

BEST VALUE REVIEW

FOOD SAFETY AND INFECTIOUS DISEASE CONTROL SERVICE

INTRODUCTION

The main approach to this review has been to break the process down into five component parts which encompass the tasks that needed to be carried out whilst ensuring that the 5C's have been addressed. This approach was highlighted in the original scoping document which listed out four initial steps as:-

1. **Fact finding (Challenge, Compare, Collaborate)**

Establishing a set of information and data that specifically addresses the Challenge of why the service exists and to set out an auditable and robust data set to show the service as it operates now from which to Compare and improve upon.

2. **Consultation/Researching (Consult, Compare, Collaborate)**

The consultation stage with stakeholders and the compiling of information and data from other authorities, including publicly available information, interviews and visits to other organisations.

3. **Evaluation and Conclusions(Compare, Compete, Collaborate)**

Assessing the information gained from step 2 above to form a view on where we stand in comparison to peer organisations and the scope for moving into the top quartile of service providers.

4. **Forming and drafting the improvement/action plans (Challenge, Compare, Compete, Collaborate)**

Bringing together the individual recommendations from the previous work and forming them into a programme of service improvement.

Additionally a questionnaire has been compiled from the points to be addressed by a Best Value Review, including the later supplements on Equalities and Sustainability. This has been considered to be stage 5:-

5. **Best Value Pro-forma**

Completion of the key questions from the Council's workbook on Best Value to ensure that all the issues that should be addressed, have been. The outcome of this actually feeds back into the improvement plans in stage 4 above.

This report describes the actions taken under each of these stages and refers to other reference documents and appendices as required.

1. **FACT FINDING**

1.1 Key points here are:-

- Why the service exists
- Performance indicators and other performance data?
- Current structure and costings
- What we do and what infrastructure we use.

- **Why the service exists**

1.2 The food and infectious disease control service has two main statutory bases. The main one is the Food Safety Act 1990 which is the leading piece of currently legislation covering food control and safety. The Food Safety Act 1990 defines local Councils as food authorities. It places a duty on food authorities to “enforce and execute within their area the provisions of this Act...”. It confers the power on the Minister to empower another food authority to discharge the duties of a local authority if he/she considers it has failed to discharge its duties or the failure affects the general interests of consumers of food in their area. The Minister can hold a local enquiry should it be considered necessary.

1.3 Aligned to the Act are 20 Statutory Codes of Practice that food authorities must have regard to when discharging their functions. These cover a wide range of food issues including Food Hazard Warning, the qualification and authorisation of appropriate officers, the expected inspection frequencies in food business and the risk assessment matrix to be employed by the food authority. Food authorities are accountable should they wish to not have regard to these Codes and would have to justify any alternative course of action which would have to achieve at least an equivalent standard to that required under the Code.

1.4 Beneath the Food Safety Act 1990 are a large number of sets of Regulations that detail food safety enforcement. The main Regulations covering local authority enforcement are The Food Safety (General Food Hygiene) Regulations 1995 and The Food Safety (Temperature Control) Regulations 1995. These set out the standards which food businesses need to meet.

1.5 The Food Standards Act 1999 set up the Food Standards Agency. This is an amalgam of a range of food control functions from the Ministry of Agriculture Fisheries and Food and the Department of Health. Additionally there are a range of new powers that the agency has. For food authorities, the most significant are the powers to enable the Food Standards Agency to monitor and audit local authorities.

1.6 At the end of September 2000 the Agency has published the “Framework Agreement on Local Authority Food Law Enforcement”. This document sets out the quality and document systems and measures that a food authority should have in place to ensure that food safety enforcement is carried out in a consistent manner across the country. It also sets out a very detailed set of data requirements for authorities to submit on a regular basis. The new data monitoring regime takes effect from January 2001 and it is expected that the quality systems should be reflected in service plans from 1st April 2001. The Agency will commence an audit programme of local authorities from 1st April 2001

however at this stage it is unknown how the list of authorities to be audited will be compiled.

1.7 A new licensing requirement has been placed on food authorities during 2000 for the licensing of butchers shops where the business is of mixed use (e.g. delicatessen, cooked meats). This has come into effect from 1st November with quite stringent requirements on hazard and food safety systems being placed onto butchers which the authorities have to assess compliance with.

1.8 Infectious Disease Control is largely covered by the Public Health (Control of Disease) Act 1984. This places a duty on attending physicians to statutorily notify the Proper Officer of the local authority of cases of prescribed infectious diseases. These are listed in the Public Health (Infectious Diseases Regulations) 1988.

1.9 The local authority has to appoint a Proper Officer for the discharge of the functions under the 1984 Act and can appoint Alternate Proper Officers to act in the absence or as an alternative to the Proper Officer. Lambeth has appointed two Consultants in Communicable Disease Control at the Lambeth Southwark and Lewisham Health Authority (LSLHA) as Proper Officers. As Alternates, the other on-call consultants at LSLHA and the Consumer Protection Manager at Lambeth have been appointed.

1.10 The joint Department of Health and NHS Management Executive Circular EL (91) 123, stresses the importance of regular communication and joint planning between both health authorities and local authorities, other agencies and other local authorities in the provision of an effective communicable disease control service. This includes having a joint plan for dealing with major outbreaks of infectious disease. There are additional powers relating to the follow up of infectious disease cases which are largely split between health and local authorities under the direction of the Proper Officer. A key local authority power is the application to Court and execution of Orders for the removal of people suffering from infectious diseases to a hospital and their detention there until they are no longer infectious and a risk to the public health.

- **Performance Indicators and other performance data**

1.11 The Audit Commission have two main indicators of J6a and J6b that relate to the number of inspections to food business that were carried out as a percentage of those due for inspection during the year. Indicator J5 covers the percentage of complaints responded to within the authority's performance target. This includes all complaints received and not just those relating to food and infectious disease control.

1.12 All other data sets recorded are internal measures. The 1998/99 and 1999/2000 data sets are attached as **Appendix 1**.

1.13 The Audit Commission propose to introduce a new PI from 2001 that will incorporate aspects of the Food Standards Agency framework for enforcement. This is a 10 point checklist of standards, procedures and documents that local authorities have in place. Each point has a number of criteria that have to be met before it can be counted. Each point then carries a 10% score e.g. if 8 of the 10 are met then the authority will score 80%. This will flesh out the existing numerical PIs relating to inspections carried out as a percentage of those due and will give a greater indication of the depth of quality of the

service and the quality assurance systems that back up the enforcement service. The consultation on these proposals finished on 27th October and the outcome and direction on next years PIs are due to be published during December 2000. First indications are that there will be no change to the BVPIs affecting food that are shown in the consultation document. It is therefore taken that we will have to provide this information and will need to set in place the appropriate systems for this.

