

## Action Plan for Dartford & Sevenoaks Environmental Health Partnership

Completed Action Plan: 21 September 2016

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.1.6 (i) Ensure that service plans and any performance reviews carried out are submitted for approval to the relevant Member forum or delegated senior officer(s) if duties involving approval have been delegated to senior officers. [The Framework Agreement Chapter 1(13) and the Standard 3.2]	30 <sup>th</sup> September 2015  <b>completed</b>	Service Plan to be sent to the Strategic Director and Chief Officer as part of the pre-meeting agenda for the quarterly service review meeting September.  Service plan to be put as an agenda item for the third quarter environmental health service manager's review each year.	Approved by Chief Officer - Environmental and Operational Services (SDC) and Director External Services (DBC) in minutes of last EH Managers Group. SDC members portal Jan. 2016 DBC Cabinet 3/03/2016
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 authorisation. Ensure that officers receive suitable and adequate training necessary to deliver the technical aspects of the work in which they are involved. [The Standard - 5.1]	30 <sup>th</sup> November 2015  April 2016  <b>completed</b>	The existing documented authorisation procedure will be updated to include cross-referencing to individual officers levels of competency and powers	Food Law Practice Guidance October 2015 Officer Competency Assessment guidance used to verify competency and appropriate authorisation of officers along with identifying specific training needs.
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]	30 <sup>th</sup> September 2015  <b>completed</b>	Existing records to be expanded to incorporate copies of CPD certificates etc. Copies of key qualification documents to be collected and copied for training file on appointment	Officers instructed to scan any CPD certificates into their personal training folder and being audited as part of internal ISO audit
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]	31 <sup>st</sup> December 2015  <b>completed and ongoing</b>	The Authority will continue through ongoing monitoring to maintain a risk-based intervention programme which will ensure that the resource available to the service is targeted appropriately. The service currently meets service targets of 100% higher risk premises and 90% lower risk premises. New businesses are risk assessed by type and prioritised accordingly.	To be reviewed after 6 months to access effectiveness Service met all targets for 2015/16
3.3.17 (i) Assess the compliance of establishments and systems in their area to the legally prescribed standards and take appropriate follow up action in accordance with the Authority's own enforcement policy and any centrally issued guidance. [The Standard - 7.3 and 15.4]	30 <sup>th</sup> November 2015  <b>completed</b>	Team training to ensure that officers are fully conversant with the service's enforcement policy. Refresher training on practicalities of formal enforcement.	In-house review November 2015 Externally provided course arranged for September 2016

<p>3.3.17 (ii) Further develop and implement its documented procedures for the inspection of general food premises and approved establishments to provide operational guidance to officers. Ensure that approved establishment files contain all relevant key business information in line with the Food Law Code of Practice and centrally issued guidance. [The Standard – 7.4]</p>	<p>31<sup>st</sup> December 2015</p> <p><b>completed</b></p>	<p>All Approved premises files to be re-organised to ensure that all relevant key business information contained in the file is readily accessible. Inspection records for Approved Premises to be completed consistently on relevant forms. Staff refresher training to be carried out.</p>	<p>Team reminded of Kent MOU on sharing Approved Premises expertise. Team using model form. Inspection proformas being developed for each category of approved establishments across both SDC and DBC where the model form not sufficient</p>
<p>3.5.5 (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]</p>	<p>31<sup>st</sup> December 2015</p> <p><b>completed</b></p>	<p>Update internal monitoring procedure to include the qualitative monitoring being undertaken. Procedure to be written and documented records of monitoring to be kept. Officers to undergo regular and planned peer reviews. Commercial Manager to audit 5 % of inspections</p>	
<p>3.5.5 (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]</p>	<p>31<sup>st</sup> December 2015</p> <p><b>completed</b></p>	<p>Update internal monitoring procedure to cover all of the authority's food law enforcement activities. Check list devised to ensure these are conformed with</p>	
<p>3.5.5 (iii) Ensure that records of monitoring activities are maintained. [The Standard – 19.3]</p>	<p>31<sup>st</sup> December 2015</p> <p><b>completed</b></p>	<p>Maintain a spread sheet to monitor inspection paperwork and service requests</p>	
<p>3.5.10 (i) Review and develop its sampling procedure to include guidance for officers on appropriate follow up actions in relation to unsatisfactory sample results. [The Standard-12.3]</p>	<p>31<sup>st</sup> January 2016</p> <p><b>completed</b></p>	<p>Current procedure to be updated to include the practices currently in place when an unsatisfactory sample result is received</p>	<p>Chair of Food Sampling group asked to provide more detail for the Regional sampling programme for 2015/16</p>
<p>3.5.10 (ii) Develop and implement a documented risk based sampling programme for its approved establishments in accordance with the FLCoP and centrally issued guidance. [The Standard-12.4]</p>	<p>31<sup>st</sup> January 2016</p> <p><b>completed</b></p>	<p>A documented annual sampling programme to be developed specifically for approved establishments</p>	