

Audit Committee – 11 November 2013

Food Standards Agency Audit of Walsall Council: 15-16th June 2010

Summary of report:

To provide Audit Committee with details of the successful completion of the Food Standards Agency - Focused Audit of Local Authority Assessment of HACCP (Hazard Analysis and Critical Control Points) compliance in Food Business Establishments.

Background papers:

Food Standards Agency Framework document
Food Standard Agency Audit Document

Recommendation:

1. To note the details of the Audit and the successful completion of the Action Plan.

.....
John Beavon
Interim Regulatory Manager
31 October 2013

Background

The Food Standards Agency is an independent government department responsible for food safety and hygiene across the UK. The Agency audits local authorities' enforcement services and provides a report that outlines areas where the authority can focus its efforts on improvements, while also celebrating good practice. On the 15th and 16th June 2010 two auditors from the Local Authority Audit and Liaison Division of the Food Standards Agency visited Walsall Council's Environmental Health Service. The aim of the Audit was to assess the service's ability to ensure compliance with HACCP requirements in food businesses within the Borough. HACCP being a system that helps food business operators look at how they handle food and introduces procedures to make sure the food produced is safe to eat. Following the Audit a report was produced that set out recommendations on improvements to be made to the operation of the service. The report also contained an agreed Action Plan (pgs 20-23 Appendix 1 of this report) which set out actions taken to date and planned improvements. This report was published on the 6th September 2010. In March 2011 the Food Standards Agency requested an update as to progress in implementing the Action Plan and this was provided on the 24th May 2011. The detail of the Action Plan was reported to Council on the 11th July 2011 as part of the Food Law Enforcement Service Plan for 2011/12.

As part of its ongoing programme of visits the FSA auditors returned on the 17th November 2011 to discuss the Action Plan and also to discuss the Services LAEMS (Local Authority Enforcement Monitoring System) statistical return for 2010/11. This visit confirmed only 1 outstanding item point 3.2.2 which was in relation to ensuring all inspections of food businesses were completed as required in the national Food Law Code of Practice. A target of 31.3.2012 was given to complete the programme of inspections.

On the 22nd October 2012 the FSA once more followed up progress against the final outstanding action asking for a final response on the 19th November 2012. This reply was subsequently sent.

In March 2013 after a delay caused by a reprioritisation of the audit programme within the FSA the auditor confirmed that to 'sign off' the Action plan he would require final verification of the actions taken.

On the 23rd July however a letter as sent to Paul Sheehan confirming that the documents and actions previously submitted were sufficient to close the audit down without further visits or submissions being required. This letter is Appendix 2.

The report and completed Action plan are published on the Food Standards Agency web site:

<http://food.gov.uk/enforcement/auditandmonitoring/auditreports/audengreport/audits2010/auditwalsall/>

The completed Action plan is Appendix 3

Resource and Legal Considerations:

By virtue of section 12 of the Food Standards Act 1999 the Food Standards Agency has the function of monitoring the performance of enforcement authorities in enforcing relevant legislation. That function includes, in particular, setting standards of performance (whether for enforcement authorities generally or for particular authorities) in relation to the enforcement of any relevant legislation. It provides for the following:

- published local service plans to increase transparency of local enforcement services;
- clear agreed standards for local authority feed and food law enforcement;
- local authority monitoring data used to select authorities for audit where there are concerns over enforcement performance; and
- an audit scheme aimed at securing improvements and sharing good practice.

The Agency's audits of local authority feed and food law enforcement are conducted against the requirements of a Framework Agreement and, more specifically, a document called the Standard. The Standard sets out the minimum levels of performance expected in relation to the full range of a local authority's feed and food law enforcement activity, including food hygiene, food standards, imported food and feeding stuffs law enforcement. The Standard draws together the obligations on local authority feed and food law enforcement services arising from legislation and related guidance, and codes of practice. This includes local authority performance in relation to inspections, sampling, complaints, formal enforcement, promotion and advice to business.

The work of the Division pertinent to this report is undertaken pursuant to the provisions of the Food Safety Act 1990 and associated codes of practice, the Food Hygiene (England) Regulations 2006 and any other such regulations developing from the European Communities Act 1972

The Food Safety Act 1990 states that every food authority shall enforce and execute within their area the provisions of this Act with respect to which the duty is not imposed expressly or by necessary implication on some other authority.

Performance and Risk Management issues:

Each year the Environmental Health service produces the Food Law Enforcement Service Plan which is endorsed by members at Cabinet. This Plan reviews previous year's performance and looks forward to the year ahead in terms of the work the service will undertake.

Each year the Service also provides statistical returns to the Food Standards Agency through LAEMS and these results are considered by the Agency in terms of any concerns they may have about an Authorities performance.

The approach to food safety as with many areas of regulation is risk based with a higher emphasis placed on monitoring and regulating premises with poor standards rather than those with a good level of compliance.

In a time of diminishing resources new ways of complying with the Councils statutory duty in relation to food safety are having to be considered to ensure compliance with the FSA's requirements.

Equality Implications.

None arising from this report.

Consultation:

This report is produced in accordance with the agreed work programme for the Audit Committee as detailed in the report 'The Roles and Responsibilities of the Audit Committee' which was agreed by Audit Committee on 24 June 2013

Author:

David Elrington
Area Manager Environmental Health

☎ 01922 653023

✉ elringtondj@walsall.gov.uk

**Report on the Audit of Local Authority Food Law
Service Assessment of Food Businesses'
Food Safety Management System (FSMS)**

Walsall Metropolitan Borough Council
15-16 June 2010



Foreword

Audits of local authorities' food law enforcement services are part of the Food Standards Agency's arrangements to improve consumer protection and confidence in relation to food. These arrangements recognise that the enforcement of UK food law relating to food safety, hygiene, composition, labelling, imported food and feeding stuffs is largely the responsibility of local authorities. These local authority regulatory functions are principally delivered through Environmental Health and Trading Standards Services. The Agency's website contains enforcement activity data for all UK local authorities and can be found at: www.food.gov.uk/enforcement/auditandmonitoring.

The attached audit report examines the Local Authority's Food Law Enforcement Service. The assessment includes the local arrangements in place for officer authorisation and training, inspections of food businesses and internal monitoring. The audit scope was developed specifically to address Recommendations 9 and 15 of the Public Inquiry Report¹ into the 2005 E. coli outbreak at Bridgend, Wales. The programme focused on the local authority's training provision to ensure that all officers who check Hazard Analysis and Critical Control Point (HACCP) and HACCP based plans, including those responsible for overseeing the work of those officers, have the necessary knowledge and skills. Also, that existing inspection arrangements and processes to assess and enforce HACCP related food safety requirements in food businesses are adequate, risk based, and able to effect any changes necessary to secure improvements.

