

Argyll and Bute Council
Internal Audit Report
February 2019
FINAL

Environmental Health

Audit Opinion: **Substantial**

| | High | Medium | Low |
|--------------------|------|--------|-----|
| Number of Findings | 0 | 1 | 5 |

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Contact Details

Internal Auditor: **Mhairi Weldon**
 Telephone: **01546 604294**
 e-mail: mhairi.weldon@argyll-bute.gov.uk

www.argyll-bute.gov.uk

1. Executive Summary

Introduction

1. As part of the 2018/19 internal audit plan, approved by the Audit & Scrutiny Committee in March 2018, we have undertaken an audit of Argyll and Bute Council's (the Council) system of internal control and governance in relation to Environmental Health.
2. The audit was conducted in accordance with the Public Sector Internal Audit Standards (PSIAS) with our conclusions based on discussions with council officers and the information available at the time the fieldwork was performed.
3. The contents of this report have been agreed with the appropriate council officers to confirm factual accuracy and appreciation is due for the cooperation and assistance received from all officers over the course of the audit.

Background

4. Environmental Health is a regulatory service dealing with a wide range of Scottish, UK and European legislation relating to the protection of public health, public safety and the environment.
5. The service's activity includes food safety, environmental protection, public health and housing, drinking water, health and safety at work, environmental health licensing, and animal health and welfare. The Council's liquor licensing standards officers are also part of the environmental health team
6. Food Standards Scotland (FSS) audited the Council's capacity and capability to deliver food enforcement in 2017. The audit focused on arrangements for meeting certain operational criteria, particularly on staffing related issues, registration and approval of food business operators, enforcement actions, interventions, procedures for carrying out official controls and the transparency of enforcement activities. A report was prepared which included a Capacity and Capability action plan (FSS action plan) for the Council to deliver.
7. Section 47 of the Local Government in Scotland Act 2003 requires councils to pay grants to eligible persons to enable them to improve their private water supply or provide themselves with such a supply. These regulations state to whom, and in what circumstances, a grant may be payable as well as the procedures for determining applications. Grants of up to £800 are available from the Council provided the qualifying conditions are met. The value of grants awarded in 2017/18 was £86.5k with £229.5k recovered from the Scottish Government to reimburse the Council for this outlay and the staff and travel costs incurred.

Scope

8. The scope of the audit was to assess progress towards completion of the FSS action plan and ensure private water supply grants are awarded to applicants with funds recovered from the Scottish Government in accordance with guidelines provided. This was outlined in the Terms of Reference agreed with the Head of Planning, Housing and Regulatory Services on 13 September 2018.

Risks

9. The risks considered throughout the audit were:
 - **SRR6: Service Delivery** – Insufficient resources to ensure effective service delivery
 - **D&I ORR8** - Environmental health - dealing with public health/infectious disease/food related incidents and emergencies which have significant financial implications for the Council in terms of sampling/monitoring costs, employment of experts, storage and disposal costs (food)
 - **Audit Risk 1:** Failure to comply with relevant legislation and guidelines

Audit Opinion

10. We provide an overall audit opinion for all the audits we conduct. This is based on our judgement on the level of assurance which we can take over the established internal controls, governance and management of risk as evidenced by our audit work. Full details of the five possible categories of audit opinion is provided in Appendix 2 to this report.
11. **Our overall audit opinion for this audit is that we can take a substantial level of assurance.** This means that internal control, governance and the management of risk is sound, however, there are minor areas of weakness which put some system objectives at risk and specific elements of residual risk that are slightly above an acceptable level and need to be addressed within a reasonable timescale.

Key Findings

12. We have highlighted one medium priority recommendations and five low priority recommendations where we believe there is scope to strengthen the control and governance environment. These are summarised below:
 - resource requirements should be quantified using current Scottish Food Enforcement Liaison Committee (SFELC) guidance
 - recording of joint food safety and food standards visits on Uniform should be improved
 - missing training certificates should be sourced and added to the central repository
 - policies and procedures should be subject to version control
 - actions arising from informal management meetings should be recorded
 - private water supply grant claims submitted to the Scottish Government should incorporate qualifying time spent by the Regulatory Services Manager.
13. Full details of the audit findings, recommendations and management responses can be found in Section 3 of this report and in the action plan at Appendix 1.

