

Scrutiny Committee 12 August 2015

Report from the Director of Regeneration and Growth

For information Wards Affected: ALL

Food Standards Audit, July 2014 - findings, response and latest position

1.0 SUMMARY

1.1 This report sets out the background to the July 2014 Food Standards Authority audit of the Council's discharge of its Food Safety Act 1990 duties, the report findings, the council's response and progress since.

2.0 RECOMMENDATION

2.1 Members of the Scrutiny Committee are recommended to note the audit findings, issues arising, response to date and planned next steps.

3.0 DETAILS

Brent's food sector

- 3.1 As a unitary authority, Brent regulates the local food sector for both food safety (sometimes called hygiene) food standards (sometimes called food fraud) and animal feed. Other key activities carried out by the team include inspection of health and safety at food businesses, investigations of infectious diseases, and accident investigations at food businesses.
- 3.2 Brent has many more food manufacturers, importers and packers than most other local authorities, including a significant number of manufacturers, many of which require approval under European Regulations. The borough is home to two large industrial estates: Park Royal and Wembley, and the borough hosts large food operations of regional and national importance. The team takes a lead Nationally on regulation of Ikea, Bestways and Pernod Ricard. This brings many demands to the service, which go beyond that faced by many other London authorities with a more typical food industry profile.

MEETING DATE: Scrutiny Committee. 12 August 2015.

- 3.3 The ethnically diverse population attracts a wide range of food business operators. In a high proportion of cases English is not the first language either of the population using, or providing the business. In practice, and almost with exception, traders are able to converse in basic English, although this can impact on the time needed for inspection and subsequent guidance for the proprietor.
- 3.4 Brent has a high churn of food businesses the average time between changes in management or ownership has previously been estimated to be around 2 years. This leads to a constant flow of enquiries from new business start-ups, and those looking to change or expand their business. There are significant demands arising from food labelling from our many manufacturers and packing businesses which places a significant demand on the service.
- 3.5 There is demand arising from community events and festivals, such as Eid Diwali and Christmas and commercial events too. Wembley Stadium, Arena, Fountain Studio and other venues attract visitors from a wide area.
- 3.6 The Authority reported the profile of the London Borough of Brent's food businesses as of 31 March 2014 as follows:

Type of Food Premises	Number
Primary Producers	0
Manufacturers/Packers	104
Importers/Exporters	14
Distributors/Transporters	122
Retailers	708
Restaurant/Caterers	1,608
Total Number of Food Premises	2,556

Brent is 11th in the table of 33 London Boroughs as regards the number of food businesses requiring oversight.

3.7 The UK has a well-established methodology for assessing and rating food businesses. This seeks to proportionately ensure that businesses are subject to compliance assessments based on factors such as the risk posed to consumers and the business's previous track record. Businesses that have a high degree of risk and a poor track record are inspected with greatest regularity. Routine inspections for these businesses (category A) are twice a year, with inspections for the least risky with a good track record, being every 3 years.

MEETING DATE: Scrutiny Committee. 12 August 2015.

The table below shows how many food businesses there are in each of the risk rating categories as reported to the FSA: 3.8

Food Safety

Risk category	Businesses (2013/14)	Businesses (2012/13)	London average	Inspection frequency
А	23	20	17	At least every 6 months
В	182	191	139	At least every 12 months
С	1,091	1,087	875	At least every 18 months
D	440	416	415	At least every 2 years
E	504	491	508	At least every 3 years
New/Unrated	95	48	147	High risk: within 28 days Low risk: within 90 days
Outside inspection programme	213	195	49	None. These are premises with the very lowest risk, such as child-minders.
TOTAL	2,556	2,448	2,151	

Food Standards

Risk category	Businesses (2013/14)	Businesses (2012/13)	Inspection frequency
А	52	51	At least every 6 months
В	543	604	At least every 12 months
С	1,579	1,470	At least every 18 months
New/Unrated	94	51	High risk: within 28 days Low risk: within 90 days
Outside			None. These are premises with the very
inspection	190	167	lowest risk, such as child-minders.
programme			
TOTAL	2,458	2,343	

3.9 The profile of food businesses in Brent is given in the table below:

Business type	Total
Manufacturers & packers	104
Importers/Exporters	14
Distribution/Transporters	122
Retailers (food)	708
Restaurants and caterers	1,608
TOTAL	2,556

3.10 Examination of the rolling number of food businesses in the borough requiring inspection, shows a fairly consistent picture of increase over the past 10 years. This is consistent with the increase in population from 265,000 to 311,000 (17.5%) between 2001 and 2011.

