procedures had been developed and implemented.
- 5.3.8 The Authority had a sampling programme for 2016/17 which had not been fully documented. The sampling programme was being co-ordinated by Devon, Cornwall and Somerset and included the microbiological quality of the following:
- Hogs Pudding' and similar style meat puddings;
 - Fermented and dried meat products;
 - Pre-packed sandwiches at the point of sale; and
 - Cooked rice at the point of sale

Recommendation 3 – Sampling policy and programme

[The Standard 12.4]

The Authority should set up, maintain and implement a documented sampling policy and programme in accordance with the Food Law Code of Practice and any centrally issued guidance.

5.4 Database

- 5.4.1 The database was capable of reporting information reasonably requested by the FSA and the Authority was maintaining appropriate backup systems and security measures. In addition, the Authority had a maintenance contract in place with the software provider.
- 5.4.2 Data analysis carried out by the auditors identified some limited anomalies in terms of premises duplicates, visit frequencies, and disparities in the allocation of risk scores and these were discussed with the Authority.
- 5.4.3 The Authority had put in place a procedure for maintaining the food premises database which included internal monitoring and reporting arrangements. The Authority expressed an interest in using the FSA's methods of data analysis by Excel spreadsheet to further enhance their monitoring arrangements.

5.5 Staff Training and Authorisation

- 5.5.1 All officer authorisations had been signed by the appropriate delegated officer in accordance with the Council's Constitution and the documented Authorisation Procedure.
- 5.5.2 The Authority had appointed a LFO with the necessary specialist knowledge to carry out the role and meet the competency requirements of the FLCoP.
- 5.5.3 The Authority reported that they had five FTEs to carry food safety enforcement activities. The Authority reported that in recent years the food safety service had lost 1.5 FTE due to resource reductions. A recent review of service activities had identified some areas where more FTE capacity could be allocated to food safety and it was noted that food standards activities would soon move to Devon County Council. The Authority had not previously carried out any analysis to identify how many FTE were needed to deliver food safety activities, though accepted that this needed to be reviewed. However, auditors were informed the present number of FTE was not considered enough resource to fully ensure food safety enforcement in accordance with the FLCoP.

Recommendation 4 – Authorised Officers

[The Standard 5.3]

The Authority should ensure that sufficient officers have been appointed to carry out the work detailed in the annual Service Plan.

- 5.5.4 The training and qualification records of officers were checked and it was found that the Authority had an appropriate competency assessment protocol and matrix in place. The level of authorisation and duties of officers were consistent with their qualifications, training, experience and the requirements of the FLCoP.
- 5.5.5 All staff checked had received the necessary 20 hours continuous professional development training in accordance with the FLCoP. Training undertaken included key topics such as HACCP, E. coli O157 and cross contamination risks and allergens.
- 5.5.6 Records of academic qualifications, training and competency assessments had been maintained by the Authority in accordance with the Framework Agreement.

5.6 Documented Policies and Procedures

- 5.6.1 The Authority had set up and implemented a number of suitable documented procedures for food safety activities. They included procedures for interventions, approval of establishments, complaints, incidents and alerts and enforcement. The procedures were a mixture of Regulatory Information and Management Systems (RIAMS) procedures and locally developed procedures. Auditors were informed there was no specific overarching document for the review and updating of operating policies and procedures. Reviews were carried out on an adhoc basis or when there had been a change to legislation or centrally issued guidance.
- 5.6.2 All procedures were readily available to officers.
- 5.6.3 In addition to the intervention procedure the Authority had work instructions that included reference to the use of partial inspections and the other flexibilities allowed within the FLCoP in defined circumstances. In addition, the intervention procedure made appropriate reference to carrying out unannounced inspections allowing for the specific exemptions outlined in the FLCoP.
- 5.6.4 The Authority had an appropriate intervention visit aide-memoire in place. The aide-memoire included prompts for officers to record decisions around Food Safety Management, cross contamination and food safety training. Auditors discussed the benefits of providing more space on the aide-memoire for officers to record their on-site observations in more detail and helping to avoid making 'tick-box' appraisals. There were also supplementary guidance notes for dealing with catering at outdoor events, markets and mobile food traders and guidance on particular issues relating to sous vide cooking.
- 5.6.5 In addition the Authority had procedures covering the Approval of Product Specific Premises, Approved Premises Interventions and the use of Approved Premises Remedial Action Notices. The Authority had developed specific aide-memoires for use at their product specific premises, including specialist documentation for the fishery product establishments.

