

Updated Action Plan for Torfaen County Borough Council

Audit Date: 27 - 31 July 2015

Follow-Up Visit Date: 8 - 9 July 2019

Status Key

	Completed
	Good Progress
	Limited Progress
	No Action Taken

RECOMMENDATION	STATUS	PLANNED IMPROVEMENTS	PROGRESS TO DATE	OUTSTANDING
3.22 The authority should; (i) Ensure future Food Hygiene and Standards Service Plans are developed in accordance with the Service Planning Guidance in the Framework Agreement. In particular, the costs of providing food law enforcement services should be included, together with an estimate of the resources required to deliver the services against those available. [The Standard – 3.1]		The Food Law Service Delivery Plan for 2017/18 will be produced in accordance with the Service Planning Guidance going forward and will address the specific areas and comments identified for improvement in the Audit report regarding service resource and demand.	The Service Plan for 2019/20 has largely been produced in accordance with the Service Planning Guidance.	<p>Ensure that future service plans provide detail in relation to the costs of operating the service and examine the trend of growth or reduction in real terms in accordance with the Service Planning Guidance.</p> <p>Ensure figures relating to the total number of due food hygiene interventions are accurate and that numbers of due food standards interventions clearly include any interventions carried over from the previous year. Provide estimates for new businesses requiring food hygiene and standards inspections.</p> <p>Include within the assessment of resources required against those</p>

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				available a breakdown across service delivery activities and distinguish numbers of qualified staff from support staff.
3.22 (ii) Carry out and document annual food hygiene and standards services performance reviews, in accordance with the service planning guidance and submit these for approval by the relevant Executive Member or member forum, as appropriate. [The Standard - 3.2]		The Food Law Service Delivery Plan for 2017/18 will include details of the reviews undertaken in respect of the performance of both the hygiene and standards services. The plan containing this information will be submitted for approval to the relevant member forum.	An annual review of performance is contained in the 2019/20 service which has been approved by the Chief Officer in line with local arrangements.	Ensure future annual reviews include all information on the previous years' performance against the service plan and any specified performance targets, standards and outcomes.
3.22 (iii) Ensure all variances are addressed in the subsequent food standards service plans. [The Standard 3.3]		The Food Law Service Delivery Plan for 2017/18 will include details of the Council's position in terms of performance against the previous reporting years plan and any improvements to the service identified therein. Where there are any variances in terms of the performance planned and achieved these will be detailed in full with an explanation provided as to the reasons why performance was above / below the target set.	Some areas for improvement have been identified within the 2019/20 service plan.	<p>Ensure all variances are identified and explained during the annual review of service delivery including those in relation to overdue programmed food standards interventions and unrated establishments.</p> <p>Ensure that these are addressed (where necessary) as areas for improvement.</p>

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4.6 The authority should (i) Ensure that all documented policies and procedures for the food hygiene service are reviewed at regular intervals and whenever there are changes to legislation or centrally issued guidance. [The Standard – 4.1]		A comprehensive review of all policies and procedures relating to the food law service is planned as part of the collaborative programme work for Torfaen CBC and Blaenau CBC. As part of this process a system for regular review of policies and procedures will be established.	Procedures have been reviewed and updated and a system for document control has been introduced to ensure documents are reviewed at regular intervals.	Completed.
5.11 The authority should (i) Set-up, maintain and implement a documented procedure for the authorisation of food standards officers based on their competence in accordance with the Food Law Code of Practice and relevant centrally issued guidance. [The Standard-5.1]		A review of the food standards competence assessment and thus authorisation process will be undertaken. All authorisations will be reviewed, updated and documented as a result.	A documented procedure for the authorisation of officers based on their qualifications, experience and competence has been developed. Authorisation documents include all relevant legislation.	Ensure that competency assessments are documented.
5.11 (ii) Ensure an appropriate number of authorised officers are allocated to the delivery of food standards official controls. [The Standard – 5.3]		On the 1 October 2015, Torfaen County Borough Council and Blaenau Gwent County Borough Council became a joint service, and this has brought resilience to service delivery. The Councils recognise the need for further resources in this area	The resource assessment in the service plan indicates an increase in full-time equivalent (FTE) professional officers compared to the time of the full audit.	The resource assessment in the Service Plan indicates a variance between the actual number of full-time equivalent (FTE) professional officers in post when compared to the estimate of numbers of FTE's required.

