Chapter 4 Audit and Unannounced Inspections

1. Introduction

1.1 Definitions

The following definitions apply for the purpose of this chapter.

1.1.1 OV presence

OVs are present in slaughterhouses to carry out inspection tasks every operational day.

The resident OV is responsible for the supervision of any co-located activity such as cutting or manufacture even where this occurs at times other than slaughter. Daily OV presence is not required in co-located cutting establishments or stand alone cutting plants or wild game handling establishments.

1.1.2 Official visit

Official visits to any establishment (regardless of OV presence in slaughterhouses for carrying out inspection tasks), may be conducted for the purpose of carrying out a full audit, partial audit and / or an unannounced inspection.

1.1.3 Full Audit

A full audit is an assessment of the FBO food safety management systems (FSMS). All listed approved FBO activities must be audited (within one day, or more for bigger/complex sites).

1.1.4 Partial audit

Following a full audit, a partial audit will focus on specific themes identified as being non-compliant during the full audit.

1.1.5 Unannounced inspection

In addition to partial audits and as part of the scheduled audit programme (see audit outcome and frequency of visits), unannounced inspections can take place to follow up specific issues identified during the audits or to verify continued compliance between audits.

1.2 Purpose of audits

1.2.1 Relevant premises

These audit arrangements apply to all meat establishments approved in Northern Ireland and under veterinary control.

These are:

- domestic ungulates / farmed game slaughterhouses
- poultry meat slaughterhouses
- cutting plants
- wild game establishments
- minced meat, meat preparations and mechanically separated meat plants co-located with slaughterhouses or cutting plants
- cold stores activity co-located with slaughter, cutting or wild game premises.

1.2.2 Risk assessment scheme

The audit risk assessment scheme applies the requirement of (EC) 854/2004 Article 4 to determine the frequency of audit using the risk criteria set out in that Regulation:

- public health risks
- animal health risks (where appropriate)
- animal welfare risks (where appropriate)
- type of process carried out
- throughput
- FBOs past record of compliance with food law

Note: Risks associated with the throughput and type of process are not specifically listed in the AUD 9-3, but have been incorporated in the body of the audit report document.

1.2.3 Aim of audits

The aim of the FBO audit is to verify compliance with the legal requirements and to ensure adequate FBOs standards in relation to public health, animal health and welfare.

The audit sections in the audit report are based on the priorities set for both FSA and DAERA work that have been agreed between the FSA, DAERA and industrial stakeholders.

Audit findings provide the individual FBO with information on how well they are meeting legal requirements and in particular highlights any areas for correction or improvement.

In addition the relevant competent authority (FSA or DAERA) may be able to use the audit findings in the development of new guidance for either industry or those performing official controls.

1.2.4 'Effective' audit

An effective audit of FBOs obligations in respect of public health, animal health, animal welfare and animal by-products is defined as follows:

- complies with the requirements of (EC) 854/2004 to determine the frequency of audit on the basis of risk
- applies appropriate standards in determining the level of assurance that can be given to the Competent Authority (FSA and DAERA) about the FBO management procedures and identification of risk
- accurately assess the FBOs level of compliance with legal requirements and identifies necessary enforcement actions
- recognises the FBOs good practices and identifies opportunities for improvement
- communicates audit findings to the FBO and the relevant Competent Authority (as appropriate)
- is consistent in its approach.

1.2.5 Compliance audit and systems based audit

An effective audit of FBO controls will require the use of both 'compliance audit' and 'systems based' audit techniques, which are described below:

Audit techniques	Description
Compliance approach	This is a review and examination of FBO records and activities to assess compliance with legislative requirements and the FBOs established policies and operational procedures. Much of the audit work to support compliance assessment will take place in the operational environment. In establishments where there is frequent OV presence this assessment work will be ongoing as part of normal duties between the production of audit reports.

System based approach	The auditor should seek to establish that the FBO's controls are fit for purpose and that the FBO has effective systems and processes in place to implement them on a continuous basis. Weaknesses and strengths in the FBO's control system should be recorded. Much of the audit work to support the systems assessment is likely to take place outside the operational environment.

1.2.6 Publication of FBO's audit report

The Freedom of Information Act 2000 gave individuals a general right to information held by public authorities (subject to certain exemptions) and to have this information communicated to them. The Environmental Information Regulations 2004 also provides a right of public access to a range of environmental information held by public authorities.

Important note: Audit reports are published for FSA approved meat establishments on the FSA website after the period for appeals has expired. For further details, refer to: http://www.food.gov.uk/foodindustry/meat/audit.

1.3 Relationship between audit visits and OV attendance

1.3.1 Overview

All audits of FSA approved establishments are to be carried out by Auditor OVs (hereon referred to as auditors), who are independent and separate from operations and routine inspection duties.

Audit frequency represents the **minimum** number of times in a period that a completed audit report will be produced by an auditor. The same approach applies to slaughterhouses with or without a co-located cutting plant, game handling establishments and standalone cutting plants.

1.3.2 Premises with frequent OV presence

OVs who work in a slaughterhouse approved for co-located operations may enter the production areas of other operations regardless of the audit timetable. For example, they may attend to make targeted reality checks to verify specific issues. However, the OV should consider the reasons for entry and ensure that it is part of their official control role.

Regulation: The Food Hygiene (Northern Ireland) Regulations 2006, regulation 14,2.

Daily checks in co-located establishments are not required, however the resident OV must conduct at least one unannounced inspection to the cutting plant between scheduled full audits. There may also on occasion be unannounced inspections of a co-located cutting plant by a non-resident team officer although this will not be routine.

Co-located establishments will be audited at the same time as slaughterhouses, as part of the same process, with a single audit report being produced.

1.3.3 Premises with infrequent OV presence

In standalone cutting plants any associated operations, for example mince manufacture, will be audited at the same time as the cutting activity. In between full audits there will always be at least one unannounced inspection. Further announced or unannounced inspections may take place if necessary to verify compliance with the legislation.

1.4 Commencement of FBO audits following approval or periods of closure

1.4.1 Premises with specific audit requirements

The table below summarises the circumstances under which specific types of establishments operate under a different audit regime.

Establishment	Audit regime
All conditionally approved establishments (slaughterhouses, cutting plants and game handing establishments)	FBO audit will not start until full approval has been granted to the establishment following the FSA's approval assessment/s. An OV, OVA or D/SVO may need to conduct monitoring and enforcement visits during the period of conditional approval; this will be at the specific request of FSA or the D/SVO or OVA. Once full approval has been granted, the first audit will take place 3 months, from the date of the full approval.
Existing premises- on change of FBO	A change of FBO marks the end of an existing approval. The new FBO is required to make an application for a new approval. FBO audit will not commence until full approval has been granted following the FSA's approval assessment/s. The first audit will take place 3 months from the date of the full approval. If during an audit it is suspected that the legal entity has changed the audit should be completed but the D/SVO and FSA in NI approvals team informed of the change of circumstance. FSA in NI will consider and advise if a new approval is required.
Existing premises with full approval- on application to extend or vary activities	In these circumstances, FBO audit should continue as already scheduled for the fully approved activity. The additional activity will only need to be audited once full approval for that activity has been granted following the FSA's approval assessment. For example: • where a fully approved slaughterhouse has applied for additional approval as a cutting plant, audit of the slaughterhouse should continue as scheduled. The audit will include the cutting operations once full approval for that additional activity has been achieved. • where a fully approved cutting plant has applied for additional approval to add minced meat operations, audit of the cutting plant should continue as scheduled, but the minced meat operations should not be included in the

	audit until full approval for that activity has been granted.
Seasonal closure* and temporary or long-term closures * Seasonal closures are pre-notified routine breaks in operation, to a seasonal pattern	Following a period of closure, the FBO is required to notify FSA at least 2 weeks prior to re-commencing operations. The FBO must not re-commence operations until a pre-opening visit has been conducted. Note: Periods of closure are defined at paragraph 124 in the "Operational Policy for the Approval of Meat Establishments undertaken by the FSA". http://www.food.gov.uk/sites/default/files/multimedia/pdfs/oppolicy-meatestablishments.pdf Where the outcome of the pre-opening visit confirms that the establishment meets all legislative requirements, the next FBO audit by the OV should be completed no later than 2 months from operations re-commencing.

1.4.2 Pre-opening assessments

Following a period of closure (seasonal, temporary or longer term) the FBO must not start operations until the relevant D/SVO has been notified in writing and a pre-opening assessment visit undertaken by the D/SVO, OVA, or suitably experienced OV. This visit is to assess that the establishment meets all structural and equipment requirements and other relevant requirements of food law, including the existence of a food safety management system based on HACCP principles.

The FBO's food safety management system must be available at the visit but as the establishment will not be operational, it will not be possible to assess how effectively this works in practice. The effectiveness of the FBO's food safety management system will therefore be assessed at the first scheduled audit visit undertaken by an auditor.

Reference: A pre-opening assessment aide-memoire is available (VPH 21). This is intended to act as a reminder of the areas to address when assessing whether the establishment meets all relevant legislative requirement.

1.4.3 Action following pre-opening assessment

Following the pre-opening assessment visit, if the assessing officer is content that the establishment meets all of the relevant requirements of food law, the relevant VPH officer must notify the FBO in writing that operations may re-commence.

In the event that assessing officer is not content for operations to re-commence, the FBO will be notified of the deficiencies and appropriate enforcement action will be taken. Operations may not re-commence until the deficiencies are resolved on a permanent basis.

If serious deficiencies exist, the assessing officer must refer the establishment to the SPVO, who should arrange for a formal review of approval request to be submitted to the FSA in NI.

