

# Evaluation of the use of remote assessments for FHRS requested re-inspections in England

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

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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.

## Remote assessments for FHRS requested re-inspections: Introduction and methodology

The Food Standards Agency (FSA) is responsible for the Food Hygiene Rating Scheme (FHRS). The FHRS provides consumers with information about the food hygiene standards of places selling food through a rating system. Local authorities (LAs) are responsible for managing the inspection of food business operators (FBOs) to provide them with their hygiene rating. If an FBO receives a hygiene rating of between 0 and 4, they can request a re-rating inspection ('hygiene re-rating') from their LA. In their Covid-19 LA Recovery Plan ([footnote 1](#)), the FSA enabled LAs to carry out re-rating inspections remotely (a 'remote assessment') if the non-compliance was structural or related to documentation.

In 2022, ICF were commissioned by the FSA to evaluate the use of remote assessments for hygiene re-ratings in England. The specific study questions are set out in Annex 1 alongside the sections of the report that respond to them. Overall, the study looked to understand:

- Perceptions and experiences of remote assessment for hygiene re-ratings among LAs and FBOs;
- How LAs are using remote assessments for hygiene re-ratings;
- Benefits and limitations of remote assessment for LAs and FBOs; and,
- Barriers and facilitators to use of remote assessment by LAs.

Additionally, the FSA are currently modernising the delivery of official food hygiene controls by LAs ('the food hygiene delivery model review'). The evidence gathered in this study will be used to inform future decisions on hygiene official controls and how they are carried out by LAs as part of this wider piece of work.

## Context

The FSA is a non-ministerial government Department, covering England, Wales and Northern Ireland, whose [mission](#) is 'to protect public health and consumers' wider interests in relation to food'. The FSA as the Central Competent Authority have responsibility for the oversight of LAs delivery of official controls in food and feed businesses. This includes oversight of the FHRS.

The [FHRS](#) provides an assessment of FBOs' food hygiene standards for consumers. It applies to FBOs where food is supplied, sold or consumed. Official controls are carried out by LAs to verify FBOs compliance with applicable food law. The frequency of these official controls is based on risk, ranging from every six months for higher risk businesses, to every two to three years for those that are lower risk. Where a hygiene rating is to be provided, these official controls should be in the form of an inspection or audit and will assess food handling, the physical condition of the business, and the food hygiene management processes in place. A rating will then be provided to the FBO ranging from between 0 (urgent improvement required) to 5 (hygiene standards are very good). If an FBO receives a hygiene rating of between 0 and 4, they can request a re-rating inspection from their LA, with the aim of obtaining an improved rating once they have addressed the non-compliances observed during their inspection or audit.

During the Covid-19 pandemic, official FSA guidance to LAs (unpublished) was updated to reduce in-person visits to FBOs. It allowed LAs to identify key focus points for subsequent onsite visits using remote technologies, such as video calls and remote sharing of photos and documentation. This was expanded upon in the FSA's Covid-19 LA Recovery Plan (applicable from 1 July 2021) to allow LAs in England to carry out hygiene re-ratings 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. As FHRS is statutory, LAs in Wales and Northern Ireland were not permitted to use remote assessment.

## Methodology

The study comprised of exploratory interviews, desk research and qualitative interviews with FBOs and LAs. Challenges in reaching LAs and FBOs with experience of remote assessment and FBOs meant that the majority of interviews were with those who had limited exposure to this concept. As such, some of the research questions (listed in Annex 1) were explored theoretically with LAs and FBOs. This means the findings are based on a combination of direct experiences and perceived ideas about remote assessment.

A full outline of the challenges and mitigation measures taken in relation to the study is provided in Annex 2.

### Exploratory interviews and desk research

A review of data and documentation provided by the FSA and exploratory interviews took place during the inception stage of the project. The purpose of these activities was to:

- provide context, to ensure ICF researchers' understanding of remote assessment and the FHRS (including hygiene ratings and re-ratings);
- inform sampling for LA interviews;
- inform development of the qualitative topic guides for interviews with LAs and FBOs; and to,
- guide analysis and reporting.

Four exploratory interviews were carried out with six FSA representatives. This included the FHRS team, the Food Hygiene Delivery Model Review team, the LA Engagement team and a

staff member with knowledge of implementing remote assessment in relation to food standards controls.

During the fieldwork stage of the project, LAs with experience of delivering remote assessments were also asked for any documentation on internal processes relating to carrying them out, and any information or guidance that they sent to FBOs who were receiving a remote assessment. The purpose of this was to better understand how they navigated and delivered remote assessment. However, few LAs had any such documentation, therefore the sources obtained came from just two LAs. These are also set out in Table 1.

**Table 1. Data and documentation provided by FSA and LAs respectively.**

<b>FSA</b>	<p>Three documents and one data set in total, encompassing:</p> <ul style="list-style-type: none"> <li>• Official FSA guidance on remote assessments from during the pandemic;</li> <li>• FSA Covid-19 LA Recovery Plan guidance and corresponding Q&amp;A issued to LAs (<a href="#">footnote 2</a>);</li> <li>• Data from a 2021/2022 FSA survey of LAs relating to their use of remote assessment for food hygiene re-ratings; and,</li> <li>• Data on hygiene re-rating costs charged by LAs to FBOs.</li> </ul>
<b>LAs</b>	<p>Four documents provided by two LAs, encompassing:</p> <ul style="list-style-type: none"> <li>• An invite for a remote assessment that an LA had sent to FBOs;</li> <li>• Internal guidance documents for LA staff on delivering a remote assessment; and,</li> <li>• Documentation on the LA's hygiene re-rating process.</li> </ul>

## Interviews with LAs

In the 2021/2022 FSA survey data, 63 out of 304 LAs indicated that they had used remote assessment for a FHRS requested re-inspection. This data was used in information on LA type (Unitary, District etc), region and area (urban / rural), as well to design a sampling strategy. The strategy proposed a sample of 20 LAs: 15 that had reported using remote assessment for a hygiene re-rating in the survey, and five that had reported not using it. Each LA was matched as closely as possible to a potential replacement LA, in the case that the preferred LA was unavailable for an interview. The FSA invited these 40 LAs to consent to participate in an interview with ICF. Some LAs did not respond at all or declined to participate in an interview. Several LAs that did respond indicated that they had not used remote assessment for hygiene re-ratings, sometimes in contradiction of their responses to the 2021/2022 survey.

As such, ICF and FSA agreed that the invite to LAs should be expanded to all LAs that indicated they had used remote assessment for hygiene re-ratings in the 2021/2022 FSA survey, alongside a random selection of 80-100 other LAs. All LAs that responded confirming they had used remote assessment for hygiene re-ratings were interviewed and a sampling frame was developed for the remainder who reported not using remote assessment, in order to achieve as diverse a mix of LAs as possible.

In total, 40 LA stakeholders consented to participate in the research. Of these, 22 were invited to an interview by ICF. Interviews were successfully carried out with 20 and two did not respond. A breakdown of the LAs interviewed is set out in Table 2.

**Table 2. Breakdown of LAs interviewed**

Criteria	Value	Number of LAs interviewed
Used remote assessment for a hygiene re-rating <a href="#">(footnote 3)</a>	Never used remote assessment for re-ratings	14
	Previously used remote assessment for re-ratings	4
	Currently using remote assessment for re-ratings	2
LA type	District	9
	London Borough	3
	Metropolitan	3
	Unitary	3
	County	2
Urban / rural	Predominantly urban	12

Criteria	Value	Number of LAs interviewed
Predominantly rural	7	
Urban with significant rural	1	
Region	North East	1
	North West	2
	East of England	3
	South East	3
	London	3
	South West	3
	Yorkshire & Humber	2
	West Midlands	2
	East Midlands	1



## Interviews with FBOs

LAs that had used remote assessment were asked to disseminate an interview invite to FBOs that had been re-rated through a remote assessment. However, this approach was subsequently expanded (due to low use of remote assessment and challenges accessing FBOs through LAs) to include:

- FBOs that had received a physical hygiene re-rating within the last year, for the purposes of a theoretical discussion about how they would have felt had this been undertaken remotely – LAs were asked to invite these FBOs to participate in an interview.
- National FBOs, to better understand how use of remote assessment for hygiene re-ratings by LAs could impact their organisations - FSA gained support from an FBO representative organisation, who assisted in disseminating the interview invite to a network of national FBO employees with responsibility for food hygiene.

In total, 15 FBOs consented to participate in the research. All 15 were invited to an interview by ICF. Interviews were successfully carried out with ten, and five did not respond. A breakdown of the FBOs interviewed is set out in Table 3.