2. Objectives and Summary Assessment

14. Exhibit 1 sets out the control objectives identified during the planning phase of the audit and our assessment against each objective.

Exhibit 1 – Summary Assessment of Control Objectives

| | Control Objective | Link to Risk | Assessment | Summary Conclusion |
|---|--|--------------|-------------|--|
| 1 | Satisfactory progress is being made implementing the FSS action plan. | ORR8 | Substantial | Although we have identified some areas requiring further work, good progress is being made to progress the FSS action plan. Eighteen actions are complete, of which two are ongoing tasks, the remaining three are scheduled for completion by 30 April 2019. |
| 2 | Private water supply grants are being awarded to applicants in line with Scottish Government guidance. | Audit Risk 1 | Substantial | Robust measures are in place to ensure the Council is delivering the grant scheme in accordance with Scottish Government standards. |
| 3 | Funds paid by the Council in respect of private water supply grants are being recovered from Scottish Government in line with guidance provided. | SRR6 | Substantial | Financial management arrangements are in place to ensure expenditure incurred is appropriately recovered from Scottish Government in line with guidance provided. However the Council should incorporate the time spent by the Regulatory Services Manager in future claims. |

15. Further details of our conclusions against each control objective can be found in Section 3 of this report.

3. Detailed Findings

Satisfactory progress is being made implementing the FSS action plan

16. FSS undertook a capacity and capability audit of the Council in 2017 with their December 2017 report identifying a number of significant weaknesses. This report included an action plan which included six recommendations. The Council identified 21 specific actions to address these recommendations and assigned responsibility and target completion dates to each action. The 21 point action plan is included at appendix 3 to this report. We assessed progress against the 21 actions through discussions with management and review of key documentation. Key findings are outlined below.
17. A single food control intervention plan covering food safety and food standards for the whole Council is extracted from the Uniform system. The plan targets high risk premises (category A, B and C for food safety and categories A and B for food standards) and identifies when the next visit is scheduled to take place. These visits are allocated to officers to progress on a quarterly basis. Progress towards completion of allocated visits is the responsibility of the Environmental Health Manager (EHM) (West) and monitored by both environmental health managers by

comparing due and completed reports at quarterly meetings and through monthly discussions with officers.

18. Low risk premises (category E for food safety and C for food standards) are covered by an alternative enforcement strategy whereby questionnaires are sent to business premises with information updated on the Uniform system as responses are received. Any unexpected responses are reviewed by senior officers and risk ratings revised if required.
19. Category D food safety premises are also classed as low risk and should be reviewed on a cyclical four year basis with one visit (as per categories A, B and C) and one alternative enforcement (as per category E) each alternate two years. Resource issues affecting the service since 2015 have meant that neither the visits nor alternative enforcement have been taking place. The service is aware of the issue and category D premises are incorporated, wherever possible, into the inspection programme. The alternative enforcement process will address remaining category D premises once the service has caught up with the category E schedule.
20. The SFELC provides guidance on the required resources to deliver food control and comply with the Food Standards Agency – Food Law Code of Practice (Scotland). It also provides a methodology for calculating this resource requirement and any shortfall. The Council's EHM's are of the view the Council has insufficient resource to deliver the service however, although resource requirements have been assessed for premise inspections using a previous version of the guidance, no assessment has been undertaken to calculate resource requirements for general premise inspections using the current SFELC guidance and methodology.

Action Plan 1

21. Food safety and food standards visits have been integrated as an efficiency measure to address the backlog of high risk food standards visits. Analysis of visits undertaken in October and November 2018 suggested that 91% of visits undertaken by the east team were joint visits compared to 29% for the west team. Management have confirmed that officers are not accurately recording joint visits on the environmental health database (Uniform) particularly in the west team.