Agency audits assess local authorities' conformance against the Food Law Enforcement Standard ("The Standard"), which was published by the Agency as part of the Framework Agreement on Local Authority Food Law Enforcement and is available on the Agency's website at:

www.food.gov.uk/enforcement/auditandmonitoring. It should be acknowledged that there will be considerable diversity in the way and manner in which local authorities may provide their food enforcement services reflecting local needs and priorities.

The main aim of the audit scheme is to maintain and improve consumer protection and confidence by ensuring that local authorities are providing an effective food law enforcement service. The scheme also provides the opportunity to identify and disseminate good practice and provide information to inform Agency policy on food safety, standards and feeding stuffs. Parallel local authority audit schemes are implemented by the Agency's offices in all the devolved countries comprising the UK.

For assistance, a glossary of technical terms used within this audit report can be found at Annexe C.

¹ <http://wales.gov.uk/ecolidocs/3008707/reporten.pdf?skip=1&lang=en>

CONTENTS

	Page
1.0 Introduction	4
<i>Reason for the Audit</i>	4
<i>Scope of the Audit</i>	4
<i>Background</i>	5
2.0 Executive Summary	6
3.0 Audit Findings	
3.1 Organisation and Management	9
- <i>Strategic Framework, Policy and Service Planning</i>	9
- <i>Documented Policies and Procedures</i>	10
- <i>Officer Authorisations</i>	11
3.2 Food Premises Inspections	13
- <i>Verification Visit to a Food Premises</i>	15
3.3 Enforcement	16
3.4 Internal Monitoring and Third Party or Peer Review	18
- <i>Internal Monitoring</i>	18
- <i>Food and Food Premises Complaints</i>	18
- <i>Food Sampling</i>	18
- <i>Third Party or Peer Review</i>	19
 Annexe A - Action Plan for Walsall Metropolitan Borough Council	 20
Annexe B - Audit Approach/Methodology	25
Annexe C - Glossary	27

1. Introduction

- 1.1 This report records the results of an audit at Walsall Metropolitan Borough Council with regard to food hygiene enforcement, under relevant headings of the Food Standards Agency Food Law Enforcement Standard. The audit focused on the Authority's arrangements for the management of food premises inspections, enforcement activities and internal monitoring. The report has been made available on the Agency's website at:
www.food.gov.uk/enforcement/auditandmonitoring/auditreports.
Hard copies are available from the Food Standards Agency's Local Authority Audit and Liaison Division at Aviation House, 125 Kingsway, London WC2B 6NH, Tel: 020 7276 8428.

Reason for the Audit

- 1.2 The power to set standards, monitor and audit local authority food law enforcement services was conferred on the Food Standards Agency by the Food Standards Act 1999 and the Official Feed and Food Controls (England) Regulations 2009. This audit of Walsall Metropolitan Borough Council was undertaken under section 12(4) of the Act as part of the Food Standards Agency's annual audit programme.
- 1.3 The Authority was included in the Food Standards Agency's programme of audits of local authority food law enforcement services, because it had not been audited in the past by the Agency and was representative of a geographical mix of 25 Councils selected across England.

Scope of the Audit

- 1.4 The audit examined Walsall Metropolitan Borough Council's arrangements for food premises inspections and internal monitoring with regard to food hygiene law enforcement, with particular emphasis on officer competencies in assessing food safety management systems based on HACCP principles. This included a reality check at a food business to assess the effectiveness of official controls implemented by the Authority at the food business premises and, more specifically, the checks carried out by the Authority's officers to verify food business operator (FBO) compliance with legislative requirements. The scope of the audit also included an assessment of the Authority's overall organisation and management, and the internal monitoring of other related food hygiene law enforcement activities.
- 1.5 Assurance was sought that key food hygiene law enforcement systems and arrangements were effective in supporting business compliance, and that local enforcement was managed and delivered effectively. The on-site element of the audit took place at the

Authority's office at the Challenge Building, Hatherton Road, Walsall on 15 – 16 June 2010.

Background

- 1.6 The Borough of Walsall is located north west of Birmingham and has a population of approximately 254,500 and an area of 10,364 hectares. It is an urban metropolitan district with the western side being mainly industrial and residential, whilst the eastern side is mainly rural, with some light industry. The largest town in the Borough is Walsall, with Aldridge, Bloxwich and Willenhall the other main centres of population.
- 1.7 The major part of the economy is in the engineering and service industries.
- 1.8 There were approximately 2,169 food premises in the Borough (including those without current food hygiene risk ratings). There were 13 establishments in the Authority's area which required approval under Regulation (EC) No. 853/2004.
- 1.9 Public Health (PH), incorporating Environmental Health (EH) was responsible for enforcing food hygiene legislation in the Borough and had recently undergone a restructure. The team was also responsible for health and safety enforcement, and health promotion. Trading Standards and Licensing, also within PH, were responsible for food standards enforcement.
- 1.10 The premises profiles of Walsall Metropolitan Borough Council's food businesses as submitted to the Agency for 2008/2009 was as follows:

Type of food premises	Number
Primary Producers	8
Manufacturers and Packers	37
Importers/Exporters	0
Distributors/Transporters	45
Retailers	678
Restaurant/Caterers	1401
Total number of food premises	2169

2. Executive Summary

- 2.1 The Authority had developed a Food Law Enforcement Service Plan for 2010/2011 that was broadly in line with the Service Planning Guidance in the Framework Agreement. The Plan identified a shortfall in staff resources of approximately 0.85 expressed as Full Time Equivalents (FTEs). At the time of the audit the Plan was due to be approved at the appropriate Council Member forum.
- 2.2 A number of the Authority's services shared the premises database. However, there was no dedicated in-house expertise or protocols across the various services to ensure that the information on the database was accurate, up to date and effectively managed. Auditors were informed that as part of the recent restructure the Authority had plans to appoint a database administrator.
- 2.3 The Authority had recently updated the procedure for the review and updating of documented policies and procedures. A number of policies, procedures and documents had recently been updated, however, the Authority acknowledged that further procedures required development to cover the full range of food law enforcement activities.
- 2.4 The Authority had a documented procedure for the authorisation of officers based on their individual qualifications, experience and competency. Officer authorisation documents required some expansion to cover the full range of relevant food law enforcement legislation.
- 2.5 Officer training needs were identified on an annual basis through the staff appraisal process, and the Authority had commenced development of a more systematic method of identifying and prioritising staff training needs based on their level of authorisation and required competencies, in accordance with the Food Law Code of Practice. Generally, officers had undertaken the required number of hours of Continuing Professional Development (CPD) and recent HACCP training. However, the Lead Officer did not have the required competency levels as required by the Food Law Code of Practice and relevant officers required update training in regard to the approval and inspection of product specific establishments. Generally, records of officer qualifications and training were incomplete.
- 2.6 Record checks showed that the Authority had a substantial backlog of overdue inspections and unrated premises awaiting their first inspection. The Authority was not able to fully explain the backlog, although it was acknowledged that database administration was a contributing factor. Premises included in the annual inspection programme had generally been inspected at the frequency required by the Food Law Code of Practice.