**Table 3. Breakdown of FBOs interviewed**

Criteria	Value	Number of FBOs interviewed
Experience of receiving a remote assessment for hygiene ratings or re-ratings	Yes	2
	No	8
Number of premises	No permanent site (shared kitchen)	1
	One site	2
	Multiple sites (ranging from around 55+ sites to 1000+ sites)	7

Size	SMEs	3
	Large enterprise (250+ employees)	7
Type (primary)	Restaurant / Takeaway	2
	Pub	1
	Cafe	2
	Retail	1
	Holiday / leisure resort	1
	Travel food chain	2
	Charity	1

1. FSA (2021) Covid-19 Local Authority Recovery Plan: guidance and advice to local authorities for the period from 1 July 2021 to 2023/24.
2. FSA (2021) Covid-19 Local Authority Recovery Plan: guidance and advice to local authorities for the period from 1 July 2021 to 2023/24.
3. For the purposes of the study, and in order to assess use of remote assessment for hygiene re-ratings by LAs, only LAs that were carrying out re-ratings entirely remotely at the time of interview (or had done in the past) - i.e. with no prior or subsequent in-person

inspection - were considered as having used remote assessment currently or previously. This is because self-reported use of remote assessment for hygiene re-ratings by LAs is an unreliable source due to their uncertainty as to what constitutes a remote assessment.

# Remote assessments for FHRs requested re-inspections: Use of remote assessment for hygiene re-ratings

## Defining a remote assessment

### How the FSA defines remote assessment

The concept of remote assessment, or how it should be carried out, 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.

In the official FSA guidance on remote assessment from June 2020 (unpublished), the FSA granted temporary deviation from the prescribed intervention frequency set out in the [Food Law Code of Practice](#) as a response to LA backlogs that had resulted from the Covid-19 pandemic lockdowns. The guidance states that LAs should focus 'on resuming physical inspections', but 'initial remote assessment...should be used where appropriate to target what to focus attention on during the subsequent onsite visit...[to] facilitate effective use of available resources and minimise the time required onsite.' This could be done through phone calls with FBOs, reviewing documentation and video/photo evidence, and looking at sampling results. A subsequent update in September 2020 made explicit that a new or updated hygiene rating could only be given 'following an onsite intervention', and not on the basis of remote assessment alone.

In July 2021, the FSA published its Covid-19 Local Authority Recovery Plan to apply from 1 July 2021 to 2023/24. It set out some changes to the earlier guidance on remote assessment in relation to hygiene re-ratings, by enabling LAs in England to re-rate FBOs without an in-person visit if certain conditions were met. In full, it stated that:

'remote assessment may be used in certain circumstances – this includes to facilitate the targeting of what to focus attention on at a subsequent onsite visit, to help inform the need for onsite intervention at lower risk premises where an intelligence/information-based approach is being used and, in England, in certain limited cases for FHRs requested re-visits'.

These limited cases were specified in the Q&A attached to the Recovery Plan as '1) assessing rectification of structural non-compliances identified at an inspection, or 2) assessing issues with food safety management systems documentation.' LAs were also asked to take professional judgment to consider:

- whether a remote assessment will provide sufficient evidence that the necessary improvements have been made;
- if the remote assessment will adequately reflect the hygiene standards of the business;
- the knowledge they have of the establishment and their confidence in its management; and,

- the time interval between the original rating and when the re-rating request was made, as the longer the period the more likely it is that standards have changed.

## **How LAs define remote assessment**

Given that the FSA did not explicitly define the concept of remote assessment or outline how it should be delivered, LAs were asked about how they defined remote assessment.

### **Defining remote assessment**

LAs were largely uncertain about what constitutes a remote assessment. They frequently requested clarification during interviews about whether remote assessment related exclusively to providing a hygiene re-rating without visiting a premises, or whether it referred to utilising digital technologies in conjunction with in-person visits. While there was common consensus that it broadly related to the use of digital technologies, LAs were generally unsure whether or not their own application of digital technologies fell into the category of remote assessment. This was reflected in LAs' sometimes contradictory answers about their use of remote assessment for hygiene re-ratings: of those interviewed, five had reported using remote assessment for re-ratings in the 2021/2022 survey but subsequently stated that they had never used remote assessment when consenting to take part in the evaluation. Various terminology was used by LAs to refer to remote assessment concepts, including 'telephone assessments' and 'pre-inspections'.

"I wouldn't necessarily define it as remote, although we have a lot of virtual elements to our [hygiene] re-inspections...firstly, I'm not sure of the actual definition [of a remote assessment] or what technologies could be used." – County LA, predominantly urban area

"There isn't an official definition on paper, or an official document, but it is defined as using any means such as telephone, Skype, WhatsApp... It's a very informal process." – Metropolitan LA, predominantly urban area

Given the confusion among LAs, only LAs that were carrying out re-ratings entirely remotely at the time of interviewing (or who had done so in the past) were considered as having used remote assessment for the purposes of this study. Nevertheless, hybrid approaches combining use of digital technologies alongside in-person inspections were commonplace (discussed in section on Hybrid approaches to hygiene re-ratings).

### **Documentation and guidance on remote assessment used by LAs**

Most LAs were aware of the FSA guidance. However, it was not always clear whether LAs were referring to the same documentation, with some referring to guidance issued during the pandemic while others explicitly referred to the LA Recovery Plan. Some of the LAs that reported being aware of the FSA guidance had not necessarily read it in detail or referred back to it in a long time, so were uncertain about what it specified in relation to remote assessment. The few LAs that did not recall the guidance had not used remote assessment. One was unaware the FSA had changed their guidance to enable re-ratings to be carried out entirely remotely. A large volume of guidance was issued to LAs during the pandemic, so it had been difficult for them to keep track.

The extent to which the FSA guidance was considered useful by those who could recall it was mixed. Whether or not an LA had used remote assessment did not appear to influence their opinion. Some felt it provided a clear, easy to understand explanation as to the circumstances when a remote assessment could be used. They recognised that the guidance was needed at the time it was introduced and felt it was good starting point from which LAs could develop their own processes, offering them flexibility as to whether or not they wanted to use it.

"We're happy with [the FSA guidance]. It offers flexibility as it's generic, when things become too prescriptive, people worry about where the line is...It's important to focus on the underlying principles and outcomes, rather than adherence to strict guidelines." – Unitary LA, predominantly urban area

"[The FSA guidance] is a good starting point, it shows the FSA is taking the issue seriously, but they need to be clearer about the merit of remote assessment, so officers are given confidence to use it." – County LA, predominantly urban area

Nevertheless, there were aspects of the guidance where LAs were critical or made suggestions for improvements. LAs wanted to see guidance on the practical implementation of a remote assessment, including the technology to use and how to ensure its validity. At the same time, they wanted the FSA to be less restrictive about the circumstances remote assessment could be used, so they could make their own decisions about when it was appropriate. There was also interest in the FSA highlighting the benefits of remote assessment, to reassure EHOs who were not convinced about the efficacy of the approach. Several LAs incorrectly believed that any hygiene re-rating remote assessment still had to be followed by an in-person visit before a rating was issued. One LA stated that the FSA guidance on remote assessment contradicted the [FHRS Brand Standard](#), which required a physical visit to be carried out in order to provide a new rating.

"Having clear, defined examples, and more clear instruction on when officers can re-rate would be helpful. There has to be a threshold of where you're satisfied with the information being provided [by the FBO]." – District LA, predominantly urban area

"There's wooliness on what technology is acceptable to use...we're worried about security and data protection." – County LA, predominantly urban area

LAs were unsure about the FSA's position on remote assessment. They wanted to know how long the guidance on remote assessment would be in place for. A couple of LAs noted that they did not want to invest too heavily in remote assessment technologies, processes or staff training in case the rules surrounding its use changed again.

"Remote assessments do, for many officers, seem an odd thing to do. The FSA at one stage were very clear that if you did remote assessments, you couldn't actually rate a business. So there wasn't a lot of point in doing a [remote assessment] as you would have to visit them to give them a new rating. So they were off the list of things to do." – District LA, predominantly rural area

Few LAs reported having developed any formal documentation to define or implement a remote assessment within their organisation. Only the two LAs that were utilising remote assessment for hygiene re-ratings at the time of interviewing had their own internal written guidance on carrying out a remote assessment. This is likely because they had formal approaches to remote assessment, rather than using it as a temporary measure (as was the case for those that had used it in the past but stopped). An outline of this guidance is set out in a vignette (Box 1) in Annex 3.

## **Use of remote assessment for hygiene re-ratings by LAs**

### **Uptake of remote assessment for hygiene re-ratings**

Use of remote assessment for hygiene re-ratings in the way expected by the FSA (i.e. to re-rate an FBO entirely remotely, without a corresponding in-person visit) appears uncommon. Only six interviewed LAs had carried out a remote re-rating without a corresponding physical inspection, and just two of these were still utilising remote assessment for hygiene re-ratings at the time of interviewing. Even among this minority of LAs, the number of remote re-ratings that had been carried out was generally low (from just one or two, up to around ten). An exception was one LA

that estimated they had carried out around 30, but only out of necessity during Covid-19 restrictions.

