

FROM: Audit and Risk Manager
TO: Head of Safer Communities,
Leisure, and Environment
C.C. Chief Executive
Director for Climate Change
Head of Finance
Food and Safety Team Leader
Environmental Health and
Licensing Manager
Portfolio Holder (Cllr Falp)

SUBJECT: Food Safety
DATE: 15 February 2023

1 Introduction

- 1.1 In accordance with the Audit Plan for 2022/23, an examination of the above subject area has recently been completed by Emma Walker, Internal Auditor, and this report presents the findings and conclusions for information and, where appropriate, action.
- 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 service is provided by the Food and Occupational Safety and Health (FOSH) team. The FOSH team are responsible for enforcing food hygiene legislation (as set out in the Food Safety Act 1990) and must adhere to the requirements of the Food Standards Agency (FSA). 649 inspections were carried out during 2022; 218 of these were non-programmed or advisory visits.
- 2.2 Premises are assessed against the requirements of food hygiene legislation, as laid out in the Food Law Code of Practice (England) and Food Law Practice Guidance (England). The risk scoring of businesses ensures that premises are consistently rated based on the Food Hygiene Rating Scheme, which is formed from elements of the criteria laid out in the Food Law Code of Practice (England) and Food Law Practice Guidance (England). Scores range from zero to five, where five demonstrates very good hygiene standards and zero requires urgent improvement. Ratings are a snapshot of the food hygiene standards taken at the time of inspection; it is the responsibility of the business to always comply with food hygiene law. This includes the handling, storage, and preparation of food, as well as the cleanliness of facilities and general food safety. The FSA allows the public to view the hygiene rating for any property held on the database via the Food Hygiene Rating Scheme website, within which are the scores for each category of the inspection. The ratings and dates of inspection can be found via

the FSA website or on stickers displayed at business premises. During inspections, Food Officers (Team Leader (FSTL), Senior Environmental Health Officers (SEHO), Environmental Health Officers (EHO) and Senior Food Safety Officers (SFSO) monitor how food is handled (prepared, cooked, re-heated, cooled and stored). Food Officers are also required to inspect the physical condition of the business (i.e., cleanliness, layout, lighting, ventilation, pest control) and determine how the business manages to ensure that good hygiene standards are maintained.

- 2.3 Warwick District Council (WDC) form part of the Central England South Food Liaison Group, of which the FSTL is secretary. Updates from the FSA concerning food crime, disease outbreaks, export requirements and food complaints are communicated via this platform in addition to daily and weekly updates issued via email using the Smarter Comms database.

3 Objectives of the Audit and Coverage of Risks

- 3.1 The management and financial controls in place have been assessed to provide assurance that the risks are being managed effectively. The findings detailed in the following sections confirm whether the risks are being appropriately controlled or whether there have been issues identified that need to be addressed.
- 3.2 In terms of scope, the audit covered the following risks:
1. Failure to correctly manage/monitor budgets.
 2. Failure to set appropriate fees.
 3. Failure to complete the FSA Recovery Programme.
 4. Ineffective enforcement of food hygiene standards at all relevant premises.
 5. Failure to identify legislative changes.
 6. Ineffective or overzealous enforcement leading to reputational damage.
 7. Failure to carry out reactive work.
 8. Potential reputational damage associated with successful appeals against Hygiene Improvement Notices or the Seizure, Detention and Destruction of Food.
 9. Failure to respond to outbreaks of disease.
 10. Collusion with businesses leading to incorrect rating being awarded/issues identified not reported.
 11. Lone working.
 12. Injuries to staff whilst on site visits/infectious disease exposure.
 13. Abusive/disgruntled proprietors.
 14. Driving to and from inspection sites.
 15. Loss of computerised system/records.
- 3.3 A 'risk-based audit' approach has been adopted, whereby key risks have been identified during discussions between the Internal Auditor and key departmental staff. The Safer Communities, Leisure, and Environment Risk Register has also been reviewed.
- 3.4 These risks, if realised, would be detrimental to the Council with regards to meeting the external 'People' element of the Fit for the Future Strategy. The Council has a duty to protect individuals from harm and improve the health and

wellbeing of the community.

