## **Updated Action Plan for Brentwood Borough Council**

Audit date: 8-9 June 2010

Action Plan updated: 27 October 2011 and 14 February 2013

TO ADDRESS RECOMMENDATION (INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	PROGRESS	ACTION TAKEN TO DATE
3.1.2 Ensure that future Food Service Plans are in line with the Service Planning Guidance in the Framework Agreement, including details of the Authority's approach to alternative enforcement in lower risk premises, and the staffing resources required to provide the food law enforcement service compared with the staffing resources available to the Authority. [The Standard – 3.1]	Completed	To develop and complete the 2010/11 Food Service Plan to indicate more clearly the full time staff, agency staff and pecuniary resources currently available and against the planned proactive and reactive work envisaged. The Service Plan to indicate clearly the Authority's AES interventions policy.	Completed	The 2012/13 Food Service Plan is completed and has been approved by Committee. The plan identifies the staff and pecuniary resources available to conduct the food safety programme for this financial year. The Plan clearly identifies the use and operation of the AES interventions policy which is reserved for category E premises. With regard to rebalancing resources the unit has now employed a further officer on a 3-days per week basis.

TO ADDRESS RECOMMENDATION (INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	PROGRESS	ACTION TAKEN TO DATE
3.1.11 Ensure that all officers are authorised in accordance with their individual qualifications and levels of experience. [The Standard – 5.1]	Completed	To review and amend the authority's authorisation procedure to ensure that only officers with two or more year's experience are authorised to sign Hygiene Emergency Prohibition Notices served under regulation 8 of the Food Hygiene (England) Regulations 2006 or Emergency Prohibition Notices served under section 12 of the Food Safety Act 1990.	Completed	Since review and amendment only officers with the prerequisite experience are employed and authorised to serve Hygiene Improvement and other notices. Records of officers CPD and their CVs where relevant are retained and up to date. Procedure 018 concerning this area has been updated and modified.
3.2.4 Ensure that the electronic database system is configured, managed and operated in such a way that the Authority is able to provide accurate statistical data in the official monitoring returns to the Agency and to enable effective quantitative internal monitoring. [The Standard – 6.4]	30/04/11	To replace the existing DOS-based system with a new food premises database commonly used by local authorities. In the meantime – to carry out modification/alteration where possible to be able to provide accurate returns and reliable data.	Completed	A new database system commonly used in Environmental Health Departments has been adopted and configured by the Authority and is now in use. The database will be used to provide all data necessary to meet statutory LAEMS return requirements for 2012/13.

TO ADDRESS RECOMMENDATION (INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	PROGRESS	ACTION TAKEN TO DATE
3.2.6 Ensure that complete records of inspection findings are maintained for both general premises and approved establishments, including details of the assessment of compliance with legal requirements. Ensure that officers' contemporaneous records of inspections are legible and stored in such a way that they are readily retrievable.  [The Standard – 7.5 and 16.1]	Completed	Legibility of report copies and scanning to be reviewed and improved so that all scanned copies are perfectly readable/discernable particularly where stored as electronic images.	Completed	Food businesses are now given the back carbon copy of on-site reports instead of the front copy which is retained for scanning. This ensures legible copies for both the business and LA records. All reports are now retained in case the scanned copy is too faint to read/copy. Revised inspection aidememoire in use which prompts officers to record all relevant information on inspections.

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3.2.7 Ensure that timely appropriate action is taken on any non-compliance found on inspection. [The Standard – 7.3]	On-going	Enhanced monitoring arrangements to be implemented to ensure that prompt and effective follow-up action is taken where necessary following inspection.	Completed	A new file report sheet now attached to each inspection record identifies the next progressive enforcement step necessary. Where the premises are not broadly compliant then they automatically receive an additional letter outlining legal requirements. They also receive a revisit to check compliance. Notices are regularly served for noncompliances as necessary. System has built in administrative checks that ensure follow up action is programmed.