1.4.4 Unauthorised resumption of operations

Where VPH officer becomes aware of an establishment that has re-commenced operations without prior notification and a pre-opening assessment visit has not been undertaken, the following measures must be taken:

- The VPH officer will take appropriate action to prevent the FBO operating the establishment until a formal assessment of compliance has been undertaken, or where deficiencies are identified, such deficiencies have been rectified.

- If food has been placed on the market prior to a formal assessment, the FSA in NI will be consulted on action to be taken regarding withdrawal/recall of food. Any such action will be risk-based and proportionate. However, food not yet placed on the market may be detained until a pre-opening assessment has been conducted and the FBO has been notified by the FSA that operations may re-commence.

1.4.5 New establishment

New establishments default to having their first audit 3 months after full approval is granted. However where it is considered appropriate during the conditional approval stage the approvals officer from FSA can request an inter approval inspection before full approval is recommended. This is most likely to occur if the approval officer believes that insufficient progress is being made with

development of operational food safety management systems either, their documentation or their application.

After the initial audit, the frequency will be determined by the risk factors scored in the audit report.

2. Legislation

2.1 Requirement for audit

2.1 Requirement for audit

2.1.1 General requirements for official controls

It is a principle of (EC) 854/2004 that official controls will verify the FBO's compliance with (EC) 852/2004, (EC) 853/2004, (EC)1069/2009 & (EU)142/201 and other EU and national regulations that apply to approved meat establishments.

Part of that verification process is the audit of good hygiene practices and HACCP-based procedures as required by (EC) 852/2004 Article 5 and (EC) 853/2004 Annex II, Section II, the FBOs food safety management system.

In addition to the audit of good hygiene practice, the auditor must verify the FBOs continuous compliance with their own procedures for, amongst others, all aspects of animal by-product handling (including SRM control), animal identification and animal health and welfare of animals.

In addition to the audit of HACCP-based procedures the auditor must check that the operator's procedures guarantee, to the extent possible, that meat is free from patho-physiological abnormalities or changes, faecal or other contamination and SRM (subject to Community rules).

Regulation: (EC) 854/2004, Article 4.

2.1.2 Food fraud

The recommendation of the Food Fraud Task Report 2007 is that auditors and other officials visiting food premises should bear in mind the possibility of fraudulent activities.

2.1.3 GHP audit

Audits of good hygiene practices shall verify that FBOs apply procedures continuously and properly, concerning at least:

- checks on food-chain information (slaughterhouses only)
- the design and maintenance of premises and equipment
- pre-operational, operational and post-operational hygiene
- personal hygiene
- training in hygiene and in work procedures
- pest control
- water quality
- temperature control
- controls on food entering and leaving the establishment (includes traceability and identification mark application)
- any accompanying documentation

Regulation: 854/2004, Article 4, paragraph 4

These requirements are designed to control hazards in a general way and are clearly prescribed in Community law. They may be supplemented with guides to good practice established by the meat sector.

Guidance can be found in the MIG chapters 2 to 8, 10 to 12 and 14 to 17 and in the EU guidance document on the implementation of procedures based on HACCP principles.

2.1.4 HACCP audit

Audits of HACCP-based procedures are to verify that FBOs are applying procedures continuously and properly. The auditor must determine whether the procedures guarantee, to the extent possible, that products of animal origin:

- comply with microbiological criteria laid down under EU legislation

- comply with EU legislation on residues, contaminants and prohibited Substances

- do not contain physical hazards, such as foreign bodies

Reference: (EC) 854/2004, Article 4.

When a FBO uses procedures set out in guides to the application of HACCP principles rather than establishing its own specific procedures, the audit shall cover the correct use of these guides.

Reference: (EC) 852/2004, Article 4, paragraph 5.

3. FBO Responsibility

3.1 Compliance with the legislation

3.2 HACCP based systems

3.1 Compliance with the legislation

3.1.1 FBO compliance

The FBO is required to comply with the requirements of (EC) 852/2004, (EC) 853/2004 other EU and national regulations that apply to approved meat establishments. These are the standards against which the auditor will assess the FBO performance at audit.

Food safety management systems must be implemented and must be sufficient to achieve the objectives of the Regulations.

Reference: MIG, Part 1 – FBO Obligations.

3.1.2 Role of the Meat Industry Guide

The MIG contains an interpretation of the EU Regulations and extensive, detailed guidance on how the FBO may achieve effective compliance with the legislative requirements.

3.1.3 Justification of procedures

The FBO is not obliged to follow the guidance in the MIG and may choose to achieve compliance with the Regulations by alternative means.
http://www.food.gov.uk/businessindustry/guidancenotes/hygguid/euhygieneregulationsflexibilities/flexexmig

The FBO must be able to provide justification for the procedures put in place to

manage food safety and hygiene, risks, especially if these differ from the MIG.

3.1.4 Access, records and assistance

The FBO is required to offer all assistance needed to ensure that official controls carried out by the competent authority in relation to public health and animal welfare can be performed effectively, and in particular to:

- give access to all buildings, premises, installations or other infrastructures
- make available any documentation and records required under the Regulations or considered necessary for judging the situation.

Regulation: The Food Hygiene Regulations (NI) 2006, regulation 15; The Official Feed & Food Controls Regulations (NI) 2009, regulation 18; and Welfare of Animals at the Time of Killing Regulations (NI) 2014 regulation 28.

3.1.5 FBO involvement in audit

The auditor should expect to be accompanied by the FBO (or a suitably nominated representative) throughout the audit.

3.2 HACCP based systems

3.2.1 Obligation to implement

The FBO, considering the nature and size of the business, has a duty to implement a permanent procedure based on the 7 HACCP principles of:

1. identifying any hazards that must be prevented, eliminated or reduced to acceptable levels

2. identifying the CCPs / control points required by regulations at the step or steps at which control is essential to prevent or eliminate a hazard or to reduce it to acceptable levels

3. establishing critical limits / legal limits at CCPs / control points required by regulations which separate acceptability from unacceptability for the prevention, elimination or reduction of identified hazards

4. establishing and implementing effective monitoring procedures at CCPs /

control points required by regulations

5. establishing corrective actions when monitoring indicates that a CCP / control point required by regulation is not under control

6. establishing procedures, which shall be carried out regularly, to verify that the measures outlined above are working effectively

7. establishing documents and records commensurate with the nature and size of the food business to demonstrate the effective application of the measures outlined above

When any modification is made in the product, process, or any step, FBOs shall review the procedure and make the necessary changes to it.

The FBO must also provide the competent authority with evidence of their compliance and ensure that any documents describing the procedures are up-to date at all times.

Regulation: (EC) 852/2004, Article 5

Reference: See MOC Volume 2, 14f on EU guidance document on the implementation of procedures based on HACCP principles, and on the facilitation of the implementation of the HACCP principles in certain food businesses; MIG chapter 9 on ‘HACCP’ and in this chapter, part 2 on ‘HACCP based procedures’

3.2.2 HACCP and pre-requisites

HACCP systems are not a replacement for other food hygiene requirements, but a part of a package of food hygiene measures that must ensure safe food. It must be borne in mind that ‘prerequisite’ food hygiene requirements must be in place prior to establishing HACCP procedures, including in particular:

- checks on food chain information
- the design and maintenance of premises and equipment
- pre-operational, operational and post-operational hygiene
- personal hygiene
- training in hygiene and in work procedures

- pest control
- water quality
- temperature control
- controls on food entering and leaving the establishment, any accompanying Documentation

These requirements are designed to control hazards in a general way and they are clearly prescribed in Community law. They may be supplemented with guides to good practices established by the different food sectors.

Reference: EU guidance document on the implementation of procedures based on HACCP principles, http://ec.europa.eu/food/food/biosafety/hygienelegislation/guide_en.htm and on the facilitation of the implementation of the HACCP principles in certain food businesses and the MIG chapters 2 to 8, 10 to 12 and 14 to 17.

Note: Other requirements of Community law, such as traceability, the withdrawal of food and the duty of informing the competent authorities should, although not covered under the food hygiene rules, also be considered as prerequisite requirements.

Reference: (EC) 178/2002, Articles 18 and19.

4 VHPTP Role

4.1 Responsibilities

4.1.1 Who conducts the audit?

Trained and experienced auditors conduct the audits in all approved establishments supervised by VSAHG on behalf of the FSA in NI.

Note: OVs and novice OVs (NOV) do not undertake audit work but will provide supporting evidence for the audit. All relevant evidence gathered by them during the audit period (ENF 11/5) will be presented to the auditor for consideration during an audit.

4.1.2 Auditor's code of conduct

The following four principles are the standards of conduct that are expected from auditor carrying out FBO audits:

1. **Integrity**

Auditors shall demonstrate integrity in all aspects of their work. The relationship with OVs, MHIs and with FBOs should be one of honesty and fairness. This establishes an environment of trust which provides the basis for all activities carried out by the auditor.

1. **Objectivity**

Auditors shall display professional objectivity when providing their opinions, assessments and recommendations. The auditor should not be unduly influenced by the views of others or by personal interest.

2. **Competency**

The auditor shall not carry out audits if they feel they do not have the base auditor competency or if they lack technical competency in the area being assessed. All auditors are to hold Food Safety Lead Auditor and Intermediate level HACCP qualifications.

3. **Confidentiality**

Auditors shall safeguard the information they obtain while carrying out their duties. There should not be any unauthorised disclosure of information unless there is a legal or professional requirement to do so.

4.1.3 Audit tasks

The following table identifies the different tasks and responsibility for completion.

