

Action Plan for Babergh and Mid Suffolk District Councils

Audit date: 9-10 September 2014

Completed Jan 2016

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE	UPDATE JAN 2016
3.1.5(i) Ensure that future Food Service Plans provide an accurate and reasoned estimate of the staffing resources required to deliver the food law enforcement service compared with the staffing resources available to the Authority. [The Standard – 3.1]	Completed	Calculations relating to staffing resources will be included in the 2015/16 service plan. This plan will be considered by council committees in the March 2015 cycle.	When the services of Babergh and Mid Suffolk district councils were approaching integration in 2012, necessary staffing levels were calculated but this work hasn't been fully re-done since that time.	Resource calculation included in the 2015/16 service plan.
3.1.5(ii) Ensure that a full documented performance 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 senior officer/s if duties involving approval have been delegated to senior officers. [The Standard – 3.2]	Completed	A fuller review of the food safety elements of the Food and Safety service will be included in the 2015/16 service plan. This plan will be considered by council committees in the March 2015 cycle.	Reports of issues of significance are regularly provided to the portfolio councillor for Mid Suffolk and copied to the lead councillor for Babergh.	Service plan reported to members of both councils in 2015

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<p>3.1.7 Ensure that all documented policies and procedures for each of the enforcement activities are reviewed at regular intervals and whenever there are changes to legislation and centrally issued guidance. [The Standard – 4.1]</p>	Completed	A schedule of review dates to include all relevant policies and procedures to be created by the Suffolk Food Liaison Group at the December 2014 meeting.	<p>Leading up to the FSA audit, key procedures were reviewed by the Food and Safety team. Suffolk Food Liaison Group have begun work on shared procedures for the county based on the structure of the Food Law CoP</p>	<p>The Suffolk Food Liaison Group have a rolling programme of reviewing shared procedures. Information about this is held on the group's Knowledge Hub at: https://khub.net/group/suffolk-food-liaison-group-sflg/activity</p>
<p>3.1.12(i) Review and amend current officer authorisations and develop and implement an appropriate authorisation procedure to include a suitable method of assessing officer competencies based on their level of authorization. [The Standard - 5.1]</p>	Completed	A matrix of qualifications and training, for all officers in the Food and Safety team, has been produced which cross references to the specific details of what each officer can be authorised to do.	Authorisations have been re-drafted and issued (as of the first of October 2014) to specify what elements of food law each officer is competent to enforce.	Previously completed
<p>3.1.12(ii) Maintain records of relevant academic or other qualifications, training and experience of each authorised officer and appropriate support staff in accordance with the relevant Codes of Practice. [The Standard - 5.5]</p>	Completed	The matrix referred to above. This will be periodically reviewed by the service manager and used to identify and schedule training needs.	A record matrix has been created to summarise qualifications, training and experience.	Previously completed and regularly updated.

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3.3.6 Ensure that food hygiene interventions at food premises in their area are carried out at a frequency which is not less than that determined under the intervention rating scheme set out in the Food Law Code of Practice. [The Standard – 7.1]	Ongoing	As resources for this will be reviewed during the service plan drafting as in 3.1.5(i) both the number of interventions needed and the level of staffing resource required to carry out those interventions will be more fully known.	The annual food safety service plan identifies the number of interventions due in the forthcoming year in each of the risk categories. On a monthly basis M3 is used to identify and allocate to individual officers. An alternative enforcement strategy is in place for dealing with a backlog of E rated premises.	Spreadsheet included.

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3.3.15(i) Assess the compliance of establishments and systems in their area to the legally prescribed standards. [The Standard - 7.3 and 15.4]	Completed and ongoing	Approved establishment files are to be reviewed and the type of information held on them made consistent.	Files for approved establishments are under review to ensure copies of all necessary documentation are held and can be retrieved. Officers have been requested to use the specific aide memoire for approved premises. Lead officer to explore use of sector specific aides memoire.	Hard copy files have been created for approved establishments and both these and the electronic records on M3 have been reviewed and brought up to date.
3.3.15(ii) Further develop and implement documented procedures for the inspection of general food premises and approved establishments to provide operational guidance to officers that is in line with the Food Law Code of Practice and centrally issued guidance. [The Standard – 7.4]	Completed	Procedures, particularly in relation to approved establishments will be reviewed and reissued to the Food and Safety team.	Suffolk Food Liaison Group have begun work on shared procedures for the county based on the structure of the Food Law CoP.	As for 3.1.7
3.4.4 Set up maintain and implement documented procedures for follow up and enforcement actions in accordance with the relevant Codes of Practice and official guidance. [The Standard - 15.2]	Completed	Procedures relating to the decision making process will be reviewed and revised before reissuing them to the Food and Safety Team.	Suffolk Food Liaison Group have begun work on shared procedures for the county based on the structure of the Food Law CoP.	As for 3.1.7

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3.5.3(i) Develop, maintain and implement documented internal monitoring procedures in accordance with Article 8 of Regulation (EC) No. 882/2004 (Official Feed and Food Controls), the Food Law Code of Practice and centrally issued guidance. This should include all aspects of the Service, including the work of contractors where appropriate. [The Standard – 19.1]	Completed	Documented internal monitoring procedures will be developed and implemented.	First draft of internal monitoring procedure produced.	Monitoring procedure in place and operated.
3.5.3(ii) Verify its conformance with the Standard, relevant legislation, the Food Law Code of Practice, centrally issued guidance and the Authority's own documented policies and procedure across all the Authority's food law enforcement activities. [The Standard – 19.2]	Completed	A range of measures to enable verification will be put in place including: <ul style="list-style-type: none"> i. Peer review ii. Internal monitoring of food law enforcement iii. Review of the use of centrally issued guidance 	First draft of internal monitoring procedure produced.	Monitoring procedure in place and operated.
3.5.3(iii) Ensure that records of monitoring activities are maintained. [The Standard – 19.3]	Completed	Methodology for the recording of monitoring will be developed and implemented alongside the measures themselves.	The internal monitoring procedure draft includes elements of recording what has been monitored.	Records of monitoring maintained on M3