- 2.7 The Authority had developed a food premises inspection procedure. The procedure provided useful guidance to officers carrying out food law interventions. However, file checks showed that there was insufficient evidence on file to gain assurance that officers were carrying out thorough assessments of food business compliance, particularly in respect of their food safety management systems (FSMS). In addition, there was evidence that in some cases findings on inspection should have prompted the consideration of the escalation of enforcement action in line with the Authority's Enforcement Policy.
- 2.8 On inspection the Authority's officers had been using a general food premises inspection aide-memoire that did not prompt them to fully record their detailed findings in relation to assessments of food safety management systems. Auditors discussed the need to develop an appropriate aide-memoire to enable officers to better record their detailed observations on inspection.
- 2.9 File checks showed that one product specific establishment subject to controls under Regulation (EC) No. 853/2004 had not been re-approved under current legislation and another had been approved without evidence of a pre-approval inspection. In addition product specific establishments had not always been inspected at a frequency required by the Food Law Code of Practice.
- 2.10 Appropriate product specific aides-memoire had been used to record findings following approved establishment inspections. However, it was not always possible to gain assurance from the information recorded that a thorough assessment of the food business FSMS had been carried out. Generally, approved establishment files were disorganised and the information listed in Annexe 12 of the Food Law Code of Practice Guidance was difficult to retrieve, missing, or out of date.
- 2.11 The Service had developed an Enforcement Policy which was generally in line with centrally issued guidance. The Authority had developed enforcement procedures for most of the Authority's enforcement activities, including the use of hygiene emergency prohibition notices, simple cautions and prosecution. The Authority acknowledged the need to develop and implement a procedure for the service of hygiene improvement notices.
- 2.12 Although there was clear evidence that the Authority was willing to take appropriate and effective enforcement action when required, including the use of hygiene improvement/emergency prohibition notices, simple cautions and prosecution, there was evidence that the Authority had on occasion struggled to carry out appropriate follow-up activities.
- 2.13 Records confirmed that complaints about food and food premises were investigated effectively with appropriate follow-up action being taken. Complaint records were generally found to be complete and accurate.

- 2.14 Records relating to unsatisfactory food sample results showed that the Authority had notified food business operators (FBOs) of the results and had taken appropriate follow-up action in all cases.
- 2.15 The Authority had developed a procedure for internal monitoring, and there was some limited evidence that documented quantitative and qualitative monitoring was being carried out. Auditors discussed the need for monitoring to be risk based, regular, fully documented and extended to cover the full range of food law enforcement activities.
- 2.16 A reality check visit at a food business was undertaken during the audit. The main objective was to assess the effectiveness of the Authority's assessment of food business compliance with food law requirements. The visit confirmed that the officer had knowledge of the business and had carried out discussions with the food business operator in relation to HACCP and FSMS. However, auditors were not able to confirm that the officer had carried out an effective and thorough evaluation of the compliance of the business, as an aide-memoire had not been completed for the most recent inspection.

3. Audit Findings

3.1 Organisation and Management

Strategic Framework, Policy and Service Planning

- 3.1.1 The Authority had developed a Food Law Enforcement Service Plan 2010/2011 which was broadly in line with the Service Planning Guidance in the Framework Agreement. Auditors were informed that the Plan would be agreed at an appropriate Council Member forum in the near future. The Service Plan contained a detailed analysis of resource requirements to deliver the food law service. The analysis identified a shortfall in resources of approximately 0.85 in terms of full time equivalents (FTE). Auditors discussed further development of the Plan to include more detailed information specified by the Service Planning Guidance, for example, in regard to external factors which may affect the delivery of the Service.
- 3.1.2 The Service Plan stated that one of the aims of PH was to *'protect public health by ensuring that high standards of food safety are maintained in food premises and food production by means of education and enforcement'* and a number of key objectives to achieve this were listed, including *'To implement procedures to ensure compliance with the Food Standards Agency Framework Agreement'*. These statements were linked to the Council's Sustainable Community Strategy which stated *'Walsall will be a great place to live, work and invest, where people can live an independent and healthy life.'*
- 3.1.3 The Service Plan set out key objectives for the forthcoming year, which included an aim to carry 100% of due A, B and C category premises. In addition, the Authority was to trial an alternative enforcement strategy to deal with the lower risk D and E category premises. The Plan also acknowledged the Authority's support for the Food Standards Agency's *'Safer food, better business'* (SFBB) and planned to implement a *'Scores on the Doors'* scheme once a commencement date was decided.
- 3.1.4 The Authority's Service Plan also made reference to national indicator 184 (food businesses 'broadly compliant' with food safety requirements). The Plan indicated that 74.33% of businesses in the Borough were 'broadly compliant'.
- 3.1.5 Auditors were informed that the Authority had experienced difficulties in reporting Local Authority Enforcement Monitoring System (LAEMS) data to the Agency. Auditors were informed that the database was used by other Council departments, however there was no formal procedure across the various services using the system to ensure accurate and uniform data entry and data cleansing which often resulted in EH being unaware of the existence of some premises, the

existence of double entries, the unintentional deletion of open premises and retention of closed premises. The Authority informed auditors that EH did not have the expertise 'in house' to ensure that the information contained was accurate, up to date and effectively managed, however, the Authority had identified this problem in the latest reorganisation and intended to appoint a database administrator.

Recommendation

3.1.6 The Authority should:

Ensure that the food premises database is operated and managed to ensure that it is able to provide reliable information to support the work of the Service and provide accurate monitoring returns to the Agency.
[The Standard – 6.4]

- 3.1.7 In response to the findings of the Pennington Inquiry into the outbreak of E.coli 0157 in South Wales in 2005, auditors were informed that a report had been drafted by the Authority which detailed the main findings and recommendations of the Inquiry. The report also identified relevant 'problem' premises in the Borough which the Authority intended to 'red flag' on the database.

Documented Policies and Procedures

- 3.1.8 The Authority had developed and implemented the 'Reviewing and Updating Food Safety Procedures' for ensuring that relevant policies and procedures are reviewed on an annual basis. Official documents were stored on the Authority's database and were controlled by a system of restricted access. In practice, procedures had been allocated to individual officers for development and were reviewed and amended by the same officers on an annual basis. Any amendments made were checked by the Principal Environmental Health Officer and then signed off by the Environmental Health Manager. The documents were controlled by the use of a version number and an issue date.
- 3.1.9 The Authority had developed and implemented policies and procedures covering most areas within the scope of this audit. A number of these documents had been recently reviewed and updated. Auditors discussed the need to ensure that procedures were developed and implemented to cover all areas of food law enforcement activities.