4 Findings

4.1 Recommendations from Previous Reports

4.1.1 There were no recommendations arising from the previous report.

4.2 Financial Risks

4.2.1 Risk: Failure to correctly manage/monitor budgets.

The budget is monitored monthly by the Principal and Trainee Assistant Accountants. £4,821.55 has been received from Primary Authority Charges throughout 2022/23. £12,500 was also received by way of a grant, which was awarded by the FSA for work on the Commonwealth Games. Expenditure thus far has amounted to £224,825. The full year budget is set at £453,800, meaning that expenditure is well within the allocated amount. There have been some slight increases in costs regarding childcare, car allowances and other expenses, when compared to 2021/22, but these costs are negligible.

4.2.2 Risk: Failure to set appropriate fees.

The fees and charges for 2022/23 were increased by 15%; this was agreed by Cabinet on 4 November 2021. These costs cover non-statutory inspections (£218) and the issuing of health certificates (£88.55). Any premises requesting a Food Hygiene Rating Rescore Revisit is charged £250. The fees for 2021/22 were £198 for non-statutory inspections, £77 for health certificates and £227.70 for Food Hygiene Rating Rescore Revisits. It was recommended that these should increase by 15% to bring WDC in line with its neighbouring authorities. Fees are set based on the average number of hours required to carry out revisits to businesses, across an average salary range. During testing it was found that the fees published through Committee papers had been appropriately agreed by Cabinet.

The service also relies on Primary Authority Partnership Fees. This is a statutory scheme established by the Regulatory Enforcement and Sanctions Act 2009. It allows an eligible business to form a legally-recognised partnership with a single local authority in relation to the provision of tailored advice, guidance and assistance relating to regulatory compliance. Primary Authority agreements with WDC are for a fixed number of hours of chargeable advice per year, with a minimum of two hours per contract. On set-up, an additional charge of three hours is payable to cover the time taken for the initial contract set-up and thereafter the time taken for an annual contract review. These hours are pre-allocated and non-refundable if unused. Any business which runs over this threshold is billed accordingly. Primary Authority partnerships are offered on a pre-paid package basis. The Primary Authority Partnership Fees for 2022/23 saw a 15% increase compared to 2021/22.

In previous years, the Primary Authority Charges have not been displayed amongst the General Fees and Charges sent to Cabinet for approval. There was, therefore, no previous level of assurance that the Primary Authority Charges had

been appropriately reviewed by the Council. An advisory note of this nature was made by the Principal Internal Auditor during the Health and Safety Enforcement Audit (March-2022) and has since been put into practice; the Fees and Charges for 2023/24 now include the Primary Authority Charges.

The FOSH team do not tend to review the cost-of service provisions throughout the year, as these are based on a set fee. The time taken to work with Primary Authority Partnerships is observed through monthly performance monitoring.

4.3 Legal and Regulatory Risks

4.3.1 Risk: Failure to complete the FSA recovery programme.

There are currently 1,612 premises registered on the inspection cycle. The database also holds information pertaining to historic premises no longer subject to food safety inspections. This allows the team to re-activate a property, should a business begin trading again; the team can also access previously recorded data. During testing conducted by the auditor, it was found that all twenty programmed inspections were correctly rated in line with FSA standards. These inspections had all been subject to a document quality check where appropriate. Sixteen samples had visit reports, emails or photographs attached to the CIVICA system; however, four properties had no visit report indexed.

Advisory – Consideration should be given to reminding staff to index visit reports, where appropriate.

