

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	PROGRESS	ACTION TAKEN TO DATE
3.1.7 (i) Appoint a sufficient number of authorised officers to carry out the food law work required by the Food Law Code of Practice. [The Standard - 5.3]	31 March 2016 and ongoing	The Public Protection Section acknowledges that it has struggled in recent years to inspect lower-risk premises with the resources available to it, concentrating instead on those premises which pose a higher risk. However, significant progress has been made with regard to lower-risk premises in 2014/15, with the FSA acknowledging that 41% of lower-risk inspections due were achieved. This is largely due to the additional funding provided by Public Health. Discussions have been taking place with Public Health to see if further additional funding can be provided in 2015/16, with a view to (i) eradicating the backlog of lower-risk premises due for inspection and (ii) building some sustainability into inspection resource moving forward.	Ongoing	<p>A commitment has been secured from Public Health for the provision of £71k funding (on top of the £107k recurrent annual funding already provided) which will be used for the eradication of the backlog of lower-risk premises within 2015/16.</p> <p>Discussion has also commenced to re-align some other existing Public Health funding to allow for the appointment of an additional member of staff in the Food team, which will enable the team to keep on top of its inspection commitments moving forward.</p> <p>A discussion with the STaR Procurement team has commenced with a view to the commissioning of external contractors (who will undertake much of the inspection work on lower-risk premises during 2015/16).</p> <p>Contract opportunity placed on the CHEST, closing date 2/10/15 3 submissions received. Evaluations by 16/10/16. Clarification interviews by 23/10/15 Contract mobilisation by 30/10/15 Contract to start from 2/11/15 to 31/3/2017</p> <p>Quality checks on contractors – accompanied inspections to be carried out by the Team Leader Fortnightly meetings with inspectors. Paperwork quality checks; Cat B – 100% checks Cat C - 30% checks Cat D – 20 % checks Cat E – 10 % checks</p> <p>Contractor is using 4 competent and qualified staff to</p>

				<p>conduct the inspections. 1062 inspections allocated to the 4 staff. Accompanied inspection completed and RBC satisfied of the quality of the inspections. Ongoing audits checks on paperwork submitted. By 11/2/16 635 inspections completed. 427 inspections remain outstanding. Contractor is confident these will be completed by 31/3/16</p>
<p>3.1.7 (ii) Continue to produce a documented annual Service Delivery Plan in accordance with the Service Planning Guidance in the Framework Agreement and gain appropriate approval early in the municipal year. [The Standard 3.1]</p>	<p>30 Sept 2015 and ongoing July 2016 SDP</p>	<p>In addition to the FSA, the Overview and Scrutiny Committee made plain its wish for a Service Plan 2015/16 to be developed early in this municipal year, and it is intended to present a Plan for member consideration during the second quarter of 2015/16.</p> <p>Members of the Scrutiny Committee also requested that they be provided with an update on the findings of the FSA Audit in March 2015, and this response to the FSA will also form part of the documentation to the Committee.</p>	<p>Ongoing</p>	<p>The Food and Feed Service Plan 2014/15 has now completed its progress through the Council's governance arrangements and has been adopted by the Council. The Plan was approved by the Overview and Scrutiny Committee on 26 February 2015 and by Cabinet on 20 April 2015.</p>
<p>3.1.7 (iii) Ensure that service plans include a clear comparison of the resources required to effectively manage and carry out the full range of statutory food law enforcement activities against the resources available to the Service. [The Standard - 3.1]</p>	<p>30 Sept 2015 and ongoing July 2016 SDP</p>	<p>The Service Plan for 2015/16 will contain a breakdown of the resources available to the Section for food / feed enforcement, and an analysis of how these resources will be deployed to increase the number of inspections carried out at lower risk premises (Categories C-E), which the Scrutiny Committee also wished to see.</p>	<p>Ongoing</p>	<p>A document setting out the proposed approach to lower-risk premises (which depends upon both an additional one-off sum of £71k and the recurrent annual £107k funding from Public Health) has now been drafted and is submitted to the FSA along with this response.</p> <p>Self –assessment questionnaire sent to 651 Cat D&E. Response rate 31% (202). Those not responded will be inspected by contractors this year</p> <p>Ongoing inspections as in 3.1.7 (i)</p>
<p>3.1.7 (iv) Ensure that the Service</p>	<p>30 Sept</p>	<p>See 3.1.7(iii) above</p>	<p>Ongoing</p>	<p>See 3.1.7(iii) above</p>

