

CYNGOR SIR YNYS MÔN	
ADRODDIAD I	PWYLLGOR ARCHWILIO A LLYWODRAETHIANT
DYDDIAD	8 RHAGFYR 2015
PWNC	ADRODDIAD YR ASIANTAETH SAFONAU BWYD AR Y GWASANAETH GORFODAETH CYFRAITH BWYD A BWYD ANIFEILIAID AR YNYS MÔN
SWYDDOG ARWEINIOL	PRIF SWYDDOG GWARCHOD Y CYHOEDD – DAVE RILEY
SWYDDOG CYSWLLT	PRIF SWYDDOG GWARCHOD Y CYHOEDD – DAVE RILEY
<p>Natur a rheswm dros adrodd – Mae Adroddiad yr Asiantaeth Safonau Bwyd ar Wasanaeth Gorfodaeth y Gyfraith Bwyd a Bwyd Anifeiliaid ar Ynys Môn yn dilyn archwiliad a gynhaliwyd ym mis Gorffennaf 2014. Adroddwyd ar nifer o ganfyddiadau a arweiniodd at gyfres o argymhellion gan dîm archwilio'r Asiantaeth Safonau Bwyd. Ymatebwyd i'r rhain drwy Gynllun Gweithredu yn manylu ar y sylw a fyddai'n cael ei roddi i bob argymhelliad. Mae'r adroddiad hwn yn cyflwyno'r adroddiad gwreiddiol gan yr ASB a'r Cynllun Gweithredu ac yn diweddarau'r Cynllun Gweithredu gyda manylion am y cynnydd hyd yma.</p>	

1. RHAGARWEINIAD

- 1.1 Mae gan yr Asiantaeth Safonau Bwyd (ASB) y grym i osod safonau, monitro ac archwilio gwasanaeth gorfodaeth cyfraith bwyd a bwyd anifeiliaid awdurdodau lleol a hynny'n unol â Deddf Safonau Bwyd 1999 a'r Rheoliadau Swyddogol ar gyfer Rheoli Bwyd a Bwyd Anifeiliaid (Cymru) 2009. Cynhaliwyd yr archwiliad o'r gwasanaeth bwyd a bwyd anifeiliaid yng Nghyngor Sir Ynys Môn dan Adran 12(4) y Deddf a Rheoliad 7 y Rheoliadau.
- 1.2 Cynhaliwyd yr archwiliad gan yr ASB yn ystod yr wythnos yn cychwyn ar 14 Gorffennaf ac aeth ymlaen am 5 niwrnod. Bu'r ASB yn asesu cydymffurfiaeth yr awdurdod yn erbyn "Y Safon". Mae'r Safon yn rhan o Gytundeb Fframwaith yr ASB gydag awdurdodau lleol. Mae'r Cytundeb Fframwaith ar gael ar wefan yr ASB yn : www.food.gov.uk/enforcement/enforcework/frameagree
- 1.3 Roedd yr archwiliad yn cynnwys trefniadau Ynys Môn ar gyfer darparu gwasanaethau glendid bwyd, safonau bwyd a gorfodi'r gyfraith bwyd anifeiliaid. Adain Gwarchod y Cyhoedd yn yr Adran Gynllunio a Gwarchod y Cyhoedd sy'n gyfrifol am y swyddogaethau hyn. Ar y pryd, roedd y gwaith yn cael ei wneud gan y timau Iechyd yr Amgylchedd a Safonau Masnach.
- 1.4 Derbyniodd yr awdurdod yr adroddiad ffurfiol ar 21 Gorffennaf 2015.

2. GWYBODAETH GEFNDIROL

- 2.1 Mae adroddiad archwilio'r ASB (ynghlwm) yn edrych ar Wasanaeth Gorfodaeth Cyfraith Bwyd a Bwyd Anifeiliaid yr awdurdod lleol. Mae'r asesiad yn rhoi sylw i'r

systemau a'r gweithdrefnau sydd wedi cael eu sefydlu ar gyfer archwiliadau mewn busnesau bwyd a bwyd anifeiliaid, samplu bwyd a bwyd anifeiliaid, rheolaeth fewnol, rheoli ac ymchwilio i achosion o glefydau heintus sy'n gysylltiedig â bwyd, cyngor i fusnesau, gorfodaeth, hyrwyddo diogelwch bwyd a bwyd anifeiliaid.

2.2 Mae prif ganfyddiadau'r archwiliad wedi eu cynnwys yn y Crynodeb Gweithredol a gellir eu crynhoi fel a ganlyn:

- Roedd yr awdurdod yn ddiweddar wedi adolygu ei strwythur rheoli er mwyn rhoi sylw i'r gostyngiad a ragwelwyd yng nghyllideb yr Adain Gwarchod y Cyhoedd am 2013-16.
- Roedd yr awdurdod wedi datblygu Cynllun Gwasanaeth Bwyd ar gyfer 2014/15. Nid oedd y cynllun hwn yn rhoi sylw llawn i'r nifer sylweddol o fusnesau yr oedd angen cynnal archwiliadau ynddynt o ran glendid bwyd, safonau a bwyd anifeiliaid. Mae angen darparu cymhariaeth o'r adnoddau staffio yn erbyn yr adnoddau staffio sydd ar gael i'r awdurdod er mwyn sicrhau bod adnoddau digonol ar gael i ddarparu lefel briodol o wasanaeth.
- Cadarnhaodd gwaith gwirio fod data-basau'r sefydliadau bwyd yn gywir yn gyffredinol a bod yr awdurdod wedi gallu anfon manylion electronig o System Monitro Gorfodaeth yr Awdurdod Lleol (LAEMS) i'r ASB.
- Nid oedd y trefniadau a nodwyd yn y Cynllun Gwasanaeth ar gyfer cyflawni rhaglen o archwiliadau cynlluniedig ar gyfer glendid bwyd, safonau bwyd a bwyd anifeiliaid yn cwrdd â gofynion Codau Ymddygiad y Gyfraith Bwyd a Bwyd Anifeiliaid. Ar adeg yr archwiliad, roedd nifer sylweddol o archwiliadau nad oeddynt wedi cael eu cynnal.
- O ran safonau bwyd a rheoliadau swyddogol, nid oedd modd bob amser i'r archwilwyr sefydlu a oedd busnesau wedi cael archwiliadau ar yr adegau cywir oherwydd nid oedd y cynllun sgorio risg a ddefnyddiwyd yn cyfateb i'r hwnnw a nodwyd yn Codau Ymddygiad ar gyfer y Gyfraith Bwyd a Phorthiant. Roedd nifer sylweddol o sefydliadau bwyd anifeiliaid wedi cael sgôr risg heb archwiliad sy'n golygu i bob pwrpas ei bod yn hen bryd i nifer sylweddol o sefydliadau gael ymyriad.
- Yn gyffredinol, mae cofnodiadau glendid bwyd wedi cael eu cynnal a'u cadw'n ddigonol. Nid yw cofnodiadau Safonau Bwyd a bwyd anifeiliaid yn cael eu cadw'n ddigonol ac mae nifer yn aml yn anghyflawn. Roedd hyn yn gwneud monitro mewnol effeithiol yn anodd a gall hyn gael effaith ar allu swyddogion i fabwysiadu ymagwedd raddedig tuag at orfodaeth.
- Roedd yr awdurdod wedi bod yn rhagweithiol o ran darparu cyngor a chanllawiau i fusnesau bwyd a bwyd anifeiliaid a hyrwyddo diogelwch bwyd gan ddefnyddio amryw o gyfryngau a digwyddiadau cyhoeddus.
- Roedd rhywfaint o dystiolaeth o waith monitro mewnol ar gyfer gwasanaethau glendid bwyd, safonau a bwyd anifeiliaid, fodd bynnag, roedd angen eu datblygu ymhellach fel y gallai'r awdurdod ddilysu ei gydymffurfiaeth â holl elfennau'r Safon, y Codau Ymddygiad perthnasol, canllawiau a gyhoeddwyd yn ganolog a pholisïau a gweithdrefnau'r awdurdod ei hun.

2.3 O ganlyniad i'r canfyddiadau, cyflwynodd y gwasanaeth Gynllun Gweithredu yn rhoi sylw i'r holl argymhellion manwl yn adroddiad yr ASB. Mae wedi ei gynnwys yn y prif adroddiad gan yr ASB fel Atodiad A.

- 2.4 Cychwynnodd gwaith i roi sylw i'r argymhellion yn dilyn y sesiwn atborth anffurfiol a gynhaliwyd gan archwilwyr yr ASB ar 18 Gorffennaf 2014. Mae'r Cynllun Gweithredu wedi bod yn ddogfen "fyw" ac wedi cael ei diweddarau'n rheolaidd wrth i'r camau y cytunwyd arnynt gael eu cwblhau. Mae'r fersiwn ddiweddaraf o'r Cynllun Gweithredu ynghlwm wrth yr adroddiad hwn - atodiad 1 .
- 2.5 Mae mwyafrif yr argymhellion o natur trefniadol ac wedi cael sylw. Pa fodd bynnag, mae'r angen adnoddau staff digonol I gyflawni yr archwiliadau hylendid bwyd, safonau bwyd a hylendid porthiant, yn achosi pryder. Mae'r dadansoddiad cyfredol or baich gwaith yn dangos angen adnoddau staff uchwanegol, sef 2 swyddog. Un I gyflawni archwiliadau Heulendid bwyd, ac un I gyflawni archwiliadau safonau bwyd a hylendid porthiant. Pa fodd bynnag fydd angen dadansoddiad pellach, ac profi gweithredol I gadarnhau'r dadansoddiad. Yn dilyn yr archwiliad a newidiadau gweithdrefn, mae swyddogion yn darganfod fod angen mwy o amser I gyflawni archwiladau.
- 2.6 Mae'r gwasanaeth yn mynd drwy gyfnod o drawsnewid er mwyn rhoi sylw i heriau o'r fath. Fodd bynnag, hyd yn oed gyda gweithlu mwy ystwyth, modern a hyblyg, bydd bwlch o ran adnoddau. Mewn amgylchedd lle mae'r cyllidebau'n gostwng, mae hyn yn ganlyniad anorfod. Y mesur lliniaru yw sicrhau bod tystiolaeth a gwybodaeth dda ar gael o ran y flaenoriaeth ar roddir o ran y defnydd o adnoddau staffio. Mae'n bwysig ein bod yn cyfiawnhau'r hyn yr ydym yn ei wneud ac, yr un modd, yr hyn na fedrwn ei wneud ar gyfer y cyhoedd a busnesau ar Ynys Môn ynghyd â'r cyrff hynny sy'n sgriwtimeiddio ein gwaith.
- 2.7 Bydd yr ASB yn dychwelyd i asesu'n ffurfiol ein cynnydd yn erbyn yr adroddiad llawn cyn 31 Mawrth 2016. Bydd hyn yn cynnwys ymweliad safle a byddant wedyn yn paratoi adroddiad a fydd, unwaith eto, yn cael ei gyhoeddi.

3. CASGLIAD

- 3.1 Mae Adroddiad yr ASB ar y Gwasanaeth Gorfodi'r Gyfraith Bwyd a Bwyd Anifeiliaid ar Ynys Môn yn dwyn sylw at y meysydd hynny y mae'n rhaid i'r awdurdod eu gwella er mwyn cwrdd â gofynion y Safon ar gyfer Rheoliadau Swyddogol mewn perthynas â Bwyd a Bwyd Anifeiliaid sy'n ofynnol o awdurdodau lleol.
- 3.2 Mae'r awdurdod wedi cynhyrchu Cynllun Gweithredu i symud ymlaen gyda'r gwelliannau hyn ac mae'r cynllun wedi cael ei gymeradwyo gan yr ASB.
- 3.3 Mae'r Cynllun Gweithredu sydd wedi ei ddiweddarau yn dangos fod cynnydd da wedi cael ei wneud hyd yma ac mae'r gwasanaeth yn rhagweld y gall gyflawni'r rhan fwyaf o'r camau gweithredu a awgrymwyd erbyn yr adeg y bydd yr ASB yn dychwelyd ym mis Mawrth 2016.
- 3.4 Mae'r gwasanaeth gorfodaeth Rheoliadau Bwyd Anifeiliaid bellach yn cael ei ddarparu ar sail gydweithredol ar draws Gogledd Cymru ac mae'n cwrdd â'r argymhellion a nodwyd yn adroddiad yr ASB.
- 3.5 Mae diffyg adnoddau staffio i gwrdd â'r targed o ran nifer yr archwiliadau Glendid Bwyd a Safonau Bwyd a gynhelir yn parhau i achosi pryder yn erbyn cyllideb sy'n gostwng ar gyfer y gwasanaeth Gwarchod y Cyhoedd.

		dadansoddiad ac ymrwymo i fynd i'r afael â'r amrywiad ar gyfer cynllun 15/16.	
5.16 Dylai'r awdurdod:			
Adolygu a diwygio'r weithdrefn awdurdodi i gynnwys cyfeiriad at y trefniadau ar gyfer hyfforddiant gloywi a monitro ar gyfer swyddogion newydd gymhwyso ac sy'n dychwelyd, yn unol â gofynion y Cod Ymarfer Cyfraith Bwyd. [Y Safon - 5.1]	<i>Wedi'i gwblhau</i> <i>Diwedd 3/16</i>	Diwygio'r drefn i gyfeirio at hyfforddiant, monitro swyddogion sydd newydd gymhwyso a'r rhai sy'n dychwelyd ar ôl absenoldeb. Sicrhau bod y SIA Bwyd sy'n dychwelyd o absenoldeb mamolaeth yn cael 10 awr o DPP	Wedi'i gwblhau
i) Adolygu a diwygio awdurdodiadau swyddogion safonau bwyd a bwyd anifeiliaid i gynnwys y ddeddfwriaeth briodol swyddogol ar reoli Bwyd a Bwyd Anifeiliaid i wneud y gwaith a nodir yn y Cynllun Gwasanaeth. Diwygio awdurdodiad y Swyddog Gorfodaeth Safonau Masnach sydd heb gymhwyso i adlewyrchu eu cymhwysedd, yn unol â'r Codau Ymarfer. Sicrhau nad yw dyletswyddau swyddogion safonau bwyd a bwyd anifeiliaid yn mynd y tu draw i'w hawdurdodiadau. [Y Safon - 5.3]	<i>Wedi'i gwblhau</i> <i>Wedi'i gwblhau</i>	Diwygio'r awdurdodiad i gynnwys deddfwriaeth briodol: Rheoliadau Swyddogol Rheoli Bwyd a Bwyd Anifeiliaid 2009. Tynnu Awdurdodiad y Swyddog Gorfodi SM, bydd y prosiect cyflawni bwyd anifeiliaid Gogledd Cymru'n rhoi sylw i hwn.	Wedi'i gwblhau Wedi'i gwblhau
ii) Penodi nifer ddigonol o swyddogion hylendid bwyd a safonau bwyd a awdurdodiad addas i wneud y gwaith a nodwyd yn y Cynllun Gwasanaeth a	<i>31/03/16</i>	Yn dilyn y dadansoddiad yn y cynllun gwasanaeth, bydd adnoddau staffio yn cael eu hadolygu a bydd cais yn cael ei gyflwyno i'r Pwyllgor Gwaith	Ar hyn o bryd nid oes gan y gwasanaeth ddigon o swyddogion i fodloni'r gofyniad hwn. Unwaith y

<p>sicrhau eu bod yn cael eu hawdurdodi o dan y ddeddfwriaeth briodol. Dylai lefel awdurdodiad swyddogion bwyd anifeiliaid fod yn gyson â'u cymwysterau. [Y Safon - 5.3]</p> <p>iii) Sicrhau bod pob swyddog hylendid bwyd awdurdodedig yn derbyn 10 awr o hyfforddiant Datblygiad Proffesiynol Parhaus, yn unol â'r Cod Ymarfer.[Y Safon - 5.4]</p> <p>iv) Cadw cofnodion o gymwysterau, hyfforddiant a phrofiad perthnasol pob swyddog awdurdodedig a staff cymorth priodol yn unol â'r Codau Ymarfer perthnasol.[Y Safon - 5.5]</p>	<p>3/16</p> <p><i>Wedi'i gwblhau</i></p>	<p>am y swyddogion ychwanegol angenrheidiol. (argaeledd adnoddau i wneud hyn)</p> <p>Sicrhau bod hyfforddiant ar gyfer pob aelod o staff gydag o leiaf 10 awr o DPP</p> <p>Adolygu ffeiliau swyddogion unigol a chymryd camau cywirol.</p>	<p>bydd y Gwasanaeth Gwarchod y Cyhoedd wedi'i ailstrwythuro, bydd dadansoddiad pellach yn cael ei gynnal i asesu cydymffurfiaeth.</p> <p>Yn parhau</p> <p>Wedi'i gwblhau</p>
<p>6.8 Dylai'r awdurdod:</p> <p>i) Sicrhau bod y cyfleusterau a'r offer angenrheidiol sydd eu hangen i gyflawni'n effeithiol yr holl weithgareddau sy'n gysylltiedig â'r gwasanaeth bwyd anifeiliaid ar gael. [Y Safon - 6.1]</p> <p>ii) Diwygio'r weithdrefn ysgrifenedig ar gyfer graddnodi offer mesur tymheredd i gynnwys manylion ynghylch pa mor aml y dylid cynnal profion ar yr holl ddyfeisiau,</p>	<p><i>Wedi'i gwblhau</i></p> <p><i>Wedi'i gwblhau</i></p>	<p>Rhannu / prynu'r offer angenrheidiol: cynion a thiwbiau samplu ar gyfer hylifau. Efallai y bydd gan y prosiect cyflawni ar gyfer bwyd anifeiliaid yng Ngogledd Cymru'r adnoddau sydd eu hangen.</p>	<p>Prosiect Bwyd Anifeiliaid Gogledd Cymru yn rhoi sylw i'r gofynion o ran offer</p> <p>Y weithdrefn wedi ei diwygio ac yn cyfeirio yn awr at oddefgarwch o +/- 0.5 C Cafwyd gwared ar</p>