Pre-Covid, statutory returns were sent to the FSA on an annual basis; however, since the FSA Recovery Plan came into force in May-2021, the FSTL has been completing returns ('Temperature Checks') quarterly; these returns indicate how the Council has been performing against the Recovery Plan milestones and covers both the backlog of inspections (due 2019-1 April 2022) and those due in the current inspection year (1 April 2022-30 March 2023). Inspections should be completed at the earliest convenience, but no later than twenty-eight days from the inspection due date, as advised by the FSA; inspections can be conducted earlier as appropriate. The FSTL identified three Category B premises in the current inspection year, in which the inspection due date had passed; these have therefore been reported to the FSA but will be visited before the next quarterly 'temperature checks' are due. The FSA also monitor that 'temperature checks' have been completed within a certain timeframe.

The FOSH team are bound by the Food Law Code of Practice (England) and Food Law Guidance (England) when carrying out inspections. The main piece of legislation is the Food Safety Act 1990. The Food Law Code of Practice (issued in March 2021) is, in effect, a statutory document that provides much of the basis for how the team operates; this is saved electronically on the network files. There has also been Food Law Practice guidance published for officers; this complements the Code of Practice and provides best practice guidance for the service to follow on the approach to enforcement of the law. Deviations away from Food Hygiene Standards could be used as mitigation/defence in formal action procedures taken against a food business. The FSA Guidance for Local Authorities was last reviewed in November-2022.

Premises with poor scores are visited at least every six months; premises with good food hygiene standards are visited either every twelve months, eighteen months, two years, or three years, depending on the risk score applied. The inspection programme was terminated during the COVID-19 pandemic (in line with government direction) in order to ensure that resources responded to the pandemic; this was supported by the FSA. The FSA Recovery Plan is a formally-recognised plan which instructs local authorities on how to recommence delivery of the inspection programme through phases.

Phase 1:

- By the end of September-2021 – prioritisation of all new businesses for intervention based on risk, planning an intervention programme from September 2021.

Phase 2:

- By end of March 2022 – all overdue establishments rated category A for hygiene to receive an onsite intervention.
- By end of June 2022 – all overdue establishments rated category B for hygiene to receive an onsite intervention.
- By end of September 2022 – all overdue establishments rated C for food hygiene and less than broadly compliant, to have received an onsite intervention.
- By end of December 2022– all overdue establishments rated category D for food hygiene and less than broadly compliant, to have received an onsite intervention.
- By end of March 2023 – all overdue establishments rated category C for hygiene and broadly compliant or better, to have received an onsite intervention.

In addition to dealing with the backlog, as food officers resumed onsite interventions in March-2022, any rating issued since then may also generate a new inspection in the 2022/23 programme or future years programme.

CIVICA calculates the hygiene rating based on the score awarded by the inspector. The Systems Support Officer (SSO) then sends these Food Hygiene Rating scores to the FSA every week, which are then uploaded to the FSA website; procedure notes have been created for this process. CIVICA automatically generates the next inspection date based on this score, although inspectors have the ability to set the time parameters manually.

4.3.2 Risk: Ineffective enforcement of food hygiene standards at all relevant premises.

Officers are required to meet additional food competencies, as laid out in the Food Law Code of Practice (England) and Food Law Guidance (England); the FSTL maintains a competency assessment for each FSO. Quality checks are in place to prevent the ineffective enforcement of food hygiene standards. Enforcement templates are also used when reaching enforcement decisions which are escalated up through the FSTL, Environmental Health & Licensing Manager (EHLM), Head of Safer Communities, Leisure, and Environment and, in cases of prosecution, to the Portfolio Holder.

Under The Code of Practice, an authority is required to document its Food Law Enforcement Policy, keep it up to date and make it available to food business operators and consumers. WDC's policy is available on the website and was last updated in August 2022. The policy was formally approved by Cabinet on 4 November 2021 and issued on 23 February 2022. A Regulatory Service Appendix has also been collated to be read in conjunction with the Council's Enforcement Policy. This provides specific details relating to the enforcement of matters with regards to food safety.