Action Plan 2

22. There are approximately 50 established reports which can extract management information from Uniform. These can be tailored as required to aid the preparation and monitoring of work schedules, provide performance information and other information as required including freedom of information requests. Visit schedules are drawn from Uniform where all approved and general food business premises are recorded along with their risk rating and associated visit frequency. High risk premises are easily identified from the visit schedules and are progressed as a matter of priority. Progress in completing the visit schedule is reviewed through interrogation of the quarterly schedule, to identify those becoming overdue, dialogue then takes place with officers to ensure the due date is complied with. The service upgraded to a new version of Uniform at the end of January 2019 with training for systems administrators and key users scheduled for March 2019. This training will then be cascaded to all staff with a view to go live around June 2019. This upgrade is expected to provide enhanced allocation, monitoring and reporting functionality.
23. New or changed premises are legally required to register with the Council 28 days prior to opening, however, this does not always happen. Officer's local knowledge normally results in

such premises being identified with registration enforced soon after the premises open. Additionally information may be passed on by other agencies e.g. the Care Commission inform the Council of details of new childminders. Uniform is updated upon receipt of registration information with a standard operating procedure followed to ensure premises are added in a consistent manner. When quarterly visit schedules are prepared a report of unrated premises is reviewed and visits allocated on an 'assumed risk' based on local knowledge and experience.

24. Warrants are issued to staff in alignment with the level of enforcement they are permitted to serve. Food control procedure includes details of authorisation levels for staff in accordance with positions held, training undertaken, qualifications and experience. Management confirm that procedures are being followed through one to one meetings with staff members to ensure they are clear on their duties.
25. Training to undertake particular inspection work and ultimately serve enforcement notices was delivered to staff in December 2017 and was well attended. A need for further training on revised procedures has been identified but is still to be delivered. Training and qualification certificates are required to be held to evidence officer's competence to FSS. These certificates are currently held on the shared drive area of the Council's network but are in the process of being transferred to a SharePoint site. During this transfer the service identified an administrative issue with some certificates missing from the shared drive.

Action Plan 3

26. FSS identified that all policies and procedures relating to the Food Control Improvement Plan (FCIP) are required to be reviewed and updated. We were provided with a timetable identifying the policies and procedures and the timeframe for their review. The service is currently focusing on four core documents:
 - caterer inspection form/aide memoire
 - food hygiene inspection procedure
 - food safety policy
 - food standards policy.

We were provided with updated versions of the first document, a draft of the second and a draft of a third document that combines the third and fourth. The first two documents received are not subject to version control.

Action Plan 4

27. An internal monitoring programme has been prepared for the food safety management team that sets out the measures applied to provide an indication of the satisfactory implementation of the programme of work to be undertaken. This monitoring programme references the internal monitoring advice provided by FSS in March 2017. There is evidence of monitoring at a steering group meeting held in May 2018 and at regulatory services management team meetings held in May and September 2018. We were advised that monitoring also takes place at meetings of the environmental health management team but no evidence can be provided as these meetings are informal, consisting of only the two area managers (often via telephone), and are not minuted with formal actions recorded.

Action Plan 5

28. Staff have been provided with guidance on the issuing of reports following inspections, on the form and content of the reports and commentary or advice to be offered. A sample of reports and their covering letters were reviewed and found to contain timescales for improvements where actions have been identified.

[Private water supply grants are being awarded to applicants in line with Scottish Government guidance](#)

29. Information regarding availability of private water supply grants is readily available to the public via the Council's website, flyers in council tax notifications, press releases and at country shows. The Council may also consider using social media to publicise the available grants in future. In addition any supply that is subject to monitoring that exhibits non-compliance regarding the regulated parameters are advised of grant availability to improve their supply as part of the investigation process.
30. Under "The Water Intended for Human Consumption (Private Supplies) (Scotland) Regulations 2017" the Council must prepare and maintain a register of private water supplies. The Council have an electronic document which records all known private water supplies within Argyll and Bute with details relating to each supply as well as monitoring and enforcement actions which have been taken. This is submitted annually to the Scottish Government as a statutory annual return. In the event of a request for information, the Council can provide an extract of specific information, subject to any GDPR requirements. The public register requirements are being considered at a national level in discussions between local authorities and the Drinking Water Quality Regulator and the Council will action as appropriate.
31. A hard copy of the register is no longer maintained at each area office rather an electronic copy of it is maintained at the Council's headquarters in Lochgilphead.
32. The Council's private water supply procedure note was reviewed and we confirmed it complies with the Private Water Supplies (Grants) (Scotland) Regulations 2006.
33. The Council paid 50 grants for private water supplies in 2017/18 of which the files for eleven were sampled for audit review. For all eleven there were:
- appropriate application forms
 - risk assessments
 - quotations for work required
 - decisions and other supporting documentation
 - copies of notifications
 - payment requests including part payments which were consistent with values stated on award notices and were appropriately authorised
 - records of verification visits and results of samples taken following completion of upgrades.
34. Furthermore none of the sampled files contained any evidence that work had commenced on the upgrade until after the grant was approved. This is consistent with the guidance.
35. We were advised that grant officers, through use of local knowledge, contact properties adjacent to those applying for grant assistance to encourage uptake of grant assistance. Whilst there was no documentary evidence of this on file there was evidence of sole applications being