<p>gweithredu tymheredd ar gyfer offer oeri a sicrhau bod unrhyw oddefgarwch yn cydymffurfio'r gyda'r canllawiau a gyhoeddir yn ganolog.[Y Safon - 6.2]</p>			<p>thermomedrau nad ydyn tyn cael eu defnyddio mwyach a chyflwynwyd siart newydd ar gyfer logio ar gyfer logio gwiriadau thermomedr UV. Tymheredd oergell wedi eu cofnodi ar y ffurflen</p>
<p>7.26 Dylai'r awdurdod:</p> <p>i) Sicrhau bod archwiliadau sefydliadau yn cael eu cynnal yn ôl gofynion sylfaenol a bennwyd yn y Côd Ymarfer Cyfraith Bwyd.[Y Safon -7.1]</p> <p>ii) Sicrhau bod archwiliadau llawn a strategaethau gorfodi amgen yn cael eu cynnal yn unol â Chôd Ymarfer Cyfraith Bwyd, arweiniad a gyhoeddwyd yn ganolog, a pholisïau a gweithdrefnau'r awdurdod.[Y Safon - 7.2]</p> <p>iii) Asesu cydymffurfiad sefydliadau yn ei ardal at y safonau a ragnodir yn gyfreithiol; a chymryd camau priodol mewn perthynas ag unrhyw ddiffyg cydymffurfiaeth, yn unol â Pholisi Gorfodaeth yr awdurdod.[Y Safon -7.3]</p>	<p>Wedi'i gwblhau</p> <p>30/03/17</p> <p>Wedi'i gwblhau</p>	<p>Dyma'r angen i gynnal archwiliadau o fewn 28 diwrnod o'r dyddiad angenrheidiol - Methu cydymffurfio ar hyn o bryd, oni bai fod staff ychwanegol ar gael, neu ganiatáu amser ar gyfer "dal i fyny". Bydd cais yn cael ei wneud am adnodd tymor byr i fod ar gael i "ddal i fyny"</p>	<p>Mae'r holl adeiladau gradd B wedi cael eu dwyn ymlaen yn y rhaglen archwilio. Mae staff yn awr sicrhau bod sefydliadau gradd B yn cael blaenoriaetho ran archwilio.</p> <p>Sefydliadau gradd A a B yn cael eu harchwilio o fewn 28 diwrnod o'r dyddiad angenrheidiol a'r lleill yn cael eu harchwilio cyn gynted â phosib</p> <p>Ffurflen archwilio "Fer" wedi cael ei hymestyn a'u haddasu i gynnwys manylion ychwanegol</p>

<p>iv) Diwygio ei Weithdrefn Ymyriadau Bwyd mewn perthynas â Strategaethau Gorfodaeth Amgen (AES) i gynnwys manylion am y meini prawf a ddefnyddir i asesu holiaduron a gwblhawyd ac i nodi'r sbardunau ar gyfer ymgymryd â mathau eraill o ymyriadau.[Y Safon - 7.4]</p> <p>v) Sicrhau bod sylwadau a wnaed yn ystod archwiliad, yn enwedig mewn perthynas â gwiriadau a wnaed i wirio ffynonellau bwyd ac i ddangos bod ystyriaeth wedi'i rhoi i fwydydd a fewnforiwyd, yn cael eu cofnodi mewn modd amserol er mwyn atal colli gwybodaeth berthnasol.[Mae'r Safonau - 7.5]</p>	<p>Wedi'i gwblhau</p> <p>Wedi'i gwblhau</p>		<p>Diwygiwyd y weithdrefn i gynnwys cyfarwyddyd ynghylch holiaduron nad ydynt yn cael eu dychwelyd ac mae angen i SIA lofnodi'r diweddariad/ymweld</p> <p>Ffynhonnell a chyfeirnod Bwyd a Fewnforir yn awr ar y Ffurflen Arolygu</p>
<p>7.34 Dylai'r awdurdod:</p> <p>i) Sicrhau y cynhelir archwiliadau ar longau yn unol â Chôd Ymarfer Cyfraith Bwyd, arweiniad a gyhoeddwyd yn ganolog, a pholisïau a gweithdrefnau'r awdurdod.[Y Safon - 7.2]</p> <p>ii) Sicrhau bod sylwadau a wnaed yn ystod archwiliad, yn cael eu cofnodi mewn modd amserol er mwyn atal colli gwybodaeth berthnasol.[Mae'r Safonau - 7.5]</p>	<p><i>Wedi'i gwblhau</i></p> <p><i>Wedi'i gwblhau</i></p>	<p>Bydd yn gadael Ffurflen APHA ar bob ymweliad, hyd yn oed os dim ond i ganfod a oes rhywun wedi ei harchwilio mewn porthladd arall.</p> <p>Fel yr uchod</p>	<p>Cynhaliwyd archwiliadau yn ddiweddar ar fferïau preswyl, ac roedd y ffurflen APHA yn cael ei defnyddio bob amser.</p>

7.50 Dylai'r awdurdod:				
i)	Sicrhau bod archwiliadau safonau bwyd ymyriadau yn cael eu cynnal yn ôl amlder nad yw'n llai na'r hyn o bennir dan y cynllun graddio archwiliadau a nodir yn y Côd Ymarfer Cyfraith Bwyd.[Y Safon - 7.1]	<i>Wedi'i gwblhau</i>	Cynllun graddio risg NTSB wedi cael ei fabwysiadu, sy'n gyfwerth â'r cynllun sgorio COP. Gwaith yn parhau ar gronfa ddata.	Mabwysiadu cynllun NTSB 14/15
ii)	Gweithredu cynllun graddio risg archwiliadau safonau bwyd yn unol â'r cynllun a sefydlwyd dan atodiad V o'r Côd Ymarfer Cyfraith Bwyd.[Y Safon -7.2]	31/7/15	Bydd cynllun gwasanaeth ar gyfer 2015/16 yn cynllunio archwiliadau yn unol â'r cynllun.	Cynllun gwasanaeth yn y broses o gael ei gwblhau
iii)	Rhoi adroddiad i fusnesau bwyd ar ôl pob archwiliad / ymyriad, datblygu a gweithredu polisi ymyrraeth ar gyfer sefydliadau safonau bwyd heb eu graddio neu sydd â nad oes modd eu harolygu, sicrhau bod sefydliadau safonau bwyd ond yn cael eu harchwilio gan swyddogion awdurdodedig priodol a sicrhau bod ymweliadau ac ail ymweliadau y rhoddir gwybod amdanynt yn cael eu cynnal yn unol â'r ddeddfwriaeth berthnasol, Côd Ymarfer, arweiniad a gyhoeddwyd yn ganolog a pholisïau a gweithdrefnau'r awdurdod ei hun.[Y Safon -7.2]	31/7/15	Templed adroddiad archwilio newydd i gael ei ddefnyddio. Mae polisi ymyrraeth ar gyfer adeiladau risg heb eu graddio neu risg isel yn cael ei ddatblygu. Bydd y dyletswyddau Ymyrraeth yn cael eu dyrannu yn unol â'r cynllun, i swyddogion awdurdodedig priodol	Mabwysiadwyd adroddiadau newydd Polisi wedi ei sefydlu, wrthi'n asesu adeiladau ar hyn o bryd i asesu sgôr y risg
iv)	Cymryd camau priodol ar unrhyw			Adolygu'r cyfarfod a

<p>ddiffyg cydymffurfio a geir mewn sefydliadau safonau bwyd, yn unol â pholisi gorfodi'r awdurdod.[Y Safon -7.3]</p> <p>v) Sefydlu polisi ail ymweliad sy'n cydymffurfio â Chôd Ymarfer Cyfraith Bwyd.[Y Safon - 7.4]</p> <p>vi) Sicrhau bod cofnodion a gymerodd swyddogion ar y pryd o archwiliadau safonau bwyd yn cael eu cofnodi mewn modd amserol a'u storio mewn modd sy'n golygu bod modd cael gafael arnynt eto.[Y Safon -7.5]</p>	<p><i>Wedi'i gwblhau</i></p> <p><i>Wedi'i gwblhau</i></p> <p><i>Wedi'i gwblhau</i></p>	<p>Adolygu camau gweithredu blaenorol gyda'r swyddog perthnasol a chynnal hyfforddiant adolygu yn ôl yr angen.</p> <p>Dyfeisio polisi ailymweld yn unol â 7.4 y safon.</p> <p>Data a gesglir ar ffurflenni archwilio electronig i gael eu cysylltu â system CIVICA Defnyddiwch ffurflenni 'cymorth cof' i gofnodi sylwadau yn ystod archwiliadau a'r un modd ar gyfer ffurflenni archwilio bwyd anifeiliaid</p>	<p>gynhaliwyd gyda'r swyddog lle cadarnhawyd dealltwriaeth o weithdrefnau a pholisïau. Trafododd y canlyniadau disgwylidig os yw sefyllfa debyg yn codi.</p> <p>Wedi'i gwblhau</p>
<p>7.63 Dylai'r awdurdod:</p> <p>i) Sicrhau bod ymyriadau ac archwiliadau o sefydliadau bwyd anifeiliaid yn cael eu cynnal mor aml ag a bennir gan y Côt Ymarfer Gorfodi Cyfraith Bwyd Anifeiliaid.[Y Safon - 7.1]</p> <p>ii) Cynnal archwiliadau / ymyriadau a chymeradwyo neu gofrestru sefydliadau bwyd anifeiliaid yn unol â'r ddeddfwriaeth berthnasol a'r Côt Ymarfer Cyfraith Bwyd Anifeiliaid a chanllawiau a gyhoeddwyd yn ganolog.[Y Safon -</p>	<p><i>Wedi'i gwblhau</i></p> <p><i>Wedi'i gwblhau</i></p>	<p>Bydd prosiect cyflawni bwyd anifeiliaid Gogledd Cymru yn dyrannu ymyriadau.</p> <p>Bydd yn mabwysiadu polisïau a gweithdrefnau o brosiect Gogledd Cymru ac yn defnyddio swyddogion a awdurdodwyd yn briodol.</p>	<p>Mae'r Swyddog Arweiniol ar Fwyd Anifeiliaid wedi mynychu cyfarfodydd i sefydlu rhaglen Gogledd Cymru. Rhaglen gynlluniedig wedi ei sefydlu ac yn cael ei rhoi ar waith.</p> <p>Wedi'i gwblhau</p>

<p>7.2]</p> <p>iii) Sicrhau y cymerir camau priodol i ddilyn i fyny diffyg cydymffurfiaeth yn unol â'r Polisi Gorfodi.[Y Safon - 7.3]</p> <p>iv) Sicrhau bod gweithdrefnau ysgrifenedig ynghylch archwilio sefydliadau bwyd anifeiliaid yn cael eu datblygu'n llawn yn unol â'r Côd Ymarfer ar gyfer Gorfodi'r Gyfraith Bwyd Anifeiliaid. Datblygu gweithdrefnau ysgrifenedig ar gyfer archwiliadau sy'n ymwneud â chyd-gynhyrchion, sefydliadau, bwyd anifeiliaid sy'n cael ei fewnforio, ceisiadau i gymeradwyo a chofrestru bwyd anifeiliaid. [Y Safon - 7.4]</p> <p>v) Sicrhau bod yr holl sylwadau a wnaed yn ystod archwiliadau yn cael eu cofnodi mewn modd amserol a bod y cofnodion a gymerodd swyddogion ar y pryd yn ystod archwiliadau'n cael eu storio mewn modd sy'n golygu y gellir cael gafael arnynt eto.[Y Safon - 7.5]</p>	<p>Wedi'i gwblhau</p> <p><i>Wedi'i gwblhau</i></p> <p>30/7/15</p>	<p>Adolygu camau gweithredu blaenorol gyda'r swyddog perthnasol ac yn cynnal hyfforddiant adolygu yn ôl yr angen.</p> <p>Bydd yn mabwysiadu gweithdrefnau o brosiect Gogledd Cymru ac yn defnyddio swyddogion a awdurdodwyd yn briodol.</p> <p>Data a gesglir ar ffurflenni archwilio electronig i gael eu cysylltu â system CIVICA</p>	<p>Adolygu'r cyfarfod a gynhaliwyd gyda'r swyddog i gadarnhau dealltwriaeth o weithdrefnau a pholisïau. Trafod canlyniadau disgwylidig os yw sefyllfa debyg yn codi.</p> <p>Wedi'i gwblhau</p> <p>Dim wedi cysylltu systemau papur a Civica hyd yn hyn. Prosiect Gweithio'n Gallach? Wrthi'n ystyried trosglwyddo i wahanol ddarparwr meddalwedd - Tascomi. Rhan o Fframwaith Caffael Cymru Gyfan ar gyfer Gwarchod y Cyhoedd</p>
---	---	---	---

<p>8.10 Dylai'r awdurdod:</p> <p>i) Adolygu a diweddarau'r gweithdrefnau cwyno i gynnwys cyfeiriad at gwynion yn erbyn bwyd a chyflwr sefydliadau bwyd anifeiliaid.[Y Safon - 8.1]</p> <p>ii) Ymchwilio i gwynion a dderbyniwyd, yn unol â'r Côd Ymarfer Cyfraith Bwyd, arweiniad a gyhoeddwyd yn ganolog a'i bolisi a'i weithdrefnau ei hun.[Y Safon - 8.2]</p> <p>iii) Cymryd camau priodol ynghylch cwynion a dderbynnir yn unol â Pholisi Gorfodaeth yr awdurdod.[Y Safon - 8.3]</p>	<p><i>Wedi'i gwblhau</i></p> <p><i>Wedi'i gwblhau</i></p> <p><i>Wedi'i gwblhau</i></p>	<p>Diwygio'r weithdrefn gwyno ynghylch bwyd a bwyd anifeiliaid i gyfeirio at gyflwr y sefydliadau</p> <p>Adolygu camau gweithredu blaenorol gyda'r swyddog perthnasol a chynnal hyfforddiant adolygu yn ôl yr angen.</p> <p>Adolygu camau gweithredu blaenorol gyda'r swyddog perthnasol a chynnal hyfforddiant adolygu yn ôl yr angen.</p>	<p>Wedi'i gwblhau</p> <p>Adolygu'r cyfarfod a gynhaliwyd gyda'r swyddog i gadarnhau dealltwriaeth o weithdrefnau a pholisïau. Trafodwyd canlyniadau disgwylidig os yw sefyllfa debyg yn codi.</p> <p>Adolygu'r cyfarfod a gynhaliwyd gyda'r swyddog i gadarnhau dealltwriaeth o weithdrefnau a pholisïau. Trafodwyd canlyniadau disgwylidig os yw sefyllfa debyg yn codi.</p>
<p>11.5 Dylai'r awdurdod:</p> <p>i) Gynnal ei gronfa ddata o sefydliadau bwyd a bwyd anifeiliaid, gan sicrhau bod busnesau bwyd a bwyd anifeiliaid yn cael eu cofrestru'n briodol a'u cynnwys yn y rhaglenni bwyd ac ymyriadau bwyd anifeiliaid.[Y Safon - 11.1]</p>	<p>parhaus</p>	<p>Gwaith yn parhau i gofrestru ac asesu risg yn erbyn y cynllun risg NTSB.</p>	<p>Gwaith parhaus. Ymweld â sefydliadau sydd heb eu sgorio</p>

<p>12.11 Dylai'r awdurdod:</p> <p>i) Ddiwygio'r Rheoliadau Samplu Bwyd a Bwyd Anifeiliaid gynnwys cyfeiriad at ei ddull o hysbysu / ymgynghori â Phrif Awdurdodau ac Awdurdodau Cartref.[Y Safon - 12.4]</p> <p>ii) Sefydlu, cynnal a gweithredu gweithdrefn ysgrifenedig ar gyfer caffael neu brynu, parhad tystiolaeth ac atal dirywiad neu ddifrod o ran samplau safonau bwyd anffurfiol yn unol â Chod Ymarfer Cyfraith Bwyd a chanllawiau perthnasol a gyhoeddwyd yn ganolog.[Y Safon - 12.5]</p> <p>iii) Cymryd camau priodol yn unol â'i Bolisi Gorfodi lle nad yw canlyniadau samplau hylendid bwyd yn cael eu hystyried i fod yn foddhaol.[Y Safon - 12.7]</p>	<p><i>Wedi'i gwblhau</i></p> <p><i>Wedi'i gwblhau</i></p> <p><i>Wedi'i gwblhau</i></p>	<p>Diwygio'r polisi.</p> <p>Sefydlu gweithdrefn ar gyfer samplau anffurfiol sydd yr un fath â'r un ar gyfer samplau ffurfiol. Gweithdrefn i fynd i'r afael â; prynu, parhad tystiolaeth, atal dirywiad a niwed i samplau yn unol â'r COP</p>	<p><i>Wedi'i gwblhau</i></p> <p><i>Wedi'i gwblhau</i></p> <p><i>Diwygio'r Polisi Samplu a chysylltu â'r Awdurdod Cartref gyda chanlyniadau. Rhai AC ond eisiau gweld y canlyniadau os oes unrhyw fethiant.</i></p>
<p>13.8 Dylai'r awdurdod:</p> <p>i) Diwygio'r Cynllun Rheoli Achosion er mwyn sicrhau ei fod yn cynnwys y cysylltiadau perthnasol yn yr awdurdod lleol.[Y Safon - 13.1]</p> <p>ii) Datblygu ymhellach y weithdrefn ysgrifenedig ar gyfer ymchwilio i glefydau heintus i gynnwys</p>	<p><i>Wedi'i gwblhau</i></p> <p><i>Wedi'i gwblhau</i></p>	<p>.</p>	<p><i>Diwygiwyd y rhan berthnasol o'r cynllun ar yr un pryd â'r diweddariad o'r Cynllun Gweithredu Iechyd mewn Porthladdoedd</i></p> <p><i>Mae'r cynllun bellach yn cyfeirio at y berthynas rhwng</i></p>

<p>cyfeiriad at samplu a sicrhau bod y weithdrefn yn cael ei gweithredu'n llawn.[Y Safon -13.2]</p>			<p><i>samplau bwyd a samplau ysgarthol a gasglwyd</i></p>
<p>14.7 Dylai'r awdurdod:</p> <p>i) Roi gwybod i'r ASB am unrhyw beryglon difrifol mewn perthynas â bwyd yn lleol yn unol â'r Chod Ymarfer Cyfraith Bwyd.[Y Safon - 14.5]</p>	<p>Wedi'i gwblhau</p>	<p>Adolygu camau gweithredu blaenorol gyda'r swyddog perthnasol a chynnal hyfforddiant adolygu yn ôl yr angen.</p>	<p>Adolygu'r cyfarfod a gynhaliwyd a oedd yn cadarnhau dealltwriaeth o weithdrefnau a pholisïau. Trafododd canlyniadau os bydd sefyllfa debyg yn codi.</p>
<p>15.14 Dylai'r awdurdod:</p> <p>i) Adolygu a diwygio ei Bolisi Gorfodaeth i gynnwys cyfeiriad at dull gorfodi mewn sefydliadau sy'n gweithredu fel busnes bwyd neu fusnes bwyd anifeiliaid a rhoi copi o'i Bolisi Gorfodi, neu gyfarwyddiadau ar sut i gael copi, ar ei wefan. Sicrhau bod y Polisi Gorfodi'n cael ei weithredu'n llawn. [Y Safon – 15.1]</p> <p>ii) Sefydlu gweithdrefnau wedi'u dogfennu ar gynnal erlyniadau hylendid bwyd a Rhybuddion Syml, atal a thynnu'n ôl ganiatadau i sefydliadau bwyd anifeiliaid ac ar gyfer gorfodi bwyd anifeiliaid sydd wedi'i fewnforio yn unol â'r Codau</p>	<p>31/07/15</p> <p>Wedi'i gwblhau</p>	<p>Ymgynghori â Webmaster</p> <p>Mae hwn yn gyfeiriad at yr angen i gynnwys adran ar yr hyn rydym yn ei wneud yn eiddo'r cyngor</p> <p>Mabwysiadu'r weithdrefn sydd ar waith ar gyfer safonau bwyd a'i diwygio'n briodol. Edrych ar fersiwn RIAMS.</p>	<p>Rhan o'r adolygiad cyffredinol o'r Polisi Gorfodi i adlewyrchu newidiadau a gofynion deddfwriaethol</p> <p>Wedi'i gwblhau</p>