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		<p>but are unable to commit further resources at this time. This lack of resourcing has been noted in the Food Service Plan for 2016/17.</p>		<p>There is a shortfall in rated and unrated food standards interventions completed in accordance with the frequencies prescribed within the Food Law Code of Practice. Ensure an appropriate number of authorised officers are appointed to deliver food standards official controls.</p>
<p>5.11 (iii) Ensure all authorised food hygiene officers receive the minimum amount of CPD training, in accordance with the Food Law Code of Practice. [The Standard – 5.4]</p>		<p>The Authority remains highly committed to training and CPD, and sends officers on any local and cost effective training available. Training is reviewed through the year to ensure that all officers receive training, where available and appropriate to that officer.</p> <p>At the time of the audit, one officer had 9 hours CPD instead of 10 hours, having achieved more the previous year. An ongoing review is now built into quarterly performance reviews to ensure that all officers achieve the minimum 10 hours CPD.</p>	<p>Officers have exceeded the minimum requirements of the Food Law Code of Practice in relation to CPD training.</p>	<p>Completed.</p>

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<p>5.11 (iv) Maintain records of relevant academic or other qualifications of each authorised food standards officer in accordance with the relevant Codes of Practice. [The Standard – 5.5]</p>		<p>On the date of the FSA visit one of the officers responsible for Food Standards was absent and access to personal CPD certificates was not therefore available at the time of the audit. There are now systems in place to ensure that there is access to training records during periods of absence of staff.</p>	<p>Records of qualifications have been maintained for authorised food standards officers.</p>	<p>Completed.</p>
<p>6.7 The authority should (i) Ensure that equipment is properly maintained and calibrated, and is removed from service when found to be defective. To support this task, set up, maintain and implement a documented procedure, which should include identification of equipment, evidence of maintenance and calibration, and the results of any in service checks. [The Standard – 6.2]</p>		<p>New field thermometers have been issued to all relevant staff. A joint calibration procedure is being produced for both Torfaen and Blaenau Gwent as part of the collaboration work. Reference equipment for calibration will also be shared as part of these collaborative working arrangements. Maintenance, calibration and removal of defective equipment are all considered as part of the procedures that will be adopted.</p>	<p>A calibration & maintenance procedure has been developed and implemented. Calibration records were being maintained in accordance with procedure.</p>	<p>Completed.</p>

RECOMMENDATION	STATUS	PLANNED IMPROVEMENTS	PROGRESS TO DATE	OUTSTANDING
<p><u>Food Hygiene</u></p> <p>7.29 The authority should</p> <p>(i) Ensure that food establishment interventions / inspections are carried out at the minimum frequency specified by the Food Law Code of Practice. [The Standard -7.1]</p>		<p>This is not achievable within existing resources, and steps have therefore been taken to prioritise inspections / interventions at high risk premises. A review of the impact of this approach and the current resource requirements will be undertaken as part of the collaborative work plan. The information from this review will be communicated to Senior Management for consideration during annual resource planning. The Authority will continue to review and report on its compliance against its obligations annually as part of the food law service planning process.</p>	<p>The total number of overdue food hygiene interventions and unrated establishments has reduced significantly.</p> <p>The authority is demonstrating a risk-based approach to its intervention programme.</p>	<p>Ensure that all relevant establishments are brought within the inspection programme so that they receive an appropriate intervention at the correct frequency.</p>

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<p>7.29 (ii) Carry out interventions / inspections in accordance with the Food Law Code of Practice and centrally issued guidance, and the authority's policies and procedures. [The Standard – 7.2]</p>		<p>The system for intervention planning for the allocation of inspections of high risk premises has been reviewed and amended to ensure that inspections are undertaken within the required frequency.</p> <p>A review of the current procedures and policies (including paperwork for recording inspection findings and the current revisit policy) will be undertaken as part of the collaborative work plan to ensure that they are brought in line with all current requirements. Staff will receive refresher training in the above to ensure that policies/procedures are adhered to and all required details are documented during inspection. Internal monitoring procedures will be implemented which includes case file reviews and where deviations noted discussion and training with staff will take place.</p>	<p>Revisits had taken place as appropriate in all cases.</p> <p>The processing of applications for approval was being undertaken at the correct timescales and appropriate aides memoire were being used for approved premises interventions.</p> <p>The surrender of approvals and the conduct of AES interventions were untested.</p>	<p>Ensure that revisits are consistently undertaken in a timely manner in accordance with procedures.</p> <p>Ensure that where risk ratings of approved premises are revised, the reasons are documented.</p>

