

Annex 2

Action Plan for Pembrokeshire County Council

Audit Date: 11th – 15th July 2016,

Audit Visit Date: 15th – 16th May 2024

Status Key

Blue	Completed
Green	Good Progress
Amber	Limited Progress
Red	No Progress

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	STATUS	PLANNED IMPROVEMENTS	PROGRESS TO DATE	OUTSTANDING
<p>3.19 (i) Ensure future Service Plans for food hygiene and food standards are developed in accordance with the Service Planning Guidance in the Framework Agreement. In particular, an estimate of the resources required to deliver the services against those available should be provided. Also, ensure the review includes the timeliness of infectious disease notification investigations and the improvements include actions to address the variance in achieving the target for new food businesses. [The Standard – 3.1]</p>	<p>Green</p>	<p>While the Authority accepts the basis for the recommendation, it should be noted that the suggested improvements were not made during previous audits of the Authority’s Service Plan for Food Law Enforcement. Future service plans will be drafted in accordance with the Service Planning Guidance. Greater clarification will be provided in the 2017-18 Plan as to how the level of resources available for food safety and standards enforcement compares to the anticipated demands on the Service. In addition, information on the timeliness of infectious disease investigations will be included, along with any actions proposed to address any variance for achieving the 28 day inspection target for new businesses.</p>	<p>Improvements made to service plan contents to include representation of full service demands, analysis of resources required against those available and a breakdown of service costs.</p>	<p>Ensure the review includes all operational targets as required by the service planning guidance, including the timeliness of infectious disease notification investigations and the delivery of sampling programmes. Ensure all variances are explained and addressed as areas for improvement; including urgent service requests and FHRS report times.</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	STATUS	PLANNED IMPROVEMENTS	PROGRESS TO DATE	OUTSTANDING
5.9 (i) Ensure food enforcement officers are authorised under all appropriate legislation and in accordance with the Food Law Code of Practice. [The Standard – 5.1]	Blue	i) Review list of list of enactments specified in officer authorisation documents. ii) The trainee officer undertaking low risk ‘alternative enforcement strategy’ (AES) visits had been authorised, though it had not been possible to locate the document at the time of the audit. This document was subsequently located.	Officer authorisations include all appropriate legislation.	Completed
5.9 (ii) Maintain records of relevant academic or other qualifications of all authorised food standards officers in accordance with the Food Law Code of Practice. [The Standard – 5.5]	Blue	While full training records were available for all permanent officers employed by the LA, the Authority accepts that records of continuing professional development were not available on file for one previously appointed, external contractor. i) If and when externally contracted officers are engaged in the future, the Authority will ensure that full training records are obtained from such officers before commencement of duties and placed on file. ii) Training Procedure to be updated to reiterate the expectation that contractors’ CPD records will be checked on each occasion they are engaged to undertake work for the Department.	Officer training and qualifications being maintained in accordance with the Food Law Code of Practice.	Completed
Food Hygiene Rating Scheme audit actions relating to database procedures.	Blue		Database back up procedures provided	Completed

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	STATUS	PLANNED IMPROVEMENTS	PROGRESS TO DATE	OUTSTANDING
6.10 (i) Fully implement its procedure for the calibration and maintenance of equipment to ensure all thermometers remain properly calibrated. [The Standard - 6.2]	Blue	While all thermometers were within calibration and those in current use had been subject to the relevant 'between calibration' checks, the Authority accepts that one spare thermometer and one not subject to regular use had not benefited from these checks. Action will therefore be taken to ensure that all thermometers that 'might' be used are subject to the appropriate checks.	All devices subject to up-to-date calibration.	Completed
7.25 (i) Ensure that food hygiene interventions/inspections are carried out at the minimum frequency specified by the Food Law Code of Practice. [The Standard -7.1]	Amber	i) The Authority acknowledges that 81 inspections were overdue, i.e. had not taken place within 28 days of the due date at the time of the audit. The Authority remains committed to inspecting all premises due for inspection during the year, and in doing so is guided by the actual target date for each visit. However, it will always be the case that there will be occasional spikes in demand or dips in capacity e.g. due to planned or unplanned staff absences. At these times, resources will be prioritised towards achieving the highest risk inspections ahead of lower risk inspections in accordance with the Food Law Code of Practice, albeit that the target date for the lower risk inspections might be sooner. Furthermore, seasonal premises may be targeted in preference to non-seasonal premises towards the end	Plan to address backlog of interventions relies on capacity growth that has yet to be secured. Heavy reliance on contractors is not sustainable.	Undertake interventions in accordance with the minimum frequencies specified by the Food Law Code of Practice.