	Ymarfer a chanllawiau swyddogol. [Y Safon – 15.2]			
iii)	Diwygio'r gweithdrefnau ar gyfer cadw nwyddau hylendid bwyd, dal gafael arnynt ac ardystio a safonau bwyd yn unol â'r Codau Ymarfer perthnasol a chanllawiau swyddogol. [Y Safon – 15.2]	Wedi'i gwblhau		Mae Gweithdrefn Cadw Bwyd Iechyd yr Amgylchedd nawr yn cyfeirio at y dull gwaredu ar gyfer bwydydd a gedwir
iv)	Diwygio'r gweithdrefnau ar gyfer erlyniadau a rhybuddion syml ynghylch bwyd anifeiliaid yn unol â'r Codau Ymarfer perthnasol a chanllawiau swyddogol, i sicrhau bod rolau swyddogion CPIA yn cael eu nodi'n glir mewn ffeiliau erlyn a rhybuddion syml ynghyd ag ystyried y Polisi Gorfodi a'r profion cyfreithiol perthnasol. Sicrhau bod y weithdrefn yn cael ei gweithredu'n llawn. [Y Safon – 15.2]	Wedi'i gwblhau	Diwygio'r ffurflenni safonol presennol lle bo angen.	Wedi'i gwblhau
v)	Sicrhau bod gwaith gorfodi hylendid bwyd yn cael ei wneud yn unol â'r Codau Ymarfer perthnasol a chanllawiau a gyhoeddir yn ganolog. [Y Safon – 15.3]	Wedi'i gwblhau		Mae'r Weithdrefn Rhybudd HI bellach yn gofyn am gais ysgrifenedig i ymestyn y cyfnod rhybudd a llythyr i gadarnhau cydymffurfiaeth
vi)	Sicrhau bod yr holl benderfyniadau	Wedi'i	Diwygio'r ffurflenni safonol lle bo	

<p>ar gamau gorfodi yn cael eu gwneud ar ôl ystyried Polisi Gorfodi'r awdurdod a bod y rhesymau am wyro oddi wrth y meini prawf a amlinellir yn y polisi gorfodi yn cael eu dogfennu. [Y Safon – 15.4]</p>	<p>gwblhau</p>	<p>angen.</p>	<p>Wedi'i gwblhau</p>
<p>16.7 Dylai'r awdurdod:</p> <p>i) Sicrhau bod manylion cofrestru cyfoes yn cael eu cadw ar gyfer busnesau bwyd a bod llythyrau a ddarperir i fusnesau yn dilyn ymyriadau / arolygiadau yn cynnwys yr holl wybodaeth sy'n ofynnol gan y Côd Ymarfer ar Gyfraith Bwyd. [Y Safon – 16.1]</p>	<p>Wedi'i gwblhau</p>	<p>Roedd gan ddau o fusnesau fanylion cofrestru gwahanol i'r rhai ar y llythyr. Bydd raid anfon e-bost at y staff. Cadw copi gyda'r weithdrefn Gofrestru.</p>	<p>Wedi'i gwblhau Gwneud y diweddariadau a swyddogion i wirio manylion Cofrestru yn ystod / ar ôl yr arolygiad</p>
<p>16.18 Dylai'r awdurdod:</p> <p>i) Gadw cofnodion cyfoes ynghylch safonau bwyd ar ffurf adferadwy ar yr holl sefydliadau bwyd yn ei ardal yn unol â'r Côd Ymarfer ar Gyfraith Bwyd a chanllawiau a gyhoeddwyd yn ganolog. Bydd y cofnodion hyn yn cynnwys canlyniadau samplau, y dyddiad, amser, ardaloedd a welwyd a dogfennau a archwiliwyd yn ystod ymyrraeth; math, maint a graddfa'r busnes, y swyddog awdurdodedig i benderfynu a yw'r sefydliad yn cydymffurfio â gofynion cyfreithiol, manylion am</p>	<p>31/7/15</p>	<p>Stopio defnyddio'r ffurflenni arolygu presennol. Defnyddio ffurflenni model sydd wedi'u cysylltu'n electronig i system CIVICA ar gyfer ymyraethau / manylion safleoedd / samplau ac ati. Bydd ffurflenni adroddiad arolygu yn cael eu haddasu i fodloni gofynion y COP yn cynnwys: swydd y swyddog sy'n arolygu, manylion cyswllt uwch swyddog a chyfeiriad yr awdurdod.</p>	<p>Stociau presennol yn cael eu defnyddio ac mae templed newydd wedi cael ei gynhyrchu</p>

<p>gamau i'w cymryd gan yr awdurdod a'r camau a gymerwyd lle roedd diffyg cydymffurfiaeth, yr amserlen ar gyfer cydymffurfio ac enw'r gweithredwr busnes bwyd. Rhaid i adroddiadau arolygu hefyd gynnwys swydd y swyddog arolygu, manylion cyswllt uwch swyddog a chyfeiriad yr awdurdod. [Y Safon – 16.1]</p>			
<p>16.24 Dylai'r awdurdod:</p> <p>i) Gadw cofnodion cyfoes ar ffurf adferadwy ar bob sefydliad bwyd anifeiliaid perthnasol a bwyd anifeiliaid sy'n cael ei fewnforio yn unol â'r Côd Ymarfer ar Orfodi Cyfraith Bwyd Anifeiliaid a chanllawiau a gyhoeddir yn ganolog. Dylai'r cofnodion hyn gynnwys adroddiadau am yr holl ymyraethau / arolygiadau, penderfyniad y swyddog ynghylch a yw'r sefydliad yn cydymffurfio â gofynion cyfreithiol a manylion y camau a gymerwyd. [Y Safon – 16.1]</p>	<p>Wedi'i gwblhau</p>	<p>Fel 16.18 uchod, byddwn yn mabwysiadu gweithdrefnau a ffurflenni Cymru Gyfan yn unol â pholisïau a gweithdrefnau a weithredir gan y cynllun gwasanaeth bwyd anifeiliaid rhanbarthol ar y cyd yng ngogledd Cymru.</p>	<p>Ffurflenni prosiect bwyd anifeiliaid Gogledd Cymru yn cael eu defnyddio</p>
<p>19.9 Dylai'r awdurdod:</p> <p>i) Ddatblygu ymhellach, cynnal a gweithredu gweithdrefnau monitro mewnol ar gyfer hylendid bwyd, safonau bwyd a bwyd anifeiliaid i gadarnhau ei fod yn cydymffurfio</p>	<p>31/07/15</p>	<p>Datblygu gweithdrefnau monitro yn gyffredin â'r gwasanaeth Hylendid Bwyd. Y Weithdrefn i fynd i'r afael â chydymffurfiaeth â'r Safon, deddfwriaeth, Codau Ymarfer, canllawiau a pholisïau a</p>	<p>Cyswllt gyda'r gwasanaeth Hylendid Bwyd a swyddog arweiniol prosiect bwyd anifeiliaid Gogledd Cymru.</p>

<p>â'r Safon, deddfwriaeth berthnasol, Codau Ymarfer perthnasol, canllawiau a gyhoeddir yn ganolog a'i bolisiâu a'i weithdrefnau ei hun. [Y Safon – 19.1 a 19.2]</p> <p>ii) Sicrhau bod cofnodion o weithgareddau monitro mewnol yn cael eu cadw am ddwy flynedd. [Y Safon – 19.3]</p>	<p>31/07/15</p>	<p>gweithdrefnau mewnol. Bydd gan brosiect bwyd anifeiliaid Gogledd Cymru system fonitro fewnol.</p> <p>Gweithredu trefn i gofnodi monitro mewnol a chadw cofnodion am ddwy flynedd.</p>	<p>Datblygu gweithdrefn fonitro mewnol.</p>
--	-----------------	--	---



Report on the Food and Feed Law Enforcement Service

Isle of Anglesey County Council
14-18 July 2014

Foreword

Audits of local authority food and feed law enforcement services are part of the Food Standards Agency's (FSA) arrangements to improve consumer protection and confidence in relation to food and feed. These arrangements recognise that the enforcement of UK food and feed law relating to food safety, hygiene, composition, labelling, imported food and feedingstuffs is largely the responsibility of local authorities. These local authority regulatory functions are principally delivered through their Environmental Health and Trading Standards Services.

The attached audit report examines the local authority's Food and Feed Law Enforcement Service. The assessment includes consideration of the systems and procedures in place for interventions at food and feed businesses, food and feed sampling, internal management, control and investigation of outbreaks and food related infectious disease, advice to business, enforcement, food and feed safety promotion. It should be acknowledged that there may be considerable diversity in the way and manner in which authorities provide their food enforcement services reflecting local needs and priorities.

FSA audits assess local authorities' conformance against the Feed and Food Law Enforcement Standard. "The Standard", which was published by the FSA as part of the Framework Agreement on Official Feed and Food Controls by Local Authorities (amended April 2010) is available on the FSA's website at:

www.food.gov.uk/enforcement/enforcework/frameagree

The main aim of the audit scheme is to maintain and improve consumer protection and confidence by ensuring that authorities are providing effective food and feed law enforcement services. The scheme also provides the opportunity to identify and disseminate good practice, and provides information to inform FSA policy on food safety, standards and feedingstuffs and can be found at:

www.food.gov.uk/enforcement/auditandmonitoring

The report contains some statistical data, for example on the number of food establishment inspections carried out. The FSA's website contains enforcement activity data for all UK local authorities and can be found at:

www.food.gov.uk/enforcement/auditandmonitoring

The report also contains an action plan, prepared by the authority, to address the audit findings.

For assistance, a glossary of technical terms used within the audit report can be found at Annex C.

CONTENTS		Page
1	Introduction	6
	Reason for the Audit	6
	Scope of the Audit	6
	Background	7
2	Executive Summary	9
	Audit Findings	13
3	Organisation and Management	13
4	Review and Updating of Documented Policies and Procedures	18
5	Authorised Officers	19
6	Facilities and Equipment	23
7	Food and Feedingstuffs Establishments Interventions and Inspections	25
8	Food, Feed and Food Establishments Complaints	42
9	Primary authority Scheme and Home authority Principle	44
10	Advice to Business	45
11	Food and Feed Establishments Database	46
12	Food and Feed Inspection and Sampling	47
13	Control and Investigation of Outbreaks and Food Related Infectious Disease	50
14	Feed and Food Safety Incidents	52
15	Enforcement	54
16	Records and Interventions/Inspection Reports	58
17	Complaints About the Service	63
18	Liaison with Other Organisations	64
19	Internal Monitoring	65
20	Third Party or Peer Review	68
21	Food and Feed Safety and Standards Promotion	69

Annexes

A	Action Plan for Isle of Anglesey County Council	71
B	Audit Approach/Methodology	87
C	Glossary	91

1 Introduction

- 1.1 This report records the results of an audit of food hygiene, food standards and feedingstuffs at Isle of Anglesey County Council under the headings of the FSA Feed and Food Law Enforcement Standard. It has been made publicly available on the FSA's website at www.food.gov.uk/enforcement/auditandmonitoring/auditreports

Reason for the Audit

- 1.2 The power to set standards, monitor and audit local authority food and feed law enforcement services was conferred on the FSA by the Food Standards Act 1999 and the Official Feed and Food Controls (Wales) Regulations 2009. The audit of the food and feed service at Isle of Anglesey County Council was undertaken under section 12(4) of the Act and Regulation 7 of the Regulations.
- 1.3 Regulation (EC) No. 882/2004 on official controls performed to ensure the verification of compliance with feed and food law, includes a requirement for competent authorities to carry out internal audits or to have external audits carried out. The purpose of these audits is to verify whether official controls relating to feed and food law are effectively implemented. To fulfil this requirement, the FSA, as the central competent authority for feed and food law in the UK, has established external audit arrangements. In developing these, the FSA has taken account of the European Commission guidance on how such audits should be conducted.¹
- 1.4 The authority was audited as part of a three year programme (2013 – 2016) of full audits of the 22 local authorities in Wales.

Scope of the Audit

- 1.5 The audit covered the Isle of Anglesey's arrangements for the delivery of food hygiene, food standards and feed law enforcement services. The on-site element of the audit took place at the authority's offices at

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).

Llangefni on 14-18 July 2014, and included verification visits at food and feed businesses to assess the effectiveness of official controls implemented by the authority, and more specifically, the checks carried out by the authority's officers, to verify food and feed business operator (FBO/FeBO) compliance with legislative requirements.

- 1.6 The audit also afforded the opportunity for discussion with officers involved in food and feed law enforcement with the aim of exploring key issues and gaining opinions to inform FSA policy.
- 1.7 The audit assessed the authority's conformance against "The Standard". The Standard was adopted by the FSA Board on 21st September 2000 (and was subject to its fifth amendment in April 2010), and forms part of the FSA's Framework Agreement with local authorities. The Framework Agreement can be found on the FSA's website at www.food.gov.uk/enforcement/enforcework/frameagree

Background

- 1.8 The Isle of Anglesey County Council is a unitary authority in north-west Wales, which covers an area of 71,106 Hectares. As an island authority it is separated by the Menai Straits from its two neighbouring local authorities Conwy and Gwynedd.
- 1.9 The Isle of Anglesey has 201km of coastline, which is rural in character. Parts of the coastline form an Area of Outstanding Natural Beauty (AONB) which along the way takes in the towns of Holyhead, Cemaes and Beaumaris.
- 1.10 The isle of Anglesey is largely a rural county with tourism and agriculture the main industries. There are approximately 33,042 bed spaces on the island provided by the tourist industry, which together with day visitors doubles the population of Anglesey during the holiday season.
- 1.11 The authority has a port situated at Holyhead which is currently classified as a Dormant Border Inspection Post, as all foods received have been produced in the Irish Republic or have entered through Border Inspection Posts in that country. A number of ship movements take place each year for which the authority provides a service issuing

ship sanitation certificates and advice regarding food hygiene and water supply hygiene aboard vessels.

- 1.12 The authority has a number of commercial shellfish beds producing mussels, cockles and oysters, from which it takes regular samples of shellfish and water to monitor the safety of the food produced.
- 1.13 The Isle of Anglesey has a population of 68,592. The main population centres are Holyhead (4757 inhabitants) and Porthyfelin (7398 inhabitants). A total of 98.8% of the population are from a white background and 62% speak Welsh.
- 1.14 The Isle of Anglesey as a whole has low levels of deprivation. However, there are pockets of deprivation around Holyhead town.
- 1.15 Food and feed law enforcement was being carried out by officers in the authority's Public Protection Division within the Sustainable Development Department. Food standards and feed official controls were carried out by officers in the Trading Standards section. Food hygiene official controls, port health and infectious disease control were carried out by officers in Environmental Health.
- 1.16 A staffing restructure planned for implementation during the week following the audit was intended to combine two existing posts, the Chief Trading Standards Officer and Chief Environmental Health Officer, to create a new post of Chief Public Protection Officer.
- 1.17 Officers and support staff responsible for food hygiene, food standards and feed were based at the County Council Offices in Llangefni. Services were available between the hours of 08:45 to 17:00 Monday to Friday.

2 Executive Summary

- 2.1 The authority had recently undertaken a review of its management structure, combining two existing posts to oversee the delivery of all food and feed law enforcement services. The review formed part of an ongoing strategy to address the forecast budget reduction target for Public Protection for 2013-16.
- 2.2 The authority had developed a Food Service Plan for 2014/15, broadly in line with Service Planning Guidance. However, the plan did not fully address the significant number of businesses overdue food hygiene, standards and feed interventions. The plan also needed to provide a comparison of the staff resources required to deliver food and feed law enforcement services against the staff resources available to the authority. The absence of such information makes it difficult to ensure sufficient resource is available to deliver an appropriate level of service.
- 2.3 Work procedures had been developed to ensure the accuracy of the authority's commercial premises database. Audit checks confirmed that the food establishment databases were generally accurate and the authority had been able to provide an electronic Local authority Enforcement Monitoring System (LAEMS) return to the FSA. Improving the feed establishment database had been identified by the authority as a priority, and work was ongoing to improve its accuracy.
- 2.4 The arrangements set out in the Service Plan for the delivery of programmed interventions for food hygiene, food standards and feed fell short of those required by the Food and Feed Law Codes of Practice. Further, at the time of the audit there were a significant number of overdue interventions.
- 2.5 In respect of food standards and feed official controls, it was not always possible for auditors to establish whether businesses had been subject to interventions at the correct frequencies, as the risk rating scheme which had been used was not equivalent to those set out in the Food and Feed Law Codes of Practice. Further, a

significant number of feed establishments had been awarded a risk rating without an inspection, effectively rendering a significant number of establishments overdue for an intervention.

- 2.6 Generally, food hygiene records had been adequately maintained. Food Standards and feed records were not being adequately maintained. Records that were available were frequently incomplete. The lack of comprehensive records made it difficult to ascertain the nature and scope of food business operations, the extent of officers' interventions or whether effective assessments of food/feed business compliance had been made. This made effective internal monitoring difficult and can impact on the ability of officers to adopt a graduated approach to enforcement.
- 2.7 The authority had been proactive in providing advice and guidance to food and feed businesses and in promoting food safety using a variety of media and public events.
- 2.8 There was some evidence of internal monitoring for food hygiene, standards and feed services, however it required further development to enable the authority to verify its conformance with all elements of the Standard, the relevant Codes of Practice, centrally issued guidance and the authority's own documented policies and procedures.

2.9 The authority's Strengths

Advice to Business

The authority had been proactive in providing assistance to businesses to help them comply with food hygiene, food standards and feed legislation. The authority had liaised with the local Food technology Centre to raise food standards awareness and, in collaboration with other North Wales authorities, the authority had published a regular newsletter for farmers.

