	INTERNAL AUDIT REPORT	

FROM:	Audit and Risk Manager	**SUBJECT:**	Food Safety
TO:	Head of Health and Community Protection	**DATE:**	26 November 2019
C.C.	Chief Executive		
	Deputy Chief Executive (AJ)		
	Head of Finance		
	Food and Safety Team Leader		
	Regulatory Manager		
	Portfolio Holder (Cllr Judy Falp)		

1   Introduction

1.1   In accordance with the Audit Plan for 2019/20, an examination of the above subject area has been undertaken and this report presents the findings and conclusions drawn from the audit for information and action where appropriate.

1.2   Wherever possible, findings have been discussed with the staff involved in the procedures examined and their views are incorporated, where appropriate, into the report. My thanks are extended to all concerned for the help and cooperation received during the audit.

2   Background

2.1   The Council's Food Safety duties and responsibilities are delivered by the Food Safety team which sits in the Food and Occupational Safety and Health team (FOSH) forming part of the Regulatory section within Health and Community Protection.

2.2   The team is responsible for enforcing food hygiene legislation (under the Food Safety Act 1990 and the requirements of the Food Standards Agency (FSA)) in approximately 1440 premises, with 598 of those establishments being included in the programme of inspections for 2019/20. On top of programmed inspections, the Food Safety team also carry out non-programmed and advisory visits, which amounted to an additional 270 visits last year (2018/19).

3   Scope and Objectives of the Audit

3.1   The audit was undertaken to test the management and financial controls in place.

3.2   In terms of scope, the audit covered the following areas:

- Premises database
- Service provision
- Policies and procedures
- Staff competency
- Performance monitoring

- Budget planning and management
- Risk management.

3.3   The audit programme identified the expected controls. The control objectives examined were:

- All properties, people and activities, for which the council is responsible for inspecting, are recorded on a database that is appropriately maintained
- Premises, people and activities are appropriately inspected
- Requests for service are appropriately responded to
- Incidents relating to food safety are appropriately responded to
- Council events and contractors providing services in council owned premises comply with food safety legislation
- Enforcement action is driven by policy to ensure it is consistent and in line with appropriate legislation
- Work is performed to a consistent standard
- Staff are able to perform the work expected of them in a competent manner
- Management are aware of how the team is performing
- The council is compliant with any external requirements for submitting returns / data etc.
- Budgets are effectively managed
- The council is aware of the risks in relation to the services undertaken by the section and has taken steps to address them.

3.4   An audit of the CIVICA APP system has recently been undertaken by the Council's IT auditors, TIAA, so some aspects of the database (e.g. system access and back-ups) were not examined as part of this audit.

4   **Findings**

4.1   **Recommendations from Previous Report**

4.1.1   The current position in respect of the recommendation from the previous audit, undertaken in August 2016, was also reviewed. The current position is as follows:

Recommendation	Management Response	Current Status
1 The system should be updated to remove the duplicate entry and the temporary event stall.	The system has been updated accordingly.	The way these establishments are recorded was changed so this is no longer an issue.

4.2   **Premises Database**

4.2.1   The database is well maintained and kept up-to-date. There are currently 1443 active entries on the database which are all in the inspection cycle. Inactive premises remain on the database in the background and can be re-activated if the premises become subject to food safety inspections again. The history for each premises is saved to the database allowing the team to access previous

data, even when there has been a change of name, ownership or it has been closed for a number of years.

4.2.2   The Food Safety team are provided with a copy of a spreadsheet containing changes to National Non-Domestic Rates (NNDR) on a monthly basis. This allows them to identify changes to food businesses, such as changes of ownership, name change, change of use, or a licence request for a new business. Once the potential changes have been identified, the team update the database and, where necessary, make contact with the business to confirm the changes. When new establishments are identified contact is made to ensure they are registered and they are added to the database and inspection programme.

4.2.3   A sample of changes to premises, taken from the NNDR spreadsheets spanning nine months, were identified on the database. All changes had been actioned and updates had been applied to the database.

4.3   **Service Provision**

4.3.1   The Food Safety team follow the Food Standards Agency's (FSA) Code of Practice, Practice Guidance and Food Hygiene Rating Scheme: Guidance for local authorities 'Brand Standard' when carrying out inspections. Officers must have due regard to the guidance which provides details on carrying out inspections, risk ratings and implementing and operating the 'Brand Standard' complete with a consistency framework and various standard template forms as required.

4.3.2   A sample of inspections that had been completed within the current calendar year was reviewed. In all cases the risk scores and next visit date had been calculated using the FSA guidance.

4.3.3   The database used (CIVICA) automatically allocates the date of next visit based on the categorisation of the risk calculated. This date is then used when the inspection programme is drawn up. Premises with a low risk calculation are inspected less frequently than those with a higher risk. Inspections can be between six months and three years apart and premises can be inspected 28 days either side of their programmed dates.

4.3.4   A review was performed to ensure that timely visits had been undertaken to all premises in the current inspection programme. Only one premises in the programme had not been visited within the last three years and it was established that this was due to the establishment being removed from the inspection cycle after it closed in 2015 but it had recently been moved back into the programme after a premises license application had been received.

4.3.5   Non-programmed inspections and advisory visits are carried out as and when needed. These additional visits are generated from service requests, when there is change in ownership at the premises and when establishments request a Food Hygiene Rating Rescore Revisit request.

4.3.6   Service requests, which include incident reports, are submitted via email, phone call or by completing an online application form. The requests are usually allocated to the staff member that carried out the last inspection as they will be

familiar with the establishment and will have raised the previous advisories or concerns.