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3.2.10 Maintain up to date, accurate and comprehensive records for all approved establishments subject to Regulation (EC) No. 853/2004 in accordance with Annexe 12 of the Food Law Practice Guidance. Establishments should be approved in accordance with relevant legislation and centrally issued guidance.  [The Standard – 16.1 and 7.2]	Completed	All approved establishments upon being known or identified by the authority will be subject to adequate inspection relative to the requirements of Regulation (EC) No. 853/2004. The corresponding Code of Practice covering conditional and full approval will also be followed together with the laid-down set time periods for such. The only premises subject to EC 853/2004 known within the borough will be progressed towards the standards necessary for full approval and in accordance with the Code.	Completed	Full approval was granted to the premises in November 2012 following change of ownership and a period of conditional approval.  Procedure 003 has been modified to incorporate the range of options available relating to the enforcement of Regulation EC 853/2004 at unapproved and approved establishments.
	Ongoing	All notices served with respect to approved premises must be drafted in accordance with the Food Law Code of Practice and centrally issued guidance.	Completed	All notices issued continue to be checked to ensure they are drafted in accordance with the Food Law Code of Practice.
3.3.3 Ensure that hygiene improvement notices are drafted in accordance with the Food Law Code of Practice and that timely checks are made on compliance following expiry of the notice, with follow-up action taken as appropriate.  [The Standard – 15.3]	30/09/10	All hygiene improvement notices to be followed up by timely revisits and this to be controlled by a robust monitoring and management system to be reflected within food safety procedures.	Completed	All hygiene improvement notices served have been followed up to completion by appropriate inspections and revisits. Records of compliance/non-compliance are recorded within a log book.

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3.4.2 Fully implement the internal monitoring procedure and maintain records of all monitoring activities across the range of food law enforcement activities. [The Standard – 19.2 and 19.3]	30/09/10	Internal monitoring procedures to be followed. Lead Officer to audit a specific number of inspections and complaints per quarter. This to be incorporated into appropriate procedures.	Completed	Fifteen inspections and five complaints (where carried out) are audited per quarter. Corresponding paperwork is produced to track each case.
3.4.4 Ensure that food complaints and complaints about the hygiene of food premises are investigated in accordance with the Food Law Code of Practice, centrally issued guidance and the Authority's own policies and procedures.	Completed	Procedure 015 'Food Complaints & Complaints about Food Premises' to be modified to ensure that all service requests are responded to/initiated within 5 working days of receipt.	Completed	Procedure 015 has been updated and modified to incorporate a 5 day maximum response time.
[The Standard – 8.2]	Ongoing	Additional internal routine management monitoring to feature in this procedure to ensure that complaints are adequately followed up and adhere to specified response time.	Completed	Complaint paperwork is audited to ensure adherence to this procedure and to ensure adequate timely follow-up.

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3.4.6 Ensure that where unsatisfactory sample results are received that appropriate and timely follow-up action is taken in accordance with the Food Law Code of Practice, centrally issued guidance and the Authority's own policies and procedures. [The Standard – 12.7]	Completed	All food samples to be adequately followed up in relation to appropriate corresponding action taken and with reference to Regulation EC 2073/2005, and the HPA document; 'HPA Guidelines for Assessing the Microbiological Safety of Ready-to-Eat Foods Placed on the Market' - ultimately to ensure food safety and in accordance with other relevant statutory provisions.	Completed	All premises from where unsatisfactory food samples were obtained in 2011/12 have been written to concerning their results and all unsatisfactory samples have been followed up by resampling and action as necessary.
	Ongoing	Additional internal routine management monitoring to feature in the sampling procedure to ensure appropriate and timely follow-up and additional sampling (as necessary) by officers.	Completed	Records of all samples taken in 2011/12 are available together with the action taken.  Procedure 014 has been modified to reflect the administrative system now in place to ensure that all unsatisfactory samples receive adequate follow-up/progressive enforcement.  Sampling paperwork and results are periodically audited to ensure that methodology and reporting follows laid down procedures.