<p>Plan identifies any shortfalls in its delivery of statutory duties and clearly identifies how and when these will be addressed, and the potential consequences for the LA and consumer protection. [The Standard 3.1]</p>	<p>2015 and ongoing July 2016 SDP</p>			<p>Completion of the backlog of inspections by 31/3/16 with the updated risk ratings for premises will allow an accurate assessment of the resource needed to implement a compliant inspection plan moving forward over the next 3 -5 years.</p> <p>The Service Plan for 2016-17 will identify any gap and if this is the case it will be highlighted as a budget pressure through the normal governance procedures for requesting additional resources.</p>
<p>3.1.7 (v) Ensure that the Service Plan identifies how the Public Health grant funding for food hygiene law enforcement can be best utilised to address shortfalls in its statutory duties. [The Standard 3.1]</p>	<p>31 March 2016 and ongoing July 2016 SDP</p>	<p>As stated in 3.1.7(i) above, Public Health funding will be used to eradicate the backlog of lower-risk inspections during the current financial year, with some sustainability for future years being built in.</p>	<p>Ongoing</p>	<p>See 3.1.7(i) above</p> <p>The current inspection contract runs until 31/3/2017 with funding to deliver both inspections and appropriate follow up to bring into compliance.</p>
<p>3.1.10 (i) Ensure that all documented policies and procedures for each area of enforcement activities are reviewed at regular intervals and when there are changes to legislation or centrally issued guidance. [The Standard - 4.1]</p>	<p>31 March 2016</p>	<p>The Section contends that it did have a number of documented procedures / work instructions in place at the time of the audit. These are essentially fit for purpose (indeed, they were followed when a major detention of 22 pallets took place on the second day of the audit); however, it is accepted that some updating would be appropriate.</p> <p>Given current managerial constraints, it is proposed that this work will be done by officers on an overtime basis using a portion of the Public Health funding. This is set out on the accompanying document relating to lower risk premises / Public Health funding.</p>	<p>Completed</p>	<p>A figure of £7000 to cover the necessary overtime payments has been built into the additional one-off Public Health funding provided for 2015/16. This has now been approved.</p> <p>All work instructions and Q docs have been reviewed and where necessary amended. Completed Aug 2015.</p>

<p>3.1.10 (ii) Set up, maintain and implement a control system for all documentation relating to its enforcement activities. [The Standard - 4.2]</p>	<p>31 March 2016</p>	<p>The Section feels that it has appropriate documentation in place in relation to its enforcement activities, and does not feel that (for instance) an ISO 9000 quality system is necessary. Other AGMA authorities have not adopted a comprehensive control system, and this would pose a real difficulty for the Section with its current level of resource.</p>	<p>Completed</p>	<p>The Section has committed to a review and updating (using Public Health monies to fund overtime) of its current documentation, and feels that this is an appropriate response in the circumstances.</p> <p>Document Management Policy completed Sept 2015.</p>
<p>3.1.15 (i) Ensure that all authorised officers including the lead food officer are appropriately qualified and receive the training needed to be competent to deliver the technical and administrative aspects of the work in which they will be involved, in accordance with the Food Law Code of Practice. [The Standard - 4.1]</p>	<p>30 Sept 2015</p>	<p>It is agreed that all staff must be kept up to date with all relevant training requirements (including 10 hours CPD for Food). Provision will be made for all Council Food staff to attend training courses as appropriate.</p> <p>With regard to the Lead Officer, the FSA is aware that - following the recent management restructure – the Food Section will be led by a very experienced officer with full Environmental Health qualifications. This will ensure that all CoP requirements are met.</p>	<p>Completed</p>	<p>Continuing. The management restructure has not yet been fully implemented.</p> <p>Management restructure completed. CPD logs produced for each officer to record 20 hours food CPD annually.</p> <p>Completed June 2015</p> <p>Training discussed as a standard agenda item at each team meeting.</p> <p>All officers on track to complete 20 hours CPD by 31/3/16</p>
<p>3.1.15 (ii) Review the authorisation of officers to ensure they are appropriately authorised under specific legislation and at a level in accordance with their</p>	<p>30 Sept 2015</p>	<p>It is accepted that authorisations should be revisited with view to being refreshed.</p>	<p>Completed</p>	<p>Enquiries have commenced at a meeting with AGMA colleagues on 15 April 2015. Current examples of good practice have been gathered and will now be considered for adoption by the Food team</p>