withdrawn in favour of a group application. This is considered sufficient as there is no requirement to offer or document the provision of the advice, it is just considered good practice.

36. Eleven hardship applications for housing improvement grants have been processed by the Council to date, three were reviewed and found to have been means tested and contained all the relevant documentation, however, one was found to have been incorrectly calculated. The remaining eight files were reviewed and we concluded they had been calculated correctly. As such we have determined the error was an isolated incident. These grants are capped at a maximum of £2,500 and the one calculated in error exceeded this by £475.
37. A sample of three applications that were withdrawn was reviewed and found to contain details of the reason for withdrawal including the residents moving away, the property now being connected to the mains supply and a withdrawal to resubmit a combined application with other applicants.

[Funds paid by the Council in respect of private water supply grants are being recovered from Scottish Government in line with guidance provided.](#)

38. Schedule four of the Private Water Supplies Grant Scheme defines reasonable costs that may be reclaimed by the Council to deliver the scheme including expenses and officer time. A report from the Council's human resources system indicates that five officers have work coded to the grant scheme. Three of those are recovered at 100%, one at 50% and one at 20%. A review of the job descriptions for these officers suggested they carry out additional duties as well as those related to the grant scheme however we confirmed that, in practice, their time is fully engaged in the private water supply grant process. The Regulatory Services Manager inputs time to the process however this is not currently being recovered.

Action Plan 6

39. Claims for recovery of costs and expenses are submitted to Scottish government on a six monthly basis as required under Section 47(1) of the 2003 Act. The amount recovered is calculated based on the definition of reasonable costs outlined by the Scottish Government in their Information Note. The process involves liaison between the Regulatory Services Manager and their accounting support to identify reasonable costs for the provision of the grant scheme.

Appendix 1 – Action Plan

| | No. | Finding | Risk | Agreed Action | Responsibility / Due Date |
|--------|-----|---|---|--|---|
| Medium | 1 | Resource Planning The Council have not fully quantified the required resources to deliver food control to general premises using the current guidance and methodology provided by the Scottish Food Enforcement Liaison Committee. | The Council may not have the necessary resource to ensure it complies with current legislation. | An exercise to quantify resource requirements will be undertaken. | Environmental Health Manager (West) 30 April 2019 |
| Low | 2 | Joint Visits Food safety and food standards visits have been integrated as an efficiency measure to address the backlog of high risk food standards visits. Analysis of visits undertaken in October and November 2018 indicated that 91% of visits undertaken by the east team were joint visits compared to 29% for the west team. Management have established that officers are not accurately recording joint visits on the Uniform database, particularly in the West area team. | Services are not being delivered in the most efficient manner. | Management will remind staff to record both elements of visits carried out and undertake spot checks to ensure this is correctly recorded. | Environmental Health Manager (West) 28 February 2019 |
| Low | 3 | Training and Qualification Certificates Training and qualification certificates are required to be held to evidence officer's competence to FSS. These certificates are currently held on the shared drive area of the Council's network but are in the process of being transferred to a SharePoint site; during this transfer the service identified that some certificates were missing from the shared drive. | The Council may be unable to evidence staff competence levels to FSS. | Management will arrange a review of certificates held and ensure that copies of any missing certificates are acquired. | Environmental Health Manager (West) 30 June 2019 |