Officer Authorisations

- 3.1.10 The Authority had developed and implemented an 'Authorisation of Officers' procedure based on officers' individual qualifications, experience and competency. Document checks showed that officer authorisation documents required some expansion to cover the full range of food law enforcement legislation.
- 3.1.11 Auditors discussed the benefit of further improving the Authority's 'Authorisation of Officers' procedure by the development and inclusion of a suitable method of assessing officer competency levels and training requirements. This process should be linked to the individual officer's authorisation level. The Authority provided documentary evidence that it was in the process of developing a competency matrix to ensure that the level of officer authorisation is linked to their level of competency.

Recommendation

3.1.12 The Authority should:

Review officer authorisations on a regular basis to ensure that they are kept up to date with current legislation and continue to develop the documented procedure on the authorisation of officers to detail the competency assessment process by which authorisations are linked to the officer's individual training requirements.
[The Standard – 5.1]

- 3.1.13 Officer training needs were discussed at annual Individual Performance Management reviews. Generally officers had received the required 10 hours Continuing Professional Development (CPD) training required by the Food Law Code of Practice, and had recently received update training in inspecting HACCP based FSMS and vacuum packing. However, file checks showed that some enforcement officers had not received any recent training on product specific establishment assessment and inspection. In addition it was identified that the Lead Officer for food did not have sufficient training or experience in accordance with the requirements of the Food Law Code of Practice.

Recommendation

3.1.14 The Authority should:

Ensure that all officers, including the Lead Officer, receive suitable training consistent with their authorisation and duties in accordance with the Food Law Code of Practice. [The Standard – 5.3]

3.1.15 Audit checks showed that the Authority had complete records of officer qualifications on file. However, generally records of officer training were incomplete and not held centrally by the Authority.

Recommendation

3.1.16 The Authority should:

Ensure that complete and sufficiently detailed officer training records are maintained in accordance with the Food Law Code of Practice. [The Standard - 5.4 and 5.5]

3.2 Food Premises Inspections

- 3.2.1 Database record checks showed that the Authority had a backlog of almost 100 overdue inspections, including those in the higher A and B risk categories and approximately 320 unrated premises. Some of these were catering premises, which had remained outside the inspection programme, despite being recorded on the database for some time. The Authority was not able to fully explain the reasons for the backlog, although it was clear that the administration of the database was a contributing factor. Generally, inspections that had been included in the annual inspection programme had been carried out at the frequency required by the Food Law Code of Practice.

Recommendation

3.2.2 The Authority should:

Ensure that all food premises, including approved establishments, are inspected in accordance with the frequencies specified by the Food Law Code of Practice. [The Standard – 7.1]

- 3.2.3 The Authority had developed and implemented the 'Food Hygiene Interventions' procedure. This provided useful guidance to officers carrying out food law interventions. File checks showed that there was some evidence that officers were carrying out inspections in line with the procedure. However, there was insufficient evidence on file to gain assurance that officers were carrying out thorough assessments of food business compliance, particularly in respect of their FSMS.
- 3.2.4 In general records of visit had been left with the FBO and where follow-up letters had been sent there had been a clear differentiation between legal requirements and advice.
- 3.2.5 There was evidence in some cases that the Authority's graduated approach to enforcement, as set out in their enforcement policy, was not being followed. In some cases revisits were not being made where it would have been appropriate, and in others where revisits had taken place and significant problems still existed, there was no consideration of escalated formal enforcement action. Auditors noted that on several occasions, the Authority had struggled to bring about timely business compliance with regard to HACCP related issues.

Recommendation

3.2.6 The Authority should:

Ensure that appropriate action is taken on any non-compliance found during inspections, including any contraventions linked to HACCP requirements, in accordance with the Authority's Enforcement Policy, the Food Law Code of Practice and any other centrally issued guidance. [The Standard – 7.3]

- 3.2.7 The Authority had been using a general premises inspection aide-memoire that was not suitably developed to enable officers to sufficiently record their detailed observations on inspection. In particular there were insufficient prompts on the aide-memoire to encourage officers to make full records of their assessment of the food business' FSMS based on HACCP principles. In addition, there was inconsistency across a range of officers in regard to the level of completion of the Authority's aide-memoire, including the failure to complete a form for an inspection.
- 3.2.8 Procedures for the approval and inspection of product specific establishments had been incorporated into the 'Food Hygiene Interventions' procedure. The Authority had 13 approved establishments at the time of the audit.
- 3.2.9 Three approved establishments files were examined. Due to the lack of approval documentation it was not possible to ascertain if one of the premises had been re-approved under Regulation (EC) No. 853/2004. Another premises had been re-approved under Regulation (EC) No. 853/2004 three days after receipt of the approval application, although there was no evidence on file that a pre-approval assessment had been carried out. In addition, there was evidence that inspections of approved establishments had not always been carried out at the frequency specified by the Food Law Code of Practice.
- 3.2.10 File checks showed that approved establishment files were generally disorganised and a significant proportion of the information required by Annexe 12 of the Food Law Code of Practice Guidance was missing or out of date.
- 3.2.11 Generally, the Authority had been using an appropriate aide-memoire for the inspection of approved establishments. However, as in the case of the general premises inspection records, it was not always possible to gain assurance from the information recorded that a thorough assessment of the food business FSMS had been carried out.

Verification Visit to a Food Premises

- 3.2.12 During the audit, a verification visit was undertaken to a local caterer with an officer from the Authority, who had carried out the last food hygiene inspection of the premises. The main objective of the visit was to assess the effectiveness of the Authority's assessment of food business compliance with food law requirements. The specific assessments included the conduct of the preliminary interview of the FBO by the officer, the general hygiene checks to verify compliance with the structure and hygiene practice requirements and checks carried out by the officer to verify compliance with HACCP based procedures.
- 3.2.13 The officer was able to demonstrate knowledge of the business and it was evident that there had been previous discussions with the FBO regarding the FSMS in place at the business. However, it was not possible to confirm that the officer had carried out an effective and thorough evaluation of the compliance of the business, as an aide-memoire had not been completed for the most recent inspection.

3.3 Enforcement

- 3.3.1 The Authority had developed a 'Public Protection Enforcement Policy', which was generally in accordance with centrally issued guidance. The Authority needed to ensure that the policy was reviewed and revised on a regular basis to reflect current legislative requirements.
- 3.3.2 The Authority had developed and implemented a number of enforcement procedures, including the use of emergency prohibition, voluntary closure, and the seizure and detention of unsafe food, simple cautions and prosecution. The procedures needed to be further developed to include the use of hygiene improvement notices (HINs). Additionally, the prosecutions and simple cautions procedures, which at the time of the audit only existed as template documents, required clarification and expansion.

