

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In the official FSA guidance on remote assessment from June 2020 (unpublished), the FSA granted temporary deviation from the prescribed intervention frequency set out in the [Food Law Code of Practice](#) as a response to LA backlogs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 LAs 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.