

Updated Action Plan for London Borough of Richmond upon Thames

Audit date: 18 - 19 December 2012

Action Plan Updated: 28 May 2015

TO ADDRESS RECOMMENDATION (INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	PROGRESS	ACTION TAKEN TO DATE
<p>3.1.10(i) Ensure that future Food Service Plans are in full accordance with the Service Planning Guidance in the Framework Agreement to include a full review of the delivery of the Plan and an accurate estimate of the financial and staffing resources required to deliver the food law enforcement service. [The Standard – 3.1 and 3.2]</p>	<p>Completed</p>	<p>Produce a more detailed Food Service Plan (FSP) to include an estimated breakdown of officer time spent on food-related work in each aspect. This will be based on the previous year's workload and anticipated changes for the forthcoming year. It will be related to financial planning and linked to the information in the CIPFA return and LAEMS to maximise accuracy. The FSP for 2013/14 will be presented for Member approval by the end of April 2013.</p>	<p>Completed</p>	<p>Following the formation of a shared regulatory service with the London Borough of Merton the Service Plans for both boroughs will be critically reviewed in preparation for the creation of a new 2015/16 business plan. Critical to this will be a significant re-engineering of the plan to ensure that the Service has sufficient resources and competent staff across the Partnership to deliver food safety programme. This will include the inspection programme, a commitment to the</p>

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				Food Hygiene Rating Scheme, a food sampling plan, the formal enforcement approach and major sporting events that will include Wimbledon Tennis and the Rugby World Cup at Twickenham.
3.1.10(ii) Any variance in meeting the Plan should be addressed in the following year's Plan. [The Standard - 3.3]	Completed	Identify variances over the year as part of our routine management information and any measures needed to address these. This will be fully documented in the FSP for 2013/14.	Completed	Where the stated objectives/targets are not met corrective action or revised targets will be identified for the forthcoming year and detailed in the Food Service Plan.
3.1.10(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]	Completed	Head of Service to consider and report on the impact of the ongoing shared service review once the draft report is published. Recruit to vacant EHO post. Provide guidance to temporary officer to build on competency.	Completed	This issue will be kept under review over the next few months so as to ensure that staff resources are adequate to deliver the Food Service Plan across the Partnership.

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3.1.14 Set up and implement a control system for all documentation relating to food law enforcement activities. Ensure that documented policies and procedures across all enforcement activities are reviewed at regular intervals, and whenever there are changes to legislation or centrally issued guidance. [The Standard – 4.1 and 4.2]	30/06/13	Produce a list of all food safety procedures. Team Leaders to review all procedures annually or as legislation/guidance dictates and update as necessary. Review dates and documentation versions to be documented.	Completed	Document control system introduced.
3.1.19(i) Expand and fully implement the Service's documented procedure on the authorisation of officers to detail the competency assessment process by which authorisations are conferred, based on an officer's individual qualifications, training and experience. [The Standard – 5.1 and 5.3]	30/06/13	Review the existing procedure with a view to including reference to competency, training, training records and experience issues. Update the formal record of delegations/authorisations and maintain in a password protected file that can be viewed by all staff.	Completed	Authorisation procedure has been updated. Competency assessment process has been linked to officer authorisation.
3.1.19(ii) Review and update individual officer authorisations, including any contractors to ensure that all officers are appropriately authorised under current relevant legislation in accordance with their individual level of qualifications, experience and competency. [The Standard - 5.1]	30/06/13	Information on officer (including contractors qualifications, experience and training) will be brought together into the IT system to enable continual updating.	Completed	There has been a significant management restructuring across the Regulatory Services Partnership with the introduction of new titles and spans of control. The new authorisation scheme is currently

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				<p>Progress on this indicator is regularly monitored and is reported back to the management team. This is a high priority performance indicator.</p> <p>Priority will be given to unrated premises above lower risk.</p> <p>A review of the strategy for dealing with outstanding Category C and lower risk rated premises is to be carried out by the Service.</p> <p>All high risk category A, B and non-compliant C risk rated premises completed. Assurance given by the Environmental Health Commercial Manager that the Regulatory Service Partnership is committed to delivering an intervention</p>

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	Completed	<p>Consistency training undergone by Team Leaders – will cascade to team officers in June 2013.</p> <p>Inaccurate total risk scores on the database have been identified as an inputting error due to an alternative intervention taking place at these premises.</p>		<p>programme based on risk across all categories of premises due an intervention.</p> <p>In-house training provided 19/06/13 and noted on training matrix.</p>
<p>3.3.11(ii) Take appropriate and timely follow-up action including revisits on any non-compliance found in accordance with the Authority's enforcement policy and documented procedures. [The Standard - 7.3]</p>	Completed and ongoing	<p>Team leaders will carry out monthly monitoring to check to ensure appropriate follow-up action is taken.</p> <p>Officers instructed to carry out revisits to all zero and one star premises and reminded to run weekly reports on the IT system.</p>	Completed	<p>Intervention procedure has been updated to incorporate revisits to all zero and one rated premises.</p> <p>Revisits are scheduled in the management information system with a date that shows up on the officer's 'action required' list on the front screen.</p> <p>Each month a report of revisits due is run</p>