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		<p>of the season, so that the inspection of these premises is not missed in the annual programme.</p> <p>In addition, there will be occasions where isolated inspections become due in more remote areas of the County. Where these inspections are of a lower risk the inspection may be delayed beyond the target 28 days, to allow for visits to be clustered. The Authority considers this to be a sensible approach to managing our programme of work, which takes account of the need to minimise travelling time and costs, while having due regard to risk.</p> <p>The Authority could not commit to changing this pragmatic and proportionate approach, which invariably results in a very high achievement against the planned inspection programme by the year end. Significantly the audit coincided with the implementation of a new database, which inter alia is used for managing the food premises inspection programme, and which had some impacted on management oversight of the programme during this period.</p> <p>ii) The Authority acknowledges that 151 alternative interventions (self-assessment questionnaires) had not been issued to qualifying low risk businesses at the time of the audit, exceeding the planned intervention date by more than 28 days in each case. This was due to the practice of issuing the self-assessment</p>		

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		questionnaires as a batch to qualifying premises in the latter part of each year. In future, self-assessment questionnaires will be issued early each year so that target dates for these low risk interventions are not exceeded.		
Food Hygiene Rating Scheme audit actions relating to intervention data.	Green		Number of due date errors reduced.	Ensure due date errors are identified and addressed.
Food Hygiene Rating Scheme audit actions relating to intervention procedures.	Blue		Procedures amended	Completed
7.25 (ii) Ensure that, where applicable, interventions are undertaken in accordance with the Food Law Code of Practice, centrally issued guidance, and local procedures. [The Standard – 7.2]	Blue	While in general the risk ratings applied to establishments were held to be consistent with the inspection findings, we note that in one case the score awarded by the officer for hygiene practices and procedures was challenged. While recognising that the criteria on which risk scores are awarded is somewhat subjective and the difference between two adjacent scores comes down to fine interpretation and judgement interpretation the Authority will continue to monitor the application of these scores to ensure, as far as possible, that they remain consistent with the Food Law Code of Practice, Statutory Guidance on Food Hygiene Ratings, and that decisions are adequately recorded.	Food hygiene compliance risk rated and AES undertaken in accordance with the Food Law Code of Practice.	Completed

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<p>7.25 (iii) Fully assess the compliance of establishments in its area to the legally prescribed standards and ensure that observations made and / or data obtained in the course of a food hygiene intervention / inspection are recorded in a timely manner to prevent the loss of relevant information. [The Standard -7.3 & 7.5</p>	<p>Blue</p>	<p>While in all but two cases, the level of detail recorded on aides-memoire was appropriate to verify that thorough assessments of business compliance with requirements relating to Hazard Analysis Critical Control Point (HACCP), the Authority accepts that in two cases insufficient detail had been recorded on the aide memoire in relation to a single CCP in each case. The same point was accepted for one of the approved premises inspections where further information relating to the control of a single CCP was required. The Authority further acknowledges that two examples were identified where records were not sufficiently thorough to demonstrate that officers had fully considered business compliance in protecting food against cross contamination.</p> <p>In addition the Authority acknowledges the expectation that a thorough record be included on aide memoires with respect to any assessment made on traceability and imported foods (i.e. confirming what was checked and the conclusion of that check), with it being deemed insufficient to restrict the record to whether relevant checks had been carried out and to add additional information in response to exceptions only.</p> <p>Further guidance will be provided to officers in response to these observations and the Authority will continue to monitor and promote thorough record keeping as part of its internal monitoring processes.</p>	<p>Thorough assessments of compliance undertaken and observations documented.</p>	<p>Completed</p>

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		In addition the inspection aide memoire will be amended to prompt officers to include more information on checks on traceability and imported foods.		
7.46 (i) Ensure that food standards establishment interventions are carried out at a frequency which is not less than that determined by the Food Law Code of Practice. [The Standard - 7.1]	Amber	<p>The Authority operates a fully integrated food premises inspection programme covering both food hygiene and standards.</p> <p>The Authority acknowledges that 43 interventions were overdue, i.e. had not yet taken place within 28 days of the due date at the time of the audit, with these premises being the same as, not in addition to, those referred to for hygiene purposes above. The Authority is committed to inspecting all premises due for inspection during the year, and in doing so is guided by the actual target date for each visit. Where a premises is due to be inspected for food hygiene and food standards purposes during the programme year, the target date for food hygiene is used for planning/scheduling purposes. This can on occasion mean that the food standards inspection can exceed its due date (within the year). An exception is however made for high risk Cat A food standards inspections, which the Authority aim to inspect within 28 days of the target date.</p> <p>Aside from this the comments against 7.25 (i) and (ii) above remain relevant.</p>	Plan to address backlog of interventions relies on capacity growth that has yet to be secured. Heavy reliance on contractors is not sustainable.	Undertake interventions in accordance with the minimum frequencies specified by the Food Law Code of Practice.