Recommendation

3.3.3 The Authority should:

Expand the enforcement procedures to ensure they cover the full range of enforcement activities.
[The Standard – 15.3]

- 3.3.4 There was clear evidence that the Authority was willing to take a range of enforcement actions when required and this included the use of HINs, hygiene emergency prohibition notices (HEPN), simple cautions and prosecution.
- 3.3.5 Three HINs were examined during the audit. The format and wording of the notices were generally in line with centrally issued guidance and in all cases it was clear that it had been the appropriate course of action. Auditors discussed the need to further improve the HIN template to fully comply with the Food Law Code of Practice. Timely visits had been carried out to confirm compliance in two out of the three notices examined. However, in the case of one HIN it was not possible from the file records to ascertain if appropriate follow-up action had been taken. In addition, in all three cases there was no evidence that compliance with the notice had been confirmed with the food business operator in writing in accordance with the Food Law Code of Practice.

Recommendation

3.3.6 The Authority should:

Ensure that hygiene improvement notices have been fully complied with and that all the necessary procedures and documentation specified by the Food Law Code of Practice have been completed. [The Standard – 15.2]

- 3.3.7 Two HEPNs were checked during the audit and both had been the appropriate course of action and correctly implemented in line with the Authority's procedures and centrally issued guidance.
- 3.3.8 The records of a simple caution and a prosecution were also reviewed during the audit. Both were found to be well documented, detailed and had been investigated in line with national guidelines and with due regard to the Authority's Enforcement Policy.

3.4 Internal Monitoring and Third Party or Peer Review

Internal Monitoring

- 3.4.1 The Service had developed a 'Monitoring of Officer Competency' procedure. There was some evidence that documented qualitative monitoring had been implemented. This included the use of accompanied inspections, the checking of correspondence and enforcement notices and an annual check of officer complaints and sampling. However, records of monitoring were limited and often not in accordance with the documented procedure.
- 3.4.2 Auditors were informed that quantitative monitoring of inspections was carried out on a monthly basis, including the use of database reports. However, no procedure had been developed for quantitative monitoring and the monitoring carried out was generally not documented.

Recommendation

3.4.3 The Authority should:

Set up, maintain and implement documented internal monitoring procedures for the full range of food law enforcement activities in accordance with the Food Law Code of Practice. [The Standard – 19.1 and 19.2]

Food and Food Premises Complaints

- 3.4.4 The Authority had developed and implemented the 'Complaints Relating to Food Premises' procedure and the 'Complaints Relating to Food' procedure for the investigation of food and food premises complaints. The records for three complaint investigations relating to FSMS issues were examined. These confirmed that in all cases, complaints were appropriately investigated and follow-up action had been taken as necessary. Complaint records were found to be complete and accurate. There was no evidence of internal monitoring for the files examined.

Food Sampling

- 3.4.5 The Authority had developed and implemented the 'Sampling of Food' procedure. The Authority was participating in local and national food sampling programmes. The Authority's annual sampling plan was documented in the 'Food Sampling Programme 2010/2011'.
- 3.4.6 Audit checks showed that in the case of three unsatisfactory sample results FBOs had been given timely notification of the results and

appropriate follow-up action had been taken by the Authority. There was no evidence of internal monitoring of the files examined.

Third Party or Peer Review

- 3.4.7 The Authority was a member of the West Midlands Food Liaison Group (WMFLG) and regularly attended meetings to discuss food related issues and develop the annual joint sampling programme. Auditors noted that attendance at the more recent WMFLG meetings had been sporadic. As a result of the Pennington Inquiry into the E. coli 0157 outbreak in South Wales the assessment of HACCP based FSMS had become a standing agenda item at liaison group meetings.
- 3.4.8 The Authority had not taken part in any recent Inter-Authority Audits as no scheme was available in the WMFLG area.
- 3.4.9 The Authority had taken part in a benchmarking exercise in conjunction with the Health Protection Agency and the Primary Care Trust to help co-ordinate and standardise their response to a food poisoning outbreak scenario. Although, no written report had been compiled in relation to the exercise, the Health Protection Agency had provided feedback at one of the Authority's team meetings.
- 3.4.10 The Authority had also carried out an internal audit for 2009/2010. In relation to food enforcement, detailed as 'Planned Inspection Work' in the report, the audit identified monitoring, record keeping and timely follow-up action as areas for improvement.

Auditors: **Robert Hutchinson**

Yvonne Robinson

Food Standards Agency

Local Authority Audit and Liaison Division

Action Plan for Walsall Metropolitan Borough Council

Audit date: 15-16 June 2010

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
---	-----------	----------------------	----------------------