4.3.7   174 service requests had been received since the start of the current calendar year (2019). From this list a sample was reviewed to include requests that a range of staff members had responded to. All of the requests in the sample had been followed up appropriately and action taken where needed. Final correspondence to the complainant, where provided, was quality-checked by a second staff member. This ensures that responses are prompt and a standard is maintained in all responses.

4.3.8   Council buildings which are subject to food safety regulations are included on the inspection programme. Advice is provided at safety advisory meetings to other service areas, regarding relevant standards and conditions, when considering Council-led events.

4.4   Policies and Procedures

4.4.1   The service area plan promotes the delivery of food safety inspections in line with the 'Fit for the Future' Strategy. The strategy commits to ensuring delivery of the food safety inspection programme. The service area plan is approved at Executive and is reviewed annually.

4.4.2   The FSA Code of Practice, Practice Guidance and Brand Standard is followed when carrying out an inspection with a Food Hygiene Rating being provided to the establishment upon completion. The FSA provides guidance for The Food Hygiene Rating Scheme: available for Local Authorities on the implementation and operation of the Brand Standard of the ratings.

4.4.3   The Food Safety team have produced flow charts, based on the FSA guidance, which demonstrate how each task is carried out. The tasks covered include: service requests; inspections; enforcement action; and planning applications. When there are changes to the procedures the flow charts are updated.

4.4.4   An inspection was observed from start to finish. Before the inspection, information regarding the establishment was checked to ensure it was still accurate. The history of the business was looked into to see what advisories and scores had been given and how the company had responded to previous visits. The inspection itself followed a structured approach which allowed the inspector to focus on key areas.

4.4.5   After completing the inspection, the scores were input onto the database, the final rating was calculated and the next visit date was calculated. The establishment was written to with the outcome of the inspection, including any advisory or legal changes that needed to be made as well as the final score outcome.

4.5   Staff Competency

4.5.1   There are seven staff members who form the Food Safety team, working together to ensure the food safety inspection programme is completed.

4.5.2 Performance monitoring is carried out on a monthly basis which helps to identify additional training needs or where support may be needed. Staff keep records of their training to evidence Continued Professional Development (CPD) as required by the Chartered Institute of Environmental Health (CIEH) and the Institute of Food Science and Technology (IFST). All of the Food Safety team hold qualifications with either the CIEH or IFST.

4.5.3 Any training needs not identified through CPD requirements and performance monitoring are usually picked up in appraisals, 1:1s, Coventry and Warwickshire Liaison group and when carrying out the "day job".

4.6 **Performance Monitoring**

4.6.1 A performance monitoring spreadsheet, completed by the Food and Safety Team Leader, compiles information regarding inspections, service requests and time taken to complete tasks and responses. This is reported at monthly team meetings which is usually attended by the Regulatory Manager. The minutes from the monthly meetings are also shared with the Head of Service.

4.6.2 Data from the performance monitoring spreadsheet is shared with the Systems team who use it to provide statistics for corporate KPIs. These are uploaded onto a portal on a monthly basis. SMT, Councillors (including the Portfolio Holder), and Heads of services have access to the portal. The information reported includes: number of service requests received, response times, and businesses with a rating of 5 'Very Good' and 3 – 4 'Broadly Compliant'.

4.6.3 Annual returns are completed and submitted online to the FSA by the Systems team in conjunction with the Food and Safety Team Leader. They have to be completed and returned by end of April with a 'mop up' of late returns due around the end of May. Failure to complete the annual return results in the Council being 'named and shamed' by the FSA.

4.6.4 The annual return shows how the Council has performed against the planned inspection programme, taking into account any businesses which are no longer trading and any that have had their rating upgraded so no longer requiring a further inspection that year.

4.7 **Budget Planning and Management**

4.7.1 Budget monitoring is performed by the Regulatory Manager who reviews figures with an Assistant Accountant. This is usually carried out on a monthly basis, but can be done more frequently if required.

4.7.2 When examining the budgets there were very few variances found, with those that were identified being immaterial. The Regulatory Manager was also able to provide valid explanations for the identified variances. The Assistant Accountant also had no concerns regarding the budget position at this time.

4.8 **Risk Management**

4.8.1 The Service risk register, identifies relevant generic risks as well as risks specific to Regulatory services. As part of the schedule of risk registers reviews by

Finance and Audit Scrutiny Committee, the Service's risk register was presented to the Committee in April 2019.

4.8.2   Risks identified can be split into two main risk categories: staff related, and service delivery. Staff related risks include: lone working, training, injury and abuse, and evening and night working. Service delivery risks include: records maintenance, quality of advice and compliance.

4.8.3   Identified risks have appropriate controls in place to reduce or remove them. The controls include use of mobile phones, body cams and the lone worker policy. To reduce the risks related to service delivery there are various checks in place that mean work is double checked, processes are followed, performance monitoring is carried out as well as annual reporting to the FSA.

5   **Summary & Conclusion**

5.1   Following our review, we are able to give a SUBSTANTIAL degree of assurance that the systems and controls that are currently in place in respect of Food Safety are appropriate and are working effectively.

5.2   The assurance bands are shown below:

Level of Assurance	Definition
Substantial Assurance	There is a sound system of control in place and compliance with the key controls.
Moderate Assurance	Whilst the system of control is broadly satisfactory, some controls are weak or non-existent and there is non-compliance with several controls.
Limited Assurance	The system of control is generally weak and there is non-compliance with controls that do exist.

6   **Management Action**

6.1   There are no recommendations arising from this report.

Richard Barr
Audit and Risk Manager