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7.46 (ii) Carry out interventions / inspections including AES, in accordance with relevant legislation, the Food Law Code of Practice and centrally issued guidance. [The Standard - 7.2]	Blue	See comments against 7.25 (ii).	Food standards revisits and AES undertaken in accordance with the Food Law Code of Practice.	Completed
7.46 (iii) Assess the compliance of establishments in its area to the legally prescribed standards and ensure observations made and / or data obtained in the course of an inspection / intervention are recorded in a timely manner to prevent loss of relevant information. [The Standard – 7.3 & 7.5]	Blue	The Authority accepts that there is some scope for more detailed food standards records to be made in the case of certain ‘low risk’ premises. Further guidance will be provided to officers in response to these observations and the Authority will continue to monitor and promote thorough record keeping as part of its internal monitoring processes. With regard to the revisit referred to at 7.40 in the report, the premises were inspected on 22/5/16, and a revisit due 14/7/15. An assessment of compliance with labelling requirements was made by the officer at a different retail shop on 20/7/15. (In addition, a follow up call was made to assess progress and at the FBO’s request the revisit put back to October. As full compliance was not achieved at this time a second revisit was made in November. Experience shows that a “reality check” on the labelling of product sent out to retailers can often be a better way of assessing	Thorough assessments of compliance undertaken and observations documented.	Completed

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		compliance than observing labelling held in stock on site, but in view of the Agency's insistence on this point, further guidance will be provided to officers, and the procedure will be amended to emphasise that labelling check revisits may only be carried out through a visit to the site. This will be monitored through internal performance and quality monitoring.		
8.8 (i) Ensure that Food Standards complaints received are investigated in accordance with the relevant Code of Practices, centrally issued guidance and the Authority's policies and procedures. [The Standard - 8.2]	Blue	This recommendation, which relates to para. 8.6 of the report, concerns two cases where auditors felt unable to 'verify' that appropriate actions had been taken with respect to the investigation of two food standards breaches. The Authority will continue to assess the investigation of food standards complaints in accordance with internal monitoring procedures, offering guidance to officers where appropriate, with respect to follow-up action and record keeping.	Appropriate action undertaken and documented.	Completed
8.8 (ii) Take appropriate action on complaints received in accordance with its Enforcement Policy. [The Standard 8.3]	Blue	See comments against 8.8 (i).		Completed

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12.10 (i) Amend its documented procedure for food hygiene to include arrangements for sampling outside of normal office hours. [The Standard – 12.5]	Blue	The Authority notes that 12.5 of the Standard requires the Authority to set up, maintain and implement documented procedures for the procurement or purchase of samples, continuity of evidence and the prevention of deterioration or damage to samples whilst under its control in accordance with the relevant Codes of Practice and centrally issued guidance. The Standard does not stipulate that the procedure makes specific reference to how such arrangements would also operate out of hours, while suitable arrangements will need to be in place. The Authority does not therefore view this as a non-compliance with the Standard although can accept the recommendation that the procedure might benefit from these arrangements being set out. The documented Food Sampling Procedure will therefore be amended to make clear the arrangements in place.	Procedures amended	Completed
15.17 (i) Review and amend its documented enforcement procedures to reconsider the advice to sample in the procedure for the seizure, detention, certification of unsafe food and to include further detail on the	Blue	The Authority notes that 15.2 of the Standard provides a general requirement that Authorities set up, maintain and implement documented procedures for follow up and enforcement actions in accordance with the relevant Codes of Practice and official guidance, but without any prescription beyond this as to the extent to which arrangements should be detailed. However, the Authority accepts the recommendations and the relevant Enforcement Procedures will be	Procedures amended	Completed

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local arrangements for application to Court to determine Hygiene Emergency Prohibition Notices. [The Standard - 15.2]		amended to include information to officers on the practical arrangements for applying to the Court for a hearing for a HEPN and to clarify that sampling is not necessary where it is accepted that food has failed to meet food safety requirements by certifying food under Regulation 27 of the Food Hygiene (Wales) Regulations 2006.		
15.17 (ii) Ensure that food law enforcement is carried out in accordance with its procedures, the Food Law Code of Practice, official guidance and centrally issued guidance. [The Standard – 15.2 & 15.3]	Blue	<p>With regard to the timeliness in serving one of the Hygiene Improvement Notices, significantly a revisit was made to the premises the following day to check compliance with pressing matters, with notices served some 12 days later for HACCP and training, where the compliance timeframe was longer (circa 6 weeks). While auditors suggested that part time officers' work should be covered by others to ensure that notices are served speedily, this is not considered a practical suggestion. However, the Authority can accept that the notices should have gone out within 10 working days which is the timescale for reports and this will be reinforced in team meetings and through monitoring. The Authority will review its administrative arrangements with respect to statutory notices to ensure that:</p> <ul style="list-style-type: none"> - The <u>full</u> name of the FBO is always stated. - True copies of <u>all</u> notices bearing the signature of the issuing officer will be retained i.e. not merely 'unsigned' electronic copies. 	Improvements demonstrated with regards to the implementation of improvement notice, prosecution and simple caution procedures.	Completed