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>3.1.6 The Authority should ensure that the food premises database is operated and managed to ensure that it is able to provide reliable information to support the work of the Service and provide accurate monitoring returns to the Agency. [The Standard – 6.4]</p>	Ongoing Next meeting date 31/08/10	The IT Group will continue to monitor issues relating to IT and use the database user sub group to tackle system specific issues and the use/management of data.	On 7 July the Departmental I.T. Group met for the first time since it's refreshment as part of the Departmental restructure. The Environmental Health Manager chairs the group with another representative from Environmental Health in attendance. Trading Standards are also represented. Database management was one of the key areas discussed at the inaugural meeting and actions were recorded to be undertaken prior to the next meeting. Meetings will be monthly. The Trading Standards Officer will Chair a sub group that is specifically to deal with issues relating to the electronic database system which records and produces all our inspections/inspection frequencies.
	30/09/10 dependant on recruitment	Once this officer is in place concentrated effort will be made to appraise them of system specific issues. Their work will begin to complement any data management work already being dealt with by Environmental Health staff.	An initial interview has been held for a new Systems Administrator for the Departments IT system. Second interviews are now being arranged.
	Already started will continue monthly as part of the performance management of the Division.	Monthly quantitative reports are to be produced by the EH Manager for discussion with Principal EHOs. The uniform reports considered so far will be used to ensure the backlog and unrated premises decrease and are kept under control.	Since the Audit and the IT meeting Trading Standards and Environmental Health have discussed management of unrated premises and backlogs of inspections. They have shared knowledge and experience of reports so that we can check and make sure we are working uniformly.
	31/12/10	The current 300 unrated premises will be scrutinised by the Environmental Health management team and the task of updating/merging/closing premises will be distributed amongst district staff for completion by 01/12/10.	
	31/08/10 for grant application	Application to be sought for a grant to implement "Scores on the Doors". The grant (if awarded) should assist in implementing data cleansing and lead to more robust future management of the system.	Completion of the grant application form has commenced.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.1.12 Review officer authorisations on a regular basis to ensure that they are kept up to date with current legislation and continue to develop the documented procedure on the authorisation of officers to detail the competency assessment process by which authorisations are linked to the officer's individual training requirements. [The Standard – 5.1]	30/09/10	<p>All authorisations for staff currently working in the Division to be updated and signed by the Head of Service.</p> <p>The authorisations to be prominently located in the authorisations file</p> <p>Any old or out of date authorisations will be filed away or destroyed.</p> <p>The Environmental Health management team to meet and discuss specifically the correct level of authorisation for each officer presently in the division and record that assessment in a matrix. This will also assist in assessing any new starters.</p>	A list of additional legislation required for authorisations has been produced.
3.1.14 Ensure that all officers, including the Lead Officer, receive suitable training consistent with their authorisation and duties in accordance with the Food Law Code of Practice. [The Standard – 5.3]	31/12/10	<p>As part of the Employee Performance Assessment the Lead Officer to consider his Authorisation with the Head of Service in terms of the current authorisation compared to the actual job role.</p> <p>Approved establishments training will be provided for all Environmental Health Officers.</p>	Training on approved establishments is currently being sought for quality and cost.
3.1.16 Ensure that complete and sufficiently detailed officer training records are maintained in accordance with the Food Law Code of Practice. [The Standard - 5.4 and 5.5]	<p>31/12/10 in terms of updating any existing out of date records</p> <p>Ongoing as training records are received</p>	<p>Record keeping to be improved and adhered to. In terms of training certificates these should be sent to the record keeper in the first instance – copied and distributed to the Officers.</p> <p>Training and compliance with CPD requirements to be checked during annual Employee Performance Assessment and review.</p> <p>The Environmental Health Manager to conduct review of CPD every six months as part of the performance management of the Division.</p>	Officers have been asked to forward copies of their CPD certificates to the record keeper.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.2.2 Ensure that all food premises, including approved establishments, are inspected in accordance with the frequencies specified by the Food Law Code of Practice. [The Standard – 7.1]	30/09/10 and ongoing for monthly reports	Monthly quantitative reports are to be produced by the Environmental Health Manager for discussion with Principal EHOs.	A quantitative report has been produced covering the first quarter; this was discussed at the Divisional meeting in July.
3.2.6 Ensure that appropriate action is taken on any non-compliance found during inspections, including any contraventions linked to HACCP requirements, in accordance with the Authority's Enforcement Policy, the Food Law Code of Practice and any other centrally issued guidance. [The Standard – 7.3]	30/09/10	The system to be reviewed monthly at the performance management meeting to ensure it is adhered to.	<p>The Lead Officer for Food Safety has requested that Officers serve hygiene improvement notices (HINs) in every appropriate instance where contraventions linked to HACCP systems are found.</p> <p>Principal Environmental Health Officers make notes in their diary to ensure that HIN's are followed up in a timely manner and in accordance with the HIN policy.</p>
3.3.3 Expand the enforcement procedures to ensure they cover the full range of enforcement activities. [The Standard – 15.3]	31/01/11	<p>All procedures are to be reviewed in January 2011. All new procedures to be in place and authorised by this date.</p> <p>Remedial Action Notice (RAN) Procedure to be ratified.</p> <p>Prosecution procedure and simple caution procedure to be developed to complement the templates that presently exist.</p>	<p>A procedure for the service of HINs has been written and is due to be ratified.</p> <p>A procedure for the service of RANs has been written and is due to be ratified.</p>
3.3.6 Ensure that hygiene improvement notices have been fully complied with and that all the necessary procedures and documentation specified by the Food Law Code of Practice have been completed. [The Standard – 15.2]	30/09/10	<p>Principal Officers to monitor the progress of the HIN to ensure prompt follow up and that the matter is closed or further action taken.</p> <p>All Notices to be reviewed as part of the monthly performance management review of the division by the Environmental Health Manager.</p>	Standard letters relating to this process have been moved to the Word Processing function of the electronic database. This will allow officers to quickly produce and print these documents which then get stored against the Notice reference and cannot be amended.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.4.3 Set up, maintain and implement documented internal monitoring procedures for the full range of food law enforcement activities in accordance with the Food Law Code of Practice. [The Standard – 19.1 and 19.2]	30/09/10 and ongoing	Monthly quantitative reports are to be produced by the Environmental Health Manager for discussion with Principal EHOs. The uniform reports considered so far will be used to ensure the backlog and unrated premises decrease and are kept under control.	A quantitative report has been produced covering the first quarter; this was discussed at the Divisional meeting in July.

Audit Approach/Methodology

The audit was conducted using a variety of approaches and methodologies as follows:

(1) Examination of LA policies and procedures.

The following LA policies, procedures and linked documents were examined before and during the audit:

- Food Law Enforcement Service Plan 2010/2011
- Procedure on Reviewing and Updating of Food Safety Procedures
- Authorisation of Officers procedure
- Draft Qualifications, Experience and Training Matrix
- Individual Performance Management example
- Food Hygiene Interventions and Inspection Report aide memoire
- Complaints Relating to Food Premises procedure
- Sampling of Food procedure
- Food Sampling Programme
- Public Protection Enforcement Policy
- Emergency Prohibition procedure
- Detention and Seizure of Food procedure
- Monitoring of Officer Competency procedure
- Draft Internal Audit Report 2009/2010

(2) File reviews – the following LA file records were reviewed during the audit:

- General food premises inspection records
- Approved establishment files
- Food complaint records
- Food sampling records
- Formal enforcement records

(3) Officer interviews – the following officers were interviewed:

- Audit Liaison Officer
- Environmental Health Officer (2)

Opinions and views raised during officer interviews remain confidential and are not referred to directly within the report.

(4) On-site verification check:

A verification visit was made with the Authority's officers to a local food business. The purpose of the visit was to verify the outcome of the last inspection carried out by the Local Authority and to assess the extent to which enforcement activities and decisions met the requirements of relevant legislation, the Food Law Code of Practice and official guidance,

having particular specific regard to LA checks on FBO compliance with HACCP based food management systems.