1.14 There are no PIs for infectious disease control however it has been considered that a comparison on performance and practice can be drawn by comparing boroughs with similar volumes of notified cases. There is further discussion under Part 3 on evaluation on this point.

- **Current Structure and Costings**

1.15 The structure of the Food Safety Team is:-

1 x Group Food Safety Officer (PO4)
3.5 x Environmental Health Officer (PO1-3 +1 increment)
3 x Food Safety Officers (SO2)

1.16 Administrative support is provided from within a generic pool of support services staff (currently the subject of a reorganisation of support services functions across the whole of Regulatory Services). One Admin Assistant has responsibility for maintaining and updating the infectious diseases database and the administration of the case files.

1.17 A senior management cost has been allocated based on an assessment of the percentage of time spent on related management and issues.

1.18 A partnership funding arrangement exists with the LSLHA for support to the Consultant in Communicable Disease Control. The history of this funding goes all the way back to the collaborative arrangements between local and health authorities when the public and environmental departments were split during the 1974 local government reorganisation.

1.19 There is an obligation for the local authority to provide support for the Consultant in Communicable Disease Control in their role as a proper officer of the local authority and until 1993 the Consultant's secretary was an employee of the Council. Since that time the funding has been developed to provide a greater breadth of support for local infectious disease matters. The net effect of the funding arrangement is to partnership fund the post of Community Infection Control Officer.

1.20 Costs for the food and infectious disease service are contained in **Appendix 2** to this report. This also includes assessments of the time spent on different tasks and unit cost assessments. This time split was carried out in consultation with all members of the current food safety team.

- **What we do and what infrastructure we use**

1.21 The key processes within the team are considered by the project team as being:-

- i) Office based functions
- ii) Hygiene inspections – high risk and low risk
- iii) Food handler training
- iv) Infectious disease casework
- v) Complaints
- vi) Business advice

The service costings have been based on these functional splits and these core tasks are described in more detail below:

i) Management, office facilities and other functions

1.22 This is general management and support services time and does not include office time spent on correspondence relating to casework, which is included under the subject headings.

ii) Hygiene inspections

1.23 These are generated by an in-house developed Paradox application. This system is old and does not produce the management information automatically that is required by the Food Standards Agency. It is not a package that is supported by Lambeth IT and is in the process of being replaced by the UNIFORM 2000 system produced by CAPS Solutions. Additionally it is not set up to accept the current grading criteria however the correct scores can be added by over-scoring the other criteria.

1.24 A Food Safety Manual was produced in 1996, as a controlled document, to set protocols, guidance and policy on food safety enforcement. Although pertinent four years ago, legislation, Codes of Practice and good practice changes have made this obsolete. The Food Standards Agency framework agreement requires a substantial quality assurance infrastructure which Lambeth currently does not have.

1.25 The absence of a dedicated team leader in food over this period has prevented the maintenance and up date of this manual. A London-wide inter-borough audit was carried out during May and June to specifically look at how ready boroughs were for the (then draft) Food Standards Agency framework agreed standard. Whilst at no time did this audit show that any service aspects were failing or questionable it showed very high non-compliance with the quality assurance standards needed to be put in place.

1.26 Key to improvements in inspection performance is the improved consistency of style and approach that a tighter quality system (rather than guided custom and practice) will achieve. This is discussed in more detail in part 3 of this report on evaluation.

iii) Food Handler Training

1.27 This is discretionary. There is no duty to provide these courses for local food handlers although most borough do run course at varying volumes. The course generally run in Lambeth is the Basic Certificate in Food Hygiene by the Royal Society of Health.

This is a one day, nationally accredited course. All members of the team are qualified to teach on this course. One course per month is run and this approximately matches the demand, based on requests received for training by the team. Charges for these courses are based on those levied by other authorities and colleges and provide almost all of the income generated by the service.

1.28 Lambeth charges slightly more than surrounding boroughs for this course and the costs of running these courses slightly exceeds the income by approximately 30%. To raise fees further would move the courses outside a competitive band. Administration associated with the course and the course itself takes 3 officer days per course. Additionally since this was last reviewed, room hire charges have been introduced and these add around £100 of cost per course.

1.29 A shorter, half day, Food Hygiene Awareness course is also run on demand but the demand for this is minimal.

iv) Infectious Disease Control

1.30 Cases of infectious disease are notified to the authority via three main routes:-

i) Statutory Notifications from GPs

The attending physician has a duty to notify the proper officer of cases of notifiable disease. These notifications are either received by post (the majority) or by fax. The data is entered onto the database which automatically produces an investigation pro-forma and an acknowledgement letter for the GP. The case is allocated to a field officer if it is gastro-enteric, measles or hepatitis; if not, it is faxed on to the Health Authority for follow-up by the Registrars, where appropriate under the guidance of the CCDC.

ii) Laboratory Reporting

A non-statutory voluntary system has been developed with local hospital laboratories for details of confirmed isolate of food poisoning bacteria and parasites to be forwarded to the Community Infection Control Officer at the Health Authority. These are screened and forwarded to the relevant local authority. Here they are added to the database and the appropriate paperwork automatically generated.

iii) Schools Reporting System

Lambeth is almost unique in having a reporting system in place in its schools for infectious diseases and a number of other conditions that are particularly associated with children. The reports for all schools are received and co-ordinated by the CICO, screened and relevant cases for follow-up sent to Lambeth. The protocol for this is currently being reviewed and updated.

1.31 A protocol for dealing with the main gastroenteric conditions has been developed between the CCDCs and the boroughs of Lambeth, Southwark and Lewisham. This was revised at the beginning of the year to reduce the time spent on unproductive calls. The

revision was based on the findings from a study carried out by the CICO on Lambeth's food poisoning cases. This showed a high rate on non-response from patients when contact had been attempted by the field staff. The revision was intended to reduce the officer time spent on un-productive visits by downgrading many cases to low risk and such cases being dealt with as a desktop exercise. There is further discussion on these protocols and outcomes from the schools reporting system under part 3 of this report on evaluation.