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		<ul style="list-style-type: none"> - Clear proof of service is maintained on file <u>in every case</u>. - Compliance with notices is confirmed clearly in writing <u>in all cases</u>. <p>The approach to designating roles relating to the disclosure of prosecution material will be considered in discussion with the Council's Legal Service, having regard to the Criminal Procedure and Investigations Act 1996, with this being clearly documented on prosecution files.</p>		
<p>15.17 (iii) Ensure its Enforcement Policy is implemented and all decisions on enforcement action are documented and are made following consideration of the enforcement policy. Document the reasons for any departure from the criteria set-out in the Enforcement Policy. [The Standard – 15.1 & 15.4]</p>	<p>Green</p>	<p>The Authority's Enforcement Policy sets out a list of criteria that are relevant to considering whether informal action might be appropriate, that requires a balanced judgement having regard to the significance of each of these criteria. For example situations can be identified where a significant risk is highlighted, but where confidence in the management of the business and track record of compliance are such that timely/immediate compliance can be effected without the need to rely on other formal enforcement tools. To adopt a narrower approach would be too restrictive and in most cases unnecessary. The Authority notes the comments that in 3 cases the auditor felt that formal action was indicated by the Enforcement Policy and that in 2 cases, where steps were needed to cease certain food production taking place, did not take place in a formal or timely manner.</p>	<p>Evidence that Enforcement Policy considered in prosecution decisions.</p>	<p>Ensure that enforcement policy considerations are applied when informal action criteria are exceeded. Where decisions are taken to deviate from the Policy criteria, ensure that the rationale is documented in each case.</p>

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		<p>The Authority is aware of the need to consider whether formal action is required to protect public health and considers that in the cases mentioned, the undertaking of formal action (service of notice) would not have resulted in an appreciable improvement in public health protection, and that the enforcement revisits planned and undertaken were timed appropriately to check whether the business had undertaken the necessary action.</p> <p>The Authority commits to continuing to ensure that where action is needed to ensure that public health is protected, the most appropriate action is undertaken, whether it be formal or informal action.</p> <p>The Authority will ensure that if there is a deviation from the wording of the Enforcement Policy, that the reasons for the deviation are recorded, as well as the justification for any deviation. In all cases the Authority will ensure that where follow up is required to ensure that risks are removed, that they are done as soon as possible having regard to the risk posed.</p> <p>With regard to the observation that auditors were 'unable to verify that the consideration of the public interest test had been adequately documented' it is routine for every case referred to the Director for consideration for prosecution/simple caution to be first referred to the Council's Legal Section specifically for assessment against the 'evidential' and 'public</p>		

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		<p>interest' tests contained in the Code for Crown prosecutors. It is acknowledged that no record of this was made on any of the Decision to Prosecute forms where indicated, however legal opinions relevant to these matters are provided by e-mail (in varying style, format and content) and added to the file for consideration by the Director.</p> <p>The Authority will however review the approach taken to documenting considerations and opinions relevant to these tests, in discussion with the Legal Section, with the aim of ensuring this is clear in every case.</p> <p>The approach to designating roles relating to the disclosure of prosecution material will be considered in discussion with the Council's Legal Service, having regard to the Criminal Procedure and Investigations Act 1996, with this being clearly documented on prosecution files.</p>		
16.6 (i) Maintain up to date accurate records of all food establishments in its area in accordance with the Food Law Code of Practice and centrally issued guidance. These records shall include reports of all interventions /	Green	The Authority will review approval files against the list of documents required in Annex 10 of the Food Law Code of Practice, to ensure that all relevant documents are available.	Inspection information is generally being maintained.	<p>Ensure that a food registration form is kept on file for food businesses.</p> <p>Ensure that approval files contain relevant</p>

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inspections (including copies of food inspection reports), the determination of compliance with legal requirements made by the authorised officer, details of action taken where non-compliance was identified, details of any enforcement action taken, results of any sampling and registration and approval information. [The Standard – 16.1]				and appropriate information relating to the business as outlined in chapter 2.12.10 of the Food Law Practice Guidance.

Summary.

Total Recommendations	20
Completed	14
Good Progress	4
Limited Progress	2
No action	0
Untested	0
Total Outstanding	6