Hygiene inspections are targeted in accordance with the risk assessment parameters set out by the FSA. WDC has a shared enforcement role with Warwickshire County Council in respect of food labelling requirements.

CIVICA requires users to view the scores for each stage of the inspection; profile bands are manually entered, and the system automatically calculates the score based on these figures.

Food Hygiene Improvement Notices (HIN) will be served in circumstances where improvement in structure, training or food safety management systems is required. Failures to comply with a HIN are reported for prosecution; it should be noted that there have been no prosecutions against food premises since 2018.

The FSTL carries out performance monitoring on a monthly basis. Information regarding performance is recorded via a spreadsheet; this includes data relating to inspections, enforcement action and infectious diseases - these are then reported onto the Head of Service. The number of broadly compliant premises in 2022/23 increased by 0.4% compared to 2021/22 and all requests for service have been responded to within the specified timescales. Visits to high-risk properties have all been completed as per the FSA Recovery Plan and food officers are now focusing on inspecting category D and E premises. Any properties no longer trading have been deducted from the performance monitoring spreadsheet targets.

Data is sent to the SSO, who then calculates the statistics for the corporate Key Performance Indicators (KPIs). KPIs are reported monthly and uploaded onto a portal; Heads of Service, Portfolio Holders and SLT have access to this. Information collected for the KPIs includes service requests, response times and compliance of businesses with a rating of 3, 4 or 5. The FSTL is able to produce a report that shows the current inspection status i.e., how many visits have been completed and how many remain outstanding. The FSTL can also check service requests via this method.

Staff maintain their own records of training for Continuous Professional Development (CPD) as required by the Chartered Institute of Environmental Health and the Institute of Food Science and Technology. Training needs are identified through appraisals, 1:1s, liaison groups and team meetings. The FSTL maintains a CPD tracker to ensure that staff are up to date with the latest training and qualifications. The FOSH team is part of the Central England South Food Liaison Group. A SFSO also sits on the National Approved Premises Group and Regional Sampling Group. Webinars have been made available to staff

regarding legislative changes, including the recent British Lion Code. The FSA also distribute intelligence relating to food fraud or illegally imported food.

4.3.3 **Risk: Failure to identify legislative changes.**

Changes in legislation are effectively communicated to staff in a variety of ways. In all cases, these are distributed through bulletins from the FSA. These include updates on food law enforcement, EU export health certification guidance or changes to allergen labelling. Alongside this, the FSA have disseminated FAQ's relating to COVID and allergen guidance. There are also half-yearly government bulletins which highlight upcoming legislative changes for regulators. Legislative changes are either circulated via email or discussed as action points during monthly team meetings. Discussions relating to enforcement activities, required training, and performance monitoring are also included within these meetings; team meetings are also a platform for exploring ways of working and staff wellbeing.

4.4 **Reputational Risks**

4.4.1 **Risk: Ineffective or overzealous enforcement leading to reputational damage.**

Adherence to the Food Law Code of Practice (England) and Food Law Guidance (England) ensures that ratings are awarded correctly, in line with the scoring criteria. Any reputational risks regarding incorrect ratings are covered by the quality checking mechanism, FHRS appeals process, and participation in regular national FSA consistency exercises. An approved and established aide memoire also exists, which enables inspectors to reach suitable conclusions before awarding a hygiene rating.

During testing, it was found that all premises included in the non-programmed inspections had been rated appropriately in line with FSA standards. Four premises had not had the visit report indexed onto CIVICA. Referrals were made to the relevant officers during the audit, via action diaries, asking for documents to be attached and actions to be completed as necessary. One inspection had not had the documents quality checked while two other inspections had the documents quality checked after the testing had taken place. Documents attached to CIVICA do not need to be exported to the network files. Aide memoires that are not uploaded to CIVICA are held on the secure network folders. Previously, if there was no action required following a visit, document checks were not considered necessary. To ensure that no data is missed, the FSTL has requested that document checks be performed at all points of the inspection process.