Task	Responsibility
Arrange audit dates with FBO / representative	Auditor
Confirm audit date in writing through K2	Auditor
Complete inter audit operational reports and make it available to auditor	OV / MI
Auditor preparation gathering information on FBO's food safety management systems	Auditor
Carry out audit visit, including the discussion of audit findings and possible corrective actions, with the FBO or their representatives (in cutting plants)	Auditor
Keep notes of checks, observations and other evidence: file on HPRM	Auditor

Compile report and submit on K2 (5 working days from closing meeting)	Auditor
E-mail draft report to FBO for correction of factual errors	Auditor
Review report, amend or arrange amendment (if needed) & approve	Audit manager
Distribute completed audit report to FBO through K2, with copies provided to auditor and to other VPHP and FSA NI official	FSA OpA
File final report AUD 9-3 on HPRM	VPHP admin
Update non compliance report once all issues addressed	Auditor

4.1.4 Auditor duties

The auditor is responsible for:

- arranging the audit visit with the FBO

- completing the audit within the calendar month of the designated audit frequency

- auditing the FBOs FSMS and FBOs compliance with animal health and welfare Regulations, communicating non-compliances identified during the audit visit

- completing the Audit report (AUD 9-3)

- determining an audit outcome and audit frequency

- submitting the completed audit report through K2 to FSA Operations Assurance (OpA)

- advising the FBO on compliance with legal requirements in relation to the Audit

- agreeing any necessary remedial action with the FBO, ensuring deficiencies are effectively addressed (cutting plants)

4.1.5 Auditor exclusions

The auditor should not:

- assume accountability for FBO compliance
- take over tasks that are for the FBO to perform
- act as a quality assurance manager
- act as an advocate between industry and VPHP/FSA
- write company procedures or HACCP plans, although advice may be given.

4.1.6 Advice on addressing non compliances

The auditor should advise the FBO to develop an action plan in conjunction with the resident OV / CPC OV. Depending on workload the CPC OV may be assisted by another OV or the regional D/SVO.

Essentially it is the resident OV / CPC OV and not the auditor who is responsible for :

- advising the FBO on compliance with legal requirements in relation to non compliance highlighted by the audit
- agreeing any necessary remedial action with the FBO so that FBO actions are more likely to effectively address deficiencies

4.1.7 Assurance measures

As an assurance measure the audit manager carries out quality checks on a representative sample of audit reports. The checks are biased towards reports of poor performing FBOs (assessed as ‘Improvement Necessary’ and ‘Urgent Improvement Necessary’). The audit manager can be assisted by the other regional D/SVOs and / or OVAs if necessary to meet performance targets.

The audit D/SVO is responsible for ensuring audit targets are met.

4.1.8 Resident teams

OVs and MIs delivering day to day inspection and verification in an establishment must ensure that they are familiar with the procedures put in place by the FBO, in particular for the process for which they have an inspection role. MIs must bring to the attention of the OV any non compliance not effectively addressed by the FBO's own systems, and record their actions on the intervention record, VPH 23. This way information from the resident team can inform the audit process.

Note: The OV must ensure that MIs working under their responsibility maintain a current understanding of the FBO's procedures.

4.1.9 VPHP admin support

VPHP admin file the audit report on HPRM.

4.1.10 Summary of audit process

The following summarises de audit process:

Audit Process Flow	
General	1. AuditD/SVO: Establish available working days within a month – bank public hols for the year ahead, annual leave on application.
For each month	2. Audit D/SVO using K2: Identify full and partial audits due and review allocations and arrangements for the rolling 2 month period ahead. 3. Auditor: Contact the relevant FBOs to offer available dates for full audits. Keep a record of contact attempts and alert audit D/SVO if having difficulty arranging. 4. Auditor: Populate audit summary planning spreadsheet and update K2 with agreed dates as soon as possible.

	Audit D/SVO: ,Monitor FBO cooperation, intervene as appropriate, amend arrangements by exception. 5. FSA Operations Assurance: Issue notification letters for full audits through K2. 6. Auditor: Prioritise and arrange partial audits as appropriate.
For individual full audits	7. Auditor: Pre audit information gathering from resident OV & team, unannounced visit reports, information requested from FBO as appropriate. 8. Auditor: Visit, conduct audit – opening meeting, reality check*, documentation checks* & audit, information assimilation, enforcement notices (where appropriate), closing meeting. (Auditor assisted by audit experienced MI for * where appropriate) 9. Auditor: Prepare audit report including circulation of draft report to FBO using K2. Inform the UAI planning process of issues.
General	10. Audit D/SVO: Monitor audit reports 11. FSA Operations Assurance: Issue audit report to FBO cc to Auditor, Resident OV and/or Regional D/SVO, EHO (where appropriate) VPHP admin support and FSA in NI 12. VPHP admin support: File on HPRM
Disputes / disagreements	13. Auditor: Request Audit manager to make amendments to K2 report with regard to any technical inaccuracy. 14. VPHP admin support: On request provide the FBO with the form Request for a Review of the Full Audit of the FBO's Food Safety Management Systems available from http://www.food.gov.uk/business-industry/meat/audit 15. VPHP admin support: On receipt of a Review Form, file on TRIM and notify the SPVO and Audit manager. HPRM and notify the SPVO and Audit D/SVO 16. Audit manager: Update K2 and advise the Auditor.

Disputes / disagreements	17. SPVO: Appoint Investigating Officer where an appeal has been lodged. 18. Investigating Officer: Review points raised by the FBO. Complete review report and share with FBO, Auditor, Resident OV and/or Regional D/SVO, Audit manager. File on HPRM. 19. Audit D/SVO: Update K2
For individual partial audits	20. Auditor: Review available evidence of corrective action taken (from Resident OV & team, follow up to enforcement action and / or unannounced visit reports by Cutting Plant Compliance OV and Team or from OVA or Regional D/SVO. Update documentation. Arrange a partial audit visit to assess compliance where necessary.

4.2 Audit schedule

4.2.1 Arranging visits

The previous audit or the date of granting of full approval determines when an audit is due. This information is held on K2 and in the relevant FBO compliance audit container in HPRM. Audit visits should be completed within the month they are due.

The audit D/SVO or auditor themselves allocates the audits in advance on K2.

The auditor must contact the FBO sufficiently in advance of the month in which the audit is due to get an agreed arranged date. The auditor must arrange the audit for a time when the establishment is operational and may need to be arranged over more than one day to be able to see as many processes as possible.

The auditor should endeavour to ensure the Resident OV will be available for the closing meeting. Where the audit outcome is likely to be improvement necessary

or urgent improvement necessary cover will be required for the Resident OV to attend the closing meeting. This must be notified to BS to VPHP.

The Auditor confirms the audit date on K2. The system will then issue the appointment letter, cc the OV through VPHP post.

The appointment letter confirms the scope of the audit, the access and information that will be required.

Reference: Regulation (EC) 882/2004, Article 3, Para 2 (FBO appointment letter NI)

Note: The Auditor must liaise directly with the FBO regarding any documentation they wish to have in advance of the audit.

Notification of the audit allows the FBO to make themselves, or the relevant members of their team, available. In addition, it allows the FBO to have any necessary documentation available for audit.

4.2.2 Target for subsequent audit completion

Subsequent audit visits will be within the month determined by the last audit category.

4.2.3 Alternative arrangements

After an audit date has been agreed, if the FBO wishes to cancel and rearrange, the Auditor must notify the audit D/SVO and Technical Advisor and update K2 with the revised arranged date and reason for the change.

4.3 Audit protocol

4.3.1 Collecting evidence as to the compliance of the FBO

In slaughterhouses: VPH officers are present every day the establishment operates. As part of day to day business VPH officers should record objective evidence as to the level of compliance by the FBO with both his own procedures and with legislative requirements.

In cutting establishments: VPH officers are normally only present to conduct an audit, although the establishment may have been the subject of an unannounced inspection since the last audit, or visited in connection with VC-SRM verification. Prior to a scheduled audit taking place, the auditor should establish whether any unannounced inspections have taken place and if so, what enforcement activity arose as a result.

Both the OV and MI have important roles to play in identifying and recording non-compliances. Where the FBO's systems fail to deal effectively with non-compliance with particular significance to public or animal health and welfare these should be acted on immediately. However objective evidence of the non-compliance must be recorded in accordance with this Manual.

Note: 'Major' or 'critical' NCs should trigger an immediate action.

4.3.2 Assessment of operational records

Prior to the audit, the auditor must review enforcement records for the period since the last audit and use this information when assessing the effectiveness of the FBOs food safety management procedures and HACCP based system, taking account of corrective actions.

Hygiene, by-products including SRM as well as welfare (WATOK) issues are recorded in the VPH23. Where necessary, enforcement action is recorded in the VPH 23. Unannounced inspection reports may be available.

The auditor should also review the previous audit report. The non compliance report and subsequent level of compliance recorded should be considered to inform the focus of the current audit. Previous major and critical non compliance areas must be re-assessed.

The auditor should speak to the resident OV in slaughterhouses (or regional D/SVO of resident not available) as well as reviewing available records prior to the audit to ensure proper understanding of day-to-day issues.

4.3.3 Audit conduct

Precise arrangements will be dictated by times of processing in a particular establishment. An effort should be made to see in practice as many approved activities as possible. Activities not seen at the audit should be priorities for any unannounced inspection and / or targeted at the next audit. Suggested routine would be to have a preliminary walk round and reality check on operational issues, gather objective evidence regarding cleaning, maintenance, personal hygiene and so on. This is followed by a detailed look at FBO documented systems and associated records for all activities. A more focused reality check may be carried out if necessary on specific operations, including CCPs, to verify document audit findings.

4.3.4 The opening meeting

The Auditor must start each audit with an opening meeting with the FBO (or appropriate representative) and outline the:

- reason for and scope of the audit, anticipated length of the audit and the day programme
- information and access that will be required
- if there are any health and safety issues that the auditor must be aware of, and if FBO 1st aider would assist auditors if necessary
- purpose of the subsequent closing meeting, and
- publication of audit reports.

The opening meeting should also be used to:

- confirm that there have been no changes to food business operator, structures, equipment or activities carried out since the previous audit and that all necessary approvals are in place;

- review any matters outstanding from the last audit follow up
- highlight issues identified from the review of operational records.

