

Evaluation of the Food Standards Pilot in Wales: Summary of Findings

Results available: Results available

Area of research interest: [Innovative regulator](#)

Research topics: [Enforcement](#) , [Regulation and business compliance](#)

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This report presents the findings from the evaluation of the pilot project that the Food Standards Agency (FSA) has completed to test a proposed food standards delivery model in Wales. The aim of the pilot project in Wales was to test the food standards delivery model recently introduced in England and Northern Ireland to determine its suitability for Wales and identify any unintended consequences.

The model was introduced in England and Northern Ireland following a 15-month pilot (January 2021 to March 2022) and a subsequent consultation period across the two nations. This pilot in Wales builds on the findings from the [England and Northern Ireland pilot](#) as well as feedback received during the consultation process.

The evaluation methodology focused on capturing local authorities (LAs) experiences through pre- and post-pilot interviews with the participating LAs, interviews with FSA officials, and quantitative data submitted by the participating LAs and collected by the FSA's analytical unit. Data was then analysed and triangulated to integrate the qualitative and quantitative findings against the evaluation research questions.

The pilot of the proposed food standards delivery model in Wales has been successful in demonstrating that the proposed model works in the Welsh context, and LAs were supportive of the new proposed allergen risk factor and the new intervention frequencies. The findings show that the proposed food standards delivery model and its core elements, a new risk assessment scheme and associated decision matrix, worked well. Key benefits included greater flexibility in the model, the ability to re-score premises following what is currently referred to as a re-visit and the ability to give a standalone score for allergen procedures. LAs highlighted the proposed risk scheme was straightforward to use and, by the end of the pilot, they had embedded the new way of working into their work practices. The proposed decision matrix, which indicates intervention frequency, was also seen as beneficial. However, LAs did identify areas where clarity in the guidance could be improved to further promote consistency in scoring, e.g. the thresholds between allergen scores.

The process for implementing the pilot was successful. LAs reported that they received all the training and support prior to and during the pilot period that they required. LAs reported no challenges to implementing the pilot and that after a period of adjustment the proposed model was easy to use. The FSA also reported that the pilot had been a positive experience and they had not identified any unintended consequences. LAs reported no impact on resourcing during the pilot period but did raise concerns around how they would undertake annual service planning due to the proposed new shorter intervention frequencies. The quantitative data showed that while the number of premises whose intervention frequency increased (35%) was similar to those

whose intervention frequency decreased (40%), the overall number interventions due increased by 14%. There may have been some more conservative scoring during the pilot as staff adapted to the proposed food standards delivery model thus increasing frequency of inspection for some premises.

Ahead of the roll-out of the proposed model in England and Northern Ireland the FSA have made reflections on the Wales evaluation findings and other feedback relating to the Welsh pilot. The FSA are considering additions to the guidance to increase clarity based on recommendations given in this report. The FSA stated that any additions would require a balance between providing prescriptive guidance and allowing flexibility for officers conducting food standards official controls to use their knowledge and experience to risk rate a business.