Action Plan for London Borough of Brent (Audit date: 15-17 July 2014) - Updated – 18 August 2016.

TO ADDRESS (RECOMMENDATION INCLUDED STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.1.5(i) Ensure future Service Plans are in full accordance with the Service Planning Guidance in the Framework Agreement, to include details of the proposed food premises intervention programme including overdue and unrated establishments for the year, and a clear comparison of resources required to carry out the full range of statutory food law enforcement activities compared to those actually available. [The Standard – 3.1]	31 Mar 15	Completely rewrite the Regulatory Services' Food Safety Service Plan ready for the 2015/16 municipal year to include a detailed food premises intervention programme including overdue and unrated establishments for the year, and a clear comparison of staff resources required to carry out the full range of statutory food law enforcement activities compared to those actually available. Develop options for funding any increases in staffing identified as necessary and ensure these are considered as part of the Council's **2015/16 budget processes.** The service plan will be put forward for Members Approval by **end March 2015**	The 2015-16 Food Safety Service Plan was drafted in accordance with the Framework Agreement and agreed by Cabinet at their meeting on 16th March 2015 **COMPLETED** (Due to recent restructures the 2016-17 Food Safety Service Plan is due to be signed off by Corporate Management Team)
3.1.5(ii) Ensure that a full documented review is carried out at least once a year based on the service delivery plan and submitted for approval to the relevant Member forum or, where delegated, to relevant senior officers. Any variance in meeting the Plan should be addressed in the following year's Plan. [The Standard – 3.2 and 3.3]	31 Mar 15	The importance of a review is understood. Future Food Service plans will include a review of the previous year's activity and will be submitted to Members for approval each municipal year.	The 2015-16 Food Safety Service Plan has been reviewed and brought to the attention of the Head of Service. **COMPLETED** (The 2016-17 Food Safety Service Plan has also been reviewed, updated and brought to the attention of the Head of Service – 18 Aug 2016)
3.1.5(iii) Ensure that the Service has a sufficient number of suitably qualified, experienced and competent officers to carry out the work set out in the Food Service Plan. [The Standard – 5.3]	31 Jun 15	Review staff resources required to carry out the full range of statutory food law enforcement as detailed in the Service Plan by **31st March 2015**. Seek political agreement as to the priority to be given to an increase in food law resources and appropriate adjustments to resources by **31st March 2015**	Reference to the internal review of future resources for Regulatory Services was identified to Cabinet when the Food Services Plan was considered. The team has been recently re-designed to increase the resources to tackle food service

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		Undertake any necessary new recruitment or structural changes if Members agree to provide additional resources from 2015/16 onwards, by **30 Jun 2015.**	delivery. The team is comprised of 9 officers, a team leader and a service manager. 7 officers have been assigned to food safety (5 Environmental Health Officers, 1 Enforcement Officer (who has also recently completed the Food Module) and 1 Technical Officer). The remaining 2 officers (1 Health and Safety Enforcement Officer and 1 Technical Officer) are assigned to health and safety, infection control, and special treatment licensing. Agency staff are also being used whilst waiting to appoint to the vacant posts. The team also contracts out low risk inspections (including new/unrated food premises) to external contractors to keep on top of its food safety intervention programme. **COMPLETED**
3.1.8 Ensure that all documented policies and procedures are reviewed at regular intervals and whenever there are changes to legislation or centrally issued guidance. [The Standard - 4.1]	31 Mar 15	All policies and procedures will be reviewed and revised to ensure compliance with FLCoP and to facilitate improved operational standards and consistency. The Document Control Procedure is being improved to ensure policies and procedures will be kept up to date with changes in legislation or guidance in the future.	All key policies and procedures have been reviewed and plans put in place for revision and updates where necessary. **COMPLETED**
3.1.13(i) Further develop the documented procedure for the authorisation of officers to include assessment of officer competence and training needs in accordance with the Food Law Code of Practice (FLCoP). [The Standard - 5.1]	31 Mar 15	The authorisation of officers procedure shall be reviewed and updated as part of the review of policies, procedures and operational standards (as above).	The Authorisation procedure has been revised together with the Unit's Management Scheme which supports it and a new section on induction/training/CPD matrix has also been introduced to record competency of authorised officers. **COMPLETED**
3.1.13(ii) Ensure that all authorised officers receive training needed to be competent to deliver the technical and	31 Mar 15	Ensure all CPD records are brought up to date forthwith. Review training around technical areas identified in the	The Management Scheme referred to above includes the training plans and a competency matrix for each officer.

