

## Updated Action Plan for Epping Forest District Council

Audit dates: 2-3 March 2010

Action Plan updated: 2 June 2011

TO ADDRESS RECOMMENDATION (INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	PROGRESS	ACTION TAKEN TO DATE
3.1.7 Ensure that future Food Service Plans are in full accordance with the Service Planning Guidance in the Framework Agreement; that they include accurate details of the District's food premises profile, their risk ratings, numbers of unrated premises and the work programme for the year, together with the staffing resources required to deliver the food law enforcement service, compared with the staffing resources available to the Authority. [The Standard – 3.1]	30/06/10	Future Food Safety Plans to be produced in accordance with the Guidance. Figures to be taken from LAEMS return to ensure consistency. Team work programme to reflect staffing resources and other work commitments.	Completed	Environment and Street Scene Service Plan 2011/2012 has been developed in accordance with the Service Planning Guidance in the Framework Agreement. Figures in the Plan accord with those submitted for LAEMS returns to the FSA. Staffing resources figures have been reviewed.
3.1.8 Ensure that the Service's performance against the Authority's Food Service Plan is reviewed at least annually and that any variances in achieving the work programme are recorded, submitted for Portfolio Holder approval, and addressed in the subsequent year's Service planning. [The Standard – 3.2 and 3.3]	30/06/10 30/09/10 31/12/10 31/03/11	The Food Safety Plan will be reviewed annually and its action plan quarterly. Reviews to be submitted to the relevant Portfolio Holder.	Completed	The FSA audit report was taken before Standards Committee on 20/09/10 and Committee requested periodic monitoring of the Action Plan. The Food Service Plan was reported to the Portfolio Holder on 24/05/11 for approval.
3.1.14 Ensure that all policies and procedures are reviewed and revised at regular intervals to reflect accurately the changes to legislation or official guidance and to provide officers with up to date guidance. [The Standard – 4.1 and 4.2]	31/10/10  As and when legislation/ guidance changes	Policies and Procedures to be reviewed in light of audit findings, to include greater detail and guidance for officers this will be completed by 31/10/10.  Additional reviews will be undertaken when new legislation and/or guidance is notified by FSA/CIEH/LACORS/EFLG, and in accordance with the requirements of the quality system.	Completed	All procedures have been reviewed and rewritten in accordance with official guidance. Copies available on the intranet.

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3.1.15 Expand and revise the generic procedures to ensure the documents contain sufficient detail to provide adequate and consistent guidance for staff in the food law enforcement processes and practices they implement, in accordance with the relevant legislation, Food Law Code of Practice and other centrally issued guidance. [The Standard – 4.1, 4.2, 7.4 and 15.2]	31/10/10	See above.	Completed	All procedures have been reviewed, rewritten and issued to officers in accordance with official guidance.
3.1.21 Review, revise and implement the documented procedure on the authorisation of officers to include details of the competency assessment process by which authorisations are conferred based on officers' individual qualifications, training and experience. [The Standard – 5.1]	31/07/10	Procedure to be reviewed and revised and a competency matrix produced. Each competency will be defined and a list of skills/training required to meet each criteria produced.  This procedure will reference the rules for officer delegations in the Councils constitution.	Completed	Procedure PH 10 has been completely rewritten and implemented to include all the requirements of the Framework Agreement Standard.
3.1.22 Review and revise officers' schedules of authorisation to ensure they include reference to all relevant and up to date legislative provisions, and the extent and limitations of each officer's duties based on an assessment of their individual levels of qualification, training and experience. [The Standard – 5.3]	31/07/10	Schedules of authorisation to be reviewed using list available from FSA website. When the definitive schedule has been produced, it will be referenced in the Councils Constitution.	Completed	Procedure produced and issued.  New reviewed and revised warrants have been issued to officers.
3.1.27 Set up, implement and maintain a documented training programme to encompass identified individual and team training needs. [The Standard – 5.4]	31/07/10	Individual training needs are documented in the Personal Development Review process. The authorisation procedure will reflect the need for refresher/update training, with a general training policy created for team training on a three year cycle.	Completed	A schedule of refresher training has been incorporated as part of the review of procedure PH10.
3.1.28 Maintain records of relevant qualifications, training and experience of each authorised officer in accordance with the Food Law Code of Practice. [The Standard – 5.5]	Completed	Such records are maintained within the Directorate. Officers will check that their records are up to date and re-check and update if required, on an annual basis. Line manager will undertake an annual check of Officers training record.	Completed	All records of qualification and training are now collated by the performance and operations group.