training and qualifications. [The Standard - 4.1]				Authorisations being reviewed for the whole Service. Priority is being given to food officers. To be signed off by Service Manager and issued by end Oct 2015. Authorisations completed for all officers in the Business Engagement and Compliance Team. February 2016
3.1.15 (iii) Review the draft of delegated powers to the Chief Public Protection Officer to ensure legislation is up to date. [The Standard - 4.1]	30 June 2015	The Council's Constitution is in the process of being updated. Enquiries have been made with colleagues in Democratic Services and the latest version covering the delegation of powers to officers is likely to be on the Council's website in the near future. This will include the "catch all" provision authorising officers under all relevant legislation whether listed in the Constitution or not, thereby obviating the need for constant updating.	Completed	Legal advice has been taken and confirmation received that the use of the "catch all" provision obviates the need for constant updating of the legislation listed within the Constitution.
3.1.15 (iv) Ensure that relevant records of qualifications, training and experience for each authorised officer and appropriate support staff is maintained by the Authority. [The Standard – 5.5]	30 June 2015	It is accepted that a better system of recording CPD hours could be introduced. The Team Leader will set up a matrix / spreadsheet onto which all staff can enter details of their CPD hours undertaken in each calendar year, thereby making it easier to establish that all staff have acquired the requisite number of hours.	Completed	Implementation will be achieved by 30 June 2015. Completed see 3.1.15 (i)
3.2.6 (i) Set up, maintain and implement an overall documented procedure to ensure that the food premises database is accurate, reliable and up to date. [The Standard – 11.2]	31 March 2016	This is agreed. Given the comments previously made by the Internal Audit team, and the fact that new members of staff are now beginning to undertake food work, it is in the Section's interest to ensure that the database is accurate and up to date.	Completed	This work may require officers to work overtime in order to ensure that all data is inputted at the earliest opportunity – as stated above, this will be funded through the additional Public Health monies (now confirmed). Discussions have commenced with colleagues in ICT to ensure that "pinch points" of information flow (which undermine the database staying up to date) are better

				<p>managed.</p> <p>The list of duplicate premises identified by the FSA in the pre-audit exercise has now been corrected.</p> <p>Flare instructions have been reviewed and appropriately amended for food inputting, Issued to all relevant staff.</p>
<p>3.2.6 (ii) Ensure that any new computerised systems introduced by the LA are reliable and capable of providing information reasonably requested by the Agency. [The Standard – 6.3]</p>	Ongoing	<p>This is agreed. It is acknowledged that Rochdale is considering the adoption of a new centralised back office system (other than Flare), which could have implications for the Section. Should this approach be taken officers will feed in the FSA's requirements at every opportunity as we do not wish to lose the functionality of the Flare facility (which suits our current needs)</p>	Completed	<p>The Section has consistently worked with corporate ICT to ensure that our requirements are understood and will be met, and we will continue to do so.</p> <p>An officer is engaging with ICT to ensure that our needs are fully reflected in any new corporate CRM system to be introduced.</p> <p>New CRM system is live and fully integrated with the back office system (Flare/APP)</p>
<p>3.3.10 (i) Review the food hygiene service intervention strategy to ensure that it meets compliance with the Food Law Code of Practice and the Standard in the Framework Agreement. [The Standard - 7.1]</p>	Done	<p>The food hygiene intervention strategy is encompassed within the annual plan for the Business Engagement and Compliance Section. This is discussed at every team meeting (held 6 weekly) and refreshed accordingly. It is not envisaged that this will change following the imminent management restructure, when BEC will be merged with the Communities team to form a Core Functions unit.</p>	Completed	<p>Done / ongoing.</p> <p>Food Intervention Strategy is articulated in the Service Plan (3.1.7(ii))</p>
<p>3.3.10 (ii) Carry out interventions/inspections at a frequency which is not less than that specified by the Food Law Code of Practice and centrally issued guidance. [The Standard - 7.1]</p>	31 March 2016 – revised date Dec 2016	<p>The Section is committed to carrying out interventions at all food premises in accordance with CoP, subject to the resources at its disposal. The Section is keen to eradicate the backlog of lower-risk inspections which are due, and the proposed</p>	Ongoing	<p>Further detail on our approach to achieving Compliance in 2015/16 (and sustaining that thereafter) is set out on the accompanying document.</p> <p>See 3.1.7.(iv)</p>