Liaison

The authority was able to demonstrate effective liaison with neighbouring authorities and was contributing to the development of the North Wales collaboration agenda “Collaboration Plus”. Liaison arrangements were also in place with other appropriate bodies aimed at facilitating consistent enforcement.

2.10 The authority’s Key Areas for Improvement

Food Hygiene, Food Standards and Feed Intervention Frequencies

The authority was not carrying out food hygiene, food standards or feed interventions at the minimum frequencies required in the Codes of Practice. Interventions carried out at the minimum frequency ensure that risks associated with food businesses are identified and followed up in a timely manner.

Food Hygiene, Food Standards and Feed Interventions

The risk rating scheme which had been used for food standards and, in some cases, feed was not consistent with or equivalent to the risk rating scheme in the Food and Feed Law Codes of Practice. Further, a significant number of feed businesses had been risk rated without the benefit of an inspection. This affected the ability to deliver a risk based interventions programme.

Food Hygiene, Food Standards and Feed Inspection Records

Records of food hygiene, food standards and feed inspections were not always sufficiently detailed to establish that effective interventions had been carried out. Further, food standards and feed inspection reports were not sufficient to inform a graduated and consistent approach to enforcement and enable effective internal monitoring.

Internal Monitoring

The authority operated a corporate performance monitoring framework and performance measures and targets had been identified for Food Hygiene and Trading Standards. Performance targets fell short of those

required by the Food and Feed Law Codes of Practice. Documented internal monitoring procedures required further development to enable the authority to verify its conformance with all elements of the Standard and audit findings indicated that qualitative internal monitoring had not succeeded in achieving complete conformance with the Standard, relevant legislation, the relevant Codes of Practice, centrally issued guidance and its own documented policies and procedures.

Audit Findings

3 Organisation and Management

Strategic Framework, Policy and Service Planning

- 3.1 The authority operated a Cabinet style of local government with a Constitution that set out its decision making arrangements. Under the Constitution, decisions on certain specific matters had been delegated to officers.
- 3.2 The authority had developed a 'Food Service Enforcement Plan 2014/15' ('the Service Plan') which detailed the arrangements for the delivery of food hygiene, food standards and feed official controls. The Service Plan had been adopted on behalf of the Council by the Deputy Leader, Planning and Environment portfolio holder.
- 3.3 A 'North Wales Trading Standards Services Animal Feed Service Delivery Plan 2014/15' had been developed collaboratively by local authorities in North Wales which included information relating to official feed controls on the Isle of Anglesey.
- 3.4 Considered together, the plans contained much of the information set out in the Service Planning Guidance in the Framework Agreement, including a profile of the authority, the organisational structure and the scope of the service. The times of operation and service delivery points had not been included.
- 3.5 The contribution of food and feed law enforcement services to the authority's strategic aims and objectives, and the aims and objectives of the food hygiene, food standards and feed services were highlighted in the plans.
- 3.6 The Service Plan indicated that there were 866 registered food establishments on the Isle of Anglesey of which 840 were subject to food hygiene inspections. Due to lack of resources, it was stated that some businesses preparing food, including child minders were 'inspected on a limited basis.'

3.7 A total of 806 food establishments were reported in the Service Plan to be subject to food standards official controls and there were 739 registered feed establishments.

3.8 The Service Plan included the following risk profiles of food and feed establishments:

Food hygiene risk ratings:

Risk category	Total establishments
A	0
B	22
C	383
D	146
E	274
Unrated	15

Food standards risk ratings:

Risk category	Total establishments
High	43
Medium	276
Low	367
Unrated and Outside	120

Feed risk ratings:

Risk category	Total establishments
A	0
B1	43
B2	9
C	687

3.9 In respect of food hygiene, the Service Plan stated that 80% of food establishments in risk categories A-E would be inspected during the

year. The actual number of food hygiene interventions due was not provided. This approach is not in accordance with the requirement of the Food Law Code of Practice which requires that all due interventions are carried out. Further, the approach did not enable the authority to demonstrate a risk based approach to food hygiene interventions. Neither an estimate of the number of revisits that would be required nor the number of new businesses due their first inspection during the year had been provided. Quantifying the planned interventions programme will enable the authority to estimate the resources required against those actually available.

- 3.10 The demands placed on the food hygiene service by the port at Holyhead and the local shellfish industry, including the requirement for sampling of shellfish beds and sea water was highlighted in the Service Plan. However, no estimate of the resource implications of this work had been provided. Further, the Service Plan did not make reference to the authority's approved establishments of which 23 had been reported to the FSA.
- 3.11 The total officer resource available to deliver food hygiene official controls was not clear in the Service Plan which stated that four members of staff make up the food safety section supported by a Principal Environmental Health Officer. However, it became apparent during the audit that some of these officers spent a significant proportion of their time carrying out other duties.
- 3.12 The Food Standards interventions targets for 2014/15 were set out in the Service Plan. These were to undertake primary visits to 95% of high risk, 50% of medium risk and 20% of low risk establishments due for inspection. These targets did not accord with those required to meet the requirements of the Food Law Code of Practice. Whilst it was estimated that 10% of establishments would require revisits, an estimate of the number of new businesses that would require inspection during the year had not been provided. The resource available to carry out planned food standards interventions was one full time equivalent officer. An estimate of the actual resources required had not been made.
- 3.13 The authority provided a commitment in the Service Plan to undertake primary feed visits to 100% high risk, 50% of medium risk and 20% of low risk establishments. The number of feed establishments due for an

intervention or that had not previously been subject to an intervention was not indicated in the Service Plan. The planned arrangements did not, therefore, meet the requirements of the Feed Law Enforcement Code of Practice. It was estimated that 10% of establishments would require revisits. An estimate of the number of new feed businesses that would require inspection during the year had not been provided. Although an estimate of the resources required had not been made, it was stated in the Service Plan that a 0.4 full time equivalent officer resource was available for this work.

- 3.14 The authority's commitment to the Primary authority Scheme and Home authority Principle was emphasised in the Service Plan which stated that it would seek to establish formal Home authority arrangements with all relevant businesses on the island. Preliminary discussions had taken place with businesses with a view to entering into Primary authority Partnerships, although at the time of the audit none had been formalised.
- 3.15 Arrangements for food and feed sampling were detailed in the Service Plan. Sampling priorities for food hygiene, food standards and feed were identified together with an estimate of the number of samples to be taken and the resource implications.
- 3.16 A statement in relation to the authority's policy on the investigation of food poisoning notifications and outbreaks had been included in the Service Plan, together with an estimate of likely demand based on previous years. However, an estimate of the resources required to undertake this work had not been provided.
- 3.17 Statements on food/feed incidents, liaison with other organisations, food and feed promotional work, advice to business and food and feed complaints had all been included in service planning documents. Except in the case of complaints, the demand and resource requirements had not been indicated.
- 3.18 Arrangements for internal monitoring '*quality assessment*' were set-out in the Service Plan with an acknowledgement that this was an area for further development.
- 3.19 The costs of providing the food hygiene, food standards and feed services were not clear from the information provided in the Service Plan

as these were incorporated into the costs identified for Environmental Health and Trading Standards. Auditors explained the requirement to provide more detailed information on expenditure together with an examination of the trend of growth reduction.

3.20 The Service Plan included a review of 2012/13 achievements and areas for improvement in 2013/14 were identified. These included:-

- Ensuring targets for food hygiene interventions are met
- Working to deliver the collaborative North Wales Feed Service Delivery Plan
- Improved planning of the food standards interventions programme and more qualitative internal monitoring

Recommendations

3.21 The authority should:

- (i) Ensure that future Food and Feed Law Enforcement Service Plans are developed in accordance with the Service Planning Guidance in the Framework Agreement. An analysis of the resources required against those available, and plans to address any shortfalls identified should be included. [The Standard – 3.1]
- (ii) Address any variance in meeting the Service Plan in subsequent service plans. [The Standard-3.3]

4 Review and Updating of Documented Policies and Procedures

- 4.1 The authority had developed a range of documented policies and procedures to support the delivery of official food and feed controls. Some of these had been based on templates produced collaboratively by local authorities across Wales, others were specific to the Isle of Anglesey.
- 4.2 A document control procedure for the Environmental Health Commercial Section had the stated aim *“to ensure that all Food Safety related documents are familiar to staff and that versions of documents are up to date, thus avoiding the use of incorrect or superseded documentation.”*
- 4.3 The Principal Environmental Health Officer (Commercial) was responsible for developing new policies and procedures, updating existing procedures, notifying officers of amendments to documents and ensuring the removal of superseded documents.
- 4.4 Although the control system for documentation relating to food standards and feed had not been documented, the Principal Trading Standards Officer ensured up to date copies of appropriate documentation were available, subject to regular review and that superseded documents were removed from use.
- 4.5 Auditors were able to verify that food and feed law enforcement officers had access to policies and procedures, legislation and centrally issued guidance electronically on a shared drive and on the internet. Controlled documents had been protected with read only access for officers.
- 4.6 There was evidence that policies and procedures had been subject to recent review and no superseded documents were identified during the audit.

5 Authorised Officers

Authorisation

- 5.1 The authority's scheme of delegation had been set out in its Constitution and provided the Head of Service – Planning and Public Protection with delegated powers to appoint and authorise officers, carry out formal enforcement and instigate legal proceedings. Some key pieces of legislation were not referred to in the constitution and auditors advised the authority to review the scope of the catch-all phrase at paragraph 3.5.1.11 of the Constitution with their legal department to ensure its adequacy.
- 5.2 The authority had a documented procedure for the authorisation of food and feed enforcement officers, which specified the authorising officer identified by the scheme of delegation. The procedure to authorise officers was based on an assessment of the competency of officers. The procedure required amendment to include reference to the arrangements for refresher training and the monitoring of newly qualified officers and officers returning to food after a period of absence, in accordance with the Codes of Practice.
- 5.3 The authority had put in place a Staff Development Plan which defined the broad training objectives for food hygiene, standards and feed services. These objectives included meeting the Continuous Professional Development (CPD) requirements of the Codes of Practice and addressing competency requirements. Each staff member received at least one annual appraisal meeting a year, at which their development needs were agreed with their line manager and formalised in an "Individual Learning and Development Plan".
- 5.4 The authority had appointed and authorised lead officers who had the requisite specialist knowledge, qualifications and training for food hygiene, infectious disease investigations, food standards and feed services.
- 5.5 The Service Plan had not identified the number of full time equivalent officers that had been allocated food hygiene work. The Service Plan review had identified that intervention targets had not been met,

indicating that the resources in place to deliver the full range of food hygiene controls had not been sufficient.

- 5.6 The food standards service had estimated the full time equivalent officer resource it had available as 1.00. Auditors found that intervention targets had not been met, indicating that the resources allocated to deliver the full range of food standards controls had not been sufficient.
- 5.7 The feed standards service had estimated the full time equivalent officer resource it had available as 0.4. Auditors found that there had been a significant shortfall in the number of due interventions carried out, indicating that the resources allocated to deliver the full range of feed controls had not been sufficient.
- 5.8 At the time of the audit one of the food hygiene officers had been allocated Civic administration work for a number of authority departments to meet the demand created by a lost administrative post. Auditors also noted the imminent departure of the Chief Environmental Health Officer Post to facilitate the creation of a shared managerial post with the food standards and feed service.
- 5.9 The authorisation and training records of 10 food hygiene, food standards and feed officers were examined by auditors.
- 5.10 All food hygiene officers were qualified, appropriately experienced and trained in accordance with their level of authorisation and duties. All relevant officers had received HACCP training, Annex 5 consistency training and had attended training on the FSA's Control of Cross Contamination Guidance. One food hygiene officer had only received one day's training according to the authority's records, falling short of the requirement for 10 hours Continuous Professional Development. Three officers (including the lead food officer) were authorised to inspect high risk (A and B) establishments, serve Remedial Action Notices and Hygiene Emergency Prohibition Notices.
- 5.11 In respect of the food standards and feed officers, the level of authorisation and duties of officers was found to be generally consistent with their qualifications, training, experience and the requirements of the Code of Practice. Two officers were appropriately authorised to carry out

interventions at high risk food standards establishments and level 2 feed establishments, and both were qualified lead auditors.

- 5.12 Food standards and feed officers had not been authorised to enforce the Official Food and Feed Control Regulations 2009, and a Trading Standards enforcement officer authorised to carry out feed work was not qualified to do so, contrary to the Feed Law Enforcement Code of Practice. One food standards officer was found to have carried out two high risk inspections despite not being authorised to do so.
- 5.13 All food standards and feed officers had received the ten hours CPD training required by the Codes of Practice.
- 5.14 Training records were generally well maintained by the authority, although the records of five officers across all three service areas were missing some information and/or certification.
- 5.15 The FSA had authorised 17 of the authority's officers under the Food and Environment Protection Act 1985.

Recommendations

5.16 The authority should:

- (i) Review and amend the authorisation procedure to include reference to the arrangements for refresher training and monitoring for newly qualified and returning officers, in accordance with the requirement of the Food Law Code of Practice. [The Standard – 5.1]
- (ii) Review and amend food standards and feed officer authorisations to include the appropriate Official Feed and Food Control legislation to carry out the work set out in the Service Plan. Amend the authorisation of the unqualified Trading Standards enforcement officer to reflect their competency, in accordance with the Codes of Practice. Ensure the duties of food standards and feed officers do not exceed their authorisations. [The Standard – 5.3]
- (iii) Appoint a sufficient number of suitably authorised food hygiene and food standards officers to carry out the work set out in the Service Plan and ensure that they are authorised under the appropriate legislation. The level of authorisation of feed officers should be consistent with their qualifications. [The Standard – 5.3]
- (iv) Ensure that all authorised food hygiene officers receive 10 hours Continuous Professional Development training, in accordance with the Code of Practice. [The Standard – 5.4]
- (v) Maintain records of the relevant qualifications, training and experience of each authorised officer and appropriate support staff in accordance with the relevant Codes of Practice. [The Standard - 5.5]

6 Facilities and equipment

- 6.1 The authority had most of the necessary facilities and equipment required for the effective delivery of food hygiene and food standards services, and for undertaking animal feed sampling activities. The equipment was appropriately stored and accessible to the relevant officers. A small number of items, infrequently required for feed sampling, were absent such as a chisel for solid material and tubes with accessories for sampling liquid materials.
- 6.2 A procedure for the calibration and maintenance of temperature measuring equipment had been developed for the food hygiene service. This procedure detailed the arrangements for ensuring that equipment, such as thermometers and refrigeration equipment were properly identified, assessed for accuracy and withdrawn from use when found to be defective. The procedure made reference to some testing frequencies and tolerances together with action to be taken where tolerances were exceeded. Testing frequencies were listed for some devices but not for others. The stated tolerance of 1°C for thermometers was not in accordance with centrally issued guidance whilst operating temperatures were not set for refrigeration equipment.
- 6.3 Officers had been supplied with infra-red and probe thermometers, which were being calibrated using a reference thermometer, calibration test caps and against each other. Some equipment allocated to officers was calibrated at least annually. Records relating to calibration were being maintained by the authority.
- 6.4 An examination of records relating to five devices selected for audit confirmed that all devices had been calibrated and were operating within the appropriate tolerances. A refrigerator was found to be operating at a suitable temperature.
- 6.5 The authority's food and feed databases were capable of providing the information required by the FSA. A number of checks were carried out during the audit which confirmed that databases were operated in such a way to enable accurate reports to be generated.

- 6.6 The food and feed databases, together with other electronic documents used in connection with food and feed law enforcement services were subject to regular back -up to prevent the loss of data.
- 6.7 The authority had an Acceptable Usage Policy which 'defined the standards and compliancy for acceptable ICT usage'. The policy aimed to minimise damage by preventing or reducing the impact of security incidents. In respect of food and feed law enforcement services, officers had been provided with individual passwords, access for entering and deleting data had been restricted, and officers had been trained in the use of ICT.

Recommendations

- 6.8 The authority should:
- (i) Ensure that the necessary facilities and equipment that are required for the effective delivery of all activities associated with the feed service are made available. [The Standard - 6.1]
 - (ii) Amend the documented procedure for calibrating temperature measuring equipment to include testing frequencies for all devices, operating temperatures for refrigeration equipment and ensure tolerances are applied in accordance with centrally issued guidance. [The Standard - 6.2]

7 Food and Feedingstuffs Establishment Interventions and Inspections

Food Hygiene

- 7.1 In 2013/14 the authority had reported through LAEMS that 92.07% of all category A-E rated food businesses due to be inspected had been inspected, and 95.88% of food businesses were 'broadly compliant' with food hygiene law (excluding unrated businesses and those outside the scope of the risk rating scheme).
- 7.2 The authority had developed a documented procedure aimed at establishing a uniform approach to carrying out official controls in respect of food hygiene interventions, which included a section on the approval of product specific food establishments. A Revisit Policy based on the model developed by the Wales Heads of Environmental Health (WWhoEHG) Food Safety Expert Panel had also been recently adopted. An examination of these procedures confirmed that all made reference to relevant legislation, had been subject to recent review and updating, and were in accordance with the requirements of the Food Law Code of Practice and relevant centrally issued guidance.
- 7.3 Information supplied by the authority from its food establishment database during the on-site audit indicated that there were a total of 151 establishments, excluding unrated businesses, which were overdue an official control intervention by more than 28 days. A total of 98 of the overdue establishments were categorised as higher-risk (A, B or C rated), including five that were category B rated. All of the higher-risk establishments had been due for inspection within a period of 10 months preceding the audit. The authority advised that targets for undertaking inspections of food establishments were not being achieved due to the absence of one officer and the reassignment of duties of another officer.
- 7.4 The remainder, i.e. 53 establishments that had been identified as being overdue were lower-risk and had all been programmed to receive an intervention with the past 12 months.
- 7.5 Auditors were advised that the authority had a system for proactively managing interventions at new businesses. The system involved inputting food establishment details onto the database on receipt of

completed food registration forms, and officers actively monitoring these businesses, using local knowledge to identify when they begin trading. It was noted that the date when the authority first became aware of a business trading was not being captured on the database. Auditors discussed the benefits of routinely recording this information to assist with accurately reporting its performance in managing interventions at new businesses.