Year	Total
2013/14	2,556
2012/13	2,448
2011/12	2,431
2010/11	2,301
2009/10	2,260
2008/09	2,060
2003	1,938

- 3.11 Since the time of the previous FSA audit in 2003, the number of food premises has increased by 618 or 32%. This is an additional 300 or so inspections per year, which equates to around the work of an additional 2.0 FTE inspectors. During the same period the number of front-line enforcement officers has reduced by 2 and the number of support staff reduced by 4; a net worsening of 8 FTEs in comparison to the workload.
- 3.12 Examination of more recent change for the most recent reported year, shows an increase in the number of businesses requiring inspection increased by 118 (4.8%) which equates to almost 1.0 FTE inspector in the last 12 months.

MEETING DATE: Scrutiny Committee. 12 August 2015.

Audit background

- 3.13 Local Authorities have statutory duties to enforce legislation relating to food, and to follow a Code of Practice issued by the Food Standards Authority (FSA) which sets out how and when this should be undertaken, together with expectations regarding the monitoring and reporting of this work.
- 3.14 The law requires Local Authorities to have regard to this Code when discharging their duties. Competent Authorities that do not have regard to relevant provisions of this Code could find their decisions or actions successfully challenged, and evidence gathered during a criminal investigation being ruled inadmissible by a court. In addition, the Food Standards Agency (FSA) can, after consulting the Secretary of State, give a Competent Authority a direction requiring them to take any specified steps in order to comply with this Code.
- 3.15 In June 2014, the Food Standards Authority informed the Chief Executive that they would be undertaking an audit of the Council's current arrangements. The authority had last been audited in June 2003, as a result of which the FSA found that "*There were no key areas for improvement*."

Summary audit findings

- 3.16 The FSA's final findings for their audit were received on 10 December 2014, and were published¹ on 19 January 2015. The report indicated that Brent was selected for audit as statutory returns made to the FSA indicated that there was a high ratio of premises to full time equivalent officers (FTEs) in 2012/13.
- 3.17 The key findings of the audit report are summarised below:
 - 3.17.1 The **annual service plan** did not include a detailed enough comparison of staff resource required to deliver the food law enforcement service in accordance with the Food Law Code of Practice² (FLCoP), including inspections and unrated establishments and enforcement activities, against the staff resources available to the Authority. The absence of such information makes it difficult to substantiate and quantify any resource shortfalls to senior managers and Members. The plan should also usefully contain an accurate breakdown of the planned intervention programme for the year, including a managed strategy for lower risk rated premises and a detailed review of performance in order to address any variance from meeting the requirements of the previous years' service plans.
 - 3.17.2 **Database reporting mechanisms** were slow and difficult to navigate and access information. IT support had been centralised so responsibility for overseeing the analysis and reporting had fallen to the Regulatory Services Manager. The Service would benefit from specialist IT support for further development, review and management of the system.

 $^{^{1}\} https://www.food.gov.uk/enforcement/auditand monitoring/2014/audit reports/brent-london/brent-london-delivery-and-compliance-audit$

² http://www.food.gov.uk/enforcement/codes-of-practice/food-law-code-of-practice-2015