1.32 Infectious disease surveillance is carried out by the CICO under the general guidance of the CCDC and regular incident management meetings take place between the Group Food Safety Officer and the borough's CCDC.

1.33 Workshops on infectious disease control are run on demand from requests by other Council departments, primarily Social Services with more now being run for staff in Housing and Education. The workshops are run by a Safety Officer in Consumer Protection and the CICO. There is no charge made to other directorates for this.

v) Complaints

1.34 These consist of consumer complaints requesting the Council to take action. They fall into several main camps; food they have purchased, the standard of premises they have visited or illness they have experienced.

1.35 The route of receipt is either via the admin team or direct contact with an officer. The majority of complaints received are by phone and to the admin team.

1.36 A small but increasing number of complaints are being received by email. This is considered to be as a result of access now available to the public via the Council's web site.

1.37 The complaints are logged on a specific database by date of receipt and response times are monitored on the same system. The complaints are referred to the field officers for resolution.

1.38 Complaint investigation should largely follow guidance from the ageing Food Safety Manual and Codes of Practice, however, each complaint is different and an amount of custom and practice and judgement is used on these.

vi) Business Advice

1.39 This consists of two areas:-

i) Planning Applications/Liquor Licensing

Regulatory Services are consulted by the Planning Department on all change of use applications where this will involve a food business. Recommendations for planning conditions are made as necessary. This may involve meetings with applicants to discuss plans and proposals. There is no statutory duty to provide this advice to applicants however it has always been considered to be very useful preventative work that can "build out" later problems.

Similarly, the local authority is consulted on all changes to or new applications for licences to sell alcohol. Invariably this is just a desktop exercise and it is unusual for objections to be raised on food risk grounds, however, occasionally further advice is given to applicants in a similar way to planning applications.

ii) **Approaches from Business**

These enquiries are made direct from an owner or prospective owner of a food business and usually is a request for guidance on the types of standards that are required. The currently preferred method is to visit the site with the owner and to give specific advice based on the local conditions.

The volumes of these enquiries and the officer time they take is not measured so an assessment of this has been made in consultation with the food safety team.

2. CONSULTATION AND RESEARCH

2.1 The information sought falls into two main areas:-

- Consultation
- Comparative data

- **CONSULTATION**

2.1 The service has very little history of consulting stakeholders and service users. After consideration it was decided to view consultation in three parts:-

- i) Stakeholder
- ii) Users
- iii) Hard to reach and other often excluded groups

2.3 As there was a lack of expertise in this, the CICO from the Health Authority was tasked with managing this project and cascading their knowledge on to other team members for future exercises.

i) **Stakeholder Consultation**

2.4 An exercise was undertaken to consult stakeholders. A report on this is attached as **Appendix 3**.

2.5 This was a snapshot survey of the whole range people who come into contact with the food and infectious disease service with the exception of individual complainants and infectious disease case who are covered by the user survey below.

ii) **Users**

2.6 It was decided to introduce this as a permanent feature however a support services review is currently taking place in Regulatory Services. As part of this review a new structure is being introduced which will include a post of Assistant Team Leader (Customer

Services) and it is intended to make that person responsible for introducing and managing this on-going user survey

iii) **Hard to Reach and Other Often Excluded Groups**

2.7 Whilst it is accepted that the needs of hard to reach and other often excluded groups should be addressed, it was considered that more in-depth work was required on this and so it was decided to include this as a task in year 1 of the improvement plan.

• **COMPARATIVE DATA**

2.8 The data sought has attempted to identify boroughs from which meaningful comparisons can be made. The information has concentrated on three main areas:-

- i) Staffing structure and costs
- ii) Borough profile and performance
- iii) Private sector market and costs

i) **Staffing structure and costs**

2.9 The main peer groups of boroughs are undoubtedly other London Boroughs and a number of these were written to requesting a range of information about structures, budgets and performance. This produced a minimal response (1 reply only, from Wandsworth). It was felt that in the wake of the inter-borough food audit, there was a degree of reluctance to exchange information, however, from talking to other Council staff involved with other BVRs there seems to be a general reluctance for other Councils to exchange data.

2.10 The structures have been obtained by phoned interviews with the relevant food safety managers and infectious disease control staff. A spreadsheet displaying these for a range of London Boroughs is attached as **Appendix 4**. The boroughs of Southwark and Westminster were also contacted for information but they declined to be involved with this review or provide any further information.

ii) **Borough Profile and Performance Data**

2.11 A spreadsheet is attached as **Appendix 5** that has been compiled from a range of published data sources from 1998/99. The sources are:-

- Audit Commission performance indicators
- Public Health Laboratory Service (PHLS)
- Chartered Institute of Finance and Accountancy (CIPFA)

2.12 Additionally some gaps have been filled from Lambeth's own data and from phoned interviews, website interrogations etc.

2.13 The Food Standards Agency database of inspection and sampling returns was interrogated however this shows up a number of anomalies and errors (not least in the fact that the Lambeth figures are wrong!)

2.14 For infectious disease comparisons, a number of boroughs were selected that had broadly similar volumes of notified cases for action. These were all contacted and a range

of questions asked on process, protocols and structure. The summary sheet is attached as **Appendix 6**.

2.15 A Borough were visited to view their systems and methods of service delivery. It was chosen as being sufficiently close in terms of food service profile whilst being sufficiently far away to not be influenced by any "London culture" of service style. Additionally, it should be noted that the borough visited was agreeable to being visited and the reciprocal offer was made for their service reviews. The borough of Bristol was selected and a day spent with one of their managers was extremely helpful in comparing information and forging new links with other metropolitan authorities.

iii) **Private sector market and costs**

2.16 There are a growing number of EHOs who are working for agencies on a part or even full time basis. These agencies tend to supply staff for top-up work (such as dealing with a shortfall in programmed inspections), maternity leave cover, cover during recruitment and specific projects (such as house condition surveys).

2.17 As yet, these agencies do not operate an externalised service but provide staff on an hourly or task costed basis.

2.18 Four contractors regularly advertise in Environmental Health trade press and these were contacted for details of their staff, services and costs. The discussion on these is contained in **Appendix 8**

3. EVALUATION AND CONCLUSIONS

3.1 The evaluation of the research and consultation effectively comes down to being able to answer the following key questions:-

- How good is our service now?
- What scope is there for improvement?

What we need to do and how and when will we need to make these improvements then follow in part 4.

