

Action Plan for City of London Corporation

Audit date: 30 November– 2 December 2015

Updated: 17th January 2017

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.1.9 Set up, maintain and implement a control system for all documentation relating to its enforcement activities. [The Standard – 4.2]	30/04/2017	<ul style="list-style-type: none">• Further consider the existing systems for document control including the storage and referencing of procedures and other documentation; following structural changes in service delivery that are due to commence fully on 1st April 2016, this will need to be considered across the 'Commercial board'.• To update existing procedure/s to capture the interim system for controlling documents prior to Sharepoint being introduced for this purpose.	<ul style="list-style-type: none">• Individual Food procedures had already been reviewed in preparation for the structural changes and to reflect the current Food Law Code

<p>3.1.14 Set up, maintain and implement a documented procedure for the authorisation of officers based on their competence and in accordance with the relevant Codes of Practice and any centrally issued guidance. [The Standard – 5.1]</p>	<p>Completed</p>	<ul style="list-style-type: none"> • Review the current procedure in light of the Auditors comments, enhance and sign off the requisite procedure for authorising Authorised Officers. • Ensure that line managers with responsibility for Authorised Officers meet the necessary competency requirements of the code (in their capacity as lead officers) following structural changes in service delivery that are due to commence fully on 1st April 2016. • Ensure that the Authority’s existing Performance and Development Framework (that already utilises the RDNA) includes the necessary assessment and development of competences required in the Food Law Code and that this is signed off appropriately. This will be completed within the Authority’s 2016-17 appraisal cycle and in time for the Code revision on competency (effective April 2016). • Add the key enforcement references (3.1.11 of the audit report) in Officers’ authorisations. 	<ul style="list-style-type: none"> • The existing procedure for authorising Authorised Officers had been reviewed prior to the audit to reflect changes in the Food Law Code; this procedure is now being further developed to reflect the information in the Practice Guidance (published sometime after the code), any comments made by the Auditors in relation to the competency framework and the more general work nationally. • Discussions have also taken place in SE London local authorities in an effort to introduce a more standardised system for competency assessment and endorsement. • The existing Lead Officer Food has attended the FSA Lead Officer course on Competency and Authorisation requirements.
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<p>3.3.7 Ensure that inspections/interventions are recorded in sufficient detail to demonstrate establishments have been fully assessed to the legally prescribed standards, the Food Law Code of Practice and centrally issued guidance. [The Standard - 7.2 and 7.3]</p>	<p>30/04/2017 (Mobile Working which is scheduled for 2017/2018)</p>	<ul style="list-style-type: none"> • The existing Inspection Record Form enables the full assessment of an inspection intervention to be appropriately recorded (evidenced). • An initial briefing will be held with officers to report on the Audit findings generally. • One-to-one meetings will reinforce recording requirements following interventions • Further work will be built into a planned longer term mobile working solution for the Service to enhance inspection reporting and the efficient and effective gathering of data / intelligence whilst limiting duplication. 	<ul style="list-style-type: none"> • An officer briefing on the Audit findings was completed on 18th January. This included reference to 'Making every inspection count' and the appropriate completion of pages 2 & 3 of our existing Inspection Record Form. • Officers currently on contract (to year end 2015/2016) have been apprised of the findings separately on an individual basis. • The Enforcement Notice Checklist has been enhanced to confirm and record proof of service.
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<p>3.5.5 (i) Further develop and implement its documented internal monitoring procedures in accordance with Article 8 of Regulation (EC) No. 882/2004, the Food Law Code of Practice and centrally issued guidance to include reviews of inspection records and risk scoring and follow up enforcement actions. [The Standard-19.1]</p>	<p>Completed</p>	<ul style="list-style-type: none"> • The Authority's existing Performance and Development Appraisal process includes a system for formal one-to-one meetings to review Objectives and Learning & Development targets set at annual appraisals and which already include service standards. • We will further review our process for monitoring inspections and follow up enforcement action including how this data is recorded. • Weekly Team Briefing Sessions (established as part of the new Commercial structure) will be used to discuss the completion of intervention records. • Develop the use of Northgate M3 to enable certain key enforcement decisions, discussions on inspections and risk scoring and concomitant monitoring activities to be logged more fully. 	<ul style="list-style-type: none"> • The internal monitoring processes have been reviewed, principally to include record keeping procedures for recording planned and reactive qualitative management; this includes documenting monitoring done following one-to-one meetings • We have also introduced a more general system for recording 'key decisions' relating to the management of inspection and enforcement activity and much of this can be logged as an action / activity on our Northgate M3 database.
<p>3.5.5 (ii) Verify its conformance with the standard, relevant legislation the relevant Codes of Practice, centrally issued guidance and the Authority's own documented policies and procedures. [The Standard-19.2]</p>	<p>Completed</p>	<ul style="list-style-type: none"> • See 3.5.5 (i): The arrangements for internal monitoring will be enhanced and better recorded. This will be necessary following changes in the management structure within the Service. 	<p>See above</p>
<p>3.5.5 (iii) Keep a record of all internal monitoring in particular record deviations and corrective actions. Records should be kept for at least 2 years. [The Standard-19.3]</p>	<p>Completed</p>		<p>See above</p>