- There were significant departures from frequencies for food safety 3.17.3 inspections laid out in the code of practice. Broadly compliant premises were not in general receiving inspections due to a lack of staff resources. The summary report noted the high carryover of establishments which had not been inspected recently and some not for a considerable number of years including a supermarket delicatessen, last inspected nine years ago, and were adding to those inspections due. The total number of establishment overdue interventions at 30 June 2014 was 1,736 - including 14 with risk category rating A, 138 with risk category rating B, and 827 with risk category rating C, - and 137 unrated establishments. In simple terms around three-quarters of all food businesses were overdue for inspection. The report noted that the number of food safety interventions carried out has decreased from 770 in 2011/2012, to 594 in 2012/2013 and to 386 in 2013/2014. The high level of overdue interventions and the reduction in number of interventions were flagged as a specific areas of concern.
- 3.17.4 The agency interviewed staff and undertook a 'reality check' at a local food takeaway. They found that the officer was familiar with the operations at the premises, had assessed the business' compliance with legal requirements, and was providing helpful advice and guidance to the trader. With a few minor exceptions the FSA found Brent staff to be knowledgeable, suitably trained, competent and in the vast majority of cases to be taking appropriate action and keeping necessary records.
- 3.17.5 In respect of **complaints from the public about food products or hygiene practices by traders**, the audit found that in all but one case, that public referrals were thoroughly investigated, with comprehensive records made of the progress of the investigations.
- 3.17.6 Brent had produced a **sampling policy** and local sampling plan had been drafted for 2014/15. This plan included a programme for the random and targeted purchase of food across the borough, for examination of food labels and laboratory testing for microbiological safety and compositional standards and chemical safety. The FSA found that the plan was targeted and appropriate to the type of the businesses in the borough. Sampling officers had promptly made the trader aware of sampling results with a helpful advisory letter and a copy of the results was provided to the trader in all cases.
- 3.17.7 Files were examined by the FSA for a wide range of **enforcement actions** including hygiene improvement notices, seizures, detentions, voluntary closures, hygiene emergency prohibitions and prosecutions. From file checks carried out it was noted generally these enforcement actions had been an appropriate course of action. Auditors noted and questioned that very little enforcement action had been taken during 2014 compared to previous years and there was discussion about case reviews and a backlog and delay of prosecutions.
- 3.17.8 Ad-hoc day-to-day **internal monitoring** was undertaken for officer food safety activities but this was not generally recorded. Auditors discussed the importance of internal monitoring checks to ensure compliance with official guidance and the Authority's own procedures as well as ensuring consistency between officers.

Key improvements sought

- 3.18 The primary area for improvement sought by the FSA were the level of resourcing to undertake Food Safety inspections and interventions, follow-up enforcement and internal monitoring. Detailed comparative data was sought, but not obtained from the FSA. The limited data that was able to be secured from the FSA showed that each Brent food officer had around double the number of premises on caseload in comparison with colleagues working in averagely resourced authorities. Whilst the number of staff deployed to food safety work was unusually low in 2012/13 due to vacancies at that time, the current ratio at around 425 premises per FTE deployed on food safety is still about 15% worse that the UK average of 374 premises per FTE, whilst Brent has a higher proportion that the UK average for higher risk premises such as manufacturers, importers/exporters and packers.
- 3.19 The concerns about a reduction in enforcement actions, were a function of limited staff time and also the increasing demands for enforcement at a fast-growing number of non-compliant shisha cafés.
- 3.20 The concerns about internal monitoring are primarily arose through the removal of resources for administrative aspects of internal monitoring as a consequence of the centralisation of staff that undertook this work.

Action plan

3.21 The authority's action plan was published simultaneously with the FSA's final audit report on 19 January 2015 and is at Annex A of that report³. The FSA have informed the council that they will undertake a follow-up visit on 18 August to review progress in addressing the concerns set out in their January 2015 audit report. The action plan together with Officer's assessment of progress as of July 2015 at Appendix 1 of this report.

Staffing

- 3.22 The team is currently comprised of seven Environmental Health Officers, a Team Leader and a Regulatory Service Manager. At the time of the report, three of the nine posts were vacant.
- 3.23 However this resource is also deployed on work other than food hygiene. The team also undertakes food standards, communicable disease and special treatment licensing work. It is estimated that this other work accounts for around 2 FTEs. Thus 5 of the 7 front line posts are deployed on food hygiene work.
- 3.24 An analysis of resources required to fulfil the expectations of the FLCoP, showed that a team comprising 7 professional and no technical staff was not the best approach, and that we should establish a team with a better balance of skills that corresponds with the balance of risks arising from Brent's food businesses.
- 3.25 Since the audit management have used the opportunity presented by a variety of staff vacancies, to start rebalancing the team. The team is now made up of 4 professional and 3 technical posts. Two new staff have been recruited since the audit, however a secondment, and recent resignation mean the team is currently carrying three vacancies which are currently subject to recruitment.