3.2 The answers to these will lead to a list of recommendations and an appropriate action plan. Additionally the recommendations need to address the five issues raised in the original scoping document:-

- How the services can better support the Council's key policy themes
- Enforcement concordat principles
- One stop joined up service provision
- Customer focus
- Getting it right (i.e. the most effective route to and support for customers achieving and maintaining compliance)

i) **HOW GOOD IS OUR SERVICE NOW?**

3.3 It is considered that this needs to be looked at under eight headings and each of these have been marked out of 10 to give a more visible assessment of the current position.

a) **Performance Indicators**

3.4 The Audit Commission figures show that Lambeth is at the top of the bottom quartile for 1998/99. The table below shows an improvement for 1999/2000 and London comparison.

	Indicator J6a	Indicator J6b
1998/1999	81.4%	36.9%
1999/2000	81.7%	73.7%
London Average 1998/99	85.5%	74.2%
London Median 1998/99	91.3%	85.1%
London 75%ile 1998/99	94.5%	97.0%
London 25%ile 1998/99	83.5%	59.8%

3.5 Whilst there are other issues that influence these figures, a major target of Best Value is to achieve a performance level in the top quartile. There is therefore a significant shortfall from a target of the 75%ile point, even though a preferred target is in the middle of the upper quartile.

Current performance – **5/10**

b) **Processes and Quality Systems**

3.6 Throughout major staffing reductions over recent years, the focus has been kept on maintaining inspection levels and casework. From 1996/97 (when the Audit Commission PI was only 55% of premises visited that were due, producing a position of 32nd of 33 London boroughs) there have been steady improvements in the food PIs in numerical terms but a price for this has been a lack of development and maintenance of documentation and quality systems on food safety.

3.7 The existing food safety manuals date back to 1996 and are not out of date and do not meet new Food Standards Agency requirements. The process audit against these new standards showed a very high degree of non-compliance. This audit did not show the extent of non-compliance and some items are quite easy to remedy however there is an extensive amount of work that is needed to bring documented procedures and guidance notes up to the new Food Standards Agency and proposed BVPI requirements.

3.8 There is no evidence or suggestion that there have been direct service failures due to the lack of up to date quality systems. The lack of these, however, enhances the potential for this to happen and fails to give field officers necessary support and a reference point. As such, this could produce wasted time in discussing appropriate courses of action where documented guidance is currently lacking. It would be difficult to demonstrate that officers

performance concerns. Two of these have been selected due to their lack of food sampling (Oxford City Council, Shrewsbury and Atcham). The current rate is reactively driven and may come under scrutiny at some point in the future. There is a requirement under Code of Practice 7 to the Food Safety Act 1990 to have and publish a food sampling programme (this is also in the FSA's Service Planning Guidance). Lambeth does not have this.

3.15 The consultation exercise clearly showed that businesses would like more information, more frequently. There is clearly a demand for business advice and this is very much an area of work that can achieve lasting improvement in hygiene standards. It is a key tool in the "getting it right" approach and is helpful in achieving a greater customer focus in dealings with local businesses. There is no proactive work done on this at present. Reactively, advice is given on demand to enquiries from new owners and on planning applications.

3.16 Food hygiene training for food handlers is carried out on demand, however there are alternative suppliers of this service in other authorities, colleges and in the private sector. This is a small source of income, however with the advent of business units, additional costs are now incurred for room hire and refreshments. This together with staff time outweigh the income at present. There needs to be a greater focus on ensuring that food handlers are adequately trained. To do this would increase demand that could not be met without pulling resources away from hygiene inspections.

3.17 Lambeth has now joined up with Business Link London Central, a business advisory service (funded by the DTI, MAFF, London Enterprise Agencies and working in partnership with the inner London Boroughs, London Food Centre and South Bank University) to assist new and existing business owners get good quality business advice on a wide range of issues through a more joined up approach. Little real work has taken place on this yet however it is hoped to develop this during the next year.

3.18 All boroughs spoken to and visited have well developed and maintained commercial data management IT systems. The current in-house developed system is some 9 years old and does not meet modern data needs. There is no centralised standard paragraphing system for routine correspondence so there is a lack of consistency of style and presentation.

3.19 The IT system is being replaced by UNIFORM (from CAPS Solutions). This is quite a popular package and is in use in over 100 local authorities. There has been considerable slippage on the introduction and development of this package, wholly due to a lack of a dedicated resource within Regulatory Services and competing operational priorities.

3.20 A number of top quartile authorities (notably Croydon and Sutton locally) run award schemes for food businesses such as Cleaner Food awards. Businesses apply for these and provided an appropriate standard is met, they can display an award certificate for a year and are entered onto a local publicly available directory. These awards are seen as a very useful tool to give the public an assurance of hygiene, raise the profile and awareness of the service locally and to ensure that hygiene standards are maintained and produce healthy businesses. These award schemes are not run in Lambeth.

Current rating – 5/10

d) Staffing Structures and Utilisation of Staff

3.21 The table below shows comparative structures across a number of authorities.

Borough	Team Leader	Senior Practitioner	EHO	Technician T.O/FSO	TOTAL FTE
Lambeth	1		3.5	3	7.5
Merton	1.5		3	3	7.5
Islington	3		11	4	18
Camden	1	2	3	4	10
Bromley	1		6	6	13
Wandsworth	1	1	7.5	5	14.5
Hackney	3	3	5	2	13
Greenwich	3		10	1	14
Lewisham	2		4	3	9

This clearly shows that Lambeth has fewer staff than other comparative boroughs.

3.22 There are considerable variations in gradings across the boroughs with Team Leaders being paid anything from PO4 to PO7 even though the remit of the teams are extremely similar. EHOs appear to be paid from PO1 to PO4 depending on experience and market retention factors. Technicians are paid between SO1 and PO1.

3.23 Although Merton have the same staffing compliment all their demand factors, such as the number of food premises, number of complaints and infectious disease notifications are all lower than in Lambeth.

3.24 The majority of infectious disease work does not require an EHO qualification and is more of a protocol controlled customer service, data capture and educative process. With the recent changes to the ID protocols, fewer cases need visits and as such the follow up work is now more office based with no negative impact on public health risk. With agreement from the CCDC much of this could shift to support services staff, freeing field officer time for food safety work.

3.25 This year has seen the appointment of a dedicated team leader for food safety. There has been no dedicated team leader for the food team since 1996. This has given new impetus to rebuilding systems and moving the service forward again.