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7.29 (iii) Assess the compliance of establishments in its area to the legally prescribed standards; and take appropriate action on any non-compliance found, in accordance with the authority's Enforcement Policy. [The Standard -7.3]		Please see the comment above in respect of point 7.29 (ii). In addition to the above a new collaborative enforcement policy is being developed and all staff will receive training in respect of this. The revised enforcement policy will give consideration to enforcement options following an alternative intervention. Internal monitoring procedures will be implemented to ensure that the enforcement policy is being adhered to and follow-up action including enforcement is taken where necessary.	HACCP, general supplier traceability and cross contamination assessments were undertaken in all cases. HACCP and traceability assessments in approved establishments were undertaken in all cases.	Ensure that discussions with food handlers are consistently documented and assessments are consistently undertaken of food handler hygiene training, health / identification marks for incoming foods and imported foods. Ensure that appropriate enforcement action is consistently taken in relation to intervention findings.
7.29 (iv) Set up and implement procedures for the full range of interventions/inspections that is carries out including alternative enforcement strategy. Amend and fully implement its documented procedures in relation to inspections and revisits of food premises. [The Standard – 7.4]		Please see the comment above in respect of point 7.29 (ii).	The procedures are now in accordance with the Food Law Code of Practice in relation to category D interventions and include guidance on timescales for issuing reports and for undertaking revisits. AES is not currently undertaken.	Completed.

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7.29 (v) Ensure that observations made in the course of an inspection are recorded in a timely manner to prevent loss of relevant information. [The Standard – 7.5]		Please see the comment above in respect of point 7.29 (ii). Where internal monitoring identifies any issues with timely recording of data this will be addressed immediately through discussion and/or training of the member of staff concerned.	Improvements were noted in the availability of records of observations relating to inspections and revisits. Improvements were also found in recorded observations in relation to the size, scale and activity of food operations and suppliers.	Completed.
<p><u>Food Standards.</u></p> <p>7.45 The authority should (i) Ensure that food standards interventions / inspections at food establishments in its 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]</p>		This is not achievable within existing resources, and steps have therefore been taken to prioritise inspections/interventions at high risk premises. A review of the impact of this approach and the current resource requirements will be undertaken as part of the collaborative work plan. The information from this review will be communicated to Senior Management for consideration during annual resource planning. The Authority will continue to review and report on its compliance against its obligations annually as part of the food law service planning process.	<p>The total number of overdue food standards interventions and unrated establishments has reduced significantly.</p> <p>The authority is demonstrating a risk-based approach to its intervention programme.</p>	Ensure that all establishments, including medium, low-risk and unrated establishments, receive an appropriate intervention at the correct frequency.

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<p>7:45 (ii) Carry out interventions / inspections including Alternative Enforcement Strategies (AES) in accordance with the Food Law Code of Practice and centrally issued guidance. [The Standard – 7.2]</p>		<p>A new post inspection report has been introduced which is compliant with the current Food Law Code of Practice (Wales), in that it provides the business with all of the information that they are required to be given following an intervention. A risk rating scheme for the planning of the frequency of programmed interventions in accordance with the Food Law Code of Practice (Wales) is now in operation. Please also refer to the comments provided above in relation to the resources available relating to planned interventions and the actions to be taken in order to address this.</p> <p>The AES scheme that was in use at the time of the audit is currently under review in order to bring the scheme in-line with the requirements of the Food Law Code of Practice (Wales).</p>	<p>Appropriate aides-memoire and risk rating scheme had been used for interventions, and interventions had been correctly entered on the database record. Revisits had taken place in all appropriate cases.</p> <p>AES had consisted of an appropriate surveillance-based intervention in all cases involving premises that had previously received a risk rated inspection.</p>	<p>Ensure that businesses selected for AES are eligible and that risk ratings are not altered following the intervention.</p>