³ https://www.food.gov.uk/enforcement/auditandmonitoring/2014/auditreports/brent-london/brent-london-delivery-and-compliance-audit

- 3.26 Additionally, since the audit the team has moved from taking an 'everyone-does-everything' approach, to having two distinct teams:
 - a low-risk team made up of technical staff, that oversees the c.80% of food businesses that require less frequent inspection, are almost all in broad compliance with the law, and present the least complexity. This team also deals with other areas of straightforward work, including Health Certification, food sampling and public complaints of poor hygiene or standards; and
 - a high-risk team made up of professional staff, that oversees the c.20% of food businesses that require more frequent inspection, include almost all businesses that are not in broad compliance with the law, and present the greatest complexity. This team also deals with emergency closures, seizures and complex areas of enforcement. Whilst the majority of closures, seizures etc. arise in high risk premises, and that arise in low risk premises must legally also be undertaken by the officers in this team with higher levels of competency.

This new two-team approach and use of a more comprehensive set of internal performance measures, is already starting to improve staff productivity and contribute to reducing the number of highest risk and lowest compliance food businesses.

- 3.27 Detailed analysis of the FSA's required number of interventions each year based on Brent's current food business population, with an assumption of increased staff productivity, indicate the following additional resource requirement:
 - 1½ FTE additional Environmental Health Officers (or 'Higher' qualified inspectors);
 - 3½ FTE additional Technical Officers (or 'Ordinary' qualified inspectors);
 - ½ FTE additional unqualified officer to undertake internal monitoring work.
- 3.28 A report to Cabinet⁴ on 16 March 2015 seeking approval for the 2015/16 Food Service plan, resulted in Cabinet noting:
 - the conclusions of the Food Standards Agency's audit; and
 - action which has been taken to date and endorses the action plan.

Cabinet were also provided with information about the likely extent of resource shortfall and possible costs. It should however be noted that the estimates in this report are more accurate.

Cabinet were informed of the then forthcoming Regulatory Service Review that was planned to consider statutory requirements for regulatory services (including food); scope for efficiency; scope for shared services; scope for income generation; and scope for outsourcing, mutuals, cooperatives or other delivery models.

-

⁴ http://democracy.brent.gov.uk/ieListDocuments.aspx?CId=455&MId=2566

Regulatory Services encompasses the following functions:

- Animal Welfare
- Food Safety
- Environmental Monitoring
- Health and Safety
- Health Checks
- Licensing
- Nuisance Control
- Pest Control
- Public Mortuary (Brent, Harrow & Barnet)
- Public Safety
- Sanitary Health
- Stop Smoking
- Trading Standards (Brent & Harrow)

The report advised that Members will be better placed to make decisions about levels of food law enforcement in the context of decisions about other areas of regulation arising from the Regulatory Service Review.

Current position

- 3.29 At the time of the audit, there was a backlog of 1,736 inspections around three-quarters of food businesses in Brent. There were also backlogs of enforcement work, prosecution cases, new registered premises awaiting risk-assessment and customer referrals.
- 3.30 In addition to an increased level of inspection by the in house team, arising from newly recruited staff and increased productivity levels delivered by the two-team approach, underspends from other areas of service have been used to procure temporary external inspections from a contractor. As a consequence, the backlog had been reduced on 17 July 2015 to:
 - 259 overdue inspections
 - 127 unrated premises; and
 - 196 service requests.
- 3.31 As a proportion of Brent's food businesses, this represents a very dramatic reduction in the proportion of premises overdue for inspection from 67.9% to just 12.4% from July 2014 to July 2015. The service has sufficient funds in reserve to continue the use of temporary additional contractors to clear the backlog in its entirety, which is likely to happen later in 2015.

MEETING DATE: Scrutiny Committee. 12 August 2015.