4.4.2 **Risk: Failure to carry out reactive work.**

The team are also tasked with identifying non-registered businesses and work closely with the Non-Domestic Rates and Licensing teams. The Revenues Systems Officer sends monthly updates via a spreadsheet. The FSTL and SFSO then highlight any changes to premises or identify new businesses requiring a non-programmed inspection. The FOSH team also works with the events team to ensure that mobile/temporary food sellers are compliant. Licensing ensures

that the FOSH team are made aware of any updates/changes to premises licence holder details, temporary event notices or street trading consents by email. On-line premises registrations are sent automatically via the gov.uk website to the FOSH team inbox.

A walkthrough was conducted by the auditor to establish how changes to businesses are recorded on CIVICA. Premise licence changes are circulated to the officer responsible for the next inspection, via the FSTL. Letters are then sent to the relevant business, asking them to register through the gov.uk website. Any registrations through this platform are sent to the FOSH team automatically if pertaining to WDC. Based on the registration form, the details of the premises are then uploaded onto CIVICA, including the trading name, type of business, code area, unique reference number and any contact details. An F code, denoting 'food inspection' will also be allocated, as well as an 'awaiting inspection code' for new properties. This information is sent to Total mobile so that records can be verified by the inspector during site visits. The PR2 code refers to any historical operators of the property. These are stored as historical data on CIVICA, and any new applicants are automatically linked to the premises history. Outstanding actions cannot be closed off until a non-programmed visit to the property has taken place.

Testing conducted by the auditor revealed that all new businesses sampled had been appropriately actioned on CIVICA and quality checked. This was the same for the ten properties tested for changes e.g., where trading emails, operators' names, risk scores or telephone numbers had changed. Twenty-five properties were tested where trading had ceased. Although these had all been actioned on CIVICA, only three of these were subject to document quality checks. The FSTL confirmed that the completion of document quality checks for premises where trading has ceased had only recently commenced. This was recorded in the team minutes for December 2022.

The team investigate all alleged illness complaints; Part 2A Orders under the Health Protection Regulations 2010, can be placed on a person in order to obtain information or gain access to premises where this has been refused and poses a risk to public health. Testing revealed that premises were inspected in eight out of the fifteen illness allegations sampled; one officer managed to gather the required information without needing to conduct a physical inspection. Four allegations received no response from the complainant, but the premises were visited as part of the programmed inspection. In six cases, the complainant was notified of the inspection outcome; two complaints were written off. There was just one case present where the complainant had not been notified of the inspection outcome. Twelve inspections had document quality control checks performed; two inspections had none. One quality check was completed by the responsible officer after the testing took place. Of the inspections that were made, seven occurred within the same month as the allegation; one was six months later. Four complainants were notified in the same month that the allegation and inspection were made; two complainants were notified three weeks after the inspection took place. Officers exercise professional judgement when determining if a visit is required; the speed of a visit is largely guided by premises opening times and trading patterns.

Recommendation – Staff should be reminded to visit premises, where allegations of illness have been made, in a timely manner and notify all complainants promptly of the outcome, where appropriate.

Advisory – Consideration should be given to reminding staff to conduct document quality checks, where relevant.

The FOSH team maintained a calendar of Council-led events during 2021/22 and 2022/23. A draft calendar has been created for events occurring in 2023/24; the EHO is responsible for mapping out the temporary events calendar at the start of the year. Traders are required to complete a permit trade form for these events, highlighting the facilities that they intend to provide i.e., handwashing, gas safety; these are stored on the network files. Officers will then conduct spot checks as necessary, to ensure that the trader adheres to the rules laid out in the temporary event form. These forms allow the FOSH team to check that the trader is a recognised caterer and is registered under the appropriate local authority. Repeat traders are not required to complete new forms for each event, as these remain valid for one year. New food events operating in the district receive a site visit and all traders are inspected. Events that have not received a site visit for a couple of years will also receive a site visit.