There is an opening meeting aide memoir available via the intranet.

If during an audit it is suspected that there has been a change of legal entity the audit can continue but FSA in NI Approvals Team must be informed so FSA in NI can consider whether a new approval is required.

4.3.5 When carrying out the audit

During the audit, the auditor will:

- collect and record objective evidence of the FBOs compliance with legislative requirements for food safety management systems based on HACCP principles, including animal by-product and where appropriate, SRM, animal health and welfare procedure.
- conduct ‘reality checks’ to observe whether the FBO’s procedures in practice reflect the policies and procedures as documented

  Note: In slaughterhouses some of this information will be gathered on a daily basis by MHIs / OVs.
- score individual questions and sections as compliant or non-compliant (minor, major, critical)
- determine the overall audit outcome as “Good”, “Generally Satisfactory”, “Improvement Necessary” and” Urgent Improvement Necessary”

The auditor should expect to be accompanied by the FBO (or nominated representative) during the visit. The auditor should ensure that they communicate to the FBO (representative) any issues that might influence the assessment and score as and when they arise during the audit sampling process so that these can be expected to feature in the closing meeting.

4.3.6 Serious issues identified during audit

If an issue of serious public health, animal health or welfare arises during an audit (e.g. considered 'critical'), the auditor should:

- inform the FBO, the OV (where appropriate) immediately, and the regional D/DVO or OVA as soon as reasonably practicable
- take any necessary immediate enforcement action (either the OV if on site or auditor if there is no OV on site)
- consider curtailing the current audit until the serious matter is resolved

Note: Where an audit has to be curtailed in this way a return visit to complete the process must be arranged as soon as possible.

4.3.7 Audit notes

It is important that audit notes are taken during the audit as they constitute an essential element to support the auditor audit findings and justify the audit assessments.

.
Each page must:

- have the footer section completed
- contain contemporaneous, detailed and legible notes with cross reference to the audit report section

All audit documents must be filed **and finalised** on HPRM to be available for internal and external (FSA or FVO) auditors.

🗀 Animal & Veterinary Public Health - Compliance - Meat Hygiene – [Establishment name] – FBO Compliance Audit

4.3.8 Identification of records used in the audit assessment

The auditor should identify in their notes the records examined during the audit by recording the document title / reference and dates or date range checked. Where the records checked are satisfactory a comment like '*Selection of records ABC between X&Y dates found to be satisfactory*' would be acceptable.

The auditor may initial and date actual records checked if they wish. Annotating a record in this way indicates that a document was examined. It is not an indication that the document or record is satisfactory.

Particular note should be taken of unsatisfactory records with reference to the specific record(s) in the audit report. A copy of the unsatisfactory record, can be appended to the audit notes or details recorded in the notes of how the record is deficient.

4.3.9 The closing meeting

The audit must be concluded with a closing meeting, guided by the closing meeting aid memoir (available via intranet) with the FBO (or appropriate representative) which:

- summarises the audit findings (positive and negative)
- outlines any deficiencies found clearly distinguishing between legislative non-compliances (points to be listed on the non compliance report) and issues that are not best or good practice
- discuss overall confidence in FBOs food safety management systems
- give an indication of the expected future audit category
- give details of report procedure
- give details of publication of the audit categories
- outline subsequent action and right of appeal

The closing meeting provides an opportunity for the FBO to respond to audit

findings, to discuss his proposed actions and to provide any further supporting evidence if he disagrees with any audit findings.

4.3.10 Sites with resident OV

The resident OV should wherever possible attend the closing meeting. Where they are unable to attend they must be fully briefed by the auditor at the earliest opportunity after the event.

The resident OV must liaise with the FBO, encouraging the FBO to develop an action plan with timescales to address the non compliances identified at the audit. The resident OV then monitors implementation of the FBO's action plan. Where the FBO is uncooperative the resident OV should apply the hierarchy of enforcement and follow the guidance in Chapter 7, Enforcement.

4.3.11 Sites with no resident OV

At stand-alone cutting plants only, the auditor, at the end of the closing meeting, discusses the corrective actions required, including proposed timescales and possible enforcement action. These discussions are captured in a draft action plan.

The FBO is advised to liaise with either the auditor or the CPC OV regarding the further development of the plan and assessment of implementation. In general the auditor will be the point of contact for 'improvement necessary and urgent improvement necessary sites.

Again where the FBO is uncooperative the auditor or CPC OV, as appropriate, should apply the hierarchy of enforcement and follow the guidance in Chapter 7, Enforcement.

4.3.12 Further information provided by the FBO

The FBO may wish to provide additional evidence following discussion at the closing meeting or to provide documentation not available at the time or to demonstrate immediate action taken to correct deficits identified. Provided this evidence is received by the auditor within 5 working days of the closing meeting, it may be taken into consideration.

In the event that the auditor has already completed and submitted the audit report, the additional evidence should be assessed by the auditor and a comment on its relevance provided to the audit manager regarding whether the report should be withdrawn and revised.

4.3.13 Audit report

The audit report (form AUD 9-3) must be compiled from the audit findings and should not be materially different to the findings presented verbally during the closing meeting. The completed report must be submitted by the auditor through K2 within 5 working days of the closing meeting.

As the formal record of the audit findings, the audit report must contain objective evidence to support the overall findings of the audit and the results given to the FBO during the closing meeting of the audit visit.

Good audit practice includes positive reporting as well as negative. The trigger for the auditor to make narrative entries in the supporting evidence box will be based on the score in the assessment box. Assessment boxes which have not been marked as 'compliant' require an entry in the supporting evidence box or where there is a changed score from the previous audit.

4.3.14 Submission of Audit report (AUD 9/3)

The following table details the process which should be followed after completion of the audit report.

Step	Action
1	The auditor completes the report (AUD 9/3) and submits it on K2 within 5 working days of the closing meeting
2	K2 issues a draft report to the auditor
3	The auditor forwards the draft report to the FBO, copied to the audit manager, requesting feedback on factual inaccuracies within 3 working days

4	The Audit D/SVO reviews the report for clarity and consistency
5	Any necessary amendments are made before the Audit D/SVO approves the final report for issue from K2
6	FSA Ops (K2) distribute the final audit report to the FBO, the auditor, , the EHO (where relevant), Audit D/SVO, VPHP admin and to FSA NI. VPHP admin file on HPRM .
7	VPHP admin generate a base Action Plan, save it on HPRM and send it to the Audit D/SVO. VPHP Admin also update the VPH 23 with the audit non compliances. The Audit D/SVO sends an Audit Outcome Email to the auditor, OV/ CPC OV, and premises D/SVO. This email confirms the audit outcome, sets a date for any necessary partial audit and unannounced inspection. It also confirms the date of the next full audit and has attached the full audit report and action plan. http://rniwebdrawer.edrm.nigov.net/HPRMWebdrawer/record/65573358/File/document

4.3.15 Auditor's feedback to resident teams

In addition to involvement in the closing meeting the OV and resident team receive a copy of the audit report.

4.4 Completing the Audit Report

4.4.1 Use of objective evidence

As the formal record of the audit findings, the audit report must contain objective evidence to support the overall findings of the audit and the results given to the FBO during the closing meeting of the audit visit.

Although it was agreed with industry stakeholders that the audit report will mostly contain exception reporting, good audit practice dictates that reports should include both positive and negative reporting. The trigger for the auditor to make narrative entries in the supporting evidence box will be based on the score in the assessment box. Assessment boxes which have not been marked as ‘compliant’, or changing scores from the previous baseline audit will require an entry in the supporting evidence box.

4.4.2 Use of positive language

The auditor should use positive language during the closing meeting and in the audit report.

This will help to promote constructive communication of audit findings between the auditor and the FBO, better participation and resolution of NCs through joint identification of action and opportunities for improvement, which is the main aim of the audit.

4.4.3 The action plan

The action plan is a document to capture the FBO’s proposed corrective actions and timescales. The FBO’s progress toward compliance can be monitored against the implementation of the plan.

VPHP admin generate a base action plan document from the audit non compliance report. This is given to the FBO to complete with their proposed action and timescales for completion. VPHP admin also update the VPH 23 with the audit non-compliances.

The OV (resident, CPC OV or auditor as appropriate) liaises with the FBO in the development and subsequent assessment of implementation of the action plan.

The action plan and correspondence relating to it are filed on HPRM in the establishment's 'enforcement' container and progress on compliance recorded on the VPH 23.