| | | | | | |
|-----|---|---|--|---|---|
| Low | 4 | Policies and Procedures Review The FSS action plan requires all policies and procedures to be reviewed and updated if necessary. The Council have commenced the review of four core documents, one is complete and the second is in draft form but have no version control applied to them. A third is in draft form combining two previous policies and has version control applied. | Policies and procedures are not up to date to reflect current legislation. | Version control will be applied to the documents identified and to those remaining to be reviewed. | Environmental Health Manager (West) 31 March 2019 |
| Low | 5 | Internal Monitoring Environmental health management meetings held informally by telephone to monitor progress of work programme are not minuted nor actions recorded. | Delivery of the programme of work may not be adequately monitored and progressed. | Management will record actions arising during Telephone meetings to discuss progress of work programme. | Environmental Health Manager (West) 28 February 2019 |
| Low | 6 | Recovery of Costs from Scottish Government The Regulatory Services Manager inputs time to the Private Water Supply grant process, however, this cost is not being recovered from the Scottish Government. | The Council may not fully recover costs incurred in the delivery of the grant process. | Management will include management costs in future grant claims. | Regulatory Services Manager 30 June 2019 |

In order to assist management in using our reports a system of grading audit findings has been adopted to allow the significance of findings to be ascertained. The definitions of each classification are as follows:

| Grading | Definition |
|---------------|--|
| High | A major observation on high level controls and other important internal controls or a significant matter relating to the critical success of the objectives of the system. The weakness may therefore give rise to loss or error. |
| Medium | Observations on less significant internal controls and/or improvements to the efficiency and effectiveness of controls which will assist in meeting the objectives of the system. The weakness is not necessarily substantial however the risk of error would be significantly reduced if corrective action was taken. |
| Low | Minor recommendations to improve the efficiency and effectiveness of controls or an isolated issue subsequently corrected. The weakness does not appear to significantly affect the ability of the system to meet its objectives. |

Appendix 2 – Audit Opinion

| Level of Assurance | Definition |
|---------------------|---|
| High | Internal control, governance and the management of risk are at a high standard. Only marginal elements of residual risk have been identified with these either being accepted or dealt with. A sound system of control designed to achieve the system objectives is in place and being applied consistently. |
| Substantial | Internal control, governance and the management of risk is sound. However, there are minor areas of weakness which put some system objectives at risk and specific elements of residual risk that are slightly above an acceptable level and need to be addressed within a reasonable timescale. |
| Reasonable | Internal control, governance and the management of risk are broadly reliable. However, whilst not displaying a general trend, there are a number of areas of concern which have been identified where elements of residual risk or weakness may put some of the system objectives at risk. |
| Limited | Internal control, governance and the management of risk are displaying a general trend of unacceptable residual risk above an acceptable level and placing system objectives are at risk. Weakness must be addressed within a reasonable timescale with management allocating appropriate resources to the issues raised. |
| No Assurance | Internal control, governance and the management of risk is poor. Significant residual risk and/or significant non-compliance with basic controls exists leaving the system open to error, loss or abuse. Residual risk must be addressed immediately with management allocating appropriate resources to the issues. |

Appendix 3 – FSS Action Plan August 2017 (Position statement at 2 November 2017)

| Recommended Point for Action | Planned Actions | Target completion date | Responsible Officer(s) | Internal Audit Assessment against improvement plan (reference to detailed findings in brackets) |
|---|--|------------------------|--|---|
| The current intervention programme does not comply with the Food Law Code of Practice or Regulation (EC) No 882/2004. | 1. Focus on a single Food Control intervention plan to be delivered using available resources, removing the emphasis on geographic areas. | 01/10/2017 | Area EH Manager (West) | Complete (17) |
| | 2. Actively manage the interventions programme incorporating quarterly based programme which will target due inspections and the backlog of high and medium risk missed and unrated inspections. | 01/10/2017 | Area EH Managers | Complete and ongoing (17 & 22) |
| | 3. Establish a protocol of alternative enforcement for low risk food hygiene and food standards inspections. | 01/02/2018 | Area EH Manager (West) | Complete (18-19) |
| | 4. Initiate alternative enforcement plan as from 01 April 2018. | 01/04/2018 | Area EH Manager (West) and Lead EHO | Complete (18) |
| | 5. The integration of Food Hygiene & Food Standards is being accelerated in order to address the backlog of high risk Food Standards PIs. | 01/04/2018 | Food Control Area EH Manager (West) and Lead EHO | Complete (21) Action Plan no. 2 |
| | 6. Quantify the required resources for delivering food control within Argyll and Bute, including the approved premises sector once the new procedures and policies are in place. | 01/04/2018 | Food Control Area EH Manager (West) and Lead EHO Food Control | Ongoing (20) Action Plan no. 1 |