These six LAs were only applying remote assessment for re-ratings in cases where they considered FBOs to be low risk. There were several factors feeding into an assessment of FBO risk, including the type of business (with takeaways typically perceived by LAs as higher risk, while home bakers and larger retailers seen as lower risk), historic compliance of the FBO (e.g. previous hygiene ratings), the existing relationship between the LA and the FBO, EHO knowledge of the FBO premises (e.g. the floorplan and layout of the kitchen) and the types of non-compliances picked up during the rating inspection.

The primary reason for low uptake of remote assessments for hygiene re-ratings was the overall low number of eligible re-rating requests that LAs received from FBOs. This is discussed in section on barriers to use of remote assessment.

## **Hybrid approaches to hygiene re-ratings**

While use of remote assessment for hygiene re-ratings without a corresponding in-person inspection was low, interviewed LAs did report applying 'partial' or 'hybrid' approaches to hygiene re-ratings, and often ratings too. This refers to the use of digital technologies as part of their food hygiene inspection process. In fact, all but one of the 14 LAs that had not applied remote assessment for hygiene re-ratings had utilised some elements of remote assessment as part of the re-rating process previously, or were still doing so at the time they were interviewed. Hybrid approaches were taken by LAs in the following context:

- Pre-visit (i.e. before inspecting the premises in person), typically to streamline the focus of the in-person inspection. For example, one LA was collecting background information (e.g. on food hygiene management processes) from new businesses prior to inspecting them during the pandemic, to save time when they are on-site.
- For the purposes of triage, to decide if an FBO is appropriate to receive a remote assessment and/or to prioritise which ones needed physical inspections by assessing their current level of compliance.
- Post-visit (i.e. after an in-person inspection had been completed) to collect further information to inform a rating or re-rating or provide support so a business can understand their non-compliances and rectify them. For example, following an in-person visit to an FBO premises, one LA permits FBOs to send pictures to evidence that they have rectified minor structural non-compliances within a few days after the inspection and take this into account before providing the FBO with their rating. This was believed to help avoid re-rating requests in the first instance. Another LA felt that offering a remote service after they had carried out an inspection meant FBOs had a point of contact and someone to ask for advice.
- As an interim intervention 'to keep in touch' with FBOs. For example, one LA stated that during the pandemic there were FBOs due for hygiene ratings, and new FBOs in the process of setting up, who they could not visit due to lockdown restrictions. As such, they used telephone/video calls to exchange information and provide advice to FBOs.

"[Remote assessment] was critical in speaking to businesses that were new and then we could deduce if going to see someone was a priority. It was probably about 10% of businesses that needed to be seen ASAP, however this has tapered off." – Metropolitan LA, predominantly urban area

## **Motives for adopting and maintaining remote assessment for hygiene re-ratings**

The main reason LAs that had adopted remote assessment or hybrid approaches was due to the restrictions in place during the pandemic, which had prevented LAs from carrying out in-person visits during certain periods. LAs that had continued with these approaches did so after seeing benefits from using them.

"It's a legacy of Covid – we found something that worked that we wouldn't have done before, and we kept it." – Metropolitan LA, predominantly urban area

Across the LAs that had used remote assessment or a hybrid approach but not continued with it, the reasons for this were:

- Preferences for in-person checks after Covid-19 barriers were lifted. Some LAs simply preferred physical inspections, and were pleased they could return to their pre-pandemic approach towards hygiene re-ratings. A few LAs reported seeing a drop in standards after the pandemic, and felt that building engagement back up was more effective in-person.
- Lack of buy-in from EHOs. Some LAs had struggled to get EHOs on board with remote assessment or hybrid approaches to hygiene re-rating. This was often due to lack of confidence and uncertainty among EHOs in remote assessment as a concept, as well as some EHOs being less technologically savvy.
- Not seeing any efficiency gains. Sometimes, approaches taken during the pandemic had not saved LAs any time. One LA reported that chasing up and going through documents had taken longer than a physical re-inspection, while another said they struggled to make contact with FBOs. This meant they were often still having to carry out the physical inspection afterwards anyway.

"In-person visits allow for more hands-on interventions...one officer took [the FBO] to a supermarket to buy cleaning products. This is the kind of engagement that drives up standards" – District LA, predominantly urban area

## **Use of digital technologies by LAs**

LAs were utilising a range of technologies (of different levels of complexity) to facilitate the remote assessment. Some of these were in frequent use by all LAs, whereas others were only utilised by those who had carried out a remote assessment for a hygiene re-rating, or those who had hybrid approaches in place.

All LAs used emails and conventional telephone calls to liaise with FBOs. This included asking FBOs to email evidence that they had addressed non-compliances prior to arranging an in-person re-rating visit, or asking FBOs for additional information that they may not have provided when they made a re-rating request. LAs often interacted with FBOs over email or telephone to provide advice and information relating to hygiene ratings too. In most cases where LAs were asking for FBOs to provide their own photos or send over documentation, this was being sent to them over email.

Several LAs had undertaken video calls with FBOs, either to carry out a remote assessment or as part of a hybrid approach to hygiene ratings or re-ratings. This included use of Teams, Zoom, Skype, FaceTime, WhatsApp or new remote assessment technology (detailed below). The technology used by LAs for these calls largely depended upon what was available to EHOs – for example, one LA stated that they did not have Teams as they were still only using Windows 7, so they had to use a free version of Zoom. However, Zoom had a 40-minute limit and the LA commented that "it didn't look particularly good when it cut out after the limit was reached".

Several LAs had used mobile messaging to communicate with FBOs, including as a means for FBOs to share photos and videos that they had taken. This includes text messaging and messaging via apps, such as WhatsApp and Signal.

A few LAs were using newly developed technologies developed for the purposes of remote assessment. Specifically, they were using a commercial package called [Inspector ShowMe](#) by Scores on the Doors. The software included video call functionality, as well as various other features. These are described in more detail in a vignette (Box 2) about the software in Annex 3.

A few LAs mentioned having online forms hosted on their websites, where FBOs could request their hygiene re-rating. Conversely, some LAs had PDF or Word document re-rating request forms, which FBOs could download and complete before sending over to the LA by email.

One LA said they had used a file sharing site called QuickShare, because they had a 10MB limit on the emails they could receive. However, another LA said that some FBOs had tried to share files using Dropbox, Google Drive and WeTransfer but they did not have accounts for these sites, so they had struggled to access what was sent.

The six LAs that had carried out remote assessment for hygiene re-ratings without any corresponding in-person visit generally utilised a combination of technologies, according to what was most appropriate to the FBO they were interacting with and the non-compliances they were reviewing. However, all had used emails and telephone calls, and used a combination of information provided directly by the FBO (usually documentation and photos) and video calls.

## **Remote assessments for FHRs requested re-inspections: Views on remote assessment for hygiene re-ratings**

### **Overall support for remote assessment for hygiene re-ratings**

Support for remote assessment among LAs was very mixed, with some enthusiastic about it while others were largely ambivalent. A common theme across all LAs was that the exact situations in which a remote assessment was appropriate for use (according to current guidance) were infrequent, limiting its usefulness. There was more consensus around the usefulness of hybrid approaches for food hygiene ratings and re-ratings, as indicated by their widespread application.

Among the 14 LAs who had not used remote assessment for re-ratings, there was little interest to use it in the future. With the relaxation of Covid-19 social distancing advice, remote assessment was a low priority as they could carry out in-person visits to FBO premises again. The low number of re-rating requests received meant a remote assessment was unlikely to significantly impact LA resourcing. Some of these LAs felt that a remote hygiene re-rating should always be followed up with an in-person visit. Nevertheless, these LAs did tend to recognise the benefits of it in certain situations. Around half had also continued to apply hybrid approaches towards hygiene re-ratings post-pandemic, and the remote assessment guidance had been an influencing factor in the adoption of these approaches.

"We found our [hybrid approach to remote assessment] is a useful assist, but it's infrequent that [remote assessment] could be used on its own. We'll keep the model we've used as it's been successful in staying engaged with businesses, keeping an eye out for them, staying interested in their progress and not simply being like 'okay, that visit is done' and that's it for the next three years. The appreciation for this relationship is reciprocated by businesses if it's handled well. Polite correspondence is encouraging, it might incentivise [the FBO] to make improvements rather than just sit back." – Unitary LA, predominantly urban area



Most the LAs with experience of remote assessment would either be open to using it again, or had continued to use it. A couple of these LAs had positive experiences of using remote assessment for hygiene ratings, but had stopped after recognising that they were violating FSA guidance.

FBOs were generally open to the idea of remote assessment providing it was delivered consistently, and to a sufficient standard which was underpinned by clear guidance. Among large enterprises with multiple sites, some FBOs wondered if it could improve standardisation of the hygiene rating and re-rating process as a whole (given that it was inconsistent across LAs). Most interviewed FBOs had not received a remote assessment. Of the two that had (a large enterprise and an SME), the experience had been positive and they were willing to have one again. However, they both felt in-person visits needed to be retained for FBOs with lower levels of compliance. The specific experiences of these FBOs are detailed in a vignette (Box 3) in Annex 3.