3.32 The findings from the Regulatory Services Review have identified opportunities for efficiency-making and areas of potential service reduction that can be implemented whilst still enabling the council to meet all statutory duties. Managers are currently developing proposals for consultation that will propose a nett reduction in the overall cost of providing Regulatory Service of £100k per annum from 2015/16 and a further £200k per annum from 2016/17. Officers are seeking to use this as an opportunity to incorporate proposals that will boost available resources for food law compliance, although this will come at the cost of more challenging service reductions in functions delivered by Regulatory Services.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The real-terms cash limit for Regulatory Services is planned to reduce, as follows:
 - 2015/16 £100k
 - 2016/17 £200k

5.0 LEGAL IMPLICATIONS

- 5.1 Local Authorities have statutory duties to enforce legislation relating to food, including the primary production of food. The purpose of enforcement is to ensure compliance with legislation relating to food in each Food Authority's area.
- 5.2 A Code of Practice⁵ issued under section 40 of the Food Safety Act 1990, regulation 26 of the Food Safety and Hygiene (England) Regulations 2013, and regulation 6 of the Official Feed and Food Controls (England) Regulations 2009, gives guidance as to how the statutory duty should be discharged and local authorities are required to have regard to this Code.
- 5.3 Local authorities that do not have regard to relevant provisions of this Code may find their decisions or actions successfully challenged, and evidence gathered during a criminal investigation being ruled inadmissible by a court. In addition, the Food Standards Agency may, after consulting the Secretary of State, give a Food Authority a direction requiring them to take any specified steps in order to comply with this Code.

6.0 DIVERSITY IMPLICATIONS

- 6.1 There are no staffing diversity implications. Of the staff in post the team has a marginally higher proportion of females than males and slightly higher proportion of BAME staff than white staff.
- 6.2 It is not currently possible to determine whether the compliance regime, or lower than required levels of intervention, disproportionately affect consumers with different protected characteristics.

⁵ http://www.food.gov.uk/enforcement/codes-of-practice/food-law-code-of-practice-2015

7.0 STAFFING / ACCOMMODATION IMPLICATIONS

7.1 A likely outcome of the need to reduce the nett expenditure on Regulatory Services is likely to involve a reduction in the number of staff employed across the service, even if the number of staff employed to work on food increases. The Civic Centre is able to accommodate the likely changes in staff.

8.0 BACKGROUND PAPERS

Food Safety Act code of practice - http://www.food.gov.uk/enforcement/enforcework/food-law/

Food Standards Authority audit findings report.

Cabinet report 16 March 2015

9.0 CONTACT OFFICERS

David Thrale - Head of Regulatory Services. 020 8937 5454

Aktar Choudhury - Operational Director, Planning and Regeneration. 020 8937 1764

MEETING DATE: Scrutiny Committee. 12 August 2015.

Appendix A – Brent action plan submitted to the Food Standards Agency and a R/A/G rated progress update as of July 2015

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	RATED GREEN 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
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.	RATED GREEN The 2015-16 Food Safety Service Plan includes 2 review dates - a review in April to review the previous year's performance and a further review in September to check progress, in preparation for putting together a service plan for Cabinet Approval for the following municipal year.
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	RATED RED An internal appointment was made to the vacant Regulatory Team Leader position January 2015. Two Food Safety Officers were also recruited to vacant positions one commenced January

TO ADDRESS (RECOMMENDATION INCLUDED STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
		Undertake any necessary new recruitment or structural changes if Members agree to provide additional resources from 2015/16 onwards, by 30 Jun 2015 .	2015, the second in March 2015. Agency staff are also being used whilst waiting to appoint to the vacancy created by the internal appointment to Regulatory Team Leader. Reference to the internal review of future resources for Regulatory Services was identified to Cabinet when the Food Services Plan was considered. Review is scheduled for Autumn 2015.
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.	RATED GREEN All key policies and procedures have been reviewed and plans put in place for revision where necessary. Key ones are mentioned specifically in other parts of this report.
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).	RATED GREEN The Authorisation procedure has been revised together with the Management Scheme which supports it and a new section on induction/training/CPD matrix has also been introduced to record competency of authorised officers.
3.1.13(ii) Ensure that all authorised officers receive training needed to be competent to deliver the technical and 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]	31 Mar 15	Ensure all CPD records are brought up to date forthwith. Review training around technical areas identified in the audit report. Continue to review training needs during appraisal review and 121 meetings. Training needs assessment scheduled for January/February 2015	RATED GREEN The Management Scheme referred includes the training plans and competency summary for each officer. In addition, each officer now has a specific file location to store secure copies of CPD certificates and training evidence. This will be reviewed by Team Mangers as part of the Appraisal process.