Spot-checks are carried out on repeat traders at temporary events if the FOSH team have noticed issues occurring at previous events. Most traders attend events every year and if FSO's are on site, they may visit every trader; this is not a requirement and professional judgement dictates the need for this to occur. A full inspection is not always necessary due to time constraints - some of the larger events have hundreds of traders attending at any given time. Any findings are shared with those relevant local authorities under which the trader is registered, for a home authority follow-up. For a permanent business, follow-up visits are carried out when deemed appropriate, to establish that necessary works have been completed; this process is escalated to the servicing of formal notices and ultimately legal action to achieve compliance if required. Inspections to premises are made by staff in pairs if the issues arising appear particularly contentious.

All properties tested by the auditor were found to have action points held in diary-note form, which detailed the individual stages of the inspection. In all thirty-three cases tested, evidence was held on the network files to corroborate this. The system also included the identity of the inspector and details of the inspection dates.

4.4.3 Risk: Potential reputational damage associated with successful appeals against Hygiene Improvement Notices or the Seizure, Detention and Destruction of Food.

Any appeals against Hygiene Improvement Notices are lodged with the courts. In addition to this, the team are required to take to court foods for which a notice of seizure is served (except imported foods which are instead destroyed).

Any FHRS appeals regarding premises inspected by food officers, are dealt with by the FSTL; there is, however, no involvement from legal services in this process, as rescores are adjusted accordingly. It should be noted that there

have been no appeals recorded to date and mechanisms are in place to prevent this from happening, including quality monitoring checks. Any appeal decisions would be reviewed by the FSTL, EHLM and Head of Service.

4.4.4 Risk: Failure to respond to outbreaks of disease.

The FOSH team are notified daily of any infections or outbreaks of food poisoning by Public Health England. Businesses are not required to notify the FOSH team when outbreaks have ended. Testing conducted by the auditor, revealed that on all disease outbreaks in commercial premises sampled, the FOSH team were notified of the outbreak and subsequent action was taken; all cases sampled also received document quality control checks. Testing was also conducted on twenty-five individual cases of illness. In all cases, the FOSH team had been effectively notified of the infectious disease and the appropriate action was taken. Quality control checks had only been implemented in nineteen of these cases; however, those without document quality checks were cases of *Campylobacter*. The FSTL advised that, providing that a standardised notification letter has been sent to the individual, quality checks are not required in these instances. Testing confirmed that a letter had been sent in all five samples (although one sample had the quality check performed after the testing took place).

4.5 Fraud Risks

4.5.1 Risk: Collusion with businesses leading to incorrect rating being awarded/issues identified not reported.

Given the fact that any evidence collated during inspections, i.e., photographs, emails, visit reports etc. is loaded onto CIVICA, incidents of collusion carry a very low risk. The FSTL produces a report at the beginning of the financial year, which lists the inspections due to be carried out; officers are then manually allocated specific inspections. As part of the monthly performance monitoring, the FSTL frequently runs reports to ensure that inspections have been conducted by the end of the financial year; food officers are rotated to ensure inspections remain independent.

4.6 Health and Safety Risks

4.6.1 Risk: Lone working.

The corporate lone-working policy has been modified to include references to Solo Protect devices and considers the hybrid function of working from home. This was last updated in October 2021. The SEHO has also created a flowchart for managing lone working, which includes a summary of duties for both line managers and employees. There is no specific lone-working risk assessment in place; however, a FOSH risk assessment is available on Assessnet and was last reviewed in September 2022. The next review date is scheduled for September 2023.