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administrative aspects, for the work in which they are involved, including training in specialist processes, inspection of approved establishments, enforcement training, and IT training, where applicable. [The Standard – 5.4]		audit report. Continue to review training needs during appraisal review and 121 meetings. Training needs assessment scheduled for **January/February 2015**	In addition, each officer now has a specific file location to store secure copies of CPD certificates and training evidence. Training needs are also reviewed by Mangers as part of the annual appraisal process. **COMPLETED**
3.2.7 Develop, maintain and implement a documented procedure to ensure that the food premises database is accurate, reliable and up to date, can be easily interrogated and that reports can be easily and reliably run for the effective delivery, management and monitoring of the food service. [The Standard – 11.2]	31 Mar 15	Review and update property database management and collection of performance monitoring data procedures including updating crystal reports that are used to capture performance data. Analysis of options for future monitoring reports and support of data integrity is being undertaken and will be implemented once agreed. **December 2014** Where the development of these reports is beyond the capacity or skills of the in – house resources, these will be commissioned externally. **January 2015**	A new set of performance data management reports have been put in place which are regularly monitored by the Regulatory Service Manager, Performance Standards Officer and Team Managers to check data integrity. Performance data is also reported quarterly to the Head of service. A new IDOX DMS document management system has also been introduced to improve document storage. **COMPLETED**
3.3.15(i) Carry out food hygiene interventions/inspections at a frequency which is not less than that determined by the Food Law Code of Practice. [The Standard – 7.1]	30 Jun 15	The key issue is the identification, agreement to and recruitment of additional resources as described at 3.1.5 (iii) above. This will be completed by **31st March 2015** The priority given to performance monitoring has increased. The data collected will be assessed expediently to ensure any deviance from the FLCoP and the intervention plan once developed, will be identified and acted upon early. We additionally plan to completely review internal arrangements for performance monitoring to give greater transparency to any slippage from the FLCoP, by **31 December 2014.**	Overdue inspections were prioritised and targeted in risk category and overdue date order. The majority if not all of the backlog overdue inspections have been cleared. Currently The Council is behind by 62 overdue food hygiene inspections (18 Aug 2016). The Food Safety Service Plan has also been reviewed and updated for 2016-17. It identifies the number of inspections outstanding and planned and the priority with which they should be inspected. It also sets out alternative enforcement strategies for low

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		Advertise to recruit existing vacant posts by **31 December 2014.** Recruit additional temporary agency/ contracted inspectors by **31 December 2014.** Any increase in permanent staffing, will result in recruitment, which if successful, will provide additional permanent employees by **30 June 2015**	risk rated premises. As mentioned above the team has been re-designed to increase the resources to tackle food service delivery as well as contracting work out to external contractors. **COMPLETED**
3.3.15(ii) Carry out interventions and inspections and approve relevant establishments in accordance with relevant legislation and centrally issued guidance. [The Standard - 7.2]	30 Jun 15	Previously good arrangements for internal monitoring were compromised by reductions in managerial capacity and support capacity. The Document Control Procedure is being reviewed to ensure policies and procedures will be kept up to date with changes in legislation or guidance in the future. **December 2014** A data control procedure is also being developed to ensure close monitoring of data inputs and ensure early warnings of any issues threatening data integrity. **December 2014** The recruitment to the vacant Regulatory Team Leader post will restore part of the internal monitoring capacity **April 2015** The remaining absent internal monitoring capacity will be reviewed as part of the 2015/16 Food safety service plan. **30 June 2015**	As mentioned above the updated Food Safety Service Plan (2016-17) identifies overdue and planned inspections together with the priority with which they should be inspected. The procedure for approved premises has also been reviewed and updated to ensure interventions/inspections and approval of relevant establishments are carried out in accordance with relevant legislation and centrally issued guidance. **COMPLETED**
3.3.15(iii) Assess the compliance of establishments and systems including those in approved establishments to legally prescribed standards and take appropriate and timely action on any non-compliance found in accordance with the Authority's enforcement policy. [The Standard – 7.3]	30 Jun 15	Review and update all approved premises records and address any non-conformities. Review inspection regularity of all such premises, giving priority to any overdue premises for re-inspection. This is a resource dependent action, and the intermediate milestones are: Advertise permanent Regulatory Team Leader vacancy by	Approved premises records are regularly updated and the FSA is notified of any changes identified. Future integrity of this system will be ensured through improved data integrity checks and enforcement procedures as indicated in response to recommendation 3.2.7 above. **COMPLETED**

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		31 December 2014. Subject to successful recruitment, a new Regulatory Team Leader to have started work **by April 2015.** Regulatory Team Leader to complete required assessment by **30 June 2015**	
3.3.15(iv) Review, update and implement the procedures for interventions and inspections at general and approved establishments in accordance with the FLCoP and practice guidance. [The Standard – 7.4]	31 Mar 15	Review and update procedures for approved premises interventions to include withdrawal/surrender, RAN and E coli guidance. To aid consistency and ensure compliance with FLCoP the existing checklist and post inspection report will be reviewed and revised. **November 2014**	All food policies and procedures have been reviewed and updated incorporating the changes introduced in the revised FSA FLCoP. **COMPLETED**
3.3.15(v) Ensure that information obtained during interventions is stored in such a way that it can be easily retrieved. [The Standard – 7.5]	30 Jun 15	Review and update the manner in which premises records are held in the property database. Upgrade of back-office database being considered to simplify system arrangements. This relates to concerns about three separate systems being used. A review of the back-office systems is planned to consider scope for simplifying arrangements. This is expected to reach a conclusion by **31 March 2015** Subject to the findings of the above review, it is proposed to establish a system improvement project by **30 June 2015**	As mentioned above for recommendation 3.2.7) a whole new set of performance data management reports have been put in place which are regularly monitored by the Regulatory Service Manager, Performance Standards Officer and Team Managers to check data integrity. Performance data is also reported quarterly to the Head of service. A new IDOX DMS document management system has also been introduced to improve document storage. **COMPLETED**
3.4.10(i) Review and update the Authority's documented enforcement policy which should be approved by the appropriate Member forum or relevant senior officer. [The Standard – 15.1]	31 Mar 15	Review and update Council's Enforcement Policy. Present to future Cabinet for approval. By **31st March 2015**	The Council has a Corporate Enforcement Policy which is due to be presented to full Council for approval. However, the food standards and safety team also has an additional enforcement policy to address food safety enforcement which feeds into the corporate enforcement policy.