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3.1.29 Ensure that the appointed lead officer for food hygiene has the necessary specialist knowledge; this should include any food issues for which the Authority has specific responsibilities in its area, such as establishments approved under product specific legislation. [The Standard – 5.2]	30/06/10	Lead Food Officer/ Assistant Director to identify and attend refresher/update training, as necessary to maintain competency.  Assistant Director will review Lead Food Officer on a six monthly basis.	Completed	Lead Officer and Assistant Director refresher training completed and update training will continue to be undertaken in accordance with procedure PH10.
3.2.7 Ensure that the food business database is configured and operated in such a way as to provide accurate and reliable food business and food law enforcement activity data. [The Standard – 6.4]	31/10/10	Procedures to be reviewed and re-issued to ensure consistent use of database. Officers to take responsibility for updating business details following interventions, and for entering and linking records of revisits. Documents are to be scanned and attached to database records.	Completed	As part of this action, inspection reports and related documents are now being scanned into the record keeping system. Quality Assurance systems have been updated to reflect this change. All changes in business details are being updated as the inspections are undertaken.
3.2.9 Revise and implement its documented inspection procedures to include appropriate details and references for the approval of product specific establishments under Regulation (EC) No. 853/2004, and the assessment of the compliance of premises and systems, particularly in relation to HACCP based food safety management systems. [The Standard – 7.2, 7.3 and 7.4]	31/05/10	Procedure to be reviewed and revised.	Completed	Procedure PH11 has been revised and implemented in accordance with the Standard.
3.2.11 Ensure that food hygiene inspections are carried out at a frequency which is not less than that determined under the inspection rating system set out in the Food Law Code of Practice. [The Standard – 7.1]	Completed	Higher risk businesses will be prioritised to ensure inspection at correct frequency, with separate lists for A-C and D-E risk rated premises. Inspections will be allocated to staff one month earlier, giving greater notice of due inspection dates on lower risk businesses. Senior management will be notified of those businesses not inspected within 14 days of the due date.	Completed	All FH inspections are allocated one month earlier to ensure that officers have a longer period of time to plan their visits. Officers have been instructed to inform the Public Health Manager if visits have not taken place within 14 days of the due date.

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3.2.22 Inspect general food premises in accordance with the relevant legislation and assess the compliance of premises to the legally prescribed standards, taking appropriate action on any non-compliance found in accordance with the Authority's enforcement policy. [The Standard – 7.2 and 7.3]	31/08/10	See 3.2.23 and 3.4.5.	Completed	Accompanied inspections carried out in accordance with the internal monitoring procedure.
3.2.23 Ensure that observations made and/or data obtained in the course of an inspection are recorded in a timely manner to prevent loss of relevant information. Ensure that adequate records of inspections and key details of food business operations, particularly in relation to the verification of HACCP based food safety management systems, include sufficient detail to demonstrate whether the compliance of premises and systems has been comprehensively assessed to legally prescribed standards, and provide complete histories of each business's compliance with legal standards. [The Standard – 7.5]	31/08/10	Procedures will provide greater guidance in relation to consistent record keeping. Inspection documents to be reviewed and revised to provide a standard pro-forma inspection record which will be attached to the database record of inspection. All non-sanctioned documents will be withdrawn.	Completed	A new pro-forma inspection record has been produced and issued to officers. Officers have been instructed to use this pro-forma and superseded forms have been deleted.
3.2.29 As a priority, re-inspect and review the status of all the Authority's approved premises and those that might require approval, to ensure that all relevant businesses are approved in accordance with Regulation (EC) No. 853/2004. [The Standard - 7.2]	30/06/10	All approved establishments to be re-inspected. Approval to be renewed or removed as necessary. LACORS form to be completed, where necessary and attached to computer record, other paperwork to be retained in dedicated file.	Completed	All approved establishments have been re-inspected since the audit and where appropriate their approvals have been confirmed or removed. Accompanied inspections carried out in accordance with the internal monitoring procedure.
3.2.30 Maintain up to date, accurate and comprehensive records for all approved establishments in accordance with Annex 12 of the Food Law Practice Guidance. [The Standard – 16.1]	30/06/10	See above.	Completed	Comprehensive and up to date records are maintained and available on the Directorates record keeping system.

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3.3.4 Set up, maintain and implement documented procedures for follow-up and enforcement actions in accordance with the Food Law Code of Practice, for example, prohibition and voluntary closure procedures. [The Standard – 15.2]	31/10/10	Procedure PH03 already deals with prohibition and voluntary closure, All procedures are to be reviewed in light of the audit report.	Completed	Procedure PH 03 has been revised and reissued.
3.3.5 Ensure that enforcement actions are carried out in accordance with the statutory requirements and official guidance. [The Standard – 15.3]	31/10/10/ Immediate	Procedures to be reviewed. Formal notification of notice compliance to be sent to businesses in future.	Completed	All enforcement actions are being carried out, including follow up actions in accordance with the statutory requirements and official guidance and checked and signed off by the Public Health Manager
3.4.5 Review, revise and fully implement its internal monitoring procedure to include the qualitative monitoring of all areas of food law enforcement activity in accordance with the Food Law Code of Practice; ensure that records of monitoring activities and corrective actions are maintained. [The Standard – 19.1 and 19.2]	31/08/10	Joint consistency visits will take place quarterly. Public health manager currently reviews all notices, in future a sample of letters and database entries will be reviewed quarterly to ensure consistency. Review activities will be more frequent for new staff. Records are currently kept of accompanied inspections, a proforma will be introduced detailing review activities.	Completed	A new procedure for proportionate internal monitoring has been developed. A standard pro-forma for recording accompanied consistency visits has been produced and used. A new pro-forma database sampling form is now in use.