

Updated Action Plan for Waveney District Council

Audit date: 2-3 March 2010

Action Plan Updated: 16 June 2011

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	(BY DATE)	PLANNED IMPROVEMENTS	PROGRESS	ACTION TAKEN TO DATE
<p>3.1.7 Continue to develop and implement a system for the review of internal policies and procedures at regular intervals and whenever there are changes to legislation or centrally issued guidance. [The Standard – 4.1]</p>	<p>30/09/10</p>	<p>Further develop the new procedure for the regular review of policies and procedures to ensure regular annual reviews and reviews when legislation, Codes of Practice and guidance changes. This will require the abandonment of the now obsolete written Document Control Procedure and a new version created, reflecting current procedures.</p>	<p>Completed</p>	<p>Work in the last 2-3 years has focussed on reactive creation or revision of circ 140 Controlled Documents. Review procedures have been developed and the rolling programme of annual reviews will commence July 2011. Ongoing review and implementation.</p>
		<p>Develop a rolling programmed timetable to review and, if necessary, revise policies, procedures and documents at monthly team meetings.</p>	<p>Completed</p>	<p>Added to ongoing Team Meeting Agendas from Dec 2010. (See above).</p>
		<p>Delegate specific responsibility for key areas of food enforcement to specified officers, with the key role of reviewing and recommending revisions to policies and procedures according to the rolling timetable and in response to necessary changes.</p>	<p>Completed</p>	<p>Officers have been specifically given 'lead' role on Food Inspections, Enforcement, Sampling, Approved Premises, and document Control. Individual officers will implement a specific Action Plan related to that area of work, monitored by appraisal process.</p>
		<p>Ensure all standard documents have a clear date-stamp of the last review or revision date.</p>	<p>Completed</p>	<p>All 130+ food related documents have a footer with version detail and date stamp.</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	(BY DATE)	PLANNED IMPROVEMENTS	PROGRESS	ACTION TAKEN TO DATE
3.1.9 Further 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	Further develop the officer authorisation procedure to ensure there is a clear link between qualifications, up-to-date training and the levels of authorisation.	Completed	Ongoing appraisal process

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<p>3.1.12 Set up and implement a documented training programme to encompass identified individual and team training needs and 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 and 5.4]</p>	<p>31/03/11</p>	<p>Develop an aide-memoire based on the specific areas of competency detailed in the Food Law Code of Practice to be used during Personal Development Plan reviews to identify specific competencies that the officer needs training or refresher training in.</p>	<p>Completed</p>	<p>Ongoing as part of appraisal process.</p>	
		<p>Develop a structured Training Plan and matrix based on the identified individual and team training needs.</p>	<p>Completed</p>		
		<p>Ensure all officers have had recent training on the implementation of Safer food, better business.</p>	<p>Completed</p>		
		<p>Ensure all officers have had recent training in complex processes.</p>	<p>Completed</p>		<p>Three officers have done Dairy products training. Fishery related training to be confirmed as appraisal process.</p>
		<p>Ensure all officers have had recent comprehensive HACCP audit training.</p>	<p>Completed</p>		<p>Officers attended FSA Course.</p>
		<p>Ensure the Lead Officer has had recent update training as appropriate for the monitoring of officers.</p>	<p>Completed</p>		<p>Lead Officer has had enforcement options, HACCP Audit, complex processes training etc.</p>
		<p>Ensure that inspection monitoring is linked to the identification of training needs in officers.</p>	<p>Completed</p>		<p>Inspection quality monitoring undertaken. Report, officer feedback and training jointly with SCDC for early 2011. Draft Report circulated.</p>
		<p>Ensure that inspection monitoring and officer training is linked to work and inspection allocation, and that the allocation of approved premises and complex processes inspections is removed from officers with demonstrable competency gaps in these areas.</p>	<p>Completed</p>		

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	(BY DATE)	PLANNED IMPROVEMENTS	PROGRESS	ACTION TAKEN TO DATE
3.1.14 Ensure that complete and sufficiently detailed officer training records are maintained in accordance with the Food Law Code of Practice [The Standard - 5.5]	30/09/10	Develop a system for maintaining records of the qualifications, training and experience of each authorised officer, with up to 5 years worth of training data available. This should include, in addition to a summary of the training and copies of certificates, a synopsis or timetable to demonstrate the content and relevance of each training event.	Completed	Ongoing as part of appraisal scheme etc. System developed. Central records will be available by 16/06/11.