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3.4.10(ii) Develop, review, update and implement documented enforcement procedures for all food enforcement activities including prosecutions, simple cautions, voluntary surrenders and closures, hygiene improvement notices and remedial action notices. [The Standard – 15.2]	31 Dec 14	Review and update enforcement procedures and operational standards including all those specifically mentioned in the audit report. Review arrangements for routinely and regularly reviewing such documents, including the resources necessary to undertake this work.	The enforcement policies and procedures for Food Safety and Food Standards have all been reviewed and updated and reflected in the Food Service Plan. **COMPLETED**
3.4.10(iii) Carry out timely food law enforcement in accordance with the Food Law Code of Practice	31 Mar 15	Monitor and audit enforcement actions including prosecution reviews. Identify and forward warning letters, simple cautions or prosecution files to legal services. The procedure to improve actions for the future has been identified in the timetable for review; enforcement procedure and data control procedures in particular are relevant here.	All past food safety enforcement cases have been reviewed and actioned. **COMPLETED**
3.5.6(i) Review, expand and implement the documented internal monitoring procedures to also include qualitative and quantitative monitoring of the database, interventions, enforcement actions and food law activities to ensure compliance with official guidance, the Standard, the Authority's own documented policies and procedures and consistency of enforcement between officers. [The Standard – 19.1]	30 Jun 15	Review and update internal monitoring procedures to include qualitative and quantitative monitoring of the database, interventions, enforcement actions and food law activities. Proposals for resourcing qualitative internal monitoring have commenced and will be reviewed as part of a wider range of requirements that depend on increases in staffing and will be considered as part of the 2015/16 Food Safety Service Plan which is going to Members in **March 2015** The intermediate milestones for resourcing internal auditing requirements are: 31 March 2015 – Food Service Plan agreed by Members 30 June 2015 recruitment of any additional posts funded.	As mentioned above a whole new set of performance data management reports have been put in place which are regularly monitored by the Regulatory Service Manager, Performance Standards Officer and Team Managers to check data integrity. All officers undergo an annual and 6 weekly 121 appraisals where performance is scrutinised. All new starters undergo a period of assessment supervision of their work. Audit information is recorded against premises database. **COMPLETED**

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3.5.6(ii) Maintain records of internal monitoring for at least two years. [The Standard – 19.3]	31 Mar 15	Records will be kept for two years as specified.	Measures are in place to ensure suitable and sufficient audit records are kept for a minimum of 2 years. **COMPLETED**
3.5.12 Take appropriate action in accordance with its enforcement policy once reviewed, where sample results are not considered to be satisfactory. [The Standard – 12.7]	30 June 15	Monitor and audit sampling results to ensure appropriate action taken for unsatisfactory sampling results. Previously good arrangements for internal monitoring were compromised by reductions in managerial capacity and support capacity. It is planned to re-establish a new internal monitoring regime, supported by restoring the support capacity that has been lost and recruiting to a vacant managerial post. This will be subject to the same intermediate dates as for 3.5.6(i) above.	As indicated in response to recommendation 3.1.13 (ii) all Enforcement Officers attended retraining on sampling. Officers are clear on action to be taken should an unsatisfactory sample result be received. The Sampling Procedure to support this has also been revised. **COMPLETED**
3.5.15 Maintain records in retrievable form for all food establishments and related food law enforcement activities in accordance with the Food Law Code of Practice. Records for individual establishments should be easily linked to enable easy retrieval and provide a complete history of food law enforcement activity. [The Standard – 16.1]	31 Dec 15	Review and update the manner in which premises records is held in the property database. Review reports to retrieve premises records. Explore and adopt IDOX Enterprise for storing premises records. This will be subject to the same intermediate dates as 3.1.5(v) above.	As mentioned above for recommendation 3.2.7) a whole new set of performance data management reports have been put in place which are regularly monitored by the Regulatory Service Manager, Performance Standards Officer and Team Managers to check data integrity. Performance data is also reported quarterly to the Head of service. A new IDOX DMS document management system has also been introduced to improve document storage. **COMPLETED**