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<p>7.45 (iii) Assess the compliance of establishments in its area to legally prescribed standards; and take appropriate action on non-compliances in accordance with its Enforcement Policy. [The Standard - 7.3]</p>		<p>Officers assess compliance during interventions in accordance with the legally prescribed standards, a review of how this is recorded to ensure that this is demonstrable post inspection is ongoing. A revised inspection proforma for data capture during intervention is currently being developed with neighbouring Council's and is planned for introduction as a matter of urgency.</p> <p>A new collaborative enforcement policy is being developed and all staff will receive training in respect of this. The revised enforcement policy will give consideration to enforcement options following an alternative intervention. Internal monitoring procedures will be implemented to ensure that the enforcement policy is being adhered to and follow-up action including enforcement is taken where necessary.</p>	<p>Improvements were noted in compliance assessments and appropriate enforcement action was taken on the intervention findings.</p>	<p>Completed.</p>

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7.45 (iv) Set-up, maintain and implement documented procedures for the full range of interventions it carries out. [The Standard – 7.4]		A review of the current procedures and policies (including paperwork for recording inspection findings and the current revisit policy) will be undertaken as part of the collaborative work plan to ensure that they are brought in line with all current requirements. Staff will receive refresher training in the above to ensure that policies/procedures are adhered to and all required details are documented during inspection. Internal monitoring procedures will be implemented which includes case file reviews and where deviations noted discussion and training with staff will take place.	Procedures have been developed and implemented for enforcement revisits and AES.	Completed.
7.45 (v) Ensure observations made in the course of an inspection are recorded in a timely manner to prevent loss of relevant information. [The Standard – 7.5]		Officers received a post audit debrief highlighting the key issues identified during the audit. It is the intention to repeat this exercise using the learning from both the Blaenau Gwent and Torfaen audit's as a refresher training exercise for staff in both Councils. Ongoing compliance with the requirements will be assessed through internal monitoring.	Improvements were noted in the availability of records of observations relating to inspections. Improvements were also found in recorded observations in relation to the inspection scope, size, scale and nature of food operations. Observations	Completed.

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		Internal monitoring procedures will be implemented which includes case file reviews and where deviations noted in respect of the timely updating of records discussion and training with staff will take place.	were no longer being recorded by exception.	
8.8 The authority should (i) Set-up, maintain and implemented a documented procedure in relation to food hygiene complaints, and amend the Trading Standards Complaints and Enquiries procedure to set-out its approach to investigating complaints, including those relating to food from other countries. [The Standard – 8.1]		The annual review of the policies / procedures relevant to the food hygiene service has been built in as a rolling action within the Food Law Service Delivery Plan. Policies/procedures will be updated between the annual reviews where necessary. As a result of the collaboration between Blaenau Gwent and Torfaen County Borough Council's Public Protection Service a review of all policies / procedures is planned for 2017/18 to produce a single combined version of each document.	The food hygiene and food standards complaints procedures have been developed and implemented.	Completed.
8.8 (ii) Ensure that all complaints relating to food hygiene matters are thoroughly investigated in a timely manner. [The Standard – 8.2]		As part of the above work a review of the current internal monitoring arrangements will be undertaken which will include performance against target times for the investigation of complaints.	Appropriate and thorough investigation was noted in some cases.	Ensure that all complaints relating to food hygiene matters are thoroughly investigated in a timely manner and concluded satisfactorily.