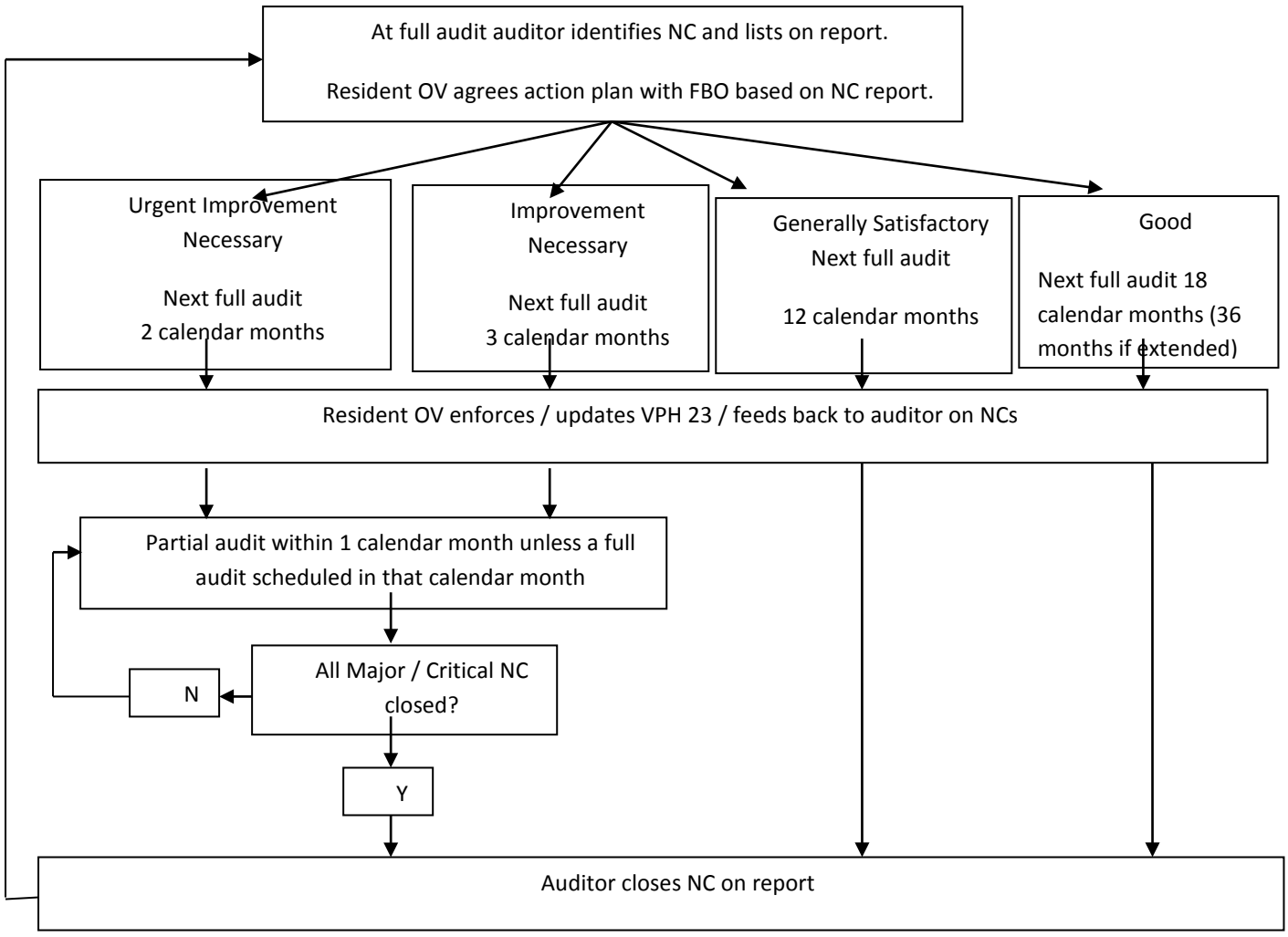
4.5 Audit assessment

4.5.1 Recording compliance

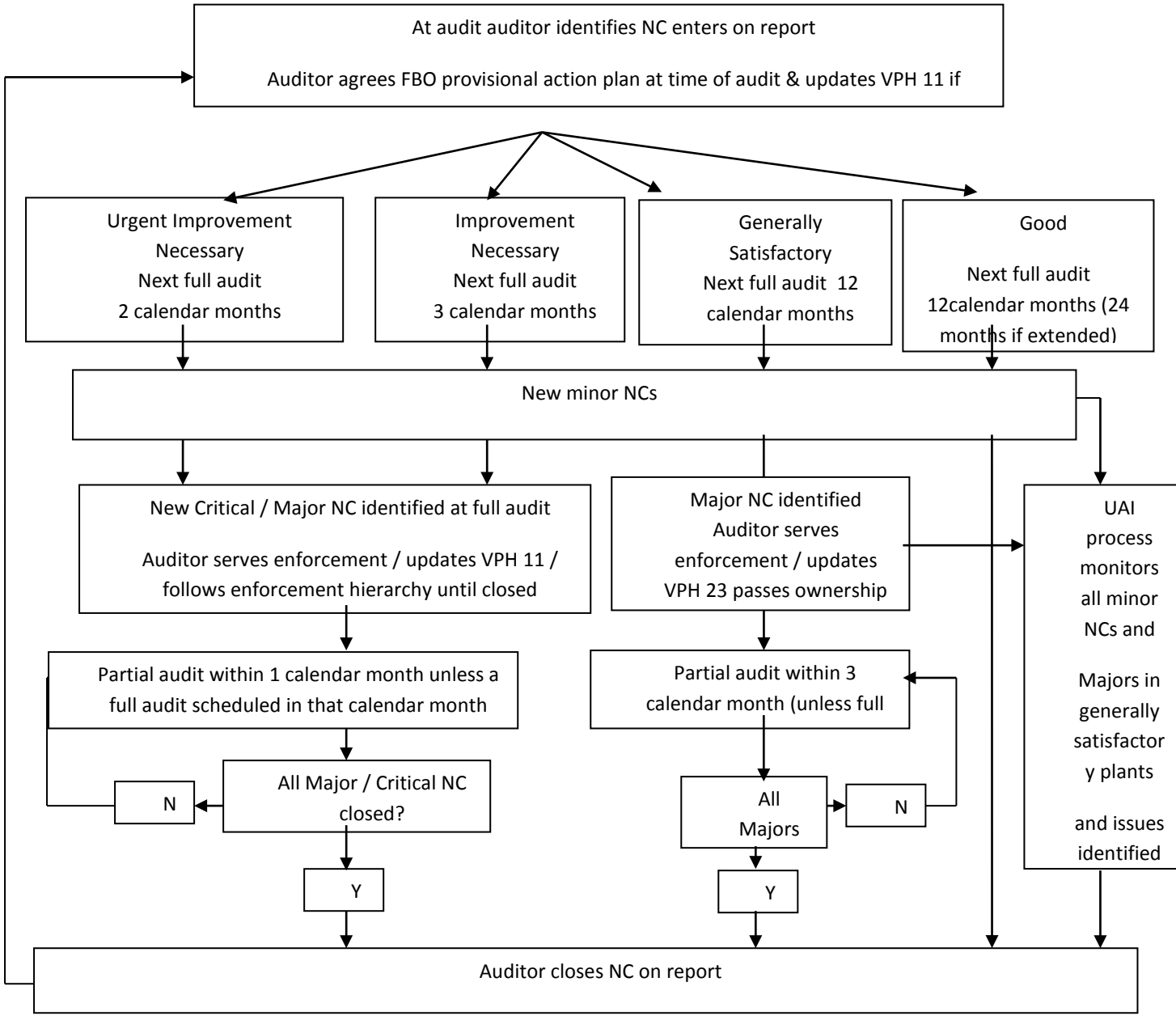
Each section of the audit report requires the auditor to gather evidence regarding the level of compliance with the stated outcomes and record it as compliant or minor, major, critical NC.

4.6 Enforcement

4.6.1 Slaughterhouses, game handling and co-located cutting plan



4.6.2 Stand – alone cutting establishments



Note: For approved slaughterhouses with or without co-located cutting plants with two consecutive audits in the "Good" category, they shall move to an extended audit frequency of 36 months.
For standalone cutting plants and cold stores (where applicable) with two consecutive audits in the "Good" category shall move to an extended audit frequency of 24 months.

Note: The resident OV is responsible for progressing enforcement action, informal and formal, to address all non compliance, critical, major and minor, identified in the audit of the site.

Note: The partial audit of a generally satisfactory site may not require a site visit by the auditor

Note: Enforcement by auditor is in respect of matters which they have witnessed and it is not reasonable to have another officer attend to take action on that issue.

4.7 Actions following the audit

4.7.1 Audit outcome

The approach following the audit will depend on the outcome of the audit and the number of identified minor, major and critical non-compliances.

In slaughterhouses, co-located cutting plants and wild game establishments the resident OV is responsible for agreeing the FBO action plan and progressing and documenting any necessary enforcement action as they do during the inter-audit period.

For stand-alone cutting establishments, the responsibility is shared; this means the auditor will agree the preliminary FBO action plan at the time of the audit and take and document any immediately indicated enforcement action. Refinement of the action plan and further advice and enforcement, is provided by the CPC OV and team, with assistance from relevant D/SVO when required.

Reference: See topic “Audit Outcome and Frequency” in section 5 of this chapter for additional guidance on revisits.

4.7.2 Re-assessment

Audit outcomes, and as a result audit frequencies, can be re-assessed at the request of regional D/SVO and/or FSA in NI and/or the FBO. The date of the audit can be brought forward or backwards providing that certain conditions are met.

An FBO cannot request an early audit immediately after an unsatisfactory audit outcome. In these circumstances scheduled audit frequency can be only changed once there is a satisfactory UAI report and all major and critical non compliances are signed off as action being completed and satisfactory.

The auditor can carry out another full audit of an establishment prior to its scheduled date if there is evidence that the standards have dropped, i.e. deficiencies that would result in major or critical non compliances at audit that are identified during UAIs and indicating the establishment is generally not compliant.

4.7.3 Critical and major non-compliances

The auditors generally carry out an on-site partial audit of any establishments with critical and / or major non-compliances to assess progress toward compliance. These visits are chargeable to the FBO and are treated separately to the UAI programme.

Critical non-compliances can only be closed off by the auditor following an on-site partial audit where compliance is demonstrated.

Major non-compliances may or may not require the auditor to conduct an on-site partial audit to allow closure.

- Where the auditor is satisfied that a major non-compliance identified at the full audit has already been effectively rectified by the FBO, that major non-compliance can be closed off at the time of audit reporting. No visit or partial audit report is required.
- Where the audit outcome is ‘generally satisfactory’ the auditor has the option to accept evidence provided by the FBO and corroborated by the resident OV or CPC OV to close off a major non compliance. A visit is not essential but a partial audit report is required. The auditor has the discretion to visit if they consider it necessary.