- 7.6 A Food Hygiene Routine/New Premises Inspection form had been developed by the authority to assist officers in their inspections of food businesses by providing a structured approach. The inspection form contained all the necessary elements to facilitate carrying out checks on compliance with legal requirements in accordance with the Food Law Code of Practice. A Food Premises Inspection Record sheet had also been produced for use in undertaking inspections of category C–E rated establishments that had not been subject to changes to their operations since the last visit. However, the record sheet did not set-out the aspects of a food business which an officer should consider in their assessment of compliance or ensure consistency in the approach to the inspection process.
- 7.7 During the audit an examination of records relating to 10 food establishments was undertaken. The file histories for six establishments confirmed that in recent years they had been inspected at the frequencies required by the Food Law Code of Practice. However, the remaining four establishments, which were categorised as higher-risk, had not been inspected at the required frequencies. The delay between inspections ranged from five weeks to six months beyond the due date. The Food Law Code of Practice requires that interventions take place within 28 days of their due date.
- 7.8 Inspection records were available and legible for the 10 food establishments audited. In five cases the latest inspection had been undertaken by officers using the Food Hygiene Routine/New Premises Inspection form. The information recorded by officers on these inspection forms was sufficient to demonstrate that a comprehensive assessment of business compliance in respect of requirements relating to Hazard Analysis Critical Control Point (HACCP) had been undertaken.

- 7.9 In these five cases auditors were also able to confirm that officers had undertaken an adequate assessment of hygiene training of food handlers, and that discussion with individuals other than the food business operators had taken place. Further, there was evidence that officers had undertaken an appropriate assessment of the effectiveness of cross contamination controls. However, the authority was unable to demonstrate that consideration had been given to imported foods or that foods had been subject to incoming traceability checks.
- 7.10 In respect of the records examined for the other five establishments, the latest inspection had been undertaken by officers using the Food Premises Inspection Record sheet. However, in four cases auditors were unable to determine the scope of the inspection. In addition, the information recorded by officers on the record sheet was not sufficient to identify the food activities undertaken by the business or to demonstrate that a thorough assessment of compliance with requirements relating to HACCP, hygiene training of food handlers, cross contamination controls and traceability had been undertaken. In the remaining case, it was evident that an adequate assessment of compliance had taken place, having regard to the low-risk nature of the food operations carried out.
- 7.11 In all but one case, letters had been sent to the business within 14 days of the inspection, as required by the authority's procedures. The delay in that case had been four days.
- 7.12 The risk rating categories applied to establishments were generally consistent with the potential hazards associated with the businesses and the officers' assessment of compliance. Nonetheless, auditors noted that in seven cases officers were applying scores of '5' under the business compliance categories, despite not having identified any contraventions. This is contrary to the Food Law Code of Practice.
- 7.13 The risk rating history of one of the establishments examined had changed following the latest inspection, which had resulted in a reduction of risk category. However, the reason for revising the risk rating was not documented contrary to authority's procedure and the Food Law Code of Practice.
- 7.14 The authority's Food Hygiene Revisits Policy stated that, 'Generally any food business assessed as not being 'broadly compliant' with food

hygiene legislation will be subject to revisit(s) together with any necessary enforcement action, with the aim of achieving compliance.’ Included within the policy are criteria relating to the timing of revisits, based on the food hygiene rating applied to a business.

- 7.15 In the 10 cases examined, the authority had identified that one of the establishments required a revisit. A record was available to confirm that a revisit had been carried out, but this had taken place some five months following the discovery of the contraventions contrary to the authority’s revisit policy. Auditors noted that in another case, where a rating of 2 had been applied under the Food Hygiene Rating Scheme (FHRS), the establishment had not been identified for revisit, as required by the revisit policy.
- 7.16 In the two cases where the need for follow-up action was required to address significant and/or on-going contraventions, it was noted that in one case relevant information had been recorded in the ‘Are there any significant on-going issues?’ section of the inspection form. In the other case, in which on-going issues relating to food safety management had been identified, these had not been highlighted/red-flagged on the establishment file in accordance with the authority’s procedure.
- 7.17 The authority had informed the FSA prior to the audit that there were 23 approved establishments in its area. The records relating to nine of these were examined; but it was ascertained that two of these related to separately approved activities undertaken at the same establishment. Records pertaining to these two approvals were reviewed together.
- 7.18 Approved establishment files contained most of the information required by the Food Law Code of Practice and centrally issued guidance, but in a minority of cases synopses, training matrices, raw material, product or water test results, and customer/product lists, were either unavailable or had not been kept up to date.
- 7.19 Inspection histories of the approved establishments confirmed that in recent years all had been inspected at the frequencies required by the Food Law Code of Practice. Inspections had been undertaken using the appropriate record form and in all cases the information captured by officers was sufficient to confirm that a full scope inspection, which considered all aspects of the establishment, including structure, food

safety management and management arrangements had taken place. However, in four cases the officer had not recorded the range of products produced by the businesses.

- 7.20 Procedures for issuing approvals in accordance with official controls regulations had been correctly followed by the authority in all but one case. In this particular instance, relating to a business for which conditional approval had been granted, a revisit to check compliance with operational requirements had not taken place within three months. Full approval was later granted following a second visit made to the establishment within six months of the conditional approval.
- 7.21 The risk ratings that had been applied to the approved establishments were consistent with the inspection findings. In one case auditors noted that the 'type of food and method of handling' score did not appear to correspond with the products produced or operations carried out at the establishment. Nonetheless, the officer was able to provide a satisfactory explanation for applying an alternative score for this element of the risk rating assessment.
- 7.22 An Alternative Enforcement Strategy (AES) for maintaining surveillance of category E rated establishments had been developed and was being implemented by the authority. The approach to AES contained within the Food Interventions Procedure consisted of issuing a questionnaire to eligible businesses which would be assessed by an Environmental Health Officer (EHO) on their return in order to determine whether an inspection was required. However, auditors noted that the procedure did not set-out criteria against which completed questionnaires were to be assessed or specify the action to be taken for non-responses.
- 7.23 In addition, the questionnaire did not facilitate the collection of all necessary information to enable the authority to identify any changes to the potential hazards associated with a business, specifically the number of consumers at risk if there was a failure of food hygiene procedures. Further, auditors advised the authority of the benefits of requesting additional details from business operators in respect of implementation of any food safety management procedures.
- 7.24 Records of 10 establishments that had been subject to AES were examined. Auditors noted that all businesses had been sent the relevant

questionnaire and that these had been completed and returned in all cases. However, six out of the 10 establishments had been inappropriately subject to an AES, as four of these had not previously received a primary inspection and the other two were category C and D rated. The Food Law Practice Guidance states that, an establishment must have been subject to an initial formal inspection and subsequently determined to be low-risk (category E rated) for it to be included in an AES.

- 7.25 In all cases there was no evidence that the completed questionnaires had been assessed by an EHO. Further, as information relating to the business customer base had not been requested, it was not always possible for auditors to verify whether the AES should have triggered a visit.

Recommendations

7.26 The authority should:

- (i) Ensure that food establishment interventions/inspections are carried out at the minimum frequency specified by the Food Law Code of Practice. [The Standard -7.1]
- (ii) Ensure that full inspections and alternative enforcement strategies are carried out in accordance with the Food Law Code of Practice, centrally issued guidance, and the authority's policies and procedures. [The Standard – 7.2]
- (iii) Assess the compliance of establishments in its area to the legally prescribed standards; and take appropriate action on any non-compliance found, in accordance with the authority's Enforcement Policy. [The Standard -7.3]
- (iv) Amend its Food Interventions Procedure in respect of Alternative Enforcement Strategies (AES) to include details of the criteria against which completed questionnaires are assessed and to set out the triggers for undertaking another type of intervention. [The Standard – 7.4]
- (v) Ensure observations made in the course of an inspection, in particular relating to checks carried out to verify the source of foods and to demonstrate that consideration has been given to imported foods, shall be recorded in a timely manner to prevent loss of relevant information. [The Standards – 7.5]

Verification Visits to Food Establishments

7.27 During the audit, verification visits were made to two food establishments with authorised officers of the authority who had carried out the last food hygiene inspections. The main objective of the visits was to consider the effectiveness of the authority's assessment of food business compliance with food law requirements.

- 7.28 The officers were knowledgeable about the businesses and possessed an appropriate understanding of the food safety risks associated with the activities at each establishment. The officers demonstrated that they had carried out a detailed inspection and had appropriately assessed compliance with legal requirements and centrally issued guidance, and were offering helpful advice to the food business operators.
- 7.29 The findings of the previous inspection, detailed on the records held on file, reflected the conditions observed at the establishment.

Port Health Interventions

- 7.30 The authority had a port at Holyhead at which a variety of roll-on roll-off ferries, cargo vessels and cruise ships docked, all of which featured in the list of interventions selected by auditors. The port accommodated arrivals from EU and Irish ports together with the occasional vessel arriving from a third country. Holyhead did not receive any third country food imports and had been designated as a dormant Border Inspection Post.
- 7.31 The authority had put in place a documented procedure governing ship sanitation inspections, which included food hygiene interventions. The procedure was in accordance with the requirements of the Food Law Code of Practice.
- 7.32 Auditors examined 10 ship intervention records. The authority was carrying out ship inspections in accordance with recognised Association of Port Health authority (APHA) Practices and the International Health Regulations.
- 7.33 The authority was using the APHA aide-memoire and its own inspection form. In a small number of cases the absence of the APHA form left the auditors unable to find evidence of the time of inspection or the report having been communicated to the Master, owner or shipping company/operator.

Recommendations

- 7.34 The authority should:
- (i) Ensure that vessel inspections are carried out in accordance with the Food Law Code of Practice, centrally issued guidance, and the authority's policies and procedures. [The Standard – 7.2]
 - (ii) Ensure observations made in the course of an inspection, are recorded in a timely manner to prevent loss of relevant information. [The Standards – 7.5]

Food Standards

- 7.35 In 2012/13 the authority had reported through LAEMS that there were no high risk or medium risk food standards interventions overdue. Five low risk food standards interventions remained outstanding.
- 7.36 At the time of the audit, a programmed intervention was overdue for 141 low risk establishments, 153 medium risk and 33 high risk establishments. Interventions were overdue for 166 unrated establishments, approximately 38 of which were medium risk and the remainder low risk.
- 7.37 The authority had a food standards interventions programme for 2014/15 which was detailed in the Service Plan.
- 7.38 Auditors noted that food establishments had been designated as non-inspectable risk without always having received an initial inspection. A number of these businesses were identified as potentially medium risk.
- 7.39 The food standards service reported that it did not operate an AES.
- 7.40 Although the authority was hoping to move towards implementation of the National Trading Standards Board (NTSB) risk-rating scheme in the future, at the time of the audit it was using the 2004 Local authority Co-

ordinating and Regulatory Services body (LACORS) Trading Standards Risk Assessment Scheme, which was not compatible with the risk rating scheme laid down in the Food Law Code of Practice.

- 7.41 The authority had developed three aide memoire based on the LACORS templates, one for 'general inspections' which had no reference to food inspection, one for 'manufacturing businesses' and another for 'non-manufacturing businesses'. The authority had set up, implemented and was maintaining a food standards retail inspection activity procedure and a food manufacturing inspection activity procedure.
- 7.42 The authority did not have a documented revisit policy. It appeared that inspections were generally carried out unannounced but there was no clear policy on the criteria to be applied when carrying out announced inspections. The authority should establish and document both policies to support clarity and consistency.
- 7.43 Auditors examined 10 establishment histories for the food standards service. One was discounted from further examination as it had been incorrectly reported as a food intervention. Another was discounted as it had not begun trading.
- 7.44 The use by the authority of the LACORS risk rating scheme made it impossible in most cases to be certain that inspections were being carried out at the frequency required by the Food Law Code of Practice, as the two schemes are incompatible. Two establishments had registered with the authority seven months and six years respectively before receiving their first inspection. These delays were contrary to the intervention frequencies specified in the Code of Practice.
- 7.45 All inspections had been carried out by an appropriately authorised officer, with the exception of one high-risk establishment which had been inspected in 2014 by an officer only authorised to inspect medium and low risk establishments.
- 7.46 The authority clearly indicated through inspection records that compliance with food labelling requirements was being assessed. Aide-memoire had been used and a report had been left on site or sent after the most recent inspection in all cases. However, inspection records did not generally reflect in sufficient detail the scope and depth of

observations made and/or data obtained in the course of an inspection, contrary to the Code of Practice. Missing information included records of an assessment of compliance with presentation requirements (three of the eight cases), evidence of an assessment of the compliance of the business with supplier specifications (four of five relevant cases) and evidence of an assessment of the existence and effectiveness of a quality management system and an assessment of compliance with composition requirements (seven of the eight cases).

- 7.47 Records were not made in any case of an assessment of traceability requirements, product recall/withdrawal arrangements, nor an assessment of imported food handling. In all eight cases, officers had failed to record the details of other businesses supplying, producing for, importing for or buying from the business. A failure to record adequate inspection/intervention information compromises the ability of the authority to assure consistency and effectiveness of official control and enforcement over time.
- 7.48 The appropriate follow-up of significant contraventions had been carried out in all but one case where a number failures to comply with labelling and durability indication requirements over two consecutive inspections had not been followed up between inspections. The most recent inspection indicated that compliance had now been achieved.
- 7.49 Observations recorded in the course of an inspection were legible in all cases. The authority was able to demonstrate that there was an intervention record filing system in place which was accessible to all officers, however not all contemporaneous records were stored in this filing system. Officers often used their PACE notebooks which contained unique information not copied into the filing system, which were kept locked in desk drawers in their absence, making them inaccessible to colleagues.

Recommendations

7.50 The authority should:

- (i) Ensure that food standards interventions are carried out at a frequency not less than that determined under the intervention rating scheme set out in the Food Law Code of Practice. [The Standard -7.1]
- (ii) Implement a food standards intervention risk rating scheme which is in accordance with the scheme established under annex V of the Food Law Code of Practice. [The Standard -7.2]
- (iii) Provide food businesses with a report after each inspection/intervention, develop and implement an intervention policy for unrated and “non-inspectable risk” food standards establishments, ensure that food standards establishments are only inspected by appropriately authorised officers and ensure that announced visits and revisits are carried out in accordance with the relevant legislation, Code of Practice, centrally issued guidance and the authority’s own policies and procedures. [The Standard -7.2]
- (iv) Take appropriate action on any non-compliance found at food standards establishments, in accordance with the authority’s enforcement policy. [The Standard -7.3]
- (v) Set up a revisit policy which accords with the Food Law Code of Practice. [The Standard – 7.4]
- (vi) Ensure that officers’ contemporaneous records of food standards interventions are recorded in a timely manner and stored in such a way that they are retrievable. [The Standard -7.5]

Verification Visits to Food Establishments

- 7.51 During the audit, two verification visits were made to food manufacturing businesses with the authorised officers of the authority who had carried out the last food standards inspection. The main objective of the visits was to consider the effectiveness of the authority's assessment of food business compliance with food law requirements.
- 7.52 Both officers had a good level of understanding of the businesses. The visits provided assurance that officers were undertaking an assessment of compliance of establishments and systems to the legally prescribed standards. A report had been left on site or sent after the inspection in both cases.

Feed establishments

- 7.53 Information provided in the authority's Service Plan 2014/15 and the annual feed return 2012/13 (updated December 2013) indicated inconsistencies within each document in the number of feed establishments within the authority's boundary. In pre-audit information, the database report indicated that there were 638 registered feed establishments within the authority, all of which had received a risk rating; including five establishments approved by DEFRA for placing medicated feed on the market.
- 7.54 Auditors identified problems with the configuration of risk rating data. Only 37 establishments had been risk rated following an appropriate visit by a qualified officer. 28 visits had been risk rated using a scheme which incorporated an assessment of non-feed activities and so was not compatible with Annex 5 of the Feed Law Enforcement Code of Practice (FLECP)(including some of the above) and the remaining majority of establishments had been rated using National Trading Standards Board (NTSB) specified rating maps without being subject to a visit by an officer. The latter was as a result of an exercise to apportion a risk rating under the NTSB scheme to all establishments. All establishments not rated following a primary inspection by a qualified officer remained overdue for an inspection, regardless of the due date indicated from their rating. The exact number remained unidentified but was in the region of 600 establishments. Further, 169 animal health visits (where feed was considered) had been undertaken by an unqualified officer.

- 7.55 The authority had developed procedures, in the form of activity documents, for some types of feed inspections. Activity documents for the inspection of retail and farm establishments provided limited information on how to undertake inspections of such establishments and referred to the use of the inspection report forms. The activity documents contained a statement specifying that inspections should be by appointment within 48 hours of the inspection contrary to the Feed Law Enforcement Code of Practice, which requires unannounced visits and only allows 48 hour notification in certain circumstances. The procedures required more detail of the work to be covered by officers during an inspection.
- 7.56 The authority had not developed procedures for dealing with co-products establishments, imported feed or applications for feed approvals and registrations. Whilst not all of these activities were taking place in the County, the authority would benefit from development of the procedures in the event that the demand arises.
- 7.57 File checks were carried out on 10 establishments indicated in pre-audit material as having been subject to an inspection. Only eight of those files related to feed visits to establishments whilst one had been an attempted inspection on an establishment that had closed and one had no feed activity following a visit for other matters. Five of the 10 establishments had been subject to inspections by an appropriately qualified officer whereas, three establishments had been subject to a registration activity review by an unqualified officer. All 10 establishments had received an NTSB rated inspection risk rating, but in the case of the five that had not been inspected, this was contrary to the FLECP. All five establishments that had received a primary inspection had received timely visits; contemporaneous inspection records for all but one were legible and retrievable. FSA inspection forms were being used to capture information during inspections and information on the key assessments required to be made was available in all but one inspection where no record was available.
- 7.58 Information on the size and scale and type of establishment was available on the database or hard copy file in seven cases. Of the inspected establishments, risk ratings were appropriate to the activities taking place.

- 7.59 Auditors examined the consistency of records between database and hard copy files. Aside from the five cases of application of risk ratings without inspection, in two inspection records officers had indicated that there was a need for follow-up, for which there was no further record.
- 7.60 Inspection records and verification visits demonstrated that the authority had, generally, assessed the compliance of food business establishments and systems to the legally prescribed standards.
- 7.61 Auditors identified that the need for further follow-up action was required in four cases, to address contraventions or undertake further investigation. In one case, a further primary inspection did not take place where this was indicated following a registration review. Of the remaining three cases, a revisit took place in only one case. Furthermore, in two of the cases requiring a revisit, significant contraventions had been identified which had not been communicated in a letter to the feed business operator contrary to the Enforcement Policy.
- 7.62 The authority was not operating an AES for low risk establishments.