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<p>3.2.8 Inspect all food premises, including approved establishments, in accordance with relevant legislation, Food Law Code of Practice, centrally issued guidance and the Authority's policies and procedures. [The Standard - 7.2]</p>	<p>31/03/11</p>	<p>Make better use of Annex 5 and the scoring Guidance document to ensure a more flexible interpretation of Article 5 and more appropriate levels of Confidence In Management scoring.</p> <p>Further develop the Inspection Monitoring Procedure to assess compliance by officers with the Food Law Code of Practice Guidance and Waveney policies and procedures, including documented corrective action and further training when significant or recurrent errors are found. This must include an assessment of the officer's ability to assess all aspects of HACCP, particularly validation and verification, and the consistency and completeness of file and database records.</p> <p>Carry out a full review of all approved establishments files to ensure proper content and organisation is in place, with a complete record able to demonstrate officers' assessment of compliance and the basis of approval decisions, including clear evidence of pre-approval inspections.</p> <p>Ensure approved premises files contain details of the business' emergency withdrawal and recall procedures.</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>Fully implemented.</p> <p>Ongoing and inter-authority monitoring completed. Draft report in circulation. Internal and inter-authority monitoring to be undertaken regularly.</p> <p>All Approved Premises files have been externally audited and omissions and other deficiencies identified, with an ongoing rolling programme to address these.</p> <p>See above.</p> <p>Ongoing regular internal and inter-authority monitoring. Ongoing rolling programme to address Approved Premises files.</p>

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<p>3.2.10 Ensure that officers use an appropriate aide-memoire to assess the compliance of different types of premises and systems, particularly in relation to HACCP based food management systems, including establishments subject to approval under Regulation (EC) No. 853/2004 and ensure that records, observations and data obtained during the course of inspections, particularly in relation to the assessment of HACCP based food safety management systems, include sufficient detail to demonstrate that premises and systems have been comprehensively assessed against legally prescribed standards. [The Standard - 16.1]</p>	30/09/10	<p>Ensure appropriate 'bolt on' specialist aide memoires are utilised, in addition to the main aide memoire, when assessing approved premises and/or complex processes.</p> <p>Further develop the aide-memoire for inspections to ensure more detailed recording of information relating to the assessment of food businesses HACCP plans or FSMS, including justification for answers given by officers on the form.</p> <p>Further develop the inspection recording procedure to ensure complete and consistent methods of recording inspection findings are made in files and on the database.</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>LACORS bolt-on aide-memoires fully in use.</p> <p>Officers now aware of the need to more fully document and justify decisions and scores re HACCP and CIM on aide memoires and on database.</p> <p>Now in place, monitoring indicates good compliance. Monitoring effective as has identified problems with database recording to be addressed.</p> <p>Ongoing programme of continuous use and implementation. Ongoing correct procedures.</p>
<p>3.3.2 Review and update the documented enforcement policy in accordance with the Food Law Code of Practice, current legislation and other official guidance and have the policy approved at the appropriate Member level. [The Standard - 15.1]</p>	31/07/11, then ongoing.	<p>Ensure the Environmental Health Enforcement Policy is reviewed and, as necessary, updated in accordance with the Food Law Code of Practice, other relevant legislation and guidance, and obtains member approval on a regular basis.</p> <p>Ensure Enforcement Policy is clearly date-stamped to show the last review or revision date.</p>	<p>Completed</p> <p>Completed</p>	<p>Policy revised in 2010 to take account of the Children's Act. Will be reviewed July 2011, as part of rolling review programme.</p>

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<p>3.3.7 Complete all aspects of food law enforcement in accordance with the relevant Food Law Code of Practice, centrally issued guidance and the Authority's own enforcement procedures. [The Standard – 15.3]</p>	<p>30/09/10</p>	<p>Revise the Procedure regarding Emergency Prohibitions and Voluntary Closure to clearly reflect the difference between a Voluntary Closure as an alternative to a Hygiene Emergency Prohibition (as detailed in the Food Law Code of Practice) and an offer by a food business operator to temporarily cease trading to facilitate an improvement in standards or cleaning etc.</p> <p>Ensure that appropriate standard letters are sent to a business, both confirming Voluntary Closure and then that the health risk condition is no longer fulfilled, and that the business can re-open.</p> <p>Always send the standard letter to Food Business Operators confirming compliance with Hygiene Improvement Notices.</p> <p>Ensure file notes clearly demonstrate officers' full adherence to correct procedures.</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>Complied with.</p> <p>Letter in Standard Documents.</p> <p>Ongoing adherence to correct procedures in all respects.</p>

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<p>3.4.2 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</p>	<p>Further develop the Inspection Monitoring Procedure to assess compliance by officers with the Food Law Code of Practice, Guidance and Waveney policies and procedures, including documented corrective action and further training when significant or recurrent errors are found. This must include an assessment of the officer's ability to assess all aspects of HACCP, particularly validation and verification, and the consistency and completeness of file and database records.</p> <p>Further develop the Monitoring Procedures to ensure a structured programme of sampled parts of all types of food enforcement work is qualitatively and quantitatively monitored, with clear evidence of corrective actions when necessary.</p> <p>Implement the third party monitoring arrangements with Suffolk Coastal DC.</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>Report in circulation and feedback in early 2011. All inspections potentially checked by PEHO and signed off, particularly if competency of team member is being monitored or developed.</p> <p>Quantitative monitoring undertaken ad hoc and as part of Returns and quarterly Service Plans procedure, with Team Meeting feedback quarterly. All Complaints signed off after checking and quality monitoring by PEHO. Complaints Policy and Procedures revised to reflect this. ALL formal enforcement action monitored by PEHO prior to action. To implement audit trail sign-off procedure with immediate effect.</p> <p>Now implemented and operational.</p> <p>All will be ongoing part of regular procedures.</p>