4.7.4 Minor non compliances

Minor non-compliances are followed up by the resident OV in the case of slaughterhouses, co-located cutting plants and wild game handling establishments or during unannounced inspections in the case of stand-alone cutting plants by the CPC team. The officer involved in assessing the corrective action taken by the

FBO can recommend that the auditor closes off a minor non-compliance once they are satisfied compliance has been achieved.

Minor non–compliances can also be closed off by the auditor at a partial audit, where required or at the next full audit.

4.7.5 NC closed count to vs do not count to outcome

When a NC is closed, either at a full or partial audit, the auditor should decide if the closed NC will count towards the outcome of the audit or not:

- If the NC raised at a full audit is closed at the next full or partial audit and the deficiencies have been resolved within the agreed timescale and without the need to escalate enforcement, the auditor should mark it as closed – do not count to outcome. The NC will not appear in the next full audit report.

- If the NC is closed at the next full or partial audit but the agreed timescales to resolve the deficiencies have not been met and / or enforcement has required escalation, the auditor should mark it as closed – count to outcome. This will not appear automatically in the next full audit report and should be manually added in the following audit report. The auditor should decide the final assessment based on the evidence available during the audit period.

If a NC raised at the full audit is closed at the full audit, it should always count to the outcome. This may be for matters that happened during the audited period (for example, raised by the OV on site or by the inspector during a UAI visit) but that had been correct at the time of the audit.

4.7.6 Use of the link tool

Linking of NCs should be done for two reasons:

1. to prevent the same deficiency being raised as different NCs in more than one question in the audit report.

   If the auditor considers that there is a deficiency that constitutes a NC that applies to several questions, the auditor should use the link tool so that the same deficiency is recorded in all the applicable questions. This will count as a single NC for audit outcome purposes and all linked questions will have the same NC recorded against them in the NC report.

2. to group different NCs in order to escalate the severity of the NC.

When a NC is related to NCs recorded against other questions of the audit report that justify increasing the severity of this NC, the auditor should enter the more severe NC assessment in the most relevant question (the question where the NC sits best). The other questions to which the NC relates should be linked to it. The linked NCs will have an individual entry in the NC report and another one cross-referenced to the NC to which they have contributed. Not all the linked NCs necessarily need to be assessed with the same score (for example, one major could be linked to one or several minors, or one critical could be linked to majors and / or minors).

Note: For the purposes of this section, the following definitions apply:

- **deficiency** – an individual and very specific failure to comply with the legislative requirements (for example, in-rolling, dirty surface, uncut bird(s)) which are entered individually in the enforcement programme and are used as supporting evidence to justify audit NCs.

- **NC** –Non Compliance- a failure to comply with legislative requirements against a question
  and which is supported by one or several related deficiencies

- **question** – each sentence intended to elicit information in the audit report and which is assessed depending on the level of compliance

- **section** – a group of questions in the audit report under the same general heading.

Examples:

- NCs relating to contamination / cross-contamination (section 3) might be linked to the FBOs food safety management system failure so consideration should be given to linking these to the relevant question in the HACCP section (section 5).

- NCs relating to inadequate welfare practices might be linked to the FBOs welfare management system failure so consideration should be given to linking these to other questions in section 2.

4.7.7 Unannounced inspection

Guidance can be found in this Chapter, section 7.

5. Risk Assessment

5.1 Audit report

5.1.1 Audit report form

The Audit report form (AUD 9/3) is available via the K2 system.

5.1.2 Summary of findings

The report contains an area to summarise the audit findings. The summary of findings should include positive findings (good practice), negative findings (NCs) and a brief description of any variations from the previous audit enabling the FBO and other interested parties to review the audit without needing to read the full detail contained within the report.

5.1.3 Non-Compliance Report (NCR)

At the end of the audit report there is a section containing the NCR.

The non compliance report enables the auditor to clearly inform the FBO of areas identified as requiring corrective action.

Once the FBO receives the report, the FBO is responsible for taking the necessary corrective action.

5.1.4 Action plan

The FBO should be encouraged to develop an action plan, in consultation with the OV, to document their proposed corrective action and timescales. In standalone cutting plants an outline plan will be discussed between the auditor and the FBO after the closing meeting. The finer detail and timescales can be agreed with the CPC OV or their delegate if that is not possible at the audit.

The FBO's action plan should be agreed with the resident OV or CPC OV as appropriate. If the FBO fails to put forward their own plan then the OV must give advice on what action is need to come into compliance and the expected timescale for completion. This must be given to the FBO in writing.

The resident OV or CPC OV is then responsible for follow up checks on progress, including checks in areas that are not routinely visited or not part of the UAI programme, taking appropriate enforcement action as necessary.

5.15 Correction of NC

During the next audit, the auditor must verify whether the FBO has taken corrective actions and indicate those which have been completed.

5.2 Audit compliance assessment

5.2.1 FBO compliance history

The history of compliance relates to the deficiencies identified against legislative requirements, including non-compliance with the FBO's own procedures to achieve the objectives of the legislation. These are only relevant when they required OV intervention to correct the problem. It relates to events during the inter-audit interval.

Note: FBO initiating effective corrective actions where their systems have identified a breakdown in their controls is indicative of an effectively functioning control system. This would have no negative impact in the audit.

During the audit, the auditor will record evidence of the FBO compliance history, which will result in a risk score under each category based on the following criteria for the 7 sections in part 2 of the AUD 9-3:

Title	Description
Compliant	Compliance with a food safety programme, food regulatory requirements and animal health and welfare regulations (in the case of slaughterhouses) is achieved if the food business is operating in accordance with its food safety management systems, food safety standards and has met the requirements of the regulations.
Minor	A NC that is not likely to compromise public health (including food safety), animal health and welfare or lead to the handling of unsafe or unsuitable food. An isolated low risk situation that does not compromise achieving control measures of the food safety program; that is, overall the food safety program is still effective in controlling the food safety hazards. When viewed collectively a number of related minor NCs may represent a major NC. Examples (not exhaustive): • a single monitoring lapse of a process that is shown to be otherwise under control • minor structural defects • minor failure to follow good hygienic procedures specified in prerequisite programs • ineffective pest control in a limited area • slight variation from documented procedures • inadequate cleaning in a limited area • a few signatures missing on a record over a short time period intermittent or poor completion of records.
Major	A major NC is a one that is likely to compromise public health (including food safety), animal health and welfare or may lead to the production and handling of unsafe or unsuitable food if no remedial action is taken.

	When viewed collectively a number of related major NCs may represent critical NC. Examples (not exhaustive): • complete departure from procedures contained in the food safety, animal health and welfare program • incomplete action for washing and sanitising procedures • inadequate staff training leading to unhygienic practices • recurrent monitoring lapses of a process • numerous structural defects, with potential impact on food safety or animal welfare • failure to follow good hygienic procedures specified in prerequisite programs
Critical	A critical NC is one where the contravention poses an imminent and serious risk to public health (including food safety), animal health and welfare. Examples (not exhaustive): • systemic failure of critical aspects of the FBO practices and procedures for implementing food safety, animal health and welfare regulatory requirements • a serious pest infestation • intentional falsification of records • the same chopping board and knife being used for ready to eat food after being used for raw chicken without being cleaned and sanitised • evidence of pest control chemicals such as rat bait in food • raw meat juices dripping onto uncovered ready to eat food • repetitive (more than once) major NC for the same practice or circumstance

5.2.2 Compliance rating

Using objective evidence the type of NCs identified during an audit reflects the extent and effectiveness of compliance. The following grading system is outlined in the table below:

Compliance rating	Description	Tolerance for audit outcome
Good	No issues of significance for public health, animal health or animal welfare during the entire audit period.	No majors or critical on day of audit or during audit period
General Satisfactory	No immediate issues of significance for public health, animal health or animal welfare identified on the day of the audit. Any NCs identified during the audit period corrected promptly.	No more than 2 majors during audit or during audit period rectified promptly. No critical during audit period
Improvement Necessary	Major NCs identified at audit and / or NCs during the audit period not always responded to and corrected promptly.	3-6 majors during audit or during audit period. No critical during audit period
Urgent improvement Necessary	Multiple major NCs or critical NC identified during audit visit or interim audit period. Official intervention required to ensure public health safeguards.	1 critical or >6 majors during audit or during audit period.

5.3 Audit outcome and frequency of inspections

5.3.1 Determination of frequency

The frequency of audit reporting is determined on a risk basis, assessed, in part, on the outcome of previous audits.

The scheme differentiates between slaughterhouses with or without co-located cutting plants, approved game handling establishments and standalone cutting plants. Audit frequency for slaughterhouses/co-located cutting plants/approved game handling establishments ranges from 2 to 36 months and for standalone cutting plants ranges from 2 to 24 months (due to an absence of routine official presence in standalone cutting plants the maximum inter audit interval is less than for sites with routine official presence).

In addition to a scheduled full audit, a follow up partial audit is to be carried out in some establishments which is dependent on the full audit outcome.

5.3.2 Audit frequency

The tables below take account of possible extended inter audit intervals and list the minimum audit frequencies applicable to specific types of food establishment. They also include the number of necessary partial audits and unannounced inspections that have to take place.