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<p>11.3 The authority should (i) Set-up, maintain and implement documented procedures to ensure that its food hygiene and food standards databases are accurate, reliable and up to date. [The Standard - 11.2]</p>		<p>Data procedures are in place, but will be reviewed and documented as appropriate as part of the review of the procedures relevant to the food law service as outlined in respect of point 8.8 above.</p>	<p>A database procedure is in place covering the arrangements for ensuring that the database is accurate, reliable and up to date.</p>	<p>Completed.</p>
<p>12.13 The authority should (i) Set up, maintain and implement a food standards sampling policy and programme which accords with the Food Law Code of Practice and centrally issued guidance and includes reference to its approach to national sampling programmes. Amend the Microbiological Food Sampling Policy to include reference to Primary Authority and its approach to sampling out of office hours [The Standard – 12.4]</p>		<p>The annual review of the policies / procedures relevant to the food hygiene service has been built in as a rolling action within the Food Law Service Delivery Plan. Policies/procedures will be updated between the annual reviews where necessary. As a result of the collaboration between Blaenau Gwent and Torfaen County Borough Council's Public Protection Service a review of all policies / procedures is planned for 2017/18 to produce a single combined version of each document. This will include the revision of sampling procedures for both food hygiene and food standards and will incorporate the improvements identified during the audit.</p>	<p>Information on the food standards sampling policy and sampling programme is contained within the 2019/20 service plan.</p> <p>The microbiological sampling procedure has been reviewed and updated.</p>	<p>Completed.</p>

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<p>12.13 (ii) Set up, maintain and implement a procedure for microbiological sampling and amend the food standards sampling procedure to include information on the arrangements for the procurement or purchase of samples, continuity of evidence and the prevention of deterioration or damage to samples whilst under its control. (The Standard – 12.5]</p>		<p>The annual review of the policies / procedures relevant to the food hygiene service has been built in as a rolling action within the Food Law Service Delivery Plan. Policies/procedures will be updated between the annual reviews where necessary. As a result of the collaboration between Blaenau Gwent and Torfaen County Borough Council's Public Protection Service a review of all policies / procedures is planned for 2017/18 to produce a single combined version of each document. This will include the revision of sampling procedures for both food hygiene and food standards and will incorporate the improvements identified during the audit.</p>	<p>The procedures for microbiological sampling and food standards sampling have been reviewed and updated.</p>	<p>Completed.</p>
<p>13.9 The authority should (i) Amend the Outbreak Control Plan to ensure that it includes the relevant up to date local contacts. [The Standard – 13.1]</p>		<p>The Outbreak Control Plan had previously been updated to include local contact information prior to the audit taking place. The current version was not provided to the auditor but this has subsequently been addressed and a review of the electronic information available to officers</p>	<p>A list of relevant up to date local contacts linked to the Outbreak Control Plan was being maintained.</p>	<p>Completed.</p>

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		has been completed to ensure that version control and thus the current version of the plan is clearly identifiable.		
13.9 (ii) Ensure that the procedure for investigation of infectious diseases is implemented in all cases. In particular, undertake thorough investigation including whether action was taken to remove exposure factors identified in implicated food establishments; in accordance with the Food Law Code of Practice and the authority's enforcement policy. [The Standard -13.2]		The two cases highlighted during the audit have been discussed with the investigating officer to ensure that the improvements required in terms of approach were discussed as lessons learnt to inform future practice.	All selected infectious disease cases were appropriately investigated. Examples were provided to demonstrate that appropriate action is taken in relation to implicated food establishments.	Completed.
13.9 (iii) Ensure that all records relating to the control and investigation of food related infectious disease shall be kept for at least six years. [The Standard – 13.3]		The one case identified during the audit where improvements were needed in terms of ensuring record availability on the case file has been discussed with the investigating officer to ensure that the improvements required in terms of approach were taken forward as lessons learnt to inform future practice.	All selected infectious disease investigation records were available.	Completed.

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<p>14.5 The authority should (i) Set up and maintain documented food hygiene service procedures and further develop the documented food standards procedure for initiating and responding to food alerts, in accordance with the relevant Codes of Practice. These procedures shall include out of hours contact arrangements. [The Standard – 14.1 & 14.4]</p>		<p>All food alerts are received and reviewed by a number of officers, and action taken as required by the food alert. As each one is different, there is no specific written process although the general commitment in respect of food alerts is specified in the service plan, this includes the provision in respect of out of hours arrangements. The arrangements will be further documented in a separate procedure as requested as part of the development of collaborative working procedures.</p>	<p>Procedures have been developed, reviewed and updated.</p>	<p>Completed.</p>
<p>15.7 (i) The authority should review and amend both enforcement policies to include criteria for the use of all available food enforcement options in accordance with the relevant Codes of Practice and official guidance and ensure the policies are approved by the Executive Member and fully implemented. [The Standard – 15.1]</p>		<p>As a result of the collaboration with Torfaen County Borough Council the enforcement policy has been reviewed with a view to bringing in a single enforcement policy, the draft of which has been submitted through the Corporate Management Team and is now going through the process of formal approval.</p>	<p>The Public Protection Services Enforcement & Compliance Policy has been approved by Cabinet and contains information on enforcement in premises where the authority holds an interest. The Policy no longer excludes service of Remedial Action Notices (RANs) in circumstances where they are appropriate.</p>	<p>Ensure the enforcement policy includes criteria for each of the food enforcement options. This may be done by adding criteria contained in the food enforcement procedures as an appendix to the Public Protection Services Enforcement & Compliance Policy.</p>