		means of achieving this via the acquisition of additional Public Health funding has been set out in para 3.1.7 (i) above.		
3.3.10 (iii) 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]	30 June 2015	This issue will be discussed with Food staff, who will be reminded of the need for full and detailed record keeping (so as to be able to evidence that appropriate inspections have taken place). Any necessary review of Flare codes will also take place.	Completed	Not progressed as yet Completed see 3.2.6.(i)
3.3.10 (iv) Assess the compliance of establishments and systems in their area to the legally prescribed standards and ensure that appropriate and timely follow up action is taken where non-compliance is found in accordance with the Authority's enforcement policy. [The Standard - 7.3]	30 June 2015	Again, this is accepted. The Section acknowledges the need for it to increase its number of re-visits and discussions are already underway on how to achieve this (as well as the adoption of "red flagging" of key premises and the use of a more detailed aide memoire).	Completed	The Section recognises its obligations here and has begun to explore options on how to improve here. An internal Performance Indicator to monitor improving standards has been developed, but identification of a cohort group of premises is required. Inspection report amended to include legal requirements and recommendations and amended legislation. Aide memoir has been reviewed and is being piloted by the Team during October 2015. Evaluation will be completed during Nov 2015 and will be final version will be approved Qdoc. Revised aide memoir now in use. Team Leader monitoring all follow up actions at premises with FHRS of 0-2. Monthly performance reports of actions and follow up submitted to elected members through the Cabinet member and Chair of Scrutiny Committee. Ongoing.
3.4.5 (i) Complete its review of the LA Enforcement Policy and gain appropriate approval. [The Standard – 15.1]	30 June 2015	A draft of a new Enforcement Policy has been completed and is currently undergoing consultation with local trade groups. Once this is	Completed	Consultation has now been completed. The draft has been scheduled to make its way through the governance processes on the following dates:

		completed, the draft will be submitted for consideration by Overview and Scrutiny (the next meeting of which will be in June 2015) and thereafter will be presented to Cabinet.		<ul style="list-style-type: none"> • Informal Cabinet – 4 June • Scrutiny – 10 June • Cabinet – 29 June
3.4.5 (ii) Ensure that documented enforcement procedures are regularly reviewed and updated. [The Standard – 15.2]	31 March 2016	This is agreed. Officers will be tasked with re-visiting these, using Public Health monies to fund overtime as appropriate.	Completed	<p>Overtime will be funded through the additional Public Health monies (now confirmed).</p> <p>See 3.1.10 (i)</p>
3.4.5 (iii) Review its decision to only undertake follow up actions and revisits where there is “imminent risk” to ensure that enforcement actions are undertaken in accordance with the Authority’s Enforcement Policy, the Food Law Code of Practice and centrally issued guidance. [The Standard – 15.2, 15.3, 15.4]	30 June 2015	Although the Section does deal with “imminent risk” (as evidenced by the detention of 22 pallets during the FSA audit), it is accepted that more can be done with regard to re-visits and follow-up work. The Section accepts this and will be discussing with staff how best to improve in this area.	Completed	<p>The Section recognises its obligations here and has begun to explore options on how to improve here. Appropriate follow up action is now being taken.</p> <p>Team Leader is monitoring enforcement actions and ensuring appropriate follow up is actioned. Database of improvement notices is kept and monitored to ensure compliance.</p> <p>See comments in 3.3.10 (iv)</p>
3.5.3 Review internal monitoring to include a focus on corrective action arising from the findings of the FSA audit. [The Standard – 19.2]	30 June 2015 and onwards	Acknowledged	Completed	<p>The corrective action identified in the audit will be discussed at the 6 weekly team meetings, where it will be a standing agenda item (with a view to ensuring that progress against this action plan is regularly monitored).</p> <p>Standard agenda item introduced at team meeting to monitor performance.</p> <p>Discussed at each team meeting</p>
3.5.9 Set up, maintain and implement a documented sampling policy. [The Standard – 12.4]	30 June 2015	This is agreed.	Completed	<p>An approach has been made to AGMA authorities on 15 April 2015 and examples of best practice acquired. These will be adopted moving forward.</p> <p>Sampling policy produced Sept 2015</p>

<p>3.5.12 Maintain up to date accurate records in retrievable form on all food establishments in its area, including approved establishments, in accordance with the Food Law Code of Practice and centrally issued guidance. [The Standard – 16.1]</p>	<p>Done</p>	<p>Number One Riverside provides a vastly-improved working environment to that experienced on previous audits, but one of the few drawbacks is the relative lack of on-site storage space (requiring the use of remote locations for file archiving). However, it is conceded that on-site storage for certain approved premises would be useful.</p>	<p>Completed</p>	<p>A potential (albeit limited) storage location in the building has now been identified.</p> <p>Approved premises files – all paper information has been transferred to electronic storage and so retrievable by all officers from their desktops.</p> <p>Letters issued to all FBOs for relevant up to date information. Follow up visit to collate missing or new information will take place by end Dec 2015.</p> <p>Completed, all files are accurate and up to date.</p>
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