During site visits, staff can use body worn cameras; staff are expected to contact the SSO to book a camera with as much notice as possible, so that a camera can be assigned to the relevant officer within the software. When the

camera has been returned, staff must also inform the systems team if any footage needs to be uploaded. If footage is not uploaded, this is automatically deleted after twenty-eight days. All staff have been issued with Solo Protect Devices and are expected to use them. A spreadsheet has been created to monitor which officers have been issued with a Solo Protect Device.

In addition, a review of Outlook, conducted by the auditor, showed that officers updated their calendars accordingly with details of site visits and return-to-office times.

4.6.2 Risk: Injuries to staff whilst on site visits/infectious disease exposure.

Officers have access to the Warwickshire County Council Public Health Case Management system, in order to check venues for potential outbreaks before visitation.

The FOSH risk assessment takes exposure to COVID-19, traveling for work, PPE, violence or aggression and handling of documentation into account. Staff are advised to maintain social distance, wear face coverings, and use hand sanitiser regularly. Officers are paired with the same colleague when working on site but travel alone wherever practicable to reduce the risk of transmission. Officers are also expected to check the staff alert list prior to any visits. Police will accompany officers if required and employees are asked not to enter properties where the police have been refused entry.

4.6.3 Risk: Abusive/disgruntled proprietors.

Conflict management training is made available to officers and can be booked through I-Trent.

4.6.4 Risk: Driving to and from inspection sites.

The corporate Driving for Work Policy was last updated by the EHLM in May 2021; the review date for this is January 2025. There have been no driving accidents to date and annual checks of driver licenses and insurance policies are completed through the appraisal process. The FSTL advised however, that the driving licence and insurance checks have not been completed via Itrent. Electronic copies of these were saved on the network files for all but two officers. During the audit, these officers were reminded to provide these details; the FSTL uploaded this information onto Itrent.

4.7 Other Risks

4.7.1 Risk: Loss of computerised system/records.

CIVICA sits on servers in which data is stored onto discs, and therefore retrievable if required. Members of the FOSH team also print off inspection lists, visit report forms and aide memoires to ensure that work can still continue in the event of a system failure.

5 **Summary and Conclusions**

- 5.1 Section 3.2 sets out the risks that were being reviewed as part of this audit. The review highlighted a weakness against the following risk:

Risk 7 – Complaints of illness may not be being dealt with in a timely manner.

- 5.2 Further 'issues' were identified where advisory notes have been reported. In these instances, no formal recommendations are thought to be warranted, as there is no risk if the actions are not taken.
- 5.3 In overall terms, however, we are able to give a SUBSTANTIAL degree of assurance that the systems and controls in place in respect of Food Safety are appropriate and are working effectively to help mitigate and control the identified risks.
- 5.4 The assurance bands are shown below:

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

6 **Management Action**

- 6.1 The recommendation arising above is reproduced in the attached Action Plan (Appendix A) for management attention.

Richard Barr
Audit and Risk Manager

Action Plan

Internal Audit of Food Safety – February 2023

Report Ref.	Risk Area	Recommendation	Rating*	Responsible Officer(s)	Management Response	Target Date
4.4.2	Reputational Risk - Failure to carry out reactive work.	Staff should be reminded to visit premises, where allegations of illness have been made, in a timely manner and notify all complainants promptly of the outcome, where appropriate.	Low	Food Safety Team Leader	The request for service (RFS) reviewed by the auditor was one of two received relating to alleged illness at the same premises from complainants with the same first name – neither responded to officer requests for further information. The complaints were used as intelligence to prompt an inspection at a low-risk food premises and no issues were identified. One RFS was updated and the other was not – a genuine error which has now been corrected. The FSTL now carries out monthly monitoring of all RFSs for response and completion times which will identify any similar occurrence and the officer will receive a prompt using the action diary to record actions taken, etc.	26 January 2023.

* The ratings refer to how the recommendation affects the overall risk and are defined as follows:

High: Issue of significant importance requiring urgent attention.
Medium: Issue of moderate importance requiring prompt attention.
Low: Issue of minor importance requiring attention.