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<p>15.7 (ii) Set up, maintain and implement documented enforcement procedures for follow up and enforcement actions in accordance with the relevant Codes of Practice and official guidance. [The Standard - 15.2]</p>		<p>A review of the current procedures and policies (including procedures relating to enforcement options) will be undertaken as part of the collaborative work plan to ensure that they are brought in line with all current requirements. Staff will receive refresher training in the above to ensure that policies/procedures are adhered to and all required details are documented during inspection. Internal monitoring procedures will be implemented which includes case file reviews and where deviations noted discussion and training with staff will take place.</p>	<p>Procedures have been developed and implemented covering Hygiene Improvement Notices (HINs), food standards improvement notices, Remedial Action Notices (RANs), imported food, Seizure, Detention, Certification of unsafe food, Voluntary Surrender, Hygiene Emergency Prohibition Notices, Voluntary Closures and suspension and revocation of approval.</p>	<p>The procedures developed for food standards improvement notices, imported food notices and enforcement in approved establishments should be amended to include the method of service of enforcement documentation; including retention of proof of service.</p> <p>Ensure that procedures are developed in relation to simple cautions and prosecutions; to include the process for compiling case files and approving decisions.</p>

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<p>15.7 (iii) Ensure that food hygiene enforcement is carried out in accordance with the Food Law Code of Practice and centrally issued guidance. [The Standard - 15.3]</p>		<p>In addition to the above a new collaborative enforcement policy is being developed and all staff will receive training in respect of this. The revised enforcement policy will give consideration to enforcement options following an alternative intervention. Internal monitoring procedures will be implemented to ensure that the enforcement policy is being adhered to and follow-up action including enforcement is taken where necessary.</p>	<p>There were sufficient records of disposal and destruction for food that was voluntarily surrendered.</p> <p>Extension of HINs and appropriate follow up after expiry were untested. The appropriate recording of food standards detentions and seizures on the database were also not tested.</p> <p>The records of voluntary closure detail an agreement that the right to compensation will be lost, where relevant.</p>	<p>Ensure that proof of service of HINs is recorded and that timely checks on compliance are consistently undertaken.</p> <p>Ensure that records of voluntary closure include a signature of the business operator undertaking not to trade without approval. Ensure that permission to re-open is documented and that checks on compliance are consistently recorded.</p> <p>Ensure decisions by the Prosecuting Officer on instigating prosecution proceedings or offering a Simple Caution are documented in relation to compliance with the Public Protection Services Enforcement & Compliance Policy and the Code for Crown Prosecutors. Ensure that sufficient evidence for conviction is considered by the Prosecuting Officer when making decisions on offering Simple Caution.</p>

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<p>15.7 (iv) Ensure decisions on enforcement action are made following consideration of the authority's enforcement policy. Document the reasons for any departure from the criteria set-out in the enforcement policy. [The Standard - 15.4]</p>		<p>A new collaborative enforcement policy is being developed and all staff will receive training in respect of this. The revised enforcement policy will give consideration to enforcement options following an alternative intervention. Internal monitoring procedures will be implemented to ensure that the enforcement policy is being adhered to and follow-up action including enforcement is taken where necessary and records are maintained in respect of decisions relating to enforcement.</p>	<p>There was evidence that the enforcement action taken in matters arising from food standards inspections was appropriate in all cases.</p>	<p>Ensure that the enforcement action taken in matters arising from food hygiene inspections is appropriate in all cases. Ensure that matters are escalated for a decision on prosecution or Simple Caution by the Prosecuting Officer in all cases where this is appropriate. Document the reasons for any departure from the criteria set-out in the enforcement policy.</p>