Glossary

Authorised officer	A suitably qualified officer who is authorised by the local authority to act on its behalf in, for example, the enforcement of legislation.
Codes of Practice	Government Codes of Practice issued under Section 40 of the Food Safety Act 1990 as guidance to local authorities on the enforcement of food legislation.
County Council	A local authority whose geographical area corresponds to the county and whose responsibilities include food standards and feeding stuffs enforcement.
District Council	A local authority of a smaller geographic area and situated within a County Council whose responsibilities include food hygiene enforcement.
E. coli	<i>Escherichia coli</i> microorganism, the presence of which is used as an indicator of faecal contamination of food or water. <i>E. coli</i> 0157:H7 is a serious food borne pathogen.
Environmental Health Officer (EHO)	Officer employed by the local authority to enforce food safety legislation.
Feeding stuffs	Term used in legislation on feed mixes for farm animals and pet food.
Food hygiene	The legal requirements covering the safety and wholesomeness of food.
Food standards	The legal requirements covering the quality, composition, labelling, presentation and advertising of food, and materials in contact with food.
Framework Agreement	<p>The Framework Agreement consists of:</p> <ul style="list-style-type: none"> • Food Law Enforcement Standard • Service Planning Guidance • Monitoring Scheme • Audit Scheme <p>The Standard and the Service Planning Guidance set out the Agency's expectations on the planning and delivery of food law enforcement.</p> <p>The Monitoring Scheme requires local authorities to submit quarterly returns to the Agency on their food enforcement activities i.e. numbers of inspections, samples and prosecutions.</p> <p>Under the Audit Scheme the Food Standards Agency will be conducting audits of the food law enforcement services of local authorities against the criteria set out in the Standard.</p>
Full Time Equivalents (FTE)	A figure which represents that part of an individual officer's time available to a particular role or set of duties. It reflects the fact that individuals may work part-time, or may have

		other responsibilities within the organisation not related to food enforcement.
HACCP		Hazard Analysis and Critical Control Point – a food safety management system used within food businesses to identify points in the production process where it is critical for food safety that the control measure is carried out correctly, thereby eliminating or reducing the hazard to a safe level.
LAEMS		Local Authority Enforcement Monitoring System is an electronic system used by local authorities to report their food law enforcement activities to the Food Standards Agency.
Member forum		A local authority forum at which Council Members discuss and make decisions on food law enforcement services.
Metropolitan Authority		A local authority normally associated with a large urban conurbation in which the County and District Council functions are combined.
OCD returns		Returns on local food law enforcement activities required to be made to the European Union under the Official Control of Foodstuffs Directive.
Regulators' Code	Compliance	Statutory Code to promote efficient and effective approaches to regulatory inspection and enforcement which improve regulatory outcomes without imposing unnecessary burdens on businesses.
Risk rating		A system that rates food premises according to risk and determines how frequently those premises should be inspected. For example, high risk premises should be inspected at least every 6 months.
Service Plan		A document produced by a local authority setting out their plans on providing and delivering a food service to the local community.
Trading Standards		The Department within a local authority which carries out, amongst other responsibilities, the enforcement of food standards and feeding stuffs legislation.
Trading Standards (TSO)	Officer	Officer employed by the local authority who, amongst other responsibilities, may enforce food standards and feeding stuffs legislation.
Unitary Authority		A local authority in which the County and District Council functions are combined, examples being Metropolitan District/Borough Councils, and London Boroughs. A Unitary Authority's responsibilities will include food hygiene, food standards and feeding stuffs enforcement.

Mr Paul Sheehan
Chief Executive
Walsall Council
The Council House
Lichfield Street
Walsall
West Midlands
WS1 1TW

23 July 2013

Reference: EPA 30/577

Dear Mr Sheehan

**FOOD STANDARDS AGENCY AUDIT OF WALSALL METROPOLITAN
BOROUGH COUNCIL: 15-16 JUNE 2010**

Thank you for David Elrington's correspondence regarding your authority's progress in implementing the Action Plan arising from the above audit.

We have reviewed the information provided and note that the Updated Action Plan has now been fully implemented. The completed Plan will be placed on the Agency's website shortly and our files for the audit of your food service will be closed.

I would like to thank you and your staff for the action taken to address the recommendations in the audit report.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Sally Hayden', followed by a period.

Sally Hayden
Acting Head of Audit and Monitoring Branch
Local Authority Audit and Liaison Division

cc David Elrington

Updated Action Plan for Walsall Metropolitan Borough Council

Audit date: 15-16 June 2010

Action Plan Updated: 17 November 2011 and 23 November 2012

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	PROGRESS	ACTION TAKEN TO DATE
<p>3.1.6 The Authority should ensure that the food premises database is operated and managed to ensure that it is able to provide reliable information to support the work of the Service and provide accurate monitoring returns to the Agency. [The Standard – 6.4]</p>	<p>Ongoing Next meeting date 31/08/10</p> <p>30/09/10 dependant on recruitment</p> <p>Already started will continue monthly as part of the</p>	<p>The IT Group will continue to monitor issues relating to IT and use the database user sub group to tackle system specific issues and the use/management of data.</p> <p>Once this officer is in place concentrated effort will be made to appraise them of system specific issues. Their work will begin to complement any data management work already being dealt with by Environmental Health staff.</p> <p>Monthly quantitative reports are to be produced by the EH Manager for discussion with Principal EHOs. The</p>	<p>Completed</p>	<p>Since the Audit we have undertaken a large piece of 'data cleansing work' on our database.</p> <p>Letters were sent to over 270 Food Business Operators requesting them to complete or update Food Registration forms. Of the letters sent out five require action although tend to be low risk premises such as social clubs. All the information returned was entered onto the database by a nominated officer and the hard copy file also updated with the most recent form.</p> <p>The Division was successful in a bid from the FSA to implement the National Food Hygiene Rating Scheme. Part of that funding was to ensure the database could accurately upload to the NFHRS database. Along with the piece of work mentioned above we were able to contract an agency EHO to undertake interventions at the premises that had previously been unrated on the database.</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	PROGRESS	ACTION TAKEN TO DATE
	performance management of the Division.	uniform reports considered so far will be used to ensure the backlog and unrated premises decrease and are kept under control.		<p>We believe the work undertaken means the database is the most accurate it has been for many years.</p> <p>We are presently working with our ICT Team to connect to the corporate Land and Property Gazetteer so that the addresses are completely up to date and can be updated regularly to take account of new or changed addresses.</p> <p>This should also assist in ensuring premises have clearly identifiable addresses and avoid the scenario where duplicate premises are created at the same address.</p>
	31/12/10	The current 300 unrated premises will be scrutinised by the Environmental Health management team and the task of updating/merging/closing premises will be distributed amongst district staff for completion by 01/12/10.		
	31/08/10 for grant application	<p>Application to be sought for a grant to implement "Scores on the Doors". The grant (if awarded) should assist in implementing data cleansing and lead to more robust future management of the system.</p> <p>Issues of consistency between those who input data for Environmental</p>		