## **Circumstances where remote assessment is suitable**

LAs and FBOs tended to agree on the situations where remote assessment was most likely to be suitable. These were:

- When FBOs represented lower levels of risk because the type of business they ran and the food they dealt with. Examples provided included people selling home cooked food in small quantities (like domestic bakers) and retailers that sold smaller quantities of pre-packaged goods – "[Remote assessment] worked well in lower-risk premises such as home bakers as the type and amount of food is lower risk to public health" – Metropolitan LA, predominantly urban area.
- When FBOs were highly compliant, e.g. those consistently achieving hygiene ratings of 4 or 5.
- When FBOs had only structural non-compliances or issues relating to documentation, in line with the current FSA stipulation – "We already interact with FBOs regularly via e-mail and they send us photographs and all sorts of things so, if someone had to correct something in relation to the structure and that was the only issue there, why not just send me an email or photograph? It seems like a no-brainer really" – District LA, predominantly urban area.
- For triaging purposes, to assess risk and prioritise in-person inspections accordingly – either for a hygiene rating or a re-rating – "We used [remote assessment] as a screening tool, not to do a hygiene rating, but to see which businesses would need visits quicker. It helped us prioritise who we could leave for longer." – District LA, predominantly urban area.
- When the LA had a high level of trust in an FBOs food safety management ability and attitude, e.g. because the FBO had a history of compliance, there is an existing strong relationship between the LA and the FBO, and/or the LA had previous knowledge of the premises. This could be at an EHOs discretion, with use of remote assessment determined on a case-by-case basis.
- If an LA was contending with staff/resource shortages and/or high numbers of re-rating requests – "I see why a remote inspection is beneficial – it frees up the council's time so that if they need to concentrate on other businesses not up to spec they can help with that." – FBO (SME).
- If both LAs and FBOs have strong technological capacity, including internet speed for FBOs, making video calls easier to carry out and documents easier to share.
- When FBOs had only a small number of isolated non-compliances that needed to be addressed.

However, in all cases, LAs and FBOs were wary: there was recognition that issues resulting in a lower hygiene rating were not always isolated, and that FBO standards could change quickly, so EHO discretion and prior knowledge of a premises should be a key consideration for any remote

assessment.

Additionally, there was consensus across LAs and FBOs that remote assessment was definitively not appropriate in some circumstances. Specifically:

- When FBOs had low levels of compliance (typically perceived as those receiving hygiene ratings of 3 or below) or where multiple non-compliances had been identified.
- When FBOs represented a greater risk due to the food products being prepared and the environment they operated in. For example, takeaways were seen as having a higher food poisoning risk due to the food being handled (e.g. raw meat products) and being faster-paced settings.
- When non-compliance issues related to cleanliness and hygiene, allergens and/or pest control, because it was felt these could not be adequately assessed remotely.

## **Benefits of using remote assessment for hygiene re-ratings**

Interviewed LAs and FBOs generally agree on the main benefits of remote assessment and hybrid approaches.

### **Staff time**

Most LAs and FBOs recognised the potential for remote assessment to save staff time. For LAs, this primarily related to travel time. This was particularly pertinent in LAs covering vast rural areas, as FBOs were more spread out. This effect was specifically noted by two of the LAs that had used remote assessment. A few FBOs noted the potential travel time savings for LA EHOs, stating that this was positive because it could instead be used to support new FBOs and those with lower levels of compliance.

"Our district is very rural and about 50 miles long, meaning that for low risk businesses it could easily save 1.5 hours travelling." – Unitary LA, urban with significant rural area

A remote assessment or hybrid approach could also save staff time during the in-person inspection itself. This was because much of the information reviewed during the visit could be done in advance instead. For example, LAs could assess FBO documentation and other supplied evidence before any inspection (whether in-person or remote). For FBOs, this was beneficial because they would not need to spend as much time with EHOs if the inspection was arranged for a particularly busy period. Additionally, several LAs and FBOs felt that remote assessment for a hygiene re-rating was likely to be less onerous on FBOs overall. A pre-arranged remote assessment meant FBOs could choose a quieter time of day, limiting the disruption to their business. From the perspective of LAs, it also meant EHOs would not arrive at the premises to find the manager was not present.

"A lot of the conversation is over digital means, and that made the rescore inspection visits quite quick." – Unitary LA, predominantly rural area

"FBOs really like the idea of a remote assessment because when they're busy they're busy, and for them, us turning up while they're operating will cause them a lot of stress but actually being able to take the time to get the information and send it over rather than having to do that when you're standing over them, they found that quite positive." – District LA, predominantly urban area

Another expected benefit was enabling FBOs to get a revised hygiene rating faster. For example, one large enterprise stated that they had a large volume of evidence from regular independent inspections at their premises, which they could rapidly provide to LAs alongside anything else that was required. LAs could in turn use it for the basis of a re-rating, without having to visit in person.

"A benefit could be that re-ratings could be done more quickly, so the businesses could turn poor ratings around quicker. At the moment, the average is 2-3 weeks for the re-rating inspection which is okay, however we get a 3-month window and some LAs complete them on the very last day possible." – FBO (Large enterprise)

"I can see the benefits – it's more flexible with time, there's less people involved, it would be a faster process." – FBO (SME)

## **Costs**

Three LAs (all in predominantly rural areas) either expected or had seen a reduced delivery cost of remote assessment compared to an in-person inspection. This was associated with the reduction in staff travel time and corresponding expenses (e.g. fuel). One LA estimated their remote assessment cost was around £18, compared to between £20-£40 for an in-person visit. However, it was noted that the impact on LAs' overall hygiene re-rating costs overall was likely insignificant, because the situations where it could be used were too infrequent to have a notable effect.

Six FBOs also expected to see a reduced cost for a hygiene re-rating in LAs that charged for them, if a remote assessment was being used. One FBO stated that increased onus would be on the FBO to provide evidence, and this should be reflected in the cost of remote assessment for re-rating. Another FBO noted that current charges were based on EHO time and travel cost (as the legal basis for the charge is cost recovery), and as this was being reduced by using a remote assessment it could be expected that the cost to FBOs should be reduced too.

This was not a surprise to LAs that were charging for re-ratings: eight LAs noted that FBOs wanted value for money and would be unwilling to pay the same amount for a remote assessment as was already charged for an in-person inspection.

"There would be savings on time and fuel, which is good for us and for the FBOs. This is because our current charge is based on time, mileage and admin costs (and agreed upon with neighbouring LAs to be reasonable). It would be interesting to review this if they did change their policy to incorporate remote assessment, as we'd have to create a two-tier approach...It could become complicated." – Unitary LA, urban with significant rural area

## **Benefits specific to LAs**

Other benefits of remote assessment and application of hybrid approaches for LAs were mentioned during interviews.

They gave LAs more flexibility in the approaches they could take to hygiene re-ratings. This was reflected in the large number of LAs that had adopted hybrid approaches in relation to ratings and re-ratings (see section on Hybrid approaches to hygiene re-ratings). These approaches facilitated closer ongoing contact between FBOs and LAs by providing an opportunity for interventions in between hygiene ratings, supporting FBO compliance.

"[An advisory visit] is where somebody who wants to start [a new FBO] might ask - can you come out and tell me what I need to do in this unit? We don't have time for that [in-person]. So that would be very good one to do remotely. You could get a lot of information by just scanning the phone around and seeing what the layout the room looks like and what might be missing." – District LA, predominantly rural area

Some LAs felt that utilising videos/photos could potentially provide better quality evidence than what was obtained via the Alternative Enforcement Strategy (AES) [\(footnote 1\)](#) questionnaires. Often, the response rate to AES questionnaires was low, and it was time consuming for LAs to

chase FBOs for responses. Additionally, the data obtained was less substantive: "Is a food business really going to admit on an audit form that they're infested with fruit flies?" (District LA, predominantly urban area). One LA found a remote assessment actually offered an improvement on the data collected during an in-person inspection because it was stored electronically rather than handwritten by an EHO.

"The good thing is then having that record on the system, so obviously if an inspector went out, sometimes they might have a hand-written pro forma or a note of what they've seen, but with [remote assessment] you have a more permanent record of the work that's been improved and more detailed than you perhaps would capture in a note." - District LA, predominantly urban area

Application of remote assessment had supported at least a few LAs to reduce their hygiene rating and re-rating backlog that had built up during the pandemic. For the two LAs using remote assessment for ratings (in contravention of FSA guidance), it had enabled them to prioritise in-person visits to the least compliant FBOs.

There were also indirect benefits identified from the use of remote assessments too. A couple of LAs felt the reduction in travel time had the knock-on positive effect of reducing their environmental impact, aligning with the LA Green Agenda. One LA also noted there was a potential benefit to the work-life balance of staff, as they had flexibility in where they carried out a remote assessment from (e.g. they could work from home), and it would take less time in their working day.