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<p>16.7 The authority should (i) Maintain up to date, accurate records in a retrievable form on all relevant food establishments in accordance with Codes of Practice and centrally issued guidance. These records should include reports of all interventions / inspections, the determination of compliance with legal requirements made by the officer and details of action taken. The authority should also record, with reasons, deviations from set procedures. [The Standard – 16.1]</p>		<p>Inspection reports will be provided containing the information in Annex 6 of the Food Law Code of Practice after each inspection and sent to the correct business address. Dated registration documents (when received) will be provided for each premises and deviations from set procedures will be noted on each establishment file.</p> <p>Internal monitoring procedures will be reviewed and implemented to ensure that inspection reports and establishment records are thoroughly maintained.</p>	<p>Inspection report forms and records of revisits were available in all cases.</p> <p>On approved establishment files, information on suppliers, HACCP and key contacts was consistently available.</p>	<p>Ensure that the core elements of a business's HACCP are consistently retained including at all Critical Control Points (CCPs). Ensure premises registration forms are consistently stamped with the date of receipt. Ensure that inspection reports are consistently addressed to the registered address and detail whether or not a sample was taken. Where serious contraventions are identified, ensure that the reasons for any deviations from procedures are documented. On approved establishment files, ensure that a synopsis, product lists and food recall and withdrawal plans are consistently available.</p>
<p>16.11 The authority should (i) Ensure that food standards post inspection report forms provided to businesses following interventions/inspections contain all of the information required by the Food Law Code of Practice. [The Standard -16.1]</p>		<p>Inspection reports will be provided containing the information in Annex 6 of the Food Law Code of Practice after each inspection and sent to the correct business address. Internal monitoring procedures will be reviewed and implemented to ensure that inspection reports and establishment records are thoroughly maintained.</p>	<p>Inspection report forms were available and legible. Reports consistently contained the key points discussed, the documents examined and a clear distinction between legal requirements and recommendations.</p>	<p>Ensure that reports consistently contain details of the inspecting officer, contact details for a senior officer and timescales for compliance.</p>

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<p>19.11 The authority should (i) Set up, maintain and implement documented internal monitoring procedures for food standards and revise and fully implement the documented internal monitoring procedures for food hygiene in order to reflect the full range of official controls. [The Standard – 19.1]</p>		<p>A review of the current procedures and policies (including procedures relating to internal monitoring) will be undertaken as part of the collaborative work plan to ensure that they are brought in line with all current requirements.</p> <p>The Authority is involved in the ongoing development of an internal monitoring toolkit with the FSA and Food Safety Expert Panel and the internal monitoring arrangements will be further reviewed as a result of this work. As part of the collaborative working arrangements a single internal monitoring procedure will be produced between Blaenau Gwent and Torfaen.</p> <p>Internal monitoring procedures will be implemented which includes case file reviews and where deviations noted discussion and training with staff will take place.</p>	<p>Documented internal monitoring procedures had been developed for food hygiene and food standards covering the full range of official controls.</p>	<p>Completed.</p>

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19.11 (ii) For both services, verify its conformance with the Standard, relevant legislation, the relevant Codes of Practice, centrally issued guidance and the authority's documented policies and procedures [The Standard – 19.2].		The Food Law Service Delivery Plan for 2017/18 will be produced in accordance with the Service Planning Guidance going forward and will include the specific areas and comments identified for improvement in the Audit report.	Internal monitoring procedures were being implemented.	Ensure the food hygiene internal monitoring procedure is fully implemented across the full range of food hygiene activities.
19.11 (iii) Ensure records are made of all internal monitoring and that these are kept for at least two years. [The Standard – 19.3]		Records of internal monitoring activities will be kept for a minimum period of 2 years.	Evidence of internal monitoring activities was provided in relation to food standards and hygiene activities where a recently developed procedure had been implemented.	Maintain records of internal monitoring across the full range of food hygiene and food standards activities for at least two years.

Summary

Total Recommendations	37
Completed	18
Good Progress	12
Limited Progress	7
No Action Taken	0
Untested	0
Total Outstanding	19