

FROM: Audit and Risk Manager **SUBJECT:** Food Safety
TO: Head of Health & Community Protection **DATE:** 3 August 2016
C.C. Chief Executive
Deputy Chief Executive (AJ)
Head of Finance
Regulatory Manager

1 **Introduction**

- 1.1 In accordance with the Audit Plan for 2016/17, 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. This topic was last audited in March 2013.
- 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 is part of Regulatory section within Health & 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 1400 premises, with 570 of those establishments being included in the programme of inspections for 2016/17.

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 CIVCA 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 report relating to the previous audit of this topic, undertaken in March 2013, did not include any recommendations.

4.2 Premises Database

- 4.2.1 The Licensing & Support Team Leader (LSTL) advised that the database of all relevant establishments is maintained on Civica APP (commonly known as Flare). In terms of food business, this will cover both 'bricks and mortar' establishments as well as mobile units (e.g. ice cream vans etc.).
- 4.2.2 The LSTL highlighted that the system consisted of relational databases, with linkages between different aspects (e.g. a complaint would be linked to the relevant premises record). The details of previous inspections are recorded against each property, with relevant supporting documentation being attached to each record as appropriate.
- 4.2.3 The details within the database are maintained on an ongoing basis and can be updated following a number of different 'triggers':
- Officers undertaking inspections may identify changes and these will be updated on the system when they return to the office.

- Monthly NDR lists are received and these will be used to identify any relevant new premises or changes to existing businesses where appropriate so that the system can be updated. These reports are reviewed by the Food & Safety Team Leader (FSTL) to identify any food premises and she will highlight the relevant details on the spreadsheet. She will then check whether a food registration form has been submitted and will contact those that have not done so.
- Direct contact from businesses.
- Licensing staff may receive license applications for mobile traders and they will share the information with the Food & Safety team (this relationship also works the other way round, with both food safety and licensing details being maintained on the same system).

4.2.4 A small sample of premises was taken from the NDR spreadsheets that were held for the current calendar year and these were checked to the system to ascertain whether they had been set up and visited as appropriate. Testing confirmed that the database had been updated appropriately.

4.3 **Service Provision**

4.3.1 The frequency of visits to each establishment is determined by the risk score that has been assigned. The risk assessment criteria are recorded on the back of the premises visit report forms to allow for scoring to be undertaken during each visit.

4.3.2 Sample testing was undertaken to ensure that these had been completed appropriately for visits performed and that the system had been updated accordingly. The testing confirmed that this was being undertaken appropriately.

4.3.3 Evidence was provided which confirmed that the annual programme of inspections for the current financial year had been driven by the risk assessments recorded on the system.

4.3.4 An extract from the system was also provided which showed the last visit date for each establishment and, upon review, it was noted that a number of establishments had already been visited during the current financial year.

4.3.5 However, it also flagged others that either had never been visited or had not received a visit within the last three years and these cases were discussed with the FSTL.

4.3.6 For those with no visits, the majority related to new establishments that were either awaiting a scheduled visit, had been visited between the production of the extract and the timing of the test, or were not yet trading. Three establishments fell outside of this though: one was a duplicate system entry and visit details were shown appropriately against the correct entry; one had received an advisory visit and no further action was required; and one had proved difficult to make contact with (residential property) and this was flagged on the system.

4.3.7 For those with old visit dates, one was a temporary event stall and these 'establishments' are now dealt with in a different way, so the system needed

updating, and the other seven establishments fell into the lowest risk category (E) and had not been recently visited. The FSTL advised that the council aims to visit all A to C rated establishments in line with the suggested frequency of visits as required by the FSA, which means that these lower risk establishments will be covered when possible dependent on available staff resources.

Risk

Issues may go unnoticed if they are recorded against the wrong system entry.

Recommendation

The system should be updated to remove the duplicate entry and the temporary event stall.

- 4.3.8 The FSTL advised that requests for service cover various different issues including incidents (complaints), requests for rescues, general registration of premises, and requests for advice. In effect, anything other than a programmed visit is classed as a request for service.
- 4.3.9 Some types of requests will be allocated to specific officers (e.g. one Food Safety Inspector deals with all catering for events such as the food festivals in each town), whereas other allocations may be based on staff availability.
- 4.3.10 Sample testing was undertaken to ensure that service requests were being responded to appropriately. Upon review of the system it was confirmed that appropriate action had been taken in each case.
- 4.3.11 The provision of food services from council-owned premises (e.g. the café at the Royal Pump Rooms) is covered under the main programme, with no specific emphasis on the fact they are provided under contract on our behalf. Upon review of Civica it was confirmed that all relevant premises have been visited.
- 4.3.12 Visits had also been undertaken to the establishments run by Savi's who provide food to the council. As part of the agreement with them, they have to maintain the highest standards, and we had stopped them using one of their distribution centres for our contract because of this, although this has subsequently been resolved.

4.4 Policies & Procedures

- 4.4.1 There is an overarching Enforcement Policy in place that covers all of the enforcement activity of the council. This was approved by Council in September 2014.
- 4.4.2 Underneath this sits a service specific Health & Safety Enforcement policy. A combined policy for the Regulatory Services of the Health & Community Protection department has recently been presented to Executive who have recommended to Council that this be adopted.
- 4.4.3 Flow diagrams are in place for all relevant processes. These had been required as part of the council's ISO accreditation and, although this was no

longer maintained, the procedure notes were still being maintained in line with this guidance.

