Remote assessments for FHRS requested re-inspections: Conclusions and recommendations

Conclusions

This study evaluated the use of remote assessment for food hygiene re-ratings requested by FBO s. 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.
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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.