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	PROGRESS	ACTION TAKEN TO DATE
		<p>Health and Trading Standards have been raised and discussed and will continue to appear on IT Group agendas for future discussion should any problems surface.</p> <p>The Systems Administrator is still training in terms of having an overview of the system and controlling data input and other consistency measures.</p> <p>As this Officer grows in confidence and ability they should be able to oversee this in more detail.</p>		
<p>3.1.12 Review officer authorisations on a regular basis to ensure that they are kept up to date with current legislation and continue to develop the documented procedure on the authorisation of officers to detail the competency assessment process by which authorisations are linked to the officer's individual training requirements. [The Standard – 5.1]</p>	<p>30/09/10</p>	<p>All authorisations for staff currently working in the Division to be updated and signed by the Head of Service.</p> <p>The authorisations to be prominently located in the authorisations file. Any old or out of date</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>All authorisations for staff currently working in the Division have been updated and signed by the Head of Service.</p> <p>The authorisations are prominently located in the authorisations file.</p> <p>Any old or out of date authorisations have been disposed of.</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	PROGRESS	ACTION TAKEN TO DATE
		<p>authorisations will be filed away or destroyed.</p> <p>The Environmental Health management team to meet and discuss specifically the correct level of authorisation for each officer presently in the division and record that assessment in a matrix. This will also assist in assessing any new starters.</p>	Completed	<p>The Environmental Health management team have met and discussed specifically the correct level of authorisation for each officer presently in the division and this has been enshrined in Procedures FHP2 & 13.</p>
<p>3.1.14 Ensure that all officers, including the Lead Officer, receive suitable training consistent with their authorisation and duties in accordance with the Food Law Code of Practice. [The Standard – 5.3]</p>	31/12/10	<p>As part of the Employee Performance Assessment the Lead Officer to consider his Authorisation with the Head of Service in terms of the current authorisation compared to the actual job role.</p> <p>Approved Premises training will be provided for all Environmental Health Officers.</p>	Completed	<p>Last year (01/04/10-31/03/11) four elements of training were considered for the officers involved in food inspections (including Management):</p> <ul style="list-style-type: none"> • approved premises, • Inspection consistency (as part of NFHRS agreement), • Vac Pac in butchers, • HACCP training. <p>Employee Performance Assessments are being undertaken and individual as well as Group training needs will be considered on merit and to ensure Officers keep up to date with CPD and legislative changes.</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	PROGRESS	ACTION TAKEN TO DATE
<p>3.1.16 Ensure that complete and sufficiently detailed officer training records are maintained in accordance with the Food Law Code of Practice. [The Standard - 5.4 and 5.5]</p>	<p>31/12/10 in terms of updating any existing out of date records</p> <p>Ongoing as training records are received</p>	<p>Record keeping to be improved and adhered to. In terms of training certificates these should be sent to the record keeper in the first instance – copied and distributed to the Officers.</p> <p>Training and compliance with CPD requirements to be checked during annual Employee Performance Assessment and review.</p> <p>The Environmental Health Manager to conduct review of CPD every six months as part of the performance management of the Division.</p>	<p>Completed</p>	<p>Officers are required to present their CPD/attendance certificates to the Principal Officer or Environmental Health Manager for verification and so that the training record can be signed off.</p>
<p>3.2.2 Ensure that all food premises, including approved establishments, are inspected in accordance with the frequencies specified by the Food Law Code of Practice. [The Standard – 7.1]</p>	<p>30/09/10 and ongoing for monthly reports</p>	<p>Monthly quantitative reports are to be produced by the Environmental Health Manager for discussion with Principal EHO's.</p>	<p>Completed</p>	<p>Monthly quantitative reports are produced by the Environmental Health Manager for discussion with the Principal EHO. Actions coming out of that report can be taken back to the Team by the Principal or raised at Divisional Meetings.</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	PROGRESS	ACTION TAKEN TO DATE
				<p>Quarterly reports are produced as part of the Directorate Service Planning process and these results are also considered by the Management team and the results fed back to the division.</p> <p>Reports are run in terms of newly registered premises that have yet to receive an inspection/rating to ensure all premises fall within the rating system.</p> <p>Issues such as long term sickness and restructuring that may affect performance are acknowledged and reprioritisation of workloads to target high risk areas considered and implemented where necessary.</p> <p>Progress has been made bringing overdue inspections up to date and is continuing.</p>
<p>3.2.6 Ensure that appropriate action is taken on any non-compliance found during inspections, including any contraventions linked to HACCP requirements, in accordance with the Authority's Enforcement Policy, the Food Law Code of Practice and any other centrally issued guidance. [The Standard – 7.3]</p>	<p>30/09/10</p>	<p>The system to be reviewed monthly at the performance management meeting to ensure it is adhered to.</p>	<p>Completed</p>	<p>Officers have been advised to serve hygiene improvement notices (HINs) in every appropriate instance where contraventions linked to HACCP systems are found.</p> <p>The Principal Environmental Health Officer monitors HINs to ensure they are dealt with in a timely manner as part of monthly performance monitoring.</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	PROGRESS	ACTION TAKEN TO DATE
3.3.3 Expand the enforcement procedures to ensure they cover the full range of enforcement activities. [The Standard – 15.3]	31/01/11	All procedures are to be reviewed in January 2011. All new procedures to be in place and authorised by this date.	Completed	A procedure for the service of HINs has been written.
		Remedial Action Notice (RAN) Procedure to be ratified.	Completed	A procedure for the service of RANs has been written.
		Prosecution procedure and simple caution procedure to be developed to complement the templates that presently exist.	Completed	A draft prosecutions procedure and a simple caution procedure have been substantially completed and implementation is imminent.
3.3.6 Ensure that hygiene improvement notices have been fully complied with and that all the necessary procedures and documentation specified by the Food Law Code of Practice have been completed. [The Standard – 15.2]	30/09/10	Principal Officers to monitor the progress of the HIN to ensure prompt follow up and that the matter is closed or further action taken. All Notices to be reviewed as part of the monthly performance management review of the division by the Environmental Health Manager.	Completed Completed	Principal EHO to discuss with Officers and be satisfied of the outcome associated with the HIN. All Notices to be reviewed as part of the monthly performance management review of the division by the Environmental Health Manager and Principal EHO.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	PROGRESS	ACTION TAKEN TO DATE
<p>3.4.3 Set up, maintain and implement documented internal monitoring procedures for the full range of food law enforcement activities in accordance with the Food Law Code of Practice. [The Standard – 19.1 and 19.2]</p>	<p>30/09/10 and ongoing</p>	<p>Monthly quantitative reports are to be produced by the Environmental Health Manager for discussion with Principal EHO's. The uniform reports considered so far will be used to ensure the backlog and unrated premises decrease and are kept under control.</p>	<p>Completed</p>	<p>Quantitative reports are produced covering each month and the full quarter to be discussed with the Principal EHO in terms of areas requiring attention and areas where improvements have been seen.</p>