Recommendations

- 7.63 The authority should:
- (i) Ensure that feed establishment interventions and inspections are carried out at the frequency specified by the Feed Law Enforcement Code of Practice. [The Standard - 7.1]
 - (ii) Carry out inspections / interventions and approve or register feed establishments in accordance with relevant legislation and the Feed Law Enforcement Code of Practice and centrally issued guidance. [The Standard - 7.2]
 - (iii) Ensure appropriate action is taken to follow up non-compliance in accordance with the Enforcement Policy. [The Standard – 7.3]
 - (iv) Ensure documented procedures relating to inspection of feed establishments are fully developed in accordance with the Feed Law Enforcement Code of Practice. Develop documented procedures for interventions relating to co-products establishments, imported feed, applications for feed approvals and registrations. [The Standard – 7.4]
 - (v) Ensure that all observations made in the course of interventions are recorded in a timely manner and officers' contemporaneous records of interventions are stored in such a way as to be retrievable. [The Standard – 7.5]

Feed Establishment Verification Visits

- 7.64 During the audit, verification visits were made to two feed businesses with authorised officers of the authority, who had carried out the last feed inspection. The main objective of the visits was to assess the effectiveness of the authority's assessment of feed business compliance with feed law requirements.
- 7.65 The officers demonstrated a good knowledge of the establishments and the operations carried out and it was evident that thorough assessments

of the key issues had been undertaken. In one case, the reality visit confirmed the findings of the file check that the authority should ensure it has maintained a record of key assessments made during the inspection on file. The second reality visit confirmed the findings of the file check that the authority should ensure appropriate follow up action is taken in accordance with the Enforcement Policy and revisit to ensure compliance has been achieved.

8 Food, Feed and Food Establishment Complaints

- 8.1 The food hygiene service had a documented Food Complaints Procedure, based on that developed by the Wales Heads of Environmental Health Food Safety Expert Group. The procedure outlined the arrangements for liaison with Home, Primary and Originating authorities, the single liaison body and the actions to take on receiving a complaint relating to products originating in “third countries”, in accordance with the requirements of the Framework Agreement. Appended to the procedure was an advice leaflet for complainants.
- 8.2 Although there was no procedure for dealing with complaints about the condition of food establishments, the Service Plan stated that the food hygiene service had a target response time of five working days to complaints about both food and hygiene of establishments.
- 8.3 The food standards/feed service had a documented Food and Feed Complaints Policy and procedure. The procedure outlined the arrangements for liaison with Home, Primary and Originating authorities, the single liaison body and the actions to take on receiving a complaint relating to products originating in “third countries”, in accordance with the requirements of the Framework Agreement.
- 8.4 Complaints about the condition of feed establishments were not included within the scope of the procedure. The food standards and feed service had a target response time of three working days for food/feed complaints.
- 8.5 The authority also had in place short supplementary feed and food procedures detailing the information to be recorded on receipt of a complaint.
- 8.6 Auditors examined 10 food hygiene complaints and 10 food standards complaints. The authority had received no feed complaints in the two years prior to the audit.
- 8.7 In all cases the authority had recorded details of the complainant, complaint and implicated food business and had maintained contact with the business.

- 8.8 All food hygiene complaints had been responded to within the authorities target of five days. The investigations had been carried out in accordance with the Food Law Code of Practice and the authority's own procedure in all but one case concerning an alleged food poisoning where insufficient consideration had been given to the validation of food safety management by the officer while at the implicated establishment. Appropriate action had been taken by the authority in all cases.
- 8.9 All food standards complaints had been responded to within the authority's target first response time. The investigations had been carried out in accordance with the Food Law Code of Practice and the authority's own procedure and appropriate action had been taken in all but one case, where a member of the public had suffered illness as a result of being misled about the nut content of a meal. There had been an unacceptable delay in the officer visiting the implicated establishment and the follow-up of the complaint had been inadequate when subsequent interventions and testing had found that the contravention had been repeated. The authority had taken no enforcement action contrary to its own Enforcement Policy and procedure. No authorised departure from the policy had been recorded.

Recommendations

- 8.10 The authority should:
- (i) Review and update the complaints procedures to include reference to complaints against food and the condition of feed establishments. [The Standard – 8.1]
 - (ii) Investigate complaints received in accordance with the Food Law Code of Practice, centrally issued guidance and its own policy and procedures. [The Standard – 8.2]
 - (iii) Take appropriate action on complaints received in accordance with the authority's Enforcement Policy. [The Standard – 8.3]

9 Primary authority Scheme and Home authority Principle

- 9.1 The authority's policy supporting the Primary authority Scheme and Home authority Principle was set-out in the Service Plan. One of the objectives of the food standards and feed service was 'to promote the use of the concept of the Home authority Principle and Primary authority to businesses on the Isle of Anglesey in relation to responsibilities under food safety /agricultural standards legislation'.
- 9.2 Key officers had attended Primary authority training and auditors were able to verify that food and feed law enforcement officers had been provided with passwords to enable them to access the Primary authority website.
- 9.3 At the time of the audit the authority was not acting as a Primary authority for any food businesses.
- 9.4 Reference had been made to Primary authority considerations in some work procedures, including the Food and Feed Enforcement Procedures, the Hygiene Improvement Notices Procedure and the Food/Feed Complaints Procedure.
- 9.5 The authority had a formal Home authority Agreement in place with one local food manufacturer and was acting in accordance with Home authority principles to support a further four. Records examined during the audit demonstrated that the authority had responded to requests for advice from these businesses and from other local authorities.
- 9.6 Although the authority had no Primary authority agreements in place, auditors were able to verify that, in its capacity as an enforcing authority, it had regard to Primary authority guidance and followed up matters of concern with Primary Authorities, as appropriate.

10 Advice to Businesses

- 10.1 The authority had been proactive in providing food hygiene, food standards and food advice to businesses. It demonstrated its commitment to assisting local businesses to comply with the law in delivering a number of initiatives which included:
- Advisory packs for new businesses
 - Attendance at a local Food Business Forum
 - Business advice sessions
 - Work with the Food Technology Centre to raise awareness of food standards
 - Provision of a newsletter for farmers in conjunction with other local authorities in North Wales
- 10.2 Technical advice was being provided to businesses in respect of which it acted as Home authority.
- 10.3 Comprehensive food standards and food hygiene advice for businesses was provided on the authority's website.
- 10.4 The authority had accessed FSA funding to assist businesses in developing their food safety management systems.
- 10.5 There was evidence that advice was provided to businesses during inspections as well as on request.

11 Food and Feed Establishment Database

- 11.1 The authority had procedures in place to ensure that its food and feed establishment databases were up to date and accurate.
- 11.2 The procedures provided details of the methods that would be used in ensuring accuracy, which included routine checks of planning applications, surveillance by officers during inspections, checks on social media and cross referencing records held by the authority on care homes, child-minders and nurseries.
- 11.3 Auditors selected 11 food establishments and two feed establishments located in the authority's area from an Internet search. All but two food establishments were found to be included on the authority's food establishment database, registered, and included in the food hygiene interventions programme. Four of the establishments had not been included in the food standards interventions programme. One of the two feed establishments had not been recorded on the authority's feed database, registered or included in the feed interventions programme.
- 11.4 Work to improve the feed establishment database had been identified by the authority as a priority. Progress was being made and work was ongoing to ensure its accuracy.

Recommendation

- 11.5 The authority should:
- (i) Maintain its database of food and feed establishments, ensuring food and feed businesses are properly registered and included in the food and feed interventions programmes. [The Standard – 11.1]

12. Food and Feed Inspection and Sampling

- 12.1 The Service Plan 2014/15 contained aims and objectives that made specific reference to the monitoring and sampling of food and feedingstuffs to ensure compliance with statutory requirements. In respect of microbiological sampling, the plan stated that the authority took samples at food and feed establishments as part of co-ordinated national and regional projects.
- 12.2 The authority had developed a Food and Feed Sampling Policy that outlined its approach to the sampling of food and feedingstuffs and the factors taken into account in formulating the sampling programme. However, the policy did not make reference to Primary or Home Authorities.
- 12.3 A Food Sampling Procedure which described how and when microbiological samples should be taken had been adopted. The procedure, based on the model developed by the Wales Food Safety Expert Panel was in accordance with the Food Law Code of Practice and relevant official guidance. Further, the authority's Food Interventions Procedure indicated that officers should undertake an assessment of the need to take samples during an intervention.
- 12.4 A procedure for taking formal food standards samples and a Feed Sampling Procedure had also been developed by the authority. These documents both made reference to relevant Codes of Practice, guidance and legislation. The authority did not have a procedure which documented its approach to taking informal food standards samples.
- 12.5 The authority had produced separate food hygiene, food standards and feed sampling programmes, the contents of which reflected the criteria for sampling food and feedingstuffs, as referenced in the 2014/15 Service Plan. These programmes had regard to the FSA's National Enforcement Priorities and were consistent with the programme set-out in the North Wales Trading Standards Services Animal Feed Service Delivery Plan 2014/15. Auditors discussed the benefits of including additional information in the food standards sampling programme, such as an estimate of the number of samples to be taken in the year ahead.

- 12.6 In addition to funding its own sampling, the authority had previously applied for grants from the FSA to fund food hygiene and feedingstuffs sampling activities.
- 12.7 The authority had appointed a Public and Agricultural Analyst for carrying out examination and analysis of food and feed samples, and had a formal agreement in place with Public Health Wales (PHW) for the microbiological analyses of food. The appointed laboratories were both accredited by UKAS and were on the FSA list of UK designated Official Laboratories.
- 12.8 During the audit, records of 10 samples submitted for microbiological analysis were examined. The details of samples obtained, the results of analysis and correspondence notifying businesses of the outcome were available in all cases. With regards to the sample results, six were satisfactory, two were border-line and two were unsatisfactory. Where follow-up to investigate sampling results was required, appropriate action had taken place in three of the four cases. In the remaining case, relating to an unsatisfactory sample, contact had been made with the business by telephone to provide advice, but no further investigation had ensued. None of the unsatisfactory results related to pathogenic bacteria. Two of the four cases related to foods supplied by businesses with Primary authority Partnerships, but there was no record of the authorities having been informed of the results.
- 12.9 Records relating to 10 food standards and 10 feed samples were selected for audit. However, the information relating to one of the food standards samples was not retrievable. In respect of eight of the nine food standards samples and all of the feed samples examined, the results of analysis had been uploaded onto UKFSS and were also available in hardcopy. Where results indicated that follow-up action was required, there was evidence that investigations had been carried out. It was not possible to ascertain whether follow-up was required in the one case, where the results of sampling were not supplied.
- 12.10 Audit checks confirmed that all microbiological, food standards and feed samples had been taken by appropriately trained and authorised officers.

Recommendations

12.11 The authority should:

- (i) Amend the Food and Feed Sampling Policy to include reference to its approach to notifying/liaising with Primary and Home Authorities. [The Standard – 12.4]
- (ii) Set-up, maintain and implement a documented procedure for the procurement or purchase, continuity of evidence and the prevention of deterioration or damage of informal food standards samples in accordance with the Food Law Code of Practice and relevant centrally issued guidance. [The Standard – 12.5]
- (iii) Take appropriate action in accordance with its Enforcement Policy where food hygiene sample results are not considered to be satisfactory. [The Standard – 12.7]

13 Control and Investigation of Outbreaks and Food Related Infectious Disease

- 13.1 The authority had identified a lead officer for communicable disease and had been represented at events as part of the Wales Lead Officer Training Programme. The authority had also developed a procedure for dealing with outbreaks in the form of an Outbreak Control Plan in consultation with relevant stakeholders which had been approved for adoption by the appropriate elected member. The plan was based on a template that had been produced by a multi-agency group, including Public Health Wales and Welsh Government.
- 13.2 The Outbreak Control Plan required updating to include the details of key local contacts in the event of an outbreak.
- 13.3 The Service Plan detailed the out of hours arrangements for handling outbreaks or notifications of infectious disease.
- 13.4 A procedure for investigating sporadic cases of foodborne disease had been developed in association with all relevant organisations. It was supported by a range of advisory leaflets and questionnaires. The procedure included reference to all key areas of investigation with the exception of food sampling.
- 13.5 Notifications relating to 10 cases of food related infectious diseases were examined. One case related to a familial outbreak, however this had not been reported as an outbreak prior to the audit.
- 13.6 Investigations were generally timely and thorough, however a delay of five days had taken place in the investigation of one high risk infection, contrary to procedure. In another two cases, investigations of high risk infections had only partially been completed before questionnaires were sent to families for completion, rather than those investigations being completed by the investigating officer. Records of investigations were generally comprehensive with the exception of one high-risk case where the food history was not completed on a case interview questionnaire. In all cases appropriate follow up action had been taken where this had been identified as necessary.

13.7 All records relating to the control and investigation of outbreaks and food related infectious disease had been kept for at least 6 years.

Recommendations

13.8 The authority should:

- (i) Amend the Outbreak Control Plan to ensure that it includes the relevant local authority contacts. [The Standard – 13.1]
- (ii) Further develop the documented procedure for investigation of infectious diseases to include reference to sampling and ensure the procedure is fully implemented. [The Standard -13.2]

14 Feed and Food Safety Incidents

- 14.1 The authority had documented procedures which provided guidance for food and feed law enforcement officers in responding to Food Incidents, Food Alerts for Action and Product Withdrawal/Recall Information Notices, including those received outside normal office hours. The procedures made reference to the Rapid Alert System for Food and Feed (RASFF).
- 14.2 The authority had a computer system that was capable of receiving notifications and it was stated in the procedure that *'actions taken in response to Action Alerts should be recorded so that it is retrievable for possible follow up action or audit by the FSA'*.
- 14.3 The procedures stated that the Principal Environmental Health Officer (Commercial) and the Principal Trading Standards Officer were responsible for their effective operation. The procedures included the authority's arrangements for alerting the FSA where an actual or potential food hazard was identified locally.
- 14.4 Auditors examined records in respect of six food alerts for action issued during the previous three years. All had been promptly received and responded to in accordance with FSA advice. There was evidence that effective liaison had taken place between officers of the food safety team and Food Standards officers where appropriate.
- 14.5 Action taken by the authority had been detailed on the authority's database. All correspondence, including officer emails relating to food alerts had been maintained on file and was easily retrievable.
- 14.6 In the two years preceding the audit the authority had not identified any food or feed incidents or hazards locally for notification to the FSA. However, auditors have identified a food complaint in this report which should have been reported to the FSA as a serious localised food hazard.

Recommendations

14.7 The authority should:

- (i) Notify the FSA of any serious localised food hazards in accordance with the Food Law Code of Practice. [The Standard – 14.5]

15 Enforcement

- 15.1 The authority's Public Protection Service had developed an "Enforcement Policy" which had been endorsed by the relevant Cabinet Member in June 2014. The policy promoted a proportionate, risk-based and graduated approach to enforcement and set out the criteria to be applied by officers in deciding the appropriate enforcement sanction. The policy made reference to the outdated Home Office guidance on simple cautions rather than the Ministry of Justice guidance which has replaced it. The policy did not make reference to the approach to enforcement at its own establishments.
- 15.2 The Public Protection Service Enforcement Policy was not available on the authority's website at the time of the audit. The policy was available to members of the Public at the authority's offices.
- 15.3 A number of environmental health enforcement procedures had been developed and recently reviewed. The environmental health Hygiene Improvement Notices procedure, Remedial Action Notices procedure, procedures to direct the service of notices to deal with illegally imported food and Hygiene Emergency Prohibition procedure were all found to be in compliance with the Food Law Code of Practice and official guidance.
- 15.4 The authority had developed a documented procedure for the detention, seizure and voluntary surrender of food found to be in contravention of the food safety requirements. The procedure was generally in compliance with the Food Law Code of Practice, however, in circumstances where food is certified as unsafe, it would benefit from a clarification of whether sampling of the food should be required. The procedure made no reference to the method of disposal to be applied to unsafe food which has been permanently removed from the market by the authority.
- 15.5 An investigation and enforcement procedure had been developed by the food standards and feed services and this prescribed the information to be included in prosecution and simple caution files. The authority would benefit from further developing the procedure to prescribe the implementation and documentation of Criminal Procedure and Investigations Act (CPIA) disclosure roles and to prescribe the need to document a consideration of the authority's enforcement policy and the

relevant legal tests. The feed service had not developed any illegally imported feed procedures. Further, there was no procedure for the suspension or withdrawal of feed approvals.

- 15.6 A procedure had not been developed for undertaking prosecutions or simple cautions for food hygiene cases.
- 15.7 The authority had reported in pre-audit documentation that five Hygiene Improvement Notices (HINs) had been served in the two years prior to the audit. All been served by the same officer on the same day at the same establishment.
- 15.8 Hygiene Improvement notices had been signed by an appropriately authorised officer who had witnessed the contravention. In all cases the notices had been the appropriate course of action and had been served on the food business operator. All notices contained the food business operator's full name and details of the regulation contravened. The reason for the notice and the measures to be taken were clear in every case. Time limits were appropriate and appeal details were included with the notice.
- 15.9 Timely checks on compliance with Hygiene Improvement Notices had been carried out in four of the five cases. Four notices had been complied with at the time of the first revisit, however the food business operator had not been issued with written confirmation of compliance, contrary to the Food law Code of Practice.
- 15.10 The notice which had not been complied with had been extended without written application being received from the food business operator and had not been cancelled and re-issued, contrary to the Code of Practice. The authority had not carried out any further follow-up to confirm compliance with the notice following the expiry of the informal extended compliance deadline.
- 15.11 The authority had not reported carrying out any voluntary surrenders, food detentions, seizures or certifications nor served any RANs, HEPNs, voluntary closures or imported food and feed notices in the two years prior to the audit.

- 15.12 One prosecution for food standards offences had been instigated by the authority in the two years prior to the audit. The prosecution had been an appropriate course of action and had been approved by an officer with the proper authorisation. This officer undertook the roles of disclosure and prosecuting officer but the role of officer in charge was unidentified, contrary to the requirements of the CPIA. Further, a consideration of the required legal tests and the Enforcement Policy had not been recorded on the file. The prosecution had otherwise been carried out in accordance with the relevant Codes of Practice, centrally issued guidance and the authority's Enforcement Policy.
- 15.13 No formal enforcement action had been taken in respect of feed.