"There's massive environmental benefits too, due to less travel. Staff that don't work in the area can also still work remotely... Their work-life balance is better due to the reduction in inspection time." – District LA, predominantly rural area

## **Benefits specific to FBOs**

The primary additional benefit theorised for FBOs was that the more widespread use of remote assessment by LAs could improve consistency in LA approaches. Large enterprise FBOs with multiple sites frequently mentioned some of the frustrations they had were due to differences across LAs. Observations included variations in:

- The level of detail contained in inspection reports received by FBOs, with some making it easier to identify and rectify non-compliances than others;
- Whether or not inspection reports were electronic or handwritten (with handwritten reports being more difficult to read);
- The evidence required to request a re-rating, with some only requiring photos of the rectified non-compliances, while others would require a detailed list of actions that the FBO had taken; and,
- How reference numbers were managed, with some LAs cancelling reference numbers for a site when a new operator took over - this was inconvenient for FBOs with multiple sites, who relied on these numbers to monitor the hygiene ratings of their sites.

FBOs theorised that promoting use of remote assessment could provide an opportunity to ensure LAs were approaching hygiene ratings and re-ratings in a standardised way.

"It can be challenging seeing different approaches LAs take to re-ratings. It could be more consistent if it was remote." – FBO (Large enterprise)

## **Drawbacks of using remote assessment for hygiene re-ratings**

LAs and FBOs similarly shared views on the drawbacks of remote assessment.

## **Validity of remotely assessed hygiene re-ratings**

The most widely perceived drawback to using remote assessment for hygiene re-rating was the expected reduced validity of hygiene ratings that were given when using it, compared to scores provided following an in-person inspection.

A key issue for both LAs and FBOs was that a remote assessment was ultimately under the control of the FBO. When they took photographs they could hide problems, and even during video calls they could control what an EHO saw. In one LA's experience, FBOs sent through photographs before changes were fully complete in the hopes of being rewarded, so verification in person was crucial. Similarly, another LA stated that they would sometimes receive documentation that met a high standard, but the premises would still fail to meet requirements on inspection. This meant it was unrealistic to rely too heavily on documentation. In one instance, an FBO had responded to AES questions well and been allocated into a low-medium risk category. However, a complaint was filed about them the following week and when the EHO went to inspect the premises they received a hygiene rating of only '1'.

"Things can be made to look lovely with a flash and a filter." – Metropolitan LA, predominantly urban area

"Photos are only as telling as the sender wants them to be." - FBO (Large enterprise)

Additionally, a remote assessment did not allow EHOs to pick up on the sensory aspects present in an in-person visit, such as smells, staff behaviour, smaller details that may be harder to see on camera (e.g. mice droppings), fridge/freezer temperatures, and characteristics of outdated food.

"It's the softer and sensory things you miss like smells... feel... vibe from people... whether you trust that person." – District LA, predominantly rural area

"Officers can't be nose-y [with remote assessment], like looking behind doors and cupboards, opening things. [FBOs] find it easier to say no to these things when it is done remotely." – District LA, predominantly rural area

Finally, the 'surprise' element of a hygiene re-rating was often lost with remote assessment. LAs and FBOs believed that if FBOs had a scheduled re-rating inspection, they could plan ahead to be on their best behaviour and this might not reflect 'business as usual'. One FBO suggested a potential solution could be for LAs to tell the FBO that they would receive a video call at random within a specific time frame (e.g. one month), and that if they did not take this call they would be subject to the in-person visit. In general, LAs and FBOs felt a remote assessment would be more appropriate if it was always unannounced.

"If it changes from unannounced to announced, that's a big shift in the whole idea of inspections. If it's announced, does it undermine the point of FHRs? Is it giving the assurance?" – FBO (Large enterprise)

## **Other drawbacks of remote assessment**

There were concerns that EHOs could look at issues in isolation when undertaking a remote assessment, when even structural non-compliances or documentation issues could indicate wider problems in an FBO. As a remote assessment focused on the specific non-compliances related to the original rating, EHOs may miss the opportunity to identify other issues present on the site.

A remote assessment could also negatively impact the working relationship between LAs and FBOs because EHOs could not provide 'hands-on' guidance and advice. For a few FBOs, this relationship was important in allowing them to demonstrate their good practice as well as to make improvements. One FBO stated that the working relationship between their sites and local EHOs was crucial because their hygiene ratings were linked to their licensing rights for gambling and liquor.

"FBOs value seeing someone, rather than having to deal with another piece of paperwork." - District LA, predominantly urban area

"People who work in hospitality are very show-me, tell-me people. The value of having face-to-face is so important that it adds a lot of weight to why they have to do certain things." – FBO (Large enterprise)

Several LAs questioned whether remote assessment would save them time, due to the 'back and forth' of liaising with FBOs. Sometimes remote assessment took longer than a face-to-face revisits. FBOs were surprised to receive an unexpected call from their LA so would ask for proof, increasing the inspection time as the LA had to send an email to them. FBOs could also send a large volume of documents to LAs, but not all would be relevant. This meant additional time for the LA to go through them. The need to chase FBOs for documentation could negate any potential efficiency benefits. Other issues included FBOs getting side-tracked during calls, and difficulties in actually organising the re-rating with an FBO.

"It was very easy to cancel appointments, so a lot of FBOs would rearrange and wouldn't be available...it's so much easier to go out and physically knock on the door." - District LA, predominantly urban area

## **Barriers to use of remote assessment for hygiene re-ratings**

There were various barriers to use of remote assessments for re-ratings by LAs. These included internal barriers (those impacting use of remote assessment at an organisational level within LAs) and external barriers (external challenges encountered by LAs and faced by FBOs).

### **Internal barriers**

LAs frequently mentioned challenges gaining buy-in from EHOs. This was primarily driven by uncertainty and lack of confidence in remote assessment. They were worried about doing something wrong and getting in trouble for it. Some LAs also mentioned that EHOs had been keen to pick up in-person visits post-pandemic, as a means of building engagement with FBOs and to support them to improve.

"A big challenge is that [EHOs think that] remote can never be as good as physical – some of [the EHOs] have been doing the job for 25 years, so are very resistant to new ways of doing things." – Metropolitan LA, predominantly urban area

"Many years ago FSA were quite fierce with LAs and [EHOs] got nervous about being picked up about not doing proper inspections. We try to say: look, this is an instruction from the food lead, so if something goes wrong, it's not your problem." – County LA, predominantly urban area

Limitations in FSA guidance and lack of clarity of the FSA position on remote assessment was a barrier for several LAs. This is discussed at length in section on How LAs define remote assessment.

here were concerns about how to implement a two-tier system for costing re-ratings. LAs that charged FBOs for re-ratings recognised that a remote assessment would generally cost less, so

FBOs would expect to pay a reduced amount. These LAs would therefore have to implement different charges for a remote and in-person re-rating, which could cause confusion. LAs would need to justify when remote assessment was used, and ensure FBOs did not challenge the charge. LAs typically took payment for re-ratings before the remote assessment took place. As such, if a remote assessment was used and it became apparent they would then need to go into the FBO premises in-person, the LA would potentially need to ask the FBO for an additional payment. LAs speculated that this could take more time than if they had just visited the premises in-person in the first place. This is of note given that the large majority of LAs in England (82%) charge FBOs for hygiene re-ratings ([footnote 2](#)). The concern of LAs was not unfounded either: several interviewed FBOs stated that they would expect to see a lower cost for a re-rating if it was to be carried out remotely.

Some LAs faced technological barriers to using remote assessment. This included outdated systems, having no licensed video calling software, and size limits on emails they could receive which meant information sent to them by FBOs would bounce. There were also EHOs who struggled with new technology, contributing to an unwillingness to use remote assessments.

"Some of the team were much better with technology; one [EHO] has hearing difficulties so they struggle with virtual inspection, so they mainly use email. Our systems are outdated which makes [remote assessment] harder - attachments fail, there's crashes..." – District LA, predominantly urban area

"And I have to say, the officer that was doing the remote triage wasn't comfortable with the technology. I think you'd need good IT skills because you do have to type while you're talking." – District LA, predominantly rural area

## External barriers

The primary barrier to use of remote assessments for hygiene re-ratings was the low number of eligible re-rating requests that LAs received from FBOs each year. In the few cases where interviewed LAs were able to estimate the number of re-rating requests received each year, this equated to 2% to 4% of all the ratings they carried out. For example, a few LAs reporting similar numbers of hygiene ratings taking place each year (around 500-600), all stated that they only received 10-15 re-rating requests annually. A larger LA that carried out more than 1,800 hygiene ratings each year stated that only 60-70 of these would lead to re-rating requests. Additionally, the FBOs that requested re-ratings generally did not fit the criteria for a remote assessment. This was because it was FBOs with lower hygiene ratings that typically had more interest in obtaining a re-rating – often because food delivery aggregators (e.g. Deliveroo, JustEat) asked for a minimum hygiene rating. As such, scenarios where LAs could actually utilise remote assessment for a hygiene re-rating were infrequent. This meant it was difficult for LAs to see the value in investing in remote assessment, as they were unlikely to see a significant impact on their costs.