5.7 Ensuring an Effective and Consistent Service

Internal Monitoring

- 5.7.1 Although not subject to a documented procedure the Authority was able to provide evidence of regular structured quantitative monitoring being carried out in regard to the annual inspection programme. An inspection list was generated at the start of the year which was split into districts and issued to individual officers. As the inspections were carried out they were crossed off the list and this was subject to a quarterly check. Progress against the inspection list was discussed at officer one to one meetings approximately every six weeks, although these were not always documented. These discussions included the prioritisation of premises on a risk basis. Progress was reported to senior management on a quarterly basis.
- 5.7.2 The Authority had developed a Procedure for Ensuring the Accuracy of the Food Premises Database. Qualitative checks were carried out on the database at regular intervals and any anomalies were communicated to officers via e-mail. However, there was no system for recording officer's corrective actions. Pre-audit checks carried out on the database only highlighted a few minor anomalies on the system and these were discussed.
- 5.7.3 The Authority had developed a Performance Monitoring Procedure which included checks on inspection reports, letters and risk rating scores by the PEHO at a rate of approximately 10%. However, although there was some evidence that this had been carried out in regard to reports and letters it was not always recorded. The Authority was able to show documentary evidence of risk score analysis. Auditors discussed ensuring that internal monitoring was effectively documented and carried out on a risk basis. This risk based strategy should help the Authority to more effectively verify conformance with the Standard, relevant legislation, Codes of Practice, Guidance and the Authority's documented policies and procedures.
- 5.7.4 The Performance Monitoring Procedure also detailed that all staff were subject to a six monthly accompanied inspection for monitoring purposes. Although it was clear that this had been carried out historically the Authority admitted the practice had not been carried out recently due to resource issues.

Third Party or Peer Review

- 5.7.5 The Authority was part of the South West SWERCOTS Inter-Authority Auditing Scheme but had not been audited within the last two years.
- 5.7.6 The Authority was an active member of the Devon and Cornwall Food Liaison Group (DCFLG) and it was observed in the minutes of recent meetings that a representative had consistently attended food liaison group meetings. The minutes of DCFLG meetings were circulated to all staff.
- 5.7.7 As a member of the DCFLG the Authority had participated in regionally organised consistency exercises. As part of the exercises mock scenarios are drawn up for officers to complete. On completion notes are issued to all DCFLG members and the results are discussed at a sub-group meeting.

Audit Team: Robert Hutchinson - Lead Auditor
Michael Bluff - Auditor

Food Standards Agency
Regulatory Delivery Division

ANNEX A - Action Plan for Torbay Council

Audit date: 28 February 2017

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>Recommendation 1 - Service Planning [The Standard 3.1, 3.2 & 3.3]</p> <p>The Authority should ensure that future Service Plans include the following information:</p> <p>i. A comparison of the full time equivalents (FTE) required ensuring the delivery of food safety activities in accordance with the Food Law Code of Practice against those available to the Service. Any shortfall should be reported to the senior delegated manager and/or the appropriate Member forum.</p> <p>ii. All the demands placed upon the Service including the full intervention programme across all premises risk ratings in accordance with Service Planning Guidance.</p> <p>iii. An annual review of the Service Plan including an assessment of the full intervention programme with the identification of any variances from the programme including any unrated or overdue premises that needs to be carried over to next year's intervention programme.</p>	<p>31/10/17</p>	<p>An initial report is to be taken to Senior Leadership Team on the 20th June 2017, along with a copy of the draft FSA Audit Report 2017.</p> <p>As the Service plan for 2017/18 has been put on hold to wait for the findings of the FSA audit this plan will now be completed with the recommended additions required by this report.</p> <p>Following completion of the 17/18 Food Safety Service Plan it will go to Torbay Council's Senior Leadership Team representative along with the final FSA Audit Report 2017 to ensure that they are fully aware of its content and the potential consequences on the Authority of not meeting its statutory targets with the current resources. The report will also be sent to Devon Audit Partnership for their consideration and will form part of their 2017 audit of food safety at Torbay Council.</p> <p>The information will be used during the 2017-18 budget setting process, as described in the amended audit report.</p>	