TO ADDRESS (RECOMMENDATION INCLUDED STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
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	RATED RED A new approach to internally monitoring performance has been implemented. However, meeting the FSA's expectations is not possible as the resource that undertook non-professional internal monitoring no longer exists.
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. 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	Overdue inspections were prioritised and targeted in risk category and overdue date order. This enabled calculations to be made showing anticipated staffing shortfalls which informed the 2015/16 Food Safety Service Plan. In order to carry out the interventions referred to in this recommendation, it will be necessary to increase inspection and intervention resources. The majority if not all of the backlog overdue inspections have been cleared by using inyear under-spends in other areas of service.
3.3.15(ii) Carry out interventions and inspections and approve relevant establishments in accordance with	30 Jun 15	Previously good arrangements for internal monitoring were compromised by reductions in managerial capacity and support capacity.	RATED RED Data integrity procedures have been updated,

TO ADDRESS (RECOMMENDATION INCLUDED STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
relevant legislation and centrally issued guidance. [The Standard - 7.2]		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	however, meeting the FSA's expectations is not possible as the resource that undertook non-professional internal monitoring no longer exists.
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 noncompliance 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 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	RATED GREEN Approved premises records are regularly updated and the FSA is notified of any changes identified. Integrity of this system is now ensured through improved data integrity checks and procedures undertaken by the since recruited Regulatory Team Leader post.
3.3.15(iv) Review, update and implement the procedures for interventions and inspections at general and approved establishments in accordance with the	31 Mar 15	Review and update procedures for approved premises interventions to include withdrawal/surrender, RAN and E coli guidance.	RATED GREEN All food policies and procedures have been reviewed and updated.

TO ADDRESS (RECOMMENDATION INCLUDED STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
FLCoP and practice guidance. [The Standard – 7.4]		To aid consistency and ensure compliance with FLCoP the existing checklist and post inspection report will be reviewed and revised. November 2014	Key food policies and procedures have all been reviewed and updated incorporating the changes introduced in the revised FSA FLCoP.
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	RATED AMBER Arrangements for the internal monitoring of data and performance have been completely overhauled. The electronic Document Management System has been upgraded and replaced. However a dated browser-based interface that is used to retrieve some records is not expected to be replaced for some months due to project implementation capacity issues.
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	Since the audit, two redrafts of the enforcement policy have been completed, although progress was earlier delayed by sickness within legal services. Work across all council regulatory teams is now needed prior to an updated corporate enforcement policy being presented to Members for consideration and possibly approval.
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.	RATED GREEN The enforcement policies and procedures for food safety and food standards have all been reviewed and updated and reflected in the Food Service Plan and Intervention Plan.

TO ADDRESS (RECOMMENDATION INCLUDED STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
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.	RATED GREEN All past food safety enforcement cases have been reviewed and actioned. The recruitment of a Regulatory Team Leader should mean that backlogs of enforcement cases for review, should not happen in future.
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.	RATED AMBER The recruitment and appointment of Regulatory Team Leader will provide capacity for internal audits of professional standards for inspectors. However, the resource that undertook non-professional internal monitoring no longer exists.
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.	RATED GREEN Records are now kept for a minimum of 2 years as required.
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.	RATED GREEN This relates to just one sample for which full follow-up was not carried out, with all other samples being fully followed-up satisfactorily All Enforcement Officers have been retrained.

TO ADDRESS (RECOMMENDATION INCLUDED STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
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.	RATED AMBER Arrangements for the internal monitoring of data and performance have been completely overhauled. The electronic Document Management System has been upgraded and replaced. However a dated browser-based interface that is used to retrieve some records is not expected to be replaced for some months duto project implementation capacity issues.