Recommendations

15.14 The authority should:

- (i) Review and amend its Enforcement Policy to include reference to the approach to enforcement at establishments where it is the food or feed business operator and place a copy of its Enforcement Policy, or instructions on how to obtain a copy, on its website. Ensure that the Enforcement Policy is fully implemented. [The Standard – 15.1]
- (ii) Set up documented procedures for undertaking food hygiene prosecutions and Simple Cautions, the suspension and withdrawal of feed establishment approvals and for the enforcement of inland imported feed in accordance with the Codes of Practice and official guidance. [The Standard -15.2]
- (iii) Amend the procedures for food hygiene detention, seizure and certification and food standards in accordance with the relevant Codes of Practice and official guidance. [The Standard -15.2]
- (iv) Amend the procedures for feed prosecutions and simple cautions in accordance with the relevant Codes of Practice and official guidance, to ensure that CPIA officer roles are clearly identified in prosecution and simple caution files together with a consideration of the Enforcement Policy and the relevant legal tests. Ensure that this procedure is fully implemented. [The Standard -15.2]
- (v) Ensure that food hygiene enforcement is carried out in accordance with the relevant Codes of Practice and centrally issued guidance. [The Standard – 15.3]
- (vi) Ensure that all decisions on enforcement action are made following consideration of the authority's Enforcement Policy and that the reasons for any departure from the criteria set out in the enforcement policy are documented. [The Standard –15.4]

16 Records and Interventions/Inspections Reports

Food Hygiene

- 16.1 Food business records, including registration and approval documents, inspection forms/record sheets and correspondence had been maintained by the authority on hard copy establishment files. Details of the date and type of interventions associated with food businesses, as well as food establishment risk profiles, had also been maintained on the authority's electronic database. Auditors noted that records on all food establishment files examined were well organised and copies of correspondence with businesses were held in chronological order. Where relevant, information relating to the last three inspections was retrievable and records were being retained for six years.
- 16.2 Officers were using inspection letters to communicate inspection findings to food businesses, which clearly differentiated between legal requirements and recommendations for good practice. These letters also detailed the corrective actions required to achieve compliance.
- 16.3 Auditors were able to confirm that the information held on hard copy intervention records was consistent with that on the electronic database and that registration forms and approval documents were available for all establishment files examined. However, in two cases the food business operator's details on the registration forms were not consistent with those contained on the documentation relating to the most recent inspections.
- 16.4 Audit checks confirmed that inspection forms/record sheets and inspection letters contained details of the food business operator, inspection dates, type of business, the overarching legislation under which the intervention was carried out, areas inspected, name and designation of inspecting officer, documents examined, whether samples were taken and the authority's address and contact details of a senior officer in case of dispute. However, information on the key points discussed during the visit, action to be taken by the authority or timescales for achieving compliance had not been consistently provided.

- 16.5 In all but one case, letters had been sent to food businesses within 14 days of inspection, as required by the authority's procedures. Where there had been a delay in sending a letter, this was by four days.
- 16.6 All records had been kept for at least six years.

Recommendations

- 16.7 The authority should:
- (i) Ensure that up to date food business registration details are maintained and letters provided to businesses following interventions/inspections contain all of the information required by the Food Law Code of Practice. [The Standard -16.1]

Food Standards

- 16.8 Food business records, including inspection forms, report of inspection summary sheets, inspection letters and correspondence were maintained by the authority on hard copy establishment files for some high risk manufacturing establishment. Records of interventions at the remaining establishments were stored in both hard copy and on the authority's Civica database. Contemporaneous records of inspection were not retrievable where these had been made in officers' PACE notebooks. Auditors noted that where available, records were held in chronological order. Information relating to the last three inspections was retrievable within the last six years.
- 16.9 Officers were using both inspection report summary sheets and letters to communicate inspection findings to food businesses.
- 16.10 Auditors checked the establishment records and inspection reports of the establishments evaluated in section seven of this report against the Food Law Code of Practice. In most cases checked, the inspection record also served as an inspection report, a carbon-copy of which was left with the food business operator.

- 16.11 The food business had been notified in writing of the outcome of the most recent inspection in all cases, stating the legislation under which the inspection had been conducted. The key points discussed were indicated in every case.
- 16.12 Records of the type of food activity were present in all but one case although an indication of the size and scale of the business was almost entirely absent.
- 16.13 Details of the food business representative interviewed, the date and time of the inspection and an indication of the areas inspected were present in all but one case.
- 16.14 In most cases inspection reports differentiated between legal requirements and recommendations for good practice. This distinction was not clear in three of the eight cases examined. Auditors noted that the reference by the report proforma to “advice” rather than “legal requirements” was not assisting officers make the distinction clear. Notwithstanding this issue all contraventions where relevant had been identified and the measures needed to secure compliance listed. However a timescale for follow-up had not been given in four of the eight cases.
- 16.15 The actions to be taken by the authority following each inspection were detailed in five of the eight inspections. The name of the food business operator had not been included in half the cases, the contact details of a senior officer and the address of the authority were absent in most cases and the designation of the inspecting officer was not given in any case seen.
- 16.16 All reports contained the inspecting officer’s name in capital letters, and all but one report was signed by the inspecting officer.
- 16.17 All records had been kept for at least six years.

Recommendations

- 16.18 The authority should:
- (i) Maintain up to date food standards records in retrievable form on all food establishments in its area in accordance with the Food Law Code of Practice and centrally issued guidance. These records shall include sample results, the date, time, areas seen and documents examined during an intervention, the type, size and scale of a business, determination of compliance with legal requirements made by the authorised officer, details of action to be taken by the authority and action taken where non-compliance were identified, the timescale for compliance and the name of the food business operator. Inspection reports shall also include the designation of the inspecting officer, the contact details of a senior officer and the address of the authority. [The Standard -16.1]

Feed interventions

- 16.19 File information was held electronically on the database and in the form of hard copy records.
- 16.20 All but one of the establishments had valid registration information available on the database. The remaining establishment had not been registered by the feed business operator.
- 16.21 Reports of visit forms had been left with the feed business operator in eight cases. The reports did not include all of the information required by Annex six of the FLECP including, specific legislation, designation of officer, contact details of senior officer, and occasionally sufficient information on areas and documents examined. Where contraventions were identified, a clear distinction between legal requirements and recommendations had not always been made and timescales for compliance had not always been specified, contrary to the FLECP.

16.22 In only three cases out of 10 was the inspection material and database information consistent, up to date and accurate.

16.23 All records had been kept for at least six years.

Recommendations

16.24 The authority should:

- (i) Maintain up to date, accurate records in a retrievable form on all relevant feed establishments and imported feed in accordance with the Feed Law Enforcement Code of Practice and centrally issued guidance. These records should include reports of all interventions / inspections, the determination of compliance with legal requirements made by the officer and details of action taken. [The Standard – 16.1]

17 Complaints about the Service

- 17.1 The authority had published and implemented a two stage Concerns and Complaints Policy which was available to the public and food businesses on its website. Where customers were not satisfied of the outcome of complaint investigations at stage two –the formal stage, they were signposted to the Local Government Ombudsman.
- 17.2 Whilst no complaints had been received about food or feed services in the two years prior to the audit, the authority was able to demonstrate that effective arrangements were in place within the service to investigate and report on the outcome of complaint investigations.
- 17.3 Auditors noted that in respect of food hygiene, senior officer details were provided on correspondence should businesses wish to complain following an inspection or other intervention.

18 Liaison with Other Organisations

18.1 The authority had liaison arrangements in place with neighbouring authorities and was contributing to the development of the North Wales collaboration agenda “Collaboration Plus”.

18.2 Liaison arrangements were in place with other appropriate bodies aimed at facilitating consistent enforcement. They included participation in the following:

- Directors of Public Protection Wales (DPPW);
- Wales Heads of Environmental Health (WWhoEHG);
- North Wales Heads of Trading Standards
- North Wales Food Safety Technical Panel;
- Welsh Food Microbiological Forum;
- North Wales Food and Metrology Panel
- Wales Animal Health and Welfare Panel
- All Wales Port Health Technical Panel
- North Wales Shellfish Liaison Group
- The Centre for Environment, Fisheries and Aquaculture Science (Cefas)

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

18.4 The authority also had liaison arrangements with:

- Food Standards Agency
- Public Health Wales
- Veterinary Medicines Directorate
- Rural Payments Wales
- The Animal Health and Veterinary laboratories Agency
- Gangmasters Licensing authority
- Consultant in Communicable Disease
- All Wales Port Health Technical Panel
- North Wales Police Environmental Crime Officer
- Merseyside Port Health

19 Internal Monitoring

19.1 The authority had developed a corporate performance monitoring framework. Performance measures and targets had been identified for Food Hygiene and Trading Standards (including food standards and feed services) which had been included in the Planning and Public Protection Business Plan. Performance was reported quarterly to senior managers and the relevant elected member.

Performance measures for Food Hygiene:

- Percentage of food establishments which are 'broadly compliant' with food hygiene standards
- Percentage of high-risk businesses that were liable to a programmed inspection that were inspected
- Percentage of National Food Hygiene Rating Certificates issued within 28 days

Performance measure for Trading Standards:

- Percentage of high-risk trade establishments subject to planned inspections to ensure compliance with Trading Standards legislation.
- Percentage of Trading Standards investigations completed within half the legal time limits
- Percentage of clients who contacted the Trading Standards service who were satisfied with the service
- Percentage of clients who received a response to their request for service within 1 day

19.2 Auditors noted that the performance targets that had been set in the corporate performance monitoring framework relating to the inspection of high risk businesses fell short of those required by the Food and Feed Law Codes of Practice. Further, the target of 28 days for issuing Food Hygiene Ratings fell short of the requirement in the Food Hygiene Rating (Wales) Act 2013 for food authorities to provide written notification of ratings to food business operators within 14 days of inspection.

- 19.3 The authority was committed to ensuring the quality of services provided and Trading Standards customer satisfaction questionnaires had been used to determine customer satisfaction. Feedback from the customer satisfaction survey had been positive and auditors discussed the potential benefits of sharing these results more widely within and outside the organisation.
- 19.4 Regular team meetings assisted in ensuring a consistent approach by officers and provided managers with the opportunity to report progress in delivering the service against the targets set in the Service Plan
- 19.5 It was the authority's policy for correspondence relating to official food and feed controls to be signed by the Principal Officers. This meant that in practice they had close oversight of officers' work.
- 19.6 Documented internal monitoring procedures for the Environmental Health Commercial Section (food hygiene) and Trading Standards Service (food standards and feed) had been developed. These required further development to enable the authority to verify its conformance with all elements of the Standard, the relevant Codes of Practice, centrally issued guidance and the authority's own documented policies and procedures.
- 19.7 Planned internal monitoring activities carried out in practice included:
- Officer work reviews
 - Desktop, qualitative monitoring of inspections and follow-up action
 - Accompanied inspections
 - Formal reviews of enforcement decisions
- 19.8 Some qualitative internal monitoring records had been maintained by the Principal Officers. They included internal monitoring forms for accompanied visits, inspections and post inspection letters/paperwork. Corrective actions had been identified and included in feedback provided to officers. Not all internal monitoring however was being recorded.

Recommendations

19.9 The authority should:

- (i) Further develop, maintain and implement internal monitoring procedures for food hygiene, food standards and feed to verify its conformance with the Standard, relevant legislation, the relevant Codes of Practice, centrally issued guidance and its own documented policies and procedures. [The Standard – 19.1 and 19.2]
- (ii) Ensure that records of internal monitoring activities are maintained for two years [The Standard– 19.3]

20 Third Party or Peer Review

20.1 A focused FSA audit 'Local authority Official Controls and Food Business Operator Controls in Approved Establishments' had taken place in 2009 and matters identified for action had been completed.

20.2 In January 2014 the authority, in common with the other 21 local authorities in Wales, had submitted information in respect of two FSA focused audits - Response of Local Government in Wales to the Recommendations of the Public Inquiry into the September 2005 Outbreak of E. coli O157 in South Wales and Local authority Management of Interventions in Newly Registered Food Businesses In Wales. These focused audit reports are available at the following link:

www.food.gov.uk/enforcement/auditandmonitoring

20.3 The authority's Environmental Health Service, which included food hygiene and the investigation of food related infectious disease, had been subject to a review by the Wales Audit Office in 2013/14. At the time of the audit the outcome of this review had not been published.

21 Food and Feed Safety and Standards Promotion

- 21.1 The authority had delivered a number of initiatives with the aim of promoting food safety, standards and feed.
- 21.2 In respect of food safety, the authority had participated in Food Safety week and in 2014 had been proactive raising awareness of Campylobacter. Activities included an exhibition, staff survey and quiz.
- 21.3 Action to raise consumer awareness of the Food Hygiene Rating Scheme had been taken, including information in the local press.
- 21.4 There was evidence that safe food handling practices and hand hygiene had been routinely discussed with cases during infectious disease investigations. Further, the lead officer for food hygiene was able to demonstrate that food safety promotion had been included in talks to community groups.
- 21.5 Officers of the Public Protection Department had promoted food safety and standards issues at a local Healthy Lifestyle and Safer Home Fair.
- 21.6 The authority had worked collaboratively with other authorities across north Wales, through the North Wales Heads of Trading Standards Animal Health and Welfare Panel, to produce a newsletter aimed at farmers. The newsletter included an article to promote feed business registration. The newsletter was available on the authority's website.
- 21.7 Records of promotional work were being maintained by officers.

Auditors:

Lead Auditor: Kate Thompson

Auditors: Alun Barnes
Craig Sewell
Daniel Morelli

Food Standards Agency Wales

11th Floor

Southgate House

Wood Street

Cardiff

CF10 1EW

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>5.16 The authority should:</p> <p>Review and amend the authorisation procedure to include reference to the arrangements for refresher training and monitoring for newly qualified and returning officers, in accordance with the requirement of the Food Law Code of Practice. [The Standard – 5.1]</p> <p>(i) Review and amend food standards and feed officer authorisations to include the appropriate Official Feed and Food Control legislation to carry out the work set out in the Service Plan. Amend the authorisation of the unqualified Trading Standards enforcement officer to reflect their competency, in accordance with the Codes of Practice. Ensure the duties of food standards and feed officers do not exceed their authorisations. [The Standard – 5.3]</p>	<p>31/07/15</p> <p>31/03/16</p> <p>31/07/15</p> <p>31/07/15</p>	<p>Amend procedure to refer to training, monitoring of newly qualified officers and those returning after absence. Ensure Food EHO returning from Maternity leave has 10 hours CPD</p> <p>Amend authorisation to include appropriate legislation: Official Food & Feed Control regulations 2009.</p> <p>Remove Authorisation from TS Enforcement Officer, North Wales feed delivery project will address.</p>	

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>(ii) Appoint a sufficient number of suitably authorised food hygiene and food standards officers to carry out the work set out in the Service Plan and ensure that they are authorised under the appropriate legislation. The level of authorisation of food officers should be consistent with their qualifications. [The Standard – 5.3]</p>	31/03/16	Following on from analysis in the service plan, staffing resources will be reviewed and a bid will be presented to the Executive for the necessary additional officers required	
<p>(iii) Ensure that all authorised food hygiene officers receive 10 hours Continuous Professional Development training, in accordance with the Code of Practice. [The Standard – 5.4]</p>	31/03/16	Ensure Training for all staff with minimum CPD requirement of 10 hours	
<p>(iv) Maintain records of the relevant qualifications, training and experience of each authorised officer and appropriate support staff in accordance with the relevant Codes of Practice. [The Standard - 5.5]</p>	31/07/15	Review individual officer's files and take corrective action.	

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>6.8 The authority should:</p> <p>(i) Ensure that the necessary facilities and equipment that are required for the effective delivery of all activities associated with the feed service are made available. [The Standard - 6.1]</p> <p>(ii) Amend the documented procedure for calibrating temperature measuring equipment to include testing frequencies for all devices, operating temperatures for refrigeration equipment and ensure tolerances are applied in accordance with centrally issued guidance. [The Standard - 6.2]</p>	<p>31/7/15</p> <p>Completed</p>	<p>Share/buy the required equipment: chisels and sampling tubes for liquids. It may be that the North Wales feed delivery project will have the resources needed.</p>	<p>Procedure amended and now refers to a tolerance of +/- 0.5 C Thermometers no longer in use have been disposed of and new chart for logging UV thermometer checks. Fridge temperatures recorded on form</p>
<p>7.26 The authority should:</p> <p>(i) Ensure that food establishment interventions/inspections are carried out at the minimum frequency specified by the Food Law Code of Practice. [The Standard -7.1]</p>	<p>Completed</p>		<p>All B rated premises brought forward in inspection programme. Staff now ensure that B rated premises get priority for inspection</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>(ii) Ensure that full inspections and alternative enforcement strategies are carried out in accordance with the Food Law Code of Practice, centrally issued guidance, and the authority's policies and procedures. [The Standard – 7.2]</p>	01/04/16	<p>This is the need to carry out inspections within 28 days of 'due date' – A bid will be made for a short term resource to be made available to "catch up"</p>	<p>A and B rated premises are inspected within 28 days of "due date", rest are inspected asap</p>
<p>(iii) Assess the compliance of establishments in its area to the legally prescribed standards; and take appropriate action on any non-compliance found, in accordance with the authority's Enforcement Policy. [The Standard -7.3]</p>	Completed		<p>"Short" inspection form extended and adapted to cover additional details</p>
<p>(iv) Amend its Food Interventions Procedure in respect of Alternative Enforcement Strategies (AES) to include details of the criteria against which completed questionnaires are assessed and to set out the triggers for undertaking another type of intervention. [The Standard – 7.4]</p>	Completed		<p>Procedure amended to include instruction as to non return of AS questionnaire and this form requires EHO to sign off updating /visit needed</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>(v) Ensure observations made in the course of an inspection, in particular relating to checks carried out to verify the source of foods and to demonstrate that consideration has been given to imported foods, shall be recorded in a timely manner to prevent loss of relevant information. [The Standards – 7.5]</p>	<p>Completed</p>		<p>Source and Imported Food reference is now on Inspection form</p>
<p>7.34 The authority should:</p> <p>(i) Ensure that vessel inspections are carried out in accordance with the Food Law Code of Practice, centrally issued guidance, and the authority's policies and procedures. [The Standard – 7.2]</p> <p>(ii) Ensure observations made in the course of an inspection, are recorded in a timely manner to prevent loss of relevant information. [The Standards – 7.5]</p>	<p><i>Completed</i></p> <p><i>Completed</i></p>	<p>Will leave APHA form on all visits, even if just to ascertain if someone has inspected at a previous port.</p> <p>As above</p>	<p>Recent inspections have been on resident ferries, which always involve the use of the APHA inspection form</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>7.50 The authority should:</p> <p>(i) Ensure that food standards interventions are carried out at a frequency not less than that determined under the intervention rating scheme set out in the Food Law Code of Practice. [The Standard -7.1]</p> <p>(ii) Implement a food standards intervention risk rating scheme which is in accordance with the scheme established under annex V of the Food Law Code of Practice. [The Standard -7.2]</p> <p>(iii) Provide food businesses with a report after each inspection/intervention, develop and implement an intervention policy for unrated and “non-inspectable risk” food standards establishments, ensure that food standards establishments are only inspected by appropriately authorised officers and ensure that announced visits and revisits are carried out in accordance with the relevant legislation, Code of Practice, centrally issued guidance and the authority’s own policies and procedures. [The Standard - 7.2]</p>	<p><i>Completed</i></p> <p><i>31/07/15</i></p> <p><i>31/07/15</i></p>	<p>NTSB risk rating scheme has been adopted, which is equivalent to the COP rating scheme Work ongoing on database.</p> <p>Service plan for 2015/16 will plan interventions in accordance with the scheme.</p> <p>New inspection report template to be used. An intervention policy for unrated or low risk premises is being developed.</p> <p>Intervention duties will be allocated in accordance with the plan, to appropriately authorised officers</p>	<p>NTSB scheme adopted 14/15</p>