"Out of about 450-500 ratings, there have only been maybe 12 re-ratings maximum in a year. People only ask to be re-rated if they're at risk of being removed from aggregators due to their low rating. I asked the team, and they did not think they had done any [remote assessments for re-ratings] at all, as they do not meet their set criteria. We need more flexibility in the guidance." – District LA, predominantly rural area

"[The FSA guidance] was confusing, I can't see how it would be appropriate in any scenario: most re-rates are not appropriate due to the types and level of non-compliance... There's not enough resources to implement it properly with all of the other things the LA have to consider." – District LA, predominantly rural area

Like LAs, FBOs did not always have the technological capacity to receive a remote assessment. Some FBOs did not have smart phones, FBO staff could find it difficult to navigate new apps or

technology that they had not used before (like Teams), and there could be connectivity issues, even in city centres. This was particularly pertinent to smaller FBOs and those that were mobile (e.g. food vans), who would not always have their own Wi-Fi set up. However, there were challenges in larger enterprises too - sometimes computer access was restricted and company policy stated that documents could not be shared externally. This meant the only way for EHOs to review them was to visit in-person. Likewise, a large enterprise FBO stated that kitchens on some sites might be in basements or areas where mobile or Wi-Fi signal could not reach. Sometimes older FBO staff members lacked confidence in technology too – one SME FBO owner was over 70, and stated that they needed support from a younger family member to receive a remote assessment.

"[We're] not sure about FBOs ability to use certain technology. Most have internet connection, but some of the smaller businesses (particularly those run by older people or those with language barriers) may not be able to communicate in this way at all, or communicate in this way effectively." – Unitary LA, urban with significant rural area

LAs covering smaller geographies of densely populated, urban areas where FBOs are in close proximity to one another had little incentive to use remote assessment, as there was no significant travel burden associated with in-person visits and therefore any potential cost or time savings were limited.

Language barriers in FBOs where English was not their first language meant it was easier for LAs to communicate with them face-to-face than over telephone or remote means. For example, when visiting in person, EHOs could use the Translate functionality on an iPad to communicate with the staff member.

LAs believed FBOs were generally unaware of remote assessment as a means of carrying out hygiene re-ratings, and this was reflected in a low level of awareness in interviews. There were concerns that this lack of familiarity meant FBOs would therefore be sceptical about the process and potentially put it down to the method if they did not receive the re-rating they wanted.

Some LAs and FBOs had data protection concerns and questioned how data obtained from a remote assessment would be stored to ensure FBO privacy. Without clear direction on how data should be handled, there were concerns remote assessment could lead to improper data storage/sharing by LAs.

## **Enablers to use of remote assessment for hygiene re-ratings**

Among LAs that had used remote assessment or adopted hybrid approaches, several common factors that had enabled them to do so were observed. These were:

- Internal buy-in to the remote assessment concept within LAs as a result of recognition of the potential benefits to costs and/or staff time, from management staff as well as EHOs;
- LAs having existing high quality IT systems, and corresponding EHO competence in use of IT and technology; and,
- Willingness and suitability of FBOs in the LA area to receive a remote assessment / liaise with LAs remotely.

To encourage more LAs to use remote assessment for hygiene re-ratings, and increase confidence in this form of inspection among FBOs, LAs and FBOs wanted to see:

- More detailed guidance on remote assessment delivery for LAs, including clarity on what it is, recommendations on technology to use and guidance on navigating re-rating charges to FBOs when remote assessment is used;



- Clear messaging on remote assessment from FSA to LAs and FBOs, to indicate FSA support, legitimise it as a means of inspection, and increase confidence in its validity; and,
- Increased flexibility from FSA, to enable LAs to choose the scenarios in which to use remote assessment or hybrid approaches.

These suggestions fed into the recommendations made by this report (Recommendations section).

"Essentially, LAs should have more flexibility to choose what interventions they want to do remotely. For both ratings and re-ratings: we need more freedom to prioritise and plan than the FSA's Code of Practice gives us and that's because the hospitality sector is very changeable. The skill shortage means that we should probably look more at training records and that could be done remotely. Also our food premises are veering more and more towards electronic documentation management. So this change could mean that we would choose to do different types of intervention. We need to extend the range of interventions that we're allowed to do. LAs would need to justify what they're doing and monitor how robust it is of course, so that the flexibility is used in the tight way, but it would mean LAs could improve risk management and this is what the FSA want." – District LA, predominantly rural

1. The FSA Code of Practice requires LAs to have an Alternative Enforcement Strategy (AES) for conducting food controls at premises for low-risk FBOs. Rather than visiting FBO premises, the AES allows LAs to send low-risk FBOs a questionnaire or to conduct a telephone interview with them instead.
2. FSA data on hygiene re-rating costs charged by LAs to FBOs

## Remote assessments for FHS requested re-inspections: Conclusions and recommendations

### Conclusions

This study evaluated the use of remote assessment for food hygiene re-ratings requested by FBOs. It followed changes to FSA guidance to LAs in 2021 that enabled LAs in England to carry out hygiene re-ratings remotely (i.e. without visiting FBO sites in-person), providing the non-compliance for which the FBO was being re-rated was either structural or related to documentation. The study method included 20 interviews with LAs, ten interviews with FBOs, and a review of relevant documentation and data.

The FSA allowed LAs to use remote assessment for hygiene re-ratings to support them to utilise their resources more effectively in relation to food safety following the Covid-19 pandemic. The FSA did not explicitly define what constituted a remote assessment, nor did it state how a remote assessment should be delivered or the technologies that should be used.

LAs' use of remote re-assessments was low, despite their use having the theoretical potential to deliver cost and time savings. This was primarily because the number of re-rating requests received by LAs was small – only around 2%-4% of all hygiene ratings carried out by interviewed LAs annually led to a re-rate request from FBOs. When these requests were made, they were generally by FBOs who were unsuitable for remote assessment because they had received hygiene ratings of 3 or below (and therefore typically had non-compliances beyond only those which were structural or related to documentation). This meant any potential benefits could not be seen at a scale needed to make remote assessment a worthwhile investment for LAs.

However, rather than applying remote assessment for hygiene re-ratings in the way envisaged by the FSA, LAs were instead often utilising hybrid approaches for re-ratings – and for ratings too. This included for engagement pre- and post-inspections carried out in person, to triage FBOs (to assist in prioritising which FBOs needed to be visited in-person), and as an interim intervention between in-person hygiene inspections. These hybrid approaches shared many of the same benefits as the use of remote assessment for re-ratings, but their use was still somewhat constrained as FSA guidance restricted the use of remote assessments to hygiene re-ratings only.

There were some additional drawbacks and challenges associated with remote assessment. LAs and FBOs had concerns about its validity, given that it gave FBOs greater control over what LAs could see, did not allow EHOs to pick up on the sensory aspects of an in-person inspection and often meant that the 'surprise' element of an inspection was lost. In some cases, EHOs were reluctant to use remote assessment, and both LAs and FBOs did not always have the technological capacity necessary for a remote assessment. There were also questions raised about how LAs that charged FBOs for re-ratings should handle charges for remote assessment, as there was an expectation among FBOs that these should be lower than the charge for an in-person inspection.

Ultimately, providing LAs with the flexibility to use remote assessment did mean that LAs could weigh up the extent to which the benefits outweigh the challenges and apply it as they see appropriate to respond to local need. Several actions could be taken to increase the likelihood that LAs experience the benefits of remote assessment.

## **Recommendations**

There are two considerations in making recommendations around use of remote assessment for hygiene re-ratings given the findings outlined in this report:

- The extent to which use of remote assessment should be encouraged.
- How use of remote assessment could be improved and supported.

### **Extent to which use of remote assessment for hygiene re-ratings should be encouraged**

Remote assessment as a mechanism to re-rate an FBO without a corresponding in-person visit is limited in its usefulness. LAs received only a small number of re-rating requests that fit FSA criteria for a remote assessment, which meant the benefits of using it in this specific context were extremely small. Additionally, LAs and FBOs were not in favour of expanding the FSA criteria to enable remote re-rating of FBOs with lower levels of compliance, which is the primary way that use of remote assessment for a hygiene re-rating without a corresponding in-person visit could be increased. As such, it would not be recommended to promote greater use of remote assessment for hygiene re-ratings upon the basis of the current guidelines.

However, supporting use of hybrid approaches, and extending the scope of remote assessment to the hygiene ratings process, would increase the likelihood that LAs and FBOs see the benefits of remote assessment.

LAs and FBOs were consistent in their sentiment about FBO risk – remote assessment was only deemed suitable for low risk FBOs with a history of compliance and a good relationship with their LA. Where these criteria were fulfilled, a remote assessment could be used:

- to carry out a hygiene rating on occasion, providing that they continued to receive an in-person visit every few years too;
- to triage FBOs and establish their priority for an in-person rating; and/or,
- as an interim intervention between hygiene ratings (e.g. as part of an LA's AES).

This would mean more substantive time / cost savings, as remote assessment could be used more frequently.