3.26 Environmental Health Officers have a job description that dates back to around 1991/2. It is generic across all areas of Environmental Health functions and does not reflect the much more specialised role that is required in food safety work. There is a need to review and update this job description to better reflect current business needs.

3.27 There have been new qualification requirements introduced by the Department of Health for technicians. Non-EHO staff are no longer allowed to inspect food premises unless they hold one of two qualifications, the Higher or Ordinary Certificates in Food Premises Inspection. These qualifications are detailed in Code of Practice 19 (Oct 2000 revision) to the Food Safety Act 1990. This is not reflected in the job descriptions of the Food Safety Officers which dates back to 1996. Additionally, these officers can now be authorised (under the same Code of Practice) to serve Improvement Notices

commensurate with their qualification level whereas in the past this could only be done by and EHO. This does not extend to the detention and seizure of food which only EHOs can be authorised to do. There is a need to review and update this job description to reflect the changing and expanding role of the technician and to meet current business needs.

3.29 Food standards entails the quality, composition, labelling and presentation of food. This function can be allocated to Trading Standards Officers, EHOs or technicians with the Higher Certificate in Food Premises Inspection with an endorsement to include Food Standards Enforcement. There is a risk assessment that can be applied to premises to assist setting the frequency of food standards inspections. This is a lower frequency than for hygiene inspections. Codes of Practice under the Food Safety Act 1990 recommend that joint inspections for hygiene and standards be carried out wherever possible. Currently hygiene is covered by the Food Team and standards by the Trading Standards Team. Reasons for this are historic and the current structure does not best meet the recommendations of the Codes of Practice nor current internal priorities. This could be shifted to the food team to combine the two risk ratings and carry out standards inspections at the same time as hygiene inspections.

Current rating – **7/10**

e) Global Costs

3.30 All boroughs contacted follow the same broad principles of employed staff working from Council buildings. It has not been possible to obtain accurate apportioned costs for different boroughs due to difficulty in extracting such figures from the budgets which tend to be department rather than service based for components such as accommodation and support service costs. It was considered that there was little meaningful comparison that could be made so direct service and staff costs were concentrated on.

3.31 Although Lambeth has the highest population of all inner London Boroughs, the table below shows that it is clearly a low spender on food and IDs of the inner London comparator boroughs.

Borough	Ranking in London (high risk)	Ranking in London (low risk)	Direct employed staff cost	No food premises	Inspections	Complaints	IDs
Islington	2	4	£594636	1921	1674	169	334
Wandsworth	13	21	£493943	2227	1639	282	680
Greenwich	24	25	£424232	1613	1369	577	473
Hackney	4	3	£421084	1772	931	929	224
Bromley	23	11	£396034	2334	2773	531	621
Camden	6	9	£331143	3500	2413	803	372
Lewisham	17	13	£297858	2079	2154	935	409
Lambeth (with backfunding)	26	29	£268288	2430	1819	666	688
Lambeth(w/o backfunding)	26	29	£245056	2430	1819	666	688
Merton	16	15	£226837	1254	1140	567	435

3.32 The following table shows costs per employee. An additional point is that all boroughs have car allowance and travel schemes that are more costly than the Lambeth scheme. Although detailed totalled costs are not available this would be approximately £800-£1000 per employee more than Lambeth..

Borough	Direct employed staff cost	No staff	Ave cost per FTE
Lambeth (with backfunding)	£268288	7.5	£35771
Wandsworth	£493943	14.5	£34065
Camden	£331143	10	£33114
Lewisham	£297858	9	£33095
Islington	£594636	18	£33035
Lambeth(w/o backfunding)	£245056	7.5	£32674
Hackney	£421084	13	£32391
Bromley	£396034	13	£30494
Greenwich	£424232	14	£30302
Merton	£226837	7.5	£30245

3.33 Pension backfunding has a serious impact on cost per employee comparisons and is not a factor that is within the control of the service.

Current rating – **10/10**

f) Unit Costs

3.34 The time spent on inspecting premises can vary enormously depending on the risk, complexity of the operations undertaken, approach of the owner/manager etc. Complaints similarly vary considerably as do IDs. As such a rule of thumb has had to be taken to calculate the cost of key units of output. The assertion is that an “average” inspection will take as long as an “average” complaint and about three times as long as an “average” ID case. This is an assertion based on experience and not on objective measurement but it does give a consistent formula that can be applied.. That given, the table below illustrates the costs for the key units of output.

	Field staff	Inspections	Complaints	ID	Total units with factor	Units per FTE	Salary cost	Unit cost
Islington	18	1674	169	334	1926.50	107	594636	308.66
Wandsworth	14.5	1639	282	680	2147.67	148	493943	229.99
Hackney	13	931	929	224	1934.67	149	421085	217.65
Greenwich	14	1369	577	473	2103.67	150	424237	201.67
Merton	7.5	1140	567	435	1852.00	247	226837	122.48
Bromley	13	2773	531	621	3511.00	270	396034	112.80
Camden	10	2413	803	372	3340.00	334	331144	99.14
Lambeth (with b/f)	7.5	1819	666	688	2714.33	361	268288	98.84

Lewisham	9	2154	935	409	3225.33	358	297859	92.35
Lambeth	7.5	1819	666	688	2714.33	361	245056	90.28

On the basis of this Lambeth is very competitive.

Current rating – **10/10**

g) Customer Focus

3.35 The food and ID service is primarily led by statutory duty and not by customer demand. As such there may be more of a provider-led service provision than a customer-led one due to the need to meet those duties and performance targets. There is little culture of user consultation in food hygiene inspections and until this review only one substantial survey of stakeholder views had been undertaken. This is a major hole in providing a customer focussed service.

3.36 Views received reactively and through service complaints are always considered but this has been on an ad-hoc basis, not structured or pro-active.

3.37 The development of information materials has been driven by officer perceptions of knowledge gaps or where they detect a need for information or education.

3.38 The first survey of food businesses was carried out on a mass mailing of key information materials to businesses as part of Food Safety Week 1999. Evaluation showed that businesses wanted more information. Due to resource problems, this was not followed up and no further mailings have taken place.

3.39 The stakeholder survey carried out showed that over half of the business respondents wanted more information. This was a consistent trends across the consultation exercise, that more information was needed on technical issues and contact details.

3.40 The information materials for sending out are technically sound however it is not known whether these are exactly what is actually desired by users and businesses.

