

Remote assessments for FHRs requested re-inspections in England: Executive summary

Results available: Results available

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Introduction

The Food Standard Agency's (FSA) Covid-19 Local Authority (LA) Recovery Plan published in July 2021 enabled LAs to carry out a Food Hygiene Rating Scheme (FHRS) requested re-inspection remotely if the non-compliance related to either structural non-compliances (i.e. relating to the physical building, food storage or preparation areas etc.) or documentation (i.e. business management records on food safety: internal checks, procedures, staff training etc.). This is known as a remote assessment.

ICF were commissioned by the FSA to evaluate the use of remote assessments for FHRS requested re-inspections in England (referred to as 'hygiene re-ratings' in this report). The study looked to understand experiences of remote assessment, how it was being used, and its benefits and limitations among LAs and food business operators (FBOs). It also looked at barriers and facilitators to remote assessment by LAs.

Methodology

The study comprised of:

- a review of documentation relating to the use of remote assessment for hygiene re-ratings – this included FSA documentation, and information sent by two LAs on their remote assessment approaches;
- exploratory interviews with FSA representatives with relevant knowledge on FHRS;
- 20 interviews with LAs were interviewed (14 that had never used remote assessment for a hygiene re-rating, four that had previously used remote assessment, and two that were still using it at the time of interview); and,
- 10 interviews with FBOs of varying sizes (eight with no experience of receiving a remote assessment for a food hygiene re-rating, and two that had received a remote assessment).

Key findings

Defining a remote assessment

The concept of remote assessment was not explicitly defined by the FSA. Instead, FSA guidance provided examples of what a remote assessment could involve and sets out parameters for its

use. LA awareness of the FSA guidance was high, but they were uncertain about what constitutes a remote assessment and whether their approaches fell into this category. LAs did not tend to have internal documentation on the definition or implementation of remote assessment. As such, for the purposes of this study, only LAs that were carrying out re-ratings entirely remotely at the time of interviewing (or had done so in the past) were considered as having used remote assessment.

Use of remote assessment for hygiene re-ratings

Use of remote assessment to carry out re-ratings entirely remotely was uncommon. This was largely because LAs received a low number of re-rating requests eligible for a remote assessment (e.g. FBOs with hygiene ratings of 3 or below). LAs had often used hybrid approaches to hygiene ratings and re-ratings instead. This refers to the use of using digital tools to collect information, in conjunction with an in-person inspection. These approaches were used for pre- and post-inspection interaction with FBOs, to triage FBOs according to risk, and as an interim intervention to keep in touch with FBOs.

Remote technologies used by LAs included emails, telephone calls, video calls, mobile messaging, online forms, file sharing sites and a specific technology developed for administering controls remotely, called Inspector ShowMe.

Support for remote assessment

Support for remote assessment among LAs was mixed. LAs that had not used it were typically disinterested in doing so in the future, primarily because the low number of re-rating requests meant it was unlikely to impact their resourcing. Most the LAs with experience of remote assessment would either be open to using it again, or had continued to use it. FBOs tended to be open to the idea of receiving a remote assessment providing it was delivered consistently across LAs, and to a sufficient standard which was underpinned by clear guidance.

Circumstances where remote assessment is suitable

EHO discretion and prior knowledge about an FBO was felt to be important in any decision to use remote assessment. However, remote assessment was deemed most appropriate for:

- Highly compliant FBOs (e.g. historic hygiene ratings of 4+);
- Lower risk FBOs (e.g. home bakers, retailers selling small numbers of pre-packaged goods);
- Non-compliances which are structural or related to documentation;
- FBOs where LAs had trust in their food safety management capabilities;
- Triaging exercises;
- LAs and FBOs with strong technological capacity;
- LAs contending with staff shortages or high numbers of re-rating requests; and/or,
- FBOs with only had a small number of isolated non-compliances to address.

Benefits and drawbacks of using remote assessment

For both LAs and FBOs, the main benefits of remote assessment (both experienced, and perceived by those without experience of remote assessment) were:

- Staff time savings: Travel time for EHOs was reduced, as they did not have to go to the premises in-person. On-site inspection time for FBOs was also reduced as EHOs could review documentation beforehand. A pre-arranged remote assessment also meant FBOs could choose quieter times of the day, and LAs were unlikely to arrive at the premises to

find the manager was not available.

- Reduced costs: for LAs, the cost of delivering a remote re-rating was perceived to be cheaper, and FBOs therefore expected to see a reduced cost charged to them.

Additionally, for LAs, the main benefits included having more flexibility in their approach to re-ratings, closer ongoing contact with FBOs to support compliance, ability to gather better quality evidence and to reduce backlogs created by the pandemic. For FBOs, the main additional benefit was the potential for improved consistency in approaches taken by LAs towards hygiene ratings and re-ratings.

The main drawbacks of remote assessment for both LAs and FBOs were:

- The perceived reduced validity of a remotely assessed hygiene re-rating, compared to an in-person inspection: FBOs had more control over what they showed to LAs, EHOs could not pick up on sensory aspects, and the 'surprise' element of an inspection was often lost as remote assessments were scheduled in advance.
- The risk that EHOs looked at issues in isolation when carrying out a remote assessment, even though minor non-compliances could indicate more significant issues.
- The potential for remote assessment to negatively impact LA-FBO relationships, due to LAs being unable to provide FBOs with hands-on guidance.
- Remote assessment offering minimal time savings, or even taking longer than an in-person visit in some scenarios (e.g. when FBOs shared excessive documentation, or asked EHOs to provide proof that were actually from the LA).

Barriers and enablers to using remote assessment

Internal (organisational) barriers to the use of remote assessments by LAs including obtaining support from EHOs and ensuring they are confident in this process, insufficient guidance from the FSA, technological limitations and navigating if and how much FBOs should pay for remote ratings. External barriers (outside of LA control) included the small number of re-rating requests, types of FBOs requesting re-ratings being unsuitable for a remote assessment, limitations in FBO technological capacity, language and communication barriers, lack of familiarity with the remote assessment process and FBO privacy and data concerns.

Conversely, the use of remote assessments was enabled when LAs recognised the benefits (e.g. reduced staff time and delivery costs) of the remote assessment concept, were confident in their technological capacity to deliver this, and FBOs in the area were willing to (or encouraged by LAs) to engage with the process.

To support use of remote assessment in the future, LAs and FBOs wanted to see:

- more detailed guidance on remote assessment delivery;
- clear messaging on remote assessment from FSA to LAs and FBOs (to illustrate FSA support); and,
- increased flexibility for LAs to choose the scenarios in which they used remote assessment or hybrid approaches.

Recommendations

This study concludes that remote assessment should be encouraged, providing the remote assessment concept is expanded to incorporate hybrid approaches and the scope of remote assessment is extended to the entire FHRS ratings process.

To support increased use of remote assessment, this study recommends taking action in three areas:

1. Develop more detailed FSA guidance to LAs on remote assessment delivery. This guidance should include the provision of a clear definition of what constitutes a remote reassessment.
2. Develop messaging on the subject of remote assessment for LAs and FBOs, so FSA support for remote assessment is clear.
3. Increase flexibility for LAs to choose the scenarios in which they use remote assessment.