Audit frequencies for slaughterhouse / co-located cutting plants and approved game handling establishments		
Audit outcome	**Follow up partial audit**	**Full audit frequency**
Good	0	18 months or 36 months**
General satisfactory	Within 3 months*	12 months
Improvement necessary	Within 1 month	3 months
Urgent improvement necessary	Within 1 month	2 months

*If the information provided by the FBO verified by the OV is sufficient to close the NC raised, the auditor does not necessarily need to visit the establishment

**Extended inter audit interval when have 2 consecutive ‘good’ outcomes

Audit frequencies for standalone cutting plants			
Audit outcome	**Follow up partial audit**	**Minimum number of unannounced inspection during interim audit period**	**Full audit frequency**
Good	0	1 or 2***	12 or 24*** months
General satisfactory	Within 3 months*	1	12 months
Improvement necessary	Within 1 month	1	3 months
Urgent improvement necessary	Within 1 month	1	2 months

***Extended inter audit interval and minimum 2 UAI when have 2 consecutive 'good' outcomes

Additional visits based on the audit outcome	
Audit outcome	**Revisits**
Good	• Follow up partial audits (where required) to be carried out by the auditor
General satisfactory	• Unannounced inspections to be carried out by a MI or an OV (for example, co-located cutting plants)
Improvement necessary	• Major NCs in all instances shall be closed off by the auditor either following a site visit or upon acceptance of corroborated evidence of compliance
Urgent improvement necessary	• Minor NCs can be signed off by the auditor upon information received by the field team

5.3.3 Extended inter audit interval

Extending audit frequency aims to provide recognition for FBOs who have sustained a high level of compliance over two consecutive audit outcomes with an aim to ultimately reducing footfall resulting from official control activities without increasing the risk to consumer protection or confidence.

The FSA reserves the right to re-audit meat premises at any time and will act on intelligence and evidence in line with existing intervention protocols. Taking compliance history into consideration encourages businesses to maintain high standards at all times.

Any plant that qualified for extended audit intervals and subsequent audit outcomes drop to Generally Satisfactory, Improvement Necessary or Urgent Improvement Necessary automatically reverts back to standard audit frequencies until they achieve two consecutive Good outcomes.

5.4 Review and right of appeal

5.4.1 Regulators code

The appeals route for FBO audits follows the regulators code:
https://www.gov.uk/government/publications/regulators-code

5.4.2 FBO right to seek review

An FBO may ask for a review of the audit assessment where they believe the assessment is inaccurate or unjust following the steps outlined below.

Stage 1 Appeal Steps	Action
Try to resolve informally	All efforts should be made to resolve any misunderstanding or dissatisfaction informally on a local basis between the auditor and the FBO at the draft report stage when the FBO has the opportunity to correct factual inaccuracies.
Direct FBO to request an audit	If a FBO, or their representative, wishes to appeal on receipt of the final audit report they should follow the direction on the report coving letter to obtain the “Request for a review of the Audit of the

appeal form	FBOs Food Safety Management System" form.
VPHP receives request for audit appeal form	On receipt of the FBO's request for the appeal form, VPHP admin will send the link or form to FBO and alert the audit D/SVO and auditor, in order that the auditor may ensure that all possible efforts have been made to resolve the matter informally.
FBO submits formal appeal, with supporting evidence	The FBO, or their representative, completes their part of the form, stating which sections of the audit report the FBO is appealing against and giving objective evidence to support the claim that the auditor's assessment is incorrect. Any completed appeal form and supporting evidence should be sent to VPHP admin within **14 calendar days** of receiving the audit report. Appeals which are not supported with objective evidence will be rejected.
Investigating Officer (IO) appointed	On receipt of the completed appeal form, VPHP admin will forward the appeal and supporting evidence to the SPVO who is then responsible for appointing a D/SVO or OVA as the Investigating Officer (IO), and confirming the details to the auditor. **Note:** VPHP admin will also advise FSA in NI that the audit is under appeal.
IO reviews the supporting evidence supplied by the FBO	The IO will consider if the appeal has sufficient evidence to continue, if not the IO will advise the SPVO who will reply to the FBO advising that the appeal will not progress any further. IOs will focus on scores challenged and the submission of evidence to carry out the investigation. The IO is not obliged to examine other aspects of the audit to which the appeal is related; however, as findings are sometimes interrelated the IO will take these into account where it is appropriate to do so. The IO will not overlook other relevant information which may be used to inform any decision made
IO conducts an	The IO will determine which considerations should be made when making the assessment. Examples as follows: • Refer to audit notes • Request documents from FSA/FBO

investigation	• Discuss with auditor and FBO • Visit an establishment or not. Telephone interviews may be sufficient to clarify any doubts. NB. IOs should always consider visits to premises where serious concerns are arising e.g. critical or multiple major non compliances. The IO conducts an investigation and completes a report before the last date for completion (stated in part 1 of the appeal form).
Investigation outcome	On conclusion, the IO reports to the SPVO copied to FSA in NI and other VPH officers as appropriate, who will take the necessary actions, depending upon the outcome of the IO's investigation. The audit manager will email the IO's report to the FBO, (including any amended audit report if applicable) and copy the correspondence to the auditor. The IO is responsible for discussing the investigation findings with the auditor and the FBO (or their representative) regardless of whether the investigation report resulted in an amendment or the score was upheld.
	The IOs decision is final but if FBO is dissatisfied by the means in which the appeal was undertaken by DAERA (not the outcome of the appeal), the DAERA Complaints Procedure is available.

5.4.3 Stage 2 appeals

FBOs can only request a Stage 2 appeal following two successive audits which have been appealed at stage 1 and the FBO is not satisfied with the outcome. Only the second successive audit qualifies for a stage 2 appeal review.

A £250 fee is payable by the FBO for a stage 2 appeal process as a contribution to the FSA's costs. Stage 2 appeals will not commence until the fee has been paid. If the review/appeal rules in the FBO's favour and the audit frequency has

been changed the £250 will be refunded. If the appeal changes the outcome of some sections, but this does not lead to a change in the overall audit outcome, the fee will not be refunded.

Stage 2 Appeal Steps	Action
FBO exercises their right to appeal at stage 2	FBO notifies FSA in NI in writing (e.g. via email or post) **within 7 calendar days** of receiving the stage 1 outcome notification of his intention to appeal the stage 1 outcome. The required £250 payment should also be enclosed.
FSA in NI receives FBO written confirmation and payment	On clearance of payment FSA in NI will contact an independent IO appointed by the Food Standards Agency to carry out the investigation. Stage 1 appeals pack is sent to Independent IO for review.
Independent IO	The appeal will be determined within **14 calendar days** by the independent person nominated by the Food Standards Agency. The Nominated Person: • Will give the business and VPHP and the FSA in NI an opportunity to make representations on the matter to be determined • Will determine the matter concerned; • Will notify the FBO and the FSA in NI of the final decision • If the independent IO decides in favour of the FBO and provided the audit outcome has been changed the £250 fee for initiating the appeals process would be refunded to the business.

6. Intervention Protocol

6.1 Intervention protocol for 'Urgent Improvement Necessary'

6.1.1 Intervention protocol

The table below outlines the procedures to be completed when an audit outcome is 'urgent improvement necessary.

Actions following an audit where FBO identified as requiring urgent improvement	
1	Audit D/SVO confirms the audit outcome and notifies FSA in NI of decision by phone/e-mail.
2	Audit manager issues letter of concern to FBO cc FSA in NI when audit outcome confirmed.
3	Urgent improvement necessary confirmed – OV (resident or CPC) role: • OV discuss NCs with Auditor, particularly critical and major NCs • OV meets with FBO - confirm content of discussions / recommendations in writing: 1. to encourage FBO to develop own action plan; and 2. to provide advice and guidance on compliance. • OV follows up action plan delivery and/or takes enforcement action, as appropriate • OV agrees unannounced inspection arrangements with regional D/SVO see guide below • OV maintains and / or escalate enforcement action, as appropriate • OV reviews findings of unannounced inspections where these have been carried out • OV document monthly progress report (copy of above records) to D/SVO or OVA

	Keep records of all of above on HPRM – meeting minutes; correspondence from FBO; advice given to FBO; incident log entries, especially stoppages, records of contamination etc., records of observations at visits **Note:** In the event that the CPC OV has conflicting priorities and cannot deal with any particular stand alone cutting plant the D/SVO will delegate to an appropriate locum OV or OVA **Note:** D/SVO / OVA only visit to support an OV where the OV feels progress is not being made.
4	Urgent improvement necessary confirmed - D/SVO / OVA role: • ensure OV taking appropriate action and keeping appropriate records of discussions, actions and progress • report progress to SPVO at VPH management meetings forward relevant reports on progress to FSA in NI
5	Following partial audit: Compliance achieved or good progress toward compliance: • OV maintains enforcement strategy Limited progress: • OV escalates enforcement as appropriate No progress / deterioration: • OV escalate enforcement as appropriate • D/SVO considers deployment of additional officers in discussion with SPVO SPVO recommendation to FSA in NI for consideration of review of approval. Recommendation is supported by records of enforcement actions, meetings etc kept by OV (as detailed above) including UAI and audit reports.

6.1.2 Audit following UIN identification

Audit following Urgent improvement Necessary
Compliance achieved or good progress toward compliance – out of 'urgent improvement necessary' to good or generally satisfactory • Audit manager issues letter to FBO acknowledging the significant improvement, copy letter to FSA in NI Some progress but still work needed – (UIN > IN) • Audit manager issue letter to FBO acknowledging the improvement but emphasising need for continued action toward compliance, copy letter to FSA in NI No significant progress / deterioration • OV escalates enforcement as appropriate • Regional D/SVO considers deployment for additional officers SPVO recommendation to FSA for consideration of review of approval. Recommendation is supported by records of enforcement actions, meetings etc kept by OV (as detailed above) including UAI and audit reports.

6.1.3 Unannounced inspection to UIN establishment

There will be at least one unannounced inspection between full audits for an urgent improvement necessary establishment. The appropriate officer and timing will be agreed between the OV and the regional D/SVO. The decision tree below should be used as a guide.

Nature of site	Areas of NC	Officer options
Good	• Slaughter only	D/SVO / OVA
General Satisfactory	• Slaughter only	D/SVO / OVA
	• Slaughter & cut / manufacture	D/SVO / OVA
	• Cut / manufacture only	D/SVO / OVA / CPC OV
Improvement Necessary	• Cut / manufacture only	D/SVO / OVA / CPC OV

7. Unannounced inspection

7.1 Unannounced inspections to cutting plant

7.1 Unannounced inspections to cutting plant

7.1.1 Scope of guidance

This guidance is designed to provide a high-level outline of the unannounced inspection (UAI) process and to detail areas of responsibility for relevant officer.