4.5 **Staff Competency**

4.5.1 The FSTL advised that the Food Law Code of Practice (April 2015) has a specific section covering the qualifications and experience that authorised officers require to carry out official controls and interventions.

4.5.2 Templates have been set up which cover all of the relevant competencies and officers have been through these to identify any gaps so that training can be arranged as necessary.

4.5.3 A training log is maintained which covers the training that has been attended by all relevant staff in order to show the CPD hours that have been achieved.

4.6 **Performance Monitoring**

4.6.1 Quarterly figures are generated from the system which show the number of open service requests and how long they have been open, with this information being broken down by manager as well as individual officers. There is also a 'wall chart' spreadsheet which includes further analysis of the service requests.

4.6.2 Peer monitoring is also undertaken, with each relevant staff member having a 'quality monitoring buddy' who will check their work to ensure that all fields on the system have been updated, the correct risk scores have been given following visits, all documents have been sent out appropriately etc. Evidence of this process was observed, with the action diaries on the system showing evidence of the reviews being requested and performed along with queries being raised in certain cases.

4.6.3 Staff will also highlight if they are struggling to undertake their inspections. This is covered during team meetings which are attended the Regulatory Manager (RM) so that she is aware of any issues arising. Any issues arising from the team meetings would also be brought to the attention of the Head of Health & Community Protection (HHCP).

4.6.4 The Service Area Plan also includes some Food Safety related measures and the HHCP advised that the Q1 figures have recently been discussed at the Departmental Management Team meeting. Portfolio Holder review statements are also written which highlight how the service has performed.

4.6.5 An annual return is required by the FSA, which shows how the council has performed against the inspection programme which had been submitted at the start of the year. A suite of programmes are run on Civica to ensure that the figures have taken into account any changes in rating during the year (e.g. if an establishment had been 'A' rated but was changed, they would no longer need a second visit in the year, so the figures would need to account for that change). These details are sent to the FSA for validation and they then publish the figures.

- 4.6.6 The FSA expects councils to complete 100% of the inspections of establishments in the A to C categories and, upon review of the figures on the FSA system, it was confirmed that the council had only fallen one inspection short of this target during 2015/16. The FSTL advised that, although the visit was outstanding at the year end, the business was actually visited within the permissible time window following the due date.
- 4.6.7 The FSA and the Health & Safety Executive also require the council to maintain a service plan (covering all regulatory services) which includes an assessment of the council's previous performance along with plans for the coming year. The draft document for the current financial year was provided along with the plan for 2015/16.
- 4.6.8 The RM had only recently joined the authority (after the draft document had been produced) and advised that she is using the document to get up to speed with the targets that have been set, as well as ensuring that the competencies are in place.

4.7 **Budget Planning & Management**

- 4.7.1 The relevant budget cost centre covers both food safety and health & safety enforcement.
- 4.7.2 The budget position for the current financial year and the outturn for 2015/16 were extracted from TOTAL and significant variances were discussed with the RM. Where relevant, she was able to provide satisfactory explanations.
- 4.7.3 As she had not been in post in 2015/16, she was unable to comment on the outturn for the year. However, the budget had been discussed with the HHCP (who was the Regulatory Manager at the time) in February 2016 as part of the Health & Safety Enforcement audit. The explanations provided at the time were still relevant, as the position at the year-end was largely in line with the expected position discussed.

4.8 **Risk Management**

- 4.8.1 The risk register for Health & Community Protection was presented to the Finance & Audit Scrutiny meeting on 12 January 2016 as part of their programmed review of the service risk registers.
- 4.8.2 Updates have subsequently been performed with the HHCP advising that the register is discussed at monthly departmental management meetings as well as quarterly portfolio holder review meetings.
- 4.8.3 The register includes a number of generic risks alongside risks relating to specific sections, with the food safety risks falling into the Regulatory Services section. The majority of risks relating to food safety fall into two categories: staff related (such as lone working or night time enforcement activities, training and general resources); and service delivery (including the provision of incorrect advice and incorrect FHRS management).
- 4.8.4 All of the risks identified include relevant risk mitigations and / or controls and further actions required as appropriate.

4.8.5 A summary document is also maintained of the risks included on the register and this shows whether the scores have changed for each risk and which category they fall into (i.e. either high, medium or low risk scores), providing evidence that the register is regularly reviewed. This is considered to be good practice.

5 **Conclusions**

5.1 Following our review, in overall terms 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.

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.

5.3 One minor issue was noted relating to the inclusion of two erroneous establishment records on Civica.

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 – August 2016

Report Ref.	Recommendation	Risk	Risk Rating*	Responsible Officer(s)	Management Response	Target Date
4.3.7	The system should be updated to remove the duplicate entry and the temporary event stall.	Issues may go unnoticed if they are recorded against the wrong system entry.	Low	Food & Safety Team Leader	The system has been updated accordingly.	Completed.

* Risk Ratings are defined as follows:

High Risk: Issue of significant importance requiring urgent attention.

Medium Risk: Issue of moderate importance requiring prompt attention.

Low Risk: Issue of minor importance requiring attention.