## **Improving and supporting remote assessment and hybrid approaches**

Increased use of remote assessment would likely be encouraged by virtue of incorporating hybrid approaches, and by extending the scope to include hygiene ratings (rather than focusing exclusively on re-ratings). However, there were also three key areas where action could be taken to further support increased use of remote assessment:

### **1. FSA guidance to LAs on remote assessment delivery**

FSA guidance on remote assessment lacked a clear definition on what constituted a remote assessment, and detail as to the practical elements of delivery. To encourage uptake of remote assessment, and empower LAs to use it, new guidance could be written to include:

- A clear definition of what constitutes a remote assessment;
- How to ensure maximum validity of a remote assessment (e.g. whether a remote assessment required a video call or if photos taken by FBOs could be relied upon; whether it should still be unannounced and, if so, how to manage this with the FBO; how to manage a remote assessment video call with the FBO, to ensure the stated non-compliances have been addressed);
- Recommended technology to use, including hardware (e.g. mobile phone, laptop etc) and software (e.g. Teams, WhatsApp etc) and any advantages/ disadvantages LAs should be aware of in using them;
- The type of data that should be collected (e.g. recording an entire video call / taking a few screenshots / photos etc) and how it should be stored to ensure data protection;
- How to navigate charges to FBOs for re-ratings carried out remotely (in those LAs that charge for re-ratings);
- Information on the types of situations where remote assessment could potentially be used (e.g. triage, pre- or post-inspection, as interim intervention, for re-rating etc);
- Examples of best practice (e.g. based on approaches taken by other LAs); and,
- What guidance LAs should issue to FBOs on the process.
- 

### **2. FSA messaging on the subject of remote assessment**

Remote assessment validity was a chief concern for both LAs and FBOs. EHOs also wanted to feel confident that they were following FSA requirements.. Additionally, LAs were unsure if FSA would eventually withdraw guidance enabling them to use remote assessment, deterring them from investing in it. To increase LA and FBO confidence in remote assessment, the FSA could:

- Issue updated, more detailed guidance to LAs on remote assessment (see above);
- Provide assurance to LAs and EHOs that the flexibility for them to use remote assessment was permanent rather than temporary, and that the FSA were supportive of its use where LAs chose to do so; and,
- Issue communications on remote assessment to FBOs, to make them aware of the concept, the standards LAs were operating to and the circumstances in which it could be used. This could include outlining the potential uses of remote assessment to LAs, who may be unaware that they could utilise remote technologies for these purposes or the potential benefits of doing so.

### **3. Providing flexibility to LAs in the scenarios where they can use remote assessment**

Although there was a strong interest in more thorough guidance on practical aspects of remote assessment delivery, LAs wanted to determine their own criteria as to when they used it and for what purpose. This primarily speaks to the interest among LAs to utilise remote assessment as part of the wider hygiene rating process, including for e.g. triage, pre- and post- inspection etc, as opposed to strictly for re-ratings (as detailed above, in section on Extent to which use of remote assessment for hygiene re-ratings should be encouraged). LAs also wanted to make their own decisions on the suitability of an FBO for a remote assessment, and to adapt and respond to local changes by using remote assessment more easily and flexibly (e.g. to deal with a sudden influx of new FBOs to re-rate, or during periods of staff shortages). Granting LAs this flexibility may encourage greater uptake of remote assessment.

## **Remote assessments for FHRS requested re-inspections: Annexes**

### **Annex 1: Study structure**

The study questions are set out below, alongside the sections of the report that respond to them.

#### **Study questions for LAs**

Study questions	Sections
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<p>1. How do LAs define remote assessments and how are they being delivered?</p> <ol style="list-style-type: none"> <li>1. How are remote assessments are being undertaken in practice and what technologies are being used (e.g. are photos/video/documents being sent by email, or are video calls being used to allow the inspector to see the establishment?)</li> <li>2. How aware LAs are of the guidance in the LA Recovery Plan regarding the use of remote assessments; how useful the guidance is; how effective it is in supporting the decision to use remote assessments or not; and whether LAs require additional information to improve its effectiveness?</li> </ol>	<p>Section 3.1</p>
<p>2. When, where and why are LAs using remote assessment for re-rating inspections?</p> <ol style="list-style-type: none"> <li>1. How often do they use them, what circumstances the LA has chosen to use them in and if there are any particular types of businesses they have chosen to use remote assessment for?</li> <li>2. How many remote assessments for requested re-ratings has the LA completed since the Recovery Plan came into force in July 2021? How does this number compare to the total number of re-visit requests they have received from businesses within the same timeline?</li> </ol>	<p>Section 3.2</p>
<p>3. What have LAs' experiences of using remote assessments for a re-rating inspections been? How do LAs think they compare with traditional in-person inspections?</p>	<p>Sections 3.2, 4.1, 4.2 and 4.3</p>
<p>4. In what circumstances have remote assessments for re-rating inspections worked well and where have they worked less well?</p> <ol style="list-style-type: none"> <li>1. What factors have contributed to this? What has gone well when using remote assessment for re-rating and not so well (for example if remote assessment has been a hinderance during the assessment itself)?</li> </ol>	<p>Sections 4.2, 4.3 and 4.4</p>

<p>5. What have been the benefits, if any, to LAs of using remote assessments to re-rate businesses?</p> <ol style="list-style-type: none"> <li>1. What is the perceived impact of the changes on LA resources (e.g. time spent on remote assessments compared to physical inspections (including time undertaking the assessment, time spent following the assessment, travel time, etc.), capacity to complete inspections, finances etc.)?</li> </ol>	<p>Section 4.3</p>
<p>6. What have been the limitations, if any, of using remote assessments to re-rate businesses?</p> <ol style="list-style-type: none"> <li>1. Do LAs have any concerns about the data they get back from FBOs through remote assessments and how confident they are with the quality of the data? What is LAs confidence in the overall process of using remote assessment for a re-rating inspection?</li> </ol>	<p>Section 4.4</p>
<p>7. What are the barriers and enablers to LAs using remote assessment to re-rate businesses?</p> <ol style="list-style-type: none"> <li>1. What are the internal (e.g. officer confidence with using remote assessment systems; not having the technology access required; staff resource limitations) and external factors (e.g. connectivity in the area the FBO is located; FBO confidence with using the remote assessment technology; the limited scope within which remote assessment can be used for FHRS reinspection) that may act as barriers and facilitators to the LA using remote assessments to re-rate businesses (gathering the views of LAs who have and who have not introduced remote assessment)?</li> </ol>	<p>Sections 4.5 and 4.6</p>
<p>8. What are the impacts on LAs of using remote assessments to re-rate on the cost of delivery?</p> <ol style="list-style-type: none"> <li>1. What are the perceived impact on costs for LAs and have these cost savings/increases been or could be transferred to FBOs?</li> </ol>	<p>Section 4.3</p>
<p>9. How do LAs think the current criteria in which remote assessment is permitted for re-rating could be improved or optimised?</p> <ol style="list-style-type: none"> <li>1. What changes could be made to improve LA experience or confidence in remote assessments?</li> </ol>	<p>Sections 4.6 and 6</p>

## Study questions for FBOs

Study questions	Sections
<p>1. How do FBOs who have been re-rated using remote assessment view the experience? What worked well and less well?</p>	<p>Sections 4.1.2</p>
<p>2. What do FBOs perceive to be the benefits for them, if any, of using remote assessments?</p>	<p>Section 4.3</p>
<p>3. What do FBOs perceive to be the limitations for them, if any, of remote assessment?</p>	<p>Section 4.4</p>
<p>4. What are the barriers and enablers to FBOs using remote assessments for obtaining a re-rating?</p> <ol style="list-style-type: none"> <li>1. Have FBO concerns identified as part of the 2020 work come to fruition (particularly those relating to FBOs' digital skills and access)?</li> <li>2. Have the concerns identified have been alleviated or worsened?</li> </ol>	<p>Sections 4.5 and 4.6</p>
<p>5. How do FBOs think remote assessments compare to face to face inspections/interventions?</p> <ol style="list-style-type: none"> <li>1. How do FBOs experience of remote assessments differ from their previous experiences of face to face inspections?</li> <li>2. What are the FBOs confidence levels in the overall process of using remote assessment to re-rate?</li> <li>3. Do the levels of confidence differ (if at all) between face to face inspections and remote assessments?</li> <li>4. Do FBOs perceive the rating awarded following a remote assessment re-rating inspection to be accurate?</li> </ol>	<p>Sections 4.1.2, 4.3 and 4.4</p>
<p>6. How do FBOs perceive the quality / appropriateness of guidance provided to them to conduct the remote assessment.</p>	<p>Section 4.1.2</p>

Study questions	Sections
7. How do FBOs think remote assessments could be improved?	Sections 4.6, 5 and 6

## Annex 2: Challenges and mitigation measures

Several challenges were encountered with the proposed methodological approach, and several adjustments had to be made in collaboration with FSA. A summary of the challenges and changes made is provided in the table below.