| Recommended Point for Action | Planned Actions | Target completion date | Responsible Officer(s) | Internal Audit Assessment against improvement plan (reference to detailed findings in brackets) |
|--|--|------------------------|--|---|
| The database used by the Authority does not comply with the Food Law Code of Practice or Regulation (EC) No 882/2004 | A Uniform database is used by the Council and includes the ability to run management reports. The following improvements have been/will be made: | | | |
| | 1. Review suite of management reports to ensure relevance. | 31/12/2017 | Area EH Managers | Complete (22) |
| | 2. Identify high risk premises for Food Standards and ensure that they on the database and programmed in for visits. | 31/12/2017 | Area EH Managers | Complete (22) |
| | 3. Implement revised procedure for entering new food business into database and issuing for inspection. | 31/03/2018 | Area EH Managers | Complete (23) |
| | 4. Verify all approved food establishments are entered onto the Database. | 31/01/2018 | Area EH Managers | Complete (22) |
| The number of Officers suitably authorised for enforcement actions does not comply with the Food Law Code of Practice or Regulation (EC) No 882/2004 | 1. Implement revised authorisation procedures as approved in the FCIP. | 31/03/2018 | Regulatory Services Manager/Area EH Managers/Lead EHO Food Control | Complete (24) |
| | 2. Programmes of training on the Inspection procedures and the integrated Food Control procedures will underpin further authorisations. | 31/12/2017 | Lead EHO Food Control | Complete and ongoing (25) |
| | 3. A programme of training 'Enforcement Notices in Scottish Food Law' will underpin further authorisation in enforcement. | 22/02/2018 | Lead EHO Food Control | Complete (25) |
| | 4. A programme of training in OCV is underway with all Officers involved in manufacturing enrolled on the FSS OCV programme. | Awaiting dates | Lead EHO Food Control | Ongoing (25) |

| Recommended Point for Action | Planned Actions | Target completion date | Responsible Officer(s) | Internal Audit Assessment against improvement plan (reference to detailed findings in brackets) |
|--|--|------------------------|---|---|
| | 5. On completion of each aspect of training officers will be authorised or re-authorised for the subject covered in the training. | Rolling dates | Regulatory Services Manager; Area EH Managers and Lead EHO Food Control | Complete (24) Action Plan no. 3 |
| The Policies and Procedures were not always current and many require a review. They do not comply with the Food Law Code of Practice or Regulation (EC) No 882/2004 | 1. Review and revise all current Policies and Procedures based upon priorities identified by the FCIP steering group. | 01/04/2018 | Area EH Manager (West) and Lead EHO Food Control | Ongoing (26) Action Plan no. 4 |
| Internal Monitoring Procedures were not being followed. They require be reviewing and implementing. They do not comply with the Food Law Code of Practice or Regulation (EC) No 882/2004 | 1. Implement the revised and agreed Internal Monitoring Procedure produced in accordance with FSS Guidance on Internal Monitoring Advice for Local Authority Food and Feed Law Enforcement Services. | Implemented | Area Managers and Lead EHO Food Control | Complete (27) Action Plan no. 5 |
| | 2. Implement fully the Monitoring Plan 2017/18 that meets the requirements of Food Law Code of Practice or Regulation (EC) No 882/2004. | Implemented | Area Managers and Lead EHO Food Control | Complete (27) |
| | 3. Review Monitoring Plan 2017/18 and report to FS Management Team. | 31/03/2018 | Area EH Manager (West) | Complete (27) |
| | 4. Prepare Monitoring Plan for 2018/19. | 31/03/2018 | Area EH Manager (West) | Complete (27) |

| Recommended Point for Action | Planned Actions | Target completion date | Responsible Officer(s) | Internal Audit Assessment against improvement plan (reference to detailed findings in brackets) |
|---|---|------------------------|------------------------|---|
| The Authority have a system for providing reports to food business operators, however the letters and reports do not always clearly indicate individual timescales for the FBO to achieve compliance. | 1. Officers will issue letters and reports in accordance with the requirements of FCOP ensuring compliance timescales are indicated for any identified legal requirements. This will be reinforced at training sessions in December 2017. | 31/12/2017 | Lead EHO Food Control | Complete (28) |