3.41 Following on from the above, there is little public profiling of the service locally apart from appearing on the main Council website and leaflets at Council information points. As such little work has been done to ensure that access channels are available to all users who experience a problem with food or who are ill as a result.

3.42 The general view is that profile raising would increase reactive demands which would impact on PI figures unless additional resources were available. Of the boroughs used in the comparison table, Lambeth receives the 4th highest number of complaints. It is not known whether this is due to good access channels and local awareness or whether this is because of a high level of local problems with food as there is no feedback information from users on their experiences of using or contacting the service.

3.43 The value of a more outreaching style has been clearly demonstrated by the stakeholder consultation.

Current rating – **4/10**

h) Achieving public health outcomes/indicators

3.44 Surprisingly little work has been done nationally on looking for indicators of success and improvements in public health that these services should contribute towards. This may in part be due to the inherent difficulty of trying to tie together different sets of data from different service areas and trying to form a meaningful link between them. Logic suggests that there should be a link between the amount of food safety enforcement and infectious disease control activity and the amount of associated ill health in the community. The statutes governing these service areas do not link together at any level and so outcome links have never been established to see if the statutes are effective in protecting the public health.

3.45 Measurement is very strongly linked to structured feedback and evaluation of data from inspections (whether risks and contraventions have declined and standards improved), stakeholders such as GPs (whether they see the incidence of food poisoning declining), schools (fewer lost days through sickness), people who have had food poisoning (their awareness of how it is caused and measures they can take to prevent recurrence). Additionally more timely contact with food poisoning cases may enable a greater success at identifying the source of the illness.

3.46 Lambeth is by no means unique in having done little cross-cutting local evaluation, however, there is a clear need for greater evaluation and review work to be carried out to ensure effective targeting of resources towards outcomes of real benefit rather than just because there is a duty to do so. This would be a very innovative if not ground breaking area of work.

Current rating - **1/10**

ii) WHAT SCOPE IS THERE FOR IMPROVEMENT?

3.47 A 10/10 rating is not possible without substantial investment above current levels. Realistically this is not going to happen and the Best Value process seeks to find savings or equivalent productivity of 2%

3.48 There is scope for improvement in all areas considered, however, top quartile performance in all areas is unlikely to be achievable with lowest quartile resources.

3.49 A rating has been applied to each criteria to give an indication of the likely scope of improvements, both with and in the absence of additional investment in the service. These are graded out of 10.

a) Performance Indicators

3.50 To improve these will mean changing work practices to move field staff away from some work and further onto inspections. There is scope to do this at the price of a further erosion of range and service depth.

3.51 Reducing revisits (to check on compliance between inspections) would enable more primary inspections, however this is less likely to secure improvements, particularly in “difficult” cases. Revisits are currently at the discretion of the field officer. A documented guidance note could standardise around a reduced or more targeted revisit system. It is thought that this could produce around a further 40 net inspections (as these would themselves generate a number of revisits).

3.52 Other aspects considered below would also give some productivity gains but the main route for increasing inspections is for more resource. An effective short term gain would be for top-up inspections to be carried out by agency staff but this would add cost to the service.

3.53 During the course of this review new legislation has come in on the licensing of butchers shops and there are now requirements to check and follow up meat records in connection with French beef and beef over 30 months old at the time of slaughter. New demands like this pull away from the inspection programme.

3.54 For real improvements to be made in inspection performance, additional staff are required. It has been estimated that 2 additional staff would give a good assurance of achieving top quartile performance.

Scope for improvement to be made	- existing resources	6/10
	- additional investment	10/10

b) Processes and Quality Systems

3.55 The critical area here is for the quality systems to meet the new Food Standards Agency requirements and reflect the changes to the Codes of Practice that were revised in October. Field officers would be heavily involved in the development and use of the new systems however the main burden of the extensive amount of work needed would fall primarily on the Group Food Safety Officer and Consumer Protection Manager in the drafting, developing and implementation of these quality systems, policy, guidance and IT systems. Time is at a premium so there is only a limited amount of time that can be taken away from operational work to enable this to happen.

3.56 This work has to be viewed as a major priority as the Food Standards Agency will be auditing local authorities and naming and shaming non-compliers.

3.57 Additional investment in the service would enable a food hygiene consultant to draft and develop the documentation under guidance from the Groups Food Safety Officer and Consumer Protection Manager.

Scope for improvement to be made	- existing resources	7/10
	- additional investment	9/10

c) Service Range and Depth

3.58 To expand this is entirely dependant on additional resources. This is unlikely to be forthcoming in any significant way. Most of the functions previously discussed are NOT

part of the core business of the service but are very useful enhancements that add extra effectiveness to the work. As such they must be viewed as a lower priority than essentials such as the new IT system (without which we will not be able to produce the new monitoring data required by the Food Standards Agency and the Audit Commission).

3.59 UNiform is being slowly introduced and it is now hoped to have this in place by the end of March 2001 but this is entirely dependent on whether other more urgent operational priorities push it back again. To go beyond March 2001 will run the risk of challenge from the FSA and Audit Commission on why, with good notice, we cannot produce their data. There is major scope for improvement here as time can be allocated to complete this task.

3.60 Food sampling can only be improved with additional resourcing. At present, Lambeth is not being challenged by the FSA and as such it is considered that this should be left at a low level until there is greater focus on it. No improvements are suggested to this at this time despite the risk of challenge as the priority on time is for inspections and should additional funding become available it is more important to invest these in inspection capacity than sampling.

3.61 Food hygiene training is not considered to be an effective use of staff time and should be considered for out-sourcing. It is not proposed to improve the in-house performance on this. Successful outsourcing may enable an improved number of people to be trained but at less cost to the Council.

Scope for improvement to be made	- existing resources	5/10
	- additional investment	9/10

d) Staff Structure and Utilisation of Staff

3.62 A rearrangement of ID follow up work could produce further time gains for field staff. This would need to be reviewed with the CCDC as this would entail admin staff interviewing patients where phone questionnaires could be administered. Southwark have had preliminary discussions on exactly this line (purely by coincidence) and have the outline agreement of their CCDC. A review would be needed for this and the shift of responsibilities would mean a more specialised role for a member of the admin team. This might mean re-evaluating a post. This has the potential to release significant time for field officers, however this would shift that time onto the smaller customer services admin team which might mean having to take on an additional member of staff at the lowest grade.