<p>Recommendation 2 – Overdue interventions and unrated premises [The Standard 7.1]</p> <p>The Authority should carry out interventions at all food hygiene establishments in their area, at a frequency which is not less than that determined under the intervention rating schemes set out in the relevant legislation, Code of Practice or other centrally issued guidance.</p>	<p>31/03/18</p>	<p>The following is an action plan for the remainder of 2017-18 to meet the backlog of overdue interventions identified in the draft FSA Audit Report 2017.</p> <ol style="list-style-type: none"> 1. All staff are currently back at work, i.e. returned from maternity leave, although the team remains 0.5 FTE less than 2016-17. 2. Advice visits for Unrated Premises have ceased, though some advice is still given by phone. This will mean they will get a quicker inspection, which will steadily reduce this figure. However the consequence is that rating scores will be lower and further intervention visit(s) might be needed. 3. The inspections planned are based upon doing those first that are the most overdue with the highest considered risk. This is in line with our current policy. 4. Use allocated contingency funding to support additional interventions for categories C and D. Though how this money will be used is still to be agreed in detail. 5. Use graduate EHO to undertake interventions for E's. 6. Review what can be classed as an intervention with the FSA. 7. A Devon Partnership Audit is being undertaken and will include the FSA report. They will report back to Audit Committee in 	<p>Items 1, 2, 3, 4 and 5 have already been implemented, though the detail of item 4 still needs to be agreed.</p>
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		<p>the autumn of 2017.</p> <ol style="list-style-type: none">8. Report to SLT on the 20th June 17 about the need for additional resources, which will be fed into the budget process of 2017-18.9. SAQ for E rated premises to be sent by Sept '17 and E rated premises to be up to date by March '18.10. D rated premises to be up to date by March'18.11. Unrated premises to be cut by 50% by March '18 <p>If these measures do not fully redress the backlog, then further measures will be considered for the next financial year.</p>	
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<p>Recommendation 3 – Sampling policy and programme [The Standard 12.4]</p> <p>The Authority should set up, maintain and implement a documented sampling policy and programme in accordance with the Food Law Code of Practice and any centrally issued guidance.</p>	31/10/17	This will be added to the Food Safety Service Plan.	
<p>Recommendation 4 – Authorised Officers [The Standard 5.3]</p> <p>The Authority should ensure that sufficient officers have been appointed to carry out the work detailed in the annual Service Plan.</p>	31/03/18	See response to recommendation 2 above. This key point will be raised at SLT on the 20 th June 2017 and will be included within the service plan 2017-18.	

ANNEX B - Audit Approach/Methodology

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

(1) Examination of LA plans, policies and procedures.

The following relevant LA policies, procedures and linked documents were examined before and during the audit:

- Torbay Council Food Safety Service Plan 2016/17
- Torbay Council Food Safety Service Plan 2015/16
- Torbay Council Meeting Minutes
- Community Safety Policy & Procedure Covering Authorisation
- Authorised Officer Competency Requirements
- Procedural Document: Food Complaints
- Commercial Premises Visit Report Form
- Primary Food Safety Inspection Form
- Guidance Documents
- Food Safety Bulletin
- Mobile Food Business Inspection Log
- Protocol for the National Food Hygiene Rating Scheme
- Approval of Specific Premises Procedure
- Approved Premises Interventions Procedure
- Approved Premises Remedial Action Notices Procedure
- Investigating Food Alerts for Action, Product Withdrawal and Recall Information Notices from the Food Standards Agency Procedure
- Investigating Food Incidents Identified Within the Local Authority Area Procedure

- Devon, Cornwall and Somerset Co-ordinated Food Sampling Overviews
- Community Safety Enforcement Policy & Prosecution Policy
- Performance Monitoring Procedure
- Accompanied inspection/intervention monitoring form
- Procedure for Ensuring the Accuracy of the Food Premises Database
- Devon & Cornwall Liaison Group Minutes
- Devon & Cornwall Food Liaison Group Consistency Exercise Templates
- FHRS Consistency Meeting Notes January 2017

(2) A range of LA file records were reviewed – the following LA file records were reviewed during the audit:

- Internal monitoring records
- Qualification and training records
- Authorisations

(3) Review of Database records:

- To assess the completeness and accuracy of the food premises database
- To 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 – the following officers were interviewed:

- Environmental Health Manager
- Principal Environmental Health Officer

ANNEX C - Glossary

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.
Brand Standard	This Guidance represents the 'Brand Standard' for the Food Hygiene Rating Scheme (FHRS). Local authorities in England and Northern Ireland operating the FHRS are expected to follow it in full.
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.
County Council	A local authority whose geographical area corresponds to the county and whose responsibilities include food standards and feeding stuffs enforcement.
District Council	A local authority of a smaller geographical area and situated within a County Council whose responsibilities include food hygiene enforcement.
Environmental Health Officer (EHO)	Officer employed by the local authority to enforce food safety legislation.
Food Safety Management System	A written permanent procedure, or procedures, based on HACCP principles. It is structured so that this requirement can be applied flexibly and proportionately according to the size and nature of the food business.
Feeding stuffs	Term used in legislation on feed mixes for farm animals and pet food.
Food hygiene	The legal requirements covering the safety and wholesomeness of food.
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 and feed enforcement.

HACCP	Hazard Analysis and 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.
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.
Service Plan	A document produced by a local authority setting out their plans on providing and delivering a food service to the local community.
Unitary Authority	A local authority in which the County and District Council functions are combined, examples being Metropolitan District/Borough Councils, and London Boroughs. A Unitary Authority's responsibilities will include food hygiene, food standards and feeding stuffs enforcement.