### Desk research

<b>Original approach</b>	<p>To review:</p> <ul style="list-style-type: none"> <li>• FSA documentation on remote assessment</li> <li>• LA documentation on internal policies &amp; guidance relating to remote assessment and FHRS</li> <li>• FBO documentation on hygiene ratings &amp; re-ratings (either received from LA or internal policies for larger businesses)</li> </ul>
<b>Challenges encountered</b>	<p>Very few LAs had used remote assessment to carry out a hygiene re-rating. Where remote assessment is being used, it tended to be informal and in support of a physical inspection. Therefore, limited documentation on this (from either FBOs or LAs) was available.</p>
<b>Mitigation implemented</b>	<ul style="list-style-type: none"> <li>• Where remote assessment is being used informally, we aimed to get clarity on the situations where it was appropriate and how it was administered during interviews</li> <li>• Internal documentation from LAs (where available) was reviewed and considered as part of the analysis</li> </ul>

### Interviews with LAs



<b>Original approach</b>	To carry out 20 interviews with 15 LAs that had used or currently use remote assessment for hygiene re-ratings, and 5 LAs have never used it. LAs interviewed to be sampled accounting for LA type, area type (urban/rural) and region.
<b>Challenges encountered</b>	<ul style="list-style-type: none"> <li>• Fewer than anticipated LAs consenting to participate in the research</li> <li>• Very few LAs using remote assessment for hygiene re-ratings overall</li> <li>• Confusion over what constituted a remote assessment, leading to inaccuracies in LA survey responses as to whether they had used remote assessment</li> </ul>
<b>Mitigation implemented</b>	<ul style="list-style-type: none"> <li>• All LAs that agreed to participate and reported having used remote assessment were interviewed (regardless of sampling)</li> <li>• LAs that agreed to participate but had not used remote assessment were sampled</li> <li>• LAs not responding to invites to interview were replaced after three reminders</li> </ul>

## Interviews with FBOs

<b>Original approach</b>	To carry out interviews with 10 FBOs that had received a remote assessment for a hygiene re-rating.
<b>Challenges encountered</b>	<ul style="list-style-type: none"> <li>• Few LAs using remote assessment for hygiene re-ratings meant few FBOs that had received one</li> <li>• Unclear to what extent LAs were disseminating information to FBOs to encourage them to participate in research</li> <li>• Agreement to participate in the research has been low among FBOs</li> </ul>
<b>Mitigation implemented</b>	<ul style="list-style-type: none"> <li>• Extended scope to include exploratory interviews with FBOs about what they thought about the concept of remote assessment for hygiene re-ratings</li> <li>• Utilised FSA's FBO representative association contacts, to assist in identifying potential interviewees</li> </ul>

## Annex 3: Vignettes

Some of the data collected fed into short vignettes, which demonstrate the specific approaches and perspectives of LAs and FBOs. These have been compiled below.

### Box 1 Internal documentation on remote assessment used by LAs

The internal documentation shared by the LAs that were using remote assessment for hygiene re-ratings at the time of interviewing were both designed for EHOs, though they varied in the volume and type of information provided.

Common features in the remote assessment documentation of both LAs were:

- Draft emails to FBOs who were being invited to have a remote re-rating inspection - both of which contained a list of documents that the FBO needed to supply in advance of the remote inspection, as well as a caveat that in some cases the FBO may still need a physical inspection.
- Circumstances in which a remote assessment could be used – both LAs described it appropriate for FBOs with a minimum hygiene rating of a 4. One LA additionally asked EHOs to assess the suitability of the premises for a remote assessment, based on compliance history, their knowledge of the premises' layout and their familiarity with the trader.
- Criteria as to requirements for a remote assessment: both require it to be done through video call, with one using a specifically developed technology and another using WhatsApp, and both have some practical requirements relating to data storage (one requires an office smartphone to be used, one sets out GDPR requirements that EHOs must comply with during the remote assessment).
- An outline of the remote assessment procedure, including specific actions to be taken by EHOs before, during and after the remote assessment (with one LA containing more detail on this than another).

One LA's documentation also contained:

- A detailed description of best practice for undertaking a remote assessment, including practical information about using the specifically developed app, carrying out a technical test with the FBO (ensuring they have good network connectivity and can use the app), the best time to schedule the inspection, hints and tips and a support number for any technical issues or questions relating to the app.
- A flowchart illustrating the different stages of a remote inspection.

### Box 2 Inspector ShowMe by Scores on the Doors®

During the pandemic, a food network of LAs within a two-tier LA area (i.e. a county LA, with corresponding district and borough LAs) were looking at how they could continue with their FBO controls when they were unable to visit FBO premises in person. This led to a private-public partnership to design Inspector ShowMe: a web-based app, specifically for carrying out remote assessment.

Inspector ShowMe has various features to facilitate remote assessment:

- Two-way recorded video calls, with facility to allow guests / other EHOs to join
- Ability to take, save and annotate high quality photos during the video call
- Automated text extraction (e.g. from documentation and labels)
- Text messaging functionality, for notifications to FBOs

- Portal for FBOs to upload documentation, as well as for LAs to send information and issue reports to FBOs
- Use of geolocation, to authenticate an inspection is carried out at the right FBO location

LAs had used Inspector ShowMe for hygiene re-ratings, but also for ratings (in order to prioritise in-person visits to non-compliant FBOs). Remote assessment for ratings was an infringement of FSA guidance, so they had discontinued its use for this purpose. One LA had used it for controls on beauty premises and animal licensing.

One of the LAs had stopped using Inspector ShowMe because they had been using for ratings, in violation of FSA guidance, and they did not receive a sufficient number of re-rating requests to make paying for a new license worthwhile. During the pandemic, they had access to the software because the county council had purchased licenses for its use for all the district and borough LAs, but this had expired. Another LA had continued to use Inspector ShowMe, including for hygiene re-ratings, but its primary purpose was for controls unrelated to hygiene ratings. This was because they too received a low number of eligible re-rating requests from FBOs. Both LAs would like to see use of remote assessment to be extended to hygiene ratings.

Both LAs were enthusiastic about the software and its capabilities. They felt it had helped them reduce a food hygiene inspection backlog created during the pandemic, improved the work-life balance of EHOs, and aligned with the 'green agenda' and path to net zero. The software itself was considered straightforward to use for both LAs and FBOs, and generally positively received by EHOs.

### **Box 3 Experience of remote assessment from an FBO perspective**

Two interviewed FBOs had been subject to a remote assessment.

FBO 1 was an independent, family-run café with three permanent staff members – a couple and their daughter. Over summer holidays they also employed temporary seasonal staff (usually school children). The FBO received a remote assessment during the pandemic using the Inspector ShowMe technology (described in section 2.2.4). They were very conscious of food hygiene and were proud to have a hygiene rating of 5.

The FBO was given a date and time for their remote assessment in advance. On the day, they received a link in a text message which they clicked on to start the inspection. The couple lacked confidence with technology, but it was easy to follow the instructions of the EHO and their daughter was there to provide technical support. Once the video call started, they walked around the premises, following the instructions of the EHO. The EHO asked them to stop at different points (e.g. to open cupboards, fridges and freezers, point out where raw and cooked meat was handled and cooked, where the hand soap was located etc), and asked questions (e.g. about their food hygiene systems and staff training).

The FBO found the experience a positive one overall. They did not see it as being particularly different from an in-person inspection, other than for the fact it was scheduled in advance rather than unannounced. They had a good relationship with the EHO and knew they could contact her at any time if they had questions, either before or after the remote assessment. However, they felt unannounced in-person inspections were still needed for other FBOs with a history of low compliance.

"Very satisfied [with the process]. Once the video call was on, walking around, opening fridges and freezers, inside and outside cupboards, looking at food prep areas... it was the same as if they were there in person. I wasn't brought up with computers, and I'm 70 now, that's the only thing – if my daughter wasn't there, I would have asked if [the LA] could do it at a time when one of the school children was working."

FBO 2 was a large, multinational enterprise with around 550 catering and retail units located at UK travel locations (e.g. airports, train stations), employing 1,000s of staff. Units had to notify head office of the outcome of a hygiene rating through an internal system. They required premises receiving ratings of 3 or below to be re-rated. This was not particularly common, and on average it equated to 5-10 re-ratings for a premises each year.

The FBO recalled a couple of occasions where they had received a re-rating without a corresponding in-person visit. This had never involved a video call – instead, the FBO had been required to send documentation and/or photos via email demonstrating that a particular issue had been rectified. The premises re-rated in this way felt positive about it - it was a straightforward process, which had saved the staff members time. Like FBO 1, however, FBO 2 felt sceptical about using remote assessment for less compliant FBOs. They suggested that clear guidelines on the 'minimum criteria' for a remote assessment (e.g. LAs seeing every room from different aspects) would be needed if it was in widespread use, to reassure LAs and FBOs alike of its validity.

"Some businesses might only share photographs that paint them in the best light. So [remote assessment] would only work if all businesses had the same ethos as us - we only want high ratings if it's deserved – but that is not the case everywhere."