3.63 Outbreaks of illness in schools are a concern (at 14.12.2000 there are two outbreaks being dealt with that cover some 50 people, including around 8 teachers and staff). A success is that the reporting system brings these to the attention of the team and the CCDC however there is scope to improve performance on outbreaks by instigating a regime of infection control audits in schools. This function falls through a gap in the remit of the regular service providers, such as EHOs, School Nurses, GPs and the CCDC. There is the scope to change the role of the Community Infection Control Officer to include for this as part of her brief. This would be a rearrangement of duties which would need further discussion and agreement with the CCDC.

3.64 Changing the role of the Food Safety Officers could improve productivity and increase flexibility within the team as there would be less need for direct supervision by EHOs and greater autonomy for these technicians. There may be a grading aspect to these revisions as the new job descriptions would include enhanced qualification requirements and higher levels of authorisation. Greater flexibility within the team would enable a different area based system to operate which could give productivity gains.

3.65 There is scope for moving the food standards function into the food team. This would undoubtedly significantly increase the number of food standards inspections per year although, unfortunately, these are not an indicator measured by the Audit Commission. It should be noted that of the 18 authorities "named and shamed" by the Food Standards Agency on 12th December 2000, 13 of these were for low food standards inspections. This would slow down the inspection rate as more work would need to be carried out per inspection. It would give greater efficiency across Consumer Protection as a whole and give a more rounded and transparent service for businesses and provide a one-stop service on food issues.

3.66 There are resource implications for this. A saving of approximately 0.5 of a post would result from Trading Standards which would enable more enforcement and investigation work to be carried out in that team. There would have to be an investment in the food team to enable the inspections levels to be maintained if the food standards function was transferred.

Scope for improvement to be made	- existing resources	5/10
	- additional investment	9/10

e) Global Costs

3.67 Lambeth costs are already very low in comparison to other boroughs and to reduce these further would put services at risk of failure and external challenge. Consequently there is little scope for improving on economies.

Scope for improvement to be made	-	0/10
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f) Unit Costs

3.68 Re-arranging work patterns and moving ID work to staff on lower grades would reduce the average cost per officer and so reduce the unit cost of the key units of output as overall there would be additional inspections done. This would be partly offset by the inclusion of a member of the admin team in the calculation of costing of core functions.

3.69 It should be noted that Lambeth's unit costs are already very low in comparison to other borough so although there might be some change the overall effect is likely to be minimal.

Scope for improvement to be made	-	2/10
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g) Customer Focus

3.70 There has been a reorganisation of support service staff in Regulatory Services during 2000 to particularly concentrate on customer care and to put all the finance and performance data under one team. Notwithstanding the impact of moving some ID into the admin team. There should be scope for the Asst Team Leader to be tasked with managing pro-active customer surveys and this new post has been designed with this factor in mind.

Scope for improvement to be made	- existing resources	10/10
	- additional investment	10/10

h) Achieving public health outcomes/indicators

3.71 This would largely be led by setting up systems for capturing the appropriate data and evaluating trends. Expertise on this type of evaluation is only really held by the Community Infection Control Officer and this would appear to fit within the surveillance part of their brief. This might mean the displacement of other work and there would need to be a review of different work priorities with the Health Authority to establish the scope of this experimental work.

Scope for improvement to be made	- existing resources	6/10
	- additional investment	10/10

4. IMPROVEMENT/ACTION PLANS

4.1 This falls into two areas:-

- What we need to do to improve
- How and when will we make the improvements

i) WHAT DO WE NEED TO DO TO IMPROVE?

4.2 Many of these items will have an impact on more than one of the areas discussed above so they have grouped around three key areas as shown below:-

a) INSPECTION/SERVICE PERFORMANCE

1. Set up a new quality and management system to comply with Food Standards Agency requirements.

This is urgent as the FSA will be setting out an audit regime for local authorities and the existing systems are out of date and we would have difficulty demonstrating that we have appropriate systems in place or that we abide by Enforcement Concordat standards, even though audit has not demonstrated service loss.

2. Revise revisit criteria and write into a new enforcement policy.

This would give quite a quick win and enable better targeting of inspections.

3. Consider recruiting 2 new field staff

To really get on top of inspections, effective follow up work and provide the range and depth of other boroughs, 2 additional field staff would be needed. Ideally, but not exclusively, these would EHOs experienced in food safety. This would be growth.

4. Outsource food hygiene training on a no-cost to the Council basis.

A wider range of courses could be offered and moderate time and cost gains could be made. This is worth exploring as there could customer focussed service gains at only moderate effort.

5. Set up a clean food award scheme or similar

Cost around £5000 per year for promotion and materials would be needed, however the main input would be staff time and this would have to be drawn either from existing staff (so reducing inspection potential) or as part of growth.

6. Set up a food sampling programme

Sampling can be very expensive depending on what is sampled and examined for. High risk foods would be the priority and Public Health Laboratories will examine a certain amount for free. The Public Analyst carried out compositional and packaging tests and these can cost up to around £200 each. A balance of these would be needed. Purchase and examination costs for even a moderate programme would be in the region of £15,000 and the perception is that this is not necessarily an effective spend.

7. Fast-track the implementation of the UNiform system.

Implementation has been delayed during 2000 for a range of reasons but the existing systems will not produce the management and FSA reports needed in 2001. Hardware and software are already purchased and in place, data conversion and additional training are now needed together with time investment. Estimated costs are around £10,000.

8. Improve document production capability for field officers.

Standard paragraphing and standard letters can easily be produced by the UNiform system from computer notes made on inspections. This would undoubtedly assist field officers turn cases round more quickly. A document control package (Quality Workbench) is already installed for ISO 9000 series document management. Time investment, some contracting to CAPS Solutions (to set the documents up on UNiform) and additional training in Quality Workbench would be required. Estimated costs of these are around £5,000.

9. Experiment with contracting of limited number of inspections.

Following the Bristol model, 150-200 inspections would be a good sized sample to test the contractors on. Costs would vary between contractors for this but around £15,000 would be needed for this testing. This would be additional funding.

10. Review function of CICO with CCDC to include infection control audit.

Opportunistically, there has been a resignation in another part of the CCDC's team at the Health Authority. Some rearrangement of functions for the CICO is proposed and there has been preliminary discussion on this with the CCDC and CICO. The Health Authority are now considering options. There would be no additional cost implications for the Council.