TO ADDRESS RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>(iv) Take appropriate action on any non-compliance found at food standards establishments, in accordance with the authority's enforcement policy. [The Standard -7.3]</p> <p>(v) Set up a revisit policy which accords with the Food Law Code of Practice. [The Standard – 7.4]</p> <p>(vi) Ensure that officers' contemporaneous records of food standards interventions are recorded in a timely manner and stored in such a way that they are retrievable. [The Standard -7.5]</p>	<p>Completed</p> <p>31/07/15</p> <p>31/07/15</p>	<p>Review previous actions with the relevant officer and carry out revision training where necessary.</p> <p>Devise a revisit policy in accordance with 7.4 of the standard.</p> <p>Data capture on electronic inspection forms to be linked to CIVICA system Use aide memoir forms to record inspection observations as for feed inspection forms</p>	<p>Review meeting held with officer that confirmed understanding of procedures and policies. Discussed expected outcomes if similar scenario arose.</p>
<p>7.63 The authority should:</p> <p>(i) Ensure that feed establishment interventions and inspections are carried out at the frequency specified by the Feed Law Enforcement Code of Practice. [The Standard - 7.1]</p> <p>(ii) Carry out inspections / interventions and approve or register feed establishments in accordance with relevant legislation and the Feed Law Enforcement Code of Practice and centrally issued guidance. [The Standard - 7.2]</p>	<p>31/07/15</p> <p>01/06/15</p>	<p>North Wales feed delivery project will allocate interventions.</p> <p>Will adopt policies and procedures from the North Wales project and use appropriately authorised officers.</p>	<p>Feed Lead Officer has attended meetings to set up north wales programme.</p>

TO ADDRESS RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
(iii) Ensure appropriate action is taken to follow up non-compliance in accordance with the Enforcement Policy. [The Standard – 7.3]	Completed	Review previous actions with the relevant officer and carry out revision training where necessary.	Review meeting held with officer that confirmed understanding of procedures and policies.
(iv) Ensure documented procedures relating to inspection of feed establishments are fully developed in accordance with the Feed Law Enforcement Code of Practice. Develop documented procedures for interventions relating to co-products establishments, imported feed, applications for feed approvals and registrations. [The Standard – 7.4]	01/06/15	Will adopt procedures from the North Wales project and use appropriately authorised officers.	Discussed expected outcomes if similar scenario arose.
(v) Ensure that all observations made in the course of interventions are recorded in a timely manner and officers' contemporaneous records of interventions are stored in such a way as to be retrievable. [The Standard – 7.5]	30/07/15	Data capture on electronic inspection forms to be linked to CIVICA system	

TO ADDRESS RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>8.10 The authority should:</p> <p>(i) Review and update the complaints procedures to include reference to complaints against food and the condition of feed establishments. [The Standard – 8.1]</p> <p>(ii) Investigate complaints received in accordance with the Food Law Code of Practice, centrally issued guidance and its own policy and procedures. [The Standard – 8.2]</p> <p>(iii) Take appropriate action on complaints received in accordance with the authority's Enforcement Policy. [The Standard – 8.3]</p>	<p>31/07/15</p> <p><i>Completed</i></p> <p><i>Completed</i></p>	<p>Amend food and feed complaints procedure to refer to condition of establishments</p> <p>Review previous actions with the relevant officer and carry out revision training where necessary.</p> <p>Review previous actions with the relevant officer and carry out revision training where necessary.</p>	<p>Looking at alternative of having a separate procedure that covers food premises complaints individually</p> <p>Review meeting held with officer that confirmed understanding of procedures and policies. Discussed expected outcomes if similar scenario arose.</p> <p>Review meeting held with officer that confirmed understanding of procedures and policies. Discussed expected outcomes if similar scenario arose.</p>
<p>11.5 The authority should:</p> <p>(i) Maintain its database of food and feed establishments, ensuring food and feed businesses are properly registered and included in the food and feed interventions programmes. [The Standard – 11.1]</p>	<p>31/07/15</p>	<p>Ongoing work carried out to register and risk assess against NTSB risk scheme.</p>	

TO ADDRESS RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>13.8 The authority should:</p> <p>(i) Amend the Outbreak Control Plan to ensure that it includes the relevant local authority contacts. [The Standard – 13.1]</p> <p>(ii) Further develop the documented procedure for investigation of infectious diseases to include reference to sampling and ensure the procedure is fully implemented. [The Standard - 13.2]</p>	<p>Completed</p> <p>Completed</p>		<p><i>Relevant section of the plan was amended at same time as update of Port Health Action Plan</i></p> <p><i>Plan now refers to the relation between food samples and collected faecal samples</i></p>
<p>14.7 The authority should:</p> <p>(i) Notify the FSA of any serious localised food hazards in accordance with the Food Law Code of Practice. [The Standard – 14.5]</p>	<p>Completed</p>	<p>Review previous actions with the relevant officer and carry out revision training where necessary.</p>	<p>Review meeting held with officer that confirmed understanding of procedures and policies. Discussed expected outcomes if similar scenario arose.</p>

TO ADDRESS RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>(iv) Amend the procedures for feed prosecutions and simple cautions in accordance with the relevant Codes of Practice and official guidance, to ensure that CPIA officer roles are clearly identified in prosecution and simple caution files together with a consideration of the Enforcement Policy and the relevant legal tests. Ensure that this procedure is fully implemented. [The Standard -15.2]</p>	31/07/15	Amend current standard forms where necessary.	
<p>(v) Ensure that food hygiene enforcement is carried out in accordance with the relevant Codes of Practice and centrally issued guidance. [The Standard – 15.3]</p>	Completed		HI Notice procedure now requires written request for extension of notice period and letter to confirm compliance. Visits must be made to the premises following expiry of notices.
<p>(vi) Ensure that all decisions on enforcement action are made following consideration of the authority's Enforcement Policy and that the reasons for any departure from the criteria set out in the enforcement policy are documented. [The Standard –15.4]</p>	31/07/15	Amend standard forms where necessary.	

TO ADDRESS RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>16.7 The authority should:</p> <p>(i) Ensure that up to date food business registration details are maintained and letters provided to businesses following interventions/inspections contain all of the information required by the Food Law Code of Practice. [The Standard - 16.1</p>	31/07/15	<p>Two businesses had different t registration details to those on letter. To be done email to be sent to staff. Keep copy with Registration procedure.</p>	<p>Updating to be done and officers to check Reg details during/after inspection</p>
<p>16.18 The authority should:</p> <p>(i) Maintain up to date food standards records in retrievable form on all food establishments in its area in accordance with the Food Law Code of Practice and centrally issued guidance. These records shall include sample results, the date, time, areas seen and documents examined during an intervention, the type, size and scale of a business, determination of compliance with legal requirements made by the authorised officer, details of action to be taken by the authority and action taken where non-compliance were identified, the timescale for compliance and the name of the food business operator. Inspection reports shall also include the designation of the inspecting officer, the contact details of a senior officer and the address of the authority. [The Standard - 16.1]</p>	31/07/15	<p>Discontinue use of current inspection forms. Use model forms electronically linked to CIVICA system for interventions/premises details/ samples/ etc. Inspection report forms will be amended to meet the requirements of the COP including: designation of inspecting officer, contact details of senior officer and the address of the authority.</p>	

Audit Approach/Methodology

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

(1) Examination of Local authority policies and procedures

The following policies, procedures and linked documents were examined:

- Isle of Anglesey County Council Food Service Enforcement Plan 2014/2015
- North Wales Trading Standards Services Animal Feed Service Delivery plan 2014-2015
- Isle of Anglesey County Council annual Delivery Document (Improvement Plan) 2014/2015
- Trading Standards Staff Development Plan 2013/14
- Planning and Public Protection Staff Development Plan 2014/15
- Public Protection Staff Development Plan 2013/14
- Public Protection Staff Development Plan 2014/15
- Environmental Health Commercial Section Documented Procedure for the Authorisation of Officers
- Agreement For Provision Of Microbiological Services Between Public Health Wales And Isle Of Anglesey Council
- Report Appointing Public Analyst and Agricultural Analyst
- Environmental Health Commercial Section Procedure for the Calibration of Food Safety Equipment
- Environmental Health Commercial Section Food Interventions Procedure
- Environmental Health Commercial Section Ship Sanitation Inspection Procedure
- On Farm Inspection Procedure (Feed)
- Manufacturer Placing On Market Feed Materials R07 Inspection Procedure
- Environmental Health Commercial Section Food/Foodstuff Complaints Procedure
- Food And Feed Complaints Policy And Procedure
- Activity: Feed; Subject Area: Complaint Contaminated Feed
- Activity: Food Subject Area: Labelling Service Request
- Activity : Food Labelling And Composition Subject : Complaint

- Trading Standards Section Enforcement Action And Investigation Internal Policies And Procedures
- North Wales Food Safety And Communicable Disease Panel Meeting; Minutes Of Meeting – 11th June 2014
- Environmental Health Commercial Section Food Hygiene Rating Procedure
- Environmental Health Commercial Section Food Hygiene Revisits Procedure
- Environmental Health Commercial Section Procedure For The Detention And Seizure Of Food
- Environmental Health Commercial Section Procedure For The Registration Of Food Business Establishment
- Environmental Health Commercial Section Remedial Action Notice Procedure
- Environmental Health Commercial Section Procedure For The Serving Of Hygiene Improvement Notices
- Trading Standards Minutes Of Team Meeting, 10th April 2014
- Trading Standards Minutes Of Team Meeting, 24th January 2014
- Trading Standards Minutes Of Team Meeting, 17th February 2014
- Environmental Health Food Team Meeting Minutes 2012-2014
- Food And Feed Incidents And Hazards Procedures
- Environmental Health Commercial Section Procedure For Dealing With Food Alerts And Incidents
- Wales Communicable Disease Expert Panel Minutes 29th May 2014
- Wales Food safety Expert Panel Minutes 4th June 2014
- North Wales Food Safety Technical Panel 17th October 2013
- North Wales Food Safety Technical Panel 11th June 2014
- North Wales Heads Of Trading Standards Minutes 25th June 2014
- North Wales Food And Metrology Panel Minutes 7th March 2013, 6th June 2013
- North Wales Food And Metrology Panel Minutes 23rd September 2013
- Trading Standards Internal Monitoring Procedure
- Environmental Health Commercial Section Internal Monitoring Procedure
- Trading Standards Feed Sampling Plan 2013-14
- Trading Standards Feed Sampling Plan 2014-15
- Trading Standards Food Sampling Programme 2013-14
- Trading Standards Food Sampling Programme 2014-15
- Activity: Food Sample; Subject : Formal
- Feed Sampling Procedures, Procurement, Storage and Analysis
- Food And Feed Sampling Policy

- Environmental Health Commercial Section Food Sampling Procedure
- Activity: Feed Sample; Subject : Formal
- Public Protection Service Enforcement Policy
- The Communicable Disease Outbreak Plan For Wales
- Environmental Health Commercial Section Food Poisoning Investigation Procedure
- Acceptable Usage Policy (IT)
- Incident Reporting And Resolution Policy (IT)
- Removable Media Policy (IT)
- Data Loss Reporting And Resolution Policy
- Environmental Health Commercial Section Procedure For Keeping The Establishment Database Up To Date
- Unacceptable Actions by Complainants Policy
- Concerns and Complaints Policy

(2) File reviews

A number of Local authority records were reviewed during the audit, including:

- Approved establishment files
- Food and Feed establishment intervention records
- Sampling records
- Food and food establishment complaint records
- Formal enforcement records
- Officer authorisations and training records
- Internal monitoring records
- Calibration records
- Food Incident records

(3) Review of Database records:

A selection of database records were considered during the audit in order to:

- Review and assess the completeness of database records of food/ feed inspections, food/feed and food/feed premises complaint investigations, samples taken by the authority, formal enforcement and other activities and to verify consistency with file records

- Assess the completeness and accuracy of the food and feed establishment databases
- Assess the capability of the system to generate food/feed law enforcement activity reports and the monitoring information required by the Food Standards Agency.

(4) *Officer interviews*

Officer interviews were carried out with the purpose of gaining further insight into the practical implementation and operation of the authority's food/feed Control arrangements. The following officers were interviewed:

Chief Environmental Health Officer
Chief Trading Standards Officer
Principal Environmental Health Officer (Commercial)
Principal Trading Standards Officer
Environmental Health Officers
Food Safety Officer
Trading Standards Officer
Trading Standards Enforcement Officers

Opinions and views raised during officer interviews remain confidential and are not referred to directly within the report.

(5) *On-site verification checks:*

Verification visits were made with officers to four local food businesses and two feed businesses. The purpose of these visits was to verify the outcome of the last inspections carried out by the LA and to assess the extent to which enforcement activities and decisions met the requirements of relevant legislation, the relevant Codes of Practice and centrally issued guidance documents.

Glossary

Approved establishments	Food manufacturing establishment that has been approved by the local authority, within the context of specific legislation, and issued a unique identification code relevant in national and/or international trade.
Authorised officer	A suitably qualified officer who is authorised by the local authority to act on its behalf in, for example, the enforcement of legislation.
Codes of Practice	Government Codes of Practice issued under Section 40 of the Food Safety Act 1990 as guidance to local authorities on the enforcement of food legislation.
CPIA	The Criminal Procedures and Investigations Act 1996 – governs procedures for undertaking criminal investigations and proceedings.
Critical Control Point (CCP)	A stage in the operations of a food business at which control is essential to prevent or eliminate a food hazard or to reduce it to acceptable levels.
Directors of Public Protection Wales (DPPW)	An organisation of officer heading up public protection services within Welsh local authorities.
Environmental Health Professional/Officer (EHP/EHO)	Officer employed by the local authority to enforce food safety legislation.
Food Examiner	A person holding the prescribed qualifications who undertakes microbiological analysis on behalf of the local authority.
Food Hazard Warnings/	This is a system operated by the Food Standards

Food Alerts	Agency to alert the public and local authorities to national or regional problems concerning the safety of food.
Food/feed hygiene	The legal requirements covering the safety and wholesomeness of food/feed.
Food Hygiene Rating Scheme (FHRS)	A scheme of rating food businesses to provide consumers with information on their hygiene standards.
Food standards	The legal requirements covering the quality, composition, labelling, presentation and advertising of food, and materials in contact with food.
Food Standards Agency (FSA)	The UK regulator for food safety, food standards and animal feed.
Framework Agreement	<p>The Framework Agreement consists of:</p> <ul style="list-style-type: none"> • Food Law Enforcement Standard • Service Planning Guidance • Monitoring Scheme • Audit Scheme <p>The Standard and the Service Planning Guidance set out the FSA's expectations on the planning and delivery of food law enforcement.</p> <p>The Monitoring Scheme requires local authorities to submit quarterly returns to the FSA on their food enforcement activities i.e. numbers of inspections, samples and prosecutions.</p> <p>Under the Audit Scheme the Food Standards Agency will be conducting audits of the food law enforcement services of local authorities against the criteria set out in the Standard.</p>
Full Time Equivalents (FTE)	A figure which represents that part of an individual officer's time available to a particular role or set of

duties. It reflects the fact that individuals may work part-time, or may have other responsibilities within the organisation not related to food enforcement.

HACCP	Hazard Analysis Critical Control Point – a food safety management system used within food businesses to identify points in the production process where it is critical for food safety that the Control measure is carried out correctly, thereby eliminating or reducing the hazard to a safe level.
Home authority	An authority where the relevant decision making base of an enterprise is located and which has taken on the responsibility of advising that business on food safety/food standards issues. Acts as the central contact point for other enforcing authorities' enquiries with regard to that company's food related policies and procedures.
Hygiene Improvement Notice (HIN)	A notice served by an Authorised Officer of the local authority under Regulation 6 of the Food Hygiene (Wales) Regulations 2006, requiring the proprietor of a food business to carry out suitable works to ensure that the business complies with hygiene regulations.
Inspection	The examination of a food or feed establishment in order to verify compliance with food and feed law.
Intervention	A methods or technique used by an authority for verifying or supporting business compliance with food or feed law.
Inter authority Auditing	A system whereby local authorities might audit one another's food law enforcement services against an agreed quality standard.
LAEMS	Local authority Enforcement Monitoring System is an electronic system used by local authorities to report their food law enforcement activities to the Food Standards Agency.

Member forum	A local authority forum at which Council Members discuss and make decisions on food law enforcement services.
National Trading Standards Board (NTSB)	An association of chief trading standards officers.
OCD returns	Returns on local food law enforcement activities required to be made to the European Union under the Official Control of Foodstuffs Directive.
Official Controls (OC)	Any form of control for the verification of compliance with food and feed law.
Originating authority	An authority in whose area a business produces or packages goods or services and for which the authority acts as a central contact point for other enforcing authorities' enquiries in relation to the those products.
PACE	The Police and Criminal Evidence Act 1984 – governs procedures for gathering evidence in criminal investigations.
Primary authority	A local authority which has developed a partnership with a business which trades across local authority boundaries and provides advice to that business.
Public Analyst	An officer, holding the prescribed qualifications, who is formally appointed by the local authority to carry out chemical analysis of food samples.
Registration	A legal process requiring all food business operators to notify the appropriate food authority when setting-up a food business.
Remedial Action	A notice served by an Authorised Officer of the

Notices (RAN)	local authority under Regulation 9 of the Food Hygiene (Wales) Regulations 2006 (as amended) on a food business operator to impose restrictions on an establishment, equipment or process until specified works have been carried out to comply with food hygiene requirements.
Risk rating	A system that rates food establishments according to risk and determines how frequently those establishments should be inspected. For example, high risk hygiene establishments should be inspected at least every 6 months.
Service Plan	A document produced by a local authority setting out their plans on providing and delivering a food service to the local community.
Trading Standards	The service within a local authority which carries out, amongst other responsibilities, the enforcement of food standards and feedingstuffs legislation.
Trading Standards Officer (TSO)	Officer employed by the local authority who, amongst other responsibilities, may enforce food standards and feedingstuffs legislation.
Unitary authority	A local authority in which all the functions are combined, examples being Welsh Authorities and London Boroughs. A Unitary authority's responsibilities will include food hygiene, food standards and feedingstuffs enforcement.
Unrated business	A food business identified by an authority that has not been subject to a regulatory risk rating assessment.
Wales Heads of Environmental Health (WWhoEH)	A group of professional representatives that support and promote environmental and public health in Wales.