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				<p>and this compares the scheduled date to actual date.</p> <p>Good progress is being made and the Service need to ensure the new system is fully bedded in and is consistently adhered to.</p>
<p>3.4.6(i) Take appropriate action on any non-compliance found, in accordance with the Authority's enforcement policy. [The Standard – 7.3]</p>	<p>Completed and ongoing</p>	<p>Team leaders will carry out monthly monitoring to check revisits have been carried out of all premises graded zero or one in the Food Hygiene Rating System and appropriate graduated enforcement is taken where necessary.</p>	<p>Completed</p>	<p>Published enforcement policy outlines an incremental approach to enforcement.</p> <p>Monthly monitoring sheet to be used to track progress of risk category A, B, C D, E and unrated premises.</p> <p>Also introduced a new service target of the number of Food Hygiene Rating Scheme 0 and 1 rated premises not to exceed a total of 10% of the total number of rated premises</p>

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				<p>(currently 9.6%), .</p> <p>The Service also tracks premises that are re rated as a Category A for a second time and this requires manager sign off.</p> <p>Appropriate follow up action is being carried out but the system needs more time to bed in to ensure consistent application by all officers.</p> <p>Team leaders will monitor.</p>
<p>3.4.6(ii) Ensure all decisions on enforcement action are taken following consideration of the Authority's enforcement policy. The reasons for any departure from the criteria set out in the enforcement policy shall be documented. [The Standard - 15.4]</p>	<p>30/06/13</p>	<p>Revised and updated enforcement policy to be presented to Members approval.</p> <p>Senior officers will continue to be involved in decision-making and any departure from the policy will be documented on the computer database.</p>	<p>Completed</p>	<p>Following approval on 16/07/13 revised policy published on public website.</p>
<p>3.5.5(i) Fully implement the internal monitoring procedure to include risk based and proportionate documented internal monitoring in accordance with Article 8 of</p>	<p>Completed and ongoing</p>	<p>Internal monitoring to be carried out by Team Leaders on a programmed basis in accordance with the procedure. This will be risk-based to</p>	<p>Completed</p>	<p>The work relating to the implementation of an internal, documented,</p>

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Regulation (EC) No. 882/2004, the Food Law Code of Practice and centrally issued guidance. [The Standard - 19.1]		ensure samples of high risk premises are checked.		<p>monitoring system to be used across both boroughs is on-going and we have a need to develop a suitable model.</p> <p>This is seen as an ideal opportunity to standardise and share best practice in relation to the inspection aide memoires that are used by both boroughs for Food Hygiene and Standards Inspections.</p> <p>The Service is actively looking for examples of acknowledged good practice in terms of documented checks and in relation to monitoring visits and paperwork consistency checks.</p> <p>Implementation of the internal monitoring procedure now in</p>

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				place.
3.5.5(ii) Verify the conformance of the Service with the Standard in the Framework Agreement, the Food Law Code of Practice, relevant centrally issued guidance and the Authority's own documented policies and procedures. [The Standard - 19.2]	30/06/13	<p>The Food Service Plan will include a review of the previous year and all food procedures will be updated annually or as new legislation/guidance dictates. Records will be kept of review dates and changes notified to staff.</p> <p>A password protected checklist will be developed to ensure that all procedures and documents are kept up to date.</p>	Completed	<p>Evident that some internal monitoring is carried out but Service needs more time to fully develop and embed the system.</p> <p>Evidence of the implementation of the internal monitoring procedure provided</p>
3.5.5(iii) Ensure records of internal monitoring activities are maintained. [The Standard - 19.3]	Completed and ongoing	Records will be maintained of monitoring visits carried out. These will be kept as a standard checklist and filed in a retrievable electronic format.	Completed	As above
3.5.14(i) Ensure that records of inspection and key details of business operations are stored in such a way that they are retrievable. [The Standard - 7.5]	31/08/13	Continue to work with scanning team and ICT to seek further enhancement and usability. Officers will receive training on the upgraded version of computer software and the facility to link the IT system to the software will be installed, making storage and retrieval of documents easier and	Completed	All back office functions are currently being reviewed as part of the general Regulatory Service Partnership merger and one of the options being

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		more secure.		<p>considered is the creation of a dedicated, triaged business support model.</p> <p>There are still issues with the corporate document management system and officers now scan all relevant documents directly into the database case management system.</p>
<p>3.5.14(ii) Maintain comprehensive records for all establishments, including those approved under Regulation (EC) No. 853/2004. The records should detail the determination of compliance with legal requirements and comprehensive reports of all inspections, visits and where relevant the basis for approval, in accordance with the Food Law Code of Practice and centrally issued guidance. [The Standard - 16.1]</p>	Completed	All scanned computer records relating to approved premises have been retrieved and will be converted for storage as PDF files in the approved premises folder.	Completed	<p>Review of records and documentation to has been undertaken.</p> <p>Approved premises files are stored electronically in accordance with the Annex 10 of the Food Law Practice Guidance.</p>