11. Review transfer of food standards function from TS to Food Team.

Although this would place all food functions under one roof and give better one-stop service to business, it would need additional resource. The growth is based on one EHO for the food team.. The net effect would be 0.5 and EHO gain to Food and the equivalent of 0.5 TSO freed for targeted enforcement work.

12. Revise and update EHO job descriptions.

Although out of date, this only really becomes a major issue if recruitment takes place as the existing JD does not specify a food specialism and the Codes of Practice under the Food Safety Act 1990 now do. It is extremely unlikely that there would be any additional funding needed for this exercise.

13. Revise, update and redefine role of technicians in line with new Codes of Practice

There is considerable need to make this change as the existing JDs do not reflect the required qualification and training requirements of the FSA. Neither do they reflect some of the roles and personal development that the existing Food Safety Officers have undertaken while gaining their new qualifications. It is likely that a career structure could result from this with holders of the Higher Certificate being graded higher than those holding the Ordinary Certificate, particularly as they can now be authorised to sign Notices. Re-grading costs could be around £5 for a full year.

14. Review transfer some ID functions to admin team.

There would be a training dimension to this and job re-evaluation would have to be carried out as this is certainly a higher level function than existing Customer Services Officers duties. As such the costs would have to be viewed in light of the saving being the difference in cost between field officers (SO2-PO3) and admin staff (Sc4, possibly evaluating up to Scale 6?) and the time freed for field officers to carry out inspections.

b) CUSTOMER FOCUS

15. Design and introduce an on-going and continuous customer satisfaction survey.

There is clearly a need for this. Survey forms have already been produced and are ready for piloting once the current support services reorganisation has been completed. This will be a high priority for the new Team Leader (when appointed) to undertake. Costs are materials and postage and can be absorbed within existing provision.

16. Business survey on the information they would like, how they want it, and devise strategy to deliver achievables.

The consultation exercises have clearly demonstrated this need and it will help secure lasting improvements as it will better inform businesses. Costs are based on an estimate of materials, meetings and publicity that may be needed.

17. Regular stakeholder survey and feedback to stakeholders.

This exercise was excellent value in terms of cost time and outcome. A repeat would be extremely helpful to measure any improvement in perception of services delivered and again contribute to the feedback loop for continuous service improvement. Cost are based on materials and postage and reflect the costs incurred during this review. This would be additional expenditure above exiting provision.

18. Devise strategy on how to consult hard to reach groups.

It is not anticipated that the initial research for the strategy would have a cost other than time however the implementation of the strategy might. No costs have been included at this stage.

c) EFFECTIVENESS OF OUTCOMES

19. Review and develop evaluation methods to better evaluate public health outcomes.

The main input is time to establish a suitable mechanism for being able to evaluate outcomes. The implementation may have a cost but no costings have been included at this point. An early development would be the establishment of an appropriate health profile of the borough in partnership with the Health Authority.

ii) HOW AND WHEN WILL WE MAKE THE IMPROVEMENTS?

4.2 The table below indicates an action plan for these improvement items

Task	Priority	Lead	Timescale	Cost	Link to main report
Plan out a new quality and management system to comply with Food Standards Agency requirements.	Very high	GFSO/ CPM	April 2001	N/A	Recom:- 1, 3, 7, 9
Compile documentation for the management system.	Very high	GFSO/ CPM	April 2001- March 2002		Recom:- 1, 2, 3, 9
Revise revisit criteria and write into a new enforcement policy.	Very High	GFSO	April 2001	N/A	Recom:- 6, 7
Consider recruiting 2 new field staff	High	CPM/ GFSO	April 2001	£76k – additional resource	Recom:- 5
Completion of implementation of quality and management system	Very High	GFSO	April 2002		Recom:- 1, 3, 7, 9
Outsource food hygiene training on a no-cost to the Council basis.	Medium	GFSO	April 2002	N/A	Recom:- 6, 7, 10
Set up a clean food award scheme or similar	Low	GFSO	April 2003	£5 + £10 staff time – additional resource	Recom:- 5, 6, 7, 8, 10
Set up a food sampling programme	Medium	GFSO	April 2001	£5k approx. + £5k staff time – additional resource	Recom:- 1, 2, 5, 9
Fast-track the implementation of the UNIFORM system.	Very High	CPM	July 2001	£10k –within existing resources	Recom:- 1, 3, 6, 7, 10
Improve document production capability for field officers.	High	CPM/ GFSO	July 2001	£5k – within existing resources	Recom:- 1, 2, 6, 7, 10
Experiment with contracting of limited number of inspections.	Medium	GFSO/ CPM	End Sept 2001	£15k – additional resource	Recom:- 5, 8, 10
Review function of CICO with CCDC to include infection control audit.	Medium	CPM	April 2001	N/A	Recom:- 1, 6, 7
Review transfer of food standards function from TS to Food Team.	Medium	CPM	April 2002	£35k split across Food and Trading Standards – additional resource	Recom:- 1, 5, 6, 7
Revise and update EHO job descriptions in line with new	Medium	CPM/ GFSO	October 2001	N/A	Recom:- 1, 6, 7, 9

Codes of Practice					
Revise, update and redefine role of technicians in line with new Codes of Practice	Very high	GFSO/CPM	April 2001	Potential for £2-5k – additional resource	Recom:- 1, 5, 6, 7, 9
Review transfer some ID functions to admin team.	High	CPM/CICO	July 2001	Potential for £3k	Recom:- 1, 5, 6, 7, 10
Design and introduce an on-going and continuous customer satisfaction survey.	Very high	CPM/TL(CS)	July 2001	£2k – within existing resources	Recom:- 1, 3, 4, 5, 9, 10
Business survey on the information they would like, how they want it, and devise strategy to deliver achievable.	Medium	GFSO/TL(CS)	October 2001	£2-5k - additional resource	Recom:- 1, 3, 4, 5, 9, 10
Regular stakeholder survey and feedback to stakeholders.	High	CPM	October 2001	£3k – additional resource	Recom:- 1, 3, 4, 5, 9, 10
Devise strategy on how to consult hard to reach groups.	High	CPM/CICO	October 2001	N/A	Recom:- 1, 3, 4, 5
Review and develop evaluation methods to better evaluate public health outcomes.	Medium	CICO/CPM	Dec 2001	Potential £2-5k – additional resource	Recom:- 1, 5, 6, 7, 8, 10

CPM = Consumer Protection Manager

GFSO = Group Food Safety Officer

CICO = Community Infection Control Officer