7.1.2 Background and purpose

Authorised officers (OVs and MIs) may undertake, as per FSA policy, UAIs to cutting plants under the direction of the relevant D/SVO.

EC law indicates official controls (which consist of audit or inspection tasks) should be carried out without prior warning (except audits). The unannounced inspection findings shall inform the periodic audit at cutting establishments to provide evidence and assurance of continuous food hygiene legislative compliance by FBOs.

The purpose of UAIs are to:

- bring an unannounced element to official controls at cutting establishments, both stand alone and co-located
- augment the work of the audit process and to provide evidence of continuous compliance with food law, including the application of HACCP based procedures, by FBOs. Where deficiencies are identified by MIs, their actions should address any immediate risks arising. The OV is responsible for any escalation of enforcement to address any systematic failures.
- follow up on non-compliances identified by audit or through complaints or other information

- provide feedback to the auditors through the reports which will inform the decision making process regarding need for site visit for a partial audit
- take enforcement action as appropriate

Following an UAI, the officer must provide the FBO with a verbal summary regarding the results of the inspection, followed by an exception report within 10 working days, where non compliances have been identified. All UAI reports are stored on HPRM.

7.1.3 Issues arising from audits

There must be feedback to the auditor in respect of observations at the UAI regarding open non compliances. Where it has not been possible to confirm compliance with an issue previously identified at audit at the UAI, the OV, D/SVO, CPC OV and/or auditor as appropriate considers whether a further compliance check visit is required. It is acceptable that certain minor non compliances remain unclosed until the next full audit.

7.1.4 Programme of inspection

The programme of inspections of stand-alone cutting plants is established by the audit manager, using information from audit outcomes and based on risk, liaising appropriately with the other D/SVOs. The timing of the UAI to a co-located cutting plant is determined by the resident OV in consultation with the regional D/SVO as required taking account of audit outcome and direction given by the audit manager.

This programme of inspections does not supersede intervention protocols for urgent improvement necessary sites or emergency inspections following receipt of other intelligence, such as food complaints.

All cutting plants (stand alone and co-located) must receive at least one UAI during the period between audits. After any UAI, the need for further UAIs may be identified and D/SVO should use a risk based approach when scheduling such inspections. Time spent on UAIs will be variable, dependant on findings, and managed accordingly using local knowledge.

7.1.5 Areas for review

UAI report forms are based on audit categories, to allow appropriate benchmarking and to further inform future FBO audits. D/SVOs will manage inspections at a local level, advising on the relevant sections to be completed and / or focused on; for example, activity that could not be observed at audit.

The general inspection theme is set out below and inspections will encompass some or all of the following:

- Hygienic production/operational practices, including identification marking, traceability and documentation
- Environmental hygiene, including structure
- HACCP based procedures, particularly implementation and associated documentation
- Animal by products
- TSE/SRM controls
- Microbiological criteria

7.1.6 Roles for inspection

The following table details which personnel should carry out UAIs at different types of establishment.

Type of establishment	UAI by
Conditionally approved cutting plants	OV/OVA/D/SVO
Stand alone cutting plants	CPC or locum OV / MI
Co-located cutting plant	Resident OV

7.1.7 UAI process

The CPC D/SVO is accountable and responsible overall for the UAI process, which may be carried out by the CPC team (OV or MI) or the resident OV co-located cutting plant or by locum OVs or regional D/SVO / OVA colleagues.

MIs in the CPC have the appropriate training and been assessed as competent to carry out this type of inspection. A central list of MIs authorised to carry out UAIs will be held on HPRM with other authorisation lists.

7.1.8 CPC D/SVO responsibilities

For stand-alone cutting plants the CPC D/SVO will co-ordinate the programme of UAI with target dates taking account of the scheduled audit programme. All cutting plants (stand alone and co-located) must receive at least one UAI during the period between audits or two UAI if premises has an extended audit frequency.

Step	Process
1	Audit D/SVO Prepare draft schedule for standalone cutting plants
2	Resident OVs Note for the relevant target date for UAI to co-located cutting plants taking account of the most recent audit outcome and the scheduling of any partial audit and the next full audit.
3	VPHP Admin VPHP admin support will create an UAI template for each cutting establishment and file in FBO compliance audit container in HPRM with 'planning' in the title e.g. 9999 [business name] unannounced inspection planning [mm yy]. The 'planning' element will be changed to 'completed report' once the visit has been done and the report written. Once an UAI has been completed a fresh 'planning' template is created.
4	Auditors, D/SVOs and OVs can record on the UAI report at the planning stage matters for focus for the specific UAI. This can be done at any time as there should always be a planning UAI report open.
	Standalone sites: When arranging the work of the CPC team the OV will review the UAI planning information and supporting documentation (reports, VPH 23) with the relevant regional D/SVO to confirm the focus of the inspection and to allocate the work to the

5	most appropriate officer. Information to direct the focus of the UAI can come from previous audits, inspection and enforcement activity, complaints or other intelligence sources, e.g. EHO colleagues. Co-located cutting plants: The resident OV will go through similar review but must conduct the UAI personally.
6	The CPC OV (or regional D/SVO if a locum OV is the inspecting officer) will brief the inspecting officer and ensure they are aware of the source of available advice on the day of inspection and any specific guidance. The inspecting officer must contact the relevant person if they are unclear about any of the issues documented in any of the relevant reports.
7	Inspecting officer (resident OV in the case of co-located plants) The inspecting officer undertakes the visit and inspects according to the direction given. Where any serious issue is identified, the CPC OV and/or relevant D/SVO must be informed on the day of the issue and of the enforcement action taken. The inspecting officer will complete any remedial action requests or notices necessary, depending on the findings of the inspection. The inspecting officer completes the UAI report and updates the intervention record VPH 23 on HPRM within 10 working days of the inspection and advises their manager and the D/SVO that the report is complete.
8	The regional D/SVO reviews the report and once content refers to VPHP admin support to issue to the FBO. The regional D/SVO may make a request to the CPC D/SVO if any change to UAI scheduling is required.
9	VPHP admin support: 1. changes the title from ‘planning’ to ‘complete’; 2. e-mails to FBO cc EHO for shared sites once regional D/SVO clears; 3. sets up a fresh UAI template.
10	At monthly VPH management meetings there is a review of scheduling of audits and UAI and of the outcomes and actions from audits and inspections undertaken.

7.1.9 Pre-inspection-authorised Officer

Prior to carrying out any UAI to a cutting plant, the officer must ensure that:

1. (MIs only) They have received the training, guidance and support to enable them to carry out an unaccompanied UAI.

2. They have had discussions with the auditor conducting the last audit prior to the inspection, to discuss the enforcement programme and the areas of operation to be reviewed (discussion at the time of the closing meeting for the audit may be sufficient)

3. They are clear on the scope of activities to be reviewed during the inspection and where they can get support on the day.

4. They have received, read and understood the current VPH 23 (where available) and most recent FBO Audit (AUD 9-3). Any queries should be directed to the auditor the CPC OV or D/SVO as appropriate.

5. They are equipped with:

    - authorisations and FSA ID card
    - printed version of the UAI report form for the inspection
    - contemporaneous notebook
    - equipment e.g. calibrated thermometer, torch
    - appropriate enforcement forms.

7.1.10 Officer refused access

If, when undertaking an UAI, the officer is refused access to the establishment they should contact the D/SVO immediately to seek guidance and note the details in their contemporaneous notebook.

7.1.11 During the inspection Authorised Officer

The officer should carry out the inspection following the protocols established in this guidance and following any instructions provided, specific to the plant in question.

The officer should be directed by the printed UAI report form during the course of the inspection, making appropriate entries to aid subsequent electronic completion. The focus of the inspection should be on those areas specified in advance by the auditor and / or OV and / or D/SVO. However, officers must take an overall view of the operating practices on the day of the inspection. Any intervention by the officer should be recorded on the corrective action section of the report.

Note: If a serious public health contravention is identified during the course of the inspection, regardless of whether it is outside of the pre-defined scope of the inspection, appropriate enforcement action must be taken. Any non-OV officer must immediately telephone the OV and / or D/SVO as appropriate for advice and support on any necessary enforcement action and appropriate evidence to be gathered. It may be appropriate to consider curtailing the inspection. It is always good practice to obtain corroboration whenever possible. See Chapter 7, for further detail.

7.1.12 After the inspection Authorised Officer

Using the entries made during the course of the inspection, the officer should electronically complete the UAI form. This must then be stored on HPRM and notified to the OV and / or D/SVO. The VPH 23 should be updated where appropriate and copies of any other relevant documents or notices, filed on HPRM.

7.1.13 Time coding for UAI

Time spent undertaking UAI should generally be recorded as ‘FSA project’. However, should enforcement action become necessary during the course of the inspection, then the time should all be recorded against ‘Inspection and Verification’.

Note: If the inspection is carried out by a D/SVO, then this time will form part of their management controls (with the exception of enforcement action being taken and coded to Inspection and Verification, as above).

7.1.14 Unannounced inspection

During UAI inspection, the officer must ensure that evidence is gathered to inform the auditor regarding enforcement action and progress of issues at the time of the last audit. Any updates on existing issues should be recorded on the UAI form and the relevant auditor informed.

MIs that are trained to carry out enforcement shall update the enforcement programme with any new non-compliance identified and update existing non compliances with additional entries, liaising appropriately with the OV and the auditor as appropriate.

Decisions to close NCs raised in previous audits remain with auditing OVs and information from the UAI reports may be used to inform such decisions.